UOAASL 2006 MEETING SCHEDULE

July 10* St. Luke's 2:00PM - Institute of Health Education, Rm. 4&5 - Stump the Ostomy Nurse

Aug. 7 St. Luke's 7:00PM - Institute of Health Education, Rm. 4&5 - Dr. Ron Gould, Topic TBA

Sept. 11* St. Luke's 2:00PM - Institute of Health Education, Rm. 4&5

Oct. 2 Christian Hospital NE 7:00PM - Dietrick Building

Nov. 6 St. Luke's 2:00PM - Institute of Health Education, Rm. 4&5 HOLIDAY FOODS – What to eat or not to eat

December 4 St. Luke's **6:30PM** - To be announced
HOLIDAY MEETING

For more information call: Bill Lawson, 636-256-7703 or Betsy Naeger, 314-725-1888

****

Any articles welcome for consideration:
personal experiences, health, obituaries, find a pen pal, etc.

Publication Deadline: August 25, 2006

Send articles to: Mary Beth Akers
949 Chestnut Oak Dr
St. Charles, MO 63303
636/916-3201
marybethakers@excite.com

Rolla Satellite News

For meeting dates, times, and place, contact:
Retta Sutterfield RN CNS CWOCN
Phelps County Regional Medical Center
Rolla, MO 65401
retta@fidnet.com 573-458-7688

LIVE AND LEARN

Summer 2006

President's Message

Hello Members of UOAA St. Louis,

Summer is here in St. Louis, and I hope that you enjoy your quarterly newsletter. We had a great **Product Fair** thanks to Sheila Kramer, hostess at St. John's Mercy Medical Center in May, and with the help and guidance of the Board of Directors and volunteers that assisted with our fundraising event. I would like to thank our sponsors Convatec, Hollister, Coloplast WOC Nurses of St. Louis, American Cancer Society, Calmoseptine, Medical West, and St. Louis Medical. Without their generous support our Fair would not be so successful. We had 100 people attend.

July brings the American Cancer Society's **Relay for Life**. It is a great event and I would like to see our members join in the fun. The American Cancer Society helps our chapter with mailing, printing, and refers patients to our chapter. Bill Lawson gives details in this newsletter on how to participate.

On the National front, UOAA will sponsor a **National Conference** in August of 2007 in Chicago. Details will be in the coming issues of the "Phoenix" magazine.

Hope to see you at the meetings this summer, stay healthy and happy.

Susan Burns
President UOAA St. Louis

United Ostomy Association, Inc.

REBORN FROM THE ASHES OF DISEASE

ONFERENCE IN NEW JERSEY

ections by LeeAnn Barcus

nce for me, was a different experience. I went there, with great expectations placed upon me, as I had to find out information for our local chapter. I was asked to go and represent St. Louis, and I took this very seriously. When I arrived there, I started to seek out those who I knew were in positions of "power" and see what I could learn of the new organization. I wanted to find out as much as I could at this short conference, and come back with lots of information for all.

Upon arrival, there were many different sessions that were centered on the runnings of the UOAA, future plans, and strategies for making a stronger, better support network and to avoid some of the issues that arose with previous national organizations. I had many opportunities to talk with Ken Aukett, Linda Aukett, and other members of the current board of the UOAA, and at a more relaxed atmosphere than any previous conference. I also had an opportunity to talk with the heads of the Youth Rally, and other sections of the UOAA. Some of the information I was able to find out and get answers to are as follows:

1. As far as the funds for the subscriptions for THE PHOENIX magazine, currently, 75% of the subscription fees are going to the publisher. After the magazine gets 10,000 subscriptions , then the subscription prices will be split 50/50. To boost the subscriptions and to get the word out about the magazine and the organization UOAA is working with Hollister and Parthenon already who are putting subscription cards in all hospital kits and catalogs. Chapters are being asked to encourage all its members to subscribe to the magazine.
2. There is a new Administrative assistant, Joan from Fairview, TN. Her job is to field all the calls to the 800 number, respond to them, and provide information to those calling and such. She is doing this out of her home.
3. There are 182 support groups affiliated thus far. Fees for affiliation start for 2007 based on the number of members in each group and will be reevaluated annually depending on the expenses. The UOAA is running on a tight budget that is being very closely monitored at this time. Currently, it is running one year ahead on the budget, meaning, it has one projected year's budget sitting in the bank and they are currently working to raise the funds for the NEXT year. Therefore, each

individual chapter needs to raise its local dues accordingly to cover the affiliation fee, which is in place of the National dues.

4. Dues or affiliation fees will cover the overall running of a National organization. They will provide the individual chapters with voting power for said number of members at the time of each renewal of affiliation. They will enable the organization to continue to provide a support network, running mainly on voluntary staff members, and ensure a National conference in 2007, as well as the future support of fellow ostomates.

5. Elections: Positions of President, President-Elect, Vice President, Secretary, and Treasurer will be elected by the chapters who have affiliated by September 1st. Ken Aukett will be a President Standing, for the first year to ensure that things run smoothly, if there is anyone else that chooses to nominate or run for president.

There will also be the election of 4 Board of Directors--- this position will be held by members of chapters that are nominated and choose to accept that nomination, to be a voice and representative for the chapters.

Now, my take on all this. I feel this is a strong group. I feel that this has been organized in a very logical and fair manner. I have strong faith and confidence in this group, after spending the entire weekend working closely with them all. I also attended sessions on the running of UOAA for the entire day on Sunday.

This conference gave me an opportunity to see the business side of the organization, as well as the "realness" of it all. Having only been to National conferences, I had not had the opportunity to see the close-knit quality of a regional conference. I did have an opportunity to raise $700.00 for the Youth Rally, by selling my cards, some baskets I had taken with me, and a basket donated by Jude and Charley Ebbinghaus. It was great to see all the different chapters and regions represented there, from the West Coast to the East. Thank you for the opportunity to experience it. I would like to thank all for allowing me and having the faith in me to represent St. Louis. I did so with great pride. I do hope that any and all questions have been answered and if they have not, please ask me, as I could type pages as to what went on.

Please feel free to ask me or email any questions that may not have been answered here, I will be happy to try to answer them as best I can. leeann.barcus@gmail.com

UOASL New Simplified Dues Schedule

The new local dues schedule will be once per year to coincide with annual billing from the United Ostomy Associations of America, Inc (UOAA). Therefore, starting with the new fiscal year in September 2006, all members will be billed at the same time for their annual dues. The new billing schedule will simplify our book keeping because billing will only be once per year, it will coincide with our affiliation billing from UOAA and it should be easier for members to remember and plan their budgets.

Our local dues have been constant at $7.50 since 1999. But to meet operating expenses and affiliation cost with UOAA it may be necessary to increase our annual dues. Based on the estimated costs of affiliating with UOAA, the total annual dues per member is expected to be about $10 to $15. Our local UOASL Board will consider this at the July Board meeting.

In September all members will receive a dues statement based on the amount they have already paid for the year plus the difference for the new annual billing rate. All members will still receive an annual dues statement. The only difference is, we will all receive our annual local dues statement at the same time.

I'm sure someone is going to ask, "What about the new members who join, when will they pay?" They will pay a prorated amount to cover the cost up to September when they join. Then in September, they will receive an annual dues billing just like all the other members.

We will continue to offer the same services to our members and possibly more through our affiliation with UOAA.

Sincerely, Bill Lawson, Membership/Treasurer & Committee.

Product Fair Information

Thanks to Peggy Nelson, our speaker.

Congratulations to the winners of our drawing. Susan Burns won the afghan made by Ann Eckert and Roberta Harding from Elsberry, Missouri won first prize which is a two night stay at **The Original Springs Hotel and Bath** in **Okawville, Illinois**.

Why Won't My Wafer Stick?

By Terri Pittman, RN, CWOCN, via The Pouch

I get asked this question often because non-sticking wafers can lead to some rather embarrassing situations. Usually it is not the fault of the wafer itself. Here are some details that you should look into:

• Moisture on the skin — A wafer will not stick properly if there is moisture on the skin. After washing, dry the skin with a hair dryer—towels may leave your skin damp.

• Insufficient application pressure—In order to stick, pressure must be applied, particularly at the edges near the stoma. (Editor's Note: Holding your hand on the wafer after applying it allows the heat of your hand and extra pressure to help it stick.)

• Water-soluble foreign matter on the skin—Such as residual soap, Skin Prep, dried perspiration or mucus. Perspiration and mucus should be washed off with water. If wiped off, a thin coating of dried matter is left on the skin. Stomal output or perspiration will dissolve and undermine the adhesive.

• Touching the adhesive before application—Moisture, skin cells and other material transfer from your fingers and reduce adhesion.

• Loose solid particles on the skin—Such as powder, flaky skin or an overabundance of dead skin cells.

• Subjecting the adhesive bond to stress immediately after a dressing is applied—It takes time for the adhesive to flow into the microscopic irregularities of the skin and develop 100% contact and maximum adhesion.

• Stretching of the skin under the adhesive area—Adhesive will release when the surface to which they are attached stretches. If your wafer always comes loose in the same place, chances are that your body movements are stretching the skin at that point. Try to stabilize the skin by applying a one-inch or more wide tape around the edge of the wafer.

A majority of tape adhesion problems are really due to physical skin injury such as:

• The skin has two layers, the epidermis (outer layer) and the dermis (inner layer). If the tape is placed on the outer layer with tension, the constant pull on the outer layer can cause a strain on the bond with the lower layer, cause irrigation or an actual separation, forming blisters. The same effect will also take place if swelling occurs after an adhesive backed pouch is in place. To prevent this type of injury, gently place the tape without tension and then press down with a firm rubbing motion.

• Skin damage may also be caused by rapid removal of adhesive tapes. If you pick up a corner of the tape and push the skin away from the adhesive, skin trauma is reduced substantially. (Editor's Note: Push DOWN on the skin and gently pull UP on the adhesive —"walking" your way around the stoma.)

• Redness of the skin may also be caused by chemical irritants that are trapped between the adhesive and the skin. Usually the irritant is residual soap—Ivory is a known offender, skin preps that are not completely dry, deodorants, antiseptics and other outer skin coatings such as lotions and sunscreens.

• Chemical substances from within the body may also cause irritation. When these by-products are trapped under nonporous tape, the increased concentration at the skin surface may cause a problem. Another cause of skin irritation are small quantities of pouch contents on the skin that are not removed. The enzymes present with an ileostomy do not know the difference between your skin and a piece of steak. With a urosotomy, alkaline high pH urine does the most damage. Certain foods, such as cranberry juice will lower the pH and minimize the problem. If skin prep is used for protection, be sure it is non-water soluble!!

• A patient adds this tip—Right after you stick on a new wafer/flange, wet your finger and carefully go around the stoma, pressing down on the part of the wafer inside the pouch mounting ring. This is the most important part of the adhesive surface. It's right next to the stoma, and this is where leaks start. If you have a one-piece system, just press through the pouch without wetting your finger. The important thing is to make sure that the wafer is stuck on securely right up next to the stoma.

Thanks to SOS, Schenectady, NY via Metro Maryland

Family and Spouse — Their Needs

by Donna Hoffman, LPN-ET, Via The Pouch & Solano Ostomy News, CA

Much has been said and written about the ostomate who has to undergo ostomy surgery, their recovery from the surgery and what is so important—recovery emotionally. But what about the spouse and children? They must suffer in their own way. In the hospital, doctors and nurses hurry around seeing to the ostomate's physical needs, the ostomy visitor sees to the emotional needs. Who is there for the family?

Spouses suffer just as much if not more. They are the ones who have to put up with the outbursts of anger, despair and depression. They work with us giving love and support and have to go home to an empty house and wonder—what's next? There is usually no one to help them through their anxious days of worry and uncertainty. "How will my loved one accept me? After all, I'm not the one that has an ostomy, will he or she change or be the same?"

After the ostomate comes home from the hospital, the family and spouse have to put up with inconveniences such as pieces of skin barrier stuck to the bathroom floor, irrigating tubing hanging in the bathroom, and having to learn to leave the bathroom free at a certain time of day. And, of course, the frequent pit stops when traveling.

Spouses frequently ask, "what about our sex life? Will it be the same? Will it be worse, better, or maybe none at all?" Spouses and families need the same support during the hospitalization phase and recovery at home as the ostomate. They need to be included in the teaching of ostomy care, to feel they are still wanted and needed. Children should have the surgery explained to them so Mom or Dad will seem the same and love them all the more. They will not think anything of it if explained in a simple understanding way.

An ostomy is nothing to be ashamed of and should not be treated any different than someone who has to take insulin or wear a prosthesis. Spouses should also have the option of talking with another spouse who has had ostomy surgery in the family.

HOW DOES AN OSTOMATE LOSE WEIGHT SAFELY?

Via: Metro Halifax (NS) & S. Brevard (FL) Ostomy Newsletter

NO, NOT BY MAGIC, but no one should be overweight, especially an ostomate. Besides the usual medical, surgical, psychological, social, and economic problems, obesity presents prosthesis management problems for the ostomate. Whether a diet is unsafe depends upon each person's specific medical condition or body need. There is no guarantee of safety with individualized trial and error and evaluation, and then it is only 99% safe, and even this can change with time. The safest course to follow is to consult with your physician for metabolic study. Discover if your overweight problem is medical, psychological, or incorrect eating habits, etc. Educate yourself regarding vitamins, minerals, proteins, carbohydrates, calories, nutrition, absorption, allergies, side effects, etc. This data can be obtained from books, at health food stores, and from dieticians, or nutritionists. Eat balanced meals. Seek quality, not quantity. Stay away from junk foods. Diet through natural means by forming healthy nutritional habits and not using medication as a crutch. Exercise actively.

ILEOSTOMY AND SALT

Via: UOA Resource Library & Ostomy Support Assoc. of Ft. Worth, TX.

New Directions

The salt output from an ileostomy is very high, around one teaspoon per day, as opposed to almost none in the feces of a person with an intact colon. Therefore, the proper intake of salt by the person who has an ileostomy is very important. The body, however, seems to compensate for the salt and water loss by discharging less salt than normal through the urinary tract and through perspiration. The intake of too much salt is avoided, in that it increases ileal output. Urine output is generally less with an ileostomy. Therefore, it would be advisable for the person with an ileostomy to increase their water intake above normal so as to increase urine output. In this way, the possibility of kidney stone development can be kept to a minimum.

I WANT TO KNOW

Via: Dayton Ostomy Chapter

Q. Where does the water go when it doesn't return with my evacuation? A. It is absorbed into your body and then eliminated via urination some time afterward.

Q. How may I slow activity before changing my appliance? A. Some ostomates eat peanut butter or marshmallows before changing the appliance to slow activity before showering or taking a bath. Many urostomates change their appliance early in the morning on the "change" day at a time when urine discharge is less frequent.

Q. How can I keep my skin dry before changing my Appliance? A. Bend forward several times before removing the appliance. It helps discharge the urine from the kidneys and ureter into the appliance.

Q. When will the stoma heal so that it isn't red anymore? A. The red color will not go away. It's actually a good indication that the stoma is healthy with a good blood supply.

Q. I have an ileostomy. On the left side of my stoma, I have an indentation. I am having trouble keeping my appliance on. Feces tend to leak out from under this area. A. Indentations near the stoma can (and do) cause imperfect seals between the skin and the appliance. Try using some Stomahesive Paste on the skin around the stoma. It's good for filling the "nooks and crannies" and makes your dent(s) level with the surrounding area.

Q. Why is the tea bag, an ostomates best friend? A. You can drink tea as an anti-spasmodic, which is soothing, to an upset stomach. It also provides fluid containing potassium and electrolytes so frequently lost from diarrhea.

Q. What is a simple way to control stoma noise? A. Two or three tablespoons of applesauce with breakfast seems to control stoma noise and the pectin in the applesauce seems to have a thickening effect on liquid discharge.

Q. What foods besides bananas are high in potassium? A. Bananas are frequently mentioned as a food high in potassium, but potatoes actually contain nearly twice as much. One large banana has 450 milligrams of potassium while a large baked potato with its skin contains 850 milligrams (the skin alone has 235 mg.).

The **UOASL chapter** has chosen a team name. They are the "Gutsy Folks" and will be headed by Bill Lawson and Bob & Ginny Mattingly. Other members of the team include: LeeAnn Barcus, Herb Boerner, Colleen Cole. We are hopeful to fill out the team with ten total. If you can't join them, perhaps you can sponsor one of them. The time and place is July 21st at St. Louis Community College at Meramec.

If you would like to join us or sponsor us in the walk, contact Bill Lawson at 636-256-7703. You can also sponsor them through the website www.ACSEvents.org/SouthwestCounty and click on Gutsy Folks.

YOUNG ADULT GROUP

(Our definition of Young Adult is 21-40ish.)

Our next gathering will be at the
Hardrock Café in St.Louis' Union Station
on Saturday, June 24th.
We will meet at 6pm for dinner.
Help us make plans then for the next event.
If you would like to join us, please call LeeAnn at 636-240-3551.
Thanks to those who were able to join us for our
gathering at Dave & Buster's.

UOAA Info

*The website is operating but under construction at www.uoaa.org and the telephone number is still the same. 1-800-826-0826.

*The previous website is being left in operation for a year. All national publications can be downloaded and printed from the site – www.uoa.org

*The advocacy hotline is advocacy@uoaa.org

VISITING SERVICES

Upon request from you, a Doctor, a Nurse, or an Enterostomal Therapist (Wound Ostomy Continence Nurse): A **VISITOR**, who has been specially trained will be sent to visit an Ostomy patient, either Pre-Op or Post-Op. The visitor will be chosen according to the patient's age, sex and type of Ostomy. There is **NO CHARGE** for this service and **WE DO NOT GIVE ANY TYPE OF MEDICAL ADVICE.** We only show the patient that his/her operation is not the end of the world, but a NEW pain free beginning to life again.

1UNITED OSTOMY ASSOCIATION VISITOR TRAINING
Date: Thursday, June 29, 2006
Time: 6:00PM to 9:00PM
Place: St. Luke's Hospital
* You must be a member of the United Ostomy Association to be a Certified Visitor.
Call Betsy for more information or an application (314-725-1888)

Back in 1905!

•The average life expectancy in the US was 47.
•Only 14 of the homes in the US had a bathtub.
•Only 8 of the homes had a telephone.
•The maximum speed limit in cities was 10 mph.
•The tallest structure in the world was the Eiffel Tower!
•The average wage in the US was 22 cents per hour.
•A worker averaged about $300 per year.
•A competent accountant could expect to earn $2000.
•A dentist—$2,500 per year.
•A veterinarian between $1,500 and $4,000 per year.
•More than 95 of all births took place at home.
•Ninety percent of all doctors had no college education.
•The five leading causes of death in the US were:
Pneumonia and influenza, Tuberculosis, Diarrhea, Heart disease, and Stroke
•Two out of every 10 US adults could not read or write.
•Only 6 of all Americans graduated from high school.
•Marijuana, heroin, and morphine were sold retail.
•One fifth of all households had 1+ full-time servants.

WHAT TO DO IN CASE OF A FOOD BLOCKAGE

Via: Sharon Williams, RNET, Metro MD.,& S.NV's Town K

It may happen around midnight, that severe cramping sensation coupled with cessation of ostomy flow or watery projectile flow. When the cramps strike, that memory of having consumed some problem food follows soon afterward. What is the appropriate course of action for the ostomate. Food blockage is an experience that many ostomates will have at one time or another. The enzymes of the digestive tract cannot digest cellulose or foods with high fiber content. Nuts, corn, popcorn, coconut, celery, Chinese vegetables, fruit pits, and tough cuts of meat are a few foods that may cause blockage problems.

Ileostomates who chew their food poorly, eat rapidly, do not drink sufficient liquids or have dental problems will be more prone to have food blockage. When food blockage occurs, a post-op pouch should be applied. The size of the opening should be a little larger than normal because the stoma may swell and with a clear post-op pouch, the action of the stoma may be observed. The next step, if no nausea or vomiting is present, is to start forcing liquids ... coke, tea, or whatever liquid produces a rapid peristaltic movement is best. A few crackers may be eaten as a pusher. Sometimes a change in body position, such as assuming a knee chest position, may encourage movement of the bolus of food. Massaging of the abdomen may also produce the same effect.

Diarrhea may follow the blockage and it is necessary to replace fluids. Gatorade may be used for replacement of both fluids and essential electrolytes. Cheese, bananas and peanut butter help slow the diarrhea. It is normal to have a sore spot in the abdomen following an episode of blockage. A low residue diet should be followed for one or two days to allow the intestine to rest. If nausea and/or vomiting occurs with the food blockage, it is necessary to go to the emergency room immediately.

SOMETHING FOR THE NEW OSTOMATE

Don't forget! Rome was not built in a day. If changing your appliance seems to take forever, with a little practice it will soon become a small part of your normal day. "Waste disposal" for you once again will become a private matter. DO learn to care for yourself from the start. You may not always have someone around to assist you. DO COME TO OSTOMY SUPPORT GROUP MEETINGS where you can talk to others about your problems. You'll be surprised at the ease with which you can discuss problems once you're there. Bring your family members with you. It's also important to have them understand ostomy problems and their solutions.

A Urostomy Experience (name not provided, but it is true)

Thanks to The Magnolia Ostomy News via The Pouch

I have been reading articles in the newsletter for a few years now. I had an unusual and awakening experience concerning my urostomy that I thought might be of interest to your readers. I have had my stoma for four years now and have had no complications or problems. For the past six months, I have noticed that the skin around my stoma was white and irritated. I tried several different things to clear it up: Changing to different brands of barriers, Changing the barrier more often, Drinking more water and cranberry juice, Using different powders... but nothing seemed to clear it up.

So, I just put up with it, hoping that once I had enough time at my new job, I could take off and then get in for an appointment. While at work on a Thursday, I went to empty my pouch, and it was full of bright red blood. I noticed two small blood clots. This got my attention, and I went directly to the phone and called the surgeon who had performed my surgery four years earlier. The nurse said she would leave a message for him and he would call me back. Meanwhile, I continued to work. I started dramatically increasing the amount of water I usually drink and drank a couple of bottles of cranberry juice, thinking this would clear things up. After lunch, I again went in to empty my pouch and this time it was so full of huge blood clots that it would not even drain. I became more scared than ever, and I called my doctor's nurse and told her that I had an emergency situation. I was told to go directly to the hospital where a urologist came in to look at my stoma. When I took off the pouch, the blood had coagulated so thick that the doctor could not see the stoma. He peeled off the barrier and blood was spurting from a severed artery next to the stoma. He said that because the skin around the stoma had such severe erosion, it caused the breakdown by the artery and broke loose. He skillfully put in several stitches to close the artery. I had lost quite a bit of blood, but not enough to keep me in the hospital.

I was told my urine would clear up later than evening...which it did. It took several days for me to become myself after the panic of what had happened. Because of this ordeal, I made an appointment with an ostomy nurse. She told me that she recommends that people with urostomies wear a convex barrier. It is better able to keep the urine from pooling around the peristomal skin area. In addition, she showed me how to use barrier seals and powders to complement my barrier. (cont.)

A Urostomy Experience (cont.)

I have also scheduled an appointment with my doctor to have him follow-up on the excellent care provided by the ER urologist. The urologist told me that he rarely sees an artery burst like mine did.

Acetaminophen Poisoning

from IntelliHealth News Thanks to S. Brevard (FL) Ostomy Newsletter

A popular over-the-counter painkiller is the leading cause of acute liver failure in the United States.

A recent study that tracked 662 people treated for acute liver failure at 22 transplant centers found that overall, almost half of the cases were related to acetaminophen poisoning—some were suicide attempts, but even more were accidental, the Associated Press reports. Broken down by year, the researchers found that the rate of liver failure cases that could be blamed on acetaminophen is rising, from 28 in 1998 to 51 in 2003, the AP says.

Acetaminophen—the active ingredient in the over-the-counter pain reliever Tylenol—is very safe when taken in recommended doses. But many people take too much of the drug, either believing it is harmless, or unknowingly taking multiple products that contain acetaminophen at the same time, such as a flu medication and a painkiller, the researchers say.

Experts recommend that adults take no more than 4,000 milligrams of acetaminophen per day from any source, the AP says. The researchers warn that a doubling of this maximum daily dose could kill you.

Their recommendation: Read all prescription and nonprescription drug labels before taking them, and add up all the acetaminophen to be sure it is no more than 4,000 mg. People who are already more vulnerable to liver problems because they regularly use alcohol or have hepatitis should take less—no more than 2,000 to 3,000 mgs daily, according to one of the study's authors.

COMMON COLOSTOMY DIFFICULTIES & THEIR REMEDIES* Via: S. Brevard (FL) Ostomy Newsletter

**Painful Cramps During Irrigation* This is usually caused by too-rapid flow of water or too much water. The flow of water can be checked by clamping the tube. The height of the container can also be lowered. Inability to Secure Successful Results from Irrigation This usually results from constipation. Excessive fatigue, nervous exhaustion, or emotional strain can also be causes. Trying to hurry may also be a cause. Relax and take it easy. It will help.

**Evacuation Between Irrigations* This usually means that the irrigations aren't regular or thorough enough. If the irrigation has produced an adequate movement of the bowel, then spillage between irrigations will be reduced to a minimum. Some mistakes or incomplete evacuation with diarrhea can cause evacuation several hours after irrigation.

**Worry and Anxiety* If you have reason to think that something is not right, don't brood about it. Consult your ET nurse or doctor. Most of the time you are worrying about nothing. Remember that your doctor and ET nurse are vitally interested in your welfare and also about your successful return to a "normal" life. They also want to know about any tricks you may have discovered which will help others.

**Slow Evacuation* You can stimulate bowel activity by either hot or very cold drinks. Massaging the abdomen or lifting the knees to the chest a few times for that final bit of evacuation will help.

**One Trap to Avoid* One trap you must avoid is to let your whole life revolve around your ostomy. Preoccupation with managing an ostomy can sometimes make us fail to realize how important it is to other people. Our families and friends are only concerned that we join them again in our usual activities of work and play. Certainly, we had problems at times, and if we think back, we can remember when we had more than our share. Now we can enjoy a freedom not possible before our surgery. We will continue to have upsets from time to time, but so do those who never had an ostomy. Our own experience, together with the shared knowledge of our fellow members and the advice of our doctors and ET nurses will also see us through these infrequent and unpleasant episodes.