

UOASL 2007 MEETING SCHEDULE

- Oct 1 **Christian Hospital NE 7:00PM** – Dietrick Building
Product Update: Amy Faulkenberry – Coloplast
- Nov 5 **St. Luke's 2:00 PM** – Inst of Health Ed. Auditorium
Leonard Naeger – Saving Money on your prescriptions
- Dec 13 **St. Luke's 6:30PM** Inst of Health, Atrium
Holiday Dinner and Meeting

Look for more information in this newsletter

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

Publication Deadline: November 25, 2007

Send articles to: Mary Beth Akers
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Rolla Satellite News

For meeting dates, times, and place, contact:
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LIVE AND LEARN

Fall 2007

President's Message

Hello Members and Friends of the United Ostomy Association of Greater St. Louis,

This has been an exciting summer for me, and I am going to share my experiences with the International Ostomy Association's Congress held this August in Puerto Rico, as well as the first conference of the United Ostomy Association of America, held in Chicago, IL.

I traveled to Puerto Rico for 7 days to attend the IOA Congress, with 32 countries represented. There were 9 attendees from the US, as well as colo-rectal physicians, wound ostomy continent nurses, and representatives from Convatec and Hollister. It was a wonderful experience, learning about how other countries reach out to ostomates, and their families. The highlight of the trip was a day long tour of San Juan, and then dinner in a 5 star restaurant with local entertainers. I met a man from Australia that had his ostomy for 49 years, and after the IOA Congress, he also was given the opportunity to speak at the UOAA conference, explaining how much things have changed in the ostomy procedures, hospital stays and products. I feel that here in the US, we are very fortunate with our selection of products, great doctors, wound ostomy continent nurses, and support groups. It was a trip with fond memories.

Having only one day to rest before driving up to Chicago with LeeAnn Barcus, I was anticipating the conference. There were 502 participants, with almost half being their first ever ostomy conference. We had a many great workshops, speakers, panel discussions, rap sessions, an interesting exhibit hall, an awards luncheon, Convatec party, and banquet. The four days raced by, seeing old friends and making new friends. You can learn so much by attending, and I always say this, but once you have attended, you will definitely want to go again. We had several St. Louis members attend and give presentations,

and they will give you their thoughts in this newsletter. The next conference will be in 2009 in New Orleans and we are going to be at the Sheraton Hotel, right across the street from the French Quarter. I have asked to be on the conference committee, and am looking forward to the assignment.

So that is how I spent two fun filled weeks in August. Hope to see you at our meetings, and good health to all.

Susan Burns, President of UOAASL

Hope to see you at our meetings

UOAA UPDATE IN BRIEF

□ **GYGIG:** Of special note at the Conference's Closing Session was a presentation made to UOAA by Judy Pacitti, Ride Director of Get Your Guts in Gear. 3 rides were held in 2007, the first in the Austin, Texas area, the 2nd in the New York Catskills and the 3rd in the beautiful Northwest Washington region. These rides are undertaken to promote awareness about IBD and the consequences of these diseases, such as "ostomy surgery" and to raise funds for beneficiary organizations such as the IBD Quilt Project, the Colon Club, CCFA and UOAA. This year UOAA had participants in all 3 rides, most notably our senior statesman, Charlie Grotevant, Bob Baker and his son, Julielyn Gibbons, Emily Mallar, Paul Warning and Ian Settlemire with crew members including Kristin Knipp, Joyce Grotevant, George Salamy and Steve Strizic. Judy received a great ovation when she presented us with a check for \$ 42,000 - with the statement that there might be a few more dollars when the accounting process is complete. Start your training now for the rides that will take place in 2008. You can do it ... if you have your doubts, just give Brenda Elsagher a call ... she completed 200 of the 210 miles in 2006 on a recumbent bike, with two knees that should have had surgery even before the ride!!

□ **Affiliated Support Groups** –The number of support groups that have affiliated with UOAA now totals 249. To see a complete list go to <http://www.uoaa.org/supportgroups.shtml>

AN OSTOMY PRAYER

Given by Rabbi Looper at our Awards Luncheon at the conference.

Embedded in the morning liturgy that a traditional Jew recites is a prayer that praises God for creating within us a system of ducts and tubes. The prayer acknowledges that if one of these were to be closed it would not be possible to exist. Gathered here today we recognize that our bodies have been changed, that a duct or tube naturally created has been replaced by a new, human creation. Physically this change is observable. Yet, it also lies within the recesses of our emotional center. Different, yet still creatures of God, we embrace life with a new-found gratitude. The simple words of prayer are significant for us. Our gratitude turns to those who have become God's partners in creation, who have created anew ducts and tubes that sustain us in life. Today we gather in support of one another working to see ourselves and to help others to see us not as damaged, not less than a perfect creation, but as a gift; as wondrous, vital forces of life different only in the bravery we have had to adopt, the courage we have had to embrace, and the forgiveness we have had to extend.

O God, let all here be strengthened in their daily lives. May we see ourselves as miraculous and as normal. May You give us the determination to work toward bringing comfort and understanding. Instill in us a sense that we are still a perfect creation. Bless those who care for us, guide them. Open the hearts of those different from us. Help them to see not a small, yet significant change, but the whole of us. *L'chaim* – to life!

LeeAnn,
Susan,
Bill, and
Mary Beth
at the
Awards
Luncheon



☐ UOAA SPECIAL RECOGNITION

Sheldon Sokol, Esq. is a person whose actions on behalf of UOAA merit special recognition. He is a person with whom I discussed my ideas about the formation of a new national ostomy association and whose advice and counsel I both respected and followed – most of the time. Sheldon took the initiative and applied for UOAA's EIN. He then filed for UOAA articles of incorporation in New Jersey and it was his application to the IRS that resulted in UOAA obtaining its 501(c)3 charity status. When I spoke to him about my desire to file with the IRS for a group charity status classification for any affiliated support group that met the IRS requirements, he rolled his eyes and said "Ken ... this is going to take time, patience, lots of paper, and maybe, just maybe, if we are lucky, we will get approval ... the IRS does not like to grant these group applications. and truer words were never spoken! It took 13 months and 5 re-submissions but last month, we received our group status. I would be remiss if I did not mention that all of his work has been pro-bono.

☐ 501(c)3 GROUP CHARITY STATUS

As a qualified affiliated group of UOAA we automatically have non-profit status! Having the 501(c)3 IRS Charity Status allows people or corporations who make a contribution to your ASG to deduct it from their income tax (that is all it does).

☐ **IN CONCLUSION** ... Well the summer of 2007 has certainly been an eventful period for UOAA. As Fall approaches I see more challenges on the horizon and more opportunities for successful ventures. Your MBoD will continue to work for you, and I trust that you will support our initiatives for the betterment of all ostomates. Take a well deserved rest this Labor Day weekend, sit back and smell the roses you worked so hard to nurture and cultivate. Ken Aukett, President, UOAA

For more information about any of these topics you can call the UOAA office at 800.826.0826.

Colostomy & Constipation

Via UOA Chapter Newsletter Archives

Way back before surgery, did you go to the bathroom after a hot cup of coffee, milk cold juice, bourbon or beer? Well, whatever made you feel that need then can make you feel the need now. Check it out. See if your irrigation can be helped by some of the things you used to do. Of course, if you have had colostomy surgery for a number of years, your previous habits may not be the same now. Your body can, however, be trained as it was before, and you can adapt yourself to certain habits which can help you to be in control.

A glass of hot water or juice, or a cup of coffee before a morning irrigation may initiate gut reaction. Also, a glass or two of water after the water return starts is usually helpful. If you irrigate before going to bed, a glass of ice water or a cup of hot coffee should get you started. If you have not drunk much water during the day, it would be wise to drink an extra glass or two to make sure your tissues will not absorb so much or you may be left with little or no return.

But what if you do not irrigate? Part of the difficulty in elimination of waste matter experienced by colostomates is due to lack of bulk in the diet. Consumption of white bread, pastry and highly refined foods does not provide the roughage and bulk necessary for proper evacuation of the colon. The deficiency can be overcome in part by the simple addition of bran to the diet. Bran can be made into muffins. Add raisins and molasses to taste.

Diet. There is no such thing as a colostomy diet. A colostomy is not an illness, so try to eat the same foods you have eaten and enjoyed in the past. If you are on a diet for a condition such as diabetes or high blood pressure, of course you should stay on this diet. Foods can be acidic or alkaline, bland or spicy, laxative like or constipating. Individuals react differently to food. Try to return to your formal, normal diet; those foods, which disagreed with you in the past, may still do so. Chew well and see the effect of each food on your colostomy output.

To maintain good health, the body requires carbohydrates, proteins, fat, minerals, and vitamins. Water is not nutritious but is absolutely necessary. Having a balanced diet is a fitting way for people to maintain good nutrition and keep bowel activity normal. Every day your body needs meats or fish, dairy foods, vegetables/fruits, cereals/bread, and liquids. Talk to your physician or WOCN if you have problems.

When can I? Have patience, what you did before, you will do again.

“**X**” marks the spot. Keep your appliances in a convenient spot.

“**Y**” did it happen to me? Try to be thankful for modern surgery which gave you your life back.

“**Z**” is for “**Z End**”: You now have a new end in view!

Push the Skin—Don’t Pull the Tape!!

Via Green Bay News Review and Evansville, IN

Damaging the skin around a stoma (or anywhere else), is asking for infection. Don’t peel your pouch away from your body. Hold the edge of the adhesive sections or tape, and **PUSH THE SKIN AWAY FROM THE TAPE**.

Take a good look at what is happening when you pull tape. The tape is pulled upwards, dragging the skin with it until it is pulling hard enough to break loose. It even looks painful. (Sometimes the skin breaks before the tape comes loose.)

Now look at what happens when you push the skin away from the tape. It doesn’t hurt, the tape is separated from the skin gently and the outer layer of skin remains intact. People who think yanking it fast is best ought to take a good look at the skin afterwards. It is usually red and irritated.

If you have a leak, digestive enzymes in the discharge will excoriate your damaged skin quicker and deeper than if your skin is ok or protected with some sort of skin preparation. The farther away from the rectal area the stoma is in your intestines, the stronger the digestive enzymes in the discharge (leak), and the sooner your skin can become excoriated. Pulling the tape off the skin can do great damage. It is extremely difficult to keep a pouch on an oozing surface. Learn to treat skin gently.

In a nutshell, when removing tape, push the skin away from the tape, do not pull

THE ABC's OF OSTOMY CARE

Via: Ottawa (ON) Ostomy News,& S. Brevard, FL Ostomy News

Appliance: should fit, be comfortable, unimpaired, odor proof, and inconspicuous.

Bleeding: A few drops are normal, injury, cut, or anticoagulant bleeding is not normal.

Closure: Always carry a spare clip (and a spare pouch).

Dehydration: Watch for extreme thirst or no thirst; scant urine. Increase liquid intake.

Eating: Chew! Chew! Chew! And eat slowly.

Fluids: Two to three quarts of water every day.

Gas: Beans, milk, beer, cheese, spicy foods, carbonated drinks. Avoid these or put up with gas.

Hal zone: Use two tablets to a quart of water to purify questionable drinking water.

Irrigate: Irrigating is not an enema but using an amount of water to cause the bowel to empty.

Joy: Enjoy your new life.

Karaya: Skin protector, conditioner, and adhesive.

Leaking: Always empty pouch at about one third full.

Milk Intolerance: If lactose is deficient in the small bowel, there will be gas, bloating, diarrhea, nausea, and cramping

Nuts: Your trouble is not in your head. It’s at the other end.

Odor: Garlic, eggs, onion, cabbage, and antibiotics can cause odor. Use a good pouch deodorizer.

Pouch covers: Make ’em or buy ’em if you like ’em.

Quiet times: Stomas are usually less active before breakfast.

Rosy red: The color of a normal, healthy stoma (rosebud).

Seat belts: Use them!!!

Travel: Use bottled water, bring along a diarrhea prescription and a note from your doctor stating your needs.

Urine: Crystals have an abrasive effect on the stoma. Use compresses soaked in a solution of half and half vinegar and water for 15 minutes.

Victory: It’s yours!

RELAY FOR LIFE UPDATE

The UOASL chapter's team "The Gutsy Folks" headed by Bill Lawson and Herb Boerner participated in the Relay for Life on June 22nd at St. Louis Community College at Meramec. Other members of the team included Lisa Adams, LeeAnn Barcus, Susan Burns, Marty Hendricks and his wife, Betty Kuhn and family/friends, and Shaun Rhodebeck. Thanks also to the cancer survivor, Hank Thill, who came to show his support.

Since the event lasts the whole night long, games and music are scheduled to keep spirits high. Consider joining the fun next year.

Many thanks to all who sponsored our walk and helped us raise over \$1500 for the American Cancer Society. Next year's relay will be held at Vianney High School. It had to be moved because of the large turnout. It goes from 6 pm to 6 am. If you would like to join our team of "Gutsy Folks" give Bill Lawson a call at 636-256-7703 or email bill-jaci@sbcglobal.net

YOUNG ADULTS

Looking for ostomates 21-40ish to get together and share fellowship. Please email LeeAnn Barcus and let her know if you have an idea for an outing or would like more information. leeann@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. Call Betsy at 314/725.1888.

OBSERVATIONS OF A GREEK ISLAND CRUISE

By Ellie Wilson, UOASL member

They told us we lucked out with the weather, as -we had no rain for the two weeks we spent in Greece, Turkey and Italy. The sky was a beautiful blue and cloudless, just like the pictures in the travel books. We did have several days of very hot temperatures, above 100 degrees.

*NAPLES - Those who desired took a tour to Mt. Vesuvius and Pompeii. It was a difficult hike to Mt. Vesuvius, but not to be missed if it's your first visit. Pompeii has to be seen to be believed. It's so old, so historic, and so amazingly preserved.

*RHODES - A beautiful Greek Island with lush flowers and vegetation. Also many shops within an easy walk from the ship.

*IZMIR, TURKEY - A cosmopolitan city dating back to 7th and 6th centuries BC. From here we took an excursion to Ephesus, which is so historic, and so ancient. Any bible student will appreciate walking over the same cobblestones that St. Paul and the Apostles walked on, and viewing the immense Acropolis; remains of the library and ruins dating back 3000 years BC.

*ISTANBUL, TURKEY - This city has a population of 40,000,000 people and is located in both Europe and Asia. By crossing the bridge over the Bosphorus River, you go from Europe to Asia. Five times a day, the Muslims are called to prayer by a loudspeaker. We heard this. In fact you couldn't miss it, however, it didn't appear that any of the shop keepers were responding. We visited the Blue Mosque, and a huge Cathedral called Hagia Sophia, now used for study by the Muslims. We were served lunch in the Palace of the Sultans, Tophaki Palace. Not to be missed was a visit to the Oriental Rug Factory and to the Grand Bazaar. We were warned to watch for pickpockets, but thankfully did not have a problem.

*In ATHENS, GREECE we visited the Acropolis and the National Archeological Museum. They now have artifacts dating back 6,000 years BC. The 2004 Olympic Games were held here and resulted in new streets, new airport and many other improvements. Athena Onassis, age 21, lives here and is the last living member of the Onassis family.

*KATAKOLON, GREECE was a charming little island with flowers in abundance, and a long row of shops. You could take rides in a horse drawn carriage.

*FLORENCE, ITALY has so many historic attractions. The most famous is Michaelangelo's statue of David. You do not want to miss the

through school nurses. Perhaps you could mention it to your doctor, minister, pharmacist.....

Next year's rally will be held again at the University of California at San Diego. Start looking now. Mary Beth Akers and friends can present info to any interested individuals or groups.

Please share this information about this unique opportunity with any youth who has had bowel or bladder surgery or who have a condition which could lead to an ostomy. St. Louis Chapter UOAA pays first year scholarships (Tuition and Air fare minus \$75 Registration Deposit).

If you know of an interested youth, have them contact Mary Beth at 636-916-3201 or marybethakers@excite.com for more info. They can also log on to www.rally4youth.org

THE TRIP TO THE TOILET

By Barbara Burkemper, UOASL member

After spending the night in New York, we, (4 children ages 5, 6, 7, and 8, my daughter and son-in-law) boarded the plane around 6 pm. After the plane took off, I started to upchuck all the way from New York to Rome. Arriving in Rome, we took a 3 ½ hour train ride to Viareggio, Italy. Getting off the train, everyone had to go to the bathroom. Now the bathroom was a pay as you go, so we all went in except my son-in-law. (It was very big!) After my daughter and the children were finished, they went out leaving me my turn. After they went out, so did the lights! The door locked, the light went out and water started to jet in as I was fumbling around in the dark. I started banging on the door and yelling for my daughter. She was trying to put coins in to open the door. I was thinking, "I'm going to drown in an Italian bathroom!" and then finally I found the emergency button and the door unlocked!! I was soaked from the news on down.

Lesson: Don't hang around in Italian toilets!!

Youth Rally! July 7 - 11, 2007 University of Boulder, Colorado

Thoughts by Mary Beth Akers

Wow!! What a Rally!! I have been attending the Youth Rally for a number of years but was just amazed at this year's event. The spirit of the rally was very strong. Besides the normal grouping this year, we had an Olympic theme throughout. This meant that each camper was in a randomly selected team with campers of every age. The young ones were able to get great ideas from those who had "been through it" and the older ones really shone in leadership roles. The Olympic events were all fun and exciting and everyone enjoyed them.

By the normal grouping, I mean the age grouping. Each official group had 10-14 campers who were the same age and 4-5 counselors as well as a nurse. The groups met every morning after breakfast to plan for the day as well as answer some questions. We also had the two planned breakout sessions. In one, campers and counselors were together with all those who had the same diagnosis. The other grouped the campers by boys and girls and by age. Both groupings allowed for more sharing of ideas and answering questions. We are all in this bowel and bladder issue



thing together, but sometimes it is so neat to find ones in a really close similarity to us. We did have four counselors attend but only two campers from our area. We really would love to find more kids from the

area to sponsor. We'd love to be able to find more campers for next year. We have tried

Pontibeilo Bridge for shopping and watching the artists paint their pictures. From aboard ship we viewed an active volcano on the island of Stromboli. There was steam/smoke rising from its top. There are about 200 dwellings in a fishing village located at the bottom of the volcano. Tourists who are interested in volcanoes often vacation there.

*ROME, ITALY was our last stop. There were so many famous places to visit; the Vatican; Trevi Fountain; Spanish Steps; the Coliseum; to name a few.

I did not make any special accommodations for my ostomy. My friend with whom I shared a cabin was aware that I had an ostomy and that I might need a little extra bathroom time on occasion. I do not irrigate. My main concern was in packing and being sure that I had about double the amount of supplies that I expected to use. I divided the supplies between my purse, my carry-on bag and my suitcase that was checked. Just in case the checked bag got lost, I wanted to be able to have enough supplies in my purse and carry-on to continue the journey in comfort. I have no idea what a person would do on a cruise if you needed emergency supplies. Even in the ports where we stopped and went sightseeing there were no stores that would carry ostomy supplies!

I do not recall even seeing a pharmacy on the whole trip. In a real emergency, I suppose I would have contacted the ship doctor and given him the brand name and numbers of the supplies needed, and had him call the next port where they could be picked up, and then pray that they would have them. I imagine that could turn into an expensive situation, so I'm glad that didn't happen!

As I recall, the ship had 3037 passengers. Then you had all the folks who worked on the ship, plus the entertainers. There were lots of people, but excellent service. I believe they said this was the ship's 5th voyage, so everything still had a very new look, and they cleaned continuously!

I had been told this would be a trip of a lifetime, and now I believe it. What made me even more excited was what happened when attending church after returning from my trip. The reading was about St. Paul and the description of where he had walked – and I thought to myself, “I was there!”

UOAA National Conference 2007

By Bill Lawson, UOASL member

The first UOAA National Conference August 2007 can be rated as successful and would definitely receive an A+. It was enjoyable to renew old acquaintances and make new ones. I was struck with the number of younger members and especially the teens with their unending volume of energy. There were many highlights but here are a few.

It began Wednesday evening with an open house and cookout at Hollister Headquarters in Libertyville, IL, and started with a champagne toast to “What a difference an A makes”.

The opening session Thursday morning began with greetings from Illinois State Representative, Kathleen Ryg, who was instrumental in presenting and getting the Illinois Restroom Act passed. She described how the need for such a law was brought to her attention by a teenager, who has Colitis. One day while shopping with her mother, the teenager had an emergency to use a bathroom. The store owner would not let her use their private restroom for employees only. The teenager, Ally, remembered a comment Representative Kathleen Ryg had made to her class while they were on a field trip to state government offices in Springfield. “If I can ever be of any help, let me know.” Allie and her mother brought this situation to the attention of Representative Kathleen Ryg who described the ups and downs of getting the Illinois Restroom Act, also known as Ally’s Law, passed. So today in Illinois, if one has such an emergency, you can have access to a restroom because a teenager and her mother took the time to notify her state representative and make a difference.

Friday morning started at 6:30 AM with a Nu-Hope Fun Run to get the blood circulating. Then I hit the shower and headed to the Hospitality Room for a bagel and coffee and was ready to attend the UOAA ASG Leadership workshop and share ideas to bring back to our chapter.

You know the old say, “Learn something new each day”. Well, after nineteen years of carefully removing my appliance by pushing and not pulling the tape so it hurts less, it finally became clear why I do so. The real reason is not to damage the outer layer of skin, because when a hair follicle is pulled out it damages the skin and leaves a sore where bacteria can grow and cause skin problems.

As a chapter of UOAA we can be proud to be part of a forward looking organization. To borrow a phrase from the opening session, “We may not have it all together, but together we have it all.”



The St. Louis crew at the Banquet

Angie, LeeAnn, Kate, Susan, Mary Beth, Bruce, Brenda, Bill and Jaci

UOAA Info

*The national website is www.uoaa.org
and the telephone number 1-800-826-0826.

*Our local website is www.uoaaastl.org

*The advocacy hotline is advocacy@uoaa.org

WHAT IS THE RIGHT WAY TO USE SKIN BARRIER PASTE

Via: www.convatec.com & Hemet-San Jacinto, CA.

There are a variety of types and brands of skin barrier pastes, so check with the manufacturer of the brand you're using for specific instructions. Skin barrier pastes are used as “**caulking**” to fill in the space between the stoma and the opening in the skin barrier. Skin barrier pastes are not “glue”, and should not be used to keep the pouch on the abdomen. The pastes fill in gaps or uneven areas, protect the skin around the stoma, and can increase wear-time. Generally, this is the procedure you should follow if skin barrier paste has been recommended to you.

1. Remove the soiled wafer and gently clean the skin around your stoma in the usual way. Pat the skin dry.
2. Apply a bead of skin barrier paste around the stomal opening on the body side (sticky side) of the skin barrier/wafer or apply the paste to the skin immediately surrounding the stoma.
3. Let the paste air dry for about one minute.
4. Gently place the wafer over the stoma and on to the skin. Hold in place for a few minutes, allowing the warmth of your hand to mold it to your abdomen.
5. Attach your pouch to the flange on the skin barrier.

Charitable Search Engine

There is a new search engine that gives back to a charitable organization of your choice. If you use goodsearch as a search engine instead of google, a penny for each thing you search will go to the UOAA if you choose that as your organization. Please think about doing this, as it will and does add up. It is a way to donate free money to a great cause. I have been using it for a few days and it is as good as google.

<http://www.goodsearch.com/>

Thanks, LeeAnn

Medical Aspects of an Ileostomy

Dr. R.B. Kelleck, Great Britain via The Newleak, Dupage County, Illinois
The new ileostomate may find it difficult to believe that life without a colon can be completely healthy. To understand this, one needs to know what is the normal function of the colon or large bowel, which has been removed. This organ is only found in land animals and its major function is to absorb water from the food residue. When animals first

moved from the sea to the land, they moved from a world where water was plentiful to one where it might be very scarce, and they adapted to this by developing the colon as one means of avoiding dehydration. The only other substance that is absorbed from the colon is salt. All the other things we get from our food and which we need for energy and health are absorbed from the small intestine which is unaffected by the usual operations for ulcerative colitis. People with an ileostomy get just as much from food— whether carbohydrates, fats or proteins—as anyone else. The other function of the colon is to act as a reservoir for the waste products of the body until there is a convenient moment for disposing of them. This function is simply taken over by the pouch whether external or internal.

WHY IS A UROSTOMY ALWAYS ON THE RIGHT

By: Thomas Rosvanis, MD Via; Pittsburg and Indianapolis

A urostomy is not always on the right side, but most commonly it is because the terminal ileum is used, the last little bit of ileum before it goes to the colon (a segment of 10-12 cm. long in the ileocecal valve). It just so happens to be closest to the RLQ (right left quarter), and it is easiest to bring it out there to keep the blood supply intact. It is important to find a site that is convenient to the patient, far enough away from the incision to allow a pouch to be put on early after surgery. You do not want it in a roll of the skin where leakage occurs more frequently. The ET will typically evaluate the patient with his/her clothes on to see where the belt line is, how his/her clothes fit and what it looks like with him/her lying, standing and sitting. The ET will then place a mark with indelible ink at the best stoma site. That is something one cannot do on the operating table. I've worked on cases where we used a piece of the sigmoid colon going into the bladder for a patient with severe rectal cancer eroding into the bladder. In conjunction with general surgeons, the bladder was removed, and we took a piece of the sigmoid colon in the left upper quadrant for the ileal conduit and in the left lower quadrant for the colostomy.

the wellness community®

greater st. louis
cancer support, education and hope

Colorectal Cancer Monthly Networking Group

The Wellness Community of Greater St. Louis (TWC) has a free monthly networking group for people affected by colorectal cancer. The group meets at The Wellness Community, 1058 Old Des Peres Rd., on the second Monday of each month at 6:30 p.m.. Patients and caregivers can come together to share information and support one another. This group is led by a licensed therapist. No reservation is necessary.

TWC also offers a variety of other cancer supportive care services including weekly support groups for all cancer diagnosis, gentle movement and exercise classes, stress management workshops, and educational programs. The Wellness Community of Greater St. Louis is part of a national non-profit organization whose mission is to help people affected by cancer enhance health and well-being through a professional program of emotional support, education and hope. All programs and services at TWC are offered free of charge. For more information about the Colorectal Cancer Monthly Networking Group or other programs and services at TWC, please call (314) 238-2000 or visit www.wellnesscommunitystl.org.

Hint from a chapter member:

If you have an accident and soil your carpet, I have found the ideal solution. I have a urostomy and a white carpet! I found a product called "No Return Pet Odor & Pet Stain Remover, liquid" which took up the stain as well as all of the odor. I found it at my local Oreck dealer.

Do you have a tip to share with the readers? Send it to Mary Beth.

Phoenix Renewals - Don't forget to renew your subscription to **The Phoenix**. Remember that ½ of your subscription cost helps to fund the activities of the UOAA and it's tax deductible.

UOASL HOLIDAY DINNER MEETING

Thursday, December 13, 2007

St. Luke's Hospital

in the Atrium

North/South Doctors' Bldg

6:30-9:30 PM

\$12.00 per person



Return this bottom portion to Hank Thill
970 Imperial Point
Manchester, MO 63021

Name: _____

Phone Number: _____

Number of people: _____ X \$12.00 = _____ enclosed

Special Diet Requirements _____

Check payable to UOASL. RSVP by November 29th