

UOASL 2008 MEETING SCHEDULE

Oct 6th 7:00PM Christian N.E. Hospital
Update: Inflammatory Disease

October 16th 6:00-9:00 PM Visitor Training
Contact Betsy Naeger 314-725-1888 to apply.

Nov 3rd 2:00PM St. Luke's Hospital - Inst. of Health Ed

Dec 4th 6:30PM Holiday Meeting – See Reservation Form
Two Hearts Banquet Center

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

Publication Deadline: November 25, 2008

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

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.



LIVE AND LEARN

Summer 2008

President's Message

Hello all. Where has summer gone? It has been a busy time for our group, to say the least. There were a lot of exciting events this summer and many more to come this fall/winter.

Youth Rally was a great success. Our Campers had a great time, which you will hear about at our Holiday party this year. Mary Beth and I survived the extended time there and have a lot to share with all as well. The Pull Thru Network Conference was a success for their group and our volunteer turn-out was fabulous. We really showed them a warm welcome and those children wore us out. We had great success at the Relay for Life walk and the CCFA Take Steps walk.

We continue to have new faces at each meeting, so we are accomplishing our mission. All should have received their dues notices in the mail, please remember to get those sent in so we can continue to reach out to all members and new ostomates and continue to grow. We have a fabulous group. If you did not receive your notice, please call Hank Thill.

This last weekend, I attended a National Board meeting and Conference Planning Session. There are many great things being planned for the 2009 National Conference in New Orleans. Please plan on attending. Conference is an experience that should not be missed. The National UOAA is working, diligently, on many programs to help our groups and the organizations to grow stronger and the support of all ostomates to improve. If anyone has any questions please don't hesitate to ask me.

The Holiday Party is fast approaching. Mark your calendars for December 4, 2008.

I hope you all had a happy and safe Labor Day Holiday.

LeeAnn Barcus, President UOASL



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*Canadian subscriptions: \$35, all other foreign: \$45 - U.S. funds only. Published March, June, September and December

irritants, barriers, etc. We are a team! And a darn good one. I'm moist, she is dry. I'm pink red, she is natural. I'm smooth, she is a little bumpy. One of my biggest problems is my size. I am not always the same size from one human to the next. I am not always round. I don't always protrude nicely. Then why do some of you insist that my pouch opening is always the same? You need to check my size once in a while and fit me appropriately. Your shoes fit, don't they?

Some of you complain because I'm not pretty. Well, your anus wasn't Miss America! I think I am attractive. I am red like a rose. I am always moist if I am healthy. And, I don't smell. My discharge can't help what you put in your mouth. If you care for me with thought and keep my equipment clean, that just about takes care of that.

In closing, let me say you can live a good life, a productive life. It's up to you. Believe me, I do not deserve a pedestal life. I am just part of you trying to do my job. All I ask is that you be honest about me. The doctors, special nurses, other professionals and your Ostomy Association are always ready, willing and able to help you.

POLICE ACADEMY

from Joel Osteen via Springfield Newsletter

As the story goes a police recruit is getting to the end of what to him has been a long hard worthwhile process and he is looking forward to graduation; but now he is facing his final exam. It is a verbal exam before several much higher ranking policemen to show if he is quick on his feet in thinking and he is asked if a situation arose what he would do if he had to arrest his mother-in-law. Without even batting an eye he replied, "Call for back up."

VISITOR TRAINING

(DATE CHANGE)

A training session will be held on Thursday, October 16th, 6:00-9:00 pm at St. Luke's Institute of Health Education. Anyone who would like to be trained for the first time or be recertified should consider attending. Contact Betsy Naeger, 314-725-1888, for an application.

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 4, 2008

Two Hearts Banquet Center

Gravois at Lindbergh

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 20th

I AM A STOMA!

*Mary Lou Thomas, RN, ET, North Arundel Hospital
via OAB Bulletin, Boston and Newsleak (IL)*

Hi, I'm a stoma! I am great when you think about it. I must admit I have upset many people. Some people even consider me crude, rude and socially unacceptable. Well, excuse me!! Just about everyone gets bent out of shape when their doctor says, "It may be necessary to create a stoma". Me!! They make it sound like a dirty word. Listen, it isn't the greatest for me either. I'm usually created from a piece of your intestines. I guess you know all about that. And then, just maybe you don't. So I will tell you.

Becoming a stoma wasn't my original function. No sirree!! I used to just lie there in your abdomen, minding my own business. Then boom!! Some surgeon decided - let's make a stoma. He had a nerve! Why?? How could he consider such a thing? Well, I guess it was because you hurt so much, because you were very sick from a disease like Ulcerative Colitis or cancer, from a trauma like that automobile accident or from a birth defect. Your surgeon knew that by putting me to work, you could be free of discomfort and problems. In truth, so you could get on with living.

If that is why I was created, then why do so many people complain about me? Did you know that I am not given to just anyone? You see, there is a lot of planning and evaluation of each human being before I am created. So I know you can say only a "chosen" million or so are lucky enough to have me. You see - my people are special. My people are not like the normal run-of-the-mill people. I must say it takes them a while to recognize that fact. And, sad to say, there are a few who never do.

It isn't easy being a stoma! Some of you just don't understand what a miracle I am! Listen, before creation, I just lay quiet and usually content in your abdomen. Now I work! It's rather easy when fecal waste comes through because that's what I'm used to. But some character decided, why not water waste as well? We then found out that character was very wise because that works also. You think YOU have problems adjusting! Phooey. Did you realize that I am a delicate mucus membrane? Yet I am durable but some people think I am asphalt tile. Thank God, I don't have feelings. But my friend skin does. You want complaints? Give a listen to her sometime. She really gets upset because of ulcers, fungus,

OSTOMIES VERSUS FALSE TEETH

From Spacecoast Shuttle Blast, FL; via Seattle The Ostomist, North Central OK Ostomy Outlook and Springfield, MO

How often have members of ostomy groups said that having an ostomy is no worse than wearing false teeth? Non-ostomates often laugh at this and can't believe that we are being honest.

False teeth? Everyone dreads the day that teeth must go and an expensive set of "false choppers" replaces them. But think of false teeth as the equivalent to that "awful surgery?" Never!

Well, before folks feel so sorry for us ostomates, let's look at the similarities. Everyone would prefer to keep his own teeth—or his own colon or bladder. Wearers of false teeth try to pretend their teeth are real—many ostomates hide their surgery. A big problem is keeping false teeth in place—same way with ostomy appliances. No one wants the "click" of teeth to be heard—ostomies may gurgle audibly.

After a few months, false teeth are supposed to feel like a natural part of you—also true of your ostomy appliance. As one grows and changes, a set of false teeth may have to be changed—and appliances may have to be changed due to weight gain/loss or stoma retraction.

False teeth are expensive—but so is ostomy surgery. False teeth must be worn all the time—ostomates wear appliances, or at least tiny pads, all the time. Many products are sold to keep false teeth clean and odor-free—the same is true for ostomy equipment. Let's say that false teeth are a necessary evil, a little nuisance in the mouth—at the opposite end of the tract may be the nuisance of a stoma needing an ostomy appliance or pad.█

So the next time a distressed family member says a relative will "have his life ruined" by having an ostomy, ask whether someone who has all his teeth suddenly knocked out has a ruined life. If we could think of ostomies with the same calm humor with which we view false teeth, wouldn't everybody see them for what they really are? Not really worse than false teeth.



Something for Everyone...Helpful Hints

*via Houston Area Ostomy Association;
North Central OK Ostomy Outlook and Newlseek, DuPag, IL*

For colostomates...

Way back before your surgery, did you go to the bathroom after a cup of hot coffee? Cold juice? A bourbon or beer? Milk? Well, whatever made you feel the need to go to the bathroom then can make you feel the need to go now. Check it out. For those who irrigate, see if your irrigation can be helped by some of the things you used to do. Of course, if you have been a colostomates for several years, your previous habits may not be the same ones you have now. But your body can be trained as it was before, and you can adapt yourself to certain habits which will help you to be in control.

For ileostomates...

Leave a little air in your pouch after emptying it. You may have a tendency to flatten your prosthesis as much as possible so it won't show under clothing, but there is always moisture in the pouch. Flattening it too much can make the walls of the pouch stick, leaving no room for the discharge to slip down. If discharge collects around the wafer, the pressure of the clothing may eventually cause it to break the seal and leak out. By just a little air, we mean just that. The pouch doesn't have to swell like a balloon but hold just a soft cushion of air to keep the walls free at all times. Allow a little air to enter by pulling the pouch apart before closing the tail closure.

For urostomates...

Empty the urostomy pouch before it passes the half-full level. If the bag becomes too full, there is a chance of urine backup, risking kidney infection. Also a greater chance for a "spill." When you hook up at night, leave enough urine in the pouch to fill the entire night-drain tube, eliminating air bubbles that can prevent an even flow and cause backup problems.

For every ostomate...

It is not necessary to use sterile supplies. Washcloths and cotton balls can substitute for gauze pads. The stoma and surrounding skin are not sterile and require only the same degree of cleanliness as the rest of the exterior body.

Keeping the Urostomy Dry During a Change

*from Vancouver (BC) Highlife; via Metro Halifax (NS) News;
North Central OK Ostomy Outlook and Newsleak, DuPage, IL*

Colostomies tend to work slowly and only at certain times; ileostomies work much faster and more often; and urostomies are the busiest of all. A urostomy will begin channeling urine out of the new stoma before you have even left the operating room!

Showering without an appliance on is not harmful because any urine that may be excreted will be quickly rinsed away. You need to have your skin dry and clean to re-apply a fresh appliance. How do you manage that with a busy urostomy? First, have your supplies prepared and laid out, readily at hand BEFORE you start a change. Then use something that can act as a 'wick' to absorb urine drops — tampons are ideal and disposable. If there are no ladies in the household to borrow these from, the humble household paper towel will do. The more you can keep urine off your skin, the better your skin health will be.

OSTO-GROUP – APPLIANCES FOR THE UNINSURED

Osto-Group, the non-profit organization that provides donated ostomy supplies to uninsured ostomates in the United States for the cost of shipping and handling, is **under new management**.

Stephanie Sullivan, herself an ostomate and President of Wholeness House, a ministry to women and women with children who have experienced crisis in their lives, viewed the acquisition of Osto-Group as an opportunity to serve both the ostomy community and as a hands-on business training experience for the women of Wholeness House.

For more information about Osto-Group visit www.ostogroup.org or about Wholeness House visit www.wholenesshouse.org

Ostomy supplies may be donated to Osto-Group by sending them to:

Stephanie S. Sullivan, Osto Group

5773 Golden Eagle Circle

Palm Beach Gardens, FL 33418-1518

877-678-6690

IRS tax deduction receipts will be provided for all contributions.

Please note that "partial boxes" of supplies, wipes and "urostomy appliances" will be accepted.

Trip to the Southwest

Nora and Marty Henricks, UOASL

We went with our friend, Lou Young. His wife recently passed away of heart failure. She was also a cancer survivor.

Our first meaningful stop was in Oklahoma City at the National Memorial Plaza. 168 people were killed in that bombing. Especially touching was the children's memorial with all the flowers, toys, and pictures left by the relatives and friends. I can't believe anyone can go there and not be touched by what they see. It is something you'll remember forever.

We stopped at Fort Sill where Marty took his basic training. Oh the memories!!!!

From Wichita Falls to Odessa, TX, we saw all the refineries and wind turbines. It almost feels like you're in a different country!!!

Our next stop was Tucson, AZ where we went to the Biosphere 2. If you remember in the 60s, they put 100 people in those spheres for a year to see if they could live in outer space. It was very interesting.

Then we arrived in Sedona, our destination where we spent one week. We took a tour of Sedona. Those beautiful red rock mountains are a sight to see!! Our tour guide was a third generation Navaho and he entertained us with the history of the area.

Our second tour was an extreme jeep ride in the Badlands. We saw an old Indian reservation. The tribe was the HONANKI and they were cliff dwellers. On the way there, the terrain was very rough. We had gone over huge rocks and the front of the jeep kept lifting off the ground. Our guide said if we go to the left, it's easier. If we go to the right, it's very rough. You choose. Marty piped in and said, "To the right. Let it rip!!" It was the roughest terrain I've ever been on!!

Now if a person with an ostomy says he can't do these things, don't believe it!!!

We saw more sights and had a good time. The weather was 75 to 80 degrees and we had a lovely time.

Can't wait for our next adventure!!!!



Some folks ride the train of life Looking out the rear,
Watching miles of life roll by, And marking every year.

They sit in sad remembrance, Of wasted days gone by,
And curse their life for what it was, And hang their head and cry.

But I don't concern myself with that, I took a different vent,
I look forward to what life holds, And not what has been spent.

So strap me to the engine, As securely as I can be,
I want to be out on the front, To see what I can see.

I want to feel the winds of change, Blowing in my face,
I want to see what life unfolds, As I move from place to place.

I want to see what's coming up, Not looking in the past,
Life's too short for yesterdays, It moves along too fast.

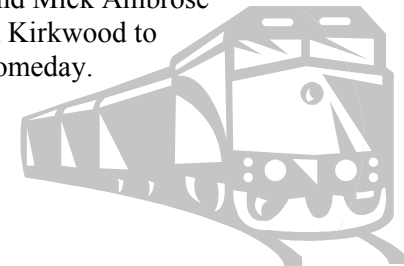
So if the ride gets bumpy, While you are looking back,
Go up front, and you may find, Your life has jumped the track.

It's all right to remember, That's part of history,
But up front's where it's happening, There's so much mystery.

The enjoyment of living, Is not where we have been,
It's looking ever forward, To another year and ten.

It's searching all the byways, Never should you refrain,
For if you want to live your life, You gotta drive the train.

Submitted by Edna and Mick Ambrose
Check out a train ride from Kirkwood to
Washington, MO someday.



NOTES FOR NEW OSTOMATES

Via: Grand Rapids, MI; The Right Connection,
San Diego Area Chapter & Evansville, IN

Do you ask “Why me?” You are very lucky to live in a time when doctors are able to perform ostomy surgeries. Did you know that rectal bleeding was one of the leading causes of death 100 years ago? If you and I lived back then, we would probably be dead. We have been given a great gift—a new life. It is natural though to grieve over loss of important organs. Stomas change in size and shape during the first few months. The initial stoma swelling will lessen and the diameter will decrease. It is prudent to check the size of the stoma each pouch change until the size stabilizes. Each person has a different ostomy just as our fingerprints are different. We have more similarities than differences.

Attending UOA meetings gives us the opportunity to explore with others, seek support and information from someone with an ostomy to ease the transition time. UOA has experienced visitors who are generous in helping people who had or are about to have surgery. They will assist with concerns about this new phase of life. It is your ostomy. Learn to manage it and do not let it manage you. It is normal for your new ostomy to be the center of your existence; however, with time and practice, your ostomy and its daily care will become just a normal part of your daily life. You are not alone. About 500 ostomies are performed daily in the U.S. Some are permanent and some are temporary. Help others along the way. Be happy you have been given a second chance.

It is not too early to start planning to attend
UOAA's 2nd National Conference
August 5th - 8th, 2009
New Orleans, Louisiana.

Great programming, Ice Cream Social, Social Events

Of special note, an invitation has been extended, and accepted by the International Ostomy Association's **20/40 Focus** to participate in this event at they celebrate their 10th Anniversary. Young ostomates from around the world will be meeting with the UOAA's YODAA affiliate in what should prove to be a most exciting event. The sharing of information and global networking make this a “must attend” gathering.

YOU MAY HAVE SEEN THIS BEFORE

Reprinted from Metro MD and Delene St. Clair's Archives, Via: “The Right Connection, San Diego Area Chapter

The Ostomates' Most Often Asked Question: What is the correct way to empty your appliance (regardless of what type of ostomy you have)? So many ostomates want to make this so complicated and so unnatural! Some kneel on the floor in front of the toilet, others stand facing the toilet bowl; others take off the pouch and empty and rinse in the toilet bowl; Some remove the pouch, empty it in the toilet and then wash it in the sink; still others fill the pouch with water, swish it around and then empty it again. We could go on and on about the way pouches are emptied. Name it, and its been done before! Why not make life as easy as possible and make pouch emptying as easy, natural and stress-free as a normal trip to the restroom. When the pouch is 1/3 to 1/2 full, empty it, as the weight will cause tension and loosen the adhesion of the appliance, resulting in leakage. Throw out the syringes, plastic bags, tin cans and whatever else it is that you use. Maybe the nurse at the hospital told you that you had to wash it out, that you had to kneel or face the toilet. But think about an easier system; Sit on the toilet with the pouch between your legs; Lean forward; With the closure clip on, turn the contents upward, away from the body; Remove the clip; Carefully aim the end of the pouch into the toilet and empty; With toilet paper, wipe off the end of the pouch; Refasten with the clip and presto, you're ready to go!

Tape this inside medicine cabinet

from Darlene Morrow Via Springfield, MO newsletter

- ❖ Did You Know That? Drinking two glasses of Gatorade can relieve headache pain almost immediately -- without the unpleasant side effects caused by traditional "pain relievers."
- ❖ Before you head to the drugstore for a high-priced inhaler filled with mysterious chemicals, try chewing on a couple of curiously strong Altoids peppermints. They'll clear up your stuffed nose.
- ❖ Honey remedy for skin blemishes ... Cover the blemish with a dab of honey and place a Band-Aid over it. Honey kills the bacteria, keeps the skin sterile, and speeds healing. Works overnight.

THE RISK OF BEING SET IN YOUR WAYS

By: Sharon Williard, RNET, Metro WA "By-Pass" & Golden Gate Chapter & Evansville, IN

Sometimes, it takes a catastrophe to shake us out of our complacency. It is easy to fall into the "ostrich syndrome." This is unfortunate, particularly when it comes to ostomy management. It is only through education that individuals grow, learn and reach their fullest potential as ostomates. While writing this column, I was reminded of several examples of individuals recently seen by our ET team.

One gentleman had a sigmoid colostomy performed many years ago and had developed a huge peristomal hernia. He irrigated his colostomy daily and had been using what now classifies as an antique set. The irrigator was a latex bag with no measuring guide to gauge the amount of solution being given. There was a hard rubber catheter with no shield present on the irrigator tubing. He had been forcing the tubing into its full twelve inch length. He poked and poked until it finally went in. All-in-all, it was a miracle that he had not perforated the herniated bowel. He had not been successful with irrigations, continually losing as much water around the catheter as he was instilling. It was difficult for him to accept an explanation of why he was flirting with danger. After all, he had ALWAYS done it this way! Only after a great deal of persuasion was he agreeable to trying a new set with a measuring guide on the irrigator and a cone in place of the catheter. One elderly lady called the ET office in a state of panic. She was no longer able to obtain the rubber pouches she had been using for 25 years. She had been ordering through the mail from a distant state. She had no idea of any other pouch that could be substituted and also had no idea of what supplies were locally available. She was totally amazed at the new light-weight odor-proof pouches now on the market. Another case involved a gentleman who had put up with a continued skin irritation from a cement he had been using for many years to adhere his ostomy pouch. He was obviously allergic to this preparation and would periodically have to discontinue wearing a pouch to allow his skin to heal. Had he known several years ago about the new hypoallergenic skin barriers when these became available, how much more comfortable his life could have been.

In conclusion, being an ostrich with your head in the sand is for the birds! Keep updated— read "The Phoenix," attend ostomy support group meetings, ask your doctor, ET/WOCN, and pharmacist "What's New?" You may be surprised at the improvements you will discover.

TOMATOES

Via: Magnolia Ostomy News, Jackson, MS & Evansville, IN

Tomatoes are the most powerful source of lycopene, a nutrient that protects your health 10 times better than vitamin C. Here's how: We eat them green, red and yellow. We dice and puree them. Now the proof is incontrovertible; the humble tomato is one of nature's most powerful medicines, thanks to its unique cocktail of disease-fighting compounds. Its benefits include: Potent cancer protection: New research suggests that women who eat the most tomatoes have up to a 45% lower risk of breast cancer! Antioxidant rich tomato products have also been shown to prevent colon, ovarian and uterine cancers. "Tomatoes are nature's number one source of the antioxidant lycopene, which appears to inhibit the rampant cell division that's needed for tumors to grow and spread," explains American Dietetic Association spokesperson Betty Nowlin, Rd. Better cholesterol levels: Eating as little as one small tomato or one to two tablespoons of tomato paste daily can lower your risk of clogged arteries by 30%, cutting your chance of having a heart attack in half, studies show. Research suggests that same daily dose could cut your artery-clogging LDL cholesterol levels an amazing 23%. "Our best guess is that tomato products help slow the absorption of cholesterol in the intestines," says University of Illinois pharmacologist Richard Van Breemen, PhD. Healthier lungs: Drink a 12-ounce glass of tomato juice every day, and you'll reduce your risk of DNA damage to lung tissues from cigarette smoke, car exhaust or other forms of air pollution by 20%, according to a recent University of North Carolina study. "The phytonutrients in tomatoes help nourish and protect delicate lung cells keeping them strong," says Nowlin. Radiant skin: German researchers say tomato sauce is a powerful sun block. In fact, eating as little as 1.3 ounces of tomato paste daily reduces sun-triggered skin damage by 40%. Not only will that lower your risk of skin cancer, it will help prevent collagen damage, so your skin stays firmer. For best results: Open a jar. To get the biggest nutrient boost, opt for cooked tomato products, such as juice or spaghetti sauce. Cooking breaks down the tomatoes tough membranes, allowing up to 2 or 3 more antioxidants to be absorbed into your blood. If you love them fresh, let color be your guide: "the redder a tomato, the more antioxidants it contains," says Nowlin.



STOMA COMPLICATIONS

From: North Texas Ostomy News Via: Sherman Area Ostomy Assoc.

Many pathological conditions can necessitate the need for some type of bowel or urinary diversion known as an ostomy. For the most part, ostomies are well managed by the patient, and/or caregiver. Sometimes complications can occur. A list of basic stoma complications follows:

Necrosis— A dark, black stoma due to inadequate blood supply. This can be caused by excessive tension on the mesentery, too thick of an abdominal wall for the intestines to pass through, too tight a suture line, or interruption of blood flow (clot). Management is based on the extent of necrosis. Superficially— continual monitoring: it may slough off and can be managed with a modified pouching system. If it is below the fascia level, it often requires stoma reconstruction.

Detachment — The stoma separates completely from the adjoining skin. This is caused by too much tension on the mesentery and requires surgical revision of the stoma.

Recession—Retraction — Sinking of the stoma below the skin level. This can be caused by scar formation secondary to mucocutaneous separation, necrosis, peristomal skin problems, weight gain, radiation, recurrent malignancies, or excessive tension on the suture line. This can be medically managed with a modified pouching system. Severe cases may require stoma revision.

Stenosis—Strictures— Extreme narrowing of the stoma that can threaten the normal function of stool evacuation. Multiple causes can include inadequate suturing at the fascia level, mucocutaneous separation, edema, and disease conditions which may cause scar formation that compress the stoma causing ribbon-like stool or obstruction. This may be medically managed with stoma dilation or require surgical intervention.

Prolapse — Telescoping of the bowel out through the stoma. Poor abdominal wall support and increased abdominal pressure from coughing, sneezing, laughing, or tumor formation are common risk factors. Conservative management of a prolapse includes reduction of protrusion by gentle pressure, cool wash cloth and even sugar (acts as an osmotic diuretic) on the stoma, then applying a binder or prolapse belt. In some cases, prolapse is medically managed if the patient is considered a surgical risk.

Hernia — Protrusion of the bowel into the subcutaneous tissue around the stoma. This is characterized by a bulge in the abdominal wall or tension on the abdominal wall or on the abdominal muscle. This is medically managed by wearing a binder and/or modified pouching system. If herniation leads to a blockage, surgical intervention is required. To aid in prevention of a hernia, wear a binder especially when lifting heavy objects, or guarding the stoma with a hand pillow when coughing or laughing. One noted entertainer places a hand over his side, guarding the stoma when laughing.

Obstruction — Blockage of a stoma from recurrent disease process, or twisting-kinking of a loop of bowel in the abdomen. Surgical intervention is required.

Impaction — (In colostomates). Stoma clogged by hard stool requiring stool softening with enema or a small amount of oil prior to stoma irrigation. Impaction may be prevented by drinking 8 to 10 glasses of fluid per day, attention to diet and regular use of stool softeners.

Editor's note: If you feel you have any one of these, contact your surgeon or ostomy nurse.

REDUCING YOUR RISK OF PNEUMONIA

Via: Sherman Area & Golden Spread Ostomy Association,
Amarilla, TX & Evansville, IN

Although certain organisms are more contagious than others. It is unusual to “catch” pneumonia from someone else. You usually develop pneumonia because your own immunity is weakened. To fortify your natural resistance to pneumonia; get vaccinated. Because pneumonia can be a complication of the flu, getting a yearly flu shot is a good way to prevent pneumonia. In addition, get a vaccination against pneumococcal pneumonia at least once after age 65 or if your doctor recommends it sooner for your condition. Wash your hands. Your hands come in daily contact with germs that can cause pneumonia. Wash your hands frequently to decrease your exposure. Do not smoke. Smoking damages your lungs’ natural defenses against respiratory infections. Take care of yourself. Proper rest, diet, and moderate exercise can help keep your immune system strong. Although most cases of pneumonia do not prove fatal, you do not want to mistake pneumonia for a cold of flu and leave it untreated.

PULL-THRU NETWORK NATIONAL CONFERENCE

The PTN held their conference here at the DoubleTree Hotel & Conference Center in Chesterfield, July 24-27, 2008. The PTN is an organization for families with children having bowel and/or bladder disorders, many from birth.

As the local chapter, we were invited to their Opening Session and Ice Cream Social. We also had members help out with staffing their playroom where the kids could go have fun while their parents learned more about their conditions and management of them.

While there, Mary Beth had the opportunity to show a slide show about the Youth Rally. We found a number of kids who are interested and planning to go next year, including one from our own area! We have our first new camper for 2009!!!

RELAY FOR LIFE UPDATE

The Gutsy Folks raised over \$2500 receiving the SILVER AWARD with the help of Betty Kuhn's family and friends joining their team proceeds with ours.

We encourage all members to attend the Relay for Life Wrap-Up 2008 meeting, 15 minutes prior to our regular October and November meetings. It will be in the same room. If you were a participant in 2008, invite someone from our UOASL membership to attend the Wrap-Up with you. If you did not participate but want a "sneak peek" into this activity for 2009, join us.

Gusty Folk Committee Co-Chairs,
Herb Boerner and Johnna Macaw

CCFA Walk

The first annual CCFA walk was held the day after we did the Relay for Life. Four members of our chapter participated and raised over \$600 for research for a cure for Crohn's and Colitis.

DON'T FORGET TO SEND IN YOUR ANNUAL DUES OF \$12 What a bargain!
Call Hank with questions – 636-225-5099

Youth Rally! July 12-17, 2008 at the University of San Diego

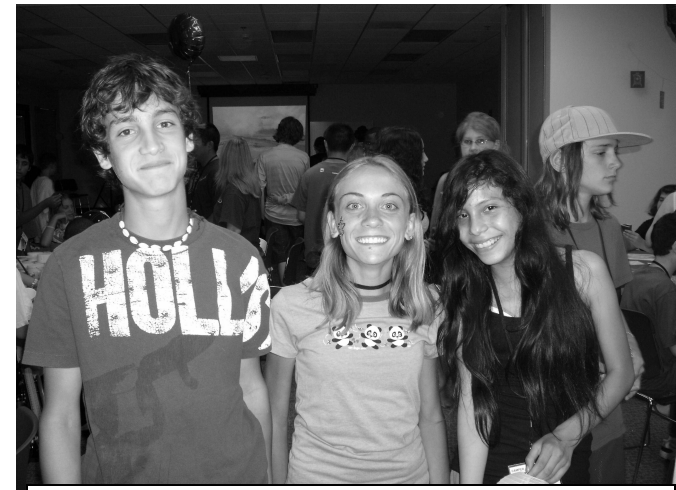
This year was my 2nd year going to youth rally. It was so much fun! I had a blast. I made new friends and met up with some friends from last year. This year we went to San Diego, CA. We went to the beach, the zoo and an amusement park. The zoo was so kool. We got to ride on a bus and see the park. My favorite part at the zoo was seeing a Panda. They were so cute. The beach was so much fun. I played on the beach with my friends, got a tan and put my foot in the ocean. The water was so cold. My favorite part at the beach was the sunset and the campfire. The amusement park was fun. I didn't go on any rides. I was a chicken. I went shopping and went putt putt. This year was my favorite because San Diego is so beautiful and I new people so I wasn't so sacred. I thank my sponsors. THANK YOU SO MUCH! I love Youth Rally! PLEASE SEND ME AGAIN!

Courtney Mangin

I would like to thank the St. Louis Chapter for sponsoring my child, Taylor McDaniel, to go to the Youth Rally at San Diego. She had a blast and made friends while she was there. Taylor never does anything without me, so I was really shocked that she, actually, flew. It was her first time being away from me.

She handled it well. I was really impressed and shocked. She came home with so many exciting stories about where she went, what she did and how much fun she had! The shocker was when she smiled and asked, "Can I go next year?" I really appreciate the St. Louis Chapter and all they do for the children.

Mary Beth was my life-line. I don't know what I would have done without her. LeeAnn even went out of her way for us even after Taylor came home. I got to meet the St. Louis chapter in Chesterfield and every one of them was so unique. I could go on for hours, but I won't. I



Nick, Courtney and Taylor at the Pajama Party

just want to thank everyone who was involved. I hope she gets to go next year.

Thank you all, once again. Sincerely, Tina McDaniel (Taylor's Mom)

Thank you St. Louis Chapter. I really liked the Youth Rally. We went to San Diego, California this year. It was really fun. It was my first year. We went to the beach and amusement park. We also went bowling. I made friends, the counselors are really nice.

The kids who have not gone, really should. Because they would have fun. I was scared at first, but then I made 6 friends. Their food was ok. I am going next year. I think they are going to Boulder, Colorado in 2009.

Thank you,
Taylor McDaniel

Dear Sponsors,

Thank you so much for this opportunity to be in the Youth Rally, I had so much fun meeting people with the same situations as me. I was glad that we had sessions where we could talk about how we deal with our problems. I was very happy to go to California for the first time that was a great experience for me. I loved the Beach and all the fun activities we did in our groups, and also how we got to just hangout with the people we met. I am hoping to be a part of your Youth Rally next year in Boulder, Colorado. I think that it will be a fun experience too since I've never been there either and to see what they do out there. One more thing is I'm hoping too come back after I graduate and be a CIT then eventually a Counselor for the Youth Rally as long as possible. Well I thank you one more time for sponsoring me this year and I'm hoping next year u give the chance to be one again for your Sponsorship with Youth Rally.

Sincerely,
Nicholas Gusmano

Please share this information with any youth who has had bowel or bladder surgery or 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 to find out more.