

# UOAASL 2007 MEETING SCHEDULE

For the full year, see the enclosed flyer

January	No Meeting
February 5	St. Luke's 7:00PM - Institute of Health Education (North/South) Rm.4&5 Share your Holiday stories
March 5	St. Luke's 2:00PM - Inst of Health Ed, Rm. 4&5
April 2	St. Luke's 7:00PM - Inst of Health Ed, Rm. 4&5

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

Publication Deadline: February 25, 2007

Send articles to: Mary Beth Akers  
949 Chestnut Oak Dr  
St. Charles, MO 63303  
636/916-3201  
[marybethakers@excite.com](mailto: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](mailto:retta@fidnet.com) 573-458-7688



# LIVE AND LEARN

## Winter 2007

### President's Message

Hello Members Friends,

**Happy New Year to All.** I hope 2007 brings you good health and happiness.

We had a great **Holiday Party at St. Luke's** and the evening was enjoyed by all. Thank you to all the **Board of Directors and members** who were so generous with the gift table and supporting our 50/50 drawing for the Youth Rally. Thank you to **Convatec, Hollister and Coloplast** for their support of our annual dinner. Also a big thank you to Leonard Naeger, for bringing a little bit of the North Pole to our party, and thank you to Betsy Naeger for her always great event planning. Thank you to Hank Thill, pianist, for the evening, and Bill Lawson for the invocation. We can't forget to thank Arpad deKallos for his harmonica playing. Mary Beth Akers, with the help of Trey Norman and Kate Lobstein, and LeeAnn Barcus gave great reports on Youth Rally and Young Adult Network. Thank you to Linda Geurin, Elizabeth Burris and Ellie Wilson for manning the registration table.

The first annual **UOAA National Conference** is in **August of 2007**, and I would love to have a great number of St Louis members attend. So look at your calendar and see if you can make a trip to Chicago this summer to support the new UOAA.

Congratulations to LeeAnn Barcus who has been elected to the National Board of Directors!

We are already starting to plan the 2007 **May Product Fair at St. John's**. Also, Betsy Naeger, Program Chair, is busy locating good speakers to visit our local chapter meeting this year. If you have suggestions for speakers or topics, please let us know.

Thank you to all our member for another good year for UOAA St. Louis. Thank you for your support, and your help with ostomates in our area. See you in February. Happy 2007!

Sincerely,

Susan Burns, President of UOAA SL

## World Ostomy Day – October 7<sup>th</sup>, 2006



In observance of this event Bill Lawson wrote this Letter to the Editor that was printed in the West County Journal.

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Dear Editor;

October 7, 2006 is World Ostomy Day. On this day hundreds of thousands of people world-wide celebrate life. An ostomy is a life-saving intestinal or urinary diversion surgery caused by illness, injury or birth defect. The theme of this year's World Ostomy Day observance is "Living Life to the Full".

People with ostomies are Moms, Dads, grandparents, babies, teenagers, marathon runners, dancers, swimmers, fireman, teachers, football players and any other imaginable profession, all with the potential of living full, happy and successful lives.

The United Ostomy Associations of America, UOAA, is an organization of over 200 local affiliated support groups dedicated to the provision of information, advocacy and service to and for the intestinal and urinary diversion community and their families.

As advocates for ostomates this group has representation in Washington, fighting for our rights in the workplace as well as our right to have equal access to healthcare insurance.

Another great component of this organization is our Visitor Program that matches new ostomates with "veterans" to help with this life-changing challenge. The UOAA publishes a quarterly magazine "The Phoenix" that is filled with tips, education and inspirational success stories and also has an interactive website, [www.uoaa.org](http://www.uoaa.org).

If you or anyone you know has an ostomy please call local contact in Greater St. Louis area, Susan 636.926.2737 or Bill

636.256.7703 or local web site , [www.uoaastl.org](http://www.uoaastl.org) or call toll free national hot line 1.800.826.0826 and start "Living Life to the Full!"

Bill Lawson, Ballwin

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Thanks, Bill, for sharing with the community!

## WOCN AWARD of the YEAR

This year the award was presented to April Kuhlman. The Board presents the award based on nominations by WOCN peers. It was presented at the WOCN Holiday Party by President and Vice President, Susan and Mary Beth, and Board Member, LeeAnn Barcus. Two more of our Board members were present as they are also WOCNs, Betsy Naeger and Linda Guerrin.



Left to Right:  
Mary Beth,  
LeeAnn,  
April,  
and Susan

A copy of the picture was sent to April and she sent this reply:

Thank you for sending the photo. I really appreciate it. I also wanted to thank the UOAA for this award. Ostomy patients are

near and dear to my heart. Taking care of ostomy patients and showing them that they can be independent again is the favorite part of my job. Again thank you and the UOAA for the award.

Thanks April

### 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.

### FRIVOLITY AT THE HOLIDAY PARTY



Betsy  
and her friend  
from the North

Hank on the  
Piano and  
Arpad  
on the  
Harmonica



### RELAY FOR LIFE UPDATE

Next year's relay will be held June 22<sup>nd</sup> at St. Louis Community College – Meramec. It goes from 7 pm to 7 am on the 23<sup>rd</sup>. If you would like to join our team of "Gutsy Folks" give Bill Lawson a call. You could even join him for the kick-off party January 16<sup>th</sup>.

## UOAA NATIONAL OFFICERS ELECTED

50% of all the ASGs cast votes in this first election for UOAA, Inc. The Nominating and Election Committee is proud to announce the winners of the 2006-2007 election:

*Officers elected for 3 year terms:*

President - Ken Aukett  
President Elect - Kristin Knipp  
Vice President - Bob Baker  
Treasurer - Dave Rudzin  
Secretary - Mary Jane Wolfe

*Board of directors:*

Lynne Kramer (2 year term)  
Charlie Grotevant (2 year term)  
LeeAnn Barcus (1 year term)  
Steve Strizic (1 year term)

**Inaugural UOAA National Conference – Thursday,  
August 16<sup>th</sup> through Saturday, August 18<sup>th</sup>, 2007  
Chicago, Illinois!!!!**

Let's take a group again like we did in Louisville!!

## Details.....

\*The Registration Fee will be \$ 75 per attendee ... \$ 25 for companion ... Children under 10 free

\*Hotel room rate is \$ 109/night/SD + \$ 11.99 tax

\*\*\*Events will start **Wednesday, August 15<sup>th</sup>** with a Golf Outing on the hotel's Crane's Landing Course at noon.

Wednesday evening, Hollister will provide transportation to their Corporate Offices at nearby Libertyville for a cookout, country music and tour of their facilities

\*\*\*The opening session will start at 9:00 am **Thursday**

The Exhibition Hall will be open from 2:15 to 6:00 pm

The ConvaTec Evening Social will begin at 6:30 pm

\*\*\*The Exhibition Hall will reopen **Friday** at 8:30 am

ASG Leadership Meeting will start at 8:30 am

A Recognition Luncheon will start at 11:45 am

\*\*\*Closing Session will be **Saturday** 3:30 to 5:00 pm

Informal Reception, Banquet & Entertainment start at 6:30 pm

## INCOMPLETELY DIGESTED FOODS

Cabbage	Lettuce	Popcorn
Celery	Mushrooms	Seeds
Coconut	Nuts	Spinach
Corn	Olives	Tough skins from
Cucumbers	Peas	fruits and
Dried fruit	Pickles	vegetables
Green peppers	Pineapple	

## ODOR FORMING FOODS

Asparagus	Cabbage	Fish	Peas
Beans	Chicken	Garlic	Some spices
Broccoli	Eggs	Onions	Turnips

## ODOR REDUCING FOODS

Buttermilk	Cranberry juice	Parsley	Yogurt
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## FOODS THAT MAY CONTRIBUTE TO DIARRHEA

Beans	Green leafy vegetables	Spinach
Broccoli	Highly seasoned foods	
Green beans	Raw fruits	
Beer (other alcoholic beverages aren't usually common offenders)		

## FOODS THAT MAY HELP CONTROL DIARRHEA

(Thickening foods)

Applesauce	Breads	Pasta	Rice
Bananas	Cheeses	Peanut Butter	Tapioca
		(creamy)	

## FOODS TO HELP CONTROL MILD CONSTIPATION

(Thinning foods)

Increase: fluids/cooked fruits and vegetables  
Juices: apple, grape, prune  
Highly seasoned foods

## **WHAT WOULD YOU DO IF**

By: Ellice Feiveson, Metro MD., Via: Dallas Ostomatic News

Trust me, every ostomate has had or will have an ostomy accident. By accident, I mean a pouch leak of some kind. The question is, are you prepared in case an accident occurs away from home?? Not so much prepared as far as having a change of clothes and extra pouches, but prepared emotionally to deal with the unexpected mishap. The reality of it is that every ostomate must think of what he or she would do if at a party, in a restaurant, work or anywhere else, your pouch leaked because it wasn't on securely, or the clasp came off and the contents were spilling out. The question is, what do you do if you feel your pouch is not on securely or you feel wet around your pouch? First of all, you think that everyone is noticing you and knows what's happening. Actually, you are probably the only one who knows what's happening. Stay calm. Go to the nearest bathroom and take care of business. Most likely, your friends are continuing their conversation in the restaurant or in your workplace and no one knows you are temporarily missing. When I encountered an accident while I was in a group situation, I just removed myself and took my time in freshening up and rejoined my friends. No explanation is ever necessary! The more outings you take and the more public situations you are in, the more confident you will be as time goes on.

## **PREGNANCY AND OSTOMY A WIN-WIN SITUATION**

Via: Women's World, & North Wind News, Anchorage, Alaska

Women with ostomies have normal pregnancies and deliveries, says Stacy Roberts, RN, CETN, an enterostomal therapy nurse at North Shore University Hospital in Manhasset, New York. They report feeling very healthy. They eat and drink everything. Some of them say it's a bonus if they don't have a rectum. That way, they don't get hemorrhoids!

Some women find that their ostomy is more active because there is pressure against the intestine. Occasionally, the pouching system may have to be changed to conform to the physical changes of pregnancy. But soon after childbirth, the stoma goes back to its pre-delivery size and shape and functions normally, says Roberts. Most women do really well.

## **TRUST YOURSELF**

By: Robert Eisman, RN, ET/via Re-Route (Evansville, IN)

Regardless of the type of ostomy you have, your prime concern must be placed on getting to know yourself. Any advice you are given should coincide with you as an individual. Lifestyle, activities, weight, all play an important part in determining which product will work best for you .... but jumping from product to product without being aware of the differences, the advantages, or the disadvantages of each can be a costly and dangerous practice. Assuming that you have been taught how to care for your ostomy, how to use your appliance, and where to purchase your supplies, you should become thoroughly familiar with the recommended procedure and equipment before experimenting with a new product. After you've gained the confidence that comes with experience, thought can be given to exploring other products and procedures. Learning new and better ways to care for yourself can be fun and very rewarding but guidelines should be set and observed with safety being the paramount concern. Remember, the ostomy has not changed you individually. You still have the same strengths and weaknesses, the same needs and desires as before. So, walk slowly at first, but increase the steps and strides as you gain more confidence in your own ability and get back into the mainstream of life as quickly as possible.

## **WHEN SHOULD YOU CALL THE DOCTOR**

When you have:

1. Cramps lasting more than 2 or 3 hours.
2. A deep cut in the stoma.
3. Excessive bleeding from the stoma opening (or a moderate amount in the pouch in several emptyings).
4. Bleeding at the junction between the stoma and the skin.
5. Severe skin irritations or deep ulcers.

6. Unusual change in stoma size and appearance. A change to a purple or blue color may be an indication of trouble.
7. Severe watery discharge lasting for more than 5 or 6 hours.
8. Severe odor lasting more than a week.
9. Any other unusual occurrence regarding the ostomy.

➤ Check your weight carefully. A body weight which is too high or too low can cause problems with your ostomy: additional folds can interfere with ostomy care; weight changes can affect the fit of your ostomy.

## **General Dietary Advice to Help Prevent Problems for People with Ostomies**

(This information was presented to members at the November '06 meeting by Colleen Cole, WOCN and Linda Guerrin WOCN.)

- Eat a variety of foods. Foods should be selected by considering individual food requirements and medical restrictions. These choices depend on your health status and ostomy function.
- Add new foods gradually to your diet. You will then be able to see the effects of certain foods on your ostomy management.
- Maintain regular eating habits. Eat at regular intervals.
- Avoid fasting and skipping meals. Skipping meals increases the chance of gas formation and liquid stools.
- Eat in a pleasant, relaxed atmosphere. Avoid excitement, emotional upsets or rushing your meal.
- Eat slowly and chew food thoroughly with adequate fluids.
- Take sufficient liquids, at least 8-10 glasses daily. In the case of an ileostomy or a colostomy located at the beginning of the large intestine, it may be necessary to drink more. If the stools are loose, it is recommended to drink with meals and to eat something when drinking between meals. This allows food and liquid to mix better.
- Eat small quantities, avoid large servings. It is better to eat between meals, in order not to overburden the intestines. Smaller more frequent meals are beneficial for some people.
- Eat sitting up and avoid drinking through straws or bottles.
- If needed, have the hot meal at noon instead of in the evening, in order to reduce the amount of stools during the evening and night.

## National Colorectal Cancer Round Table

Following in UOA's footsteps, UOAA was accepted as a member of this prestigious organization. Jo Ellen Deluca from South Carolina will represent UOAA.

The National Colorectal Cancer Roundtable (NCCRT) organized in 1997 by the American Cancer Society and the Centers for Disease Control and Prevention, is a national coalition of public, private, and voluntary organizations whose mission is to advance colorectal cancer control efforts by improving communication, coordination, and collaboration among health agencies, medical-professional organizations, and the public. The ultimate goal of the roundtable is to increase the use of proven colorectal cancer screening tests among the entire population for whom screening is appropriate. More information about NCCRT may be found on their website at [www.nccrt.org](http://www.nccrt.org)

## INFECTION IN UROSTOMIES

Via: Johnstown UOA Newsletter

Germs are all over the world, but when they are in the urinary tract, either in the conduit, the urethras or the kidneys, they're in an abnormal location and that is what causes an infection. What causes infection? Mostly the reasons are unexplainable. Why do some people get more colds than others? Infections can be caused by an obstruction, kidney stones, tumors, cysts or scar tissues. Almost synonymous with obstructions is infection and then too often comes stone formation. You can't get rid of the infection. It's kind of a cycle that goes around and around. Infection can be caused by urine being forced back to the kidneys through the conduit. This could be done by falling asleep with the appliance full of urine and accidentally rolling over on the pouch, causing urine to be forced back into the stoma, through the urinary tract with tremendous pressure. Invariably the urine in the appliance will be contaminated. In general, to prevent and treat infections, you need a good flow of urine much like a stream. That not only dilutes the bacteria of germs in the urine, but also helps wash them out. Two and one half quarts of liquids daily is required for the average adult.

## Phoenix Renewals

As a heads-up, the next issue of *The Phoenix* magazine will be mailed on December 15<sup>th</sup> and should reach members within 5 to 10 days.

A good number of members have been receiving subscriptions of *The Phoenix* magazine for the past year and it is now time to renew their subscriptions. As a bonus for renewing for another year, there will be boxes on the renewal form that can be checked off if the subscriber wishes to receive a "gift" from Coloplast, ConvaTec, Cymed or Hollister.

If you have not yet subscribed, you can do so by filling out and sending in the above form. You can also do so online with a credit card at [www.uoaa.org](http://www.uoaa.org) if you prefer.

## UOAA Info

\*The national website is [www.uoaa.org](http://www.uoaa.org) and the telephone number is still the same. 1-800-826-0826.

\*Our local website is [www.uoastl.org](http://www.uoastl.org)

\*The advocacy hotline is [advocacy@uoaa.org](mailto:advocacy@uoaa.org)

## UOASL New Simplified Dues Schedule

Thank you for all the cooperation in switching over to annual billing. You will receive your next bill in September. If you have any questions, contact Bill Lawson at: 636.256.7703 or [bill-jaci@sbcglobal.net](mailto:bill-jaci@sbcglobal.net)

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

For 25 years, UOA sponsor the UOA Youth Rally. The Youth Rally has incorporated as its own entity with a goal of supporting youth with bowel or bladder dysfunction. It is a camp for youth aged 11-17 who have an Ostomy or related procedure. Held on a university campus, the rally offers educational classes, sports, sightseeing, an environment that promotes independent living skills and friendships that last a lifetime. There are more than fifty dedicated volunteer counselors and nurses to support the rally each summer. Thousands of special-need children have attended the Youth Rally, the only one of its kind in the United States. The rally may be the first time in a child's life that they meet another child with similar medical challenges and realize they are not alone. The website has much more about the group, rally pictures, and information about how to give support. [www.rally4youth.org](http://www.rally4youth.org)

**Please share this information about this unique opportunity with any youth who has had bowel or bladder surgery or who have a condition which indicates this type of surgery in their future. St. Louis Chapter UOA 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](mailto:marybethakers@excite.com) for more info.



**"All in favor of this resolution,  
stick your tongue out and say ah!"**

## **EMERGENCY ROOM INFORMATION FOR OSTOMATES**

*Adapted from a Metro MD article appearing in the Re-Route, the on-line newsletter of the Evansville, Indiana UOA Chapter.*

Ostomates have special information which is very important to their well-being. The following list of information may save your life if you are taken to a hospital emergency room. Keep a copy of this information with you, and tell someone that this information is available and where it can be found. Take a little time and write a brief medical history about your surgery and other important medical facts about yourself. Make a few copies and be sure to take one with you when you travel or have to go to the hospital. This information will come in handy and you (or a family member) won't have to try to remember dates and procedures under pressure.

What kind of ostomy surgery did you have and when?

What was the reason for your surgery?

What is your doctor's name, phone number and the hospital s/he works out of?

Any other health related issues?

What kind(s) of medication(s) are you taking?

What dosage(s)?

Are you allergic to any medications?  
Are you allergic to any materials / preparations routinely used by ostomates?  
What is your stoma size? The size of your appliance?  
What kind of medical insurance do you have?\_  
Where can your next of kin be located?  
Other important information \_

A printable copy of these questions with space for answers can be found at [www.ostomy.evansville.net/emergencyroominfo.htm](http://www.ostomy.evansville.net/emergencyroominfo.htm) .

### Common Misconceptions About Digestive System Disorders

Researchers have only recently begun to understand the many often-complex disorders that affect the digestive system. Accordingly, people are gradually replacing folklore, old wives' tales, and rumors about the causes and treatment of these disorders with accurate, up-to-date information. Misunderstandings still exist, and while some folklore is harmless, some can be dangerous if it keeps a person from correctly preventing or treating an illness. Listed below are common misconceptions rebutted by the facts as professionals understand them today.

**Myth:** Spicy foods and stress cause stomach **ulcers**.

The truth is that almost all ulcers are caused by infection with a bacterium called *Helicobacter pylori* (H. pylori) or by use of pain medications such as aspirin, ibuprofen, or naproxen, the so-called nonsteroidal anti-inflammatory drugs (NSAIDs). Most H. pylori related ulcers could be cured with antibiotics. NSAID-induced ulcers can be cured with time, stomach-protective medications, antacids, and avoidance of NSAIDs. Spicy food and stress may aggravate ulcer symptoms in some people, but they do not cause ulcers.

**Myth:** Smoking a cigarette helps relieve **heartburn**.

Actually, cigarette smoking contributes to heartburn. Heartburn occurs when the lower esophageal sphincter (LES)—a muscle between the esophagus and the stomach—relaxes, allowing acidic contents of the

stomach to splash back into the esophagus. Cigarette smoking causes the LES to relax.

**Myth: Celiac disease** is a rare childhood disease.

Celiac disease affects children and adults. More often, celiac disease causes symptoms during childhood—usually diarrhea, growth failure, and failure to thrive. But the disease can also first cause symptoms in adults. These symptoms may be vague and therefore often attributed to other conditions. Symptoms can include bloating, diarrhea, abdominal pain, skin rash, and thinning of the bones (osteoporosis). People with celiac disease should not eat any foods containing gluten, a protein in wheat, rye, and oats. In celiac disease patients, gluten destroys part of the lining of the small intestine, thereby interfering with the absorption of nutrients.

**Myth: Bowel regularity** means a bowel movement every day.

The frequency of bowel movements among normal, healthy people varies from three-a-day to three-a-week, and perfectly normal people may fall outside both ends of this range.

**Myth:** Habitual use of enemas to treat **constipation** is harmless.

The truth is that habitual use of enemas is not harmless. Over time, enemas can impair the natural muscle action of the intestines, leaving them unable to function normally. An ongoing need for enemas is not normal. You should see a doctor if you find yourself relying on them or any other medication to have a bowel movement.

**Myth: Irritable bowel syndrome** is a disease.

It is not a disease. It is a functional disorder, which means there is a problem in how the muscles in the intestine work. It is characterized by gas, abdominal pain, diarrhea and/or constipation. Although the syndrome can cause considerable pain and discomfort, it does not damage the digestive tract as diseases do. Also, it does not lead to more serious digestive diseases.

**Myth: Diverticulosis** is an uncommon and serious problem.

The vast majority of Americans over age sixty have it, but only a small percentage has symptoms or complications. It is a condition in which little sacs (diverticula) develop in the wall of the colon. They appear and increase in number with age. Most people never know they have

diverticulosis. Less than 10 percent of people who have diverticulosis develop complications such as bleeding, perforation of the colon or diverticulosis (infection).

**Myth: Inflammatory bowel disease** is caused by psychological problems.

It is the general name for two diseases, Crohn's disease and ulcerative colitis that cause inflammation in the intestines. The cause of the disease is unknown but researchers speculate that it may be a virus or bacteria interacting with the body's immune system. There is no evidence to support the theory that inflammatory bowel disease is caused by tension, anxiety, or other psychological factors or disorders.

Taken from the UOAA Newsletter Editors File 11/06