

UOASL 2014 MEETING SCHEDULE

www.uoaastl.org (Notice the dash is gone!)

- **October 6:** Christian Hospital Healing and
Healthy Sexuality, Monica Houttuin, MSW, LCSW
- November 3:** St. Luke's– Leonard Naeger Lectureship
- December 1:** Annual Banquet at Syberg's on Dorsett
\$20 per person, see flyer mailed to you for RSVP
RSVPs due by November 18th to Hank Thill
-

**Any articles welcome for consideration:
personal experiences, health, obituaries, tested tips, etc.**

Publication Deadline November 25, 2014

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

LIVE & LEARN By Email

Are you interested in getting this publication by email? Send an email to Mary Beth at marybethakers@excite.com and let her know that.

Mailing Information Update

Please let Brenda Schulte know if your info changes.

Her address is: 115 Pine St., Old Monroe, MO 63369.

Her phone number is: 636-661-5607.

FOR THOSE WHO USE FACEBOOK AND TWITTER

The National UOAA is on both!

To find us on Facebook, go to [Facebook.com/UOAAinc](https://www.facebook.com/UOAAinc).

To follow us on Twitter, go to [Twitter.com/UOAA](https://twitter.com/UOAA),

or while logged in, search for @UOAA.

UOAA also has a Social Blog! You can find our blog at blog.ostomy.org.

National UOAA website is www.ostomy.org



LIVE AND LEARN

Fall 2014

President's Message

To All Members and Friends of UOASL,

Well, the summer is upon us. Oh wait, that was the last issue. As was the case last year, it seems the heat of summer has waited until the last month to rear its ugly head. School is back in session, but summer is definitely not over!

Youth Rally was amazing as usual. Another of our board members, Herschel Austin, was able to attend as counselor in training this year. He was suitably impressed by the magnitude of the impact it has on all who are impacted in any way, whether as a camper, counselor, parent, donor, or just someone who sees the pictures on the website. It has been quite a while since we had so many from the area. Check out the recap of the Rally in the middle of this issue.

Another event that is coming sooner than we know it is the Annual conference to be held one year from now right here in St. Louis. We will be asking for many volunteers to help man the Hospitality Room but hope many more of you will be able to attend and get much information and fellowship during the conference.

It has been a very busy summer for me and I am looking forward to some great meetings leading us to our Annual Banquet in December. I am hoping you all decide to join us for that. We have decided not to put the RSVP form here in the newsletter and are mailing the notice to all members. We also decided again not to increase the cost but will be covering the balance with chapter funds. If you are interested in making it an overnight visit, the hotel next door is offering discounted rates. Just let them know that you are there for the banquet with UOASL.

I hope to see **you** at our meetings, and if you have questions please do not hesitate to call or e-mail me. (636) 916-3201, marybethakers@excite.com

Mary Beth Akers,
President, UOA St. Louis

Ostomy Surgery is like Caesarean Birth

By Sheila Reddick

I moved to St. Louis a year ago. I had Ulcerative Colitis so I had to find a new gastroenterologist pronto. That was the easy part. Fortunately I found a kindly doctor with whom I shared a recent CT scan that I brought with me from NY. He thought I'd be disappointed when he said, "We can't put you in a test experiment with newer drugs because you're too sick to use placebos." Never mind, I was at the end of what I could tolerate. The UC symptoms had taken over my life. I didn't want to go any further with expensive, toxic medications. Sixteen years was enough. The big basket of pills on the kitchen table constantly reminded me that something was very wrong. Even though I didn't know much about an ileostomy, I knew I wanted it. The new doctor seemed relieved that he didn't have to convince me that surgery was an appropriate next step. He simply said that ileostomy was the most straight forward solution to ending further treatment.

During my recovery, our daughter Bridget announced that she and her husband were expecting their first baby. That news made my recovery easier because the family focus was not on me but on the new baby in our future. Bridget had a normal pregnancy. She recently delivered our one and only grandson by Caesarean section.

I kept a diary of my Ulcerative Colitis symptoms during the last few years before surgery. Recently I came across that diary. Reading it over, I realized – believe it or not – that there are some striking parallels between pregnancy and Ulcerative Colitis. Both feature plenty of discomfort, nausea and nighttime trips to the toilet causing increasing exhaustion. The aftermath of both Caesarean and ileostomy include hospital stays of course, including wound care with support from nurses and visits and advice from family and friends. The diets both include attention to fluid intake and for each of us included a couple of pints of blood. Looking back on this past year I am fascinated to realize that both Bridget and I have forgotten pain. We have plenty of photos from our hospital stays that in spite of those lovely bouquets of flowers on tray tables, each of us look grim and have complexions that matched those drab hospital gowns.

My daughter is finally enjoying her new life as a mother. As a first time grandmother, I'm happy to be able to help out in ways that I couldn't have managed just a year ago. My little stoma and pouch may not be as thrilling and fun as my grandson is, but still they too are a welcome addition to my life.

WOCN of the Year nominations

We are accepting nominations through October 15th. If you had a wonderful WOCN, let us know about it. Just send the name, where they practice, and why you feel they are deserving to marybethakers@excite.com.

Our previous winners are: Betsy Naeger, Lyn Kramer, Sheila Kramer, Colleen Cole, April Kuhlman, Linda Guerin, Janet Knebel, Sharon Waldman, Zoe Shepard, Diana Oconomon, Roxie Lupien and Retta Sutterfield.

**LIVE, LEARN,
SHARE**



The United Ostomy Association of Greater St. Louis will be celebrating this day at our monthly meeting which will be Monday, October 6th, at Christian Hospital at 270 and 367 in the Spanish Lake/Bellefontaine Neighbors area.

Come and have a piece of cake with us!

The Phoenix is the leading national magazine for ostomates, their families and caregivers. Each issue contains 72 pages of inspiration, education and information including new products, medical advice, management techniques, personal stories and more.



Subscriptions directly fund the nonprofit United Ostomy Associations of America – the only national organization providing vital information, resources, support and advocacy for ostomates.

The Phoenix

ORDER FORM

Money Back Guarantee!

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Payable to: The Phoenix magazine, P.O. Box 3605, Mission Viejo, CA 92690

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 Naeger at 314/725-1888.

YOUTH RALLY 2015

Although Rally was just a couple of months ago, we are already looking ahead to next year. We will again be at the University of Colorado at Boulder. We had ten campers and counselors from Missouri this year. Hopefully we will have as many for next year.

Please share this information with any youth who has any issue with the bowel or bladder. St. Louis Chapter UOAA pays first year scholarships (Tuition and airfare 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 or log on to www.rally4youth.org

The collage features various medical conditions such as Familial Adenomatous Polyposis, Ulcerative Colitis, Short Gut Syndrome, and Crohn's Disease. It also lists procedures like ACE-MALONE and UROSTOMY. The central message is "Yes. There IS a camp for that!" and the website www.rally4youth.org is prominently displayed at the bottom.

Vitamin B-12?

Live and Learn 2005 Via: Ileo Info Bulletin, Montreal, QC; Oshawa, ON; Metro Halifax News, September 2005, via Inside Out On-line Nov/Dec 2005

If a large section of the small intestine has been removed many ileostomates will require Vitamin B-12. Your body can store B-12 for about three years so this vitamin deficiency may not show up for several years.

Ileostomates should test periodically with their physician. Symptoms may come very slowly. They include anemia and neurological symptoms, i.e., numbness in the feet and difficulty walking, sore tongue, muscle spasms, appetite loss, weight loss and forgetfulness. Your vitamin B-12 is checked through a simple blood test. It can become part of your annual check-up.

If the deficiency continues too long, some of the symptoms cannot be reversed, leaving the patient severely impaired. The treatment consists of B-12 injections. Since the section of the bowel which absorbs B-12 is no longer available, taking Vitamin B-12 tablets will not work. A newer product, NASCOBAL, delivers B-12 by nose instead of by needle. After the blood level has been stabilized by injection therapy, many people can maintain the proper level of B-12 with this intranasal product. The odorless, flavorless gel comes in a nasal squeeze bottle. This convenient inject-free method delivers a precise 55 mg. once weekly. Only available by prescription.

B-12 blood levels and peripheral blood counts must be monitored initially at one month after the start of treatment and then at intervals of 3-6 months. People sensitive to cobalt or having Leber's disease will suffer swift optic atrophy.

The next UOAA National Conference will be held at the Hyatt Regency St. Louis at the Arch on September 1-6, 2015.

The theme is a "Gateway to a New Life."

Plan now to "Meet us in St. Louie!"



Types of Colostomies

Spring 2006 Live & Learn From Friends Together, Baltimore Ostomy Assn

There are four main types of colostomies. They are named after the portion of the bowel where the colostomy is located.

A **Sigmoid** Colostomy is located within the sigmoid colon. Output has a normal, formed consistency, since the water has been absorbed as the waste passed through the remaining large bowel.

An **Ascending** Colostomy is located within in the ascending colon, on the right side of the colon as it exists from the ileum. Output will be liquid to semi-liquid, rich in digestive enzymes and therefore irritating to the skin surrounding the stoma.

A **Transverse** Colostomy is located within the transverse colon, the part of the colon that transverses across the abdomen, above the small intestine, and connects the ascending colon with the descending colon. Output is usually liquid to semi-formed because digestive enzyme content decreases as the contents moves further down the colon, therefore, the further away from the ascending colon, the less irritating the output will be to the peristomal skin.

A **Descending** Colostomy is located within the descending colon. Output is semi-formed, because much of the water from the stool has been reabsorbed from the colon back into the body.

When skin sealants are not effective:

Tip submitted by Sheila Reddick

When skin sealants like (3M Cavilon No Sting, ConvaTec Sensi-Care Sting Free or Smith+Nephew No Sting Skin Prep) are not effective, use Marathon Liquid Skin Protectant. Medline's Marathon Liquid Skin Protectant is designed to protect intact or damaged skin from breakdown caused by friction or shear or moisture or digestive enzymes or adhesive stripping. Ask your WOCN or doctor if this is for you.

How to See an Ostomy Nurse

Taken from "The New Outlook", May, 2012, UOA Chicago Via Green Bay

All of us with an ostomy should carry in our wallet the name of a WOC (wound, ostomy and continence nurse) and a hospital that can help us on a routine or an emergency basis. **Note:** You should have a 24 hour, 365 day a year emergency plan in place . . . now. If you suddenly get a blockage, where would you go? Whom would you call? Who would help you? Your WOC nurse and your local ostomy associations will assist you in answering these and many other questions.

To see a WOC nurse is easy. Call your favorite hospital, look on this newsletter's list of nurses, go to the WOCN web site or get a referral from a friend. Once you obtain the name of a nurse, then call him/her. Say that you have an ostomy and would like to make an appointment to come in for a routine checkup, a problem you are experiencing or whatever. Very often appointments must be made after obtaining a physician's referral for health insurance to cover the cost of the visit. In other words, you need a note from your doctor first. You will usually see your ostomy nurse on an appointment basis. Remember if you call, the nurse may often be available in just half an hour if you really need to see him/her.

At the time of your appointment, simply stop by the medical facility's receptionist area. The clerk there will let the nurse know you are there. You will then meet the nurse and have a private session with him/her, just as you would a doctor. Most people with ostomies will see a WOC nurse at some time in their lives. It may be 20 years before an ostomy issue arises that requires the skills of a WOC nurse. Still, make sure every day that you know exactly what to do if a problem arises and you need help. You will find, as we have, that most WOC nurses go into the profession because they are very caring people who have a sincere desire to help us, their ostomy patients.

You are Not Alone

by: The Milwaukee Affiliated Support Group of UOAA and "The Journal," official newsletter of the Philadelphia Ostomy Association, February 2014; via The Pacesetter, and Green Bay

New ostomates, do you feel as if the bottom has dropped out of your world? Your doctor has just shown you your ostomy for the first time. You cannot visualize how it is going to be from now on. You wonder if you will ever become accustomed to this strange thing. Be assured that you will...in time.

(Continued)

(You Are Not Alone continued)

An ostomy is a lifesaving device; you can make of it what you desire. You can hibernate, become a recluse and withdraw into your own small world, or you can take it in stride, learn the proper care of your ostomy, then forget about yourself and enjoy the extra time God has allotted to you. You will find that as time goes on, the bewilderment will disappear, and the problems you encountered with the first association of your ostomy will become minimized. You will be delighted to find that you can still lead a perfectly normal life: swim, dance, work and participate in things just the same as before surgery. If ulcerative colitis was the reason for your surgery, then you will be able to do more things than you did before surgery.

The new ostomate has a tendency to become overly sensitive...particularly to odor. There are many ways of eliminating all odors should this be a future problem. Most modern appliances are odor proof. That means that if they are just used as directed, there will be no odor. In addition, there are over-the-counter internal deodorants as well as many tablets, liquids, and powders to be used in the pouch itself.

Yes, at first you will be all thumbs tackling an appliance or irrigating according to whichever ostomy you have. As you become familiar with your apparatus, care-time will be cut to a fraction of what you use as a “newbie.” With the new appliances and supplies available, your job will eventually become easier and automatic. Don’t become discouraged. Summon up all your patience and courage to see you through this phase of your rehabilitation. Remember, all of us ostomy graduates went through this period of adjustment, and we are available for help whenever needed, if only to bolster your morale, assist in choosing an appliance or irrigating equipment, practical hints on skin care, etc. But be sure to check with your doctor or ET nurse first. We don't practice medicine. But, most doctors recognize the fact that ostomates soon become near expert in care and management of stomas.

Fight that depression, it's your enemy. Things are going to get a hundred percent better than they are now. Thank God that you're alive, and take comfort in the fact that “You're Not Alone.”

[Editor's Comment – I am sure that some more-experienced ostomates would admit there are still times when problems might pop up - but have learned to address them by seeking help and trying to be patient till the problem is solved. Although, as our disclaimer clearly urges us to follow our medical professional's advice, many of our newsletter articles can give you some possible leads to pursue. We all are definitely not alone!]

The Great Comebacks® Program

The Great Comebacks® Program began in 1984 under the leadership of Rolf Benirschke, with support from ConvaTec. It was designed to raise awareness of quality of life issues for people living with Crohn's disease, ulcerative colitis, colorectal cancer or other diseases that can lead to ostomy surgery. Today the Great Comebacks community has spread far beyond its original borders, raising awareness around the globe through inspirational individuals who have chosen to share their stories and offer hope to others facing these diseases and transitioning to life after surgery.

Awards Program

Whether your dream is to start a business, make the varsity basketball team or teach kindergarten -- your journey can be an inspiration to others! Each year, the Great Comebacks® Advisory Committee recognizes inspirational individuals of all ages who, by sharing their personal stories, give hope and encouragement so that others can reclaim their lives and pursue their dreams. Anyone who has overcome the challenges of living with serious intestinal diseases and ostomy surgery can share their story. Friends, family members and healthcare professionals can also nominate someone for an award. We hope that you will share your story with us! UOAA is an active Program Partner.

To be considered as an Award recipient go to the www.greatcomebacks.com website and click on “Share Your Story”. Recipients' stories can also be found on the Great Comebacks website.

We here at the Live and Learn would also like to hear your story. We are always looking for personal interest stories to put in the newsletter. You may think everyone already knows your story, but many do not and each of you has a unique story to tell. Send it to marybethakers@excite.com or call Sheila at 314.698.2592 and she will type it for you.

**FACTORS THAT AFFECT
OSTOMY FUNCTION**
UOAA UPDATE April 2014

Ostomy function may be changed by a variety of medications and medical treatments. The following are examples:

Antibiotics often cause diarrhea, even in patients without an ostomy. Make sure your doctor knows about your ostomy, and inform him/her of problems as they occur. Drink plenty of liquids that will help maintain your electrolyte balance if diarrhea strikes.

Pain Medications are often constipating. Extra irrigations or laxatives or stool softeners might be required for colostomates to combat the side effects of pain medications. Perhaps the dosage of pain reliever may be reduced to eliminate the situation. Again, be sure to drink plenty of liquids.

Chemotherapy - Many cancer patients have follow-up chemotherapy after surgery or as an alternative to surgery. That often produces nausea and/or vomiting. You need to drink fluids that help you maintain your body chemistry balance.

Radiation Therapy often produces the same effects as chemotherapy.

Travel may cause constipation in some people and diarrhea in others. Be aware that these are possibilities. Altered diet, when traveling, accounts for some of this plus the excitement of new surroundings. Allow sufficient time for irrigations and take along an anti-diarrhea medication.

(Check with your doctor before taking any medications.)

Antacids may cause diarrhea - usually those with magnesium. There are many fine new products on the market. Find out which is best for you.

Drink plenty of liquids. You need to maintain your electrolyte balance in case of diarrhea. Tea, orange juice and even Coca Cola are sources of potassium. Bouillon cubes mixed in hot water are a source of sodium. Remember that some of the signs of electrolyte imbalance are irritability, nausea and drowsiness.

**SHORT-TERM OSTOMATE;
A POINT OF VIEW**

By Katy Duggan; via Pomona Valley (Upland, CA) *News and Views*; Chippewa Valley (WI) *Rosebud Review*; North Central OK *Ostomy Outlook* and Springfield MO

One day I was on vacation in New York and simply feeling constipated. The next day I was in a Seattle emergency room signing a consent form for a resection (surgical removal of part of my bowel) and a possible ostomy. As an RN, I took care of many a child with a colostomy and could only remember the awful skin breakdowns that many of the kids had on their abdomens. I remembered the struggles to keep the old style appliances on their fragile bodies. I was feeling scared, confused and incompetent to take care of one on my own body. My surgery resulted in no ostomy, and I was relieved. I had only a colon cancer diagnosis to deal with post-operatively.

Five days later, I found myself again faced with a consent form for emergency surgery for complications. This time there was no doubt that I would have an ostomy – an ileostomy. The surgeon assured me that it would be only for 8 to 10 weeks, and then it would be closed. The assurance vanished with the first visit of the oncologist. He did not want me to have a third surgery, recover from that operation and **then** start chemotherapy.

Now my challenge was to face 9 to 10 months of taking care of the ostomy on my body. Even as professionally trained as I was, I had all the same fears as those who must face living a lifetime with an ostomy. I kept telling my family I just wanted to pay a nurse to come in each week to deal with the bag change and any problems. I wanted someone else to deal with “it.” I had to have help for several weeks but gradually became less “scared,” not as “confused,” more “competent” as each week passed. Although, as I write this, I am closer to the surgery date to reconnect my bowel, I have walked the road each ostomate walks. Between chemotherapy side-effects and learning new skills for managing an ileostomy, I am a stronger, more competent individual.

WHAT TO DRINK WITH DRUGS

UOAA UPDATE 06/2014

How many times have you received a prescription with the instructions to "take as needed" or "take before meals"? Pretty vague, but many people do not stop to question further, assuming the medication will work, no matter what they swallow it with.

Acidic drinks, such as fruit juice or soda pop, may chemically destroy certain kinds of antibiotics, including penicillin, ampicillin or erythromycin. Citrus fruit juices may reduce the effect of antidepressants, antihistamines or major tranquilizers by speeding their urinary excretion.

Milk can interfere with a number of medicines. The laxative Dulcolax, for example, has a coating designed to ensure that the drug will dissolve slowly within the intestine. But if the medication is taken with milk, which is alkaline, it may dissolve prematurely within the stomach, lose its cathartic action and irritate the sensitive stomach lining. Milk can also block the action of tetracycline. If a doctor fails to warn his or her patient not to take this antibiotic within an hour of any dairy product, he or she might be puzzled to hear the infection being treated has not disappeared.

Even something as simple as tea, hot or cold, may cause problems. A woman given a mineral supplement to treat iron-deficiency anemia would probably be surprised to learn that the tannin in tea can undo the benefits of her iron pills.

To play it safe, you can always rely on GOOD OLD WATER!! Water will not interact with drugs or reduce their effectiveness.

MIDWEST REGIONAL OSTOMY EDUCATION CONFERENCE

Saturday, November 8, 2014
Arlington Heights, Illinois
8am-8pm \$25 per person
Box lunch included

Vendor Fair, Sessions, Stoma Clinic

For more information contact Mary Beth Akers at
636-916-3201 or marybethakers@excite.com

UOASL Meeting Recap

Peristomal Skin Care

Some tips from the July 7, 2014 meeting at UOASL

Notes taken by Kelly Austin

The bottom line is don't just live with peristomal skin issues, there is help out there! WOC Nurses and the major ostomy supply manufacturers all have lots of information to share if you are having a peristomal skin issue. Remember when removing your barrier/wafer, hold skin near where you are pulling, don't just pull. For an irritated area, use stoma powder to dry it, then seal it with barrier protection spray or wipes. You can layer the powder and barrier protection spray/wipes but be sure to end with spray/wipes so your wafer will adhere. Some people call this process crusting. If the peristomal area is wet and weepy, you can dab it with antacid such as Maalox or Mylanta, then follow with the powder and seal it with barrier protection spray/wipes. Only treat the irritated areas. If your skin is in good condition and your barrier/wafer is adhering well, you don't need to use any additional products on your skin. Only use what you need, where you need it.

Resources for continued Care and Info provided at the meeting:

Medical West
444 N. Brentwood Blvd.
Clayton, MO 63105
314-725-1888

Mercy Hospital
Sheila Kramer, RN, BSN, CWON
621 S. New Ballas Rd.
Tower A, Suite 342
St. Louis, MO 63141
314-251-7942

Coloplast Care
www.coloplast.us/care
1-888-726-7872

Convatec
www.convatec.com
1-800-422-8811

Hollister
www.hollister.com
1-888-740-8999

Youth Rally Recap

Thank you so very much for sponsoring me as a Counselor-in-Training at Youth Rally. It was a wonderful experience and I am so grateful to have had the opportunity to go. The campers are amazing young people, so full of energy and confidence. I am sure I was blessed more by them than they were by me.

One special memory for me was learning how to transfer a camper from her wheelchair into the pool and back again. It was a special privilege for me to be able to do that. Thank you again for your support. I look forward to returning next year as a counselor. Sincerely, Herschel

Thank you so much for everything. This was my first year and I really enjoyed myself. No lie, when I first heard about it, I was not interested because I did not know what to expect. Being here made me very happy and comfortable because this was my first time meeting so many people with the same health problem as me. I also learned new things about my health problem. I am looking forward to coming back next year as a CIT. once again, thanks so much.
Yours truly, Jamesha R – 18



Thank you so much for allowing me to return to Rally again. Rally is my second home and being able to come here is the highlight of my year. Rally is a place where you can learn to be comfortable in your own skin and learn to love yourself, medical conditions and all. Coming to Rally has helped me grow as a person, and since my first year at Rally six years ago, I have become so much more confident in myself, and I have made friendships here that will last a lifetime, and they are absolutely irreplaceable. I can't wait to come back next year to graduate, and I hope to continue coming to camp as a counselor for as many years as I can. Thank you for allowing me to have these amazing experiences and meet all of these amazing people. I can't imagine my life without my Rally Family. Sincerely, Mikayla Hoffman – 16

Thank you for giving me money so I can enjoy making friends and being with friends. Thanks to you, I went to the beach and learned more about my disabilities plus I made many friends. The people who work at Youth Rally were there to help me in so many ways.

Whether it's medical or because I was homesick. One thing that I had a lot of fun was winning 800 tickets. I could not have had that fun without your help! This also was my first year!

Sincerely, Mikey T Age 12



Youth Rally Recap

Thank you for another wonderful year! It's always a pleasure watching the campers' confidence grow through the week and break out of their shell. Some campers wore bikinis for the first time and their confidence shone. We also got to take campers to the beach/ocean for the first time. Their faces were priceless and heartwarming. The best feeling is when campers tell you that you made them feel confident and beautiful. My favorite memory of all is to watch the new campers through the five days and them knowing they aren't alone anymore. THANK YOU Courtney M, 21

This camp means so much to me. As a young adult I understand the struggles kids go through when having a medical condition. I was 11 years old when I was diagnosed with Ulcerative Colitis, and I believe I was alone. Once I became involved with CCFA, I finally understood how important people who also understand our conditions are. Youth Rally has become my second family, and I have truly made lifelong friends. I love how the kids are able to open up during our group medical sessions. I also believe that the self-esteem session teaches them life skills that are important to become independent. My favorite part during Rally this year was seeing one of my campers go in to the ocean for the first time. He was so excited and I will never forget the big smile on his face!

Thank you so much for your support and sponsoring us! This camp creates amazing friendships, and this would not happen without your help. You change these kids' lives. ☺
Thank you! Hannah Brockman, 22

I think camp is amazing. This is my first year and I had so much fun. I was inspired by another girl to get my first bikini. I also learned how to boogie board, and it was amazing. I also made lots of new friends here. So thank you for helping me come. Sincerely, Deborah, Age 12



You may or may not know the difference someone like you makes to certain individuals. This one week that the Youth Rally takes place makes such a profound impact on the campers' and counselors' lives. This camp not only allows us to meet others with similar conditions and backgrounds, but it also allows us to recharge our batteries for the upcoming year. With our conditions, it takes both a physical and emotional toll on our bodies. The Youth Rally allows us to heal certain aspects of our health. I am 21 years old and I can tell you that this camp is the most important thing to me. The kids need me just as much as I need them. The Youth Rally family cannot thank you enough.

Christopher Parsons

**UNITED OSTOMY ASSOCIATION
OF GREATER ST. LOUIS**

Our mission at UOASL is:

- To offer the opportunity to persons who have had colostomies, ileostomies, urostomies, or alternate procedures to meet with others who share similar challenges of adjustment and for sharing of ideas and knowledge.
- To aid the ostomate in recovery and rehabilitation.
- To provide educational opportunities to medical, nursing, and lay groups through lectures, demonstrations, and exhibits regarding care of the Ostomy patient.
- To provide the ostomate with volunteer services and social activities.
- To provide hospital visits to the patient, before and / or after surgery, at the request of the patient's physician.
- To maintain close contact with appliance manufacturers, also local pharmacies.
- To provide information about the availability of products to ostomates and the medical profession.

ARTICLES AND INFORMATION PRINTED IN THIS NEWSLETTER ARE NOT NECESSARILY ENDORSED BY THE UOASL AND MAY NOT BE APPLICABLE FOR EVERYBODY. PLEASE CONSULT YOUR DOCTOR OR WOCN (ET) FOR THE ADVICE THAT IS BEST FOR YOU.



AFFILIATION

**UNITED OSTOMY ASSOCIATIONS
OF AMERICA**
1-800-826-0826 www.ostomy.org



AMERICAN CANCER SOCIETY
4207 Lindell Blvd.
St. Louis, MO 63108
1-800-ACS-2345 www.cancer.org

Membership Benefits:

Education Mutual Support from Fellow Ostomates
Visitation Program Conferences Country-Wide
Product Information Local Meetings and Programs
Ostomy Guide Books and Informative Literature
"Live and Learn" Our Own Publication

CHAPTER MEMBERSHIP APPLICATION FORM

NAME: _____

SPOUSE'S NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ **ZIP CODE:** _____ - _____

PHONE: HOME: (____) _____ **OFFICE** (____) _____

OCCUPATION _____ **e-mail** _____

YEAR OF SURGERY: _____ **DATE OF BIRTH:** ____/____/____

Please check all applicable information

Type of ostomy: Colostomy Ileostomy Urostomy
 Continent Ileo Continent Uros
 Other (Specify): _____

Meetings: Send meeting notices Don't send meeting notices

Help: Would like to help on Phone Committee
 Other Activities _____

Assistance Request *Complimentary Membership*

Medical Profession Doctor RN,WOCN Other _____

UOASL Chapter Membership Dues: (Effective Jul 2006)
\$12.00 annual

Make check payable to U.O.A.S.L.

SEND CHECK TO: Hank Thill, Treasurer U.O.A.S.L.
 970 Imperial Point
 Manchester, MO 63021
 Phone: 636-225-5099

(ANY CONTRIBUTIONS OVER \$12.00 ARE TAX-DEDUCTIBLE)

949 Chestnut Oak Drive
St. Charles, MO 63303

Local website is www.uoastl.org

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*Even when opportunity knocks,
you still have to get on your feet
and answer the door.*

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**LIVE AND LEARN – Fall 2014**



**Officers and Board of Directors**

**President:** Mary Beth Akers 636-916-3201  
**Vice President:** Susan Burns 636-926-2737  
**Secretary:** Linda Geurin  
**Treasurer:** Hank Thill 636-225-5099

Our current **Board Members** include  
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Brenda Schulte      William Kriete  
Linda Geurin, RN, CWOON      Shanan Rodgers  
Herschel Austin      Betsy Naeger, RN, CWOON  
Bill Ward      Marge Blumenkamp

AS WE ARE A NON-PROFIT ORGANIZATION)