

UOASL 2017 MEETING SCHEDULE

www.uoaastl.org

May 1	Mercy Medical Center – Annual Product Fair
June 5	St. Anthony’s – Trouble Shooting with Humor
July 10	St. Luke’s – Ostomy Kits and who & When to Tell
August 7	St. Luke’s – Coping with Change/Bring your kit
September 11	St. Luke’s – Summer wrap-up. Dinner provided Breakout Groups
October 2	Christian Hospital – What’s New? Coloplast
November 6	St. Luke’s-Leonard Naeger Lectureship- Drugs and Your Ostomy
December 4	Annual Banquet (Starts at 6:30PM)

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

Publication Deadline May 25, 2017

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.

Please let us know if you have any change in home address, email address, company address or contact person.

We would really like for you to keep getting the L&L's and postcards.

If you do not receive any of our information please let us know.



LIVE AND LEARN Spring 2017

President's Message

To All Members and Friends of UOASL,

Well the weather can't quite make up its mind but that is not too unusual for us here in St. Louis. I think we should be safely past the threats of snow, but never say never... As the trees and flowers get back to the budding that was interrupted by our bonus winter spell, we move forward getting ready for the Product Fair.

It is always a great evening with a speaker to get us thinking and then the exhibitors to help us with any new products we are interested in. Our presenter is Larry Hagner of the Good Dad Project whose topic is "Empower Your Life through Grit and Gratitude." As we have for several years, we will have our Grand Raffle with three winners of \$100 Visa Gift Cards. Remember we are in the Von Gontard Conference Center at Mercy Hospital at 7PM.

I hope some of you are making plans to attend the upcoming National Conference in Irvine, CA August 22-26th. It is always informative. Our own Susan Burns is working hard to make sure everyone finds what they are looking for in terms of sessions.

I also want to remember fondly Les Anderhub, past UOASL president, who passed away on March 13th.

Please do not hesitate to call or e-mail me (636) 916-3201 or marybethakers@excite.com with any questions.

Mary Beth Akers, President, UOA St. Louis

FOR THOSE WHO USE FACEBOOK AND TWITTER

The National UOAA is on both!

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

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.

Advocacy Alert: Take Action on Healthcare Changes

UOAA Advocates for Critical Patient Protections in the Affordable Care Act "Repeal and Replace" Debate

Once again in 2017, healthcare reform is in the spotlight and it is critical that we ensure the needs of persons living with an ostomy and continent diversions are included in the stakeholder conversations. In particular, we must first ensure the ongoing availability of quality health insurance by accompanying any repeal of the Patient Protection and Affordable Care Act (ACA) with a viable replacement at the time of repeal. Second, we must make certain that the 115th Congress preserves the basic patient protections from the ACA:

- *Prohibit discrimination against patients with pre-existing conditions**
- *Prohibit lifetime and annual caps on insurance benefits**
- *Allow young adults to stay on family coverage until they are 26**
- *Limit patient out-of-pocket spending in a meaningful way**

These protections have made it possible for many people living with an ostomy to obtain insurance coverage and protect them from stratospheric medical bills. Furthermore, they are essential to ensuring access to quality, affordable healthcare coverage.

UOAA is pleased to launch a new advocacy software platform to help you take action on important initiatives, and where you can keep on top of the latest advocacy news by signing up for our Advocacy Network. **Please be sure to personalize our call to action message with your personal story for maximum impact.**

We are Stronger and Louder Together!

Please Share this Call to Action with Family and Friends.

Please feel free to email me at advocacy@ostomy.org, if you have any questions or comments. We look forward to accomplishing great things with all of you in 2017!

Jeanine Gleba UOAA Advocacy Manager

Allergic? - How to Tell for Sure

Nov./Dec. 2016 Inside/Out Newsletter of Winnipeg Ostomy Association
/February 2017 Philadelphia Ostomy Association, Inc

Many times at support group meetings we hear that people are allergic to adhesive tape, skin prep or any number of different products that are used in ostomy care. Allergies can occur with any product; they can occur with the first use of a product or after years without problems. Most people never have an allergic reaction, but a few are plagued with multiple sensitivities. However, many things assumed to be an "allergic" reaction may be another problem. It is important to know whether or not you are truly allergic to a product, because eliminating products reduces your options.

Believing you are allergic may cause you not to try a pouch that might be perfect for you. Allergic reactions are usually severe and cause blistering and/or weeping skin wherever the pouch touches.

Two situations are frequently labeled as allergic by mistake:

First, if the skin sealant wipe is used, it needs to dry completely to allow the solvents to evaporate. If the pouch is applied while the solvents are still on the skin, sore skin can easily occur. Since the solvents can't evaporate through the skin barrier as they can through the paper tape collar, this will look like an allergy to the skin barrier.

Second, each time you remove a pouch, the adhesive takes with it the top layer of dead skin cells. However, if you are removing a pouch frequently, cells can be removed faster than they are replaced. This is called "tape stripping." Everyone's skin reacts differently to having tape removed.

But it's important to be gentle and not remove a pouch more frequently than necessary. Skin that is stripped will be sore in some spots and not in others. Sometimes skin around the stoma becomes fragile and strips easily, and a pouch and tape with very gentle adhesive must be found

To check whether you are really allergic take a small piece of skin barrier or tape and place it on the other side of your abdomen or, with the help of someone else, on your back. After 48 hours, take it off and see whether you are reacting. (If pain, itching or blistering occurs, take it off immediately.) If it is an allergy, you will react. If you have a history of allergies, test this way before trying on a new pouch. It is better to have a patch of sore skin on your back than around your stoma, where you need a good seal.

If you develop an allergy to a product you have used for a long time, you can call the manufacturer and find out if they have made any changes in the manufacturing process. Calls from users are sometimes their first notice that the new improvements aren't working.

Ostomy Blockage Here is the webpage where you can access a wonderful article that was too long. <https://www.veganostomy.ca/dealing-with-ostomy-blockages-w-video/>

A History of Ostomy Surgery via the Ostomy Rumble/Middle Georgia

Have you ever been asked when ostomy operations were first performed? Have you ever wondered how long they have been around? Here are some interesting facts brought to us by the Austin, Texas, ostomy group.

Colostomy: In the early 18th Century, a French surgeon, Alexis Litre, recorded a suggestion for a colostomy after an infant patient died of an imperforate anus. During 1750-1770, an English surgeon and a French surgeon recorded various surgeries done to correct bowel obstructions. There is an account of an iliac colostomy constructed on an infant in France in 1793. The surgery was successful and the patient lived forty-five years. Records tell of a lumbar colostomy placed on a patient's side in 1839. Dr. Miles of England was the first surgeon to combine abdomino-perineal resection of the rectum and end colostomy in 1908. Years passed before a Dr. Paley opened the colostomy and sewed it to the skin to avoid retraction of the stoma. Since that time much progress has been made by the surgeons as to the location and size of stomas which in turn resulted in appliances which are more comfortable and secure.

Ileostomy: It was more than a hundred years after colostomy surgery was performed that several English doctors operated to remove obstructions of the small bowel. In 1913, Dr. J.Y. Brown was the first physician in America to do an end ileostomy. His technique was used for many years. In 1951, Dr. Frank Lahey placed the ileostomy stoma on the right side instead of the midline incision. Dr. Rupert Turnbull improved the process with the construction of a longer stoma which helped reduce the dysfunction problem.

Urinary Diversion: The oldest form of urinary diversion, used for hundreds of years, was the insertion of a catheter into the bladder through an incision in the lower abdominal wall. Infections and stone formations were big problems because the body rejected the catheter since it was a foreign object. A tube directly into a kidney was another procedure used. In 1940, to prevent urine flow onto the abdominal skin, the surgeons connected the ureters to the colon. These operations were called ureterosigmoid ostomies. In 1950, Dr. E.M. Bricker devised the ileal conduit. This successful procedure reduced or eliminated many post-operative complications previously associated with urinary diversions.

Break Out Session Notes from March Meeting: **Thanks so much to the nurses who helped facilitate these groups: Rachel Basler, Carol DeBoard, Linda Geurin, Alalia Kraft and Betsy Naeger!**

Colostomy Group

- *One piece or 2 piece bags. Nancy, a new member, wanted to know the advantages and disadvantages. She brought various samples and everyone gave their opinions. Most people liked the 2 piece better.
- *Hank talked about irrigation and then told everyone that travels abroad to know the metric sizes of their bags. He was stuck out of the country on 911 and needed to order more supplies.
- *Someone mentioned that in Ireland and Japan they have Ostomy stalls for the public to use. We would like to know more about this.
- *Skin problems around the Stoma were discussed and they talked about crusting and the Eakin ring.

Care givers Group

- *About a dozen participants, more than ever.
- *It's important for us "others" to have handy a list of all the ostomy supplies our partner uses, in case she or he is incapacitated at some point. We should know how to change the pouch; nurses may not know.
- *All present find the support group very helpful. There was one new member who had already seen how it could help to come to meetings.
- *It seems that it is becoming less and less common to be hesitant for ostomates to identify themselves publically, less stigma, more "normal"
- *Even ER staff often do not know about dealing with ostomates, as one discovered who had a prolapsed stoma.
- *If one has a cramp, for sure do not take a laxative.
- *Many St. Louis area WOCNs will be retiring soon.

Ileostomy Group

- *Air travel experiences with TSA examiners was a favorite subject.
- *We shared preferences for one and two piece pouch systems as well. One of our members has found that because she is relatively short the children's sized pouches are the most comfortable fit because the usual ones are rather long and extend too much.
- *About half of our members have hernias but have found that hernia belts are not very helpful as they often do not stay in place.
- *Skin irritation was a much discussed subject, many of us have issues with itching around the taped edges of the appliance. Various solutions to that problem were discussed.

Cont.

Urostomy Group

Talked about: changing pouches, Skin Tac(adhesive), How to apply and remove pouch with ease(finger pressure), Proper measure of opening, Bleeding is normal, What to wear when swimming, Traveling-always carry additional supplies, International travel.

Contact TSA and ostomy.org. They can supply you with a card to let the stewardess and crew be advised of your medical condition.

Ed.note: As you can see, the break our sessions run all over the map as to questions and what is discussed. We hope you can make it to the next one.

Get Ostomy Answers!

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



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How to Shave around Your Stoma

by Kathy Dalin, RN, Riverside HealthCare, Kankakee;
via Hamilton (ON) Osto-Info

Many men find they must shave the peristomal skin with each change of their skin barrier. In the past, ostomy literature has usually recommended using an electric razor. I personally have never had great success with this method, although I have heard that some folks do very well with the newer small razors that are designed for trimming mustaches and sideburns. If you use a safety razor, as we do in the hospital, be sure to apply sufficient shave cream so that this is not a dry shave. In addition, be gentle. Most shave creams have emollients so you will need to wash the skin with plain soap and water afterwards. Rinse your skin well so no cream or soap residue remains. If your skin is very irritated and itchy, we have found that Kenalog spray or Desonide lotion is extremely helpful. This is a steroid (cortisone) solution, which decreases the itching and irritation dramatically. Apply these lightly, and then allow to dry completely prior to placing on your new skin barrier. These medications have a slightly oily base, which means your skin barrier probably will not stay on as long as you are accustomed. This procedure will relieve the itching and promote healing. Skin heals better covered by a skin barrier than it would if aired out. Do not use any steroidal spray as part of your regular changing routine because steroids are absorbed into your system through the skin. Moreover, steroids will thin the skin compounding peristomal skin issues. If there are actual pustules around the irritated hair follicles, you may need to use an antibiotic powder such as Polysporin powder to clear this up.

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.

Maintaining Healthy Peristomal Skin

ConvaTec me+ Answers Via Insights of Northern NJ

Preventative Care Keeping the skin around your stoma (peristomal skin) healthy is important. You can steer clear of many complications by following these simple suggestions:

Bath and shower tips

You can bathe and shower just as you did before surgery, with your pouch on or off—the choice is yours. Because soap residue can cause your skin barrier to lift, avoid oil-based and moisturizing soaps. Soap and water will not flow into the stoma and cannot damage it.

Choose a well-fitting skin barrier

To help keep the skin around your stoma healthy, it is important that your skin barrier fits properly. Choose a well-fitting pouching system to help prevent irritating stoma contents from coming into contact with your skin. Your ostomy nurse can teach you how to use a measuring guide to determine the size of your stoma and select a cut-to-fit, pre-cut or moldable barrier. Your stoma size will change up to 10 weeks after surgery, so you will need to measure it periodically. Changes to the abdomen caused by pregnancy, exercise, weight gain or loss, hernia or other medical conditions may also require a new pouching system and/or size.

Tips for pouching system changes

Make an easy-to-follow schedule for your pouching system. This will ensure your skin barrier is changed before the adhesive has eroded, reducing the chance of urine or feces coming into contact with your skin. Your schedule should be personalized based on your system type and the advice of your doctor or ostomy nurse. At each skin barrier and pouch change, make a habit of looking at the skin around your stoma. Redness, swelling or a rash are signs of irritation. If you see any of these, or other signs of irritation, notify your healthcare provider. Adhesive releaser spray and remover wipes can make pouch changes easier and ensure clean skin, ready for your next skin barrier. Make sure your peristomal skin is completely dry before replacing your pouch and skin barrier. Dry skin ensures a good adhesive seal and helps reduce the risk of fungal infection. A skin care routine including skin barrier foam, spray or wipes can help ensure healthy, comfortable peristomal skin for years to come. In hot, humid locations, consider using a pouch with a fabric backing. This will keep the pouch from sticking to your skin and causing skin irritation.

Having an Ostomy Helped Me Find a New Sense of Purpose

Jo's vlog via November 18 OstomyConnection

What does it mean to have a stoma?

You might get a hundred different answers to that question. What it means to me is being part of something that is bigger and more important, rather than I am alone.

Being diagnosed with rectal cancer at age 38 is a bit of a mind-bender. The first equation I had to figure out was:

Mental health + cancer = ?

As if that wasn't hard enough to reconcile in my mind, the news that I would have to have a colostomy bag was unthinkable! At first it was a coin flip as to whether I'd need a temporary or permanent stoma. But after intense radiation failed to shrink the tumor as much as was hoped, I was told there was no chance of a reversal if I wanted the best chance of survival.

There are so many emotions in the run up to ostomy surgery.

The main one being Terror, with a capital T.

My mum said she'd get a colostomy bag with me. Suffice to say that has yet to happen!

My fiancé Jay told me he'd be right there with me every step of the way and we were gonna make it through, together.

The most memorable moment was when my sister-in-law Lesley told me I'd own it, that I would face it head on like I have every other challenge in my life, and that I was going to be more than OK.

Through the tears I nodded in agreement and murmured she was probably right. I was a really good liar it seemed! Inside I laughed and thought no way was that going to happen. How did she know that? It was me facing this life changing surgery, not her.

I seriously considered not having the surgery.

Sure, I'd take my chances with the cancer, anything was better than pooing out of my belly!

And that was the stark reality. As much as I hated innards and liked everything inside where it was supposed to be, the fact was that my intestine (what?!) was going to poke out of me (What?!?) and I was

Important Ostomy Questions & Their Answers

By Amparo Cano, MSN, CWOC and Debbie Walde, BSN, CWOC
Urostomy UTI, Crusting Procedure, Peristomal Skin Problems, Hydration, Diet,
Hospitalization and More! (Via UOAA)

* **What are the Signs and symptoms of UTI in people with a urostomy?** Fever, Strong smelling urine, Cloudy urine, increased mucus, retroperitoneal pain, bloody urine new onset confusion (in elderly patient).

* **What is the crusting procedure which helps to cure irritated or raw peristomal skin?**

1. Clean the peristomal skin with water (avoid soap) and pat the area dry.
2. Sprinkle skin barrier powder onto the denuded skin.
3. Allow the powder to adhere to the moist skin.
4. Dust excess powder from the skin using a gauze pad or soft tissue. The powder should stick only to the raw area and should be removed from dry, intact skin.
5. Using a blotting or dabbing motion, apply the polymer skin barrier over the powdered area, or lightly spray the area if you're using a polymer skin barrier spray.
6. Allow the area to dry for a few seconds; a whitish crust will appear. You can test for dryness of the crust by gently brushing your finger over it; it should feel rough but dry.
7. Repeat steps 2 through 6 two to four times to achieve a crust.
8. You may apply a pouching system over the crusted area. Stop using the crusting procedure when the skin has healed and is no longer moist to the touch.

* **What are some medication precautions for ileostomates?** Do not take enteric coated or time-release medications Do not crush or open medications Inform the pharmacist Never take a laxative.

* **What foods may affect ileostomates?** Apple peels, cabbage raw, celery, Chinese vegetables, corn, whole kernel, coconuts, dried fruit, mushrooms, oranges, nuts, pineapple, popcorn, seeds.

* **What is the push-pull technique?** Rough removal of your skin barrier wafer can tear out hair on the peristomal skin. Pulling out hair

causes folliculitis, infection of the hair follicles, and is characterized by red, sore, itching and eventually weepy skin. It can also look like a pus-filled or open pimple. Never pull your skin barrier wafer off but instead hold wafer in place while pushing your peristomal skin in toward your body. This method is far more gentle to your skin.

* **When should I seek medical assistance?**

You should call the doctor or ostomy nurse when you have:

1. severe cramps lasting more than two or three hours
2. a deep cut in the stoma
3. excessive bleeding from the stoma opening (or a moderate amount in the pouch at several emptyings)
4. continuous bleeding at the junction between the stoma and skin m. severe skin irritation or deep ulcers
5. unusual change in stoma size and appearance o. severe watery discharge lasting more than five or six hours
6. continuous nausea and vomiting; or the ostomy does not have any output for four to six hours and is accompanied by cramping and nausea (ileostomates only.)

* **What foods that cause gas?** Some foods cause excess gas, so these may need to be reduced or avoided. Foods such as beans, hard boiled eggs, fish, melon, milk products, onions, spicy foods, asparagus, cauliflower, cabbage family, and carbonated beverages cause flatus. Some behavioral changes to reduce flatus include avoiding drinking through a straw, smoking, and chewing gum.

* **What are peristomal skin problems?** A study revealed that 61% of people with an ostomy have a peristomal skin problem as assessed by a WOC or Ostomy Nurse. The primary cause of skin problems was from effluent coming in contact with the peristomal skin. Body shape and skin type are as individual as personality - some people can establish a good seal between the skin and the barrier, while others may find it a challenge getting a tight seal to avoid leakage and may need a little extra help to make their ostomy appliance fit securely and to care for peristomal skin.

* **How do you replace fluids and electrolytes?** A rule of thumb is to drink a glass of replacement fluid each time pouch is emptied. Try

replacement drinks such as sports drinks, fruit or vegetable juices (V8), broth, or Cera Lyte. Electrolytes (sodium and potassium) are lost when the body loses a lot of water. Foods containing potassium are orange juice bananas and tomato juice. If diarrhea is caused by antibiotics or bacterial imbalance, replace the normal intestinal flora (bacteria) with yogurt, buttermilk, acidophilus.

*** What are some hospitalization tips for ostomates?** Never assume hospital personnel know the difference between ostomy types. Ask if the hospital has an ostomy nurse. If they do, call them and let them know you're an ostomate and you'd love to just meet them even if they do not need to be involved in your immediate care. Never assume they have ostomy supplies you use in stock. Always keep an emergency supplies kit ready in your closet full of everything you need for at least five changes of your ostomy appliance during an unexpected stay. Bring a warm bathrobe. Hospitals are kept very cool to keep them sanitary. Never assume the medications they give you are correct.

*** Can I skip meals from time to time?** No, it increases watery stools and gas

*** I wasn't lactose intolerant before surgery but I am now. Is this normal?** Yes

*** What can I eat to decrease diarrhea?** Tapioca, toast, applesauce, bananas, boiled rice and peanut butter.

*** Can I go swimming?** Yes! UOAA has a swimming with an ostomy toolkit: Facts and your rights. You should not be denied access to a pool facility.

*** Is it important to know what portions of my bowel that was removed?** Yes. This is important re: your diet, meds, and absorption of foods.

*** Where can I get detailed information on diet, etc.?** United Ostomy Association of American has a very good Diet and Nutrition guide at www.ostomy.org.

Ask Stephanie: “How Do I Deal With Ostomy Overwhelm?”

By Stephanie Horgan, LCSW via ostomyconnection.com

The experience of managing a new stoma or dealing with ongoing skin problems can be a lot to handle. Add in the demands of normal everyday life—it can all feel completely overwhelming. Whatever the reason you're feeling frazzled, there are ways to help prepare yourself to handle whatever may come your way. Here are (*some of the*) eight tactics that can help you deal with ostomy overwhelm:

1. Know how long things take. I'm notorious for assuming tasks take much less time. For instance, I'll block out 15 minutes and then discover it actually takes 30 minutes! I've learned this simple rule: whatever time you think a task will take, double it. That way when your appliance change doesn't go smoothly, you'll feel less stress because you know you have extra time to apply it properly.

2. Simplify your life. Is your life too complicated? Take a good look at everything you do and ask yourself if there is a better, easier way to do it, or maybe not do it at all. If you don't get through your to-do list, it's okay. Figure out your priorities, like having a system in place for organizing and ordering ostomy supplies. Check if your supplier has automated reordering. There is also a handy ostomy tracker app available for smart phones that alerts you when supplies are low or when to get a new prescription.

3. Get into daily habits. Getting the most important things done in an orderly fashion is taking care of you, first and foremost. For instance, the first thing I do each morning is hydrate. Then I'll change my appliance prior to eating breakfast. Next, I might take vitamin supplements if I'm not eating properly. Then I prep for that day's events by packing healthy snacks and my water bottle. These daily tasks allow me to feel prepared for the day. And if you're not a morning person, pack things the night before.

4. Allow for Murphy's Law. No week is complete without something going wrong, so plan for it. Take for instance that terrifying feeling of your wafer peeling off your skin while you're at work, or a very inconvenient leak at a movie theater. Allow time in your week for preparing an emergency ostomy kit and extra clothes, and always carry it with you. You'll be better-off knowing these things are readily available just in case you need them.

5. Lean on others for support. Don't underestimate the power of peer support. When you ask for help in a considerate way (and understand that they may need to turn you down), there's no need to feel guilty about leaning on others.

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.

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NEWSLETTER ARE NOT NECESSARILY ENDORSED BY
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PLEASE CONSULT YOUR DOCTOR OR WOCN (ET) FOR
THE ADVICE THAT IS BEST FOR YOU.**



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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

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949 Chestnut Oak Drive
St. Charles, MO 63303



Local website is www.uoaastl.org

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What seems to us as
bitter trials are often
blessings in disguise.
Oscar Wilde

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LIVE AND LEARN – Spring 2017

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