

UOASL 2013 MEETING SCHEDULE

www.uoaa-stl.org

July 15-20, Youth Rally, Seattle, Washington

August 5: St. Luke's – MCCC – The Medical
Community Contact Program – How can you help?

August 6-11, UOAA Conference- Jacksonville, Florida

***September 9:** St. Luke's - Dinner and breakout groups

October 5 – Ostomy Awareness Day

****October 7:** Christian NE –Lighten Your Load Through
Yoga with Leslie

November 4: St. Luke's- Dr. Leonard Naeger Lectureship

December 2: Annual Banquet – Orlando Gardens
8352 Watson Rd. <Naples Ballroom>

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

Publication Deadline August 25, 2013

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? If you would like to try it, 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. Brenda's address is: 115 Pine St., Old Monroe, MO 63369 and 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 that, too.



LIVE AND LEARN

Summer 2013

President's Message

To All Members and Friends of UOASL,

Are you feeling the summer heat yet? I hope you are able to enjoy some comfortable air conditioning in your summer outings. A trip to the pool, lake, or river might be just the ticket to cool you off as well.

We had a great product fair with many in attendance. We had many of our regular members as well as some first time attendees. Whether they came to find out the latest products or to hear our speaker, Peggy Nelson, they did not go home disappointed. Peggy's topic was Putting Life Back Together and she used the game of Jenga to help us realize that after any life change, when we put our life back together, it doesn't wind up just the same. We grow and change throughout our lives

I do have to apologize for the delay in getting this issue out to you. I have taken on a new role in the Youth Rally as the registrar/treasurer and this past month has been pretty busy. That being said, I am looking for an assistant who could give one Saturday, every three months to put this newsletter together. Let me know if you are able to help.

Remember that our National UOAA conference is in Jacksonville, FL Aug 6-11th. See the next page. We'd love to have you join us. Susan has done a great job to make it an event to remember!

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



Join us in Jacksonville

2013 National Conference Info Blitz

Have you made your reservations and booked your flights to Jacksonville, FL yet? Time is running out to take advantage of the special hotel rate.

The special conference hotel rate is only good until **July 12th**, and is can be used for three days before, and three days after the conference.

Also, Make sure to visit the Colossal Colon while you are in Jacksonville! The CoCo will be on display in the hotel, and is also open to the public, so encourage your friends in Florida to come visit, and help us to educate others about colon cancer and the various diseases.

Bring your best beach attire for our Beach Party! We will have a cash bar, Ostomy jeopardy, snacks will be available. A good time will be had by all.

We will have Educational Workshops of special interest to all attendees. If you are a new ostomate, you will greatly enjoy our Basic Ostomy sessions. We will also have sessions for ASG leaders, as well as yoga and meditation

Our fabulous ice cream social is back this year, and Author/Comedian Brenda Elsagher will be there signing all of her 4 fabulous books provided for the conference by Hollister Incorporated.

To register for the 2013 National conference, go to http://www.ostomy.org/conference_2013.shtml

NOTE: Early registration begins on **August 6th**. We recommend you travel to Jacksonville Aug 6th. Conference events will begin the morning of **August 7th**. You must book your room with the hotel no later than **July 12th 2013** to receive the conference rate.

<http://www.ostomy.org>

1 (800) 826-0826

As we forgot to have our drawing at the Product Fair, we will have a drawing at the conference for refund of your registration fee for two UOASL members. Find us when you register to get in the drawing.

YOUTH RALLY 2013

Look for the article next issue from the Youth Rally being held in Seattle, Washington July 15-20th. There will be approximately 125 campers. Our St. Louis Contingent is a small one this year and we would love to have a much larger one next year for San Diego. It is never too early to start laying the groundwork for a camper to attend. **Please share this information with any youth who has any issue with the bowel or bladder. St. Louis Chapter UOAA pays first year sponsorships (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 and see what Rally is all about!



MATCHING GIFT TO YOUTH RALLY

Two of your current UOASL Members, Herb and Jim, have agreed to match the contributions received for the YOUTH RALLY from your DOCTORS (not from you personally) up to a total of \$300.00. This should be an incentive to every member to talk to your doctors about this very worthwhile cause. Their office is not Bashful about collecting theirs fees. This is also a great way to get the word out and find youth to send!

UOASL Gutsy Folks continue to do some fundraising for the **American Cancer Society**. We are so thankful for all the American Cancer Society does for us, both by providing cancer patients with education and support and by sending out our quarterly newsletters. If you would still like to support them feel free to make a donation in UOASL's name or in honor/memory of someone you know.



Chemotherapy and Your Ostomy

*Edited by B. Brewer; via UOAA Update, Dec 2011, via North Central
Oklahoma Ostomy Outlook*

If you are taking chemotherapy, you should be aware of many chemo agents that affect the body differently. Below are listed basic side effects of chemo that an ostomy patient should be aware of.

Stomatitis – Is an inflammation that can develop anywhere in the gastrointestinal tract. It may appear as white ulcers in your mouth, on your stoma or elsewhere in your GI tract. You must be very careful in caring for your stoma, using care in gentle removal of the pouch and barrier, and using plain tap water to cleanse the stoma.

Dermatitis – Is an inflammation of the skin. Skin reactions are worse when you are on chemo; therefore, if leakage occurs, change your pouching system as soon as possible. Again cleanse your skin with tap water only, making sure to get it clean. Look for areas of increased redness, weeping areas, or a red rash that may have a white head on it. If the skin is open, or you identify a rash, see your doctor or ostomy nurse.

Diarrhea – This can be a severe side effect for an ostomy patient, especially an ileostomate. The ostomate needs to keep track of the amount of fluid he/she is able to drink versus what is expelled.

Dehydration – This is a big risk because it affects both fluid loss and loss of sodium and potassium. If a colostomate develops diarrhea, discontinue irrigations (if you normally irrigate). Eat foods that slow the bowel down, such as bananas, rice, applesauce, tapioca, or yogurt. Notify your doctor if diarrhea occurs. He/she may prescribe medications to slow bowel activity

Constipation – On the opposite end of the spectrum, some agents can cause constipation. If this occurs, contact your doctor. He/she may want to give you a laxative or stool softener. Remember to increase your fluid and fiber intake if you are constipated.

Chemotherapy can be taxing on you. Nutrition and rest are essential. Do your routine stoma care when you are well rested.

Caught Holding the Bag

*Thanks to Oskaloosa ASG, IA, via New Life Newsletter, Charlotte, NC and the Ostomy
Support Group of Northern Virginia, The Pouch,*

First You Cry — I'm not talking about grief therapy here, just the pain! You haven't lived until you ask a nurse for a shot and have her pinch your cheek, saying "You just had one ten minutes ago, kiddo. Tough it out!" And was it my imagination, or were the shots no longer needed just when my behind could no longer stand all of the attention.

Your First Accident — My first one was in the hospital; what about yours? My second one, however, happened at work. It severely tested my ingenuity, and reminded me of a joke where a wino falls down with a bottle of booze in his pocket. He felt something wet running down his leg and said, "I hope that's blood."

Naming Your Stoma — I was told before my surgery that I might decide to come up with a name for the new addition. I was dubious. But I did name it, out of convenience. When something talks to you, it is convenient to address it by name when talking back. You can be poetic (Homer the Stoma) or descriptive (Vesuvius), but be imaginative. My own medical muses helped me select Riley (as in "Life with Riley").

Your First Complication — Whether it is a rash or a partial blockage, many of us deal with a side effect sooner or later. While reading newsletters from other support groups, I ran across a home remedy tip—such as drinking tea for an obstruction. My favorite cure for blockage is light exercise. When an abdominal cramp rips through me, the thought of dropping to the floor and knocking off ten pushups just doesn't appeal.

Not All Milestones are Negative Ones — I can still remember the marathon appliance changing sessions just after my surgery. Sometimes it seemed as though the seasons changed while I struggled through the process. But we gradually progressed from marathoners to sprinters.

The Milestone We Should Never Reach — It is to feel so independent and self-sufficient that we no longer need to attend meetings. For even if we become immune to problems or needs, which strikes me as impossible, there are still opportunities to help someone new who may feel as though he or she has been caught holding the bag.

Pillow Talk

via Great Falls (MT) Ostomy Association; East Valley (AZ) The Mail Pouch; and North Central OK Ostomy Outlook

- Ever try to get into a comfortable position in bed only to find that your tummy flab or appliance seems to pull when you are on your side? Place a pillow across your front and lean into it for firm support.
- A flat pillow placed between the legs in such a way that one end is brought up high enough to support the lower abdomen also helps to relieve or prevent strain.
- If on your back, try a pillow under the knees for added comfort.
- Try placing a pillow on top of you, under the sheets, if you get stuck in a motel where bed clothing is inadequate for lowered temperatures, it will warm you up in a hurry. Even placing a pillow alongside your body helps.
- As ostomates, we started out as pillow people: One pressed firmly into our back to keep us on our sides, one under the arm with the IV in it, one clenched tightly in our arms across the incision when we were made to cough, and even one under our bottoms when we painfully tried to sit up. If you have forgotten about pillows, just remember, they are natural for ostomates. Try them, you might like them.

UROSTOMY CARE

From *The Ostomy Rumble*, Middle Ga.
Via Springfield Ostomy Newsletter

The urinary ostomy requires 3 kinds of preventive attention; care of the stoma; care of the skin around it; and care of the kidneys. Your routine care of kidney function includes:

1. Drinking at the very least – 1 quart of liquids daily.
2. Having your urine tested every 6 months.
3. Having an x-ray taken (IVP-intravenous pyelogram) of the kidneys once every 2 years.

And observations:

- a. Stoma for changes in size;
- b. Check skin for signs of irritation, and
- c. Kidneys – check the nature of urine (if dark – drink more liquids; unpleasant odor may be a sign of infection – check it out with your physician.

And another...

Urostomates Alert!

Source: Jill Conwell, RNET Corpus Christi; via Evansville Ostomy News, Vancouver Ostomy HighLife and Winnipeg's "Inside/Out"

Are you aware of the symptoms of a kidney infection?

- Elevated temperature
- Chills
- Low back pain
- Blood in the urine
- Decreased urine output

If any of these symptoms persist, you should report such things to your doctor. (Actually, you should report such things to your doctor even if you DON'T have a urostomy!)

The Overactive Ileostomy

Edited by Bobbie Brewer UOAA UPDATE 11/12

An overactive ileostomy can result from a variety of problems. If the small bowel is inflamed due to Crohn's, output will be profuse. If there is a narrowing of the small bowel close to the stoma, where the ileostomy goes through the abdominal wall, a pressure backup can lead to explosive high output.

Any food that has a laxative effect should be eliminated or, at best, kept to a minimum. People with lactose intolerance will have a high output if they use any kind of milk product, including powdered milk, which is found in many prepared foods.

Excessive drinking of fluids will also increase ileostomy output. An ostomate who has had their gallbladder removed may have increased output. Medicines to counteract bile salts can be used if the problem is related to gallbladder removal. Many prescriptions and OTC drugs list diarrhea as a side effect.

The ostomate should work with his physician to evaluate the problem. Once disease can be ruled out, therapeutic emphasis can be placed on diet, utilizing foods that decrease output.

From the UOAA Update

* In an effort to get the word out about the good life after ostomy surgery, we'd like you to take a look at an article that appears on **iReport** on **CNN**. See the link: <http://ireport.cnn.com/docs/DOC-962572>.

EMERGENCY ROOM INFORMATION FOR OSTOMATES

By Wendy Lueder, editor Broward Beacon, Ft. Lauderdale, FL via the Pouch, Ostomy Support Group of Northern Virginia, The Roadrunner of Albuquerque, New Mexico and the Springfield Family Newsletters

Ostomates have special information, which is very important to their well-being. The following information may save your life if you are taken to a hospital emergency room:

- What kind of surgery did you have and how long ago?
- What is your doctor's name, phone number, and the name of the hospital he/she works out of?
- What kind of medication and what dosage are you taking?
- Are you allergic to any medications?
- Is your skin sensitive to any of the preparations usually used by ostomates?
- What is your stoma size?
- Where can your next-of-kin be located?
- What type of medical insurance do you have?

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 information about yourself. Make a few copies and be sure to take a copy along with you when you travel or have to go to the hospital. Since emergency rooms are not advised as well about ostomies as we would like them to be, this information could be very helpful and even save your life.

Gutless Wonders is our team for the annual **Take Steps Walk** with the **Crohn's and Colitis Foundation**. Many of our members are affected by an inflammatory bowel disease and CCFA does wonders for research on these ailments. Mary Beth and her son walked at the event May 5th at Creve Coeur Lake Park.



Internet/Newsletter Gleanings

Via The Pouch-All of these are from "Digestive SmartBrief"

- Gastroenterologist pens "Crohn's & Colitis for Dummies"** — Gastroenterologist Dr. Tauseef Ali of the University of Oklahoma's OU Physicians Crohn's and Colitis Clinic, has authored "Crohn's & Colitis for Dummies," as part of the popular "For Dummies" series. Ali says the book, which will be sold beginning in June, fills an important gap and serves as a guide for patients with inflammatory bowel disease, their friends and family. The Oklahoman (Oklahoma City), (1/31/13)
- All about digestion and metabolism** — Many people mistakenly believe their rate of digestion is linked to their rate of metabolism, when they really are separate bodily processes, says dietitian Tamara Duker Freuman. Digestion is measured by transit time and refers to how the body breaks down food and disposes of waste through the gastrointestinal tract, while metabolism, measured by calories expended, is the process by which cells use energy derived from that food. U. S. News & World Report/Eat+Run blog (2/5/13)
- Study refutes link between constipation and colorectal cancer** — An analysis of 28 studies found little evidence to support a link between constipation and colorectal cancer. People who received colonoscopies primarily due to constipation were less apt to have colon cancer than average. The findings were published in the American Journal of Gastroenterology. Reuters (3/21/13)
- Study suggests sleep apnea may raise colorectal cancer risk** — Study data from more than 100,000 people showed those who snored regularly or were overweight and who slept nine or more hours a night faced up to double the risk of developing colorectal cancer. Harvard University researchers suggested that sleep apnea, which affects levels of oxygen in the blood, may cause the increased risk. DailyRx.com (4/30/13)
- Liquid diet raises nutrition, food-safety concerns, RDs say** — It is important to ensure a liquefied diet is nutritionally balanced, especially for patients with medical conditions that change their dietary needs, registered dietitian Jennifer Nelson writes. Juicing or blending food also raises safety concerns when using raw vegetables and fruits for meats, especially for people with medical conditions, and dietitians recommend blending or juicing only enough for one meal at a time, Nelson writes. MayoClinic.com/Nutrition-wise blog (5/14/13)

Travel Tips

From Ostomates when Traveling...

from Metro Maryland Thrive, by Local WOCNs in 2012;
via North Central OK Ostomy Outlook

1. When traveling abroad request a copy of the current directory of English speaking physicians in various foreign cities, who charge a standard fee. The International Association for Medical Assistance to Travelers (IAMAT) publishes lists of English speaking physicians in over 2,500 cities around the world. 716-754-4883.
2. If traveling in the US, call the biggest hospital in the city you will be visiting for the name of the ostomy nurse or find names at www.wocn.org
3. TSA Cares is a helpline to assist travelers with disabilities and medical conditions. TSA recommends that passengers call 72 hours ahead of travel, toll free at 1-855-787-2227 about screening policies, procedures and what to expect at the security checkpoint. Travelers who are deaf or hard of hearing can use a relay service to contact TSA Cares or can e-mail TSA-ContactCenter@dhs.gov. The website is www.tsa.gov
4. Change your pouch 24 hours before departure to assure proper complete adherence.
5. Packing: Take twice as many supplies as you think you may need in your carry-on case along with a change of clothing for emergencies. Separate liquids from tape, pouches and flanges. Include baggies or plastic bags you can tie for disposal of used pouches. Make a list of the supplies you use with stock numbers plus the name and number of your supplier. Take a list of ostomy support groups where you plan to visit.
6. Protect supplies from extreme heat and cold.
7. Request an aisle seat close to the bathroom.
8. To counter dehydration, drink a glass of water or juice every hour.
9. Ask the airline about an extra hand bag allowance for medical supplies.
10. Colostomates should not irrigate with water unfit to drink. Take a water purifier. To hang your bag, take an over-the-door hook and a package of shower curtain rings that open and close like safety pins. These can be hooked together for a chain of whatever length is needed

Is it OK to Get the Pouching System Wet?

via Austin (TX) Austi-Mate Journal; and North Central OK *Ostomy Outlook*

The answer is yes; you can shower, bathe, swim or even get in a hot tub with your pouching system. It is a good habit to empty the pouch before showering, bathing, or other water activities.

On the day you change your pouching system, you may either leave it on or you can take the whole thing off and take your bath or shower [*as long as you are not having diarrhea or other problems on this particular day*]. Water won't hurt your stoma or go inside you. If the water pressure is strong, do not let it hit the stoma directly. Only use a gentle spray of water on your stoma.

Check your pouching system before and after water activities. If you are in the water for a long time, the pouching system may start to loosen from your skin.

Pouching systems are waterproof; however, you may feel more secure if you wear an ostomy belt or put some waterproof tape around the edges of the skin barrier when you are in the water. Some people use paper tape and wipe the paper tape with a skin sealant to make it more waterproof.

Some people wear tight "biking style" shorts to keep their pouch close to their body...that keeps the pouch from "floating."

Gas filters do not work after they get wet; therefore, it is best to protect the filter with waterproof tape before water activities. After bathing or swimming, you may use a towel or hairdryer on the coolest setting to dry the tape and cloth backing of the pouching system to prevent skin irritation from wetness.

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.

Summertime...and the Living is Easy

by Bobbie Brewer, Greater Atlanta Ostomy Association Via Insights of OASNJ
Summertime fun may include many outdoor activities and travel, but may also lead to some concerns about ostomy management. Let's review:

Swimming is an excellent exercise and activity you can enjoy with family and friends. So, why are so many of us afraid to get back into the water? Check out these tips:

Don't go swimming immediately after you have put on a new pouching system.

Make sure your pouch is empty and has a secure seal.

Picture framing your wafer with water-proof tape isn't necessary, but may give you the extra confidence you need.


Take precautions against sunburn. Besides being bad for your skin; a bad sunburn can result in diarrhea and sometimes vomiting, thus depleting electrolytes.

Summer Diets

Remember the fiber content of those fresh fruits and vegetables—enjoy but chew, chew [ileostomates, especially].

Add only one new food at a time to determine the effect (if any) on your output.

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.

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SUMMER HEAT CONCERNS

By *The New Outlook*, Greater Chicago

Via Springfield Ostomy Newsletter, condensed by Live and Learn StL

Summer Heat Tip

An Arizona woman with an ostomy tells us that many people in their hot climate place a thick white towel over their lap while driving or sitting outside in a lawn chair. This helps keep some of the heat from the sun getting to the skin barrier, reduces leaks due to the skin barrier melting and extends the wear time of their pouching system.

Making your own sport's drink

No matter how fancy the bottle, most major sports drinks are surprisingly simple in composition. For minimal cost, one may purchase the ingredients and mix your own thirst quencher. Note well that the best way to replace fluids in your body under normal circumstances is to drink water. There is no substitute for drinking necessary quantities of pure water. Nevertheless, here are 2 recipes used by some of our members:

Mix 8 ounces of water, not sparkling water, with,
1 teaspoon lemon juice
1/4 teaspoon salt
4 teaspoons sugar

OR

Mix 32 ounces of orange juice, frozen or fresh, with
4 teaspoons white Karo syrup
1 teaspoon salt
1 teaspoon baking soda

These drinks may be stored in your refrigerator for a few days and still be fresh. Have a great time this summer, live life to the fullest and be kind to others.

SKIN RASHES AROUND THE STOMA

By Carla Mellon, RN SWOCN via *The Ostomy Rumble* from Middle Ga. and
Springfield Ostomy Newsletter

There are several different types of “rashes” or skin breakdown that can occur around the stoma, under the pouch seal. Some of the more common types are:

Urinary stomas can develop skin breakdown as a result of urine being in contact with the surrounding skin for an extended period of time. This will cause the skin to develop an overgrowth of tissue (hyperplasia) which may be referred to as “urine crystals.” The urine may even feel grainy in the pouch. This is very painful. Treatment should begin with correcting the cause...pouch opening size, wear-time, maybe that convexity if necessary to prevent leaking under the pouch seal, or adding an ostomy belt. Vinegar soaks 2-3 times per day are also recommended in severe cases to “breakup” the crystals. (One part vinegar and three parts water.)

Ileostomy stomas usually develop skin breakdown as a result of stool being in contact with the surrounding skin. This can happen *fast*. Early symptoms include burning and itching under the pouch adhesive. Again treatment begins with elimination of the cause. Steps to eliminate leakage and/or stool undermining or pooling under the adhesive must be taken. Barrier rings, strip paste, convexity, belts, etc., are just a few of the additions to the pouching system that may be needed in order to secure a good seal. The skin also will need to be treated with a barrier powder (Stomahesive, premium, karaya) and sealed with a sealant (e.g., No-String) to provide a dry pouching surface for the adhesive since the skin is likely weeping.

This situation also predisposes the patient to a yeast or monilia rash, characterized by a fine bumpy red rash usually along the edges of the redness. This must be treated with an antifungal powder. The antifungal powder can be used with the barrier powder or alone. It too must be covered with a sealant (No-Sting). Monilia/yeast rashes may also be present without any other pouching or skin care issue.

This is typical in the summer with heat and when patients have been on antibiotics.

Colostomy stomas are also subject to monilia/yeast rashes as well, because of skin breakdown associated with stool being in contact with the skin. See treatment above under ileostomy stomas.

All stomas are subject to allergic reactions associated with the adhesives on the pouching system or any product (cleanser, skin prep) that you are using on your skin. Even if you have been wearing the same pouch, or using this product for years, you can develop allergies to any product. The only solution is to change pouching systems/ products and find one that you are not allergic to. I often use *Kenalog spray* (prescription required) to decrease the inflammatory process and provide pain relief until the offensive agent can be identified and eliminated.

FOR THOSE WHO USE FACEBOOK AND TWITTER

The National UOAA is on both!

To find us on Facebook, go to Facebook.com/UOAAinc.

To follow us on Twitter, go to 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.

SWIMMING...

BACK IN THE POOL!!

From *The Roadrunner of Albuquerque* Via Springfield Ostomy

General Tips:

- Take it slow the first time out. Save those strenuous swims and dives until later.
- Always leave a little air in your pouch, to permit stoma drainage to fall down into the pouch.
- When sun bathing, take a magazine or book to the beach or pool. Lay it open over your pouch to protect your pouching system (wafer) from the heat of the sun.
- Test your pouching system. Fill the bathtub with water and soak for a few minutes.
- Don't talk about your ostomy surgery at the community pool. If asked, talk in private.

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.



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Membership Benefits:

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“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

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Every day may not be good,
but there is something good in every day

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**LIVE AND LEARN – Summer 2013**



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| Marty Henricks          | Betsy Naeger, RN, CWOON |
| Bill Ward               | Marge Blumenkamp        |