

UOASL 2026 MEETING SCHEDULE

www.uoaastl.org (It is back online)

Monthly meetings at 7PM

In person at St. Luke's Hospital, in North/South Doctor's Building
232 Woods Mill Road, Chesterfield, MO

Virtually at Zoom.com Meeting ID: 911 5889 5347 Passcode: 554205

You can also find the link on our FaceBook page at UOASL.

<https://www.facebook.com/profile.php?id=100064615542933>

- July 6 Ostomate's Health Journey from Surgery to Home
- August 3 Dog Days of Summer—Roxy LupienRN,MSN,CNL,CWOCN
- September 14 Summer Wrap Up – Sandwiches and Youth Rally
- October 5 *Ostomy Awareness Day Stoma Clinic and Vendor Fair*
- November 2 Drugs and Your Ostomy
- December 7 Annual Banquet at Syberg's on Old Dorsett

Any articles welcome for consideration:

personal experiences, health, obituaries, tested tips, etc.

Publication Deadline August 25, 2026

Send articles to: Mary Beth Akers
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LIVE & LEARN by Email

Are you interested in getting this publication by email only?

Send an email to Mary Beth at the email above to let her know
and we will save the postage and printing cost.

Mailing Information Update

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

We would 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.

Remember also that you can always reach out to the big three for support from a phone nurse.
Convatec has their Me+ program 1-800-422-8811 which can also include a Telehealth visit to have a nurse see your stoma if necessary
Hollister has Secure Start 1-888-808-7456
Coloplast has Coloplast Care 1-877-858-2656
You don't have to use their products for them to assist you.



LIVE AND LEARN

Summer 2026
President's Message

To All Members and Friends of UOASL,

School's out for summer! That means my work on Youth Rally is getting even busier. We are hoping for 120 campers this year. The past two years we have had just over 100 each year. I know what an amazing thing it is for any youth, 11-17, to find someone who understands what they are going through. We have such an amazing group here in St. Louis that I know you can all relate. Think of how you felt when you came to your first meeting and then imagine being a preteen or teenager. Saying it is a life-changing week is a great understatement.

We also have some fundraisers that some of our members are supporting. Nancy Miner will have just participated in the Bladder Cancer Walk when you are reading this. I and a couple other members will be taking part in the Take Steps Walk for Crohn's/Colitis Foundation and I am also seeking sponsorships for Youth Rally. If you are interested in donating to any of those causes, check out the previous newsletter or reach out to me and I will connect you. Thank you to all of you who donated to the Youth Rally, Conference Assistance program or the General fund when you paid your dues or through a donor assisted fund.

You may notice that the July meeting topic listed sounds familiar. Unfortunately, the speaker for that meeting was unavailable at the last minute, and fortunately, the dieticians scheduled for the July meeting were available! We are so grateful for them stepping in as well as for our local nurses, Rados, Lucy, and Rachel, offering to present the July meeting. They will be talking about ostomy surgery and treatment from the hospital to home health care to any outpatient care needed.

By the time we have the June meeting on the second Monday in June, I will be back from the WOCNext conference. I always go as a Youth Rally representative, but I never forget our members and what might be the best new thing for our daily journey with an ostomy. There isn't a national UOAA conference this year, but I encourage you all to start saving up so you can attend when it is next held in August 2027 in Las Vegas. You'll be glad you did!!

Looking forward to seeing many of you at upcoming meetings. There is always something new to learn.

Mary Beth Akers, UOASL President

Dehydration Can Drain Your Mind and Mood

Thanks to Holly St. Lifer, AARP Magazine via Ostomy Association of Middlesex County, NJ, Via Manitoba: Inside Out:

Feeling out of sorts, but not sure why? You might be dehydrated. Two new studies found even mild dehydration comes with big consequences: altered mood, impaired memory, trouble concentrating, fatigue, headaches, anxiety. While the reasons for these symptoms are unclear, researchers at the University of Connecticut, Human Performance Laboratory noted that dehydration causes changes in electrolyte balances in the blood as well as serotonin levels and mood. How to tell if you're dehydrated? Check the color of your urine. "Anything darker than a pale straw hue means you need to drink more," says study author Lawrence Armstrong, PhD.

--"Enjoy the little things, for one day you may look back and realize they were the big things." **Manitoba**

Resuming Social Activities After Surgery:

Via Manitoba-*Inside Out*

Socializing Once you are discharged from hospital, you'll need time at home to begin adjusting to the stoma and learn how to care for your body. How long this period lasts will vary greatly from patient to patient depending on how well their surgical wounds have healed and whether or not there are other factors affecting recovery. Work on building up your strength by gentle walking and putting around the home, and practice your stoma management skills. Build up your stamina a little each day. Set yourself small targets when resuming socializing. You should be able to handle being out of the house for an hour or two - a trip to the dog park, or to the grocery store are simple excursions that reinforce a feeling of getting back into the swing of things. Such small outings that let you be around people without a major social commitment can help restore a feeling of normalcy. You'll soon realize that although you feel different, to others you are the same. You can add more ambitious events as your strength and confidence grow. It might be preferable to keep those first social outings low key, as a lot of noise and activity may be tiring in the beginning. On the other hand, maybe the anonymity of a loud crowd focused on something else might be what you need— we're all different! Don't forget, if you are meeting new people, you don't have to tell them about your condition unless you want to. Just do whatever makes you feel most comfortable.

Should Your Family be Tested for Cancer? YES!

If your ostomy was necessary due to cancer of the colon or rectum, your children and your siblings should see their doctor at once for testing. Although they may be younger than 50 (the recommended age at which colorectal cancer screening should start for the general population) it's not too soon to alert their doctor and have this information entered in their records. It's advisable that children initiate testing 10 years prior to the age at which a diagnosed parent was affected, i.e., if the parent was diagnosed with colorectal cancer at age 55, the child should commence testing at age 45. Colorectal cancer often runs in families. Your risk will be higher if a parent is affected and higher still if a parent and sibling are affected. You'll be doing your other relations (aunts and uncles, nieces and nephews, grandchildren) a favour by letting them know this disease is in the family gene pool, as colorectal cancers can also skip a generation and strike the next. Tests vary in effectiveness and complexity; the gold standard is a colonoscopy. Regarding bladder cancer, to date there is no established genetic connection between family members.

Urostomy Fluid and Infection

By Juliana Eldridge, WOC nurse, Via The Ostomy Assoc. of Greater Chicago, "The New Outlook" and Manitoba

People with urinary diversions or a urostomy no longer have a storage area, a bladder, for urine. Therefore, urine should flow from the stoma as fast as the kidneys can make it. In fact, if one's urinary stoma has no drainage after even an hour, it is of serious concern. The distance from the stoma to the kidney is markedly reduced after urinary diversion surgery. Any external bacteria have a short route to the kidney. Since kidney infection can occur rapidly and be devastating, prevention is essential. Wearing clean pouches and frequent emptying are vital. Equally important is adequate fluid intake, particularly fluids that acidify the urine and decrease problems of odor. In warm weather, with increased activity, or with a fever, fluids should be increased to make up for body losses due to perspiration and increased metabolism. It is important to be aware of the symptoms of a kidney infection: Elevated temperature; chills; low back pain; cloudy, bloody urine; decreased urine output; fever. All ileal conduits normally produce mucus in the urine, which gives it a cloudy appearance. Blood in the urine is a danger signal. Thirst is a good index of fluid needs. NOTE: If one is asked to give a urine specimen, be sure your doctor and nurse know a sterile specimen must be taken directly from the stoma and not from the pouch. Bacteria build up in the pouch constantly. One will always get a false positive test result if the sample is taken from the pouch instead of the stoma.

If they are not sure how to do this, do the following: 1. Remove the pouch 2. Clean the stoma 3. Bend over 4. Catch the urine in a sterile cup.

Rectal Discharge - A Cause for Concern?

Vancouver Ostomy HighLife Via Ostomy Halifax Gazette and Manitoba

In some cases, a person will have a stoma but will also still have their rectum, although the rectum will not be used to hold stool. The stool leaves the body through the stoma and doesn't ever enter the rectum. Sometimes there can still be discharge from the bottom, where the rectum and anus are, even though there's a stoma. How often there is a need to empty discharge out of the rectum, and why, will vary from person to person. In many cases, this is a normal, expected occurrence, and is nothing to be worried about. However, if the discharge from the bottom is bloody or smelly it should be discussed with a doctor. *Why the Rectum Might Have Discharge* The rectum is living tissue, and it will continue to produce mucus even though it is not "hooked up" to anything, and stool is not currently passing through it. Mucus is a part of normal stool, although it is not usually present in a great enough quantity for it to be visible. In the absence of any stool, the mucus passing through the rectum becomes readily apparent. Mucus might be relieved out of the rectum by sitting on the toilet and passing it as one would pass stool. *What to Do About Leaks* Some people find that the mucus could leak out of the rectum at times, especially if it tends to be of a watery consistency. Some gauze or a sanitary napkin worn in the undergarments may help to catch unexpected leaks. It may also help with leaks to periodically sit on the toilet to try to expel the mucus, even before feeling the need to pass it. *If It Seems Like Something is Wrong* Some people find that the mucus, particularly bothersome, has a foul odor, or is green in color, it may need to be investigated by a physician. Call your doctor if you find that you are experiencing any pain or other symptoms connected with the rectum or the passing of mucus. Seeing blood mixed in with the mucus may not be the result of serious problem, but it should still be discussed with a doctor. *A Word From Verywell* In some cases, the surgical team may forget to mention that there could be discharge from the bottom after ostomy surgery. Feeling the urge to sit on the toilet when one has a stoma can be confusing, but it is a normal occurrence. The natural tissues connected to the rectum will continue making bacteria and other substances. Normally these fluids leave the body in stool, but in the case of a diversion such as an ostomy, they will need to leave on their own. It may be difficult to contain these fluids at time, because they are not mixed with stool. Having leaks does not necessarily mean that if the ostomy is reversed, stool will leak out, because stool is different than a buildup of mucus and other fluids.

"Happiness is letting go of what you think your life is supposed to look like and celebrating it for everything that it is."

– Mandy Hale, author

Understanding How Abdominal Surgery

Impacts Your Body

UOAA Articles to Share

The effects of abdominal surgery extend far beyond the incision site. Understanding these impacts helps explain why comprehensive rehabilitation is so important for your recovery. Adhesion Formation: The Hidden Challenge One of the most significant and often overlooked consequences of abdominal surgery is adhesion formation. Adhesions are internal scars that form naturally as the body heals from tissue damage caused by surgery, infection, injury, or radiation. While they're a normal part of healing, they can become a source of pain and dysfunction. The statistics are sobering: 90% of abdominal surgeries and nearly 100% of open pelvic surgeries cause adhesions. What makes adhesions particularly challenging is that they cannot be diagnosed through standard imaging or diagnostic testing. Diagnosis is only possible through direct observation during surgery, but this is typically avoided to prevent further adhesive processes.

Adhesions can lead to:

- Chronic abdominal or pelvic pain
- Bowel obstruction requiring emergency surgery
- Reduced organ mobility affecting digestive function
- Fertility issues in reproductive-aged individuals
- Need for additional surgical procedures

Changes in Posture, Breathing, and Movement Patterns After abdominal surgery, your body naturally adopts protective postures and movement strategies. While these serve an important purpose during early healing, they often persist longer than necessary, leading to:

- Postural changes: Forward trunk lean, rounded shoulders, and protective guarding
- Breathing alterations: Shallow breathing patterns that reduce diaphragm excursion
- Movement compensation: Altered lifting mechanics and transfer strategies
- Core system dysfunction: Disruption of the coordinated system involving your diaphragm, pelvic floor, abdominal muscles, and spine stabilizers

The Comprehensive Benefits of Physical Therapy after Abdominal Surgery Evidence-based abdominal rehabilitation offers numerous benefits that can significantly improve your recovery and long-term outcomes:

- Physical Benefits
- Decreased pain through targeted interventions and movement optimization
- Improved muscle recruitment in abdominal, spine, and pelvic muscles
- Enhanced range of motion in affected areas
- Reduced excessive scarring through manual techniques and scar management
- Prevention of ileus (intestinal blockage) through early mobility strategies
- Less noticeable scars through specialized scar treatment techniques
- Functional Benefits
- Restored visceral mobility improving organ function and digestive health
- Improved peristalsis supporting healthy bowel function
- Faster return to prior activity levels with reduced risk of re-injury
- Enhanced quality of life through comprehensive symptom management. ■

Over Medication:

Tips on How to Cut Down on Senior Prescriptions:

Via Vancouver Ostomy High Life

Tip #1 - Regularly Assess Your Medications: To ensure your loved one's wellbeing, it is important to have their medications, including vitamins, herbs, and over-the-counter medicines, regularly assessed by their primary care doctor. Schedule an appointment with a physician if more than four medications have not been reviewed within the past year. Be sure to bring all pill bottles for the doctor's reference and accuracy. **Tip #2** - Be Proactive About Knowing the "Why" Behind the Prescription: When discussing medication with the doctor, it's important to be proactive. Make sure to ask if your loved one still needs to take each drug and the reason behind it. Additionally, seniors can inquire about the possibility of lowering dosages. **Tip #3** - Inform Your Physician About Lifestyle Changes: Inquire with the doctor about potential lifestyle adjustments, like dietary modifications or increased physical activity, that may allow your elderly loved one to decrease their reliance on medications. Additionally, explore the possibility of alternative remedies such as acupuncture, yoga, or meditation. **Tip #4** - Do Your Research: Don't just rely on the doctor to know details about drug-drug interactions. Do your online research. Reliable websites such as The DIR (Drug Information Resources) <https://www.dal.ca/diff/druginfo.html> and [medscape.com](https://www.medscape.com) list potential interactions and provide explanations. **Tip #5** - Inform Your Physician of New Side Effects: If you experience any new side effects, such as stomach upset or nausea, dizziness, sedation, or loss of balance, it is important to inform your doctor immediately. **Tip #6** - Ensure That Your Dose is Still Effective: As medications accumulate in the body, their strength may increase and they may also interact with each other to cause new side effects. Similarly, over time some drugs may lose their efficacy, leading to a reemergence of symptoms that were previously managed. **Tip #7** - Choose One Pharmacist and Pharmacy: It's important to stick with a single pharmacy and pharmacist. Ensure that seniors know all medications being used, including any herbal supplements from other prescriptions. Pharmacists typically have more expertise in identifying potential drug interactions compared to doctors. ■

HOW OFTEN SHOULD I CHANGE THE POUCH? UOAA

The adhesiveness and durability of pouching systems vary.

Anywhere from three to seven day is to be expected.

Itching or burning are signs that the wafer should be changed.

Changing too frequently or wearing one too long may be damaging to the skin.

Top 10 Foods for a Good Night's Sleep

<http://www.realage.com/insomnia-and-sleep-problems/top-10-foods-for-a-good-nights-sleep>, via Niagara It's in the Bag,

(NOA Newsletter editor's note: As ostomates, it is important for us to maintain a healthy lifestyle, which includes a restful night's sleep. Be sure to follow your doctor's instructions as to what foods you should/should not eat).

The secret to getting a solid 7 to 8 hours? About 90 minutes before you want to nod off, head for the kitchen and make yourself a sleepy-time snack. Keep it light (around 200 calories), so you don't overload your digestive system. And include one or two foods from the list below. All help to relax tense muscles, quiet buzzing minds, and/or get calming, sleep-inducing hormones -- serotonin and melatonin -- flowing. Yawning yet? **1. Bananas** - They're practically a sleeping pill in a peel. In addition to a bit of soothing melatonin and serotonin, bananas contain magnesium, a muscle relaxant. **2. Chamomile tea** - Chamomile is a staple of bedtime tea blends because of its mild sedating effect, which makes it the perfect natural antidote for restless minds and bodies. **3. Warm milk** - It's not a myth. Milk has some tryptophan, an amino acid that has a sedative-like effect, and calcium, which helps the brain use tryptophan. Plus, there's the psychological throwback to infancy, when a warm bottle meant "relax, everything's fine." **4. Honey** - Drizzle a little in your warm milk or herb tea. Lots of sugar is stimulating, but a little glucose tells your brain to turn off orexin, a recently discovered neurotransmitter that's linked to alertness. **5. Potatoes** - A small baked spud won't overwhelm your gastrointestinal tract as it clears away acids that can interfere with yawn-inducing tryptophan. To up the soothing effect, mash the potato with warm milk. **6. Oatmeal** - Oats are a rich source of sleep-inviting melatonin, and a small bowl of warm cereal with a splash of maple syrup is cozy -- and if you've got the munchies, it's filling, too. **7. Almonds** - A handful of these heart-healthy nuts can send you snoozing because they contain both tryptophan and a nice dose of muscle relaxing magnesium. **8. Flaxseeds** - When life goes awry, and feeling down is keeping you up, try sprinkling 2 tablespoons of these healthy little seeds on your bedtime oatmeal. They're rich in omega-3 fatty acids, a natural mood lifter. **9. Whole-wheat bread** - A slice of toast with your tea and honey will release insulin, which helps tryptophan get to your brain, where it's converted to serotonin and quietly murmurs "time to sleep." **10. Turkey** - It's the best-known source of tryptophan, credited with all those Thanksgiving naps. But that's actually modern folklore. Tryptophan works when your stomach's basically empty rather than overstuffed and when there are some carbs around rather than tons of protein. But put a lean slice or two on some whole wheat bread midevening and you've got one of the best sleep inducers in your kitchen.

HINTS & TIPS

Hamilton Osto-Info, Via Ostomy Halifax Gazette

- One cause of obstruction you don't think about is from too many "soft drinks". The gas from carbonated drinks can distend the bowel to a point that kinking can occur.
- The tea bag is an ostomate's best friend. Tea is an antispasmodic and soothing to an upset stomach. It also provides fluids containing electrolytes and potassium so frequently lost from diarrhea.
- Gas problems can be relieved by eating several spoonfuls of yogurt or applesauce. Much air is swallowed at night while sleeping and this will result in gas. A few swallows of club soda will help to get rid of gas bubbles. You just burp them up.
- The manner of eating is also a factor in relieving gas problems. If you can avoid drinking while eating, the effluent will become thicker, and liquids can be ingested before and after the meal. If one can avoid greasy foods, this may serve to lessen gas problems. Also some roughage in the form of grain cereal will move food more rapidly through the digestive tract and lessen gas formation.
- Vitamin E and fatty soaps (Dove for example) may be great for the skin but they can cause the appliance to fall off.
- Eating bran muffins is a simple and delicious way for colostomates to solve a constipation problem.
- Don't be afraid to take a shower without your appliance. Soap cannot hurt the stoma. Just remember to rinse well.

What to Drink to Keep Hydrated with an Ileostomy?

- When you have a high output ostomy, your ability to absorb fluids is reduced. Drinking too much fluid can increase the output from your ostomy and cause you to become dehydrated. To help you absorb fluids: limit the amount you drink and change the types of fluids you are drinking.
- There are special drinks available called rehydration solutions – such as Dioralyte or St Marks Solution. These contain electrolytes such as sodium and potassium. These should be made up and sipped regularly throughout the day.
- Many ostomates prefer sport drinks.... dilute these down with water.
- Caffeine can increase the speed at which foods and fluids pass through your bowel, so try and change to decaffeinated versions or herbal teas. Avoid sweeteners such as sorbitol, xylitol or mannitol, or foods which contain, them as they can also increase your stoma output and can also cause wind and bloating.
- Avoids other drinks high in sugar such as squashes, fruit juices, fizzy drinks as they make symptoms of diarrhea worse.
- It is a good idea to separate fluids and solids. It may even be better to wait 30mins before or after a meal before drinking fluids. Try to limit fluids with meals to sips and have no more than 125mls (1/2 cup) in total. This will help the solid food pass more slowly through your intestines which helps your body absorb the nutrients.
- Try to avoid alcohol until you have the high output under control. Bear in mind other factors such as what medications you are taking and how these will react together.

The UOAA Ostomy Marketplace

From UOAA President, Cheryl Ory in the April E-News

"Knowledge is power, especially when it comes to ostomy supplies. That's why we've launched UOAA Ostomy Marketplace. This Ostomy Marketplace is a comprehensive online directory designed to help users find and compare trusted ostomy products, supplies, accessories, and services. Managed by the UOAA, it serves as a central resource for locating manufacturers, products, and support. It is a new resource to help you browse products, spotlight accessories and services, and find new solutions that work for you or your patients. Explore it today !"

Key Aspects of the UOAA Ostomy Marketplace The components of the UOAA Ostomy Marketplace are as follows:

- **Product Categories:** Browse specialized products including stoma belts, covers, odor control, and adhesive .
- **Manufacturer Directory:** Locate various manufacturers and vendors specialized in ostomy care.
- **Outpatient Services Locator:** Find nearby clinics and specialized nursing services.
- **Virtual Support:** Access virtual ostomy clinic services for telehealth support. [Using the Marketplace
- **Marketplace Directory Access:** To explore listings Google: directory.ostomy.org.
- **Service Locator:** Use the Outpatient Ostomy Services Locator for clinic locations .
- **Virtual Care:** Learn more about the UOAA Virtual Ostomy Clinic. The marketplace is intended to assist patients in navigating options, though it does not provide medical advice or diagnosis.

An Ostomate's Guide for Hospitalization

By Lindsay Bard, MD: UOAA Update Via OASNJ

It is important for a person with an ostomy who needs to be hospitalized, to know that he/she should be handled differently than someone without an ostomy and to explain how and why this special handling is necessary.

Rule 1- The Cardinal Rule!: If you feel something is being done or going to be done to you that might be harmful, refuse the procedure. Then explain why to the medical personnel, especially your physician. They will then decide with you, if the procedure will actually be in your best interest.

Rule 2- Supplies: Bring your own supplies to the hospital. Never assume the hospital will have the exact pouching system or irrigation system you use. Most hospitals have some supplies available. These are used for emergency situations.

Rule 3- Instructions: Take to the hospital two copies of instructions for changing and/or irrigating your pouch.

Rule 4- Communicate!!! Again, let me stress that you need to communicate with the hospital personnel who take care of you. You will have a better hospitalization and they will have an easier time treating you.

Enjoy Your Fruits and Veggies

Source: Convatec from me+ Contributor, Sarah Biggart

You may have recently resolved to eat healthier by adding fresh fruits and veggies to your diet. But wait, can you eat your way through the produce department? Fresh fruits and veggies are a regular part of my diet. Through previous trial and error, I know there are some fruits and veggies I need to be careful of and some that I avoid. Salads and corn on the cob frequently appear on my plate. However, broccoli, kale and Brussel sprouts, I eat sparingly. As we all navigate life with an ostomy, we learn and gain knowledge along the way. Ostomy surgery allowed me to maintain my desired lifestyle. Food is such a central part of our society, with family gatherings and social outings often revolving around the table. Your ostomy should not deny you your seat at the table. Here are some general diet guidelines: Eat regularly; drink plenty of fluids; Chew your food well; After surgery, try new foods one at a time, in small quantities. If there is a problem (such as gas), you can make simple adjustments that work for you; Most importantly, ENJOY YOUR FOOD!

Management of a Flush or Retracted Stoma

By Gloria Johnson, RN, BSN, CWOCN

Via Middle GA Ostomy Rumble and Hartford

The ideal stoma is one that protrudes above the skin, but this is not always possible and a flush (or skin level) or retracted (below the skin level stoma) may result. The surgeon may be unable to mobilize the bowel and mesentery adequately or be able to strip the mesentery enough without causing necrosis or death to the stoma. (Note: Mesentery is a membrane in the cavity of the abdomen to retain the intestines and their appendages in a proper position.) Some causes of stoma retraction after surgery may be weight gain, infection, malnutrition, steroids or scar tissue formation. Stomas that are flush or retracted can lead to undermining of the pouch by the effluent (drainage). This continued exposure can lead to irritated and denuded skin as well as frequent pouch changes. These problems can be very stressful and expensive. The inability to maintain a pouch seal for an acceptable length of time is the more common indication for a product with convexity. Shallow convexity may be indicated for minor skin irritations and occasional leakage; medium convexity may be indicated for a stoma in a deep fold, with severe undermining and frequent leakage; deep convexity is used when medium convexity is not sufficient, stoma is retracted and in deep folds or leakage is frequent and the skin is denuded. Pouches designed with convexity are available in both one- and two-piece systems. These can be shallow, medium, or deep and can be purchased as either pre-cut or cut-to-fit. Addition of skin barrier gaskets (seals) around the stoma can be cut or purchased pre-cut. You can use one layer or several layers. Products like the Eakin Seal or Coloplast Strip Paste can be pressed into shape around the stoma to protect and seal.

Ostomy Surgery and Depression

Source: *Hartford via OASNJ*

Sleeplessness, loss of appetite, feelings of guilt or worthlessness, and irritability are some of the symptoms of depression. It can be triggered by the inability to participate in normal pleasurable daily activities, by a sense of helplessness and lack of control over your body. Medications, stress, malnutrition, anesthesia, chemotherapy or metabolic imbalance can also cause depression. Patients who base their self-esteem on their physical appearance, their “always in control, take charge” character, or their good Samaritan (always the helper or solver) behavior, have a harder time dealing with cancer, their ostomy, their lack of control over their bodies, and their need to depend on others for help, even if only temporarily. Constantly tired from efforts to cope with daily household or work routines, while learning to adapt to physical requirements of this unpredictable new addition to your body, leaves little energy for enjoyment of leisure activities or romantic involvement. It takes us some time to return to our normal lifestyle and to gain acceptance of our new body image. So relax – do what you are capable of doing at this time, and do not try to rush things. You have had enough pain and misery and deserve the vacation. Vacation???? You do not want to return to the hospital if you can help it. Give yourself a year for a good recovery and if it should happen to take a lot less time, consider yourself a very lucky person. In the meantime, do what you have to do in whatever way you are capable of doing it, but do not give more than a passing thought to the things you cannot do right now. You might have to take some shortcuts, do some improvising, or indulge in some healthy neglect. Do not be bashful about asking for and accepting help. You would do the same for someone else if they needed help. Some patients conceal their ostomy from their spouse, families or lovers because they fear rejection, feel shame or embarrassment, are modest or have noticed evidence of disgust. This results in feelings of isolation, depression and chronic anxiety. Most ostomates need a few months before they feel secure about being accepted. Join the crowd!! You are not alone! We all go through this. Note: There are some cases of depression which can benefit most from professional help. Do not hesitate to ask your doctor.

Inner Peace OASNJ

If you can start the day without caffeine
If you can always be cheerful, ignoring aches and pains,
If you can resist complaining and boring people with your troubles,
If you can eat the same food every day and be grateful for it,
If you can understand when your loved ones are too busy to give you any time,
If you can take criticism and blame without resentment,
If you can conquer tension without medical help,
If you can relax without liquor, If you can sleep without the aid of drugs,
Then You Are Probably the Family Dog!

5 Foods to Eat If You Have Diarrhea or Chronically Loose Stool

Source: Vancouver (BC) Ostomy HighLife and Hartford

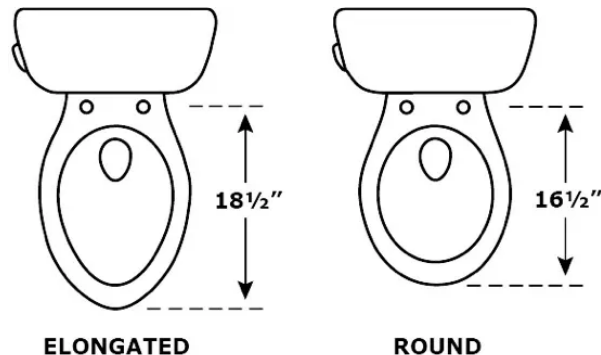
• **Bananas.** Bananas are a great food to eat when you have diarrhea. Bananas are easy to digest, and they are high in potassium which is lost through diarrhea. Bananas are soothing, filling and readily available. • **Rice.** Eat plain rice during bouts of diarrhea. Rice is easy on the digestive system. It is also low in fiber and helps slow down the gastrointestinal tract, which is beneficial for cases of diarrhea. • **Applesauce.** Incorporate applesauce into your diet when you are suffering with diarrhea. Applesauce contains pectin, a water-soluble fiber, which is known to help reduce diarrhea. Applesauce is also very nutritious, containing an appropriate balance of vitamins and sugar. • **Boiled Eggs.** The body loses energy during diarrhea. Eggs provide protein which energizes the body and gives it strength. Avoid fatigue by eating well cooked eggs during periods of diarrhea. • **Pretzels.** Eat salted pretzels while dealing with diarrhea. This will help your body retain water and keep you from becoming dehydrated from your diarrhea. The salted pretzels will also help soothe and settle your stomach.

Upgrading Bathroom for Ostomy Management

Submitted by Sheila Reddick, UOASL member

Ten years after my ostomy surgery I moved to a new home with a tall bathroom vanity. The countertop was above my ostomy; I couldn't see it in the mirror. I replaced the tall vanity with a new one 4" lower down, more practical for me. What a difference, I need to be able to see what changing of the pouch looks like, I can now make sure my skin all around my stoma looks clear when I place a new one on my skin.

Another ostomy convenience issue is the shape of the toilet. If one stands to empty the pouch, a round seat will do. But for those who sit on their toilet to empty their pouch, an elongated toilet works better.



Things I Have Learned after Years of Having a Urostomy

By Jeff Kamm • Via Ostomy Assoc. of the Houston Area, Winnipeg Ostomy Assoc. Inside/Out and Manitoba

No matter how long you go without drinking, a urostomy will always go squirting like a fountain just as you go to put on the appliance. • The one time you go anywhere without a spare, no matter how short of a trip, you will have a leak. • The best way for a kid who wasn't fond of school to go home early was to have a leak and "forget" to have a spare appliance or a change of clothes. • With a urostomy you can amaze your drunk friends by neatly writing in the snow, even leaving spaces between words. • Driving in farm country, certain smells will always make you check for a leak. • But no matter what, an ostomy doesn't limit you.

Sitting Down

By Rosemary Watt, RNET, Stanford University, Via Ostomy Association of Long Beach (CA) "Phoenix Reborn", Evansville (IN) "Re-Route, Greater Seattle (WA) "The Ostomist" and Manitoba

"Sitting down" doesn't seem like an important topic of discussion, but many ostomates have problems because their lifestyle involves "sitting down" much of the time. They may be secretaries or business executives, salesmen who spend a lot of time driving cars, and ostomates who are paraplegics who spend their waking hours in wheelchairs. Going to a movie involves sitting for several hours. An appliance capacity may be decreased by 50% or even more when the sitting position is assumed. The pouch must be straightened out when seated. Men can do this by putting a hand in the trouser pocket. Women have a somewhat difficult time, but can straighten the leg on the appliance side and adjust the pouch while they appear to be smoothing a skirt or straightening the leg of a pant suit. An appliance belt that fits correctly may be too tight when seated, since we increase our girth when sitting. The belt may need to be loosened slightly before sitting for a long period of time. Trouser belts may fit too tightly over an appliance when seated and prevent stool or urine from entering the pouch. The belt tightness can be tested when seated by inserting a finger under the belt or trouser.

Should Someone Living with an Ostomy or Continent Diversion Wear a Medical Alert ID? UOAA

By wearing a form of medical identification people living with an ostomy or continent diversion can effectively advocate for their health and safety protection when they are unable to speak up for themselves. It provides peace of mind should the worst-case scenario happen and helps emergency responders help you.

From Public Pools to Open Ocean to Hot Tubs, Go Ahead and Jump In

By Ed Pfueller, UOAA New Ostomy Patient Guide

After healing from ostomy surgery, people of all ages enjoy swimming, surfing, scuba diving or simply relaxing in a hot tub. It's also understandable that worrying about leaks may keep some people out of the pool. There are no ostomy specific restrictions to swimming in lakes, pools, oceans or any public places. "Swimming has made me stronger both physically and emotionally. It is a great outlet and has made me even healthier. I feel and look more beautiful," says Lynn Wolfson of Florida. Lynn has two ostomies and has even swum triathlons in the past. Here are some solutions to common concerns.

I'm afraid that my pouch will leak or my wafer will loosen while I'm in the water Remember, your pouching system is resistant to water and with a proper fit, it is designed not to leak. If you have output concerns, eat several hours before swimming. A good habit is to empty your pouch before taking a dip. If you are hesitant about how your wafer will hold, take a practice soak in your bathtub. It is best to avoid applying a new skin barrier/wafer or pouch right before swimming. The WOCN Society recommends allowing 12 hours for proper adhesion. Using waterproof tape or water-specific barrier strips are not necessary for most but can provide peace of mind. There are a wide variety of ostomy supplies on the market for swimming, and you should be able to find a solution that works best for you. If your pouch has a vent, use the provided sticker over the air hole so that the filter remains effective.

What can I wear or do to help conceal my pouch and keep it secure? Wearing a patterned or darker color is less transparent than a light-colored swim garment. Options for women include patterned and boyleg one-piece suits. For a two-piece suit, consider a mix and match of tankini tops, high waisted bottoms or boy shorts. You can also look for a suit with a concealing ruffle or skirt. Men often favor a higher cut waist for trunks, or suits with longer legs. Swim and surf shirts or any stretch fabric undershirt can help provide support. Ostomy bands and wraps are also commonly used. There are also swimwear and accessories specifically made for ostomates. On the beach or poolside, don't be surprised to know that some ostomates are comfortable with their pouch showing in a bikini or wearing the swimsuit of their choice; often with swim fabric pouch covers or just an opaque pouch.

What do I do if I am approached by public pool personnel concerned that people with ostomy pouches may not be allowed in pools? This rarely happens, but if it does, the best approach is to stay calm and try to educate. Remember, unless you or another person tell pool personnel or the pouch is exposed, no one should know you have an ostomy. Contact UOAA at info@ostomy.org if this is a recurring issue. You can also find more resources at www.ostomy.org/swimmingpool-discrimination/ The Americans with Disabilities Act ensures your right to pool access and most disagreements

can be solved through education before exploring any legal recourse. Some scuba diving operations also incorrectly list having an ostomy as an exclusion on pre-dive paperwork. Contacting PADI (800) 729-7234 can help educate them that there is no reason to avoid diving if you have an ostomy pouch.

Still Unsure? Meet with a WOC nurse for questions about what supplies may work best for you, chat with peers at a UOAA Affiliated Support Group or on social media to ask what they do to feel confident and secure while swimming. For extra encouragement, attend a UOAA National Conference where the pool is always filled with ostomates who will happily help boost your confidence!

When to Call Your Doctor Carmichael-Placerville Ostomy Assoc

While day-to-day changes in output are common, some symptoms shouldn't be ignored. Contact your doctor or ostomy nurse if you notice:

- No output for six to 12 hours
- Severe cramping or bloating
- Nausea
- Vomiting
- Sudden, watery output that exceeds 2,000 mL per day
- Signs of dehydration
- Signs of infection
- Signs of blood in your output
- Black or tar-like stool
- Changes in stoma coloring (deep red, purple, blue, or black)

In general, if something feels off, it's best to contact your doctor even if it doesn't turn out to be a cause for concern. For comfortable, confident ostomy care every day, stay aware of your body's patterns.

Ostomy Consistency Changes: From Watery to Thick

Fluctuations in your output consistency are also normal. However, any signs of sudden or persistent changes may signal dehydration, dietary issues, medication side effects, or digestive problems. Oftentimes, water or diarrhea-like output can occur due to illness, stress, triggering foods, or medications. The problem with this output is that it can contribute to fluid loss and dehydration, so it's essential to drink more water and see your doctor if it persists. Conversely, thick or paste-like output can mean that you're already dehydrated or eating too many high-fiber, binding foods. When not addressed, this can increase the risk of a blockage. Again, it's best to monitor your daily output and see your doctor if there's anything that sparks concern.

Urostomy Information UOAA newsletter

A urostomate needs to keep their urine on the acid side to prevent urinary system problems. *Cranberry juice is the most popular drink for this. *Ascorbic acid powder to mix in water or juice, or Vitamin C tablets taken in dosage recommended by your doctor, are also good to keep on hand to keep your PH levels on the acid side. *Most citrus fruits, which one would assume would keep the urine acid, work just the opposite and result in alkaline ash. *A rule of thumb is that most bland foods seem to cause an alkaline reaction. *Keep the white crystallized alkaline ash material that collects around your stoma under control by using a mixture of 1/3 white vinegar and 2/3 water to flush the pouch and soak the stoma. The crystallized material can build up and actually cut into and injure the stoma.

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

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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: Other Activities _____

Assistance Request *Complimentary Membership*

Medical Profession Doctor RN,WOCN Other _____

UOASL Chapter Membership Dues: (Effective Sept 2023)
\$16.00 annual

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