

## UOASL 2009 MEETING SCHEDULE

- April 6 Colleen Cole RN – Ostomy 101  
Room 4 and 5
- May 4 **Product Fair** – St. John’s Mercy Hospital  
Von Gontard Conference Bldg, McNally Rm N&S
- June 1 St. Anthony’s Hospital  
Hyland Education & Training Center
- July 6 Michael Smith OTR/L – Exercising After  
Abdominal Surgery Room 4 and 5
- August 3 Stump the WOC Nurse  
Room 4 and 5
- Sept.14** Jennifer Rich R.Ph. - Vitamins and Supplements,  
What are the Benefits? Room 4 and 5
- October 5 Christian Hospital NE, Dietrick Building,  
Education Dept., 2<sup>nd</sup> Floor, Room 1 and 2
- November 2 Dr. Leonard Naeger – Medication Update
- December 7 Holiday Dinner (TBA)

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

Publication Deadline: May 25, 2009

Send articles to: Mary Beth Akers  
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St. Charles, MO 63303  
636/916-3201  
[marybethakers@excite.com](mailto:marybethakers@excite.com)

### Membership U.O.A.S.L

As co-chair of membership, I would like to thank all our members and especially the 16 new members that joined this year. If anyone knows anybody that has an ostomy who is not a member please invite them to join our group. I have been a member 4 years now and it is the best thing that happened to me.

Also May 4th is our product fair at St John’s hospital. Please bring your monthly notice card for check-in that night.

Thank you.



Marty Henricks, Co Chair Membership  
**LIVE AND LEARN**  
Spring 2009

### President's Message

Hello to all. I do hope that everyone is enjoying the warm weather. I want to begin by letting you all know a few things that have been going on and a few things to put on your calendars. First of all, CCFA had an Educational Symposium at which our group was well represented. These are a great opportunity to let people know we are here and that they are not alone if ever faced with ostomy surgery.

Now, put the following dates on your calendars, and I hope that many can join these events. On March 28<sup>th</sup>, at Forest Park, there is a walk to promote Colorectal Cancer Awareness. This walk is called the ‘Undy 5000’. UOAA will be represented at this event. On April 18<sup>th</sup> there is a walk, “Take Steps,” for the CCFA and finding a cure for Crohns and Colitis. There is a team for that as well and we welcome any and all to join us. Please contact LeeAnn Barcus or Susan Burns for info on these things. June 26<sup>th</sup> is the “Relay for Life” walk. This is an annual event that we do to support our cancer survivors as well as show our appreciation to the ACS for all that they have done to help our group. Look for more info in the newsletter.

July 11-16<sup>th</sup> is the Youth Rally, and WOW!!! do we have campers this year. We are sponsoring a number of new campers to Rally this year and we are very excited. This chapter should be proud. August 5-8<sup>th</sup> is the Second National Conference for the National UOAA. This will be held in New Orleans and a great time is planned. Please plan to attend.

Now, for the important announcement of our Product Fair. This will be held at St. John’s on May 4<sup>th</sup> at 7pm. Please plan to attend. There will be a great speaker, lots of vendors, and Gluceau vitamin water will be in attendance. We will be raffling off quilts, a night at a Bed and Breakfast, 50/50 raffle, and it is a great time to socialize.

I hope that all have a great Spring and enjoy good health and

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weather.

LeeAnn Barcus, President UOASL

## **YOUTH RALLY**

Preparations for Youth Rally 2009 are in full swing. It will be at University of Colorado at Boulder, July 11-16, 2009. Applications are available on line at [www.rally4youth.org](http://www.rally4youth.org) At this time, we have 2-3 new campers and 2-3 returning campers. Hopefully, they will be able to make the Product Fair so you can meet them. The Rally is a wonderful opportunity for youth to connect with other children and teens in similar situations.

**Please share this information with any youth who has had bowel or bladder surgery or a condition which could lead to an ostomy.**

**St. Louis Chapter UOAA pays first year scholarships**

**(Tuition and Air fare minus \$75 Registration Deposit).**

If you know of an interested youth, have them contact Mary Beth at 636-916-3201 or [marybethakers@excite.com](mailto:marybethakers@excite.com) for more info.

## **UOAA's 2nd National Conference**

**August 5th - 8th, 2009**

**New Orleans, Louisiana.**

**Great programming, Ice Cream Social, Social Events**

International Ostomy Association's 20/40 Focus will participate in this event at they celebrate their 10th Anniversary. Young ostomates from

around the world will be meeting with the UOAA's YODAA affiliate. The sharing of information and global networking make this a "must attend" gathering. For more info check out [www.uoaa.org](http://www.uoaa.org)

### **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.

## **Bark in the Park 2009 Mascot Contest**

Thanks to all who voted for Bill Lawson and his dog, Tessi. They came in second place with 36% of the vote. Bill and Tessi, along with Bill's wife, Jaci will be at Bark in the Park as part of the front contingent with Boomer, the winner who received 39% of the vote in the Humane Society of Missouri's contest to lead the parade in Forest Park on May 15, 2009.

## **Product Fair Keynote Speaker**

**John O'Leary**

**Well-known Motivational Speaker**

**2006** Inductee to Energizer "Keep Going" Hall of Fame

**2007** St. Louis University young alumni of the year

John was recently named one of the Top Ten "Most Interesting People" in Saint Louis, Missouri. His company, Rising-Above, partners with organizations to ignite passion, transform challenges, and fulfill potential. Always custom tailored and delivered in a poignant, humorous and genuine style, John's programs invigorate his audience. He reveals it is necessary to embrace personal and professional challenges and transform them into the foundation for outstanding growth and

fulfillment. More than simply showing it is possible, John provides the tools to facilitate this transformation within each individual. John came highly recommended by several board members.

## **WHAT DO THE IRON LUNG AND THE RELAY FOR LIFE HAVE IN COMMON ??**

Herb Boerner

The dreaded disease Polio has been in remission, the IRON LUNG has disappeared, and now we are concentrating on doing the same for various forms of CANCER.

A single Salk vaccine was developed through the dedication of the medical research community and OUR financial contributions.

Today we are threatened by more than ONE form of CANCER.

So the efforts of the medical research community take more expertise and more financial contributions.

Mark June 26th, 2009, 7pm, on your calendars, as the opportunity to participate in a JOURNEY OF HOPE, fund raising activity to be held on MOSS Field in Webster Groves Mo, referred to as the RELAY for LIFE.

The word RELAY refers NOT to the activity but to the JOURNEY of HOPE to find cures for the myriad forms of CANCER. This event is a fun-filled family-friendly activity, to bring together those who have been touched by Cancer and those who want to eradicate the dreaded disease. During the luminaria candle lighting, ceremony, we honor those who have survived the disease, and also those who have been lost to the disease. Join us in this event to support the American Cancer Society in its life-saving mission to eliminate Cancer as a Major health issue.

Contact either Herb Boerner, or Johnna McCaw or any of the UOASL board members for more information.

## **ANTACIDS & ORANGE JUICE DON'T MIX**

Via: Evansville, Indiana Re-Route, Dayton Ostomy Chapter & GB Support Group

“Avoid drinking orange juice for at least three hours after taking antacids that contain aluminum, such as Maalox or Mylanta,” cautions

William Ruderman, MD, chairman of the Department of Gastroenterology at the Cleveland Clinic in Ft. Lauderdale, Florida. Orange juice increases the body's absorption of the aluminum in these antacids as much as tenfold and aluminum accumulation can cause calcium loss, which contributes to Osteoporosis.

## **CENTERING YOUR POUCH**

Via: Evansville, Indiana Re-Route & The Indianapolis Chapter

A well-fitted pouch does not allow for much margin of error. Consider this: the correct opening size is determined by measuring your stoma's diameter with a measuring card and adding 1/8 of an inch. This means your pouch must be centered exactly and carefully each time. How do you do this? Good lighting is important, preferably from above and from the side. Stand sideways to a light source for better visibility. A wall mirror is a great help to see that the appliance hangs straight. A crooked pouch exerts pressure on the skin and stoma and can only lead to trouble. Don't rush! Take time to check the placement carefully before allowing your skin barrier to make contact. No time is saved if you have to do the whole thing over again because the pouch is crooked or uncomfortable. Remember, if your pouch feels out of place or uncomfortable, TAKE IT OFF! Don't wait for injury to occur. It is better to change unnecessarily than to risk damaging that precious stoma. You have to live with it for a long, long time.

## **KEEPING YOUR POUCH ODOR PROOF**

By Victor Alterescu, RNET Via: Evansville, Indiana Re-Route, Quad City, IL Newsletter & S. Brevard FL Ostomy Newsletter

Rinsing a pouch out each time it is emptied is primarily a waste of time. For one thing, it takes longer to empty the pouch and you need more materials around you. You also leave more odor in the room since the pouch is kept open longer. The water, especially if it is warm, may open the pores of the pouch material and encourage odor permeation. Never use warm water. Also, rinsing can affect the seal of your adhesive. Frankly, it does not matter whether the interior of your pouch is clean any more than it matters if the interior of your colon is clean.

The pouch is replacing an organ of storage, the colon and/or the rectum. The most important portion of the pouch that should be cleansed very thoroughly is the tip of the drainable pouch. Rinsing the interior can only increase permeation but cleaning the exterior neck will avoid any

odor that may be present as a result of having fecal residue on the end of the pouch. Therefore, I often recommend that a person carry an alcohol wipe (individually wrapped in foil) to clean the tip of the pouch. The pouch is emptied, the toilet flushed immediately, and the lower portion of the exterior pouch cleansed with toilet tissue and alcohol.

### **NIBBLING**

By: R. D. Somer, M.A., R.D. Via: Evansville, Indiana Re-Route,  
The Internet & Hemet –San Jacinto, CA

I was raised on three square meals a day, but I am noticing that I'm starting to gain weight. Should I cut down to two meals a day? No, in fact, you should eat more frequently, not less. The nibbler's diet has replaced the "three squares" diet as a better way to manage weight, cut heart disease and diabetes risk and curb cravings. A study from the University of Michigan School of Public Health found that women who divided their food intake into several little meals and snacks through the day were leaner, with less body fat, than women who ate the same amount of calories, but packed them into two or three big meals. Why nibbling helps weight management is poorly understood; however, one theory is that dividing the same amount of calories into five or more little meals and snacks encourages the body to "burn" the food for immediate energy, rather than store it in the hips and thighs. Eating breakfast and eating at consistent times each day also helps curb hunger and prevents overeating later in the day. For example, researchers at Vanderbilt University in Nashville, Tennessee, found that women who ate breakfast had an easier time controlling cravings and consumed less fat throughout the day compared to breakfast skippers. Your best bet is to establish a consistent pattern of eating where you eat every four to five hours, which in the course of a few weeks, will help reprogram your body's appetite and hunger clock. The benefits extend beyond just weight management. Nibbling, compared to gorging on big meals, helps improve cholesterol, and improves insulin sensitivity. The benefits are noticed within weeks of initiating a nibbling style of eating. The trickle-down effect on health is a lower risk of diabetes, heart disease, and possibly even cancers of the colon and breast. The secret is not to add more snacks to your usual diet but to divide your current food intake into five or six little meals, while continuing to emphasize fiber and nutrients and de-emphasize the fat, sugar, and salt. In other words, have the oatmeal with raisins and orange juice for breakfast, but save the

glass of milk and banana for the mid-morning snack. Have a sandwich, raw vegetables and tomato juice for lunch, but save the dessert of yogurt and fruit for the mid-afternoon snack. Dine on spaghetti, salad and steamed vegetables in the evening, then have a slice of French bread and a cup of nonfat cocoa for a late-night snack.

### **HINTS AND TIPS**

Via: Hemet-San Jacinto, CA & Evansville, Indiana Re-Route

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 teabag is an ostomate's best friend. Tea is an anti-spasmodic 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. Polident and Efferdent are very effective to soak your appliances: to deodorize, remove stains and clean. If it's good for your teeth, it is good for your appliance.

Does your stomach gurgle? Try eating solid food first at meals and then drink. But be sure to get enough fluids too, so you don't become dehydrated.

Eating bran muffins is a simple and delicious way for colostomies to solve a constipation problem.

If stool sticks to the pouch and is hard to rinse out, spray the pouch with PAM before applying.

When the lock is broken on the restroom door, a wad of folded tissue will sometimes hold it shut.

Carry an extra tail closure or rubber band with you in case yours "goes down the drain". It could prove critical to your entire program.

Ziploc sandwich bags are useful for disposing of used pouches and taking care of odor of used pouches.

Don't be afraid to take a shower without your appliance. Soap cannot hurt the stoma. Just rinse well.

(cont.)

Hints and Tips (continued)

After bathing with the faceplate off, hold a cold compress over the peristomal area for a few seconds to close the pores before replacing the appliance.

A bit of spearmint vinegar in a glass of water calms the stomach and digestive system. It also relieves gas and adds a tangy zest to iced tea.

A good rule to follow—if it is safe to put in your mouth, it is safe to put in your pouch. Try GREEN MINT MOUTHWASH as a pouch rinse.

Trouble with itching under the tape or Stomahesive? Mix 50% white vinegar and 50% water, apply gauze sponges and soak the skin for 5 to 10 minutes when changing your appliance. Be sure the skin is washed and rinsed well to remove the vinegar before applying the new appliance.

Use CERTS if nothing else is available. PEPTO-BISMOL is an effective deodorant. Take one tablet immediately after meals. Its effectiveness is lessened the longer you wait after a meal.

Eat parsley to eliminate odors.

You do not have to be a baby to discover the merits of Johnson and Johnson diaper liners. You may try them as a barrier between ostomy pouches and the skin. They come 60 to a box and cost under a dollar.

(Editor's Note: I don't know how old this tip is, or if they are still available.)

Don't behave as if having an ostomy makes you less of a person or some freak of nature. There are lots of us and most of us are glad to be alive!

Build a support system of people to answer questions when you have a problem. Consider our ET's and your officers who are listed in this newsletter.

Don't play the dangerous game of making your appliance last by over taping or putting off a change. There aren't any prizes given for the longest wear time except accidents!

Don't wait until you see the bottom of your supply box before ordering more. Always count on delays in shipping, holidays, etc. when calculating what is needed.

### **Here are a Few More Puns**

Sea captains don't like crew cuts.

Does the name Pavlov ring a bell?

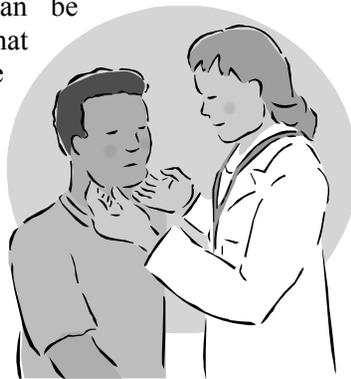
When two egotists meet, it's an I for an I.

## DOCTOR & PATIENT COMMUNICATION

Via: Evansville, Indiana Re-Route, Mesa-East Valley Chapter,  
The Phoenix, & Des Moines, Iowa

Talk to your doctor, too many doctor visits open with a general statement about aches and pains, followed by silence as patients wait for a diagnosis. But good medical care depends upon teamwork, with physician and patient pro-actively talking to and listening to one another. Physicians must often be private eyes before the healing process can begin. Body language is important, a patient's posture, facial expressions, speech patterns and even clothing can provide valuable insights to what lies behind "I don't feel well." Initial reasons given for visits to the doctor are often not the entire story. A patient sometimes suffers from underlying fears which must be dealt with by a perceptive physician. If you're worried about something that appears minor on the surface may in fact be more serious, ask the question. The doctor can understand your concerns and, in many cases, help dispel them.

Here are some tips that can help you improve communications with your doctor. Write down your questions on paper beforehand; use these as a guide during your appointment. Be sure that you understand your diagnosis—the recommended treatment and the prescribed medication. Don't walk out with unanswered questions. Don't hold back family and personal medical history—for whatever reasons. If you are consulting other doctors, say so; even better, have those records sent ahead. Be specific as to medications you are currently taking—better yet—take your medication bottles with you so the physician has an accurate picture of the prescriptions and dosages. Keep a list of your medication and dosages at home. It can be invaluable in an emergency. Know what preventive tests you should get and when. Be accountable for those tests. Take the initiative in following up with your doctor. If the relationship is not working, change physicians. As with other relationships, sometimes the chemistry just is not there. Two-way communications is a very important component in total patient care.



## YOUR URINARY OSTOMY

By Edith Lenneberg, ET Via: Evansville, Indiana Re-Route, Town  
Karaya, Ostogram & Hemet-San Jacinto, CA

The urinary ostomy requires three kinds of preventative attention: care of the stoma, care of the skin around it, and care of the kidneys. Your routine care of kidney functions includes:

1. Drinking at the very least, one quart of liquid daily like tea, coffee, juice, soup, colas, water, beer, etc. These should be decaffeinated, preferably.
2. Getting your urine tested (urinalysis) every six months.
3. Having an X-ray taken (IVP-intravenous pyelogram) of the kidneys once every two years.

Observations to be made:

1. Stoma - changes in size. After initial healing is complete (about six months), measure with paper measuring gauge every six months; change to equipment with correct opening. Appearance of stoma: Does it appear different than usual, (color, shape, little white or red spots, etc.)? Look for this at each change of appliance, show to surgeon or clinic.
2. Skin - signs of irritation: Are there pink spots, tiny pimples, reaction to adhesive, etc? Look for this at each change of appliance. Learn methods of dealing with routine minor irritations, soreness or raw or infected area: Do not delay, see (your doctor immediately; white deposits or whitish appearance around the base of the stoma. Look for this at each change of appliance; drink at least 8 oz. of cranberry juice daily. Soak the appliance in water/vinegar solution (3 parts water to 1 part vinegar). If there is no improvement in two weeks, call your urologist or GU Clinic.
3. Kidneys - nature or urine: Look at it every day. Is it dark? Drink more liquids. Is it gritty? Tell your urologist. Is there mucus? This is normal. Is there a persistent unpleasant odor? This is a sign of infection and must be treated by your urologist.

### Tips for the Urostomate

UOAA UPDATE 2/09 via Roanoke Valley VA News

Check the pH of your urine about twice a week to be sure the urine is acidic, with a pH of less than 6.0. Always wash your hands before working with your appliance or stoma to avoid introducing bacteria into the stoma.

Reusable or disposable appliances that are not cleaned adequately or are worn for long periods of time can cause urinary tract infections from bacterial growth in the pouch and urine.

Signs and symptoms of a urinary tract infection included fever, chills, bloody urine, cloudy or strong smelling urine, and pain in the back kidney area. If you experience these symptoms, see your doctor.

## **URINARY DIVERSIONS**

### **Or What Does One Do Without a Bladder?\***

Via: Evansville, Indiana Re-Route, Metro Halifax & Lee County, FL

Basically, the bladder is a hollow muscle which performs two important functions. It acts as a storage device for the accumulating urine, relaxing as the volume increases. But it also acts as a pump as it contracts, squeezing out the urine through the urethra to the outside of the body. Accident or illness may dictate the removal of the bladder, thus necessitating the introduction of alternate methods or devices to dispose of the urine. Such devices (or substitute bladders) should provide the following: A low pressure system to assure continence and prevent damage to the kidneys. Be continent, preventing leakage and associated physical and social problems. Be non-flexing, thus preventing recirculation of urine to the kidneys. Be easily emptied. Should avoid certain metabolic/electrolyte salt chemistry problems that configurations of intestines can impart. Prior to 1950, the removal of a damaged or diseased bladder allowed relative few alternatives. One procedure brought the ureter out to the skin individually. Since the ureters are very small in diameter, often no larger than the thickness of the lead of a pencil, problems with narrowing of the ducts, even occlusion, as well as infections were frequent occurrences. Furthermore, the employment of appliances to collect the urine was difficult and generally inefficient. In 1950, the ileal conduit was devised by a Dr. Bricker in a procedure which attached the two ureters to a section of the small intestine and then brought the intestine out through the abdominal wall into a stoma. The procedure had the advantage of assuring unimpeded flow of urine through the stoma as well as the more effective and practical use of an appliance to collect the urine. Bricker's ileal conduit has remained a favorite procedure throughout the years, even though it is still subject to infection and reflux to the kidneys and requires that a prosthesis be worn at all times.

## **TYPES OF COLOSTOMIES**

From Friends Together, Baltimore Ostomy Association, Via: Evansville, Indiana Re-Route

There are four main types of colostomies. They are named after the portion of the bowel where the colostomy is located. A Sigmoid Colostomy is located within the sigmoid colon. Output has a normal, formed consistency, since the water has been absorbed as the waste passed through the remaining large bowel. An Ascending Colostomy is located within the ascending colon, on the right side of the colon as it exits from the ileum. Output will be liquid to semi-liquid, rich in digestive enzymes and therefore irritating to the skin surrounding the stoma. A Transverse Colostomy is located within the transverse colon, the part of the colon that transverses across the abdomen, above the small intestine, and connects the ascending colon with the descending colon.

Output is usually liquid to semi-formed because digestive enzyme content decreases as the contents moves further down the colon, therefore, the further away from the ascending colon, the less irritating the output will be to the peristomal skin. A Descending Colostomy is located within the descending colon. Output is semi-formed, because much of the water from the stool has been reabsorbed from the colon back into the body.



**WORLD OSTOMY DAY ... WOD 2009**  
**SATURDAY, OCTOBER 17<sup>TH</sup>**

Start planning your WORLD OSTOMY DAY 2009 activities now, and please let Joan McGorry know what you will be doing so that we can publicize these events worldwide

Traditionally WOD is held on the 1<sup>st</sup> Saturday of October but in 2009, the Ostomy Association of Boston advised that this date conflicts with the widely observed Jewish Holidays of Shmini Atzeret & Simchas Torah. Accordingly, UOAA's MBoD approved moving the official WOD'09 observance in the United States to Saturday, October 17<sup>th</sup>.

## **Successful Aging**

### **UOAA UPDATE 2/09**

Images of older people pumping iron, teaching kids to read, building homes for the homeless, surfing the net and tap dancing abound in the media today. Whether they're selling vitamins or vacations, today's images of older people are a welcome substitute for the stereotypes of the past. The images have changed because the realities have changed. Today's older people are in fact nothing like their parents and grandparents. For one thing, they are living a lot longer. The life expectancy for people age 65 and over is 71.4 years. Compare this with the beginning of the century when the average life span was only 47.

While policy experts once worried that this gift of time would be marred by illness and disability, recent research reveals a gradual decline in chronic disease and disability. The number of people with high blood pressure, arthritis and emphysema has shown an unexpected and steady decline since 1982 and overall, according to the national Long-Term Care Survey, there has been a 15 percent drop in disability. Never before in history have so many older people had the opportunity to live so long and so well.

## **Herbs and the Intestine**

UOAA UPDATE 2/09 via The Right Connection - San Diego

Herbs have long been proclaimed as nature's remedy for many of our maladies. The fact is that 40% of all prescribed drugs are based on chemicals from plants.

The following are a few examples:

\*Bay leaves, added to slow cooking foods are said to "tone" the digestive tract. They also relieve cramps and expel wind from the stomach and bowels.

\*Cayenne is claimed to have such benefits as easing congestion, warming your feet and aiding in digestion.

\*Dill is an old remedy for stomach ulcers, probably because of its calming effect. But it will also reduce flatulence when used as a seasoning.

(cont.)

Herbs and the Intestine (continued)

\*Garlic has long been proclaimed to be an aid to the immune system and effective against colds, flu and helps in gastro-intestinal disorders. It works better raw than cooked.

\*Thyme in tea is proclaimed to be a cold remedy.

\*Parsley is nature's finest deodorant. It is a breath freshener but it also reduces odor in the stool. Chew a couple of springs of parsley, especially after eating garlic!

## **FREE OSTOMY SUPPLIES**

Via Re-Route

Osto Group ships ostomy supplies to people who have no insurance and who reside in the United States. They also accept donations of excess ostomy supplies and list their available supplies on their website, [www.ostogroup.org](http://www.ostogroup.org). The recipient pays postage and a handling charge of 10% of the list price of the shipment. Osto Group has been performing this service since 2001. Osto Group, a member of the United Ostomy Association of America (UOAA), was founded and is still operated by Sam Eustice and Bob Pleski, who are also co-chairpersons of the Nevada County California Ostomy Support Group, which also is a member of the UOAA. Donated supplies come from individuals, hospitals, nursing homes, and pharmacies from across the USA. Osto Group can be contacted via a toll-free phone, 1-877-678-6690, fax to 530-432-3538, or email Sam at [eme@ostogroup.org](mailto:eme@ostogroup.org), or Bob at [bpleski@comcast.net](mailto:bpleski@comcast.net). We are happy to serve new customers and to receive new donations.

Editors note: We often have supplies at meetings that have been donated as they are no longer needed. Members are free to take whatever they can use. After we put them out for a meeting or two, they are sent to a group like this who can share them with others around the country.

## **A GOOD PUN IS ITS OWN REWARD**

You feel stuck with your debt if you can't budge it.  
He often broke into song because he couldn't find the key.  
Every calendar's days are numbered.  
A lot of money is tainted. It taint yours and it taint mine.  
Bakers trade bread recipes on a knead-to-know basis.

# Drivers Use Race Cars to Raise Awareness of Colon Cancer

Via: UOAA Update

10 11 12 13 14 15 16

Press Release: DAYTONA, Florida, January 29, 2009 – On February 7<sup>th</sup>, 2009, ARCA drivers will display the **Blue Star Symbol** – the colon cancer symbol of hope – on their race cars to show their support for fellow driver **Tim Mitchell**, a five-year colon cancer survivor. Mitchell was diagnosed with colon cancer in 2003 and underwent treatment at the Mayo Clinic in Rochester, MN. After surviving the disease, he decided to race one more time – and has been behind the wheel ever since.

While many people are supportive of Mitchell as a driver and cancer survivor, he realized that many of his fans are unaware that colon cancer is preventable, treatable and beatable. So Mitchell teamed up with the **National Colorectal Cancer Roundtable (NCCRT)** of which UOAA is a member, an organization co-founded by the American Cancer Society and the Centers for Disease Control and Prevention, to raise awareness about the important role of screening and early detection in the fight against colon cancer. Regularly scheduled screening can not only detect cancer at an early and more treatable stage, but can also prevent cancer from developing by removing precancerous polyps before they become cancerous. Mitchell and his colleagues hope to spark that awareness among race fans by prominently displaying the Blue Star on their race cars.

“Racing is my passion, and my fans are always a source of encouragement,” said Mitchell. “**By displaying the Blue Star on our cars, we hope to raise awareness about the importance of getting tested for colon cancer – a disease that I fought and won – and encourage our fans to get screened.** I am pleased that the other drivers have agreed to join me in celebrating my survivorship and conveying this very important message.”

## TAKE SOME TIME TO CHECK OUT OUR NEW WEBSITE

[www.uoaa-stl.org](http://www.uoaa-stl.org)

It will include past issues of our Live and Learn.

Meetings are posted on the calendar there.

Pictures are also posted there from various chapter activities.

1 2 3 4 5 6 7 8 9