

UOASL 2015 MEETING SCHEDULE

www.uoaastl.org

- April 6:** St. Luke's Hospital **Conference Room on 3rd floor**
****May 4:** **Mercy Hospital Product Fair**
****June 1:** **St. Anthony's Hospital**
July 6: St. Luke's
July 13-18, Youth Rally, Boulder, Colorado
August 3: St. Luke's Hospital
September 1-6, National Conference at Hyatt St. Louis
***September 14:** St. Luke's Hospital –
Summer Wrap-up: Dinner and Breakout Groups
October 5: St. Luke's– Leonard Naeger Lectureship
****November 2:** **Christian Hospital**
December 7: **Annual Banquet at Syberg's**

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

Publication Deadline May 25, 2014

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

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

Mailing Information Update

Please let Brenda Schulte know if your info changes.
Her address is: 115 Pine St., Old Monroe, MO 63369.
Her phone number is: 636-661-5607.

FOR THOSE WHO USE FACEBOOK AND TWITTER

The National UOAA is on both!

To find us on Facebook, go to [Facebook.com/UOAAinc](https://www.facebook.com/UOAAinc).
To follow us on Twitter, go to [Twitter.com/UOAA](https://twitter.com/UOAA),
or while logged in, search for @UOAA.

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



LIVE AND LEARN

Spring 2015

President's Message

To All Members and Friends of UOASL,

Just when we thought winter was over, we were all treated to another burst of snow flurries. Fortunately, it did not lead to any school closings or even much difficulty on the roads. I think it is safe to say Spring is truly here. I hope this newsletter finds you well, and if it doesn't let us know if there is something we can do to help.

Every meeting lately has had a few new faces among the familiar each time. The word is getting out and if you have told people, like doctors and nurses, or even just friends, Thank You. There are still folks out there who need to know we are going happily along with life, with an "Oh, by the way, I have an ostomy" outlook.

Our April meeting is in a different location and smaller room. You can park in the same place, but instead of coming into the doctor's building, come across to the hospital and head down the hall. Someone will be there to direct you. We will be discussing our Visitor Program

Just a reminder to let us know if you would like to receive this by email rather than snail mail. As I said before, I don't want to twist anyone's arm. I certainly understand the value of being able to hold it in your hand and turn the pages. Another option is to print it out yourself if you have that capability.

Some exciting news to share is about our upcoming Product Fair in May. Kathryn Tristan, a name some of you may recognize as she is the mother of Julie Tristan from Show Me St. Louis, will be our speaker. We will be having the Gift Card raffle again with three winners of \$100 Visa cards. I hope to see many of you at Mercy Hospital May 4th at 7pm in the VonGontard Conference Center as usual.

The board is already beginning to work on plans for the national UOAA conference that is coming to St. Louis in 2015. We will be looking for volunteers to help us show off our hometown.

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

Mary Beth Akers, President, UOA St. Louis

UOAA UPDATE PRESIDENT'S MESSAGE



To our Affiliated Support Groups, Members and Partners of United Ostomy Associations of America,

The Management Board of Directors (MBoD) is working on the UOAA National Conference "Gateway to a New Beginning" to be held on Sept 1-6, (programming Sept 2-5), 2015 at the Hyatt Regency St. Louis at the Arch Hotel. The hotel is in the heart of a vibrant business area, and has many attractive sites for tourists, including the world-famous Arch, Cardinal Stadium and Edward Jones Dome, home of the St Louis Rams football team. We are in the process of contacting speakers and defining our programming.

C.A.R.E.S Program -

http://www.ostomy.org/uploaded/files/awards/cares_2015_letter_to_apPLICANT.pdf?direct=1 is the link for information regarding our C.A.R.E.S program (Conference Attendee Reimbursement of Expenses Sponsorship) and the deadline for sending in nomination forms is May 4, 2015. Please go to our website for online registration www.ostomy.org or call 1-800-826-0826 for more information.

Advocacy Update from Doug Shefsky, Advocacy Chair - As previously reported, a bill was introduced in Maryland last year requiring coverage of ostomy supplies by all major insurances. A similar bill has been introduced in the Maryland Senate and is scheduled for discussion on February 18. UOAA fully endorses this bill and is providing support to the effort, which is being led by the Metro-Maryland ASG. We are very excited for this progress. If you live in Maryland and are interested in lending a hand, please contact our Advocacy Chair (Doug Shefsky at doug.shefsky@ostomy.org).

Thank you,
Susan Burns, President, UOAA
United Ostomy Associations of America

Ostomy Tips from Ostomates (Reviewed by WOCNs)

From the Tulsa Ostomy Association newsletter and the UOAA Update

1. Tea is an anti-spasmodic and soothing to an upset stomach. It also provides fluids containing electrolytes and potassium that are frequently lost because of diarrhea.
2. Avoid drinking while eating to allow the effluent to become thicker. Drink liquids before and after a meal.
3. Eating bran muffins is a tasty way for colostomates to solve constipation problems.
4. If stool sticks to the pouch and is hard to rinse out, use a surfactant/deodorizer or oil to let the pouch empty out easier.
5. Ziploc® sandwich bags are useful for disposing of used pouches and help control odor in the trash.
6. If it's safe to put in your mouth, it's safe to put in your pouch. Try green mint mouthwash as a pouch rinse.
7. Diaper liners (for example, Johnson & Johnson) are great as a barrier between the pouch and your skin. Or you may purchase a commercial pouch cover. Or make one yourself.
8. Price Pfister makes a small sprayer that can be attached to the bathroom sink faucet to assist with rinsing the end of the pouch.
9. Cut the bottom seven inches off a T-shirt and hem the unfinished edge. Attach Velcro® to each end. You can wear this as a cummerbund with your pouch tucked inside for those intimate moments. Also, there are commercially made pouch covers. Back support belts work as well.
10. Place a couple of squares of toilet paper in the toilet before emptying your pouch. This will take care of the "splash back". Or let it out very, very slowly.
11. Laying a wafer on a heating pad or under your thigh for 10 to 15 minutes allows the material to soften. This helps with adhesion.
12. Check with your pharmacist to learn if your pills or capsules should be changed to liquids. This is especially necessary for ileostomates. They tend to go through too fast and don't dissolve.

The Four Phases of Recovery from Ostomy Surgery

From the newsletter of the Tulsa Ostomy Association and the UOAA Update

Most patients, along with their families, go through four phases of recovery following loss of function of an important part of the body. Only the time required for each phase varies.

The four phases of recovery are:

The Shock Phase: the period of physiological impact. You probably remember nothing of this phase after your operation. Nevertheless, it's a phase that requires a lot of support.

The Defensive Retreat Phase: you defend yourself against the implication of the crisis. You avoid reality. Characteristics in this period are wishful thinking or denial, or repression of your actual condition. For example, an ostomate may believe that their entire colon is still there and will be connected later.

The Phase of Acknowledgment: in this period, you face reality. As you give up the existing old structure, you may enter into a period, at least temporarily, of depression, apathy, agitation or bitterness and high anxiety. You hate your stoma. You hate yourself. You cry a lot. You pity or condemn yourself. You may not eat, be unable to sleep or want to be left to die. In this phase, you need all the support that can be mustered.

The Phase of Adaptation: Now, you actively cope with the situation in a constructive manner. You adapt, during a shorter or longer period, to the adjustments that are necessary. You begin to establish new structures and develop a new sense of worth. With the aid of an ostomy nurse and ostomy visitor, you can learn about living with an ostomy. Aided by your physician, social workers, ostomy support group and family, you go about rebuilding and altering the life that brought about the condition.

UOASL MEETING RECAPS

February Break Out Groups: Thanks to WOCNs Linda Geurin, Roxy Lupien, Dena Muscarella, Betsy Naeger, and Retta Sutterfeld

Ileostomy session (Submitted by Sheila Reddick)

We managed to cover a number of issues concerning ostomy care. Bill Kreite brought in two old style 'permanent' pouches that were used by ostomy patients before the invention of modern plastic ones that we take for granted. We were all feeling lucky to have access to the kind of disposable equipment available now so that we are able to live comfortably. Our visiting WOCN, Retta Sutterfeld, shared some of the issues that patients who are in nursing homes must struggle to overcome because of the lack of knowledgeable nurses who could help with ostomy care. Dealing with the complexities of billing insurance companies specifically for WOCN services is often not possible for nursing home patients.

Susan and others at the national level of UOAA work constantly with legislators all over the US to try to stop lobbyists for insurance companies because health insurance companies would like to **not** be required to pay for ostomy supplies. We now should refer to our supplies as 'prosthetics' because the products that we use are sometimes referred to by lobbyists as cosmetic supplies, as if somehow our pouches are an unnecessary luxury!

Caregivers Session – (Submitted by Brenda Schulte)

Make sure you have a list of the medical history and medication list for the ostomate. Take some of your supplies with you to the hospital. Hospitals have to go by contracts they have with their suppliers and have to use products according to the contract. Another good reason to take your own supplies.

Problem with skin? When you take a shower, if possible remove the pouch before you shower or in the shower so you can clean the skin under the pouch. Clean it with soap and water to get it clean. Do not scrub too hard because you could damage the skin. Then get the area dry.

- use a hair dryer on low setting to completely dry the skin before you put a new pouch on. (cont.)

- if you take a shower with your pouch on put a press n seal over the pouch using tape at the top of the pouch so the water from the shower will run over the pouch and not get under it.
- Sween Cream - Moisturizing Body Cream by Coloplast is good for the skin under the wafer. Rub it into the skin very good. Then the wafer goes on over it without any problems. It is good for Red, Sore, Dry skin.

Life for the ostomate and caregiver before surgery can be difficult because of the disease.

A problem with hospitals is a lot of them do not tell the ostomy patients about what they have to deal with or how.

Most of the nurses work 12 hour shifts and that gets in the way for a lot of them to attend meetings like the UOASL. If they could attend the meetings it might help them understand more of what an ostomate goes through. And a lot of nurses have not been trained in Ostomy care.

- go to a WOCN like Betsy or Zoey at Medical West or St. Louis Medical Supply and let them evaluate your stoma and the supplies you use. They can tell you what to do for your skin issues if you have one. And they can suggest different supplies if they think you should try something different.

Ostomy belts are good for keeping the pouch close to your body and help keep the pouch on.

- if you have a problem with the stoma take a picture of it to show the doctors. Especially the ones that do not normally look at the stoma on an office visit.
- if you have problems getting the pouch lined up, roll a dissolvable paper ring and put it in the stoma with most of it hanging out like a wick. Put the pouch on with the paper roll in the opening of the pouch. Let the wick fall into the pouch.

Hollister has a booklet – Caring for Your Loved One with an Ostomy. Ask Hollister for one. It has good suggestions for you and your Ostomate.

Measure Your Stoma

By Alice Bowman and Bob Baumel

From the ostomy newsletters of Stillwater-Ponca City, Oklahoma and Joplin and Springfield, Missouri

One of us recently visited a patient with a two-year-old colostomy. The patient was suffering from severe skin irritation caused by using appliances with pre-cut stoma openings of the same size as originally measured in the hospital.

Immediately after surgery, the stoma is quite swollen. It then shrinks for about the next six months - sometimes for a year or longer. During this initial period, it's best to use a cut-to-fit appliances and measure your stoma every time you change the barrier. Once your stoma size has stabilized, you may switch to a precut appliance if you wish. But you should continue to measure your stoma occasionally to see if you should switch to a different size appliance.

If you fail to adjust your appliance size as your stoma shrinks, you'll eventually have an area of unprotected skin around your stoma, making you a prime candidate for skin irritation.

If you've had an ostomy for many years, perhaps you have forgotten that initial period while your stoma was shrinking. If you find yourself visiting an ostomate, this is a topic you may wish to discuss.

How big is the optimal appliance opening? For most types of barriers/faceplates, the opening should provide a clearance of a millimeter or two (there are about 25 millimeters to the inch) all around the stoma.

Obituary for Ralph Darrough, Past UOASL President

Ralph passed away on Sept 19, 2014. He had been sick for a long time. He had multiple myeloma, which is a blood cancer. He was 75 when he passed. Despite his illness, he traveled, enjoyed fishing. His wife, Rita, said he also enjoyed working with and being past president of our ostomy group and working with the youth.

HELPFUL HINTS

AICM-Montreal Nov-Dec, 2014 Newsletter
UOAA Update January 2015

Posture Matters: When you return from the hospital, you will be feeling sore and uncomfortable. You may be anxious about the front of your body getting bumped, or self-conscious about the stoma which can lead to a habit of hunching over to “guard” that area. Try to focus on keeping your head up and your back straight.

Walking Works: Don't lie or sit about all day. Walking helps restore lost muscle tone, gets your circulation going and just generally perks you up. Get up and walk several times a day.

Stomahesive Paste: If your stomahesive paste becomes hard and will not push through the end of the tube, heat a glass of water filled half way in the microwave for 45 seconds. Remove and place the tube cap down in the water. Let stand for a few minutes and dry. You should now be able to push the past out easily.

Vitamins: Vitamins should be taken on a full stomach. Otherwise, they irritate the lining of the stomach and produce the sensation of feeling hungry.

Diuretics: Try strong-brewed tea before the purchase of a “diuretic.” Hot tea twice a day will wake up your sluggish kidneys.

Juice vs. Gatorade: Tomato juice provides as much sodium and 5 times more potassium and is a low cost alternative to Gatorade. Orange juice is another alternative providing the same amount of sodium and 15 times the amount of potassium as Gatorade.

For Colostomies: If you use just a pad instead of an appliance, use a little K-Y Jelly over the stoma to keep things soft and lubricated. If you irrigate, allowing too much water to enter the stoma too quickly may cause a sudden evacuation of waste, leaving much of the feces still in the colon, along with most of the water. Periodic evacuation may follow. This is not diarrhea, but is simply a delayed emptying of the colon.

For Ileostomies: Usually ileostomates experience hunger more often than other people. When this happens, they should drink fruit juice or water, eat soda crackers followed by a meal as soon as possible. If you do need to eat a snack at bedtime or during the day in order to ward off nausea, try to cut down on calories somewhere else in the daytime or you will gain weight. Never skip meals in order to lose weight. An ileostomy keeps working whether the ostomate has eaten or not.

Live Well

By Lynne Rich, Ph.D. Edited by B. Brewer from the UOAA

Update, October 2014

If anyone walked a mile in the shoes of an ostomate, how would they feel? Maybe a little tired, but their ostomy would work just fine.

What does having an ostomy mean to you? Survey says: good health, no pain, belonging to a group of strong, caring, compassionate people. Ostomates: savvy individuals who've learned how and where to get and share knowledge, help, humor and hope....okay, there hasn't yet been a comprehensive survey. Are you living as actively as you'd like to? If not, why? An ostomy is merely tissue that's been surgically relocated and designed to function smoothly. Even if a temporary ostomy doesn't work correctly and isn't trouble-free, it may only need a little extra attention. You and your ostomy deserve the time necessary to be taken care of really well. After that, let your heart and brain take charge.

Living through health problems that led to ostomy surgery, you no doubt gained fortitude. Your ostomy won't break and neither will you. You might develop feistiness and greater determination. You may also discover bad hair days are more likely than bad ostomy days.

If you're not sure whether activity is medically or physically all right for you ask your physician and WOCN some questions: do actual medical or physical restrictions prevent me from water skiing, playing the guitar, swimming, playing canasta or poker, scuba diving, speaking Spanish, French or Italian, dancing (ballet, tap, waltz, samba), eating Cajun, sushi or Greek foods, hiking, canoeing or sailing a kayak, taking a trip, riding a horse, running a marathon, walking for 30 minutes, doing yoga, playing golf, gardening, singing or laughing.

Don't let inaccurate information or a negative attitude prevent you from doing what you want. Adjust your attitude with realistic information. Just as you adapted to the ways your body changed as you were growing up, you can adapt again and resume living as millions of other ostomates have done.(cont)

(Cont) Learning how to take care of an ostomy is not as difficult as originally learning to walk, or later to learn how to drive a car or to wear contact lenses. Ask questions. Terrific at sharing information, ostomates are resilient, inventive, practical and creative. At ostomy association meetings, notice how well people look. That's due to deliberate effort and an optimistic attitude. Give yourself the same quality of care you expect from your doctors. Don't ask less of yourself.

Having an ostomy might mean better health now and living longer. Socialize with other people or spend time alone. Count on the people most important to you to remain loving and supportive. Call people you'd like to see. Let your family and others know when you want them to join you in various activities. Don't expect the worst from anyone, including yourself.

An ostomy gives you health and options. Consider the Spanish proverb: Living well is the best revenge. Live well!

Get Ostomy Answers!

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



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



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Seeking Medical Assistance - Colostomy

From the ostomy newsletters of San Diego and the UOAA

The most common problem after colostomy surgery is the development of a hernia around the stoma site. This is manifested as a bulge in the skin around the stoma, irrigation difficulty and partial obstruction.

Heavy lifting should be avoided immediately after surgery.

You should call the doctor or ostomy nurse if any of these occur:

- Severe cramps lasting more than two or three hours
- Unusual odor lasting more than a week
- Unusual change in stoma size and appearance
- Obstruction at the stoma and/or prolapse of the stoma (that is, it has fallen out of place)
- Excessive bleeding from the stoma opening or a moderate amount in the pouch
- Severe injury or cut to the stoma
- Continuous bleeding at the junction between stoma and skin
- Watery discharge lasting more than five or six hours
- Chronic skin irritation
- Stenosis of the stoma (narrowing)

Your ostomy nurse is helpful in managing complications, should they arise.

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.

STOMA MANAGEMENT

UOAA Update January 2015

Management of a Flush or Retracted Stoma: The ideal stoma is one that protrudes above the skin, but this is not always possible and a flush (skin level) or retracted (below skin level) stoma may result. The surgeon may be unable to mobilize the bowel and mesentery (membrane that attaches organs to abdominal wall) adequately or to strip the mesentery enough without causing necrosis or death to the stoma. 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 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 most common indication for a product with convexity.

Convexity Requirements:

- Shallow - for minor skin irritations and occasional leakage
- Medium - stoma in deep folds; severe undermining and frequent leakage
- Deep - used when medium convexity is not sufficient, stoma is retracted or in deep folds, or leakage is very frequent and skin denuded.

Ways to Achieve Convexity:

- Convex Inserts: Can be applied to a two-piece system by snapping an insert into the ring of the flange. Outer diameter must match the flange size. This can be cost effective as this insert can be cleaned and reused.
- Pouches Designed with Convexity: These are available in both one and two-piece systems. They can be shallow, medium, or deep. They come as either precut, cut or cut to fit.
- Addition of Skin Barrier Gaskets: These are used around the stoma and can be cut or purchased precut. You can use one layer or several layers.
- Barrier Ring/Strip Paste: These are products that can be pressed into shape around the stoma to protect the seal.

Other Ways to Increase Wear Time and Prevent Leakage:

- Ostomy Belt: Many ostomates find this product to be helpful. The opening should clear your stoma by one-eighth inch only to give the skin maximum protection.
- Ostomy Paste: Use this for "caulking" around the stoma. Always read and follow manufacturer's direction for product use.

URINE SALT CRYSTAL DEPOSITS

By Linda Sanders, CWOCN

UOAA Update January 2015

Urine salt crystal buildup around urinary stomas is one of the most difficult skin care problems for people with urostomies. Urine secretes a certain amount of salt, but whether the urine is acid or alkaline determines the amount secreted. An alkaline-based urine secretes more salt than an acid-based urine; thus, more salt-crystal build-up with alkaline urine.

How can you tell if you have urine crystals? First, they can be seen as a growth, white or light brown in color, around the base of the stoma. The stoma and the area, which the growth involves, are very likely to be tender and sore. Sometimes the stoma will be completely covered by the crystals and can no longer be seen.

What are some of the underlying factors which cause urine crystals, other than alkaline urine? In many cases, two factors are usually dominant. The stoma opening in the skin barrier in all cases was too large, and these patients were wearing a pouching system designed primarily for a fecal ostomy. These two aspects may not always stand true, but in those cases I have seen, these two factors were present. Other aspects include those patients who do not use a night drainage system, thus allowing urine to remain in the pouch while they slept. This practice continually bathes the stoma with urine at night. Moreover, personal hygiene - not only on the skin area around the stoma but the cleaning and proper care of the pouching system - was performed poorly.

What to do in case of a urine-crystal buildup problem:

- Determine the circumference of your stoma and cut your skin barrier to the correct size; i.e., not so big as to allow your Peristomal skin to show, and not so small as to more than just "brush" the stoma.
- Change your pouching system at least twice a week. It is surprising how many people only change their skin barrier when it starts to leak. The goal is to change it before it leaks.
- Every time you change your skin barrier, bathe your stoma with a vinegar and water solution. Use one-part vinegar to three-parts water. Bathe the stoma for several minutes with a cloth. This solution may be used between changes by inserting some of this vinegar solution in the bottom of your pouch - a syringe may be used for this - and let the solution bathe the stoma.
- To keep control of the situation, change the alkaline urine to acid urine. The easiest and most successful way is by taking Vitamin C orally. The dosage will depend on your age, but the normal adult dosage is 250 mg four times a day. Be sure to consult your physician before taking oral medications.

(continued...)

(Continued) If you follow these procedures, you should have no further concerns regarding a urine-crystal buildup. However, if you do begin to see them again, take action immediately before trouble starts.



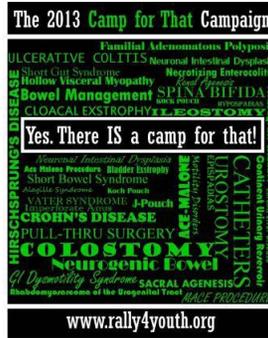
The next UOAA National Conference will be held at the Hyatt Regency St. Louis at the Arch on September 1-6, 2015.
The theme is a "Gateway to a New Life."
Plan now to "Meet us in St. Louie!"

YOUTH RALLY 2015

As you know, we are always looking for youths, 11-17, to send. This year will be in Boulder, Colorado. We have several possible new campers but would love to send ten! Don't let them find out about it when they are past the age. Spread the word!

Please share this information with any youth who has any issue with the bowel or bladder. St. Louis Chapter UOAA pays first year scholarships (Tuition and airfare minus \$75 Registration Deposit).

If you know of an interested youth, have them contact Mary Beth at 636-916-3201 or marybethakers@excite.com for more info or log on to www.rally4youth.org



You Are Not Alone

From the ostomy newsletters of Milwaukee and Philadelphia

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

An ostomy is a lifesaving device, you can make of it what you desire. You can hibernate, become a recluse and withdraw into your own small world. Or you can take it in stride; learn the proper care of your ostomy; then forget about yourself and enjoy the extra time God has allotted to you.

You'll find that as time goes on, the bewilderment will disappear, and the problems you encountered with the first association of your ostomy will become minimized. You'll be delighted to find that you can still lead a perfectly normal life: swim, dance, work and participate in things just the same as before surgery. If ulcerative colitis was the reason for your surgery, then you'll be able to do more things than you did before.

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

Yes, at first you'll be all thumbs tackling an appliance or irrigating (according to whichever ostomy you have.) As you become familiar with your apparatus, care-time will be cut to a fraction of what you use as a new-bee. With the new appliances and supplies available, your job will eventually become easier and automatic. Don't become discouraged. Summon up all your patience and courage to see you through this phase of your rehabilitation.

Remember, all of us ostomy graduates went through this period of adjustment. We're available for help whenever needed: if only to bolster your morale; to assist in choosing an appliance or irrigating equipment; practical hints on skin care, et cetera. But be sure to check with your doctor or ET nurse first. We don't practice medicine. But, most doctors recognize the fact that ostomates soon become near expert in care and management of stomas.

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



Relay for Life 2015

Relay for Life of Lincoln County, MO
Friday August 7, 2015 6:00 PM – 2:00 AM
Troy, MO – Contact Brenda Schulte
636.661.5607 aschulte@centurytel.net

Relay for Life in Highland, IL
July 10 Gilk Park/Korte Rec. Center

North County, West County, South County, Southwest County, & St. Louis City are merging into the Relay for Life of St. Louis, MO
Saturday May 30 @ Soldiers Memorial Park/Starts @ 5:00 PM.
1315 Chestnut, St. Louis, MO

UNITED OSTOMY ASSOCIATION OF GREATER ST. LOUIS

Our mission at UOASL is:

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

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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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CITY: _____

STATE: _____ ZIP CODE: _____ - _____

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

OCCUPATION _____ e-mail _____

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

Please check all applicable information

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

Meetings: Send meeting notices Don't send meeting notices

Help: Would like to help on Phone Committee

Other Activities _____

Assistance Request *Complimentary Membership*

Medical Profession Doctor RN,WOCN Other _____

UOASL Chapter Membership Dues: (Effective Jul 2006)

\$12.00 annual

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

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

(ANY CONTRIBUTIONS OVER \$12.00 ARE TAX-DEDUCTIBLE
AS WE ARE A NON-PROFIT ORGANIZATION)

