

# UOASL 2016 MEETING SCHEDULE

[www.uoaastl.org](http://www.uoaastl.org)  
*See enclosed flyer*

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

Publication Deadline February 25, 2016

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

## LIVE & LEARN By Email

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

### Mailing Information Update

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

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

We would really like for you to keep getting the L&L's and postcards. If you do not receive any of our information please let us know that, too.

### FOR THOSE WHO USE FACEBOOK AND TWITTER

The National UOAA is on both!

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

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](http://blog.ostomy.org).



# LIVE AND LEARN

Winter 2016

## President's Message

To All Members and Friends of UOASL,

I hope this newsletter finds you enjoying your holiday season or recovering from it as the case may be. May 2016 be an even more blessed year for each of you!

It was wonderful to see so many of you at the Annual Banquet at Syberg's a couple weeks ago. The food was great, but the company was even better. We had a number of nurses and manufacturer's reps as well. It is always great to socialize with people who understand our circumstances. That is why we all continue to do what we do!

This has been an amazing year! We helped to host a very successful national conference in September and welcomed ostomates from around the world as well as meeting some new folks from the area who have joined our group.

We have been able to share donated supplies with many folks giving them a break if they don't have insurance and allowing others to try out something new that they have then switched to in their pouch change routine.

We sponsored a group of campers and counselors from the area to go to the Youth Rally in Boulder, Colorado. They are already anxiously planning for this coming July in Seattle, Washington. Help us find more campers to send!

But probably the most important thing we do is come to the meetings to show new ostomates that life does go on and go on well after ostomy surgery. My first ostomy surgery was 33 years ago and sometimes I forget the challenge of getting used to a new way of doing things. We all help each other adjust!

Please do not hesitate to call or e-mail me (636) 916-3201 or [marybethakers@excite.com](mailto:marybethakers@excite.com)

Mary Beth Akers, President, UOA St. Louis

## UOAA President's Message, November 2015

To members, partners, and friends of UOAA,

The Management Board of Directors (MBoD) has been engaged in a great deal of research and we will be investing more heavily in programs and services, and in the coming months will hire both a communications manager and a full-time advocacy staff person.

I ask for your continued support of UOAA and its programs. UOAA advocates for ostomy supplies at the national level. We publish the New Patient Guides to help those who recently had surgery as well as their caregivers, and mail them at no cost to patients or to WOCNs who provide them to their patients. We hold a conference every other year, and support our Affiliated Support Group Team in their mission to assist our 340 support groups across the US. We cultivate partnerships with other support and medical groups throughout the ostomy community, and exhibit at their conferences. UOAA's website and the discussion board are an important resource for people that have or will have surgery, as well as nurses and other medical professionals. The website has many educational materials, and the discussion board is a great way to communicate with people from all over the globe who have had ostomy or continent diversion surgery. UOAA also strives to keep ostomy/continent diversion surgery on social media.

We also have news to share from our office! As you saw over the summer, with Joan McGorry's retirement at the end of July, we relocated our main office to Kennebunk, Maine and hired new staff members there. Alicia Aylward, our full-time Office & Development Coordinator, is the main point of contact for ASGs and for matters relating to the administration of UOAA. Belinda Hayden has just joined us as our part time Office & Program Assistant, and is answering the hotline on a regular basis. Normal hours for the hotline are 9:00 a.m. - 4:00 p.m. Eastern time.

We are also pleased to announce that the MBoD named Jay Pacitti as Executive Director of UOAA. His wide-ranging duties have helped the MBoD lay the groundwork for the next period of UOAA's work. UOAA has achieved much in its first 10 years, and we are looking forward to having Jay's assistance as we lead the organization into its next 10 years.

You can continue to reach Jay, Alicia, and Belinda at (800) 826-0826. The office mailing address is PO Box 525, Kennebunk, ME 04043. As always, I welcome suggestions and comments regarding UOAA. My e-mail address is [susanburns@ostomy.org](mailto:susanburns@ostomy.org).

Have a wonderful holiday season!  
Susan Burns, President, UOAA

## Life Begins with an Ostomy

*By Dr. John Irexford, Ostomona News,  
via The New Outlook, UOACHicago, Sept.2015*

Life begins with an ostomy. Crazy, you say? OK, let's analyze. Before you were told you would have to live with an ostomy, how often did you reflect on life, your family, the environment, the beauty and wonderment of a sunrise, or the magnificence and beauty of a sunset?

For the first time, you experienced the possibility that your brief visit to this life might end. Suddenly all your senses became heightened. The appreciation of living and staying alive became real to you.

Think back to all the time one wastes—sitting doing nothing, silly day-dreaming, arguing about nothing, putting off to the next day, worrying about things that never come to pass, etc. Never before does one wish that he/she could have the time for things that are important, to accomplish tasks, mend personal relationships, and most of all—make peace with God.

Life and the meaning of life come into clear focus, and the frivolous aspects of life fade out of sight. Each person reacts differently to these realizations, some positively, others negatively. Some adjust and live, others lament that which may never come to pass—and they die. Since we only visit this earth once, it is important to make every moment count.

A moment wasted can never be recaptured. An ostomy gives you a second chance to assess priorities and start living the important side of life...to enjoy each day for itself...to not waste a moment. An ostomy opens the blinds...and lets the sunshine into your life once more.

### **Looking for Diet and Nutrition Help?**

Go to the United Ostomy Associations of America, national organization's website, at [UOAA.org](http://UOAA.org) for a comprehensive list of related topics. Click on Ostomy Information, and then click on Diet and Nutrition to see the Guide in English or Spanish. A list of foods, how they affect your ostomy and a food journal may help you with your diet if you feel you can't eat what you like!

## CONTROLLING ODOR

*UOAA Update September 2015*

A very important part of the new ostomate's rehabilitation is learning to control odor because it's important that the new ostomate feels good about him/herself and feels secure in relationships with others. The ostomate is extremely sensitive to odors and the reactions of those around him, especially family and friends. Colostomies tend to emit more odor than ileostomies because of the bacterial abundance in the colon.

Most sigmoid and descending colostomies are routinely irrigated so persistent odor is less of a problem than with the transverse colostomy whose semi-liquid drainage tends to be rather malodorous.

In ileostomates, almost continual peristaltic waves sweep the ileum and prevent stagnation of the intestinal contents, thereby eliminating the major cause of odor, i.e., bacterial growth. Extreme and persistent odor from an ileostomy could be an indication of a secondary problem, such a stricture or blockage which leads to stagnation, bacterial growth and subsequent odor.

Urine has a characteristic odor, but a foul odor could be a sign of infection, again from an overgrowth of bacteria. Certain foods will affect the odor of both feces and urine and the individual's elimination of the specific odor-producers will help. External and internal deodorants are available, but the two most important aspects in odor control are: good personal hygiene and meticulous appliance care.

For Fecal Ostomies:

- Use odor proof pouches (or pouches with filters).
- Change pouch immediately if leakage occurs.
- Soak re-usable pouches and scrub inside with a brush.
- Rinse open-ended pouches with cool water after emptying.
- Place external deodorants in the pouch (such as deodorizing drops).
- Eliminate eating odor-producers, such as cabbage, onions, fish, spicy foods and eat parsley and yogurt.
- Internal deodorants are to be taken by mouth. Bismuth subgallate tablets help control odor internally by absorbing toxins. It also has a slight thickening effect on intestinal output making it especially useful to those with transverse colostomies or ileostomies. (Although it is available without a prescription, ostomates should consult a physician before taking.)

## Urostomy Types

*By Victor Alterescu, CWOCN, via The New Outlook, UOACHicago*

Urostomy is the general word for any type of urinary ostomy. There are, however, several types of urostomies.

Some people have ileal conduits. In those cases, a piece of ileum—the third and longest portion of the small intestine—is removed from the intestinal tract and the two ureters—tubes that carry urine from the kidneys to the bladder—are attached to the portion of the ileum. One end of the ileum is stitched closed and the other end is brought out into the abdomen as a stoma.

Very often, people who have ileal conduits think that they have an “ileostomy” because health-care personnel often incorrectly call this surgery an ileostomy. Remember that if the urine is coming through your stoma, you do not have an ileostomy.

Sometimes the ileum is not used, and instead, a piece of the large intestine is used, usually from the sigmoid colon. In this case, the surgery is called a colon conduit.

Urostomies are formed for many reasons. In adults, the surgery is most often done to remove a cancerous bladder. For people with spinal cord problems, a urostomy of one sort or another may save someone from irreparable kidney damage. Sometimes after urostomy surgery, a bladder may be left in place, but if the bladder is diseased, it is usually removed.

Drinking fluids is essential for urostomates. Kidneys are happy when they have lots of work to do. Show me someone who does not produce much urine and I'll show you two unhappy kidneys! Drinking water may be the single most important thing that a person with a urostomy can do.

Urostomies are the most complex of the three major types of ostomies—colostomies, ileostomies and urostomies. They can be found in all age groups. They are performed for more varied reasons than the other two categories, and they can present incredibly complex problems, but when they work right, they are winners! Remember, an ostomy is a cure, not a disease!

## PANCAKING

Vancouver Ostomy *Highlife*, From OAGC *The New Outlook*  
and *The Roadrunner* from Albuquerque, NM

Pancaking occurs when stool does not fall into the bottom of the appliance and instead collects around the top near the stoma. This can build up to the point where it gets under the flange or bulges under your clothing. Pancaking affects almost all colostomates at some time or other. (and some ileostomates)

The most common cause of pancaking is stool that is too dense or sticky to slide cleanly down the inside of the pouch. Clothing that is too restrictive across the top of the appliance can also cause pancaking. In some cases, it's believed that if the pouch has no air in it, this causes a vacuum which prevents the stool from going to the bottom. Whatever the cause, it's really annoying. How can you prevent pancaking?

The first and easiest solution is to lubricate the inside of the bag near the top. Apply some lubricating deodorant – any of the brands made by the manufacturer's will do – to the inside top of the bag and smear it around. If you don't have any ostomy lubricant, baby oil or olive oil will do, or non-stick cooking spray, though these don't have any deodorant qualities. Whatever you use, don't get lubricant on the flange or the stoma itself. None of these products will hurt the stoma but oil around the stoma base will most likely decrease wear time.

Another trick is to put scrunched up tissue inside the bag. This will help eliminate the vacuum effect and hold the sides apart so things don't get stuck so easily.

Consider changing your diet to include more roughage or old standbys like prune juice. **Drink more water!** If the problem is really persistent, you might consider a bulk-forming type of laxative—ask your pharmacist to recommend a mild form of this laxative. **(Check with your doctor or WOCN before trying this).**

Last – are you getting enough exercise? Lack of movement can contribute to, well, lack of 'movement'. Get off that couch and get some exercise!

Conversely, have some applesauce at breakfast. It's an old standby that helps thicken watery discharge.

## Does Your Stoma Hurt? by Victor Alterescu, RN,ET

Via North Central OK Ostomy Outlook

Quite often people tell me that their stoma hurts. This surprises me a great deal since stomas do not have any sensation. You could cut, burn, do anything to the stoma and you would not feel a thing. That's hard to believe, but true. Stomas do not have receptors for pain. Sometimes, the lack of stoma sensation can lead to problems. For example, an incorrectly fitting appliance may cut into the stoma, but no pain will be felt. A stoma can be badly damaged before the problem is noticed. For this reason, it is important not to wear your pouch for long periods of time (more than a week, in my opinion), since it is good to see if the stoma is OK. Actually, when people talk about stoma pain, they are usually talking about pain from the skin around the stoma. That skin, the peristomal skin, is full of nerve receptors that are sensitive to such things as heat, cold, chemicals and adhesives that can cause pain. It is the skin that is sensing the pain, not the stoma. If any unusual symptoms or irritations are noticed, do not hesitate to contact your doctor or WOCN for an evaluation and, if necessary, a prescription for a specific treatment.

### The Ostomy Bill of Rights From Margaret Goldberg:

The ostomate shall:

1. Be given pre-op counseling
2. Have an appropriately positioned stoma site
3. Have a well-constructed stoma
4. Have skilled postoperative nursing care
5. Have emotional support
6. Have individual instruction
7. Be informed on the availability of supplies
8. Be provided with information on community resources
9. Have post-hospital follow-up and life-long supervision
10. Benefit from team efforts of health care professionals
11. Be provided with information and counsel from the ostomy association and its members

## Ileostomies and the Immune System

David E. Beck, MD, Colo-Rectal Dept. Chair, Ochsner Clinic, New Orleans;  
via S. Brevard FL Ostomy Newsletter; Metro Maryland

In response to a query about the possible effects of ileostomy surgery on the immune system, Dr. Beck notes that the surgery, by itself, should have no long-term effect on the immune system. Although there is some transient reduction in a patient's immune responses right after major surgery, this usually returns to normal in a couple days.

However, the diseases that cause patients to need a stoma (such as inflammatory bowel disease) and the medications used to treat the diseases (steroids), and the malnutrition associated with the diseases may affect the immune system. If you are concerned, there are several tests that a doctor can perform to test your immune system. One of these involves placing chemicals or allergens into the skin to see how the body responds. Others involve blood tests.

We are continually learning more about the human immune system from our experience with HIV infections. Most efforts are directed toward identifying and then treating the cause of the immune dysfunction. Although good nutrition and some supplements (such as vitamins) are necessary for the immune system to work, little has been proven to improve the immune function.

## Adhesions & Other Pain That Cramp Your Style

UOAA UPDATE 1/2014 - Boise ID newsletter

Some people form adhesions, bands of tough, string-like fibrous tissue, more easily than others. Adhesions may form spontaneously but are more common after surgery.

If adhesions interfere with normal motion of the intestine, a blockage may occur, with food, liquid or even air unable to pass the blocked area. Severe bloating, abdominal pain, vomiting and constipation may occur. In such a serious situation, call your doctor immediately.

In many cases the possibility of adhesions wrongly gets the rap for abdominal pain. A frequent cause for such pain is a spasm of the muscles responsible for peristalsis, which propels the "bolus" through the intestines. A muscle spasm in the calf is referred to as a "Charlie horse." Spasms in your intestines are essentially the same thing but assume the name "irritable intestine."

## The New Ostomate at Senior Age

via Suffolk Ostomy Association and North Central OK

Because the population as a whole is living longer, greater numbers of people are suffering illness that requires ostomy surgery. Problems the senior new ostomate may face (which all of us can help with) include:

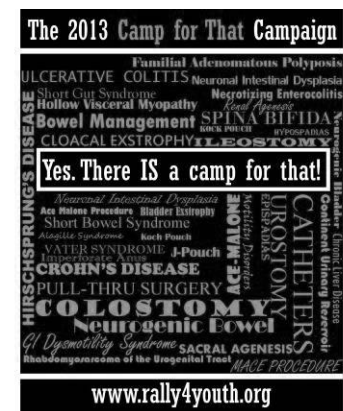
1. ***Fear of increasing dependence and non-acceptance by family.*** Family acceptance and support are essential for complete rehabilitation.
2. ***Unpreparedness for a stoma.*** Surgery may often be done as an emergency procedure, and there has been little time for an older person to adjust to this change in body image. Often the older person is confused after surgery because the hospital routine is foreign; side rails are up and he/she is confined as though a child. It is in this condition that he/she first gets acquainted with his/her ostomy.
3. ***A hard-to-manage stoma.*** Particularly if created in emergency surgery, the stoma may be adjacent to a wound or done in haste and poorly positioned. Experienced ostomates and caregivers can and should work to teach new senior ostomate acceptance and self-care. It might take extra patience. Ability to learn does not diminish with age, but speed of performance and reaction time decline and it takes longer to learn new tasks. A word of advice to those working with new ostomates in a senior category: allow your student to learn one task well before proceeding to the next one.

## YOUTH RALLY 2016

As you know, we are always looking for youths, 11-17, to send. This year will be in Seattle, Washington.

**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.youthrally.org](http://www.youthrally.org)



## PHARMACISTS - THEIR ROLE IN YOUR CARE

UOAA UPATE 10/2013

When you think of a pharmacist, what comes to mind? The popular image of the pharmacist standing behind the counter filling prescriptions is largely a thing of the past.

Today, pharmacists play an increasing role as a clearinghouse of drug information for consumers and health care professionals. Your pharmacist is an important member of your health care team and someone you can generally reach with little difficulty for timely advice on drugs.

Beyond the drugstore counter:

Most people are familiar with their community pharmacist who does business at the nearby drugstore. But pharmacists are found in many different settings including clinics, hospitals, long-term care facilities, pharmaceutical companies, managed care and health maintenance organizations and government health service organizations.

Pharmacists understand the composition of drugs, their chemical and physical properties and how they work. Their knowledge is backed by a minimum of a 5- or 6-year professional degree that includes academic study and clinical experience.

Because of their expertise, pharmacists are an integral part of your health care team. In the hospital setting, pharmacists work closely with physicians and nurses. They may make rounds with doctors to address special medication needs or other considerations.

In the community setting, pharmacists are accessible to consumers who have questions about prescription or over-the-counter drugs. If you have concerns about side effects from a drug, talk with your pharmacist. He or she may suggest alternatives or how to alleviate the problem. If need be, your pharmacist may contact your doctor to help resolve a drug-related problem.

## YOUR MEDICAL RECORDS CAN SAVE YOUR LIFE

UOAA UPDATE 10/2013

Odds are that you give very little thought to your medical records. **BIG MISTAKE!**

Doctors rely on these critical documents—medical histories, test results, immunization records, insurance documents, advance directives, etc.—to make key decisions about your medical care.

Most of us simply assume that our records will always be available at the doctor's office or the local hospital should the need arise. Unfortunately, records are often misplaced, damaged or even destroyed—all without patient's knowledge or consent.

Self-defense: Keep copies of important medical records on file in your home.

Your medical records are the legal property of the hospital or physician who treated you. But if the hospital closes or your doctor retires, your records could be transferred, making them difficult to locate.

The law varies by state, but doctors generally aren't required to keep your medical records for more than seven years. If you've changed doctors but haven't transferred your records or kept copies, your old records may no longer be available.

Here are three more reasons to keep copies of your medical records:

1. Reviewing your records gives you a more thorough understanding of your health and helps you form a partnership with your doctor. You'll be better able to make informed decisions, such as which treatment option makes sense for you.
2. Medical records give doctors a clearer picture of your health over time. If you have a progressive disease, comparing your current condition with your condition several months or years ago enables your doctor to determine how quickly your disease is progressing. Or if you've been treated previously for a condition your doctor can review your records to discover which treatments were most successful.
3. Your records may be dangerously inaccurate. During the course of various treatments, your records pass through many hands. Mistakes are inevitable. Most are minor, but some can jeopardize your future health. As the patient, you're in the best position to discover inaccuracies. You may not be able to decipher technical information, but you may spot potentially harmful errors, such as a failure to record a critical diagnosis.

## Improvising or Fixing a Leak in a Hurry

via UOAA Update, September 2015

If you happen to spring a leak, especially when away from home, it can be a cause of panic. Being prepared can help you keep your cool. Wearing an appliance cover can provide extra protection. One person noted that when he had a leak near the seal, he was able to stuff several folded tissues between the pouch and the cover. This absorbed the leakage and kept him going for 90 minutes until he was able to get back home and change.

Also, a pouch cover has the advantage of soaking up perspiration on a hot day. Perspiration can quickly undermine the best adhesives. A good ostomy powder can help soak up moisture too. Lacking this, cornstarch or baby powder is equally effective.

Some people carry Band-Aids with them which can be used to mend a small tear in the pouch. Some say that it works so well, they forget about the makeshift repair until their regular time to change pouches!

You may want to keep individually packaged alcohol wipes or towelettes. They are easily carried and are great helpers in cleaning up an emergency. Best of all though, take precautions to try to avoid having an emergency.

## Descending or Sigmoid Colostomy

What is the difference between a descending colostomy and a sigmoid colostomy? These ostomies are named for the area of the large intestine where they have been created. Our large intestine consists of four parts: The **ascending**, moving up on the right side of the abdomen; **transverse**, running along the waistline; and **descending**, heading downward on the left side. At a point about three-quarters of the way down is the **sigmoid** which connects to the rectum (or the last ten inches of the large intestine).

Colostomies may have permanent or temporary stomas. The opening may also be a double barrel, which is two separate openings, or may be a loop. In loop ostomies, a loop of the intestine is brought out of the abdomen and is held in place with a rod. The most common type of colostomy is the end stoma, which has a single opening.

The consistency and form of the feces depends on how much intestine is left in the body. Since the purpose of the large intestine is to remove liquid from the fecal material, the further along the intestinal tract the stoma occurs, the more formed the feces. Feces from an ascending or transverse colostomy will be loose and watery, without form. Feces from a descending stoma will be soft-formed to formed. The sigmoid stoma located lower in the bowel will generally result in a more solid, formed type of bowel movement. Previous bowel habits play a major role in bowel function after surgery. If you have loose stool prior to surgery, chances are good that you will have loose stool after surgery regardless of stoma location.

## 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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### 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.

## DON'T GIVE YOURSELF A HERNIA

By Adrian March, MA, PhD; via the Greater Seattle Ostomy Association  
"The Ostomist", May/June 2015

- **DO** remember that your protection from a hernia depends on the integrity of your principal abdominal muscle, the *rectus abdominis* (properly known as the "abs"), which runs down your front from the lower part of the rib cage to the pelvis.
- **DO** ask your surgeon whether there is any medical or surgical reason why you should not exercise to strengthen your *rectus abdominis*. If you are given the all-clear undertake a proper exercise program. Gentle smooth progressive stretching will do you no harm, but don't bounce into a stretch; this is known as ballistic stretching, and should be avoided. Work through the easier exercises first, and always "Stop if it hurts!"
- **DO** wear a support when undertaking heavy work if you have been advised to do so.
- **DO** keep your body weight under control: being over-weight is an invitation to a hernia. Work out your Body Mass Index (BMI), which equals (Weight in KG) divided by (Height in meters). If your BMI is over 25, take steps to reduce it.
- **DO** be aware of activity which causes you to hold your breath. This increases the pressure in the abdomen and therefore places increased demands on the abdominal muscles. If you can carry on talking—or even singing if the neighbours don't mind—then there should be no problem.
- **DO** be careful about lifting: consider whether what you are proposing to lift is reasonable, and think about the best way to lift it. Keep the weight as close to the body as possible, at all times, and make sure that you can keep your balance.
- **DO** think carefully about moving furniture. If you can slide it, preferably with your knee, that's fine, but think twice before you bend over and heave it. If you have a problem reaching the top cupboards in the kitchen, invest in a step stool, which you can push around with your foot, and step up onto it comfortably.
- **DON'T** kneel for too long when weeding the garden—try to keep moving. If you find it difficult to stand up from a kneeling position, consider using a kneeler, with support boards which you can hold to push yourself up.

## How to Treat Ileostomy Blockage

via St. Paul OA, Tri-State OA

Symptoms: Thin, clear liquid output with foul odor; cramping abdominal pain near the stoma; decrease in amount of or dark-colored urine; abdominal and stomal swelling.

### Step One: at Home

1. Cut the opening of your pouch a little larger than normal because the stoma may swell.
2. If there is stomal output and you are not nauseated or vomiting, only consume liquids such as Coke, sports drinks (i.e., Gatorade) or tea.
3. Take a warm bath to relax the abdominal muscles.
4. Try several different body positions, such as knee- chest position, as that might help move the blockage forward.
5. Massage the abdomen and the area around the stoma as this might increase the pressure behind the blockage and help it to output. Most food blockages occur just below the stoma.

### Step Two: If you are still blocked, vomiting, or have no stoma output for several hours:

1. Call your doctor or WOCNurse and report what is happening and what you tried at home to alleviate the problem. Your doctor or WOCN will give you instruction (e.g., meet at the emergency room or come to the office). If you are told to go to the emergency room the doctor or WOCN can call in orders for your care there.
2. If you cannot reach your WOCN or surgeon and there is no output from the stoma, go to the emergency room immediately.
3. **IMPORTANT: On [www.ostomy.org](http://www.ostomy.org).** There is a card that you can print and take to the emergency room and give it to the physician.
4. **IMPORTANT: TAKE ALL OF YOUR OSTOMY SUPPLIES WITH YOU.**



# UNITED OSTOMY ASSOCIATION OF GREATER ST. LOUIS

## Our mission at UOASL is:

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

**ARTICLES AND INFORMATION PRINTED IN THIS  
NEWSLETTER ARE NOT NECESSARILY ENDORSED BY  
THE UOASL AND MAY NOT BE  
APPLICABLE FOR EVERYBODY.  
PLEASE CONSULT YOUR DOCTOR OR WOCN (ET) FOR  
THE ADVICE THAT IS BEST FOR YOU.**



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## CHAPTER MEMBERSHIP APPLICATION FORM

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**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ - \_\_\_\_\_

**PHONE: HOME:** (\_\_\_\_) \_\_\_\_\_ **OFFICE** (\_\_\_\_) \_\_\_\_\_

**OCCUPATION** \_\_\_\_\_ **e-mail** \_\_\_\_\_

**YEAR OF SURGERY:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### Please check all applicable information

**Type of ostomy:**       Colostomy     Ileostomy     Urostomy

Continent Ileo     Continent Uros

Other (Specify): \_\_\_\_\_

**Meetings:**     Send meeting notices       Don't send meeting notices

**Help:**     Would like to help on Phone Committee

Other Activities \_\_\_\_\_

**Assistance**       Request *Complimentary Membership*

**Medical Profession**     Doctor     RN,WOCN     Other \_\_\_\_\_

UOASL Chapter Membership Dues: (Effective Jul 2006)

\$12.00 annual

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)



949 Chestnut Oak Drive  
St. Charles, MO 63303

Local website is [www.uoaastl.org](http://www.uoaastl.org)

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Tomorrow is the first  
blank page of a 365  
page book.  
Write a good one.  
*Brad Paisley*

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**LIVE AND LEARN – Winter 2016**



**Officers and Board of Directors**

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**Vice President:** Susan Burns 636-926-2737  
**Secretary:** Linda Geurin, RN, CWOCCN  
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