

UOASL 2014 MEETING SCHEDULE

www.uoaastl.org (Notice the dash is gone!)

- April 7:** St. Luke's Hospital – Breakout Groups!
****May 5:** Mercy Hospital Product Fair
****June 2:** St. Anthony's Hospital
July 7: St. Luke's– Peristomal Skin Care: Troubleshooting and Treatment
July 7-12, Youth Rally, San Diego, California
August 4: St. Luke's Hospital – TBA
***September 8:** St. Luke's Hospital –
Summer Wrap-up: Dinner and Breakout Groups
****October 6:** Christian Hospital
November 3: St. Luke's– Leonard Naeger Lectureship
December 1: Annual Banquet

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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St. Charles, MO 63303
636/916-3201
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 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.

To follow us on Twitter, go to Twitter.com/UOAA,
or while logged in, search for @UOAA.

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



LIVE AND LEARN

Spring 2014

President's Message

To All Members and Friends of UOASL,

I can see it! Spring is in sight – or at least every couple of days... I hope this newsletter finds you well, and if it doesn't let us know if there is something we can do to help.

I am so thrilled each month to look out into the group and see so many faces, some who are there every month, some who are brand new, and some who are only able to join us once in a while. I know our next meeting will be a full one as we will be having our breakout sessions. I encourage those of you who haven't made it in some time to join us. Your experience may be just what a new member needs to hear.

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. Sheila Kramer, CWON reached out to Coloplast regarding our search for a speaker. They will be sponsoring one for us so look for your flyer in the mail with more information. 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 5th 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



UOASL MEETING RECAPS Thanks to Kelly Austin

February - Mary Beth, our president, who is also the treasurer of Youth Rally, and Courtney Mangin, Youth Rally veteran, shared a power point presentation all about Youth Rally. It is a week-long camp for youth ages 11-17 with bowel or bladder issues. It will be held this July in San Diego. It is a wonderful opportunity for youth from all over to come together to share and learn. It is a life changing experience for them. If you know of any youth who could benefit from going, please put them in contact with us. Our local chapter offers financial support for those who attend. For more information, check out their website at www.rally4youth.org.

National News - Susan Burns, former president of our local UOAA chapter, currently the president of the National UOAA informed us that they are in the process of re-vamping their website to be even bigger and better. Be sure to check it out soon. Susan also reminded us that the National UOAA convention will be held in St. Louis in 2015 from September 1st through 6th. It is going to be wonderful, mark your calendars!

Email - Hey, did you hear? You can now get your Live and Learn and your meeting reminders via email! Of course, good ol' US mail is still an option, or you can even do both. To let us know your preference please contact marybethakers@excite.com

March - Our keynote speaker for the evening was Sheila Kramer, RN, BSN, CWON at Mercy Hospital. Here are some highlights from her very informative presentation on parastomal hernias.

*They are typically caused by increased intra-abdominal pressure such as when we cough, lift or strain. Some of the most common early symptoms are noticing that you are having trouble with the fitting of your pouch or that your pouch is starting to be noticeable through your clothing.

*Parastomal hernias are notoriously difficult to repair and have a high rate of reoccurrence. Some of the repairs include sutures, mesh or relocation of the stoma.

*Many different belts are available to wear once you have a hernia or as a preventative measure.

*Talk to your doctor to see if certain kinds of gentle exercises may help strengthen your abdominal wall.

Hot Weather Tip Herschel Austin

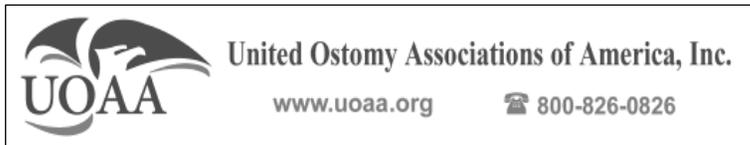
If sweating shortens the wear time of your barrier/wafer, give this a try. Get some roll on antiperspirant, not deodorant, and roll it on the skin around your stoma. Let it dry, which only takes a couple of minutes, then put on your new barrier/wafer. It may help significantly extend the life of your barrier during hot weather. I learned this tip from a WOC nurse at last year's product fair and it has made a huge difference for me during the summer months.

Things I Cannot Do Since My Ileostomy Surgery:

By Wanda Herdzina: United Ostomy Association of Chicago.
The New Outlook Aug/Sept 2013 (meant to be a humorous take on the ostomate's new life) Adapted by Sheila Reddick, UOASL

If you have an ileostomy - -

- You may not get 90% of your reading done in the bathroom.
- You cannot use enteric-coated medications and obtain full absorption.
- You no longer fear being gridlocked on the highway with no place to go to the bathroom (especially noticeable for people who used to have ulcerative colitis).
- You can't blame weight gain on Prednisone—you're just eating too much!
- You do not have as many reasons not to participate in normal life.
- You have more control over where you go and when.
- You can no longer be called anal. [My husband calls me 'stomal.']
- You can take less toxic medication.
- You do not feel nearly as bad.
- You cannot play on your illness anymore and say, "I'm too sick to go out."
- You cannot take your temperature rectally.
- You won't have any more colonoscopies.
- You cannot sleep in the nude, without the bother of a floppy pouch.
- With an ostomy it's not easy to sleep on your stomach.
- You cannot sleep all night without getting up to empty the pouch—unless you eat less at night.
- Men cannot have a digital rectal exam every year.
- You don't have to worry about colon cancer!



President's Message...Susan Burns

To all UOAA members and friends from your newly elected President, Management Board of Directors (MBoD) and staff, we wish you a happy 2014.

We started our year with a Strategic Planning meeting in January, and the MBoD and I believe that we have made plans to make sure UOAA grows and our Affiliated Support Groups (ASG's) receive support.

First, we are redesigning our web site, and second, we will be actively advocating for the ostomy patient. We know that Social Media is a very important system to disseminate information to our ASGs, medical community, industry representatives, Congressional members and the Inflammatory Bowel Disease (IBD) community.

Our Ambassador Program will also be a project that we will be implementing in 2014. This program will assist national UOAA and the ASGs to communicate more efficiently, as well as helping UOAA and the ASG's to grow and address issues that ASG's may encounter. There will be updated information forthcoming on training and implementation.

I see UOAA and the ASGs working towards our mission of improving the quality of life of people who have or will have an intestinal or urinary diversion.

I am looking forward to the opportunity to serve you as your President for the next two years. My e-mail box is ready to receive questions, concerns or comments. My email is susanburns@ostomy.org and my phone # is (636) 866 8192, central time zone.

Warmest Regards,

A handwritten signature in cursive script that reads "Susan Burns".

Susan Burns UOAA President



UOAA is on Facebook - Like Us!!

www.Facebook.com/UOAAinc

Don't be late to the party because you waited for the news in your email or mailbox. Connect with the UOAA Facebook page where we share breaking news about ostomies in the national news and share our advocacy efforts with links of how you can help from your own home. Not to mention connect with UOAA supporters not just here in the United States, but around the world! Connect with us now!!

Did you see a story about someone living with an ostomy or hear in the news a topic mentioning an ostomy? E-mail the link to social_media@ostomy.org and we will be sure to investigate and share if we find the story appropriate and important to our mission.

Do you have a story to tell? Want to be featured in a post on our Facebook page or have your story inspire others on our website? Email social_media@ostomy.org and we will see if we can use your story to inspire others.

Doug Yakich, UOAA Social Media Chair

Can Green Tea Help Digestion And IBD Patients?

Via Insights of New Jersey - *Everyday Health*: By Sara Calabro,
Medically reviewed by Lindsey Marcellin, MD, MPH

Technically, green tea isn't much different from other types of tea. Its distinct look and taste is a result of the way it's processed. Green tea is made by steaming fresh leaves of the *Camellia sinensis* plant at a very high temperature. This process unlocks a class of powerful antioxidants called polyphenols, which account for many green tea benefits. In addition to green tea benefits for digestive health, the polyphenols found in green tea have been shown to have cancer-fighting, anti-inflammatory, and anti-microbial properties. The consumption of green tea for digestive health dates back thousands of years to its earliest uses in India and China. Today, green tea retains its reputation as an aid for digestion and for IBD patients, available as a drinkable tea or an over-the-counter extract.

Continued.....

Possible Anti-Inflammatory Effects of Green Tea ... One recent study of the polyphenols found in on green tea, catechins has uncovered evidence that anti-inflammatory effects may be a green tea benefit. Researchers from the University of Cincinnati, College of Medicine recently looked at how a green tea catechin known as epigallocatechin-3-gallate (EGCG) may help in cases of colitis, an inflammatory disorder that disrupts digestive health. They found that EGCG may hamper the signaling pathways involved in colitis inflammation. Additional research on **ulcerative colitis** and **Crohn's Disease** supports these findings on green tea benefits. Green tea has been, and continues to be, studied extensively for its effects on certain types of cancer, effects which may have an indirect application to green tea for digestive health. Since IBD patients are at increased risk for **colon cancer**, green tea may be doubly beneficial.

Green Tea Dosing for Digestive Health ... Green tea is generally considered safe in moderate amounts. In the average cup of green tea, expect a dose of 50 to 150 milligrams (mg) of polyphenols. The recommended dose is two to three cups of green tea per day (for a total of 100 to 320 mg of polyphenols, depending on the brand of tea) or 100 to 750 mg per day of a green tea extract. An important thing to remember is that green tea contains caffeine, which can cause or worsen insomnia, anxiety, irritability, and headaches. Caffeine in some people also can wreak havoc on digestive health, causing upset stomach, nausea, and diarrhea. For people who are sensitive to caffeine, green tea extracts may be an option, and can be purchased in caffeine-free form. Studies on green tea extracts have demonstrated similar benefits to those associated with drinking it as a tea. For example, researchers in the United Kingdom showed that green tea extracts affect the way the body breaks down food, concluding that the extracts increase fat oxidation and improve insulin sensitivity and glucose tolerance. Increased fat oxidation refers to what happens during exercise — it means that the body is doing a better job at converting stored fats into energy, which is a good thing if you're trying to lose weight. The findings on insulin and glucose suggest that green tea extracts may help insulin work more efficiently in the body.

Ulcerative Colitis Treatment

Diet and Nutrition Daily Newsletter: By Elizabeth Shimer Bowers; Medically reviewed by Lindsey Marcellin, MDF, MPH, Via Insights of New Jersey

With inflammatory bowel diseases such as ulcerative colitis, your immune system continuously mistakes food and other substances in the intestine for invaders. The result is chronic inflammation and ulcerations in the colon. How you manage ulcerative colitis depends on where you are in the cycle of flares and remissions. Today's treatments include medications for ulcerative colitis that prevent the disease from flaring, calm the colon during flares, or both.

Treatment Objectives

"Ulcerative colitis treatment has changed over the past few years with the approval of newer medications, which are different from the traditional drugs," says David Carr-Locke, MD, chief of the division of digestive diseases at Beth Israel Medical Center in New York City. "In general, some are designed for short-term use while some are better for long-term ulcerative colitis treatment." There are two main goals of ulcerative colitis treatment. The first goal is to induce remission or control a flare and its symptoms, which can be achieved with short-term ulcerative colitis treatment. The second goal is to maintain remission or prevent a future flare, and long-term ulcerative colitis treatment can help with this.

"The ultimate objective of ulcerative colitis treatment is remission, which means no signs or symptoms of active inflammation," says David Rubin, MD, a professor of medicine and director of the Inflammatory Bowel Disease Center at University of Chicago Medicine.

When Surgery Is Recommended for Ulcerative Colitis

In some more severe cases of ulcerative colitis, surgery to remove the entire colon and rectum may be a treatment option. "If you don't have a colon, you can't have colitis," Carr-Locke says. "In the past, surgery was reserved for the worst cases of ulcerative colitis or for people with life-threatening complications." But that's changed slightly. "Doctors recommend surgery more liberally than they did a decade ago because it's now more successful and leads to fewer complications," he says.

As many as 25 to 40 percent of people with ulcerative colitis eventually undergo surgery to treat their condition. "Surgery is still used at the end of a sequence of ulcerative colitis treatments that have failed or in people with malnutrition and other serious problems related to the disease," Carr-Locke says, "but it may also be an option for people with advanced ulcerative colitis who would rather not take powerful medications long-term."

Urostomates: Blue Discoloration

from ConvaTec; via Rambling Rosebud; and Southern Wayne County (MI) Ostomy Survivor, and Insights of New Jersey

Why do urostomates occasionally notice blue discoloration in the urostomy pouch or overnight drainage bag? Be assured there is nothing wrong with the appliance. In recent laboratory tests conducted by ConvaTec, the blue color was found to be the result of normal bacterial decomposition of an essential amino acid called tryptophan. There is no clinical evidence, according to an article in the American Journal of Nursing, to indicate that the production of indigo blue is harmful or that the dietary tryptophan should be limited. If you are concerned, please talk with your doctor. Tryptophan is part of the regular intake of dietary protein. As it passes through your system, it undergoes a series of chemical changes that ultimately result in a blue color when it finally oxidizes in the urostomy pouch.

Walking with an Ostomy!

Top Health, Promotion & Wellness Newsletter, Via The New Outlook, UOA of Chicago, IL and The Pouch from Virginia

Six reasons why you should walk:

- It is easy. You already know how—no special training required.
- It is safe. At a brisk pace, about three to four miles per hour, walking can burn as many calories as running. However, it is easier on your bones and joints and less likely than running or jogging to cause injuries.
- It is cheap. Walking does not require any special equipment, except for comfortable well-fitting shoes.
- It is a weight manager. Walking helps increase the number of calories your body burns and helps control your appetite. Note: Weight control helps prevent type II, also known as adult onset diabetes.
- It is weight bearing. When you walk, whether it is around the block, or up and down the stairs, you are bearing the weight of your body. In addition, weight-bearing exercise helps build bone mass, which prevents osteoporosis.
- It is a lifesaver. Walking is an aerobic exercise, so it is good for your heart. It lowers blood pressure and reduces the risk of heart disease, stroke and cancer.
- That is not all: Studies show walking provides you more energy, reduces stress, promotes better sleep, and builds muscle and reduces fat in your legs and abdomen.
- How much should you walk? Aim for an hour most days of the week. Recent research reported in *Circulation* showed that walking at least ten miles per week reduced risk of heart disease by over 10 percent. Short on time? The journal also reported that two 30-minute sessions of moderate exercise like walking, are as beneficial as a one-hour session. I suggest walking outdoors during every season of the year, especially the spring, summer and fall.

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.

Time to Restart your Exercise Routine?

Via Dallas (TX) The Ostomatic News; and North Central OK Ostomy Outlook

Check with your doctor before starting any exercise program!

- Choose something fun. You won't stick with activities you don't enjoy. Tip...swimming, cycling and rowing may be easier on the joints.
- Easy does it. Keep your first sessions light and fun, not tiring. Your goal is to create a habit, so don't exercise to the point of exhaustion. You will avoid procrastination and injury.
- Stick to a schedule. Start with moderate activity, such as a brisk walk, for at least 30 minutes every other day. Choose the most convenient and enjoyable time of the day.
- Raise the bar. Gradually increase time, distance, weight or repetitions to build strength and endurance. Never work to the point of pain or swelling.
- Manage sore muscles. A little stiffness is normal, but don't exercise if you feel pain. The soreness should disappear as you exercise regularly. If it persists, consult your health care provider.

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 2014

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

The 2013 Camp for That Campaign

ULCERATIVE COLITIS Familial Adenomatous Polyposis
Short Gut Syndrome Neuroendocrine Tumors
Hollow Visceral Myopathy Negrotizing Enterocolitis
Bowel Management SPINA BIFIDA
CLOACAL EXSTROPHYLEOSTOMY

Yes. There IS a camp for that!

WATER SYNDROME J-Pouch
CROHN'S DISEASE PULL-THRU SURGERY
COLOSTOMY Neurogenic Bowel

www.rally4youth.org

MATCHING GIFT TO YOUTH RALLY

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

Helping Family and Friends Understand Your Ostomy

by Edgepark Newsletter, December 2013 Edition Via Insights

Talking to friends—and even family—about your ostomy may seem overwhelming at first. You might wonder where to begin the conversation and how much you need to explain. The best way to know how to answer questions about your ostomy is to think through how you want to respond beforehand. Here are a few ideas to consider when talking about your ostomy with others.

Practice what you're going to say. If you've recently undergone surgery, people may wonder what happened, why you've been gone and if you're feeling okay. Come up with a quick response that makes you feel comfortable. You can keep it simple. Decide what and how much you wish to say about your ostomy. Practicing this answer with a close friend or family member can make answering more comfortable and easier for you.

Understand how much the other person knows about ostomies. Think back—how much did you know about ostomies before your surgery? You may have never heard of an ostomy before. Chances are many of the people you encounter won't know anything about an ostomy either. Keep this in mind as you consider what to say to individuals about your ostomy. You might want to review general information about how the digestive system works before getting into what kind of surgery you had. For example, you might want to say something along these lines, "Have you ever heard of an ostomy? People who have serious problems with their digestive system may need surgery like I had. With the surgery the doctor brings a portion of the colon (or small intestine for an ileostomy or urostomy) through the stomach muscles so it has an opening outside the body. I attach a plastic pouch with an adhesive to collect body waste."

Emphasize how your ostomy has benefitted your life. During the conversation you may want to point out the benefits of having an ostomy. For instance, you may have undergone ostomy surgery to treat a chronic condition and now that the surgery is over, you feel healthier.

Connect with others who have ostomies. Reach out to others with ostomies for support. In online forums you can find information and stories about how people talked to friends, family, co-workers, dates and others about their ostomy. Reading their experiences may give you added confidence when it comes to answering questions about your ostomy.

To help them answer their questions, suggest they visit www.ostomy.org, the website of the United Ostomy Associations of America, Inc. to learn more.

Man on the Street Interviews

Courtesy of the Greater Seattle Ostomy Association, "The New Outlook", and the Ostomy Association of the Greater Chicago Area via "The Optimist" via "Inside/Out", Nov/Dec.2013

Lazarus Ephraim, a member of an affiliated support group in Chicago, conducted a survey during which he asked if people knew what an ostomy or ostomate is. Here are some of the answers he received to this question:

"I think it has to do with people who have trouble with their feet."

"I don't know what it is, but I understand those people don't have to go to the toilet. They just do it anywhere, put it in a bag and throw it away."

"I think the former pope was one for a while when he got shot."

"My aunt has one, but we don't talk about it." "They are members of some political party."

"These people who have had some kind of operation and they wear a bag under their clothes. They take it off when they have to go to a party."

"I saw one of them on television recently, and she was all happy about something."

"I wouldn't want to be one, I heard it's bad." "My neighbor is one. I think. She goes to a party at the hospital every month. She meets people there like her and they drink cranberry juice."

"I think it has something to do with farming. I heard two of them talking about irrigation."

Ephraim feels that we have quite a bit of educating to do in the communities—and he is correct.



The St. Louis Chapter is not going to have a team at the Southwest event as we have in the past but we have board members who participate on teams in Highland, IL in July and Troy, MO in August.

Please help us support them in their efforts.

Urostomy Care

UOAA Update 7/13

The urostomate should keep in mind that the stoma may shrink for several months following surgery. It is important that your appliance fits well so that the skin around the stoma does not become thick and white due to contact with urine. This crust may rub against the stoma, causing bleeding. To cleanse the pouch of crystals, soak it in a solution of 1 part vinegar to 2 parts water. Several glasses of cranberry juice each day will help restore the acid level in your body and there is less crystallization.

The urinary pouch should be emptied often. There is no odor when the pouch is kept clean. The portion of the intestine (the ileum) that is used to form the "conduit" is mucous forming, so it is not unusual or abnormal to see some mucous in the urine. Before attaching the night drain, leave sufficient urine in the pouch to fill the entire length of the tube. This eliminates air bubbles which prevent the flow through the tube and causes backup problems.

Please remember that for best results, you will want to change your appliance first thing in the morning before you eat or drink anything. This may give some breathing room for a few minutes (when your stoma will not be active) to get the skin dried off and the new appliance in place. If you bend over and try to be sure all stored liquid is forced out before you begin the change, it may also help give you a few minutes of inactivity to complete the change.

From the Live and Learn Archives 3/95

Know When You're Dehydrated

Dr. M. Blume, Harrisburg, via Metro Maryland

The human body is composed of more than 50% water. Drinking adequate amounts of water is essential for maintaining adequate blood volume and its flow to such vital organs as the brain and the kidneys. Also, it is important for maintaining optimal function in the cells of the body.

Dehydration can be defined as a significant decrease in the total water content of the body. It occurs when the rate of water intake (mostly by mouth) is lower than the rate of losing water from the body, urine, skin, lungs, gastro-intestinal tract. When you lose a significant quantity of water, you begin to develop symptoms and signs of dehydration. Some of these are non-specific, such as weakness and lack of energy. Others are more specific, such as dizziness upon sitting or standing up from a lying position.

Why should you be worried about becoming dehydrated? The major reason is that it is important to avoid the complication of dehydration. When you become dehydrated, the volume of circulating blood decreases, and this in turn decreases the flow of blood to your vital organs. When you are lying down, the flow of blood to your brain may be marginally adequate. Without it, serious and, sometimes, permanent damage can occur.

Not only is blood flow a major problem, because as you become dehydrated, you lose water and two minerals (potassium and sodium) which are essential for optimal functioning of the body. These problems will cause some physical symptoms (such as lethargy) which may induce abnormalities in heart rhythm and bowel motility, and even cause seizures.

If dehydration is mild, you might try to rehydrate yourself by taking Gatorade or similar drink. In addition to water, Gatorade contains important electrolytes (sodium and potassium) that the body loses through vomiting or diarrhea.

When must you seek medical attention for dehydration? All situations which indicate concern about maintaining adequate hydration are significant. These include but are not limited to profuse diarrhea, protracted vomiting (unable to keep down liquids) and very high fever. Obviously, if you develop any of the signs of dehydration, you should be concerned. Urgent attention to the problems should involve not only treating the underlying causes - but replacing the liquid and electrolyte losses with intravenous liquids, if adequate replacement by mouth is not feasible. While there are not clear-cut guidelines as to when you should seek medical attention, if any of the above concerns exist, the best advice is to check with your doctor before complications occur.

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



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Membership Benefits:

Education **Mutual Support from Fellow Ostomates**
Visitation Program **Conferences Country-Wide**
Product Information **Local Meetings and Programs**
Ostomy Guide Books and Informative Literature
“Live and Learn” Our Own Publication

CHAPTER MEMBERSHIP APPLICATION FORM

NAME: _____

SPOUSE'S NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____ - _____

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

OCCUPATION _____ e-mail _____

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

Please check all applicable information

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

Meetings: Send meeting notices Don't send meeting notices

Help: Would like to help on Phone Committee

Other Activities _____

Assistance Request *Complimentary Membership*

Medical Profession Doctor RN,WOCN Other _____

UOASL Chapter Membership Dues: (Effective Jul 2006)

\$12.00 annual

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