

UOASL 2008 MEETING SCHEDULE

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|-----------------------|--|
| January | NO MEETING |
| February 4th | St. Luke's 7:00PM –Institute of Health Education |
| March 4 th | St. Luke's 2:00PM –Institute of Health Education |
| April 7 th | St. Luke's 7:00PM –Institute of Health Education |
| May 5 th | St. John's Mercy 7:00PM PRODUCT FAIR |

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

Publication Deadline: February 25, 2008

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



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LIVE AND LEARN

Winter 2008

President's Message

Hello Members and Friend of UOAA St. Louis,

The Holiday Season has come and gone, I hope that the season brought you health and happiness. 2008 will be a great year for our support group.

We had a wonderful Holiday party, so thank you to all Board of Directors and members that helped make this event successful. Thank you to Hollister, Convatec, and AOS for their generous support. We even had a visit from that special man from the North Pole! Mary Beth's presentation on the Youth Rally encouraged all of us to get involved finding new campers to send.

I have been working with the Crohn's and Colitis Foundation of American, Mid -American Chapter, as a member of their board, this past year. They have a new executive director, Steve Skodak, and he is very interested in partnering with our group to help patients and their families that have been touched by these diseases. Along with the American Cancer Society, which prints and sends out our monthly reminder postcards, we are also working with the local Wound Ostomy Continent Nurses to make sure all new ostomates know about our local support group. We have also advertised in the Women's Journal 4 times a year to help spread the word about UOAA.

National UOAA is already working on the National Conference 2009 August in New Orleans. As a member of the conference planning committee I am interested in your ideas on how we can improve the conference. Keep a lookout for information in The Phoenix Magazine, and make sure you subscribe to this educational and inspirational

publication. LeeAnn Barcus, as a member of the national Board of Directors, has rolled out a new program called UOAA C.A.R.E.S. that financially assists new ostomates attending the national conference. We will help support this new program with our 50/50 drawings at our support group meetings. (Cont.)

(Cont.) I attended the WOC Nurses Holiday party and was able to present our own Linda Geurin, the Wound Ostomy Continent Nurse of the Year. Congratulations, Linda, you are a great supporter of our group, and respected by your patients and peers.

Hope to see you in the coming year at our support group meetings, and Happy New Year to All.

Susan Burns, President UOAA St. Louis

RELAY FOR LIFE UPDATE

TO: All Gutsy Folks (This means you) and their caregivers

DATE: June 27th and 28th

TIME: 6:00PM – 6:00AM (Stay as long as you're comfortable.)

PLACE: Moss Field, Hixson Middle School in Webster Groves

THEME: HOLLYWOOD, Movies, etc.

RSVP: Bill Lawson 636-256-7703 bill-jaci@sbcglobal.net

TO DONATE or JOIN THE TEAM: contact Bill or go on-line

www.events.cancer.org/rflsouthwestcomo

Teams Captains meetings are 6-7PM-Third Tuesday of the month

Bill Lawson and co-captain Herb Boener will be attending.

Feel free to join them.

January 15 - KICKOFF!/February 19/March 18/April 15

All meetings are at St Louis Community College - Meramec

Business Administration Building Room 105

YOUNG ADULTS

Looking for ostomates 21-40ish to get together and share fellowship. Please email LeeAnn Barcus and let her know if you have an idea for an outing or would like more information. leeann@uoaa.org

Charitable Search Engine

There is a new search engine that gives back to a charitable organization of your choice. If you use goodsearch as a search engine instead of google, a penny for each thing you search will go to the UOAA if you

choose that as your organization. Please think about doing this, as it will and does add up. It is a way to donate free money to a great cause. I have been using it for a few days and it is as good as google. <http://www.goodsearch.com/> Thanks, LeeAnn

Youth Rally! July 12-17, 2008 at the University of San Diego

Next year's rally will be held again at the University of California at San Diego. Start looking now for interested youth.

Our goal is to find five youth to sponsor!! Mary Beth Akers and friends can present info to any interested individuals or groups.

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

St. Louis Chapter UOAA pays first year scholarships (Tuition and Air fare minus \$75 Registration Deposit).

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

They can also log on to www.rally4youth.org to find out more.

COLONDAR:

UOAA is working with **The Colon Club** to promote colon cancer awareness.

As a result of our sponsorship of a "month" UOAA receives 500 "Colondars" that we are offering for sale at the fixed rate of \$15.00 each. Each of the monthly models are colon cancer survivors and several have ostomies! You can get the full story at the UOAA website <http://www.uoaa.org/Colondar.shtml>

the 2008 colondar



In Memoriam

The chapter expresses its deepest sympathy to the family and friends of long time member, Marjorie Chadwick, who passed away recently.

Colorectal Cancer Monthly Networking Group

The Wellness Community of Greater St. Louis (TWC) has a free monthly networking group for people affected by colorectal cancer. The group meets at The Wellness Community, 1058 Old Des Peres Rd., on the second Monday of each month at 6:30 p.m.. Patients and caregivers can come together to share information and support one another. This group is led by a licensed therapist. No reservation is necessary.

TWC also offers a variety of other cancer supportive care services including weekly support groups for all cancer diagnosis, gentle movement and exercise classes, stress management workshops, and educational programs. The Wellness Community of Greater St. Louis is part of a national non-profit organization whose mission is to help people affected by cancer enhance health and well-being through a professional program of emotional support, education and hope. All programs and services at TWC are offered free of charge. For more information about the Colorectal Cancer Monthly Networking Group or other programs and services at TWC, please call (314) 238-2000 or visit www.wellnesscommunitystl.org.



Cautions for Urostomates

Via Dupage County Chapter, Newsleak

People with urinary surgery generally do not need to be too concerned with diet unless they have some other health problems like diabetes or heart disease. They must, however, take special care not to gain too much weight, since weight gain can precipitate some special problems. The stoma may retract as the flesh grows around it. And there's an increased chance of herniation around the stoma if there is too much pressure inside the abdomen. Normally urine is acid and should be kept acidic. This natural defense mechanism prevents growth of bacteria and the resultant infection. If the urine becomes alkaline, raised, granular, warty areas can develop on peristomal skin that is constantly exposed to alkaline urine. Alkaline urine can even cause crystal-like encrustations or gray, plaque-like lesions on the stoma. If such problems occur, the pH of the urine should be checked to see whether it is acid or alkaline. To help make the urine more acid, vitamin C can be taken, after checking with your doctor to make sure there are no reasons to avoid it. Vinegar soaks around the stoma can also be used for plaque encrustations or for raised tissue on the stoma.

Coping with Infection: Some Facts and Fallacies

Via Dupage County Chapter, Newsleak

The word infection is somehow misunderstood by many. It is true, that our bodies contain many normal bacteria. We humans have natural immunity to many of these organisms. Some of them are even helpful in keeping down growth of more harmful bacteria.

Infection occurs when the number of organisms exceeds the body's ability to handle them. Some of the first signs in the area of a wound are redness, swelling, pain on touch, and often the patient has a fever. What is important is to report such symptoms to your doctor before it becomes serious. Often, the physician will want to culture the drainage to determine what organisms are present. Different organisms respond to different methods of treatment. Besides local cleaning of a wound, an antibiotic is often prescribed to treat any infection that is in your system. The same antibiotic doesn't work for everything. Don't just decide to take your friend's medicine or give him some of yours without getting a medical recommendation. The good news about infection is that with today's drugs, they are more easily cured. Many patients having ostomy surgery worry about bacteria. Those with colostomies and ileostomies ask if their stomas will become infected from the discharge of stool.

THIS IS A MYTH!!!

The stoma is accustomed to the normal bacteria in the intestine. Keep the skin around the area clean and be careful of adjacent wounds. You want to keep the fecal drainage away from the incision. Don't worry though, about the ostomy becoming infected from the normal discharge. Nature has provided well. Our bodies are accustomed to certain bacteria.

The urinary ostomy patient is more likely to be susceptible to infection than the other types of ostomies. Urine is normally sterile. It is important to keep the urinary pouch very clean. On days that it isn't changed, it should be rinsed with a solution of 1/3 part white vinegar to 2/3 parts tap water. This can be allowed to run over the stoma and will also prevent crystals. The vinegar produces an acid environment in your pouch. Bacteria cannot multiply as readily in an acid condition. Your night drainage pouch should be cleaned daily. White vinegar and water can be used for this, too.

Perhaps some of you use a special ostomy disinfectant or diluted Lysol® solution. When the drainage bag has sediment that can not be removed by cleaning, it should be discarded. Saving a few pennies by using it too long can cost more in the long run if you have to treat

infection. Drinking plenty of liquids is important for all ostomates, but especially for the urostomy patient. Many urologists also prescribe Vitamin C to help keep the urine acid and less susceptible to infection. (Check with your doctor about this first, as some persons have reactions that would be exceptions to this.) Cranberry juice helps to keep urine acid.

I WANT TO KNOW!!

Via The Indianapolis, IN Chap. & GB News Review

WHERE DOES THE WATER GO WHEN IT DOESN'T RETURN WITH MY COLOSTOMY EVACUATION?

It is absorbed into your body and then eliminated via urination some time afterwards.

WHEN WILL THE STOMA HEAL SO THAT IT ISN'T RED ANYMORE?

The red color will not go away. It's actually a good indication that the stoma is healthy with a good blood supply.

WHAT IS A SIMPLE WAY TO CONTROL STOMA NOISE?

Two to three tablespoons of applesauce with breakfast seems to control stoma noise and to have a thickening effect on liquid discharge.

WHAT FOODS BESIDES BANANAS ARE HIGH IN POTASSIUM??

Bananas are frequently mentioned as a food high in potassium, but potatoes actually contain nearly twice as much. One large banana has 450 milligrams of potassium while a large baked potato with its skin contains 850 milligrams (the skin alone has 235 mg.)

HOW MAY I SLOW ACTIVITY BEFORE CHANGING MY APPLIANCE?

Some ostomates eat peanut butter or marshmallows before changing the appliance to slow activity before showering or taking a bath. Many urostomates change their appliance early in the morning of the "change" day at a time when urine discharge is less frequent.

IS IT POSSIBLE TO EXPERIENCE URGES-AND PRESSURES IN THE RECTAL AREA AFTER SIGMOID COLOSTOMY SURGERY?

Yes, the feelings of this type are not uncommon after the rectum has been removed.

WHY IS THE TEA BAG AN OSTOMATE'S BEST FRIEND?

You can drink tea as an anti-spasmodic, which is soothing to an upset stomach. It also provides fluid containing potassium and other electrolytes so frequently lost from diarrheas.

WHAT KIND OF OSTOMY IS BEST??

Via Pomona Valley Ostomy Assn., & GB News Review

Have you ever noticed that everyone thinks his/her own ostomy is the best? The irrigating colostomate says, "I couldn't stand to wear that pouch all the time, it would drive me crazy." The non-irrigating colostomate says, "I like the way I only have to empty my pouch once or twice a day. I'd hate to have it always running." The ileostomate says, "I couldn't stand having to irrigate or wonder when my pouch would get full. I'd rather just wear my pouch all the time and not have the bother." The continent says, "I'd rather catheterize than have to wear a pouch all the time." The pull-through says, "I couldn't stand having a stoma. I'd rather go to the bathroom several times a day." The urostomate is strangely silent, but is thinking, "I'm so lucky, because I only have to use the bathroom once a day."

WHAT KIND OF OSTOMY IS BEST? Why mine, of course!!!!!!

INFO ABOUT POUCHITIS By: Jen Higdon

Via: Greater Orlando, Central Florida Chapter, UOA and Re-Route

It is common for people with J-pouches to get pouchitis. For those unfamiliar with J-pouches, it is a surgically created pouch made out of the lower end of the small intestine and connected to the rectal or sphincter area so that normal bathroom habits may resume. The surgically created pouch sometimes becomes infected and inflamed. This condition is known as "pouchitis". A new study is showing promise for people with pouchitis. A trial was conducted by Dr. Fedorak (Director of Gastroenterology at the University of Alberta in Edmonton, Canada) where patients were treated with a probiotic preparation, VSL#3. Probiotics are defined as "good bacteria", like that found in yeast or yogurt, and are tiny organisms that improve the balance of bacteria in the intestines. Dr. Fedorak states, "We don't know how probiotics work. They appear to strengthen the mucosal barrier of the bowel and improve immune function. And we don't know which probiotics to use, or in what combination." This trial showed that probiotics were able to prevent recurrent episodes of pouchitis in 85% of treated patients compared to 0% of placebo-treated patients. Once patients had achieved remission of the pouchitis with antibiotics, VSL#3 was able to maintain the remission.

Every Day's Thanksgivin' Day

by Marjorie Kaufman, Los Ileos News

When the frost is on the punkin' and the chill is in the air,
You know Thanksgivin's comin' and it's time to say a prayer,
To thank the Lord above you for the miracles He's wrought,
'Cause you're still among the livin', and in spite of what you've got.
Sure it cost a heap in learnin', and the best is none too good;
And that silly old appliance isn't stickin' like it should,
Or it's leakin' when it shouldn't, or the changin' time's not right;
Or you find yourself in trouble in the middle of the night.
It's quiet when you're all alone, then acts up in a crowd,
And fills up like a toy balloon, or rumbles long and loud;
And when you least expect it, it can ruin your best clothes;
Or maybe you get worried wonderin' if it really shows.
When the bathroom locks are missin' you can sure feel insecure;
And sometimes when you're braggin', it's your smeller that is poor.
All the cleanin' and the fussin' and the airin' is a bore;
And affordin' what you're needin' might just well become a chore.
Yes, these problems will beset you; some more, but then some less;
Someday you'll laugh about 'em and you'll honestly confess,
That life is worth the livin', and stop a bit and pray,
And give your thanks and blessin', every day's THANKSGIVIN' DAY'

[Editor's Note: Marjorie was the poet laureate of the United Ostomy Association at least as far back as 1960's, which is when I first heard about her.]

Real Thanksgiving

Via Dupage County Chapter

Thanksgiving comes from the heart and is (or should be) a daily occasion. Don't allow your problems to get in the way of recognizing your blessings. Practice the "But System" of thinking about your troubles:

My feet hurt, BUT I'm not in a wheelchair.
My eyesight is poor, BUT I'm able to see.
My taxes are too high, BUT I earn enough to pay them.
My family doesn't listen to me, BUT they care about me.
Going to work is a drag, BUT I do have a job.
I don't have all I want, BUT I have all I need.
I am blessed and I am thankful.

UOAA Ostomy Information and Care Guides

Note: The documents noted below, many in both English and Spanish, were, for the most part, produced by the United Ostomy Association (UOA), which was the national ostomy organization in the United States from 1962 to 2005. Some of these publications, namely, the Guidebooks and Reference Cards, were actually sold by UOA. UOA disbanded in the Fall of 2005 and released all copyrights on this material, which is now provided for free, in electronic form, by UOAA, the new national ostomy organization. The phone number for UOAA is still 800/826-0826 and the website for UOAA is www.uoaa.org/ostomyinfo/

General Information

- What is an Ostomy, Pouching Systems, Psychosocial Issues
- Frequently Asked Questions (FAQ)
- Ostomy Supply Manufacturers and Distributors
- Ostomate Bill of Rights
- Ostomy Travel Tips Guidebooks (all in PDF format)—in English and Spanish
- Colostomy Guide
- Ileostomy Guide
- Urostomy Guide
- Continent Urostomy Guide
- Diet & Nutrition Guide
- Intimacy, Sexuality and an Ostomy

Reference Cards (all in PDF format) —English only

- Ileostomy Blockage Treatment Card
- Ostomate's Food Reference Chart

Brochures (all in PDF format)

- Surgical Options for Bowel Diversion —English and Spanish
- Surgical Options for Bladder Diversion — English and Spanish
- Orthotopic Neobladder—English only
- Resources for Employment-based Discrimination — English only
- Spouse & Family Support for Ostomates — English only
- My Child Has an Ostomy — English only
- Parents of Ostomy Children — Spanish only
- So You Have or Will Have an Ostomy — Spanish only
- Gay & Lesbian Ostomates and their Caregivers — Spanish only

Fact Sheets — English and Spanish

- Colostomy Fact Sheet
- Ileostomy Fact Sheet
- Urostomy Fact Sheet
- Sex and the Male Ostomate
- Sex and the Female Ostomate

- Sex and the Single Ostomate

How Does Fiber Affect Ileostomates?

By Kay L. Peck, MPH & Registered Dietitian. Napa Valley, CA
Via Evansville (IN) Ostomy Newsletter

Whether or not to include fiber, and to what extent, should be based on the ileostomate's tolerance of foods. The intestine has a remarkable capacity to adapt. Matter/digested food in the small intestine is quite watery and after it moves into the large intestine, a good portion of the water is reabsorbed into the body. Most fiber is indigestible material (from plants) that acts like a sponge soaking up water and increasing the bulk of the intestinal contents—making matter move through the system more quickly. In a person with a colon, fiber is essential to preventing constipation and keeping a person "regular." This is the main function of fiber. Another theory about fiber is that it promotes mucosal growth, thus keeping intestines healthier, promoting gut function. Usually, a person without a colon (ileostomy) doesn't have a problem with constipation, and may have mostly watery stools or diarrhea. Again, over time a person's remaining intestines may adapt, especially if the last section of the small bowel (ileum) is still intact. So consuming too much fiber, or too much "insoluble" fiber may aggravate a person's diarrhea or watery stools. If this is the case, limiting insoluble fiber (bran, popcorn hulls, seeds, nuts, skin/seeds/stringy membrane parts of fruits and vegetables) may be helpful. However, another type of fiber (soluble) may be beneficial to the ileostomate. The function of soluble fiber is to make intestinal contents thicker and can actually prevent diarrhea. This fiber is found in oatmeal, barley, dried beans, peas, Metamucil and in the pulp of fruits and vegetables. Most foods have a combination of both types of fiber, but the above examples show the differences. Just as a side note, I worked with a lady years ago who had "short bowel syndrome —all of her colon and a significant part of the small bowel were removed. She found that adding pectin (Certo—used to make jam and jelly thicken) to her daily diet helped to minimize diarrhea. She added a little to some applesauce each day.

*****PEOPLE WILL FORGET THE THINGS YOU SAY OR DO, BUT THEY'LL NEVER FORGET THE WAY YOU MADE THEM FEEL!***** (This is so

true for our visitors!)

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.

Depression and the New Ostomate

By Mark Shatter, Metro Denver
Via Evansville Ostomy News, IN

At a recent support group meeting, a subject came up that I found intriguing. One of the participants in the rap session stated that he found himself depressed and withdrawn even though it had been a year since his surgery. He wondered how long he could expect that feeling to last and, I think, whether it would go on for the rest of his life.

Some ostomates adjust almost immediately. These folks see an ostomy as a cure for an illness that threatened their lives or restricted their activities. Others take a few months, generally feeling better about the situation as soon as they master the fine art of pouch changing and maintenance. For many, ostomy surgery begins a process that appears, and is, very close to the grieving process, and like any grieving process, the amount of time needed to feel emotionally whole again will vary.

It took me almost two years following my surgery before I felt like I had regained my former personality and was ready to move on with my life. So there is no magic amount of time needed to adjust to your new ostomy. Allow yourself the time you need and realize that the feelings of depression and isolation will eventually go away. If the depression is severe, don't be afraid to seek professional help.

If your isolation is caused by a lack of confidence in your appliance, seek help from an ostomy nurse. If your appliance is working fine, but you still feel separated from others, seek help from other ostomates. Go to a meeting and meet others in the same situation. If you don't already have one, call your local support group and ask for an ostomy visitor

who can talk to you about how they managed their post-operative emotions. But above all, give yourself time to adjust.

Sad News from National

On behalf of the UOAA Management Board of Directors, it is my sad duty to advise you of the death of Mary Jane Wolfe, UOAA Secretary. She passed away on November 8th after a brief illness.

Mary Jane will be remembered by thousands, in UOA, UOAA, FOW-USA and the Youth Rally, for the courageous way she lived her life and the many ways in which she helped those around her. Her brother Bill has said that he knew about the Ostomy Association and the Rally, but what he hadn't realized was the impact that she had already had on the lives of people in New Mexico in the few months she had been living there. The ostomy family in both the USA and abroad is certainly lessened with the loss of this enthusiastic woman and her indomitable spirit.

Calling hours were held November 12th. Representatives of UOAA present included Directors LeeAnn Barcus and Charlie Grotevant, and ASG leaders Bret Cromer and Nora Needy. A Funeral Mass was held November 13th, at St Peter's Catholic Church in Clifton, IL. Charlie Grotevant spoke on behalf of UOAA, and as a close friend of Mary Jane's.

The family has indicated that people who desire to make a memorial donation may make one to either the University of Illinois (Mary Jane's alma mater) for their role in having led the way after WWII to accessible education for people with disabilities - or to the UOAA.

A web-link where such a personal donation can be made to the University's Foundation is:

<http://www.uif.uillinois.edu/mainpage.aspx?id=17>

UOAA will make a contribution to the University of Illinois Foundation in Mary Jane's name.

Some have asked where a memorial gift might be made to the Youth Rally, knowing that it was one of her particular favorite activities (she missed just one in 28 years). You can find information about that at <http://www.rally4youth.org/donate.php>.

In keeping with the UOAA Constitution, a special election will be held to fill the Secretary position for the remainder of the term.

Best regards,
Ken Aukett
President, UOAA

Direct: 856-854-3737

Toll Free: 800-826-0826 (Joan McGorry, Office Administrator)

CROHN'S DISEASE AND ULCERATIVE COLITIS:

WHAT YOU NEED TO KNOW Via: The Re-Route

Although Crohn's disease and ulcerative colitis are complicated diseases with potentially serious consequences, with prompt and proper treatment most people diagnosed with either of these conditions are able to lead normal, productive lives.

Via: Healthy Perspective, Prince William Health System
by Michael C. Brown, MD

Crohn's disease and ulcerative colitis are forms of inflammatory bowel disease (IBD) and are distinct from Irritable Bowel Syndrome (IBS) explains Dr. Michael C. Brown, a gastroenterologist who practices at Prince William Hospital. Crohn's disease and ulcerative colitis are both caused by immune system dysfunction. In the case of ulcerative colitis, the body's own immune system attacks the lining of the colon, while in Crohn's disease problems can develop not only in the colon but also in the small intestine "and in unusual cases, the stomach and the esophagus," says Dr. Brown. The exact cause of these diseases, says Dr. Brown, is not clear. "Both diseases are more common in developed countries, which is true with any autoimmune disease," he notes. "There is a lot of thought and research going into the idea that the body's immune response is triggered by a bacteria and then misdirected against the body itself." In addition, both diseases are influenced by genetic factors. Crohn's disease and ulcerative colitis usually develop in young people between fifteen and thirty years old and older adults in their seventies and eighties, although it is possible to develop either illness at any age. What can make diagnosis and treatment challenging is that the type and severity of symptoms can vary significantly between individuals. Bloody diarrhea, frequent bowel movements, and feelings of urgency are typical for ulcerative colitis. But for Crohn's disease, "the symptoms really depend on where the disease is active," according to Dr. Brown. "If it's in the colon, it can mimic ulcerative colitis. If it's in the small intestine you can have more problems with abdominal pain, bloating, nausea, or a combination of these." Also substantial weight loss can occur, the result of chronic inflammation and poor absorption of nutrients. Anyone with chronic or progressively worsening symptoms of this sort should seek a physician's evaluation. If Crohn's or ulcerative

colitis is suspected, colonoscopy and biopsy are used to properly diagnose these illnesses. "During colonoscopy, inflammation and ulcers can typically be seen," says Dr. Brown. "It can be quite severe." Dr. Brown notes that Crohn's and ulcerative colitis are typically chronic illnesses requiring "a specific balance of medications and sometimes surgery at some point." How these diseases are diagnosed and treated is very individualized, explains Dr. Brown. "It's not one disease, and for each patient it's very different." Dr. Brown stresses the importance of early and proper diagnosis to prevent long-term complications of these diseases. "Malnutrition can be very serious. For children, that malnutrition can affect future growth and development. Chronic ulcerative colitis can lead to an increased risk of colon cancer. And Crohn's disease can lead to the formation of intestinal strictures". Developing a good relationship with a physician who will closely monitor symptoms and adjust treatment accordingly is one of the most important steps a patient can take to manage these illnesses, says Dr. Brown. Fortunately, he adds, "Most people are able to go about their lives relatively normally and deal with the disease and its symptoms as needed."

FREE OSTOMY SUPPLIES

Via Re-Route

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

receive new donations.

POOR OSTOMY MANAGEMENT IDEAS

Via: GB News Review and Re-Route

The following are poor procedures we found some people implement to manage their ostomy system. They are not recommended because they will yield less than optimal results. Sometimes we all do things that seem logical at the time, but inadvertently lessen our quality of life.

A few of these are:

*Using alcohol regularly to clean the peristomal skin. This may result in itching, skin irritation and damage to sensitive tissue.

*Using the same pouch too long. Seven days is the maximum recommended. Pouches become saturated with odor which cannot be removed.

*Ignoring skin problems. Always treat any skin irritations when you change your ostomy system. Barriers covering damaged areas are made to actually help heal them if used properly.

*Wrapping the drainable pouch tail around and around the clamp before closing it. This will not make the clamp work better. All it will do is spring the clamp out of shape. Replace your old clamp with a new one every month.

*Letting the pouch get full before emptying. Excess weight will separate a two-piece system and will also put too much weight on the skin barrier resulting possibly in multiple problems. Empty the pouch when it is about one-third full.

*Living with unsatisfactory ostomy management. If you are unhappy with how your ostomy system works, make an appointment with an ET nurse.

*Not coming to UOA Chapter meetings. Once you figured out this thing, sharing with others turns out to be a surprisingly good way to keep yourself proactive and happy.

Tips For Traveling with Medications

10/07 UOAA UPDATE

KEEP your medicine with you—not in checked luggage.

BRING more than enough medicine for your trip.

REVIEW your dosage schedule with your doctor or pharmacist before you leave and discuss whether you should make allowances for changes in time zones.

KEEP a list of all your medicines and dietary supplements.

Bananas Bananas Bananas

UOAA UPDATE 4/07

After reading this
you'll never look at bananas in the same way again.

Bananas contain three natural sugars - sucrose, fructose and glucose combined with fiber. A banana gives an instant, sustained and substantial boost of energy. Research has proven that just two bananas provide enough energy for a strenuous 90-minute workout. No wonder the banana is the number one fruit with the world's leading athletes. But energy isn't the only way a banana can help us keep fit. It can also help overcome a substantial number of illness and conditions, making it a must to add to our daily diet.

Depression: According to a recent survey undertaken by MIND among people suffering from depression, many felt much better after eating a banana. This is because bananas contain tryptophan, a type of protein that the body converts into serotonin, known to make you relax, improve your mood and generally make you feel happier.

PMS: Forget the pills - eat a banana. The vitamin B6 it contains regulates blood glucose levels, which can affect your mood.

Anemia: High in iron, bananas can stimulate the production of hemoglobin in the blood and so helps in case of anemia.

Blood Pressure: This unique tropical fruit is extremely high in potassium, yet low in salt, making it perfect to beat blood pressure. So much so that the US Food and Drug Administration has just allowed the banana industry to make official claims for the fruit's ability to reduce the risk of high blood pressure and stroke.

Brain Power: 200 students at a Middlesex school were helped through their exams this year by eating bananas at breakfast, break and lunch in a bid to boost their brain power. Research has shown that the potassium-packed fruit can assist learning by making pupils more alert.

Constipation: High in fiber, including bananas in the diet can help restore normal bowel action, helping to overcome the problem without resorting to laxatives.

Hangovers: One of the quickest ways of curing a hangover is to make a banana milkshake, sweetened with honey. The banana calms the stomach and, with the help of the honey, builds up depleted blood sugar levels, while the milk soothes and re-hydrates the system.

Heartburn: Bananas have a natural antacid effect in the body, so if you suffer from heartburn, try eating a banana for soothing relief.

Morning Sickness: Snacking on bananas between meals helps to keep blood sugars levels up and avoid morning sickness.

Mosquito Bites: Before reaching for the insect bite cream, try rubbing the affected area with the inside of a banana skin.

COLOSTOMY BOWEL CONTROL

Via: Space Coast Shuttle Blast and Re-Route

Patients with a right-sided or upper colostomy do not have as much remaining colon as those with a left-sided or lower colostomy. Because of this, there is usually too little colon left in a lower colostomy to absorb enough water to make a solid stool. A lower colostomy cannot be controlled by irrigation, but instead behaves very much like an ileostomy with a fairly continuous discharge. The left-sided colostomy is often described as a "dry colostomy" since it usually discharges formed stool. One has the choice of attempting to manage this type of colostomy by either trained control or irrigation control. Only one-third of the people who attempt to train themselves to control the lower colostomy without irrigation are successful in doing so. This type of training relies very heavily on diet and medication to achieve regularity. Many physicians in this country feel that control is more easily and satisfactorily achieved by irrigation. However, there are some patients who can't achieve irrigation control because they have an "irritable bowel". This problem has nothing to do with the colostomy. It is just part of some people's makeup. Some people, even before they have their colostomy surgery, may have had very irregular bowel habits. They retain these habits after the colostomy is performed. Regular irrigation does not assure regularity with irritable bowel syndrome. When this condition exists, the physician will sometimes suggest that the patient dispense with irrigation, since it will not produce the desired regular pattern. The person may become frustrated trying to achieve this. People with an irritable bowel situation should treat the colostomy much like an ileostomy; i.e., wearing an ostomy appliance all of the time. This also applies to people with a right-sided or wet colostomy.

Light Philosophies

Via UOA Archives

1. Save the whales. Collect the whole set.
2. A day without sunshine is like...night.
3. On the other hand... you have different fingers.
4. 99 percent of lawyers give the rest a bad name.
5. Remember, half the people you know are below average.
6. He who laughs last thinks slowest.
7. Depression is merely anger without enthusiasm.
8. Eagles may soar, but weasels don't get sucked into jet engines.
9. The early bird may get the worm, but the second mouse gets the cheese.
10. I drive way too fast to worry about cholesterol.
11. I intend to live forever – so far so good.
12. Borrow money from a pessimist – they don't expect it back.
13. Quantum mechanics: The dreams stuff is made of.
14. Support bacteria – they're the only culture some people have.
15. When everything's coming your way, you're in the wrong lane and going the wrong way.
16. Experience is something you don't get until just after you need it.
17. For every action there is an equal and opposite criticism.
18. Never do card tricks for the group you play poker with.
19. No one is listening until you make a mistake.
20. You never really learn to swear until you learn to drive.
21. Two wrongs are only the beginning.
22. The problem with the gene pool is that there is no lifeguard.
23. A clear conscience is usually the sign of a bad memory.
24. Change is inevitable...except from vending machines.
25. Get a new car for your spouse – it'll be a great trade!
26. Always try to be modest and be proud of it!
27. Whoever believes in telekinesis, raise my hand...
28. Love may be blind, but marriage is a real eye opener.
29. If at first you don't succeed, then skydiving isn't for you.

Osteoporosis in Men

UOAA UPDATE 4/07

When you think of Osteoporosis, which gender comes to mind? Women? Then you'd be surprised to learn that almost one-fifth of people diagnosed with this condition are men.

Osteoporosis, a condition in which bones lose their calcium content and become brittle, brings with it an increased risk of bone fractures. It has traditionally been regarded as a women's disease, resulting from a decrease in estrogen in the post-menopause years.

A recent Australian study reported that one in three males, over the age of 60, will experience a fracture each year because of osteoporosis. A much higher percentage of men over women who suffer hip fractures will require nursing home care. And of the men who suffer a hip fracture, 20 percent die, usually within 6 months.

Alarming statistics? Perhaps, but the same study also suggests that the number of hip fractures will double in the next 10 years.

What are the risks factors for osteoporosis in men?

- Poor nutrition - not enough calcium or Vitamin D in their diet.
- Low levels of the male sex hormone testosterone.
- Heredity - if a man's father has a low bone mineral density.
- Unhealthy habits - smoking, alcohol, and caffeine consumption.
- Insufficient exercise - appropriate stress strengthens bones.
- Age - the older a man, the more likely bone mass loss.
- Medical conditions, particularly those related to the thyroid.
- Ethnicity - Caucasian and Asian men are more vulnerable.
- Small stature - Men who are thinner tend to be more at risk.

Some of these risk factors are controllable; others are not. For example, you have some control over your diet and harmful habits, while there isn't much you can do about your gene pool. *Dr Matthew Marsteller*