

# The New Outlook

April 2014



## NEXT MEETING

39th Anniversary  
Wednesday, April 16, 7:30 pm

**Lutheran General Hospital**  
1775 Dempster St., Park Ridge, IL  
**Special Functions Dining Room**  
10<sup>th</sup> Floor

No Board Meeting

## Last Months' Meeting (our 438<sup>th</sup>)

Although relegated to a smaller room, our members cheerfully packed in to learn about **Hollister's** many products and services. Hedy Holleran proficiently explained the proper usage of many of the accessory products such as powder and barrier wipes. These two products are only used when necessary for treating skin issues, or when directed to use by a WOCN, as incorrect usage can affect appliance adherence. The powders from ostomy specific manufacturers absorb moisture from weepy skin. Over the counter fungal powders do not and should probably just be used under an appliance if directed by a WOCN or physician.

Hollister has updated it's **Lock 'n Roll** microseal closure on drainable pouches with the addition of two new flexible, ribbed strips to enhance security, and increase ease of opening, draining, cleaning, and closing. **Adapt** barrier rings can be cut, bent, and stacked together to improve the fit of the skin barrier. **Adapt** lubricating deodorant can help eliminate odor and make the process of emptying your pouch easier. In addition, by August Hollister's barrier wipes and adhesive removers will be alcohol free.

Many of us were unaware of Hollister's **Secure Start** program, which includes WOCN requested product

samples and a wealth of information sent directly to the patient at any time after surgery.

An ostomate struggling with appliance issues can request this program simply by calling 888-740-8999. In-house WOC nurses are available for patient questions and advice, including dedicated home care specialists. In addition, did you know Hollister could help you find a supplier who takes your insurance?

You will definitely not want to miss our April meeting! As we celebrate our 39<sup>th</sup> Anniversary, we welcome renowned WOCN **Jan Colwell from the University of Chicago**. Her knowledge of all things ostomy and her compassion for our journey is unparalleled.

Don't forget to let us know if your physical address or email address has changed. Our member list is private, never shared or sold.

## Ostomy Association of Greater Chicago (OAGC)

Established 1975

### President

Judy Svoboda [uoachicago@comcast.net](mailto:uoachicago@comcast.net) 847-942-3809

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### Secretary/Program Director

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## Wound Ostomy Continence Nurses (WOCN)

Bernie auf dem Graben 773-774-8000

*Resurrection Hospital*

Nancy Chaiken 773-878-8200

*Swedish Covenant Hospital*

Teri Coha 773-880-8198

*Lurie Children's Hospital*

Jan Colwell, Maria De Ocampo, 773-702-9371 & 2851

Michele Kaplon-Jones

*University of Chicago*

Jennifer Dore 847-570-2417

*Evanston Hospital*

Robert Maurer, Laura Crawford 312-942-5031

*Rush University Medical Center*

Madelene Grimm 847-933-6091

*Skokie Hospital-Glenbrook Hospital*

*North Shore University Health System*

Connie Kelly, Mary Kirby 312-926-6421

*Northwestern Memorial Hospital*

Kathy Krenz & Gail Meyers 815-338-2500

*Centegra-Northern Illinois Medical*

Marina Makovetskaia 847-723-8815

*Lutheran General Hospital*

Diane Zeek, Carol Stanley 847-618-3125

*Northwest Community Hospital*

Nancy Olsen, Mary Rohan 708-229-6060

*Little Company of Mary Hospital*

Kathy Garcia, Jola Papiez 708-684-3294

*Advocate Christ Medical Center*

Sandy Fahmy 847-316-6106

*Saint Francis Hospital*

Nancy Spillo 847-493-4922

*Presence Home Care*

Colleen Drolshagen, Becky Strilko, 630-933-6562

Barb Stadler

*Central DuPage Hospital*

Kathy Thiesse, Nancy Stark 708-216-8554

(Ginger Lewis-Urology only 708-216-5112)

*Loyola University Medical Center*

Alyce Barnicle (available on as needed basis only) 708-245-2920

*LaGrange Hospital*

## National UOAA Virtual Networks

*Pull Thru Network:* Lori Parker 309-262-6786

*UOAA Teen Network:* Jude Ebbinghaus 860-445-8224

*GLO Network:* Fred Shulak 773-286-4005

*YODAA:* Esten Gose 206-919-6478

*Teen Network:* Jude Ebbinghaus 860-445-8224

*Thirty Plus:* Kathy DiPonio 586-219-1876

*Continent Diversion Network:* Lynne Kramer 215-637-2409

*FOW-USA:* Jan Colwell 773-702-9371

## 2014 Meeting Dates at Lutheran General Hospital

April 16- Our 39th Anniversary

with Jan Colwell, WOCN

May 21- Short Bowel Syndrome-Frank Quintieri

June 18- Annual Summer Solstice Picnic

July 16

August NO MEETING

### More area support groups:

#### Northwest Community Hospital

Arlington Heights. Every other month, second Thursday at 1:00pm, level B1 of the Busse Center.

Contact Diane Zeek 847-618-3215, [dzeek@nch.org](mailto:dzeek@nch.org)

#### Southwest Suburban Chicago

The third Monday at 7:30pm, Little Company of Mary Hospital, Evergreen Park. Contact Edna

Wooding 708-423-5641

#### Sherman Hospital, Elgin

The second Wednesday. Contact Heather LaCoco

224-783-2458, [Heather.Lacoco@ShermanHospital.org](mailto:Heather.Lacoco@ShermanHospital.org)

#### DuPage County

The fourth Wednesday at 7:00pm, Good Samaritan Hospital, Downer's Grove. Contact Bret Cromer 630-

479-3101, [bret.cromer@sbcglobal.net](mailto:bret.cromer@sbcglobal.net)

#### Aurora

John Balint 630-898-4049 [balint.john@yahoo.com](mailto:balint.john@yahoo.com)

#### Will County

Charlie Grotevant 815-842-3710

[charliegrtvnt@gmail.com](mailto:charliegrtvnt@gmail.com)

#### Lake County

Hollister in Libertyville

Barb Canter 847-394-1586 [barb1234@sbcglobal.net](mailto:barb1234@sbcglobal.net)

*"Thousands of candles can be lighted from a single candle, and the life of the candle will not be shortened.*

*Happiness never decreases by being shared."* Buddha

In 1975, there was one support group in the Chicago area.

Today there are eight.

## Mark Drug Medical Supply

548 W Dundee Rd, Wheeling IL 60090 847-537-8500

### The Ostomy Store

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- Shower Accessories

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FAX 847-537-9430

We bill direct to  
Medicare-Medicaid  
and Private Insurance

[Alan@markdrugmedicalsupply.com](mailto:Alan@markdrugmedicalsupply.com)

## Hollister is Inspired by You!

Secure Start newsletter

Have you ever noticed how good it feels to be part of a community? To feel a connection with others with whom you have something in common? Often, this bond can be built in a very short time - by sharing a meal, attending a gathering, or working together toward a common goal.

Hollister Incorporated realizes how important it is for people with ostomies to connect with each other, gather information, and give and receive emotional support. By being involved in the ostomy community, we develop a personal relationship with our customers and help bring them together.

“Our mission is to make life more rewarding and dignified for those who use our products,” explains

Diane Owen, who is part of the company’s Clinical Education team. “And participating in the ostomy community is a great way for us to support our customers in having an active, normal life.”

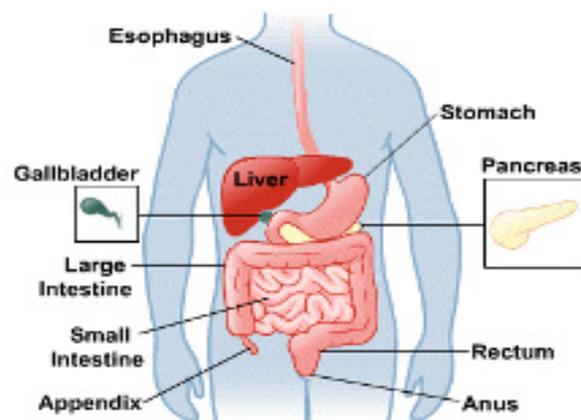
## How Does My Digestive System Work?

NIDDK- National Institutes of Health

The digestive system is made up of the digestive tract—a series of hollow organs joined in a long, twisting tube from the mouth to the anus—and other organs that help the body break down and absorb food.

Organs that make up the digestive tract are the mouth, esophagus, stomach, small intestine, large intestine—also called the colon—rectum, and anus. Inside these hollow organs is a lining called the mucosa. In the mouth, stomach, and small intestine, the mucosa contains tiny glands that produce juices to help digest food. The digestive tract also contains a layer of smooth muscle that helps break down food and move it along the tract.

Two “solid” digestive organs, the liver and the pancreas, produce digestive juices that reach the intestine through small tubes called ducts. The gallbladder stores the liver’s digestive juices until they are needed in the intestine. Parts of the nervous and circulatory systems also play major roles in the digestive system.



### Why is digestion important?

When you eat foods—such as bread, meat, and vegetables—they are not in a form that the body can use as nourishment. Food and drink must be changed into smaller molecules of nutrients before they can be

absorbed into the blood and carried to cells throughout the body. Digestion is the process by which food and drink are broken down into their smallest parts so the body can use them to build and nourish cells and to provide energy.

### **How is food digested?**

Digestion involves mixing food with digestive juices, moving it through the digestive tract, and breaking down large molecules of food into smaller molecules. Digestion begins in the mouth, when you chew and swallow, and is completed in the small intestine.

### **Movement of food through the system**

The large, hollow organs of the digestive tract contain a layer of muscle that enables their walls to move. The movement of organ walls can propel food and liquid through the system and also can mix the contents within each organ. Food moves from one organ to the next through muscle action called peristalsis.

Peristalsis looks like an ocean wave traveling through the muscle. The muscle of the organ contracts to create a narrowing and then propels the narrowed portion slowly down the length of the organ. These waves of narrowing push the food and fluid in front of them through each hollow organ.

The first major muscle movement occurs when food or liquid is swallowed. Although you are able to start swallowing by choice, once the swallow begins, it becomes involuntary and proceeds under the control of the nerves.

Swallowed food is pushed into the esophagus, which connects the throat above with the stomach below. At the junction of the esophagus and stomach, there is a ringlike muscle, called the lower esophageal sphincter, closing the passage between the two organs. As food approaches the closed sphincter, the sphincter relaxes and allows the food to pass through to the stomach.

The stomach has three mechanical tasks. First, it stores the swallowed food and liquid. To do this, the muscle of the upper part of the stomach relaxes to accept large volumes of swallowed material. The second job is to mix up the food, liquid, and digestive juice produced by the stomach. The lower part of the stomach mixes these materials by its muscle action.

The third task of the stomach is to empty its contents slowly into the small intestine.

Several factors affect emptying of the stomach, including the kind of food and the degree of

muscle action of the emptying stomach and the small intestine. Carbohydrates, for example, spend the least amount of time in the stomach, while protein stays in the stomach longer, and fats the longest. As the food dissolves into the juices from the pancreas, liver, and intestine, the contents of the intestine are mixed and pushed forward to allow further digestion.

Finally, the digested nutrients are absorbed through the intestinal walls and transported throughout the body. The waste products of this process include undigested parts of the food, known as fiber, and older cells that have been shed from the mucosa. These materials are pushed into the colon, where they remain until the feces are expelled by a bowel movement.

### **Production of digestive juices**

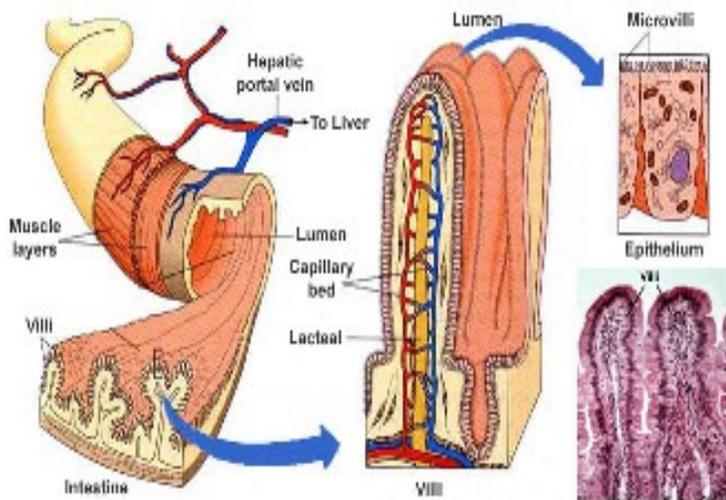
The digestive glands that act first are in the mouth—the salivary glands. Saliva produced by these glands contains an enzyme that begins to digest the starch from food into smaller molecules. An enzyme is a substance that speeds up chemical reactions in the body.

The next set of digestive glands is in the stomach lining. They produce stomach acid and an enzyme that digests protein. A thick mucus layer coats the mucosa and helps keep the acidic digestive juice from dissolving the tissue of the stomach itself. In most people, the stomach mucosa is able to resist the juice, although food and other tissues of the body cannot. After the stomach empties the food and juice mixture into the small intestine, the juices of two other digestive organs mix with the food. One of these organs, the pancreas, produces a juice that contains a wide array of enzymes to break down the carbohydrate, fat, and protein in food. Other enzymes that are active in the process come from glands in the wall of the intestine.

The second organ, the liver, produces yet another digestive juice—bile. Bile is stored between meals in the gallbladder. At mealtime, it is squeezed out of the gallbladder, through the bile ducts, and into the intestine to mix with the fat in food. The bile acids dissolve fat into the watery contents of the intestine, much like detergents that dissolve grease from a frying pan. After fat is dissolved, it is digested by enzymes from the pancreas and the lining of the intestine.

## Absorption and transport of nutrients

Most digested molecules of food, as well as water and minerals, are absorbed through the small intestine. The mucosa of the small intestine contains many folds that are covered with tiny fingerlike projections called villi. In turn, the villi are covered with microscopic projections called microvilli. These structures create a vast surface area through which nutrients can be absorbed. Specialized cells allow absorbed materials to cross the mucosa into the blood, where they are carried off in the bloodstream to other parts of the body for storage or further chemical change. This part of the process varies with different types of nutrients .



**Carbohydrates.** Foods rich in carbohydrates include bread, potatoes, dried peas and beans, rice, pasta, fruits, and vegetables. Many of these foods contain both starch and fiber. The digestible carbohydrates—starch and sugar—are broken into simpler molecules by enzymes in the saliva, in juice produced by the pancreas, and in the lining of the small intestine. Starch is digested in two steps. First, an enzyme in the saliva and pancreatic juice breaks the starch into molecules called maltose. Then an enzyme in the lining of the small intestine splits the maltose into glucose molecules that can be absorbed into the blood. Glucose is carried through the bloodstream to the liver, where it is stored or used to provide energy for the work of the body.

**Sugars** are digested in one step. An enzyme in the lining of the small intestine digests sucrose, also

known as table sugar, into glucose and fructose, which are absorbed through the intestine into the blood. Milk contains another type of sugar, lactose, which is changed into absorbable molecules by another enzyme in the intestinal lining.

**Fiber** is undigestible and moves through the digestive tract without being broken down by enzymes. Many foods contain both soluble and insoluble fiber. Soluble fiber dissolves easily in water and takes on a soft, gel-like texture in the intestines. Insoluble fiber, on the other hand, passes essentially unchanged through the intestines.

**Protein.** Foods such as meat, eggs, and beans consist of giant molecules of protein that must be digested by enzymes before they can be used to build and repair body tissues. An enzyme in the juice of the stomach starts the digestion of swallowed protein. Then in the small intestine, several enzymes from the pancreatic juice and the lining of the intestine complete the breakdown of huge protein molecules into small molecules called amino acids. These small molecules can be absorbed through the small intestine into the blood and then be carried to all parts of the body to build the walls and other parts of cells.

**Fats.** Fat molecules are a rich source of energy for the body. The first step in digestion of a fat such as butter is to dissolve it into the watery content of the intestine. The bile acids produced by the liver dissolve fat into tiny droplets and allow pancreatic and intestinal enzymes to break the large fat molecules into smaller ones. Some of these small molecules are fatty acids and cholesterol. The bile acids combine with the fatty acids and cholesterol and help these molecules move into the cells of the mucosa. In these cells the small molecules are formed back into large ones, most of which pass into vessels called lymphatics near the intestine. These small vessels carry the reformed fat to the veins of the chest, and the blood carries the fat to storage depots in different parts of the body.

**Vitamins.** Another vital part of food that is absorbed through the small intestine are vitamins. The two types of vitamins are classified by the fluid in which they can be dissolved: water-soluble vitamins (all the B vitamins and vitamin C) and fat-soluble vitamins (vitamins A, D, E, and K). Fat-soluble vitamins are stored in the liver and fatty tissue of the body, whereas water-soluble vitamins are not easily stored and excess amounts are flushed out in the urine.

**Water and salt.** Most of the material absorbed through the small intestine is water in which salt is dissolved. The salt and water come from the food and liquid you swallow and the juices secreted by the many digestive glands.

*Below is an editorial reprinted from April 2004.*

This month we will be celebrating our Anniversary as a Chapter. Twenty nine years in existence. But even though I and many others have not been involved for the entire twenty nine years, we can all be very proud of one thing. During this time, we have seen many people come and go through those 10th floor cafeteria doors on the fourth Wednesday of each month. We also know that when many of those people came through those doors for the first time, they had no clue, no idea, were full of questions and in some cases had almost lost hope.

We the members of this chapter over the years have provided clues, given ideas, answered questions, but most of all, we provided that hope for which these people were seeking. How many of us can look around the room to our friends and neighbors and remember the 1st time they walked through those doors. How scary, how frightening, how almost invasive it was to come to a roomful of strangers and speak about something so personal as our new look. We all, however, quickly realized that first time, that the people gathered here had walked in our shoes before. They were here to empower us and give us guidance, to show us the way to a healthy life.

We all realized after one or two monthly meetings that what we have here is not just a Chapter...No! We have much more than that. We have a Brotherhood (Sisterhood to be politically correct). We have a group that not only meets to discuss things but really cares about each and every one of us and is willing to help us, guide us or direct us to information when we need it.

So when we all raise our glasses at our Anniversary Party to toast our Chapter, remember, that we are more than a Chapter and the people around you are more than just members .

We are a Brotherhood and the people around you in many ways are just as close as your sisters and brothers. So let us toast our fellow ostomates, orShould I say osto-brothers and osto-sisters.

~ *Dave Rudzin*

## Did you know? Turtles can breathe through their butts!



They have a pair of sacs 'back there', that enables them to acquire oxygen out of water and is used to help absorb oxygen while underwater.

## Stoma Hernia

The British Hernia Centre

A hernia is a weakness or split in the muscle wall of the abdomen which allows the abdominal contents (usually some part of the intestine) to bulge out. The bulge is particularly noticeable upon tensing the abdominal wall muscles, such as occurs when coughing, sneezing or straining.

### **Stomas pose an additional problem.**

When a stoma is brought out to the surface of the abdomen it must pass through the muscles of the abdominal wall, thus a potential site of weakness is immediately created. In the ideal situation the abdominal wall muscles form a snug fit around the stoma opening. However, sometimes the muscles come away from the edges of the stoma thus creating a hernia. In this case, an area of the abdominal wall adjacent to the stoma where there is no muscle. Factors that can contribute to causing a stoma hernia to occur include coughing, being overweight or having developed an infection in the wound at the time the stoma was made. The development of a stoma hernia is often a gradual phenomenon, with the area next to the stoma stretching and becoming weaker with the passage of time. This weakness, or gap, means that every time one strains, coughs, sneezes or stands up, the area of the abdomen next to

the stoma bulges, or the whole stoma itself protrudes as it is pushed forwards by the rest of the abdominal contents behind it.

As with all hernias the size will increase as time goes by. Stoma hernias are rarely painful, but are usually uncomfortable and can become extremely inconvenient.

They may make it difficult to attach a bag properly and sometimes their sheer size is an embarrassment as they can be seen beneath clothes. Although a rare complication, the intestine can sometimes become trapped or kinked within the hernia and become obstructed. Even more seriously the intestine may then lose its blood supply, known as strangulation. This is very painful and requires emergency surgery to untwist the intestine and prevent the strangulated part of the bowel from being irreversibly damaged.

Regardless of inconvenience or pain, hernias are defects in the abdominal wall and should not be ignored simply because they might not hurt.

There are surgeons who advocate that small stoma hernias that are not causing any symptoms do not need any treatment. Furthermore, if they do need treatment it should not be by operation in the first instance but by wearing a wide, firm colostomy / ileostomy belt. This is probably true with small hernias in people who are very elderly and infirm or people for whom an anaesthetic would be dangerous (for example, serious heart or breathing problems). We feel that nowadays operative repair of the stoma hernia should be given more serious consideration to improve the quality of life, prevent progressive enlargement of the hernia with time and make it easier to manage the stoma.

### ***Repair of stoma hernias – The usual approach***

If symptoms are severe enough, the hernia is repaired. The repair of a stoma hernia requires that the abdominal wall tissue is made to fit back snugly around the stoma, leaving no weakness. Over the years many different surgical approaches to this problem have been tried.

There are two options. One can move the stoma to a new site on the abdomen, i.e. create a new opening elsewhere and repair the hernia at the old site as one would any other hernia, or one can try to repair the hernia around the stoma, leaving the stoma where it is. Repair of the hernia without moving the stoma

involves opening the abdominal wall over the hernia adjacent to the stoma and re-suturing muscle and supporting tissues in the area. Although this may appear to be the most straightforward way of doing it, this is not always a successful method.

If the original stoma site is unsatisfactory for other reasons, or if the hernia is very large, it may be necessary to re-site the stoma, making a new stoma through fresh, healthy tissue. The area of the hernia, together with the site of the original stoma is then repaired, usually by stitches. This can be a more successful procedure regarding repair of the hernia, but is a more major operation because of the many technical, surgical difficulties in dismantling the existing stoma and transferring it from one side of the abdomen to the other.

### ***A more modern approach***

Whether one chooses to leave the stoma at its original site or to move it, we feel that the hernia itself should be repaired with mesh over and beyond the weakened area to reinforce the whole weakened muscle structure. This is an improvement over the original stitching method and our technique usually enables us to avoid the more major procedure of re-siting the stoma.

Once inserted, the mesh rapidly becomes incorporated within the muscle and surrounding tissue and forms the core of a much stronger area within the abdominal wall. This is very similar to the way builders put a steel mesh inside reinforced concrete. Although the mesh we use is wafer-thin and lightweight (yet extremely strong), the principle is the same, in that the mechanical load becomes spread over the whole area rather than pulling on any individual stitches through the muscles.

This use of mesh, rather than stitches, serves to avoid future recurrences, which happen when the stitches used with other methods are pulled away from the tissue.

Once the bowel is seen to function normally, our kind of mesh repair generally requires 1 or 2 days in hospital, following which a rapid recovery with a more reliable repair can be expected. Because the reinforcing effect of the mesh gives strength to the repair without the tissue distortion and tension of other methods, most patients are able to be

completely mobile and engage in normal levels of exercise within a very few days. Whilst there can be no guarantee of the permanence of any stoma hernia repair, it is felt that this technique offers the least risk of recurrence.

As this is a highly specialised area of surgery, one should take care to seek surgeons with the appropriate level of experience with hernias, and specifically stoma hernias and this technique of repair.

(note- AlloDerm® regenerative tissue matrix has been used as an alternative to mesh)

on personality strengths and an optimistic approach to life rather than the negative.

Pessimistic thinking can limit your enjoyment of life. Replace self-defeating thoughts with more positive ones that you can make happen. For example, let's say you find yourself thinking, "This is a hopeless disaster." Think instead, "This is a problem, but I can brainstorm a solution."

**Learn to fret less.** Stressful situations happen to everyone. Be ready with a list of quick, easy strategies you can use for immediate stress relief. For example, you could count slowly to 10, take six deep breaths, or walk up and down a flight of stairs.

**Boost your confidence.** Do you have a goal that you're working on? Close your eyes, and picture yourself achieving it. Involve all your senses as well as your emotions. For example, if you're training for a 5K, you might imagine the sound of the crowd, the feel of your muscles working, the sight of the finish line, and the surge of pride as you cross it.

**See the positive in a negative.** If you're going through a rough patch, ask yourself what you have gained from the experience. Perhaps dealing with hardship or tragedy has made you stronger, brought you closer to loved ones or deepened your appreciation for life. Finding your silver lining helps you bounce back.

**Feel more connected.** Family and friends are a super source of emotional support. Nurture your relationships to improve your well-being. Look through your phone contacts, and call someone you haven't talked with lately. Expand your social circle by taking a class, joining a club or volunteering for a cause.

**Become more Zen.** Mindfulness involves concentrating on the present moment without critiquing it. It means not living your life on "autopilot." Instead, you experience life as it unfolds, moment to moment, good and bad, and without judgment. Studies show that practicing mindfulness helps manage stress, reduce anxiety and depression, and improve the ability to cope with illness. To see mindfulness in action, sink your teeth into your favorite spring fruit. Then really notice the fruit's appearance, taste, texture and smell. Enjoy every delicious moment.

*"When life gives you a hundred reasons to cry, show life that you have a thousand reasons to smile."*

~Author Unknown

## Gottlieb Professional Building Pharmacy

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## Are You Ready for a Little Spring Cleaning?

Psychology Today, National Institutes of Health

Spring is a good time to declutter your mental cobwebs as well as your closets. The study of happiness, called "positive psychology," has recently become an important area for psychologists to explore. Positive psychology focuses on working



## The Healthy Wonders of Water

WebMD

**Boost energy.** If you're feeling drained and depleted, get a pick-me-up with water. Dehydration makes you feel tired. The right amount of water will help your heart pump your blood more effectively. And water can help your blood transport oxygen and other essential nutrients to your cells.

**Lower stress.** About 70% to 80% of your brain tissue is water. If you're dehydrated, your body and your mind are stressed. If you're feeling thirsty, you're already a little dehydrated. To keep stress levels down, keep a glass of water at your desk or carry a sports bottle and sip regularly.

**Build muscle tone.** Drinking water helps prevent muscle cramping and lubricates joints in the body. When you're well hydrated, you can exercise longer and stronger without "hitting the wall."

**Nourish your skin.** Fine lines and wrinkles are deeper when you're dehydrated. Water is nature's own beauty cream. Drinking water hydrates skin cells and plumps them up, making your face look younger. It also flushes out impurities and improves circulation and blood flow, helping your skin glow.

**Stay Regular.** Along with fiber, water is important for good digestion. Water helps dissolve waste particles and passes them smoothly through your digestive tract. If you're dehydrated, your body absorbs all the water, leaving your colon dry and making it more difficult to pass waste.

**Reduce kidney stones.** The rate of painful kidney stones is rising. One of the reasons could be because people, including children, aren't drinking enough water. Water dilutes the salts and minerals in your urine that form the solid crystals known as kidney

stones. Kidney stones can't form in diluted urine, so reduce your risk with plenty of water.

**Stay slimmer.** Trying to lose weight? Water revs up metabolism and helps you feel full. Replace calorie-filled beverages with water, and drink a glass before meals to help you feel fuller. Drinking more water helps amp up metabolism - especially if your glass is icy cold. Your body must work to warm the water up, burning a few extra calories in the process.

## F. A. S. T.

### Four letters to help identify a Stroke Victim

In stroke care, knowing the symptoms is a huge advantage in treating the stroke itself and the subsequent recovery. The National Stroke Association has a useful acronym (F.A.S.T.) that will help you remember what to look for.

- **Face** - Is one side of the face drooping?
- **Arms** - Does one arm droop downward after both are raised?
- **Speech** - Are words being slurred when speaking?
- **Time** - As the saying goes, "In stroke care, time is brain." If any of the symptoms are met, time is of the essence. Get to the hospital as quickly as possible. Call 9-1-1, Act **FAST**.

## What Is A Fistula?

National Institutes of Health

A fistula is an abnormal passage, or tunnel, between two organs—called an internal fistula—or between an organ and the outside of the body—called an external fistula. In the lower GI tract, both internal and external fistulas can occur. Fistulas can develop during gestation or at any age after birth. Fistulas that develop during gestation are more common in boys than girls.

Fistulas may occur as a result of

- complications following surgery—the most common cause
- childbirth—a fistula can develop between a mother's vagina and rectum

- Crohn's disease, a chronic inflammatory bowel disease that can affect any part of the GI tract
- diverticulitis, an inflammation or infection of small pouches called diverticula that are created by bulging, weak spots on the colon
- infection
- trauma

### Symptoms of Fistulas

Some people with a fistula in the lower GI tract have no symptoms; others may experience

- abdominal pain that begins in one spot and spreads throughout the abdomen
- dehydration
- diarrhea
- fatigue, muscle cramps, or slow growth due to malabsorption—a condition that occurs when the small intestine cannot absorb nutrients from food
- fever, with or without chills

People with any of these symptoms should be evaluated immediately by a health care provider.

### Diagnosis and Treatment of Fistulas

External fistulas can be found during a physical examination. Internal fistulas can be seen during an upper or lower GI series, CT scan or colonoscopy. Internal and external fistulas may close on their own, although this process could take weeks or months. The doctor may prescribe antibiotics to prevent or treat infection resulting from leakage of intestinal contents. Some people may need to stop eating and receive nourishment intravenously to ensure proper healing.

If a fistula does not close on its own, a surgeon may perform intestinal resection surgery.

## Shingles

UOAA update 1/2014 - Ostomoma News, Sonoma Co.

If you have had chickenpox you are at risk for Shingles. It is caused by the same virus that causes chickenpox. Once a person has had chickenpox, the virus can live, but remains inactive in certain nerve roots in the body for many years. If it becomes active

again, usually later in life, it can cause Shingles. The risk of Shingles increases as you get older. These viruses can activate anytime, without warning. There is no way to tell who will get Shingles or when it may occur.

The first signs of Shingles are often felt and may not be seen. These can include itching, tingling or burning. A few days later a rash of fluid-filled blisters appears (only on one side of the body or face). The blisters may take 2-4 weeks to heal. Shingles can be painful and can cause serious problems. For most people, the pain from the rash lessens as it heals. After the rash heals, however, Shingles may lead to pain that lasts for months or even years. This is because the virus can damage certain nerves. Other serious problems that may be caused by Shingles include skin infection, muscle weakness, scarring or decreased vision or hearing.

The older you get, the more at risk you are. This is because the body can't defend itself against the virus as well as it could when you were younger. There is now a vaccine available to prevent Shingles. Everyone should get the vaccine - it's worth it!

(note- many insurance plans will only cover a shingles vaccine after the age of 60. Consult your doctor to determine when you should get this vaccine.)

► A special thank you to everyone who donates to our association. Our largest expense, the cost of printing and mailing this newsletter is continually increasing, and is only made possible through the generous donations of our members.

To make a tax deductible donation, please make check payable to Ostomy Assn of Greater Chicago or OAGC and bring to a meeting, or send to:

Tim Traznik  
Treasurer/OAGC  
40 Fallstone Drive  
Streamwood, IL 60107

Ostomy ~ The New Normal

# Ostomy Association of Greater Chicago

## Confidential Membership Application

We invite you to join our association. You are especially welcome if you have an ostomy, are preparing for surgery, are a healthcare professional and/or have a loved one who has had surgery. We are a completely volunteer-operated ostomy support group. Our mission is to support, educate and advocate for people with ostomies.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Type of Ostomy    Colostomy    Ileostomy    Urostomy    Continent Procedure

Date of surgery \_\_\_\_\_ Age Group <21 22–36 37–50 51–65 66–80 80<

Attend one of our general meetings. There are always friendly people to talk with you. You may even want to participate in our association's leadership. We always need talented people to share in our good work. Membership is free (our funds come primarily through donations). Please mail this application to

Judy Svoboda, President  
605 Chatham Circle, Algonquin, IL 60102  
Or e-mail information to [uoachicago@comcast.net](mailto:uoachicago@comcast.net)

## Red Wine Kills Cancer Cells?

As if you needed another excuse to drink wine. Scientists at Brock University and McMaster University in Ontario are now saying that the growth of lung cancer cells is inhibited when exposed to several types of wine, and especially red wine. Although it's early in the experiment stages, this could lead to a breakthrough in cancer research.

"The juice and skin of the grape together produce polyphenols [which are] chemicals [that] studies have shown to have anti-cancer cell properties," Dr. Evangelia Litsa Tsiani, associate professor and research team member at Brock University, explained.

But don't start drinking a couple more glasses of Pinot noir every week just yet. Dr. Tsiani said that the research is nowhere near completion and the whole process could take a couple of years. Right now they are just working with stem cells, and then they would need to study animals before studying humans before we really know if wine is a cancer killer.

*"A dream you dream alone is only a dream. A dream you dream together is a reality."*

~ John Lennon

*Fear less, hope more;  
eat less, chew more;  
whine less, breathe more;  
talk less, say more;  
hate less, love more;  
and all good things are yours.*

~Swedish Proverb

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**The New Outlook**  
**514 Knox St.**  
**Wilmette, IL 60091**

Return Service Requested



*We invite you to attend our general meetings. Relatives, friends, doctors, and nurses, as well as our members—any interested people—are invited and welcome. Our association has a team of trained volunteer listeners available to discuss the concerns of patients. Healthcare professionals and families are urged to use this free benefit. When you know of a patient who would like to talk to a person who has been there and done that, please call the visiting chairperson (see page 2).*