

# The New Outlook

JULY 2014



NEXT MEETING  
Wednesday, July 16, 7:30 pm

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

## Last Months' Meeting (our 441st)

Even with the threat of thunderstorms, we had a full house for Joe King from Coloplast. He showed us all the accessories Coloplast has to offer, including the No Sting adhesive remover in wipes and spray, barrier wipes and spray, and the elastic barrier strips that secure the position of the barrier. Joe also provided samples for us to try the products.

But most interesting is the new Sensura Mio, designed to fit each person's unique shape. Called BodyFit® technology, the Mio elastic barrier is thin and flexible, moving with you during all types of activities. The pouch's innovative full circle filter is designed to prevent clogging and allow gas to reach the charcoal filter, to help prevent ballooning. The new fabric is soft and water resistant.



The Mio is available for all types of ostomies with user action points highlighted in teal.

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.

Our next meeting, July 16, will feature Personal Trainer Ben Rudzin. Ben will help us understand how to develop a fitness plan that works, including nutrition guidelines to help us achieve our goals.

Attending your first meeting? Simply park in the underground garage, enter the Parkside Center and take elevator B to the 10th floor then hallway to the right. There are always supportive ostomy veterans to chat with you.

**We're going GREEN!** Paper is so 20th century!  
Thanks to everyone who volunteered to receive this newsletter via email. If you have Internet access, you can save us money by joining our electronic distribution list. To try the electronic version, send e-mail request to: [uoachicago@comcast.net](mailto:uoachicago@comcast.net)

## Ostomy Association of Greater Chicago (OAGC)

Established 1975

### President

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## Wound Ostomy Continence Nurses (WOCN)

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*Lurie Children's Hospital*

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

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*Little Company of Mary Hospital*

Kathy Garcia, Jola Papiez 708-684-3294

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*Saint Francis Hospital*

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*Presence Home Care*

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(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

July 16- Ben Rudzin, Personal Trainer

August- NO MEETING

September 20- Dr. Eugene Yen, Gastroenterologist

October 15-

November 8- Midwest Regional Ostomy Education  
Conference in Arlington Heights

December 10- Annual Holiday Gala

### More area support groups:

#### Northwest Community Hospital

Arlington Heights. August, Oct. Dec., 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

The second Tuesday at 7:00pm, Provena Mercy  
Center. Contact 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 Illinois

Hollister in Libertyville, 10:00am the 3rd Saturday,  
every other month. Meetings are in January, March,  
May, July, September and November. Contact Barb  
Canter 847-394-1586 [barb1234@sbcglobal.net](mailto:barb1234@sbcglobal.net)

*Volunteers are not paid.... not because they are  
worthless, but because they are priceless!*

*Here & Now*  
with Patricia Johnson

I wrote an article about some tips on dressing with a stoma and the ensuing paraphernalia. It was in the June newsletter titled “No Sweats”. It was, I hope, well received because I have been asked to write a column.

The only qualifications I have are a stoma and an English/Political Science degree from Loyola University conferred on me a long time ago. I received the stoma in 2012. Oh, and I like to read. I have never written anything for the general public except the June article. Things I have written have been for my family, in a journal, and long letters to my sister in North Carolina and a very dear friend in Ohio. I love to write letters.

At the May meeting at Lutheran General I was asked to write a column. The idea intrigued me so I said ahhh...

On the way home my husband and I tossed around the idea and some names for the column. What follows are the results of our labor:

The everyday nuts and bolts of living with a stoma:

Practical Poop From Pat's Pouch.

The erudite:

Practical Ponderings by Pat.

The informed opinion:

Patricia's Perspectives.

As you can see we were trying (unsuccessfully) to get my name in there. We were also big on alliteration which continued with: Stoma Stories, Stepping Out With A Stoma, Stoma Surprises, (I'm sure we've all had them), and Guts and Glory.

To show strength:

Intestinal Fortitude.

And just as we pulled into the driveway:

Fun With Your Stoma.

I decided on **Here and Now**. A stoma, whether for a colostomy, ileostomy or urostomy, has given us today. A day we might not have had otherwise. I am surprised at the turns my life has taken and I am looking forward to this new adventure. **Life is good.**

In a future column, I would like to write something about the things we have figured out on our own, euphemisms and names given stomas. I would like your input for this. We all have a wealth of experience and knowledge to share. I would like this



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to be light and upbeat. I will not use your names. If you would like to contribute something, please e-mail me. Your input will be greatly appreciated. My e-mail address for this is: [hereandnow@wowway.com](mailto:hereandnow@wowway.com)

## Continuing Your Social Life with an Ostomy

UOAA UPDATE 6/2014

Your social life can be as active as it was before surgery. You can enjoy all activities: meeting people, attending concerts, sporting events, civic and social club meetings, parties, religious occasions or whatever you enjoyed before. The first time you go out of the house after surgery, you may feel as if everyone is staring at your pouch, even though it is not visible under your clothing. You can feel your pouch on your body, but no one can see it. Keep those concerns in mind. Did you know what an ostomy was or where a stoma was located or what it looked like before you had surgery?

You may also worry about your pouch filling with gas and sticking out under your clothing. A quick trip to the restroom can take care of this problem. If you are worried about your pouch filling up immediately after eating at a social event, remember, people without ostomies often need to go to the restroom after eating and nobody will think it is unusual if you do the same! You will probably find that you need to empty your pouch less often than you need to urinate.

**Friendship and love** - You may be wondering about your relationship with others. Now that you have an ostomy, you may feel that it will change your present relationships and decrease new opportunities for friendship and love. True friendships and deep relationships on any level are built on trust and mutual understanding. These qualities depend on you and other persons. You have the same qualities you had before surgery and your ability to develop friendships is unchanged. If you care about yourself, others will feel your strength and will not be deterred. If your ostomy does cause a break in friendship, or relationship or even marriage, this relationship was not built upon trust and mutual respect and probably would have crumbled sometime in the future anyway.

### **A Stoma Tells It's Story**

Mary Lou Thomas, RN, ET, North Arundel Hospital  
via OAB Bulletin, Boston 2012



**Hi, I'm a stoma!** I am great when you think about it. I must admit I have upset many people. Some people even consider me crude, rude and socially unacceptable. Well, excuse me!! Just about everyone gets bent out of shape when their doctor says, "It may be necessary to create a stoma". Me!! They make it sound like a dirty word. Listen, it isn't the greatest for me either. I'm usually created from a piece of your intestines. I guess you know all about that. And then, just maybe you don't. So I will tell you Becoming a stoma wasn't my original function. No sirreee!! I used to just lie there in your abdomen, minding my own business. Then boom!! Some surgeon decided - let's make a stoma. He had a nerve! Why?? How could he consider such

a thing? Well, I guess it was because you hurt so much, because you were very sick from a disease like Ulcerative Colitis or cancer, from a trauma like that automobile accident or from a birth defect. Your surgeon knew that by putting me to work, you could be free of discomfort and problems. In truth, so you could get on with living.

If that is why I was created, then why do so many people complain about me? Did you know that I am not given to just anyone? You see, there is a lot of planning and evaluation of each human being before I am created. So I know you can say only a "chosen" million or so are lucky enough to have me. You see - my people are special. My people are not like the normal run-of-the-mill people. I must say it takes them a while to recognize that fact. And, sad to say, there are a few who never do.

It isn't easy being a stoma! Some of you just don't understand what a miracle I am! Listen, before creation, I just lay quiet and usually content in your abdomen. Now I work! It's rather easy when fecal waste comes through because that's what I'm used to. But some character decided, why not water waste as well? We then found out that character was very wise because that works also. You think YOU have problems adjusting! Phooey. Did you realize that I am a delicate mucus membrane? Yet I am durable but some people think I am asphalt tile. Thank God, I don't have feelings. But my friend skin does. You want complaints? Give a listen to her sometime. She really gets upset because of ulcers, fungus, irritants, barriers, etc. We are a team! And a darn good one. I'm moist, she is dry. I'm pink red, she is natural. I'm smooth, she is a little bumpy.

One of my biggest problems is my size. I am not always the same size from one human to the next. I am not always round. I don't always protrude nicely. Then why do some of you insist that my pouch opening is always the same? You need to check my size once in a while and fit me appropriately. Your shoes fit, don't they?

Some of you complain because I'm not pretty. Well, your anus wasn't Miss America! I think I am attractive. I am red like a rose. I am always moist if I am healthy. And, I don't smell. My discharge can't help what you put in your mouth. If you care for me with thought and keep my equipment clean, that just about takes care of that.

In closing, let me say you can live a good life, a productive life. It's up to you. Believe me, I do not deserve a pedestal life. I am just part of you trying to do my job. All I ask is that you be honest about me. The doctors, special nurses, other professionals and your Ostomy Association are always ready, willing and able to help you.

## Circulatory Disorders of the GI Tract

American College of Gastroenterology

The small intestine and the colon have a relatively restricted blood supply and are frequently affected by circulatory disorders, whereas the esophagus, stomach, and rectum are well supplied with blood and are only occasionally involved in circulatory disturbances.

The colon is commonly affected by ischemia (reduction of blood flow to a level not permitting normal function). In most cases, symptoms subside within days and healing is seen within 2 weeks. Antibiotics and bowel rest usually suffice. In complicated disease, damaged parts of the colon must be removed surgically.

Acute mesenteric ischemia results from inadequate circulation of blood to the small intestine. Treatment is aimed at dilating (opening) the blood vessels with drugs and/or surgery to restore intestinal blood flow and to remove any irreversibly damaged bowel.

Chronic mesenteric ischemia results when blood flow to the small intestine is reduced to an insufficient level. It causes pain associated with eating. Surgery is often warranted to correct the problem.



## Diverticulosis and Diverticulitis

United Institutes of Health

Diverticula are small pouches that bulge outward through the colon, or large intestine. If you have these pouches, you have a condition called diverticulosis. It becomes more common as people age. About half of all people over age 60 have it. Doctors believe the main cause is a low-fiber diet.

Most people with diverticulosis don't have symptoms. Sometimes it causes mild cramps, bloating or constipation. Diverticulosis is often found through tests ordered for something else. For example, it is often found during a colonoscopy to screen for cancer. A high-fiber diet and mild pain reliever will often relieve symptoms.

If the pouches become inflamed or infected, you have a condition called diverticulitis, which occurs when a small, hard piece of stool is trapped in the opening of the diverticula. The most common symptom is abdominal pain, usually on the left side. You may also have fever, nausea, vomiting, chills, cramping, and constipation. In serious cases, diverticulitis can lead to bleeding, tears, or blockages. Your doctor will do a physical exam and imaging tests to diagnose it. Treatment may include antibiotics, pain relievers, and a liquid diet. A serious case may require a hospital stay or surgery.

Surgery involves removal of the segment of colon containing the diverticula. While the patient is deep asleep and pain free (general anesthesia), an incision is made in the midline of the abdomen.

After the diseased area is removed, the healthy ends of the colon are sewn back together. Occasionally, especially in cases of diverticulitis, where there is significant inflammation, a colostomy is performed. After the inflammation has resided, the colostomy is removed and the healthy ends of the colon are sewn back together.

## ~Tips~

Sometimes we can get so absorbed and focused looking at our stoma site to get that appliance on just right we forget we're bent nearly in half. Stand up straight when applying your pouch! If you can't stand, do your best to sit up straight while making a change. Upright posture helps ensure that the abdomen doesn't have any unnecessary creases that will undermine a good seal.

Don't spread paste on the entire back of the barrier; this will produce poor results. Use paste sparingly to fill uneven areas around the stoma. Consider paste as a filler, not an adhesive. If your skin around the stoma is smooth, you probably don't need paste at all.

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## Surprising Home Uses for Sugar

Internet Sources



In case you need more of a reason to keep the sugar jar full, it turns out the sweet stuff comes in pretty handy around the house. Here are some of the most surprising and unusual ways to put it to good use.

**1.Keep cut flowers looking fresher longer.** Stir 3 teaspoons of sugar and 2 tablespoons of vinegar into a vase of warm water, then add flowers. The sugar feeds the stems, while the vinegar stops bacteria from forming.

**2.Remove grass stains.** Combine sugar and warm water to create a thick paste; apply directly to the grass stain. Let the mixture sit on the stain for about an hour or two, then wash the garment as usual.

**3.Cool a burning tongue.** Drank your coffee too fast? Suck on a pinch of sugar or a hard sugar cube to help relieve the sting.

**4.Trap flies and wasps.** Cook up a batch of simple syrup by mixing two parts sugar with one part water and bringing it to a boil. Once it cools, pour the syrup into a large mason jar and set it outside or on a windowsill. The sticky mixture will trap the bugs.

**5.A spoonful of sugar helps the medicine go down.** Mary Poppins said it herself, and studies have proven it: Babies and infants who were given sugar-water before immunization didn't react as badly to the pain of the shots as children who didn't get a taste of the sweet stuff beforehand.

**6.Clean your coffee or spice grinder.** Pour 1/4 cup of sugar into to your coffee or spice grinder and let it run for a few minutes. It'll break down and clean out all the excess oils that have built up in the machine over time. Just remember to dump out the grinder afterward and wipe it clean.

**7.Keep breads and cakes fresh.** Add a few sugar cubes to the airtight container holding the baked goods.

**8.De-gunk your hands.** Combine a little bit of olive oil and sugar, then rub the mixture all over your hands to remove dirt and grease.

**9.Banish bugs and roaches.** Although sugar can be a pest's best friend, the addition of baking powder can make it their worst enemy. Combine about 2 tablespoons each of sugar and baking powder in a bowl, and sprinkle the mixture over any places you suspect bugs are hanging out. Reapply as needed and clean up often.

**10.Treat wounds.** Studies show that sprinkling some sugar on a bedsore or ulcer before cleaning and dressing it can help kill bacteria.

**11.Rid nematodes from your garden.** If your plants or plant roots look a little bumpier than normal, you may have nematodes, a pest garden worm. If that's the case, sprinkle plants and the soil around them with handfuls of sugar. This will encourage the "good" worms and microorganisms to reproduce in the soil and create a hostile environment for nematodes.

**12.Stop cheese from molding.** To keep your favorite blue from turning fuzzy, place a sugar cube with the cheese in an airtight container.

*"Into each life some rain must fall."* - Longfellow

## Ostomy Output After Surgery

Inside Out- Winnipeg Ostomy Assoc.

### COLOSTOMY:

The stool from a colostomy can vary slightly in consistency, depending upon how much of the colon has been removed or bypassed. For most colostomies (in the sigmoid or descending colon), the stool will be formed because the water, salt and potassium has been absorbed by the time the stool enters into the sigmoid portion of the colon and used by the body. How quickly it returns to a formed bowel movement is dependent upon how quickly you return to a regular diet. Initially you might find that the stoma will function for small amounts of stool, either pasty or formed, several times a day. However, once you return to your regular habits of diet and exercise, you may find that stool function becomes somewhat more regulated, less often (once or twice a day) and perhaps even predictable. It's important to get into the habit of drinking plenty of fluids and gradually introducing fruit, vegetables and other high fiber foods into your diet. You can still get constipated with a colostomy. If constipation persists, you should check with your stoma nurse. You should also consult your stoma nurse if you experience no output going into the pouch, associated with severe pain.

### ILEOSTOMY:

The person with an ileostomy has no voluntary control over the passage of stool or gas because, unlike the anus, the stoma has no sphincter muscle. As a result, an external appliance must be worn at all times. The stool from an ileostomy is initially quite loose. It may take 24-48 hours (after surgery) before the ileostomy will start to function. Prior to that, there may be bloody drainage present in the appliance. Once the ileostomy starts to function, the contents may be loose, thin, watery and greenish looking. This is known as bile. Ileostomy stool will always be loose because the colon (large bowel) has either been removed or bypassed with the surgery and less water and salt is absorbed. As the small bowel adapts to this change (which takes several weeks), the stool should gradually thicken to an (oatmeal) or toothpaste consistency. The stool from an ileostomy should never be formed. Changes in the consistency of the stool will vary during the

course of a day depending upon the types and quantities of fluids and foods consumed. You might find that stool will pass into your appliance anywhere from 1 1/2 to 4 hours after eating and drinking.

### UROSTOMY:

The flow of urine from a urostomy is continuous and a urostomy bag with a tap will be worn which will need emptying several times per day. The urine may contain some mucous. The urostomy bag will usually be attached to a night drainage bag at night time which will be changed every 1-3 days according to personal preference.

## Urostomy Types

By Victor Alterescu, CWOCN

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

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

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

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

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

Drinking fluids is essential for urostomates. Kidneys are happy when they have lots of work to do. Show me someone who does not produce much urine and I'll show you two unhappy kidneys! Drinking water

may be the single most important thing that a person with a urostomy can do.

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

### The Spouse's Role

Regina Ostomy News, Jan/Feb 2013; Spouse & Family Support for Ostomates, UOAI, via Oshawa & District

Your role as a spouse is one of support and encouragement. These elements are vital to any relationship and provide a basis for an emotional recovery and acceptance of the ostomy. This life-saving, body-altering procedure can affect people in different ways. How you react to the physical changes from surgery will be conveyed to the ostomate in many ways. Watch your body language. If you were a person who liked to cuddle before the surgery, then continue to reach out to your spouse. Couples have a tendency to "protect" each other and not be truthful about their feelings. Initiate open communications with your spouse and discuss any concerns either of you may have about the surgery (i.e., fear, anger, resentment, relief). Ask questions about changes you do not understand.

It is likely that you and your spouse may have anxieties about becoming intimate. Talk to your spouse about any physical limitations, pain (if present), fears about being naked, leakage, odor and rejection. Body image is one of the major issues after ostomy surgery. A good sense of humor is an important factor that will be very beneficial during the adjustment phase. It helps you and your spouse deal with some of the unexpected events during this time.

Ostomates should have instructions about self-care from an ostomy nurse prior to leaving the hospital. Be supportive in providing assistance in caring for the ostomy but remember it is their ostomy! If the ostomy patient is physically capable, do not take on the role of total caregiver. Encourage independence


in taking care of the ostomy, it can be the first step toward regaining self-esteem.

REMEMBER...The person with an ostomy has not changed, only their anatomy has. How you and your spouse accept that change will influence your quality of life. Armed with adequate information and a positive outlook, you may find that having a family member


who has survived body-altering surgery often leads the entire family to a greater appreciation of life.

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### Ostomy Prayer

By NY Sandy circa 2002

Now I lay me down to sleep.  
I pray the Lord my flange won't leak.  
If I have gas before I wake,  
I pray the Lord my bag won't break!!

Ostomy ~ The New Normal



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According to obesity experts, walking is a first-rate weight controller. Walking is an aid to digestion, elimination and sleep. Walking is an antidote for tension. In fact, walking and breathing freely so helps the circulation that every part of the body benefits.

A one hour walk can reduce blood pressure to a safe level. Maintaining a steady pace while walking keeps the circulation flowing freely, the lungs breathing, and the eyes taking in sights they never noticed or appreciated before. In twenty minutes, you can comfortably do a mile and smile.

## MIDWEST REGIONAL OSTOMY EDUCATION CONFERENCE

Presented by OAGC and Hollister

Saturday, November 8, 2014

The Double Tree Hotel  
75 W. Algonquin Road  
Arlington Heights Rd exit off I-90  
Arlington Heights, IL 60005

Join us for this one day Ostomy Education Conference filled with information for and about ostomies.

### Medical Advisor:

Bruce A. Orkin, MD  
Vice Chair for Academic Affairs, Department of General Surgery  
Chief, Section of Colon and Rectal Surgery  
Rush University Medical Center

### Speakers:

Dr. Bruce Orkin, Colorectal Surgeon; Dr. Tiffany Taft, Psychologist; Dr. Renjie Chang, OB-GYN; Stephanie Horgan, Clinical Social Worker; Jan Colwell, APN, CWOCN; Karen Blum, APN, CWOCN; Madelene Grimm, CWOCN; Kesuri Sethurama, Physical Therapist; Brenda Elsagher, Author "I Want to Buy a Bowel"; Ally Bain, Law Student drafted Restroom Access Law (Ally's Law); Sessions for family/spouses

### Stoma Clinic:

Organized by Diane Zeek, NP, CWOCN. You will need to bring an appliance change. Information on making appointments will be provided closer to event.

### Schedule:

8:00am - Registration/Continental Breakfast  
8:00am - 4:00pm - Vendor Fair  
9:00am - 5:00pm - Sessions (with lunch break)  
9:00am - 3:00pm - Stoma Clinic  
6:00pm - Casual Evening Social

**Registration is now open.** Complete form on next page, or go to [www.uoachicago.org](http://www.uoachicago.org) to register online and pay via Credit Card.

If any attendee wants to stay over night, in addition to the Double Tree, there are a variety of price options; a Courtyard, Red Roof Inn, Motel 6, Holiday Inn Express, Wingate Inn and Jameson Inn.

# MIDWEST REGIONAL OSTOMY EDUCATION CONFERENCE

Saturday November 8, 2014 Arlington Heights, Illinois

## REGISTRATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

TYPE OF SURGERY (check what you have or will have)

Colostomy   Ileostomy   Urostomy   J-Pouch   Continent Urostomy   Other \_\_\_\_\_

Are you a member of a support group? \_\_\_\_\_ Name of group \_\_\_\_\_

Name of Attendees (for badge)	Relationship	Cost	Box lunch choice	
1. _____	Self	\$25	Turkey	Beef
2. _____	Spouse	\$20	Turkey	Beef
3. _____	Family/Friend	\$20	Turkey	Beef
4. _____	Family/Friend	\$20	Turkey	Beef

Children under 12

1. _____	Patient	Family/Friend	n/c	Turkey	Beef
2. _____	Patient	Family/Friend	n/c	Turkey	Beef

Total:   Adults (12+) \_\_\_\_\_   Children(<12) \_\_\_\_\_   Total Cost \$ \_\_\_\_\_

Will you attend the evening social event?   Yes or No \_\_\_\_\_

**There is no charge, but we need a count for catering.**

Check sessions that would interest you:   Colo-rectal Surgeon   Urologist   Pharmacist  
Physical Therapist   Psychologist (patient)   Psychologist (family/caregiver)   Dietician  
Skin   Hernia   Intimacy   Ask the Nurse (panel of WOCNs)   Meet other spouses/caregivers  
Other \_\_\_\_\_

**>Please note – you are not registered for any specific sessions. This information is for scheduling purposes only.**

Please send this form with check payable to:

Ostomy Association of Greater Chicago  
Judy Svoboda/President  
605 Chatham Circle  
Algonquin, IL 60102

Or go to our website [www.uoachicago.org](http://www.uoachicago.org) to register online

# 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<

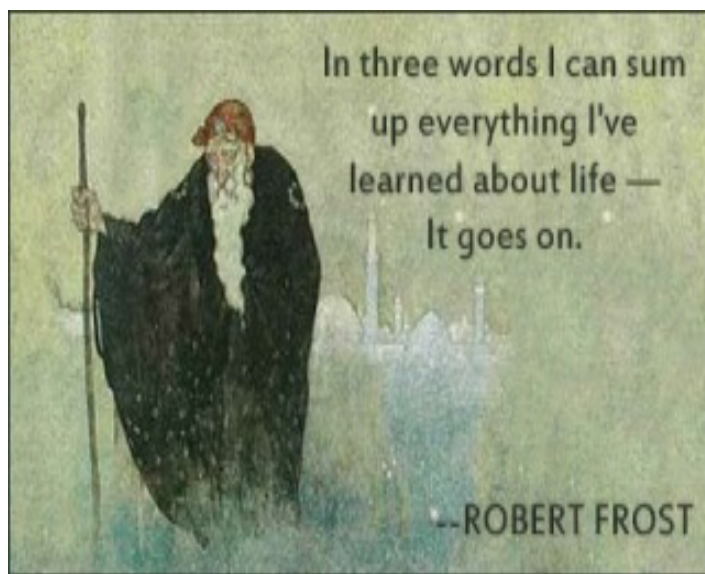
Attend one of our general meetings. There are always friendly people to talk with you. You may even want to participate in our association's leadership. We always need talented people to share in our good work. Membership is free (our funds come primarily through donations). Please mail this application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

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

► 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

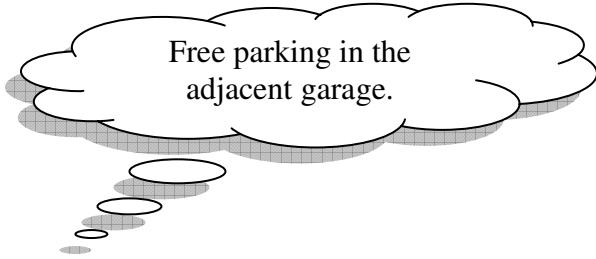


UOAA is on Facebook  
[www.facebook.com/UOAAinc](http://www.facebook.com/UOAAinc)  
Like us!

The information contained in this newsletter and on our website is intended for educational purposes only, and is not a substitute for the medical advice or care of a doctor, surgeon, WOCN, licensed pharmacist or other health care professional.

**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).*