Ostomy Association of Greater Chicago

The New Outlook

June 2015

NEXT MEETING
Wednesday, June 17, 7:30 pm

Lutheran General Hospital
1775 Dempster St., Park Ridge, IL

Special Functions Dining Room
10th Floor

Last Months' Meeting (our 449th)

Our special guest was Jan Colwell, APN, CWOCN, University of Chicago. Jan gave an in depth presentation of the important work being done by Friends of Ostomates Worldwide (FOW). Founded in 1986, FOW is a non-profit, totally volunteer run organization that sends products to countries that have no access to ostomy supplies. Patients use plastic bags, metal cans, rubber gloves and rags.
Individual donations no longer need to be in original packaging, but must be unused. Donations are tax deductable.
For more information visit www.fowusa.org.
After Jan's FOW presentation she led a very informative Q & A on ostomy issues.

Our next meeting, June 17 is our annual Summer Solstice "picnic". Featured guests are Hedy Holleran and her team from Hollister. They have new products to show and services to discuss. Whether you've had your ostomy for 2 months or 30 years, the Secure Start program will give you individual care and assistance. Hollister is always fun and informative when they visit us, so don't miss this opportunity!

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.
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.

We're going GREEN! Paper is so 20th century! Thanks to everyone who voluntarily 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**

Be sure to add us to your address book or safe sender's list, and **check your email inbox**.

United Ostomy Associations of America, Inc.

www.uoachicago.org

www.ostomy.org

Ostomy Association of Greater Chicago (OAGC)

Established 1975

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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, Michele Kaplon-Jones	773-702-9371 & 2851
University of Chicago	
Jennifer Dore	847-570-2417
Evanston Hospital	
Kathleen Hudson	312-942-7088
Rush University Surgeons & Ostomy Clinic	
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	
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, Barb Stadler	630-933-6562
Central DuPage Hospital	
Kathy Thiesse, Nanci 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	
Sarah Grcich	219-309-5939 or 219-983-8780
Porter Regional Hospital & Ostomy Clinic	
Valparaiso, Indiana	

National UOAA Virtual Groups

Continent Diversion Network: Lynne Kramer	215-637-2409
Familial Adenomatous Polyposis (FAP) Foundation: Travis Bray	334-740-8657
Friends of Ostomates Worldwide - USA: Jan Colwell	773-702-9371
GLO Network: Fred Shulak	773-286-4005
Ostomy 2-1-1: Debi K Fox	405-243-8001
Pull-thru Network: Lori Parker	309-262-0786
Quality Life Association: Judy Schmidt	352-394-4912
Thirty Plus: Kelli Strittman	410-622-8563

Upcoming Meetings at Lutheran General Hospital

June 17, 2015 – Hedy Holleran, Hollister
July 15, 2015 – Steve Vandevender, Convatec
August – NO MEETING

Additional area support groups:

Northwest Community Hospital

Arlington Heights. 2nd Thurs at 1:00 pm every other month. 4/9, 6/11, 8/13, 10/8, 12/10. All 2015 meetings will be in the Kirchoff Center, 901 Kirchoff, Conference room. Contact Carol Stanley 847-618-3215, cstanley@nch.org

Southwest Suburban Chicago

The third Monday at 6:30pm, Little Company of Mary Hospital, Evergreen Park. Contact Edna Wooding 773-253-3726, swscost@gmail.com

Sherman Hospital, Elgin

The second Wednesday of each month at 2 pm. Lower level Conference B. Contact Heather LaCoco 224-783-2458, Heather.Lacoco@Advocatehealth.com or Tom Wright, tomwright122@att.net

DuPage County

The fourth Wednesday at 7:00pm, Good Samaritan Hospital, Downer's Grove in the Red and Black Oak Rooms by the cafeteria. Contact Bret Cromer 630-479-3101, bret.cromer@sbcglobal.net

Aurora

The second Tuesday at 7:00pm, Provena Mercy Center. Contact John Balint 630-898-4049, balint.john@yahoo.com

Will County

2:00 p.m. the last Saturday of Feb, Apr, Aug and Oct in the Riverside Medical Center Board Room, next to the cafeteria. Also a June picnic and December holiday party. Charlie Grotevant 815-842-3710, charliegrtvnt@gmail.com

Lake County Illinois

Hollister in Libertyville,10:00am the 3rd Saturday, every other month. Jan, March, May, July, Sept, Nov. Contact Barb Canter 847-394-1586, barb1234@sbcglobal.net

Loyola University Health System, Maywood

The 2nd Wednesday of the month at 7:15 in the Cardinal Bernadine Cancer Center 2nd floor Auditorium A. Contact Robin Handibode 708-205-6664 or Nanci Stark, WOCN 708-216-8554, nhstark@lumc.edu

Valparaiso, Indiana

Porter Regional Hospital, 1st floor Community Room. 6:30 pm the 4th Thurs., Jan – Oct. Contact Sarah Grcich 219-309-5939, Sarah.Grcich@porterhealth.com

Here and Now

with Patricia Johnson

Hope

I spent several months very concerned that the colectomy I had in 2012 was the biggest mistake of my life. I needed to speak to the doctor who was treating me here in Elgin about the months leading up to the surgery. Was surgery really necessary? Had there been something else that could have been done to save my colon? Why not Remicade again? But I did not know how to go about it. It was a very difficult time, and the more these questions haunted me the less acceptance I had for the ileostomy.

Then at the end of April I spent 6 days, including my birthday, in the hospital because of a blockage that wouldn't open. My sister-in-law and I were on the train, going to Chicago when I started to feel sick. You may be wondering why someone with a blockage would get on a train. I'm pretty sure that was what Jan Colwell thought when I called her. I was fine when we boarded the train. By Bartlett, the third stop, I was feeling "uncomfortable" and didn't know why. By Chicago I knew. Blockages or obstructions are painful. I compare them to labor, the pain grows in intensity and recedes only to come back again. Men, if you have had a blockage you now know what labor is like, only there is no baby at the end.

At the May meeting Jan reviewed for us the steps to take if you are experiencing a blockage. The goal is to get your intestines moving again. You can do this by walking, drinking grape juice, placing a heating pad on your abdomen, taking a hot bath or shower, or laying down and pulling your knees up to your chest. If these don't work call your WOC nurse. None of these worked for me.

When I called U of C and spoke to Jan, it had been 8 hours. Jan recommended that we go to North Western because it was closer than U of C. My husband arranged for a cab to pick us up and take us there. In the ER they inserted an NG tube, which was NOT a good experience. It was very uncomfortable and I felt like an elephant, especially when walking. It hung there gently swaying along with all the other paraphernalia I carry with me when I am walking in the hospital. I now have a greater empathy for elephants.

Because the word "surgery" was mentioned I wanted to be at U of C where my surgeon is. This resulted in my first ambulance ride. For some reason I thought it was very funny to be in an ambulance going from one hospital to another, except when we hit a bump. I always just assumed that ambulances, by nature of what they were transporting, had better shock absorbers. They don't. Nor does the ambulance team necessarily know where they are going. We circled the hospital complex 3 times before they found the right entrance to deliver me.

It is now June and I must say that there have been many good things to act as counter balance. I did not need surgery. The rainy, cool weather has caused the trees and flowers to burst onto the scene and stay awhile. I can smell the lily-of-the-valley as I walk by and am dazzled by the Miss Kim lilacs. The garden that I worked so hard on last summer and looked so dead when I went into the hospital was beautiful when I got home. Looking at the blue, purple, pink, white and yellow flowers was breath taking!

I still wanted to speak with my original doctor to understand why ileostomy surgery was the only choice he gave me in 2012. He was very kind and spent a long time with Dale and me. I now know that I had run out of options, the only thing left was surgery. There need be no more doubts. Because of this conversation I have a greater sense of peace and acceptance regarding the ileostomy. This experience was difficult but was needed for me to continue to heal.

May wasn't the most wonderful time of the year. But it held such promise for new friends, lovely gardens and warm weather. A time of feeling well, and being healthy, opening our home to guests, working in the gardens. It has been a time of new beginnings. Isn't that what Spring is all about?

Now I am ready to go, whether it is out to the backyard to read a good book in the swing, on a walk in the neighborhood with (dog) Lana or across the country. Summertime and the feeling is fine.

Life is good!

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Loyola University Health System, Maywood to our family of area support groups. Meeting details on page 2.
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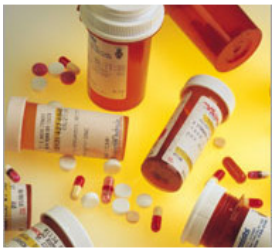

Generic Drugs: Fact or Myth?

U.S. Food and Drug Administration

Generic drugs are as safe as brand name drugs.
Answer: Fact
Generic drugs are reviewed by the FDA and go through the same review as brand name drugs. A generic equivalent drug must have the same active ingredients and must be chemically equal to the brand name drug. Unless there are allergies or an unusual situation, generic drugs are generally considered as safe as brand drugs.

Generic drugs are available for all prescriptions.
Answer: Myth
Not all brand name drugs have a generic equivalent. However, 70 percent of all prescriptions are now filled with generic drugs. It is likely that there's a generic drug available for your prescription. Check with your doctor about generic drugs that may help save you money.

Generic drugs costs less.
Answer: Fact
According to the FDA, the cost of a generic drug is, on average, 80-85 percent lower than the brand name drug. To help save money, think about asking your doctor if a generic drug is available for your prescription.

Generic drugs cost less because they don't work as well as brand name drugs.
Answer: Myth
Generic drugs have to meet the same FDA standards as brand name drugs. The reason they cost less is because once a brand name patent has expired, other drug companies can make a generic version. Once there is more supply in the market, prices come down. Since generic drug companies don't usually spend a lot of money on advertising, marketing and promotions, and don't need to recapture research and development dollars, those savings are reflected in the price of generics.

Generic drugs are as effective as brand name drugs.
Answer: Fact
According to the FDA, compared to a brand name drug, a generic equivalent:

- Has the same active ingredients
- Works the same in the body
- Is as safe and effective
- Meets the same standards set by the FDA

Moving past denial

Mayo Clinic

When faced with an overwhelming turn of events, it's OK to say, "I just can't think about all of this right now." You might need time to work through what's happened and adapt to new circumstances. But it's important to realize that denial should only be a temporary measure — it won't change the reality of the situation.

It isn't always easy to tell if denial is holding you back. If you feel stuck or if someone you trust suggests that you're in denial, however, you might try these strategies:

- Honestly examine what you fear.
- Think about the potential negative consequences of not taking action.
- Allow yourself to express your fears and emotions.
- Try to identify irrational beliefs about your situation.
- Journal about your experience.
- Open up to a trusted friend or loved one.
- Participate in a support group.

If you can't make progress dealing with a stressful situation on your own — you're stuck in the denial phase — consider talking to a mental health provider. He or she can help you find healthy ways to cope with the situation rather than trying to pretend it doesn't exist.

Life is all memory except for the one present moment that goes by so quick you can hardly catch it going.

- Tennessee Williams

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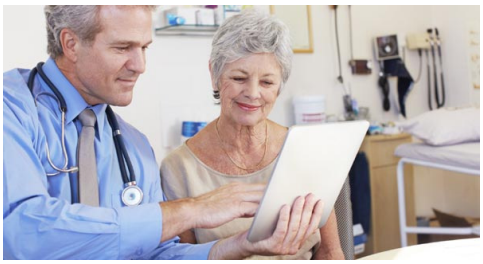
New way to cut Medicare costs

By Jennie L. Phipps • Bankrate.com

The Centers for Medicare and Medicaid Services just unveiled a next-generation program that gives patients financial incentives to do what the doctor orders.



The program encourages Medicare patients to sign up for Accountable Care Organizations, or ACOs, that can cut their health care costs. Medicare ACOs, which were first announced in late 2011, are groups of doctors, hospitals, and other health care providers and suppliers who come together voluntarily to more effectively control costs and share the resulting savings between providers and Medicare. Adding patients to those getting a financial benefit is the latest step for this innovative Affordable Care Act program.

Most aspects of this new plan will start in January 2016 and allow some patients now enrolled in traditional Medicare to join an ACO and have their co-pays reduced or eliminated for basic services like doctor visits, according to Dr. Patrick Conway, CMS chief medical officer, who gave a press briefing this week. "Coordinated care will actually give patients more choice while saving them money," Conway says.

While some states have battled and rejected key aspects of the Affordable Care Act, almost all of them are represented in the ACO experiments, according to Conway, because ACOs have been successful in cutting costs and giving doctors more control over how they manage their practices. Conway says these affiliations have:

- Decreased the number of hospital admissions and readmissions.
- Decreased the number of unnecessary tests and reduced the use of low-value imaging.
- Encouraged the adoption of telemedicine and electronic patient monitoring devices, particularly for patients with chronic diseases like congestive heart failure.
- Given more patients better access to disease self-management tools.
- Encouraged the broader use of electronic records to better manage the needs of patients who have multiple ailments and see many doctors.

The program also has offered some successful incentives that result in patients spending less time in nursing and rehabilitation facilities. "These incentives help patients get better and get home," Conway says.

Allow patients to opt in

Previously, patients couldn't voluntarily sign up for an ACO. They were automatically enrolled when their primary care physician enrolled. Now, some ACOs will be able to invite Medicare patients to sign up. To avoid limiting patients to a narrow network, participating groups won't be able to stop their

patients from visiting doctors who are not in their ACO, but they will be able to offer patients lower deductibles and cheaper coinsurance if they use specialists and other providers who are part of the organization.

More incentives needed

An expert from the National Center for Policy Analysis – a nonpartisan think tank that promotes "private, free-market alternatives to government regulation and control" – thinks this isn't good enough. John Graham, a fellow at the center, argues these programs ought to go further and allow open bidding. For instance, he points to the availability of scooters that are significantly cheaper than those authorized by Medicare. He writes that Medicare should make this offer: "Medicare has been paying over $4,000 for your power wheelchairs. We know that they can be purchased for around $3,000, or even less in some parts of the country. So, you go find yourself a power wheelchair for less than $4,000, send us the invoice, and we'll share the savings with you. We'll add half the savings to your Social Security check as soon as we've verified the transaction."
What do you think? Would you take that deal?

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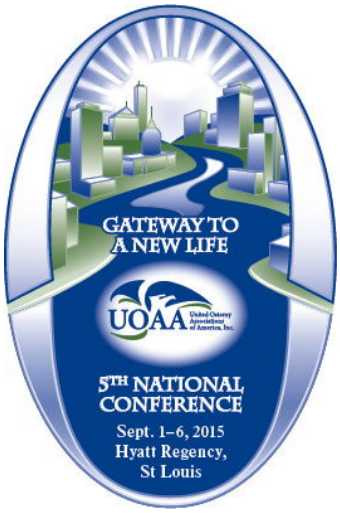
Reminder – all 2015 Northwest Community Hospital Support Group meetings will take place in the Kirchoff Center. (901 Kirchoff Building)



Fifth UOAA National Conference in St. Louis

September 1-6, 2015
Hyatt Regency, St. Louis at the Arch
Educational and Social Programming
Sept. 2 – 5

Conference Registration
Individual: $125, Spouse/Companion: $75
Children: 5-17 $25, under 5 free
One day only: $75

Hotel Reservations
Rate is $109 +tax if reserved by August 10.

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- Education Sessions
- Stoma Clinic
- Ostomy Product Exhibit Hall
- Farewell Celebration

Visit www.ostomy.org for continually updated information and to register online.

Hirschsprungs Disease

Colostomy Association UK

This condition is named after Danish Pediatrician Harold Hirschsprung who first described it in 1886. It occurs where ganglions (nerve cells) are absent in part of the bowel.
The bowel is a long tube coiled around inside the abdomen. Food and digested matter are moved along it by a series of wave-like contractions called peristalsis. This involves the alternate contraction and relaxation of muscles in the bowel wall.

The absence of ganglions means that although the bowel can contract to push the motion, it can't relax to allow it to move forward. This leads to pain, constipation and blockage. The rectum and lower part of the large bowel (sigmoid colon) are the areas most often affected, but it can in some cases extend to the whole colon and in rare instances the small intestine (ileum) as well.

It is more common in boys than girls and is often diagnosed in the newborn when meconium (the substance that lines a developing baby's bowel during pregnancy) is not passed out during the first 24 to 48 hours after birth. Other symptoms include bile vomiting, distended abdomen and poor feeding. However, some cases go undiagnosed until early childhood, but there is usually a history of bowel problems and constipation.

The most vital diagnostic tool is the rectal biopsy whereby a tissue sample is taken from the rectum and studied under a microscope to see if ganglion cells are present.

Treatment involves surgery where the affected part of the bowel is removed. This may be performed in stages with a temporary colostomy (or ileostomy) formed to allow time for the lower bowel to recover. In some cases the stoma may be permanent.

Acidic Urine

Metro Maryland

Very often, a person with a urostomy is advised not to drink orange juice, but is not given an explanation as to why. The rationale behind it actually applies to everyone at one time or another.

If you get a bladder infection, your urologist may give you the same admonishment, and for the same reason. Acidic urine tends to keep bacteria in check, thereby lessening the incidence of infection. Orange juice is not used by the body as an acid, but as an alkali. Alkaline urine also can cause crystal buildup around the stoma.

When the food that you consume is burned in the body, it yields a mineral residue called "ash". This ash can be acidic or base—alkaline—in reaction, depending on whether the food eaten contains mostly acidic or base ions.

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The reaction of the urine can definitely be changed by foods like orange juice. Most fruits and vegetables actually give an alkalized ash and tend to make the urine alkaline. But there are some exceptions. Meat and cereals usually will produce an acidic ash that will acidify the urine.

Some acid-producing foods are breads—especially whole wheat, cheese, corn, crackers, cranberries, eggs, nuts, macaroni, pastries, rice, plums, prunes, meat, fish and poultry. Some alkaline-producing foods are milk, bananas, beans—lima and navy, beets, greens and spinach. Some neutral foods are butter, cream, honey, salad oils, syrups, sugar, tea and tapioca.

Normally, the urine in the bladder is acid in nature, so watch your diet. Nature knows what she is doing.

Friends of Ostomates Worldwide (FOW) - is requesting that you send new or unused ostomy products to FOW USA, 4018 Bishop Lane, Louisville, KY 40218, phone # is 502-909-6669. FOW sends ostomy supplies to many countries where products are not readily available and having the correct pouching system makes a huge difference in the life of the person that has undergone ostomy surgery - **Supplies Save Lives**.

Diet for Diabetics With a Colostomy

Livestrong.com

A colostomy adds a level of complexity to diabetes. Diabetics who already manage their condition through diet need not radically transform their eating habits once the colostomy fully heals, according to the United Ostomy Associations of America. Typically, the procedure requires no dietary restrictions. However, healing a newly acquired colostomy does require a few dietary considerations for diabetics.

Types

Two types of diabetes exist: Type 1 and Type 2. Type 1 is typically diagnosed in children and young adults and happens when the pancreas no longer manufactures the hormone insulin, which the body requires to utilize glucose for energy. Type 2, the most common form of diabetes, manifests later in life. A Type 2 diabetic's body still produces insulin, however his system either ignores it, or does not receive enough to function effectively.

A colostomy procedure diverts the body's solid waste from the colon through a stoma ~ part of the intestine brought out through the abdominal wall ~ into an ostomy pouch or bag outside the body. Colostomies occur in cases where the large intestine has been removed or needs time to heal ~ thus colostomies can be temporary or permanent. Many diseases necessitate a colostomy, including cancer, diverticulitis ~ inflamed tissues in the colon ~ and bowel obstruction. In the case of diabetics, colostomies may be related to poor diet. For example, doctors link diverticulitis to a low fiber diet.

Wound Healing

Diabetes hampers wound healing, according to a 1996 article published by Vittoria Pontieri-Lewis in the journal "MedSurg Nursing." Diabetes delays the early phases of the wound healing process, thus providing more opportunity for infection to occur following the colostomy procedure, particularly for diabetics who are overweight or obese. Vitamin C factors significantly in wound healing, and vitamin C rich foods such as tomatoes and tomato juice, citrus fruits, potatoes, red and green peppers, strawberries, kiwifruit, broccoli, cantaloupe, Brussels sprouts, and fortified breakfast cereals all provide excellent sources, according to the National Institutes of Health Office of Dietary Supplements.

Carbohydrates and Fats

Once the colostomy heals, a low carbohydrate diet may not be necessary to the management of diabetes. According to Cassie Rico, registered dietitian and the Associate Director of Medical Affairs and Health Outcomes at the American Diabetes Association, an effective combination of healthy carbohydrates and fats such as fruits, vegetables, beans, whole grains, nuts, seeds, and vegetable oils evenly spaced out over the course of the day, combined with regular exercise, underpin successful diabetes management.

Fiber

While fiber supports digestive health and plays an important role in nutrition for diabetics, high fiber foods such as raw fruits and vegetables need to be avoided immediately following the colostomy surgery, according to the United Ostomy Associations of America. Speak to your doctor or health practitioner to learn how soon after the colostomy you can begin re-introducing fiber to your diet if you are diabetic.

Complications

According to the American Society of Colon and Rectal Surgeons, diabetes patients with colostomy run a higher risk of developing a parastomal hernia ~ wherein the abdominal muscles detach from the stoma connected to the colostomy pouch ~ particularly if they are overweight or obese. Extra attention to diet following a colostomy procedure can help diabetics lose weight and enjoy a higher quality of life and activity level.

Flag Day is June 14

In the United States, **Flag Day** is celebrated on June 14. It commemorates the adoption of the flag of the United States, which happened on that day in 1777 by resolution of the Second Continental Congress. In 1916, President Woodrow Wilson issued a proclamation that officially established June 14 as Flag Day.

Father's Day is June 21

Information and Support

Patient experiences, Healthtalk.org

Learning to live with an ostomy, whether on a permanent or a temporary basis, can be a challenge. The information and support available to people both before and after surgery has a major impact on how they experience this process. Different people need different kinds of information and support at different times. When these needs are met the process of adjustment is generally easier. The levels of information and support available to people, the ways in which information and support were offered, and the quality of what was offered were extremely variable.

Many patients identified the period before surgery as crucial to their experience. Those who knew what to expect because they had received good information before their operation, usually from a specialist stoma nurse, were better prepared to deal with their situation afterwards. One woman describes what was for her a 'well managed' part of her experience. Another man had benefited from being shown a video which gave him a clear idea of what to expect. Seeing pictures of stomas and being able to handle stoma bags before surgery was generally considered helpful.

Face to face discussion with a stoma nurse or other appropriate person before surgery was also highly valued. One woman found the printed information she was given confusing and wished she'd had an opportunity to talk things over with someone. A man who has lived with a colostomy for nearly 30 years argues for the importance of pre-operative visits to new stoma patients by volunteers from (an Ostomy Association).

Sometimes anxiety about having a stoma is so great that people are unable to take in the information and support they are offered. One woman explains how her dread of a temporary colostomy meant that even discussing it before her operation was a painful process.

Occasionally, people received no information before their surgery because they were not expected to need a stoma. But for others information and support were inadequate and offered too late. One man explains how he did not receive a visit from the stoma nurse until minutes before his surgery.

Information and support are equally important after surgery when people are learning to live with their stoma. One man describes the difficulties he experienced when the necessary information and support were not available. Most people did receive support and information from a stoma nurse, but many still said that important aspects of their experience were never mentioned until something went wrong. They felt strongly that they would have been less distressed if more comprehensive information about common problems with stomas and quality of life issues had been offered as a matter of routine.

Many people were extremely alarmed the first time their stoma bag ballooned (became inflated with gas) although they later learned that this happens commonly. A woman who counsels other cancer patients believed that people should be offered more

information about quality of life issues like how a stoma might affect their personal relationships. A man who has had an ileostomy for 30 years maintains that the best information and support comes from other people with stomas.

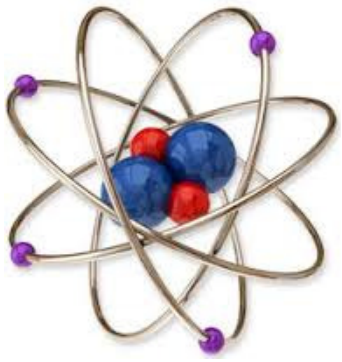
Electrolyte Balance

American Cancer Society

Electrolytes are salts and minerals in the blood, like potassium, magnesium, and sodium. Keeping them balanced is important. When the colon (large intestine) is removed, you're at a greater risk for electrolyte imbalance. Diarrhea, vomiting, and a lot of sweating can increase this risk.

Dehydration is also a serious concern. Symptoms include increased thirst, dry mouth, decreased urine output, feeling light-headed, and feeling tired. If you get dehydrated, you'll need to drink more fluids. To avoid dehydration, you should try to drink 8 to 10 eight-ounce glasses of fluid a day. If you have diarrhea, you may need more. Drinks such as Gatorade®, PowerAde®, or Pedialyte® contain potassium and sodium. But any liquid containing water (soda, milk, juice, tea, etc.) helps to meet your daily need for fluid.

Loss of appetite, drowsiness, and leg cramps may be signs of sodium loss. Fatigue, muscle weakness, and shortness of breath may be signs of potassium loss. Dehydration, low sodium, and low potassium can all be dangerous and should be treated right away. Keep in mind that some of these symptoms can be caused by other problems which may be emergencies. Call your doctor or 911 right away if you are dizzy, weak, or having other serious symptoms.



You are living,
you occupy space,
you have mass.
YOU MATTER.

≠

Physics affirmation

TEN (NEW) COMMANDMENTS FOR OSTOMATES

Vancouver Ostomy Highlife & Regina Ostomy News

1) Thou shalt allow thyself to be sad, or angry, or depressed on occasion. Who said you always have to have a good attitude.

2) Thou shalt not let the above emotions become a way of life.

3) Thou shalt seek help, education, and support if thine unhappy emotions overcome thee.

4) Thou shalt learn to care for thy ostomy. Letting others do it for you if you are physically able is a cop-out.

5) Thou shalt seek out thy ET (WOC) nurse if thou art mystified with thine products.

6) Thou shalt not hide thyself away. Get out and do the things you used to do. You can.

7) Thou shalt not be ashamed.

8) Thou shalt cultivate a sense of humor about thine ostomy. There are worse things. Far worse.

9) Thou shalt set an example to the non-ostomy world. An example of triumph over adversity, courage over pity, and pride over embarrassment.

10) Thou shalt help other ostomates. Join your local UOA chapter, donate money, and volunteer your time.

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 sign up online at: www.uoachicago.org/membership

► **A very 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 Association of Greater Chicago or OAGC and bring to a meeting, or send to

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

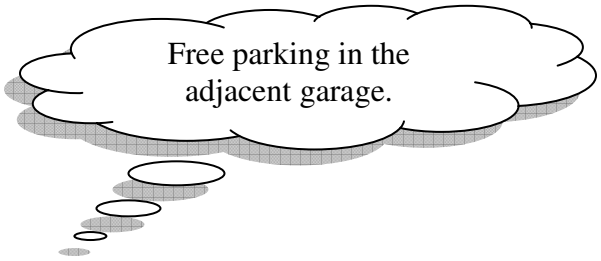
Donations can also be made online using a credit card: www.uoachicago.org/donations

Ostomy ~ The New Normal

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).