

# The New Outlook

May 2016



## NEXT MEETING

TUESDAY, May 17  
7:30 pm

GLENBROOK HOSPITAL  
2100 Pfingsten Rd, Glenview, IL

Conference Rooms C & D, 1st Floor

## Last Months' Meeting (our 457th)

We began our 41st Anniversary with cupcakes and singing Happy Anniversary to us. It was a great celebration with over 30 people in attendance. We were also happy to welcome several new people.

Our guest speaker was Traci Hulback, from Fortis Medical Products. Traci, a fellow ostomate, is very knowledgeable about the kinds of ostomy products available and how Fortis can meet the needs of other ostomates. She brought numerous samples for us to try.

Traci spoke about Fortis' new line of ostomy products which safely uses sequestered hydrogen peroxide (a well known antimicrobial agent that kills bacteria and fungi) to promote better skin health. The small amount in the paste, rings, and barrier strips helps to heal peri-stomal skin faster. These items can be used with pouching systems from any manufacturer.

After Traci's presentation we turned the meeting into an open discussion, and lively conversations ensued on topics including how a man with an ostomy can comfortably wear a belt and the best way to carry supplies for times when a quick change is needed. It was a very informative meeting.

Our next meeting, May 17, will feature diet and nutrition with Aimee Jarenowicz, Registered Dietician from Shield Healthcare.

Attending your first meeting? There are always supportive ostomy veterans to chat with you.

Be sure to notify us if your physical or email address changes so you don't miss an issue or important announcement.

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# Ostomy Association of Greater Chicago (OAGC)

Established 1975

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## Wound Ostomy Continence Nurses (WOCN)

Bernie auf dem Graben		773-774-8000
<i>Resurrection Hospital</i>		
Nancy Chaiken		773-878-8200
<i>Swedish Covenant Hospital</i>		
Teri Coha		773-880-8198
<i>Lurie Children's Hospital</i>		
Jan Colwell, Maria De Ocampo,		773-702-9371 & 2851
Michele Kaplon-Jones		
<i>University of Chicago</i>		
Jennifer Dore		847-570-2417
<i>Evanston Hospital</i>		
Kathleen Hudson		312-942-7088
<i>Rush University Surgeons &amp; Ostomy Clinic</i>		
Robert Maurer, Laura Crawford		312-942-5031
<i>Rush University Medical Center</i>		
Madelene Grimm		847-933-6091
<i>Skokie Hospital-Glenbrook Hospital</i>		
<i>North Shore University Health System</i>		
Connie Kelly, Mary Kirby		312-926-6421
Karen Blum		312-695-6868
<i>Northwestern Memorial Hospital</i>		
Kathy Krenz		815-338-2500
<i>Centegra-Northern Illinois Medical</i>		
Marina Makovetskaia		847-723-8815
<i>Lutheran General Hospital</i>		
Carol Stanley		847-618-3125
<i>Northwest Community Hospital</i>		
Nancy Olsen, Mary Rohan		708-229-6060
<i>Little Company of Mary Hospital</i>		
Kathy Garcia, Jola Papiez		708-684-3294
<i>Advocate Christ Medical Center</i>		
Sandy Fahmy		847-316-6106
<i>Saint Francis Hospital</i>		
Nancy Spillo		847-493-4922
<i>Presence Home Care</i>		
Colleen Drolshagen, Jean Heer, Barb Stadler		630-933-6562
<i>Central DuPage Hospital</i>		
Kathy Thiesse, Nanci Stark		708-216-8554
(Ginger Lewis-Urology only 708-216-5112)		
<i>Loyola University Medical Center</i>		
Alyce Barnicle (available on as needed basis only)		708-245-2920
<i>LaGrange Hospital</i>		
Sarah Grcich	219-309-5939 or 219-983-8780	
<i>Porter Regional Hospital &amp; Ostomy Clinic</i>		
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 2016 Meetings at Glenbrook Hospital

TUESDAY, May 17 - Diet and nutrition

Shield Healthcare

TUESDAY, June 21 - Hedy Holleran, Hollister

## Additional area support groups:

### Northwest Community Hospital

Arlington Heights. 2nd Thurs at 1:00 pm every other month. Feb, Apr, Jun, Aug, Oct, Dec in The Learning Center, Level B1 of the Busse Center Contact Carol Stanley 847-618-3215, [cstanley@nch.org](mailto:cstanley@nch.org)

### Rush University Medical Center, Chicago

The first Thursday every month starting Feb 4, 2016 in the Prof. Bldg, Suite 1138 Conf Room. Contact Kathleen Hudson 312-942-7088, [Kathleen\\_Hudson@rush.edu](mailto:Kathleen_Hudson@rush.edu)

### Southwest Suburban Chicago

The third Monday at 6:30pm, Little Company of Mary Hospital, Evergreen Park. Contact Edna Wooding 773-253-3726, [swcscost@gmail.com](mailto:swcscost@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](mailto:Heather.Lacoco@Advocatehealth.com) or Tom Wright, [tomwright122@att.net](mailto: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](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

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](mailto: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](mailto:barb1234@sbcglobal.net)

### Loyola University Health System, Maywood

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

### Valparaiso, Indiana

Porter Regional Hospital, 1<sup>st</sup> floor Community Room. 6:30 pm the 4<sup>th</sup> Thurs., Jan - Oct. Contact Sarah Grcich 219-309-5939, [Sarah.Grcich@porterhealth.com](mailto:Sarah.Grcich@porterhealth.com)

## Here and Now

with Patricia Johnson

When Judy opened the April meeting for discussion she began by saying we talk about the outside, our skin, but not about the inside, our emotions. It was a good observation and one to be examined. We talk about our stomas, the skin around our stomas, and how to take care of our stomas. We discuss symptoms, for example, what itchiness means, and what to watch for. We talk about the products available, how to use them, and how to dress to look nice and be comfortable. We rarely talk about the emotional impact having an ostomy has on each of us.

We need to talk about and share our thoughts and feelings. What did we think or feel when we were told that an ostomy was the last resort for a cure. What was the impact of the realization that this would be with us for the rest of our lives. The grieving process because we have lost more than body parts. The change in our self image. People have come to our support group looking for answers to these questions because they may be facing ostomy surgery.

The way we cope is as individual as we are. We have different experiences, and therefore different reactions. For some the surgery meant relief from sickness and pain, so instead of grief there was joy, relief, and happiness. For others it was a complete surprise, we woke up and there it was, so the experience was one of shock and sadness. For many there was time to get used to the idea, to think about it, and adjust.

I fall into this last category. I had several weeks to adjust to the idea, and talk to someone who already had an ileostomy. But the reality was very difficult for me to accept. I grieved. To help me understand the grieving process I reread a little book titled Good Grief. I bought and read this book when my Mother passed away. It helped me then and it helped me now. It set out the steps during grieving that someone goes through. By knowing these steps I was much more aware of my thoughts and feelings and better able to cope with this big change in my life. I hope by sharing this I will help someone else.

Fear with regard to living with an ostomy seems to be something else we rarely talk about. We all have



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fears and by talking about them we can find solutions. We may be afraid that we will have a problem with the appliance when out in public. We can alleviate this by carrying extra supplies with us. I am afraid of big dogs coming up to me and smelling the pouch. I don't know what the dog will do. It is very uncomfortable for me. Someone else may know exactly what a dog may do. When I see a big dog my solution is to turn around, move away, or cross the street to avoid the dog.

I am sure there are other fears and solutions that we can help each other with. Fears relating to acceptance. Fears about obtaining supplies and paying for them. Fears of more surgeries. By talking about these things in the safe environment of an ostomy support group we are helped and we help each other. Then.....

*Life is good*

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## Can medications aggravate GERD symptoms?

Michael F. Picco, M.D., Mayo Clinic

Certain medications and dietary supplements can irritate the lining of your esophagus, causing heartburn pain, and others can increase the severity of gastroesophageal reflux disease (GERD). GERD is a chronic condition in which stomach acid flows back (refluxes) into your esophagus. This backwash of acid causes irritation and inflammation of the lining of your esophagus.

Medications and dietary supplements that can irritate your esophagus and cause heartburn pain include:

- Antibiotics, such as tetracycline
- Bisphosphonates taken orally, such as alendronate (Fosamax), ibandronate (Boniva) and risedronate (Actonel)
- Iron supplements
- Quinidine
- Pain relievers, such as ibuprofen (Advil, Motrin IB, others) and aspirin
- Potassium supplements

Medications and dietary supplements that can increase acid reflux and worsen GERD include:

- Anticholinergics, such as oxybutynin (Ditropan XL), prescribed for overactive bladder and irritable bowel syndrome
- Tricyclic antidepressants (amitriptyline, doxepin, others)
- Calcium channel blockers and nitrates used for high blood pressure and heart disease
- Narcotics (opioids), such as codeine, and those containing hydrocodone and acetaminophen (Lortab, Norco, Vicodin)
- Progesterone
- Quinidine
- Sedatives or tranquilizers, including benzodiazepines such as diazepam (Valium) and temazepam (Restoril)
- Theophylline (Elixophyllin, Theochron)

If you have GERD, ask your doctor if medications you take may affect your symptoms.

## Embrace the Freedom!

Cleveland Clinic Digestive Health Team

**Focus energy on managing condition, not stigma.** If you have an ostomy, embrace the freedom it offers.

A Facebook post by aspiring model Bethany Townsend, 23, went viral in June 2014, when Ms. Townsend posted a picture of herself in a bikini that revealed her toned body — and her ostomy bags. She has worn them since 2010 to help manage her Crohn's disease.

Townsend's shame-free attitude about needing to wear colostomy bags is exactly what colorectal surgeon Feza Remzi, MD, encourages in his patients. Dr. Remzi is Chairman of the Department of Colorectal Surgery at Cleveland Clinic.

He says some patients only need stoma (ileostomy or colostomy) bags temporarily, usually for three to nine months while recovering from intestinal surgery. However, others have conditions like Crohn's or ulcerative colitis, or the sometimes imperfect surgical aftermath of colorectal cancer, that make stoma bags a permanent part of their lives.

"Good for her," Dr. Remzi says about Ms. Townsend. "People need to be brave and face this pathology. It doesn't get a lot of attention because

it's very private. People do not want to talk about poop, stool or gas."

#### An awkward subject, but it's no joke

The reluctance to address the subject holds true across different families and different cultures, Dr. Remzi says. When people do talk about such subjects, it's often in a joking or mocking fashion.

"It's something that people in their own way make fun of, which can be very sad," he says. "This is a life-changing event and can bring a dilemma to the patient and to the family. A patient who requires a bag, even young patients, should not be valued less than anyone else. It is about making inner peace."

At the outset, the recommendation that one must wear a stoma bag indefinitely is very difficult to face for a person of any age, Dr. Remzi says.

"There's no reason for these patients to feel ashamed," he says. "They need to enjoy their life. They have earned fulfillment, in my opinion, more than someone without a stoma because they have suffered so much."

#### Long-term condition tough for young patients

While the impact is tough on anyone, the need for a stoma bag can be much more psychologically difficult for younger patients, given the number of years they still have ahead of them and the greater likelihood of activities that could result in making the bag visible, Dr. Remzi says.

"There is a different reality for someone who is going to live with a bag three or five years, vs. 60 or 80 years," he says. "This brings a significant impact, in my opinion, to the pediatric population. This also can have a significant impact on the female population. Suddenly playing sports or going to the beach can be difficult to handle. No matter your gender, people see an appliance and not the patient."

#### Bags offer much more personal freedom

Patients should see an experienced, board-certified colorectal surgeon to have whatever surgery they might need and then be fitted for a bag, Dr. Remzi says.

"They need the proper care from a specialist, a colorectal surgeon to do the surgery the right way, so they can get a better quality of life," he says. "It's very important that you be in the right hands. Most people become devastated when things are not done right. It's very draining for them to require additional procedures."

The good news is that the bags offer patients considerably more personal freedom. For example patients with inflammatory bowel disease typically need to visit the bathroom 20 to 30 times a day when the condition flares up, Dr. Remzi says.

"The bag gives them complete control of their life," he says. "The freedom and independence are there." Once patients have their bags, they need to address their self-perception — and that's where social media sensations like Ms. Townsend's Facebook post make such a difference, Dr. Remzi says.

"As much as we need to educate our patients, we need to educate society not to be cruel or evil to our patients," Dr. Remzi says. "They need to know that they're not alone in this. I tell everyone that if anybody is going to like them less because they have a bag, that's not the right person for them."

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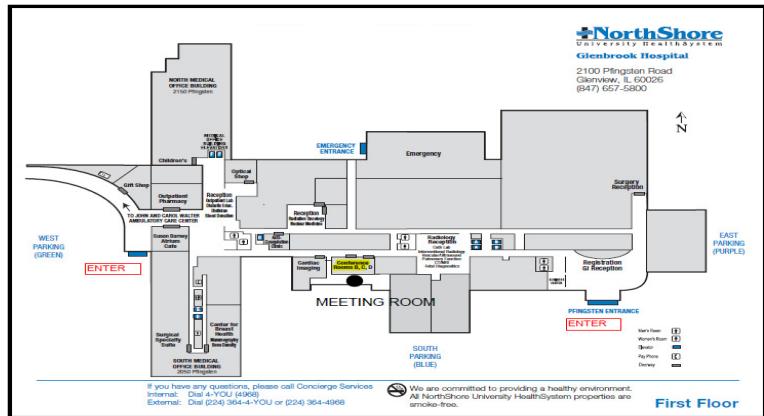
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## Ostomy ~ The New Normal

## New Beginnings....

OAGC general meetings are now at Glenbrook Hospital, in the first floor Conference Rooms C-D.

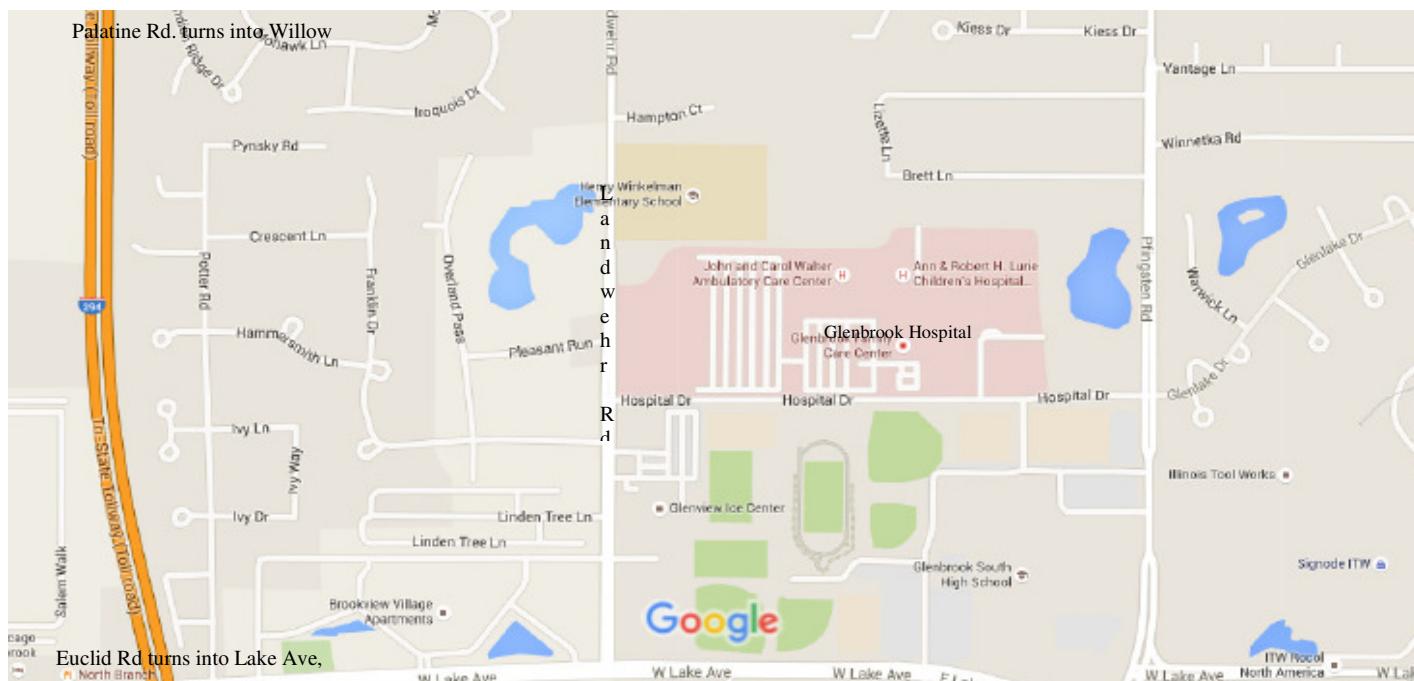
There is abundant free parking including many handicapped spaces directly in front of the hospital. An information desk is just inside the Hospital's Pfingston Entrance. Upon entering, take the hallway to the left.



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you support us so we exist.

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appreciated and reciprocated.

Glenbrook Hospital is approximately 4 miles north of Lutheran General. It is bordered by Pfingston Rd east, Hospital Dr. south and Landwehr Rd. west. From I-294 take Willow Rd exit east to Landwehr Rd south. From I-94 take Willow Rd. exit west to Pfingston Rd. south. From Waukegan (43) take Lake or Willow west to Pfingston. The parking lot entrance is on Hospital Dr.



When life hands you lemons.....  
make Grape Juice  
Then sit back and watch as  
the world wonders how you did it



## Ostomy Product Knowledge

Liberty Medical

You left the hospital wearing a pouch that was chosen for you by the WOC Nurse or hospital nurse. There are many types and brands of ostomy pouching systems and accessories on the market.

Once you feel confident with your ostomy care, you may want to try other products. Sometimes, a change in products is necessary due to allergies, body changes, or insurance coverage. Let's review some pouching options.

### One-Piece vs. Two-Piece

#### One-piece system

In a one-piece system, the pouch and skin barrier are combined into a single unit. Designed for discretion, these systems offer simplicity and flexibility in a low-profile system. They are available in cut-to-fit and pre-cut adhesive types in drainable, closed-end and urostomy pouches.

#### Two-piece system

In a two-piece system, the pouch and skin barrier are two separate pieces that allow you to change the pouch without removing the skin barrier. The pouch and skin barrier are coupled together with a plastic ring. You can hear and feel the system securely lock into place.

#### Drainable vs. Closed

#### Drainable Pouches

Some people with an ileostomy or colostomy may prefer drainable pouches, which can be drained simply by releasing the closure at the bottom of the pouch. You can rinse and reuse these.

Drainable pouches are recommended for ileostomy & colostomy

#### Closed-end Pouches

In terms of convenience, closed-end pouches are designed for one-time usage, which makes them ideal for special occasions and intimate moments, or even for everyday use. Some pouches come with a filter that is designed to reduce odor and gas buildup.

There's no draining or clip to worry about. When you're ready, you simply remove the pouch, place it into a disposable bag, and discard it.

Closed-end pouches are recommended for colostomy (everyday use for some or special occasions for anyone), ileostomy (special occasions), but are not recommended for urostomy.

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#### Opaque vs. Transparent

Transparent pouches allow you to see the stoma postoperatively and allow patients to watch as they place the pouch over the stoma.

Opaque pouches, of course, have the advantage of concealing the effluent.

#### Flanges

#### Convex vs. Non-Convex

A flat pouching system lies flat on the skin around a stoma. If your stoma sticks out at least an inch from your body, a flat skin barrier may work well to seal the pouching system securely to your body.

The convex pouching system has a curved base like the bottom of a saucer. Therefore, the wafer, faceplate or convex ring curves outward toward the skin. The outward curve presses the skin down around the stoma. This allows the stoma to stick out more to ensure urine or stool empties into the pouch instead of underneath the pouching system.

#### Why Use a Convex Product?

- Help the pouch stay on longer.
- Stop urine or stool leakage from occurring underneath the pouching system
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- Prevent or stop skin irritation caused by frequent leakage
- Improve wear time of pouching system
- Save you time and money

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## My Emergency Ostomy Kit

By Christine Kim: [ostomyconnection.com](http://ostomyconnection.com) via UOAA

### Winging It, Is Not An Emergency Plan

A starter kit was given to me at the hospital from my ostomy nurse who suggested that I keep extra supplies with me at all times. It was a little black carrying case that has pockets for various supplies. I remember taking that starter kit with me everywhere I went, even on quick errands, because being a new ostomate I was always afraid the ostomy bag would fall off my body.

### The First Year After Ostomy Surgery

I was just starting to learn what worked and what didn't, and I remember feeling very anxious. I was constantly making sure the pouch was secured and not leaking. I didn't trust that the ostomy system would hold up, especially when doing any physical activity.

At night, I'd slept on my back with my hand over the pouch, and had nightmares of embarrassing leaks in public. There was so much anxiety about leakage that I decided to use a larger emergency kit with enough supplies for a week, along with extra clothes.

During that first year there were only a couple instances where I had an unexpected leak in a public place, and even though it was embarrassing I kept my

wits and handled it as calmly as possible. Knowing I had extra supplies with me gave me peace of mind.

### Ostomy Living Now

These days I rarely check on my pouch. I've learned which foods cause higher output, how dehydration affects wafer adhesion and what type of clothing constricts the stoma area. I've traveled far away from home, experienced different climate conditions and stay very active. I am aware that it's there, but my ileostomy is certainly not at the forefront of my mind.

If you're new to ostomy surgery, you might be feeling the same anxiety that I did in the beginning. I hope this gives you hope that any fears you may have are completely normal, but as time passes you'll gain more confidence and those worries will recede.

### Be On the Safe Side

It has been over 20 years since my ileostomy surgery and I still carry an emergency pack, the smaller one. I leave my house with confidence knowing I will be able to handle any situation. I don't expect an emergency, but if I have one I'm prepared.

### What's Inside an Ostomy Emergency Pack?

Here are some ideas:

- Ostomy Pouches + Clips (if using non-velcro close)
- Ostomy Wafers (pre-cut)
- Moldable Rings or Stoma Paste Tube
- Bottle of ostomy deodorizer (sample size)
- Barrier Wipes (individual packets)
- Baby Wipes or Disinfecting Wipes
- Paper Towel (for clean up)
- Baggies
- Gauze Pads





## Stress Management

Mayo Clinic

### Stress basics

Stress is a normal psychological and physical reaction to the ever-increasing demands of life. Surveys show that many Americans experience challenges with stress at some point during the year.

In looking at the causes of stress, remember that your brain comes hard-wired with an alarm system for your protection. When your brain perceives a threat, it signals your body to release a burst of hormones to fuel your capacity for a response. This has been labeled the "fight-or-flight" response.

Once the threat is gone, your body is meant to return to a normal relaxed state. Unfortunately, the nonstop stress of modern life means that your alarm system rarely shuts off.

That's why stress management is so important. Stress management gives you a range of tools to reset your alarm system.

Without stress management, all too often your body is always on high alert. Over time, high levels of stress lead to serious health problems. Don't wait until stress has a negative impact on your health, relationships or quality of life. Start practicing a range of stress management techniques today.

### Stress relief

Do you know anyone who isn't at times stressed out these days? The pace of modern life makes stress management a necessary skill for everyone. Many people juggle multiple responsibilities, work, home life, caregiving and relationships. Learning to identify problems and implement solutions is the key to successful stress reduction.

The first step in successful stress relief is deciding to make stress management an ongoing goal, and to monitor your stress level.

Once you start monitoring your stress level, the next step is identifying your stress triggers. When or under what situations do you experience the most stress? Some causes of stress are easy to identify, such as job pressures, relationship problems or financial difficulties. But daily hassles and demands, such as commuting, arranging child care or being overcommitted at work, also can contribute to your stress level.

Positive events also can be stressful. If you got married, started a new job and bought a new house in the same year, you could have a high stress level. While negative events in general are more stressful, be sure to also assess positive changes in your life.

Once you've identified your stress triggers, you can start thinking about strategies for dealing with them. Identifying what aspect of the situation you can control is a good starting point.

For example, if you have a difficult time falling asleep because you're stressed out, the solution may be as easy as turning off the TV when the evening news is too distressing. Other times, such as high demands at work or when a loved one is ill, you may only be able to change how you react to the situation.

And don't feel like you have to figure it out all on your own. Seek help and support from family and friends. You may want to ask them what stress-relief techniques have worked well for them.

And many people benefit from daily practice of stress-reduction techniques, such as deep breathing, massage, tai chi or yoga. Many people manage stress through practicing mindfulness in meditation or being in nature.

And remember to maintain a healthy lifestyle to help manage stress — eat a healthy diet, exercise regularly and get enough sleep. Having a healthy lifestyle will help you manage periods of high stress.

Stress won't disappear from your life. And stress management isn't an overnight cure. But with ongoing practice and incorporation of resiliency into your lifestyle, you can learn to manage your stress level and increase your ability to cope with life's challenges.

## **Save the Date**

### **OSTOMY EDUCATION CONFERENCE** Sponsored by Hollister and OAGC

Saturday, November 5, 2016  
The Double Tree Hotel  
Arlington Heights, IL

Mark your calendar for this one day regional education conference filled with information for and about ostomies, focusing on both medical and lifestyle issues.

A Stoma Clinic will be staffed by area WOCNs. A Vendor Fair will feature Manufacturers, Distributors and Healthcare Providers, as well as patient Education and Support information. Details will be posted and continually updated on our website. Online registration will begin in late May.

### **Seasonal Allergies**

American Academy of Allergy, Asthma and Immunology



Spring is here and so are seasonal allergies. Seasonal allergic rhinitis (hay fever) is one of the most common kinds of allergies. Millions of Americans suffer from it, and spring marks the beginning of symptoms for many of them.

Symptoms include sneezing, stuffiness, a runny nose, and itchiness in your nose, the roof of your mouth, throat, eyes or ears. Bad cases of hay fever can also lead to sinus infections, disrupt your sleep, and affect your ability to learn at school or be productive at work. Sometimes the symptoms can turn into chronic respiratory problems such as asthma.

These symptoms are triggered by an immune system overreaction to pollen and mold.

Pollen is made by trees, grasses and weeds. The main pollen culprits in the early spring are trees like birch, cedar, cottonwood and pine. Mold spores, which float in the air like pollen, begin to increase as temperatures start to rise in the spring. In many

areas, mold spores can be a year-round allergy trigger, both outdoors and indoors.

There is no cure, but there are simple steps you can take to limit your exposure to the pollen or molds that cause your symptoms.

- Keep track of pollen and mold levels in the air and try to stay indoors when levels are reported to be high. Wear a pollen mask if long periods of exposure are unavoidable.
- Keep your windows closed in your house and car. If possible, use air conditioning. It cleans, cools and dries the air.
- Don't mow lawns or rake leaves because it stirs up pollen and molds. If you can't avoid these activities, wear a mask.
- Avoid hanging sheets or clothes outside to dry. Pollen can adhere to the fabric.
- Take a shower after coming indoors. Otherwise, pollen in your hair may bother you all night.

In addition, take steps to limit your exposure to possible indoor triggers like pet dander, dust mites and mold. Your doctor can help you determine what your allergy triggers are.

You can also try using over-the-counter remedies to control your symptoms. These include antihistamines, decongestants and saline nose sprays. Talk to your doctor to find out what medication or other treatments are best for you.



**May 30, Pause to Remember**

# 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<

Donation enclosed \$ \_\_\_\_\_ (optional)

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

► 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](http://www.uoachicago.org/donations)

Without you we don't exist!



*Surround yourself with those  
who know you are fabulous.*

Clinton Kelly of the Chew

The information contained in this newsletter and on our website is intended for educational/informational 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  
267 Noble Circle  
Vernon Hills, IL 60061**



*We invite you to attend our general meetings at Glenbrook Hospital. 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).*