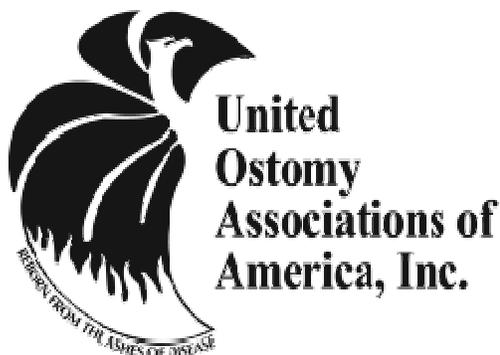


The New Outlook

United Ostomy Association of Chicago



April 2013
Meeting—Wednesday, April 17 at 7:30 PM

Lutheran General Hospital

Special Functions Room, 10th floor
1775 Dempster St., Park Ridge, IL

No Board Meeting

Last Month's Meeting (our 429th)

Our guest speakers for the evening featured Lisa Osowski, MS, RD; and Eric Morrow, sales manager, from Shield Healthcare (800-675-8847 in Elmhurst, IL). Eric provided a preview of the changes the new health care law has in store for us. The good news is that it appears that ostomy supplies will not be competitively bid in the wholesale markets. That means you should still be able to obtain the ostomy equipment you need without the government telling you what you are allowed to have even though they will in fact limit the number of retailers.

Lisa is the first registered dietician that has presented to our group. She translated all the dietary information we receive through media sources into practical applications so we may achieve our optimal health. Of note, Lisa mentioned that the yogurt sold by the major processors is actually a dessert and does not contain the live active cultures that real yogurt contains. Also, for those of us with ileostomies, it might be a poor practice to take probiotics. You see, probiotics propagate good bacteria in the colon. Without a colon, probiotics may encourage growth of bacteria in the small intestine, a very bad occurrence. The small intestine should have no or very little bacteria in it, otherwise a serious condition may develop causing acute abdominal pain and degeneration of the absorption process.

Lisa advised us to talk to our doctors before adding vitamins or other supplements to our diet. Although most will not harm us, there is a real chance that these chemicals can be detrimental.

If you have a talent that you would like to share by participating in one of our many diverse committees, please let an officer know. Our offices and committees are listed in our bylaws, which may be viewed at www.uoachicago.org.

We do not have any storage space at Lutheran General. When you come to a meeting, you may want to volunteer to carry some of our supplies with you to each of our meetings. This is an easy way to become more active in our group.

Make sure you do not miss an important announcement by updating your e-mail address with us at uoachicago@comcast.net. To ensure delivery, make sure we are in your address book or safe sender list. Our e-mail list is private and never shared or sold. We occasionally have requests from public relations firms and the like for our members to participate in focus groups about ostomy surgery. You will usually be paid for your time, but sometimes it is on a volunteer basis. Let us know if you want to be included.

We have been informed by Lutheran General Hospital that parking in their enclosed garage is now free for our members. This means you may park in the inside garage, take a few steps to the elevators, and come to the 10th floor, where we have our meetings. It is so easy to come. Be sure to visit us for our 38th Anniversary Meeting in April featuring the President of the DuPage Ostomy Association, Bret Cromer. Last year, he inspired us with stories of people living life to the fullest.

Ostomy Association of Greater Chicago (OAGC)

Established 1975

President/Membership

Judy Svoboda uoachicago@comcast.net 847-942-3809

Vice President/Newsletter

Renard Narcaroti renard22@att.net 630-418-7127

Treasurer

Tim Traznik tim.traznik@brunbowl.com 630-736-1889

Secretary/Programs

Nancy Cassai ngcassai@att.net 847-767-1447

Gay / Lesbian Ostomates

Fred Shulak thadbear@sbcglobal.net 773-286-4005

Visiting

Peggy Bassrawi, RN pbassrawi@gmail.com 847-251-1626

Ways and Means sallyschinberg@yahoo.com

Jerry & Sally Schinberg 847-364-4547

Wound Ostomy Continence Nurses (WOCN)

Bernie auf dem Graben 773-774-8000
Resurrection Hospital

Alyce Barnicle 708-245-2920
LaGrange Hospital

Nancy Chaiken 773-878-8200
Swedish Covenant Hospital

Terry Coha 773-880-8198
Children's Memorial Hospital

Jan Colwell & Maria De Ocampo 773-702-9371 & 2851
University of Chicago

Lorraine Compton 773-282-7000
Our Lady of Resurrection Hospital

Jennifer Dore 847-570-2417
Evanston Hospital

Beth Garrison 312-942-5031
Robert Maurer

Joyce Reft
Laura Crawford

Rush Presbyterian--St. Luke's Hospital

Madelene Grimm 847-933-6091
Skokie Hospital--North Shore University Health System

Connie Kelly 312-926-6421
Northwestern Memorial Hospital

Kathy Krenz & Gail Meyers 815-338-2500
Centegra-Northern Illinois Medical

Marina Makovetskaia & Kathy O'Grady 847-723-8815
Lutheran General Hospital

Bari Stiehr & Diane Davis-Zeek 847-618-3125
Northwest Community Hospital

Nancy Olsen & Mary Rohan 708-229-6060
Little Company of Mary Hospital

Barbara Saddler 312-996-0569
University of Illinois

Catherine Smith 708-684-3294
Advocate Christ Medical Center

Sandy Solbery-Fahmy 847-316-6106
Saint Francis Hospital

Nancy Spillo 847-493-4922
Resurrection Home Health Services

National UOAA Virtual Networks

- *Pull Thru Network* (Parents of children with bowel and urinary dysfunctions): Bonnie McElroy 205-978-2930
- *UOAA Teen Network*: Jude Ebbinghaus 860-445-8224
- *GLO* (Gay & Lesbian Ostomates): Fred Shulak 773-286-4005
- *Young Ostomate & Diversion Allia. of Amer.*: Eric En 714-904-4870
- *Thirty Plus*: Kathy DiPonio 586-219-1876
- *Continent Diversion Network*: Lynne Kramer 215-637-2409

www.uoachicago.org

Meeting Dates at Lutheran General Hospital

April 17—Our 38th Anniversary Meeting featuring the inspirational Bret Cromer as guest speaker

May 15

June 19—The effervescent Madeline Grimm, CWOCN will discuss skin issues; plus we are having our second annual Summer Soltice Picnic

July 17

August—No Meeting

September 18—Diane Zeek, CWOCN along with Otto the Ostomy Mannequin

October 16

December 11—Our 2013 Gala Holiday Party

Southwest Suburban Chicago

The Southwest Suburban Chicago Ostomy Support Group is an entirely volunteer ostomy association dedicated to the mutual aid, education and moral support of people with ostomies and their families. Meetings are held at 7:30 PM on the third Monday of each month throughout the year, except July, August, December and January.

For information regarding this special ostomy group serving Chicago's greater southwest side, please call Edna Wooding, WOC nurse and association president, at 708-423-5641. All meetings are at **Little Company of Mary Hospital**, Evergreen Park, Mary Potter Pavilion, L Level, 2850 W. 95th St.

Northwest Community Hospital

The Northwest Community Hospital Ostomy Support Group meets at 800 W. Central Road, Arlington Heights. They wish to extend an invitation to all of our readers to visit them. The WOC nurses at the hospital lead the group. For more information, please contact Diane Zeek, RN, at 847-618-3215, dzeek@nch.org.

They meet from 1:00 PM until 2:00 PM in the Busse Center, B1 level, Rooms LC7-8 of the Learning Center. This building may be accessed from the garage at the west end of the Busse Center. It is easiest to enter from Central Road.

Meeting Dates for 2013

April 11

June 13

October 10

August 8

December 12

uoachicago@comcast.net

Mark Drug Medical Supply

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

The Ostomy Store

We are local and have the largest inventory in the Chicago area
Come in and visit . . . See what is new

Manufacturers

- ConvaTec
- Hollister
- Coloplast
- Marlen
- NuHope
- Cymed



Accessories

- Adhesive Removers
- Skin Prep
- Deodorants
- Belts
- Undergarments
- Pouch Covers
- Shower Accessories

We bill direct to
Medicare-Medicaid
and Private Insurance

847-537-8500
1-800-479-MARK
FAX 847-537-9430

Alan@markdrugmedicalsupply.com

Sherman Hospital Ostomy Group

There is a new ostomy support group in Elgin having meetings at Sherman Hospital. They now meet on the **second Wednesday** of every month.

The contact person for any information is Heather LaCoco, BSN, Case Manager
Surgical Care Sherman Health
224-783-2458
Heather.Lacoco@ShermanHospital.org

There is so much good in the worst of us, and so much bad in the best of us, that it behooves all of us not to talk about the rest of us.

Ostomy Myth Series

By Barbara Skoglund of Maplewood, MN
(Continued from the March edition)

Ostomy Myth Ten—Mysterious Contraptions

When my WOC nurse in Fargo walked in and showed me a pouching system, I was shocked! Not shocked at how it looked, rather shocked at how it did not look. I envisioned a large, thick, rubber bag similar to a hot water bottle. Well, it was not large just a bit bigger than my hand. It was not thick, the thickness and texture was a tad thinner than a Ziploc freezer bag. It was not red rubber either. I also did not know what to call the thing. People use a variety of names; i.e., appliance, pouch, bag, prosthesis, wafer, face plate etc. Depending on your insurance company, it is probably labeled a prosthetic device or a renewable medical item. Pouching systems are produced by a variety of manufacturers to meet a variety of needs. Some are one piece—where the pouch and the adhesive skin barrier are one in the same.

Others are two piece—a skin barrier and a pouch that connect together with a Tupperware type seal or an adhesive type seal. One piece or two the opening that the stoma fits through can either be precut or cut to fit. Skin barriers typically have built in skin protection and the most common size is approximately 4" x 4". Pouch sizes vary. Some pouches are closed end and others are open ended.

Most of us use open ended pouches that close with a plastic clip. Others prefer to use a rubber band or a twist tie—definitely not a recommended practice. Colostomies, ileostomies, and urostomies are all different, and there are pouching systems specifically designed to meet their specific needs. There are also different designs and options to fit the contours of your body. Convexity is a word you may hear. In simple terms a convex skin barrier helps to hold the tummy down and makes sure the stoma sticks out so the stool or urine stays as far away from the skin barrier as possible.

And as I mentioned in Myth One, modern pouching systems are odor proof. Many folks just peel off the paper backing on the skin barrier and stick it on. However, there are also a variety of other ostomy supplies that some of us use. Many use paste or a seal (looks like a thick O ring) to give us some extra protection around the stoma.

Many use an additional skin barrier to produce an extra layer of protection. Some of us wear a belt that goes around the waist and clips to the pouch. Some

folks "window pane" their skin barrier by taping down all four sides with fabric or paper tape. Those of us who use these "extras" do so to extend our wear times or to provide some extra protection to our skin. It is very important to keep any stool or urine off the skin around the stoma.

If you are inquisitive, two of the leading manufacturers have Internet sites with photos of different pouching systems, www.convatec.com and www.hollister.com. There are still some people with ostomies who use older pouching systems that indeed were made of rubber. My WOC nurse told me of the patient he met who used bread bags and duct tape! If you run into someone who has not modernized, encourage them to see a WOC nurse. There have been many pouching system innovations over the years.

Ostomy Myth Eleven—Anal Pregnancies

As I shared in "Let's Talk about Sex," a reoccurring question I am asked is "Can you still have sex after ostomy surgery?" Guess what another often asked question is? "Well, you cannot have children now can you?" What? Since when do women give birth via their anus? Babies grow inside a woman's uterus, not her colon. Many females with ostomies give vaginal births after their surgery.

Many males with ostomies father children after their surgery. Can ostomy surgery cause infertility problems? Yes. So can other abdominal surgeries, so can other issues, so can Crohn's disease. As I indicated in an early myth posting, some men have impotence problems after surgery. When I say "some", I am talking about a very small percentage.

Studies seem to indicate that the less experienced the surgeon, the more likely the problems. It is not the ostomy that causes any physical problems, but rather sloppy cutting near the rectum. Patients can reduce the odds of these problems by finding an experienced surgeon that is sensitive to man that wants to continue to be sexually potent.

Women may also have problems resulting from surgery. There may be fertility issues caused by adhesions, the internal scars from surgery. If an adhesion appears near the opening of the fallopian tube it could block sperm from finding their way to eggs and/or eggs finding their way into the uterus. There are surgical procedures to help clear away problematic adhesions. In-vitro is also an option.

Infertility rates are higher for women with Crohn's Disease than women with ulcerative colitis or healthy women. However, in some cases an

ostomy could improve the fertility of a woman with Crohn's disease especially if she suffers from vaginal fistulas. Surgery puts her into remission and clears away the fistula problem. I want to be a mother and was quite concerned about adhesions since I had five abdominal surgeries.

I recently asked for feedback from other people with ostomies. I received many notes from females who have and who have not been able to have children. Most women reported they had no fertility problems as a result of their ostomy. Of the women who discovered they were infertile, most were infertile for reasons unrelated to their ostomy. I am looking forward to the day when I can bust this myth for myself.

Ostomy Myth Twelve—Just a Few of Us

Many people who have ostomies think they are all alone. This myth is fueled by comments like, "I have never met a person with an ostomy." Intellectually, we know we are not alone, but somehow we think there are not very many of us. According to the WOCN, the society of wound, ostomy and continence nurses, Internet site, "There are an estimated 750,000 persons with ostomies in North America, and more than 50,000 new ostomy surgeries are performed annually in the United States and Canada."

Of that number, less than 25,000 are members of a local ostomy association that is affiliated with UOAA. Mind you, our numbers in North America are declining because of alternative surgical procedures like j-pouches and cancer resections. There are far more people with ostomies than most people realize. According to the IOA, the International Ostomy Association, "They do not even count people with stomas in the US, let alone Burma, but an estimate developed from among the 70 member countries of the IOA totals about 2.5 million." You are not alone . . .

Ostomy Myth 13--Leaks

I saw a puzzling post one day on the [alt.support.ostomy newsgroup](http://alt.support.ostomy.newsgroup). The poster asked, "Other than leaks, what problems do you have?" Everyone, me included, seems to presuppose that all ostomies leak. Well folks, I hate to burst your bubble, but it is a rare occurrence for a pouching system to leak!

I cannot say I have never had an accident. I have had four in the nearly two years I have had my ileostomy. Three of the four was during a brief period of madness where I decided I knew better

than my WOC nurse, and I ordered a bunch of sample pouching systems to try. I had heard all about the wonders of the two-piece pouching systems, so I wanted some Tupperware of my own. Lo and behold, they leaked on me. They just are not built for my body shape.

I also tried skin barriers that did not have convexity. Guess they did not suit me correctly either. If I had stuck to what my WOC nurse prescribed, I would never have had these leaks. Now I stick with what works. The fourth accident was not due to failure of the skin barrier or pouch, but rather due to my own stupidity! I lifted a heavy suitcase, leaned it against my abdomen, and let it slide down my body onto the bed. The suitcase became hooked onto my pouch clip, and snapped it open. If you have an ostomy, it is not a good idea to slide heavy objects down your tummy. It can lead to a messy situation.

So, all four of my accidents were of my own doing. If I had stuck with what my very competent WOC nurses told me would work for me, and if I had not been silly enough to slide a suitcase down myself, I could say with confidence . . . I have never had a leak. What if I obtained a leak again? I would deal with it. Two of the four accidents I had were at home and two were not.

Actually, the first one took place at Murphy's Landing, a recreation of a 19th century farming village, over an hour from my home. Luckily that had a bathroom with running water, but it sure was not private. I had to stand before a sink in a public restroom and change my pouching system in a bathroom filled with other people. I did it. I know I could do it again. So, I do carry my emergency kit, but I have not had to use it once since I decided to stick with the pouching system that was prescribed for me. Whenever I see people with ostomies post about leaks the first thing I ask is, "When is the last time you were fitted by a WOC nurse?" They always respond, "Never." or "Years ago." Phone your WOC nurse for an appointment and obtain make sure you are using a properly fitted pouching systems for your exact body configuration and ostomy types.

(To be continued in May)

The greatest happiness of life is the conviction that we are loved, loved for ourselves, or rather loved in spite of ourselves.

Gottlieb Professional Building Pharmacy

Specializing in Ostomy Equipment

- Medicare assignment accepted
- Medicaid billing available
- Hassle-free insurance billing
- Reliable home-delivery service
- Save 10 percent with your Ostomy Association member discount



**Loyola
Memorial
Hospital**

Gottlieb Professional Building Pharmacy
675 W. North Ave.
Melrose Park, IL 60160
(708) 450-4941

A MEMBER OF TELUSHEALTH

Ostomy Hints

Researched via our professional medical sources

- Two-piece users . . . Make sure the pouch is snapped onto the flange on the skin barrier securely. Take that extra second to be sure.
- Once a year or so have your stoma and your pouching system checked by a WOC nurse.
- Do not use antibiotics for colds or the flu unless a doctor orders it. Antibiotics can change the proper balance of bacteria in the intestines and cause diarrhea. Antibiotics will also make you much more susceptible to fungal infections under your barrier as well as MRSA infections.
- Parsley is one of nature's best deodorants. Do not push it away on your plate. Have some.
- If you are having gas problems, do not take bismuth subcarbonate.
- Store pouching systems away from warm humid places. Melt out can render equipment ineffective. Most ostomy equipment does not have a specific shelf life, per se, if it is stored in the proper environment.
- Skin barriers and pouches leak for a variety of reasons. If yours leaks regularly, find out why. Do not settle for less than an excellent ostomy management system that provides you with confidence, security and comfort.
- If you have a difficult time remembering the exact day you put on your pouching system, write the day of the month you changed it right on the pouch or barrier with a pen.

- Do not keep a lifetime supply of ostomy supplies on hand. Manufacturers are always making some improvement on the products they make. You want to be able to take advantage of these . . . so let your supplier keep the inventory.
- Most people with ostomies should keep fats of all kinds to a minimum. Fats induce an increased flow of bile into the intestines and make body wastes liquid and harder to control. They also tend to produce gas.
- Do not spread paste on the entire back of the skin barrier; it will produce poor results. Use paste only sparingly to fill uneven areas and around the stoma. Paste is a great filler if used correctly.
- After bathing or showering with the skin barrier off, allow the peristomal skin to cool for a few seconds to close the pores before putting on a new pouching system. Only put an adhesive barrier on dry, that is, bone-dry skin.
- After surgery, you were advised to chew-chew-chew and to drink-drink-drink. It all still applies. Chew food thoroughly and never pass a water fountain without drinking.
- Do not try to set a world record for the longest time between pouching system changes and/or emptying to pouch. Therein lies the way to some of the most spectacular messes you have ever seen.
- Do not be so rigid about your stoma management program that the absence of one item throws you.
- Do not stay home. Travel and have fun. However, when you do, do not put all of your pouching systems in a single suitcase that you check through the airline. Always bring some pouching changes in your carry-on luggage.
- Do not worry about accidents and problems that may never happen.
- Do not put limitations on yourself just because you have a stoma. You can do most anything anyone else can. An ostomy is seldom a reason for not doing something, although it is a good excuse.

Some Helpful Hints

Researched by the editorial staff of *The New Outlook*

- Avoid “vacuum lock” in your pouch by keeping a little air in it. This is a big reason that people with new ostomies have leaks.
- Parsley is an excellent natural internal deodorant.
- If you use soap on your abdomen, make sure you use one that does not leave an oily residue. You

probably do not need to use any soap at all on your belly, just gently rub and rinse.

- Never wait until you have used your last ostomy pouching system before ordering new ones. Always keep a list of your equipment with you on a small piece of paper complete with order numbers, sizes and manufacturers.
- If you have had an ostomy for years, there are new products that may cost a little more, but may give you more comfort as well as longer and more reliable wear time. In the long run you may actually save money as well as time, frustration, cleaning, confusion, odor, comfort, comfort and of course comfort. Just because you learned a pouching system way back when, does not mean you cannot change a product or habit. You might want to try something new. Call a manufacturer and ask them to send you some samples to try before you buy.
- With a urostomy—wrap your stoma in a tissue or a paper towel to absorb drops of urine which flow during changes of your pouching system. Make sure you empty the pouch before it passes the half-full level. If the pouch becomes full, there is a chance of urine back-up—the urine flowing back through the stoma into the conduit, through the ureters into the kidneys. This will lead to a kidney infection or worse.
- With a colostomy—Irrigating action may be stimulated by gently massaging the abdomen starting at the lower right side and coming up across your abdomen above your belly button then down the left side like a question mark.
- With an ileostomy—These people may experience hunger more often than other people. Eat a snack of fruits or vegetables in-between meals if you are hungry; eat smaller but more frequent meals; eat slowly. An ileostomy continues to work—function—whether or not you have eaten, so do not skip meals.
- Time release pills will dissolve all at once if alcohol is also consumed resulting in a heavy dosage of medication all at once.
- Vitamins should be taken on a full stomach; otherwise they irritate the lining of the stomach and produce the sensation of feeling hungry.
- When skin under porous tape becomes irritated or itchy, simply rub calamine lotion or Maalox over the tape. It seeps through the porous tape and soothes the skin.

- If you want medicines to work quickly, drown them in water.
- People with ileostomies should consider carefully if they ever want to donate blood. Dehydration has a high probability of occurring, which will put serious stress on the kidneys.
- Be careful about zippers. They can catch a pouch when zipped up in a hurry. Likewise, watch out with ballpoint pens, keys nail files and any sharp object in your pocket.
- It is not necessary to use sterile supplies. The stoma and surrounding skin are not sterile and only require the same sort of cleanliness that the rest of the exterior body does.

Do not:

- Wear a pouching system over three or four days;
- Stay home, travel and have some fun;
- Worry about accidents and problem that may never happen;
- Put limitations on yourself because of a stoma

**Fourth UOAA National Conference
August 7-10, 2013
Hyatt Regency, Jacksonville, Florida**



Welcome to Jacksonville, Florida situated on a four-mile riverfront boardwalk close to area attractions in the center of Florida life. Plan to arrive by Tuesday, August 6. Registration begins at noon on Tuesday, August 6. Programming begins Wednesday morning August 7 and continues through Saturday, August 10. Come join us as we build the “Bridge to Acceptance!”

Contact UOAA at www.ostomy.org for more information and registering to attend.

To Our Loyal Members / Supporters

The Ostomy Association of Greater Chicago is your organization. We will achieve our goals only if you:

Sit and talk to a new person at one of our meetings. New people are here to meet other people with ostomies. Smile and visit for a while.

Volunteer for a committee. We have a place for virtually everyone. Assist with our activities to make them better for you and our guests.

Run for office on our board of directors rather than waiting to see who is elected. We do make a difference.

Become a visitor rather than remembering how helpful your visitor was or how you did not even have one because too few were available.

Come to our meetings. It is better than even reading about them in the newsletter. Moreover, people with new ostomies have the opportunity actually to see people experienced living with an ostomy. We want to show them that we look, feel and smell good; have active fulfilling lives; and are grateful for our new life.

Write an article for *The New Outlook*. People just like you researched and created most of the articles. These people want to tell a message.

Assist with a meeting or a function. It is really a lot more fun when you do, and you will be surprised how many new friends you make.

Offer to do a program geared toward people with ostomies for our General Meeting. You may have an idea and the people to implement it that can turn lives around.

Bring a new person to a meeting. If you know a person with an ostomy or considering ostomy surgery, bring him/her with you.

Our Association welcomes all well-intentioned people and admission to our meetings is free. We are a collection of individuals, not a handful of members, medical advisors or equipment suppliers. If we are to thrive and grow, it will only be because of the desire of each one of you.

If the cake is bad, what good is the frosting?

For our liability disclaimer and privacy policy visit <http://uoachicago.org/liability.htm>

Emotional Issues of Ostomy Surgery

By Julie Maloy, CWOCN

Ostomy surgery may cause a threat to one's self-esteem and a readjustment of one's body image. Self-esteem is based on how each person accepts and values him/herself.

Fears have a negative effect on self-esteem. Some of the common fears that one who has had an ostomy may experience first after surgery are fear of rejection, leakage, odor embarrassment and a decrease in feelings of personal attractiveness. Not only can these fears lower one's self-esteem, they can create a barrier in an intimate relationship.

Successfully pouch fitting; changing and caring for a pouching system independently; open and honest communications, are the first steps necessary for restoring one's self-esteem and returning to the previously held roles in a relationship.

There are several phases in rehabilitation from ostomy surgery. The meaning of your own personal medical diagnosis may cause an emotional impact, as well as the adapting and adjusting to having an ostomy. In the first few weeks after surgery, energy is exerted toward recovery and toward the task of mastering ostomy care. Independence, when possible, has a positive effect on self-esteem. The need to wear a pouch may cause anxiety. To minimize ostomy anxiety, a pouch that is unobtrusive, odor-proof and secure is essential.

Develop a routine of changing the pouching system before the possibility of a leak occurs. Check the skin barrier when you change for signs of wearing or undermining, such as staining under the tape or discoloration from the stoma to the edge of the pouch. Keep the tail of the pouch clean. Individual moist towelettes carried in a pocket or purse are handy to clean the pouch tail after emptying.

As one masters the task of stoma care, it is not unusual to discover that there may be a hypersensitivity to the reaction of others. Any behavior or reactions that are interpreted as negative can have an effect on interpersonal relationships, self-esteem, self-confidence and the physical competence of the person.

The person with an ostomy who can be independent yet allows the spouse to stay in a caregiver role is fostering an image of being disabled and not promoting the return of the previous sexual relationship. Good personal hygiene will help

decrease anxiety and promote confidence, particularly during intimate times. Pouch covers that are plain, lace, pastels or prints are available for those who would like to cover the pouch. Taping the body of the pouch in place will help prevent pouch movement during sexual activity. A common fear of the spouse is one of hurting the partner or the stoma. Reassurance will dispel fears. Experiment with positions that will not rub or irritate the stoma. During recovery from ostomy surgery, holding, touching, caressing and kissing are all-important methods of expressing affection.

The readjustment period continues for several months after surgery as each person reestablishes a suitable lifestyle. The supportive network of friends, family and health care team is important; however, the overall adjustment is ultimately the responsibility of the person with an ostomy. You must be patient with yourself as the process unfolds; however, if a particular hurdle seems very large, seek help to put things in the proper perspective.

Attitude in Recovery

Forward by the *Ostomy Digest*, Omaha NB

Do you feel as if the bottom has dropped out of your world? Has your doctor just shown you your ostomy for the time? Are you surprised that your stoma is so red? You cannot visualize how life is going to be from now on. You wonder if you will ever become accustomed to this strange thing. Be assured that you will in time. An ostomy is the result of a life-saving surgery. You can make it whatever you desire. You can hibernate becoming a recluse and withdrawing into your own small world; or you can take it in stride learning the proper care of your ostomy and then forgetting about yourself enjoying the extra time God has allotted to you.

You will find, as time goes on, the bewilderment will disappear, and the problems you encounter as a person with a new ostomy will be solved. You will minimize the issues you originally thought overwhelming. You will be delighted to find you can still lead a perfectly normal life. You can participate in activities of normal living just as you did before surgery. You may like swimming, dancing, reading, running, working, playing, golfing, boxing, sky diving, bungee jumping, praying, visiting friends . . . whatever.

If ulcerative colitis was the reason for your surgery, then you will be able to do more than you

did before surgery. Your life will be better. You will virtually never have to run to the toilet again. The new person with an ostomy has a tendency to become overly sensitive about little things like if the prosthetic shows, if you smell, if your stoma is making noises, or if you will have an accident. There are many techniques experienced people with ostomies use to address these issues. You will find clothes look the same on you as they did before; that nobody can really see your pouching system; commercial odor controls are available from all ostomy suppliers, if you even need them; noises are generally louder to you than anyone else and most people have noises of their own anyway; you will have more accidents driving a car than you will once you are experienced with your ostomy equipment.

Yes, at first you will be all thumbs trying to tackle the art of ostomy management, like the challenge of applying your pouching system. As you become familiar with your pouching system, your care time will be a fraction of what it is originally. Your management will eventually become easy and almost automatic. Do not become discouraged. Summon up your patience and courage to see you through this phase of your rehabilitation.

Remember, all of us ostomy graduates went through this same thing after surgery. We come to our local support group meetings to take comfort in the fact that we are not alone; to bolster up our morale; to be educated in options regarding ostomy management and equipment; to receive practical hints on skin and health care; to help ourselves by serving others etc. Always check with your health care professional regarding anything new you learn.

Talking to your Doctor

A new book was just published, *When Doctors Don't Listen: How to Avoid Misdiagnoses and Unnecessary Tests*, by Leana Wen, M.D. and Joshua Kosowsky, M.D. The time a doctor spends with a patient is being pressed more and more. This limits the time a doctor actually spend with a patient and his/her diagnosis and care.

This book highlights some useful information when dealing with a doctor to obtain better results from you visit. Some of the suggested strategies are:

- Beware when the diagnosis does not make sense.
- If you are asked a yes or no question by your doctor, feel free to elaborate.

- As you are telling your story, ask what the doctor is thinking.
- Make it clear early on that you expect to be a partner in the diagnostic process.
- If your primary concern was not addressed in the exam, be sure to bring it up again.

There is a vast difference between being engaged and being overbearing. You do not need to stay quiet to be a good patient. You do not need to be nasty and mean. It estimated by various studies that about five percent on hospitalized patients will die because of misdiagnosis.

The authors suggest that the art of medicine relies on investing time with patients to obtain an accurate medical history, listening to all their symptoms, their concerns and using common sense. During medical training, that art can become lost in the demands of mastering the science. Taught to think in certain pathways, doctors may anchor on a diagnosis, and it can be difficult to steer them to change course.

Of course, the medical reimbursement system, as well as the legal system, reward doctors who perform many tests. Fear of malpractice suits leads doctors to practice defensive medicine. Paradoxically, the authors say, the consumer movement in health care encourages patients to request the latest and greatest tests and screening even when they are not medically necessary. This further encourages doctors to order more rather than focus on the relationship with the patient.

Moreover, in today's resource-crunched medical system, doctors often have little time with patients to tease out every detail, especially in chaotic emergency departments, the authors say, making it all the more important for patients to be up front. The authors provide a wealth of tips at the end of each chapter for patients in order to assist doctors arrive at an accurate diagnosis.

Red Flashing Lights on Cars

Chicago Alternative Policing Strategy, John Warner

Some people know about the red light on cars, but not dialing 112. An unmarked police car pulled up behind her and put his lights on. Lauren's parents have always told her to never pull over for an unmarked car on the side of the road, but rather to wait until they get to a gas station, etc.

Lauren had actually listened to her parent's advice and promptly called 112 on her cell phone to tell the police dispatcher that she would not pull over

right away. She proceeded to tell the dispatcher that there was an unmarked police car with a flashing red light on his rooftop behind her. The dispatcher checked to see if there were police cars where she was and there were not, and he told her to keep driving, remain calm and that he had back up already on the way. Ten minutes later four police cars surrounded her and the unmarked car behind her. One policeman went to her side and the others surrounded the car behind. They pulled the guy from the car and tackled him to the ground. The man was a convicted rapist and wanted for other crimes. I never knew about the 112 cell phone feature. I tried it on my AT&T phone & it said, "Dialing Emergency Number."

Especially for a woman alone in a car, you should not pull over for an unmarked car. Apparently police have to respect your right to keep going on to a safe place. Speaking to a service representative at Bell Mobility confirmed that 112 was a direct link to State trooper information. So, now it is your turn to let your friends know about dialing 112.

Stoma Lacerations

By Nurse Mary

A laceration is a wound or irregular tear of flesh, and it could happen to your stoma. If your stoma protrudes it can be lacerated. A stoma that protrudes is usually preferable because the protruding stoma empties the waste into the pouching system more easily with less chance of leaking. But since the stoma extends beyond the skin level, there is the danger that it can be lacerated. Many of the skin barriers manufactured today have stiff, rigid or sharp material next to the stoma that can cut it. However, some of the new extended wear barriers and ostomy seals are made to actually touch the stoma. In fact, these work better when they do.

The symptoms that may indicate that laceration has taken place are bleeding or swelling of the stoma. Since there are no sensory nerve endings in the stoma, usually pain will not be experienced. The fact that you may not feel pain does not minimize the seriousness of this condition. If not treated effectively, surgical intervention may result.

It is not always obvious what has caused the laceration. It cannot be corrected until the cause is determined. There are many reasons for stoma laceration, but the most common are:

- improperly centering the skin barrier

- shifting of the pouching system
- cutting too small a hole in the skin barrier

Whenever there is difficulty in centering the skin barrier properly, enlarge the opening and protect the skin immediately surrounding the stoma with an ostomy paste or an ostomy barrier seal. People with urostomies may need the intervention of a WOC nurse to review their special needs.

Using a mirror may be helpful when centering the skin barrier to the skin. Remember, the entire stoma—all of the moist bright red tissue—must be exposed through the skin barrier. We understand that you will never be able to perfectly center the skin barrier on the stoma. Obtaining a fit that is approximately close is all that is required.

The newer extended wear barriers, like ConvaTec's Durahesive and Hollister's FlexTend, are manufactured with an inner barrier material that will swell around the stoma. This material is made to actually touch the stoma as it is worn and will not harm it. The outer barrier is a plastic that may still cut the stoma if in contact with it. Cymed has a skin like material that is well suited for people with urostomies. This material can be installed to actually touch the stoma, protect it from moisture and be comfortable and secure.

When the adhesive skin barrier washes away—like all other disposable barrier materials—the thin celluloid film remaining is capable of cutting the stoma. Positional changes like bending or even turning when sleeping can cause slippage. If you use an ostomy belt, it may pull the skin barrier either upward or downward causing the pouching system to shift thus cutting the stoma. A belt that rides over the skin barrier may cause it to shift.

We have also found a number of people, in an effort to follow the application directions found with all ostomy supplies, cut the skin barrier opening too small. The opening should be no smaller than 1/16 of an inch to the stoma on any hard skin barrier. A gap of up to ¼ of an inch is fine for most fecal ostomies, as long as the gap is filled.

Never underestimate a lacerated stoma. Careful investigation should reveal the cause. The stoma will heal by itself—provided it is not too badly damaged—when the problem is corrected. Lacerations usually heal slowly, about four to six weeks. Careful measurement and application of a pouching system is always necessary. An ounce of prevention is worth a pound of cure.

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 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.

A True Story—Packs a Pouch

By Georgene Whiteway

After years of struggle with ulcerative colitis, I finally faced the inevitable and had surgery, which resulted in an ileostomy. I endured the same fears, depression and hopelessness common to anyone undergoing this type of traumatic procedure. With the total support of my family, I faced each day of my hospitalization hopeful of a recovery so I could resume my life once again.

Finally, a milestone—I would get to see my 10-year-old daughter! It meant walking all the way to the visiting area, but rolling my IV stand and holding on to my sister-in-law, I knew I would make it. My nurse placed a fresh ileostomy pouching system on me and I started my journey. Within a few minutes, I felt fluid draining down my leg and knew the pouch had broken. Back to my room; Call the nurse. Replace the pouch. Start again.

Halfway there, the pouch broke again. Is this what my future was to be? Was there something about me that caused the breakage? I was in tears as the nurse placed a new pouch on me. When the third pouch broke, my morale was very low. My daughter was still waiting, crying now to see her

mom. A new nurse came in and in a matter of seconds was able to turn disaster into a quick and happy reunion between my badly shaken daughter and me.

What magic did this new nurse perform? She actually did nothing special. However, she did know that drainable pouches require a clip at the end to hold liquids in! Yes, the first nurse had been “exposed” to ostomy care, but her skill was so minimal that she could not identify the various forms of pouches. As a result, she inadvertently put me through 60 minutes of anxiety and depression. Will I help promote familiarization training in our hospitals? You bet!

There comes a time when one should stop expecting other people to make a big deal about our birthday. That time is age 11.

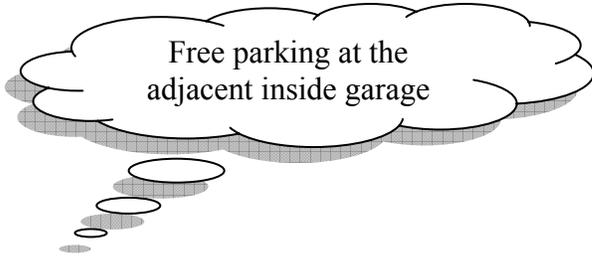
Your friends love and accept you just as you are.

Smile, it really feels good—no matter what the day brings us.

Men are like fine wine. They start out as grapes, and it is up to women to stomp them until they turn into something acceptable to have dinner with.

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).