

The New Outlook

January 2015



NEXT MEETING

Wednesday, January 21, 7:30 pm

Lutheran General Hospital

1775 Dempster St., Park Ridge, IL

Special Functions Dining Room

10th Floor

Last Months' Meeting (our 445th)

Another delightful Holiday party! The room was filled with merriment as we again enjoyed a delicious catered meal, as well as appetizers and desserts provided by our board and other members. We celebrated birthdays, played a rather lively white elephant gift game and sang Holiday songs. The cute little boxes Nancy made were filled with donations for the Youth Rally and hung on the Giving Tree. And of course, we chatted and laughed.....a lot!

Next month's meeting, **January 21, 2015** will feature an open discussion on ostomy issues. Much is trial and error after ostomy surgery. Help others by sharing your knowledge and experience.

Remember there is No Meeting in February.

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.

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

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

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

Ostomy ~ The New Normal

www.uoachicago.org



www.ostomy.org

Ostomy Association of Greater Chicago (OAGC)

Established 1975

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UOAA Teen Network: Jude Ebbinghaus 860-445-8224

GLO Network: Fred Shulak 773-286-4005

YODAA: Esten Gose 206-919-6478

Teen Network: Jude Ebbinghaus 860-445-8224

Thirty Plus: Kathy DiPonio 586-219-1876

Continent Diversion Network: Lynne Kramer 215-637-2409

FOW-USA: Jan Colwell 773-702-9371

Upcoming Meetings at Lutheran General Hospital

January 21, 2015 – Open discussion

February 2015 – NO MEETING

March 18, 2015 –

April 15, 2015 – Our 40th Anniversary

Additional area support groups:

Northwest Community Hospital

Arlington Heights. 2nd Thurs at 1:00 pm every other month. 2/15, 4/9, 6/11, 8/13, 10/8, 12/10. 2015 meetings will be in the Kirchoff Center, 901 Kirchoff, Conference room 1. Contact Carol Stanley 847-618-3215, cstanley@nch.org

Southwest Suburban Chicago

The third Monday at 7:30pm, 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, November. Contact Barb Canter 847-394-1586, barb1234@sbcglobal.net

Here and Now with Patricia Johnson

Flush with enthusiasm, knowledge and a sense of anything is possible after the Regional Ostomy Conference, my husband and I found ourselves in Woodfield Mall. Walking from the Apple store to get something to eat we came upon a store that had a HUGE screen showing the ocean and waves washing to the shore. It was beautiful and captivating. We stood and watched it. I stepped back to see the name of the store. You can imagine my surprise when I saw that it was HOLLISTER! I said, "Dale, they're selling ostomy supplies in the mall!"

He said, "no, no, they are selling clothes but let's go in and see." We walked through the whole store. Nothing but clothes, not an ostomy supply in sight. We did find red sweat pants with the name Hollister embroidered down the leg in big white letters. But as you know from my 1st column we don't have to hide in sweats.

The Conference; it was great. It was warm and friendly. A time of meeting new people, exchanging stories and information. Ally's story was at once heartbreaking and victorious. She is a lovely young woman who has endured much because of Crohn's and is an inspiration to me and many others. We are all beneficiaries of the (restroom access) law she worked so hard for.

Brenda Elsagher was friendly and funny. I was fortunate to spend some time talking with her. The break out sessions were a chance to ask questions about issues pertinent to the individual. I didn't know issues of intimacy could be so funny. Dale went to two sessions for spouses and family members of Ostomates. I think he found it informative. (Men don't say much.)

The vendors were so friendly and helpful. I spoke with the representative of Friends of Ostomates Worldwide and now have a large box of supplies to send. FOW packages and sends supplies to people all over the world who do not have access to ostomy supplies.

To top it off there was the Hawaiian Pa'ina (party). Great food and great stories. I'm sure everyone left with something useful. I'm looking forward to the St. Louis Conference in 2015. Aloha.... Life is good.



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Northwest Community Hospital is implementing a new computer system and the meeting rooms used in the past by the **Ostomy Support Group** will be needed for employee training. Therefore future meetings have been re-assigned.
All 2015 meetings will take place in Conference Room 1 of the Kirchoff Center.

"Isn't it amazing that we can have most of our guts removed and still show more 'Guts' than everyone else combined?!"

Stephanie R. on UOAA's facebook page

The Midwest Regional Ostomy Conference was held Nov. 8, 2014 at the Doubletree Hotel in Arlington Heights.

The Conference was a VERY well attended one, with both participants and vendors from all over the country. We pride ourselves here in the Chicago area, as having one of the best ASG's in the country with the Ostomy Association of Greater Chicago.

There were many veterans who were in attendance and those veterans spoke to a number of "newbies" to whom this Conference was a real eye-opener.

The sessions were excellent and informative and the traffic around the vendor tables was brisk as well.

Many people were questioning where the nearest support group was to their area. The National UOAA table was able to direct many of those folks.

We did encounter a few people who were very new to the ostomy world and when they came up to us, in many cases, they did not even know what to ask.

We worked with them, made them feel comfortable and told them that they were now "home", among friends and people who totally understood their perspective and feelings. For truly, for a new person, the MOST important thing at any of these Conferences is to validate HOW they feel and to try to help them, encourage them to attend support group meetings and learn all they can about their "new" look.

Our wonderful manufacturers were well represented and they exhibited the newest and best products on the market.

Our Medical Advisor - Dr. Bruce Orkin was also in attendance and stopped often to answer many a question. Thank you Dr. Orkin.

The social aspects of the Conference were well planned as well and the food was wonderful.

All in all Judy Svoboda and her team did a FABULOUS job of organizing this Conference and it was apparent that the word got out and it was well promoted, as attendance was over 150, quite an accomplishment for a Regional event.

Kudos to you Judy and your team !!!

A job, VERY well done !

Dave Rudzin

Dear Judy,

I would like to thank you and acknowledge how much my husband and I enjoyed the **Midwest**

Regional Ostomy Education Conference in Arlington Heights on Saturday, November 8, 2014.

We found the conference to be very educational and interesting. We also enjoyed meeting many interesting and wonderful people, and learning many new things. It was also a great pleasure for me to meet you and Susan Burns. Both of you are lovely ladies and are very good representatives of your organization!

All of the presentations were excellent, and all of the speakers were very knowledgeable! Looking back now I wish I would have been able to visit with more vendors and other people, and I would have liked to see more of the other presentations too. However, the time went by so quickly, and to do everything was almost impossible for me during that one day.

I was also pleasantly surprised by seeing one of my ostomy nurses Eric again at the stoma clinic. Eric was the wound and ostomy nurse attending and supervising my home-care nurse after my second surgery in November 2012, from ulcerative colitis. Eric was also very helpful by finding the right pouching system for me, after I encountered all sorts of problems with other pouching systems. I am very grateful for all the help from Eric during that time. It made me understand and realize how very important and how very special wound and ostomy nurses really are.

I also enjoyed Laura Cox's presentation very much, and I am glad that I had a chance to meet Laura in person. Just after having my ileostomy in 2012, I found one of Laura's videos on my computer. I was so impressed by the courage and the positive attitude of that pretty young woman. Laura was truly an inspiration to me, and I greatly admire her for what she is doing by helping others with sharing her story. I would also like to mention Allyson Bain, and how much I enjoyed Allyson's presentation also. I can identify with what Laura and Allyson had to endure during their illness. It was good to hear Laura's and Allyson's testimonies, and to be encouraged by these two brave young women. By hearing their stories one does not feel so alone in this!

Thank you again Judy, and I am very much looking forward to seeing you in St. Louis at the National Ostomy Conference in September 2015.

With fond regards, Valerie

Know the Difference Between a Cold and the Flu

Symptom	Cold	Flu
Fever	Fever is rare with a cold	A temperature of greater than 100°F or higher for 3-4 days
Coughing	A productive (mucus-producing) cough.	A non-productive dry cough
Aches	Slight body aches and pains	Severe aches and pains
Stuffy Nose	Stuffy nose	N/A
Chills	Uncommon	Some
Tiredness	Mild	Moderate to severe
Sneezing	Common	Uncommon
Sudden Symptoms	Develops over a couple of days	Sudden: 3-6 hours
Headache	Uncommon	Common
Sore Throat	Common	Uncommon
Chest Discomfort	Mild to moderate	Severe

Cold and Flu Season

Midwest Center for Women’s Healthcare

The common cold and flu are caused by different viruses but can have some similar symptoms, making them tough to tell apart. In general, the flu is worse and symptoms are more intense.

COLDS: Usual symptoms include stuffy or runny nose, sore throat and sneezing. Coughs are hacking and productive. It's unusual to have fever, chills, headaches and body aches, and if they do occur, they are mild.

FLU: Fever is usually present, along with chills, headache and moderate-to-severe body aches and tiredness. Symptoms can come on rapidly, within three to six hours. Coughs are dry and unproductive, and sore throats are less common.

PREVENTION: To avoid colds and flu, wash your hands with warm water and soap after you've been out in public or around sick people. Don't share cups or utensils. And get a flu vaccination - officials say it's not too late, even in places where flu is raging.

TREATMENT: People with colds or mild cases of the flu should get plenty of rest and fluids. Those with severe symptoms, such as a high fever or difficulty breathing, should see a doctor and may be prescribed antiviral drugs or other medications. Children should not be given aspirin without a doctor's approval.

THINGS YOU CAN DO TO PREVENT THE

FLU The single best way to prevent seasonal flu is to get vaccinated each year, but good health habits like covering your cough and washing your hands often can help stop the spread of germs and prevent respiratory illnesses like the flu. There also are flu antiviral drugs that can be used to treat and prevent the flu.

1. Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
2. Stay home when you are sick. If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.
3. Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.
4. Clean your hands. Washing your hands often will help protect you from germs. If soap and water are not available, use an alcohol-based hand rub.
5. Avoid touching your eyes, nose or mouth. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.
6. Practice other good health habits. Clean and disinfect frequently touched surfaces at home, work or school, especially when someone is ill. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.



Gratitude makes life sweeter

By Katherine Zeratsky, R.D., L.D. December 6, 2014
Mayo Clinic

Gratitude helps us recognize our blessings in life and not take them for granted. It helps with healing and is associated with better health outcomes, including positive mood, better self-esteem, improved well-being and a lower risk of post-traumatic stress disorder.

Gratitude is not the etiquette we teach our kids ("What do you say?" followed by a monotone "Thanks."). It is not mindless manners or tit-for-tat reciprocity. Gratitude is a feeling and an expression. It is an acknowledgement that we have received something of value. It gives us a positive perspective, turning unpleasant things into reminders of what is important. For example, house payments can be a reminder that you have shelter. (*A stoma reminds us of our life saving surgery*)

Opportunities to explore:

- Start your day by thinking of things you are grateful for. Keep it simple: a warm bed, a soft carpet under your feet or a filling breakfast.
- Express thanks throughout the day – verbally, via email or with a card.
- Find at least one thing you are thankful for before going to sleep each night.
- Learn to see the "boring and ordinary" as being "vital and precious."
- Develop reminders or rituals in your daily life to help you practice gratitude for both the small and the big things.

Often, it takes a serious illness or other tragic event to jolt people into appreciating the good things in their lives. Don't wait for something like that to happen to you.

Gratitude starts as a choice, becomes a pattern and can end up transforming our lives. We are only in this life for a short time. With intention we can learn to use gratitude to make each moment a wonder.

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Low-residue Fiber Diet

National Institutes of Health

When you are on a low residue fiber diet, you will eat low-fiber foods that are easy for your body to digest. Eating these foods may slow down your bowel movements. This diet can include foods you are used to eating, like cooked vegetables, fruits, white breads, and meats. It does NOT include foods that make your bowels work more, like beans and legumes, whole grains, many raw vegetables and fruits, and nuts and seeds.

Your goal is to eat less than 10 to 15 grams of fiber each day. This diet gives you proteins, fluids, salts, and minerals you need. With the right food choices, you can get enough nutrition from this diet. If you are on this diet for a long time, you may have to take supplements, such as vitamin C, calcium, folic acid, and others. Check with your doctor.

Why You May Need This Diet

You may need to be on a low residue fiber diet if you have diverticulitis, Crohn's disease, ulcerative colitis, or bowel inflammation. Sometimes people are put

on this diet after certain kinds of surgery, such as an ileostomy or colostomy. You may need to follow this diet only for a short period of time or (some variable) for the rest of your life. Your doctor may refer you to a dietitian for help with meal planning.

What You Can Eat and Drink

Here are some of the foods recommended for a low residue fiber diet. It is still possible for some of these foods to upset your system. Talk to your doctor about your diet and any signs that foods are making your problem worse.

Milk products: You may have up to 2 cups total of smooth milk products a day. This includes yogurt, cottage cheese, milk, pudding, or creamy soup, or 1.5 ounces of hard cheese. Avoid milk products with nuts, seeds, fruit, or vegetables added to them.

Breads and grains: You may have refined white breads, dry cereals (such as Special K, puffed rice, Corn Flakes, and Rice Krispies), white pasta, and crackers. Make sure these foods have less than a half (0.5) a gram of fiber per serving. Do NOT eat whole-grain breads, crackers and cereals, whole-wheat pasta, and brown rice.

Vegetables: You may eat these vegetables raw:

Lettuce, Cucumbers, Onions, Zucchini

You can eat these vegetables if they are well-cooked or canned, without seeds:)You can also drink juices made from them if they do not contain seeds or pulp) Yellow squash (without seeds), Spinach, Pumpkin, Eggplant, Potatoes(without skin), Green beans, Wax beans, Asparagus, Beets, Carrots

Do NOT eat any vegetable that is not on the list above. Do NOT eat vegetables raw that are okay to eat cooked. Avoid vegetables and sauces with seeds, such as tomato sauce. Do NOT eat popcorn.

Fruits: You may have fruit juices without pulp and many canned fruits or fruit sauces, such as applesauce. Raw fruits you can have are very ripe apricots, bananas and cantaloupe, honeydew melon, watermelon, nectarines, papayas, peaches, and plums. Avoid all other raw fruit.

Fruits to avoid are canned or raw pineapple, fresh figs, berries, all dried fruits, fruit seeds, and prunes and prune juice.

Protein: You may eat cooked meat (including bacon), fish, poultry, eggs, and smooth peanut butter. Make sure your meats are tender and soft, not chewy with gristle. Avoid deli meats, crunchy peanut butter, nuts, beans, tofu, and peas.

Fats, oils, and sauces: You may eat butter, margarine, oils, mayonnaise, whipped cream, and smooth sauces and dressings. Smooth condiments are okay. Do NOT eat very spicy foods and dressings. Avoid chunky relishes and pickles.

Other foods and drinks: You may eat plain cakes, cookies, pies, Jell-O, sugar, and hard candies.

Do not eat desserts that contain fruits that are not okay to eat, nuts, or coconut. Avoid chocolate that contains cocoa powder. Avoid caffeine. Ask your doctor if alcohol is okay.

Updated by: David C. Dugdale, III, MD, Professor of Medicine, Division of General Medicine, Department of Medicine, University of Washington School of Medicine.



YOGURT TABLETS

Via Port Huron, MI Chapter

Taking two or three yogurt tablets a day is a great aid in lessening stoma noise, and it also counteracts odor and acidity. Tablets contain the same culture (*Acidophilus Lactobacilli*) as in regular yogurt purchased in the grocery store, but perhaps the tablets will be easier to tolerate for those who dislike yogurt. This supplement will not harm you and there is no toxicity involved. You might try them to see if they work for you. If you are uncertain, consult your doctor.

Returning to Work

As your strength returns you can go back to your regular activities. If you go back to work, you may want to tell your employer or a good friend about your ostomy. Being open about it will help educate others. Keeping it a complete secret may cause practical problems.

People with ostomies can do most jobs. But heavy lifting may cause a stoma to herniate (the whole thing bulges outward) or prolapse (the inside falls outward). A sudden blow in the pouch area could cause the face plate to shift and cut the stoma. Still, people with ostomies do heavy lifting when they work as mechanics, fire fighters, truck drivers, etc. There are athletes who have stomas, too. Check with your doctor about your type of work. As after all major surgery, it will take time for you to regain your strength. A letter from your doctor may be helpful should your employer have doubts about what you will be able to do.

Sometimes employers think an ostomy will keep you from doing your job. This may also be a concern when applying for a new job. You should know that your right to work may be protected by parts of the US Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1992, and by sections of your state and local laws. If you feel you are being treated unfairly due to your ostomy, check with the UOAA or with a local legal resource about protecting your rights.

THE IMPORTANCE OF SUPPORT GROUPS

Via the *Austi-Mate Journal*, Austin, TX

Years ago support groups for people diagnosed with cancer were often frowned upon or dismissed as 'touch-feely.' Many believed that talking about their feelings or asking for help were signs of weakness. Some even feared that meeting others with similar problems would fuel depression and self-pity.

Times have changed, however, and so have theories about the value of talk. Today, more and more hospitals are offering emotional support—with groups and one-on-one counseling—as part of the standard treatment for rehabilitation. Earlier this year, the National Cancer Institute, together with two other groups, launched a national campaign to raise awareness of the vital role emotional support plays in enhancing quality of life for people with cancer. Some research suggests that support may even increase longevity.

With a little help from strangers, it makes sense that emotional support from a caring circle of close friends or family would buffer the stress suffered. But many patients say they lack open communication within their families. As research and the experiences of many people have born out, involvement in a support group comprised of others in the same boat can fill a unique void.

Experts also speculate that emotional assistance confers physical benefits by decreasing stress. Depression overworks the body's stress response system, and it may be that participating in a support group helps lift depression.

Thus a group of peers can be a place where people can vent some of their feelings without suffering guilt about burdening an intimate partner or friend. While research on the mind-body connection and cancer is still preliminary, there is no doubt that emotional support can ease psychological stress. Support groups that were once considered ancillary aspects in treatment have moved into the mainstream, playing an integral role in enhancing—and possibly prolonging—the lives of millions of people.

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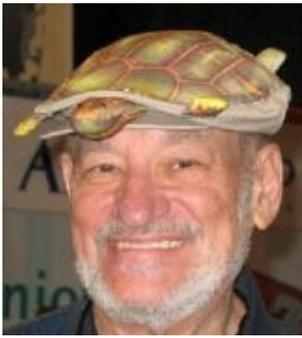
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Jerry Schinberg

It is with a heavy heart that we must bid farewell to long-time board member and dear friend Jerry Schinberg. After recent poor health, on Dec. 20, 2014 Jerry passed away peacefully. Since his ostomy surgery nearly 20 years ago, Jerry has inspired us to turn our challenges into opportunities to help others through their journey. The energy he brought to our group was unparalleled, whether directing the 50/50 drawing or Holiday party with Sally, or relaying an amusing anecdote. Though we mourn Jerry's passing, we celebrate his life and cherish our memories of the time he shared with us.

Positive Thinking

Mayo Clinic Healthy Lifestyle Series

Is your glass half-empty or half-full? How you answer this age-old question about positive thinking may reflect your outlook on life, your attitude toward yourself, and whether you're optimistic or pessimistic – and it may even affect your health.

Indeed, some studies show that personality traits like optimism and pessimism can affect many areas of your health and well-being. The positive thinking that typically comes with optimism is a key part of effective stress management, and is associated with many health benefits. If you tend to be pessimistic, don't despair – you can learn positive thinking skills.

Positive thinking doesn't mean that you keep your head in the sand and ignore life's less pleasant situations. It just means that you approach unpleasantness in a more positive and productive way. You think the best is going to happen, not the worst.

Positive thinking often starts with self-talk. Self-talk is the endless stream of unspoken thoughts that run through your head. These automatic thoughts can be positive or negative. Some of your self-talk comes from logic and reason. Other self-talk may arise from misconceptions that you create because of lack of

information.

If the thoughts that run through your head are mostly negative, your outlook on life is more likely pessimistic. If your thoughts are mostly positive, you're likely an optimist – someone who practices positive thinking.

Researchers continue to explore the effects of positive thinking and optimism on health. Health benefits that positive thinking may provide include:

- Increased life span
- Lower rates of depression
- Lower levels of distress
- Greater resistance to the common cold
- Better psychological and physical well-being
- Reduced risk of death from cardiovascular disease
- Better coping skills during hardships and times of stress

It's unclear why people who engage in positive thinking experience these health benefits. One theory is that having a positive outlook enables you to cope better with stressful situations, which reduces the harmful health effects of stress on your body. It's also thought that positive and optimistic people tend to live healthier lifestyles – they get more physical activity, follow a healthier diet, and don't smoke or drink alcohol in excess.

Not sure if your self-talk is positive or negative? Here are some common forms of negative self-talk:

- **Filtering.** You magnify the negative aspects of a situation and filter out all of the positive ones. For example, you had a great day at work. You completed your tasks ahead of time and were complimented for doing a speedy and thorough job. That evening, you focus only on your plan to do even more tasks and forget about the compliments you received.
- **Personalizing.** When something bad occurs, you automatically blame yourself. For example, you hear that an evening out with friends is canceled, and you assume that the change in plans is because no one wanted to be around you.
- **Catastrophizing.** You automatically anticipate the worst. The drive-through coffee

shop gets your order wrong and you automatically think that the rest of your day will be a disaster.

- **Polarizing.** You see things only as either good or bad. There is no middle ground. You feel that you have to be perfect or you're a total failure.

You can learn to turn negative thinking into positive thinking. The process is simple, but it does take time and practice – you're creating a new habit, after all. Here are some ways to think and behave in a more positive and optimistic way:

- **Identify areas to change.** If you want to become more optimistic and engage in more positive thinking, first identify areas of your life that you typically think negatively about, whether it's work, your daily commute or a relationship. Start small by focusing on one area to approach in a more positive way.
- **Check yourself.** Periodically during the day, stop and evaluate what you're thinking. If you find that your thoughts are mainly negative, find a way to put a positive spin on them.
- **Be open to humor.** Give yourself permission to smile or laugh, especially during difficult times. Seek humor in everyday happenings. When you can laugh at life, you feel less stressed.
- **Follow a healthy lifestyle.** Exercise at least three times a week to positively affect mood and reduce stress. Follow a healthy diet to fuel your mind and body. And learn techniques to manage stress.
- **Surround yourself with positive people.** Make sure those in your life are positive, supportive people you can depend on to give helpful advice and feedback. Negative people may increase your stress level and make you doubt your ability to manage stress in healthy ways.
- **Practice positive self-talk.** Start by following one simple rule: Don't say anything to yourself that you wouldn't say to anyone else. Be gentle and encouraging with yourself. If a negative thought enters your mind, evaluate it rationally and respond with affirmations of what is good about you.

Putting positive thinking into practice:

Negative self-talk	Positive thinking
I've never done it before.	It's an opportunity to learn something new.
It's too complicated.	I'll tackle it from a different angle.
I don't have the resources.	Necessity is the mother of invention.
I'm too lazy to get this done.	I wasn't able to fit it into my schedule, but I can re-examine some priorities.
There's no way it will work.	I can try to make it work.
It's too radical a change.	Let's take a chance.
No one bothers to communicate with me.	I'll see if I can open the channels of communication.
I'm not going to get any better at this.	I'll give it another try.

If you tend to have a negative outlook, don't expect to become an optimist overnight. But with practice, eventually your self-talk will contain less self-criticism and more self-acceptance. You may also become less critical of the world around you. When your state of mind is generally optimistic, you're better able to handle everyday stress in a more constructive way. That ability may contribute to the widely observed health benefits of positive thinking.

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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/

*Keep the smile, leave the tear.
Think of joy, forget the fear.
Hold the laugh, toss the pain.
Be joyous now it's 2015!*



*May every day of the New Year sparkle
with good health and happiness.*

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).