

The New Outlook

September 2015



NEXT MEETING

Wednesday, September 16, 7:30 pm

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

Different location - this month
Johnson Auditorium
G Level - Enter Parkside Center

Last Months' Meeting (our 451st)

Our last meeting was our popular *Pizza Party*. Featured guest was **Steve Vandevender** with new products and samples from **Convatec**. Steve showed us the new Esteem+ 1-2-3 pouching system, designed for those who have difficulty with wafer placement. Simply remove the disc and plastic backing, mold a hole that matches your stoma and place on body. Then place pouch, which also has the wafer material, over the disc. The result is soft, flexible and secure. See more on YouTube by searching Convatec Esteem. Steve also demonstrated the moldable technology that allows you to customize your fit around the stoma without scissors or templates. The new Convatec pouches with comfort fabric have hook and hook technology for a secure seal, a panel to tuck in the tail and new filter technology.

Our special guest on Sept. 16 is **Natasha Nieratko Jones**, a childhood cancer survivor who received her ostomy in 2012. Natasha finds JOY in having an Ileostomy, and considers it a "Bag of Honor". Although life with a "bag" isn't easy or joyful everyday, Natasha searches for each and every moment that she can celebrate. She'll also lead a discussion.

Occasionally we are assigned a different meeting room by the Hospital. **This month we will meet in the Johnson Auditorium on the G level of the Parkside Center.** If you park in the attached underground garage and enter the Hospital through the Parkside Center, the Auditorium is on the left. There are no stairs to navigate.

We're going GREEN! Paper is so 20th century! Thanks to everyone who voluntarily receives 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 Association of Greater Chicago (OAGC)

Established 1975

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North Shore University Health System

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Kathy Krenz & Gail Meyers 815-338-2500

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Marina Makovetskaia 847-723-8815

Lutheran General Hospital

Carol Stanley 847-618-3125

Northwest Community Hospital

Nancy Olsen, Mary Rohan 708-229-6060

Little Company of Mary Hospital

Kathy Garcia, Jola Papiez 708-684-3294

Advocate Christ Medical Center

Sandy Fahmy 847-316-6106

Saint Francis Hospital

Nancy Spillo 847-493-4922

Presence Home Care

Colleen Drolshagen, Becky Strilko, Barb Stadler 630-933-6562

Central DuPage Hospital

Kathy Thiesse, Nanci Stark 708-216-8554

(Ginger Lewis-Urology only 708-216-5112)

Loyola University Medical Center

Alyce Barnicle (available on as needed basis only) 708-245-2920

LaGrange Hospital

Sarah Grcich 219-309-5939 or 219-983-8780

Porter Regional Hospital & Ostomy Clinic

Valparaiso, Indiana

National UOAA Virtual Groups

Continent Diversion Network: Lynne Kramer 215-637-2409

Familial Adenomatous Polyposis (FAP) Foundation: Travis Bray 334-740-8657

Friends of Ostomates Worldwide - USA: Jan Colwell 773-702-9371

GLO Network: Fred Shulak 773-286-4005

Ostomy 2-1-1: Debi K Fox 405-243-8001

Pull-thru Network: Lori Parker 309-262-0786

Quality Life Association: Judy Schmidt 352-394-4912

Thirty Plus: Kelli Strittman 410-622-8563

Upcoming Meetings at Lutheran General Hospital

September 16, 2015 – Natasha Nieratko Jones

“Finding the Joy in everyday life.”

October 21, 2015 – Stephanie Horgan, OPBMed

Psychological and social issues

Additional area support groups:

Northwest Community Hospital

Arlington Heights. 2nd Thurs at 1:00 pm every other month. 10/8, 12/10. All 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 6:30pm, Little Company of Mary Hospital, Evergreen Park. Contact Edna Wooding 773-253-3726, swscost@gmail.com

Sherman Hospital, Elgin

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

DuPage County

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

Aurora

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

Will County

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

Lake County Illinois

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

Loyola University Health System, Maywood

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

Valparaiso, Indiana

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

Here and Now
with Patricia Johnson

A New Perspective

On a sunny afternoon I went outside to sit in the swing and read. The sun had moved down just enough that it was in my eyes. I needed to move so I went into the garage and pulled out a lawn chair and folding table. I placed them in a shady area of the lawn. I got comfortable, opened my book and before reading, looked around. A whole new vista had opened up. I was really surprised by what I saw. It was lovely. I had a new perspective of the yard. I also now have a different perspective of my ostomy.

I love to garden. Last summer I worked for hours outside, weeding, moving plants to better locations, resetting flagstone, started two new flowerbeds, and planted Spring bulbs. I was happy. By October, when I had to stop, I felt that I had made a lot of progress.

This Spring I was excited to see the fruits of my labor in the yard blooming away. Now that the weather is warm I am outside whenever possible. I don't have a plan for the yard so everyday is an adventure.

When I am outside I can see close up what still needs to be done. When I am in the sunroom or study I see the yard differently. These rooms are above the garage and I can see most of the yard. Looking out and down I see a tree that needs one more branch removed. I see the overall layout of the flowerbeds and get some ideas of what I want to do next. It is a very different perspective.

The swing sits in a corner surrounded by trees and flowers. When sitting on the swing I see what I need to do in that small area. So there you have it, three different views of the same yard.

I think this is how it has been with my ileostomy. In the hospital I was learning how to manage it. I remember thinking that I would never get to day 7 after the surgery. How would I manage at home? Everything was so overwhelming. Everything hurt. I was told to walk to get my small intestine working again. It was all so exhausting. That was my first perspective.

At home I was becoming more adept at managing the ileostomy. I was eating again, I was



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getting stronger. I rested a lot but I was doing more. As I became more comfortable with the ileostomy my perspective changed. I could make plans and go places. It was still hard but I could see where I had been and how far I'd come.

It has now been 3 years. My perspective has changed again. I now know that I had no other alternatives. All that could be done to save my colon had been done. I am able to accept this and I have gained a large measure of peace. Maybe it will always seem unnatural to have a stoma. Maybe that perspective will change. Like my garden, I don't have a plan. Everyday is a new adventure.

Life is good

***Focus on the good
and that is what you will see.***

Reminder - all 2015 Northwest Community Hospital Support Group meetings will take place in the Kirchoff Center, Conference Room 1. (901 Kirchoff Building)

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Sports

-The Swiss Ostomy Internet Site, *Schweizer Stoma Suite*.

There is no reason to reduce sports activities just because one has had ostomy surgery. Though, there are some common sense considerations that should be utilized:

A tight and strongly sticking appliance is absolutely necessary. There is no need to do anything extraordinary. You should try and keep your pouch reasonably empty. You just have to consider the shape you are physically in, plus the considerations you make in your day to day dealing with ostomy management.

Avoid sports with a high risk of injury such as boxing. If you insist on contact sports, some of us still do, protect yourself. There are manufacturers of special stoma guards. These guards will permit you to do just about anything. Do not let having a stoma prevent you from doing the activities you wish. Of course, if you are 120 years old, you may want to limit sports activities your body would not ordinarily

accommodate without a stoma.

A sport that stresses your abdominal muscles too much should be avoided, unless you have slowly and deliberately, under the guidance of a knowledgeable professional, built up these muscles to the point where you can easily perform the skills necessary without undue exertion. Isometric exercises are the best at tightening the muscles to minimize the gaps between them.

When playing ball games such as tennis, you may want to cover or in some way protect your stoma. There are vendors that advertise in the *Phoenix* magazine that sell stoma caps and stoma guards. (Note: Ileostomates should generally not wear a stoma cap as it will fill too quickly.)

Check your appliance after a strong physical effort. Due to perspiration and movement, a change of the appliance might be required. We all get less wear time with our wafer with any kind of physical activity. Do the activity. It is better to change it after an exciting, active day then relaxing yet not putting a strain on your equipment. Put a strain on it. Then change it.

Before you go swimming, make sure your appliance is secure and empty. There is no reason that having an ostomy should keep you from swimming. Some people need to take extra steps though. If your skin is oily, instead of taking a chance, tape your appliance with some "pink tape". This will really hold the wafer on. Most of us don't need this extreme protection.

Many ostomates water and snow ski. They only take normal, common sense steps when active. The newer ostomy equipment with advanced adhesives works pretty well by themselves. One more thing, specialty stores have specific bathing-trunks/shorts for ostomates, which are higher and have a pocket for the pouch. Men usually may wear any type of regular patterned boxer type bathing suit with no problems. Women have it more complicated. Their suits sometimes fit tighter making it harder to disguise what's underneath. Ladies usually find suits anyway. In fact you still may wear a two piece, if your body is otherwise accommodating.

In summary, have fun. Do the sports you like. You do need to use some common sense. Protect your stoma from injury, then go out and do it.

Stress and Diabetes

Harvard Health Publications

If you have diabetes, stress can increase your blood sugar. A severe psychological stress or any significant physical stress (such as a heart attack, burn, infection, pain or surgery) can raise the blood sugar. It does so by increasing the activity of two body hormones – cortisol and epinephrine.

Cortisol is a hormone that is made by your adrenal glands, found above each kidney. Stress causes your brain to release the protein "adrenocorticotropic hormone" (ACTH). This hormone enters the bloodstream. Then it travels to the adrenal glands, instructing them to make larger amounts of cortisol. Epinephrine, commonly known as "adrenaline," is also made in the adrenal glands. Stress causes nerve endings in the adrenal glands to become active, leading to the release of this hormone into the blood as an "adrenaline rush."

Your liver stores glucose. When there are higher levels of cortisol and epinephrine in the body, the liver releases glucose into the bloodstream. Also, these two hormones make glucose move out of the bloodstream less efficiently. Stress-related increases in blood sugar are most easily noticed after a stress that is severe. Mild chronic stress might also affect blood sugar control. But it has been harder for researchers to prove this relationship.

Can calcium supplements increase risk of heart attack?

Martha Grogan, M.D., Mayo Clinic

Some doctors think it's possible that taking calcium supplements may increase your risk of a heart attack. Other doctors believe that calcium supplements have little or no effect on your heart attack risk.

There's concern about calcium supplements and heart attack risk because many people take calcium supplements to treat or prevent bone diseases, such as osteoporosis. A recent study from the National Institutes of Health suggests there is an increased risk of heart attack, stroke or other cardiovascular diseases from taking calcium supplements for men only. Other studies suggest there is an increased risk for both men and women.

It's thought that the calcium in supplements could make its way into fatty plaques in your arteries – a condition called atherosclerosis – causing those plaques to harden and increase your risk of heart disease.

More research is needed before doctors know the effect calcium supplements may have on your heart attack risk. **The calcium supplements that some doctors are concerned about are those that contain only calcium – not supplements that combine calcium and vitamin D or multivitamin supplements. Calcium from food sources, such as dairy and green leafy vegetables, is not a concern.**

Current recommendations regarding calcium supplements for people who have, or have risk factors for osteoporosis haven't changed. As with any health issue, it's important to talk to your doctor to determine what's best in your case.

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Gas

NIDDK - National Institute of Diabetes, Digestive and Kidney Diseases

Gas is air in the digestive tract—the large, muscular tube that extends from the mouth to the anus, where the movement of muscles, along with the release of hormones and enzymes, allows for the digestion of food. Gas leaves the body when people burp through the mouth or pass gas through the anus.

Gas is primarily composed of carbon dioxide, oxygen, nitrogen, hydrogen, and sometimes methane. Flatus, gas passed through the anus, may also contain small amounts of gasses that contain sulfur. Flatus that contains more sulfur gasses has more odor.

Everyone has gas. Passing gas around 13 to 21 times a day is normal. However, many people think they burp or pass gas too often and that they have too much gas. Having too much gas is rare.

Gas in the digestive tract is usually caused by swallowing air and by the breakdown of certain foods in the large intestine by bacteria.

Everyone swallows a small amount of air when eating and drinking. The amount of air swallowed increases when people:

- Eat or drink too fast
- Smoke
- Chew gum
- Suck on hard candy
- Drink carbonated or “fizzy” drinks
- Wear loose-fitting dentures

Burping allows some gas to leave the stomach. The remaining gas moves into the small intestine, where it is partially absorbed. A small amount travels into the large intestine for release through the anus.

The stomach and small intestine do not fully digest some carbohydrates—sugars, starches, and fiber found in many foods. This undigested food passes through the small intestine to the large intestine. Once there, undigested carbohydrates are broken down by bacteria in the large intestine, which release hydrogen and carbon dioxide in the process. Other types of bacteria in the large intestine take in hydrogen gas and create methane gas or hydrogen sulfide, the most common sulfur gas in flatus.

Some of the gas produced in the intestines is absorbed by the bloodstream and carried to the lungs, where it is released in the breath

Normally, few bacteria live in the small intestine. Small intestinal bacterial overgrowth is an increase in the number of bacteria or a change in the type of bacteria in the small intestine. These bacteria can produce excess gas and may also cause diarrhea and weight loss. Small intestinal bacterial overgrowth is usually related to diseases or disorders that damage the digestive system or affect how it works, such as Crohn’s disease—an inflammatory bowel disease that causes inflammation, or swelling, and irritation of

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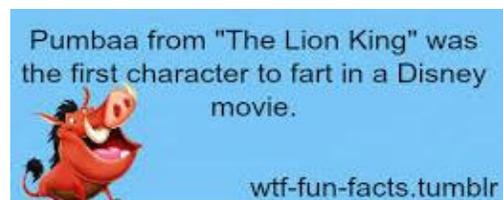
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any part of the gastrointestinal (GI) tract—or diabetes.

Most foods that contain carbohydrates can cause gas. In contrast, fats and proteins cause little gas. Foods that produce gas in one person may not cause gas in someone else, depending on how well individuals digest carbohydrates and the type of bacteria present in the intestines

Some foods that may cause gas include:

- Beans
- Vegetables such as broccoli, cauliflower, cabbage, brussels sprouts, onions, mushrooms, artichokes, and asparagus
- Fruits such as pears, apples, and peaches
- Whole grains such as whole wheat and bran
- Sodas; fruit drinks, especially apple juice and pear juice; and other drinks that contain high-fructose corn syrup, a sweetener made from corn
- Milk and milk products such as cheese, ice cream, and yogurt
- Packaged foods—such as bread, cereal, and salad dressing—that contain small amounts of lactose, a sugar found in milk and foods made with milk
- Sugar-free candies and gums that contain sugar alcohols such as sorbitol, mannitol, and xylitol



Life Begins with an Ostomy

By Dr. John Ireland, *Ostomona News*

Life begins with an ostomy. Crazy, you say? OK, let's analyze. Before you were told you would have to live with an ostomy, how often did you reflect on life, your family, the environment, the beauty and wonderment of a sunrise, or the magnificence and beauty of a sunset?

For the first time, you experienced the possibility that your brief visit to this life might end. Suddenly all your senses became heightened. The appreciation of living and staying alive became real to you.

Think back to all the time one wastes—sitting doing nothing, silly day-dreaming, arguing about nothing, putting off to the next day, worrying about things that never come to pass, etc. Never before does one wish that he/she could have the time for things that are important, to accomplish tasks, mend personal relationships, and most of all—make peace with God. Life and the meaning of life come into clear focus, and the frivolous aspects of life fade out of sight. Each person reacts differently to these realizations, some positively, others negatively. Some adjust and live, others lament that which may never come to pass—and they die. Since we only visit this earth once, it is important to make every moment count. A moment wasted can never be recaptured. An ostomy gives you a second chance to assess priorities and start living the important side of life...to enjoy each day for itself...to not waste a moment. An ostomy opens the blinds...and lets the sunshine into your life once more.

It's Nap Time

Northshore
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System



A lack of sleep can leave you feeling groggy and foggy all day, impairing your ability to focus on work and even retain information. That's not all; lack of sleep also decreases libido, ages skin and can inhibit your

ability to lose weight. Chronic sleep deprivation—regularly forgoing the recommended 7 to 8 hours or due to other sleep disorders—can have serious consequences on your health, including increased risk for heart disease, heart attack, stroke, high blood pressure, diabetes and depression. In other words, maintaining good sleep habits is an essential part of a healthy lifestyle. And, unfortunately, most of us aren't doing that.

If done correctly, there is great power in a well-timed nap. While you should not rely on naps to repair the damage done by inadequate sleep or chronic sleep deprivation, naps can recharge your energy levels and improve your mood. The key is to time them just right. Short naps are preferable. Longer naps may be taken on occasion to make up for an occasional lapse in sleep schedule.

Thomas Freedom, MD, Neurologist and Program Director of Sleep Medicine at NorthShore, breaks down nap time to help you achieve maximum benefits from a little daytime shuteye:

10 to 20 minutes. Often called the “power nap,” this short rest period is a great way to recharge your personal energy battery, boosting alertness and increasing your midday focus. Keep your power naps to 10 to 20 minutes because you'll stay in lighter stages of non-rapid eye movement (NREM), which means you won't wake up feeling groggy and can get right back to work feeling refreshed. Also try to take the nap early in the afternoon.

30 minutes or more. Word of warning: Naps longer than 20 minutes could leave you with sleep inertia, or grogginess that can last up to 30 minutes after waking. If you need to be back on your feet right away, keep your nap to less than 20 minutes. Otherwise, after the fog wears off, you'll enjoy the same restorative benefits of the power nap.

60 minutes. If you find yourself forgetting information halfway through your day, 60 minutes of shuteye might be able to help. A nap between 30 and 60 minutes will get you to slow-wave sleep, which can help improve your decision-making skills and recollection of information. You'll need to give yourself a little recovery time after an hour nap, as the effects of sleep inertia could be more pronounced. There is a possibility that a nap of this length could also disrupt your sleep at night.

90 minutes. A 90-minute nap gives you a full sleep cycle—from the lighter stages of sleep all the way to

REM (rapid eye movement). A nap of 60 to 90 minutes can improve decision-making skills and even enhance creativity. At this length, make sure to nap with care. You don't want to disrupt your regular sleep schedule or keep yourself up at night by napping too long during the day. Sleep inertia may also be more of an issue.



"It's funny how day by day, nothing changes. But when you look back everything is different."

-Calvin & Hobbes

New Ways to Bounce Back After Surgery

Renee Bacher, AARP Bulletin, July/August 2015

Food, fluids and exercise help speed recovery, experts say. New post-op recovery techniques, introduced in Europe and now being adopted in many hospitals across the U.S., have made dramatic improvements in how fast patients recover from a major operation, including hip or knee replacement, heart, colorectal and abdominal surgery.

Experts say these new procedures – called enhanced recovery after surgery (ERAS) – not only speed healing with fewer complications, but also result in patients' having less pain and spending less time in the hospital. A study of colorectal patients at the University of Virginia Medical Center, published in April in the *Journal of the American College of Surgeons*, found that following ERAS procedures cut hospital stays for patients by more than two days, decreased the complication rate by 17 percent and increased patient satisfaction with pain control by 55 percent.

In many ways, the ERAS guidelines upend the traditional way of preparing and caring for surgical patients. The changes, pioneered in Europe in the early 1990s, include keeping patients hydrated by giving them a special carbohydrate-loaded drink up to two hours before surgery, controlling their pain better with non-narcotic pain relievers taken before the operation begins, and letting them walk and eat solid food soon after surgery.

The result, says Harvard Medical School professor Sharon K. Inouye, M.D., is that "patients will regain independence and quality-of-life much more quickly." It may even help older patients avoid a nursing home stay, she adds.

Inouye, a gerontologist and director of the Aging Brain Center in Boston, says helping patients recover faster also can help the health care system save money. In the Virginia study, for example, hospital costs were reduced by as much as \$7,129 per patient. Considering that adults age 45-plus account for 75 percent of the most frequently performed surgeries each year, the savings could be substantial.

Here are some of the key elements of ERAS. Ask your doctor about them if you have a major surgery scheduled.

Encouraging more fluids

Traditionally patients were told not to eat or drink after midnight before surgery in order to empty the stomach, so they wouldn't vomit while under general anesthesia. But what happens to your body while you're starving it? "If you're not eating, your body is getting its nutrition by breaking down your own body," says University of Washington professor of surgery David Flum, M.D. It turns out that we need energy to sustain ourselves after surgery, but energy comes from glycogen, which is stored in the liver and is depleted while fasting. The new recommendations allow patients to eat solids up to six hours before surgery and to drink clear liquids containing electrolytes and carbohydrates up to two hours before surgery to aid in recovery.

Premedicating with non-narcotics

In addition to being potentially addictive, postoperative narcotic painkillers can complicate recovery by slowing bowel function and causing dizziness. And a dizzy patient may be more inclined to fall, which Flum says can cause a "spiral of decline." The ERAS recommendations include analgesic pain medications given before surgery as

well as non-narcotic pain relief delivered by catheter directly into the surgical site.

Walking more

Getting out of bed within 24 hours after having major surgery may seem counterintuitive, but in fact it's better for you than bed rest. "Immobility is tremendously hazardous to the health and postoperative recovery of older patients," says Harvard's Inouye.

Standing and walking around soon after surgery helps patients use their lungs more, which in turn can help prevent pneumonia. It also helps patients regain bowel function more quickly and can reduce the need for pain medication.

As always, for more information consult your doctor or surgeon to determine the best protocol for you.

LEAKAGE

University of Chicago
Ostomy Care Services

A pouching system should stay sealed to your skin for a predictable amount of time, and there should be no leakage (stool under the seal) between the time you place the pouching system on to when you take it off.

There can be many reasons that the pouching system may leak. Below are some common causes and suggested solutions.



1. The size in the skin barrier should match the size of the stoma.

If the opening in the skin barrier is too large, the stool can make contact with the skin and loosen the adhesive seal.

2. The shape of the skin barrier does not match the shape of the peristomal skin. If the skin around the stoma does not remain flat when sitting or standing the skin barrier may pucker and allow stool to undermine the seal. If this is the case the use of a convex pouching system may help keep the peristomal skin flat. Skin barriers are available in a flat or convex shape.



One way to determine which shape is best for you is to examine the peristomal skin in a sitting and standing position. If there are creases in any position consider the use of a convex pouching system.

3. If the stoma does not protrude above the skin, the stool may get under the pouch seal and cause leakage. A convex pouching system can provide some pressure around the stoma to force output to get into the pouch and not under the skin barrier seal.

If the pouching system is worn for a prolonged period of time, the skin barrier/adhesive can erode or wear away and this can cause leakage. If this happens, consider decreasing wear-time by one or two days.

IS IT HEARING TEST TIME?

UOAA Update July 2015

Do crowds make you grumpy? Do you avoid noisy restaurants, even when the food is great? Are you beginning to suspect that there's a widespread mumbling conspiracy afoot?

You may be suffering from an invisible disability that's the third most common health problem in the United States, afflicting 30 percent of adults ages 65 and up. It's hearing loss, and many people don't even suspect they have it.

Most hearing loss is due to aging, with the condition developing so slowly that many people don't notice for quite some time. In fact, most people wait from seven to ten years to seek help. Other causes of hearing loss besides aging include excessive exposure to loud noises, trauma, ear infections and genetics.

To see if you might be one of the 28 million Americans suffering from hearing loss, ask yourself if any of the following situations apply to you on a regular basis. If so, consider seeing an audiologist for a hearing test.

- You miss a social event because you misunderstood the place or time.
- You'd rather sit at home and watch reruns than go to a party because parties are noisy and conversations at such events can be challenging.

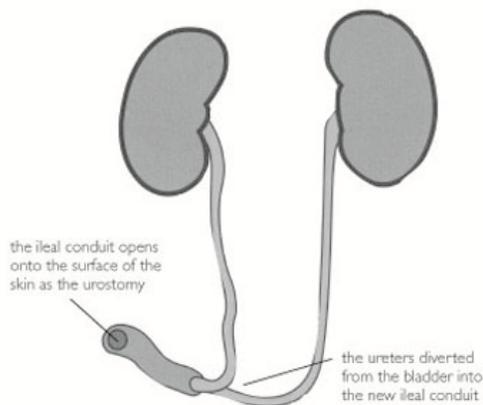
- You're constantly feuding with family members because they turn the television and stereo down way too low.
- Whenever someone speaks at a public event, you have to ask others what was said.
- You find men's voices easier to understand than women's.
- You try to avoid talking on the phone because the sound quality isn't what it used to be.

For more information on hearing loss, contact the American Academy of Audiology at 1-800-222-2336 or find them on the internet at www.audiology.org.

Forming the Urostomy Stoma

Urostomy Association - UK

The normal urinary tract consists of two kidneys, two ureters, one bladder and one urethra. Urine is made in the kidneys and moved through the ureters by squeezing movements (peristalsis) to the bladder. The urine is then stored until the bladder is full and is then passed from the body through the urethra. A urostomy/ileal conduit is the creation of a new exit route for the passage of urine from the body via a stoma and pouch. The surgical construction of such a pathway through which the urine may travel without interference will allow the kidneys to function at their optimum efficiency.



A small section of bowel, usually 12-14cm, is used to form the conduit.

The remaining bowel is reconnected

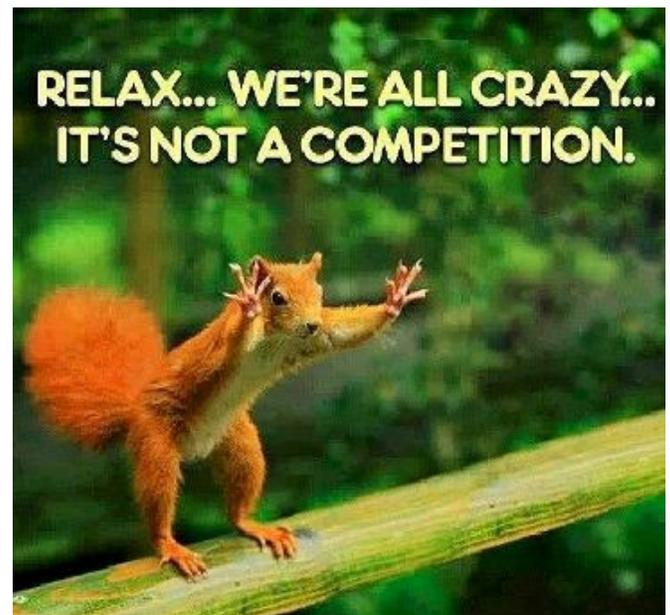
for normal function to continue. The kidneys produce urine, which passes down the ureters. The ureters are stitched into the conduit. One end of the

conduit is closed and the open end is brought out onto the abdominal wall to form the stoma.

During the operation fine tubes called "stents" are inserted into the kidneys via the ureters to assist free drainage of the urine until healing has taken place. These stents either fall out or are removed approximately 10 days after surgery. A healthy stoma is moist and red, just like the inside of your mouth. The piece of bowel that has been used in the surgery produces mucus to lubricate the lining, to assist the passage of feces through the bowel. Thus, the conduit too will produce mucus, which is visible in the urine as a whitish, jelly-like substance. This is quite normal and it may decrease in time.

As the stoma does not have nerve endings, it has little sensation and is not painful when touched. However there is a rich blood supply close to the surface, which explains why the stoma may sometimes bleed when it is cleaned. This is of no concern, but reminds you to handle your stoma with care.

Sometimes the stoma can be seen to move - this is the normal contractile movement of the bowel, which now helps to direct the urine outwards into the urostomy pouch.



Ostomy ~ The New Normal

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



'Good friends are like stars.....You don't always see them, but you know they are always there'

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).