

The New Outlook

April/May/June 2017



UPCOMING TUESDAY MEETINGS

April 18, 7:30 pm

May 16, 7:30 pm

June 20, 7:30 pm

GLENBROOK HOSPITAL

2100 Pfingsten Rd, Glenview, IL

Conference Rooms C & D, 1st Floor

January's Meeting (our 464th)

In January we talked about Ostolutions... New Year resolutions that are ostomy related. This evolved into a wonderful discussion on educating others about ostomy surgery. When **are** we ready and willing to openly discuss our ostomies with family, friends and even casual acquaintances? Can we, by expanding our individual reach, eventually effect change in ostomy perception? One person... one conversation at a time. The goal is that at least the people around us know and understand our journey, some negative but mostly positive.

March's Meeting (our 465th)

We welcomed Steve Vandevender from Convatec, who brought new products, including an updated filtered pouch design and accordion flange, and helped us order samples to try. He showed some of the intimate apparel, wraps and new swim bottoms from Ostomy Secrets, and encouraged us to take advantage of the new online **me +** community with a wealth of information and interaction.

www.convatec.com/ostomy/meplus-community/

Our next meeting, April 18, is our 42nd Anniversary! Meetings start at 7:30. We will make every effort to begin on time, allowing much requested social time afterward.

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

A **Visitor Training Seminar** will take place on Sat., April 29 from 9 am to noon. Details on page 5.

Remember, newsletters are now quarterly. Make sure we have your current email address to receive monthly meeting reminders.

Each year 34 million tons of paper are thrown away. Save paper AND save us money by choosing the electronic version of the newsletter. As a bonus, the e-version will include additional article(s) in place of the address page.



Ostomy Association of Greater Chicago (OAGC)

Established 1975

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Lurie Children's Hospital

Jan Colwell, Maria De Ocampo, 773-702-9371 & 2851

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Evanston Hospital

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Rush University Medical Center

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Skokie Hospital-Glenbrook Hospital

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Karen Blum 312-695-6868

Northwestern Memorial Hospital

Kathy Krenz 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, Jean Heer, 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 Glenbrook Hospital

TUESDAY, April 18 – Our 42nd Anniversary

TUESDAY, May 16 – Laughter Yoga

TUESDAY, June 20

Additional area support groups:

Northwest Community Hospital, Arlington Heights

2nd Thurs at 1:00 pm every other month. Feb, Apr, Jun, Aug,

Oct, Dec in The Learning Center, Level B1 of the Busse Center

Contact Carol Stanley 847-618-3215, cstanley@nch.org

Rush University Medical Center, Chicago

The first Thursday every month in the Professional Bldg, Suite

1138 Conf Room. Contact Kathleen Hudson 312-942-7088,

Kathleen_Hudson@rush.edu

Southwest Suburban Chicago, Evergreen Park

The third Monday at 6:30pm, Little Company of Mary Hospital.

Contact Nancy Olesky 708-499-4043, nanook60@sbcglobal.net

or 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, Downers Grove

The fourth Wednesday at 7:00pm, Good Samaritan Hospital, 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, Kankakee IL

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 815-252-1551, charliegrtvnt@gmail.com

Grundy County, Morris IL

Monthly Meetings at 11:00 AM, the 3rd Saturday at Grundy

Administration Bldg., 1320 Union St., Morris, IL. Contact Judy

Morey at 815-592-5717 or Kelly Hitt at 815-941-6818.

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

At the March ostomy meeting, Steve from Convetec was our guest speaker. While he was talking about their new accordion flange and its ease of use especially for new ostomates, I suddenly had a flashback to my first week home alone with my ostomy. I was so unsure of myself that to remember everything to do when changing the appliance, I wrote out all the steps and then read them as I went along. I laid out everything I needed even counting out the sheets of paper towel. Invariably I would still forget something and when finished there would be something left over and I would wonder, “where does that go!?” I would be so nervous my hands would shake.

On one occasion I couldn’t figure out why the wafer wasn’t sticking to my body. We made the long trip to the University of Chicago to see the WOCN. She looked at the wafer, and the backing over the adhesive was still in place. I had forgotten to pull it off.

Over time I developed a routine for changing the appliance. I am much more comfortable with the whole procedure and it doesn’t take as long as it first did. (However, I do not think I will ever be able to do it in 10 minutes.) And there are still times when I forget something either because I am in a hurry or thinking about something else. When I do I am calmer and look at whatever is left over and decide if it will be a problem or not. Once in a great while, I have to start over. But those times are rarer.

So, if you are new to this, I assure you it gets easier. And if you are an old hand at this you can look back and smile at some of your experiences adjusting to this new way of life with an ostomy. Maybe you have even achieved the 10- minute change.

Life is good

“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.”

— Leo Buscaglia



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Aromatherapy

U.S. Food and Drug Administration

Lately, essential oils are having a boost of popularity. In fact, the essential oil business was worth more than \$5 billion in 2014.

Can using oils from flowers, herbs and other plants treat medical conditions? While data doesn’t support that these oils can spur healing or prevent illness, there may be some evidence that a few oils can be beneficial. For example, lavender, geranium and hiba oils could temporarily lower anxiety.

Keep in mind that although many of the oils are marketed as “natural,” they may not be safe, especially for children.

OSTOMY WORLD REPORT

A new feature from R. S. Elvey, OAGC

Interesting, relevant, and darn right strange tidbits from the ostomy world....

Would love to know more about biodegradable and flushable two piece colostomy pouches and barriers being sold by CliniMed, England, they claim it flushes 95% of the time and degrades and disperses in the sewer in two to three weeks..... Also from CliniMed a barrier which has Manuka Honey to promote healthy skin around your stoma. Manuka Honey is from New Zealand and supposed to have germ-fighting properties..... Aloe Vera is also being used on barriers to promote skin health..... From Australia news of Australian stoma nurses traveling to Kenya to teach their skills to Kenyan nurses..... Insulated sandwich size reusable bags by InsuBag, available on Amazon, are being used by ostomates to keep supplies cool in the summer..... Tregunna, a crime novel by Carla Vermatt has a lead detective with an ostomy, the character is based on her husband who had an ostomy as a result of bowel cancer..... Stomawise, an English ostomy charity is collecting and shipping supplies to war-torn Syria..... Make driving more comfortable with the ComfeeDrive seat belt cover shipped internationally for \$22.95 by (www.weircomfees.ca) Ostomi Alert Sensor, \$125.00, combines Bluetooth technology and an I-Phone app to provide connected technology to tell you when to empty your pouch, the app also captures output volume. Contact: Health Technology at 657.266.0570..... Jearlean Taylor, a Convatec Great Comeback award recipient, has become a top runway model in her state wearing colostomy and urostomy pouches.....

Did you know....

Americans don't get enough vitamin D or potassium. Low levels of these nutrients are associated with an increased risk of chronic disease. For this reason, the Food and Drug Administration is adding them to the Nutrition Facts label as nutrients Americans need to include in their diets.

HOW TO SHAVE AROUND YOUR STOMA

Kathy Dalin, RN, Riverside HealthCare, Kankakee; Metro Halifax News, via Vancouver Ostomy HighLife—Jan/Feb. 2017

Many men find they must shave the peristomal skin with each change of their skin barrier. In the past, ostomy literature has usually recommended using an electric razor. I personally have never had great success with this method, although I have heard that some folks do very well with the newer small razors that are designed for trimming mustaches and sideburns.



If you use a safety razor, as we do in the hospital, be sure to apply sufficient shave cream so that this is not a dry shave. In addition, be gentle. Most

shave creams have emollients so you will need to wash the skin with plain soap and water afterward. Rinse your skin well so no cream or soap residue remains.

If your skin is very irritated and itchy, we have found that Kenalog spray or Desonide lotion is extremely helpful. This is a steroid (cortisone) solution, which decreases the itching and irritation dramatically. Apply these lightly, and then allow to dry completely prior to placing on your new skin barrier. These medications have a slightly oily base, which means your skin barrier probably will not stay on as long as you are accustomed.

This procedure will relieve the itching and promote healing. Skin heals better covered by a skin barrier than it would if aired out. Do not use any steroidal spray as part of your regular changing routine because steroids are absorbed into your system through the skin. Moreover, steroids will thin the skin compounding peristomal skin issues.

If there are actual pustules around the irritated hair follicles, you may need to use an antibiotic powder such as Polysporin powder to clear this up.

Visitor Training Seminar

Saturday, April 29, 9:00 am to Noon
Busse Center
at Northwest Community Hospital
880 W Central Road, Arlington Heights
Room LC1-2 in the Learning Center,
Level B1

Simply park in the attached garage, take the elevator to Level B1 and follow signs (to the right) into the Learning Center.

Information on the Busse Center can be found at <http://www.nch.org/location-contact-info/nch-hospital/busse-center-for-specialty-medicine> or google Busse Center at NCH Hospital.

Visitors are trained volunteers, able to discuss non-medical concerns of ostomy patients, pre and/or post surgery; offering reassurance, understanding and practical information. Although we occasionally meet with a patient, presently most “visits” are by phone and email. The skills you learn will also help you talk with new patients attending meetings. You do not have to become a visitor to attend this seminar, but you do have to attend the seminar to become a certified visitor.

Additionally, we welcome family members – spouses, siblings, parents – and caregivers to become visitors to their counterparts. Mutual support is important for both patient and caregiver.

To attend this seminar please register by April 27, as space is limited.

Use this link <https://www.eventbrite.com/e/uoa-visitor-training-seminar-tickets-33326062149> to register.

If we have your email address the link was provided to you in the Training Seminar email notification. Although we are using Eventbrite, our registration page is not public and can only be accessed by the link provided. You can also sign up at the April meeting.

If you have any questions or issues registering, email uoachicago@comcast.net.

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Complete details on www.ostomy.org

Ostomy Supply Non-Profit Organizations

Friends of Ostomates Worldwide-USA ... FOW-USA
... www.fowusa.org

The Friends of Ostomates Worldwide-USA is a volunteer-run, non-profit organization providing ostomy supplies and educational materials to ostomates in need around the world. FOW-USA is a UOAA ASG.

Osto Group ... www.ostogroup.org

Osto Group is a non-profit organization that receives donations of unused ostomy products from all over the country. The products are made available to uninsured ostomates without charge except for a nominal shipping and handling fee, which is about 15–20% of the retail cost.

Both organizations accept unused supplies. Refer to their websites for exclusions and shipping instructions. All donations are tax deductible.

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FCC Warning on Robocalls

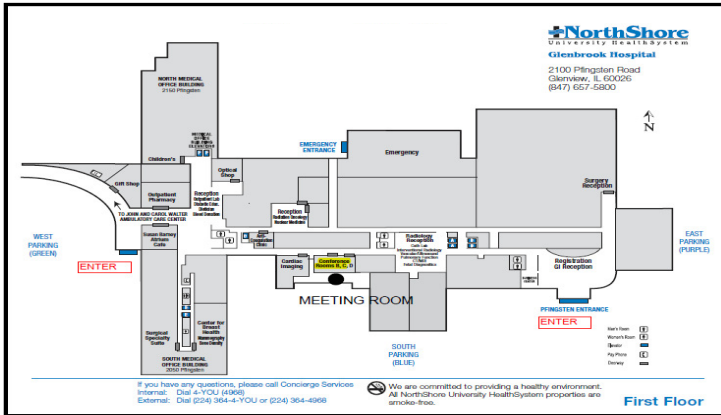
Robocalls can be annoying, but too often they can lead to a very costly scam. "Robocalls are the number 1 consumer complaint to the FCC from the public," says FCC Chairman Ajit Pai. "Not only are unwanted robocalls intrusive and irritating, but they are also frequently employed to scam our most vulnerable populations..." In the latest scam, when you answer the phone, instead of identifying themselves the caller asks "can you hear me?" If you say "yes" your reply is recorded and used to authorize fraudulent charges. Instead of saying yes, the FCC recommends you hang up immediately. Or better yet, don't answer a call from an unknown number.

Another tip from the FCC is to hang up if the caller asks you to touch a number to stop receiving calls. This is a tactic used to identify and target live respondents.

OAGC General Meetings

Glenbrook Hospital, 2100 Pfingsten Rd, Glenview, in the **first floor Conference Rooms C-D**.

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



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



Pause to Remember, Monday May 29

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If you have a suggestion for a meeting or know someone you would like to invite to speak, contact Nancy Cassai, Vice President/Program Director at cassainancy@gmail.com

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Having An Ostomy Helped Me Find A New Sense Of Purpose

By Jo Phillips, via Ostomy Connection

What does it mean to have a stoma? You might get a hundred different answers to that question. What it means to me is being part of something that is bigger and more important, rather than I am alone.

Being diagnosed with rectal cancer at age 38 is a bit of a mind-bender.

The first equation I had to figure out was:

Mental health + cancer = ?

As if that wasn't hard enough to reconcile in my mind, the news that I would have to have a colostomy bag was unthinkable! At first, it was a coin flip as to whether I'd need a temporary or permanent stoma. But after intense radiation failed to shrink the tumor as much as was hoped, I was told there was no chance of a reversal if I wanted the best chance of survival.

There are so many emotions in the run up to ostomy surgery.

The main one being Terror, with a **capital T**. My mum said she'd get a colostomy bag with me. Suffice to say that has yet to happen! My fiancé Jay told me he'd be right there with me every step of the way and we were gonna make it through, together.

The most memorable moment was when my sister-in-law Lesley told me I'd own it, that I would face it head on like I have every other challenge in my life, and that I was going to be more than OK. Through the tears, I nodded in agreement and murmured she was probably right. I was a really good liar it seemed! Inside I laughed and thought no way was that going to happen. How did she know that? It was me facing this life changing surgery, not her.

I seriously considered not having the surgery. Sure, I'd take my chances with the cancer, anything was better than pooing out of my belly! And that was the stark reality. As much as I hated innards and liked everything inside where it was supposed to be, the fact was that my intestine (what?!) was going to poke out of me (What?! and I was going to poo from my belly (WHAT?!?!)). This was not going to go well, no way, nuh-uh...

So here I am, 9 months later, a pro at my own stoma care, loving the amazing sense of community and camaraderie I get from being an ostomate. I bloomin' love it! I also love little ButtFace, as I unaffectionately called my stoma. That name was meant as an insult, now it's a term of endearment and a seemingly infinite source of giggling-pleasure for me and my young niece and nephew. Lesley was spot-on (once again - ain't those kind of people annoying?!) I do "Own It."

Lately, I've found myself feeling more and more grateful for my new little extra appendage. Without it I wouldn't be writing this now, I wouldn't have created a [vlog on YouTube](#) to offer advice and support to other ostomates who are in the situation I was nine months ago. I think I may have reconciled that original equation. Yes, there's an incurable cancer diagnosis, but with the new sense of purpose having a stoma (and a loud voice) has afforded me, so I think I'm going to cope okay. If I have helped even just one person on their ostomy journey, I'm satisfied. I've made something of my life and at last, there's meaning. If you fancy having a laugh at mine and ButtFace's expense, pop on over to my [vlogostomy](#).

About the Author

Jo Phillips had permanent colostomy surgery in March 2016 due to rectal cancer. She is an ostomy advocate living in England and the host of Got Stoma? Vlogostomy on YouTube.

This article first appeared on [OstomyConnection.com](#)



My Stomaversary

By R. S. Elvey, OAGC

One cold January morning while I was making a pouch change I realized that this was my tenth anniversary, not wedding, but stomaversary. The day my stoma was created. But there was no balloon drop, no prizes, not even a card from a pouch manufacturer. It was just me and my one thousandth pouch change. I've observed when ostomates gather the subject of stoma longevity always comes up. As a matter of fact, many speakers at ostomy meetings use the longevity question as an icebreaker. Though smug in my ten year old stoma, there is always someone three decades older. They reminisce about when plastic or rubber pouches, closed by a clip and a rubber band, were all the rage. And I always realize to equal their number of years; I would have been dead for ten years. So what does my decade of pouches really mean? What has happened in the world of stomas?

To find some answers I looked at three factors: (1) worldwide increase in bowel/bladder cancer and IBD (2) Internet and social media and (3) The Millennials.

To get some answers I turned to a Global Ostomy Market Study that appeared last year out of London on the PRNewswire. It provided many interesting facts about how all our pouch changes and skin complications contribute to the world economy.

The report estimates that globally in 2016 the ostomy care market was worth 2.62 billion dollars and expected to reach 3.41 billion dollars by 2021. The colostomy two piece drainable pouch is the best seller. Paste and powder is predicted to have the highest growth potential. There are a lot of leakage and skin issues worldwide.

The study reports that the largest market for ostomy products is Europe, with America second and Asia third. Europe has more cases of colorectal and bladder cancer and inflammatory bowel disease. Additionally, they have more highly developed and better insurance reimbursement systems than in America.

This growing market is driving competition among the major ostomy appliance companies and the smaller adjunct product manufacturers. This competition benefits the ostomate with the constant

creation of new products such as the velcro closures and skin friendly flexible barriers, pastes and powders.

But my biggest quantum leap over the past ten years is not the growth of ostomy supply companies but the impact of social media on new and old ostomates. Ten years ago I sat down with my surgeon to discuss my upcoming stoma surgery. To make me more comfortable and ease my fear of the procedure, he gave me a comic book to take home and read. Not just an ordinary comic book but a medical comic book written by real doctors. Today, I can watch the whole procedure on Utube anytime I want. Social media, blogging and websites leave no aspect of life with a stoma to chance. And many new ostomates have made having an ostomy into a cottage industry with the creation of all kinds of products that fill the needs not met by the large manufacturers.

And lastly, I have never seen so many Millennial ostomates, both male and female, willing to take off their clothes and show off their pouches on the internet. Here the United Kingdom leads the way with a revealing, all female 2016 ostomate calendar. It was issued by a stoma charity as a fundraiser. The calendar proved so popular it sold 5,000 copies and was featured in a major London newspaper. It came out again in 2017 as a male and female version. The 2017 calendar received 286 entries. Those who didn't make it are going to be in a separate publication.

Ten years ago as I made that first pouch change I could never have predicted what has taken place in the stoma world. I can't wait for my 20 year stomaversary.

Eosinophilic Esophagitis (EoE)

Illinois Gastroenterology Group

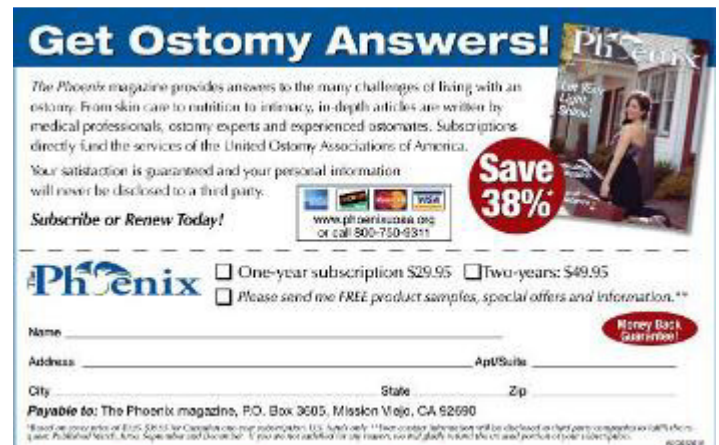
Do you ever get the feeling food is getting stuck when you swallow? Or maybe you have witnessed somebody getting food stuck when they eat. This phenomenon is called dysphagia, and the problem should be addressed by a gastroenterologist. When we swallow, a complex set of muscle movements transfer food from the mouth into the esophagus (the tube from the mouth to the stomach).

Eosinophilic Esophagitis (EoE) is a chronic inflammation of the esophagus that is thought to be caused by certain allergies. This inflammation causes scar tissue to develop underneath the esophageal wall which, in turn, causes strictures (narrowing) that prevent certain foods from passing into the stomach. The understanding of this and other related disorders is evolving.

Typically, food such as meat, bread and rice get stuck. Diagnosis is made by your gastroenterologist who looks into the esophagus with a small camera. There is often a classic appearance of multiple small ridges along the esophagus. Biopsies are taken to confirm diagnosis.

The treatments for EoE include food avoidance, specific antacid medications, swallowed topical steroids or even remodeling the esophagus by stretching the strictures (called esophageal dilation). So what should do if you have food getting stuck in your throat after you swallow? Make an appointment with your gastroenterologist and address this problem before it gets worse.

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The Phoenix magazine is the official publication of the United Ostomy Associations of America.

Subscriptions are a major source of funding for the UOAA to help improve the quality of life of people who have, or will have, an intestinal or urinary diversion.



The Phoenix magazine features education, information and inspiration for those with an ostomy

The 80-page Spring issue of UOAA's official publication is now available. Ostomy nurse Lara Leininger provides

professional and personal care for a very important patient - her mother.

Also included in **The Phoenix** Spring issue:

- Ask Dr. Rafferty
- Ask Nurse Brown
- Traveling - Overcoming the Common Hurdles
- Medicare with An Ostomy
- Strengthening Relationships After Surgery
- Ostomy Belts
- Intra-Abdominal Adhesions/Scars
- Being Grateful

Ostomy Association of Greater Chicago

Confidential Membership Application

We invite you to join our association. You are especially welcome if you have an ostomy, are preparing for surgery, are a healthcare professional and/or have a loved one who has had surgery. We are a completely volunteer-operated ostomy support group. Our mission is to support, educate and advocate for people with ostomies.

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Phone _____

Type of Ostomy: Colostomy Ileostomy Urostomy Continent Procedure

Date of surgery _____ Age Group <21 22–36 37–50 51–65 66–80 80+

Donation enclosed \$ _____ (optional)

Attend one of our general meetings. There are always friendly people to talk with you. You may even want to participate in our association's leadership. We always need talented people to share in our good work. Membership is free (our funds come primarily through donations). Please mail this application to

Judy Svoboda, President
605 Chatham Circle, Algonquin, IL 60102

► A very special thank you to everyone who donates to our association! Our largest expense, the cost of printing and mailing this newsletter, is continually increasing and is only made possible through the generous donations of our members.

To make a tax-deductible donation, please make check payable to Ostomy Association of Greater Chicago or OAGC and bring to a meeting, or send to

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

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

Without you, we don't exist!



Mother's Day is May 14



Father's Day is June 18

The information contained in this newsletter and on our website is intended for educational/informational purposes only, and is not a substitute for the medical advice or care of a doctor, surgeon, WOCN, licensed pharmacist or other health care professional.

Travel Tips

Sources: Convatec, ~~me~~+, UOAA, TSA



Take your shoes off. Take off your belt, your jacket and your watch. Take your laptop out of your luggage and empty your pockets. Airport security is complicated. And now that you have an ostomy, it can be even more challenging. But there are tips and tools to ensure your easy passage through security.

Extra security precautions are being taken at airports and other transit hubs worldwide. A little pre-planning and understanding of both security rules and your right to privacy can help you avoid problems in transit and enjoy your travels.

In particular, remember that all airport screenings must be conducted with courtesy, dignity and respect. **You may request screening in a private area at all U.S. airports and most international destinations.**

A few additional tips to keep you on the go:

- Carry a statement from your healthcare professional stating your need for ostomy supplies. You can also download and print the UOAA discreet TSA card to show to security officers with questions.
 - TSA rules state that you can be screened without having to empty or expose your ostomy; however, you may need to conduct a self pat-down of the ostomy, followed by a test of your hands for any trace of explosives. During heightened security levels, you may experience a rather intrusive pat-down due to the pouch appearing on the x-ray as a square near the groin area.
 - If you are traveling to a foreign country, bring this information written in the appropriate language.

GoogleTranslate

may be helpful with translations. If you find you need additional supplies while traveling, a local pharmacy is a great starting point. The local pharmacist should be able to provide you with the necessary supplies and/or refer you to a local clinic/hospital for support.

- Pre-cut all cut-to-fit barriers at home. Although current United States Transportation Safety Administration (TSA) rules allow curved point scissors with blades less than 4" in length in your carry-on luggage, keeping your ostomy scissors in your checked luggage may avoid delay and extra screening. Or, use Moldable Technology™ skin barriers. They mold directly around your stoma and don't require scissors.
- Consider purchasing travel insurance that guarantees getting you to a hospital, if necessary.
- When it comes to supplies, OVERPACK! Better safe than sorry. Be prepared for anything by packing supplies in your carry-on and in your checked luggage. Pack at least three days' worth of ostomy supplies in your carry-on luggage—just in case your checked luggage is misplaced. Pack one of everything you need into a small tote or purse so you can get to it easily in the airport or on the plane without digging through your luggage. Plus, airplane restrooms are tiny, so you don't want to wrestle a backpack or roll-aboard in with you.
- Take extra supplies, in case of delays and/or non-availability at your destination.
- **Check the weather forecast for your destination.** Warm weather may affect how your skin barriers adhere to your skin, by making the adhesive between your pouch and skin weaker. Be aware of the weather at your destination and prepare accordingly.
- Drink, drink, drink. Nothing slows down a vacation more than dehydration.
- If travelling by car, take advantage of rest areas. Stop and empty your pouch regularly; you never know how far it will be until the next one! Packing one of everything you need into a small tote applies here also!
- Pack ostomy-friendly snacks.
- Keep a set of clean clothes handy whether in your carry-on luggage or in the trunk of your car.
- Carry a few plastic bags and wet wipes for quick cleanup.