

# The New Outlook

April 2016



## NEXT MEETING

TUESDAY, April 19

7:30 pm

GLENBROOK HOSPITAL

2100 Pfingsten Rd, Glenview, IL

Conference Rooms C & D, 1st Floor

## Last Months' Meeting (our 456th)

We had a fantastic meeting March 15th! Our special guest was **Dr. Eugene Yen** of the Northshore University Health System. Board certified in Gastroenterology and Internal Medicine, Dr. Yen has specialty training in colon cancer prevention and the management of patients with Inflammatory Bowel Disease. Dr. Yen fielded questions from us and we covered many different topics.

Some areas of discussion were the use and long term effect of steroids to control Crohn's and UC in the past and the new treatments available today. The new biologics make a difference in the treatment of these diseases, including fistulas and post surgical Crohn's recurrence, with minimal side affects. Dr. Yen also addressed and defined adhesions, what they are, scar tissue from previous surgeries, and how they are treated, with surgery.

Dr. Yen strongly advised us to always ask WHY when a doctor says he wants to do something. A good reminder to be pro active with regard to our healthcare.

The meeting was so very informative, everyone was able to participate, ask questions and get informed answers.

Our next meeting, April 19, is our **41st Anniversary!** Join us for cake and conversation. Additionally, **Fortis**, a local manufacturer, will show us their line of useful ostomy accessory products. Attending your first meeting? There are always supportive ostomy veterans to chat with you. Be sure to notify us if your physical or email address changes so you don't miss an issue or important announcement.

Thanks to everyone who voluntarily receives this newsletter via email. If you have Internet access, please **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**. Or a donation of just \$10 will help offset the cost of your mailed newsletter.

## Ostomy Association of Greater Chicago (OAGC)

Established 1975

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*Resurrection Hospital*

Nancy Chaiken 773-878-8200

*Swedish Covenant Hospital*

Teri Cocha 773-880-8198

*Lurie Children's Hospital*

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*Michele Kaplon-Jones*

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*North Shore University Health System*

Connie Kelly, Mary Kirby 312-926-6421

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Kathy Krenz 815-338-2500

*Centegra-Northern Illinois Medical*

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 2016 Meetings at Glenbrook Hospital

TUESDAY, April 19 – Our 41st Anniversary

TUESDAY, May 17 – Diet and nutrition  
Shield Healthcare

### Additional area support groups:

#### Northwest Community Hospital

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

#### Rush University Medical Center, Chicago

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

#### Southwest Suburban Chicago

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

#### DuPage County

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

#### Aurora

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

#### Will County

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

#### Lake County Illinois

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

#### Loyola University Health System, Maywood

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

#### Valparaiso, Indiana

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

## *Here and Now*

with Patricia Johnson

For the past 10 months I have been struggling with blockages in my small bowel. As they were becoming more frequent it was decided that surgery was the best option for relief. This was done the end of February. Abdominal surgery is never easy, but this time it was so much better. Possibly because I went into it healthy, and I had an idea of what to expect. Furthermore the emotional trauma of receiving an ileostomy and learning to care for it were now water under the bridge, so to speak. The actual recovery seemed so much faster.

While in the hospital I did a couple of things that made the experience better. I would like to share these with you. One thing I did was to pack packages of Depends so when the catheter came out I was ready to deal with resulting incontinency. They don't stock Depends in the hospital and if you have ever had to use what they do supply you know how inefficient and uncomfortable it can be. Changing the Depends when necessary was easy and I just felt cleaner and in control.

The other thing I did was have the nurses aides empty my pouch. Trying to get to the bathroom with an IV in my arm, maneuvering the pole over the bump in the floor going into the bathroom, contending with 2 hospital gowns, and abdominal stitches was just a lot of work. I didn't have 2 hands to do everything that needed to be done. Add to this the fact that the pouch had to be emptied into a container. I constantly worried that I would tip the container and there would be a mess everywhere. The aides took care of it fast and efficiently. Their willingness to help was greatly appreciated. Once the IV was out I took care of it myself.

These 2 things were simple and effective and I hope they may work for you. With the surgery behind me I feel good and I am looking forward to getting out in my yard. Our dog and I are back to taking our walks, each day a little longer.

Spring is in the air....

*Life is good*



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## *Save the Date*

### OSTOMY EDUCATION CONFERENCE Sponsored by Hollister and OAGC

Saturday, November 5, 2016

The Double Tree Hotel

Arlington Heights, IL

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

A Stoma Clinic will be staffed by area WOCNs.

A Vendor Fair will feature Manufacturers, Distributors and Healthcare Providers, as well as patient Education and Support information.

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### Support Groups

by Howard Taylor, Savannah Support Group

I remember when I came home after my ostomy surgery and looked around for support, someone I could talk to one on one to help alleviate my fears, there was no one. When the Home Health Care Nurse arrived and expressed that she had no experience with ostomates, I became even more worried. This was compounded that I had had my surgery in another State. I found the Macon GA Ostomy Support Group which was about two and a half hours from where I lived in Statesboro. My wife and I would drive to the meetings and they, the members were lifesavers. I found someone I could sit down with face to face and ask questions. I was so impressed with the help a Support Group offers I started a Support Group in Savannah and am now in my eighth year as the Coordinator. Nothing, and I mean nothing can replace the support and comfort a Support Group has to offer. Nothing makes me feel better then when someone comes to me and thanks me for the Support Group. Or when I am called by a hospital and asked to visit a new ostomate.

## Prepare for Visits to your Doctor

BCBS-IL

Taking the right steps to prepare for a visit to your health care provider is one of the best ways to get the most out of your health care dollar.

In fact, according to the Agency for Healthcare Research and Quality, people who ask questions and take an active role in their health are happier with their care and see more improvement in their health than patients who do not.

The good news is that it doesn't take long to prepare – a little organization is all you need!

### Before Your Visit

Here are a few things you can do to get ready for your visit.

- Check to see if your provider or hospital is in your insurance plan's network. Visits to a provider who is not in your plan's network will cost you more.
- Make a list of questions and any problems or symptoms you're having. And note anything you want to discuss, like a particular health problem or exploring new treatment options.
- Make a list of all the medications you are taking, including how much you take and how often you take it. Be sure to include any over-the-counter drugs and herbs, supplements and vitamins that you're taking. If possible, it's also a good idea to bring everything you're taking with you to the doctor's office.
- Bring records from previous tests or procedures if they are related to what you'll be talking about with your doctor. These could include X-rays, written test results, lab results, surgery reports or any medical records.
- Be prepared to discuss your medical history and your family's. Write down the information if necessary.
- Ask a family member or friend to come along with you. It may help to have another person with you to write things down or share information.

### During the Visit

Sometimes visits to the doctor can be shorter than you would like. Here are a few things you can do to



ensure you get the most out of the time you have with your health care provider:

- Don't be afraid to speak up. Asking questions improves the quality of care you receive. It also helps you follow your treatment plan the right way when you get home.
- Be honest. Make sure to discuss all your symptoms or problems, even those that may seem embarrassing. Your doctor can't help you if he or she doesn't have all the information.
- If your doctor prescribes a new medication or changes the dose for one you're already taking, make sure you understand why.
- Ask for brochures or other materials about your health condition. Check to see if there are resources or websites he or she recommends.
- Take notes during your visit. Write down anything you need to remember about your health conditions, tests or treatment and any next steps that you need to take.
- If you receive a diagnosis during your visit, make sure you fully understand it. Make sure you understand your treatment options. Ask questions and make sure you're comfortable with what you and your doctor decide to do.
- Before you leave the doctor's office, make sure you know what your next steps are and schedule a follow-up visit if necessary.

#### After the Visit

Follow your health care provider's instructions. And call the doctor's office:

- If your symptoms get worse or you have side effects from your medications.

To get the results of tests or clarify test results you don't understand.



Coors (beer) once translated their slogan "Turn it loose" into Spanish, where it was read as "Suffer from diarrhea." YIKES!

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## Food and Diabetes Risk

Harvard Medical School

If someone you know has been diagnosed with type 2 diabetes, you might be wondering about how you can lower your own risk. Fortunately, multiple studies have shown that many of the same healthy eating choices that can help your friend or loved one control their diabetes can also help you prevent it. The exact relationship between eating specific types of foods and the risk of developing diabetes remains somewhat controversial. But the study findings are consistent with what experts consider to be healthy eating habits for most adults.

So, if you're interested in lowering your risk of type 2 diabetes, it can't hurt to try getting more of the foods and nutrients that can lower your risk – and to avoid those that can raise it.

#### Lower risk

**Fiber.** Men and women who eat lots of whole grains have up to a 40% lower risk of diabetes than those who eat scarce amounts. Fiber from cereals,

5

bread, and grains seems to be the most beneficial.

**Coffee.** The number of health benefits from drinking a couple cups of coffee per day keeps growing. Lowering your risk of diabetes is just one of them.

**Moderate alcohol consumption.** Drinking a little alcohol may decrease your risk of type 2 diabetes. For example, men who have an average of one drink per day develop diabetes less often than teetotalers.

**Nuts.** Eating nuts at least five times a week is associated with a decreased risk of developing diabetes compared with rarely eating them. But keep the portions small – nuts have lots of calories.

#### **Higher risk**

**Sugary drinks.** Women who drink two or more sugar-sweetened soft drinks per day have a 24% higher risk of developing diabetes, compared with women who sip less than one per month. Two or more daily fruit drinks (which contain little, if any, real fruit juice) lead to a 31% higher risk.



**Meat.** Women who eat the most red meat (about one serving per day) have about a 20% higher risk of diabetes than those who eat the least (about one serving a week). And men who eat processed meats like hot dogs, bacon, and lunch meats five times a week are nearly twice as likely to develop diabetes as men who eat such foods just twice a month.

**Trans fats.** Trans fats have been linked to a higher risk of both diabetes and heart disease. One study documented a 30% increased risk of diabetes among women who ate the most trans fats, compared with those who ate the least.



## **Travel with an Ostomy**

Excerpts from Hollister Lifestyle Series

There is no reason why having a stoma should stop you from traveling anywhere in the world. Many people with a stoma, particularly soon after the operation, can experience stress at the prospect of even the shortest journey. For example, they worry about not having a clean place to change a pouch, running out of or misplacing pouches or even sleeping in a strange bedroom.

The best way to overcome these concerns is to plan ahead. If all possible challenges have been anticipated, you will feel more relaxed and, therefore, not worry so much.

It is only natural to feel apprehensive about traveling the first time after your operation. You might want to start with short trips away from home to build your confidence. Once reassured that your pouching system stays secure during normal day to day activities, you can venture further.

Before starting off on any journey, whether a weekend break or a month's holiday, it is best to plan ahead.

A few days, or even weeks before departure, prepare a checklist of things to take with you. Keep track of your routine of pouch changes to remind yourself exactly what you need to use – pouches, skin barrier, skin protective wipes, disposal bags and so on.

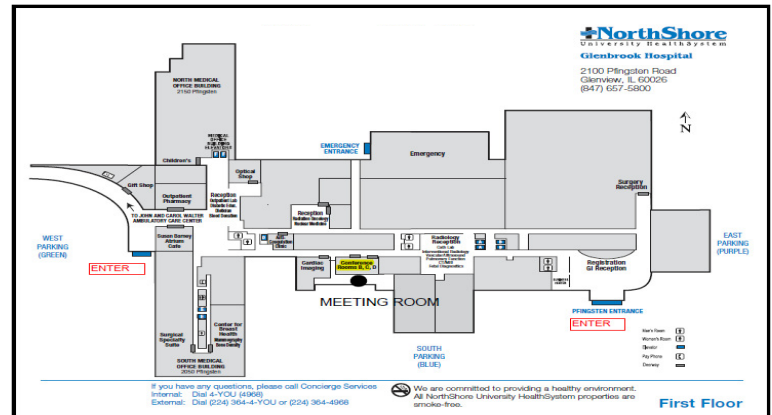
Count the number of pouch changes you normally need to make, then double (or triple) that number to make sure you have plenty of supplies on hand. That way you are ready for the unexpected – a delay in returning home, lost pouches, or changes in climate and environment that call for more pouch changes than usual.

You may be tempted to reduce flow from your stoma while traveling by changing your regular eating or drinking routine. However, it is generally not advisable to vary your normal routine or usual eating habits. (You do not want to risk dehydration) Some people find that changing the appliance prior to departure gives confidence and maximum security from the possibility of leaks.

## *New Beginnings....*

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

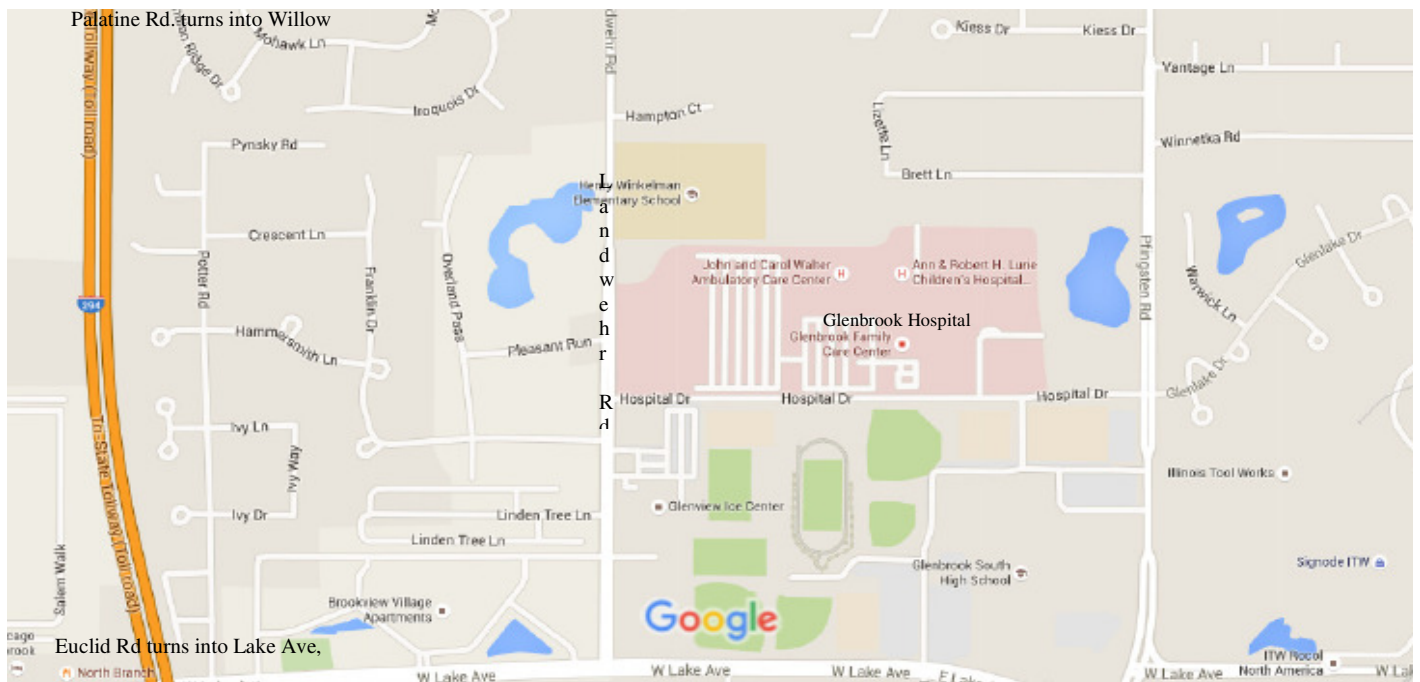
There is **abundant free parking** including many handicapped spaces directly in front of the hospital. An information desk is just inside the Hospital's Pfingston Entrance. Upon entering, take the hallway to the left.



*We exist to support you,  
you support us so we exist.*

## **Ostomy ~ The New Normal**

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



*What we think, or what we know, or what we believe, is in the end,  
of little consequence. The only consequence is what we do.*

*~John Ruskin*

## Complications of an Ostomy

ASCRS – American Society of Colon and Rectal Surgeons

Complications with an ostomy can occur. The most common ostomy-related problem is local skin irritation from the stoma or from the stoma appliance. These are typically minor and can be easily remedied by careful local care. Your colorectal surgeon and your WOC nurse may advise the use of different ostomy appliances, skin barriers, or other adhesives or sealants.

Dehydration and electrolyte imbalance may occur if there is diarrhea, or loose watery stool output that is high in volume. Electrolytes are minerals in your body that have an electric charge. Maintaining the right balance of electrolytes helps your body's blood chemistry. Signs of dehydration can be subtle and range from dry mouth, reduced and dark urine, nausea, weakness, muscle cramps and feeling weak. Foods high in sugar, salt or fat should be avoided, because they can increase ostomy output. You should replenish your body by drinking plenty of fluids, including some sports drinks with balanced electrolytes. In more extreme cases, patients may need to be hospitalized and given intravenous fluids. Intestinal obstruction or bowel blockage can occur after any abdominal surgery. Signs of blockage may include abdominal pain, cramps, sudden decrease in output, or clear watery output. Food blockage can occur when high roughage foods that had been poorly chewed or digested form a clump that causes blockage. While most often obstruction resolves with supportive care and bowel rest, it is important that you contact your colorectal surgeon and your WOC nurse if you have these symptoms.

Most patients experience only minor problems such as skin irritation and difficulty with appliance fitting. Over time from weakening of the abdominal wall around the ostomy, the hole made in the abdominal wall can stretch out, allowing other contents from inside the abdomen to bulge out alongside the ostomy. Stoma prolapse where a segment of the bowel protrudes out of the stoma can occur. It can be managed with good local care but occasionally requires surgery, if significant symptoms are not present. Finally, significant changes in body shape, such as weight loss or gain, can affect the function of an ostomy.

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## Maintaining Personal Relationships after Ostomy Surgery

National Institutes of Health

People with an ostomy should be able to maintain personal relationships just as before their surgery. Some people may worry that friends and relatives will have negative reactions to their ostomy and stoma. Only a spouse, sexual partner, or primary caretaker needs to know the details of the ostomy surgery. People can choose how much they share with others about their health condition, including the ostomy.

People can still maintain a satisfying sexual relationship after ostomy surgery and may resume sexual activity as soon as the health care provider says it is safe to do so. People should talk with their health care provider about any concerns they have with maintaining sexual relations. For people with ostomies, the health care provider can also give information about ways to protect the stoma during sexual activity. People with ostomies may want to ask about specially designed apparel to enhance intimacy. Communicating with a sexual partner is essential. People should share their concerns and wishes and listen carefully to their partner's concerns.



## Phantom Rectum

NIDDK – National Institute of Diabetes, Digestive and Kidney Diseases

Phantom rectum is the feeling of needing to have a bowel movement even though the rectum is not present. Phantom rectum is relatively common. Symptoms are usually mild and often go away without treatment. However, for some people, phantom rectum may occur for years after a surgeon removes the rectum. Some people with phantom rectum may feel pain. Health care providers treat rectal pain with medications such as pain relievers and sometimes antidepressants. To help control phantom rectum, a health care provider may recommend complementary therapies such as guided imagery and other relaxation techniques.

## Cancers That Can Require an Ostomy

Livestrong Foundation

Ostomy surgery can be performed on people of all ages, including infants. A small number of patients may require two ostomies: one into the bowel and one into the urinary system. An ostomy may be needed if cancer spreads to the bladder or rectum. This is more likely in cancers close to the bladder and rectum, such as cervical cancer and prostate cancer. Here are some cancers that could result in an ostomy surgery:

- **Ovarian cancer:** Cancer of the ovaries may spread in the abdominal cavity, obstructing either the small or large intestine and could require an ileostomy or colostomy.
- **Rectal cancer:** If the rectum is removed, a colostomy is made.
- **Cervical cancer:** Because the cervix and the uterus are between the bladder and the rectum, there may be a urostomy or colostomy.
- **Bladder and urethra cancer:** If either the bladder or urethra is removed, a urostomy may be formed.
- **Small intestine cancer:** If cancer affects the small bowel, an ileostomy may be formed.

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- **Colon cancer:** Depending on the location of cancer in the colon, a colostomy may be required.
- **Prostate cancer:** Because the prostate lies just above the rectum, surgery or radiation to the area may require a colostomy.
- **Uterine cancer:** Because the uterus lies below the bladder and above the rectum, surgery or radiation to the area may require a colostomy or a urostomy.
- **Cancers of the lymph nodes:** If it spreads to the bowel.

An ostomy may also be needed because of treatment side effects from radiation therapy or surgery. These are some side effects from treatment that may require an ostomy:

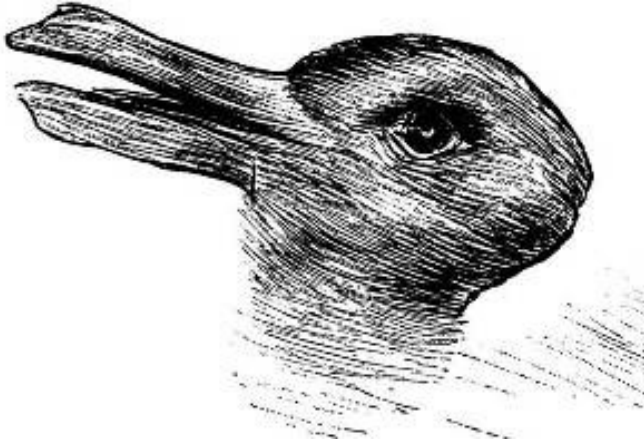
- Radiation to the prostate or cervix may cause a change in the bowel or bladder that interferes with eliminating waste.
- Severe bladder or bowel irritation.
- Chronic bleeding after radiation to the uterus, bowel or prostate gland.
- Bowel obstruction after surgery.

*“The flower that blooms in adversity is the rarest and most beautiful of all.”*

— Walt Disney Company, Mulan

## Rabbit or Duck

Check out the drawing below, which was published around 1892 in a German magazine. Do you see an animal? Do you see two?



According to a psychologist, your ability to flip between seeing a rabbit and a duck in the drawing is indicative of your creative prowess. Dr. Joseph Jastrow, who often worked with optical illusions, noted in 1899 that those who can flip between seeing the two animals are able during testing to come up with five unusual uses for an everyday item. But those who can't flip or have trouble flipping could only come up with two unexpected uses for that same everyday item.

He made his findings in 1899, but the image has endured through the centuries; children's book author Amy Krouse Rosenthal wrote a book, "Duck! Rabbit!" based on the illusion in 2009, and now it's going viral all over again on social media.

Is it rabbit season, or duck season for you?

*"An arrow can only be shot by pulling it backward. So when life is dragging you back with difficulties, it means that it's going to launch you into something great."*

Author Unknown

## Gallstones Symptoms and Treatments

Northwest Community Healthcare

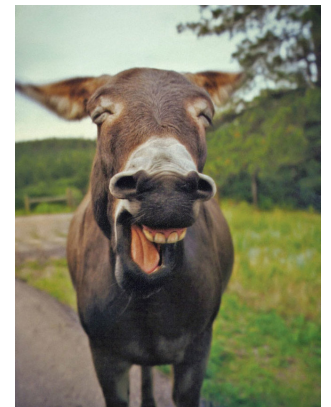
Gallstones form when liquid (bile) stored in the gallbladder hardens into pieces of stone-like material. According to the American Gastroenterological Association, gallstone disease affects 10 to 15 percent of the population of the United States. Most are unaware of it though, because they have what are called "silent" gallstones, which produce no symptoms. Some people though have symptomatic gallstones, which can cause pain, hospitalization and even be life threatening. People over the age of 60 are at risk, and women are twice as likely to have gallstones when between the ages of 20-60. Speak with your doctor to review your symptoms, which may include:

- intolerance of fatty foods
- belching and gas
- indigestion

The most common treatment for gallstones is cholecystectomy surgery to remove the gallbladder. Standard surgery, involving an incision through the abdomen, may be used. A less invasive procedure called laparoscopic (so-called "belly button" or minimally invasive surgery) cholecystectomy is more common.

## Laugh more, Stress less

Humor can help reduce stress by providing a positive way of looking at problems. Humor can also help you perceive what's ridiculous or absurd in a situation. To promote humor in your life, follow these steps:



1. Be open to humor. Give yourself permission to laugh, even during tough times.
2. Surround yourself with humor. Try hanging cartoons in your workstation.
3. Seek out humor. Look for humor in everyday situations. Or watch a favorite comedy DVD.
4. Share your humor. Tell a funny true story to a coworker or friend.

## Ostomy Association of Greater Chicago

### Confidential Membership Application

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Type of Ostomy:      Colostomy      Ileostomy      Urostomy      Continent Procedure

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

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

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

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

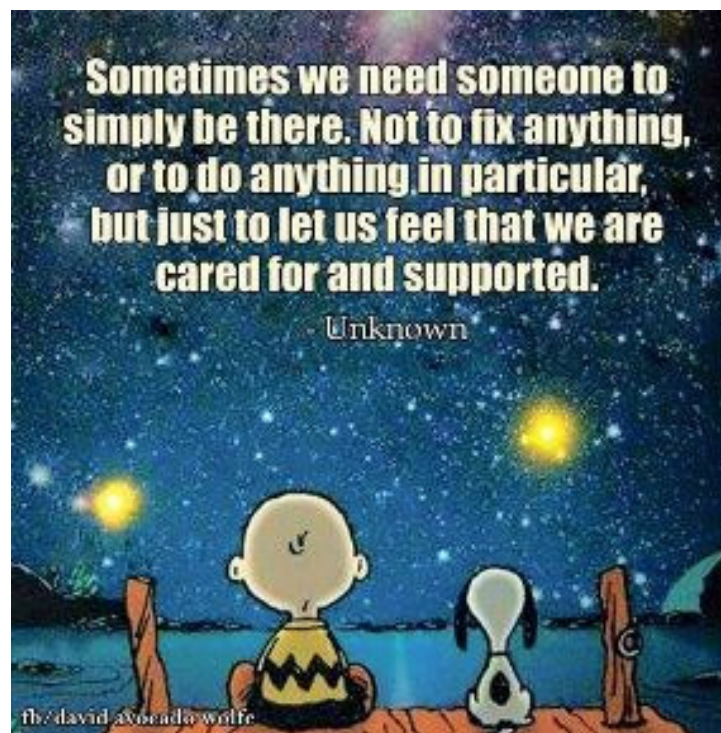
► A very special thank you to everyone who donates to our association. Our largest expense, the cost of printing and mailing this newsletter, is continually increasing and is only made possible through the generous donations of our members.

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

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

Donations can also be made online using a credit card: [www.uoachicago.org/donations](http://www.uoachicago.org/donations)

**Without you we don't exist!**



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

**The New Outlook**  
**267 Noble Circle**  
**Vernon Hills, IL 60061**



*We invite you to attend our general meetings at Glenbrook Hospital. Relatives, friends, doctors, and nurses, as well as our members—any interested people—are invited and welcome. Our association has a team of trained volunteer listeners available to discuss the concerns of patients. Healthcare professionals and families are urged to use this free benefit. When you know of a patient who would like to talk to a person who has been there and done that, please call the visiting chairperson (see page 2).*