

The New Outlook

January 2016



NEXT MEETING
TUESDAY, JANUARY 19

*A Celebration of
New Beginnings*

GLENBROOK HOSPITAL
2100 Pfingsten Rd, Glenview, IL

Conference Rooms B & C, 1st Floor

Complete details on pages 6 & 7

Last Months' Meeting (our 454th)

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

Our Board of Directors was unanimously elected, or re-elected in most cases. Two significant changes: Nancy Cassai is now Vice President, a job she has effectively filled for the past two years. And our new Secretary is Pat Johnson. See page 2 for the complete list of Board Members.

As we bid farewell to Lutheran General, whom we thank for the many years we've held meetings, we look forward to our move to **Tuesdays at Glenbrook Hospital** beginning January 19. (See details on pages 6 and 7) Join us in celebrating new beginnings. You will want to meet and thank Madelene Grimm for this opportunity to join Northshore Health System as a sponsored support group.

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.

There is no meeting in February

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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Swedish Covenant Hospital

Teri Coho 773-880-8198

Lurie Children's Hospital

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

Michele Kaplon-Jones

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Jennifer Dore 847-570-2417

Evanston Hospital

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Skokie Hospital-Glenbrook Hospital

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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, January 19, 2016 – Surprises! Giveaways!

February – NO MEETING

TUESDAY, March 15

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 starting Feb 4, 2016 in the Prof. Bldg, Suite 1138 Conf Room. Contact Kathleen Hudson 312-942-7088, 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

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

Looking Back, Facing Forward

The months of November and December were crazy busy! My husband and I made several trips to Cedar Rapids, Iowa to visit with an elderly uncle. I was in the hospital the week of Thanksgiving for an obstruction, worked as a vendor at a craft fair, had out patient surgery in mid-December, attended a great Holiday party, and celebrated 3 major holidays and 1 New Year's Day birthday. I now have time to sit and relax and look back at 2015.

It was a busy year with many first time experiences. Flying to Texas, attending the UOAA conference, selling my wares at a craft fair, and accepting the duties as secretary of our support group to name a few. I think having gone through the colectomy surgery has made me braver and more willing to try new things.

In the last week of December I decided to look at a situation from a different perspective. I generally find it very frustrating emptying the pouch anywhere except at home. Specifically, any public restroom. They all seem dark, cramped and questionably clean. At these times I am usually saying "I hate this thing!" thus making the process more difficult.

It dawned on me, again, that this ileostomy wasn't going to go away. I needed to address emptying the pouch with different words. I came up with "yes this is unpleasant but I have done it successfully many times in these circumstances. As soon as I'm finished I will wash my hands and not give it another thought". I am amazed how saying this has helped. I am more relaxed and it seems that there are fewer glitches. I get it done and I am out of there.

Looking forward to 2016 I am hoping this change will help the final step in grieving, acceptance, fall into place. I am also hoping that I will continue to step out and try new things. I hope I will be healthy and our little dog and I will continue our daily walks. I am looking forward to our meetings at **Glenbrook** and meeting our sponsor, Madelene Grimm. The days are getting longer and the new garden I planted this past summer, I hope will be beautiful this summer. A new year, a new outlook, new experiences.

Life is good



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*Please note: Meetings at **Northwest Community Hospital** in Arlington Heights will be back in the Learning Center, room LC 5 on level B1 of the Busse Center. Park in the attached garage, take elevator to B1 and follow signs to the Learning Center.

WELCOME

Rush University Medical Center, Chicago to our family of area Support Groups. Meetings will be at 6:30 pm the first Thursday of every month beginning February 4, 2016. They meet in the Professional Office Building, 1725 W Harrison St, Suite 1138. The group facilitator is CWOCN Kathleen Hudson, Wound/Ostomy RN Program Coordinator for RUSH University Surgeons, Section of Colon and Rectal Surgery. Contact Kathleen at 312.942.7088 or Kathleen_Hudson@rush.edu.

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Study: Surgery May Beat Drugs for Ulcerative Colitis

Health.com July 2015

Surgery may extend the lives of older adults with the inflammatory bowel disease ulcerative colitis, new research suggests.

A study of thousands of adults with the condition compared results of surgery to those of long-term drug treatment. It found that surgery's survival benefit was greatest for those 50 and older who had advanced disease.

"Surgery has always been an option," said study leader Dr. Meenakshi Bewtra, but many experts look at it as a last resort.

Bewtra, assistant professor of medicine and epidemiology at the University of Pennsylvania Perelman School of Medicine, used data from Medicare and Medicaid for the study. She and her colleagues followed 830 patients who had elective surgery — known as colectomy — and more than 7,500 who took medicine to manage the condition. Surgery involves removal of the colon, sometimes

followed by additional surgery to reconnect the small intestine to the rectum, Bewtra said. If that follow-up surgery is not done, the patient has an ostomy bag to collect wastes, she said.

Over five years, surgery was linked with a 33 percent reduced risk of death compared to medication, Bewtra's team found. The operations were performed between 2000 and 2011. "We always thought those older [patients] had an increased risk of death due to complications from the surgery," she said. "This is not the case."

The study was published July 13 in *Annals of Internal Medicine*.

Ulcerative colitis affects up to 700,000 Americans, according to the Crohn's & Colitis Foundation of America. Inflammation causes irritation in the lining of the colon and large intestine. This can result in diarrhea, cramping, abdominal pain and rectal bleeding.

As symptoms worsen, patients may need more medicines, including corticosteroids, which are linked with an increased risk of infection and death. Medication is also associated with a high relapse rate, the researchers said.

Bottom line? The study suggests that surgery should be considered earlier in the course of the disease, Bewtra said, not viewed as a last resort. "If you have ulcerative colitis and especially if you have failed medical [drug] therapies in the past, have long-standing disease, have been hospitalized, been on corticosteroids — talk to your physician about elective surgery," Bewtra said. The surgery is typically covered by Medicare and other health plans, she added.

The decision to opt for surgery is individual, said Dr. David B. Sachar, a gastroenterologist and professor of medicine at Icahn School of Medicine at Mount Sinai in New York City.

"Wonderful new medicines often postpone, sometimes completely obviate the need for surgery," said Sachar, author of an editorial accompanying the study.

"But too often we, as gastroenterologists, think that the yardstick, the touchstone, the criterion of success in treating patients is keeping them away from the surgeon," he added.

If medicines are doing the job, that's great, Sachar said. "But often the swiftest, safest, surest treatment

for ulcerative colitis is an operation. **The name of the game is not saving colons, but saving lives, and that includes quality of life,”** he said. Patients and doctors must decide on a case-by-case basis, he said.

How Does Chemotherapy affect Stoma and Peristomal skin?

Vancouver Ostomy Highlife

Chemotherapy is a type of cancer treatment that may effect your skin and stoma. The impact of chemotherapy may create skin problems around your stoma (peristomal skin) and the overall management of your ostomy. There are many different types of chemotherapy treatments, each with its own specific way that it affects the cancer. But not all treatments cause the same side effects to the skin and/or stoma. Your oncologist and chemotherapy nurses are the experts and will advise you about the possible side effects that may occur. They are an excellent resource to answer your questions and concerns. They can provide you with various patient handouts outlining different chemotherapy drug protocols and patient guidelines.

In general, remember that your stoma is surgically created from bowel tissue, which is very similar to the tissue in your mouth. Some chemotherapy drugs affect the tissue in your mouth resulting in sores, ulcers or causing the tissue in your mouth to bleed easily. Your stoma may react the same way. You may find that your stoma bleeds easily when you are washing it or you may find tiny sores on your stoma. Your stoma may also swell. This is because the lining of your colon or intestine can become irritated and inflamed from the chemotherapy.

During chemotherapy your skin may be more sensitive. This includes peristomal stoma. The skin around your stoma may become more sensitive by becoming red and sore. Remember that gentle removal of the pouching system during changes is important when skin is fragile.

If you still have your large colon, you may have an increase of mucous drainage from your anus. Again, this is because the chemotherapy can make the lining of your colon inflamed and irritated causing more mucous to be produced which will pass through the anus.



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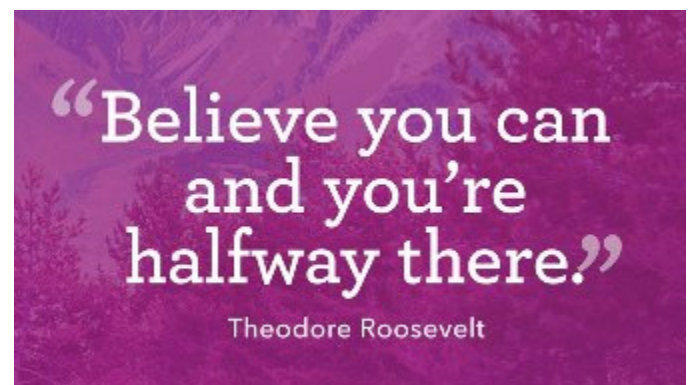
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Recommendations:

- Be gentle when changing your pouching system. Gently remove your pouching system from your skin.
- Wash your stoma and skin with warm water and a soft cloth.
- If your stoma is swollen or has enlarged, cut a larger opening in your pouching system or speak to an ostomy nurse and get a system to accommodate your stoma.
- If you have any concerns or questions, do not hesitate to contact an ostomy nurse.



*And suddenly you know...
It's time to start Something New
and Trust the Magic
of New Beginnings.*

Meister Eckhart

After many years at Lutheran General, we are beginning a new chapter at **Glenbrook Hospital**. In order to maintain and continue the growth we've experienced over the last few years we are taking advantage of an excellent opportunity to be a sponsored support group at **Glenbrook Hospital** in the Northshore University Health System. Our sponsor, CWOON Madelene Grimm, has supported us for years, leading informational sessions at meetings and the 2014 Regional Conference.

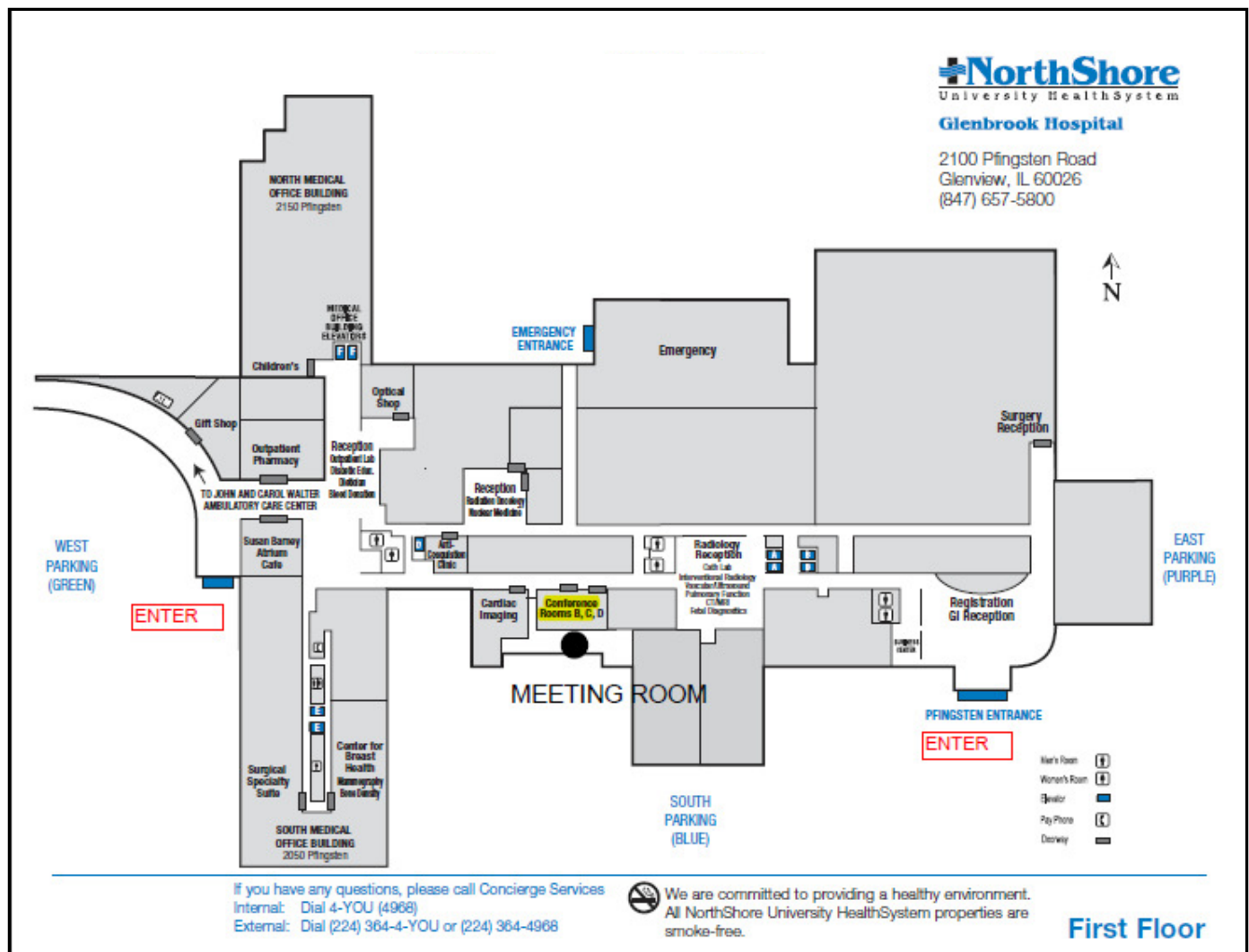
Beginning with January 19, 2016, we will meet the **3rd TUESDAY** at 7:30 pm. Additional 2016 dates are 3/15, 4/19, 5/17, 6/21, 7/19, 9/20, 10/18.

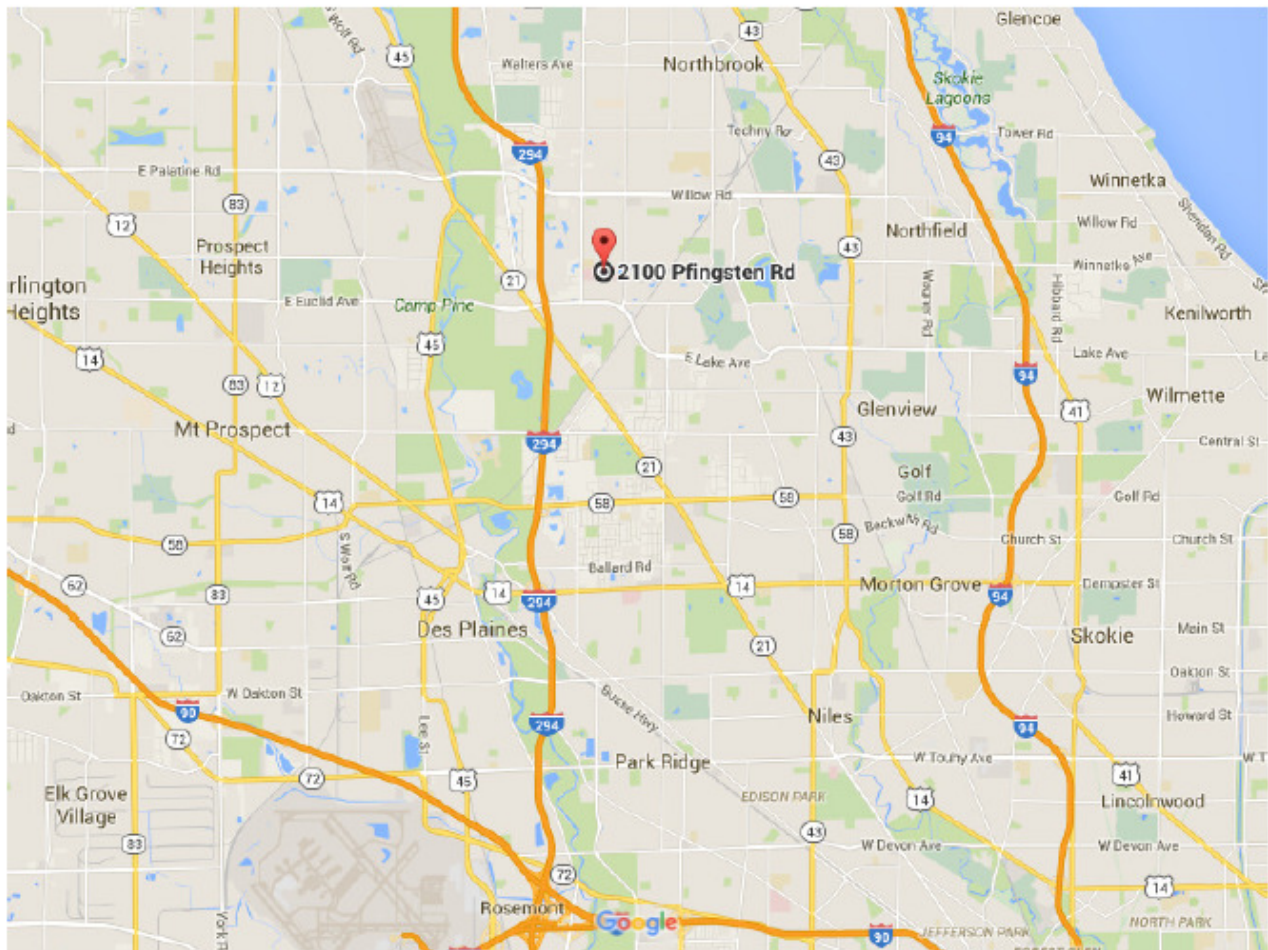
Dec is TBD. No meeting in Feb, Aug or Nov.

General meetings will be in the **first floor Conference Rooms B-C**. There is abundant free parking including many handicapped spaces directly in front of the hospital. An information desk is just inside the Pfingston Entrance. Upon entering take the hallway to the left.

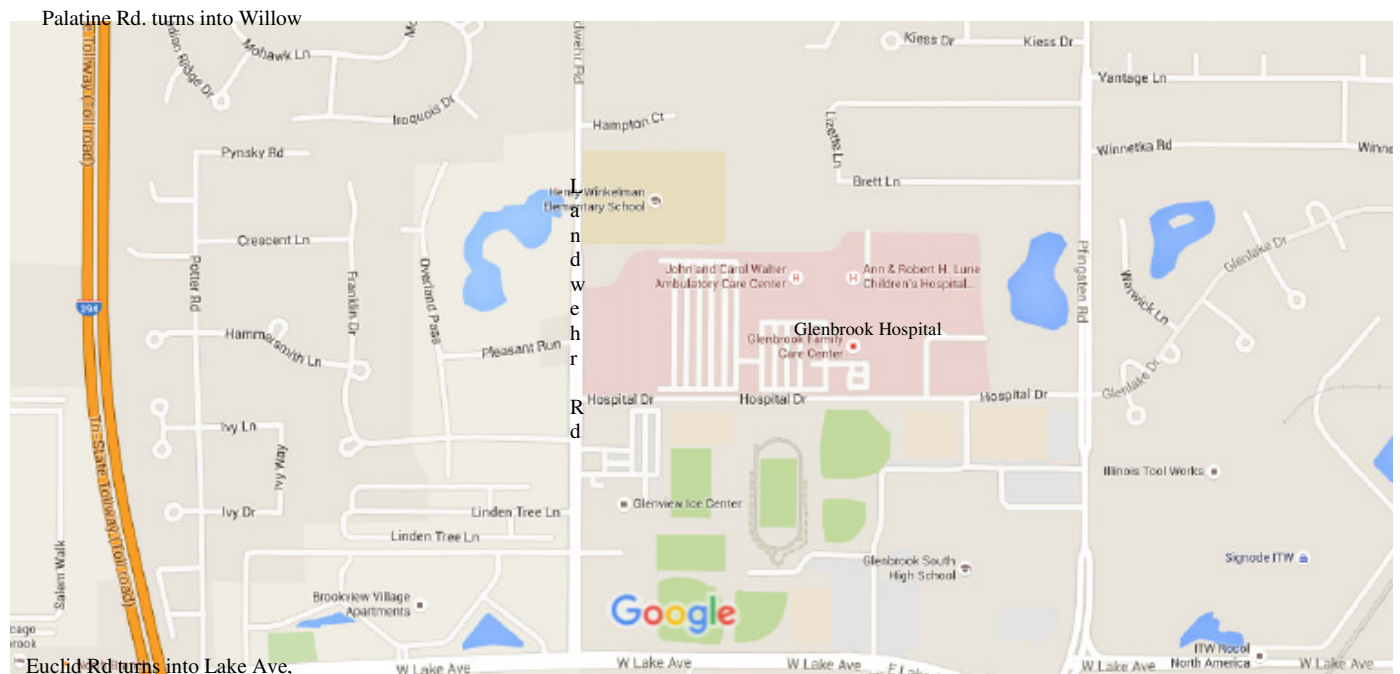
Our first meeting at Glenbrook will be a celebration of new beginnings with giveaways, a new progressive game, a chance to 'Ask the Nurse' and discuss new beginnings with an ostomy.

If you haven't been to an OAGC meeting lately, now is the perfect time to begin again. You can make a difference!





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 east to Pfingsten. The parking lot entrance is on Hospital Dr.



Germes are Everywhere

Sources: BCBSIL, FDA, Mayo Clinic

Now is the time of year when germs are at their peak. Germs spread person to person through coughing, sneezing or simply talking. That's because droplets from an infected person get into the air and are inhaled by people nearby. And they can land on anyone or anything within three feet. Illness-causing germs are often spread when a person touches a surface or object that is contaminated with germs and then touches his or her eyes, nose or mouth. Germs can live for hours on surfaces like handrails, doorknobs, desks and tables.

Frequent hand-washing is one of the best ways to avoid getting sick and spreading illness. Although it's impossible to keep your hands germ-free, washing your hands frequently can help limit the transfer of bacteria, viruses and other microbes. Hand-washing requires only soap and water or an alcohol-based hand sanitizer — a cleanser that doesn't require water.

Is one better than the other? Let's compare the two.

Soap and Water

The idea of washing hands to prevent the spread of germs in hospitals didn't "germinate" until about 1846, when a doctor made the connection between the spread of germs and the number of women dying of "childbed fever." Despite the evidence of the connection, the idea didn't take off right away. Although washing hands gradually became a more regular practice, it took until the 1980s to get national hand-washing guidelines in place.

What's the best way to wash your hands? Wet your hands with warm or cold running water. Then apply liquid, bar or powder soap and lather it up by rubbing your hands vigorously for at least 20 seconds. A common way to get the time right is to sing the 'Happy Birthday' song twice while you wash your hands.

Remember to scrub all surfaces of your hands and wrists, including the backs of your hands and wrists, between your fingers, and under your fingernails. Be sure to rinse well and dry your hands with a clean or disposable towel or an air dryer. Use a towel or your elbow to turn off the faucet when you can.



Hand Sanitizer



Hand sanitizer can be spotted in purses, backpacks and desktops everywhere. It's a portable way to wash when soap and water aren't available.

Choose hand sanitizers that are 60 percent alcohol.

Alcohol-based hand sanitizers can kill bacterial pathogens and some viruses. But they do not work against norovirus, a common virus that can cause serious illness.

While alcohol-based hand sanitizers are considered a safe, effective alternative when you can't wash with soap and water, there are concerns about hand sanitizers that contain triclosan. Triclosan is the main antibacterial ingredient in nonalcoholic hand sanitizers. Triclosan does not protect against viruses or fungi. (Colds are caused by viruses, not bacteria) According to the Food and Drug Admin., hand sanitizers that contain triclosan or triclocarbon may be aiding the growth of antibiotic-resistant germs.

And remember that even alcohol-based hand sanitizers can't work where you can see dirt. It cannot clean past the dirt. Although old-fashioned soap and water is your best choice for really getting clean, if you can't get to a sink quickly, an alcohol-based sanitizer is a good alternative

When Should You Wash?

No matter how you wash your hands, here are a few good times to clean up:

- Before preparing food and eating
- Before inserting or removing contact lenses
- Before and after treating wounds, giving medicine, or caring for a sick or injured person
- After using the bathroom or changing a diaper
- After touching an animal or animal toys, leashes or waste
- After handling garbage, household or garden chemicals or potentially contaminated clothes
- After blowing your nose, coughing or sneezing into your hands
- Shaking hands
- Whenever your hands look dirty

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Urostomy-Urinary Crystals

American Cancer Society

Urinary crystals on the stoma or skin are caused by alkaline urine. The crystals look like white, gritty particles. They may lead to stoma irritation and/or bleeding. Proper cleaning, keeping your urine acidic, and careful fitting of the skin barrier will help prevent urinary crystals.

To help reduce urinary crystals, you can make a vinegar compress and apply it to the stoma for a few minutes when the pouch is changed. To do this, soak a bath cloth or small towel in a mixture of equal parts of water and white vinegar and hold the moist cloth on the stoma.

Did you know...

you may have a 20% to 50% chance of developing a peristomal hernia? Talk to your WOCN or doctor if you have any of these symptoms.

- A swelling or bulge of the abdomen around the stoma. It can look like your stoma is sitting on an orange.
- A dull ache or heavy and 'dragging' feeling of your abdomen, especially when standing.
- The size of the bulge (hernia) may reduce in size when you lie down and get larger when standing.

Your WOCN or doctor may be able to suggest non-surgical treatments of peristomal hernias.

Student Luke Bennett's colostomy bag selfie goes viral

BBCnews August 2015

A student from Swansea University has gone viral after a selfie he took with his colostomy bag was viewed by more than one million people online.

Luke Bennett, 20, was diagnosed with ulcerative colitis four years ago.

After medication and steroids failed to improve his condition, he decided to undergo surgery six weeks ago.



Speaking to BBC Radio Wales, Mr Bennett said he wanted to help other people like him. Talking about his decision to have surgery, he said: "It was very hard. It was quite a long process really. In my head I was thinking why am I going to wait until I'm really ill to go into surgery when it's inevitable?"

Mr Bennett posted the picture on the Crohn's and Colitis UK Facebook page to show what "a normal person" looks like with a colostomy bag. "If you have surgery there's nothing really to worry about... it does get better," he added.

Dan McClean, director of marketing at Crohn's and Colitis UK, described Luke as an inspiration. "We are currently seeing this inflammatory bowel disease being diagnosed in about 10,000 younger people a year," he said. "To see Luke's story is very inspiring for a lot of people."

LESS | MORE

| | |
|----------------|---------------|
| TALKING | LISTENING |
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| JUNK FOOD | SALADS |
| COMPLAINING | ENCOURAGING |
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FAIR

by Debbie Hull, UOAA Update July 2015

The following article is available in *I'd like To Buy A Bowel Please!* by Barbara Elsagher.

As a new ostomate, I attended my local ostomy support group and shortly afterward started receiving newsletters and other information. I got a flyer for an upcoming Appliance Fair. I assumed it had to do with refrigerators, stoves, and dishwashers. I live in an apartment and those items are included in the rent, so I thought an appliance fair was of no use to me. Thinking it was odd that an ostomy group would send a flyer for that, I glanced at the flyer again, and then realized I had misunderstood and the Appliance Fair was for people to learn about various ostomy products. When I went to the fair, I shared my story with WOCN, Pat Keegan. She put her arm around me and said, "Oh, honey—you really are a rookie, aren't you?"

Debbie Hull, of Minnesota, was a typical healthy twenty year- old when she suddenly became ill with Crohn's Disease in December 1977. In 1984, she had ileostomy surgery and has been well ever since. Debbie says, "All the bad memories have faded, I can do anything I want: travel, work, exercise, eat what I want—life is good. I am grateful there was a solution for my situation."

Ostomy ~ The New Normal

Winter Warning

Green Bay Area Support Group Newsletter

For those of us who live in the northern climates and have undergone ostomy surgeries, it is important to use caution when shoveling snow. Because we have had abdominal incisions, we are at higher risk for hernias than the general public and we must protect ourselves from stoma injury. Keep in mind the following safety precautions when shoveling your way through the piles of snow that await us this winter:

- Because we are all different, check with your physician to see if there are weight limitations for you to push or lift.
- Do a little at a time and rest in between; it does not usually have to be done all at once.
- Pushing the snow might be easier than lifting every shovelful.
- Hold the handle slightly to the side of your body; that way if you were to hit an uneven part of the driveway or sidewalk the handle would not suddenly poke into your abdomen or stoma.
- Drink plenty of fluids before and after shoveling; shoveling is strenuous exercise.
- Don't hold your breath while straining to lift heavy snow; breathe through the lift.
- Wear boots that have a good grip, not ones which may cause you to slip and fall.
- If you are not physically up to shoveling safely, hire someone else to do it or ask a relative or friend to do it for you. It is not worth injuring yourself or facing additional surgery just to get in done!



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 _____

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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

► 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.

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

Without you we don't exist!



This year resolve to join or return to an ostomy support group. Helping others is not a matter of finding time; it's a matter of making time.

*'To the world you may be just one person,
but to one person you just may be the world.'*
(earliest source unknown)

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).