

The New Outlook

July/August/September 2017



UPCOMING TUESDAY MEETINGS

July 18, 7:30 pm

August - No Meeting

September 19, 7:30 pm

GLENBROOK HOSPITAL

2100 Pfingsten Rd, Glenview, IL

Conference Rooms C & D, 1st Floor

April's Meeting (our 466th)

Our April meeting began our forty-second year! Our discussion was about air travel, airport screening and traveling with ostomy supplies.

May's Meeting (our 467th)

At the May meeting we discussed preparing for summer's hot weather.

June's Meeting (our 468th)

Madelene Grimm gave a very informative talk on peristomal skin problems. Madelene retired in June. CONGRATULATIONS! But she will still be with us. YEAH!

We have had many new faces at our meetings these past 3 months, and a visit from a member's very special friend. Welcome all!

Thanks to all for bringing treats too!

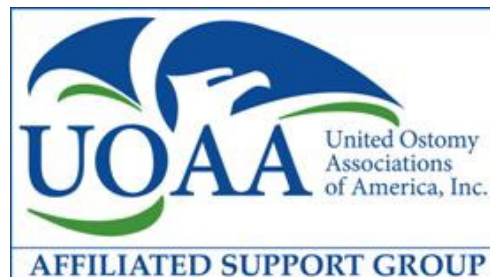
We hope to see you July 18 for an Evening with Hollister! New and popular products with Hedy Holleran and reimbursement info with Anna Markiewicz.

Meetings start at 7:30. We will make every effort to begin on time, allowing much enjoyed social time afterward.

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

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

President

Judy Svoboda uoachicago@comcast.net 847-942-3809

Vice President/Program Director

Nancy Cassai cassainancy@gmail.com 847-767-1447

Treasurer

Tim Traznik ttazpargolf@gmail.com 630-736-1889

Secretary

Patricia Johnson hereandnow@wowway.com 224-523-0509

Director/GLO

Fred Shulak thadbear@sbcglobal.net 773-286-4005

Visiting Chairperson

Peggy Bassrawi, RN pbassrawi@gmail.com 847-281-1626

Chapter WOCN

Madelene Grimm madelene_grimm@yahoo.com

Hospitality

Sandy Czurylo

Wound Ostomy Continence Nurses (WOCN)

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Carol Stanley 847-618-3125

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Little Company of Mary Hospital

Kathy Garcia, Jola Papiez 708-684-3294

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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, July 18 – An Evening with Hollister,
Hedy Holleran and Anna Markiewicz**

August – NO MEETING

TUESDAY, September 19 – FOW

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

Southwest Suburban Chicago, Evergreen Park

The third Monday at 6:30pm, Little Company of Mary Hospital,
2800 W. 95th St., Evergreen Park - Rm 1702.

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

June was the fifth anniversary of my life with an ostomy. In some ways, it feels like only yesterday. In many other ways, so much has changed.

Starting out I was overwhelmed and angry. The realization that this was it for the rest of my life was huge. I cried a lot when no one was around. It was more than I bargained for.

I slowly got the hang of things. I could manage. Then we, my husband Dale and I, attended a support group. First a small one and then the group we now regularly attend. It has made all the difference.

We have met really awesome people in the past 5 years. They have been kind and helpful and, yes, supportive. We have had our questions answered and answers for questions we did not yet have. We have learned so much.

It is truly a blessing to meet with these people each month. To speak openly about concerns and celebrate each other's milestones. To laugh together. To encourage someone to step out and try something, go somewhere, and applaud successes.

If I had not attended that first meeting over 4 years ago I would not be writing this column. I am thankful for Judy, who saw potential and has encouraged me. I have made new friends. In April Dale and I attended the Visitor Program seminar and are certified to talk to new patients. I am so much more comfortable now living with this ostomy. It amazes me how far I've come and how far I hope to go.

Life is good



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### *Fit in more fruit...*

Getting in at least three servings of fruit a day is easier than you think. But if you're tired of the same old fruit options, try these variations.

1. Blend it. In a blender, add two fresh or frozen bananas, 1/2 cup of fresh or frozen blueberries and 1 cup of low-fat vanilla yogurt. Add some ice (optional) and blend until smooth.
2. Grill it. Cut apples, pears or peaches into chunks; brush lightly with canola oil and sprinkle with cinnamon. Place on skewers or wrap in foil. Grill on low heat for 3 to 5 minutes.
3. Strawberries dried in the oven taste like candy, but are healthy and natural. 3 hours at 210 degrees. Might be better than Twizzlers.



# OSTOMY WORLD REPORT

from R. S. Elvey, OAGC

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

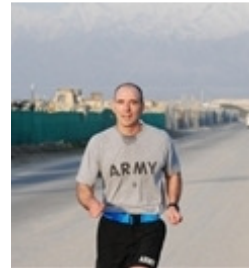
Take your ostomy surfing, mountain biking or running but first check the activity information available from [www.innergoods.ca](http://www.innergoods.ca).... Ostomy Cure Norway reports that their titanium portal for ileostomies, which eliminates the need for a pouch and barrier, will be available to European patients this summer....[www.girlswithguts.com](http://www.girlswithguts.com) is hosting a twitter chat on fashion and body image....Lions For Stoma Care is a program from Lions International to change attitudes towards ostomates and educate nurses and doctors worldwide....Friends of Ostomates Worldwide reports that they have shipped to date over 335,000 pounds of supplies to over 70 countries....FDA has approved the first drug to cure the most common forms of bladder cancer called Tecentriq. It costs \$12,250 a dose....Sleep on your stomach or side again with the ostomy support pillow \$65.00 from PouchWear 1.844.768.2493 or [support@ostomybagholder.com](mailto:support@ostomybagholder.com)... Canadian, Rob Hill climbed Mt. Everest with an ostomy and Crohn's Disease....Control odors with Poo-Pourri a deodorizing toilet spray just spritz on the toilet bowl water's surface before you empty poopurri.com.... "Check out these Yummy Salads from 10 Veggie Loving Ostomates" at [OstomyConnections.com](http://OstomyConnections.com)....In the United Kingdom there are 9,000 locked toilets for persons with disabilities you can gain access by buying a UK Radar key from [stomawise.com](http://stomawise.com).



## Face of Defense: Soldier Builds Ostomy Awareness

By Army Sgt. 1st Class J.R. Williams  
Task Force Falcon

BAGRAM AIR FIELD, Afghanistan, April 15, 2011 – Army Chief Warrant Officer 4 Bob Cuyler is on a quest. The 10th Mountain Division tactical operations officer for Task Force Falcon runs a half-marathon every week ~ 13.1 miles in a single outing every seven days.



For some avid runners, a half-marathon a week might not seem like much. But Cuyler runs his weekly 13.1 miles while deployed to Afghanistan ~ not an easy task, given the operations tempo, altitude and rugged terrain. But for Cuyler,

the miles are just a small part of a larger, personal quest.

"My plan is to raise awareness of the United Ostomy Association of America veterans outreach program," he said.

The UOAA is a national network for bowel and urinary diversion support groups in the United States. The veterans outreach program seeks to help military veterans, young and old, live with their ostomies.

"Unfortunately, many people limit their activities because of the fear of the unknown when dealing with their ostomy," Cuyler said, "and others just need to know that they are not alone with this condition."

The Hannibal, N.Y. (native), knows all about living with an ostomy. In July 2007, following a seven-year battle with ulcerative colitis, doctors removed his entire colon. The surgery left him with a stoma ~ an opening through his abdomen with an appliance bag attached. It also marked the start of Cuyler's quest for understanding.

"My first thought following the surgery was just shock," he said. "I remember looking down and seeing I was cut open, and this appliance was attached to me. I just couldn't believe this was happening to me."

At the time, this type of surgery meant a discharge from the military.

"I came back to work with the mindset that I was getting out ~ that it was over for me," Cuyler said. "Then, my nurse gave me this book, 'Great Comebacks' by Rolf Benirschke, a professional football player who continued his NFL career after his ostomy surgery."

Benirschke's book details the inspirational achievements of people who'd had ostomy surgeries. Though the stories encouraged him during that initial recovery period, Cuyler said, he thought the end of the road was near.

"My first day back to work was 30 days after the surgery," he said. "I could only do one pushup and one situp. That's it."

Yet, each day following that first physical training session, the warrant officer discovered he could do a little bit more. "After a couple of months, I was getting back to my old self," he said.

The book began to plant a seed in his mind.

"One day, I was working out at the gym and the brigade commander at that time, Col. Erik Peterson, gave me a funny look and asked, 'Are you really disabled?' And I started to wonder the same thing," Cuyler said. He set his sights on continuing his Army aviation career, focusing on regaining his strength and proving he still could serve as a soldier and pilot. "Colonel Peterson said he would support me to fight the system," Cuyler said. "He took a risk. I'll never forget that."


Peterson, now serving as the 10th Mountain Division chief of staff in Regional Command South, said it was apparent from the outset that Cuyler needed to stay in the Army.

"Bob was an exceptionally valuable member of the Falcon Brigade team, but what was most compelling was his determination," he said. "He had a clearly defined goal. He understood the physical and bureaucratic obstacles to that goal, and he endeavored to overcome them. The rules said 'No,' but in Bob's case, they made no sense. He was clearly capable of serving and contributing, without limitation."

The brigade surgeon at that time, Army Lt. Col. (Dr.) Edward Bailey of Sackets Harbor, N.Y., agreed.

"Bob is one of the most gratifying patients I have ever had the privilege to work with," Bailey said.

"The words 'no,' 'won't' and 'can't' aren't in his vocabulary. He overcame every hurdle to return to



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the cockpit. A 30-day summer rotation at [the Joint Readiness Training Center, Fort Polk, La.] convinced us that he was more than capable of returning to the fight."

So instead of ending, it appeared the road ahead for the pilot was merely bending.

"You know, the warrior transition units sometimes get a bad rap," Cuyler said. "But in my case, the Fort Drum WTU did exactly what it was supposed to do. The [organization] gave me a chance to get well. It was the best thing for me and the Army."

Fifteen months after surgery, Cuyler hit his first milestone when a medical board cleared him to remain on active duty with flight status.

"It was incredible," he said. "You know, I actually went to the board. I wasn't allowed in the room during the panel, but they all saw me waiting outside the room. It was important to me, and to Colonel Peterson and Lieutenant Colonel Bailey, for the members of the board to see me for themselves, to wonder if I looked disabled."

The next benchmark immediately followed the board, with a 12-month deployment to Iraq.

"A year in Iraq confirmed that his medical condition is an inconvenience, not an impediment," said Bailey, now the 10th Mountain Division's surgeon.

The deployment not only proved Cuyler could handle the rigors of combat, but also marked the first time any U.S. soldier had deployed with an ostomy and the first time any aviator flew into combat with an ostomy. Yet, the path to understanding continued after his return from Iraq.

"During the deployment to Iraq, I was awarded the Tony Snow Public Service Award from the Great Comebacks program," Cuyler said. "Receiving that award changed things for me. Before, everything was for me. Now, I feel what it means."

The exposure Cuyler received following the award inspired a new turn in the road.

"People hide [the condition]. They're embarrassed," he said. "A month or two after I received the award, people around the world contacted me for advice."

As each person contacted Cuyler, he shared everything he could to help: medical records, experiences, advice and hope.

"There was a pilot from India who was fighting to keep his job after his ostomy," Cuyler said. "Using my medical records as an example, he was able to prove that flying with an ostomy was possible ~ and done ~ so he's still flying."

While helping a fellow pilot brought some satisfaction, Cuyler said, his latest milestone affected him a little more deeply. At the end of this month, Cuyler will welcome a fellow ostomate ~ and soldier ~ to Afghanistan.

"Lt. Col. William O'Brien first learned of my struggle to stay in the military after ostomy surgery by speaking with Lisa Becker, a Great Comebacks Award recipient," Cuyler said. "He then found me by doing the same thing I had done; [he] did a search for 'military' and 'ostomy.' But instead of finding discharge stories, he found mine."

Down-to-earth and humble, Cuyler does not consider himself a trailblazer.

"That's the big thing ~ the gratitude I feel that my despair was able to help someone else," he said.

Realizing how his fight helped another soldier, Cuyler decided to continue down the path toward educating others about the surgery and what to expect afterward. "I was contacted by the UOAA about a new program, the Veterans Outreach Program, involving other Great Comeback vets to

assist fellow ostomates through their recovery at [Veterans Affairs] hospitals," Cuyler said. "Very few VA hospitals have support groups."

Besides sharing his experiences and advice, Cuyler raises awareness of the program doing the one thing he once thought he'd never do again: long-distance running.

"I've been running a half-marathon every week since January," he said. "It's a challenge, but it's a challenge that helps others. For every sponsor who pledges a dollar per half-marathon ~ or any amount, really ~ that's another dollar towards helping someone else."

Cuyler has run 15 half-marathons. That adds up to 196.5 miles for the man who once could perform only one pushup and one situp. The miles also pave the path toward understanding life after an ostomy.

"Bob personifies our Army values of duty, selfless service and personal courage," said Peterson, who calls Watertown, N.Y., home. "It doesn't surprise me that he's, once again, accomplishing something very difficult in order to benefit others and call attention to something important."

*Face of Defense* first appeared on the U.S. Department of Defense website.

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## Walk Yourself to Better Health

Medford UOA

Although recovering strength after surgery or an illness can be a challenge, walking is one of the best and simplest ways to build stamina, according to Margi Morris, Stanford University.

Begin by deciding on a manageable amount of walking. Plan to walk for a short amount of time, and walk slightly more briskly than is comfortable, in order to increase the heart rate slightly. Increase the time walked by five minutes each week.

Ignore the idea of distance walked; the amount of time spent in exercise is more important. Work up to a walk of 45 minutes, and do it three times each week to maintain stamina, or walk 20 minutes six days a week.

Walking is a common and automatic activity; almost everyone can do it to some degree. It makes you breathe deeply, which pulls oxygen into your lungs, making you feel energetic. It improves circulation, lowers blood pressure, and generally strengthens your cardiovascular system.

In bad weather try walking in a shopping mall. Some malls have formal walking programs; if you don't want to be part of a group, pick your own time and walk at your own speed.

If you cannot walk, do something else to increase your heart rate. Water aerobics classes are another good form of exercise, although the usual one-hour sessions are too long for some older people. If you take part in such exercise and are exhausted when you get home, you are overdoing it and should try something less strenuous.

## How Your Body Adapts to the Heat

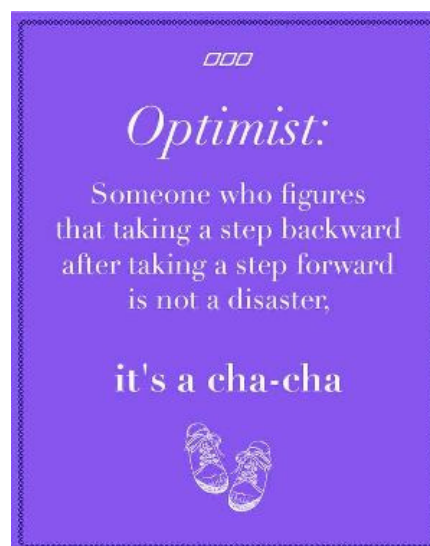
Better Health

Your body cools itself primarily by sweating. Think of it as built-in air conditioning. (How much you sweat is mostly genetics)

If you are active for an hour or more in high heat or are sweating a lot, a sports drink (i.e., Gatorade) can help prevent an imbalance of electrolytes; minerals like sodium and potassium. Otherwise water is fine for hydrating. Salty foods (pretzels, crackers) offset low sodium levels, too. Bananas, blackberries, cantaloupe and plums replenish potassium.

Adjusting to exercise in the heat can take two weeks or even a little longer. During this time, your sweat rate increases as your body begins to better regulate its temperature. Your kidneys and sweat glands retain more electrolytes, so you lose less salt. Go easy on outside activities during those first hot days.

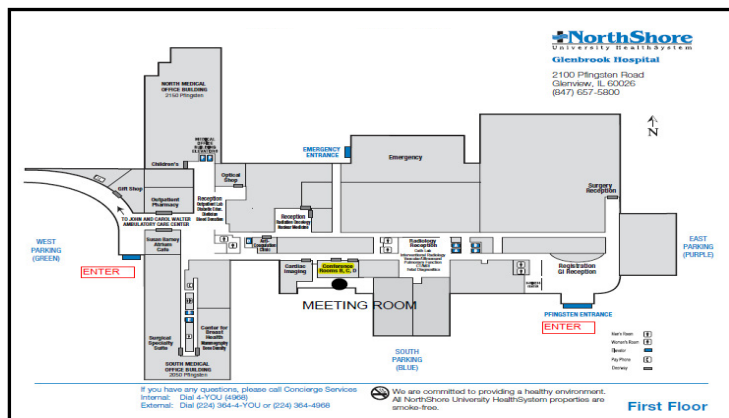
**Stay safe...** watch for warning signs of heat exhaustion and heatstroke, especially in others since those affected often fail to recognize the developing situation. Use proven cooling techniques; apply ice packs to the neck, armpits, and groin, and/or rotate ice water soaked towels to these and other areas of the body. Heatstroke symptoms include red skin, difficulty breathing, rapid pulse, fainting, lack of sweating, and a body temp of 104° or higher. Exertional heatstroke is a medical emergency affecting multiple body systems. Call 911 and apply cooling techniques. Note: Heat exhaustion doesn't always precede heatstroke.



## 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 side Entrance. Upon entering, take the hallway to the left.



**Glenbrook Hospital** 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.

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"Most surgeons sew, but knitting relaxes me."



## 65 Years of Stomas

By R. S. Elvey, OAGC

"I had my ileostomy in 1947 and was one of only four or five people in the world who had the surgery. Very little was known about the effect of it on the body and certainly no one knew how to deal with it. In those days, surgeons refused to operate because appliances were useless. We were allowed to perforate and I had holes all over my abdomen through which there was a constant flow of feces." Doreen Harris, IA Journal, Great Britain, David Eades, 2002

That same year a young lieutenant-colonel recently discharged from the Royal Army Medical Corps became a lecturer in Surgery at Birmingham University, working at Queen Elizabeth Hospital England. He would spend the next 16 years there. In July 1952, he published a paper about the care and complications of ileostomies. As just part of the text, he described turning the end of the ileum inside out and suturing the mucosa to the skin. Doctor Bryan Brooke had created a stoma, one that protruded but was inverted. Previously, stomas were either flush or protruding spouts with no eversion. The Brooke procedure would enhance the quality of life for hundreds of thousands of future patients and be the stimulus for new generations of ostomy appliances.

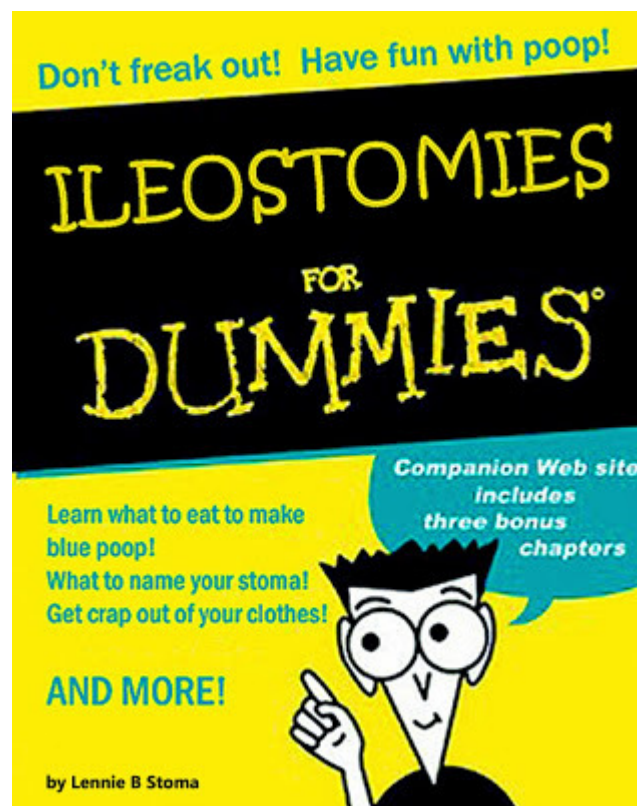
As we enter the 65th year of the Brooke Procedure, what have we learned about the most common stoma post-surgery problems or complications? Support groups and newsletters are full of accounts of skin, hernia and bad fit problems. But these accounts, though true, are anecdotal. I began looking for long term studies of ostomy patients. What better source than the Ileostomy and Internal Pouch Support Group or IA, Great Britain, one of whose founding members was Doctor Brooke and whose lecture series bears his name.

The 2008 IA Bryan Brooke Lecture was held in Newcastle, England. Dr. P.J. Liunniss spoke describing a study of 1,216 patients of which 569 had undergone ileostomies and 647 had colostomy surgery over a ten year period. A summary of this lecture was provided in the IA Journal that year. This very comprehensive study yielded many interesting and well documented results concerning complications and risk factors for those undergoing

stoma surgery but also proposed measures to reduce the risk of surgery.

The study listed ten complications that most patients will incur. Of these ten, three accounted for almost 60% of all post-surgery problems. They are in order of importance: skin excoriation, hernias and bleeding. The study concluded the best defense against complications is a planned surgery, pre-operative siting of the stoma and pre and post support of an enterostomal therapy nurse. Also, if you have an inflammatory bowel disease, as opposed to cancer, diabetes, or heart disease, the incidence of complications are greatly reduced.

The rest of the study went further into the role of surgeons, new techniques and, in particular, developments in the fields of hernia repair and the ileo-anal pouch. You can read the entire summary of Dr. Liunniss lecture at [www.iasupport.org](http://www.iasupport.org). The Bryan Brooke lectures are still being held annually. And as for Doreen Harris, she would work with Bryan Brooke and others in founding the IA and organizing the first support groups. The IA, now in its 61st year is one of the oldest ostomy support groups in the world. Doreen would also write a booklet about her experiences prior to the Brooke Ileostomy and after.



## Difference Makers

From the New Outlook Archives, October 2001

### *Can you answer these questions?*

1. Name the five wealthiest people in the world.
2. Name the last five Heisman trophy winners.
3. Name the last five winners of the Miss America contest.
4. Name ten people who have won the Nobel or Pulitzer prize.
5. Name the last half dozen Academy Award winners for best actor and actress.
6. Name the last decade's worth of World Series winners.

How did you do? The point is, none of us remember the headliners of yesterday. These are not second-rate achievers. They are the best in their fields. But the applause dies. Awards tarnish. Achievements are forgotten. Accolades and certificates are buried with their owners.

Here's another quiz. See how you do on this one:

1. List a teacher who aided your journey through school.
2. Name a friend who has helped you through a difficult time.
3. Name a person who has taught you something worthwhile.
4. Think of five people who have made you feel appreciated and special.
5. Think of five people with whom you enjoy spending time.
6. Name five heroes whose stories have inspired you.

Easier? The lesson? The people who make a difference in your life are not the ones with the most credentials, the most money, or the most awards. **They are the ones that care!**



## *Have you had a good laugh today?*



Humor is a great way to relieve stress. Laughter releases endorphins, natural substances that help you feel better and maintain a positive attitude. Go ahead.

Give it a try. Hang funny photos or comic strips in your work space. Make it a habit to spend time with friends who make you laugh. Who knows? Laugh and the world might laugh with you.

*You don't stop laughing because you grow old.  
You grow old because you stop laughing.*



### 6<sup>th</sup> National Conference

Tues.-Sat., Aug. 22-26, 2017, Hotel Irvine, Irvine, California

Complete details on [www.ostomy.org](http://www.ostomy.org)

## 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   21–35   35–50   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!**



### Anniversary Gift

As you celebrate the anniversary of your ostomy surgery each year, consider making a monetary gift to our Association. Checks should be made payable to the Ostomy Association of Greater Chicago and sent to the Treasurer at the address shown to the left.

### Memorial

Donations can be made to memorialize or honor individuals. Checks should be made payable to the Ostomy Association of Greater Chicago and sent to the address shown to the left. When sending a donation, be sure to include the name of the person being honored so that applicable acknowledgement can be made.

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.



**We often talk about how to choose between the emergency room (ER) or urgent care. And there are some common summer situations when you may have to make that choice.**

Here are some examples and tips for when you likely need to call 911 or go to the nearest ER.

## **Stings and Bites**

Stings or bites are usually minor injuries. The passing jellyfish encounter at the beach or stepping on a bee in the grass may just result in a little redness and swelling and nothing more. You may need to apply a paste or ointment to reduce pain or itching.

What if things get a bit more serious?

- What if it wasn't just one jellyfish or one bee, but a swarm?
- What if someone has an allergic reaction with face or tongue swelling?
- What if animals, perhaps raccoons or bats, go on the warpath? They might have rabies or dangerous bacteria in their bite.

Seek medical care or call 911 if the person who was bitten or stung:

- Has trouble breathing
- Starts to swell at the lips, eyelids or throat
- Becomes dizzy, faint or confused
- Gets a rapid heartbeat
- Gets cramps or starts vomiting

## **Poisonous Plants**

When summer hikes take us through wild plant growth, "Leaves in three, let it be" warns us about poison ivy.

But many of us have some poisonous plants in our own yards. Take hemlock for example — do you know that it looks like a gigantic version of Queen Anne's lace to the untrained eye?

The slightest touch of some plants can cause a reaction. Reactions to poisonous plants can vary from very mild to severe.

More serious reactions that require emergency treatment can happen when people:

- Are exposed over more than a quarter of their body
- Accidentally eat a poisonous plant
- Accidentally inhale elements of a plant when they burn plants in a fire

## **Sun**

We should always wear sunscreen when we're outdoors. But what happens if you do get a sunburn? According to the Mayo Clinic, you may need to see a doctor if:

- The sunburn is severe, covers a large part of your body and you have blisters

- You have swelling, pus or red streaks leading from a blister (these can be signs of infection)
- Your sunburn doesn't get better with care at home

You may need to go to urgent care or ask your doctor if you should head to the ER if you also have:

- High fever
- Headache
- Severe pain
- Dehydration
- Confusion
- Nausea or chills

## **Heat**

Summer heat can do real harm. Beyond severe sunburns that can blister and peel, heat exhaustion or heat stroke can get serious quickly. And don't ever leave children or pets in a car in the summer.

## **Summer Stunts Gone Wrong**

Many people love a good belly flop or cannon ball. Success may be measured by splash zone and how loud it is when you hit the water. Sometimes, though, things go wrong. Even Olympic divers can hit their heads on a diving board.

Just like stings and bites and poisonous plant exposure, blows to the head, bumps, cuts or other injuries vary in severity. You may need to call 911 if you have signs of concussion. The degree of pain, discoloration or blood loss can also indicate that you should call 911 or go to the ER.

Some signs that you need to go to the ER or call 911 include:

- Any life-threatening or disabling condition
- Sudden or unexplained loss of consciousness
- Chest pain; numbness in the face, arm or leg; difficulty speaking
- Not breathing; severe shortness of breath
- High fever with stiff neck, mental confusion or difficulty breathing
- Coughing up or vomiting blood
- Cut or wound that won't stop bleeding
- Major injuries
- Possible broken bones or head injury

## **Water Safety**

If your family is beating the heat with a swim, be sure to:

- Swim only in areas designated for swimming
- Stay within arm's reach of young kids, and always watch them
- Choose someone to watch the water when people are in the pool
- Enforce rules such as "no diving" and "don't swim alone"

If someone needs to be revived coming out of the water, call 911 or go to the ER immediately. Even if people are revived, they can still drown. This is called secondary or delayed drowning.

Symptoms such as fatigue and irritability can happen hours after the incident and might seem like just tiredness following a big day.

### **The Bottom Line: Watch for Symptoms that Signal “Core Processing”**

In these various examples of summertime nature vs. man injuries, be on the lookout for problems with a person’s most basic system functions:

- Can you breathe, speak and swallow?
- Can you sit, stand and walk without help?
- Can you see, hear or feel?

If the answer to any of these most basic questions is “no,” call 911 and seek emergency help.

Portions of this article first appeared on BCBSIL.

Sources: [Insect Bites and Stings: First Aid](#), Mayo Clinic, 2015; [Poisonous and Non-poisonous Plants](#), National Capital Poison Center; [Sunburn](#), Mayo Clinic, 2016; [Concussion](#), Mayo Clinic, 2017; [Swimming Safety Tips](#), American Red Cross; [Dry and Secondary Drowning: the Signs Every Parent Needs to Know](#), American Osteopathic Association; [When to Use the Emergency Room](#), Medline Plus, National Library of Medicine, 2016

