

# The New Outlook

March 2016



**NEXT MEETING**  
**TUESDAY, MARCH 15**  
**7:30 pm**

**GLENBROOK HOSPITAL**  
2100 Pfingsten Rd, Glenview, IL

**Conference Rooms C & D, 1st Floor**

**Complete details on pages 6 & 7**

## **Last Months' Meeting** (our 455th)

What a terrific *New Beginning* for our general meetings at Glenbrook Hospital. Familiar faces, new faces and some friendly faces we hadn't seen in awhile. It became evident that our new location is more convenient for many of our members, so we hope to see more returning in the coming months.

We gave away samples, with our sponsor WOCN Madelene Grimm explaining the correct usage for many of the products. Madelene also answered individual questions.

We started a new progressive poker game. Players receive 1 card at each meeting and the winning hand will receive a spectacular prize at the December Holiday Party. Of course, you need 5 cards for a poker hand, while anyone with more may choose their best 5.

Our next meeting Tuesday, March 15 will feature **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.

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.

**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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### Hospitality

Sandy Czurylo

## Wound Ostomy Continence Nurses (WOCN)

Bernie auf dem Graben 773-774-8000

*Resurrection Hospital*

Nancy Chaiken 773-878-8200

*Swedish Covenant Hospital*

Teri Coha 773-880-8198

*Lurie Children's Hospital*

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

*Michele Kaplon-Jones*

*University of Chicago*

Jennifer Dore 847-570-2417

*Evanston Hospital*

Kathleen Hudson 312-942-7088

*Rush University Surgeons & Ostomy Clinic*

Robert Maurer, Laura Crawford 312-942-5031

*Rush University Medical Center*

Madelene Grimm 847-933-6091

*Skokie Hospital-Glenbrook Hospital*

*North Shore University Health System*

Connie Kelly, Mary Kirby 312-926-6421

Karen Blum 312-695-6868

*Northwestern Memorial Hospital*

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, March 15 – Dr. Eugene Yen

TUESDAY, April 19 – Our 41st Anniversary

### 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

*Today know...*

**What Cancer Cannot Do**

Cancer is so limited:  
It cannot cripple love  
It cannot shatter hope  
It cannot corrode faith  
It cannot destroy peace  
It cannot kill friendship  
It cannot suppress memories  
It cannot silence courage  
It cannot invade the soul  
It cannot steal eternal life  
It cannot conquer the spirit  
-Anonymous

An ostomy is similarly restricted.

**Add to that, what an ostomy CAN do:**

It can teach patience  
It can give you a second chance at life  
It can give you freedom from pain  
It can give you a greater awareness  
of your inner spirit  
It can give you a greater empathy for others  
It can show you that you are stronger than you think  
It can cause you to laugh at yourself  
It can make you smile  
as you go past a bathroom, instead of in  
It can make you thankful  
It can be a blessing  
-Patricia Johnson

*Life is good*

\*\*\*\*\*

\*Please note: Meetings at **Northwest Community Hospital** in Arlington Heights are 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.



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**Rush University Medical Center, Chicago** to our family of area Support Groups. Meetings are **the first Thursday of every month at 6:30 pm**. 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. For more information contact Kathleen at 312.942.7088 or [Kathleen\\_Hudson@rush.edu](mailto:Kathleen_Hudson@rush.edu).

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### Colon Cancer Awareness

March is colon cancer awareness month.

Colorectal cancer, or colon cancer, occurs in the colon or rectum. The colon is part of the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus. Most colon cancers develop first as polyps, which are abnormal growths inside the colon or rectum that may later become cancerous if not removed.

Colon cancer does not discriminate; affecting both men and women equally. It is the third most commonly diagnosed cancer and the second leading cause of cancer death in men and women combined in the United States. The American Cancer Society estimates that this year 136,830 people will be diagnosed and 50,310 will die from this disease.

Colon cancer first develops with few, if any, symptoms. Be proactive and talk to your doctor. If symptoms are present, they may include:

#### **A change in bowel habits**

Including diarrhea, constipation, a change in the consistency of your stool or finding your stools are narrower than usual

#### **Persistent abdominal discomfort**

Such as cramps, gas, or pain and/or feeling full, bloated or that your bowel does not empty completely

#### **Rectal bleeding**

Finding blood (either bright red or very dark) in your stool

#### **Weakness or fatigue**

Can also accompany losing weight for no known reason, nausea or vomiting

#### **When to see a doctor**

These symptoms can also be associated with many other health conditions. Only a medical professional can determine the cause of your symptoms.

Early signs of cancer often do not include pain. It is important not to wait before seeing a doctor. Early detection can save your life.

Remember, the most common symptom is NO symptom, which is why we call it the silent killer.

#### **Early Onset**

Approximately 90% of new cases occur in persons aged 50 or older. However, colon cancer has become a reality for many people younger than age 50, and it's the only group where incidence rates are on the rise. In fact, 11% of colon cancer diagnoses and 18% of rectal cancer diagnoses occur in those under 50.

Screening is recommended to start earlier than age 50 in those with a family history of colon cancer or advanced adenomas (noncancerous tumors), and in those with hereditary genetic syndromes associated with increased risk. Patients with inflammatory bowel disease or other conditions increasing risk may also benefit from close follow-up.

Individuals under 50 who have symptoms that may be consistent with colon cancer need to seek medical attention so the appropriate testing can be done and deserve a prompt and thorough examination. Initial misdiagnosis or missed symptoms have been estimated to occur in 15-50% of young-onset colon cancer cases.

The hard reality - you're never too young for colon cancer. That's why we need to educate ourselves



about the risks of this disease NOW regardless if you currently have symptoms or are of average-risk.

Colon cancer is up to **90% BEATABLE** when caught early. There are currently more than **1,000,000** colon cancer survivors alive in the United States.

Sources: American Cancer Society, Colon Cancer Alliance, National Cancer Institute

## How Fiber Affects an Ileostomy

Kay L. Peck, Registered Dietitian, Napa Valley, CA (Reprint)

Whether or not to include fiber, and to what extent, should be based on the any person's tolerance of foods. The small intestine has a remarkable capacity to adapt.

Matter/digested food in the small intestine is quite watery, and after it moves into the large intestine, a good portion of the water is reabsorbed into the body. Most fiber is indigestible material from plants that acts like a sponge, soaking up water and increasing the bulk of the intestinal contents—making matter move through the system more quickly.

In a person with a colon, fiber is essential to preventing constipation and keeping a person “regular”. This is the main function of fiber. Another theory about fiber is that it promotes mucosal growth, thus keeping intestines healthier, promoting gut function. Usually, a person without a colon; i.e., with an ileostomy, doesn't have a problem with constipation—in fact it is virtually impossible, and may have mostly watery stools or diarrhea.

Again, over time, a person may adapt, especially if the last section of the small bowel—the ileum—is still intact. Consuming too much fiber or insoluble fiber may aggravate a person's diarrhea or watery stools. If this is the case for you, limiting insoluble fiber, such as: bran, popcorn hulls, seeds, nuts, skin, seeds, stringy membrane parts of the fruits and vegetables may be helpful. However, another type of fiber—soluble—may be beneficial to someone with an ileostomy.

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The function of soluble fiber is to make intestinal contents thicker and can actually prevent diarrhea. This fiber is found in oatmeal, barley, dried beans, peas, Metamucil and in the pulp of fruits and vegetables. Most foods have a combination of both types of fiber, but the above examples show the differences.

Just as a side note, I worked with a woman years ago who had short bowel syndrome. All of her colon and a significant part of the small bowel had been removed. She found that adding pectin—Certo, which is used to make jam and jelly—to her daily diet helped to minimize diarrhea. She also added a little applesauce every day.

## Ostomy ~ The New Normal

## New Beginnings....

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, CWO CN Madelene Grimm, has supported us for years, leading informational sessions at meetings and the 2014 Regional Conference.

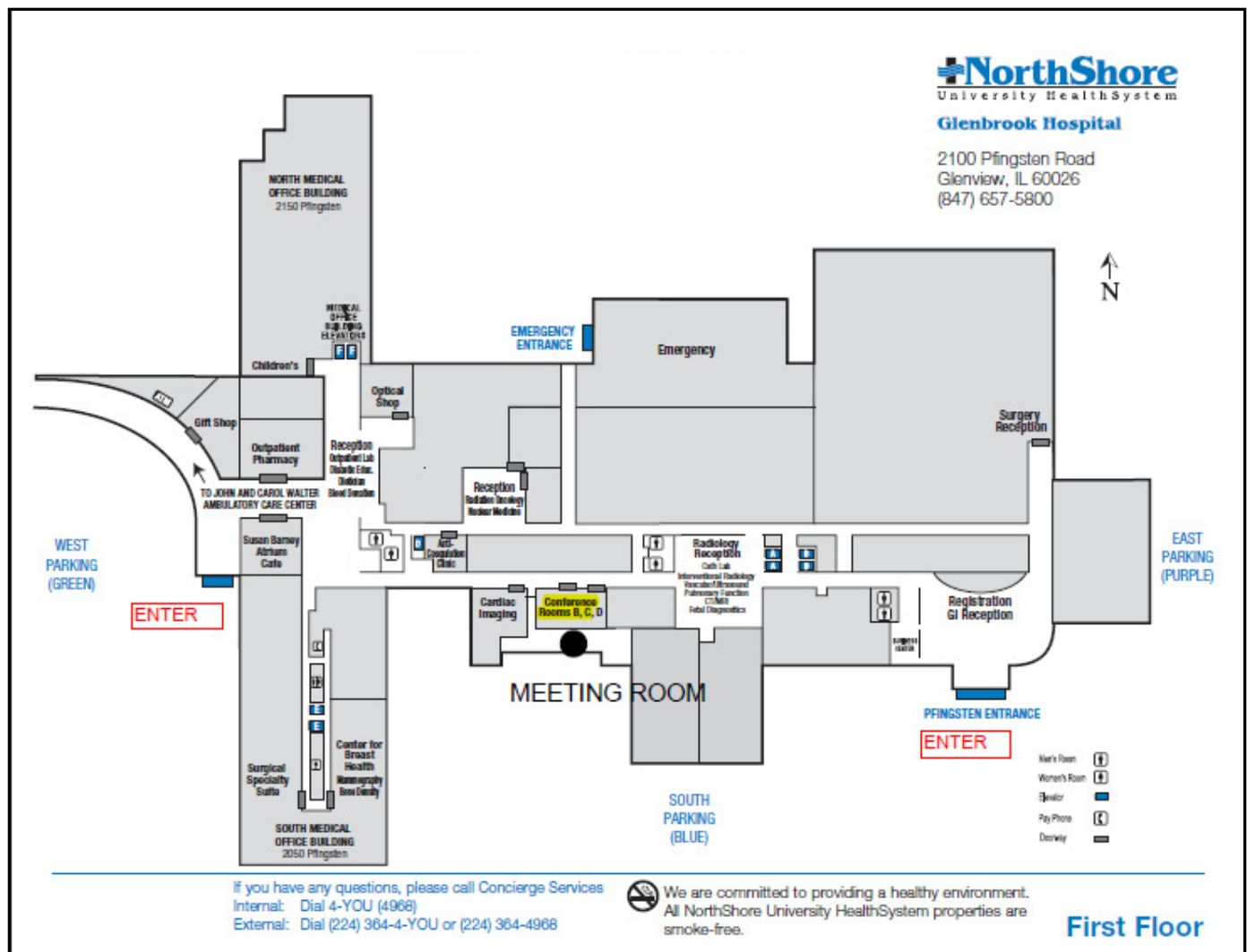
General meetings will be in the **first floor Conference Rooms C-D**.

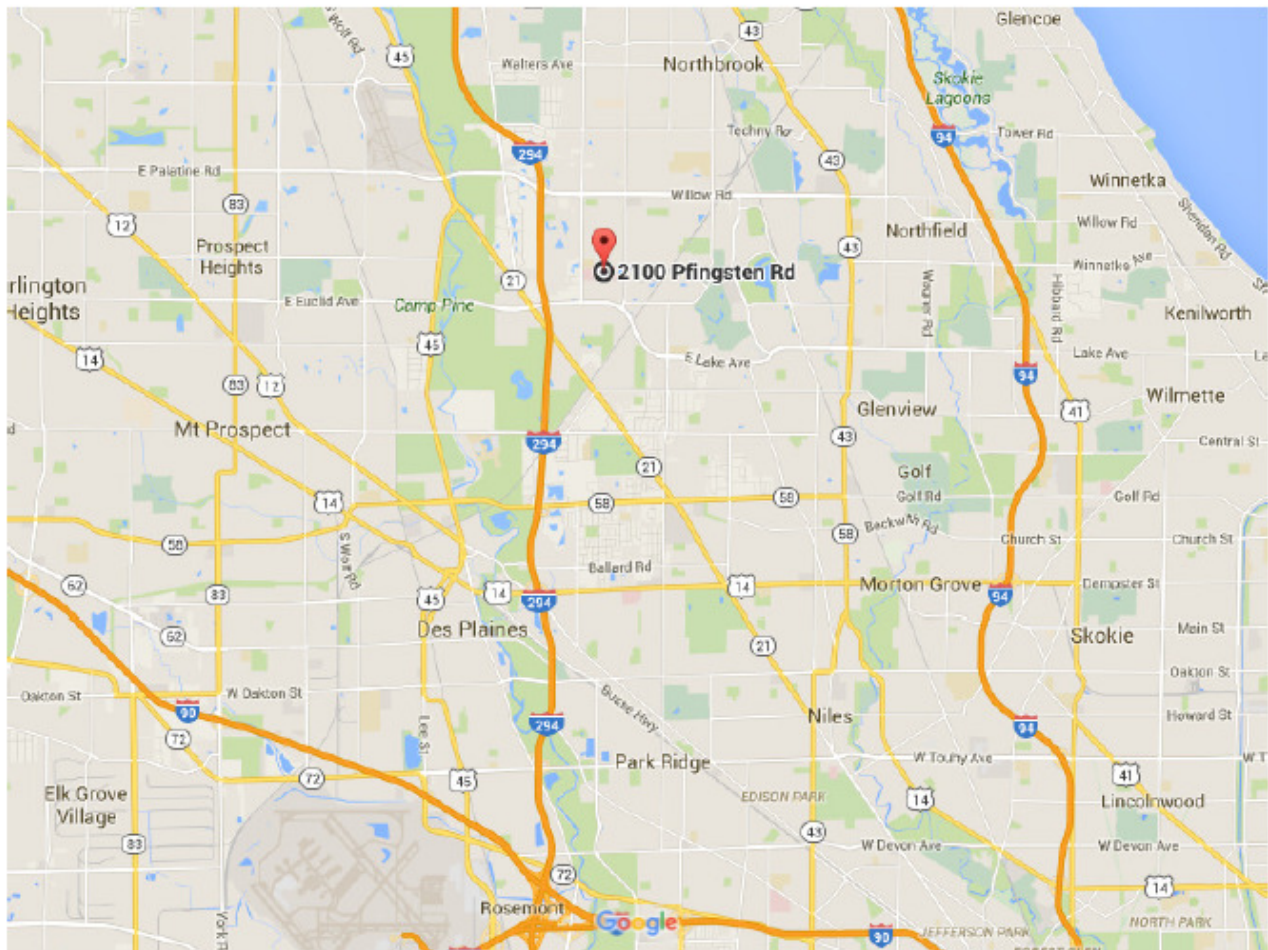
There is **abundant free parking** including many handicapped spaces directly in front of the hospital. An information desk is just inside the Hospital's Pfingston Entrance. Upon entering, take the hallway to the left.

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

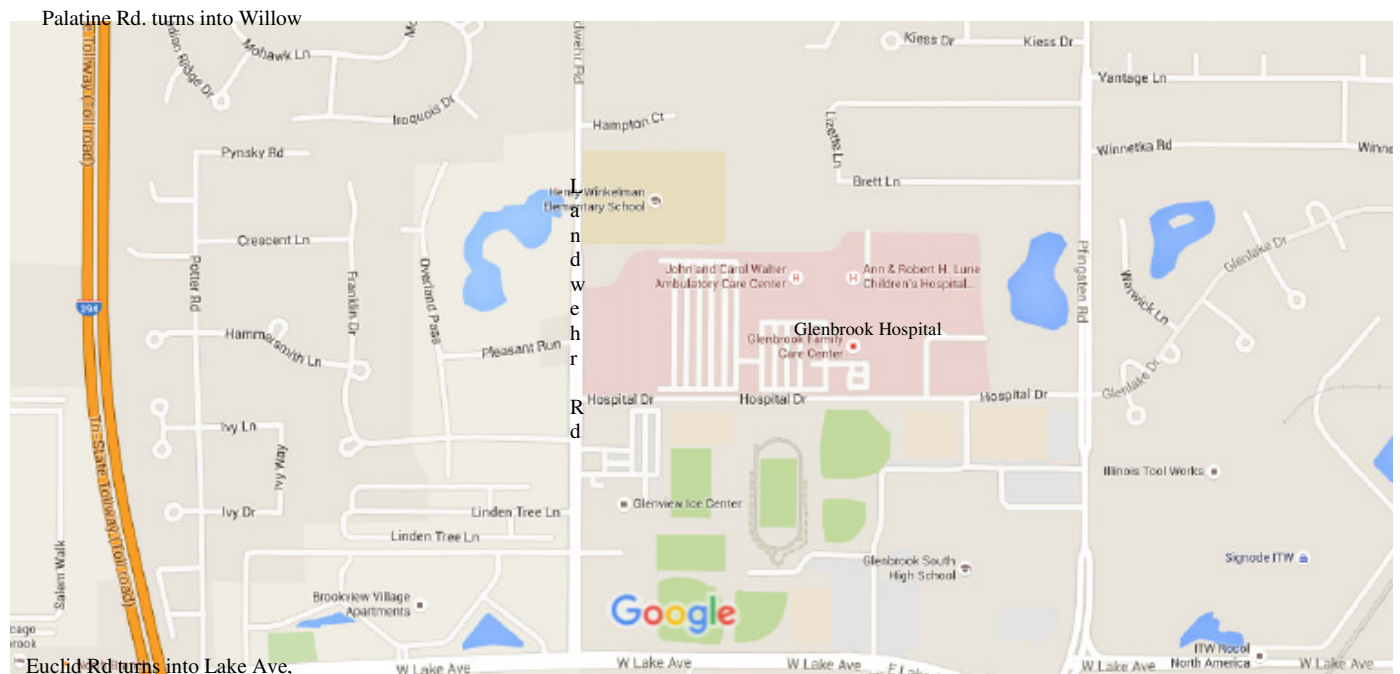
*To know that one life has breathed easier because you lived here, this is to have succeeded.*

-Ralph Waldo Emerson





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





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### New Beginnings

by Gertrude B. McClain

It's only the beginning now  
...a pathway yet unknown  
At times the sound of other steps  
...sometimes we walk alone

The best beginnings of our lives  
May sometimes end in sorrow  
But even on our darkest days  
The sun will shine tomorrow.

So we must do our very best  
Whatever life may bring  
And look beyond the winter chill  
To smell the breath of spring.

Into each life will always come  
A time to start anew  
A new beginning for each heart  
As fresh as morning dew.

Although the cares of life are great  
And hands are bowed so low  
The storms of life will leave behind  
The wonder of a rainbow.

The years will never take away  
Our chance to start anew  
It's only the beginning now  
So dreams can still come true.

### Annual Exams...

#### Are they really necessary?

National Center for Chronic Disease Prevention and  
Health Promotion

It may be tempting to put off your annual exam when it seems like nothing is wrong. But there are some good reasons to get your checkup whether you think there's anything wrong or not. Here are the top reasons to schedule your annual exam.

**Your car shouldn't get more attention than you.** Do you pick up the phone to schedule a checkup for your car the minute you see a light pop up on your dashboard? Shouldn't you take care of your body in the same way?

Without regular maintenance, our bodies, just like our cars and homes, can fall into disrepair. An annual exam can put you on the right track for keeping all your health systems up and running smoothly – before a problem occurs.

**Chronic diseases can be tricky.** Seven of every 10 deaths in the United States are caused by chronic diseases. And nearly one-third of the 133 million Americans living with a chronic disease don't know they have it. By checking things like your weight, height, blood sugar levels, blood pressure and cholesterol, your doctor can identify whether you're at risk for leading killers like heart disease and diabetes.

**Seeing your doctor builds trust.** Regularly seeing your doctor can help you build a relationship, which can make a world of difference if you do develop a health issue. And it can create a baseline so that subtle changes can be easier to detect. That's an important part of catching problems early when they're easier to treat. It's also a great opportunity to ask questions and talk about lifestyle adjustments you can make to feel your best and stay healthy. **It can give you peace of mind.** A study published in the Feb. 20, 2007, issue of the *Annals of Internal Medicine* concluded that regular exams may decrease patient worry. And who doesn't need one less thing to worry about?

*An ostomy is a new beginning...  
a new life free of disease.*



## CCFA Patient Education Symposium

Saturday, April 9

Harper College, Palatine, IL

"Meet the Experts: Your Questions, Your Care"

Eugene Yen, MD, course director.

Hosted by the Illinois Chapter of the Crohn's and Colitis Foundation.

Details at [www.ccfa.org/chapters/illinois/](http://www.ccfa.org/chapters/illinois/)

### Skin Breakdown

Coloplast Care Newsletter 2014

If your skin is red and 'pimply' or if a rash seems to develop with small, painful pimples, it could be caused by an infection in the hair follicles in the peristomal skin. Infection in the hair follicles can develop if you shave the hair in the peristomal area too often or incorrectly (i.e. not using a clean, sharp razor, shaving against the direction of the hair growth, etc.), or if you tear off the barrier with force, tearing out hair as well. In most cases, scissors or an electric shaver will work better for the skin than a razor.

If the skin is wet and bumpy, with round, raised areas of skin developing, the reason could be a fungal infection. If you have diabetes or lowered immune system, you could be more at risk for this. It will most likely be itching, and you might develop a red rash even before the skin turns bumpy. Dark and moist areas get fungal infections more easily, so the best way to prevent them is to keep the peristomal skin clean and dry when changing the pouch.

Similarly, if the skin is very moist or wet, but starts to look pale, even white, it is likely a case of maceration or "pruning" due to a very moist area. To prevent this, or to keep it from getting worse, you could use powder to absorb the moisture underneath the pouching system. You could try changing your pouch and barrier more often to ensure that the adhesive does not start to lift, or change to a different type of adhesive that will hold better.

Finally, if the skin is bleeding, carefully check where the bleeding is coming from. Bleeding from the peristomal skin could be a sign of a reaction, and may require treatment or preventive measures. However, a little bleeding from the stoma itself is not necessarily a problem. The stoma tissue bleeds easily,

similar to your gums when flossing or brushing your teeth.

Of course, you should not take these tips as a substitute for medical advice. If skin problems keep happening, you should contact your nurse or doctor to get proper treatment.

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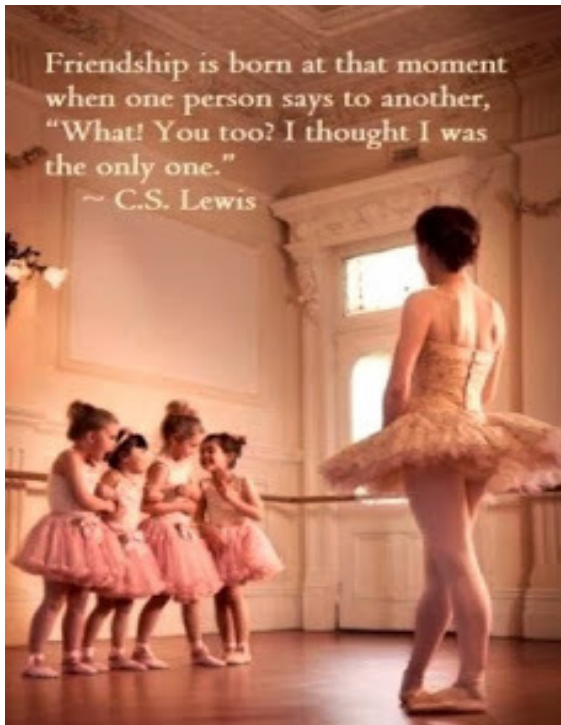
## Adhesions & Other Pain that Cramp Your Style

Boise ID newsletter

Some people form adhesions, bands of tough, string-like fibrous tissue, more easily than others. Adhesions may form spontaneously but are more common after surgery.

If adhesions interfere with normal motion of the intestine, a blockage may occur, with food, liquid or even air unable to pass the blocked area. Severe bloating, abdominal pain, vomiting and constipation may occur. In such a serious situation, call your doctor immediately.

In many cases the possibility of adhesions wrongly gets the rap for abdominal pain. A frequent cause for such pain is a spasm of the muscles responsible for peristalsis, which propels the "bolus" through the intestines. A muscle spasm in the calf is referred to as a "Charlie horse." Spasms in your intestines are essentially the same thing but assume the name "irritable intestine."



## Those Abdominal Noises

Metro Maryland; Dallas (TX) *Ostomatic News*;  
and North Central OK *Ostomy Outlook*

Rumbles and grumbles, growls and howls – such noises that come from the abdomen. Everyone seems to get messages from inside that are broadcast to anyone within hearing distance. Since it happens to everyone you'd think we could just laugh them off or ignore them but, instead, we are embarrassed and, as ostomates, wonder if something is wrong since it seems to happen more often since our surgery. At least we notice it more.

Those abdominal growls are officially called borborygmi (bore-bore-rig-my). If pain accompanies the noise it could be a sign of bowel obstruction, an ulcer, or gall bladder problems. See your doctor. Usually, however, it is all sound and fury signifying nothing important.

### Any of the following may be the cause:

You are hungry. Peristalsis goes on whether there is anything to move on or not.

You are nervous so peristalsis is increased.

You have been drinking coffee, tea, cola or beer, which stimulate peristalsis. Since these are often

drunk on an empty stomach, they produce gurgles as peristalsis redoubles its movement.

You have been reading about lowering cholesterol by eating a high fiber diet, so you have added high fiber foods. Digesting fiber foods produces gas, so rumbles increase. You may notice that your pouch fills quickly with gas and you are wearing a balloon.

You have been eating too many carbohydrates. Culprits are often lactose (a sugar in milk), sorbitol (a sugar alcohol used as a sweetener), and raffinose and stachyose (sugars found in beans). The result is more gas gurgling about.

You have been eating too fast, with your mouth open, or trying to talk while you eat. Your mother always told you it was rude, but she didn't mention that you would swallow air which grumbles and growls as it is moved along the digestive tract.

### Prevention:

Eat a snack of fruit or vegetables between meals if you are hungry.

Eat smaller, more frequent meals.

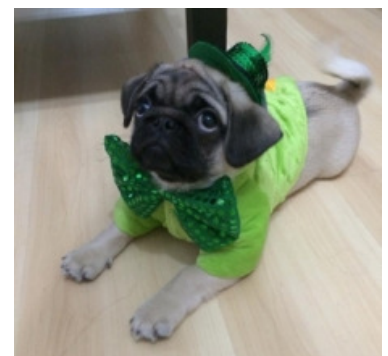
Eat slowly and don't gulp.

## Cholesterol

*Metro Halifax News*, Nova Scotia

People with ileostomies often have lower cholesterol than people in the general population. That's because the last part of the small intestine, the terminal ileum, is where the bile acids are absorbed. Bile acids are made in the liver and help in the digestion of fatty foods. After the terminal ileum is removed during surgery, the body is unable to absorb the bile acids. Consequently, fatty foods, rich in cholesterol, are not broken down and used by the body, resulting in lower levels of cholesterol.

Happy  
St. Patrick's  
Day!



## 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.

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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

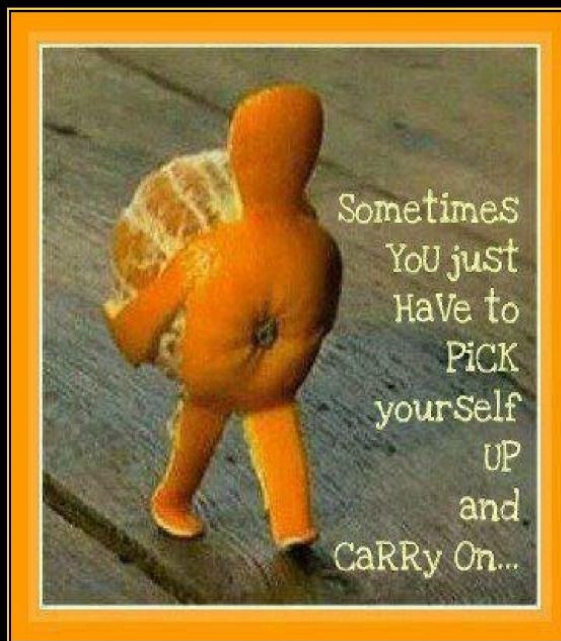
► A very special thank you to everyone who donates to our association. Our largest expense, the cost of printing and mailing this newsletter, is continually increasing and is only made possible through the generous donations of our members.

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

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**WHEN LIFE HANDS YOU LEMONS**

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).*