Ostomy Association of Greater Chicago

The New Outlook

November/December 2016



NEXT MEETING- HOLIDAY PARTY

TUESDAY, December 6 6:30 pm

GLENBROOK HOSPITAL

2100 Pfingsten Rd, Glenview, IL

Conference Rooms C & D, 1st Floor

Last Months' Meeting (our 462nd)

Our speaker at the October meeting was our sponsor WOCN Madelene Grimm. She talked about how to get ready for winter. She told us to be careful with supplies in the cold weather. Don't leave them in the car, they will freeze. If you will not be home when supplies are delivered have someone get them off the porch. In hot weather or hot cars supplies will melt, in cold weather they will freeze and crack. She cautioned us to be careful shoveling snow, to use good techniques, to wear good shoes or boots so you won't fall, and dress in layers. Remember, it takes longer to get undressed to use the bathroom so don't wait till it's too late. Be very careful to remain hydrated.

With regard to cross country skiing or other winter sports, you can do them, but try not to land on your pouch. Remember, cold weather can affect output. Here is a list of things to do that won't affect your pouch: sleigh rides, Lincoln Park Zoo, (the Zoo lights at Christmas are awesome!), walking in the Botanical Gardens, bonfires.

Ms Grimm also talked about traveling, specifically international travel. Always carry supplies in your carry-on bag, pack more than you think you will need, carry a list of product numbers, and the phone number of your WOCN and supplier. Carry immodium just in case and Pepto Bismal chewable tablets. Go to the bathroom and empty your pouch before going through security. Drink bottled water.

Our next meeting, Tuesday December 6 is our annual Holiday Party! A special time when we come together to celebrate the friendship and support given and received throughout the year.

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

Remember us on Giving Tuesday, November 29.



www.ostomy.org

www.uoachicago.org

Ostomy Association of Greater Chicago (OAGC)

Established 1975

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Wound Ostomy Continence Nurses (WOCN)

·	, ,
Bernie auf dem Graben	773-774-8000
Resurrection Hospital	
Ana M. Boden	773-296-7095
Advocate Illinois Masonic Medical Center	
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	0.1, 2.2, 0.2, 0
Nancy Spillo	847-493-4922
Presence Home Care	V
Colleen Drolshagen, Jean Heer, Barb Stadler	630-933-6562
Central DuPage Hospital	050 755 0502
Kathy Thiesse, Nanci Stark	708-216-8554
(Ginger Lewis-Urology only 708-216-5112)	700 210 000 .
Loyola University Medical Center	
Alyce Barnicle (available on as needed basis of	only) 708-245-2920
LaGrange Hospital	.002.02920
Sarah Greich	219-309-5939 or 219-983-8780
Porter Regional Hospital & Ostomy Clinic	Valparaiso, Indiana
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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, Dec. 6 - Holiday Party TUESDAY, Jan. 17 - New Year's Ostolutions

February - NO MEETING TUESDAY, March 21

Additional area support groups:

Northwest Community Hospital, Arlington Heights

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

Rush University Medical Center, Chicago

The first Thursday every month in the Professional Bldg, Suite 1138 Conf Room. Contact Kathleen Hudson 312-942-7088, Kathleen_Hudson@rush.edu

Southwest Suburban Chicago, Evergreen Park

The third Monday at 6:30pm, Little Company of Mary Hospital. Contact Nancy Olesky 708-499-4043 or 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, 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

2

Porter Regional Hospital, 1st floor Community Room. 6:30 pm the 4th Thurs., Jan – Oct. Contact Sarah Greich 219-309-5939, Sarah.Greich@porterhealth.com

Here and Now

with Patricia Johnson

If you were not at the Ostomy Conference you were missed. And you missed a great opportunity to meet other ostomates, hear great speakers such as Doctors Omar Khan, Leslie Deane, and Mark Singer, and gain information about nutrition, psychosocial issues and exercise. The WOCN's were there to look at your stoma and offer advise about skin care and solutions to appliance problems. The informal chat with "ask a nurse" was a good time to listen to the concerns of others and the advice to help them.

I have had my ostomy for four years and although I think I am pretty knowledgeable I found the day to be very informative. I hung onto every word spoken at each session I attended, had some questions answered, and talked to vendors. It was amazing to see all the products available to make life easier. I purchased Quick Dry Pouch Covers that will absorb the moisture from the pouch within 15 minutes after a shower. Now if I could just remember to use them. But the best part of the day was getting to better know members of our support groups, sharing stories and laughter.

I am so grateful for all the work Judy Svoboda and Nancy Cassai did from beginning to end to make this a really positive and informative day for all of us. Their hard work was evident from the smooth check in to the Pu Pu reception in the evening. The whole convention was such a good experience. Instead of sitting in a crowded room wondering who else had an ostomy, I looked around and wondered who didn't! And honestly I really couldn't tell the difference.

As the holidays draw ever closer I would like to leave you with this wish for Hanukkah, Christmas and the New Year:

Peace Everyday Always Continually Everywhere -pi, 2015

Life is good

Ostomy ~ The New Normal



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untíl there's a cure...



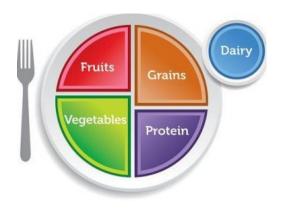
Cancer patients often experience extreme exhaustion from their treatment. This fatigue is especially difficult for women responsible for running a home. Thanks to an organization called **Cleaning for a Reason,** these cancer patients are getting the help they need — free of charge.

A nonprofit organization with over 1200 participating maid services in the US and Canada, the mission of Cleaning for a Reason is to give the gift of free house cleaning for women undergoing treatment for any type of cancer.

For more information, visit <u>cleaningforareason.org</u> or phone (877) 337-3348.

Staying Healthy & Enjoying Food

Lynnette Becker, DI, University of Illinois Chicago

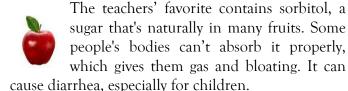


Follow a Healthy, Balanced Meal Plan:

- Find foods in each group that you enjoy and tolerate well
- Continue to re-test foods for improved tolerance
 - Start with small quantities
- If you are missing an entire group of foods, talk with your physician or dietitian
 - Supplementation or personalized meal plan may be indicated

Surprising Foods That Cause Gas WebMD

Apples



Watermelon



This popular summertime treat is high in fructose, a sugar in fruit. Your body can have trouble digesting it, so you

might get gas. It's rare, but the problem might be in your genes. Doctors call that a "hereditary fructose intolerance." A blood test can tell if you have it.

Artichokes



These veggies have a sugar called fructan that helps set off gas. If you don't feel well after you eat them, just stay away from them.

Potatoes



Spuds are usually a safe choice for a dinner side item. The starch gives some people gas and bloating, though.

Shiitake Mushrooms



These famous fungi can make you get a little funky. Blame it on mannitol, another natural sugar. It can give you gas, and if you eat too much of it, it also can act like a mild laxative.

Peas



Love them or hate them, these soft, green veggies have a chain of sugars called galacto-oligosaccharides that feed gut bacteria and cause gas. This can

make for a not-so-pleasant post-meal experience.

Oatmeal



This breakfast superstar has plenty of fiber, which lets you feel full and satisfied all morning. But if you add too much to your diet too quickly, your

tummy might get a little uncomfortable. To get more of this important nutrient, introduce it slowly to your eating plan so you don't overwhelm your system.

Peaches



It's a real treat to dig into one that's juicy and ripe, but the sweetness inside can sometimes cause problems with your stomach. Peaches have natural sugars

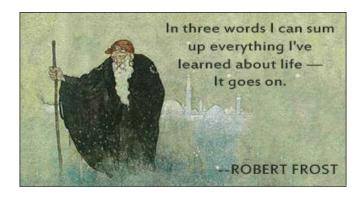
called polyols, which may not always get along well with your gut bacteria. Sometimes, that leads to cramps and bloating.

Hard Candy



You swallow air when you suck these treats. Plus, some candies are sweetened with xylitol, mannitol, sorbitol, or other sugars that make some people get an upset

stomach.



10 Things I Wish I Could Tell Myself Before My Ostomy

By Amy Oestreicher, featured on ostomyconnection.com

When I first got my ostomy, I felt very alone. I felt self-conscious of the smell and sound, and sometimes I longed for my old body. When I couldn't take self-loathing anymore, I decided to make friends with it. I reached out. I inquired about support groups in my area and realized there are many people like me. I realized my ostomy is a beautiful thing and has enabled me to do all the things I've been able to accomplish over the years. It is my uniqueness.

These are 10 things I would have liked to tell myself when I first had an ostomy - 10 things I didn't know but eventually learned, which I am so grateful for today:

1. What it was

I had no idea what an ostomy was before I had one. But I have a confession: I didn't realize exactly what it was until a year later! Coming out of multiple surgeries, I had so many bags and new anatomical surprises to think about that a little pink bulge on my belly seemed to be the least of my problems!

I've learned things in the past 10 years that have shocked, scared and relieved me, such as: you can't actually feel your stoma - no nerve endings! I've had three ostomies and four ileostomies over the years. I didn't realize how different they were. Once I learned about the differences and functions of each, I was better able to take care of them.

2. What my limits were

When I saw that I'd have to live life with a bag stuck to my side, I assumed I'd be "fragile" for the rest of my life. But believe it or not, there are so many active ostomates out there! Swimming, karate, ballet, yoga-I've done everything I did before my ostomy and more.

3. There are so many strong ostomates

I was privileged to be the Eastern regional recipient of the Great Comebacks® award and meet five other amazing ostomates doing incredible things. There is a huge, supportive ostomy community. Did you know Great Comebacks® was founded by former NFL linebacker Rolf Benirschke?

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4. Ostomates excel at innovation and inventiveness

It turned out I was able to do all those things I thought I couldn't - but that didn't mean it was easy. Some of the best things in life take work, and that makes you appreciate it even more. Let's just say that ostomy wraps, stoma guards and pouch covers have become good friends of mine, all products that were created by ostomates.

I've also created a workshop for ostomy patients and healthcare professionals!

5. How Amazing My Body Is

I have a new respect for my body and the way it can function now.

6. Judgment Hurts, But Fear Hurts More

Stay informed and know the facts. The more I actually understood how an ostomy worked, the more I realized how wonderful it was. After that, I took it as my responsibility to educate others. Instead of wondering if I was being "judged" by others, I took it as a privilege to inform them.

7. Everything Is Connected

Take care of your full self: emotional, spiritual, mental and physical. If you're stressed, you might be

bloated or feel pain or discomfort. Remember to take deep breaths in difficult times.

8. The People Who Love You, Love You

If you're just getting comfortable with your ostomy, remember that your support system loves you for who you are. You are more than your ostomy. Reach out when you feel alone and never forget how loved you are.

9. Eat Fresh

You are what you eat, so eat whole and nourishing foods. Your ostomy will thank you, and so will you!

10. Life Can Go On

Throughout the years, I've been strong, determined and willing to do whatever it took to stay alive. I've dealt with tubes, bags, poles, you name it. And if this ostomy is all that I'm left with after everything, then I am truly grateful. More than that, I thank my ostomy for enabling me to live life to the fullest, to my fullest. I call it my Harry Potter thunderbolt scar: a symbol of strength, courage, individuality and life.

There are a few things I didn't know before my ostomy. But what I look forward to most is everything left to learn. Thank you, ostomy, for making the world a wide open door once again.

Descending or Sigmoid Colostomy

The Pouch: Ostomy Support Group of Northern Virginia Via The Broward Beacon

What is the difference between a descending colostomy and a sigmoid colostomy? These ostomies are named for the area of the large intestine where they have been created.

Our large intestine consists of four parts: The ascending, moving up on the right side of the abdomen; transverse, running along the waistline; and descending, heading downward on the left side. At a point about three-quarters of the way down is the sigmoid which connects to the rectum (or the last ten inches of the large intestine).

Colostomies may have permanent or temporary stomas. The opening may also be a double barrel, which is two separate openings, or may be a loop. In loop ostomies, a loop of the intestine is brought out of the abdomen and is held in place with a rod. The most common type of colostomy is the end stoma, which has a single opening.

The consistency and form of the feces depends on how much intestine is left in the body. Since the purpose of the large intestine is to remove liquid from the fecal material, the further along the intestinal tract the stoma occurs, the more formed the feces. Feces from an ascending or transverse colostomy will be loose and watery, without form. Feces from a descending stoma will be soft-formed to formed. The sigmoid stoma located lower in the bowel will generally result in a more solid, formed type of bowel movement. Previous bowel habits play a major role in bowel function after surgery. If you have loose stool prior to surgery, chances are good that you will have loose stool after surgery regardless of stoma location.

Patients with a right-sided colostomy do not have as much remaining colon as those with a left-sided colostomy. Because of this, there is usually too little colon left to absorb enough water to make a solid stool. This type cannot be controlled by irrigation, but instead behaves very much like an ileostomy with a fairly continuous discharge.

The left-sided colostomy is often described as a dry colostomy because it discharges formed stool. One has the choice of attempting to manage this type either by trained control or irrigation control. Only one-third of the people who attempt to train themselves to control the colostomy without irrigation are successful in doing so. This type of training relies very heavily on diet and medication to achieve regularity. Many physicians in this country feel that control is more easily and satisfactorily achieved by irrigation (basically an enema). However, there are some patients who can't achieve irrigation because they have an irritable bowel. This problem has nothing to do with the colostomy. It is just part of some people's makeup. Some people, even before they have their colostomy, may have very irregular bowel habits. They retain these habits after the colostomy is performed, so that regular irrigation does not assure them of regularity. When this condition exists, the physician will sometimes suggest that the patient dispense with irrigation since it will not produce the desired regular pattern, and the person may become frustrated trying to achieve this. In this case, once again the colostomy is treated like an ileostomy with the wearing of a pouching system all of the time.

With Apologies to Edgar Allen Poe

A poem by Marjorie Kaufman, Hemet-San Jacinto

Once upon a midnight dreary, while I fretted, tired and weary, feeling just a little leery, yet reluctant to explore. While I lay there barely napping I was conscious of a gapping twixt the hooklet and the strapping of the faceplate that I wore. "Tis but loose," I mused in silence, "Only this and nothing more." Yet into the darkness peering, while I lay there wondering, fearing, doubting, with that certain feeling I was scorning, but I'd wait until the morning. So I pushed aside the warning and the omen that it bore. "It will last until the morrow, getting up is such a chore. This it is and nothing more." Then in to the pillow sinking, with my sleepy eyes a-blinking, I'll forget it, I was thinking. And to dreamland I would soar, but I knew that I was pretending that no danger was impending, and though it needed tending. not before the night was o'er. "It will last," I kept repeating. "It will last, it has before." So to sleep and nothing more. With a start I woke up knowing, 'twas a puddle 'neath me growing, as I felt the moisture flowing from the faceplate that I wore. Bolt upright, I cursed my daring, out of bed I leaped declaring, vowing, arduously swearing. ne'er again would I ignore. Not those certain signs of warning, would I ne'er again ignore...

Reprinted from Antelope Valley (CA) "Ostomy News" via Greater Seattle (WA) "The Ostomist"

Quote me raving, "Nevermore."

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It's that season again

The one with lots of coughing, sneezing, sniffling, aching and carrying around large wads of tissues. So how do you protect yourself from colds and the flu, other than staying home from now through May?

Obviously, getting a flu shot should be first on your list. Although no one can predict whether this flu season will be as severe as last year's, a new study that looked at flu rates among those age 60-plus for the past seven years found that those who got a flu vaccination were up to 58 percent less likely to get the virus.

-AARP



Human beings are social animals. If this natural desire is hindered in anyway, the quality of life for the majority of people will start to deteriorate almost immediately. Socializing for many ostomates can be a challenge. When we understand the factors that determine quality of life, it is easier to re-integrate into the society after ostomy surgery.

What factors affect an ostomate's social life?

Each patient faces unique personal challenges that can determine how they socialize with family, friends or other people. Studies have however, identified common factors that play a role in an ostomate's capacity to socialize. These include the following:

- 1. Patient's general quality of life.
- 2. Ability to take care of self and the ostomy.
- 3. Patient's outlook on life and hope for the future.
- 4. Problems at work.
- 5. Sexual anxiety.
- 6. Self-image.
- 7. Lack of privacy.
- 8. Fear of not finding appropriate disposal areas for ostomy related consumables.
- 9. Fear of accidental leakage.
- 10. Fear of odor and uncontrolled flatulence.

Socializing for a patient with an ostomy is further affected by other social-economic factors. While trying to help the patient become more socially active, it is important to keep these in mind.

- Age.
- Gender.
- Marital status.
- Educational attainment.
- Access to medical insurance.
- Monthly salary.

- Duration of the stoma.
- Living standards.
- Presence of other chronic health conditions such as diabetes, arthritis or cardiovascular disorders.
- Stoma complications.
- Ongoing treatment for other conditions. This can include radiotherapy and chemotherapy for cancer.

Helping ostomy patients socialize

Since all patients are different, it is important to identify the patient's main areas of social concern and then to plan appropriately.

The foundation for this help can be laid on the premise that the ostomy is there to improve the patient's life. For example, if the surgery was done to alleviate symptoms of inflammatory bowel disease, the patient can be helped to understand that with an ostomy, the debilitating symptoms of IBD will go away and this will improve their wellbeing.

Gas, flatulence and stoma discharge

Issues with these are enough to keep the patient isolated. They can be informed that there are ostomy products that can help them cope. Filters, appropriate wear and use of the right pouches can reassure them. Nutritional advice can also help them in controlling the nature of stomal discharge especially where a colostomy or an ileostomy is involved.

Sports and other physical activities

Ostomates who were previously active can be hesitant to get involved once again after the surgery. Such patients can be reassured that they can participate in almost all physical activities and most sports. Relative contraindication only exists in sports that involve combative or aggressive bodily contact. Special wear allows patients to confidently engage in swimming among other recreational activities.

Self-love

Accepting oneself under the changed circumstances helps a patient to engage in social interactions better. It is impossible to expect others to accept you when you have not come to terms with your circumstances.

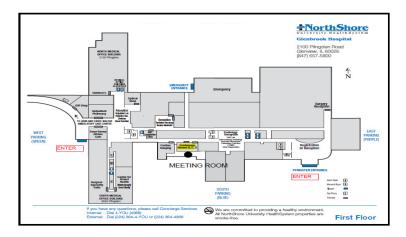
Article originally appeared on www.stomabags.com

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.



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.

The future of our (USPS) mailed newsletter is currently under review.

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**

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Annual Holiday Party Tuesday, December 6 at 6:30 pm

See old friends and make new ones, while enjoying great food, games, songs and more.

We'll have Italian beef, and anyone who would like can bring a dish to share. Katie is coordinating our Holiday Buffet, so please drop her a line to tell her what you are bringing: katie.m.mark@hotmail.com

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Thank You Thank You

As organizers of the Regional Ostomy Education Conference, which took place November 5th, we'd like to thank everyone who participated and supported our efforts. What an amazing day! Our attendees began arriving bright and early, enjoying breakfast with the Vendors. Throughout the day were the most incredible instructive sessions with Dr. Omar Khan, Dr. Leslie Deane, Dr. Marc Singer, Dr. Tiffany Taft, LCSW Stephanie WOCN, APN Jan Colwell, PT Kesuri Sethuraman, PA Rachel Hendee, DI Lynnette Becker, Anna Markiewicz and Laura Cox. All of the Medical Professionals and speakers so generously donated their time, providing us the necessary means to enhance our quality of life.

Bret Cromer as Master of Ceremonies guided us through the day's activities, including an inspirational presentation on the Youth Rally camp for kids with ostomies. A 50/50 raffle to benefit Youth Rally raised \$630. But most amazing is that Robert, the winner, donated his share back to sponsor a child!

We concluded the day with a Cocktail Pa'ina featuring scrumptious PuPu's, lively conversation and an inspiring message by Steve Vandevender.

A very special thanks to our Presenting Sponsor Hollister, who also provided a generous education grant. Additionally we thank our Sponsors, Coloplast, who also provided totes to all our attendees, AbbVie, Shield Healthcare, Fortis Medical, ConvaTec, Mark Drug and our participating exhibitors – Byram Healthcare, Stoma Cloak, C&S Pouch Covers, Northwest Community Hospital, OstMy Secrets, Nascent, UOAA, CCFA, Youth Rally and FOW.

We also want to thank FNP-BC, CWOCN, Carol Stanley, for organizing the Stoma Clinic, Northwest Community Hospital for the use of their appointment phone line, and the <u>many</u> WOC nurses who helped patients in the Clinic.

- Judy Svoboda and Nancy Cassai



May the spirit of Thanksgiving bring you love, laughter and a warm heart.

Gratitude unlocks the fullness of life.

It turns what we have into enough, and more.

It turns denial into acceptance,
chaos into order, confusion to clarity.

It can turn a meal into a feast,
a house into a home,
A stranger into a friend.

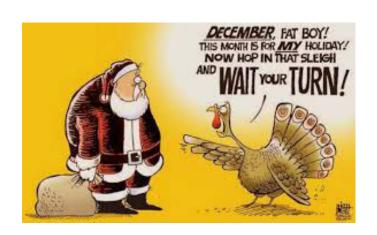
- Melody Beuttie

Holiday Health Tip

From Mayo Clinic

Dreading a family holiday gathering?

Family tension often runs high during the holiday season. Consider this a time to set differences aside. Try to accept loved ones as they are, even if they don't live up to all your expectations. And be understanding if others get upset or distressed when something goes awry. Chances are they're feeling the effects of holiday stress too.



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			
	Phone							
Type of Ostomy:	Colostomy	lleostomy	Urostomy	Continent Proce				
Date of surgery			_ Age Group	<21 22–36 37–50	51–65	66–80	>08	
Donation enclosed \$	S		_ (optional)					

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

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

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

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

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

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

Without you we don't exist!

CONGRATULATIONS TO OUR WORLD SERIES CHAMPION CHICAGO CUBS!!





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



If you are not the person to whom this is addressed, and/or you no longer need/want to receive this newsletter, please let us know using the email or phone of our president on page 2. We don't have the funds to continue unnecessary mailings.

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).