

The New Outlook

September 2016



NEXT MEETING

TUESDAY, Sept. 20
7:30 pm

GLENBROOK HOSPITAL
2100 Pfingsten Rd, Glenview, IL

Conference Rooms C & D, 1st Floor

Last Months' Meeting (our 460th)

The meeting featured an ice cream social. We all enjoyed ice cream with a variety of toppings. Thank you to everyone who contributed something to make our sundaes special.

We had two speakers at the meeting. The first speaker was **Vicki Kaminsky** from **Byram Healthcare**. She outlined some of the services Byram offers such as billing insurance, getting prescriptions from doctors and letting you know when it is time to reorder. Byram also has an ostomy nurse line to answer questions and custom cutting for different shaped stomas.

Our second speaker was **Robb Evans** from **Coloplast**. He talked about the innovative SenSura Mio pouching system. Because closing the Coloplast pouch can be confusing at first he had a clever way to explain it. The 4 velcro dots are the lights on a car. The first two are the headlights, they fold over and the next two dots are the tail lights. They fold over and the long strip of velcro is the bumper. The two tabs are the doors. Close them over the bumper and place the whole thing into the garage. It is a fun and effective way to remember the steps to close the pouch.

Our next meeting, Sept. 20, will include an open discussion on Ostomy issues. It has been mentioned that we often don't have enough time for new attendees to ask questions of importance to them. So, newbies bring your questions and concerns, and veterans bring your knowledge and experience.

Be sure to notify us if your physical or email address changes so you don't miss an issue or important announcement.

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**

Be sure to add us to your address book or safe sender's list, and **check your email inbox**.

Or a donation of just \$10 will help offset the cost of your mailed newsletter.

Ostomy Association of Greater Chicago (OAGC)

Established 1975

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Centegra-Northern Illinois Medical

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Lutheran General Hospital

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Northwest Community Hospital

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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, Sept. 20 – Ostomy Issues

TUESDAY, Oct. 18 – Winter

TUESDAY, Dec. 6 – Holiday Party

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

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

Baby Squirrels

The storm window in our small bathroom upstairs is hinged from the top. It is pushed open and there is a brick ledge and an inside window.

I have the inside window opened about 3/4 of an inch even with the AC on. This information is important to the story I am about to tell.

A week ago when I walked into the bathroom I noticed a branch from the lilac bush on the ledge. My thought was a squirrel is building a nest and Dale will not be happy. Later when I was in that room I watched as a squirrel was trying to pull another branch, also from the lilac, in. She was struggling with the branch. Trying to get it in through the small space between the window and the brick wall. Again I thought Dale will not be happy about this. But I couldn't chase her away and knock the branches off.

Why, you may wonder. Well, I could relate to that small animal's plight. Her struggle. And her determination. Determination to do the seemingly impossible. To want the best for her soon to be family. The pressure to get it done. Against the odds. To be overwhelmed by a situation but to forge ahead anyway. Striving to get it done in time. I left her to it.

A day or two later I saw that the nest was built. In addition to the two branches there was long grass (much easier to get into through the small opening) and oak leaves. The nest looked well constructed for a squirrel and she was laying there resting from her labors.

Yesterday while in the bathroom I heard little chirping sounds coming from the window. Looking out and into the nest I saw little baby squirrels. They are tiny and pink and have tails! There are three or four of them. They probably have the only air conditioned nest in the neighborhood.

Today it rained but the window kept them dry. The mother wasn't in the nest. I worried that she had abandoned them, but later I saw that she was back.

Maybe she just stepped out for a bite to eat.

I don't know how long it will take for the babies to mature. For now they are safe in their nest nurtured



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by their mother. I will enjoy them while they are there. I can see a parallel between the squirrel struggling to build her nest and my struggles living with an ostomy. It also has taken hard work and determination. But I am making progress.

Life is good

~ ~ ~ ~

I DID A PUSH-UP TODAY.



**WELL, ACTUALLY
I FELL DOWN, BUT
I HAD TO USE MY
MY ARMS TO GET
BACK UP, SO...
CLOSE ENOUGH**

NOW I NEED CHOCOLATE

Stoma Output

CliniMed - UK

Normal output depends on which type of stoma you have: colostomy, ileostomy or urostomy. Like all output, it can depend on diet, liquid intake etc. For all types of stoma, it is important to drink plenty of fluids, about 6 cups of liquid a day (8-10 if you have an ileostomy). This will help keep your output stable and healthy.

Colostomy

The colon usually absorbs water from the waste as it moves along towards the rectum, so the consistency of output will depend on where your stoma is sited: the further along the colon, the thicker the feces coming out of the stoma will be.

If you have just had surgery, it may take a few days for the bowel to start functioning normally again. Passing wind or flatus is the first sign that it is starting to work again. Feces can be quite fluid in the post-operative period, but should become thicker as your bowel recovers.

It's important to get into the habit of drinking plenty of fluids and gradually introducing fruit, vegetables and other high fiber foods into your diet. You can still get constipation with a colostomy. If constipation persists, it may be helpful to take a mild laxative. If you are in any doubt, ask your stoma nurse. You should also consult your stoma nurse or doctor if you experience no feces going into the stoma bag, associated with severe pain.

Ileostomy

After bowel surgery, the small intestine gradually adapts and your stoma output should thicken up (to an oatmeal-like consistency) and reduce to around 400-800ml per 24 hours. People with ileostomies wear drainable pouches which can be emptied as often as necessary during the day.

Make sure you eat regularly as this helps to regulate stoma function. Occasionally, some people have continuing problems with stool frequency or consistency in which case you may need to take medication to control it.

You may find the output becomes very watery. Should this persist, or if you need to empty your stoma bag very frequently, you may need to thicken the output, via diet, medication and/or special thickening agents put in the bag. You should always

ask for advice from your stoma nurse or doctor first. If the watery output is accompanied by abdominal pain, nausea or vomiting you should seek medical advice right away.

Urostomy

When you first have your stoma surgery, the urine draining out of your stoma will be bloodstained. It will gradually clear, but can remain discolored for 2-3 weeks.

You will need to empty your urostomy bag via the outlet tap several times a day, as urine flows from the urostomy continuously. To avoid getting up in the night to empty your bag, you may need to add on extra capacity by means of a 'night bag'. This is attached via a long tube to the tap at the bottom of your usual bag. You can either place the night bag on a stand or hang it out of the end of the bed resting in a bowl or bucket. The night bag should be cleansed daily and changed every week. Some people prefer to use a leg pouch at night (and some also do this in the day).

It is usual to expect mucus in your urostomy bag, as your stoma is made from a piece of bowel. The amount should decrease over time but may be helped by taking Vitamin C or a daily glass of cranberry juice. (Warning: if you take Warfarin you should not drink cranberry juice.) You may experience either diarrhea or constipation in the first few weeks after your operation; if so, speak to your doctor or surgeon.

Hints for Men

Broward Beacon, via Mayo Clinic Letter and
the Space Center Shuttle Blast

A common problem for male ostomates is the location of their belts. One man who had trouble with his belt catching on the top edge of the appliance offered these helpful hints:

When applying your wafer/flange, instead of placing it with the top edge square with your beltline, rotate it 45 degrees, so the edges point up and down like a diamond, that way the belt goes across the top corner of the appliance and holds the wafer/flange in place. Also, try cutting the hole in your appliance closer to the top of the skin barrier, causing the appliance to adhere lower on your abdomen and be farther away from the beltline; or try rounding off the square

edges of the flange with scissors, decreasing the chance of the belt catching on the corners.

URINARY TRACT STONES

Ostomy Halifax Gazetter
via Inside/Out Winnipeg Ostomy Assoc.

Urinary tract stones, particularly kidney stones, have been known for many, many years. The disease manifests primarily in adulthood, although its occurrence in children is not unknown.

Three times as many males suffer from the malady as females. The pain associated with the disease, the result of passing of the stones, is recognized to be the most severe known. Heredity is one factor that contributes to the disease. If one member of a family has stones, most likely another family member will also develop stones. Age is also a contributing factor, with males in the fifth decade of life being at the highest risk.

Summer time is the peak season for kidney stones because outdoor activity leads to perspiration which, in turn, may result in dehydration.

Replacement of lost fluids with such liquids as ice tea or soft drinks does not adequately correct the dehydration or the tendency to form kidney stones. The ingestion (drinking) of ample amounts of water is most important to help prevent kidney stones.

Urostomates are at high risk of developing infections of the urinary tract and of kidney stones.

Ileostomates are also at risk of developing kidney stones because they have difficulty with absorbing liquids and are thus subject to dehydration and consequently stones. The currently preferred treatment for the majority of patients suffering from urinary tract stones employs shock waves, which break up the stones rapidly and with a minimum of discomfort. Usually one day in hospital is all that is required,

In the future, we may see advances in medicine which will prevent the formation of urinary tract stones. Our best defense remains drinking an adequate amount of fluids, and the best being water.

Ostomy ~ The New Normal

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Internet Support Groups

Mayo Clinic

Be especially careful when you're involved in Internet support groups:

- Keep in mind that online support groups are sometimes used to prey on vulnerable people.
- Be aware of the possibility that people may not be who they say they are, or may be trying to market a product or treatment.
- Be careful about revealing personal information, such as your full name, address or phone number.
- Understand the terms of use for a particular site and how your private information may be shared.
- Don't let Internet use lead to isolation from your in-person social network.

(Editor's note – occasionally someone will use an internet forum to negatively rant about an ostomy. This can have an adverse effect on a new or future patient.)

(Not) A Second-Rate Life

By Kunal Arya

Last year, I underwent a colectomy, a surgery that removed my entire colon. Afterwards, I had to wear a temporary waste-collecting pouch attached to my abdomen known as an ostomy. Until my next surgery, I was now an “ostomate.”

One of the early side-effects of the surgery was that I was prone to bouts of severe dehydration that left me hospitalized for a few days. During one of my dehydration-related hospitalizations, the nursing staff wheeled in my new roommate, Randy, an elderly man who had emergency surgery to remove his colon. Without knowing it, Randy had joined the club that I was in: he was now an ostomate.

The next morning, Randy tried to learn how to change his ostomy appliance yet had no success. I wish I could say that the nurse who was to teach him was patient, but with so many patients to take care of, she quickly just put it on for him and left the room. So, when his pouch leaked later that afternoon, Randy was embarrassed that he could not do anything about it. After the nurse replaced the appliance again, I heard him start crying. I knew those tears all too well. I had cried them myself after my surgery.

Although I was weak, I decided to wheel my IV pole to Randy's side of the room and asked if I could sit down. Randy nodded. I did most of the talking, but when I told him that I was an ostomate, Randy opened up a bit. He admitted that he had yet to accept living the rest of his life without a colon and that he struggled with changing his pouch.

At that point, I could have changed the subject, but instead, I asked Randy if I could teach him how to properly replace his appliance. He agreed. By then, I was an expert, so I showed him the tips and tricks that the manual does not teach you.

We practiced a few times, and I helped him see that even though our lives were changed forever, this appliance would let us live normal lives, whether it be temporarily (in my case) or permanently (in Randy's case). He seemed to appreciate that, and then his face lit up when he successfully changed his pouch for the first time. I knew that feeling too: when you begin to see hope after surgery and finally think that there is a light at the end of the tunnel.

As I was walking back over to my side of the room, Randy asked me a question that I did not see coming: how much does the ostomy pouch cost?

It was a great question. I let him know that while the appliance is a godsend, it comes at a hefty price. There are so many supplies that you need, including the pouch itself, the wafer (or adhesive), the tail closure, the adhesive remover, the skin prep wipes, the protective paste, the belt, and the odor eliminator drops. Unfortunately, a pouch is not like a healthy colon – you do not get to keep one for the rest of your life. You have to change the appliance every three to four days and even more frequently if there are leaks or other malfunctions. When my ostomy nurse handed me the product brochure after the colectomy, I was shocked to see how much a month's worth of supplies would cost me. I balked at the prices even though I was going to need the pouch only for a few months. Randy, on the other hand, had to incur these costs for the rest of his life, so I understood his concern. Most insurance policies do not cover ostomy supplies at 100%.

Facing a surgery that required a major lifestyle change afterwards, I did not focus on the costs to keep me healthy post-surgery. I just wanted to get through the procedure itself without any complications. I told Randy that during my numerous visits to my surgeon prior to the colectomy, he never mentioned that ostomy care would cost several hundred dollars each month. Randy was very keen to even ponder expenses after such a painful operation.

I was discharged from the hospital the next day, and I would like to think that my conversation with Randy helped him tactically with the pouch and the costs associated with it and emotionally by not resigning himself to a second-rate life.

Kunal Arya was a contestant in the 2012 Costs of Care Essay Contest.

This article originally appeared on www.CostsofCare.org.

Maybe life isn't about avoiding the bruises.

Maybe it's about collecting the scars

To prove we showed up for it.

~ unknown

FDA issues final rule on safety and effectiveness of antibacterial soaps www.fda.org

Rule removes triclosan and triclocarban from over-the-counter antibacterial hand and body washes. The U.S. Food and Drug Administration today issued a final rule establishing that over-the-counter (OTC) consumer antiseptic wash products containing certain active ingredients can no longer be marketed. Companies will no longer be able to market antibacterial washes with these ingredients because manufacturers did not demonstrate that the ingredients are both safe for long-term daily use and more effective than plain soap and water in preventing illness and the spread of certain infections. Some manufacturers have already started removing these ingredients from their products.

This final rule applies to consumer antiseptic wash products containing one or more of 19 specific active ingredients, including the most commonly used ingredients – triclosan and triclocarban. These products are intended for use with water, and are rinsed off after use. This rule does not affect consumer hand “sanitizers” or wipes, or antibacterial products used in health care settings.

“Consumers may think antibacterial washes are more effective at preventing the spread of germs, but we have no scientific evidence that they are any better than plain soap and water,” said Janet Woodcock, M.D., director of the FDA’s Center for Drug Evaluation and Research (CDER). “In fact, some data suggests that antibacterial ingredients may do more harm than good over the long-term.” The agency issued a proposed rule in 2013 after some data suggested that long-term exposure to certain active ingredients used in antibacterial products – for example, triclosan (liquid soaps) and triclocarban (bar soaps) – could pose health risks, such as bacterial resistance or hormonal effects. Under the proposed rule, manufacturers were required to provide the agency with additional data on the safety and effectiveness of certain ingredients used in over-the-counter consumer antibacterial washes if they wanted to continue marketing antibacterial products containing those ingredients. This included data from clinical studies demonstrating that these

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products were superior to non-antibacterial washes in preventing human illness or reducing infection. Washing with plain soap and running water remains one of the most important steps consumers can take to avoid getting sick and to prevent spreading germs to others. If soap and water are not available and a consumer uses hand sanitizer instead, the U.S. Centers for Disease Control and Prevention (CDC) recommends that it be an alcohol-based hand sanitizer that contains at least 60 percent alcohol.

Since the FDA’s proposed rulemaking in 2013, manufacturers already started phasing out the use of certain active ingredients in antibacterial washes, including triclosan and triclocarban. Manufacturers will have one year to comply with the rulemaking by removing products from the market or reformulating (removing antibacterial active ingredients) these products.

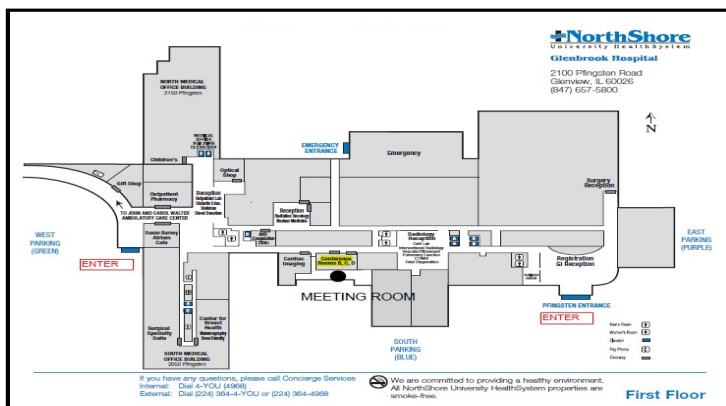
The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by helping to ensure the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices.

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.

Did you know.....

Traditional, high-quality yogurt increases the healthy bacteria in your digestive tract, but the majority of commercial yogurts found in your local supermarket have been pasteurized, which kills many of the beneficial enzymes and nutrients. Flavored yogurts are also loaded with sugar; many yogurts have the same amount of sugar as candy.

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September is Prostate Awareness Month

A man is diagnosed with prostate cancer every 2.9 minutes. Early stage prostate cancer has no symptoms, so understanding your risk is critical. Increasing age is one risk factor, but so are family history and ethnicity.

Prostate cancer is not just an old man's disease. In fact, 1 in 325 men under the age of 49 will be diagnosed with the disease. It is important to talk to your doctor to make an informed decision about when to begin testing for prostate cancer.

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Today is a great day... for a Great Day!

Saturday, November 5, 2016

REGIONAL OSTOMY EDUCATION CONFERENCE

Presented by the
Ostomy Association of Greater Chicago
and
Hollister, Inc.

The Double Tree Hotel

75 W. Algonquin Road, Arlington Heights, IL 60005
Arlington Heights Rd exit off I-90

Don't miss this opportunity to learn all about ostomies, focusing on both medical and lifestyle issues.

Additional Sponsorship provided by **Coloplast, Fortis, Shield Healthcare**, Convatec, Mark Drug, MPM Medical

Speakers:

Dr. Marc Singer, Colon and Rectal Surgeon Dr. Omar Khan, Gastroenterologist Urologist Dr. Leslie Deane
Dr. Eugene Yen, Gastroenterologist Ms. Jan Colwell, CWOCN, APN Dr. Tiffany Taft, Psychologist
Ms. Stephanie Horgan, Clinical Social Worker Ms. Kesuri Sethuraman, Physical Therapist
Dietician TBA Laura Cox, Ostomy Lifestyle Sessions for family/spouses

Stoma Clinic:

Organized and staffed by Carol Stanley, CWOCN
You will need to bring an appliance change.
Information on making an appointment will be provided closer to event.

Schedule:

8:00am - Check-in/Continental Breakfast (sponsored by **Fortis, Shield**)
8:00am - 4:00pm - Vendor Fair
9:00am - 5:00pm - Sessions with lunch break (sponsored by **Coloplast**)
9:00am - 4:00pm - Stoma Clinic
5:00pm - 8:00pm - Casual Hawaiian **Pa'ina** (party) (Sponsored by **Convatec**)
with **Pu Pu's** (light bites, pun intended!)

Parking is free. Pre-registration cost is \$25/patient; \$20/spouse, family; children under 12 are free.

Registration form on next page. Or register online with a credit card.

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

If an attendee wants to stay over night, in addition to the Double Tree, there are a variety of options; a Courtyard (right across the street), Red Roof Inn and Motel 6 on Algonquin Rd, and a Holiday Inn Express, Wingate Inn and Comfort Inn on Arlington Heights Rd.

Our website www.uoachicago.org is continually updated as Speakers and Vendors are confirmed. You will also find links to the area hotels.

REGIONAL OSTOMY EDUCATION CONFERENCE

Saturday November 5, 2016 Arlington Heights, Illinois

REGISTRATION

NAME _____

ADDRESS _____

EMAIL _____

TYPE OF SURGERY (check what you have or will have)

☐ Colostomy ☐ Ileostomy ☐ Urostomy ☐ J-Pouch ☐ Continent Urostomy ☐ Other _____

Are you a member of a support group? _____ Name of group _____

Name of Attendees (for badge)	Relationship	Cost	Box lunch choice (circle one)
1. _____	Self	\$25	Turkey Beef Veg
2. _____	Spouse	\$20	Turkey Beef Veg
3. _____	Family/Friend	\$20	Turkey Beef Veg
4. _____	Family/Friend	\$20	Turkey Beef Veg

Children under 12 (no charge)

1. _____	Patient	Family/Friend	n/c	Turkey	Beef	Veg
2. _____	Patient	Family/Friend	n/c	Turkey	Beef	Veg

Total: Adults (12+) _____ Children(<12) _____ Total Cost \$ _____

Will you attend the evening social event? Please circle: **YES** **NO**

There is no additional charge, but we need a count for catering.

Check sessions of interest to you: ☐ Colo-rectal Surgeon ☐ Urologist ☐ Gastroenterologist ☐ Dietician
☐ Physical Therapist ☐ Psychologist (patient) ☐ Psychologist (family/caregiver) ☐ Ask the Doctor ☐ Skin
☐ Ask the Nurse ☐ Lifestyle ☐ Meet other spouses/caregivers ☐ Re-imbursement Ins/Medicare
Other _____

>Please note – you are not registered for any specific sessions. This information is for scheduling purposes only.

Please send this form with check payable to:

Ostomy Association of Greater Chicago
c/o Judy Svoboda/President
605 Chatham Circle
Algonquin, IL 60102

Or register online using a credit card: www.uoachicago.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 22–36 37–50 51–65 66–80 80<

Donation enclosed \$ _____ (optional)

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

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

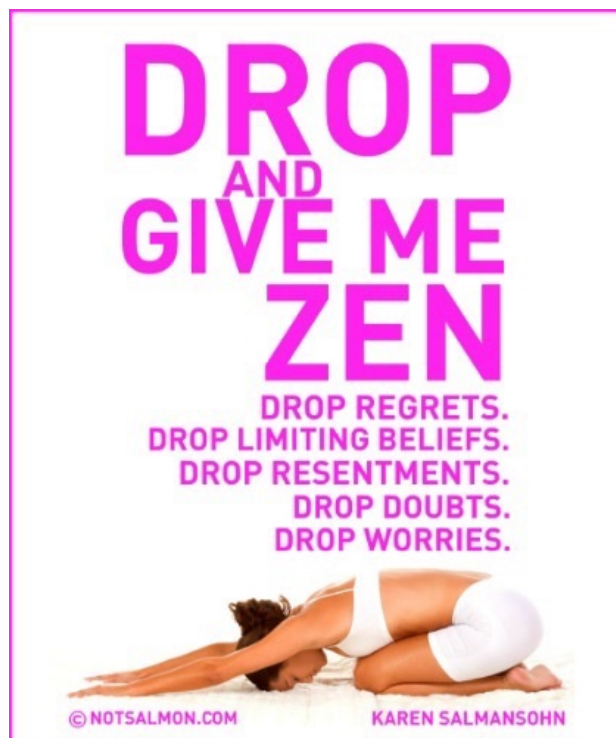
► A very special thank you to everyone who donates to our association. Our largest expense, the cost of printing and mailing this newsletter, is continually increasing and is only made possible through the generous donations of our members.

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

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

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

Without you we don't exist!



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

The New Outlook
267 Noble Circle
Vernon Hills, IL 60061



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).