

# The New Outlook

*United Ostomy Association of Chicago*



**January 2013**  
Meeting—Wednesday, Jan. 16 at 7:30 PM

## **Lutheran General Hospital**

Special Functions Room, 10th floor  
1775 Dempster St., Park Ridge, IL

Board Meeting at 6:30 PM

### **Last Months' Meeting** (our 427th)

12-12-12, what a memorable date for us to enjoy our annual Gala Holiday Party. We had, as usual; many members come early to help with the preparations for the evening. We especially want to thank Judy Svoboda and her husband Steve, along with Nancy and her mother for their important contributions.

For the sixth year in a row, we had a catered dinner brought in for us with desserts and appetizers provided by your board of directors and managed by the ever-charming team of Jerry and Sally Schinberg. Renard accompanied us on the piano with songs of the holiday season. We want to thank everyone for coming and sharing this celebration with us.

Jerry and Sally were the masters of ceremonies. They hilariously entertained us with a variety of unique audience participation activities. It was great fun. They outdid themselves again. The festive night would not be the same without singing carols. We finished off the evening in our traditional way by singing *The Twelve Days of Christmas*. We wish you and your family a happy and healthy new year!

If you have a talent that you would like to share by participating in one of our many diverse committees, please let an officer know. Our offices and committees are listed in our bylaws, which may be viewed at [www.uoachicago.org](http://www.uoachicago.org). Then follow the link to OAGC. We are having election of officers in January, as we do every year. Our officer candidates are listed below.

Judy Svoboda, President  
Renard Narcaroti, Vice President  
Tim Traznik, Treasurer  
Nancy Cassai, Secretary

We do not have any storage space at Lutheran General. When you come to a meeting, you may want to volunteer to carry some of our supplies with you to each of our meetings. This is an easy way to become more active in our group.

Make sure you do not miss an important announcement by updating your e-mail address with us at [uoachicago@comcast.net](mailto:uoachicago@comcast.net). To ensure delivery, make sure we are in your address book or safe sender list. Our e-mail list is private and never shared or sold. We occasionally have requests from public relations firms and the like for our members to participate in focus groups about ostomy surgery. You will usually be paid for your time, but sometimes it is on a volunteer basis. Let us know if you want to be included.

Our January meeting will feature a Family Feud game that Nancy has been planning for a while. It will be informative and fun for all our members, those with ostomies and without. Refreshments will be served. We have been informed by Lutheran General Hospital that parking in their enclosed garage is now free for our members. This means you may park in the inside garage, take a few steps to the elevators, and come to the 10th floor, where we have our meetings. It is so easy to come. Our February meeting has been cancelled.

# Ostomy Association of Greater Chicago (OAGC)

Established 1975

## President/Membership

Judy Svoboda [uoachicago@comcast.net](mailto:uoachicago@comcast.net) 847-942-3809

## Vice President/Newsletter

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## Gay / Lesbian Ostomates

Fred Shulak [thadbear@sbcglobal.net](mailto:thadbear@sbcglobal.net) 773-286-4005

## Visiting

Peggy Bassrawi, RN [pbassrawi@gmail.com](mailto:pbassrawi@gmail.com) 847-251-1626

## Ways and Means [sallyschinberg@yahoo.com](mailto:sallyschinberg@yahoo.com)

Jerry & Sally Schinberg 847-364-4547

## Wound Ostomy Continence Nurses (WOCN)

Bernie auf dem Graben 773-774-8000  
*Resurrection Hospital*

Alyce Barnicle 708-245-2920  
*LaGrange Hospital*

Nancy Chaiken 773-878-8200  
*Swedish Covenant Hospital*

Terry Coha 773-880-8198  
*Children's Memorial Hospital*

Jan Colwell & Maria De Ocampo 773-702-9371 & 2851  
*University of Chicago*

Lorraine Compton 773-282-7000  
*Our Lady of Resurrection Hospital*

Jennifer Dore 847-570-2417  
*Evanston Hospital*

Beth Garrison 312-942-5031  
Robert Maurer

Joyce Reft  
Laura Crawford

*Rush Presbyterian--St. Luke's Hospital*

Madelene Grimm 847-933-6091  
*Skokie Hospital--North Shore University Health System*

Connie Kelly 312-926-6421  
*Northwestern Memorial Hospital*

Kathy Krenz & Gail Meyers 815-338-2500  
*Centegra-Northern Illinois Medical*

Marina Makovetskaia & Kathy O'Grady 847-723-8815  
*Lutheran General Hospital*

Bari Stiehr & Diane Davis-Zeek 847-618-3125  
*Northwest Community Hospital*

Nancy Olsen & Mary Rohan 708-229-6060  
*Little Company of Mary Hospital*

Barbara Saddler 312-996-0569  
*University of Illinois*

Catherine Smith 708-684-3294  
*Advocate Christ Medical Center*

Sandy Solbery-Fahmy 847-316-6106  
*Saint Francis Hospital*

Nancy Spillo 847-493-4922  
*Resurrection Home Health Services*

## National UOAA Virtual Networks

- *Pull Thru Network* (Parents of children with bowel and urinary dysfunctions): Bonnie McElroy 205-978-2930
- *UOAA Teen Network*: Jude Ebbinghaus 860-445-8224
- *GLO* (Gay & Lesbian Ostomates): Fred Shulak 773-286-4005
- *Young Ostomate & Diversion Allia. of Amer.*: Eric En 714-904-4870
- *Thirty Plus*: Kathy DiPonio 586-219-1876
- *Continent Diversion Network*: Lynne Kramer 215-637-2409

[www.uoachicago.org](http://www.uoachicago.org)

## Meeting Dates at Lutheran General Hospital

**January 16, 2013**—Family Feud, ostomy style. Our election of officers for 2013

**February**—No Meeting

**March 20**

**April 17**—Our 38<sup>th</sup> Anniversary Meeting

**May 15**

**June 19**

**July 17**

**August**—No Meeting

**September 18**

**October 16**

**December 11**—Our 2013 Gala Holiday Party

## Southwest Suburban Chicago

The Southwest Suburban Chicago Ostomy Support Group is an entirely volunteer ostomy association dedicated to the mutual aid, education and moral support of people with ostomies and their families. Meetings are held at 7:30 PM on the third Monday of each month throughout the year, except July, August, December and January.

For information regarding this special ostomy group serving Chicago's greater southwest side, please call Edna Wooding, WOC nurse and association president, at 708-423-5641. All meetings are at **Little Company of Mary Hospital**, Evergreen Park, Mary Potter Pavilion, L Level, 2850 W. 95th St.

## Northwest Community Hospital

The Northwest Community Hospital Ostomy Support Group meets at 800 W. Central Road, Arlington Heights. They wish to extend an invitation to all of our readers to visit them. The WOC nurses at the hospital lead the group. For more information, please contact Diane Zeek, RN, at 847-618-3215, [dzeek@nch.org](mailto:dzeek@nch.org).

They meet from 1:00 PM until 2:00 PM in the Busse Center, B1 level, Rooms LC7-8 of the Learning Center. This building may be accessed from the garage at the west end of the Busse Center. It is easiest to enter from Central Road.

## Meeting Dates for 2013

**February 14**

**April 11**

**June 13**

**August 8**

**October 10**

**December 12**

For our liability disclaimer and privacy policy visit  
<http://uoachicago.org/liability.htm>

[uoachicago@comcast.net](mailto:uoachicago@comcast.net)

## A Half-Truth

By your friend and fellow Ostomate Joan Loyd

May I share with you a paragraph from the book "The Road Less Traveled and Beyond" by M. Scott Peck, M. D., a psychiatrist and author of many best-selling books? "The English poet Alfred, Lord Tennyson wrote: "A lie which is half a truth is ever the blackest of lies."

The biggest lie promoted by the various segments of our social institutions (this in some ways plays into our human nature and our sin of laziness) is that we are here to be happy all the time. We are bombarded by pitchmen, politicians, the media and sometimes even the church with the lie that we are here to be happy, fulfilled and comfortable.

For motives of profit, the lies of materialism and advertising suggest that if we are not happy, comfortable and fulfilled, we must be eating the wrong cereal or driving the wrong car. We must not have it right with God. How wicked! The truth is that our finest moments, more often than not, occur precisely when we are uncomfortable, when we are not feeling happy or fulfilled, when we are struggling and searching. As people with ostomies, we know the feeling of being a little uncomfortable, of being a little unhappy, of struggling and searching to fit into a society that deems us abnormal.

We also know we are the same persons we were before surgery, just as smart, just as compassionate, just as funny. We know that little round opening on our tummy has nothing to do with who we really are. If we can truly learn this lesson, we can truly live. We can evaluate all issues of life on merit, disregarding what society says is normal. Knowing society is wrong about us gives us enormous power, power to challenge the norms and stick to judgments that are right for us. Our surgery may well have been one of our finest moments.

## What Is behind a Belly Button?

The answer to an age-old question has finally been revealed. Dr. Peter Marcello, a colon and rectal surgeon, indicated that there is mostly nothing but a few stringy things attached to the back of a belly button. However, at the last Northwest Medical Group meeting, a much more interesting theory was put forward. Dr. Carl Stephens indicated that the belly button was connected to the butt. Furthermore, if the belly button was unbuttoned, the butt would fall off.

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and Private Insurance

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## Sherman Hospital Ostomy Group

There is a new ostomy support group in Elgin having meetings at Sherman Hospital. They now meet on the **second Wednesday** of every month.

The contact person for any information is Heather LaCoco, BSN, Case Manager Surgical Care Sherman Health  
224-783-2458

[Heather.Lacoco@ShermanHospital.org](mailto:Heather.Lacoco@ShermanHospital.org)

*The thought of a person is worth more than the entire universe*

*--St. John of the Cross*

## Ostomy—the new normal

## Skin Care

Via [www.nu-hope.com](http://www.nu-hope.com)

Skin care products are topical and are designed to serve a particular skin need. Skin care products fit into three classifications.

One group is formulated to treat skin conditions and is classified as antiseptics. These skin products are mercurochrome, merthiolate, Bactine and tincture of benzoin. Only a thin and temporary protective layer is provided.

A second group is a shield or barrier skin protectant designed to cover a selected area. Many of these barriers have a karaya, pectin or cellulose base. These are most often recommended to improve adhesion of the pouching system, but they may also be needed for diversion of urine and other heavily discharged fluids. Karaya-base barriers are excellent for solid effluent, but for urine or liquid output, they tend to dissolve rapidly. Pectin- and cellulose-based products hold up longer against both fluid and solid discharges and have longer wear times. However, pectin- or cellulose-based products may cause stickiness inside the pouch.

The third class of skin care products are polymers. These lay down a plastic coating to soothe skin irritations. Polymers are especially effective in providing a long-lasting film barrier against liquids and solids that could invade and irritate the skin. In most environments, polymer products do not leave any sticky residue.

Whatever skin care product you use for skin comfort and protection with a pouch, the skin barrier must make a snug fit around the stoma. Excessive exposure to effluent around the stoma will shorten wear time for the barrier.

Skin barriers are placed directly on the skin and should not be used with other skin products because they prevent the skin barrier from adhering. If you have any specific questions or problems with skin barrier products, contact your ostomy nurse or ostomy supply dealer for advice.

Remember these skin barriers are meant to go directly on the skin. Never use an ostomy paste as glue. It should only be used to fill in gaps between the skin barrier and your skin. Multiple skin treatment products should not be applied, because they will interfere with proper adherence of the skin barriers. If you have any specific questions or problems in the use of skin barrier products, contact your ostomy nurse or ostomy care dealer for advice.

## Reasons Why an Ostomy is Good

As listed on an ostomy website discussion board

You are alive and well. No more pain, diarrhea, perirectal abscesses, fistulas, hemorrhoids or cancer. No more special diets or running to the toilet and hoping you make it on time. No one can call you anal-retentive or call you a butthole.

Filthy public toilets? No problem—you do not have to sit on the seat to empty your pouch. You can say, “Yes, I have guts—I have seen them!”

If you have an ileostomy, you can freak your doctor out by drinking Blue Bolt Gatorade before an office visit. It turns your output bright green. Try eating beets or cherry Jell-O. That turns it red as does red velvet cake.

If there is suddenly a certain smell in the room, you can confidently say, “It wasn’t me!”

You can confuse people by telling them they are a pain in the you-know-what while you pointing to your abdominal region.

You now understand the jingle for the commercial that goes: “I am stuck on Glad bags and Glad bags are stuck on me!”

You can buy cheap toilet paper and it will not matter.

If you join the space program, you will be way ahead of your class in the waste storage department.

You can truly say you know yourself inside and out.

A pouched stoma is a nice hand warmer on a cold day.

When you tell people, “If I do not get to a bathroom right now, I might explode,” it is no joke.

Happiness means never needing to have another colonoscopy or drink a gallon of Go-litely.

You do not have an ileostomy; you are a biomechanical multi-tasker.

Going to the bathroom on a camping trip is not as challenging as it is for other people

*The world hits us with many challenges. We make bad choices and our hearts get broken . . . but God can still shine through us.*

*--Nancy Swanson*

## Where Do I Go... on Galapagos?

By Marty Noretsky of Metro Maryland Ostomy Association

I was diagnosed with ulcerative colitis in 1968 as a high school senior, had surgery to cure it, and have lived with an ileostomy since I was a college senior. Since then, I have been to 48 states and 33 countries as a passenger on all forms of transportation and have walked miles in huge cities and small towns.

In the U.S., I have run 5 and 10 K races, snorkeled in Hawaii, swum and body-surfed in the ocean, canoed on rivers, cycled on paved streets and challenging bike paths, camped in the wilderness, hiked in national parks, and climbed stairs to the top of all kinds of structures to see spectacular views.

I have ridden horses around the pyramids in Egypt, jogged on city streets, swum in the Mediterranean, and hiked and climbed in many different areas under all sorts of conditions.

I exercise regularly with weights and stretch bands. Having an ostomy has not kept me from doing numerous activities of various levels of strenuousness.

However, there was one relative constant for every one of these activities. Most people go to the toilet by sitting down or squatting. I needed a place to empty my pouch, whether the men's room in an elegant NYC hotel, the designated area to squat on the lower level of the swaying Istanbul bridge connecting Europe with Asia, a port-a-potty, or just a hole in the ground in a camping area.

This past spring, I met my greatest challenge on one of the most fantastic trips I have ever taken—a week in the Galapagos Islands on a 96-passenger Celebrity cruise ship. Activities aboard the ship were as easy for me as they would be on a typical Caribbean cruise. The shore excursions were fascinating—highlighted by sighting land and sea iguanas, sea lions, tortoises, sea turtles, sharks, and blue-footed boobies and flamingos.

All of these excursions were rather mild in comparison to those I have engaged in on my other travels. The activities did include moderate hikes and snorkeling experiences. What made these activities tricky for me for the first time in my traveling history was that once I left the cruise ship, there was no place to empty my pouch until I returned to the ship, often three hours or so later. After that time, people without ostomies were sometimes in very bad shape. Luckily, some men wore loose pants to hold a full load, just in case of

an emergency.

There was no toilet on the small 16-passenger zodiac that transported us between our cruise ship and the various islands. There were no toilets or just plain holes on any unpopulated island. Populated islands visited on the last day of our trip were the only exceptions.

So, what did this mean for managing my ostomy during these shore excursions? I had to regulate my eating and drinking each day and make sure my pouch was sufficiently large in case my diet management was ineffective. After more than 40 years with an ostomy, I am quite aware of how various foods and drinks affect my output in thickness and quantity. For this trip, I had to select foods and drinks at breakfast and lunch—prior to our daily shore excursions—that would give me minimal output and that were more thick than watery. This was not foreign to me, since I have often had to minimize output for activities during my travels. For this trip to the Galapagos Islands, there was a small component of anxiety that I rarely experienced during my other traveling adventures.

How did I achieve my goal of minimal output and non-watery consistency? I woke up no later than 6:30 A.M., took my vitamins with a quart of water and drank another glass or two of water or cranberry juice at breakfast to prevent dehydration during the excursion. I made sure I was at the breakfast buffet when it opened at 7:00 A.M. to allow the maximum time for food and drink to move through me, allowing me to feel secure when I emptied my pouch before beginning the first shore excursion at 8:15 A.M.

I ate or drank nothing, until I returned to the ship. The breakfast buffet tended to be the same each day, which was a real benefit since I could depend on particular foods being there. My breakfast was turkey or ham cold cuts, cheese, bread, some pastry along with the two glasses of water or cranberry juice. While others were dining on eggs, fish, fruit and other foods, I waited to eat these enticing foods until the day's trip was finished, and I was back on board the ship.

After our morning excursion, wonderful local juices and snacks were offered, but I had a reaction to one of the juices in the Quito Ecuador hotel, and I was not going to take any chances. I waited for the lunch buffet beginning at noon.

I arrived when the buffet opened so that I had the maximum time for digesting my lunch before the

afternoon excursion. Unlike the breakfast buffet, however, different foods were offered every day at the lunch buffet, such as Ecuadorian, Mexican and Italian foods, including seafood and barbecue. This did not present a problem as I always found foods that were not strange, such as broiled chicken, roasted potatoes, sliced pork, broiled fish, shellfish, dinner rolls, pasta, tomato sauce, hamburgers, steamed vegetables, and non-creamy desserts. Again, I drank water and cranberry juice so that I would not become dehydrated, but I did not eat or drink anything further until after our afternoon activity. I did not have any alcoholic beverages until after the afternoon activity.

I was not as concerned with my dinner selections as I was with breakfast and lunch. Even so, I made my choices based on how my digestive system would tolerate them, as I always do at restaurants. I tend to stay away from creamy and milky foods, fried foods, and overly spicy foods for both digestive and general health purposes.

My body chemistry likes cheese, cheese toppings and creamy desserts. So, I did sometimes indulge in these. I avoided fresh lettuce with dressing that sometimes has iffy results for me. I enjoyed fresh tomatoes, which were more positively predictable.

For the first six of the seven-day cruise, I did not have a problem. On the seventh day, I did not have enough time between completing breakfast and beginning the shore excursion. My pouch filled up while I was on the transport boat. Luckily, this day we were going to populated islands, where restrooms could be found. Once we arrived on the island, I hurried to the toilet and accomplished what I needed and returned to the bus.

It did not bother me that the others were waiting for me, because some were still in the restroom when I was finished. A few people without ostomies actually had accidents on some of the outings. Some people had to miss one or more of the shore excursions because they had intestinal problems or diarrhea and could not take the chance of being on an island without a restroom. I, like other people with an ostomy, are not that different from many others regarding our toileting needs, except that we can hold it if we need to.

I did not give the toileting challenges much thought prior to committing to the trip. Regardless of these issues, I am very glad that I went. I do not want ever to be limited by my ostomy. I decided just to do it. Close to the start of the trip, I decided to practice

with the not-so-desirable scenario of walking with a full pouch for several miles in my neighborhood. I did this about three times to bolster my confidence that I could manage this trip and not be afraid because of my ostomy. When I first boarded the ship, I learned that anyone could be ferried back to the ship from an island upon request. I did not want to make this request. Fortunately, I never had to experience a full pouch when no toilets were available.

Do not expect the worst to happen, but do make contingent plans. Expect the best while living your life. Live your life as well as you can and expect the best to happen. I do not always live by this goal, but I do strive for it.



Peace

## **FOW-USA Has Moved**

On September 11, 2012, FOW-USA moved into new warehouse space in Louisville, KY. From now on, please send all product donations and financial contributions to the following address.

**FOW-USA**  
4018 Bishop Lane  
Louisville, KY 40218

This move will save money on the monthly rent of our warehouse. We were facing a rent increase. This way, we will have more funds to devote to shipping costs, by far our primary expense. Volunteers will continue to receive, sort, and pack supplies for shipment overseas. Carol Heideman, FOW-USA Warehouse Coordinator and her husband Mickey organized the move. We thank them for their hard work. We also thank Al Maslov from Hollister, Inc., for helping negotiate our rental agreement, as well as Jane Lollis, J.D., for alerting us to this available space.

*We will never know the true value of  
a moment until it becomes a  
memory.*

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can also view this information online by going to [www.uoachicago.org](http://www.uoachicago.org) and navigating to the Tips page.

ConvaTec and Hollister, Inc., both offer videos and informational booklets that explain a great deal about the different types of ostomies and how to care for them. They are available by contacting these suppliers directly: ConvaTec.com; 800-422-5511 and Hollister.com; 847-680-1000.

Discuss any concerns you may have with your surgeon ahead of time. The surgeon you choose should be experienced in ostomy surgeries. Ideally, the stoma he/she will create should protrude outward from the abdomen at least a half inch for ileostomies. Patients with flush stomas have more skin excoriations with ileostomies and upper colostomies, although lower colostomies are often created flush by design.

During peristalsis, the skin surrounding the stoma usually pulls inward, causing the effluent, which contains strong enzymes, to leak under the skin barrier, loosen the pouch and irritate the skin.

Ask the hospital where you will be having surgery to help you arrange for an ostomy visitor. You have a right to ask for and receive a trained ostomy visitor through your local ostomy support association. They can match you up with a visitor who has undergone the same type of surgery you will be having. This can answer many of your questions and calm your fears. Ask the visitor if you can call later with any further questions.

Ask the hospital where you are having the surgery if they have an ostomy nurse on staff. See if you can visit to have your stoma site marked prior to surgery being performed. This allows the surgeon to place the stoma on the abdomen in the area that is least likely to cause pouching problems after surgery.

Your stoma will be easier to care for if it is not sited at the beltline, in a fold or in scar tissue. The skin barrier will adhere better, with fewer leakages and skin problems. The ostomy nurse can also show you samples of the pouch you will wear during your stay in the hospital. During this visit, make sure that the ostomy nurse shows you how to change your pouching system and teaches you the basics of stoma care before you leave the hospital.

Adopt a positive mental attitude and realistic expectations about your surgery and life afterward. Face the realization that you are not the only person this has happened to in life. There are between 500 to 750 thousand people out there in the U.S. alone

## Ileostomy, a Guide

By Linda Gross, CWOCN

(Continued from November issue)

### Conclusion

Now that you have read this article, it is hoped that what you have learned has calmed some of your previous fears about having an ileostomy. Although adjusting to an ileostomy may be challenging, the time it takes you to make this adjustment will be relatively short. Like many new experiences in life, adjustment is necessary. After mastering the daily management, you will find life goes on and may even improve. Remember, having a stoma does not disqualify you from the human race. Fortunately, whatever life offers, you can participate just as you did before. So be sincere and give it your best try. You will succeed. Be happy. You have been given a new life.

## Preparing for Ostomy Surgery

By Rodney Crick

What can you do to prepare for ostomy surgery? I think you should learn as much as you are able about the type of ostomy you going to have created. Find out where it will be located, what it will look like, how it will function and what you will need in the way of supplies to care for it. Pamphlets that explain the various types of ostomies and how they are created are available through the United Ostomy Associations of American at [www.ostomy.org](http://www.ostomy.org). You

whose ostomy surgeries have allowed them to conquer disease and lead normal healthy lifestyles filled with work, activities, play and relationships. Realize that you must give yourself time to heal following surgery. Expect to become one of these people.

## Life after Ileostomy Surgery

By Jan Madaffri

My name is Jan Madaffri, and I am a 23-year-old female. I knew my future husband only four months before my permanent ileostomy surgery. In January 1990, I received my first ileostomy—a temporary—due to ulcerative colitis. It was later reversed to a J-pouch.

I was not in pain any more from ulcerative colitis, but I was unable to control my trips to the toilet due to complications from my J-pouch. This put a big damper on my social life, since I was a prisoner of the toilet. When I first met my husband, I explained to him only that I could not control my bowel movements due to a disease. I did not go into specifics about the temporary ileostomy that I had had a year earlier. I did not feel it was important any more since the ostomy was gone. How was I to know that I would need another ileostomy later down the line?

We were not able to go out and eat in restaurants or go to movies or clubs because my body would not allow me to be away from a toilet for very long. Our dates consisted of watching a rented movie at my house so the toilet would be close by.

At times, I would be in the bathroom for hours at a time. By the time I could come back out and join him, he would be asleep on the couch. He did not seem to mind, but I hated losing that time to be with him.

After we had been dating for about four months, I needed another surgery. The J-pouch was failing and I needed a permanent ileostomy to save my life. I was ready to have the ostomy back; I was tired of living on the toilet. When I was in high school, I attended only my freshman year in the physical school building. I finished the next three years being home schooled because of the severity and complications of the ulcerative colitis. I did not want to be a prisoner any longer.

When I recovered from the surgery, I was scared he would leave me once I told him what the surgery involved. I showed him a brochure that would best

explain the surgery, the description of an ileostomy and how it actually looked.

He simply said, "OK." A little over two years later, we were married. He later said that when I was explaining the surgery to him, he realized just how much he loved me. He said it did not matter that I had an ileostomy; he just wanted me to feel well and to be with me.

Now, we were able to go out in public and enjoy being with each other and our friends. I swim, go out to clubs to dance, and exercise; nothing is off limits because I have an ileostomy. In fact, before the ileostomy, many activities were off limits to me.

I would still be grateful for my ileostomy even if he had left me because he could not handle it. Do not be mistaken, I am much happier that he loves me and decided to stay. He has proven to me that there are people out there who will love you for you. Anyway—the way I see it—if someone does not, then he/she does not deserve your love.

## Ostomy Surgery and Depression

Reprinted from *The New Outlook*, September 1992

The gray cold days of winter can be a time of depression. Ostomy surgery leaves many people feeling depressed no matter what the season is anyway. This article from a previous edition of *The New Outlook* reminds us to be easy on ourselves, and it reminds us that there is help out there.

Sleeplessness, loss of appetite, feelings of guilt or worthlessness, irritability and a desire to be alone, as well as a loss of sexual desire, are some of the symptoms of depression. It can be triggered by the inability (at this time) to participate in normal daily pleasurable activities, or by a sense of helplessness and lack of control over your body. If you feel discouraged and hopeless, be sure to discuss it with your doctor.

Depression also can be caused by medications, stress, malnutrition, anesthesia or metabolic imbalance. People who base their self-esteem on their physical appearance, their independence, their always-in-control-take-charge character, or their Good Samaritan behavior (always helper or solver), have a harder time dealing with illness, their ostomy, or their lack of control over their bodies. They need to depend on others for help, even if only temporarily. Constantly tired from efforts to cope with daily household or work routines, while learning to adapt to the physical requirements of this

unpredictable new addition to their body, they have little energy to enjoy leisure activities or romantic involvement.

It takes us some time to return to our normal lifestyle. So relax. Do what you are capable of doing at this time and do not try to rush things. Most people need a few months before they feel secure about being accepted. Join our group! You are not alone. We all went through this.

Give yourself a year for a good recovery and if it takes less time, consider yourself a very lucky person. Meanwhile do what you have to do, in whatever way you are capable of doing it. Do not give more than a passing thought to the things you cannot do right now.

You might need to take some short cuts, do some improvising and indulge in some healthy neglect. Do not be bashful about asking for and accepting help. Accepting help can be harder than giving help, especially if your role has always been that of helper. Some people conceal their ostomy from their spouse, families or lovers. They fear rejection, shame or embarrassment, are modest or have noticed evidence of disgust. This results in a feeling of isolation, depression and chronic anxiety.

If you feel yourself in this rut, contact your doctor right away. There is help for you. Life has been given to you anew. Do not let depression spoil it. Depression is a treatable condition. Obtain whatever help you may need to enhance the quality of the life that is yours to live.

## Controlling Alkaline Urine

By Gene Galindo

*Mr. Galindo, who writes Ostomy Observations for Nu-Hope Laboratories, may be reached at P.O. Box 331150, Pacoima, CA 91333-1150. If there is an ostomy observation you would like discussed, let him know.*

Odorous urine is usually caused by a high-alkaline condition created by bacteria in the urine. Irrigation of the pouch with a solution of water and vinegar will help but will not correct alkaline urine coming from the stoma. The more bacteria present in the urine, the higher and stronger become the alkaline condition and odor. Incidentally, it takes only 20 to 30 minutes for the number of bacteria in the pouch to double. Urine comes out of us sterile; otherwise, we would have a bladder infection. Bacteria multiply quickly outside of us.

**Indications of alkaline urine.** Usually it has a darker yellow color. Sometimes calcium deposits can be seen on the appliance or skin.

### **Additional problems caused by this condition.**

1. Irritated skin pebbled with what appear to be tiny warts
2. Closing of stoma opening
3. Tendency of stoma to bleed easily
4. Calcium deposits that collect inside the pouch opposite the skin barrier opening—these can scratch and cause the stoma to bleed.

**How to test urine for alkaline level.** The best way to do this is with nitrazine paper. If you do not already have a nitrazine test packet, you can obtain this handy inexpensive item from your pharmacist. It is a useful addition for your medicine cabinet or first aid kit.

Take a fresh sample of the urine. Do not use the nitrazine paper in direct contact with the stoma or take urine that has been in the pouch. Dip the end of a small strip of the test paper in the urine and shake off any excess fluid. You will see a change of color occur in the dipped paper. Compare this color immediately against the color scale of the paper dispenser. Avoid using fluorescent or incandescent light when reading the strip for color.

When the color of your test sample corresponds to the purple-blue end of the color scale—above 6.5 pH—the alkaline level is above normal. This alkaline condition may indicate a urinary infection. It is important to report your test result to your doctor. It may very often be only a simple matter of body chemistry. This is easily corrected by a change of diet or an antibiotic prescribed by your doctor.

**Tips for good body chemistry.** If you have a slight overbalance of alkali, taking vitamin C may do the job. The dosage depends on how alkaline the urine is. Start with 2-4 grams of vitamin C per day for a week. Then reduce the dose to 1 gram per day as a regular maintenance dosage.

Adding cranberry juice to your diet may also help balance the urine chemistry if it is not too heavily alkaline. Sufficient daily intake of water is always important. If you live in a hard water region, distilled water may be recommended.

**Treatment for skin irritation.** Use soft cloths to apply soaks with a 50/50 solution of warm water and distilled white vinegar. Apply gently to the affected area for 10 to 15 minutes. This will remove calcium deposits and help neutralize any pH imbalance of

contacting urine. Allow warm air to circulate over the area. Sunlight or heat from a 60-watt lamp held about 12 inches from skin will provide the preferred temperature.

**Check for leakage between the stoma and the skin barrier.** Make sure that the skin barrier opening closely matches the stoma size.

**If skin irritation continues.** Consult your WOC nurse. He/she will suggest additional treatment to meet your individual needs.

**Maintain proper pouching system hygiene.** It is good hygiene to irrigate the pouch daily with a 50/50 solution of warm water and distilled white vinegar. A deodorant may then be used in the pouch. However, keep in mind that using a deodorant is not a solution to a continuing urine odor. When the infection or body chemistry conditions are corrected, a few drops of deodorant can be added to the pouch daily after irrigation. There are several excellent deodorants formulated especially for ostomy use. You can select the one you find most effective and pleasing to you.

These simple health habits and hygiene hints will keep you fresh and worry free.

## Editor's Comment

I would like to thank all of you who contribute to *The New Outlook*. This is your publication, and we accept all quality submissions made to us—although we do reserve the right to edit and correct copy to conform to our editorial mission.

All our writers have volunteered their service. We always try to mention and give credit to our primary sources. We leave it to our readers to research the references behind our articles. The printing and postage expenses for *The New Outlook* are our ostomy association's greatest expenditure. We do not copyright any of our articles. We want everyone to benefit from the information. We invite all to reprint our articles, which we do see reprinted across the United States as well as in other countries. All of our articles are included on our Internet site at [www.uoachicago.org](http://www.uoachicago.org). The profit we want is that of benefiting people with ostomies everywhere.

Our goal is to be a ubiquitous organization that is inclusive and not exclusive. We welcome all capable, talented and well-intentioned people to participate in our ostomy association. We do not say thank you or give approbation nearly enough to the committee people that make our organization. Let

me simply express our gratitude in all sincerity. We exist to educate and provide emotional support and advocacy to people with ostomies. To fulfill this mission, we need gifted, proficient and dedicated people in our organization to work towards this end.

Thank you to everyone who came to a meeting and participated in our ostomy association in 2012. We expect to see you again this year. We hope you achieve your dreams in 2013.

*Renard*

## Heard You Have an Ostomy

By Louis J. Wray

I heard that you have an ostomy. Is it true what I heard about you . . . that you have no guts, your bladder is gone and your past life is finished? Yet, whenever I look at you, you are beaming with joy and grace. You never hint at the strife you have borne disguised by the smile on your face. You seem to be a special breed bent on helping others to live life to its fullest.

Your suffering must have battered your life, yet you reach out and always forgive. I would think that you might be angry at the way fate has picked on you. However, I would never suspect it if you are, for your love always seems to shine through. I assume your second chance at life makes each day a pleasure and your thankfulness for health and friends makes itself a treasure. Now, I appreciate the phoenix, the symbol of UOAA, "reborn from the ashes of disease."

See, I know you are a person with an ostomy living a pattern of life you have set as a good example for me. Like you, I will try to help others cope with their new way of life cheerfully. A second chance, reborn to serve, and as happy as can be. People with ostomies inspire me and my friends with service offered so freely. So, out in the open—your secret is known, your formula for success is in view. You are an asset to this weary old world; we are blessed for having people like you with ostomies.

*From the Northwest Florida Daily News comes this story of a Crestview couple who drove their car to Wal-Mart, only to have their car break down in the parking lot. The man told his wife to carry on with the shopping while he fixed the car in the lot.*

*The wife returned later to see a small group of people near the car. On closer inspection, she saw a pair of male legs protruding from under the chassis. Although the man was in shorts, his lack of underwear turned private parts into glaringly public ones.*

*Unable to stand the embarrassment, she dutifully stepped forward, quickly put her hand up his shorts and tucked everything back into place. On regaining her feet, she looked across the hood and found herself staring at her husband, who was standing idly by. The mechanic, however, had to have three stitches in his forehead.*

# 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 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<

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  
Or e-mail information to [uoachicago@comcast.net](mailto:uoachicago@comcast.net).

## Love's Labor Lost

By Marjorie Kaufman

The surgeon probably does not have a stoma; the WOC nurse does not have one either. However, the patient has a stoma he/she did not want. The patient is having a struggle accepting it, is in a tailspin over all the paraphernalia and rigmarole of putting ostomy equipment together.

Eight days post-op and it all seems like a bad dream. The doctor and the WOC nurse have made a quality attempt to reassure their patient that all is well, and he/she is ready to go back to the world. The patient is not so sure about this him/herself and does not know what "doing fine" really means. Not that he/she doubts the words of the professionals, but he/she has a strong desire to see one of those people who have licked this thing. He/she wants to be convinced that there may be a better tomorrow.

The WOC nurse, who believes he/she has given the patient the best care possible, calls for a visitor only to satisfy the patient's need to talk to another person with an ostomy. The WOC nurse knows that he/she will take care of the mechanics, and the visitor will provide a glimpse of the patient's future—the picture is worth a thousand words.

The visitor? He/she knows what that leak is doing to tender and unaccustomed skin. He/she

can feel the itching, the burning and the discomfort. He visualizes the inflammation building up while the patient waits for relief.

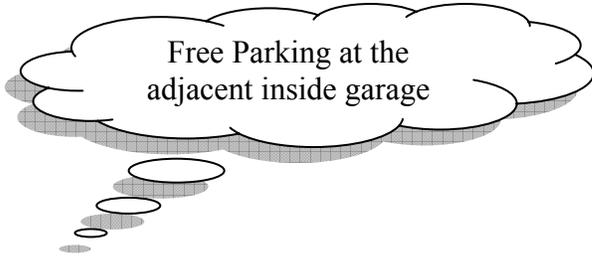
There was a time when the ostomy visitor could offer medical assistance to an ostomy patient. Today, an ostomy visitor is prevented by law to render assistance in ostomy management. Only a licensed medical professional can render help with the mechanical operation of ostomy equipment. The ostomy visitor is limited to conversation only. He/she is there to encourage and share the ostomy experience, not to help medically. Medical professionals have voiced criticism against ostomy visitors because the visitor has offered medical opinion or medical service.

*If you are an ostomy visitor, you already know that we are not allowed to touch the patient in a medical fashion. We do not offer medical advice. This is the way it must be for the ostomy visitor. You want to avoid personal liability and medical licensing issues. We do not think any volunteer ostomy visitor wants to give medical advice.*

*It is possible that a visitor might help a patient change a pouching system in an emergency . . . but we do not! We make our visits, try to look as nice and healthy as possible, and assure the patient that better days are ahead. We have all been there.*

**The New Outlook**  
**514 Knox St.**  
**Wilmette, IL 60091**

Return Service Requested



*We invite you to attend our general meetings. 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).*