

The New Outlook

January/February/March 2017



UPCOMING TUESDAY MEETINGS

January 17, 7:30pm

February – NO MEETING

March 21, 7:30 pm

GLENBROOK HOSPITAL

2100 Pfingsten Rd, Glenview, IL

Conference Rooms C & D, 1st Floor

Last Months' Meeting (our 463rd)

Another delightful Holiday party! The room was filled with merriment as we enjoyed good food, rather competitive games and singing Holiday songs. And of course, we chatted and laughed.....a lot! A special thanks to everyone who contributed to the wonderful cuisine!

Our next meeting is Tuesday, January 17 at 7:30 pm. Many of us make New Year resolutions, such as losing weight, but what if you were asked to make an Ostolution? Would it be eating healthier? Perhaps getting more involved in your support group? Although you won't be asked to reveal yours (unless you want to) let's see what we come up with. We will also open the discussion to all topics of interest or concern.

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

IMPORTANT ANNOUNCEMENT!

A very special THANK YOU! to all who have donated to our organization.

As you all know, we are entirely donation based. We do not charge for membership or newsletters. Unfortunately we have not raised the necessary funds to continue mailing a monthly newsletter.

Therefore, beginning with this issue, we are instituting a quarterly newsletter for 2017. This decision will be re-evaluated later in the year.

If we have your email, you will continue to receive reminders for upcoming monthly meetings.



Ostomy Association of Greater Chicago (OAGC)

Established 1975

President

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

Vice President/Program Director

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

Treasurer

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

Secretary

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

Director/GLO

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

Visiting Chairperson

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

Sponsor WOCN

Madelene Grimm mgrimm@northshore.org 847-933-6091

Hospitality

Sandy Czurylo

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

Nancy Spillo 847-493-4922

Presence Home Care

Colleen Drolshagen, Jean Heer, Barb Stadler 630-933-6562

Central DuPage Hospital

Kathy Thiesse, Nanci Stark 708-216-8554

(Ginger Lewis-Urology only 708-216-5112)

Loyola University Medical Center

Alyce Barnicle (available on as needed basis only) 708-245-2920

LaGrange Hospital

Sarah Grcich 219-309-5939 or 219-983-8780

Porter Regional Hospital & Ostomy Clinic Valparaiso, Indiana

National UOAA Virtual Groups

Continent Diversion Network: Lynne Kramer 215-637-2409

Familial Adenomatous Polyposis (FAP) Foundation: Travis Bray 334-740-8657

Friends of Ostomates Worldwide - USA: Jan Colwell 773-702-9371

GLO Network: Fred Shulak 773-286-4005

Ostomy 2-1-1: Debi K Fox 405-243-8001

Pull-thru Network: Lori Parker 309-262-0786

Quality Life Association: Judy Schmidt 352-394-4912

Thirty Plus: Kelli Strittman 410-622-8563

Upcoming Meetings at Glenbrook Hospital

TUESDAY, 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

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

I write this column about a month before the newsletter is printed. So while listening to Christmas music I went on line to look up notable people with ostomies. Instead I found two sites that I found interesting.

The first site was stomaatie.com. It was a history lesson on all things related to stomas. I read about the inception of the modern day stoma. How, in 1952, the method of turning the end of the small intestine back on itself and attaching it to the skin was done to prevent the opening from becoming narrow and closing. This method is still used today.

Information about ileostomies, colostomies, urostomies and 'J' pouches was also interesting. The first support group was formed in 1949 in Pennsylvania. But the most intriguing part to me were the pictures of early devices for collection. The products were cumbersome and I'm sure uncomfortable. I realized how fortunate I am to live at a time when comfortable, small, pliable, reliable and mostly unnoticeable products are available. And new and better products are already on the drawing board.

The second site I found was My Ileostomy @ Me/Quiz. This was a quiz made up of ten questions relating to an ostomy. I enjoyed taking the quiz and got 9 out of the 10 correct. The one I missed was because I didn't know the population of the UK and therefore didn't know how many people there have ostomies. The answer is 1 in 600. The question I found humorous had to do with sports. We can Bungee jump, play football and surf with an ostomy but scuba diving is not recommended because of the adverse effects the greater pressure would have. For sports a stoma guard is advisable.

I found that I know more than I thought, learned a lot about the inception of cures for Crohn's, UC and IBD, and am thankful I live in this modern age where we can talk about our ostomies. Having an ostomy is no longer considered the 'secret surgery'.

May you have a blessed New Year.

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Vitamin D: Is it a Wonder Pill?

MedicineNet.com

Vitamin D is a fat-soluble vitamin that regulates the absorption of calcium and phosphorus as well as facilitates normal immune system function. This vitamin is an essential nutrient important for strong bones. Vitamin D has 2 forms: D2 (obtained from foods you eat) and D3 (obtained from sun exposure). Vitamin D is produced by the body when your skin is exposed to sunlight. You can also get vitamin D through certain foods and supplements. It's important to get enough of this vital nutrient so you don't end up with a vitamin D deficiency. Vitamin D can boost your immune system, support muscle function, keep your heart healthy, and aid in brain development. Vitamin D may also reduce your risk of multiple sclerosis and depression.

How Weather Affects an Ostomy

ostomyguide.com

The temperature and climate of the region in which you live can have a game-changing affect on how you wear your ostomy appliances. Especially useful for traveling to new climates, or for those who live in temperate zones with extreme temperatures each season, an ostomate has to adapt to these new conditions to keep a consistent wear time and maintain the reliability of their ostomy appliances.

There is indeed more concern over heat and its affects on ostomy appliances than cold. Colder climates are actually far more ideal than excessively hot temperatures when it comes to ostomy appliances, but dry air can sometimes be an issue to affect the skin, causing dryness and irritation.

A dry skin surface is actually the best condition for applying adhesives and ostomy appliances, but excessive dryness on any part of the skin (especially parts covered with adhesives and appliances...) are more susceptible to irritation.

A solution for dry air may be to try a low-cost humidifier indoors to increase the moisture in the air. Use moderation in how much humidity you increase indoors, however, as excess moisture can cause adhesives to loosen, and can also cause issues with mold in the home.

How much humidity is good? Sticking within a range of 30-50% relative humidity (measured with a hygrometer) is a good range to keep skin from getting too dry without overwhelming you or your home.



UOAA ADVOCACY NEWS

UOAA Opposes Budget Proposal to Include Ostomy & Urological Supplies in Medicare Competitive Bidding.

Statement Issued by UOAA on May 12, 2016:

United Ostomy Associations of America is working with a coalition of patient organizations, health care clinicians, and technology manufacturers to address concerns over the President's FY 17 budget provision to expand Medicare's competitive bidding program to ostomy and urological supplies.

Because it is a medical necessity that individuals have access to a properly fitted pouching system, the one-size-fits-all policy that could result from competitive bidding is unacceptable. UOAA has long opposed the inclusion of ostomy supplies in competitive bidding proposals, and will continue to do so in the future.

The coalition's plan to oppose this proposal is on a positive track. It is important that the ostomy and continent diversion community present a united front in addressing this issue with lawmakers. We ask that you connect with us and follow our updates on the progression of this proposal before taking any advocacy action.

Your personal stories highlighting the necessity of specific fittings of ostomy and urological supplies will be an especially powerful tool in convincing lawmakers of the folly of this proposal now and in the future. We will ensure that your voices are heard on this matter, and will call for your support and action at the most opportune time in this process.

UPDATE:

Dec 12, 2016 by Jeanine Gleba and Jay Pacitti, UOAA

We are pleased to report that as a result of these efforts and conversations at the committee level, the expansion of competitive bidding did not move forward. We continue to closely monitor this issue, and are diligently preparing with the coalition should this arise again, including creating a website that addresses access issues. We will let you know when this website is launched.

ALLERGIC?? HOW TO TELL FOR SURE

Stillwater Ponca City (OK) Ostomy Outlook, June 2001
via Winnipeg Inside/Out, Nov/Dec 2016.


Many times I hear that people are allergic to adhesive tape, or paper tape, skin prep, or any number of different products that are used in ostomy care. Allergies can occur with any product; they can occur with the first use of a product or after years without problems. Most people never have an allergic reaction, but a few are plagued with multiple sensitivities. However, many things assumed to be an “allergic” reaction may be another problem. It is important to know whether or not you are truly allergic to a product, because eliminating products reduces your options. Believing you are allergic may cause you not to try a pouch that might be perfect for you. Allergic reactions are usually severe and cause blistering and/or weeping skin wherever the pouch touches.

Two situations are frequently labeled as allergic by mistake:

First, if a skin sealant wipe is used, it needs to dry completely to allow the solvents to evaporate. If the pouch is applied while the solvents are still on the skin, sore skin can easily occur. Since the solvents can't evaporate through the skin barrier as they can through the paper tape collar, this will look like an allergy to the skin barrier.

Second, each time you remove a pouch, the adhesive takes with it the top layer of dead skin cells. However, if you are removing a pouch frequently, cells can be removed faster than they are replaced. This is called “tape stripping.” Everyone's skin reacts differently to having tape removed. But it's important to be gentle and not remove a pouch more frequently or quicker than necessary. Skin that is stripped will be sore in some spots and not in others. Sometimes skin around the stoma becomes fragile and strips easily, and a pouch and tape with very gentle adhesive must be found.

To check whether you are really allergic, take a small piece of skin barrier or tape and place it on the other side of your abdomen or, with the help of someone else, on your back. After 48 hours, take it off and see whether you are reacting. (If pain, itching or blistering occurs, take it off immediately.)



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If it's an allergy, you will react. If you have a history of allergies, test this way before trying on a new pouching system. It's better to have a patch of sore skin on your back than around the stoma, where you need a good seal.

If you develop an allergy to a product you have used for a long time, you can call the manufacturer and find out if they have made changes in the manufacturing process. Calls from users are sometimes their first notice that the new improvements aren't working.

“Nothing is miserable unless you think it so; and on the other hand, nothing brings happiness unless you are content with it.”

Boethius – early 6th century Roman philosopher

Ostomy ~ The New Normal

What to Drink with Drugs

UOAA Update, Oct. 2007, North Central OK
Ostomy Outlook via Ottawa Ostomy Newsletter, Oct. 2016

How many times have you received a prescription with the instructions to “take as needed” or “take before meals”? Pretty vague, but many people do not stop to question further, assuming the medication will work, no matter what they swallow it with.

Acidic drinks, such as fruit juice or soda pop, may chemically destroy certain kinds of antibiotics, including penicillin, ampicillin or erythromycin.

Citrus fruit juices may reduce the effect of antidepressants, antihistamines or major tranquilizers by speeding up their urinary excretion. Milk can interfere with a number of medicines. The laxative Dulcolax, for example, has a coating designed to ensure that the drug will dissolve slowly within the intestine. But if the medication is taken with milk, which is alkaline, it may dissolve prematurely within the stomach, lose its cathartic action and irritate the sensitive stomach lining. Milk can also block the action of tetracycline. If a doctor fails to warn his or her patient not to take this antibiotic within an hour of any dairy products, they might be puzzled to hear the infection that was being treated has not disappeared.

Even something as simple as tea, hot or cold, may cause problems. A woman given a mineral supplement to treat iron deficiency anemia would probably be surprised to learn that the tannin in tea can undo the benefits of her iron pills.

To play it safe, you can always rely on GOOD OLD WATER! Water will not interact with drugs or reduce their effectiveness.

Some Good Advice About Your Medical Insurance Coverage

by BA A, RN via Insights, Ostomy
Association of Southern New Jersey

So, your doctor ordered a test or treatment and your insurance company denied it. That is a typical cost-saving method. OK, here is what you do:

1. Call the insurance company and tell them you want to speak with the “HIPAA Compliance/Privacy Officer.” (By federal law, they have to have one.)

Mark Drug Medical Supply

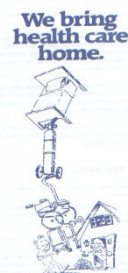
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2. Then ask them for the NAMES as well as the CREDENTIALS of every person accessing your record to make that decision of denial. By law you have a right to that information.

3. They will almost always reverse the decision very shortly rather than admit that the committee is made of low paid HS graduates, looking at “criteria words,” making the medical decision to deny your care.

Even in the rare case it is made by medical personnel, it is unlikely that it is made by a board certified doctor in that specialty and they DO NOT WANT YOU TO KNOW THIS!

4. Any refusal should be reported to the US Office of Civil Rights (OCR.gov) as a HIPAA violation.

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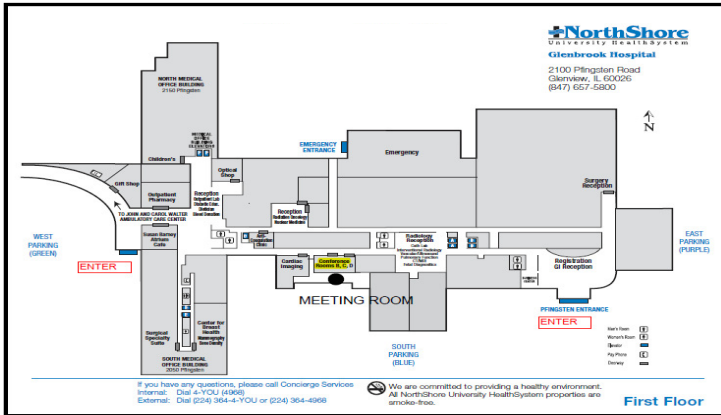
**“I have not failed. I’ve just found 10,000 ways that won’t work.”**

- Thomas A. Edison

## OAGC General Meetings

Glenbrook Hospital, 2100 Pfingsten Rd, Glenview, in the **first floor Conference Rooms C-D**.

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



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



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If you have a suggestion for a meeting or know someone you would like to invite to speak, contact Nancy Cassai, Vice President/Program Director at [cassainancy@gmail.com](mailto:cassainancy@gmail.com)

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## Can You Plan An ER Visit?

By: R. S. Elvey, OAGC

All Ostomates have the experience of dealing with a medical condition, disease or traumatic injury that lead to the creation of their stomas. During my pre stoma days I saw many doctors for various treatments and tests. My most traumatic medical encounters were visits to the ER. I was a novice and knew nothing about how an ER worked or what to expect. As we mature our visits to the ER will become more numerous.

As Ostomates and consumers of emergency medical services, what do we really know about them? And when you can, how do you prepare for an ER visit?

Every year U.S. News & World Report publishes their well-publicized list of the top ranked hospitals in America by their specialties. Unfortunately, the list of sixteen specialties does not include Emergency Services. You have to look long and hard to find a similar list for hospital emergency rooms. They do exist; two examples being "Healthgrades 2012 Emergency Medicine in American Hospitals" and the "Women's Choice Awards".

These studies analyzed the most common conditions treated, mortality rates and wait times for various services. Much of their information comes from patient surveys and Medicare. Like the U.S. News & World Report they also publish lists of recommended ER's. The very nature of the word emergency means the visit is not planned and this fact is not lost on the authors of these studies. They merely want you to consider outstanding ER's in your area.

For many Ostomates an ostomy is not our only medical condition. And the authors of these studies also realize that many medical emergencies require that you go to nearest ER as soon as possible. However, when the need arises they emphasize planning ahead in order to maximize your chances for a satisfactory outcome. From my own experience and research, I have put together the following items to take with you to the ER:

1. An emergency kit containing at least three days of your ostomy supplies.
2. Your complete medical history, written down in advance, to include a list of your current medications, an immunization history, your primary

care doctor's name and contact information, contact information for all other doctors treating you and conditions, a list of allergies, insurance cards, name and telephone number of your emergency contact person and a photo ID.

3. If you have an ileostomy and a blockage take the "Ileostomy Blockage Treatment Card" available from United Ostomy Associations of America website, [www.ostomy.org](http://www.ostomy.org)

4. When possible take another person

5. A pad of paper and a pen

All of the above means you were able to communicate when you got to the ER. But what happens when you arrive unconscious or conscious but not able to speak? The ER staff will not know you or your medical history. For these types of occurrences medical ID's can be life savers for all ages and medical conditions.

There are a variety of medical ID's available. They range from vinyl bands to metal bracelets and necklaces. The information provided is up to the individual. But what should be considered are emergency contacts, blood type, and medical conditions. The more information provided to first responders and ER staff will enhance their ability to treat you quickly and effectively. Increase your odds for a successful ER visit by planning ahead.





## Frostbite Prevention

By Mayo Clinic Staff

Frostbite can be prevented. Here are tips to help you stay safe and warm.

- **Limit time you're outdoors in cold, wet or windy weather.** Pay attention to weather forecasts and wind chill readings. In very cold, windy weather, exposed skin can develop frostbite in a matter of minutes.
- **Dress in several layers of loose, warm clothing.** Air trapped between the layers of clothing acts as insulation against the cold. Wear windproof and waterproof outer garments to protect against wind, snow and rain. Choose undergarments that wick moisture away from your skin. Change out of wet clothing – particularly gloves, hats and socks – as soon as possible.
- **Wear a hat or headband that fully covers your ears.** Heavy woolen or windproof materials make the best headwear for cold protection.
- **Wear mittens rather than gloves.** Mittens provide better protection. Or try a thin pair of glove liners made of a wicking material (like polypropylene) under a pair of heavier gloves or mittens.
- **Wear socks and sock liners that fit well, wick moisture and provide insulation.** You might also try hand and foot warmers. Be sure the foot warmers don't make your boots too tight, restricting blood flow.
- **Watch for signs of frostbite.** Early signs of frostbite include red or pale skin, prickling, and numbness.
- **Plan to protect yourself.** When traveling in cold weather, carry emergency supplies and warm clothing in case you become stranded. If you'll be in remote territory, tell others your route and expected return date.
- **Don't drink alcohol if you plan to be outdoors in cold weather.** Alcoholic beverages cause your body to lose heat faster.
- **Eat well-balanced meals and stay hydrated.** Doing this even before you go out in the cold will help you stay warm. And if you do become cold, drinking warm, sweet

beverages, such as hot chocolate, will help you warm up.

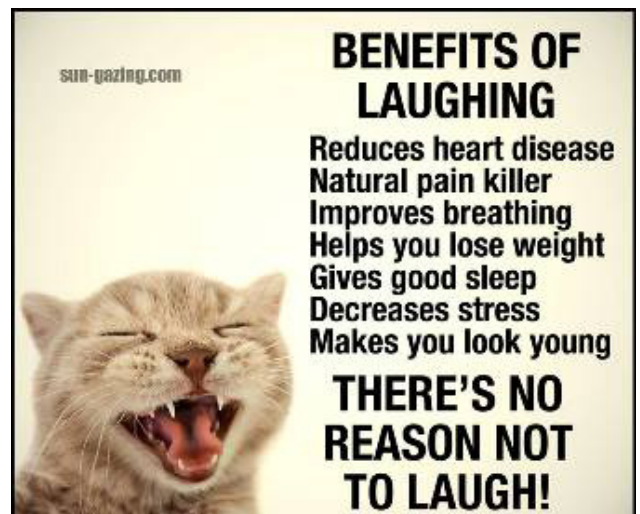
- **Keep moving.** Exercise can get the blood flowing and help you stay warm, but don't do it to the point of exhaustion.

## February is National Heart Health Awareness Month



10 Ways to Love Your Heart  
from the American Heart  
Association

1. Get regular checkups.
2. Know your blood pressure and cholesterol numbers.
3. Follow your doctor's recommendations for diet and exercise.
4. Take prescribed medications as directed.
5. If you smoke, quit now.
6. Get at least 30 minutes of moderate physical activity each day.
7. Eat a heart-healthy diet, including fruits and vegetables, whole grain foods and fish.
8. Limit food high in saturated fats and cholesterol.
9. Limit your sodium intake to 2,300 mg a day.
10. If you drink alcohol, drink in moderation - an average of no more than one drink a day for nonpregnant women.





## Stomas 101

Things to know about your stoma include:

- Your stoma is the lining of your intestine.
- It is a continuation of your digestive system which begins in your mouth.
- It will be pink or red, moist, and a little shiny.
- Stomas are most often round or oval.
- A stoma is delicate, but should not produce pain.
- Most stomas protrude a little over the skin, but some are flat or even recessed.
- You may see a little mucus.
- Your stoma may bleed a little when you clean it, but should stop rather quickly.
- After surgery, the stoma will be swollen, but will shrink over the next several weeks.
- You should never stick anything into your stoma, unless your doctor tells you to.

The skin around your stoma should be dry and look like it did before surgery. The feces or urine that comes out of the stoma can be very irritating to the skin, so it is important to take special care of the stoma and pouching system to avoid damage to the skin. Carefully look at your stoma and the skin around it every time you change your pouch or barrier. If the skin around your stoma is red or wet, your pouch may not be sealed well on your stoma. Sometimes the adhesive, skin barrier, paste, tape, or pouch may damage the skin. This may happen when you first start using a stoma, or it may happen after you have been using it for months, or even years.

If you're 50  
or older, get  
screened for  
colorectal cancer.



## March is Colon Cancer Awareness Month

## Abdominal Noises

UOAA Update

Abdominal noises happen! However, as ostomates, we are embarrassed and wonder if something is wrong. It is usually “sound and fury, signifying nothing” important.

Any of the following may be the cause:

You are hungry. Peristalsis goes on whether there is anything to move through or not. Empty guts growl. Eat a snack between meals or consider four small meals a day.

You are nervous, so peristalsis is increased. Try to slow down. Try to eliminate some stress. (especially at meal times)

Coffee and tea, cola and beer—all stimulate peristalsis. Beverages consumed on an empty stomach will produce gurgles as peristalsis redoubles its movements. Add a little bit of food with your beverages. Try some crackers and/or bread.

Eating a high-fiber diet produces gas, so rumbles increase. Mix with other foods. Reduce amount of insoluble fiber. Switch to more soluble fiber

Intestines do not digest starches and sugars as easily as proteins and fats. Reduce the amount of carbohydrates that cause you trouble. Mix with proteins and fats.



*Did you know....* Vitamins should be taken on a full stomach. Otherwise, they irritate the lining of the stomach and produce the sensation of feeling hungry.

# 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

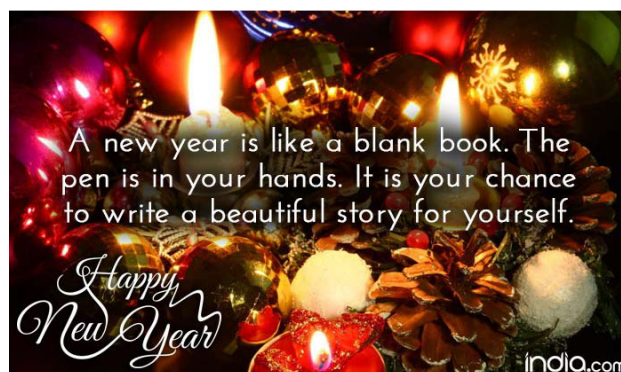
► A very special thank you to everyone who donates to our association. Our largest expense, the cost of printing and mailing this newsletter, is continually increasing and is only made possible through the generous donations of our members.

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](http://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).*