

The New Outlook

January/February/March 2018



UPCOMING TUESDAY MEETINGS

January 16, 7:30 pm

February – No Meeting

March 20, 7:30 pm

GLENBROOK HOSPITAL

2100 Pfingsten Rd, Glenview, IL

Conference Rooms C & D, 1st Floor

October's Meeting (our 471st)

We enjoyed an evening of Show & Tell. There were so many interesting products, helpful ideas and useful tips generously shared by our members. We all learned a great deal!

December's Meeting (our 472nd)

December was our annual Holiday Party. 46 people attended! The weather was wonderful, the food was great, the friendship even better. The game.... well we laughed a lot and everybody won!

But the highlight of the evening was singing an Ostomy Version of the Twelve Days of Christmas, written by Traci.

Join us **Tuesday, January 16** when we Test Your Knowledge with an Ostomy Quiz.

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

Remember, newsletters are now quarterly. Make sure we have your current email address to receive monthly meeting reminders.

Save paper AND save us money by choosing the electronic version of the newsletter. Email uoachicago@comcast.net to request the e-newsletter. As a bonus, the e-version will include additional article(s) in place of the address page.

Ostomy ~ The New Normal

www.uoachicago.org



www.ostomy.org

Ostomy Association of Greater Chicago (OAGC)

Established 1975

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

Central DuPage Hospital

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(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, January 16 – Ostomy Quiz

February– NO MEETING

TUESDAY, March 20 –

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

Southwest Suburban Chicago, Evergreen Park

The third Monday at 6:30pm, Little Company of Mary Hospital, 2800 W. 95th St., Evergreen Park - Rm 1702.

Contact Nancy Olesky 708-499-4043, nanook60@sbcglobal.net or 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

Wellness House, Hinsdale

Kay & Mike Birck Home of Hope 131 North County Line Road

Ostomy Networking Group for Cancer Survivors 4th Mondays

Contact Karie Milewski-Carlson, 630.654.5114 or

kmcarlson@wellnesshouse.org

Here and Now

with Patricia Johnson

On a Saturday in April my husband, Dale and I, along with other members of area ostomy groups attended the Visitor Training Seminar. At this seminar we learned how to talk to ostomy patients regarding their concerns. In September I had the opportunity to use what I had learned.

Through a mutual friend I heard about a lady who was very sick from Crohn's disease. Through this friend I sent a note introducing myself, explaining that I too had had Crohn's and now had an ostomy. I gave her my phone number inviting her to call me if she wanted to talk.

She did call and I answered some of her questions. We agreed to meet. Because she was homebound due to her illness I went to her home. I took some supplies to show her. She had a surgery date scheduled for the end of September but was hesitant about taking this step. We spoke at length. During our conversation and subsequent ones, I found that what I had learned at the seminar to be the foundation for helping this dear lady.

She did have the surgery. I visited her in the hospital and met her family. She was in good hands and before she left the hospital I knew she would be taught how to manage her ostomy. I felt that my training at the seminar had been beneficial for both of us. Dale and I took a short vacation.

This, however, was not the end of the story. On Sunday evening this dear lady called me in tears. She had just been released from the hospital, was home alone and had changed the appliance 4 times because of leakage. She was almost out of supplies and did not know what to do. I knew I could help and I could not turn my back on her. I gathered up supplies and my husband drove me to her home. And thus began a new chapter in my life with as an ostomate.

I found her holding a towel over her stoma and overwhelmed by the situation. We went into the bathroom where I removed the appliance, cleaned her skin and put on a new ring, wafer and pouch. I used elastic barrier strips to hold the wafer in place. During all this she cried and I prayed.

We have all cried. There is such a huge learning curve that goes along with a new ostomy on top of which you are healing, weak and tired. I knew first hand what she was going through. Seminar lessons at that moment took a back seat to real life knowledge



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and empathy. I listened, confirmed that what she was experiencing was indeed hard and reassured her that it would get easier; she would get through this.

I took her to the hospital to see the wound nurse. I watched everything the nurse did, listened to what she said. By the time we reached her home the appliance was leaking. I changed it the way the nurse did it and we didn't even get out of the bathroom before it was leaking again.

Enough! I said this time we are doing it my way. I prayed and it held for 2 days. We changed it again, I prayed and we got 4 days. By this time my friend was a little stronger and was able to do more of it herself. She was on her way. We were both pleased.

As for me, I believe God gave me the grace to help this woman. It is not a pleasant task changing someone's appliance. (Honestly, I don't even like changing my own.) But I did it because her need was so great and I knew how to help her. I just got in there and did it. She can now manage the ostomy on her own, she is getting stronger each day and she is getting her life back. And me, I have a new and dear friend. Happy New Year!

Life is Good!

You Will Never Have to Scrub a Toilet AGAIN If You Make These DIY Toilet Cleaning Bombs

It's not every day when a true-life hack graces us with some useful knowledge. Luckily this is one of them! Everyone hates scrubbing their toilets; it's a disgusting chore that can take much more of your time than you ever wanted. Sure, there's a plethora of household name brand chemicals that will aid in your venture, but with these little DIY toilet bombs you'll never have to worry about scrubbing again!



Here's what you'll need:

- Baking Soda - ½ Cup
- Citric Acid - ½ Cup
- Corn Starch - ½ Cup
- Essential Oils (Your choice of scent, but citrus has the best cleaning qualities) - 25 Drops
- A Spray Bottle Filled with Water
- A Mold for Shaping
- Gallon Sized Zip-Top Bag
- Ziploc Baggies

Now, here's how you actually make them:

1. In the large zip-top bag, combine all of the ingredients aside from the oils and the water and shake it up until it's nice and mixed.
2. Open the bag up and use the spray bottle 2-3 times before closing again, then knead the mixture from outside the bag.
3. Repeat Step 2 five to seven times, releasing any excess gasses inflating the bag too much.
4. Don't use too much water! You want the mixture to be more "doughy" than liquid, at this point you want it to seem more like pie dough.
5. Now add in the oil drops you chose and get back to kneading!

6. You're almost finished! You should be able to pack in the mixture into the mold you chose, then let it dry for a couple days.

7. After it's done drying in the mold, pull them out and let them dry for another two days.

8. With the drying complete you can stuff them into Ziploc bags until you're ready to use them!

Your Stomach Will Hate You After Eating These 4 Foods

Bridget Creel, The Daily Meal

Processed foods will definitely cause turmoil on your digestive system.

Does your stomach disagree with you every time you eat a certain food? With all of the ingredients found in foods today, it's difficult to highlight the exact cause.

If you suffer from common digestive problems, eliminating some of these foods from your diet may help solve your discomfort.

Acidic Foods

Even the healthiest fruits and vegetables such as oranges, lemons, and tomatoes can increase the risk of developing acid reflux. Acid reflux can lead to uncomfortable **heartburn** and make your stomach upset. By removing **acidic foods** from your diet or not eating acidic foods on an empty stomach, you are more likely to decrease the effects of irritation and inflammation.

Artificial Sweetener

One may think it's a smart idea to cut calories with artificial sugars but that may play a part in upsetting your digestive system. "In general, sweeteners which are partially digested (sugar alcohols) have the biggest impact on the GI system and can lead to bloat, gas, and diarrhea," said nutritionist and dietitian Erin Palinski-Wade to The Huffington Post.

High Fat Foods

It's difficult for your body to digest foods that are high in saturated fat, such as French fries and ice

cream, so you end up feeling full and uncomfortable. If you already suffer from heartburn, it's best to avoid these high-fat foods all together.

Processed Food

Anything ranging from white bread, to soda, to potato chips is considered a processed food. Processed foods have shown to be linked to weight gain, type 2 diabetes, and heart disease. Processed foods move quickly through the body and can cause bloating, cramping, and other digestive issues.

OSTOMY WORLD REPORT

from R. S. Elvey, OAGC

Interesting, relevant, and darn right strange tidbits from the ostomy world....

Octavia the Octopus has an Ostomy is an illustrated children's book for pediatric ostomy patients written by Rebekah Foguth, RN, BSN, CCRN and available on Amazon.... if you are looking ahead to a summer of outdoor adventure then click on ostomyoutdoor.com created by Heida Skiba who writes about hiking and camping with an ileostomy.... for the ostomate that likes extreme water sports or just sitting in the Jacuzzi then take a look at Stealth Belts Neoprene Extreme Stealth Belt available at www.stealthbelt.com.... or for just swimming try Swim Wear Fabric Ostomy Pouch covers by www.ostomybagholder.com.... Ostomy Strength a new UTube channel created by Chloe Moody targets millennial ostomates... low profile and more discrete support belts can be purchased at www.celebrationostomysupportbelts.com... once again Stomawise UK is publishing their 2018 Ostomy Awareness Calendar featuring men, women and children showing their pouches and proving that life goes on go to stomawise.co.uk.



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than any we leave behind.*

- CS Lewis

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2018 OAGC Meeting Dates

Since we now publish our newsletter quarterly, here's the list of dates for the year so you can add them to your calendar.

All dates are Tuesdays.

January 16 - Test Your Ostomy Knowledge

February - no meeting

March 20

April 17 - Our 43rd Anniversary

May 15

June 19

July 17

August - no meeting

September 18

October 16

November - no meeting

December 18 - Holiday Party

10 Ostomy diet tips

Your diet is vital to managing your ostomy. These tips will help you understand how your eating habits affect your ostomy.

1. Chew your food thoroughly. The pieces that you swallow will often be the same size when eliminated.
2. Eat meals at regular times and avoid fasting; take your time eating to avoid swallowing air that can lead to excessive gas
3. Consider eating 4 to 5 small meals throughout the day instead of 3 large ones. This may help control your output.
4. Avoid swallowing air when chewing gum or drinking through a straw. The extra air can lead to gas.
5. Drink plenty of water. Drinking at least 64 oz. of water each day to prevent constipation is recommended.
6. Limit or cut out foods that cause odor and eat more foods that prevent odors.
7. Some foods, like beer, coffee, fried foods and others, have a laxative effect. You may want to limit these foods in your diet.
8. For people with colostomies, eat high fiber foods, including whole grain breads, vegetables and cereals. These foods can help increase the bulk of your output. *Note:* Add high fiber foods gradually into your diet, and not all at once, to minimize gas and bloating.
9. For people with ileostomies, chew food well to avoid food blockage.
10. Keep a food journal for a week and record what you ate and when you ate it, along with notes on your output and any discomfort you felt. Review your journal and make changes to your diet based on what you discover.

The ultimate measure of a person is not where they stand in moments of comfort and convenience, but where they stand in times of challenge and controversy.

Martin Luther King

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How long do cold and flu germs stay alive after infected people cough or sneeze?

Answered by James M. Steckelberg, M.D.,
Mayo Clinic

Cold and flu germ-laden droplets may remain infectious for several hours, depending on where they fall. Germs generally remain active longer on stainless steel, plastic and similar hard surfaces than on fabric and other soft surfaces. Other factors, such as the amount of virus deposited on a surface and the temperature and humidity of the environment, also determine how long cold and flu germs stay active outside the body.

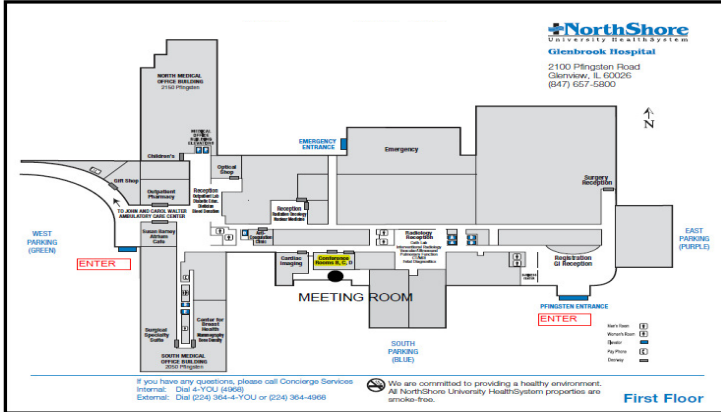
It's possible to catch the flu or a cold after handling an object an infected person sneezed or coughed on a few moments ago. But personal contact with an infected person — such as a handshake or breathing in droplets from a cough or sneeze — is the most common way these germs spread.

The best way to avoid becoming infected with a cold or flu virus is to wash your hands frequently with soap and water or with an alcohol-based sanitizer. Also avoid rubbing your eyes or biting your nails. Most importantly — get a flu vaccine every year.

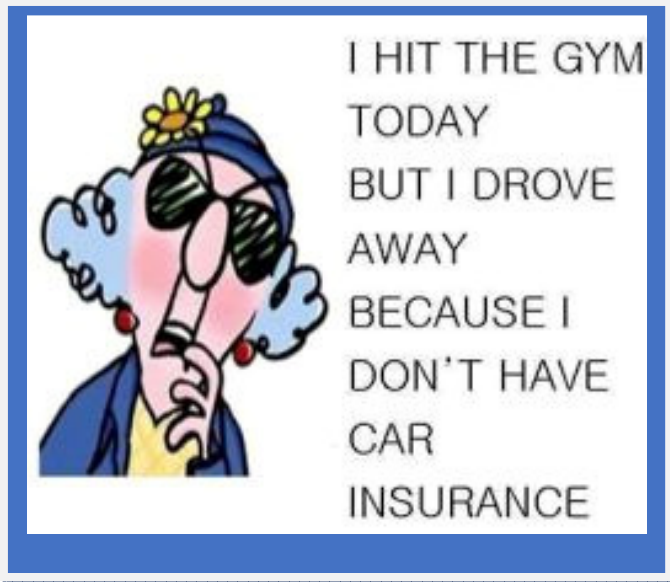
OAGC General Meetings

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 side Entrance. Upon entering, take the hallway to the left.



Glenbrook Hospital 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

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Online Version Now Available

The Phoenix magazine, America's leading ostomy publication, is now available to view online at www.phoenixuoaa.org. Those with a colostomy, ileostomy, urostomy or continent diversion can now get ostomy answers instantly with a Premier Online Version for **\$19.95** per year. It is optimized for viewing on personal computers, tablets (iPad, Kindle, etc.) and even smart phones such as the iPhone and Android operating system. Subscribers can search for keywords, download a PDF, make printouts and click on embedded links in articles and advertisements to find out more information.

The Phoenix Magazine is the official publication of the nonprofit United Ostomy Associations of America and published by Ian Settlemire. Each issue is 72-80 pages and is published each March, June, September and December.

For more information, please visit:

www.phoenixuoaa.org

or email:

<mailto:publisher@phoenixuoaa.org>

Call your Ostomy Nurse if:

- The skin around the stoma is red, weepy, bleeding, or broken.
- The skin around the stoma itches, burns, stings, or has white spots.
- The stoma swells, changes color, or bleeds without stopping
- The stoma changes size, becomes even with, or sinks below the skin, or sticks up more than normal.

Even in winter, remember to stay hydrated.



Questions

Dallas (TX) *Ostomatic News*

Does paste make the pouch stick better?

No. Paste helps to prevent liquid drainage from getting between the skin and the skin barrier. This protects the peristomal skin and often extends the life of the skin barrier. Paste is **not** an adhesive and too much paste can actually interfere with a good seal.

When should skin barrier powder be used?

Skin barrier powder is used when the peristomal skin is moist due to irritation. When the skin has recovered and healed the powder should be discontinued. If another type of powder, such as an antifungal powder, has been prescribed, it should be used according to instructions.

What is convexity?

Convex skin barriers help to gently press the skin inward around the stoma, to make the stoma protrude more or smooth out imperfections in the peristomal skin. This gentle pressure can help to create an improved seal and may extend wear time.

How often should a pouching system be changed?

The answer is “it depends.” It depends on many factors, such as type of discharge, skin condition, type of skin barrier used, location on the body, and construction of the stoma. The key is to achieve predictable wear time. Changing a pouch twice a week is very acceptable. Most clinicians agree that a pouching system should be changed at least once each week. If the pouch is being changed frequently due to leakage, a WOC nurse should be consulted.

How often should I empty the pouch?

The type of ostomy and amount of output will influence how often is necessary. You will want to empty your pouch regularly throughout the day – usually when it is one-third to one-half full. It is not a good idea to let your pouch overfill.

A New Year! To Exercise?

*from UOAA UPDATE, January 2015
as printed in “Ostomy Outlook”, Ostomy Association
of Central Oklahoma, January, 2015*

Was exercise at the top of your New Year’s Resolution List only to be replaced with a set of excuses a week later? Well, let’s see what those excuses may be:

I Don’t Have Time: One less cup of coffee in the morning and a few more minutes in your busy day taken from other less beneficial activities will add up. Say to yourself, “I am worth 30 minutes a day!”

Boring, Boring! There’s lots of different kinds of exercise to choose from. Find something you enjoy and you just might stay with it.

I’m Too Tired: Studies have proven that exercise revs up the bloodstream, which produces energy. A brisk walk in the cool of the evening will relax and revive you – it may even add to romance!

I’m Too Old: Oh, PLEASE!! Have you seen Sophia Loren lately? She may have been born beautiful, but staying there is no gift. But don’t have unrealistic expectations. Just go at your own pace. You just might inspire some youth in your life to want to find out how you do it.

Not Enough Space: All you need is enough room to lie down – but avoid drafts, which may cause muscle cramps. Or better yet, go walking outdoors, or in bad weather indoors works well too. Outdoor walking will use all your muscles and you get fresh air to

boot! Indoor walking can be enjoyed at a local mall. You can window shop and get your exercise in at the same time!

It’s Too Expensive: You don’t need fashionable regalia, high-priced equipment, and/or an expensive fitness membership. If you plan on walking, a good, but not necessarily expensive, pair of shoes is all that is required.



“You’ve
gotta dance
like there’s
nobody
watching,
Love like
you’ll never
be hurt,
Sing like
there’s
nobody
listening,

And live like it’s heaven on earth.

-William W. Purkey

Organic foods: What the labels mean

If you’re interested in buying organic food products, make sure you know what to look for. To carry the U.S. Department of Agriculture organic seal, products must be 100 percent organic or be made with at least 95 percent organic ingredients. No other products can carry the organic seal.



“Your x-ray showed a broken rib,
but we fixed it with Photoshop.”

Family and Spouse—Their Needs

By Donna Hoffman, LPW-ET, Blue Water NM

Much has been communicated about the person who must undergo ostomy surgery, his/her physical recovery from the surgery, and his/her emotional recovery—also important. But what about the spouse and children? They suffer in their own way. In the hospital, doctors and nurses hurry around seeing to the new ostomate's physical needs, and the new ostomate's visitors see to the emotional needs.

Who is there for the family? Spouses suffer just as much—if not more. They must put up with our outbursts of anger, despair and depression. They work with us, giving love and support, and then go home to an empty house and wonder—what next? There is usually no one to help them through their anxious days of worry and uncertainty. "How will my loved one accept me? After all, I'm not the one with an ostomy. Will he/she change or be the same?" After the ostomate comes home from the hospital, the family and spouse usually tolerate inconveniences; such as, pieces of skin barrier stuck to the floor, paste spilled on a favorite brush or comb, irrigating tubing hanging in the bathroom, leaning to leave the bathroom free at that certain time of the day, making extra "pit stops" when traveling, etc. And on the spouse's end, "What about our sexual life? Will it be the same? Will it be worse, better, or maybe none at all?"

Spouses and families need the same support during the hospitalization and recovery phase as the new ostomate. They need to be included in the teaching of ostomy care, to feel they are still wanted and needed. Children should have the surgery explained to them so that mom or dad will seem the same and love them all the more. They will not think anything of it if explained in a simple understanding way.

An ostomy is nothing to be ashamed about and it should not be treated any differently than someone who takes insulin or wears a prosthesis—false teeth. Spouses should also take advantage of opportunities to talk to other spouses of ostomates at Support Group meetings.

Did you know... The adult stomach has a very small volume when empty but can expand to more than 1.5 liters of food when full.

What Does Gastrointestinal Mean?

Digestive System Health

Gastrointestinal comes from two words: "gastro" which means stomach or related to the stomach and "intestinal", well seems obvious, which is the intestine or relating to the intestine. You may have seen the term gastrointestinal tract, abbreviated as GIT, which is pertaining to the tube in your digestive tract which comprises of your stomach and your small and large intestine. However, in most health (medical, Anatomy, Physiology) books, the term is also used as an alternate name for the digestive tract. Your digestive tract is a long tube that starts from your mouth and ends in the anus.

Gastrointestinal tract and the Digestive System

For some people, they may think that the gastrointestinal tract is the same as the digestive system. To clarify this, the gastrointestinal tract is a part of an entire group of organs responsible for digesting and removing waste, which is the digestive system.

When talking about the digestive system, it includes the:

- *Digestive tract (Remember the long tube?)
- *Salivary glands that produce saliva
- *Liver
- *Pancreas

There you go, some information for those who are looking for the term "gastrointestinal".



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 21-35 35-50 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.

TRAVEL COMMUNICATION CARD

COMPLIMENTS OF THE UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

This is provided to travelers in order to simplify communication with federal Transportation Security personnel and airline flight attendants, at those times when you wish or need to communicate in a non-verbal way, as is your legal right.

This is not a “certificate” and it is not a “pass” to help you avoid screening.

Please print out on any weight of paper you wish, trim to wallet-size and laminate if desired. The blue color is important, as it is a “flash-card” developed by the TSA so their own officers will recognize it and be guided to treat the traveler with discretion and sensitivity.

If laminated in a double-side manner, it can be used ‘blue side out’ during security screening, and the white side out when communicating non-verbally with airline personnel.

JUST PRINT, CUT OUT, FOLD, AND PUT WITH TRAVEL DOCUMENTS

NOTES: You may always have a travel companion with you during a private screening.

- TSA officers should NOT ask you to show your pouch—you may be asked to rub over your pouch outside your clothing so they can test your hand to rule out explosive residue.
- To file a complaint, send email to TSA-ContactCenter@tsa.dhs.gov (with copy to advocacy@ostomy.org, please).

OUTSIDE LEFT—for use during screening before boarding. Intended for the passenger to show the TSO at the beginning of personal screening - before being patted-down or entering a full-body scanner. The TSO may not take it from you to read, since the distinctive blue color makes it like a ‘flash card’.

OUTSIDE RIGHT

Notification Card

I have the following health condition, disability or medical device that may affect my screening:

(Optional)

I understand that presenting this card does not exempt me from screening.

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TSA respects the privacy concerns of all members of the traveling public. This card allows you to describe your health condition, disability or medical device to the TSA officer in a discreet manner. Alternate procedures which provide an equivalent level of security screening are available and can be done in private.

Presenting this card does not exempt you from screening.

~ ~ GOTTA GO NOW ~ ~ RESTROOM ACCESS

The cardholder contains body waste in an OSTOMY POUCH (stool/urine) and/or carries pouches and related supplies and/or a catheter to manage personal hygiene. S/he needs access to the restroom now in order to empty the pouch — this is critical for the cardholder’s well-being and for public sanitation.



TRAVELER’S COMMUNICATION CARD

Provided by the UOAA, a volunteer-based health organization dedicated to providing education, support and advocacy for people who have or will have intestinal or urinary diversions.

United Ostomy Associations of America
www.ostomy.org 1-800-826-0826

INSIDE LEFT - this is designed to show in the event it is needed while in flight and the pilot has chosen to limit restroom access—or when passengers are supposed to be belted in during turbulence. You might wish to show it to a flight attendant during boarding and/or getting settled, so he or she will be mindful of your situation. Before laminating, you may wish to rotate the bottom half so all text is in one direction when it is folded/unfolded.

INSIDE RIGHT