

# The New Outlook

April/May/June 2018



## UPCOMING TUESDAY MEETINGS

April 17, 7:30 pm

May 15, 7:30 pm

June 19, 7:30 pm

**GLENBROOK HOSPITAL**

2100 Pfingsten Rd, Glenview, IL

Conference Rooms C & D, 1st Floor

### **January's Meeting** (our 473rd)

We had fun with an ostomy knowledge quiz, which also led to helpful discussions. We officially introduced our new nurse, Bernadette auf dem Graben-Bailie, (Bernie Bailie) who will share meetings with Madelene Grimm. We are thrilled that she has joined our "family."

### **March's Meeting** (our 474th)

Our speaker was Brock Masters the Global Product Manager for Global Marketing Hollister Ostomy. He talked about his experiences growing up in Canada; why he too has an ostomy. He told us about ostomy products he invented and a business he started before joining Hollister. He is a very interesting young man and a delight to know.

Join us Tuesday April 17 when we celebrate WOC Nurses and our 43rd Anniversary with cake and laughter yoga!

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](mailto: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.



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

## Ostomy Association of Greater Chicago (OAGC)

Established 1975

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Bernie auf dem Graben-Bailie [henny311@yahoo.com](mailto:henny311@yahoo.com)

### Hospitality

Sandy Czurylo

## Wound Ostomy Continence Nurses (WOCN)

Julianne Ciaglia 773-990-8498

*Presence Resurrection Medical Center*

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*

Robert Maurer, Laura Crawford 312-942-5031

*Rush University Medical Center*

Casey Mulle 847-657-5963

*Glenbrook Hospital*

Cheryl Isberto 847-933-6091

*Skokie Hospital*

*Highland Park* 847-926-5806

Agnes Brugger 847-570-2417

*Evanston Hospital*

Connie Kelly, Mary Kirby 312-926-6421

*Karen Blum*

*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, April 19 – Laughter Yoga

TUESDAY, May 15 –

TUESDAY, June 19 – Hernia Information

### 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](mailto: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](mailto:nanook60@sbcglobal.net) or [swscost@gmail.com](mailto: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](mailto:Heather.Lacoco@Advocatehealth.com) or Tom Wright, [tomwright122@att.net](mailto: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](mailto:bret.cromer@sbcglobal.net)

**Aurora**

The second Tuesday at 7:00pm, Provena Mercy Center. Contact John Balint 630-898-4049, [balint.john@yahoo.com](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto:kmcarlson@wellnesshouse.org)

## Here and Now

with Patricia Johnson

*"Always walk through life as if you have something new to learn and you will." -Vernon Howard*

Even after 6 years with my ostomy I am still learning new things. I now know why it is not good to drink through a straw. Because you first suck up air. But what is a smoothie or shake without a straw sticking up in it? Less air in your pouch. EZ Vents to the rescue. They are applied to the pouch and can be opened to remove air with very little fuss or mess. I love them.

Lots of ideas and tips were shared at a recent meeting devoted to helping each other. I want to share some of them with you. In writing this column I had to do a little research because things were mentioned that I was not familiar with. I am looking forward to the UPS delivery truck stopping here.

New to me was Fresh Wave Ostomy Products that eliminate odor using natural, non-toxic ingredients. I ordered the odor removing kit which consists of drops for my pouch and air spray. They claim to completely remove odors instead of masking them. I will let you know how they work.

Other ways to control odor are; Devrom tablets that you chew before eating. They work well for many people. You can put half a capful of alcohol free mouthwash in your pouch. And Febreze makes a room spray that is 2 times the strength. Spray it down toward the floor or in the water.

An area of concern is keeping your appliance dry when showering. In the shower a stoma cup can be used in place of the wafer and pouch. I found a reusable, waterproof stoma pouch cover at SuperFurryRainbow. I ordered one to try. After a shower gently squeeze the end of your pouch to remove excess water and then put on a terrycloth pouch cover that will absorb the remaining moisture.

To swim with an ostomy; if you use a 2 piece appliance put on a closed end pouch. Pink tape around the wafer will hold it in place. Cover the filter with waterproof tape. Change the appliance after swimming.

If you use paste put the tube in hot water to soften it. Then work with it until it is like dough so that it won't be so sticky.



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Some travel tips: Empty your pouch before going through security. Apply for pre-check. And any food you are taking should be at the top of your bag away from any devices. Food is dense and will set off alarms. I found this very interesting.

To clean up messes, on clothes shout wipes come in pouches that can be carried in purse or pocket and work very well. TECH stain remover works really well on almost anything.

Going out and need to have supplies handy? The Hollister First Start bag can be dressed up with a pretty pin and no one will be the wiser. You don't have to be going anywhere special to make the bag pretty. We all need something to remind us each day that we are special.

So, there you have it. Some pre-tested ideas that work and a couple of new products to try. Sharing ideas was fun and interesting.

*Life is Good!*

## 5 Reasons Why I'm Finally Returning to an Ostomy Support Group

by Rena Münster

(via OSTOMY OUTLOOK, OA North Central Oklahoma)

This past Sunday I attended my first ostomy support group with the **Metro Maryland Ostomy Association**. The bar was set low going into it. In the past I have gone to other support groups and have been tremendously disappointed. I didn't feel like they were run by volunteers who were suited to lead such a group and the time was spent letting everyone go around the circle and tell their sob story. I know this can be helpful to some people, but it is not what I needed. I found that there was nothing productive or informative about the sessions. But this past Sunday's meeting was pleasantly surprising, and here is why:

1. I was the youngest person in the room by 30 to 40 years. I was given a heads up by my ostomy nurse before going that many young ostomates are turned off and never return, because when they get there they realize they have walked into a room of their grandparents' peers. I went into it knowing this would be the case and was happy to be greeted by very friendly people. I stood out like a sore thumb but people came up to me and introduced themselves. Many of the people there have had ostomies for much longer than me. I find this a plus and will continue to look to them for guidance and inspiration. I do have hope that if I continue to go I will catch new young ostomates and will convince them to keep coming back. My long-term goal would be to recruit enough young people to start our own group.

2. The session was professional and organized. Beyond standing up and quickly introducing myself to the well-attended group of about 30 people, there was no sob fest. The meeting was kicked off by one of the board members (they have a board!) and they introduced the speaker for the day. This week they had a representative from a company that manufactures ostomy products in Germany. These products are brand new to the American market. We got to learn about their products, ask questions and sign up for free samples. My impression is that for every session they either have a professional speaker or they break out into small groups based on the type of ostomy you have, and you can talk with an ostomy

nurse and ask each other questions.

3. They have a WOC Nurse (Wound, Ostomy and Continence Nurse) there at your disposal. I have only been able to see my ostomy nurse when I have follow-up appointments with my surgeon. These appointments are about to end (I only have one more...knock on wood) and I'm not sure I'll be schlepping out to Baltimore to see her again. While she is very responsive to my questions over email and phone, I get more from face-to-face interactions. At every meeting this group has a certified ostomy nurse. I got in line to talk to her at the end of the speech and was able to ask her my questions. She is a retired nurse and has many years of experience. I found her to be very knowledgeable, approachable and helpful. Too bad she doesn't do private consults in DC.

4. They have a sample table in the back filled with supplies. I think my free sample radar noticed this table before anything else when I walked into the room. It was in the back and covered in all the various ostomy supplies you might need. Turns out it's there for the taking! When I spoke to the nurse and asked her my questions she pointed out specific products on the table I should take home and try. Before I left I went to get a close-up examination of what was there. I took a couple adhesive remover wipes and skin prep wipes out of the boxes and put them in my purse along with an entire bottle of stomahesive powder. This elderly man came up to me and asked why I took so few. I told him I wanted to make sure other people got to take some home. He looked me straight in the eye and with a very serious tone said, "If you see something you like, take it!" He then proceeded to take the two boxes that were basically full and shove them into my hands. I walked out of there with about \$90 worth of supplies my insurance doesn't cover but I actually need. Thank you sir for looking out for me!

5. I was in a room with other ostomates.

I found it refreshing to walk into the room and know everyone had an ostomy like me. Being in their presence made everything feel normal for two hours.

Read more by Rena on her Facebook page and website!

Facebook: @myintestinalfortitude

Blog: [www.myintestinalfortitude.com](http://www.myintestinalfortitude.com)

(Sounds a lot like our group!)



**HUH?!?!?!?**

From OSTOMY OUTLOOK Ostomy Association  
of North Central Oklahoma March 2018

**Hello! Is this Gordon's Pizza?**

No sir – it's Google Pizza.

**I must have dialed a wrong number. Sorry.**

No sir – Google bought Gordon's Pizza last month.

**OK. I would like to order a pizza.**

Do you want your usual, sir?

**My usual – you know me?**

According to our caller ID data sheet, the last 12 times you called you ordered an extra-large pizza with three cheeses – sausage – pepperoni – mushrooms and meat balls on a thick crust.

**OK – that's what I want.**

May I suggest that this time you order a pizza with ricotta – arugula – sun-dried tomatoes and olives on a whole wheat, gluten free, thin crust?

**What? I detest vegetables.**

Your cholesterol is not good, sir.

**How the hell do you know?**

Well, we cross-referenced your home phone number with your medical records. We have the result of your blood tests for the last 7 years.

**Okay, but I do not want your rotten vegetable pizza! I already take medication for my cholesterol.**

Excuse me sir, but you have not taken your medication regularly. According to our database, you only purchased a box of 30 cholesterol tablets once, at Drugsale Network, 4 months ago.

**I bought more from another drugstore.**

That doesn't show on your credit card statement.

**I paid in cash.**

But you did not withdraw enough cash according to your bank statement.

**I have other sources of cash.**

That doesn't show on your last tax return unless you bought them using an undeclared income source, which is against the law.

**WHAT THE HELL?? !!!!**

I'm sorry, sir, we use such information only with the sole intention of helping you.

**Enough already! I'm sick to death of Google-Facebook-Twitter -WhatsApp and all the others!! I'm going to an island without internet-cable TV-where there is no cell phone service and no one to watch me or spy on me!**

I understand sir – but you need to renew your passport first. It expired 6 weeks ago!

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## Emptying the pouch

For a drainable pouching system, follow these steps to empty your ostomy pouch. Keep in mind, that it's best to empty your pouch when it's about 1/3 to 1/2 full. If it gets too full, the pouch's weight may cause it to pull away from your skin, resulting in leaks, skin irritation and odor.

Place a sheet or two of toilet paper in the toilet bowl to avoid splash-backs.

Hold up the bottom of the ostomy pouch and open the closure.

Direct the pouch opening into the toilet and empty the pouch.



If the stool is thick you may need to squeeze the outside of the pouch.

Wipe the inside bottom of the pouch with toilet paper, then securely close the pouch.

## Is it possible to take too much vitamin C?

Katherine Zeratsky, R.D., L.D., Mayo Clinic

While vitamin C (ascorbic acid) is an essential nutrient, it's possible to have too much of it.

Vitamin C is a water-soluble vitamin that supports normal growth and development and helps your body absorb iron. Because your body doesn't produce or store vitamin C, it's important to include vitamin C in your diet. For most people, an orange or a cup of strawberries, chopped red pepper, or broccoli provides enough vitamin C for the day.

For adults, the recommended daily amount for vitamin C is 65 to 90 milligrams (mg) a day, and the upper limit is 2,000 mg a day. Although too much dietary vitamin C is unlikely to be harmful, megadoses of vitamin C supplements might cause:

- Diarrhea
- Nausea
- Vomiting
- Heartburn
- Abdominal cramps
- Headache
- Insomnia

Remember, for most people, a healthy diet provides an adequate amount of vitamin C.



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## Digestive Fun Facts....

Our salivary glands produce around 1.5 liters of saliva each day

Once swallowed, food travels to the stomach, taking about 7 seconds

The intestines are home to more than 500 species of bacteria

Food doesn't need gravity. The muscles in your esophagus constrict and relax in a wavelike manner called peristalsis

Although digestion begins in the mouth, 90% occurs in the small intestine

The length of the entire digestive system is approximately 30 feet

~

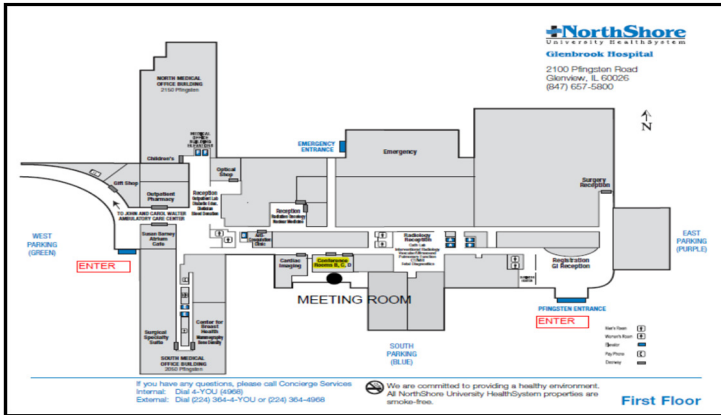
*"You only live once, but if you do it right, once is enough."*

— Mae West

## 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](mailto:cassainancy@gmail.com)

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# How sharing kindness can make you healthier & happier

By Mayo Clinic Staff

Can simply sharing kindness on a regular basis help your health? Research says yes, in more ways than you might guess.

You've heard the uplifting stories: Passersby dropping scads of cash into charity collection buckets or anonymous donors paying off hospital bills for strangers. And people helping victims during storms and natural disasters. These acts of kindness make everybody feel good.

There's a science behind that phenomenon called "loving kindness." And research shows that learning and practicing loving kindness can profoundly affect your attitude, outlook and even your health.

Better yet, you can rewire your brain to be more present and kinder to others, giving your mood a daily boost. These three simple practices will help get you started.

## 1. Loving-kindness meditation (LKM)

LKM is a quiet, contemplative practice that focuses thought on your heart region and encourages warm, tender thoughts, possibly about a loved one. In one study, people who practiced LKM an hour a week felt greater positive emotions — love, contentment, joy — while interacting with others.

Documented health benefits of practicing LKM include:

- Reduced pain and tension from migraines
- Reduced symptoms of depression
- Possibly slowing the aging process. Studies have found that women who practice LKM have longer telomeres, which are like little end-caps on your DNA. Shorter telomeres have been associated with faster aging.

Maybe the best news is that even small doses of LKM can help. One study found that a 10-minute session of LKM increased feelings of social connection and positive feelings toward others.

## 2. Acts of kindness

This one's so simple: Intentionally set a goal to be kinder to others. Express sincerely felt kindness to a co-worker. Make a special effort to extend kind words to a neighbor. Hold the elevator for someone or take time to help a loved one. As you spread your kindness,

you might just experience what research has confirmed: Generosity can be contagious.

Why? The act of helping others actually activates the part of your brain that makes you feel pleasure. It also releases a hormone called oxytocin that helps modulate social interactions and emotion — the higher your oxytocin levels, the more generous you may be.

Food for thought: Reportedly, one person in Winnipeg, Manitoba, picked up the tab for the next car in line at a coffee-and-sandwich drive-through. This inspired the next person to do the same. The chain continued for an astonishing 226 customers!

Seems like research supports the Golden Rule: Do unto others as you would have them do unto you. The kinder you act toward others, the better you will feel.

## 3. Focus on gratitude

Do you feel grateful for the good things in your life? If not, it's time to start.

Researchers have found that feelings of thankfulness can help improve sleep, diminish fatigue, increase confidence and even lessen depression. One way to increase your feelings of gratitude is to start journaling.

Keeping a gratitude journal — just writing down things you're grateful for — has been found to actually improve biological markers that indicate heart health. Don't want to carry a notebook? There are plenty of phone apps that can help you express gratitude or share happy moments.

Like anything else, engaging in loving kindness gets easier with practice. Try thinking positive thoughts about people in your life. Write down the things you're grateful for this week. Set aside 10 minutes to meditate. You may just find a happier, healthier you.





## Act FAST

**FAST** is an easy way to remember and identify the most common symptoms of a stroke. Recognition of stroke and calling 9-1-1 will determine how quickly someone will receive help and treatment. Getting to a hospital rapidly will more likely lead to a better recovery.

### Use FAST to Remember the Warning Signs of a Stroke

**F**

**FACE:** Ask the person to smile. Does one side of the face droop?



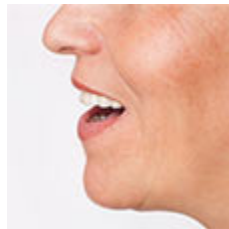
**A**

**ARMS:** Ask the person to raise both arms. Does one arm drift downward?



**S**

**SPEECH:** Ask the person to repeat a simple phrase. Is their speech slurred or strange?



**T**

**TIME:** If you observe any of these signs, call 9-1-1 immediately.



## Don't ignore stroke symptoms — even if they disappear!

If you have a transient ischemic attack, also called a TIA or mini-stroke, you may experience stroke symptoms that disappear. However, TIAs are no less dangerous than ischemic strokes — they have the same causes, which, if not treated, often lead to a full-blown stroke. As many as 20% of people who have a TIA will suffer a full-blown ischemic stroke within 90 days. The greatest risk is actually in the first week, which is why it's so important to seek medical help promptly. Just because symptoms disappear does not mean the danger is over. In fact, a TIA should be considered a warning sign of an impending stroke and treated just as seriously.

### New Medicare cards coming soon

by Lisa Weintraub Schifferle Attorney, FTC, Division of Consumer and Business Education

Here's what you need to know about your new card. Plus, how to avoid related scams.

Starting in April 2018, Medicare will begin mailing new cards to everyone who gets Medicare benefits. To help protect your identity, Medicare is removing Social Security numbers from Medicare cards. Instead, the new cards will have a unique



Medicare Number. This will happen automatically. Medicare will mail your card, at no cost, to the address you have on file with the Social Security Administration. If you need to update your official mailing address, visit your online Social Security account or call 1-800-772-1213. Your Medicare coverage and benefits will stay the same.

The cards will be mailed in waves, to various parts of the country, from April 2018 until April 2019. You can check the [rollout schedule](#) to get a better idea when you may be receiving yours.

When you get your new card, be sure to destroy your old card. Don't just toss it in the trash. Shred it. If you have a separate Medicare Advantage card, keep that because you'll still need it for treatment.

Stroke is a feared medical problem because it can be debilitating or even deadly. Your best defense is to make sure you know how to prevent a stroke and how to recognize one so you can get treatment right away.

As the new Medicare cards start being mailed, be on the lookout for Medicare scams. Here are some tips:

- **Don't pay for your new card.** It's yours for free. If anyone calls and says you need to pay for it, that's a scam.
- **Don't give personal information to get your card.** If someone calls claiming to be from Medicare, asking for your Social Security number or bank information, that's a scam. Hang up. Medicare will never ask you to give personal information to get your new number and card.
- **Guard your card.** When you get your new card, safeguard it like you would any other health insurance or credit card. While removing the Social Security number cuts down on many types of identity theft, you'll still want to protect your new card because identity thieves could use it to get medical services.

For more information about changes to your Medicare card go to [go.medicare.gov/newcard](http://go.medicare.gov/newcard). And if you're a victim of a scam, report it to FTC.gov.

### Ostomy Home Management

Excerpted from American College of Surgeons,  
Surgical Patient information

**Sleeping:** The pressure of your body on a full pouch may cause leakage and soiling of your bed linens. This problem may be prevented by emptying the pouch right before you go to bed. You may also want to stop eating or drinking a few hours before bedtime. If you have a large amount of output, you can use a larger pouch at night.

**Urostomy:** Since urine continues to flow throughout the night, you will attach your urostomy pouch to the nighttime drainage bag.

**Dressing:** Modern pouches lie pretty flat against your body, so even though the pouch is obvious to you, you usually can't see it under most clothes. Emptying your pouch when it's 1/3 full will keep it from bulging. There are also specially designed underwear and support belts to help secure the pouch; bicycle pants and stretch girdles (Spanx style garments) may help during periods of increased activity. If your pouching system crosses your belt line, the pants can cause pressure, so you may want to try suspenders.

## Heartfelt Appreciation.....

### Happy WOC Nurse Week!

4/15/2018 to 4/21/2018  
WOCN@Society



Thank you for everything you do all year long to support and treat patients suffering from wound, ostomy and incontinence issues.

*To do what nobody else will do,  
a way that nobody else can do,  
in spite of all we go through  
is to be a (WOC) Nurse.*

- Rawsli Williams

May 13



May 28



June 14



June 17



# 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

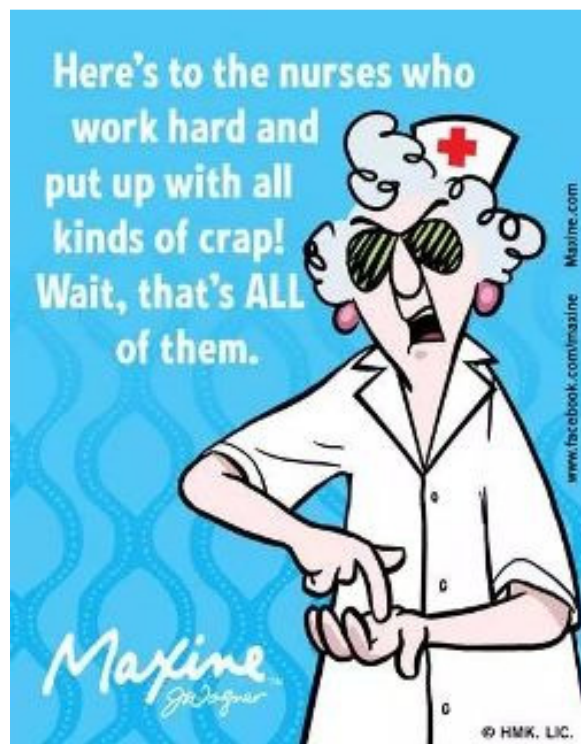
► A very special thank you to everyone who donates to our association! Our largest expense, the cost of printing and mailing this newsletter, is continually increasing and is only made possible through the generous donations of our members.

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

Without you, we don't exist!



**PUN DEFINITELY INTENDED!!**

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.

# This Is Why I Would Rather Have A Stoma Than Be On Medication For Life

14 February 2018 by Stephie Simpson



## Would you rather have a stoma bag or be on medication for life?

This was a question I spotted in a group whilst scrolling through my feed on Facebook. I found it intriguing and certainly knew what my answer would be. Personally, I would rather have my stoma. I thought I would share with you all the reasons behind my decision, because you may

have a different reason or even a different answer.

I have suffered at the tight clutches of Ulcerative Colitis for 21 years. It took me a very long time to work out who I was or, even still, who I am now because I was about 10 years old when I was first affected. Adults seem to grieve for the person they once were, but I missed out on a good chunk of school due to spending it on hospital wards; I spent more time as a patient than a student, seeing more of hospital staff than my loved ones.

## I tried everything before getting my stoma

I tried everything from syrups, infusions, pills and injections before I had my first surgery to create my J-Pouch - which I was told would “cure” me. I wouldn’t ever want to be in the position again where I can crack a joke about rattling when I walk due to the large quantity of tablets I would have to take daily. Also I never again want to have to sit for hours with tubes protruding from my arms which often restricted my movement, or have to do self-administered injections.

I definitely don’t miss feeling disorientated and the pain doubling me over, as if I had been punched in my stomach, just before a flare took hold. I certainly don’t miss my hands being a flesh pin cushion and having to persuade those after my blood to use my elbows, because the mere thought of a needle in the back of my hand gives me a panic attack... heck, even acupuncture needles send me into a tizzy.

## This is why I would rather have a stoma

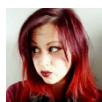
I didn’t have a stoma bag with my J-Pouch, which I realised was a bad idea as I soon knew what it was like having to deal with diarrhoea and urgency instead of the constipation and urgency I suffered pre-surgery.

Even though I still have other symptoms from having an auto immune disease and scar tissue/adhesion pain from surgeries, which at times can be pretty darn unpleasant, they are absolutely nothing in comparison to having active IBD. Before my first surgery, my Ulcerative Colitis never went into any kind of remission. After my first (J-Pouch) surgery, I felt a lot better but never as perfect as I was led to believe.

So that is why I would always choose to have a stoma bag over medication any day; especially since I fought hand, tooth and nail for my ileostomy to be made permanent.

What is your answer or your reasoning behind your choice?

Would you rather have a stoma bag or be on medication for life?



## About the author

I’m Stephie - a mum, wife and punk rock ostomate, blessed to be from North Yorkshire. I’ll be writing about different campaigns that can help ostomates & general lifestyle posts.

This article originally appeared on [SecuriCareMedical.co.uk/blog](http://SecuriCareMedical.co.uk/blog)