

The New Outlook

January/February/March 2019



UPCOMING TUESDAY MEETINGS

January 15, 7:30 pm

(February, No Meeting)

March 19, 7:30 pm

GLENBROOK HOSPITAL

2100 Pfingsten Rd, Glenview, IL

Conference Rooms C & D, 1st Floor

October's Meeting (our 480th)

Our "Age of Ostomy" meeting began with a presentation on the Youth Rally camp for kids by Bret Cromer. He then spoke about having ostomy surgery as a teenager. Katie told us about her efforts with Hollister helping kids with ostomies and their parents. She shared her experience of being the young mother of a child with Hirschsprung's. And, although most of us are older than Katie, she expressed her appreciation for our help and support. We are all very proud of Katie and Michael!

December's Meeting (our 481st)

Our Holiday Party was another evening of silliness, comradery, good food... and our newest tradition, begun last year, of singing the 12 (ostomy) Days of Christmas written by Traci.

"If you want to touch the past, touch a rock. If you want to touch the present, touch a flower. If you want to touch the future, touch a life." Author Unknown

Don't miss our "Getting to know you" meeting Jan 15!

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. Our member list is private, never shared or sold.

To request the electronic newsletter, email uoachicago@comcast.net



www.uoachicago.org

www.ostomy.org

Ostomy Association of Greater Chicago (OAGC)

Established 1975

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Swedish Covenant Hospital

Teri Coha 773-880-8198

Lurie Children's Hospital

Jan Colwell, Maria De Ocampo, 773-702-9371 & 2851

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University of Chicago

Laura Crawford 312-942-5031

Rush University Medical Center

Casey Mulle 847-657-5963

Glenbrook Hospital

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Skokie Hospital

Highland Park 847-926-5806

Agnes Brugger 847-570-2417

Evanston Hospital

Connie Kelly, Mary Kirby 312-926-6421

Karen Blum 312-695-6868

Northwestern Memorial Hospital

Kathy Krenz 815-338-2500

Centegra-Northern Illinois Medical

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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

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

3rd Monday at 6:30pm, Little Company of Mary Hospital, 2800 W. 95th St., Evergreen Park - Rm 1702. Contact Nancy Olesky 708-499-4043, nanoook60@sbcglobal.net or swscost@gmail.com

Sherman Hospital, Elgin

2nd Wednesday of month at 2 pm. Lower level Conference B. Contact Morgan Coconate morgan.coconate@advocatehealth.com 224.783.1349, 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

2nd Wednesday 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

Rush University Medical Center, Chicago

Professional Building 1725 W. Harrison St. Suite 1138 - Conference Room. Parking for main garage will be validated. 1st Tuesday of month, 6:30p.m. Contact Rachel Hendee, rachel_hendee@rush.edu

Hazel Crest, IL South Suburban Hospital

17800 South Kedzie Avenue, SSUB-CONF-RM Dining Room 1. Lower level adjacent to the cafeteria. 4th Saturday 10am to Noon. Free Parking. Contact Herb at 708-510-7479

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

HAPPY NEW YEAR!

A new year, a time for renewal and resolutions. I would like to make some ostomy related suggestions.

Renew your commitment to come to meetings. You may be an old hand at living with your ostomy. However, at each meeting there are new people who are either thinking through the ramifications of having an ostomy for life or have a new ostomy. You have much knowledge and experience in this area. And an added benefit will be that you will be welcomed and exclaimed over. We miss you. We want to know how you are doing. So please consider renewing to coming to the meetings.

Here are some other ostomy resolutions for you to consider:



Pack up any supplies you are no longer using and send them to FOW. Or bring them to a meeting and we will see that they are sent. Your extra supplies will be sent to people in countries around the world where ostomy supplies are unavailable.

Another idea is to make a donation to Youth Rally. Youth Rally is a camp for children and teens with bowel and bladder conditions. It is a time for them to be “normal”. In their everyday world they are not the “normal” ones. It is difficult for them. Youth Rally is an opportunity to turn it around.

Resolve to visit a WOCN to have your stoma and parastomal skin checked to make sure it is healthy.

Changes and advances in ostomy supplies are happening all the time. Contact Coloplast, Convotec, or Hollister, etc. to see what's new. You may find a new product that will work better for you, maybe more comfortable or easier to use.

These are just a few ideas. I'm sure you can think of others. Come to a meeting and share what you have found, what you know.

I always end my column with “Life is good!” This year take time to make life better for yourself or someone else with an ostomy. I can assure you that you will feel good and it will be for you a great New Year!

Life is Good!



Living life to the fullest. You've never been one to let life slow you down. Every challenge is met with the confidence that comes from knowing life is all about the journey. And that confidence is an inspiration to us every day at Hollister.

For more than 50 years, we've been delivering customer-inspired innovations that have helped make life more rewarding and dignified for those who use our products. Because for us, there's nothing more inspiring than seeing people like you getting back to doing what you love.

Hollister Ostomy. **Details Matter.**



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A New Year
is like a
blank book...
365 pages.

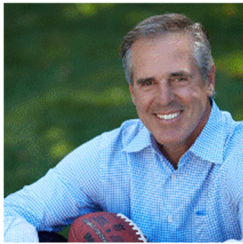
The pen is
in your hand.
It's your
chance to
write a
beautiful
story!

*Wishing you and your family a year of new aspirations,
much happiness and good health!*

Yes... Life truly is Good!

Rolf Benirschke

reflects on meeting President
George H.W. Bush for the first time.



First appeared on
OstomyConnection.com
Written by the OC Editors
December 14, 2018

"I was touched and humbled by his love and concern for his son."

For former NFL placekicker Rolf Benirschke, ulcerative colitis led to two emergency surgeries within six days and two temporary ostomies to save his life; it also led to an unexpected and meaningful connection with former President George H.W. Bush.

The 41st President of the United States passed away on November 30 at the age of 94 from Parkinson's disease. Rolf, having experienced the loss of his father just a few months prior, grieved alongside the Bush family and cherished fond memories of the late patriarch. He recalls the surprise he felt on an otherwise ordinary day back in 1984 when his assistant forwarded a phone call to him from the Vice President. "The Vice President of what?" had been his baffled response.

In their initial conversation, the Vice President revealed that his youngest son, Marvin, had recently undergone ostomy surgery after battling severe ulcerative colitis. Knowing that Rolf went through the same procedure during his football career and had continued to play seven more seasons with the San Diego Chargers afterward, the anxious father sought reassurance that Marvin would be able to lead a normal life as well.

Over the years, Rolf continued to connect with the Bush family from time to time and was happy to witness Marvin make a successful recovery. Now the CEO of Legacy Health Strategies and Founder of the [Grateful Patient Project](http://www.gratefulpatient.org), Rolf remains dedicated to using his own experiences to advocate for patients and support research on improved medical outcomes. He cites former President George H.W. Bush as being a prime example of how to serve others with kindness and respect, remaining humble and grateful to the end – an admirable legacy indeed.

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The Grateful Patient Project

www.gratefulpatient.org

Grateful patients share the same heart—and it doesn't take long for them to find one another. As it turns out, the rhythm of gratitude is easy to hear. So, when grateful patient and ex-NFL kicker, Rolf Benirschke, teamed up with grateful patient, HundredX founder Rob Pace, and put their hearts and their heads together, the Grateful Patient Project was born.

After surviving life-threatening illnesses, both Rolf and Rob emerged as different men with a single purpose—to encourage others. Rolf's heart for patients led him to co-found Legacy Health Strategies, a patient engagement company, and Rob's work at Goldman Sachs coupled with his tenure at the Salvation Army led him to create HundredX, a company focused on using technology to "listen" and encourage millions of people, both customers and employees.

The mission of The Grateful Patient Project is three-fold:

- Create a community of passionate patients, who want to express their gratitude to their families and caregivers along with the medical professionals/researchers who cared for them,

often in the face of life-threatening medical challenges.

- Harness the collective voice of thousands of grateful patients to ensure favorable patient outcomes stay at the forefront of legislative efforts.
- Share patient-to-patient stories that will provide hope and encouragement.

We believe that every patient story is unique and valuable and precious. It is our dream to transform these inspiring stories into action that will change the face of medical care and bolster the spirits of everyone who is dedicated to helping a grateful patient.

We can be a powerful force for spreading gratitude and hope into many, many lives in the future.

For more information or to share your story visit www.gratefulpatient.org/



Did you know.....

Heartburn can make your chest feel like it's on fire. Consider these lifestyle changes to prevent heartburn: 1. Lose excess weight. 2. Stop smoking. 3. Don't wear tight-fitting clothes. 4. Avoid heartburn triggers, such as alcohol, fatty foods, chocolate and mint. 5. Don't lie down soon after a meal. 6. Raise the head of your bed.

What is a Stoma?

Liberty Medical



The stoma refers to the piece of intestine that you see on your belly. No matter what type of ostomy you have, stomas have common features.

A normal stoma is:

- Pink-red in color
- Moist like the inside of your mouth
- May slightly bleed when rubbed
- May move and change shape
- Without nerve endings for touch

Even though a red stoma looks like it should hurt, it doesn't! The stoma stays red and may bleed slightly when cleaned because of a rich blood supply within the tissues. After surgery, you may see sutures (stitches) around the outside of the stoma which will gradually dissolve. The stoma is also swollen after surgery which will decrease in size over 6-8 weeks. You will not have control over when the stoma will pass waste. When the waste is ready to leave the body, it will pass through the stoma into the pouch on your belly.

The stoma is unique to you, depending on your body shape and the way the stoma was made. Your stoma may be:

- Round, oval, or irregular in shape
- Even with the skin, protrude above the skin level or pulled inward below the skin level
- Located on either the left or right side of the belly

Hey...

*Does my stoma
look fat in this
stupid sweater??*



What color is your



MedicineNet.com

Reviewed by Jennifer Robinson, MD on 9/19/2016

The color of your stool depends on a couple of things: your diet and how much bile is in it. Bile is a yellow-green fluid that helps digest fats. A healthy stool, then, should reflect a mixture of all the colors of the food you eat and that bile. Almost any shade of brown, or even green, is considered OK.

It may come as a shock when you see it, but a green poop every once in a while is OK. It may be because you eat a lot of green vegetables (which is good) or too much green food coloring (not so good). It also may mean that your food is moving through your system too quickly ~ think diarrhea ~ and the green in your bile doesn't have time to break down. If the color doesn't change, see a doctor.

This might be from eating too much red food coloring. It can also come from red-colored medicine. Your stool should soon return to its normal color.

But a bright red stool could mean bleeding in your large intestine. Sometimes it's blood from your rectum, too, from a scratch or a hemorrhoid. If you keep passing red stools, check with your doctor.

If your stool is black, the cause might be an iron supplement or an over-the-counter medicine you took because your stomach felt bad. Or it could even be all that black licorice you downed the night before. If none of these possibilities ring true to you, check with a doctor. A black stool, or one that appears dark maroon, smells bad, and looks tarry, may be a sign of bleeding from high in your digestive tract, like your stomach.

Yellow stools are fine in breastfed infants, but for others, they could be a sign of too much fat. And that could mean your body's having trouble absorbing nutrients like it should. See your doctor. Sometimes, stools can be white or chalky-looking, too. That may be a side effect of some medication, but it also could mean your bile duct is clogged. Your doctor can let you know for sure.

Editor's note – If you have an ileostomy color changes are even more noticeable. Keeping a food diary can help recognize and understand changes in stool color.

Napping

Do's and Don'ts for Healthy Adults

Unsure whether napping is good for you? Understand the pros and cons and the best way to take a nap.

By Mayo Clinic Staff

If you're sleep deprived or just looking for a way to relax, you might be thinking about taking a nap. Napping at the wrong time of day or for too long can backfire, though. Understand how to get the most out of a nap.



What are the benefits of napping?

Napping offers various benefits for healthy adults, including:

- Relaxation
- Reduced fatigue
- Increased alertness
- Improved mood
- Improved performance, including quicker reaction time and better memory

What are the drawbacks to napping?

Napping isn't for everyone. Some people simply can't sleep during the day or have trouble sleeping in places other than their own beds, which napping sometimes requires.

Napping can also have negative effects, such as:

- **Sleep inertia.** You might feel groggy and disoriented after waking up from a nap.
- **Nighttime sleep problems.** Short naps generally don't affect nighttime sleep quality for most people. But if you experience insomnia or poor sleep quality at night, napping might worsen these problems. Long or frequent naps might interfere with nighttime sleep.

When should I consider a nap?

You might consider making time for a nap if you:

- Experience new fatigue or unexpected sleepiness
- Are about to experience sleep loss – for example, due to a long work shift
- Want to make planned naps part of your daily routine

Could a sudden increased need for naps indicate a health problem?

If you're experiencing an increased need for naps and there's no obvious cause of new fatigue in your life, talk to your doctor. You could be taking a medication or have a sleep disorder or other medical condition that's disrupting your nighttime sleep.

What's the best way to take a nap?

To get the most out of a nap, follow these tips:

- **Keep naps short.** Aim to nap for only 10 to 20 minutes. The longer you nap, the more likely you are to feel groggy afterward. However, young adults might be able to tolerate longer naps.
- **Take naps in the early afternoon.** Napping after 3 p.m. can interfere with nighttime sleep. Individual factors, such as your need for sleep, your sleeping schedule, your age and your medication use, also can play a role in determining the best time of day to nap.
- **Create a restful environment.** Nap in a quiet, dark place with a comfortable room temperature and few distractions.

After napping, give yourself time to wake up before resuming activities – particularly those that require a quick or sharp response.

Urinalysis with a Stoma

Important...If urine is collected for urinalysis, called C&S, sterile specimen, checking urine for infection, etc., be sure your doctor and nurse know a sterile specimen must be taken directly from your stoma and not from the pouch. Bacteria builds up in the pouch immediately. It will give false test results.

If they are not sure how to do this do the following:

- Remove your pouch
- Clean the stoma
- Bend over
- Catch the urine in a sterile cup

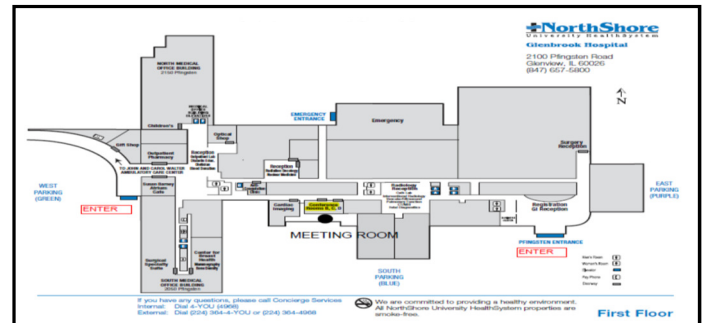
If there is a slow flow of urine being expelled, drink a glass or two of water...the kidneys will work.

Ostomy ~ The New Normal

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 Waukegan (43) take Lake or Willow west to Pfingsten. The parking lot entrance is on Hospital Dr.

**We exist to support you,
You support us so we exist.**

Someone you should know...

Amber Wallace

Sup Ya'll! I'm Amber! I have Crohn's disease, and had a complete colectomy. I now live life with an ostomy bag, and a HUGE SMILE. I desire to use humor and light heartedness to help educate and encourage other Ostomates. I want my YouTube channel, and other social media platforms to be a place where patients can not only learn, but be encouraged to live their life to the fullest. Life without a colon, and with a bag is pretty rad, and I like showing people that! I love Jesus, people, and queso dip. Check me out on Social Media at "Ostomy Diaries."



Amber is the "Best Kept Secret" winner of the 2018 WEGO Health Awards. wegohealth.com

A Nurse Invented That?

Inventiveness, Ingenuity, and Innovation in Nurses

This should surprise no one. Who else but a nurse, most likely the person responsible for cleaning the patient, would come up with a practical and sanitary method for containing fecal matter expelled from an uncovered stoma?

Before this innovation, after ostomy surgery, patients were typically sent home to fend for themselves. Available collection devices were cumbersome and unsanitary. Typically held in place by straps encircling the abdomen, these devices failed to effectively contain the fecal matter or the odor it produced.

Elise Sørensen, a Danish nurse, had come across many patients with a colostomy, including her own sister who had the surgery at the age of 32.

Elise was determined to find a remedy which could help the patients who encountered many problems when dealing with a colostomy.



In 1954 Elise Sørensen obtained patent on an ostomy pouch, which was very similar to the one we know today. The ostomy pouch was liquid tight, made of a thin elastic material, hermetically sealed and clinged to the skin surrounding the stomal orifice.

Following several refusals, Elise Sørensen contacted the plastic manufacturer Aage Louis-Hansen from Dansk Plastic Emballage to put the ostomy pouch in production. Aage Louis-Hansen's wife Johanne Louis-Hansen was also a nurse and therefore knew the problems which many of the colostomy patients were facing. She could see the potential in the ostomy pouch and convinced her husband to put them in production.

Elise Sørensen and her sister showed up at the factory and in collaboration with the foreman they began to produce the first pouches. These were hand made and then tested by Elise's sister. The result was so good that after a short while Elise asked the factory to produce more pouches. The foreman made 952 pouches, which Elise gave to colleagues and patients to try-out.

The demand grew rapidly and in 1955 Elise Sørensen and Aage-Louis Hansen signed a license agreement, which gave Elise 7 øre (approx. 2¢) for each ostomy pouch and a great deal of the production was sold abroad. In 1963 Elise was elected nurse of the year by The Danish Nurses' Organization.

The company Coloplast, which has its headquarters in Humlebæk north of Copenhagen, was founded in 1957 on the basis of this ostomy pouch production. Today Coloplast is a world-wide company with more than 7000 employees.

Sources: Medscape.com/nurses, guideservicedanmark.dk



Can vitamin C improve your mood?

Answer From Brent A. Bauer, M.D., Mayo Clinic

The link between vitamin C and mood might seem surprising, but people who have vitamin C deficiency often feel fatigued or depressed. Studies of hospitalized patients – who often have lower than normal vitamin C levels – have found that their mood improved after they received vitamin C.

But even for people who aren't known to have low vitamin C levels, taking a vitamin C supplement might help mood. A study of high school students indicated that vitamin C lowered anxiety levels, and other studies have shown mood-elevating effects from taking vitamin C.

More research is needed. But in the meantime, eat plenty of fruits and vegetables rich in vitamin C, such as oranges and red peppers. If you also take a supplement, try not to exceed the upper limit of 2,000 milligrams of vitamin C a day. As always, talk to your doctor before taking any supplement.



preventable • treatable • beatable

Via healthfinder.gov

Colorectal cancer is the third most common cancer in the United States and the second leading cause of death from cancer. Colorectal cancer affects people in all racial and ethnic groups and is most often found in people age 50 and older.

The good news? If everyone age 50 and older were screened regularly, 6 out of 10 deaths from colorectal cancer could be prevented. Communities, health professionals, and families can work together to encourage people to get screened.

How can Colorectal Cancer Awareness Month make a difference?

We can use this month to raise awareness about colorectal cancer and take action toward prevention. Communities, organizations, families, and individuals can get involved and spread the word.

Here are just a few ideas:

- Encourage families to get active together – exercise may help reduce the risk of colorectal cancer.
- Talk to family, friends, and people in your community about the importance of getting screened for colorectal cancer starting at age 50.
- Ask doctors and nurses to talk to patients age 50 and older about the importance of getting screened.

If there is a history of colorectal cancer or even precancerous polyps, don't wait until age 50. Ask your doctor what age you should begin screening.

FLAWSOME: (Adj.) An individual who embraces their “flaws” and knows they are awesome regardless.

Annual Exams

Blue Cross Blue Shield IL

If you haven't scheduled your annual exam and preventive screenings for this year, there's no better time than now.

Getting your annual wellness check-up and taking advantage of preventive care services can help catch health problems early before they become serious. And it can save you money.

There are a few important things you should keep in mind as you use your preventive care services benefits.

What Is an Annual Exam?

It's important to know that there is a difference between an annual exam and other visits to the doctor.

The annual exam includes preventive care services like annual check-ups, screenings and immunizations. There is no copay, deductible or coinsurance when you visit a provider in your health plan's network. That is, you pay nothing beyond the premium you paid for your coverage for the annual exam visit or for covered tests.

What if you need to go to the doctor again during the same year? Maybe you are worried about your health. Or you think you might have the flu. Or maybe you just get an odd pain or notice changes in your body during your normal routine.

When you make an appointment for these types of visits, be aware it is NOT part of your annual exam preventive services coverage. So you may owe a copay or coinsurance for a primary care doctor visit, depending on your coverage.

Are All Annual Screening Tests Meant for Everyone?

The short answer is “No.” An annual exam includes a list of things your doctor may review. Some of these things apply to everyone. Some apply just in certain age ranges. Some apply only to women or men.

Others apply based on family history or risks that are common to your habits of daily life. These include things like your diet, whether you smoke or if you have a family history of a certain disease.

It's important to ask your doctor about the tests you're asked to take and how you fit the rules for each test. Then you can find out which tests you take will or won't be covered by your health plan.

What's the Difference Between a Screening Test and a Diagnostic Test?

Some tests on that annual exam list come in two forms – screening and diagnostic. Think of them as “regular” and “extra strength” versions.

Those extra strength diagnostic tests may use different tools. They may even need review by different specialists than the regular kind.

It may seem like you're going through the same motions if you have to have both types. But the different tests tell your doctor different things. The different types of tests can also make a difference in how much the tests cost.

Take the colonoscopy, for example. When you turn 50, you may need to get a colonoscopy. If you have a family history of colon cancer you might need a colonoscopy sooner.

A colonoscopy involves a doctor guiding a camera through your colon looking for any unusual tissue (polyps).

This screening is important because not all early problems cause symptoms. Catching and treating problems early can make a big difference in how successful treatment is. Treating your condition early may also be less expensive.

If a polyp is found and removed during a screening colonoscopy, the test should still be billed as a screening. Follow-up “surveillance” colonoscopies are also screening tests.

But if you have the test because you have had symptoms like pain or blood in the stool, the test becomes diagnostic. Out-of-pocket costs may be higher with a diagnostic test.

Mammograms are another common example of the difference between screening and diagnostic tests.

Based on age and family history, women may get a screening mammogram every year or every other year. That's if they have never had any lumps, and they have no pain or other symptoms.

A diagnostic mammogram is more involved and may cost more than a screening mammogram.

Diagnostic mammograms are ordered when there are symptoms or when the screening mammogram shows an area of concern. Other providers may need to look at the results while the test is being done. And more images and even ultrasounds may be needed.

Sometimes, a technician preparing you for a test like a colonoscopy or mammogram may ask if you are

having a screening or diagnostic version of the test. It's okay if you don't know. Just ask the technician to check with your doctor.

Be sure to check with customer service for your Insurance Company to find out what benefits are covered under your plan, including those covered at no cost to you.

How to be Happier in 2019

Advice on happiness, gratitude and optimism

Mary Kay Clarke - Program Manager, Behavioral Health
Northwest Community Healthcare

There is a wonderful Ted Talk by Shawn Achor that I watched back in 2012 that changed my life called, “The Happy Secret to Better Work.” Shawn has studied the science of happiness and human potential. He discussed a study he performed at Harvard and identified five small actions we can take every day to retrain our brains to scan for the positive, which promotes happiness, gratitude and optimism. He discussed how our brains perform better when we are in a positive mindset. “Your brain at positive is 31 percent more productive than your brain at negative, neutral or stressed,” he says. Dopamine floods your brain when you are positive, which makes you happier and turns on the learning centers of your brain. How can we train our brains to be positive? His study showed that we can retrain our brains in just 21 days by doing five small exercises.

1. List three things you are grateful for. This trains the brain to scan for the positives first rather than the negatives. Get specific.
2. Journal one positive thing that happened to you in the last 24 hours, so that you relive it. “I was carrying a lot of bags and someone held the door open for me.”
3. Did you get 10 minutes of exercise? This teaches your brain that your behavior matters. Try to walk around the block one time daily.
4. Did you have two minutes of mindful meditation? It teaches the brain to quiet down and focus.
5. Did you do one intentional act of kindness in the past 24 hours? Did you do something kind for someone else in a deliberate, conscious way? Consider shoveling your elderly neighbor's driveway, for example.

Doing these exercises empowers us all to be happier, more optimistic and grateful for all that we have.

Out of the Mouths of Babes
(From the Book Bedpan Banter)

Medical Stories of Humor and Inspiration

by Brenda Elsagher via UOAA

Story by Joanne Heitzman

A few months after surgery, I got the courage to venture out into the real world again. I have both a colostomy and urostomy, which I must catheterize every four hours. I am so grateful just to be alive that I don't worry too much about all the little details and have learned to just go about my own business.

We had lunch out and I had to use the restroom. There, I need to stand facing the bowl to catheterize. A mom came into the stall next to me with a young child.

She said to her little one, "Just stay here with the door closed." I was hoping the child would not appear under the partition.

I broke out laughing when I heard the child ask her Mom, "Why does the lady next door have her shoes on backwards?"

My shoes were facing the toilet rather than away-out of the mouths of babes. Who would ever have thought about it? If I could have, I might have wet my own pants laughing. I learned that you just have to laugh about most things.

► A very special thank you to everyone who donates to our association! Our largest expenses, the cost of printing and mailing this newsletter, and security for our website are 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!

2019 Meeting Dates

January 15

March 19

April 16

May 21

June 18

July 16

September 17

October 15

December 17

(No meeting in February)



IMPORTANT: 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.

Disaster Preparedness

Natural disasters are on the rise - plan ahead to be prepared

By R.S. Elvey courtesy of [The Phoenix](#)

If you think there are more natural disasters than when you were a child, you are correct. The years 1980 to 2009 saw an increase in climate-related natural disasters by 80 percent. The United States now ranks second behind China with the most natural disasters according to www.statista.com.

The majority of natural disasters in the United States are climate-related as opposed to geophysical, such as earthquakes and tsunamis. In 2016 alone, there were around 971 tornadoes, mostly from northern Texas through Oklahoma, Kansas and Nebraska. Additionally, there were 19 separate floods, 68,000 wildfires, 4 major hurricanes and 15 tropical storms.

Plan to Be Prepared

For an ostomate living in areas affected by natural disasters, it is important to plan for these events. Whether you shelter in place or evacuate, the Federal Emergency Management Agency (FEMA), says, "If you take medicine or use medical supplies on a daily basis, be sure you have what you need on hand to make it on your own for at least a week."

Bill Kuhn, a urostomate, leads an ostomy support group in Metairie, LA. He lived through Hurricane Katrina and advises, "Have an emergency kit with enough ostomy supplies for at least seven to fifteen days." Bill further urges to know your primary evacuation route. Should that be unavailable, know an alternate route. Additionally, you should find out the final destination for both primary and alternate evacuation routes. For each final destination you should write down the contact information for the local ostomy support group in that area. A directory of U. S. support groups can be found at www.ostomy.org. Finally, whenever possible notify friends and relatives of your evacuation.

General Medical Information

Both FEMA and Bill divide disaster planning into two areas: general medical information and emergency medical supplies kit. General medical information should include:

1. Reference numbers for all your ostomy supplies and your supplier's contact information.
2. A complete health history on paper and a thumb drive to include your doctor's contact information and hospital affiliation, prescription drugs, medical conditions and allergies.
3. An undated prescription for ostomy supplies.
4. Written directions on how to change your pouching system in case you are physically impaired.
5. Medical ID bracelet, necklace or written information about your physical disabilities.
6. Contact numbers of relatives and friends.

Emergency Ostomy Supplies

Once your medical information is assembled, it is time to put together your emergency ostomy supplies kit. You should plan to have at least seven to fifteen days' worth of supplies. Ostomy care is very individualized, so use this guideline as a "baseline" and adjust as necessary.

1. Pouching systems for 7-15 days
 2. Towel, washcloth or wipes
 3. Pair of scissors
 4. Bags to dispose of used supplies
 5. Hand sanitizer
- Optional:
6. Clothing clips
 7. Skin cleanser with no oils or lotion
 8. Adhesive remover wipes
 9. Skin prep wipes
 10. Ostomy powder

Assemble the supplies in a waterproof and dust proof container. Depending on your lifestyle, you could use a waterproof backpack like the Driftsun Dry Gear Backpack available from www.driftsun.com or any other weather proof bags from retailers such as Walmart and the Container Store, or a plastic storage bin. But always remember to store all your records, supplies, phones and laptops in individual water proof bags like Pelican Pouches or zip lock bags.

Proper Disposal

Finally, as ostomates we must plan an emergency method to empty our pouches when traditional toilets are not available. For urinary disposal, the portable male or female urinal with locking lid should be part of your emergency kit. For solid waste disposal there are two options - with a bucket or without a bucket. If you have a bucket then the TravelJohn provides a leak proof and odorless way to empty an ostomy pouch, www.traveljohn.com. The TravelJohn is a biodegradable bag within a bag that fits over a bucket or stand and then folds over and seals for disposal. Each bag contains crystals that turn waste into an odorless gel. Sold in packages of three, each TravelJohn also contains antiseptic hand wipes and toilet paper.

When you do not have a bucket and must empty your pouch, then consider a Biffy Bag available at www.biffybag.com. This personal disposable toilet system fits in the palm of your hand and does not need a bucket. The green Biffy Bag simply ties around your waist. When done simply tie up the bag and stuff in the attached foil disposal bag. Each Biffy Bag contains a liquid solidifier, decay starter, odor eliminator, toilet paper and oversized hand wipe. The green Biffy Bag is biodegradable. Biffy Bags are sold in quantities of 3, 10 and 25.

The most critical way to survive and deal with a natural disaster is to plan ahead. But recovering from a natural disaster will always involve some impromptu decisions and reacting to the realities on the ground as they happen. We can't always know ahead of time how events will play out.



You're Invited to join us August 6-10, 2019 in the heart of Philadelphia for the event of the year for the ostomy and continent diversion community. Check out what is new this year on our tentative program schedule including tracks for young adults, pediatrics, and caregivers. We hope you and your loved ones will join us for this special event that only happens once every two years.

www.ostomy.org

Early Bird Conference Pricing (through 5/31/2019)

- Individual: \$150.00
- Young Adult (18-25): \$120.00
- Children (5-17): \$25
- 1 Day Rate: \$100