

The New Outlook

April/May/June 2019



UPCOMING TUESDAY MEETINGS

April 16, 7:30 pm

May 21, 7:30

June 18, 7:30 pm

GLENBROOK HOSPITAL

2100 Pfingsten Rd, Glenview, IL

Conference Rooms C & D, 1st Floor

January's Meeting (our 482nd)

A wonderful meeting that reminded us why we continue to support our group! Pat has written a great article on this, see page 3.

March's Meeting (our 483rd)

After a Q & A on ostomy issues, we continued our "Getting to know you" round table. We learned some fun things about each other and had an enjoyable time.

Our next meeting, April 16, is our 44th Anniversary. My how time flies! Join us to celebrate and "Ask the Doctor", featuring Dr. Eugene Yen, Gastroenterologist at Northshore.

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



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www.ostomy.org

Ostomy Association of Greater Chicago (OAGC)

Established 1975

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Nancy Chaiken 773-878-8200

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Teri Coha 773-880-8198

Lurie Children's Hospital

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

Michele Kaplon-Jones

University of Chicago

Laura Crawford 312-942-5031

Rush University Medical Center

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Glenbrook Hospital

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Northwestern Memorial Hospital

Kathy Krenz 815-338-2500

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Lutheran General Hospital

Beth Perry 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 847-618-3215,

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, nanook60@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

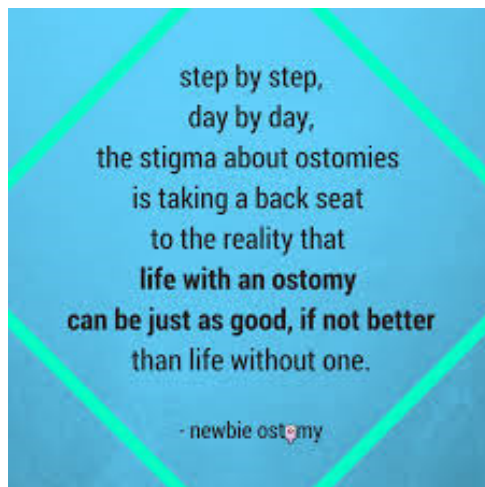
Do you watch the new tv program “God Friend Me?” In it a young man gets a message on his phone of the name of someone who needs help. A call from God. Then he and his two friends stop what they are doing, find and help this person. It is a feel-good program, no guns, no violence, just three people answering God’s call.

At our January meeting God friended us with two new Ostomates, a young woman and a man. We put aside our agenda for the meeting and jumped in. It was amazing. We listened to their stories because they needed to talk about what happened to them, and how they were coping. They talked about the problems they were having, and about the products they were using. They also talked about acceptance and social issues. There were tears and laughter.

Madelene Grimm, our wonderful WOCN and sponsor, was there to offer medical advice. We offered experience and tips. There was a lot of combined knowledge in that room that evening. I learned some new things too.

That is what we are all about. Helping each other to live our new normal. We put aside our agenda and stepped up to God’s call to help two people who needed help. We were all perfectly prepared to help. We made two new friends. I think we were all blessed that Tuesday night.

Life is Good!



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Change your mind to grow!

By Mayo Clinic Staff

These growth mindset tactics will help you recover faster from a setback and improve your ability to take criticism.

Can you change the way you think about yourself and your mindset? Or improve how you feel just by altering your thoughts?

Turns out... yes.

Your brain is malleable and constantly adjusting. This (thankfully) gives you the ability to learn and adapt throughout life. But, sometimes, your thought patterns get the better of you.

The fixed mindset

Throughout life, people have probably commented on your abilities — a parent saying you’re smart, a teacher recognizing you were good at math, a boss calling you a hard worker.

Over time, these messages can “fix” how you see yourself. People call you smart, so you must be. Eventually, this view of yourself will slam into life’s inevitable failures or criticisms. What happens then?

The fixed mind interprets common setbacks and mistakes as a personal shortcoming or lack of ability. This results in:

- Negative emotions
- Self-doubt
- Blaming of others
- Quickness to give up
- Avoidance of challenges in the future

Fortunately, your mindset doesn't have to be fixed for life.

The growth mindset

Enter the growth mindset. Folks with this outlook understand that they can develop their abilities and adapt them to different situations. They know mistakes are inevitable, which helps them recover more quickly from setbacks.

The growth mindset values:

- Effort to achieve goals
- Opportunities to learn from mistakes
- New challenges
- Constructive feedback
- Resilience in the face of setbacks

A growth mindset correlates with good physical and psychological health and is a strong predictor of achievement. Students with a growth mindset engage with school more fully and have better grades over time.

Cultivate a mindset for growth

Try applying any of these growth mindset tactics the next time you face a challenge.

1. Understand that your brain is like a muscle – regular exercise makes it stronger. Give your brain new challenges. Feed it new knowledge and focus it for longer periods of time. These exercises create new and denser connections of neurons, which will make your brain more powerful. Also, ask yourself if you see challenges as an opportunity or a threat.
2. Boost your confidence and recall times when you successfully learned something and increased your understanding. Was there a time when you didn't know how to do something, then practiced it and got better?
3. Try a "Saying is believing" exercise. Identify a struggle – perhaps it's exercising, saving money or a project at work. Imagine writing a letter to someone struggling with the same issue.

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Imagine writing a letter to someone struggling with the same issue. What advice would you give? Explaining how someone else can respond makes it easier to recall those thoughts and put them into action for yourself.

4. Try evoking any of these thoughts to kick-start a growth mindset.
 - Think, "I am curious to learn what will happen if I try this challenge." This will keep you from focusing on a particular outcome or expectation.
 - If you aren't 100 percent successful at reaching a goal, try thinking: "I will try a different approach the next time I do this and apply what I learned the first go-round."
 - After achieving a goal or action, ask yourself what you did to make that happen. Note the process and mindset when entering into action.

Adjusting to a growth mindset will give you more resilience in the face of challenges and better outcomes throughout life. So accept some new opportunities in your life, and then learn and grow from them.

An open letter to my stoma, Six months after colostomy surgery

I've never been ashamed to have you by my side.

By Jason McIntosh March 19, 2019

Featured on OstomyConnection.com



It ain't no sin to be glad
you're alive. — *Springsteen*

Dear Stoma (clever nickname yet to be determined),

It's been six months since we've been together, can you believe it? Oh, how the time flies. I wanted to take a moment to let you know what you mean to me, reflect on the past, and celebrate what lies ahead. At first, I wasn't quite sure how to take you since you were kind of shy and didn't say much – as if you were a Kuato too lazy to fully appear. It was constant stress knowing how to treat you and making myself well again.

When you first arrived I had so many questions on how to deal with you and make sure you didn't embarrass me with your unpredictability. Looking back on where I was then, and how comfortable I am now, is like world's away.

You pushed me mentally and physically to keep going. You forced me to publicly proclaim and take pride in my new normal. This was truly a starting line of the comeback trail. I've never been ashamed to have you by my side. As soon as the first day after surgery I was in the hospital hallways doing a strut with my front butt, if you will.

I've heard horror stories of those so embarrassed with their stoma that they didn't leave home until they were able to get it reversed. I couldn't imagine not being able to revel in the fact that I had you – an ostomy doesn't make me any less of a person. In fact, it gives me a quiet satisfaction to know you don't limit me AT ALL.

If I wasn't public about my digestive track enough, you've caused me to annoy the hell out of

people by talking about it even more. I thought that was nearly impossible. I already joked about poop and farts but now I get to do so medically. Without a strong spirit and sense of humor, this relationship would be impossible.

To others, the leftover scars may be shocking, but to me they're barely noticeable. It's almost like in "The Man Without A Face" when the kid realizes he doesn't see Mel Gibson's imperfections anymore. I wouldn't want them to disappear because they tell a story in themselves and remind me of how hard I've fought through all of this.

You've brought a whole new community of people into my life. Folks from online advocates, in-person ostomy support groups, nurses, doctors, and related businesses. You've brought loved ones even closer to me, and have given me the opportunity to help others. I love being able to share my experiences with those who need answers or are just looking for someone to understand their situation.

Finally, the biggest thing I can admit is, frankly, you saved my life. Without you being placed, I know deep down that I wouldn't be here. When previously riddled with IBD, all I felt was sick and worried but you've allowed me to get back into a full, abundantly joyful life.

Thanks for everything, Jason

Find many personal and informative articles like
this by visiting OstomyConnection.com

Urostomy - Night Drainage Systems

To avoid air pockets in the night drainage system, connect the night bag to a half full body pouch and squeeze the urine through the night bag. The body pouch will then remain empty overnight.

When flushing a night drainage bag, add a teaspoon of ordinary vinegar to the water for a cheap and effective cleaner. If you can't find a small enough funnel for this, use the pouch itself - first push your finger through the non-return valve inside the pouch for the water to flow freely ~ the pouch then becomes the funnel.

Personal Relationships and Intimacy

Karen King, RN, ET; Nightingale Medical Supplies
Summer 2017 Newsletter

Ostomy surgery can often raise concerns about body image and how it will affect sex and intimacy with a partner in the future. As in any relationship, communication and understanding are essential and therefore talking with your partner about your feelings as well as encouraging your partner to do the same can help to eliminate misunderstandings.

A supportive personal relationship can be instrumental in enhancing the healing process following surgery. Even if you live alone and are not involved in an intimate relationship, the presence of caring and helpful friends and family can help to avoid the damaging thoughts of low self-worth that have been experienced by some people after ostomy surgery.



Keep in mind that intimacy doesn't mean solely intercourse. Intimacy can be a hug, kind words and a squeeze of the hand from a good friend.

Should you wish to resume sexual intimacy after surgery, the following suggestions may help. Initially after surgery, most people are focused on recovery, gaining strength, eating well or even dealing with other treatments such as chemotherapy. I like to refer to this as your "Survival Mode". During this time, sexual intercourse is often not high on the priority list, however a snuggle with your partner, gentle kiss or some loving words can go a long way to help you adapt to this new body image. You will likely sense when you are ready to resume sex when the general discomfort of the surgery has eased and you are feeling stronger and the spark of desire has returned. Due to the abdominal muscles being tender, you may choose to position yourself on the bottom during intercourse to minimize exertion on your abdominal muscles.

Some people don't want to look at the pouching appliance or they want to conceal it from view for their partner. There are fun pouch covers available as well as lacy crotchless panties for the ladies that cover the pouch. For the men there are cummerbund style

cover-ups or a simple tubular band to hold the pouch secure and out of sight. Some of these items can be found on the internet or at a local shop that sells intimacy items. A simple cover or waist band can also be easily made if there is a talented seamstress in your life. Another simple option is to wear a tighter fitting undershirt or camisole that will cover the ostomy pouch and keep it out of the way during intimate activity.

For odour concerns, it is best to empty your pouch or put on a new one before engaging in sexual activity. Doing a little preparation prior will help you relax so you are able to enjoy this special time with your partner with less anxiety.

Reluctance to resume sexual activity by your partner may be considered as rejection when in fact your partner may be concerned about hurting you. The stoma does not have any nerve sensation so it will not cause pain if it gets bumped lightly during activity. It will, however, bleed easily due to the vascular nature of the tissue. Any minor bleeding should stop spontaneously within a few minutes. If any bleeding continues or there is an accumulation within the pouch this should be reported to your ET (WOCN) nurse or physician. If you should accidentally injure the stoma there may be white area visible, similar to what you see if you bite the inside of your cheek. Monitor any suspected injury or see your ET nurse for assessment. You should never insert anything into the stoma for sexual pleasure. This could cause serious damage and perhaps require surgical repair.

Depending on the reason for the ostomy surgery and what other internal organs were altered during the procedure, many young women are still able to conceive and carry their pregnancy to full term. For men who may have had surgical injury to the nerve that aids in penile erection, there are options available to help them achieve an erection. Talk to your ET nurse or family doctor for information of what options may suit your circumstance.

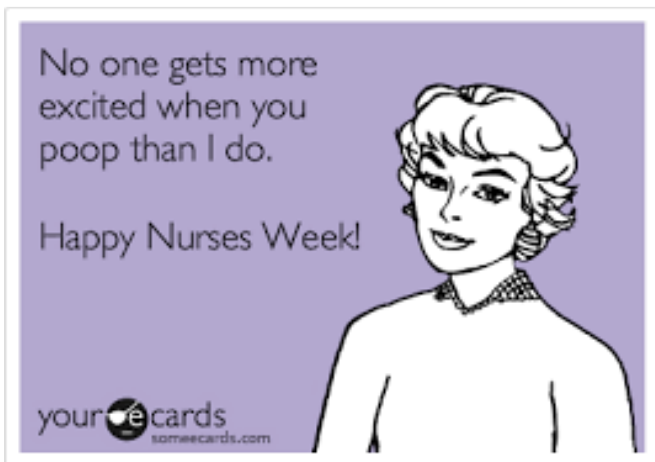
Learning to live with your ostomy takes time and some people adjust more quickly than others. It is a grieving process as you deal with the loss of a "normal" body function as well as the change in your body image. Accept your new body, learn how to care for the ostomy and the tricks to maintaining confidence in your appliance seal as you resume your normal activities.

Talk to family and friends, and access the resources available to you. This could be counsellors, doctors, social workers, community nurses and especially your ET nurse. Ostomy support groups where you can meet people who have experienced similar surgery and challenges are also options. Don't be afraid to reach out, many hands are there to catch you and help you on your way to living a full life again.

Note – in Canada WOCNs are still called ETs

Ostomy ~ The New Normal

**WOC Nurse Week
April 14 – 20, 2019**



Making a Difference in Someone's Life

One of the best nurse quote I've read: "When you're a nurse you know that every day you will touch a life or a life will touch yours."

Nurses dispense comfort, compassion, and caring without even a prescription. – Val Saintsbury

We all wish to express appreciation for everything our ostomy nurses do to help us through our journey to healthy fulfilling lives.

New From The Phoenix Ostomy Magazine Colostomy Irrigation

Dear Nurse Brown,

I irrigate my colostomy every other day. I use 750-1,000ml of water and it usually takes about 90 minutes for the water and contents to evacuate. Sometimes, after I put on a new pouch, my bowel flushes mostly liquid output. It's very frustrating. Also, I can have a really hard time instilling the water into my colon.

T.D.

Dear T.D.,

Typically, it takes 30-45 minutes for the fluid to evacuate after irrigating. I would recommend leaving the sleeve part of the irrigation system on a bit longer and possibly walking around, drinking a cup of coffee or hot tea to promote the gastrocolic reflex that helps evacuates the colon.

You may wish to change the frequency of irrigation to see if that helps, possibly irrigating each morning instead of every other day. This may help produce a more predictable pattern of evacuation.

However, if you are having difficulty irrigating the colostomy or getting the irrigant to flow into the colon, you should see your colorectal surgeon to evaluate you for a parastomal hernia or other potential obstructions as this might be what is interfering with your irrigation process.

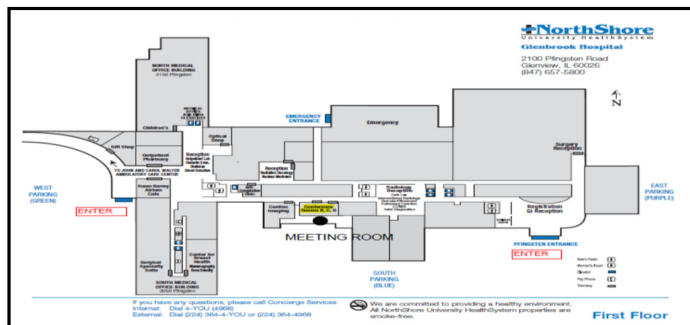
Get more Ostomy Answers in the new 88-page issue of *The Phoenix* magazine, the official publication of UOAA. Ostomy experts, medical professionals and ostomates provide answers to the many questions and challenges of living with an ostomy. From odor control to intimacy to skin care, the leading ostomy publication has in-depth articles that inform, educate and inspire. the leading ostomy publication has in-depth articles that inform, educate and inspire.



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.*



May 12



*May 27
Remember and Honor*



Go to ostomy.org for complete details

June 16



*Things do not happen.
Things are made to happen.
-John F. Kennedy*

What is a good ileostomy diet?

Jennifer K. Nelson, R.D., L.D. Mayo Clinic

Your dietary needs and tolerances will depend on how much healthy small intestine remains and how much time has passed since your surgery.

Your intestine adapts and functions better with time after surgery. In addition, the type of ileostomy will play a role — whether no collection appliance is needed after your surgery (continent ileostomy) or a collection appliance is worn (incontinent ileostomy).

The types and amounts of food you eat and beverages you drink also play a role. With these points in mind, here are some general guidelines:

- The first few weeks to a month after surgery, you'll likely be advised to eat a diet that is low in roughage. Limiting roughage allows the intestine time to heal and prevents blockage due to swelling. Foods with roughage include whole grains, raw vegetables and fresh fruit. Pediatric hydration beverages (Pedialyte) or diluted electrolyte beverages, such as Gatorade, Powerade or Ceralyte, contain sodium, are hydrating and are helpful immediately after surgery.
- Eat meals at regular times, eat more slowly, and chew well. Also, avoid skipping meals or overeating. These efforts help your remaining intestine digest food, reduce gas, improve "regularity" and control output.
- Over time you will find that you can resume a more normal diet and you will learn which foods tend to be constipating, which may have more of a laxative effect, and which cause stool to change color, or cause gas or odor. This varies according to the individual and the length of small intestine remaining.
- If your stool is very thick, some dietary changes may help. Stool-thinning foods may include grape juice, apple juice and prune juice. Some people also find that cooked vegetables and some canned fruit are helpful. Be cautious with foods that are constipating. For some people these include applesauce, banana, cheese, potatoes, pasta, rice and peanut butter.
- Make sure to drink at least eight 8-ounce glasses of fluid a day. Water is best.

When stool is too thick to easily pass out of the body, pay attention to the balance between stool-thickening foods and the amount of fluid you're drinking. If these lifestyle changes don't help, check back with your surgeon or gastroenterologist. Talking with a dietitian also may be indicated.

Dining out

Coloplastcare.com

Enjoying a meal at a restaurant is one of life's great joys - and there is absolutely no reason why you shouldn't be able to do that after your surgery, assuming your doctor has given the green light to resume a normal diet.

You might have already tried dining out again, but it is completely understandable if you do not feel quite ready yet.

Choose a familiar place

No matter what, a good strategy is to start with a familiar restaurant and keep it simple when ordering. For example, you may want to order a type of food that you have already tried at home first so you know how it affects you. As you gradually expand your diet, you will feel more confident when eating out as well. Always have a extra supplies kit with you in case you need to change your pouch. You should do this whenever you leave home.

Show restraint when drinking

Even if you are used to having a drink at home, it could well be best to 'start small'. For example, drink a small beer rather than a large one.

This will help your body build up your tolerance to alcohol again.



Ostomy Troubleshooting

SecuriCare Medical UK

The following tips may help you solve some of the common problems which can occur. If things don't improve within a few days, contact your stoma nurse for further advice.

Leakage

The most common cause of leakage is that the hole/aperture in your pouch is the wrong size. It should fit snugly around the base of your stoma.



Check your stoma size using a measuring guide and cut your pouch to fit. If in doubt ask your stoma nurse to check this for you.

Make sure you are drying your skin carefully and avoid using powder or cream on the skin around the stoma. Use of a formulated skin barrier wipe may be recommended. Take time to fit your pouch carefully, pressing the flange down firmly.

Pancaking (colostomy or ileostomy)

Sometimes the feces collects at the top of your pouch instead of dropping down to the bottom; this is known as pancaking. It may seep under the flange causing a leak.

Pancaking occurs when there is little or no air in your pouch causing the inside of the pouch to stick together. Try covering the filter with the special filter covers supplied with your pouches. Alternatively, try putting a baby little oil into your pouch.

Sore skin

Often occurs if the hole/aperture in your pouch is too large. Check your stoma size using a measuring guide and cut your pouch to fit snugly around your stoma, making sure that the area of sore skin is covered by the flange. If in doubt ask your stoma nurse to check this for you. A skin barrier wipe will protect the skin around the stoma.



'I still feel as though I want to pass a motion'...

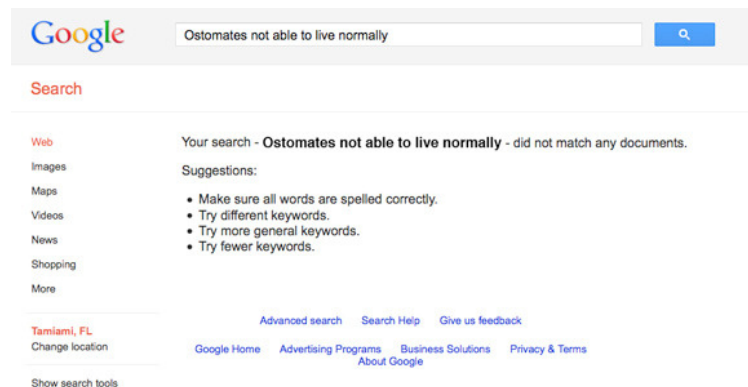
If you have a colostomy or ileostomy but your rectum has not been removed, you may still feel the urge to open your bowels as usual. This is common and quite normal. If the sensation is particularly strong, sit on the toilet and don't strain.

You may pass mucus, which is normal bowel secretion. Try to keep the skin around your anus clean and dry to prevent soreness.

Rectal discomfort or pain

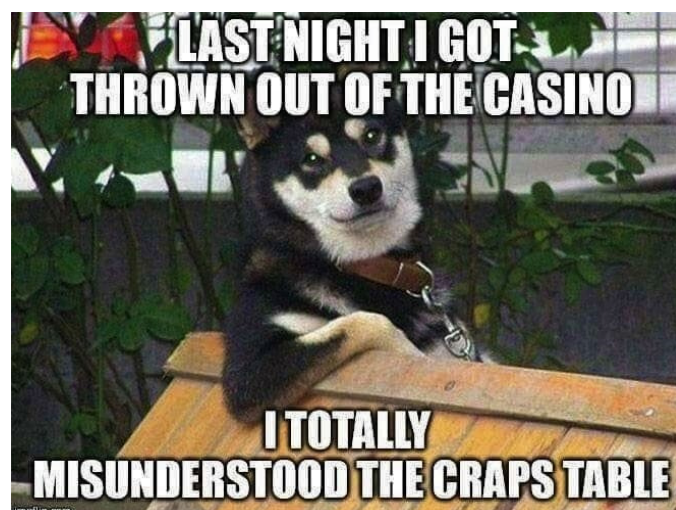
This can occur in some patients when their rectum has been removed, and is sometimes referred to as 'phantom rectum'. Whilst pain or discomfort usually resolves spontaneously when the wound has healed, this may take as long as 6 months. If it continues you should mention it at your hospital clinic visit.

You may experience a discharge from the rectal wound as it heals; if concerned ask your community nurse or stoma nurse to check this.



I had to go for a colonoscopy the other day.

The next day when I got home from work my wife said, "The doctor called with your colonoscopy results. Good news - they found your head." 😂



When a Doctor's Visit Doesn't Include a Doctor

Has this happened to you: You call to make a doctor's appointment. You're hoping to get into the office the same day. The receptionist asks if you're willing to see the physician assistant (PA) or nurse practitioner (NP).

Did you wonder how you should answer?

PAs and NPs generally work under the supervision of a physician as part of a medical team or office. You also may have met a PA or NP when visiting a retail or urgent/immediate care clinic.

They are licensed to provide limited health care services. If a prescription is needed, they may be able to handle that, too.

Today, there are more than 115,000 certified PAs and more than 234,000 licensed NPs in the U.S. The numbers continue to grow as PAs and NPs help doctors provide care for the over 8.1 million health care visits that occur each week.

Sources: 2016 Statistical Profile of Certified Physician Assistants, American Association of Nurse Practitioners, 2018

► 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	July 16
March 19	September 17
April 16	October 15
May 21	December 17
June 18	



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.

What Is A Fistula?

National Institutes of Health

A fistula is an abnormal passage, or tunnel, between two organs—called an internal fistula—or between an organ and the outside of the body—called an external fistula. In the lower GI tract, both internal and external fistulas can occur. Fistulas can develop during gestation or at any age after birth. Fistulas that develop during gestation are more common in boys than girls.

Fistulas may occur as a result of

- complications following surgery—the most common cause
- childbirth—a fistula can develop between a mother's vagina and rectum
- Crohn's disease, a chronic inflammatory bowel disease that can affect any part of the GI tract
- diverticulitis, an inflammation or infection of small pouches called diverticula that are created by bulging, weak spots on the colon
- infection
- trauma

Symptoms of Fistulas

Some people with a fistula in the lower GI tract have no symptoms; others may experience

- abdominal pain that begins in one spot and spreads throughout the abdomen
- dehydration
- diarrhea
- fatigue, muscle cramps, or slow growth due to malabsorption—a condition that occurs when the small intestine cannot absorb nutrients from food
- fever, with or without chills

People with any of these symptoms should be evaluated immediately by a health care provider.

Diagnosis and Treatment of Fistulas

External fistulas can be found during a physical examination. Internal fistulas can be seen during an upper or lower GI series, CT scan or colonoscopy.

Internal and external fistulas may close on their own, although this process could take weeks or months.

The doctor may prescribe antibiotics to prevent or treat infection resulting from leakage of intestinal contents. Some people may need to stop eating and receive nourishment intravenously to ensure proper healing.

If a fistula does not close on its own, a surgeon may perform intestinal resection surgery.



Avocados Boost Absorption

Ohio State University research shows avocados act as a “nutrient booster” that helps the body absorb cancer-fighting nutrients. Adult men and women ate salads and salsa with and without fresh avocado. Subjects who consumed lettuce, carrot and spinach salad containing 2.5 tablespoons of avocado absorbed 8.3 times more alpha-carotene and 13.6 times more beta-carotene - which helps protect against cancer and heart disease.

The subjects also absorbed 4.3 times more lutein, which contributes to eye health and protects against macular degeneration, the leading cause of blindness in the elderly.