

The New Outlook

July/August/September 2019



UPCOMING TUESDAY MEETINGS

July 16, 7:30 pm

August - No Meeting

September 17, 7:30 pm

GLENBROOK HOSPITAL

2100 Pfingsten Rd, Glenview, IL

Conference Rooms C & D, 1st Floor

April's Meeting (our 484th)

Dr. Eugene Yen, Gastroenterologist at Northshore answered all of our questions. He is so generous with his time and support!

May's Meeting (our 485th)

Steve Vandevender showcased new and popular Convatec products and took orders for samples.

June's Meeting (our 486th)

We shared our stories and how we felt about surgery then and now. Some of us have had our stomas for many years while others just a few, or even months. Phyllis added some terrific levity!

Our next meeting, July 16, we will *Show & Tell*. Share your product finds and tips that make our stoma lives a little better.

September 17 will feature Coloplast products.

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 and event 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

President

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

Vice President/Program Director

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

Treasurer

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

Secretary

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

Visiting Chairperson

Peggy Bassrawi, RN pbassrawi@gmail.com 847-602-0184

Chapter WOCNs

Madelene Grimm madelene.grimm@yahoo.com

Bernie auf dem Graben-Bailie 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

773-878-8200

Swedish Covenant Hospital

Teri Coho 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

Casey Mulle 847-657-5963

Glenbrook Hospital

Cheryl Isberto 847-933-6091

Skokie Hospital

847-926-5806

Highland Park

Agnes Brugger 847-570-2417

Evanston Hospital

Connie Kelly, Mary Kirby 312-926-6421

312-695-6868

Northwestern Memorial Hospital

Kathy Krenz 815-338-2500

Centegra-Northern Illinois Medical

Marina Makovetskaia 847-723-8815

Lutheran General Hospital

Elizaeth 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 Thursday of month, 5:30p.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

In June, Peggy Bassrawi's husband passed away after a long battle with brain cancer. Dale and I got to talking with him at the last holiday party he attended. Avi was friendly, interesting and generous, and we will miss him. Not just because he provided the food from Panda Express that we all enjoyed, but because our spouses are an important part of our lives and as so are welcomed at the meetings. There are many times when they are our backbone, our encouragers, and our cheering committee.

At the Celebration of Life held in Avi's honor, I met Mike Gordon, the husband of another ostomate. Mike's wife, Rhoda started our group in 1975. She was a new ostomate and had no one to turn to for support or to get answers for her many questions. She wanted to talk with other people in the same situation. With the support and encouragement of her husband, Rhoda made phone calls to doctors, nurses, and other ostomates she met. The first meeting was held in April 1975. It was by her hard work that we are a group today.

Mike talked about those first years and how pleased he is that 45 years later the group is still going. Now, instead of one large group, there are 14 groups meeting in the Chicagoland area many stemming from our original group. He appreciates that we have kept her legacy going.

Though Rhoda passed away several years ago, Mike still supports us and attends 2 meetings a year, the April anniversary meeting and the December Holiday meeting.

We have benefited from one woman's courage and foresight. She stepped out to make a difference and because she did, we have a place to go to get answers, support and have fellowship. At the December party introduce yourself to Mike and say "Thank You". I know he will be glad to meet you.

Life is Good!

You can read Rhoda's story by visiting our website uoachicago.org/oagc-history/



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.



The Hollister logo is a trademark of Hollister Incorporated.
"Hollister Ostomy. Details Matter." is a service mark of Hollister Incorporated.
©2014 Hollister Incorporated. 822478-114

Summer Tips

Mayo Clinic Staff

Treat mosquito bites

Bitten by one of those pesky little bloodsuckers? Although mosquito bites are itchy, try to avoid scratching. They'll go away on their own. If you need relief in the meantime, apply a hydrocortisone cream or calamine lotion to the bite. A cold pack or a cool, moist cloth may help, too.

Include food safety in your party plans

If you're planning a party, put food safety at the top of your to-do list. To protect your guests from food poisoning, don't let perishable foods sit out more than two hours at typical room temperature or more than one hour at temperatures above 90 F (32 C). Your goal is to minimize the time a food is in the danger zone between 40 and 140 F (4 and 60 C) when bacteria can quickly multiply.

Want a stronger core – skip the sit-ups

Harvard Healthbeat

Sit-ups once ruled as the way to tighter abs and a slimmer waistline, while "planks" were merely flooring. Now plank exercises, in which you



assume a position and hold it, are the gold standard for working your core, while classic sit-ups and crunches have fallen out of favor. Why the shift?

One reason is that sit-ups are hard on your back – they push your curved spine against the floor and work your hip flexors, the muscles that run from the thighs to the lumbar vertebrae in the lower back. When the hip flexors are too strong or too tight, they tug on the lower spine, which can create lower back discomfort.

Second, plank exercises recruit a better balance of muscles on the front, sides, and back of the body during exercise than do sit-ups, which target just a few muscles. Finally, activities of daily living, as well as sports and recreational activities, call on your muscles to work together, not in isolation. Sit-ups or crunches strengthen just a few muscle groups. Through dynamic patterns of movement, a good core workout like plank exercises helps strengthen the entire set of core muscles you use every day.

The right stuff: these items can help strengthen your core.

You needn't spend a cent on fancy equipment to get a good core workout. Many core exercises rely on your body weight alone. But with the help of some simple equipment, you can diversify and ramp up your workouts.

The following items can help you put a new twist on your core exercises. Most of them can already be found around your house or are available at low cost from a sporting goods store.

- **Chair.** Choose a sturdy chair that won't tip over easily. A plain wooden dining chair without arms or heavy padding works well.
- **Mat.** Use a nonslip, well-padded mat. Yoga mats are readily available. A thick carpet or towels will do in a pinch.

Mark Drug Medical Supply

548 W Dundee Rd, Wheeling IL 60090 847-537-8500

The Ostomy Store

We are local and have the largest inventory in the Chicago area

Come in and visit . . . See what is new

Manufacturers

ConvaTec
Hollister
Coloplast
Marlen
NuHope
Cymed

We bring
health care
home.



847-537-8500
1-800-479-MARK
FAX 847-537-9430

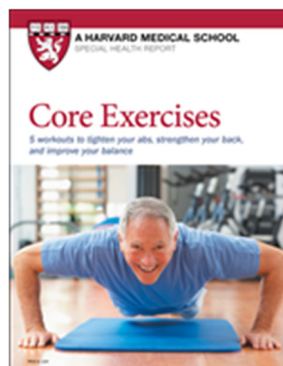
Accessories

Adhesive Removers
Skin Prep
Deodorants
Belts
Undergarments
Pouch Covers

We bill direct to
Medicare-Medicaid
and Private Insurance

Alan@markdrugmedicalsupply.com

- **Yoga strap.** This is a non-elastic cotton or nylon strap of six feet or longer that helps you position your body properly during certain stretches, or while doing the easier variation of a stretch. Choose a strap with a D-ring or buckle fastener on one end. This allows you to put a loop around your foot or leg and then grasp the other end of the strap.
- **Medicine balls.** Similar in size to a soccer ball or basketball, medicine balls come in different weights. Some have a handle on top. A 4-pound to 6-pound medicine ball is a good start for most people.
- **Bosu.** A Bosu Balance Trainer is essentially half a stability ball mounted on a heavy rubber platform that holds the ball firmly in place.



Harvard Health Publishing
HARVARD MEDICAL SCHOOL
Trusted advice for a healthier life

www.health.harvard.edu/motions/harvard-health-publications/core-exercises

Ostomy Cruise

R.S. Elvey, OAGC member
Featured on OstomyConnection.com

As ostomates we have survived a traumatic life threatening disease or accident that shatters our feeling of security and relationship with others. Research tells us that traumatic stress is relieved by telling your own story of survival. What better place to do that than on a cruise. Especially one organized for ostomates by Ostomy United /Survivors Group, the brain child of Joe Vega and David Martinez of Los Angeles.

Last December Joe, a double ostomate and his partner, David took 34 people, 20 with ostomies, caregivers, family and friends on a cruise sailing out of Port of Los Angeles to three ports on the Mexican Rivera: Cabo San Lucas, Mazatlán, and Puerto Vallarta. David created an itinerary that included three days of on-board seminars and an excursion. Three team leaders, Joe, Dawnette Meredith, and Roxanne Camp, led the seminars. Also Derick Alexander, WOCN, NP was on board to check stomas and consult with individuals on ostomy related concerns. Derik also led two seminars, *Diet and An Ostomy* and *Exercise and Your Ostomy*. Additionally, there were product reviews and breakout sessions and even one for caregivers and spouses.

On the first night, everyone attended an introductory event to get to know each other. All participants received a gift bag, including a custom t-shirt and an overview of the classes and the excursion. There would be three at-sea days for on-board education. Also, attendees were encouraged to eat together for lunch and dinner. This gave everyone the opportunity to share their stories and build a sense of community and togetherness. A sense of community is very important to insure a successful cruise and relieve whatever stress a person has been experiencing. One of the concerns ostomates have voiced about cruising was their inability to enjoy off ship excursions due to the lack of toilet facilities. Aware of this concern, Joe provided a modern air-conditioned bus with a restroom. The excursion was planned for Puerto Vallarta. Joe had arranged for a private tour of a family-owned tequila factory. After leaving the factory a tour guide gave the group facts of interest about the area as they walked through the Old Town

and shopping area. Everyone had time to walk around, sample food and shop.

Besides being a vacation, the cruise is the perfect venue to relieve the stress of having and living with an ostomy through sharing with other ostomates. Or as Susan Bogatin put it, "I don't often think about whether to tell someone about my ostomy, but being in such an open and safe environment felt very freeing."

Besides running cruises for ostomates Joe and David manage the San Gabriel Ostomy Association and the USC Community Ostomy Support Group in Southern California. Joe along with Dawnette Meredith are co-founders of the National Ostomy Association.

If you would like more information about future cruises, contact Joe Vega at 4Life Travel, 626-235-1725, Email: FourLifeTravel@gmail.com. 4 Life Travel is a division of TravelMakers, Inc.

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

do what makes you
HAPPY
be with those who make you
SMILE

LAUGH
as much as you breathe and
LOVE
as long as you live

Save the Date.....



Vendor Fair
Saturday, November 9
Northwest Community Hospital
800 West Central
Arlington Heights, IL

Hours are 9am to 1pm. Use the main hospital entrance. Once inside, go to the right toward the auditorium. Vendors to include product manufacturers and distributors. WOC nurses also available for questions and assistance. Details will be updated in the fourth quarter newsletter that comes out early October.



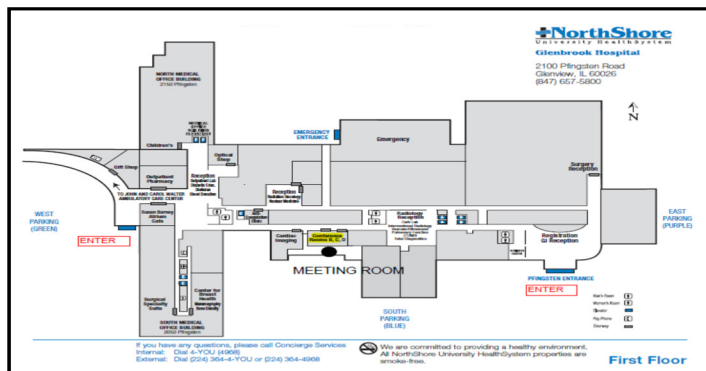
Go to ostomy.org for complete details

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 entrance is on Hospital Dr.

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

Did you know...

Blue discoloration: Urostomates occasionally notice blue discoloration in the pouch or overnight drainage system. Be assured that there is nothing wrong with the appliance. In a laboratory test conducted by ConvaTec, the blue color was found to be the result of normal bacterial decomposition of an essential amino acid called tryptophan.

There is no clinical evidence, according to an article in the *American Journal of Nursing*, to indicate that the production of indigo blue is harmful or that dietary tryptophan should be limited. If you are concerned, please talk to your doctor. Tryptophan is part of the regular intake of dietary protein. As it passes through your system it undergoes a series of chemical changes that ultimately result in a blue color when it finally oxidizes in the pouch.

Body Image Concerns with a Stoma

As seen on Dansac.UK



Your body is different after stoma surgery, so you may experience body image issues. Explore your feelings about your body after stoma surgery and learn how to deal with new emotions.

Stoma formation imposes significant changes to body image, both physically and emotionally. The process of adjustment and acceptance often takes time. After stoma surgery, give yourself the time

you need to adapt. Be patient, stay positive, and seek help if you need it.

Dealing with initial body image feelings

Regardless of the reason for your stoma, or whether your stoma is temporary or permanent, coming to terms with your changed body can be overwhelming. Being open and honest with people you care about is one key to dealing with those initial feelings.

Try to explain how you feel about your body with a stoma to your partner or a supportive friend. You might have strong negative feelings that could lead to depression or anxiety, affect your sense of identity, result in reduced participation in social activities, and impact the way you behave towards those around you. Be sure to give your loved ones the best chance to understand and be there for you.

Remember that your stoma care nurse is available to you as well. He or she is well trained to support you while you adjust and recover. You are not alone. Everyone with a stoma has had to deal with these emotions, and your stoma care nurse is most likely skilled at listening, understands how you are feeling, and may be able to help guide you to other professional help if needed.

Tips for managing feelings about body image

- Don't avoid going to new places or seeing new people. Avoidance can reinforce a feeling that you're being stared at in social situations, which is almost never the case.
- Rather than worry about someone being too curious, change the conversation. Practice responses or one-line statements that take the focus off you and redirect the conversation.

For example, smile, and say something like "Enough about me – let's talk about you."

- Remember what originally attracted your partner to you. It's not likely that your tummy had much to do with the initial attraction, so focus on your strengths. Consider what is positive about you and your appearance. Say it out loud so that you hear it and believe it.
- Reframe your stoma into a positive. Perhaps your stoma can come to represent well-being and being rid of illness. Nurture that feeling and share it with others to make it stronger.

Children Often Lead the Way

By Heather L. Orstead

Calgary Ostomy Society Newsletter March 2011

Via Winnipeg Inside Out Summer 2018

As an ET and an ostomate, leading a magic circle is one of our roles at Youth Camp. A few years ago I had the opportunity to lead a very special magic circle that will forever be a treasured memory. Now you need to understand that magic circle is where the magic happens because that is where the sharing occurs. Children with ostomies often live with "the big secret" of what is hidden beneath their clothes. This secret can cause untold stress so the opportunity to meet at camp with other kids who share the same secret and life experiences provides a great opportunity for their personal growth.



So ... back to the magic circle. There we were sitting in a circle at dusk, approximately 15 young people with ostomies between the ages of 9 to 13. They knew this was their opportunity to discuss anything they wanted. There was the usual chatter and giggling that starts most activities with children and then one wee soul got brave ...

A little 12 year old girl raised a question that demanded everyone's attention. She said "*I am worried about how I am going to tell the man I want to marry that I have an ostomy.*"

You could have heard a pin drop ... the group was incredibly silent and looked straight at me knowing I

must have the magic answer. I have had my ostomy since the age of six and was now married with two children so I was very aware of her concern, one that I once shared. But I have been around the block a few times and was aware the best answer is usually not the one given to you but the one that is discovered within! So I asked a question back to the young girl, “Well, tell me who knows about your ostomy right now?” She thought for a second and then replied, “My mom, my dad, my brothers and sisters, my grandma and grandpa, my aunts and uncles, my cousins and my best friend.” “Interesting”, I said. “Now let's go around the circle and see what everyone has to say.”

Around the circle we went with everyone saying almost the same thing “My mom, my dad, my brothers and sisters, my grandma and grandpa, my aunts and uncles, my cousins and my best friend.”

I could see the pattern forming and knew they had answered their own question ... so once we had completed going around the circle I said, “Isn't that amazing, you have almost all listed the same people—your mom, your dad, your brothers and sisters, your grandma and grandpa, your aunts and uncles, your cousins and your best friend. Now I have a question for all of you. Do you not think the person you are going to marry will be your best friend too?”

I will never forget the sense of calm and the smiles that appeared on every one of those little faces. It truly was MAGIC! It is often a dilemma after ostomy surgery to know who to share this very personal experience with. It is an experience that not only changes your body image but your body functions as well. Some, especially children, may feel it makes them more vulnerable to ridicule. Childhood is challenging enough without the added burden that having an ostomy may place on their ability to socialize. Children, and yes adults too, need a safe environment to explore new feelings and approaches to dealing with this radical and life altering change. Youth camp provides specific support for our children that have undergone ostomy surgery and we hope that our Ostomy meetings provide ongoing support for all who have experienced life and living with an ostomy.

***The harder the conflict,
The more glorious the triumph.***
-Thomas Paine

Good days
give you happiness.

Bad days
give you experience.



My therapist told me
the way to inner peace
is to finish what I start.

So far, I've finished
two bags of M&Ms
and a chocolate cake.
I feel better already!

- Dave Barry



Can heartburn drugs lead to vitamin B-12 deficiency?

Mayo Clinic Staff

Some studies have found an association between prescription heartburn medications and increased risk of vitamin B-12 deficiency.

Prescription medicines to treat heartburn, also called gastroesophageal reflux disease (GERD), work by suppressing stomach acid. It now appears that blocking stomach acid and other secretions may also block B-12 absorption.

Why is this important? Vitamin B-12 deficiency has potentially serious and sometimes irreversible complications if undiagnosed and untreated. These can include dementia, disorientation, neurological damage, gait disturbance and anemia.

Two common types of GERD medicines have been associated with B-12 deficiency to varying degrees:

- **H-2-receptor blockers.** Examples include cimetidine, famotidine and ranitidine.
- **Proton pump inhibitors.** Examples include omeprazole, esomeprazole and lansoprazole.

With either medication, the risk of B-12 deficiency was significantly increased when taken daily for two years or more, and in doses averaging more than 1.5 pills daily versus less than 0.75 pills daily.

Does this mean that you should stop taking your heartburn medication? No. This type of study only shows that such medicines are associated with B-12 deficiency — it does not prove that the medicines cause the deficiency.

If you're concerned about your vitamin B-12 level, talk with your doctor. If low B-12 is an issue, ask if a lower dose of your medicine would be effective in controlling your symptoms or whether you should take a vitamin B-12 supplement.



Quirky fact: A flock of flamingos is called a **flamboyance**!

Advice from a FLAMINGO

Wade into life
Stand out in a crowd
Spend time with your flock
Find the right balance
Show your true color
Keep your beak clean
Don't be afraid to get your feet wet!

I cannot stand the words "Get over it". All of us are under such pressure to put our problems in the past tense. Slow down. Don't allow others to hurry your healing. It is a process, one that may take years, occasionally, even a lifetime — and that's OK.

BEAU TAPLIN

HealthyPlace.com



It's "All In the Bag"

Excerpt from article by Jennie David
Boston University

An "ostomy" is the result of a surgery redirecting either the gastrointestinal or the urinary tract to the surface of the abdominal wall, creating an opening called a stoma. The excretions from the body are then contained by an ostomy bag – a clear "reshap[ing] of the external body." Reasons for the procedure include birth defects, chronic conditions such as Crohn's Disease or ulcerative colitis (both are forms of Inflammatory Bowel Disease or "IBD"), cancer, and acute injuries.

Some patients receive temporary ostomies, meaning that the procedure is reversed after the body has time to rest and heal, while other patients live with ostomies permanently. Most often, ostomy surgery is reserved for patients that have been largely unresponsive to medications and have little, if any, non-surgical therapies left available. Emergency surgeries, triggered by the perforation of the bowel, account for more than 62% of surgical cases. Therefore, an ostomy has the potential to not only be a sudden change, but forces the recognition and physical confrontation of the patient's serious illness.

Accidents Happen

Although advanced appliance technology has allowed ostomates the freedom to exercise, swim, and engage in other normal activities without limitations, there are nonetheless skills required in order to properly care for the ostomy. If the bag is not properly secured on the abdomen or the wafer (the part of the bag that sticks to the skin) has been eroded by ostomy output (i.e. not changed frequently enough), many patients experience leaks. Anatomically, the human body only has nerves that signal the need to use the bathroom in the ascending colon, therefore individuals with an ostomy do not retain the ability to know they “have to go,” and similarly cannot tell if the bag is full without actually checking it. Accidents, whether they are in private or in public, are not only embarrassing, but also have the potential to undermine the individual’s confidence in properly using ostomy supplies. This confidence is “key to [the ostomate’s] understanding” of their degree of perceived control over the situation.⁶ Further, the act of emptying the bag itself can become a negative experience due to the actualization and recognition of altered anatomy. Betty, a 67-year-old woman with a colostomy – a procedure she described as a “mutilation” – found it so disturbing that she severely restricted her diet so that she would not have to empty the bag.

Prepare to Succeed

Ostomies are not simply life changing, but they are life saving for those who need them. While the largest factor in predicting post-surgical body image is an ostomate’s self-efficacy, the importance shifts from what predicts body image to what can be done to restore it. In order for ostomates to feel and be successful post-surgery, steps need to be implemented at every part of the process. A Wound, Ostomy and Continence Nurse (WOCN) should be able to provide new patients with reliable information regarding diet, exercise, post-surgical instructions, and warning signs that may require medical attention. Patients should be given access to see and feel the appliances before their surgeries to become familiarized. The most prepared and supported patients will be able to properly emotionally cope in as little as two to three weeks after their surgery. The average modern patient takes anywhere from six to twelve months to physically recover comfortably to life with an ostomy; this represents a significant change

from the five to ten years it was estimated to take in 1965.



Logo for proposed patient care concept. Photo Credit | Jennie David

Companies that make ostomy supplies readily distribute samples of their products to new patients. They also

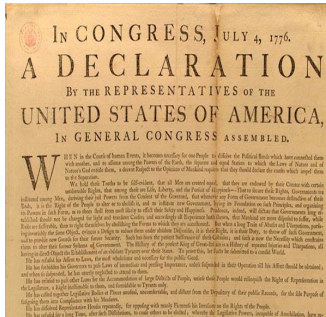
offer instructional DVDs and books of stories from ostomates. If these products, which are already available, were collected in a bag and given to new patients, then things would truly be “all in the bag.” In addition, patients would benefit from a specialized medical book with their surgeon’s contact information, insurance information, a medication list, instructions for complications, information on ostomy appliances, a glossary, WOCN contact information, a post-operative chart/dates, and a list of helpful websites/other resources. By having the correct information and supplies in one place, the patient has the opportunity to focus on their recovery and find relief in having a reliable post-surgical kit.

When the patients realize the freedom an ostomy can provide, they will discover that strength, courage, determination, and spirit are all “in the bag.”



Editor’s note: Complete article is available at bu.edu. And please don’t be like Betty!





When armed conflict between bands of American colonists and British soldiers began in April 1775, the Americans were ostensibly fighting only for their rights as subjects of the British crown. By the following summer, with the Revolutionary War in full swing, the movement for independence from Britain had grown, and delegates of the Continental Congress were faced with a vote on the issue. The Virginia delegate Richard Henry Lee introduced a motion on June 7, 1776 calling for the colonies' independence. In mid-June a five-man committee including Thomas Jefferson, John Adams and Benjamin Franklin was tasked with drafting a formal statement of the colonies' intentions.

The Continental Congress reconvened on July 1, and the following day 12 of the 13 colonies adopted Lee's resolution for independence. The process of consideration and revision of Jefferson's declaration (including Adams' and Franklin's corrections) continued on July 3 and into the late morning of July 4, during which Congress deleted and revised some one-fifth of its text. The delegates made no changes to that key preamble, however, and the basic document remained Jefferson's words. Congress officially adopted the Declaration of Independence later on the Fourth of July, a date now celebrated as the birth of American independence.

► 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!



**Freedom isn't Free
Remember to thank a Veteran!**

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.

TRAVEL COMMUNICATION CARD

COMPLIMENTS OF THE UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

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

This is not a certificate and it is not a pass to help you avoid screening. Please print out on any weight of paper you wish, trim to wallet-size and laminate if desired. The blue color is important, as it is a "flash-card" developed by the TSA so their own officers will recognize it and be guided to treat the traveler with discretion and sensitivity. If laminated in a double-side manner, it can be used 'blue side out' during security screening, and the white side out when communicating non-verbally with airline personnel.

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

<p>TSA Notification Card: Individuals with Disabilities and Medical Conditions</p> <p>I have the following health condition, disability or medical device that may affect my screening:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>I understand that alternate procedures providing an equivalent level of security screening are available and can be done in private. I also understand that presenting this card does not exempt me from screening.</p>	<p>Information • Assistance Requests • Compliments • Complaints</p> <p>TSA Cares</p> <p>1-855-787-2227 (Federal Relay 711) Weekdays: 8 a.m. to 11 p.m. ET</p> <p>TSA-ContactCenter@tsa.dhs.gov Weekends/Holidays: 9 a.m. to 8 p.m. ET</p> <p>Hablamos Español Automated information offered in 12 languages</p> <p>Call 72 hours prior to traveling to request the assistance of a Passenger Support Specialist (PSS) at the checkpoint. If a PSS is not available, you may ask for a Supervisory TSA Officer at the checkpoint.</p>
---	---


FOLD LINE

SHOW THIS SIDE - for use during screening before boarding. Intended for the passenger to inform the TSO at the beginning of personal screening - before being patted-down or entering a full-body scanner.

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

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

RESTROOM COMMUNICATION CARD

<p>**RESTROOM ACCESS NEEDED NOW**</p> <p>The cardholder contains body waste in an OSTOMY POUCH (stool/urine) and/or carries pouches and related supplies and/or a catheter to manage personal hygiene.</p> <p>S/he needs access to the restroom now in order to empty the pouch – this is critical for the cardholder's well-being and for public sanitation.</p>	<p> RESTROOM COMMUNICATION CARD</p> <p>Provided by UOAA which promotes quality of life for people with ostomies and continent diversions through information, support, advocacy and collaboration.</p> <p>United Ostomy Associations of America www.ostomy.org 1-800-826-0826</p>
--	--

FOLD LINE

SHOW THIS SIDE - this is designed to show in the event it is needed while in flight and the pilot has chosen to limit restroom access—or when passengers are supposed to be belted in during turbulence. It is the flight crews discretion whether bathroom access is granted as passenger safety is their main consideration. You might wish to show it to a flight attendant during boarding and/or getting settled, so he or she will be mindful of your situation.