Ostomy Association of Greater Chicago

The New Outlook

Winter 2020

UPCOMING TUESDAY MEETINGS

January 21, 7:30 pm
February – No Meeting
March 17, 7:30 pm

GLENBROOK HOSPITAL
2100 Pfingsten Rd, Glenview, IL
Conference Rooms C & D, 1st Floor

October's Meeting (our 489th)
We reviewed a multitude of products that are available to us, discussing when and how to use them. We also discovered there are a lot of names for a flange. Don't know why though. Hmmm…

November Vendor Fair
Most of us attended the regional Vendor Fair at Northwest Community Hospital in Arlington Heights. Our thanks to the representatives of product manufacturers and distributors. Also many supplies were given away and, we had a wonderful time. A special thank you to the NCH ostomy nurses Beth and Colleen for answering all our questions and helping us with issues.

December's Meeting (our 490th)
We celebrated the Holidays and another year with our ostomy family enjoying great food, lots of laughter and a Holiday Apparel Contest. (details on page 5) It was so nice of Dr. Yen to stop by.

Our next meeting January 21 we will talk about emergency kits. We all have one…. right?! What should be in it? Bring yours to share info. An open discussion will follow.
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 or sign up on our website's home page.

OAGC is a 501(c)(3) non-profit, run entirely by volunteers. We depend mostly on donations to fund this newsletter and our website. Thank you all so much for your support!

www.uoachicago.org

UOAA United Ostomy Associations of America, Inc.
AFFILIATED SUPPORT GROUP

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 ttrazpargolf@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
Swedish Covenant Hospital 773-878-8200
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
Casey Mulle 847-657-5963
Glenbrook Hospital
Cheryl Isberto
Skokie Hospital 847-933-6091
Highland Park 847-926-5806
Agnes Brugger 847-570-2417
Evanston Hospital
Connie Kelly, Mary Kirby 312-926-6421
Northwestern Memorial Hospital 312-695-6868
Carol Stanley 708-660-5956
Rush Oak Park Hospital
Kathy Krenz 815-338-2500
Centegra-Northern Illinois Medical
Marina Makovetskaia 847-723-8815
Lutheran General Hospital
Elizabeth Perry, Colleen Rohrbacher 847-618-3215
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
Nanci Stark 708-216-8554
(Mary Clare Hogan-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, Elizabeth Perry eperry@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, 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

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** Quarterly **7:00pm** Contact Karie Milewski-Carlson, 630.654.5114 or kmcarlson@wellnesshouse.org

Here and Now

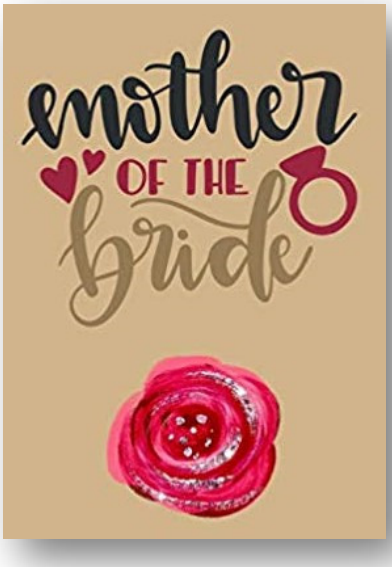
with Patricia Johnson

Life with an Ostomy…

As people who have had Crohn's or Ulcerative Colitis, we know public restrooms. We are very familiar with dirty restrooms, cheap toilet paper, and no soap. And now with ostomies, we are still no strangers to these things. In October I had a whole new restroom experience.

Let me set the stage for you: To begin, I have no night vision. Our house is lit up like a Christmas tree once the sun goes down. In dark restrooms I am at the mercy of the lights.

On a Sunday in October I was in Chicago with my daughter and two of her bridesmaids. We were looking for The Dress. We had just finished a lovely dinner where I drank several cups of tea. Hilary told me that I would never find the restroom because it was very dark in the hallway leading to the restroom and dark inside. We left and proceeded to one more shop. This place was in a warehouse on the connecting block between two blocked off streets. It was after 6 p.m. and getting dark and cold. We had to walk a block and a half under construction barricades. (Remember all that tea I drank.) We found the building and went upstairs. The building seemed empty, our voices echoed, except for this bridal shop. We were a few minutes early and I needed the restroom which was thankfully right there. I went in and locked the door. There were two locks (what, two locks?!) I locked them both.



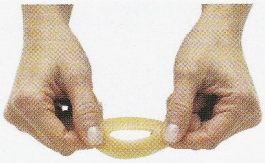
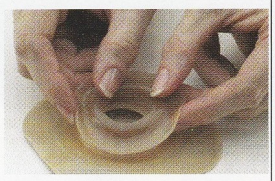
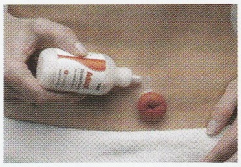
So there I am when the lights went off! It was pitch black in there. I said "Oh No!" and three young women said what's wrong and Mom are you okay? I said the lights went off! All I could think was I locked those two locks, who can get in, and I will never find my way to the door, how will I get out. My pouch was in my hand almost open. Hilary said wave your arm and the lights should come on. With my pouch in one hand I waved with my other and the lights went on. Good, I thought. I got several feet of the very thin tissue paper hoping to do this fast and in one step when the lights went off again. So with the tissue in my hand I'm waving, the lights came on, I frantically took care of the pouch stopping every few seconds to wave at the lights. (Really, what woman, even without an ostomy can use the restroom in 30 seconds before the lights go off?) I washed my hands flapping my elbows to keep the lights on and was out of there where three concerned women were waiting. I said to Hilary, "Now I have my January column!'

The moral of this story, always carry a flashlight.

Hilary did find The Dress. It is beautiful and she will be gorgeous in it.

Life is Good

Using Ostomy Accessories

Accessory	Common Uses	Tips and Techniques*
Flat Barrier Rings 	• Fill in an uneven skin surface • Enhance durability of pouching system • Fill in a gap between the stoma and the skin barrier opening on your pouching system	• Rings may be stretched to fit you stoma size • Apply to clean, dry skin or apply to the adhesive side of the skin barrier on the pouching system • Does not contain alcohol
Convex Barrier Rings 	• Add depth to a convex product or to add flexible convexity • Create a custom shape to improve the fit of the pouch	• Rings may be stretched slightly tc fit your stoma size • Apply to clean, dry skin or to the adhesive side of the skin barrier • Do not overstretch
Barrier Strips 	Help fill in a crease to prevent leakage	• Strips can be cut to various lengths.
Ostomy Paste (tube or strips) 	Seal around the skin barrier opening	• Paste is not an adhesive or glue • Too much paste can interfere with a good pouch seal
Stoma Powder 	Help dry moist skin†	• Dust on and brush off excess powder • Optional: may be instructed to seal with a skin barrier wipe • Stop using when skin heals
Skin Protective Wipes 	Remove skin barrier or tape more easily from fragile skin Protect sensitive skin	• Use on intact skin • Allow to dry completely before applying the pouching system • May decrease wear time if used with extended wear skin barriers • Some contain alcohol
Adhesive Remover Wipes 	• Remove adhesive residue • Ease the removal of tape or skin barrier	• Usually not needed with each pouch change • Must be washed off with soap and water after use

*Refer to specific instructions for use. Consult your healthcare professional for skin and stoma problems.
Product photos courtesy of Hollister, Inc.

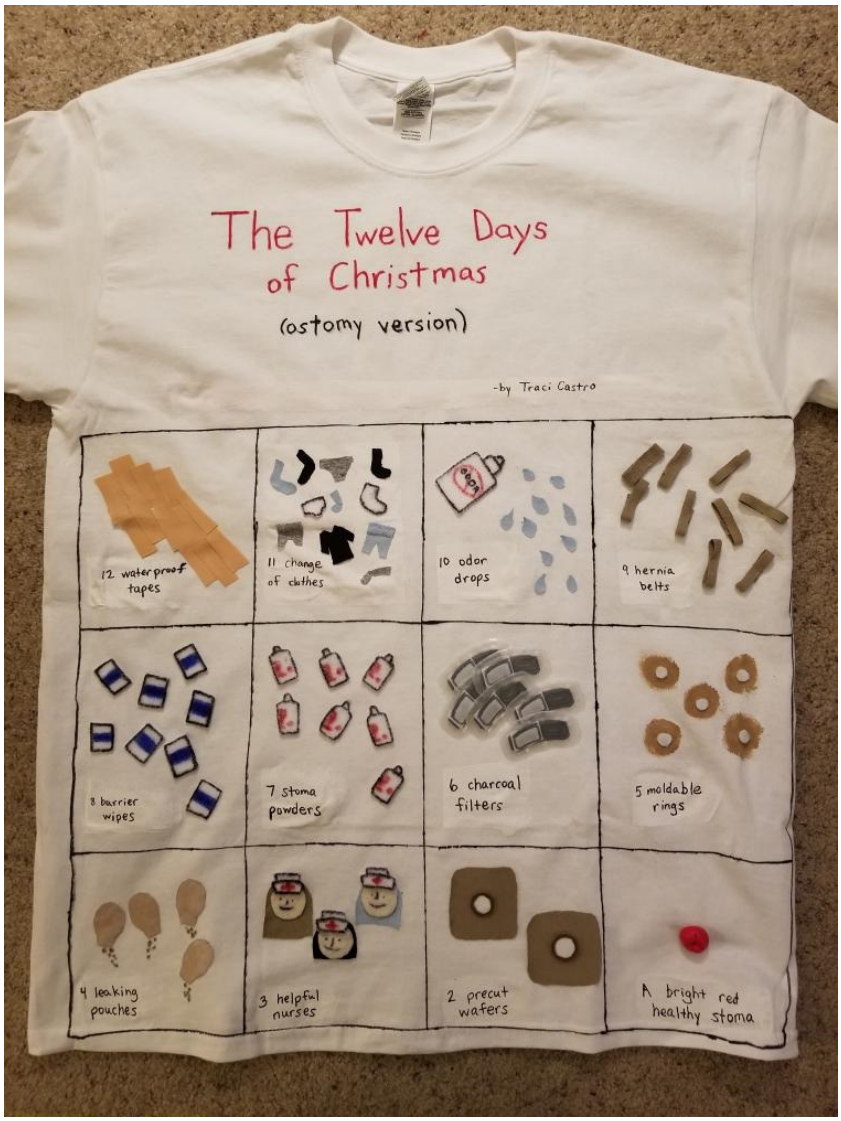
Original chart appeared in *The Phoenix* magazine, June 2011
Subscribe to *The Phoenix* at www.phoenixuoaa.org

Our Stoma Star

We always knew she was talented. Afterall, she re-wrote the 12 Days of Christmas in ostomy style! But for our novelty apparel contest, Traci topped herself by fashioning her 12 Ostomy Days. So of course, she won both most original and Best in Show.

Nancy was funniest, Chuck and Diane tied for most colorful and Pat was prettiest. Best Hanukkah went to Peggy. Other winners and runners up – Dale, Al, Judy, Marge, Arlene and Ellen.

We thank everyone who participated as well as our many judges... aka those who didn't. 😂



We concluded our evening again this year singing:

On the (first) day of Christmas my doctor gave to me...

A bright red healthy stoma
2 precut wafers
3 helpful nurses
4 leaking pouches
5 moldable rings
6 charcoal filters
7 stoma powders
8 barrier wipes
9 hernia belts
10 odor drops
11 change of clothes
12 waterproof tapes

Mike, Dave and Tim did a great job with 5 moldable rings!

Ostomy ~ The New Normal

As far as anyone knows, we are a nice, normal group...Yeah!

Tips for Better Sleep After Ostomy Surgery

Comfort Medical

Everyone has experienced the effects of a poor night's sleep at one point in their life. Tossing and turning often results in low energy, irritability, and an inability to focus the following day. A lack of quality z's over a long period of time can also lead to weight gain and even an elevated risk of heart disease. While getting a good night's sleep is often a challenge for new ostomates, sufficient shut-eye is essential to the recovery process. A 2017 study showed that sleep deprivation is associated with longer healing periods of skin wounds. So, we know that sleep is crucial to overall well-being, but how can we actually rest easy with the physical discomfort and functional concerns that arise post-surgery? Let's go over a few tips.

Find a Comfortable Sleep Position

For the first few weeks after surgery, your abdominal muscles and skin surrounding your stoma will be sore. You may find that lying on your back with your torso and head propped up with pillows helps alleviate any discomfort you may have when lying flat. Once the stoma area heals, you can start experimenting with your usual sleep position.

For the first few weeks after surgery, your abdominal muscles and skin surrounding your stoma will be sore. You may find that lying on your back with your torso and head propped up with pillows helps alleviate any discomfort you may have when lying flat. Once the stoma area heals, you can start experimenting with your usual sleep position.

Determine Your Ideal Evening Food and Drink Schedule

After surgery, your doctor may suggest keeping a food and drink journal to help determine the intervals at which you should empty your pouch. While this is extremely helpful during the daytime, you will also want to pay close attention to what you are consuming before bedtime and how it affects your stoma's activity. Eating a copious meal or drinking in large quantities just before turning down for the evening is likely to disrupt sleep due to having to empty your pouch several times throughout the night. While you may have to wake up no matter what you eat or drink, you can keep it to a minimum by finishing meals at least a couple hours before hitting the sack.

Accessorize!

Various products and accessories are available to help you find your ideal sleep solution. As mentioned above, adding extra pillows in strategic spots can provide added comfort and support. Some people find body or even pregnancy pillows assist in attaining that perfect position.

Ostomy support bands or snug-fitting, stretchy pajamas can also ease any anxiety you may have about your pouch flopping about while you sleep. Women may find pregnancy pajamas with wide, elastic waistbands provide added security to their appliance.

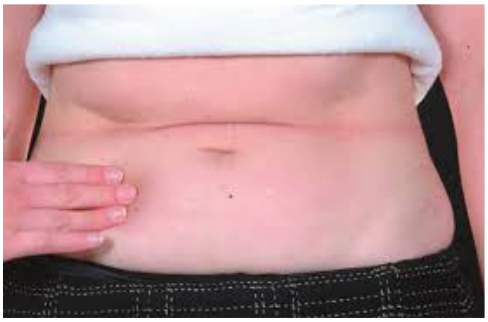
Night drainage bags are made for people with high nighttime output and may reduce the frequency at which you need to wake up to empty your pouch. Coloplast's Assura 2-piece ileo night drainage bag can hold up to two liters, and its long neck is great for those who move around a lot in their sleep.

For the first few months post-op, you will inevitably face a disrupted sleep schedule. You may even have to set an alarm at frequent intervals to avoid a middle-of-the-night blowout until you're able to decide on a routine better adapted to your body and lifestyle. Being observant and disciplined about documenting your stoma's activity can go a long way toward adjusting to your new normal as can being patient with yourself and knowing that with time, you'll be drifting off to dreamland without any troubles.

Stoma Site Selection

Editor's note: An Enterostomal Therapy Nurse (ET) is another term for an Ostomy Nurse.

Stoma site marking, a process that occurs prior to surgery in which a specific location for the stoma is selected on your abdomen. Selecting the site prior to surgery, rather than exactly at the time of surgery, will help to ensure that is in a position that will facilitate self-care and secure pouching. Several factors are taken into consideration when the site is chosen; these will be discussed below. Stoma site selection should be done by an Enterostomal Therapy Nurse (ET) and/or by the surgeon responsible for your surgery.



Site selection is initially determined by the type of stoma that you are going to have; stomas tend to be placed in the lower half of the abdomen, generally below the level of the umbilicus, but above the level of the pubic hair. Usually, ileostomies (stomas made from the last portion of the small intestine) are placed in the right lower quadrant, while people who require colostomies (stomas made from part of the large intestine) have their stomas placed in the left lower quadrant of the abdomen. On occasion, stomas may be placed in atypical locations (such as the opposite side) due to old scars, hernias or other factors that may make their usual location impossible to use. Stomas tend not to be placed in the upper abdominal quadrants (above the level of the umbilicus, below the lower level of the ribs), but in certain circumstances it may be required. For patients who are having urinary diversions, such as an ileal conduit, the stoma should be sited in the right lower quadrant. Your ET and surgeon will discuss the placement with you.

Stomas should also be sited within the margins of a specific abdominal muscle called the rectus. This muscle runs vertically and is in the front of the abdomen. It is believed that placing the stoma within the margins of this muscle will help to prevent possible complications, such as parastomal hernias. While a recent review article[1], questions if this notion is, in fact, accurate, stoma placement should remain within the rectus muscle until definitive studies demonstrate that placement outside of the rectus does not result in stomal problems.

Ideally, appliances for stomas require a flat surface on the abdomen to allow for appliance adhesion. At a minimum, a flat surface that extends approximately 2-3 inches (5-8 centimeters) circumferentially from the base of the stoma will help to ensure a secure seal. As a result, certain abdominal contours should be avoided to allow for this seal. Any deep creases, skin folds and old scars may interfere with both visualization of the stoma and appliance adhesion. Deep creases are best assessed when you are sitting, or bending forward, and these positions will accentuate any folds or creases that may be problematic. Stomas should also be placed on the upper aspect of a skin fold. People who have obese abdomens, who have protuberant abdomens, or who have rounded skin folds should have the stoma placed on the upper aspect of the fold or protuberance as this will help to ensure that the stoma is visible for routine care. If the stoma is placed at the apex or the underside of a fold or protuberance, it may fall away from the field of vision, making self-care difficult. Regardless of whether you have an obese or protuberant abdomen, the stoma should be within your visual field: you must be able to see it when you are either sitting or standing to be able to do routine care.

Stomas should also be away from the belt line, either above or below the level at which you wear your belt. Stomas which are placed right on the belt line risk potential trauma (bruising, bleeding) from the pressure of the belt. Ideally, ETs would like to place all stomas below the belt line, as this would ensure concealment of the pouch under clothes. However, placement below this level is often not possible. Placement below the belt line is usually problematic for men, as men tend to wear pants/belts below the natural waist-line. In these situations, stomas placed below the belt line will often be too close to the bony prominences (pelvic bone) which may contribute to poor appliance seals, or may be away from the visual field. Equally, recent fashion styles of low rise pants and skirts also make concealment and placement below the belt-line difficult, if not impossible. Alternative options include higher rise pants or skirts, or the use of suspenders rather than belts to support trousers.

Other factors to consider include your activity level: individuals who are active may want to have the option of wearing a belt that attaches to the ostomy appliance. These belts can provide additional support to your appliance during activities, adding another level of security. Ostomy belts work best when they rest along your natural waist-line, rather than above or below your waist-line. If the belt pulls at your pouch from a dramatic angle, rather than directly perpendicular to the belt tabs, it may cause the pouch to ride or shift, making it less secure. If you are wheelchair dependent, you should have your stoma site marked while sitting in the chair, with all support devices such as seat belts in place. Your seating in the chair will often demonstrate ideal placement of the stoma, avoiding potential traumas from support devices. The stoma may also be placed higher on the abdomen to make self-care and appliance emptying easier.

When the stoma site is being marked, you will initially be asked to lie flat on your back on the examining table. Your abdomen will be inspected for any obvious scars or other contours that may need to be avoided. The ET will ask you to briefly raise your head; this allows him/her to identify the outer margin of your rectus muscle by feeling for a firm ridge on your abdomen. The ET will then identify an area with the appropriate abdominal quadrant where the stoma may be placed. Some ETs like to use an actual stoma flange for sitting, and may stick this onto your abdomen during the marking. The flange will be removed before you go home. Other ETs may use clear plastic rings to help with sitting. You will then be asked to sit; this helps to accentuate any creases and folds. The ET may then adjust the placement of the flange/ring based on identified contours. She/he may also ask you to lean forward, twist and raise your leg. All of these movements are to help identify the best location for your stoma, avoiding any areas of concern. You may also be asked to put your pants/skirt on, so that the placement can be seen in relation to your belt line. Again, further adjustments may be required for the site based on the belt line. Once the best location has been chosen, it will be marked with a surgical marker/felt pen, and covered with a plastic clear film dressing. The dressing is required to protect the marking and to prevent it from washing off during routine bathing. It is important that you ensure that the site remains visible, as it will be used by the surgeon to place your stoma.

Stoma site marking is a complex process, but is very important for ensuring safe and secure pouching for your stoma. You should contact your ET and/or surgeon to discuss this procedure prior to your surgery.

1. **(Gray, M. et al. (2005) "What Treatments Are Effective for the Management of Peristomal Hernia?" Journal of Wound, Ostomy and Continence Nursing, 32:2, pp 87-92.**

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"Whatever your pain or struggle in life, don't allow it to turn you into a victim. Let your battle turn you into someone else's hero!" ~ Jackie Collins
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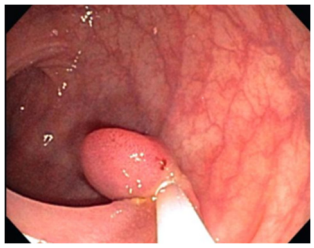
How long does it take colorectal polyps to turn into cancer?

James Church, MD Colorectal Surgeon
Cleveland Clinic, April 2018

We think the whole process takes about 10 years. A colorectal polyp begins with a gene mutation in one of the stem cells that are constantly dividing to produce the cells that line our colon.
Each of the stem cell's "daughter cells" inherits that gene mutation, which makes them grow faster and live longer than nearby cells.
Only a few mutations cause cancer. But colon cells grow and divide so rapidly that we replace the entire lining of our colons once a week. And each time these cell divide, they pick up more and more mutations, and the risk of cancer rises.



As cells with the mutation build up on the surface of the colon, they form a small cluster that appears as a polyp.
They continue to divide, picking up even more mutations — some in the genes controlling cell growth. So the cells start growing faster, and the polyp enlarges.
Thankfully, because this is a slow process, getting regular colonoscopies to find and remove polyps — while they are still in the benign or precancerous stage — can prevent cancer and save your life.

March is Colon Cancer Awareness Month

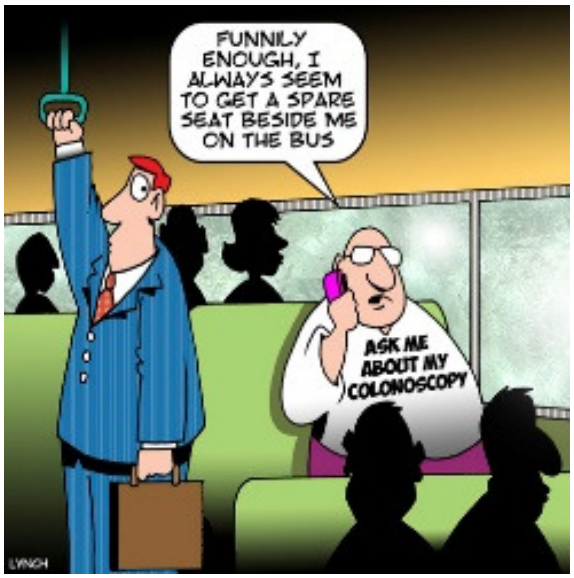
CDC.gov Screen for Life

Colorectal cancer is cancer that occurs in the colon or rectum. Sometimes it is called colon cancer. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.

Screening Saves Lives

Colorectal cancer is the second leading cancer killer in the United States, but it doesn't have to be. If you are 50 or older, getting a colorectal cancer screening test could save your life. Here's how:

- Colorectal cancer usually starts from precancerous polyps in the colon or rectum. A polyp is a growth that shouldn't be there.
- Over time, some polyps can turn into cancer.
- Screening tests can find precancerous polyps, so they can be removed before they turn into cancer.
- Screening tests also can find colorectal cancer early, when treatment works best.



Who Gets Colorectal Cancer?

- Both men and women can get it.
- It is most often found in people 50 or older.
- The risk increases with age.

Are You at Increased Risk?

Your risk for colorectal cancer may be higher than average if:

- You or a close relative have had colorectal polyps or colorectal cancer.
- You have inflammatory bowel disease, Crohn's disease, or ulcerative colitis.
- You have a genetic syndrome such as familial adenomatous polyposis or hereditary nonpolyposis colorectal cancer.

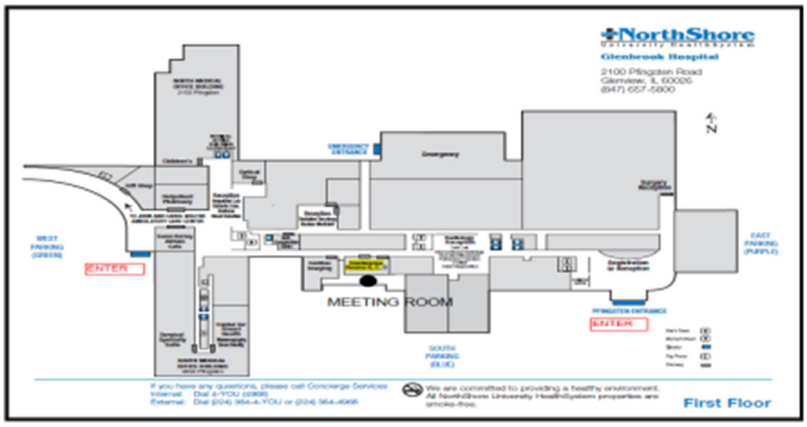
People at increased risk for colorectal cancer may need earlier or more frequent tests than other people. The American Cancer Society recommends screening at age 45. Talk to your doctor about when to begin screening, which test is right for you, and how often you should be tested.

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.

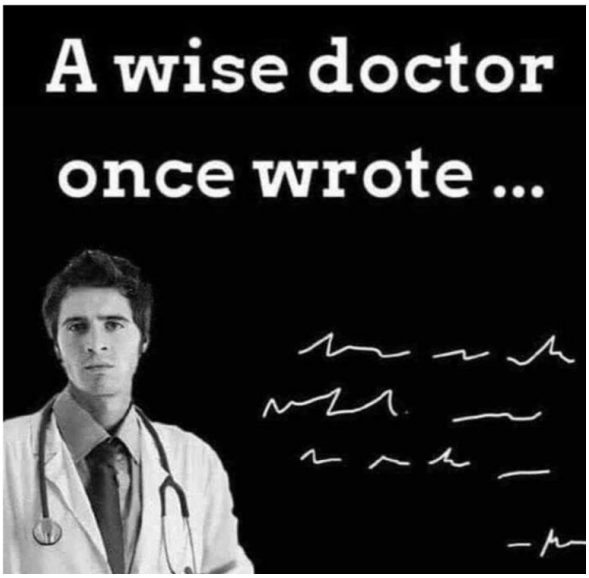


We exist to support you; you support us so we exist.

Mayo Clinic Health Tips

By Mayo Clinic Staff

Reduce tension through muscle relaxation
Progressive muscle relaxation can reduce muscle tension from stress. First, find a quiet place free from interruption. Tense each muscle group for about five seconds and then relax for 30 seconds. Repeat before moving to the next muscle group. Practice this technique any time you feel stress.



Create a family health record
Prepare for a family emergency by gathering important details about your family's health. For each person, gather the following information: medical conditions, allergies, medications, blood type, doctor's name and phone number, and insurance information. Also include advance directives, the legal documents that outline your decisions about health care, such as whether to use life-support machines.

Fitness takes more than huffing and puffing
When it comes to fitness, huffing and puffing your way through such aerobic exercises as running, biking or swimming isn't the only thing that matters. A good, balanced exercise program includes five key components: aerobic fitness, strength training, core exercises, balance training, and flexibility and stretching. If you're not getting all five, it's time to mix up your routine.

Food poisoning
Also called foodborne illness — is caused by harmful germs, such as bacteria in contaminated food. Because bacteria typically don't change the taste, smell or look of food, you can't tell whether a food is dangerous to eat. So if you're in doubt about a food's safety, it's best to throw it out.

A new way to enjoy fresh fruit
Want a new way to enjoy fresh fruit? Make fruit kebabs. Start by placing wooden skewers in water and soaking for at least 10 minutes. Place cubed fruit, such as cantaloupe, pineapple, mango or honeydew, onto skewers. Place skewers on a baking sheet and sprinkle with brown sugar. Broil until slightly bubbly, about 2 minutes on each side.

Is your 2020 Vision 20/20?

A **New Year's resolution** is a promise a person makes for the new year. These can also increase a person's well-being because they force us to consider what we value most. Here are a few suggestions:

- **Focus on a Passion, Not the Way You Look.** Resolutions are in fact NOT an invitation to start a diet or a workout plan but a beautiful reminder that a new year can bring new life to our passions.
- **Give one compliment a day.** You never know—it just might make that person feel a whole lot better.
- **Let go of grudges.** Wouldn't it be nice to start 2020 with a clean slate? Leave hate behind. Anger is so 2019.
- **Stay in touch with the people who matter**. Even a quick call, text, or email can make a world of difference.
- **Go someplace you've never been.** Step outside of your comfort zone and do something daring. It's good for the soul and forces you to learn new things.
- **Volunteer.** Not only is volunteering good for your own mental and physical health, but you're doing something kind and selfless for others. Our association always needs talented people.
- **Do Random Acts of Kindness.** Norbert,  the famous therapy dog, reminds us that anyone can be kind, and it costs us nothing.

► **A very special thank you to everyone who donates to our association! Our largest expenses, the cost of this newsletter, our website 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!

2020 Meeting Dates

January 21	July 21
February No Mtg	August No Mtg
March 17	September 15
April 21	October 20
May 19	November No Mtg
June 16	December 15

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, WOC Nurse, licensed pharmacist or other health care professional.

Hollywood's First Ostomy

Subject of the movie *White Boy Rick* reveals why depicting his ostomy was critical to the story.
By R.S. Elvey

Hollywood movies, both fictional and nonfictional, thrive on melodramas depicting romance and violence. Car crashes, explosions, shootings, and all kinds of mayhem deliver gruesome injuries to victims and survivors. The 2018 film White Boy Rick, starring Matthew McConaughey and Richie Merritt, has all these components but is unique in showing the personal aftermath of a violent act – in this case scenes depicting an ostomy.

The film, set in the 1980s on Detroit's eastside, tells the true story of Rick Wershe, Jr., called by the local newspapers "White Boy Rick" and his father Richard Wershe, Sr. During that decade, Ronald Reagan's War on Drugs is in full swing and the FBI is anxious to break up drug dealing and crooked police in Detroit. Agents observe 14-year-old Rick mingling with a local drug lord and his father selling illegal guns to drug gangs. They meet with Rick and his father and offer them a deal. To prevent his father from going to jail, Rick, at 14, would become an informant working for the FBI. His father agrees to the deal and Rick becomes the youngest informant ever undercover for the FBI.

While working for the FBI, Rick becomes more and more involved in the daily activities of a leading Detroit drug lord and his gang. They become suspicious of Rick and he is shot in the stomach by a .357 magnum. The bullet enters and goes clean through, severely damaging his large intestine. He is rushed to Ascension St. John's Hospital, Detroit, where lead surgeon Dr. Norman Bolz and others save his life. He awakes with a lifesaving ostomy.

The first time the ostomy pouch appears in the film is when Rick and his father are coming home from the hospital. Rick has his left hand over his stomach and the pouch is overlapping his pants. He is also depicted emptying his pouch. In a recent correspondence with Rick from prison he said, "When I woke up, I didn't realize that I had it. I think I touched my stomach and then first felt the bag. I didn't know what the bag was. Dr. Bolz came in and explained to me what the bag was and how it worked. The bullet had torn through my intestines and the doctors were hoping the intestines would heal and that it could be reversed, but that it would take a while."

While in the hospital the staff showed him how to empty and change his pouch. At home he was never seen by an ostomy nurse or received any other ostomy maintenance training. He said, "I basically had to learn on my own. Fortunately, I really didn't have any skin problems. I had to keep the bag clean and was able to do a pretty good job. I had skin irritations but it was not too bad. I was lucky." His friends were young and they were shocked when they saw his bag. But he said, "My family, especially my dad and grandparents, tried to be as helpful and supportive as they could." He also met others who had ostomies. Rick had to pay for his own supplies at a local pharmacy which proved very expensive. His father wanted him to wash and reuse the pouches but Rick wouldn't do that. He would use 2-3 new pouches a day.

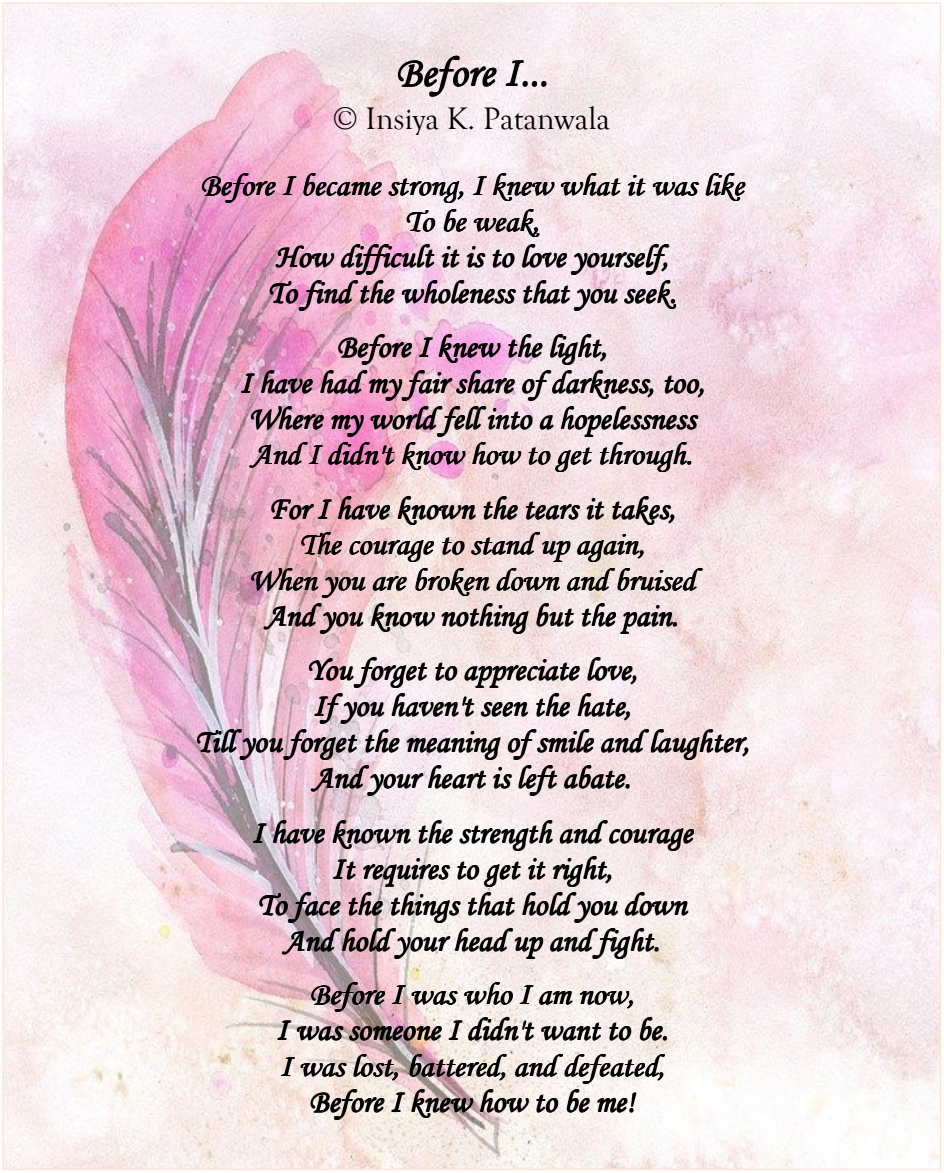
Andy Weiss, one of the movie's screenwriters, spoke numerous times with Rick while working on the screenplay. When asked why the ostomy scenes were included he said, "The ostomy scenes are the core of showing Rick's vulnerability and what I was hoping to get from it was the sympathy and empathy that he deserved but never received from law enforcement or the people around him at that time." Rick insisted that his ostomy should be part of the movie saying, "We included the ostomy scenes because I thought it was important to show young kids and adults that you can go through this and still be ok." And get through it he did. Rick says that the ostomy proved to be no hindrance either socially or in his daily dealings. A year and a half after his original surgery, Dr. Bolz performed a successful revision.

Rick soon faced even greater challenges. Abandoned by the FBI and his family needing money, Rick and his father turned to the only way they knew how to make money, dealing drugs. Eventually, Rick was arrested and sentenced to 30 years for drug dealing. Now 49-years-old, he is scheduled to be paroled in 2020.

When ostomates watch the movie, the ostomy is immediately recognizable. But numerous reviewers of the movie never mention the ostomy scene. Ostomate, Robin Glover on ostomyconnection.com, wrote after viewing the film, "There were some inaccuracies, but it will definitely raise awareness and change what the word "ostomy" conjures up in the mind of anyone that sees it." Joy Hooper, United Ostomy Associations of America's 2019 WOCN of the Year was enthusiastic in her response to the film and said of the screenwriter, "I appreciate his way of displaying life with an ostomy. He did a superb job. He was able to show what many consider a negative aspect of life respectfully."

White Boy Rick is now available on streaming services. Photo credit: Sony Pictures

The author is a member of OAGC and has been published by The Phoenix magazine and Ostomy Connection. This article also appeared on the UOAA website ostomy.org.



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