

# The New Outlook

**Spring 2020**



## UPCOMING TUESDAY MEETINGS

May 19, 7:30 pm

June 16, 7:30 pm

**GLENBROOK HOSPITAL**

2100 Pfingsten Rd, Glenview, IL

Conference Rooms C & D, 1st Floor

**Our April 21 meeting is canceled!**

## *Save the Date*

### OSTOMY EDUCATION CONFERENCE

**Saturday, November 14, 2020**

The Double Tree Hotel  
Arlington Heights, IL

Mark your calendar for this one-day regional education conference filled with information for and about ostomies, focusing on both medical and lifestyle issues.

Sessions for family/spouses.

A Stoma Clinic will be staffed by area WOC Nurses.

A Vendor Fair will feature product Manufacturers and Distributors, as well as patient Education and Support information.

Hopefully we will be able to celebrate our 45<sup>th</sup> Anniversary in May.

**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](mailto: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](http://www.uoachicago.org)



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

## Ostomy Association of Greater Chicago (OAGC)

Established 1975

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Sandy Czurylo

## Wound Ostomy Continence Nurses (WOCN)

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*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 847-933-6091

*Skokie Hospital*

*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

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*Rush Oak Park Hospital*

Kathy Krenz 815-338-2500

*Centegra-Northern Illinois Medical*

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*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*

Barb Sadler 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](mailto: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](mailto:nanook60@sbcglobal.net) or [swscost@gmail.com](mailto:swscost@gmail.com)

### Sherman Hospital, Elgin

2nd Wednesday of month at 2 pm. Lower level Conference B. Contact Morgan Coconate [morgan.coconate@advocatehealth.com](mailto:morgan.coconate@advocatehealth.com) 224.783.1349, or Tom Wright, [tomwright122@att.net](mailto:tomwright122@att.net)

### DuPage County, Downers Grove

The fourth Wednesday at 7:00pm, Good Samaritan Hospital, in the Red and Black Oak Rooms by the cafeteria. Contact Bret Cromer 630-479-3101, [bret.cromer@sbcglobal.net](mailto:bret.cromer@sbcglobal.net)

### Will County, Kankakee IL

2:00 p.m. the last Saturday of Feb, Apr, Aug and Oct in the Riverside Medical Center Board Room, next to the cafeteria. Also a June picnic and December holiday party. Charlie Grotevant 815-252-1551, [charliegrtvnt@gmail.com](mailto:charliegrtvnt@gmail.com)

### Grundy County, Morris IL

Monthly Meetings at 11:00 AM, the 3rd Saturday at Grundy Administration Bldg., 1320 Union St., Morris, IL. Contact Judy Morey at 815-592-5717 or Kelly Hitt at 815-941-6818.

### Lake County Illinois

Hollister in Libertyville, 10:00am the 3rd Saturday, every other month. Jan, March, May, July, Sept, Nov. Contact Barb Canter 847-394-1586, [barb1234@sbcglobal.net](mailto:barb1234@sbcglobal.net)

### Loyola University Health System, Maywood

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](mailto: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](mailto: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, 1<sup>st</sup> floor Community Room. 6:30 pm the 4<sup>th</sup> Thurs., Jan - Oct. Contact Sarah Grcich 219-309-5939, [Sarah.Grcich@porterhealth.com](mailto:Sarah.Grcich@porterhealth.com)

### Wellness House, Hinsdale

Kay & Mike Birck Home of Hope 131 North County Line Road Ostomy Networking Group for Cancer Survivors Quarterly 7:00pm Contact Karie Milewski-Carlson, 630.654.5114 or [kmcarlson@wellnesshouse.org](mailto:kmcarlson@wellnesshouse.org)

## Here and Now

with Patricia Johnson

During this time of uncertainty and sheltering at home I decided to write this column about Ellen Credille. Ellen has been coming to our meetings for years. And although she no longer has an ostomy, she comes to encourage others. Her story is one of victory over illness.

I spoke with Ellen and she told me her story. For many, many years she was very sick, often unable to work. She saw many doctors but was never able to get a correct diagnosis. Then in September of 1997 a CT scan showed abscesses on her colon. She was thrilled that she could now be helped. Surgery was performed involving draining the abscesses, an appendectomy, and colostomy. She woke up with part of her insides on the outside which she found amazing. The colostomy kept her alive and she felt better for the first time in years.

Ellen was not devastated by having the ostomy. This was her life preserver and she was grateful. She decided in the hospital that for the ostomy to take care of her she would have to take care of it. They became friends.

The colostomy was temporary and she was scheduled to have it reversed in December of '97. But before that surgery could take place she fell and broke her arm. Her main concern before leaving the emergency room was how would she take care of the ostomy with her arm in a cast. A nurse helped her to work out how to do this. Breaking her arm put off the surgery to reverse the ostomy and resect her colon until February 1998. She was cured!

Her message to everyone facing ostomy surgery or struggling with a new ostomy is that you can do this. You will be better. Once you learn to take care of your ostomy you can get back to living your life. It does not stop you from playing sports, swimming, going out to dinner or any of the things you like to do.

Ellen became a certified ostomy visitor to encourage others faced with this surgery. She is very proud of that. When we pick her up for meetings Ellen always tells us how uplifting the meetings are for her. That is probably because she is uplifting us.

## Life is Good

We have been sheltering at home since Tuesday March 17th. Do we get time off for good behavior?

Dale is now working in our guest room. Hilary is unsure about her June wedding taking place. Our house listed in Feb. and we had 2 open houses and then this hit, so I figure we won't be selling any time soon. My little job at the mall ended. I worked Monday the 16th and then Spring Hill mall closed. The really hard part is that the library closed before we could hoard books. We are big readers and not having access to the library is AWFUL! We watch the Governor and President every day. Only the dog seems happy. Her people are home all the time and we are taking longer walks. I hope by the next newsletter this will all be behind us.



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**Dog sprains tail from too much wagging during owner's coronavirus quarantine**

By Eric Hegdick March 23, 2020 1:54pm



# Eating with an Ostomy; Foods and Their Effects

## Food Reference Chart for People with an Ostomy

Listed below are general guidelines for individuals who have a colostomy or ileostomy. It is important to know the effects that various foods will have on stool output. The effects may differ for each person depending on surgery type and length/ function of the remaining bowel. To determine individual tolerance to foods, try new foods in small quantities. Remember to always chew thoroughly.

**Disclaimers:** This document contains information developed by United Ostomy Associations of America. This information does not replace medical advice from your healthcare provider. You are a unique individual and your experiences may differ from that of other patients. Talk to your health care provider if you have any questions about this document, your condition, or your treatment plan.

<b>GAS PRODUCING:</b>	<b>*ODOR PRODUCING:</b>	<b>MAY CAUSE LOOSE STOOLS; DIARRHEA:</b>	<b>** STOMA BLOCKAGE:</b>
ALCOHOL (BEER) BROCCOLI BRUSSELS SPROUT CABBAGE CARBONATED BEVERAGES CAULIFLOWER CHEWING GUM CUCUMBERS DAIRY (e.g., EGGS, MILK) LEGUMES (e.g., BAKED BEANS, LENTILS, PEAS) MELONS NUTS ONION PICKLES RADISH SOY PRODUCTS SPICY FOODS	ASPARAGUS BROCCOLI BRUSSELS SPROUT CABBAGE CAULIFLOWER EGGS FATTY FOODS GARLIC LEGUMES (e.g., BAKED BEANS, LENTILS, PEAS) ONION SMOKED FOODS STRONG CHEESE  <b>SOME MEDICATIONS</b> <b>SOME VITAMINS</b>	ALCOHOLIC BEVERAGES APPLE AND PRUNE JUICES BAKED BEANS CHOCOLATE FRESH/RAW FRUIT FRESH/RAW VEGETABLES FRIED OR SPICY FOODS HIGH SUGARED BEVERAGES LEAFY GREEN VEGETABLES MILK/CHEESE (LACTOSE INTOLERANCE)	CABBAGE (FRESH/RAW) CELERY CHINESE VEGETABLES COCONUT COLESLAW CORN (WHOLE KERNEL) DRIED FRUITS FRESH/RAW PINEAPPLE MUSHROOMS NUTS, SEEDS PITH FROM CITRUS (e.g., ORANGES) POPCORN SKIN OF FRESH FRUITS (e.g., APPLE PEELS, GRAPES)
<b>COLOR CHANGES:</b>	<b>*ODOR CONTROL:</b>	<b>***CONSTIPATION PREVENTION/RELIEF:</b>	<b>THICKENS STOOL</b> <i>for Diarrhea and High Output</i>
ASPARAGUS BEETS FOOD COLORING (RED DYES FROM KOOL AID AND PUNCH) IRON PILLS LICORICE RED JELL-O TOMATO SAUCE	CONSUME PROBIOTICS (e.g., YOGURT, AIDS IN DIGESTION)  EAT SMALLER/ MORE FREQUENT MEALS, AIDS IN DIGESTION  FRUITS AND VEGETABLES; HELPS KEEP THE COLON CLEAN  STAY WELL HYDRATED AND AVOID CONSTIPATION  ODOR ELIMINATORS (DROPS, GELS, SPRAYS THAT CAN BE PLACED INTO AN OSTOMY POUCH)	BRAN PRODUCTS FRUIT JUICES FRUIT (FRESH/RAW OR COOKED) OATMEAL PRUNES RAISINS VEGETABLES (FRESH/RAW OR COOKED) WATER (STAY HYDRATED) WARM BEVERAGES WARM SOUPS WHOLE GRAINS	APPLESAUCE BANANAS BOILED WHITE RICE OR NOODLES CREAMY PEANUT BUTTER HOT CEREALS (OATMEAL, CREAM OF WHEAT, RICE) MARSHMALLOWS PEELED POTATOES TAPIOCA PUDDING UNSEASONED CRACKERS WHITE BREAD, TOAST YOGURT
<b>C</b> Applies to people with a colostomy	<b>i</b> Applies to people with an ileostomy		

\*Odor from diet will differ for each person. If you have concerns, discuss with your doctor. Odor eliminators may be purchased from distributors of ostomy products. \*\*People with an ileostomy are at greater risk for stoma blockage/obstruction. These food types should be eaten with caution and not introduced into the diet until 4-6 weeks after surgery. Introduce them slowly, one at a time, and chew well. \*\*\*Increasing the amount of fiber in your diet will help you avoid becoming constipated. Discuss options with your MD.



This handy one-page chart lists general guidelines for individuals who have a colostomy or ileostomy. It is important to know the effects that various foods will have on stool output. The effects may differ for each person depending on surgery type and length/function of the remaining bowel. To determine individual tolerance to foods, try new foods in small quantities. Remember to always chew thoroughly.

## When an Ostomy Reversal Plan Takes A U-Turn

By Ellyn Mantell via UOAA

Setting the scene for you, imagine the patient who has controlled ulcerative colitis or Crohn's Disease, or diverticulitis and is suddenly terribly symptomatic with infection and unremitting agonizing pain. Or consider the patient who has an accident in the intestinal region of their body. Or the patient who hears the news following a colonoscopy that there is colorectal cancer. Or the patient, like me, whose motility issues have made it impossible for the bowel to function. All of these scenarios are happening every day, all day, in hospitals and households and they all may very well lead to either a colostomy or ileostomy. (I believe a urostomy is always a permanent surgery) Frequently, depending upon the physicality of the ostomy, a reversal in a matter of six months to a year is either discussed or promised to the patient. It is usually explained that for the connection to heal, it requires that time, and once healed, the reversal is smooth sailing. Except, in many cases, it is not, and that is what I want to bring to your attention, based on the people with whom I have spoken. Please remember, I am not a medical professional, but I interface closely with many patients in many situations, so I speak from my observations.

Sometimes, during those 6-12 months, the sphincter muscles of the rectum stop fully functioning, and the patient may be tied to the bathroom as never before. Or the connection is narrow and there may begin a pattern of bowel obstructions due to the backup of stool. Other times, the surgeon had good intentions for a reversal, but the patient is simply not a good candidate due to illness or stepping out of remission of some disease process.

The reason I am writing this graphic and perhaps uncomfortable blog for many to read is that an ostomy can happen to anyone for a variety of reasons. UOAA estimates there are 725,000 to one million of us in the United States who have ostomy or continent diversion surgery. I want to educate all ostomates that making peace with their new anatomy may be safer and provide a more predictable future than hopes for a reversal. I believe and have heard from others who give ostomy support that those who know they will be an ostomate for the rest of their life tend to be more open to embracing their new body, physically and emotionally. Those who have been given (false, in some cases) hope for a reversal are frequently disappointed and angry, feel betrayed and lose faith they will ever be "normal" again.

Support Groups are a wonderful way to begin to think of the new normal. It is so beneficial to meet like people, learn about appliances, clothing, foods, sleep, intimacy, maintaining health and to simply share experiences. If you cannot find one in your area, contact the United Ostomy Association of America or your local hospital. Take a family member, caregiver or friend if it gives you comfort. I guarantee you will feel empowered by taking this step, whether you are having a reversal in your future, or are embracing your ostomy for life.

Ellyn Mantell is a UOAA advocate and Affiliated Support Group leader from New Jersey. You can follow her personal blog at [morethanmyostomy](#)

### Covid-19 support ribbon



### What is 'self-isolation' or 'self-quarantine'?

According to the CDC people who have been exposed to the coronavirus (COVID-19) and those who are at risk for coming down with COVID-19 may want to self-isolate/quarantine. Health experts recommend that self-isolation/quarantine last a minimum of 14 days (two weeks). Self-isolation/quarantine includes:

- Healthy hygiene and washing hands frequently
- No sharing towels, utensils or other personal items
- Staying at home
- Not having visitors in your home, you can text, call or use video chats to stay connected
- Stay 6-feet away from other people in household

Please follow your doctor's guidance for duration of self-isolation/quarantine before returning to regular activities.



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Additionally, this is a good time to take advantage of the free or low cost trial period offered by many streaming services.



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### What is 'social distancing'?

Social distancing refers to actions taken by cities, states and governments to prevent the spread of infection. Social distancing steps include limiting large group gatherings like sporting events and closing public buildings like museums. Businesses may also take social distancing steps to protect their employees by closing offices or encouraging remote work. Other businesses may limit the number of people in a store or restaurant to reduce close contact with other people. It is recommended to keep a distance of 6 feet.

Social distancing is used for a limited time to restrict the spread of infection. Many communities have implemented social

distancing measures including canceling public events and restricting non-essential business. Public health agencies (CDC, local health department) will notify the community when social distancing steps have been stopped.

Please follow the specific guidance being issued by your local health department.

## What does 'community spread' mean?

Community spread of a disease occurs when a disease is spreading from person-to-person, and in some cases, it may not be known how, when or where they were infected. Due to the growing number of cases and the community spread of COVID-19, it is important for people to stay informed on any guidance from their local health departments, and of their physicians. If you are told that the disease is being spread in your community, you need to exercise additional caution.

Wear a facemask if you are showing symptoms or have been diagnosed with COVID-19. Wearing a mask will reduce the potential spread of the virus to others.

My face masks have finally arrived!



The following is an excerpt from the Spring Issue of America's leading ostomy publication, The Phoenix magazine. Subscriptions directly support the work of UOAA. See below for a 15% discount code.

### Bowel Blockages

I read about bowel blockages. What does it mean and what would happen to me if I got one? My colostomy is new.

L.L.

Dear L.L.,

In general, each part of your intestinal tract has a certain diameter (think of the size of a pipe). Intestinal contents are moved through the intestine by several methods (most by muscular contraction). If the contents are liquid or soft, like paste, they can

be pushed through even narrowed areas. The bowel lumen (diameter) can be reduced by strictures (from Crohn's or surgery), adhesions or kinks. The most common cause of a blockage is eating the wrong stuff, such as a big bag of chips, popcorn, broccoli, or fresh fruit. This collection of fibrous food may result in a food plug or blockage.

With a blockage or obstruction, the intestinal contents tend to back up and stretch the bowel proximal to the area of narrowing or blockage. Stretching the bowel wall results in crampy pain and distention. Patients may also experience nausea or vomiting (more common if the blockage is proximal or prolonged). As intestinal contents are not passing through the bowel, the ostomy output tends to be reduced, changed in character, or stopped completely.



David E. Beck, MD, FACS, FASCRS  
Professor of Clinical Surgery  
Colon and Rectal Surgery  
Vanderbilt University  
Nashville, TN

The 80-page Spring issue of The Phoenix magazine provides answers to the many questions and challenges of living with an ostomy. The leading ostomy publication in America features articles written by ostomy experts, medical professionals and ostomates that inform, educate and inspire. (Also great reading during self-isolation)

Visit [www.phoenixuoaa.org](http://www.phoenixuoaa.org) or call 800-750-9311 to get your ostomy answer now!

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## WOC NURSE WEEK 2020

WOCN Society

We celebrate the impact they make in the communities they serve around the world. As educators, researchers, leaders, experts and caregivers, each WOC nurse has a unique set of skills that allow them to make a world of difference in the lives of individuals who suffer from non-healing wounds, ostomies, and urinary and fecal incontinence.

We all celebrate their unique skills that enable them to impact outcomes and improve patient care around the world, each and every day.



### **SIMPLY THANK YOU!**



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

We appreciate ALL nurses of all specialties, who are always there for us whatever the circumstance. You bring light into even the darkest of days.

We ❤️ our nurses!

### **YOU ARE OUR HEROES**

#### **Getting Ostomy Ready for Summer**

Peggy Bassrawi, RN, OAGC Board Member

So... summer will eventually get here (hopefully without Covid 19 restrictions) and we can all go outside to walk, swim, barbecue, go boating, travel, etc!!

If you have an ostomy of any kind, the summer can have some challenges for us.

Everyone perspires more in the summer than the winter and the heat and sweat may cause our appliance to come loose, leak or fall off. There are several things that can be done to protect yourself from an embarrassing accident. First, when you are changing your pouch/wafer, make sure your skin is clean and dry. If necessary, use a hairdryer on the lowest setting for 15-30 seconds to make sure your skin is dry before applying the wafer. Then dry the wafer and your skin again to keep it in place.

Try to wear looser fitting and lighter weight clothes in the summer so as not to put pressure on your stoma. The pressure can cause more sweating and lead to your appliance coming loose.

If you have had issues with leakage during cooler weather, you can always use pink tape to keep everything in place! It is also a good idea to window pane your wafer if you are planning to go swimming... you can do this! Wear a suit with a pattern or for men looser fitting shorts! (no speedos!). Before you go into the water, empty your pouch. After you are finished swimming it is usually a good idea to change your pouch, so make sure you have an extra one with you.

Finally, it is most important during the warmer months to hydrate more than normal. Water is the best beverage!!

While coffee, tea, soft drinks and lemonade are fine for occasionally, these beverages may have too much sugar which is not healthy! If you feel thirsty, you are already heading toward dehydration. Keep a glass or bottle of water with you all the time. If you feel light headed-go inside immediately and push fluids.

Take care of yourself and enjoy the warm weather!





## The Proper Use of Medication

Jennifer Buckley, Today's Caregiver

From avoiding the risk of interactions, to understanding and following instructions for storage and dosing the following suggestions may help to ensure safe and effective use of medications. Be familiar with the dosage instructions - including whether a drug should be taken with food, with milk or other fluids or on an empty stomach. Not following the dosage instructions can result in a medication being less effective or causing complications. It is also important to note that in most medicines recommended dosages are determined using trials with a younger population. In many instances, seniors may require a different dosage. Familiarize yourself with circumstances under which the medicine should not be taken - including a history of allergic reactions, existing conditions, etc.

This is particularly true for the elderly who generally have a number of medical conditions which younger adults do not have. Understand the

storage instructions and follow them. Because of moisture and heat, it is sometimes best not to store medicines in the bathroom. Be aware that there may be warnings to avoid heat, cold or sun when taking a medication. Some medications may cause great sensitivity to sunlight resulting in severe sunburn or skin eruptions which can be dangerous. In addition, it may be necessary to avoid excessive heat or cold when taking certain prescription medications. In such cases, saunas, whirlpools and even exercise in the heat of the day should be greatly limited or avoided completely. It should be noted that seniors are particularly vulnerable to extremes of heat and cold.

Be aware of instructions about avoiding particular foods and/or alcohol. Particular foods and beverages may be off-limits when taking certain medications. Grapefruit juice, a favorite among seniors, for instance, can interact with a number of medications and render them ineffective. It is equally important to find out if dietary supplements may be required when taking a particular drug. Some medications may deplete the body of nutrients. Consequently, a patient's diet may need to be adjusted accordingly.

Understand what possible side effects may occur and watch for them. Be particularly mindful of reactions or symptoms that should be reported to a doctor immediately. It is important to note that medicines often affect senior citizens differently than younger adults. What may be an innocuous reaction in a younger person may in fact be much more serious for a senior.



Be vigilant about educating yourself on possible drug-related reactions and be especially vigilant about knowing which may require immediate medical attention. Be certain to learn whether there are specific over-the-counter medications that should be used with caution or avoided altogether when taken along with prescription drugs. Too often, many may assume that over-the-counter medications are "safe" simply because they are widely available and accessible. It is not always recognized that some over-the-counter drugs may actually weaken

and impede a particular prescription drug's effectiveness. Common antacids, for example, have the potential to minimize the effectiveness of a number of important drugs - in particular certain antibiotics - and the combination should be either avoided or taken only after consultation with the treating physician or a pharmacist.

## Mark Drug Medical Supply

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

### The Ostomy Store

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and Private Insurance

[Alan@markdrugmedicalsupply.com](mailto:Alan@markdrugmedicalsupply.com)

Understand the risk associated with taking any herbal supplements in conjunction with medications. Similar to over-the-counter medications, many assume that herbals are completely “safe”. Using herbs to treat specific medical conditions has become increasingly widespread in the not-so-distant past. Unfortunately, many physicians and pharmacists are unaware of interactions or complications that herbals can cause. Interactions with herbals can reduce effectiveness of medications in a number of cases, but in some instances herbals can actually increase the toxicity of a medication. Consequently, it is imperative to proceed with extreme caution and be educated about the potential for problems.

Familiarize yourself with what to do in the event of a missed dose. There are instances where simply taking the medication at the next opportunity is not recommended. Doubling of the dose to make up for a missed dose could be very dangerous. Such problems are compounded for seniors who are taking several different drugs during the day at different dosing schedules. To avoid these problems: keep a diary. Learn how to discontinue the use of a drug. In some instances, stopping the dosage abruptly can have severe consequences, particularly when they are used daily over a long period of time.

### **Words of wisdom during this difficult time**

From Madelene Grimm, CWOCN, OAGC Medical Advisor

1. Wash your hands, wash your hands, wash your hands.
2. Avoid crowds. If you are of the senior designation - shop when the stores have designated hours. Even Binny's has senior specified hours. If you have someone offering to do your shopping... let them. No time for pride.
3. Turn off the news except for a short update daily or every other day. It will depress you and a depressed spirit is more immune compromised.
4. "Face time" or telephone your friends. Talk to someone uplifting two times daily - minimum.
5. Remember how to laugh!
6. Sit on your porch in the sun (if/when) we have some. Even if you're in your winter coat. Listen to the birds NOT the politicians.
7. Find your common sense and start applying it to everything you do.
8. Make a "grateful for" list. Read it and add to it daily.
9. Remember to love someone or something daily.
10. **Remember to love yourself as you are.**

*May 10*



*June 14*



*May 25*



*June 21*



UOAA, our National Ostomy organization, has excellent information on the Coronavirus at its website: <https://www.ostomy.org/coronavirus-effects-on-the-ostomy-community/>

Glenbrook Hospital is limiting access to its facilities and may request that we cancel meetings for the foreseeable future. Decisions will be made on a monthly basis.

**Our April 21 meeting has been canceled.** Be sure to watch for our emails as this is how you will be notified of meeting status and other relevant information.

Many medical offices are offering Telehealth visits should you need assistance. This is generally covered through designated telehealth providers by Medicare and some private insurers. Please check with your individual plan or insurance provider to determine your specific telehealth benefit. If you develop a fever, cough and have difficulty breathing, isolate yourself and call your Primary Care Physician to see if you should be tested for Covid 19 virus.

Ostomy product manufacturers and distributors are still able to ship supplies. Some even carry hand sanitizers and latex gloves.

*Meeting the needs of this moment will require patience, compassion, and creativity - and remembering that we're all in this together.*

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

**Without you, we don't exist!**



*"Persistence & resilience only come from having been given the chance to work through difficult problems."*

*~ Gever Tulley*

**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.



## Can COVID-19 be passed on through food?

Excerpted from doctoroz.com article by Erin Hays, March 17, 2020

Long story short: no. Here's how we know: Much of our information about COVID-19 comes from the study of other strains of coronavirus. One of the most well-known is the SARS coronavirus, which has been studied extensively. Because this new strain, COVID-19, has not been around long enough to be studied in-depth, many observations about the virus can be made by these other strains.

Experience with these other strains suggests that people are not infected with the virus through food. According to the Food Safety Authority of Ireland, COVID-19 needs a host (human) to live on, therefore cannot grow in food.



According to the Centers for Disease Control (CDC), to date, there is also no evidence that COVID-19 can be passed through food, including raw food. Furthermore, it has been shown that a heat treatment of at least 30 minutes at 140 degrees Fahrenheit is effective at killing SARS, so it is believed thorough cooking would kill COVID-19 as well. The CDC adds, "In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from food products or packaging that are shipped over a period of days or weeks at ambient, refrigerated, or frozen temperatures."

As always, it is important to follow food safety guidelines which include washing hands, utensils, surfaces, fruits, and vegetables, avoiding cross contamination, cooking foods to the right temperatures, and refrigerating and freezing food properly.

### **What about the food packaging?**

According to the FDA, currently there is no evidence of food or food packaging being associated with the transmission of COVID-19. However, it is possible that the virus that causes COVID-19 can survive on objects or surfaces. How long it can survive on these surfaces is still in question, but a study published in February in the *Journal of Hospital Infection* analyzed these other coronavirus strains and concluded that if this novel coronavirus is similar, it could stay on surfaces such as metal, glass, or plastic for as long as nine days.

The good news is there are disinfectants that are expected to be effective against COVID-19 based on data for harder to kill viruses. (Editor's note – see CDC recommendations below) As always, follow instructions on the product label for cleaning. If you are worried about food packaging, there is no harm in wiping down appropriate items as they enter your home. It is important to note that these disinfectants should not be used on the ingestible food and your skin.

### **For meal delivery, are the restaurants providing the food doing anything to reduce risk of spread?**

Yes! Restaurants are being vigilant about making sure their staffers are not coming to work sick. You have to remember, the restaurant industry has dealt with outbreaks before: norovirus, hepatitis A, influenza. They have protocols in place and have spent a lot of time preparing regulations and operating procedures. Many restaurants are doubling down on cleaning procedures, rearranging dining rooms to keep patrons at a distance from each other, and making it easier for people to carry out food.

Think about adding some extra dollars to your waiters or delivery people if you are able. Maybe even think about buying some gift cards to your favorite restaurants; you can help keep them in business and have a nice meal once everything calms down. Now more than ever it's important to focus on your community (while also making sure to keep at least six feet away from it).

Erin Hays is a fourth year medical student at the University of Maryland. She will begin her urology residency at Georgetown in June 2020. The entire article can be found at <https://www.doctoroz.com/article/food-delivery-safe-novel-coronavirus-spread-heres-what-know>

## How to clean and disinfect Non-porous Surfaces

CDC.gov

- Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Consult the manufacturer's instructions for cleaning and disinfection products used. Clean hands immediately after gloves are removed.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, most common EPA-registered household disinfectants should be effective.
  - Follow manufacturer's instructions for all cleaning and disinfection products for concentration, application method and contact time, etc.
  - Additionally, diluted household bleach solutions (at least 1000ppm sodium hypochlorite) can be used if appropriate for the surface. Follow manufacturer's instructions for application, ensuring a contact time of at least 1 minute, and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
- Prepare a bleach solution by mixing:
  - 5 tablespoons (1/3<sup>rd</sup> cup) bleach per gallon of water or
  - 4 teaspoons bleach per quart of water

### Via Consumer Reports:

According to the CDC, household (3 percent) hydrogen peroxide is effective in deactivating rhinovirus, the virus that causes the common cold, within 6 to 8 minutes of exposure. Rhinovirus is more difficult to destroy than coronaviruses, so hydrogen peroxide should be able to break down the coronavirus in less time. Pour it undiluted into a spray bottle and spray it on the surface to be cleaned, but let it sit on the surface for at least 1 minute.

Hydrogen peroxide is not corrosive, so it's okay to use it on metal surfaces. But similar to bleach, it can discolor fabrics if you accidentally get it on your clothes. "It's great for getting into hard-to-reach crevices," Sachleben says. "You can pour it on the area, and you don't have to wipe it off because it essentially decomposes into oxygen and water."



## When and How to Wash Your Hands

CDC.gov

Handwashing is one of the best ways to protect yourself and your family from getting sick. Learn when and how you should wash your hands to stay healthy.

### Wash Your Hands Often to Stay Healthy

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- **Before, during, and after** preparing food
- **Before** eating food
- **Before** and **after** caring for someone at home who is sick with vomiting or diarrhea
- **Before** and **after** treating a cut or wound
- **After** using the toilet
- **After** changing diapers or cleaning up a child who has used the toilet
- **After** blowing your nose, coughing, or sneezing
- **After** touching an animal, animal feed, or animal waste
- **After** handling pet food or pet treats
- **After** touching garbage

### Follow Five Steps to Wash Your Hands the Right Way

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals. Follow these five steps every time:

1. **Wet** your hands with clean, running water (warm is best), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.



### Use Hand Sanitizer When You Can't Use Soap and Water

You can use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available. Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

**Sanitizers can quickly reduce the number of germs on hands in many situations. However,**

- Sanitizers do **not** get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

**Caution!** Swallowing alcohol-based hand sanitizers can cause alcohol poisoning if more than a couple of mouthfuls are swallowed. Keep it out of reach of young children and supervise their use.

### How to use hand sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.