

# The New Outlook

**Spring 2021**



**ALL IN PERSON  
MEETINGS AND EVENTS  
ARE ON HOLD**

**Next Virtual Meeting April 20**

**Our 41<sup>st</sup> Anniversary**

Our last three virtual meetings have been open discussions focusing on both covid and ostomy issues. We are hoping to resume in person meetings very soon.

**Our next virtual meeting is Tuesday, April 20 at 7:00 pm via Zoom. The primary topic will be Wear Time.**

An email will be sent to our members (who've opted in for meeting reminders) on Sunday, April 18 containing an invitation. You will need to have a free Zoom account and download the Zoom app. When you click on the link in our email follow the Zoom prompts to sign into your account and join our meeting.

April is our 41<sup>st</sup> Anniversary, which we plan to celebrate as soon as we can all get together.

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

Decisions on virtual or in person meetings will be made on a monthly basis. Please watch your emails for details and instructions to participate. Also, for guidance on meetings of other groups listed on page 2 please check with the contact person.

**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.

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



## Ostomy Association of Greater Chicago (OAGC)

Established 1975

### President

Judy Svoboda [uoachicago@comcast.net](mailto:uoachicago@comcast.net) 847-942-3809

### Vice President/Program Director

Nancy Cassai [cassainancy@gmail.com](mailto:cassainancy@gmail.com) 847-767-1447

### Treasurer

Tim Traznik [ttrazpargolf@gmail.com](mailto:ttrazpargolf@gmail.com) 630-736-1889

### Secretary

Patricia Johnson [hereandnowuoagc@gmail.com](mailto:hereandnowuoagc@gmail.com) 224-523-0509

### Visiting Chairperson

Peggy Bassrawi, RN [pbassrawi@gmail.com](mailto:pbassrawi@gmail.com) 847-602-0184

### Chapter WOCNs

Madelene Grimm [madelene\\_grimm@yahoo.com](mailto:madelene_grimm@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 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

*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*

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.

### 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)

### 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](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

Welcome Spring!!! It has been a long winter with cold and Covid. I received my shots at University of Chicago. They had it down to a science. (No pun intended!) No waiting and the appointments were made when I was going to be there anyway. In and out in no time and everyone was so nice. My husband received his first shot here in our Carillon clubhouse. He will get his second in early April.

I was in the hospital for abdominal pain and then a blockage. I haven't had a blockage in 5 years and forgot how hard and painful they are. While there I learned that I have tethering of the small bowel loops and Radiation Enteritis. Both new terms for me.

As I understand it radiation enteritis can occur any time after radiation treatment in the pelvis. I had radiation in 2010. I am now having some symptoms and was treated with antibiotics while in the hospital. I am back on a complete Crohn's diet and hope to manage it this way.

The tethering is sticky strands attaching to loops of the small bowel. They explain why I am having some abdominal pain. I am not sure how this will eventually be addressed.

I am not a medical doctor and do not want to write about what I don't know. I do hope, in the future when we can meet again, we will have a speaker in to talk about tethering and radiation enteritis.

I wish everyone a happy, healthy spring. I am looking forward to meeting again, even with face masks.



**Inspired**  
by you

**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.**  **Hollister**

The Hollister logo is a trademark of Hollister Incorporated.  
"Hollister Ostomy. Details Matter." is a service mark of Hollister Incorporated.  
©2014 Hollister Incorporated. 922478-114

## *According to Mayo Clinic....*

Radiation enteritis is inflammation of the intestines that occurs after radiation therapy.

Radiation enteritis causes diarrhea, nausea, vomiting and stomach cramps in people receiving radiation aimed at the abdomen, pelvis or rectum. Radiation enteritis is most common in people receiving radiation therapy for cancer in the abdomen and pelvic areas.

For most people, radiation enteritis is temporary and the inflammation usually subsides several weeks after treatment ends. But for some, radiation enteritis may continue long after treatment ends or may develop months or years after treatment.

Chronic radiation enteritis can cause complications such as anemia, diarrhea and partial bowel obstruction.

Treatment typically focuses on relieving signs and symptoms until the inflammation heals. In severe cases, tube feeding or surgery to remove sections of the intestine may be necessary.

Radiation enteritis symptoms include diarrhea, nausea, vomiting, and belly cramps. This condition causes irritation of the intestines after radiation therapy for cancer. Symptoms usually go away several weeks after treatment ends. But sometimes they last longer. Radiation enteritis that goes on for longer can cause anemia and partial bowel obstruction.

## If You Have a Colostomy Bag, Embrace the Freedom It Offers



### **The benefits it provides shouldn't be taboo**

Having a colostomy is a big decision – not just because it's a major surgery but because it will bring some changes to your life, including having a stoma bag after surgery.

For many people, having a bag or pouch attached to their body is a huge emotional adjustment. It might feel odd or even scary at first. Those are completely normal feelings, says colorectal surgeon Amy Lightner, MD. But know that you can be active, wear fashionable clothes and live a happy, full life with a stoma bag.

### **An awkward subject, but it's no joke**

Some people only need stoma (ileostomy or colostomy) bags temporarily – usually for three to nine months while recovering from intestinal surgery. However, if you have a condition like Crohn's or ulcerative colitis, or the sometimes imperfect surgical aftermath of colorectal cancer, that may make stoma bags a permanent part of your life.

If you feel reluctant to talk with your family or friends about your bag, you're not alone. "This topic doesn't get a lot of attention because it's very private and people do not want to talk about poop, stool or gas," Dr. Lightner says. When people do talk about such subjects, it's often in a joking or mocking fashion. But there's no reason to feel ashamed.

"Having a stoma bag is a life-changing event, and no one who requires one should be valued less than anyone else," Dr. Lightner says. "You need and deserve to enjoy your life."

### **Long-term conditions can be especially tough for young patients**

While the impact is tough on anyone, the need for a stoma bag can be much more psychologically tough for younger people, given the number of years they still have ahead of them and the greater likelihood that they'll participate in activities that could make the bag visible, Dr. Lightner says.

"There is a different reality for someone who's going to live with a bag three or five years, vs. 60 or 80 years. This brings a significant impact, in my opinion, to the pediatric population. Suddenly playing sports or going to the beach can be difficult to handle. People first see an appliance and not a person."

### **Bags offer much more personal freedom**

Anyone considering a colostomy should see an experienced, board-certified colorectal surgeon to have the surgery you need and be fitted for a bag.

"You need the proper care from a specialist to do the surgery the right way so they can get a better quality of life," Dr. Lightner. "It's very important that you be in the right hands. Most people become devastated if things are not done right, and it's very draining to require additional procedures."

The good news is that bags can offer considerably more personal freedom. For example, if you have inflammatory bowel disease, you know how often you need to visit the bathroom when your condition flares up.

"The bag gives you complete control of your life," Dr. Lightner. "The freedom and independence are there."

These days, bags and pouches are also very discreet. But it might take some getting used to.

"We also need to educate society not to be cruel to these patients," Dr. Lightner. "You need to know that you're not alone in this. I tell everyone that if anybody is going to like you less because you have a bag, that's not the right person for you."



*"I can be changed by what happens to me. But I refuse to be reduced by it."*

*– Maya Angelou, Letter to My Daughter*



## 6 Tips for Living with an Ileostomy

By Paige Fowler, Web MD

Reviewed by Neha Pathak, MD on November 18, 2019



When you get an ileostomy, it's a big adjustment. The first few weeks are the hardest, as you get used to emptying the pouch where waste now leaves your body.

"But you'll soon be able to enjoy your life as if you didn't have an ileostomy," says Jennifer Holder-Murray, MD, a colorectal surgeon and assistant professor at the University of Pittsburgh in Pennsylvania.

Caring for your ileostomy will become routine. "Once you've recovered from the surgery, you'll be able to do nearly any activity that you want," she says.

Your doctor or nurse will show you exactly how to use your ileostomy. These tips may also help:

### 1. Keep It Clean

It's safe to bathe or shower when you have an ileostomy. It's important to keep clean the area around the stoma, the part of your small intestine where waste leaves your body and enters the pouch.

It's best to use only water. If you use soap, be sure to rinse your skin completely, because soap can keep the skin barrier, the part of the pouch that sticks to your skin, from sticking properly.

### 2. Reach for a Razor

If you have a lot of hair around your stoma, you may find it hard to get the skin barrier to stick to your skin. Removing the skin barrier may be uncomfortable if you have a lot of hair there, too.

It helps to shave the hair around your stoma. It's best to use stoma powder, a special shaving product for people who have a stoma, because soap and shaving creams may keep the skin barrier from sticking to your skin. After shaving, rinse and dry the area before you put on the pouch.

### 3. Outsmart Gas

After getting an ileostomy, gas tops many patients' list of worries, Holder-Murray says. Gas may be worst right after surgery and get better over time as swelling in your abdomen goes down.

"Most pouches contain a filter so gas can empty and keep your pouch relatively flat," she says.

To better control gas, you can also do these things:

- Don't eat or drink too many gas-causing foods and drinks such as eggs, cabbage, broccoli, onions, beans, milk, bubbly drinks, and booze.
- Don't skip meals. Doing so can aggravate your small intestine and cause even more gas.
- Eat several small meals throughout the day.

### 4. Stay Active

Your ileostomy doesn't have to slow you down. If you're a runner, keep running. If you love spin classes, keep spinning. If you enjoy skiing, walking, lifting, dancing, hiking, rowing, aerobics ... you get the idea. It's also fine to pick up new hobbies.

"The only activities that you may need to limit are contact sports," Holder-Murray says. A really hard blow to your belly could injure your stoma or harm your pouch. You may not need to quit completely. There are special devices you may be able to wear that could help prevent those problems. Ask your doctor.

You can also swim. You may feel more comfortable if you eat lightly and empty your pouch before hitting the pool.

"Some people choose to cover up their pouch with swimwear or using a belt that can be worn on top of the pouch to make it even more discreet," Holder-Murray says.

"And some people choose not to hide it and wear it loud and proud."



## 5. Keep Up Intimacy

You can still have sex when you have an ileostomy. Like most things in a relationship, a positive attitude and communication are key. They'll help you get through any awkwardness while you both adjust to your new pouch. Assure your partner that they won't hurt your stoma or damage your pouch when you're together. It's also wise to have realistic expectations when it comes to sex. After surgery, there can be pain, and men may have trouble getting or keeping an erection. These issues usually improve with time. Talk with your doctor about any questions or concerns.

## 6. Hit the Road

Got plans? Go! When you travel:

Take twice as many supplies as you think you'll need in case you are delayed.

Always wear your seat belt. It won't harm your stoma when fitted comfortably.

When you fly, carry an extra pouching system and other supplies in your carry-on bag. You'll have them with you in case your checked bags get lost or misplaced.

If you go to countries where traveler's diarrhea may be an issue, ask your doctor if you need a prescription to control diarrhea and fill it before you leave. You'll have it with you just in case you need it. Also, take precautions to avoid the problem: Drink bottled water and use it to brush your teeth; don't use ice; and don't eat fruits with the peel or raw vegetables.

SOURCES:

Jennifer Holder-Murray, MD, assistant professor, division of colon & rectal surgery, University of Pittsburgh.

American Cancer Society: "Ileostomy: A Guide."

## Toilet paper sales reportedly drop after 2020 panic buying

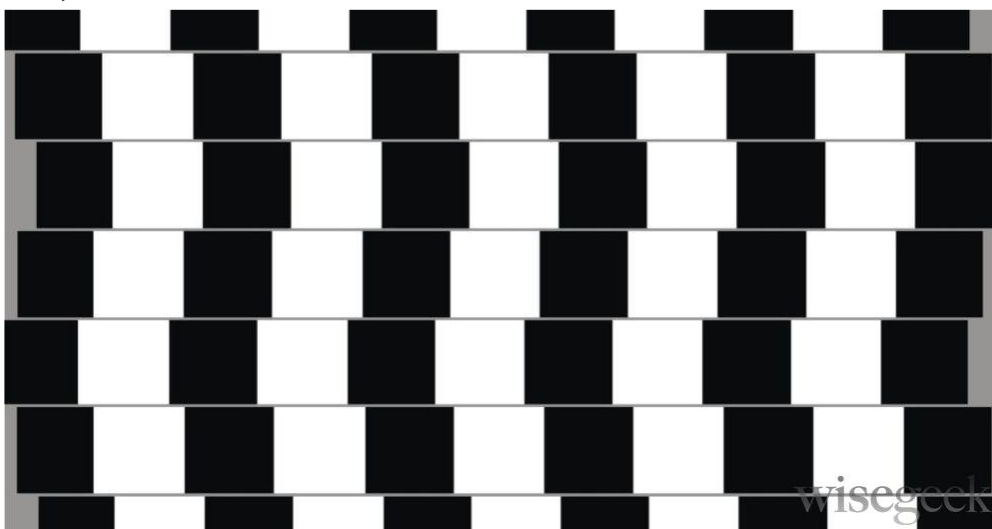
According to the Wall Street Journal, citing data from NielsenIQ, toilet paper sales in January were 4.3 percent lower than the same month last year, before the onset of COVID-19. Subsequently, toilet paper sales were 14 percent lower year-over-year in February and dropped 33% in March.

Things have also changed for manufacturers – papermaking mills are now operating at 90 to 95 percent capacity after running at 100 percent for most of last year, the Journal reports.

But consumers are reportedly continuing to buy up other sanitizing staples. Paper towel sales jumped 10 percent from a year before in January and household cleaner sales were up 75 percent, the report says.



*Ok, this is so cool...*



Cafe Wall Illusion,  
via wisegeek.com

Dr. Richard Gregory first observed this illusion in the tiles on the wall of a Bristol cafe (hence the name). The alternating light and dark bricks are staggered and the gray "mortar" lines separate the layers. But while the lines may look as if they curve, they are actually straight across and parallel. (Admit it, you totally used a ruler or paper to see if this is true!)

## Finding a New Nightly Routine with an Ostomy

By BrittenC April 5, 2018 [inflammatoryboweldisease.net](http://inflammatoryboweldisease.net)

Everyone has a nighttime routine they follow before collapsing into bed at the end of the day. For some, the typical bedtime routine may include having a small snack or a cup of tea, brushing teeth, getting into comfy pajamas, reluctantly setting an alarm, and diving into bed.

But, for those living with an ostomy, we have a few extra steps we have to follow before snuggling in for the night. While in the beginning, getting used to these extra steps may seem frustrating and annoying, eventually they will become just another part of your routine.

### **Preparing for bed with an ostomy bag**

The idea of getting decent sleep with an ostomy can seem like wishful thinking at the beginning of your journey. Between unexpected leaks and waking up every few hours to check and empty your bag, the thought of a restful night's sleep may seem impossible.

But, by following a few steps when preparing for bed, you can help improve the sleep you get.

### **Should you empty an ostomy bag before bed?**

The answer is yes. First things first, immediately before bed, empty your bag. In addition to that, stop eating and drinking a few hours before going to bed. Eating and drinking directly before bed can cause your stoma to be more active overnight and will result in a full bag.

If you find that, regardless of what you do, your stoma is very active at night, you can try taking something like Imodium to slow down your output. If you find that your bag fills up with gas overnight, you can take something like Gas-X to reduce your gas production.

### **Are there ways to prevent ostomy leaks throughout the night?**

No matter how many precautions you take, do not be surprised to find that your bag still gets full throughout the night. To prevent leaks, try not to let your bag get too full before emptying.

While you're still getting accustomed to how your ostomy works and your new nightly routine, you can set an alarm (or two, depending on how active your stoma is) for the middle of the night to help you get up and go to the bathroom to empty before your bag gets too full.

Eventually, do not be surprised if you no longer need to set an alarm, but instead, wake up on your own to take care of your bag.

### **Comfortable clothes for sleeping with an ostomy**

When getting ready for bed, it's important to wear something that is not only comfortable but fits in a way that does not restrict your bag. Try to avoid clothes that cut off the flow of your output. Instead, opt for something that you can wear above your bag.

On the other hand, if sleeping in the buff was your ideal "sleeping attire" prior to your ostomy, now you must be conscious of what you wear to sleep. Rolling around without protecting your bag is a recipe for disaster.

To further secure your bag during the night, keeping it in place against your body when you move around, you may consider wearing an ostomy belt or wrap around your waist.

### **What is the best sleep position for an ostomy?**

The best position to sleep in with an ostomy is on your side or your back. If you are a stomach sleeper, you may be safe at the beginning of the night, but as your bag continues to fill throughout the night, the more likely a leak is to occur.

If you are worried that you will not stay on your side during the night, you can always get a body pillow or a V-shaped pillow to prevent too much movement.



### How to handle an ostomy leak in the middle of the night

Try as we might to desperately avoid this situation, there will come a time when you wake up to the dreaded discovery that your bag has leaked while you slept. Half asleep, you will realize that you are covered in a mess and inevitably have to stumble your way through a shower and bag change in the middle of the night.

Through groggy eyes, you will have to clean yourself off, change your bag, strip and change the sheets, and get yourself back to bed. The best thing you can do in this situation is to remain calm.

As badly as you want to cry or scream or curse, just take a deep breath (maybe mutter a few curse words to yourself) and deal with the situation.

### Tips to prepare for an ostomy leak in the middle of the night

Panicking and getting upset, as completely justified as that is, will only make matters worse. I learned my lesson the hard way when I rushed through a change at 2 am and woke up 30 minutes later with another leak because I was in such a hurry the first time.

Keep a change of clothes, ostomy supplies, and spare sheets on hand to make the middle of the night changes a little easier to navigate. Another thing you can do to protect your mattress from the evidence of a leak is to use a mattress pad, as well as place a puppy potty training pad beneath your sheets.

Sweet dreams, fellow ostomates!



*May 9*



*June 20*

*Memorial Day May 31*



We don't know them all,  
but we owe them all.

Pause to Remember



### *If you have a urostomy...*

- Check the pH of your urine about twice a week to be sure the urine is acidic with a pH of less than 6.0. Always wash your hands before working with your appliance or stoma to avoid introducing bacteria into the stoma.
- Reusable or disposable appliances that are not cleaned adequately or are worn for long periods of time can cause urinary tract infections from bacterial growth in the pouch and urine.
- Signs and symptoms of a urinary tract infection included fever, chills, bloody urine, cloudy or strong smelling urine, and pain in the back kidney area. If you experience these symptoms, see your doctor.
- Pure white vinegar is an inexpensive disinfectant for your night drainage equipment

Via Vancouver Ostomy HighLife

## **Urostomy Pouch Basics**

Via Hollister

Urostomy pouching systems are designed specifically to make urine storage and disposal easy and safe. Learn essential information about urostomy pouches.

### **Learn how urostomy pouching systems work.**

After your surgery, your healthcare team will talk with you in general terms about how most ostomy pouching systems work. You'll have a few different options and your stoma care nurse can help you make the right choices for you. Below is some basic information that will increase your knowledge of urostomy pouching systems.

### **What makes a urostomy pouching system different**

You may know that there are different types of ostomy surgeries, some of which divert fecal matter through the stoma. With a urostomy, your stoma output is limited to urine. For this reason, all urostomy pouching systems are drainable to help manage the frequent disposal of urine.

### **Urostomy Pouch Features**

Here are some other key features of drainable urostomy pouches:

- They have a tap that allows urine to be drained frequently. Emptying the pouch is quick and easy.
- There are several types of taps, depending on the pouch. The tap can be a simple cap, a valve that twists, or a plug that is pulled out.
- They are meant to be emptied when they are about one-third to half full of urine
- They feature an anti-reflux valve. This keeps urine from refluxing to the top of the pouch and eroding the skin barrier, which is a critical component that connects your pouch to the skin around your stoma.
- Some have chambers, which keeps the pouch from unsightly bulging between draining



### **Other urostomy pouching system considerations**

Drainage while you sleep is another important factor in making a pouching system choice. Nighttime drainage options might include the use of an adapter that attaches to the end of your pouch. This diverts urine to a dedicated drainage collector just for nighttime use.

Make sure to talk to your stoma care nurse about following good hygiene when draining or changing your pouching system to avoid infections. You should also discuss a skin care routine to help keep the skin around your stoma healthy

## Prescription or Over the Counter: Follow Directions for Medicine Safety

BCBSIL Connect Team



Medicine can help your health in many ways. From over-the-counter (OTC) medicines to prescription medicines that treat life-threatening conditions, medicine can have a major positive impact. But only if it's taken — and taken correctly.

Over a million Americans wind up in the emergency room each year due to adverse drug events — harm resulting from use or misuse of medicine.

Medicine is not taken as prescribed half the time, according to the U.S. Food and Drug Administration (FDA), and 20 to 30 percent of prescriptions are never even filled.

Some of the reasons for that include concerns about cost and side effects, and even just forgetfulness. But it's often because people don't understand how to take medicine correctly or why it's important.

It can be challenging to take medicine correctly, especially if you take more than one. But it's important to take the time to understand why you're taking a drug and how to do it right. It's worth it to stay safe and get the positive results you need.

Here are some things to keep in mind about medicine and tips for taking it correctly.

### Take as Directed

It's important to continue taking your medicine as instructed. For example, take all of your antibiotic. If you don't, the drug might not kill the bacteria causing your infection.

### Time of Day

When you take a drug may make a difference. Some drugs can make you sleepy or keep you awake. Some drugs are taken more than once a day with a certain amount of time between doses, so it's important to take each dose at the right time. Taking your medicine at the same time every day can also help you remember to take your medicine.

### How Far Apart

Drugs last different lengths of time in the body. Some break down and wear off quickly. Others can last a full day or longer. Taking your drug as directed ensures that you get the full benefit of the drug. It also helps prevent an accidental overdose. If you forget a dose, ask your doctor or pharmacist if you should take it right away or wait for the next dose.

### With or Without Food (or Certain Foods)

If your doctor tells you to take a drug with food, it may be to avoid an upset stomach. If it should be taken on an empty stomach, the drug may have a harder time working if it is competing with your last snack or meal. And some drugs must not be taken with certain foods because of the food's ingredients.

### With or Without Liquids

Most people take pills with a drink to wash them down. Water is the safest choice. Some drugs should be taken with a lot of water to help them do their best work. Other drugs should not be taken with certain types of drinks, such as juices or dairy.

## 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

### **With or Without Other Drugs (Including OTC)**

Watch for interactions. Some drugs can cancel each other out or cause problems if they are taken too close together, or together at all. Some drugs are less effective if taken with other drugs that affect digestion (antacids).

### **How Much**

Getting the right dose is important. That can be easier if you take a medicine in pill form than if you have to take liquid medicine that has to be measured. The exact amount you take matters. Too little may not work. Too much can be toxic. Pharmacists often provide a measuring cup or spoon with prescriptions.

You can accidentally take too much if you take drugs in combination with each other. But sometimes it's hard to tell exactly what drug you're taking by just looking at the brand name. For example, taking too much of an acetaminophen can cause liver damage. Tylenol is acetaminophen. And many other OTC products also contain acetaminophen, including medicines for cough, cold and flu. Be sure to check the ingredients of OTC drugs to make sure you aren't getting too much.

### **Alcohol and Meds Don't Mix**

Alcohol and prescription drugs can be a dangerous combo. And many OTC drugs can also be dangerous when taken with alcohol.

The way alcohol interacts with medicine depends on the drug. Some combinations can be unsafe — others can be deadly. Alcohol often boosts drug side effects. You may feel drowsy or dizzy. It can also make drugs less effective. In some cases, you can avoid problems by spacing out your pills and alcoholic drinks. But people on some medicines should skip alcohol altogether. Read labels with care. Talk with your doctor about any risks. If you're taking any kind of medicine, don't drink alcohol unless your doctor says it's safe.

### **Ask for Help**

If you are struggling with taking your medicine as directed for any reason, ask for help. If cost is a concern, your doctor or pharmacist may know of ways to help you pay for prescriptions. If side effects are the issue, a different drug may be available. They can also offer advice to better manage how you're taking your medicine.



## **Should I reschedule my mammogram if I recently received the COVID-19 vaccine?**

Answer From Sandhya Pruthi, M.D., Mayo Clinic

Not necessarily. There's concern that side effects from the vaccine to prevent coronavirus disease 2019 (COVID-19) could be mistaken for breast cancer on a mammogram. But that doesn't mean you should cancel your mammogram if you've received your vaccine. Instead, contact the facility where your mammogram is scheduled to ask for guidance.

The vaccine that prevents COVID-19 can cause swollen lymph nodes under the arm in which the shot was given. Your lymph nodes are part of your body's germ-fighting immune system. The swelling in the lymph nodes is a sign that your body is responding to the vaccine and building up defenses against the virus that causes COVID-19.

Breast cancer also can cause swelling in the armpit if cancer cells spread to the lymph nodes.

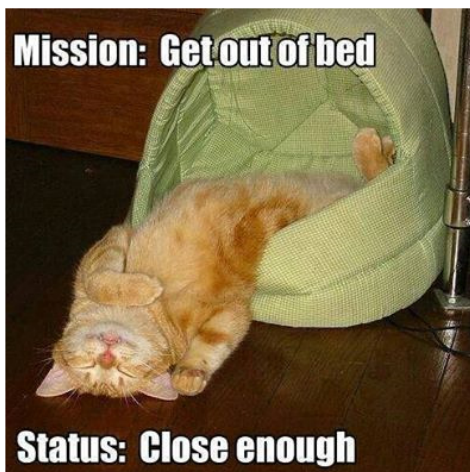
Some doctors are concerned that having a mammogram soon after vaccination may cause unnecessary worry about swollen lymph nodes. For that reason, some have recommended waiting four to six weeks after your final vaccine dose before having a mammogram. That way, any lymph node swelling caused by the vaccine has time to go away. Others, including Mayo Clinic, recommend that mammograms continue as scheduled. But be sure to tell your doctor about your vaccination, the date it occurred and which arm was affected. This information will be helpful for understanding the mammogram images.

If lymph node swelling is found on your mammogram and you've recently received the COVID-19 vaccine, the doctor who interprets your mammogram images (radiologist) will consider this when recommending whether additional imaging or follow-up is needed.

## Miss a workout? Don't give up!

By Mayo Clinic Staff

If you're too busy to work out or simply don't feel up to exercise, take a day or two off. Be gentle with yourself if you need a break. After all, it's OK to be flexible. The important thing is to get back on track as soon as you can.



**I DID A PUSH-UP TODAY.**



WELL, ACTUALLY  
I FELL DOWN, BUT  
I HAD TO USE MY  
MY ARMS TO GET  
BACK UP, SO ...  
CLOSE ENOUGH

**NOW I NEED CHOCOLATE**

► 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!**

I am  
in charge  
of how I feel



And today  
I am choosing  
Happiness!

**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.