

# The New Outlook

**Summer 2021**



## ALL IN PERSON MEETINGS AND EVENTS ARE ON HOLD

Upcoming Meetings

July 20 – Virtual

August – No meeting

September 21 – TBD

Our last three virtual meetings have focused on important topics for newer ostomates as well as a refresher for our veterans.

In **April** we discussed various effects on appliance Wear Time and how to manage a quality seal to protect the peristomal skin.

Our topic in **May**, warm weather issues, included swimming, travel and storing supplies.

**June** focused on maintaining an appropriate balance of fluids and electrolytes. See page 10 for more on this.

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)



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Established 1975

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*Northwest Community Hospital*

Nancy Olsen, Mary Rohan 708-229-6060

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*Central DuPage Hospital*

Nanci Stark 708-216-8554

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*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

**We have resumed in-person meetings.**

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, [nanoek60@sbcglobal.net](mailto:nanoek60@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, 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)

## Here and Now

with Patricia Johnson

After being away from the zoom meetings for so long it was good to zoom in in April. Seeing old members and many new faces was great. Welcome to all the new ostomates! It is nice that you are part of our group. I hope we have been and will continue to be of support, information and encouragement to you.

Being part of this support group is important not only because of what we may do for you but what you contribute, even when you think you have nothing to give. Several years ago, when we were still meeting at Lutheran General, the topic came up of the difficulty of completely flushing the stool when emptying the pouch. Someone suggested putting a little toilet paper down before emptying the pouch. Fast forward to 2020, a new house and frustration over not being able to flush everything away. I was resorting to pouring water in and flushing. Sometimes several times. I recalled the tip of putting down some toilet paper. Now I put in 2 squares and empty my pouch and voila! Everything goes down.

I am telling this little story because it may help someone with a similar problem. Also, you never know what you will learn at a meeting that will help you in the future. Or you may have hit on something that will be an 'aha' moment for others. We are in this together and sharing stories blesses everyone.

A reminder as we head into the hot weather to drink fluids or eat foods high in water such as tomatoes and watermelon. I did not know tomatoes were 94% water. Have a safe and hydrated summer!



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"If you fall...  
I'll be there."

– Floor



## "I Had an Ostomy—and It Changed My Life"

by Jennifer Rainey Marquez, Health Writer  
HealthCentral.com Medical Reviewer Jason Reich, M.D.

**For these people living with Crohn's disease, ostomy surgery made everything from the ordinary to the extraordinary possible.**

If you have Crohn's disease, the prospect of an ostomy might seem like a dreaded last resort. But for many Crohnies, getting the surgery, which re-routes the colon or small intestine to an opening in the abdomen, is a gamechanger that gives back control and quality of life. (Imagine no more running to the bathroom dozens of times a day.) Ostomy, called a colostomy if the surgery's performed on the colon and an ileostomy if done to the small intestine, is surprisingly common. Every year, 100,000 people get one, according to the United Ostomy Associations of America, though if you met an ostomate you'd never know it, thanks to advances in treatment like discreet, odor-proof pouches, which collect the waste. But is an ostomy something to hide? Nope! These Crohnies are saying goodbye to stigma and sharing how their surgery changed everything for the better. See their stories for yourself!

### **Amber: "I found my husband!"**

"Before I had an ostomy about three years ago, my self-worth was at an all-time low. I'd enrolled in college, but hadn't been able to finish because I was so sick. I was constantly looking for the closest bathroom, and often felt too fatigued and nauseous to get out of bed. I was hospitalized so often for severe Crohn's inflammation that one semester I had to withdraw completely; other semesters I had to take a reduced class load. Meanwhile, all my friends were graduating and going off to get their master's degrees, and I hadn't even been able to earn my bachelor's. Since my surgery, I have been able to finish my degree and become a high-school chemistry teacher. Now I'm in graduate school to earn my master's degree in secondary education for life sciences. That's a big deal for me, because I know how hard it is to manage school with Crohn's disease. While surgery is not always a cure-all, my Crohn's has been in remission for over three years. I can eat the foods I enjoy, stay nourished, and keep my energy levels up, allowing me to function and thrive.

"Crohn's had also taken a huge toll on my relationships, because I wasn't comfortable communicating my struggles. After my ostomy, I finally started to open up on my personal social media, and a friend from high school reached out. It turns out his grandmother had an ostomy surgery two years earlier. I was single when I had my ostomy, and I was so worried that nobody would want to date me afterwards. But this past summer, he and I got married. We joked that my husband knew how to change an ostomy bag before I did!"



### **London: "I became a licensed pilot."**

"Since my ostomy in 2018, I've been able to become active again. I play sports, I go to the gym, I run, I swim, I hike. But the best thing is my surgery gave me the ability to pursue my dream of being a licensed pilot. I started flying before I got sick, but my illness completely derailed my plans because my medical certificate was deferred. Since the surgery, I was able to qualify for a first-class medical certificate with a special issuance. This not only allows me to fly again, but I can finally pursue a career as an airline pilot.

I received my private pilot's license this past spring, and I am currently in the commercial/instrument portion of my training. Almost everything I do is motivated by my desire to set the best example that I can for my son—to continue fighting for what you believe in and to keep trying to figure out a way to make the rest of your life the best of your life.”

**Tina: “I feel more ‘myself’ than I have in years.”**

“As an Indian American, getting an ostomy was so culturally taboo that I waited until I was near death's door to finally have the surgery. I was told nobody would marry me, and I was very afraid that I'd be discriminated against. To my surprise, my ostomy didn't just save my life—it made me feel alive again! Not only did I marry my boyfriend, since surgery (I had my first temporary ileostomy in 2008, and had my third stoma made permanent in 2012) I feel more myself than I have for years. I can eat, I can travel, I can attend the weddings of loved ones. I'm especially grateful that I can wear beautiful and intricate Indian outfits again, like sarees, lehngas, and churidhars, without worrying about how to get in and out of them in a rush to use the bathroom. I truly feel as though I have my life—and the real ‘me’—back.”



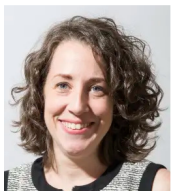
**Alicia: “I was able to go away to college, *and* I can go to concerts again.”**

“I was only 14 at the time of my first ostomy, but having it allowed me to start high school, participate in activities and live a normal teenage life. Since then, I have had two other ostomies; the procedures were done at different times to allow for rest and recovery in between surgeries, or to repair issues that arose after the original procedure. The ostomies have allowed me to move four hours away to attend college, graduate with my degree, and start working in the film industry as a short-video editor. On a smaller scale, without my ostomy I would not be able to take walks

through the park, go to concerts or travel without fear of pain or an accident. In the 15 years since I was diagnosed with Crohn's, there's no doubt that the years since my ostomy have been my healthiest and my best.”

This article is excerpted from HealthCentral.com, originally published December 10, 2019. To read the entire article with more stories of extraordinary people with ostomies go to:

<https://www.healthcentral.com/article/ostomy-crohns-patient-stories>



#### Meet The Writer

Jennifer Rainey Marquez

Jennifer Rainey Marquez is a longtime health and science writer based in Atlanta. Her work has appeared in *Women's Health*, *O: The Oprah Magazine*, *Parents*, *Good Housekeeping*, *Parade*, and many other outlets. You can follow her at [@jenrrain](https://twitter.com/jenrrain).

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“When something I can't control happens,  
I ask myself: Where is the hidden gift?  
Where is the positive in this?” – Sara Blakely

## Rachel: Living with 2 Stomas

Blogger, 'Double-Bagger' and Urostomy Awareness Champion shares her story and how she has found hope to live the future she wants.

Via [Coloplast® Care](#)

I was staring at myself in the mirror looking at my 'ileostomy' and my leg bag on my calf from my Suprapubic Catheter (SPC) and I was full of fear and the unknown...

It was the start of the summer and that morning I was told the results of my routine 'cystoscopy' (investigation of the bladder). It was not good news, my bladder was extremely small, damaged and the biopsy results confirmed that the cells had mutated. I had my SPC for 7 years and now there was no other option but for my bladder and lymph nodes to be removed within 2 weeks and a urostomy (medical term ileal conduit) to be formed.

As I stared in the mirror I felt heartbroken, angry, and fearful. I just kept thinking 'How on earth will I cope with 2 stomas?' I didn't even like the ileostomy at the time because it had prolapsed and that affected my body image back then. I knew in my heart I had to have this surgery. There was no other option not only because the cells had mutated and were starting to turn cancerous but I was getting horrific bladder spasms from the SPC that stopped me living and I was barely existing.

So, in June 2015 I arrived at the hospital in a wheelchair and had an 8-10-hour operation in a combined effort by my Urology surgeon and Colorectal surgeon to remove my bladder, form a urostomy and fix my prolapsed ileostomy. My body struggled throughout the surgery but I had amazing anaesthetists and surgeons that got me through. I woke up in Intensive Care Unit and it wasn't long before I went to High Dependency Unit and then the urology ward.

*It didn't take me long to realise that maybe this was the best thing that had happened to me.*



I started to see the glimpses of a new 'positive' life with my second stoma. When my Stoma Care Nurse first changed my urostomy it squirted all over her so we named it 'Squirt' and I knew we would be friends!

I was about to be discharged after 10 days when unfortunately, I caught Clostridium difficile (C.Diff) off another patient and I was extremely poorly so my stay ended up being 3 months in isolation and I had many interventions to help get me through. Even though this happened I still didn't regret the surgery. When it was time to be discharged, I was adamant I wanted to walk out of the hospital (leaning on a wheelchair) and I did. When I went home I slipped on a summer dress that I had not worn for 7 years because I always wore my leg bag on my calf and had avoided dresses! At that moment, I knew I had been given a

'second chance' of life again and vowed to embrace both of my stomas because I could see and feel the 'freedom' that they had given me.

Seeing the positives and almost making a gratitude list I started accepting both my stomas even the prolapsed ileostomy. When I felt overwhelmed I would think of life before them and how horrific it was and that helped put

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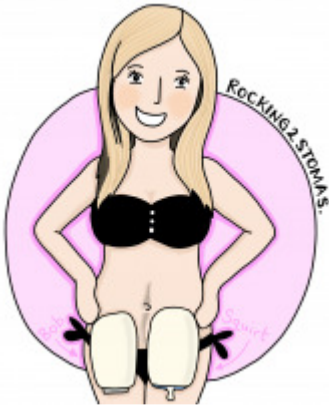
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it all into perspective. Since then I have had other challenges with the 8 failed refashion surgeries for my prolapsed ileostomy and having sepsis 10 times but I try to not let those experiences get me down or blame my stomas. I adapt, and when I am in the hospital my life doesn't stop and I make it part of my life and treat it as a mini break. During all those admissions since requiring my second stoma the nurses on the ward would get me to speak to new ostomates which I loved. I realised there wasn't many young urostomates or many ostomates with 2 stomas. Surfing



the internet I found lots of brilliant blogs about colostomies and ileostomies but not in terms of a urostomy or 2 stomas. So, this was when my blog [rocking2stomas](http://rocking2stomas.com) was born and life has never been the same since!!

*I saw how important 'identification' was and connecting with other ostomates who just 'get it'.*

I originally started this to help other ostomates not feel so alone and isolated as I had felt but I had no idea how much my blog would help myself with my own journey of acceptance. I found an online community on Facebook that I never knew existed.

Bearing in mind I had my ileostomy in 2012 due to Pure Autonomic Failure and my bowel failed to function, I never thought to search for groups. I saw how

important 'identification' was and connecting with other ostomates who just 'get it'. I started getting a lot of messages from ostomates with 2 stomas like me feeling like they were the only ones. I wasn't even aware before I started my blog that we were called 'Double Baggers' I had no idea! After receiving more and more messages, I decided to set up a Facebook group called 'Double Baggers Support Group' for anybody with 2 stomas, about to have a second stoma or are family members of somebody with 2 stomas. This is not even a year old and we have nearly 300 members all over the world which is amazing!

Urostomies can sometimes be forgotten about amongst Healthcare Professionals and the public. However, when you have 2 stomas we are even less acknowledged because we have a small incidence in comparison.

*Without them (my stomas) I would not be here.*

Where I am at today is, I am truly grateful for both my stomas, without them I would not be here but also, I would not have reached this deep level within myself. I worked as an ex Healthcare Professional before my rare illness Pure Autonomic failure hit making my bowel and bladder fail to function normally. Now I am doing a similar thing but in a completely different capacity. Advocating in healthcare raising both urostomy and ostomy awareness and supporting new ostomates have given me back a purpose and drive again.

I am truly the happiest I have ever been but it hasn't always been that way. I have had dark times but I have worked through them and now come out the other side to be able to help others. This takes time and acceptance doesn't come overnight but by setting small goals I built up my confidence which helped me appreciate the gift my stomas have given me. Not only have my stomas saved my life but they have given me amazing friends, met fellow advocates, have a purpose again but the most surprising...they even helped me find a man called Steve who also has an ileostomy. So together we are Rocking 3 stomas!!!!

*There is hope, there is a future and when I embraced my stomas and found gratitude for them - amazing opportunities have come my way.*

Rachel received compensation from Coloplast to provide this information. Each person's situation is unique so your experience may not be the same. Coloplast Care would like to thank Rachel for being so open and honest. Follow Rachel at [rocking2stomas.co.uk](http://rocking2stomas.co.uk)

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The 80-page Summer issue of *The Phoenix* ostomy magazine provides answers to the many questions and challenges of living with an ostomy. The official publication of United Ostomy Associations of America features exclusive, in-depth articles written by ostomy experts, medical professionals and ostomates that inform, educate and inspire. Go to [phoenixuoaa.org](http://phoenixuoaa.org) for instant access and to learn more.

## Featured Article

Female Sexuality

How Ostomy Surgery Affects Intimacy

Take an in-depth look at how having a colostomy, ileostomy or urostomy (and j-pouch) can impact your sex life. Female sexual function and intimacy after surgery are discussed as well as possible dysfunctions and treatment options available.

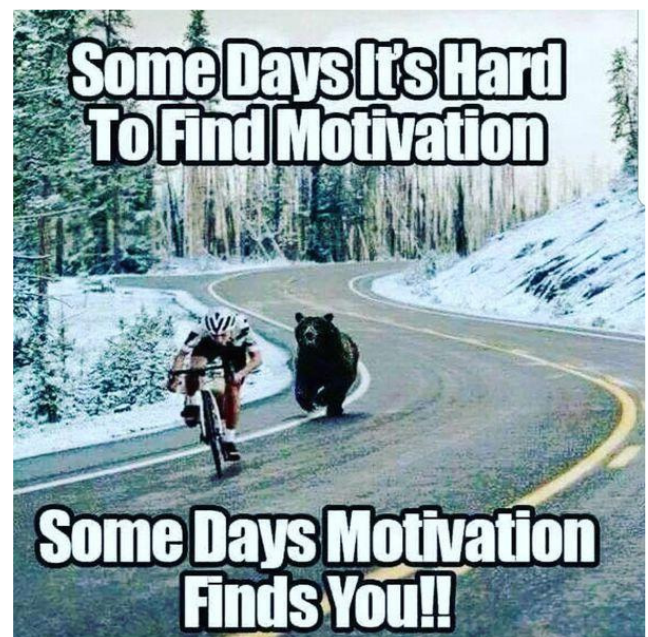
This exclusive article can only be found in America's leading ostomy publication and the official publication of UOAA, The Phoenix Magazine.



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HERE'S TO THE **CRAZY** ONES,  
THE **MISFITS**, THE **REBELS**, THE **TROUBLEMAKERS**,  
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THE ONES WHO SEE THINGS **DIFFERENTLY**  
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YOU CAN **QUOTE** THEM,  
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GLORIFY OR VILIFY THEM,  
BUT THE ONLY THING YOU CAN'T DO IS  
**IGNORE** THEM BECAUSE THEY CHANGE THINGS...  
THEY PUSH THE HUMAN RACE FORWARD,  
AND WHILE SOME MAY SEE THEM AS THE **CRAZY** ONES,  
WE SEE **GENIUS**, BECAUSE THE ONES  
WHO ARE **CRAZY** ENOUGH TO THINK  
THAT THEY **CAN** CHANGE THE WORLD,  
**ARE THE ONES WHO DO.**

Steve Jobs



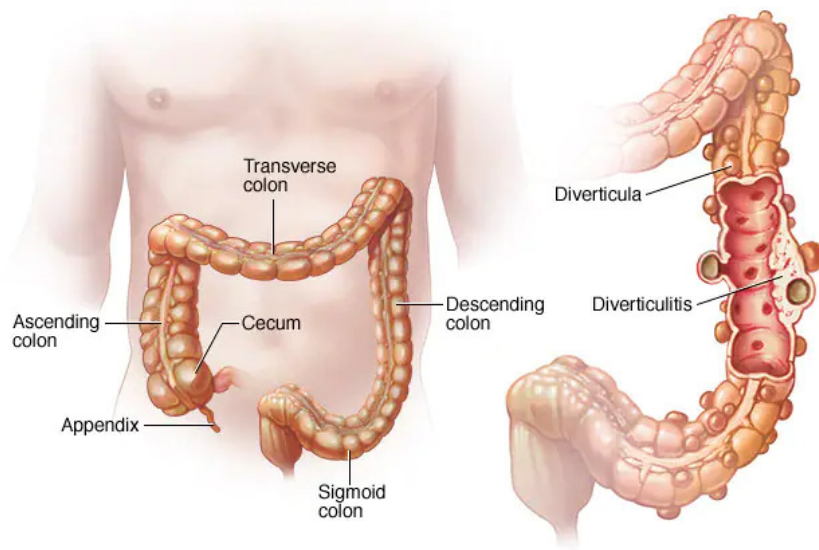
"If you think you're too small to make a difference, try sleeping with a mosquito."

– Dalai Lama



# Diverticulosis and Diverticulitis

By Mayo Clinic Staff



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Diverticula are small, bulging pouches that can form in the lining of your digestive system. They are found most often in the lower part of the large intestine (colon). Diverticula are common, especially after age 40, and seldom cause problems.

The presence of diverticula is known as diverticulosis (die-vur-tik-yoo-LOE-sis).

When one or more of the pouches become inflamed, and in some cases infected, that condition is known as diverticulitis (die-vur-tik-yoo-LIE-tis). Diverticulitis can cause severe abdominal pain, fever, nausea and a marked change in your bowel habits.

Mild diverticulitis can be treated with rest, changes in your diet and antibiotics. Severe or recurring diverticulitis may require surgery.

## Causes

Diverticula usually develop when naturally weak places in your colon give way under pressure. This causes marble-sized pouches to protrude through the colon wall.

Diverticulitis occurs when diverticula tear, resulting in inflammation, and in some cases, infection.

## Risk factors

Several factors may increase your risk of developing diverticulitis:

- **Aging.** The incidence of diverticulitis increases with age.
- **Obesity.** Being seriously overweight increases your odds of developing diverticulitis.
- **Smoking.** People who smoke cigarettes are more likely than nonsmokers to experience diverticulitis.
- **Lack of exercise.** Vigorous exercise appears to lower your risk of diverticulitis.
- **Diet high in animal fat and low in fiber.** A low-fiber diet in combination with a high intake of animal fat seems to increase risk, although the role of low fiber alone isn't clear.
- **Certain medications.** Several drugs are associated with an increased risk of diverticulitis, including steroids, opioids and nonsteroidal anti-inflammatory drugs, such as ibuprofen (Advil, Motrin IB, others) and naproxen sodium (Aleve).

## Prevention

To help prevent diverticulitis:

- **Exercise regularly.** Exercise promotes normal bowel function and reduces pressure inside your colon. Try to exercise at least 30 minutes on most days.
- **Eat more fiber.** A high-fiber diet decreases the risk of diverticulitis. Fiber-rich foods, such as fresh fruits and vegetables and whole grains, soften waste material and help it pass more quickly through your colon. Eating seeds and nuts isn't associated with developing diverticulitis.
- **Drink plenty of fluids.** Fiber works by absorbing water and increasing the soft, bulky waste in your colon. But if you don't drink enough liquid to replace what's absorbed, fiber can be constipating.
- **Avoid smoking.** Smoking is associated with an increased risk of diverticulitis.

## When to see a doctor

Get medical attention anytime you have constant, unexplained abdominal pain, particularly if you also have a fever and constipation or diarrhea.

## FLUIDS AND ELECTROLYTES

### Electrolyte Balance

Electrolytes refer to the normal chemicals dissolved in body fluids needed to maintain body activity. If electrolytes are out of balance, a person may become weak or ill and may need to take medications by mouth or intravenously. Electrolyte balance (especially potassium and sodium) is important. When the colon (large intestine) is removed, a greater risk for electrolyte imbalance can occur. Diarrhea, excessive perspiration and vomiting can increase this risk. A person with short bowel syndrome is at high risk. Their electrolytes should be monitored closely. Your diet should include fluids and foods rich in electrolytes. A general rule is to “salt foods to taste.” Do not exclude sodium in the diet.

### Fluid and Electrolyte Problems

Problem	Symptoms	Treatment
Dehydration	Increased thirst, dry mouth, dry skin, decreased urine output, fatigue, shortness of breath, headaches, dry eyes abdominal cramping.	Increase fluids (any type, Gatorade/PowerAde high in potassium & sodium) and Daily intake of fluids should be 8-10 (8 oz.) glasses.
Sodium Depletion	Loss of appetite, drowsiness, headaches, abdominal and leg cramping, feelings of faintness, particularly when standing, cold sensation in arms and/or legs.	Increase intake of foods and beverages high in sodium, such as any regular soup, bouillon, Gatorade/PowerAde.
Potassium Depletion	Fatigue, muscle weakness, gas, bloating, shortness of breath, decreased sensation in arms and legs.	Increase intake of foods high in potassium, such as orange juice, bananas, Gatorade/PowerAde.

Foods high in potassium: black-eyed peas, bananas, bouillon, chicken, fish, oranges, pinto beans, potatoes, raisins, tomato or vegetable soup, veal, watermelon and yogurt.

Foods high in sodium: broth, buttermilk, canned soups, canned vegetables, cheese, soy sauce, table salt, tomato juice and commercially prepared foods.

### Water

Water is an essential nutrient needed by every body cell. Water controls body temperature, serves as building material and solvent, and transports nutrients. Thirst is a signal that the body needs fluids. Daily losses must be replaced.



Any liquid containing water (soda, milk, juice, etc.) helps to meet your daily requirement. You can also get water from the food you eat. (e.g., tomatoes have a 94 percent water content). Drinking coffee or tea will interfere with the ability to stay hydrated because they both cause the kidneys to increase urine and salt output. Be sure when drinking coffee, tea or alcohol, to increase your water consumption to counter balance the higher output.

Encourage fluid intake of eight to ten (8 oz.) glasses of liquids each day. Drinking more fluids is helpful in flushing out the kidneys, eliminating impurities in the blood, and helping you to maintain the proper electrolyte balance. When drinking fluids, it is always best to drink slowly throughout the day and not gulp liquids as less absorption occurs when gulping.

## *Save The Date*

### **Virtual Webcast on Short Bowel Syndrome and Gattex® Treatment**

**Tuesday, August 10 at 7:00 pm CT**

Sponsored by



The Ostomy Association of Greater Chicago and the Ostomy Support Organization of DuPage County invite you to a Takeda Speaker Program to learn about Short Bowel Syndrome and Gattex, a potential alternative to TPN. The virtual program features Dr. Jafri, Associate Professor Henry Ford Hospital and Kathryn B, Takeda Patient Ambassador experienced with SBS and Gattex.

What do you think of when you hear the term Short Bowel Syndrome or SBS? You might think it means anatomically, as in the surgical removal of all or a portion of the bowel. If so, you are partially correct. But there's much more to understanding SBS, which is also defined as Intestinal Failure. SBS occurs when there is not enough bowel or functioning bowel to support nutrient and fluid absorption needs. An intact bowel could fail due to obstruction, motility dysfunction, congenital defect or disease-associated loss of absorption.

(Source: *Managing a Short Bowel* by Carol Rees Parrish, MS, RD)

Many people with SBS require parenteral support given intravenously, ranging from temporary use of IV fluids to total parenteral nutrition (TPN) which provides all daily nutrition. Gattex for subcutaneous injection is a prescription medicine to provide the necessary additional nutrition or fluids, potentially reducing or even ending dependence on TPN.

**To register for this program, call 855.575.3819  
or you can register online at  
[www.programRSVP.com/GAS-174](http://www.programRSVP.com/GAS-174)**

**This program is open to patients, family members and caregivers.**

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#### *Did you know?*

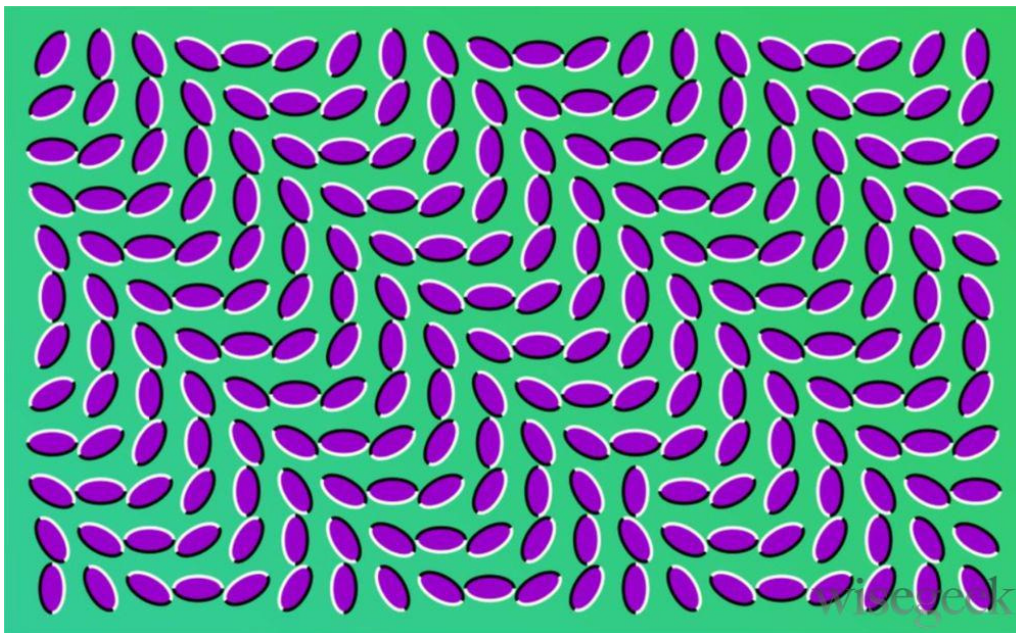
##### **Calcium for better bones**

Calcium is a mineral important for developing and maintaining strong bones. Food sources include dairy products, dark green leafy vegetables, fish with soft bones that you can eat, and calcium-fortified foods.

##### **Vitamin D: Essential with calcium**

You know calcium is important for bone health. Make sure you're also getting enough vitamin D, which helps your body absorb calcium. Foods rich in vitamin D include fatty fish, such as salmon, trout, and tuna. Other food sources are mushrooms and eggs. Milk, some cereals, orange juice, and other foods and drinks are fortified with vitamin D. You can also get vitamin D from sun exposure.





### Floating Leaves Illusion

This one is pretty trippy. The “leaves” appear to move around in waves as you look at the image. The weird thing is, if you stop and stare at the image, you should get the leaves to stay still. The illusion of movement comes from the heavy contrast in the colors.

Via wisegeek.com

► 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!**



**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.

# Osto Ring Clinical Trial

You are invited to participate in the NorthShore IBD Center's clinical trial for a new ostomy device named the "Osto Ring." This device is a ring that fits between the wafer and bag of the Hollister 2-piece New Image pouching system. The purpose of this study is to determine whether the Osto Ring increases pouching system wear time, decreases leakage and is convenient to use.

## Participation Requirements

1. You have an ileostomy or colostomy
2. You use the Hollister 2-piece New Image Pouching System
3. You do not have a parastomal hernia

## What will you be asked to do?

1. Visit the office in Evanston 3-4 times over the course of 2.5 months
2. Wear your pouching system as you normally do
3. Then wear your pouching system together with the Osto Ring
4. Fill out a survey and take a picture when you change your pouching system

## Learn More About the Study

If you are interested in learning more about the study or participating, please contact the study coordinator, Daniel Amusin by calling (847) 570-3558.

## Study Team

Dr. Eugene Yen, MD, Division Chief of Gastroenterology, Clinical Director, IBD Center

K. Agnes Brugger, RN, CWOCN, Wound-Ostomy-Continence Nurse

Daniel Amusin, Clinical Research Coordinator



**Note:** After the initial office visit participants may opt for virtual follow-up visits.