Ostomy Association of Greater Chicago

The New Outlook

Fall 2021

RISING FROM THE ASHES OF DISEASE

ALL IN PERSON
MEETINGS AND EVENTS
ARE ON HOLD

Upcoming Virtual Meetings at 7 pm

October 19
November 16
December 21

We might be able to hold in-person meetings beginning in March 2022. We are planning a hybrid of in-person and virtual meetings:

January 18 Virtual	February 15 Virtual
March 15 In person	April 19 In person
May 17 Virtual	June 21 In person
July 19 In person	August 16 Virtual
Sept 20 In person	October 18 In person
Nov 15 Virtual	December 20 In person

**This editor doesn't want to jinx it so if you don't want to write "in person" on your calendar yet, we'll understand.

OAGC is a 501(c)(3) non-profit, run entirely by volunteers. We depend mostly on donations to fund our website and its ever-increasing security costs. We also sponsor one of our own to attend the Youth Rally. 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 or sign up on our website's home page.

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

www.uoachicago.org

www.ostomy.org

Ostomy Association of Greater Chicago (OAGC)

Established 1975

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Northwest Community Hospital
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Little Company of Mary Hospital
Kathy Garcia, Jola Papiez 708-684-3294
Advocate Christ Medical Center
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Barb Sadler 630-933-6562
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Nanci Stark 708-216-8554
(Mary Clare Hogan-Urology only 708-216-5112)
Loyola University Medical Center
Alyce Barnicle (available on as needed basis only) 708-245-2920
LaGrange Hospital
Sarah Grcich 219-309-5939 or 219-983-8780
Porter Regional Hospital & Ostomy Clinic Valparaiso, Indiana

National UOAA Virtual Groups

Continent Diversion Network: Lynne Kramer 215-637-2409
Familial Adenomatous Polyposis (FAP) Foundation: Travis Bray 334-740-8657
Friends of Ostomates Worldwide - USA: Jan Colwell 773-702-9371
GLO Network: Fred Shulak 773-286-4005
Ostomy 2-1-1: Debi K Fox 405-243-8001
Pull-thru Network: Lori Parker 309-262-0786
Quality Life Association: Judy Schmidt 352-394-4912
Thirty Plus: Kelli Strittman 410-622-8563

Additional area support groups:

Northwest Community Hospital, Arlington Heights
2nd Thurs at 1:00 pm every other month. Feb, Apr, Jun, Aug, Oct, Dec in The Learning Center, Level B1 of the Busse Center Contact 847-618-3215, Elizabeth Perry eperry@nch.org

Southwest Suburban Chicago, Evergreen Park
3rd Monday at 6:30pm, Little Company of Mary Hospital, 2800 W. 95th St., Evergreen Park - Rm 1702. Contact Nancy Olesky 708-499-4043, nanook60@sbcglobal.net or swscost@gmail.com

Sherman Hospital, Elgin
2nd Wednesday of month at 2 pm. Lower level Conference B. Contact Morgan Coconate morgan.coconate@advocatehealth.com 224.783.1349.

DuPage County, Downers Grove
The fourth Wednesday at 7:00pm, Good Samaritan Hospital, in the Red and Black Oak Rooms by the cafeteria. Contact Bret Cromer 630-479-3101, bret.cromer@sbcglobal.net

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

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

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

Loyola University Health System, Maywood
2nd Wednesday month at 7:15 in the Cardinal Bernadine Cancer Center 2nd floor Auditorium A. Contact Robin Handibode 708-205-6664 or Nanci Stark, WOCN 708-216-8554, nhstark@lumc.edu

Rush University Medical Center, Chicago
Professional Building 1725 W. Harrison St. Suite 1138 – Conference Room. Parking for main garage will be validated. 1st Thursday of month, 5:30p.m. Contact Rachel Hendee, rachel_hendee@rush.edu

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

Here and Now

with Patricia Johnson

For this column I read Carol Rees Parish's book "A Patient's Guide to Managing a Short Bowel". The topic of short bowel syndrome (SBS) came up at one of the summer zoom meetings. I had not heard of SBS and decided to look into it. SBS affects people with or without a colon.

Short bowel syndrome means "There is not enough bowel (or not enough working bowel) left to support the nutrient and fluid needs of the individual."

The book begins by reviewing the normal gastrointestinal track and examining what makes up the small bowel. I found the information and diagram of the inside of the small intestine and the work performed by the small intestine fascinating.

There are 3 parts to the small intestine and each part has a job to do, but work together to get as many nutrients from the food we eat as possible.

The duodenum is the first section. This is where the food from the stomach enters. It is where the nutrients iron and folate are absorbed. Also in this section two key substances, pancreatic enzymes and bile salts enter to "mix with food." It is about 10 inches long.

The jejunum is the second portion. It is where the majority of the nutrient absorption occurs. The jejunum is about 6 to 10 feet long.

The 3rd portion is the ileum which is 10 to 13 feet long. It moves much slower than the jejunum and is where the last bits of nutrition are taken up by the body.

In the interior of the small bowel, the lumen, "along with the mucosal border, are finger like structures called the villa. The villi have even smaller finger-like structures on them called the microvilli." These provide more surface area "where nutrients can cross the lining of the intestinal track into the body to be absorbed." For me it is amazing what God has created!

The book also discusses dehydration, its signs and some measures to take to avoid it, such as sipping water throughout the day, instead of guzzling it. Advise we can all benefit from. There is also a lengthy section on nutrition with general guidelines on the intake of solids and liquids, sodium, fat and carbohydrates. Admonishing to always, always chew foods well whether or not you have SBS. Included are lists of foods good for those with SBS and foods to avoid.

Medications are also discussed, either prescription and over the counter. And how to use them to gain the most benefit. Parrish recommends everyone keep an up-to-date list of all medications in your wallet or purse and to be sure to take it when visiting a doctor, dentist or any healthcare provider.

This is a very short summary of the book. It is not medical advice, but may be a beneficial tool to facilitate a conversation with your doctor. I hope this provides information for someone who is experiencing SBS and points that person in a direction to get help.

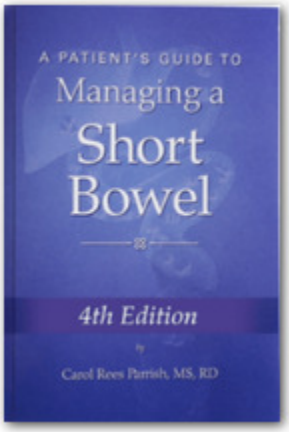
In closing I would like to say that we are "fearfully and wonderfully made; wonderful are Thy works, And my soul knows it very well." Psalm 139:14

Life is good

All quotes taken from "A Patients Guide to Managing a Short Bowel" 4tth Edition. By Carol Rees Parrish, MS, RD. Copyright 2016. To obtain a free copy go to https://www.shortbowelsyndrome.com/sign-up

Book Review via Vancouver Ostomy HighLife - September / October 2021

A Patient's Guide to Managing a Short Bowel (4th Edition)
Author: C.R. Parrish Publication Year: 2016
Price: Free. Book funded by Shire



Carol Rees Parrish MS, RDN provides a practical overview of short bowel syndrome (SBS) focusing on common problems and management approaches in *A Patient's Guide to Managing a Short Bowel* The book is well organized and written using friendly, easily understandable language. It provides high yield practical advice that can be readily incorporated into daily life.

Patients will surely appreciate the numerous tables throughout the book highlighting various dietary options, both desirable and undesirable, the numerous oral rehydration solutions, including home recipes, and sample meal plans that have been organized by the presence or absence of a colon. The book also provides examples of common over-the-counter medications containing sugar thus potentially acting as unrecognized drivers of stool output.

Through concrete and useful examples of everyday do's and don'ts, patients can feel empowered and knowledgeable regarding their care.

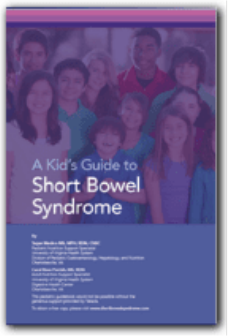
For those seeking a deeper understanding or more information, Parrish offers ample online resources both embedded within the text and also listed in a table at the end of the book; however, the reader should note that many of these resources are more than 8-10 years old, and new information is likely available for some of the referenced topics. Additionally, the mental model of intestinal failure has been updated to consider short bowel syndrome distinct from other functional causes not related to resection or loss of bowel, such as chronic intestinal pseudo-obstruction.

Although much of the information presented within the book is applicable to both pediatric and adult patients with SBS, the target audience appears to be an adult population as there is no discussion regarding the unique nutritional considerations for infants and toddlers with SBS. Despite this, parents of children with SBS will still likely find the information helpful.

Overall, *A Patient's Guide to Managing a Short Bowel* offers practical information and recommendations, most notably related to nutritional interventions, for patients living with SBS in a way that is concise, applicable, and easily accessible.

SHORT BOWEL SYNDROME

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 disfunction, congenital defect or disease-associated loss of absorption.



Editor's note: A Kid's Guide to Short Bowel Syndrome is also available at the link on the bottom of page 3.

Talking about your ostomy

Coloplast Care.com

Are you afraid of talking to others about your ostomy? Do you not know what to say to children? Here are some ostomy conversation tips.

Talking to others about your ostomy may be difficult initially. It is generally helpful to take a strategic approach - especially in the beginning.

How to prepare for a conversation

Start by determining the goal of the conversation. Do you want to be able to talk openly with the other person or do you wish to show that nothing has really changed?

This will help you address the feelings, needs or concerns in each situation rather than "just" talking about your ostomy. You will have a much better chance to avoid feeling disappointed or feeling exposed.

Write the beginning of the conversation down

This may seem silly, but often it is only the beginning of a difficult conversation that is actually difficult. Being prepared with exactly what you want to open the conversation with, may make it easier for you to approach it.

Keep a positive attitude

How you act and how you say what you want to say will greatly influence the outcome of the conversation. So even though you're nervous, take a deep breath and remain positive. Your listener will most likely be positive and feel more relaxed.

A bit of humor or lightheartedness can also help ease the tension for both you and your surroundings and help you control the tone of the conversation.

Choose who you wish to share with

When discussing your ostomy surgery with others, you put yourself in a somewhat vulnerable position.

If someone is not giving you the opportunity to express your thoughts and feelings but rather just giving you advice, you may wish to end that conversation.

What to say to children

If there are young children or grandchildren in your life, your first thought might be that they are too young to understand.

However, not telling them can make them think a situation is more serious than it really is, and children tend to cope well if they are given the information in a simple and honest way.

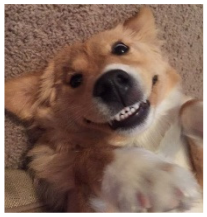
How to tell teenagers

It is not uncommon for teenagers or even older children that they react with anger or withdrawal when confronted with a parent's health condition or surgery.

Some parents choose to tell their teenagers only key points about their surgery, but remember that in spite of the unfavorable reactions, it is still important for them to hear your open and honest answers to their questions. Also keep in mind that any anger is likely concern for you and based on their worry over your health and safety.

Despite the high cost of living,

it remains popular.

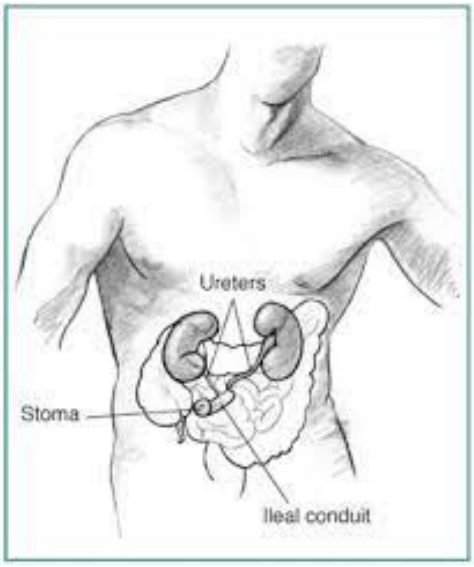


Evolution of Urostomy Surgery

Vancouver Ostomy HighLife July / August 2018

From the mid-1800s to the mid-1900s there were 2 very different approaches to urinary diversion: ureterostomy and ureterosigmoidostomy. Ureterostomy was a simple procedure in which the ureters were joined to the abdominal wall; however, these stomas were associated with a high incidence of stenosis and infection (because there was no anti reflux mechanism to protect the kidneys from organisms introduced through the stoma), and they were problematic for the patient because they were small skin-level stomas that were difficult to pouch. Ureterosigmoidostomy was initially viewed as the preferred procedure. The ureters were implanted into the sigmoid colon and elimination of the urine-stool mixture was controlled by the anal sphincter. This avoided the need to create an external stoma. However, mounting data regarding adverse effects (kidney infection, incontinence, metabolic complications, and, most importantly, development of malignant lesions at the anastomotic line) led to wide-spread abandonment of this procedure around 1950. Since the only alternative at the time (ureterostomy) was also associated with a high incidence of adverse effects, surgeons began to explore other approaches to urinary diversion.

In 1950, Dr Bricker reported on a unique approach to urinary diversion, now commonly referred to as an ileal conduit. He isolated a segment of ileum (with its mesentery intact), anastomosed the ureters to the segment in a manner that allowed reflux between conduit and kidneys, and brought the distal end of the ileal segment to the abdominal wall as a stoma. This approach solved multiple problems associated with ureterostomy, and the ileal conduit remains the standard of care for standard urinary diversions. The ileal segment remains a standard of care because it provides free flow of urine with marked reduction in the risk of stenosis, and it provides a much more manageable stoma than earlier attempts. However, the ileal conduit does not provide protection against ascending infection; the uretero-ileal anastomoses are freely refluxing and the primary protection against infection is frequent fluid intake, which results in almost constant urine production and an ongoing washout of any organisms.



What does a urinary diversion surgery do?

compactcath.com

Before the surgery, the kidneys will produce urine, which flows down the ureters, into the bladder and out of the body through the urethra. However, when the bladder is diseased or damaged, such as in the case of bladder cancer and spina bifida, urinary diversion surgery is performed to divert the urine flow away from the bladder.

During the surgery, a pouch is created from a section of the person's intestines. The ureters are cut off from the bladder and attached to the pouch. A urostomy is made on the abdominal wall, and a channel connects the pouch to the urostomy, thus diverting the flow of urine.

If you have bladder cancer, the bladder, as well as some organs neighboring the bladder, may be removed.

The pouch can be made with different sections of the intestine, and it can be continent or incontinent. Continent (Indiana pouch and Kock pouch) urinary pouches need to be emptied by intermittent catheters, and incontinent (ileal conduit) pouches require people to wear a urostomy bag externally to collect urine.

Drug allergy or side effect? How to tell

By Mayo Clinic Staff

Skin rashes. Nausea. Swelling. Sometimes medications can lead to unpleasant or unexpected reactions. If this happens to you, you may wonder if you're experiencing a drug side effect or an allergic reaction.

It's an important question to ask.

If a medication side effect is miscategorized as an allergy, your doctor or nurse will put a flag in your medical record. This will alert caregivers not to prescribe any medications in that class, which can limit treatment options. So it's important to know what is causing the reaction.

What's the difference between drug side effects and drug allergies?

- **Side effects** are unpleasant reactions to a drug. Potential side effects will be listed on the medication label. They can also be found with an online search. Examples include feeling bloated or mild nausea.
- **Allergies** are abnormal reactions to a drug caused by your immune system. Reactions are often more severe than side effects. They may include skin rash, nausea, vomiting or throat swelling.

You might be at an increased risk of drug allergies if you:

- Have other allergies, like food allergies or hay fever
- Have family members with drug allergies
- Take a high dose or the same medication for a long time
- Have HIV or the Epstein-Barr virus

How to tell if it's a side effect or allergy

If you do have a reaction to a medication, track your symptoms. Write down when they occur and how long it's been since taking the medication. Then share this information with your doctor or pharmacist.

Some medications can cause both allergic reactions and side effects. Your doctor or pharmacist can determine which you're experiencing and find a treatment that will work for you.

Get Ostomy Answers!

The Fall 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 for instant access and to learn more.

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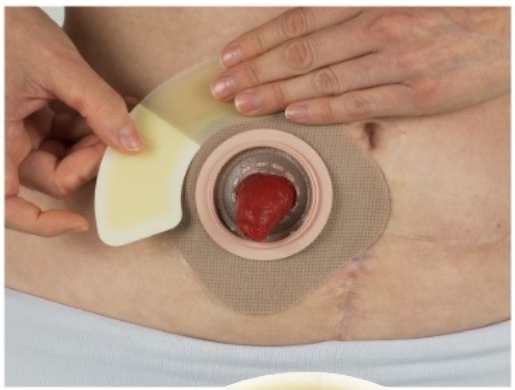
The Benefits of Skin Barrier Extenders

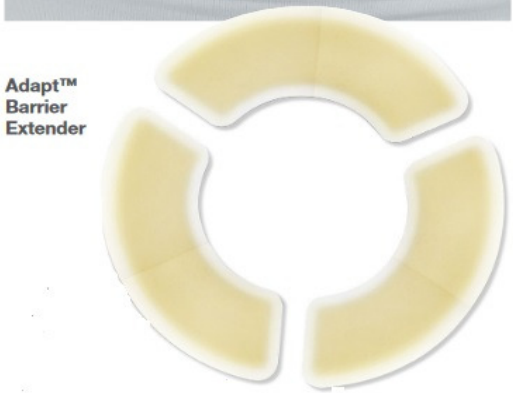
Skin barrier extenders are ostomy accessories that can help your skin barrier fit better and last longer. Skin barrier extenders are curved adhesive strips that "frame" the skin barrier and help it conform to uneven body folds and contours. They may help increase wear time (i.e., how long you can wear your skin barrier before it fails) by reducing barrier edge lifting and increasing the adhesive coverage area.

You may want to consider using skin barrier extenders if:

- You want an enhanced sense of security
- You do not use (or need a skin-friendly alternative to) a skin barrier with an integrated tape border
- You need extra adhesion to accommodate abdominal creases or a parastomal hernia (i.e., a protrusion of the intestine through the abdominal muscles around the stoma)

Skin barrier extenders are made of a thin and flexible hydrocolloid formulation, which allows them to absorb moisture that could compromise the integrity of the skin barrier seal. The strips are to provide you with extra security around your barrier and help reduce edge lifting. Use the strips in areas which you feel necessary. Three barrier extenders can usually reinforce the entire outer edge of the wafer, but you can use as many as you feel are needed. If you are experiencing leakage problems, you should seek professional assistance from a stoma care nurse.





If you use a barrier with an integrated tape border and the tape is causing skin irritation, you can put barrier extenders under the tape border so it does not make direct contact with your skin.

Using Barrier Extenders

1. Prepare the skin by removing existing skin barrier and clean the skin around the stoma. Apply new skin barrier / pouching system
2. Remove the paper backing from the barrier extender by stretching lightly at each end of the extender
3. Release only one side of the paper backing
4. Place the adhesive end of the barrier extender along the perimeter of the skin barrier; covering both skin barrier and the skin next to it. Remove the remaining paper backing. Run your fingers along the barrier extender to ensure that it adheres well
5. Repeat for any additional strips you require around your barrier
6. The barrier extenders will remove easily with your routine pouch change

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Want a stronger core? Skip the sit-ups

Harvard Health Publishing

Sit-ups once ruled as the way to tighter abs and a slimmer waistline, while "planks" were merely flooring. Now plank exercises, in which you assume a position and hold it, are the gold standard for working your core, while classic sit-ups and crunches have fallen out of favor. Why the shift?

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

Second, plank exercises recruit a better balance of muscles on the front, sides, and back of the body during exercise than do sit-ups, which target just a few muscles.

Finally, activities of daily living, as well as sports and recreational activities, call on your muscles to work together, not in isolation. Sit-ups or crunches strengthen just a few muscle groups. Through dynamic patterns of movement, a good core workout like plank exercises helps strengthen the entire set of core muscles you use every day.

Editor's note: Physical therapists have also advised those with ostomies not to do sit ups or crunches.

For more ways to challenge your core muscles, get your copy of ***Core Exercises***, a Special Health Report from Harvard Medical School. Core Exercises brings you six complete workouts — each with seven exercises — that you can do on your own with little or no equipment.

How Good is Your Balance? Try this test now.

Start by standing comfortably near the wall, holding your arms in any position you choose. Lift one foot an inch or two off the floor so that you are balancing on the other foot. Time how long you can do this before having to put the raised foot down or touch the wall for support.

If you can't stand on one leg unassisted, lightly touch the wall or hold the back of a chair with one or both hands for support. Use less support as you improve your balance. If you can hold this single leg stance for 60 seconds or more, you have excellent balance. If you can't hold it for more than 10 seconds, you could be at risk for a fall. If so, get a copy of ***Core Exercises*** and ask your doctor for more ways you can improve your balance and prevent falls.

I run...

I'm slower than a herd of turtles stampeding through peanut butter

But I run!

Eight Nutrition Tips for Ileostomy Patients
By Robert Velasquez

Although you should be careful with what you eat the first few weeks after your surgery, remember that your digestive system is adjusting to a new way of processing food. In no time, you'll be able to eat all the foods you used to enjoy pre-surgery. Here are the top eight tips for healthy nutrition when living with ileostomy:

1. Go bananas

As children, we were often told that an apple a day will keep the doctor away; in your case, have a banana. Rich in potassium, bananas will help you restore potassium levels that are lost through your stoma. Bananas can also help harden loose stools, making you more comfortable.
Potassium (K+) is an essential dietary mineral and major intra-cellular cation. It constitutes the main intra-cellular electrolyte and osmolyte necessary for fundamental processes such as membrane excitability, ion and solute transport or cell volume regulation. Under conditions of a normal dietary K+ intake (80 to 100mmol per day), about 90 percent of dietary K+ is absorbed in the small intestine and an equivalent amount of the absorbed K+ is excreted mainly by the distal tubules of the kidney (about 90mmol per day). The contribution of the colon to net K+ absorption and secretion is trivial, and fecal K+ averages about 10mmol per day in healthy subjects.

2. Carry peppermint tea bags

Affordable, practical, and found in most stores, peppermint tea helps prevent gas. While nobody is immune to gas (and the embarrassment that comes with it), it is more frequent among patients living with a stoma. Peppermint tea or oil can help you cope and prevent discomfort.
Peppermint tea is a delicious and refreshing way to boost your overall health in a number of ways, due to its ability to improve digestion, reduce pain, eliminate inflammation, relax the body and mind, cure bad breath, aids in weight loss and boosts the immune system. Its impact on the digestive system is considerable, and its base element of menthol is perhaps the most valuable part of its organic structure. Peppermint has been traditionally considered to have carminative effects, generally used as tea or digestive tablet or candy.
The exact mechanism is not known, but it is proposed that one way is the essential oils relax the esophageal sphincter, which then releases the gas. Essential oils used directly in the stomach, however, give many people heartburn, especially if hiatus hernia is present.
Peppermint is a plant. The leaf and oil are used as medicine. Peppermint is one of the most popular flavoring agents used for the common cold, cough, inflammation of the mouth and throat, sinus infections, and respiratory infections. It is also used for digestive problems including heartburn, nausea, vomiting, morning sickness, irritable bowel syndrome (IBS), cramps of the upper GIT and bile ducts, upset stomach, diarrhea, bacterial overgrowth of the small intestine, and gas. When peppermint is taken after a meal, its effects will reduce gas and help the digestion of food by reducing the amount of time the food is in the stomach. This is one reason after-dinner mints are so popular.

3. Eat throughout the day

This is good advice for everybody, eating smaller portions during the day will help boost your metabolism. Eat heavier meals during the daytime, preferably lunch. Sleep well by keeping dinner light, as large meals before bedtime can increase stoma output.

4. Drink plenty of water

It is essential to keep hydrated throughout the day. Your body will release higher levels of fluids through your stoma and it is important for you to compensate by drinking water, at least 8 to 10 glasses a day. If you are one of those people that have a hard time remembering to regularly drink water, a good tip is to carry a water bottle with you; set a reminder every hour to keep you on track, or download an app (yes there is an app for that).

5. Introduce new foods gradually

All bodies are different, what sits well with you may not sit well for somebody else. Were you able to eat broccoli, cabbage, and other gassy foods before your surgery? You may still be able to enjoy them post-surgery, just make sure to incorporate these foods one at a time into your diet. This way, if you experience any discomfort you can easily identify which food is best to avoid. It's recommended to keep a simple and bland diet for the first few weeks after your surgery to give your body time to adjust and then slowly add new foods to your diet. You will quickly learn that living with Ileostomy is not tantamount to boring tasteless meals.

6. Pass the salt, please

Yes, salty foods are actually good for you if you are an ileostomy patient. Add a bit more salt to your diet to help you recover the sodium loss from your stoma. Carry a bag of pretzels to satisfy salty cravings; it will also help you thicken loose output.

7. Yogurt is your new super-food

Yogurt can help you control gas, harden stools, and prevent unpleasant smells. The nutrient composition of yogurt is based on the nutrient composition of the milk from which it is derived, which is affected by many factors, such as genetic and individual mammalian differences, feed, stage of lactation, age, and environmental factors such as the season of the year. Other variables that play a role during processing of milk, including temperature, duration of heat exposure, exposure to light, and storage conditions, also affect the nutritional value of the final product. In addition, the changes in milk constituents that occur during lactic acid fermentation influence the nutritional and physiologic value of the finished yogurt product. The final nutritional composition of yogurt is also affected by the species and strains of bacteria used in the fermentation, the source and type of milk solids that may be added before fermentation, and the temperature and duration of the fermentation process.

8. Properly chew your food

Eating should be one of life's biggest pleasures. Eat slowly, savor the flavors! By chewing each mouthful 20 times, you can prevent blockage in your stoma.

The willingness of America's veterans to sacrifice for our country has earned them our lasting respect and gratitude.

Awareness Month

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GIVINGTUESDAY

November 30

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