Ostomy Association of Greater Chicago

The New Outlook

Winter 2021-2022

ALL IN PERSON
MEETINGS AND EVENTS
ARE ON HOLD

Upcoming Virtual Meetings at 7 pm

January 18
February 15

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. Reminders and virtual invites are emailed the Sunday before each meeting.

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 camp for kids. 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.

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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Julianne Ciaglia 773-990-8498
Presence Resurrection Medical Center
Ana M. Boden 773-296-7095
Advocate Illinois Masonic Medical Center
Swedish Covenant Hospital 773-878-8200
Teri Coha 773-880-8198
Lurie Children's Hospital
Jan Colwell, Michele Kaplon-Jones 773-702-9371 & 2851
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 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

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

Chasing Gold at the Tokyo Olympics

I am writing this at the end of December while the first "measurable" snow falls. My thoughts are on the Winter Olympics and I wonder if there are Olympians with ostomies. I first started thinking about this while watching the svelte gymnasts, swimmers and divers of the Summer Olympics. I confess that I looked at each contestant searching for the familiar pouch. I didn't see any. So I started looking on line. I came up with one person trying for gold in the Summer Olympics.

His name is Mohammad Rahma, an Emirati surfer. Also known as Mo Rahma, he is by nature an athlete. After becoming the first pro surfer from the UAE he competed in a number of QS events and the ISA World Championships. He suffered from ulcerative colitis. By his own admission he was going to the bathroom 15-20 times a day. Before a heat he could hear them calling him on the mic while he was in the bathroom. When doctors found precancerous cells in his colon it was determined that the time had come to remove his colon. Rahma immediately wondered if he would be able to surf again.

Mo Rahma is literally making waves as the first Emirati professional surfer.

By researching the web he found a UK surfer who had the same surgery and was surfing. After talking with him, Rahma decided to go ahead with the surgery. He uses a custom board with a curved deck to fit his bag when he is laying on the board paddling out to the wave. Rahma says, "I used to go to the bathroom 20 times a day. I am happy with my little bag!"

His illness battle and the loss of his football career at such a young age had sent him into a deep depression. "It was a particularly gloomy period in my life. For over two months, I did not speak to anyone or leave my room," adding "I eventually learned to dance with my demons."

Life is good

"Believe you can
And you're half way there"

-Theodore Roosevelt

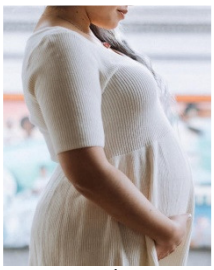
Pregnancy with an Ostomy

badgut.org

Question:

My wife has an ostomy. We are hoping to have children soon. Are there any concerns about pregnancy and ostomies?

Answer:



Having a stoma is not a contraindication to pregnancy and delivery. Most women with ostomies do very well during their pregnancy and experience no complications before or after the birth. There are, however, several things your wife will need to consider during the course of her pregnancy and after delivery.

The most significant changes that will occur during pregnancy are to the stoma (usually its height, degree of protrusion, and diameter) and to the peristomal skin contours (dips, creases, and curves). As the fetus grows in the uterus and your wife begins to gain weight, the stoma may begin to protrude less, the diameter may increase, and the skin around the stoma may start to flatten out. The stoma may, in fact, become flush or retracted during the latter part of gestation, though its function will not likely alter. Changes in the stomal height and diameter and in the peristomal contours usually mean a change in the type of appliance your wife will need to use. Changes in the type of flange are most typical: for example, switching from a flat flange to a convex one. Switching to an alternate product is usually not required in the first trimester and the early parts of the second trimester; however, as the fetus begins to grow and your wife begins to noticeably gain weight (in the latter part of the second trimester and throughout the third trimester), alternate products may be required. If the pouching system is not addressed and altered during the pregnancy, then complications such as skin irritation or lacerations to the stoma can occur.

The changes to the stoma and the peristomal skin can be quite dramatic as the pregnancy progresses. Therefore, it is best not to buy large quantities of product as your wife's needs may change rapidly and she may require several product changes. Major ostomy supply companies have sampling programs, so you may be able to obtain small quantities of product for free. Regular visits to an Enterostomal Therapy Nurse (ET) can help your wife determine which products are best suited to her needs throughout the pregnancy. The ET can also help you access the sampling programs.

After delivery, your wife's stoma and peristomal skin will go through changes again: the birth of the baby may make the skin less taut, with more wrinkles/creases than previously, and the stoma may begin to protrude again. As your wife loses the weight associated with the pregnancy, those changes may continue, once again necessitating alterations in her pouching. Given variations in the degree and amount of post-partum weight loss, it is difficult to predict if she will be able to return to the pouching supplies that she used prior to pregnancy.

The nausea and vomiting associated with morning sickness can be problematic if your wife has an ileostomy. Fluid and electrolyte imbalances can occur rapidly under these conditions, causing dehydration. Nausea may interfere with her desire to eat, compromising nutrition for her and the fetus. If morning sickness is a concern, then your wife must be closely monitored by her doctor and assessed for intravenous (fluid given through a vein) and nutrition support, so that dehydration and malnutrition can be prevented.

If your wife has a colostomy, she may have difficulty with constipation in the latter stages of the pregnancy. If constipation does become a concern, your wife should discuss this with her doctor and ET to determine a remedy that is safe for her and the fetus. If your wife has a colostomy and irrigates, she may find that irrigation becomes problematic as the pregnancy progresses. She may only be able to instill smaller amounts of fluid, making the irrigation less effective and causing intermittent leakages. She may also find that she cannot insert the irrigation cone adequately, preventing her from instilling the fluid. She may need to consider stopping irrigations during the latter parts of the pregnancy and resuming at some point post-partum.

Some women with continent ileostomies (e.g. Kock or Barnett pouches) may find that irrigations of the pouch become difficult in the second and third trimesters. Women may have a difficult time inserting the catheter into the stoma. Use of more lubricant; lying supine while inserting the catheter (which decreases the pressure on the pouch/valve); or smaller catheters may be required. Temporary dietary changes (e.g. avoidance of any insoluble fibre products) may also be required if a smaller catheter is used, to ensure that the pouch can be adequately irrigated and drained. A dietitian will be able to help her with any diet changes.

The stoma may also fall away from your wife's field of view as she gains weight. She may need to use a mirror perched on the bathroom counter to help her perform her ostomy care. She may also want to switch to a longer pouch to help facilitate emptying into the toilet. Some women find it easier to empty the pouch into a container set on the bathroom counter, rather than trying to struggle with a large abdomen and poor visualization while sitting on a toilet.

Some complications can occur after delivery. Parastomal hernias (hernias around the ostomy) and prolapsed stomas (abnormal lengthening of the stoma) have been described in the literature.

An ET can help to assess and manage **any** problems or concerns your wife may have after delivery. Staying in contact with your healthcare team will help make the whole experience of adding to your family more enjoyable and manageable for you and your wife.

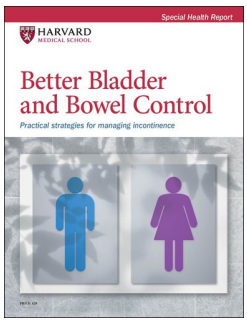
Editor's note: A WOC Nurse is still called an Enterostomal Therapy Nurse or ET in Canada.
This article is part of a series of ostomy care articles authored by Jo Hoeflok, RN, BSN, MA, CETN(C), CGN(C), who is a Registered Nurse specializing in enterostomal therapy care

HARVARD MEDICAL SCHOOL
Trusted advice for a healthier life

The Bladder Workout

Tame incontinence without surgery

Bladder training can go a long way toward helping with urinary incontinence. This treatment strategy for incontinence involves learning to urinate on a schedule (timed voiding) and doing pelvic muscle exercises.



Better Bladder and Bowel Control: Practical strategies for managing incontinence
Most people take bladder and bowel control for granted — until something goes wrong. An estimated 32 million Americans have incontinence, the unintended loss of urine or feces that is significant enough to make it difficult for them to maintain good hygiene and carry on ordinary social and work lives. The good news is that treatments are becoming more effective and less invasive. This Special Health Report, Better Bladder and Bowel Control, describes the causes of urinary and bowel incontinence, and treatments tailored to the specific cause.

Here's a step-by-step bladder-training technique:

1. **Keep a diary.** For a day or two, keep track of the times you urinate or leak urine during the day.
2. **Calculate.** On average, how many hours do you wait between visits to the bathroom during the day?

3. Choose an interval. Based on your typical interval between needing to urinate, set your starting interval for training so that it's 15 minutes longer. So, if you usually make it for one hour before you need to use the bathroom, make your starting interval one hour and 15 minutes.

4. Hold back. On the day you start your training, empty your bladder first thing in the morning and don't go again until you reach your target time interval. If the time arrives before you feel the urge, go anyway. If the urge hits first, remind yourself that your bladder isn't really full, and use whatever techniques you can to delay going. Try pelvic floor exercises (also called Kegels), or simply try to wait another five minutes before walking slowly to the bathroom.

5. Increase your interval. Once you are successful with your initial interval, increase it by another 15 minutes. Over several weeks or months, you may find you are able to wait much longer and that you feel the urge less often. After four to eight weeks, if you think you have found some improvement to your incontinence, do another diary. Compare your initial diary to your second diary to note the improvements in your intervals and the amount of urine you void. The act of reviewing and comparing actually helps reinforce the bladder training process.

Surprisingly, you may be inadvertently teaching your bladder some bad habits that can result in incontinence or frequent bathroom breaks. Luckily, old bladders can learn new tricks to solve this problem!

Quick & Easy Way to Help Prevent Bowel Leakage

It may seem counterintuitive, but drinking plenty of water with a daily fiber supplement helps control both diarrhea and constipation because the fiber absorbs water and prevents leakage of watery stool.

* For more on treating bladder and bowel incontinence, read *Better Bladder and Bowel Control*, a Special Health Report from Harvard Medical School. (Download $18.00)

Going Back to Work After Surgery

Coloplast Care.com

Thinking ahead

After surgery, it's entirely possible for most people to go back to work. However, when and how you do this really depends on how you feel, the type of work you do, and the stoma operation you had. Talk to your employer and discuss your options as soon as possible. It may be possible to return to work part time; this could be particularly helpful when you first go back as you may still feel tired and need time to get used to new routines.

Try it out

A few weeks before you go back, do a few trial runs where you dress and plan your day as if you were going to work. Think about your diet and when and how many times a day you may need to change or empty your pouch. This will help you to establish routines and plan your day accordingly. Most importantly, it will make you feel prepared.

Tips

- Speak to your employer as soon as you can
- If possible, build up your working hours gradually
- Check the available emergency changing facilities at work
- Pack a small emergency bag that you can take discreetly to the bathroom
- Do trial runs before you start work, thinking about diet and clothing etc.
- If your company provides healthcare insurance, check whether your supplies are covered

The Ostomy Trap

Tulsa Ostomy Association

One trap we must avoid is letting our whole life revolve around our ostomy. Preoccupation with managing an ostomy can sometimes make us fail to realize how unimportant it is to other people.

Our families and friends are only concerned that we join them again in our usual activities of work and play. Sure, we have challenges managing our ostomies on occasion. However, people without ostomies have elimination problems at times, and if we think back, we can probably remember when we had more than our share.

Now, we can enjoy a freedom not possible before our operation. We will continue to have upsets from time to time, but so do those who never had an ostomy. Our own experience together with the shared knowledge of our fellow ostomy members along with the advice of our doctors and WOC Nurses will see us through these infrequent and unpleasant episodes.

Get Ostomy Answers!

Get answers to the challenges of living with a colostomy, ileostomy or urostomy by subscribing to *The Phoenix* magazine, the official publication of United Ostomy Associations of America. Medical professionals, clinicians and ostomy experts provide answers you won't find anywhere else. Topics include diet, exercise, intimacy, skin care, odor control, preventing leaks and so much more. Ostomy patients share inspirational stories of overcoming disease, surgery and complications to return to a full and active life.

Go to **phoenixuoaa.org** for instant access and to learn more.

Current Issue
Adam R. Katz- Becoming Unstoppable ***Plus:*** Skin Care, Hernias, Dating, Pouch Hygiene *And Much More!*

Ask the Ostomy Nurse

A regular feature in *The Phoenix* magazine

Linda Coulter has been a Certified Wound Ostomy & Continence Nurse for 10 years. In addition to working with hundreds of people with stomas, she has trained several WOC nursing students at the R.B. Turnbull Jr. School of WOC Nursing.

Question:
I have had my colostomy for about six years. Everything was fine until recently when I started getting a serious rash. I'm not sure what to do and worried my pouch will start leaking. K.T.

Dear K.T.,
I'm glad you contacted me about the rash you have developed. Fungal rash, folliculitis, and product sensitivity (allergic dermatitis) are common causes of redness and itching under an ostomy pouch. Sometimes more than one of these conditions can occur at the same time, making it particularly difficult to manage.
The trick for treating your rash is determining which of the conditions you are experiencing. Because I'm receiving your question in the hottest part of the year, when humidity abounds and we are prone to perspiring, I believe the most likely cause of the rash is due to an overgrowth of Candida albicans, so I will discuss it first. This fungus is a type of yeast that naturally lives on our skin and usually causes no problems, but sometimes it can get out of hand. I frequently see these rashes around stomas and under pouches in the height of summer, when moisture sits on the skin and allows the fungus to overgrow. Some people are particularly susceptible to this type of rash including those who have diabetes and those who have recently taken antibiotics. Corticosteroids and chemotherapy medications also make some folks susceptible.
In our outpatient clinic we keep anti-fungal powder on hand to treat this rash. Anti-fungal powders are also available over-the-counter at pharmacies. The active ingredient to look for is 2% miconazole. With each pouch change, cleanse the skin and dry it well. Apply powder to the affected area and rub it in well, then dust off the excess powder before applying your pouch. If the rash is especially problematic and doesn't respond well to the powder, your doctor may prescribe an oral anti-fungal medication such as fluconazole.
To help prevent a recurrence of the rash, be sure to take steps to keep your pouch and the skin around your pouch dry. After showering or swimming, use a hair dryer on low heat to dry your pouch and skin. When exercising or doing any activities that make you sweat, place a moisture absorbing cotton or a wicking material between your skin and pouch. Pouch covers and stoma wraps are good options. Doing this will help keep the yeast at bay and help keep you comfortable.
Folliculitis, or inflamed hair follicles, also looks somewhat like a rash, with white, raised bumps that may be itchy or painful. With this condition the follicles are first irritated with over enthusiastic shaving or during removal of the baseplate and then they become infected. Washing this area with antibacterial soap can help relieve this condition. In some cases a topical or oral antibiotic may be needed. To prevent irritating the hair follicles, shave in the direction of the hair growth, or use electric clippers. Applying stoma powder to the dry hair before shaving or clipping can help the hair stand up, making hair removal easier.
If the rash is due to product sensitivity or allergy, the itching and redness will mimic, at least initially, the shape of your pouch's baseplate. Blisters or weepy skin, are also signs of skin sensitivity. Since different manufacturers use different formulas in their products, changing the brand you use may solve the issue. Also, I find that many people are sensitive to the tape used on the baseplates. If you suspect this, choose a wafer that is tape-free. Some manufacturer call these wafers "solid."
If this doesn't help, contact your stoma nurse. They can help determine which products you are sensitive to by doing a patch test. This involves applying small pieces or "patches" of the baseplates to your skin and covering them with a clear dressing. After 48-72 hours the dressing and patches are removed, and your skin is inspected. Redness and/or itching indicate that you are sensitive to the product. Your nurse can then help you choose an appropriate baseplate.

Vitamin D

By Mayo Clinic Staff

Vitamin D is a nutrient your body needs for building and maintaining healthy bones. That's because your body can only absorb calcium, the primary component of bone, when vitamin D is present. Vitamin D also regulates many other cellular functions in your body. Its anti-inflammatory, antioxidant and neuroprotective properties support immune health, muscle function and brain cell activity.

Vitamin D isn't naturally found in many foods, but you can get it from fortified milk, fortified cereal, and fatty fish such as salmon, mackerel and sardines. Your body also makes vitamin D when direct sunlight converts a chemical in your skin into an active form of the vitamin (calciferol).

The amount of vitamin D your skin makes depends on many factors, including the time of day, season, latitude and your skin pigmentation. Depending on where you live and your lifestyle, vitamin D production might decrease or be completely absent during the winter months. Sunscreen, while important to prevent skin cancer, also can decrease vitamin D production.

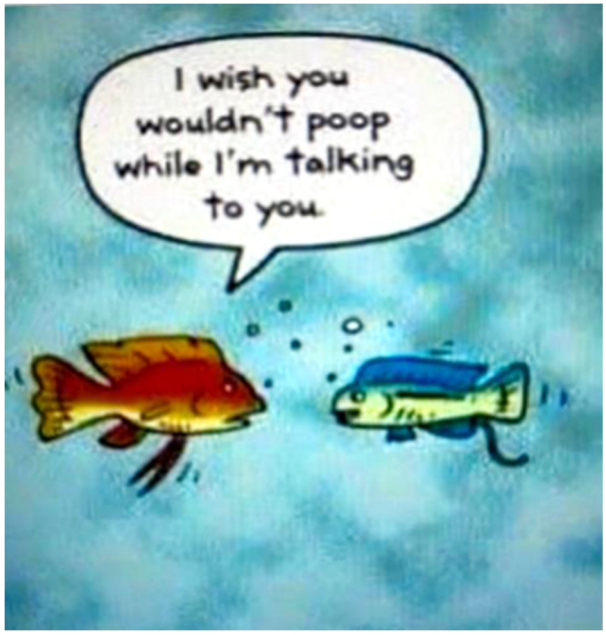
Without vitamin D your bones can become soft, thin and brittle. Insufficient vitamin D is also connected to osteoporosis. If you don't get enough vitamin D through sunlight or dietary sources, you might need vitamin D supplements.

Many older adults don't get regular exposure to sunlight and have trouble absorbing vitamin D. If your doctor suspects you're not getting enough vitamin D, a simple blood test can check the levels of this vitamin in your blood.

Taking a multivitamin with vitamin D may help improve bone health. The recommended daily amount of vitamin D is 400 international units (IU) for children up to age 12 months, 600 IU for people ages 1 to 70 years, and 800 IU for people over 70 years.

Taken in appropriate doses, vitamin D is generally considered safe. However, taking too much vitamin D in the form of supplements can be harmful.

Editors note: Before taking vitamin D supplements check with your Doctor or Pharmacist regarding any interactions with other medications you take.



OSTOMY EQUIPMENT RESOURCES

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The following is a list of phone numbers for manufacturers of ostomy equipment. Most will provide FREE samples!

COLOPLAST.....1-888-726-7872
CONVATEC.....1-800-422-8811
CYMED.....1-800-582-0707
HOLLISTER.....1-888-808-7456
MARLEN.....1-216-292-7060
NU-HOPE.....1-800-899-5017
SECURI-T USA.....1-877-726-4400

5 Food Moves to Cut Colorectal Cancer Risk

By Mayo Clinic Staff

Most people don't think about colorectal cancer until their first colonoscopy rolls around. For people at average risk, regular screenings don't begin until age 45. That's because this cancer, which starts in the colon or rectum, is most frequently diagnosed in people over 65.

But in recent years, rates have nearly doubled in people under 50, which prompted experts to lower the screening age to 45. The higher rates are concerning, since early-onset colorectal cancer tends to be more advanced and has a higher risk of recurrence.

Why the recent increase in younger people? Research suggests it's partly caused by poor diet. In addition to other lifestyle factors, people are eating too many processed foods and not enough fruits and vegetables.

But there's good news. You can reduce your risk of colorectal cancer every time you sit down to eat — at any age. Here's what experts recommend:

Skip the red meat

When possible, switch out beef for healthier proteins like salmon, beans or tofu. Meatless versions of comfort foods can still hit the spot. Try tofu sloppy Joes or three-bean chili.

Get more fiber

More than 90% of Americans don't eat enough fiber, which is found in fruits, vegetables, beans and whole grains. Your plate should look like a rainbow: filled half with colorful veggies and fruit and a quarter with whole grains.

Tip: If possible, go for fresh fruits and veggies. Canned versions are lower in fiber.

Up your calcium intake

Low-fat milk and yogurt are common examples of calcium-rich foods. But dairy isn't the only source. You can also get calcium from fortified tofu, broccoli raab, sardines, fortified orange juice, canned salmon, kale and collard greens.

Hint: Vitamin D helps your body absorb calcium. Check with your doctor to see if a supplement might help.

Look for folate-rich foods

You may not be familiar with its name, but folate can be found easily at the grocery store. Dark green vegetables, beans, peas, oranges and strawberries are packed with this nutrient, which is essential for reducing colorectal cancer risk.

Make healthy choices work for you

Changing how you eat might sound overwhelming. But you can focus on the foods you love, with a heathier twist. In fact, experts recommend incorporating your own preferences, culture and budget into a healthy diet. Here are some ideas:

- If you crave a burger, replace the beef with a veggie burger or salmon patty. Choose a whole-grain bun and pile on fresh veggies like sliced tomatoes, onions and spinach.
- Use spices and herbs to flavor food so it tastes like home.
- Choose frozen vegetables or fruit to eat healthy on a budget.

In February 2000, President Clinton officially dedicated March as National Colorectal Cancer Awareness Month. Since then, it has grown to be a rallying point for the colorectal cancer community where thousands of patients, survivors, caregivers and advocates throughout the country join together to spread colorectal cancer awareness by wearing blue, holding fundraising and education events, talking to friends and family about screening and so much more.

Colorectal cancer is a leading cause of cancer deaths in the US for men and women. But many colorectal cancers can be prevented or caught early, when they might be easier to treat. That's why getting screened is so important.

TSA Travel Communication Card

Produced by UOAA and provided by ConvaTec

This is provided to travelers in order to simplify communication with federal Transportation Security personnel and airline flight attendants at those times when you wish or need to communicate in a non-verbal way, as is your legal right.

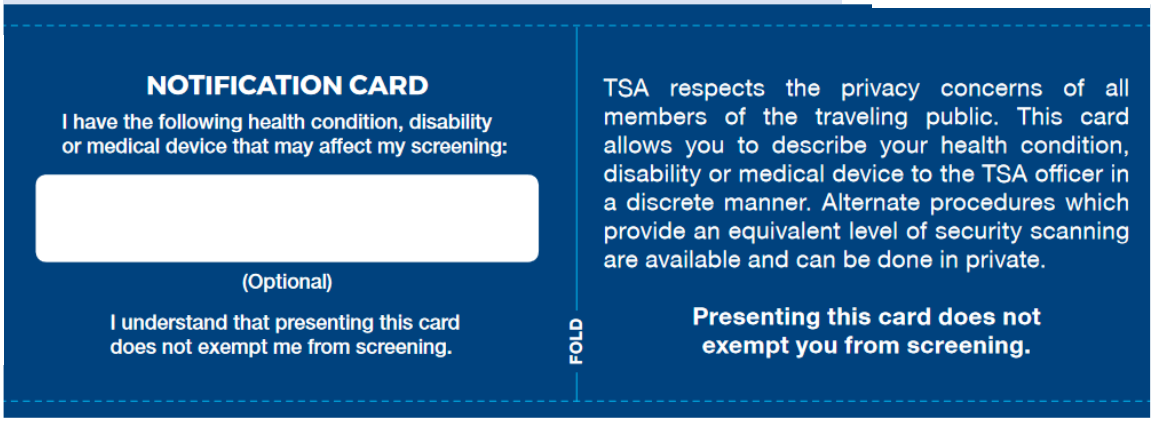
This is not a "certificate" and it is not a "pass" to help you avoid screening.

The blue color is important, as it is a "flash- card" developed by the TSA so their own officers will recognize it and be guided to treat the traveler with discretion and sensitivity.

Just cut out the card, fold and put with your travel documents

OUTSIDE RIGHT

OUTSIDE LEFT: this is designed for use during screening before boarding to show TSA – before entering a scanner or being patted down.



INSIDE RIGHT

INSIDE LEFT: this is designed to show in the event it is needed while in flight when restroom access is limited. You might wish to show it to a flight attendant when getting settled to alert her/him of your situation.

As of January 2011—You may always have a travel companion with you during a private screening.

TSA officers should NOT ask you to show your pouch. You may be asked to rub over your pouch outside your clothing so they can test your hand to rule out explosive residue.

TSA respects the privacy concerns of all members of the traveling public. This card allows you to describe your health condition, disability or medical device to the TSA officer in a discrete manner. Alternate procedures which provide an equivalent level of security scanning are available and can be done in private.

TSA's Complaint Form can be found on TSA's website: www.tsa.gov

Simply print (Ctrl P) using color ink and specify current page or page 11. You can then cut out the "card". You might want to use a heavier paper.

This year resolve to join or return to an ostomy support group. It's amazing to be part of a family that has so many beautiful people in it.

"What the new year brings to you
will depend a great deal
on what you bring to the new year."

–Vern McLellan

► A very special thank you to everyone who donates to our association! Our largest expenses, the cost of this newsletter, our website and security for our website are continually increasing and is only made possible through the generous donations of our members.

To make a tax deductible donation, please make check payable to Ostomy Association of Greater Chicago or OAGC and bring to a meeting, or send to

Tim Traznik
Treasurer/OAGC
40 Fallstone Drive
Streamwood, IL 60107

Donations can also be made online using a credit card: www.uoachicago.org/donations

Without you, we don't exist!

I need to start eating more healthy, but first I need to eat all the junk food in the house so it's not there to tempt me anymore.

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.