

# The New Outlook

**Summer 2022**



**Special In-person Meeting**  
**Tuesday July 19 at 6:30 pm**  
**Northwest Community Hospital**  
See below

**Upcoming Virtual Meeting**  
**Tuesday August 16 at 7 pm**

**A special in-person meeting will be held at 6:30 pm on Tuesday July 19.**

We will meet at Northwest Community Hospital in Arlington Heights. This will be in the Learning Center on the B1 Level of the Busse Center. We will use rooms LC3-LC4. A reminder and detailed directions will be emailed Sunday prior to meeting.

Future meetings:

**August 16    September 20 or 21**

**October 18    November 15    December 20**

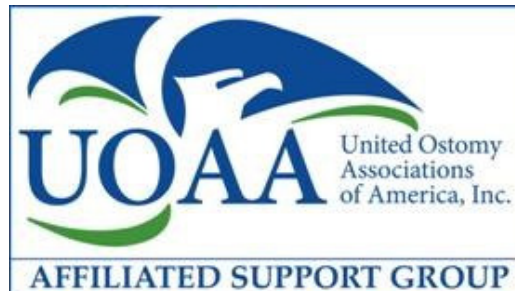
Reminders and virtual invites are emailed the Sunday before each meeting.

**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. 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.



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Established 1975

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*Presence Resurrection Medical Center*

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*Advocate Illinois Masonic Medical Center*

*Swedish Covenant Hospital* 773-878-8200

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*Lurie Children's Hospital*

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Laura Crawford 312-942-5031

*Rush University Medical Center*

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*Skokie Hospital* 847-926-5806

*Highland Park* 847-570-2417

Agnes Brugger

*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*

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 410-6

## Additional area support groups:

### Northwest Community Hospital, Arlington Heights

2nd Thurs at 1:00 pm every other month. Feb, Apr, Jun, Aug, Oct, Dec in The Learning Center, Level B1 of the Busse Center Contact 847-618-3215, Elizabeth Perry [eperry@nch.org](mailto:eperry@nch.org)

### Southwest Suburban Chicago, Evergreen Park

3rd Monday at 6:30pm, Little Company of Mary Hospital, 2800 W. 95th St., Evergreen Park - Rm 1702. Contact Nancy Olesky 708-499-4043, [nanoook60@sbcglobal.net](mailto:nanoook60@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

This is an anniversary column. In mid June I have had my ileostomy for 10 years. It has not been easy. But in the words we say to each new ostomate grappling with this new normal “You will get through this”. And I am.

Ten years. I remember trying to take 10 steps. Then my goal was 10 days and I would soon be home. I wondered how I would live with this new ostomy. How would I live with it every day, the responsibility of caring for it mine. This new normal that felt anything but normal. By 10 weeks I was changing my appliance without reading my notes or leaving out a step. Ten months and I went to my first ostomy meeting at Sherman hospital. It was December, a year and a half later that I found the nerve to attend the ostomy meeting in Lutheran General and with this group I have stayed finding encouragement and friends.

On the first anniversary of my surgery, I made strawberry muffins to celebrate with the people who had been close by me all the time I was in the hospital, my husband Dale, our daughter Hilary, my sister-in-law Lois and a dear man Elliot. We sat down to talk and just be together and to my surprise I started to cry. There have been other days that I have cried trying so hard to understand why. It was not until I sat down with Dr. Losurdo, my gastro in Elgin that I finally had all the answers and a deep sense of closure.

I have met so many wonderful people on this journey. Judy Svoboda who welcomed a nervous, frightened new ostomate and sat me down with Cheryl. Cheryl is a warm, friendly woman who made me feel comfortable. There have been so many friendly people over the years at those meetings all ready to jump in and help and tell of their experiences and answer questions. Then one day to my surprise I too jumped in to help and encourage.

I found my voice in writing this column and hope it has been helpful and informative with a little humor thrown in. To those of you new to this journey, you will make it and you will be better for it. So much living is ahead of you. God bless you.

*Life is good*



Whether you think you can or think you can't, you're right.

Henry Ford



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**Living life to the fullest.** You've never been one to let life slow you down. Every challenge is met with the confidence that comes from knowing life is all about the journey. And that confidence is an inspiration to us every day at Hollister.

For more than 50 years, we've been delivering customer-inspired innovations that have helped make life more rewarding and dignified for those who use our products. Because for us, there's nothing more inspiring than seeing people like you getting back to doing what you love.

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## 8 Myths About Ostomies Debunked

Michael Osso, President & CEO of the Crohn's & Colitis Foundation



Approximately 1 in 500 Americans live with an ostomy, a surgically created opening in the body for the discharge of body waste. Whether it's because of cancer, an inflammatory bowel disease (IBD) like Crohn's disease or ulcerative colitis,

diverticulitis, or incontinence, an ostomy can give people with debilitating illnesses a new lease on life – one with fewer hospitalizations and less debilitating pain.

Despite the fact that having an ostomy can be life-saving, ostomies are often stigmatized. People sometimes equate having an ostomy with disability and a sub-par life. Case in point – seven years ago the Cincinnati Police Department launched a public education campaign to try and deter teens from entering a life of violence. While the ultimate goal of the campaign was admirable, they attempted to accomplish it by showing pictures of people with colostomies, declaring that a gunshot could lead to an ostomy for life.

“You're not killed, but you're walking around with a colostomy bag and that's just not the way to get a girl's attention,” said Lieutenant Joe Richardson in 2013. (Note: An apology was issued after contacted by UOAA)

This is just one example of a negative public campaign perpetuating the ostomy stigma. Unfortunately, these characterizations alienate ostomates around the country and worldwide.

We at the Crohn's & Colitis Foundation understand the importance of educating the public and supporting our patients, many of who live with ostomy pouching systems. To do so, we wanted to debunk some of the common myths about ostomies.

### **MYTH: An ostomy is a death sentence.**

This couldn't be farther from the truth. For many facing ostomy surgery, they are extremely ill, and the alternative to having surgery is facing fatal complications. Many patients will say that getting an ostomy gave them their life back.

Stephanie, a Crohn's disease patient who had ostomy surgery in 2012, said:

*“Having an ostomy has given me back my life and I am able to do all of things that I've always wanted to do, but had been held back before by Crohn's disease.”*

### **MYTH: Only cancer patients have ostomies.**

Most people hear about patients with cancer having ostomies. However, patients with common diseases, like Crohn's disease, ulcerative colitis, diverticulitis, familial polyposis, neurogenic bladder disease, and birth defects, may require ostomy surgery at some point in their life.

### **MYTH: Ostomies are permanent for everyone.**

For some patients, an ostomy is permanent. However, for many, an ostomy is performed to allow part of the intestines to heal from scarring, inflammation, infection, abscesses, and fistulas before the procedure is reversed to create an internal pouch.

### **MYTH: People with ostomies stink.**

Most ostomy products are built with air filters in them that use charcoal, which neutralizes potential odors. Unless the individual has an ostomy leak, you won't be able to smell anything.

Take Aria – diagnosed with ulcerative colitis when she was in kindergarten, Aria was seven years old when she had a proctocolectomy (removal of her colon and rectum). Following the surgery, she lived with an ileostomy for two months while her j-pouch healed. She is just one example of the many young people who live with ostomies.

### **MYTH: Everyone can see if you have an ostomy.**

Not if you don't want them to. Ostomies are designed to be hidden easily under most clothing. The person with the ostomy may be concerned about the visibility of their ostomy, but to the average person, it is typically unnoticeable.

**MYTH: You can't dress regularly if you have an ostomy.**

If you have an ostomy, you can wear the same clothing you wore before your surgery with very few exceptions. To provide peace of mind and additional support, some ostomates may wear special accessories to help keep the ostomy in place and prevent it from showing.

According to the United Ostomy Associations of America, "many pouching systems are made today that are unnoticeable even when wearing the most stylish, form fitting clothing for men and women."

**MYTH: You can't be physically active if you have an ostomy.**

This is also wrong. Many people with ostomies are physically active and participate in sports of all types. Rolf Benirschke was a placekicker for the San Diego Chargers while living with an ostomy. Al Geiberger played professional golf with an ileostomy. And Rick Sutcliffe pitched for the Chicago Cubs with an ostomy.

Ostomates have completed half marathons, triathlons, and IRONMAN ® competitions, like Elise Baum:

*"I am so happy to have my life back. I feel great and don't have any restrictions on what I can do. Before the surgery, I was a prisoner. Now I am free."*

Every year, approximately 100,000 people in America undergo life-saving ostomy surgery. Let's take the time to educate ourselves about the different kinds of ostomies and begin to raise greater awareness and acceptance of ostomies.

\*Edited for 2022

## Post-Surgical Care

Having an ostomy requires education and training. Ideally, this training can help prevent complications and allow a person to recognize when they are having a problem.

**MEDICALNEWS**TODAY

Both before and after the placement of an ostomy, a person will meet with an ostomy nurse. This is a specially trained nurse who has pursued additional education in ostomy care. An ostomy nurse may meet with a patient in the hospital after the patient has had their surgery. There, they will review ostomy care education, including how to change the bag.

Some recovery symptoms and steps include:

- **Tiredness:** A person may feel physically and emotionally tired after ostomy surgery. This is due to the big changes in their body and life. There are support groups available that can help.
- **Driving:** A person can begin driving after surgery once they feel they can make an emergency stop safely. This is usually around 6–8 weeks after the procedure.
- **Lifting:** A person cannot do any heavy lifting with a stoma. This is because they increase their risk of developing a hernia. During the first 8 weeks after surgery, a person should lift nothing heavier than a kettle full of water.
- **Bathing:** A person can bathe or shower with their stoma bag. However, doctors may recommend showering rather than bathing while the wound is still healing, as the water will be cleaner. Later, a person can apply a sticker over their stoma filter to stop it from clogging up with bathwater.
- **Exercise:** Once a person has recovered from surgery, they can begin exercising following the advice of their doctor.
- **Diet:** Immediately after surgery, a person should only drink fluids. Over time, a person can begin to incorporate soft foods that the body digests easily, then eventually

**Complications** rates for post-ostomy surgery are higher for those where a surgeon created the ostomy as a result of a trauma or emergency, at 55%. The complication rate for planned surgical procedures is 37%.

One complication may be infection.



Other potential complications include:

- bleeding
- dehydration
- electrolyte imbalances
- ostomy obstruction, where stool cannot exit via the stoma
- parastomal hernia, which causes the intestine to protrude out through the skin
- skin breakdown

Ostomy creation procedures are life-saving, but they do bring some risks.

Education from an ostomy care nurse and other professionals related to ostomy care can help a person improve their abilities to manage an ostomy in the post-surgical period.

A close system of family, friends, and support groups can help a person receive the psychosocial support they may need after ostomy creation surgery.

\*Excerpted from medicalnewstoday.com

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# RESTROOM ACCESS NEEDED NOW

The cardholder needs urgent restroom access to empty or change their ostomy pouch and/or catheter.

The cardholder is wearing an ostomy pouch which contains bodily waste and is carrying pouches and related supplies to manage personal hygiene.

Access to the restroom is critical for the cardholder's wellbeing and for public sanitation.

Thank you for your help and understanding.



Disclaimer: Unless your state has a restroom access law (which Illinois has), there is no legal requirement. This card does not guarantee access. It is ultimately the place of business' discretion whether bathroom access is granted.

## Golfing with a Stoma and Outdoor Sports



Golfing and outdoor activities with a stoma can be tricky, but with the preparation and care can be very enjoyable. To frame the capabilities and abilities of those with a stoma we look to former PGA Champion Al Geiberger. Prior to his surgery in 1980 Al had won 15 PGA events, it was then that while participating at the Gerald Ford Invitational golf tournament, he had to leave the tournament in order

to have an emergency surgery to address a perforated colon resulting in an ostomy. Al feared that his days on the tour were over. During his recovery he was introduced to NFL placekicker Rolf Benirschke. Rolf's story is extraordinary. Rolf was the first professional athlete to wear an ostomy appliance while playing. Early in his career he was struck with ulcerative colitis and nearly died after surgeries in 1979, but then returned the next season to continue his record-setting career for seven more years. After Al and Rolf met, Al decided to return to competitive golf and won an additional 14 times on the PGA and Champion's tour with top ten finishes throughout.

Those are both very inspirational stories that highlight the fact that an ostomy or ileostomy should not stop you from getting out and either continuing to pursue your passion, or trying something new.

### Golfing with an Ostomy

Exercise is extremely important both physically and mentally when you have an ostomy. Walking, swinging the club, and fresh air is very healthy.

We also know that there are limitations and that no two patient conditions are the same, however, be aware that because a golf swing requires a lot of torque, playing golf could require adding extra security to your ostomy appliance. The added security should conform to your body, be sweat-proof, and allow for movement. There are belts on the market that help to secure your ostomy appliance.



### Tips, Techniques, and Added Security for Your Ostomy

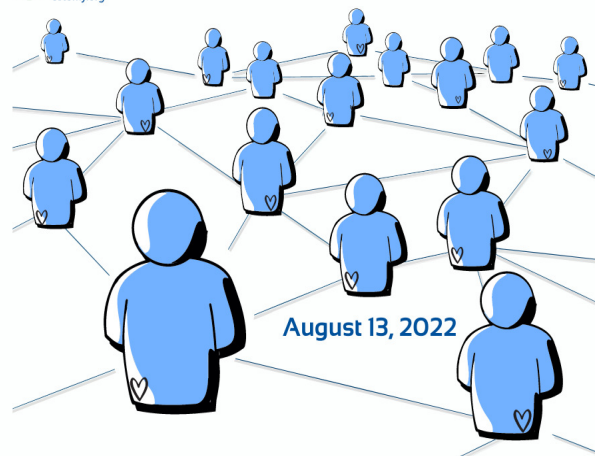
- Plan your pre-round meal accordingly. Understand your body and how certain foods affect you.
- Don't try and play 18 holes your first time out. Go slow, ride in a cart and play 9 holes to test your strength, flexibility, and abdominal muscles
- Based on your experience choose the support and wafer securement that suites your swing and extent of play.
- Empty your pouch before you get out on the course.
- Ensure your wafer has been on for at least an hour prior to getting wet or beginning any activity that will cause you to perspire.
- Picture frame your wafer with tape or barrier strips. Consider using Hy-Tape waterproof tape to secure the boarder of the wafer.
- Bring your emergency kit.

## 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 [phoenixuoa.org](http://phoenixuoa.org) for instant access and to learn more.





You're invited to UOAA's Virtual Ostomy Symposium on **Saturday, August 13, 2022**. It will be a day of online education and community building from 10:30 a.m. to 5:30 p.m. Eastern Time (9:30 a.m. to 4:30 p.m. Central) including breaks. This event is for the ostomy community, their caregivers, and health care professionals.

The Symposium will include a keynote address by a comic living with an ostomy, inspirational speakers, concurrent educational sessions, general sessions, as well as opportunities to connect with fellow attendees and our sponsors.

Session topics will include sex and intimacy, peristomal skin issues, what's new in the ostomy world, advocacy, travel, nutrition and more!

Ticket holders (\$35) will have access to the recorded educational sessions for a month following the live presentation.

Learn more and register at [www.ostomy.org/2022symposium/](http://www.ostomy.org/2022symposium/)

## How to Use Barrier Rings

Hollister Secure Start Services eNewsletter

Cut, mold, stretch or shape a barrier ring to fit your needs. No two people or stomas are alike, so if you want to fill in a gap between the stoma and the skin barrier opening on your pouch...then use flat barrier rings to create a custom fit, help protect your skin, and fill in uneven skin areas.

### Stretch for an improved fit



Flat barrier rings can be stretched to fit the stoma size. They can be cut, stacked or rolled to better customize and secure the fit of your skin barrier.

Is there any exposed skin in between your skin barrier opening and the stoma itself? Simply stretch and shape the barrier ring to your exact stoma size to cover the gaps before placing the skin barrier on top.

### Shape ring for custom fit



Do you tend to have leakage in the same areas each time toward a crease in your skin or any uneven contours? Maybe your belly button fits under your skin barrier? Assess the skin around your stoma when in an upright position to search for these uneven areas

### Stack for an improved fit



You can cut or pull apart a piece (or pieces) of the barrier ring and mold it into the uneven skin to create a flatter surface to help prevent stoma drainage from getting under the skin barrier.



## Diverticular Disease



Diverticular disease is the general name for a common condition that involves small bulges or sacs called diverticula that form from the wall of the large intestine (colon). Although these sacs can form throughout the colon, they are most commonly found in the sigmoid colon, the portion of the large intestine closest to the rectum.

- **Diverticulosis:** The presence of diverticula without associated complications or problems. The condition can lead to more serious issues including diverticulitis, perforation (the formation of holes), stricture (a narrowing of the colon that does not easily let stool pass), fistulas (abnormal connection or tunneling between body parts), and bleeding.
- **Diverticulitis:** An inflammatory condition of the colon thought to be caused by perforation of one of the sacs. Several secondary complications can result from a diverticulitis attack, and when this occurs, it is called complicated diverticulitis.

### Complications of Diverticulitis

- Abscess formation and peritonitis due to perforation of the colon. An abscess is a collection of pus walled off by the body, and peritonitis is inflammation of the peritoneum, often caused by a potentially life-threatening infection that spreads freely within the abdomen, and can cause patients to become quite ill.
- Rectal bleeding
- Colonic stricture
- Fistula formation. When a fistula forms, it most commonly connects the colon to the bladder, but it may also connect the colon to the skin, uterus, vagina, or another part of the bowel.

### CAUSES

The most commonly accepted theory for the formation of diverticulosis is related to high pressure within the colon, which causes weak areas of the colon wall to bulge out and form the sacs. A diet low in fiber and high in red meat may also play a role. Currently, it is not well understood how these sacs become inflamed and lead to diverticulitis.

### SYMPTOMS

Most patients with diverticulosis have no symptoms or complications. However, patients with diverticulitis may experience lower abdominal pain, fever, or rectal bleeding.

### DIAGNOSIS

Diverticulosis often causes no symptoms, and as such, no diagnostic interventions are performed. It is often diagnosed during routine screening examinations, such as colonoscopy. However, patients with diverticulitis are often symptomatic and therefore diverticulitis may be diagnosed during work up of the patient's symptoms, most commonly with a CT scan of the abdomen and pelvis.

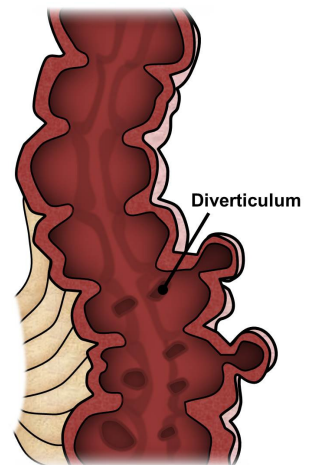
### TREATMENT

Most people with diverticulosis have no symptoms. However, as a preventative measure, people are advised to eat a diet high in fiber, fruits, and vegetables, and to limit red meat.

Most cases of diverticulitis can be treated with antibiotics in pill form (PO) or intravenously (IV). Diverticulitis with an abscess may require treatment with antibiotics and a drain placed under radiologic guidance.

Surgery for diverticular disease is indicated for the following:

- A rupture of the colon that causes pus or stool to leak into the abdominal cavity, resulting in peritonitis. Rupture of the colon often requires emergency surgery.
- An abscess that cannot be effectively drained.
- Severe cases that do not respond to maximum medical therapy, which includes hospitalization and intravenous antibiotics.



- Patients with immune system problems (related to an organ transplant or chemotherapy).
- A colonic stricture or fistula.
- A history of multiple attacks, a patient can undergo elective surgery in order to prevent future attacks.

Surgery for diverticular disease usually involves removal of the affected part of the colon, and may or may not involve a colostomy or ileostomy, where a part of the intestine brought out through the abdominal wall to drain into a bag. A decision regarding the type of operation is made with your surgeon on a case-by-case basis.

## The Power of Self-Compassion



Forgiving and nurturing yourself can set the stage for better health, relationships, and general well-being. Self-compassion yields a number of benefits, including lower levels of anxiety and depression. Self-compassionate

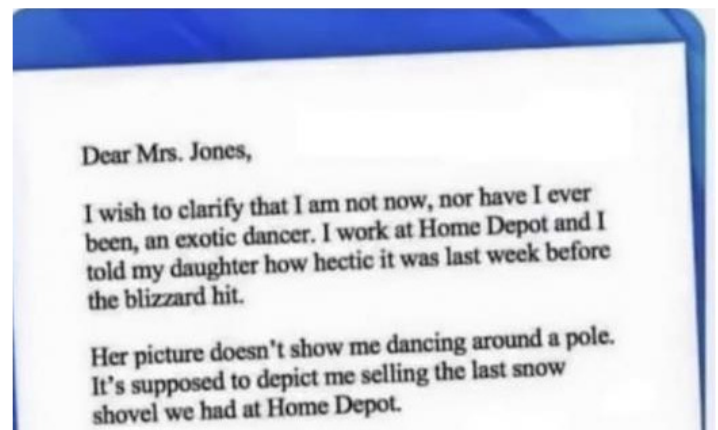
people recognize when they are suffering and are kind to themselves at these times, which reduces their anxiety and related depression.

While some people come by self-compassion naturally, others have to learn it. Luckily, it is a learnable skill.

Harvard psychologist Christopher Germer, in his book *The Mindful Path to Self-Compassion*, suggests that there are five ways to bring self-compassion into your life: via physical, mental, emotional, relational, and spiritual methods. He and other experts have proposed a variety of ways to foster self-compassion. Here are a few:

- **Comfort your body.** Eat something healthy. Lie down and rest your body. Massage your own neck, feet, or hands. Take a walk. Anything you can do to improve how you feel physically gives you a dose of self-compassion.
- **Write a letter to yourself.** Describe a situation that caused you to feel pain (a breakup with a lover, a job loss, a poorly received presentation). Write a letter to yourself describing the situation without blaming anyone. Acknowledge your feelings.
- **Give yourself encouragement.** If something bad or painful happens to you, think of what you would say to a good friend if the same thing happened to him or her. Direct these compassionate responses toward yourself.
- **Practice mindfulness.** This is the nonjudgmental observation of your own thoughts, feelings, and actions, without trying to suppress or deny them. When you look in the mirror and don't like what you see, accept the bad with the good with a compassionate attitude.

\*\*\*\*\*



## Don't Brush Off Signs that Something Isn't Right



Knowing your body can save your life. That means paying attention if you see or feel changes in your body. It means noticing and following up on worrisome symptoms, especially

if they don't go away. And it means seeking help when you need it.

Don't ignore signs that something isn't right. Many people talk themselves into thinking that what they see or feel is nothing to worry about. But even something common, like heartburn, can be a sign of trouble. It's important to know when to talk to your doctor.

### **Pay Attention to These Signs**

Some symptoms call for quick attention. Some are obvious, like chest pain or severe abdominal pain. But other, more subtle symptoms may also indicate a serious issue that needs to be addressed. The Mayo Clinic says to watch out for these symptoms.

**Unexplained weight loss** can signal a health problem. If you're not overweight and you've lost more than 5 percent of your body weight in the last six to 12 months, check it out with your doctor. It could be a sign of an overactive thyroid, diabetes, depression, liver disease, cancer or a problem with how your body takes in nutrients.

**Lasting or high fever** can be a signal of a hidden infection, like a UTI. But it could also be a sign of some kinds of cancer. Call your doctor if your temperature is 103 degrees or higher or you've had a fever for more than three days.

**Shortness of breath** could suggest a hidden health problem. It can happen if people are overweight or work out too much. But in other situations, shortness of breath may be a sign of a health problem. If it comes on quickly and is severe, seek urgent health care. Gasping may stem from COPD, asthma or pneumonia. It could also be a sign of a blood clot in the lung (pulmonary embolism) or other heart and lung problems.

**Unexplained changes in bowel habits** could be cause for talking to your doctor. You know what's normal for you. Some changes that you should discuss with your doctor are unexplained urges, bloody or black stools, or frequent constipation or diarrhea. Changes could mean you have an infection, irritable bowel disease or colon cancer.

**Confusion or personality changes** call for medical attention if they're sudden. That can mean trouble thinking and focusing or behavior changes. Many problems could be causing these symptoms, including infection, poor diet, mental health issues or even your medicines.

**Feeling full after eating very little** could point to a problem if it's not normal for you. You might also experience nausea, vomiting, bloating or weight loss. Likely causes involve gastroesophageal reflux disease (GERD) and peptic ulcers. These signs might also suggest pancreatic cancer.

**Seeing flashes of light could mean** a migraine is coming on. But in other cases, sudden flashes in your vision could signal retinal detachment. Seek care right away to help prevent vision loss.

### **Speak Up for Yourself**

Speaking up to get the care you need can be a key to good mental and physical health. It's vital to be involved in your care. Be sure to get the answers you need. Keep asking questions until you understand and take good notes.

### **Get Your Screenings**

Not every new feeling or body change signals a serious health problem. But it is important to pay attention, because catching a health issue early can mean it's more treatable.

### **Know Your Family History**

Knowing your family health history is an important part of understanding your own risk for health problems. It can even save your life.

### **Take Action**

Know your body. Be aware of changes. And follow your gut. If something doesn't seem right, don't wait to see if it passes. And don't be afraid to be assertive about getting the care you need.



**Don't believe everything you see on social media!**

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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

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## **OSTOMY EQUIPMENT RESOURCES**

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

**In the middle of difficulty  
lies opportunity**

**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.