

# The New Outlook

**Spring 2023**



## Upcoming Meetings

April 18 Virtual 7:00 pm

May 16 Virtual 7:00 pm

June 20 In Person 6:00 pm (see below)

### Future meetings:

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

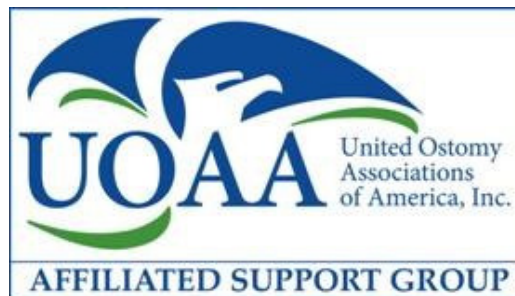
**We are planning a catered in-person Summer Solstice Party/Meeting on June 20 at Arlington Lakes Golf Club in Arlington Heights. Please let us know if you plan to attend. RSVP on the Tuesday Zoom meetings or email [uoachicago@comcast.net](mailto:uoachicago@comcast.net). As we get closer we will need a head count for planning.**

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.



## Ostomy Association of Greater Chicago (OAGC)

Established 1975

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### Hospitality

Sandy Czurylo

## Wound Ostomy Continence Nurses (WOCN)

Julianne Ciaglia 773-990-8498

*Presence Resurrection Medical Center*

Ana M. Boden 773-296-7095

*Advocate Illinois Masonic Medical Center*

*Swedish Covenant Hospital* 773-878-8200

Teri 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 Mülle 847-657-5963

*Glenbrook Hospital*

Cheryl Isberto 847-933-6091

*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

In person 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)

### 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

I recently saw this in a Stampin' Up! catalog and thought how appropriate it is for us. For each of us, it is a journey that we can take only one step at a time. For some of us the journey was excruciatingly slow, painful and difficult. For others it happened fast and we were dancing. I was part of the former group.

My journey from Crohn's to an ostomy was hard. The illness was hard. The surgeries were hard, exhausting and scary. Recovery seemed so slow. Adjusting to a new body was hard. I do not think I was prepared for the physical changes or the psychological ramifications of this surgery. No-one told me how hard and painful this surgery would be. And post surgery if anyone had told me I would dance I would have laughed.

I am writing this for those of you facing ostomy surgery. Everyone's journey is different. There may be times when you feel overwhelmed and unsure. When you wonder what did I do. But I want you to know that on the other side you will feel better. You will adjust to your new body. You will be able to change your appliance without reading step by step instructions.

You will dance.

And isn't that what we all want...to be able to dance.



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*Life is good*



One step at a time  
until the journey  
becomes a  
*Dance*

## UOAA's National Conference

August 10-12, 2023

You're Invited to UOAA's 8th National Conference to be held Thursday through Saturday, August 10-12, 2023 in Houston, Texas! The Conference will take place at the Royal Sonesta Houston Galleria, Houston, close to restaurants, shopping and fun for the entire family.

Here are just a few reasons why you should plan to attend:

Ask Questions of Top Ostomy Experts  
Inspirational Speakers  
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Product Exhibit Hall with 35+ Vendors  
Surgery Specific Meet & Greets  
Young Adult and Pediatric Workshops  
Fun Social Events and Activities  
Dedicated Sessions for Caregivers  
IBD & Crohn's Disease Program



For More information and to register, go to [www.ostomy.org/2023conference/](http://www.ostomy.org/2023conference/)



### 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.

### Current Issue Couple of Ostomates

**Plus:** Intestinal Adaptation, Healing Incisions, Your Sexual Self And Much More!

Go to [phoenixuoaa.org](http://phoenixuoaa.org) for instant access and to learn more. Included with Subscription: One Bonus Issue + New Ostomy Patient Guide + FREE Ostomy Product Samples



## Moisture Math & My Ileostomy

By Sarah Biggart

Though having ileostomy surgery 15 years ago gave me my life and freedom back, it does bring its own unique set of concerns and challenges in daily activities and pouch changing schedule. I typically change my full appliance every fifth day.

Change day is day one, and I change my entire pouching system again on day five. I feel confident in my appliance, and this changing system has worked really well for me. Leaks are few and far between; however, as is true for most ostomates, they do happen occasionally. Leaks can happen to all of us, although my longest stretch without a leak is five years – not too shabby!

For me, my daily routine includes showering, exercising, getting sweaty – and weather permitting – swimming and jacuzziing in our community pool with my friends, family and neighbors. Even while doing all of these regularly, a five day wear time holds up for me.

### Travel & Convenience:

If I am going away for the weekend, or traveling, I will do a full pouch change the night before I leave. I have always been a “better safe than sorry” girl, and being an ostomate has reinforced that mindset. If I can get away with not having to do a full pouch change in an unfamiliar setting, I will, just for my own ease and comfort. I’ve been held up traveling before, and it can feel stressful and uncertain. When you’ve had to sleep in an airport, just the added comfort of knowing I have a few days before needing to do a full change is just one less thing to be concerned about. So when setting off on a journey, I like to start with a freshly changed system.

### Weather:

I live in a very mild climate, not too much heat and humidity at any given time. My Ostomysecrets® Underwear keeps my pouch away from my body, and it helps limit complaints about excessive heat and moisture. I am a person who enjoys travel and adventures! Sometimes I wind up in warmer, muggier parts of the world. On those sweaty days, walking and exploring in the heat, moisture math joins the pouching equation. A couple of summers ago my family, friends and I spent 10 days in Florida, in July. Between walking an average of 10 miles each day enjoying Walt Disney World, swimming in the pools, afternoon downpours daily and being a general sweaty mess, I went to a very strict every other day change. It was more moisture than I typically deal with, and going back to my better safe than sorry mentality, it seemed like my best course of action. My sting free ostomy care products helped to make frequent pouch changes more gentle on my peristomal skin. I would do my changes at night in our room, in the air conditioning, so that my wafer had plenty of time to adhere to my skin before heading back into the sweltering Florida heat.

### Daily Activity:

We all find our own way of managing our changing schedule, most Ostomy Nurses (WOC nurses) would recommend 3-5 days of wear time. What I would definitely advise against is waiting until you HAVE to change due to a leak. Before you realize you have a problem, waste is coming into contact with your peristomal skin, and that may lead to skin damage. Above all, you want to keep your skin healthy, happy and intact. So when would my daily activity impact my wear time? Again, it’s moisture math! I mentioned earlier that I like to swim and jacuzzi; a quick

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dip for an hour or so is very different than a big day out that involves being in a wet bathing suit all day. If I am planning a big day out on the water, in the pool, at a beach or waterpark, I figure that in to my changing schedule. For example if day one was Thursday, and day three is a big day out involving water, when I get home, I'll typically shower and do a full change.



I'm always mitigating risk, and making smart, informed decisions regarding my ostomy. Adjusting my routine accordingly to moisture variables helps to keep my peristomal skin healthy allowing me to enjoy whatever life brings my way. Whether you are new to the ostomy world, or a seasoned pro like myself, planning ahead – just a little – may help you to experience life to the fullest.

Editor's note: This educational article, which appeared on ostomy.org, is from one of UOAA's digital sponsors, ConvaTec.

## How Does Chemotherapy affect my Stoma?

### The BC Cancer Agency

Chemotherapy is a type of cancer treatment that may affect your skin and stoma. The impact of chemotherapy may create skin problems around your stoma (peristomal skin) and the overall management of your ostomy. There are many different types of chemotherapy treatments, each with its own specific way that it affects the cancer. But not all treatments cause the same side effects to the skin and/or stoma. Your oncologist and chemotherapy nurses are the

experts and will advise you about the possible side effects that may occur. They are an excellent resource to answer your questions and concerns. They can provide you with various patient handouts outlining different chemotherapy drug protocols and patient guidelines.

In general, remember that your stoma is surgically created from bowel tissue, which is very similar to the tissue in your mouth. Some chemotherapy drugs affect the tissue in your mouth resulting in sores, ulcers or causing the tissue in your mouth to bleed easily. Your stoma may react the same way. You may find that your stoma bleeds easily when you are washing it or you may find tiny sores on your stoma.

Your stoma may also swell. This is because the lining of your colon or intestine can become irritated and inflamed from the chemotherapy.

During chemotherapy, your skin may be more sensitive. This includes peristomal skin. The skin around your stoma may become more sensitive by becoming red and sore. Remember that gentle removal of the pouching system during changes is important when skin is fragile. If you still have your large colon, you may have an increase of mucous drainage from your anus. Again, this is because the chemotherapy can make the lining of your colon inflamed and irritated causing more mucous to be produced which will pass through the anus.

Recommendations:

- Be gentle when changing your pouching system. Gently remove your pouching system from your skin.
- Wash your stoma and skin with warm water and a soft cloth.
- If your stoma is swollen or has enlarged, cut a larger opening in your pouching system or speak to an ostomy nurse (WOCN) and get a system to accommodate your stoma.

If you have any concerns or questions, do not hesitate to contact an ostomy nurse.

## I was Newlywed When I Got My Ostomy

[stealthbelt.com/blog](http://stealthbelt.com/blog)

# STEALTH BELT®

GO ANYWHERE DO ANYTHING

Intimacy seems to be that taboo subject that no one wants to talk about. Sure, there are a lot of questions out there, but most people may not want to ask. Intimacy with an ostomy? Yes, it's possible, and

yes, it's just like intimacy without an ostomy.

I was newly married when I had ostomy surgery, but was in a unique situation. Two weeks before my husband was to deploy for nine months, I learned I would need surgery due to a precancerous colon. I had surgery a month later, and thankfully he was able to come home while I was recovering in the hospital, but promptly had to return overseas. I was 24 at the time and stayed with my parents until his deployment ended.

There was a lot of learning during the months that my husband was gone. Learning to change my bag, care for my stoma, and regaining my strength were my biggest to-dos. But of course, like everyone else, I wondered what intimacy would be like with my ostomy attached to my belly. I had all the normal thoughts, fears, and concerns. What if my bag falls off? What if I leak during an intimate moment? How do I handle my ostomy bag filling up or what if it balloons with gas during this special time? All of these thoughts buzzed through my mind, but the only way to really find out was to experience it.

I feel so lucky to have an understanding and supportive husband. It is so important to find a partner who is both willing to learn and understand, and if they aren't willing to, well...they aren't worth being with you. Intimacy with an ostomy wasn't just a learning curve for me, but also my husband. The beautiful thing is that we learned together, which ultimately has even more so deepened our bond. Through my experiences, a few things that I have learned that may help you feel a little more confident during intimacy –

1. Empty your bag before any intimate moments, and if sparks fly and things just happen, it's okay to excuse yourself for a minute!
2. Worried about your bag getting in the way? Try a wrap or belt to help secure it! Stealth Belts make the perfect accessory for men and women. They even come in lace to spice things up!
3. Talk with your partner – let them know how you feel and trust one another.
4. If a leak happens – it happens! At the end of the day it's not a big deal in the grand scheme of things, and if your partner is truly worthy of you they will understand. Intimacy is meant to be fun, not something that we should be worried about or fear. I think for most of us, our ostomies have essentially given us our lives back to live freely and do the things we enjoy – so enjoy the moment.



### *Did You Know . . .*

Antihistamines in allergy medications can slow down bowel motility. If you become constipated while on antihistamines, consult your doctor who might suggest an alternate medication.

## Belching, gas and bloating: Tips for reducing them

By Mayo Clinic Staff

Belching or passing gas (flatus) is natural and common. Excessive belching or flatus, accompanied by bloating, pain or swelling of the abdomen (distention), can occasionally interfere with daily activities or cause embarrassment. But these signs and symptoms usually don't point to a serious underlying condition and are often reduced with simple lifestyle changes.

When belching, gas or bloating interferes with your daily activities, there may be something wrong. Find out how to reduce or avoid gas and gas pains, and when you may need to see your doctor.

### Belching: Getting rid of excess air



Belching is commonly known as burping. It's your body's way of expelling excess air from your upper digestive tract. Most belching is caused by swallowing excess air. This air most often never even reaches the stomach but accumulates in the esophagus.

You may swallow excess air if you eat or drink too fast, talk while you eat, chew gum, suck on hard candies, drink carbonated beverages, or smoke. Some people swallow air as a nervous habit even when they're not eating or drinking.

Acid reflux or gastroesophageal reflux disease (GERD) can sometimes cause excessive belching by promoting increased swallowing.

Chronic belching may also be related to inflammation of the stomach lining or to an infection with *Helicobacter pylori*, the bacterium responsible for some stomach ulcers.

In these cases, the belching is accompanied by other symptoms, such as heartburn or

abdominal pain.

You can reduce belching if you:

- **Eat and drink slowly.** Taking your time can help you swallow less air. Try to make meals relaxed occasions; eating when you're stressed or on the run increases the air you swallow.
- **Avoid carbonated drinks and beer.** They release carbon dioxide gas.
- **Skip the gum and hard candy.** When you chew gum or suck on hard candy, you swallow more often than normal. Part of what you're swallowing is air.
- **Don't smoke.** When you inhale smoke, you also inhale and swallow air.
- **Check your dentures.** Poorly fitting dentures can cause you to swallow excess air when you eat and drink.
- **Get moving.** It may help to take a short walk after eating.
- **Treat heartburn.** For occasional, mild heartburn, over-the-counter antacids or other remedies may be helpful. GERD may require prescription-strength medication or other treatments.

### Flatulence: Gas buildup in the intestines

Gas in the small intestine or colon is typically caused by the digestion or fermentation of undigested food by bacteria found in the bowel. Gas can also form when your digestive system doesn't completely break down certain components in foods, such as gluten, found in most grains, or the sugar in dairy products and fruit.

Other sources of intestinal gas may include:

- Food residue in your colon
- A change in the bacteria in the small intestine
- Poor absorption of carbohydrates, which can upset the balance of helpful bacteria in your digestive system
- Constipation, since the longer food waste remains in your colon, the more time it has to ferment
- A digestive disorder, such as lactose or fructose intolerance or celiac disease

To prevent excess gas, it may help to:

- **Eliminate certain foods.** Common gas-causing offenders include beans, peas, lentils, cabbage, onions, broccoli, cauliflower, whole-grain foods, mushrooms, certain fruits, and beer and other carbonated drinks. Try removing one food at a time to see if your gas improves.



- **Read labels.** If dairy products seem to be a problem, you may have some degree of lactose intolerance. Pay attention to what you eat and try low-lactose or lactose-free varieties. Certain indigestible carbohydrates found in sugar-free foods (sorbitol, mannitol and xylitol) also may result in increased gas.
- **Eat fewer fatty foods.** Fat slows digestion, giving food more time to ferment.
- **Temporarily cut back on high-fiber foods.** Fiber has many benefits, but many high-fiber foods are also great gas producers. After a break, slowly add fiber back to your diet.
- **Try an over-the-counter remedy.** Some products such as Lactaid or Dairy Ease can help digest lactose. Products containing simethicone (Gas-X, Mylanta Gas, others) haven't been proved to be helpful, but many people feel that these products work.

Products such as Beano, particularly the liquid form, may decrease the gas produced during the breakdown of certain types of beans.

#### **Bloating: Common but incompletely understood**

Bloating is a sensation of having a full stomach. Distension is a visible or measurable increase in abdominal size. People often describe abdominal symptoms as bloating, especially if those symptoms don't seem to be relieved by belching, passing gas or having a bowel movement.

The exact connection between intestinal gas and bloating is not fully understood. Many people with bloating symptoms don't have any more gas in the intestine than do other people. Many people, particularly those with irritable bowel syndrome or anxiety, may have a greater sensitivity to abdominal symptoms and intestinal gas, rather than an excess amount.

Nonetheless, bloating may be relieved by the behavioral changes that reduce belching, or the dietary changes that reduce flatus.

#### **When to see your doctor**

Excessive belching, passing gas and bloating often resolve on their own or with simple changes. If these are the only symptoms you have, they rarely represent any serious underlying condition.

Consult your doctor if your symptoms don't improve with simple changes, particularly if you also notice:

- Diarrhea
- Persistent or severe abdominal pain
- Bloody stools
- Changes in the color or frequency of stools
- Unintended weight loss
- Chest discomfort
- Loss of appetite or feeling full quickly

These signs and symptoms could signal an underlying digestive condition. Intestinal symptoms can be embarrassing — but don't let embarrassment keep you from seeking help.



WOC nursing may not always be an occupation filled with glitz and glamour; but to us, wound, ostomy, and continence (WOC) nurses star in the leading part of our journey.

WOC nurses are advocates, caregivers, educators, experts, heroes, leaders, researchers, and so much more.



May 14



June 18

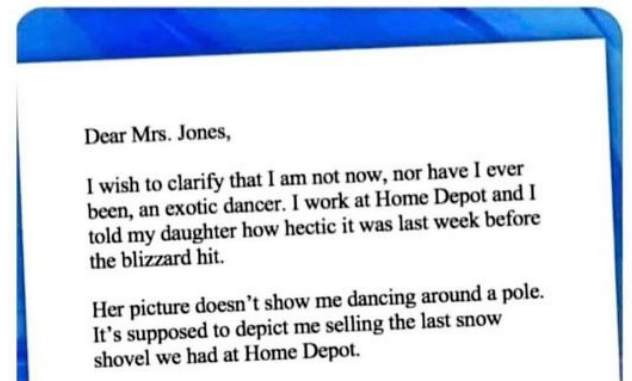


May 29

We honor the memory of  
all who sacrificed  
to protect the freedom  
we enjoy.

May we never forget...  
Freedom isn't Free

## Chuckles therapy.....



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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  
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Donations can also be made online using a credit card: [www.uoachicago.org/donations](http://www.uoachicago.org/donations)

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## OSTOMY EQUIPMENT RESOURCES

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MARLEN.....1-216-292-7060  
NU-HOPE.....1-800-899-5017  
SECURI-T USA.....1-877-726-4400

*Never regret anything  
that made you smile.*

~Mark Twain

**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.