

# The New Outlook

## Winter 2023



Upcoming Virtual Meeting  
Tuesday  
January 17 at 7 pm

Looking Forward

Future meetings:

January 17 February No Meeting March 21

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

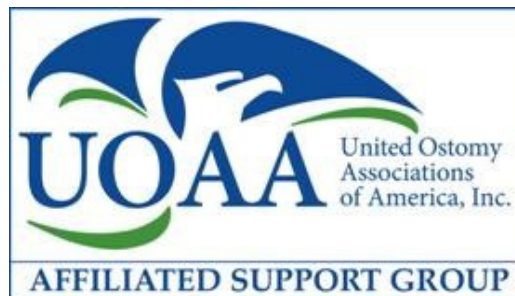
We are planning a special in-person Anniversary Meeting/Party April 18 at a to be determined venue. Please let us know if you're interested in attending, on the Tuesday Zoom meetings or email [uoachicago@comcast.net](mailto:uoachicago@comcast.net). As we get closer we will need a head count for planning.

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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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 Coho 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

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

Happy New Year! Instead of writing about resolutions to make this year, that you may frantically try to keep for a week or 10 days, I decided to encourage you about all that you are doing that is positive. I have chosen 5 areas; ostomy, food, exercise, enjoyment, and kindness.

If your ostomy is working well and your appliance is doing its job, great! If there is something you are thinking you may want to change look into what is available and try it. Product Manufacturers and Distributors have staff who will help you, and there are so many items available you just never know what you might discover. There is no right or wrong time to do this. It is not a resolution but something to consider over time.

We all eat. And with an ostomy finding the right diet can be a challenge. Hopefully as you start this new year you have it under control and are having no issues. You are chewing, chewing, chewing your food. Enjoying meals but there is some new food item you would like to try, (I would not suggest celery). Talk to other ostomates or a WOCN before introducing that food item. Maybe you question whether or not your current diet is the best it can be. Talking to a Dietitian or Nutritionist who can make suggestions is something to consider. Your WOCN or doctor can recommend someone. This is something I am very seriously thinking about doing.

Exercise is not a dirty word. And if you have an exercise plan that you enjoy and are faithfully doing... that is awesome! Keep it up! With the holidays and very cold weather I got off track and stopped my daily walks. I miss them and hope to get back to them as the weather goes above freezing. Want to change up what you are doing? Great go for it, but remember, this is not just something you should do but something to enjoy doing.

Which brings us to enjoyment. When we moved to Carillon a neighbor invited me to join her oil painting class. Now my experience with paint consists of a roller, a wall and a can of paint. I had never picked up a little brush and applied paint to canvas. But I said ok, and some very happy hours have followed. The group is friendly and congenial. We encourage each other and have fun. And I am learning a new skill. (I recently hung one of my paintings in the bathroom and waited for my husband to say something. After 3 days I asked him if he saw my painting in the bathroom. He got this blank look on his face. I said, "You go to the bathroom facing the wall how could you miss it?") I hope you are doing something, big or small, complicated or easy that you enjoy too.

Finally, kindness. This old world needs kindness. As ostomates we have received many forms of kindness and I am always so touched at the willingness we have to jump in and help a fellow ostomate. That kindness spills over into other parts of our lives and we each make the world a better place.

So there you have it. No resolutions. Just applause. And encouragement to keep doing all things you are doing.

*Life is good*



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## Barrier Considerations to Obtain your Fit

Mackenzie Bauhs, CWOCN, Coloplast Ostomy Clinical Consultant



**Coloplast**

What is more important: fit, flexibility, stretch capability, or adhesion?

If you cannot decide, or there are two or more that are just as important, you are not wrong. Why not have all in one for your barrier selection? You can have fit, flexibility, stretch capability, and adhesion in one pouching system!

### **Fit**

When selecting a barrier, many considerations can come into play. When considering fit, proper application and sizing is important to help reduce leakage and create a seal around the stoma. Utilizing a stoma measuring guide or template with each pouch change is beneficial to help obtain the proper fit. Stoma size can change after surgery, so measuring is key. Deciding between a precut or a cut-to-fit barrier is also important to consider, as it depends on which option provides the best fit to your body.

### **Flexibility**

A flexible barrier will move, bend, and stretch with your body allowing you to be comfortable as you go about your daily activities. Flexibility with stability helps achieve a seal around the stoma along with the proper fit. In day-to-day movements like, getting in and out of your car, vacuuming, getting a spice off the top shelf, or even a sport you enjoy playing, flexibility is important to move with your body.

### **Stretch capability**

Can you have flexibility without stretch capability and vice versa? What if these two worked hand in hand to create the best seal and optimal comfort to help you with your daily activities? Think back to reaching to get a spice off the top shelf in the kitchen. You need to have flexibility in the barrier to obtain the stretch, but then when back in a normal standing position the ability for the barrier to go back to the original shape after completing the stretch—how is that obtained? Teamwork!

### **Adhesion**

Lastly the ability for the barrier to have adhesion to the skin. This can be a challenge outside of the barrier itself. For example, what if there is a small area of irritation, moisture, or the landscape is not perfectly flat (which is very common)? The adhesion is important to provide the tact to the skin so that the barrier has all the capabilities: fit, flexibility and stretch! Good adhesive security is obtained by gentle warmth using the body heat of your hands, and a nice gentle pressure with application from the inside (near the stoma) all the way to the edges of the barrier. This helps activate the adhesive into those small nooks and crannies that our skin has even if we can't see them with the naked eye.

Essentially, there are many questions that may come up when deciding on the best barrier fit for you. Let's go back to the original question that was posed: What is more important: fit, flexibility, stretch capability, or adhesion? The answer can be any of the above, and it all depends on your own lifestyle and personal needs. Things to keep in mind when you are considering your barrier options are, "Does this barrier have a good fit to my body?", "Does the barrier allow me to stretch without compromising the seal?", and lastly, "Does this barrier give me the security to enjoy my activities?". There are options available for many body types and challenges. Reach out to your WOC nurse so they can help you answer the questions that are important to you!

Note: This article was originally posted on Ostomy.org. Coloplast is a UOAA digital sponsor.

*If "Plan A" didn't work,  
the alphabet has 25 more letters!*



## Taking Care of Your Kidneys Helps Keep You Healthy

BCBSIL Connect Team



**BlueCross BlueShield  
of Illinois**

Kidneys play a big part in your total health. They filter extra water and toxins from your body. They help control blood pressure. And they play a role in making red blood cells and in keeping bones healthy.

When your kidneys aren't working as they should, waste can build up and harm your body. But you can help your kidneys help you.

### **Stay on Top of Your Kidney Health**

Most people with kidney disease don't have symptoms until the disease is advanced, when treatment is more difficult. The Centers for Disease Control and Prevention estimates that of the 37 million Americans who have kidney disease, 90 percent of them don't know they have it. That's why it's important to have a yearly wellness exam.

Getting screened for kidney disease can help catch it early. Early detection and treatment of kidney disease can help prevent or delay kidney failure. You may have both urine and blood tests when you're screened for kidney disease.

**Urine test:** Having more than the normal amount of certain proteins in your urine may show that your kidneys are not filtering blood the right way.

**Blood test:** Your blood will be tested for creatinine. When kidneys are damaged, they have trouble cleaning it from your blood. So higher levels of creatinine in your blood can mean you have kidney damage.

Tell your doctor about your family's medical history, especially if someone close to you has kidney disease.

While some long-term kidney health problems run in the family, they are often caused by common health issues like high blood pressure and diabetes. Be sure to:

- Control your blood sugar if you have diabetes. About 1 in 3 adults with diabetes have kidney disease.
- Control your blood pressure if you have high blood pressure. About 1 in 5 adults with high blood pressure have kidney disease.
- Have routine checkups, including any needed blood or urine tests.

### **Make Healthy Changes**

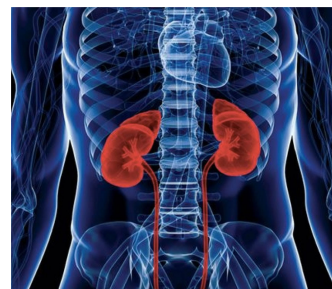
You can take steps to lower your risk for kidney disease:

- Healthy food choices are important. Start by watching how much salt you eat. With kidney problems, extra salt can build up and raise your blood pressure. Also be sure to get enough fruits, vegetables, whole grains and healthy fats and proteins.
- If you're overweight, talk with your doctor and make an action plan. Extra pounds raise your chances for kidney disease and many other health problems, including heart disease, high blood pressure and diabetes.
- Get more exercise to help keep your weight in line. Check with your doctor before starting. Then aim for 30 minutes at least three days a week to start. Work toward at least 150 minutes of moderate exercise per week.
- Stop smoking.
- Limit how much alcohol you drink.

### **Are You at Risk?**

Anyone can get kidney disease, but some things make it more likely. High blood pressure, heart disease, diabetes or a family history of kidney failure put you at higher risk for developing kidney disease. People age 60 and older and those who are African American, Asian, Hispanic, Pacific Islander or American Indian are also at higher risk. If you have any of these risk factors for kidney disease, you should get a screening each year.

Not everyone who is at risk will get kidney disease. Talk to your doctor about how to lessen your chances.



## The Best Diet to Help Prevent Kidney Stones

By Jason Howland, Mayo Clinic Press Editors



It's estimated that 1 in 10 people will get a kidney stone in his or her lifetime. Kidney stones are not only painful, but they can lead to serious complications that may require hospitalization and even surgery. The good news is kidney stones are preventable, and prevention can be as simple as eating the right foods.

"The most important thing to think about with kidney stones is prevention," says Dr. Ivan Porter II, a Mayo Clinic nephrologist.

A solid prevention plan includes thinking about the types of food you're eating. Dr. Porter says fruits and vegetables with high water content, like cucumber, tomato and watermelon, also have natural citrate.



"These things are natural stone inhibitors and can be a part of a stone prevention plan to help prevent further kidney stone formation," says Dr. Porter.

It's just as important to think about what you shouldn't eat.

"We know that animal sources of protein are simply associated with a higher risk of stones. One way to avoid more stone production is maybe to limit your meat intake to some smaller amount," says Dr. Porter.

Certain foods, such as spinach and rhubarb that have high oxalate levels, also should be restricted.

"A lot of leafy greens that actually are good for you may have that negative impact on stones. And one way to combat that is by having some dietary calcium with those meals. So cheese on top of that spinach might be a good idea," says Dr. Porter.



### 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

U.S. Air Force Pilot Joshua A. Nelson returns to the cockpit after ostomy surgery

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

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# Total Proctocolectomy with Ileostomy

National Library of Medicine



Total proctocolectomy with ileostomy is surgery to remove all of the colon (large intestine) and rectum.

## Description

You will receive general anesthesia right before your surgery. This will make you asleep and pain free.

For your proctocolectomy:

- Your surgeon will make a surgical cut in your lower belly.
- Then your surgeon will remove your large intestine and rectum.
- Your surgeon may also look at your lymph nodes and may remove some of them. This is done if your surgery is being done to remove cancer.

Next, your surgeon will create an ileostomy:

- Your surgeon will make a small surgical cut in your belly. Most often this is made in the lower right part of your belly.
- The last part of your small intestine (ileum) is pulled through this surgical cut. It is then sewn onto your belly.
- This opening in your belly formed by your ileum is called the stoma. Stool will come out of this opening and collect in a drainage bag that will be attached to you.

Some surgeons perform this operation using a camera. The surgery is done with a few small surgical cuts, and sometimes a larger cut so that the surgeon can assist by hand. The advantages of this surgery, which is called laparoscopy, are a faster recovery, less pain, and only a few small cuts.

Note: Often ileostomy surgery is performed (first) separately, especially in cases of emergency ileostomy surgery.

## Why the Procedure is Performed

Total proctocolectomy with ileostomy surgery is done when other medical treatment does not help problems with your large intestine.

It is most commonly done in people who have inflammatory bowel disease. This includes ulcerative colitis or Crohn disease.

This surgery may also be done if you have:

- Colon or rectum cancer
- Familial polyposis
- Bleeding in your intestine
- Birth defects that have damaged your intestines
- Intestinal damage from an accident or injury

## Risks

Total proctocolectomy with ileostomy is most often safe. Your risk will depend on your general overall health. Ask your health care provider about these possible complications.

- Damage to nearby organs in the body and to the nerves in the pelvis
- Infection, including in the lungs, urinary tract, and belly
- Scar tissue may form in your belly and cause blockage of the small intestine
- Your wound may break open or heal poorly
- Poor absorption of nutrients from food
- Phantom rectum, a feeling that your rectum is still there (similar to people who have amputation of a limb)

## Before the Procedure

Always tell your provider what medicines you are taking, even medicines, supplements, or herbs you bought without a prescription. Ask which medicines you should still take on the day of your surgery.

Talk with your provider about these things before you have surgery:

- Intimacy and sexuality
- Sports
- Work
- Pregnancy

### After the Procedure

You will be in the hospital for 3 to 7 days. You may have to stay longer if you had this surgery because of an emergency.

You may be given ice chips to ease your thirst on the same day as your surgery. By the next day, you will probably be allowed to drink clear liquids. You will slowly be able to add thicker fluids and then soft foods to your diet as your bowels begin to work again. You may be eating a soft diet 2 days after your surgery.

While you are in the hospital, you will learn how to care for your ileostomy.

You will have an ileostomy pouch that is fitted for you. Drainage into your pouch will be constant. You will need to wear the pouch at all times.

### Outlook (Prognosis)

Most people who have this surgery are able to do most activities they were doing before their surgery. This includes most sports, travel, gardening, hiking, and other outdoor activities, and most types of work.

You may need ongoing medical treatment if you have a chronic condition, such as Crohn's Disease.

## Open Restrooms Movement

[crohnscolitisfoundation.org/openrestrooms](http://crohnscolitisfoundation.org/openrestrooms)



### Our goal:

Make more restrooms available to patients with urgent bathroom needs (whatever the cause).

### The current challenge:

There are not enough public restrooms in America, and those businesses with restrooms that are potentially available to the public often are hard to find and/or discourage non-customer access. Even where [legislation](#) has been passed to require businesses to open access to the public, *we have found that awareness of the law is very low, and compliance is still a problem for incontinence patients.*

### We believe:

Patients—and others in need of a restroom while away from home—will be best served by building awareness of their need. Through this Open Restrooms Movement, we want to encourage businesses and municipalities to address the problem simply because restroom access is a human need, which can only be addressed by human kindness—not legislation.

**The undersigned healthcare organizations (listed on the website) are calling on the better nature of municipalities and business owners to do the right thing and permit public access to their restrooms.** Because when someone asks to use their restroom, they may in fact be in urgent need, and saying no can lead to unnecessary stress and potentially humiliating accidents.

You can download **"We Can't Wait"** our new restroom app designed to help you find publicly accessible restrooms while away from home—and to add new ones, from wherever you may be!

When IBD (and ostomy) patients are away from home, they often have unexpected and urgent needs to find a nearby restroom at a moment's notice. **Now, the Foundation's We Can't Wait app offers patients a simple way to locate public restrooms and helps identify welcoming establishments.** With support from our lead sponsor, Eli Lilly, the Foundation has partnered directly with retailers and restaurants, and plans to bring on more to further expand the restroom database. With 3,000 partner locations and many more crowdsourced, the app currently lists over 45,000 restrooms. The app is available to download (at no cost!) in the [App Store](#)® and [Google Play store](#).





## New Year Resolutions

HyTape.com

Health related New Year resolutions come and go and more often than not, they do not last long. A new diet, exercise routine, promise to quit an unhealthy habit are all among the most common resolutions. For healthy individuals it is difficult, but for those with an ileostomy, ostomy, or a restricted diet, diabetic foot wound

or any sort of chronic wound, it is even more difficult, however the rewards may be much greater.

The New Years Resolution “experts” warn that keeping your health and fitness goals reasonable and achievable to start and gradually increasing in the behaviors you want to repeat will lead to greater success. Shooting too high in the beginning will often lead to breaking the resolution and starting the cycle over again.

The obvious and perhaps most impactful health related resolution is to eat better. If you have diabetes, chronic wounds, or an ostomy you may already be on a limited diet. For most of us, there is always room for improvement. Natural foods are the easiest and most sustainable way to eat smart. Processed foods have the potential for causing reactions. Look at the ingredients on your foods. If there are ingredients you cannot pronounce, chances are they are created and not grown. Vegetables, fruits, nuts, seeds, whole grains, responsibly sourced meats and fish should all be the majority of your daily intake (but be sure to reward yourself with a healthy snack occasionally).

### **Make a commitment to MOVE MORE**

Any activity with an ostomy, chronic or diabetic wound should be cleared by a doctor. Ostomates are often told not to lift anything heavy during the weeks after the surgery to reduce the chances of a hernia.

Those with chronic or diabetic wounds can sometimes be limited with the amount of strain and pressure that can be applied to the affected areas. All of this being said, exercise is almost always encouraged.



Exercise can be broken down into four main categories: endurance, strength, balance, and flexibility. Low impact exercise such as exercise bike, elliptical, and yoga are great and are known to ease medical related stress, improve digestion, and provide muscular strength, balance, and help sleep. Improved balance, flexibility, and agility can help prevent falls.

## ‘Why did I wait to get a colonoscopy?’

NCH.org Feb 2019



After a rectal cancer diagnosis in 2017, Terri Moore didn’t want to talk about the “C” word. She kept the pain to herself and entered a world of self-blame.

“I never ever thought I would be told that I had cancer,” she says. “I thought, ‘Why did I wait to get a colonoscopy?’ And I thought, ‘I’m going to die.’”

Over the next year, which included a colonoscopy, multiple scans, radiation treatment, surgery, chemotherapy and an ileostomy bag, Terri coped by sitting in her “sick chair” most days. She was unable to work and had to ride out severe side effects she says were “far worse than getting a colonoscopy.”

Terri now feels that sharing her story openly could help her 52-year-old brother and others find the courage to have a colorectal screening.

“I’ve been through a lot and it’s awful,” Terri says. “I want to tell my story if I can encourage someone, anyone, to go and get a colonoscopy.”

Terri put off getting screened for the same reason many people do. She was afraid to be put to sleep. She was 53 when she began experiencing rectal bleeding during bowel movements.

"I figured it was a hemorrhoid and it would go away," she says. "But after a couple of months, it got worse. I hadn't gone to my primary care physician in a long time, so I decided to go to a new physician close to my house in Schaumburg."

She made an appointment with an NCH Medical Group Physician who encouraged Terri to get a routine colonoscopy performed by NCH Medical Group Gastroenterologist who removed a two-centimeter malignant polyp. Terri then went to see the Medical Director of the NCH Gastroenterology Center, for a CT scan and endoscopic ultrasound.

"We're seeing colorectal cancer in younger people now," Dr. Parsons says, adding that the American Cancer Society recently updated its guidelines, recommending routine screening begin at age 45 instead of 50. "With early detection, we can take care of it."

It's not uncommon for patients like Terri to assume bleeding is coming from a hemorrhoid and put off going to the doctor. He urges people to see a physician right away.

"I hear a lot of these stories where the bleeding turns out to be cancer," Dr. Parsons says. "Early detection is very important. Three years ago, Terri probably would have had a polyp, but not cancer. She probably would have it removed during a colonoscopy and probably would not have had surgery."

Terri underwent robotic surgery performed by NCH Medical Group Colorectal Surgeon Scott Pinchot, M.D., to remove cancerous cells that had spread to muscle tissue. Dr. Pinchot says a large number of people are afraid of getting a colonoscopy because they don't want to know what it reveals.

"The moral of the story is that Terri went ahead with the colonoscopy and because she did, we were able to find something and it was still treatable," says Dr. Pinchot. "In her case, radiation followed by surgery and chemotherapy has her 'out of the woods' and that's the blessing in disguise."

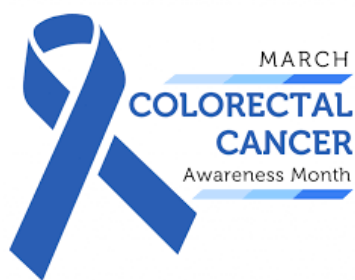
"I think my team of doctors has been wonderful with scans and follow-up visits," Terri says. "They all really want to make sure I'm OK."

Terri is back to enjoying her job as a lunchroom monitor at her grandchildren's grade school. She got rid of her "sick chair" and bought a new one.

"I sit in it, but not for long," she says. "I get up and go do things. I live my life and I don't second guess myself. Life's too short and I've really had a close look at that."

No case is the same; results may vary.

Learn more about the expert physicians at NCH's GI Center and schedule a colonoscopy or call 847-618-2888.



### History of National Colorectal Cancer Awareness Month

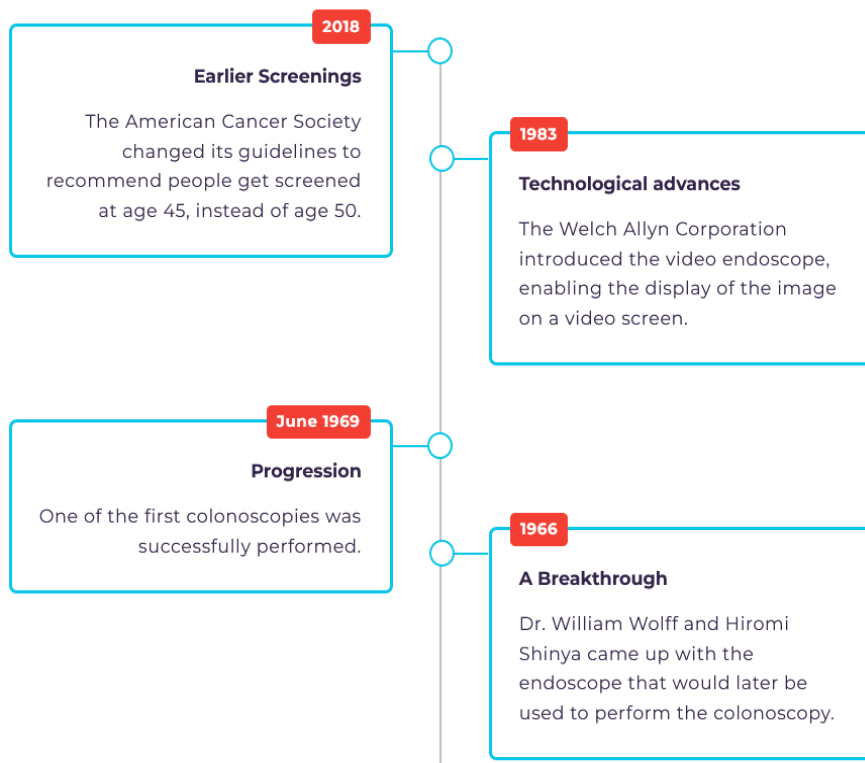
According to the American Cancer Society, anyone can develop Colon cancer, but some studied factors are: A diet that's high in red meats (such as beef, pork, lamb, or liver) and processed meats (like hot dogs and deli meat) raises your colorectal cancer risk. Age and smoking are also risk factors. The best thing you can do to avoid this cancer is to stay active, don't smoke, eat a diet full of vegetables instead of red meat, and get **regular colon screenings**, starting at age 45, or younger, if you have a family member who has had this cancer.

Colon cancer is treatable and is not necessarily a death sentence. The reason the cancer is more deadly for U.S. adults is because 20-25% of patients have metastatic disease at the time of diagnosis, which means the cancer has already spread to other parts of the body. Still, this may be cured with a range of treatment options available, including surgery to remove the cancer, chemotherapy, and radiation therapy, depending on how far the cancer has spread.

It was in the year 2000 that President Clinton officially recognized March as National Colorectal Cancer Month. Since then, various organizations have worked together to try and raise awareness and increase early detection.



## NATIONAL COLORECTAL CANCER AWARENESS MONTH TIMELINE



### 5 FACTS ABOUT COLON CANCER:

**A person may have colon cancer, with no symptoms at all.**

According to the Colon Cancer Coalition, patients who are diagnosed with colon cancer often do not have any symptoms.

#### **If you were born in the 90s**

If you were born in the 1990s, you have double the risk of colon cancer and, four times the risk of rectal cancer than those born in 1950. A disappointing statistic for any millennials.

#### **Colon cancer runs in the family**

People with a parent, sibling, or child with colorectal cancer have two or three times the risk of developing colon cancer, compared to those with no family history of the disease.

#### **It is the 3rd leading cause of death for young adults**

The CCC estimates that in 2020, there will be about 18,000 cases of colorectal cancer diagnosed in people under 50, the equivalent of 49 new cases per day.

### **Screening works!**

Colorectal cancer incidence rates in individuals of screening age have been declining in the U.S. since the mid-1980s. This is due to increased awareness and screening, but the screening rate remains low, especially among those who are uninsured or don't have doctor's offices within reasonable driving distance of their home.

### **WHY COLORECTAL CANCER MONTH IS IMPORTANT**

#### **It's preventable**

The earlier the cancer is found, the better chance the person has to beat it. That is why early detection is so important.

#### **It's treatable**

Though it's a deadly disease, it's a treatable disease. Surgery is the primary form of treatment and results in a cure approximately 50% of the time.

#### **It's easy to detect**

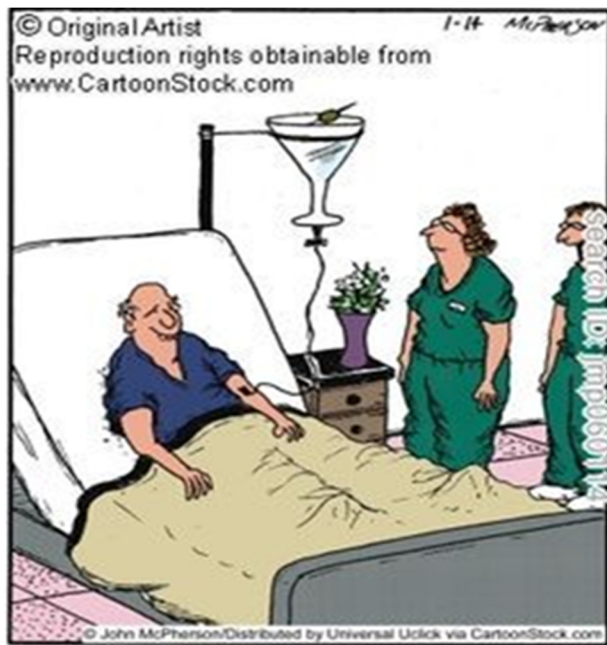
A cancerous polyp can take as many as ten to 15 years to develop into cancer. With regular screening, doctors can remove polyps before they have the chance to turn into cancer.

### **Talk about it!**

The scientific medical community is always coming up with new discoveries and new findings, and the statistics change over time. Do some research and educate yourself so that your awareness improves and you can pass that knowledge on to those around you.

Though the word 'cancer' is difficult to bring up on its own, this cancer is common, and nothing to be ashamed of. You could save a life if you recommend a friend to get screened. **Post on social media.** Share the knowledge of this preventable disease, and encourage others to do the same, shame-free.

## Chuckles therapy.....



"The patients just seem a lot calmer since we got these new IV bags."



"Yes! That was very loud Sir, but I said I wanted to hear your **HEART!**"

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

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

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

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

**Without you, we don't exist!**

## 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

You are the director  
of your Life.  
You choose where  
to put the Focus

**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.