

The New Outlook

Fall 2023



Ostomy Vendor Fair
Northwest Community Hospital
Saturday, October 14, 2023
9am-1pm

The event is free, including parking, and features major product manufacturers and distributors, WOC Nurses, educational materials and support information.

Family, friends and especially those contemplating surgery are also encouraged to attend.

Complete details on page 4

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!

Upcoming Meetings

October 14- Vendor Fair
Northwest Community Hospital

November- No Meeting

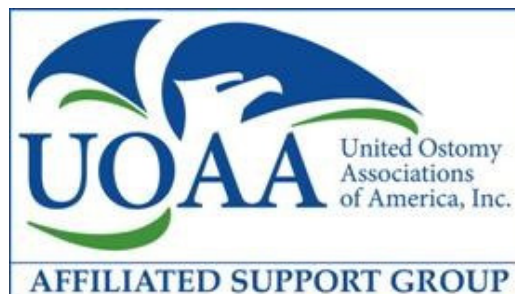
December-TBD

Reminders and virtual invites are emailed the Sunday before each meeting

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, sure we have your current email address to receive monthly meeting and event reminders. Our member list is private, never shared or sold. To request the electronic newsletter, email uoachicago@comcast.net or sign up on our website's home page.



Ostomy Association of Greater Chicago (OAGC)

Established 1975

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Presence Resurrection Medical Center

Ana M. Boden 773-296-7095

Advocate Illinois Masonic Medical Center

Swedish Covenant Hospital 773-878-8200

Teri Coha 773-880-8198

Lurie Children's Hospital

Jan Colwell, Michele Kaplon-Jones 773-702-9371 & 2851

University of Chicago

Laura Crawford 312-942-5031

Rush University Medical Center

Casey Mulle 847-657-5963

Glenbrook Hospital

Cheryl Isberto 847-933-6091

Skokie Hospital

Highland Park 847-926-5806

Agnes Brugger 847-570-2417

Evanston Hospital

Connie Kelly, Mary Kirby 312-926-6421

Northwestern Memorial Hospital 312-695-6868

Carol Stanley 708-660-5956

Rush Oak Park Hospital

Kathy Krenz 815-338-2500

Centegra-Northern Illinois Medical

Marina Makovetskaia 847-723-8815

Lutheran General Hospital

Elizabeth Perry 847-618-3215

Northwest Community Hospital

Nancy Olsen, Mary Rohan 708-229-6060

Little Company of Mary Hospital

Kathy Garcia, Jola Papiez 708-684-3294

Advocate Christ Medical Center

Sandy Fahmy 847-316-6106

Saint Francis Hospital

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 Grich 219-309-5939 or 219-983-8780

Porter Regional Hospital & Ostomy Clinic Valparaiso, Indiana

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

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 or swscost@gmail.com

Sherman Hospital, Elgin

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

DuPage County, Downers Grove

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

Kankakee IL

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

Grundy County, Morris IL

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

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

University of Chicago

Presently holding virtual meetings the third Wednesday of every month at 7:00 PM. Contact Laura Williamson [773-702-8575](tel:773-702-8575), ostomysupportgroup@uchicagomedicine.org

National UOAA Virtual Groups

GLO Network: Fred Shulak 773-286-4005

Ostomy 2-1-1: Debi K Fox 405-243-8001

Quality Life Association: Suzette Henry Miller 662-801-5461

Pediatric Ostomy Group: Bridget Dorsey 801-829-8579

Ostomy 101: www.ostomy101.com

UOAA Discussion Board: www.uoaa.org/forum/

Apps: www.ostomy.org/apps-for-ostomates/

Please email corrections to uoachicago@comcast.net

It's a Matter of Sharing

Ostomy News Review, Green Bay, WI
(originally printed in *The New Outlook* circa 2007)

I know a man with a colostomy, who when asked why he didn't join the ostomy chapter said, "I've adjusted just fine. I don't need the group." His complacency set me back a bit. I thought it over.

So, maybe he doesn't need the group—whatever that means. But the group needs him and others like him—well adjusted ostomates who walk around flat-tummied and non-odorous. Of course, I'm not talking about after-shave or perfume.

An ostomy chapter is not a "half-way house" sort of thing. We don't get together to feel sorry for ourselves, to talk exclusively about the "fun and games" of our various operations. We get together because we want to help each other or maybe to get some help with some little problem that's been bugging us. Something our doctors can't answer but another ostomate may. We want to prove to all those non-believers—oops, guess I'd better call them skeptics—and non-ostomates who may think an ostomy is the end of the world—well, it's not. In most cases, it's the beginning. We are alive because we are ostomates.



Inspired
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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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**Harvard Health
Publishing**
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Want a stronger core? Skip the sit-ups

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

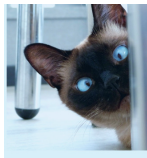
Why planks over sit-ups?

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

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



Finally, activities of daily living such as bathing, getting out of bed, or walking, as well as sports and recreational activities, call on your muscles to work together, not in isolation. While sit-ups or crunches strengthen just a few muscle groups. Through dynamic patterns of movement, a good core workout like plank exercises helps strengthen the entire set of core muscles you use every day, leaving you with a stronger and more balanced body.



Life feels like a test I didn't study for.

Ostomy Vendor Fair

Saturday, October 14

Northwest Community Hospital

800 West Central
Arlington Heights, IL



Hours are 9am to 1pm. Use the main hospital entrance. Once inside, go to the right toward the Oasis Cafeteria then take the short hallway left opposite the Auditorium. Meeting Rooms 6-7.

Vendors to include reps from product manufacturers including Hollister, Coloplast, Convatec; accessories from Safe & Simple and Everyday Ostomy; and distributors including Mark Drug, Byram.

WOC nurses will answer questions and offer assistance. You will not be able to remove a pouch. If you have a skin or stoma issue you want a nurse to see you will need to bring a cell phone picture to show. Private consults available.

Although valet parking is not available on Saturday, Care Carts are available to move patients and visitors between the Busse Center, Day Surgery Center,

South Pavilion, North Pavilion and all points in between. To request Care Cart service upon your arrival to the Hospital campus, please speak with a Guest Services volunteer or Hospital staff member at the information desks located at each entrance. Care Carts are available beginning at 8am.

Don't miss this amazing opportunity to see a wide variety of products, learn about the many services offered to us, and chat with nurses and other ostomates... all in one location!!

~ Light Refreshments ~



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.

Fall Issue Featuring

Beth Hudson – A Second Chance

Plus: Three Pouch Fixes, Bladder Cancer, A Successful Recovery And Much More!

Go to phoenixuoa.org for instant access and to learn more. Included with Subscription: One Bonus Issue + New Ostomy Patient Guide + FREE Ostomy Product Samples

Features of a Healthy Stoma

- Stoma should ideally be above the skin level.
- It should be red and moist. (pallor may suggest anemia; dark hue may represent ischemia).
- No separation between the mucosa (stoma's edge) and the skin.
- No evidence of abnormal redness, rash, ulceration or inflammation in the surrounding skin.



Be yourself. Everyone else is already taken.

~ Oscar Wilde

Mark Drug Medical Supply

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The Ostomy Store

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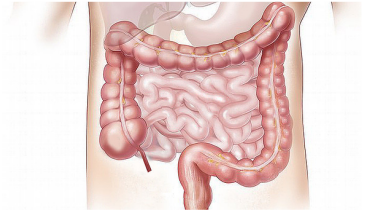
Intestinal Obstruction

Mayo Clinic Staff

Overview

Intestinal obstruction is a blockage that keeps food or liquid from passing through your small intestine or large intestine (colon). Causes of intestinal obstruction may include fibrous bands of tissue (adhesions) in the abdomen that form after surgery; hernias; colon cancer; certain medications; or strictures from an inflamed intestine caused by certain conditions, such as Crohn's disease or diverticulitis.

Without treatment, the blocked parts of the intestine can die, leading to serious problems. However, with prompt medical care, intestinal obstruction often can be successfully treated.



Symptoms

Signs and symptoms of intestinal obstruction include:

- Crampy abdominal pain that comes and goes
- Loss of appetite
- Constipation
- Vomiting
- Inability to have a bowel movement or pass gas
- Swelling of the abdomen

When to see a doctor

Because of the serious complications that can develop from intestinal obstruction, seek immediate medical care if you have severe abdominal pain or other symptoms of intestinal obstruction.

Causes

The most common causes of intestinal obstruction in adults are:

- Intestinal adhesions – bands of fibrous tissue in the abdominal cavity that can form after abdominal or pelvic surgery
- Hernias – portions of intestine that protrude into another part of your body
- Colon cancer

In children, the most common cause of intestinal obstruction is telescoping of the intestine (intussusception).

Other possible causes of intestinal obstruction include:

- Inflammatory bowel diseases, such as Crohn's disease
- Diverticulitis – a condition in which small, bulging pouches (diverticula) in the digestive tract become inflamed or infected
- Twisting of the colon (volvulus)
- Impacted feces

Pseudo-obstruction

Intestinal pseudo-obstruction (paralytic ileus) can cause signs and symptoms of intestinal obstruction, but it doesn't involve a physical blockage. In paralytic ileus, muscle or nerve problems disrupt the normal coordinated muscle contractions of the intestines, slowing or stopping the movement of food and fluid through the digestive system.

Paralytic ileus can affect any part of the intestine. Causes can include:

- Abdominal or pelvic surgery
- Infection
- Certain medications that affect muscles and nerves, including antidepressants and opioids
- Muscle and nerve disorders, such as Parkinson's disease

Risk factors

Diseases and conditions that can increase your risk of intestinal obstruction include:

- Abdominal or pelvic surgery, which often causes adhesions — a common intestinal obstruction
- Crohn's disease, which can cause the intestine's walls to thicken, narrowing the passageway
- Cancer in your abdomen

Complications

Untreated, intestinal obstruction can cause serious, life-threatening complications, including:

- **Tissue death.** Intestinal obstruction can cut off the blood supply to part of your intestine. Lack of blood causes the intestinal wall to die. Tissue death can result in a tear (perforation) in the intestinal wall, which can lead to infection.
- **Infection.** Peritonitis is the medical term for infection in the abdominal cavity. It's a life-threatening condition that requires immediate medical and often surgical attention.

Ostomy Myths vs Reality



Bowel and urinary diversions aren't a subject that is discussed freely, therefore many questions are left unanswered and myths have developed surrounding life with an ostomy. There are many misconceptions about having a stoma which can be extremely confusing and frightening when people are facing surgery or recovering from recent ostomy surgery. The key to living a healthy and happy life with a stoma is to be equipped with the correct knowledge and be able to dismiss any fallacies you may have heard.

Myth: Your stoma should not change size after surgery

Fact: In the first six weeks following your surgery, your stoma will reduce in size and change shape and appearance. This is due to the swelling reducing internally and externally. Your stoma can also change shape or size if you put on or lose weight and your abdomen changes.

Myth: All ostomy products are the same. It doesn't matter what type of pouching system you wear.

Fact: There are a large variety of ostomy products available to fit the lifestyle and body type of each person living with an ostomy. What works for one may not work for another.

Myth: Having skin irritation is a normal way of life with an ostomy.

Fact: Skin irritation is NOT normal. If the skin around your stoma becomes damaged, it could be painful and lead to infection. It also becomes more difficult for the skin barrier of your pouching system to adhere to your skin. It can often be caused by the leaking of feces/urine onto the skin. It is good to check that your stoma appliance fits correctly and if you are unsure, contact your ostomy nurse for guidance. Prevention is the key to maintaining both healthy peristomal skin and your comfort.

Myth: Odor is a part of life when you have an ostomy.

Fact: Odor is contained within the pouch. Over time you will become more comfortable with your ostomy pouch, and will gain confidence in its ability to retain odors. There are also odor reducing products, both internal and external.

Myth: Now that I have an ostomy, I am no longer able to enjoy the foods I love.

Fact: Right after surgery, you may be more sensitive to foods than you will be in six months. Slowly add different foods to your diet, and pay attention to your body's response. Familiarize yourself with the effect of foods on your ostomy. Ostomy.org is a valuable resource.

Myth: I have a colostomy or ileostomy so I shouldn't be passing anything from my rectum.

Fact: The colon or rectum may produce mucus even after ostomy surgery. If you have questions about your output, contact your surgeon or ostomy nurse.

Myth: I can't get my pouch or wafer wet, which means I can't enjoy water activities or bathe with my pouching system in place.

Fact: There is no reason why you cannot do either. The stoma pouches are waterproof and therefore can be left in place when bathing or swimming. If your pouch has a filter, don't forget to cover it. Empty your pouch before showering and make sure the seal is secure. You may want to use barrier strips or special (pink) tape around the wafer for added security.

Myth: Don't shower without your ostomy system off.

Fact: You can shower with or without your ostomy system in place. You may even prefer to remove your pouch during showers and baths, this is a personal choice. Just be aware there can be output. Have the next pouch and barrier ready to apply afterwards

Myth: I won't be able to have sex now that I have a stoma

Fact: Prior to your operation, your surgeon and ostomy nurse will explain any risks to your sexual function that your surgery may cause. For most people, there is no reason why you cannot continue a fulfilling sex life once you have recovered from surgery. You may want to look at some precautions such as emptying your pouch first. There are other accessories available to help secure your pouch during intimate moments.

Myth: An ostomy prevents you from wearing stylish, form-fitting clothing.

Fact: Whatever you wore before surgery, you can wear afterward with very few exceptions. Pouching systems made today are virtually unnoticeable. Try an ostomy wrap or undergarment to help conceal your pouch and increase your confidence.

Myth: You should rinse and/or reuse your pouches.

Fact: It is not recommended to rinse or reuse ostomy systems, pouches or wafers. Flushing your pouching system with water can make the barrier break down faster and damage the filter of the filtered pouches.

Myth: People living with an ostomy cannot fly.

Fact: People living with an ostomy can fly, and use all modes of transportation. Sometimes due to the change in pressure, you may experience a little more gas than usual.

Myth: I will not be able to exercise with a stoma

Fact: Once you have been given the all-clear from your surgeon and have recovered from surgery, there is no reason to avoid exercise. Start gently, try to avoid heavy lifting to prevent a parastomal hernia and slowly build up your unique exercise regimen. There are plenty of types of exercise that are great for ostomates, including walking, swimming, running and yoga.

If you're worried about anything regarding your stoma, speak to your ostomy nurse to gain all the correct facts. Join a support group where other ostomates can give you first-hand experience of how a stoma affects their life on a daily basis. Get the truth, not a misconception and you will feel much more in control of everything stoma related!

The truth is somewhere in the middle of funny and serious.

-Steve Coogan

Pregnancy with an Ostomy

Canadian Society of Intestinal Research

Question:

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

Answer:

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

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

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

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

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

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



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

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

Some complications can occur after delivery. Parastomal hernias (hernias around the ostomy) and prolapsed stomas (abnormal lengthening of the stoma) have been described in the literature. An ET can help to assess and manage any problems or concerns your wife may have after delivery. Staying in contact with your healthcare team will help make the whole experience of adding to your family more enjoyable and manageable for you and your wife.

Authored by Jo Hoeflok, RN, BSN, MA, CETN(C), CGN(C), who is a Registered Nurse specializing in enterostomal therapy care.

October is Breast Cancer Awareness Month



Thank you!



Infections with a Urostomy

NKUDIC – National Kidney and Urologic Diseases
Information Clearinghouse

Bacteria often enter urostomies and continent urinary diversions and begin growing in number. At times, bacterial overgrowth causes a symptomatic urinary tract infection.

Symptoms of infection may include:

- fever
- milky urine or urine containing extra mucus
- strong smelling urine
- back pain
- poor appetite
- nausea
- vomiting

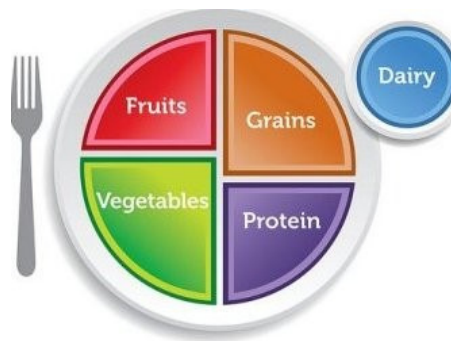
Patients with symptoms of infection should call their healthcare providers at once. Drinking eight full glasses of water every day can help prevent infection by flushing out bacteria and keeping bacterial counts low. Patients should talk with their healthcare providers about appropriate times to have their urine tested and when to have treatment with antibiotics. Urine testing and infection treatment play a critical role in successful long-term care with minimal complications.

Staying Healthy & Enjoying Food

Lynnette Becker, DI, University of Illinois Chicago

Follow a Healthy, Balanced Meal Plan:

- Find foods in each group that you enjoy and tolerate well
- Continue to re-test foods for improved tolerance
 - Start with small quantities
- If you are missing an entire group of foods, talk with your physician or dietitian
 - Supplementation or personalized meal plan may be indicated



Surprising Foods That Cause Gas

WebMD

Apples



The teachers' favorite contains sorbitol, a sugar that's naturally in many fruits. Some people's bodies can't absorb it properly, which gives them gas and bloating. It can cause diarrhea, especially for children.

Artichokes



These veggies have a sugar called fructan that helps set off gas. If you don't feel well after you eat them, just stay away from them.

Potatoes



Spuds are usually a safe choice for a dinner side item. The starch gives some people gas and bloating, though.

Shiitake Mushrooms



These famous fungi can make you get a little funky. Blame it on mannitol, another natural sugar. It can give you gas, and if you eat too much of it, it also can act like a mild laxative.

Peas



Love them or hate them, these soft, green veggies have a chain of sugars called galacto-oligosaccharides that feed gut bacteria and cause gas. This can make for a not-so-pleasant post-meal experience.

Oatmeal



This breakfast superstar has plenty of fiber, which lets you feel full and satisfied all morning. But if you add too much to your diet too quickly, your tummy might get a little uncomfortable. To get more of this important nutrient, introduce it slowly to your eating plan so you don't overwhelm your system.

Hard Candy



You swallow air when you suck these treats. Plus, some candies are sweetened with xylitol, mannitol, sorbitol, or other sugars that make some people get an upset stomach.

Happy Halloween

Happy Thanksgiving



Merry Christmas

Happy Hanukkah



► A very special thank you to everyone who donates to our association! Our largest expenses - 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
105 Hunter Ct.
Grayslake, Il. 60030

Donations can also be made online using a credit card: 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

When life shuts a door
.... open it again.
It's a door.
That's how they work.

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.