

The New Outlook

JANUARY 2014



NEXT MEETING

Wednesday, January 15, 7:30 pm

Lutheran General Hospital
Special Functions Dining Room, 10th Floor
1775 Dempster St., Park Ridge, IL

Board Meeting 6:30 pm

NO MEETING IN FEBRUARY

Last Months' Meeting (our 436th)

"The weather outside was frightful." But the party inside was delightful! So many members braved the frigid cold to enjoy our annual Holiday Gala. We again enjoyed a delicious catered meal, as well as appetizers and desserts provided by our board members. Jerry and Sally led us in playing fun and competitive games. "Fred" and "Sally", our Gastronomaut puppets voiced by Jerry and Judy, entertained us with a skit mostly written by Tammy, but with a little improvisation by the puppets.



We ate.....we laughed.....we played games.....we laughed.....we sang.....and.....we laughed.... A LOT!

Don't forget to let us know if your physical address or email address has changed. Our member list is private, never shared or sold.

Our next meeting January 15th will feature an open discussion on ostomy issues, focusing on the affects different foods have on ostomies. Much is trial and error after ostomy surgery. Help others by sharing your knowledge and experience.

Renard decided in December to retire from writing and publishing our chapter newsletter. We want to thank him for his years of service in compiling interesting and informative articles.

Going forward we would like to include insights from our readers. If you are interested in writing an article for this newsletter or contributing a non-copyrighted article, please email uoachicago@comcast.net

"If you want to touch the past, touch a rock. If you want to touch the present, touch a flower. If you want to touch the future, touch a life." Author Unknown



Ostomy Association of Greater Chicago (OAGC)

Established 1975

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Wound Ostomy Continence Nurses (WOCN)

Bernie auf dem Graben	773-774-8000
<i>Resurrection Hospital</i>	
Alyce Barnicle	708-245-2920
<i>LaGrange Hospital</i>	
Nancy Chaiken	773-878-8200
<i>Swedish Covenant Hospital</i>	
Terry Coha	773-880-8198
<i>Children's Memorial Hospital</i>	
Jan Colwell & Maria De Ocampo	773-702-9371 & 2851
<i>University of Chicago</i>	
Lorraine Compton	773-282-7000
<i>Our Lady of Resurrection Hospital</i>	
Jennifer Dore	847-570-2417
<i>Evanston Hospital</i>	
Beth Garrison	312-942-5031
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Madelene Grimm	847-933-6091
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Connie Kelly	312-926-6421
<i>Northwestern Memorial Hospital</i>	
Kathy Krenz & Gail Meyers	815-338-2500
<i>Centegra-Northern Illinois Medical</i>	
Marina Makovetskaia & Kathy O'Grady	847-723-8815
<i>Lutheran General Hospital</i>	
Diane Zeek	847-618-3125
<i>Northwest Community Hospital</i>	
Nancy Olsen & Mary Rohan	708-229-6060
<i>Little Company of Mary Hospital</i>	
Barbara Saddler	312-996-0569
<i>University of Illinois</i>	
Catherine Smith	708-684-3294
<i>Advocate Christ Medical Center</i>	
Sandy Solbery-Fahmy	847-316-6106
<i>Saint Francis Hospital</i>	
Nancy Spillo	708-763-4776
<i>Resurrection Home Health Services</i>	

National UOAA Virtual Networks

<i>Pull Thru Network:</i> Lori Parker	309-262-6786
<i>UOAA Teen Network:</i> Jude Ebbinghaus	860-445-8224
<i>GLO Network:</i> Fred Shulak	773-286-4005
<i>YODAA:</i> Esten Gose	206-919-6478
<i>Teen Network:</i> Jude Ebbinghaus	860-445-8224
<i>Thirty Plus:</i> Kathy DiPonio	586-219-1876
<i>Continent Diversion Network:</i> Lynne Kramer	215-637-2409
<i>FOW-USA:</i> Jan Colwell	773-702-9371

2014 Meeting Dates at Lutheran General Hospital

January 15
February 19- NO MEETING
March 19
April 16- Our 39th Anniversay
May 21
June 18
July 16

Other area support groups:

Northwest Community Hospital

Every other Thursday at 1:00pm, level B1 of the Busse Center. Contact Diane Zeek 847-618-3215, dzeek@nch.org

Southwest Suburban Chicago

The third Monday at 7:30pm, Little Company of Mary Hospital. Contact Edna Wooding 708-423-5641

Sherman Hospital

The second Wednesday. Contact Heather LaCoco 224-783-2458, Heather.Lacoco@ShermanHospital.org

DuPage County

The fourth Wednesday at 7:00pm, Good Samaritan Hospital. Contact Bret Cromer 630-479-3101, bret.cromer@sbcglobal.net

Aurora

John Balint 630-898-4049 balint.john@yahoo.com

Will County

Charlie Grotevant 815-842-3710
charliegrtvnt@gmail.com

Lake County

Barb Canter 847-394-1586 barb1234@sbcglobal.net

"Thousands of candles can be lighted from a single candle, and the life of the candle will not be shortened. Happiness never decreases by being shared." Buddha

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Hospitalization Guidelines for Ostomy Patients

(reprint by Dr. Lindsay Bard)

It is important for a person with an ostomy to know how he/she should be handled differently than someone without an ostomy when you need to be hospitalized. It's up to you. It is very important to communicate to medical personnel who take care of you, including every physician that treats you, that you have an ostomy, and what type of ostomy you have. Here are some rules to help you cover the details:

Rule 1 – The Cardinal Rule!

If you feel something is being done or going to be done to you that might be harmful, refuse the procedure. Then explain why to the medical

personnel, especially your physician. They will then decide with you if the procedure will actually be in your best interests.

Rule 2 – Supplies

Bring your own supplies to the hospital. Never assume the hospital will have the exact pouching system or irrigation system you use. Most hospitals have some supplies available. These are used for emergency situations. Your insurance may require the hospital to provide you with the supplies, but they are not required to provide you with the same system you are currently using. Also depending on your insurance they may not cover the supplies from a vendor other than the hospital during your hospital stay.

Rule 3 – Laxatives & Irrigations

Follow the points below concerning laxatives or irrigation practices, according to which type of ostomy you have. Medical personnel often assume all stomas are colostomies. But, of course, practices vary among the various types of ostomies.

□ A transverse colostomy cannot be managed by daily irrigations. The only colostomy that can be managed by irrigations is the descending or sigmoid colostomy. However, sigmoid or low colostomies do not have to be irrigated in order for them to function; many people with sigmoid colostomies prefer letting the stoma work as nature dictates. If you do not irrigate your colostomy, let the fact be known to your caregivers. If your physician orders your bowel cleared, irrigate your own colostomy; do not rely on others. There is a strong possibility that those caring for you will not know how to irrigate your colostomy.

□ Bring your own irrigation set to the hospital.

□ If you have an ileostomy or urinary diversion ostomy, never allow a stomal irrigation as a surgical or x-ray preparation.

Remember that laxatives or cathartics by mouth can be troublesome for people with colostomies. For

people with ileostomies, they can be disastrous—people with ileostomies should always refuse them. A person with an ileostomy will have diarrhea, may become dehydrated and go into electrolyte imbalance. The only prep needed is to stop eating and drinking by midnight the night before surgery. An IV should be started the night before surgery to prevent dehydration.

Rule 4 – X-rays

X-rays present special problems for people with ostomies, again, differently managed according to ostomy type:

- A person with a colostomy must never allow radiology technicians to introduce barium into your stoma with a rectal tube. It is too large and rigid. Take your irrigation set with you to x-ray and explain to the technicians that a soft rubber or plastic catheter F#26 or 28 should be used to enter the stoma. Put a transparent pouch on before going to x-ray. Have the technician or yourself place the rubber or plastic catheter into your stoma through the clear plastic pouch. When enough barium is in your large bowel for the x-ray, the rubber or plastic catheter can be withdrawn and the open end of the pouch closed. The pouch will then collect the barium as it is expelled and can be emptied neatly after the procedure. Once the x-rays are completed, irrigate normally to clean the remaining barium from your colon. This will prevent having to take laxatives by mouth after the procedure.
- A person with an ileostomy may drink barium for an x-ray procedure, but never allow anyone to put barium into your stoma.
- A person with a urostomy can have normal GI x-rays without any problems. Never allow anyone to put barium in your stoma. At times, dye may be injected through a soft plastic catheter into a urostomy for retrograde ureter and renal studies, often called an ileo-loop

study. The same study may be performed on a urostomy patient with a Kock pouch. The dye will be injected via a large syringe; this can be a very painful procedure if the dye is not injected very slowly. Even 50 mL will create a great deal of pressure in the ureters and kidneys, if injected rapidly. Remember to request that the injection be done slowly.

- For anyone who wears a two-piece pouching system: you may remove the pouch just prior to the insertion of the catheter, and replace the pouch after the procedure is completed. If you wear a one-piece pouching system, bring another with you to the x-ray department to replace the one removed for the procedure. In the event you are incapacitated, and cannot use your hands to replace your pouching system, request that a WOC nurse in the hospital be available to assist you. The WOC nurse will be able to replace the skin barrier and pouch for you before you leave the x-ray department.

Rule 5 – Instructions

Bring with you to the hospital two copies of instructions for changing your pouching system and/or irrigating your colostomy. Provide one to your nurse for your chart and keep one with your supplies at bedside. If you bring supplies that are not disposable, mark them “do not discard.” Otherwise, you may lose them.

Rule 6 – Communicate!

Again, let me stress that you must communicate with the hospital personnel who take care of you. You will have a better hospital stay, and they will have an easier time treating you.

*Blessed are they who can laugh at themselves,
for they will never cease to be amused.*

A New Ostomy

by Mark Shaffer via ReRoute, Evansville, IN

In most cases, people never discover that you have an ostomy unless you tell them. So deciding who should know about your ostomy - and who should remain in the dark - is one of the first issues a person having ostomy surgery must face. It is also an issue that never completely goes away. No matter how long you have an ostomy, you will meet new people and existing relationships will change.

First, you should never be ashamed of having an ostomy, and you should never feel you need to hide this fact. It is an old adage in ostomy circles that anyone who would change their opinion of you because you have an ostomy is probably someone who is not worthy of your time or concern. On the other hand, having an ostomy is a private matter, and you should not feel the need to announce it from the rooftop either.

There are only a few people you simply have to tell. These include health-care providers, your spouse or significant other, and anyone else involved in your recuperative care. Nevertheless, beyond these common sense restrictions, it is up to you. You might choose to divulge to your co-workers that you had abdominal surgery, but you are now healthy again - which is usually true. You might want to be more detailed when discussing the situation with friends and family...but you also might not. It is totally up to you -do what is comfortable for you. Be happy, you have been given a new life.

"To know the road ahead....ask those coming back"
Chinese Proverb

Some Basic Ostomy Hints

Don't feel that having an ostomy makes you less of a person or some freak of nature. There are lots of us and most of us are glad to be alive.

Build a support system of people to answer questions when you have a problem. Consider our ostomy

nurses and your officers who are listed in this newsletter.

Don't play the dangerous game of making your appliance fail by putting off a change. There aren't any prizes given for the longest wear time except accidents.

Don't wait until you see the bottom of your supply box before ordering more. Always expect delays in shipping when calculating delivery times - although most suppliers can deliver ostomy supplies to you in a day or two.

Zip-lock sandwich bags are useful and odor-proof for disposal of used ostomy pouches.

Don't get hung up on odors. There are some great sprays, drops and some internal deodorants. Remember, everybody creates some odor in the bathroom. Don't feel you are an exception.

If you have a urostomy, you might be concerned about urine odor. Certain foods can cause a stronger urine odor, but you can minimize that by drinking water or cranberry juice.

Carry an extra replacement pouching system in case you spring a leak while away from home. Rotate the ostomy products in your emergency kit so they do not become outdated.

Re-measure your stoma to ensure the correct size of pouch and skin opening. The stoma will shrink in the first few months after surgery.

Read and learn all you can about ostomies. You will not only serve yourself, but you never know when you may find an opportunity to educate someone about the life-saving surgery that has extended so many of our lives.

Learn to be matter of fact about your ostomy surgery and never embarrassed. Few folks get out of this life without some medical problems and unpleasant situations with which to cope. You may be amazed at how people will admire your adaptability and courage. In the beginning after surgery, almost everyone experiences some depression. If you fit into this

category, you are certainly not alone. But it need not be a lasting condition. If the depression seems to linger, don't be afraid or ashamed to seek professional help. There is help out there!

The bottom line is...we are alive! If we lived just a few years ago, or in another country, we might not be. Medicine and techniques today have given us an opportunity to experience this second chance. It is certainly an opportunity worth accepting and exploring. The most important part of you as a human being has not changed.

Avocados Boost Absorption

Ohio State University research shows avocados act as a "nutrient booster" that helps the body absorb cancer-fighting nutrients. Adult men and women ate salads and salsa with and without fresh avocado. Subjects who consumed lettuce, carrot and spinach salad containing 2.5 tablespoons of avocado absorbed 8.3 times more alpha-carotene and 13.6 times more beta-carotene - which helps protect against cancer and heart disease.

The subjects also absorbed 4.3 times more lutein, which contributes to eye health and protects against macular degeneration, the leading cause of blindness in the elderly.

Caring for Excoriated Skin

(by Diane Duran, CWOCN)

If, after removing your wafer, you find your skin to be red, denuded of skin, painful or sensitive, you have excoriated skin. Excoriated skin is often caused by pulling off your wafer too vigorously.

The correct way to remove your barrier is to simply hold down your skin and gently pull the wafer down and away from your skin. If needed, you may use an adhesive remover pad, and going from side to side, carefully take off the old barrier.

After gently washing the stoma and surrounding skin with warm water, dry the skin thoroughly. You may use a hair dryer set to cool. Don't rub the skin when drying...pat it. Then, sprinkle the skin with a quality

ostomy powder - like Hollihesive or Stomahesive powder - dust off the excess and then you have the option to seal the powder in with a non-alcoholic containing skin prep.

Wipe the skin with the skin prep until you can't see any more powder. Be careful, the new extended wear barriers do not adhere well when applied to skin prepared with a skin prep. In this case the powder on the skin alone will work just fine.


Then, if you wear a square barrier, instead of placing your wafer squarely on your skin, put it on "diamond" shape. The next wafer change, put it on your skin squarely and rotate every other change. This gives at least part of your excoriated skin a good chance to heal. Putting a barrier on your skin actually enhances healing. Covered skin heals faster than bare skin, so, don't feel that you have to air it out for skin to heal properly. And remember, be gentle with your skin and it will be good to you.

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Ostomy ~ the New Normal

► A special thank you to everyone who has donated to our association in 2013. Your donation is tax deductible and helps to fund this newsletter. If you wish to make a donation, please make check payable to Ostomy Assn of Greater Chicago or OAGC and bring to a meeting or send to:

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

What is an Ostomy
UOAA.org

Key Ostomy Terms

This section covers terminology in two primary areas: types of ostomies and continent procedures, and types of pouching systems with the major accessories and supplies. The reader should be sure to “know your ostomy.” This is critical information to provide any caregiver. The sections on types of pouches and accessories are intended to accelerate the new ostomate’s usage of the terminology and to teach that alternative systems and accessories exist. **You are not locked into any pouching system.** If you are having trouble with any pouch, consult your ostomy nurse, caregiver or ostomy product supplier. Be receptive to trying a different type or brand of pouching system.

Types of Ostomies and Continent Procedures

The terms **ostomy** and **stoma** are general descriptive terms that are often used interchangeably though they have different meanings. An ostomy refers to the surgically created opening in the body for the discharge of body wastes. A stoma is the actual end of the ureter or small or large bowel that can be seen protruding through the abdominal wall. The most common specific types of ostomies are described below.

Colostomy The surgically created opening of

the colon (large intestine) which results in a stoma. A colostomy is created when a portion of the colon or the rectum is removed and the remaining colon is brought to the abdominal wall. It may further be defined by the portion of the colon involved and/or its permanence.

Temporary Colostomy

Allows the lower portion of the colon to rest or heal. It may have one or two openings (if two, one will discharge only mucus).

Permanent Colostomy

Usually involves the loss of part of the colon, most commonly the rectum. The end of the remaining portion of the colon is brought out to the abdominal wall to form the stoma.

Sigmoid or Descending Colostomy

The most common type of ostomy surgery, in which the end of the descending or sigmoid colon is brought to the surface of the abdomen. It is usually located on the lower left side of the abdomen.

Transverse Colostomy

The surgical opening created in the transverse colon resulting in one or two openings. It is located in the upper abdomen, middle or right side.

Loop Colostomy

Usually created in the transverse colon. This is one stoma with two openings; one discharges stool, the second mucus.

Ascending Colostomy

A relatively rare opening in the ascending portion of the colon. It is located on the right side of the abdomen.

Ileostomy

A surgically created opening in the small intestine, usually at the end of the ileum. The intestine is

	brought through the abdominal wall to form a stoma. Ileostomies may be temporary or permanent, and may involve removal of all or part of the entire colon.		number of facilities.
Ileoanal Reservoir (J-Pouch)	This is now the most common alternative to the conventional ileostomy. Technically, it is not an ostomy since there is no stoma. In this procedure, the colon and most of the rectum are surgically removed and an internal pouch is formed out of the terminal portion of the ileum. An opening at the bottom of this pouch is attached to the anus such that the existing anal sphincter muscles can be used for continence. This procedure should only be performed on patients with ulcerative colitis or familial polyposis who have not previously lost their anal sphincters. In addition to the "J" pouch, there are "S" and "W" pouch geometric variants. It is also called ileoanal anastomosis, pull-thru, endorectal pullthrough, pelvic pouch and, perhaps the most impressive name, ileal pouch anal anastomosis (IPAA).	Urostomy	This is a general term for a surgical procedure which diverts urine away from a diseased or defective bladder. The ileal or cecal conduit procedures are the most common urostomies. Either a section at the end of the small bowel (ileum) or at the beginning of the large intestine (cecum) is surgically removed and relocated as a passageway (conduit) for urine to pass from the kidneys to the outside of the body through a stoma. It may include removal of the diseased bladder.
Continent Ileostomy (Kock Pouch)	In this surgical variation of the ileostomy, a reservoir pouch is created inside the abdomen with a portion of the terminal ileum. A valve is constructed in the pouch and a stoma is brought through the abdominal wall. A catheter or tube is inserted into the pouch several times a day to drain feces from the reservoir. This procedure has generally been replaced in popularity by the ileoanal reservoir (above). A modified version of this procedure called the Barnett Continent Intestinal Reservoir (BCIR) is performed at a limited	Continent Urostomy	There are two main continent procedure alternatives to the ileal or cecal conduit (others exist). In both the Indiana and Kock pouch versions, a reservoir or pouch is created inside the abdomen using a portion of either the small or large bowel. A valve is constructed in the pouch and a stoma is brought through the abdominal wall. A catheter or tube is inserted several times daily to drain urine from the reservoir.
		Indiana Pouch	The ileocecal valve that is normally between the large and small intestines is relocated and used to provide continence for the pouch which is made from the large bowel. With a Kock pouch version, which is similar to that used as an ileostomy alternative, the pouch and a special "nipple" valve are both made from the small bowel. In both procedures, the valve is located at the pouch outlet to hold the urine until the catheter is inserted.

Orthotopic Neobladder

A replacement bladder, made from a section of intestine, that substitutes for the bladder in its normal position and is connected to the urethra to allow voiding through the normal channel. Like the ileoanal reservoir, this is technically not an ostomy because there is no stoma. Candidates for neobladder surgery are individuals who need to have the bladder removed but do not need to have the urinary sphincter muscle removed.

the flange. A common connection mechanism consists of a pressure fit snap ring, similar to that used in Tupperware™.

One-Piece Systems

Consist of a skin barrier/wafer and pouch joined together as a single unit. Provide greater simplicity than two-piece systems but require changing the entire unit, including skin barrier, when the pouch is changed.

Both two-piece and one-piece pouches can be either **drainable** or **closed**.

Types of Pouching Systems

Pouching systems may include a one-piece or two-piece system. Both kinds include a skin barrier/wafer ("faceplate" in older terminology) and a collection pouch. The pouch (one-piece or two-piece) attaches to the abdomen by the skin barrier and is fitted over and around the stoma to collect the diverted output, either stool or urine. The barrier/wafer is designed to protect the skin from the stoma output and to be as neutral to the skin as possible.

Colostomy and Ileostomy Pouches

Can be either open-ended, requiring a closing device (traditionally a clamp or tail clip); or closed and sealed at the bottom. Open-ended pouches are called drainable and are left attached to the body while emptying. Closed end pouches are most commonly used by colostomates who can irrigate (see below) or by patients who have regular elimination patterns. Closed end pouches are usually discarded after one use.

Two-Piece Systems

Allow changing pouches while leaving the barrier/wafer attached to the skin. The wafer/barrier is part of a "flange" unit. The pouches include a closing ring that attaches mechanically to a mating piece on

Irrigation Systems

Some colostomates can "irrigate," using a procedure analogous to an enema. This is done to clean stool directly out of the colon through the stoma. This requires a special irrigation system, consisting of an irrigation bag with a connecting tube (or catheter), a stoma cone and an irrigation sleeve. A special lubricant is sometimes used on the stoma in preparation for irrigation. Following irrigation, some colostomates can use a stoma cap, a one- or two-piece system which simply covers and protects the stoma. This procedure is usually done to avoid the need to wear a pouch.

Urinary Pouching Systems

Urostomates can use either one or two piece systems. However, these systems also contain a special valve or spout which adapts to either a leg bag or to a night drain tube connecting to a special drainable bag or bottle.

These are the major types of pouching systems. There are also a number of styles. For instance there are flat wafers and convex shaped ones. There are fairly rigid and very flexible ones. There are barriers with and without adhesive backing and with and without a perimeter of tape. Some manufacturers have introduced drainable pouches with a built-in tail closure that doesn't require a separate clip. The decision as to what particular type of system to choose is a personal one geared to each individual's needs. There is no right or wrong choice, but each person must find the system that performs best for him or her.

The larger mail-order catalogues will illustrate the types and styles from all or most of the suppliers. If you have any trouble with your current pouching system, discuss the problem with an ostomy nurse or other caregiver and find a system that works better for you. It is not uncommon to try several types until the best solution is found. Free samples are readily available for you to try. **There is no reason to stay with a poorly performing or uncomfortable pouching system.**

Types of Accessories

You may need or want to purchase certain pouching accessories. The most common items are listed below.

Convex Inserts	Convex shaped plastic discs that are inserted inside the flange of specific two-piece products.
Ostomy Belts	Belts that wrap around the abdomen and attach to the loops found on certain pouches. Belts can also be used to help support the pouch or as an alternative to adhesives if skin problems develop. A belt may be helpful in maintaining an adequate seal when using a convex skin barrier.

Pouch Covers

Made with a cotton or cotton blend backing, easily fit over the pouch and protect and comfort the skin. They are often used to cover the pouch during intimate occasions. Many pouches now include built-in cloth covers on one or both sides, reducing the need for separate pouch covers.

Skin Barrier Liquid/Wipes/Powder

Wipes and powder help protect the skin under the wafer and around the stoma from irritation caused by digestive products or adhesives. They also aid in adhesion of the wafer.

Skin Barrier Paste

Paste that can be used to fill in folds, crevices or other shape or surface irregularities of the abdominal wall behind the wafer, thereby creating a better seal. Paste is used as a "caulking" material; it is **not** an adhesive.

Tapes

Tapes are sometimes used to help support the wafer or flange (faceplate) and for waterproofing. They are available in a wide range of materials to meet the needs of different skin sensitivities.

Adhesive Remover

Adhesive remover may be helpful in cleaning the adhesive that might stick to the skin after removing the wafer or tape, or from other adhesives.

"We acquire the strength we have overcome."

Ralph Waldo Emerson

Ostomy Association of Greater Chicago

Confidential Membership Application

We invite you to join our association. You are especially welcome if you have an ostomy, are preparing for surgery, are a healthcare professional and/or have a loved one who has had surgery. We are a completely volunteer-operated ostomy support group. Our mission is to support, educate and advocate for people with ostomies.

Name _____

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Type of Ostomy Colostomy Ileostomy Urostomy Continent Procedure

Date of surgery _____ Age Group <21 22–36 37–50 51–65 66–80 80<

Attend one of our general meetings. There are always friendly people to talk with you. You may even want to participate in our association's leadership. We always need talented people to share in our good work. Membership is free (our funds come primarily through donations). Please mail this application to

Judy Svoboda, President
605 Chatham Circle, Algonquin, IL 60102
Or e-mail information to uoachicago@comcast.net

MBSR

Many people have found that **Mindfulness-Based Stress Reduction (MBSR)** can be helpful. Used by hospitals around the country, the Eastern meditative-based program helps people deal with stress, anxiety, depression and chronic pain and can help lessen the stress that comes with medical conditions.

Mindfulness is the idea of focusing on one thing in the moment – like each breath you take, each step as you walk, and the sights or sounds around you.

Try the MBSR exercise Three-Step Breathing Space. Choose three times in your day to practice it. This exercise can be a first step when you start to feel stressed or challenged or it can be a regular part of your routine.

The Three-Step Breathing Space:

1. What is here now? What sensations are in your body? What activities are in your mind? Is it busy or calm? What are your current thoughts and emotions?

2. Focus on just the sensations of the breath moving in and out of the body.

3. Expand your focus to experience your whole body in its current state and place: your body's connection with the ground or chair, the shape and posture of your body, your expression, the space your body takes up, the space around your body in this space.

This exercise offers you the time and space to decide how things are for you in this moment.



The International Children's Ostomy Education Fund

For more information on Gastronom puppets, visit www.thebowelmovement.info/the-gastronauts

The New Outlook
514 Knox St.
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Return Service Requested



We invite you to attend our general meetings. Relatives, friends, doctors, and nurses, as well as our members—any interested people—are invited and welcome. Our association has a team of trained volunteer listeners available to discuss the concerns of patients. Healthcare professionals and families are urged to use this free benefit. When you know of a patient who would like to talk to a person who has been there and done that, please call the visiting chairperson (see page 2).