

The New Outlook

JUNE 2014



NEXT MEETING

Wednesday, June 18, 7:30 pm

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

Last Months' Meeting (our 440th)

Many members and several new guests attended a very interesting presentation on Short Bowel Syndrome. Our speaker, **Frank Quintieri**, explained the causes, symptoms, nutritional challenges and treatment goals of SBS. Often a consequence of surgery to remove a large portion of the small intestine, SBS can also be caused by disease or injury that prevents the intestine from functioning properly despite a normal length. **NPS Pharmaceuticals**, whom Frank represents, has developed **GATTEX**, a product that can reduce or even eliminate an SBS patient's dependency on parenteral support (intravenous feeding). The common goal in treating SBS is to help the remaining bowel absorb enough nutrients and fluids from food. After his presentation, Frank answered many questions. One member stated in an email, *"I really got a lot out of the meeting on May 21st. Answers to a question I had and to one I didn't even know I had."*

We were also fortunate to have the presence of **WOCN, Mary McCarthy**. She told us of a product study and thoughtfully answered medical questions, both in group format, and individually after the meeting ended.

Our next meeting, June 18, will feature **Joseph King** with new and favorite products from **Coloplast**. You won't want to miss seeing the newest Coloplast innovations! June is also our Summer Solstice Picnic.

Attending your first meeting? Simply park in the underground garage, enter the Parkside Center and take elevator B to the 10th floor then hallway to the right. There are always supportive ostomy veterans to chat with you.

We're going GREEN! Paper is so 20th century! Thanks to everyone who volunteered to receive this newsletter via email. If you have Internet access, you can save us money by joining our electronic distribution list. To try the electronic version, send e-mail request to: uoachicago@comcast.net

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.

Ostomy Association of Greater Chicago (OAGC)

Established 1975

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North Shore University Health System

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Kathy Krenz & Gail Meyers 815-338-2500

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Diane Zeek, Carol Stanley 847-618-3125

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

Nancy Spillo 847-493-4922

Presence Home Care

Colleen Drolshagen, Becky Strilko, 630-933-6562

Barb Stadler

Central DuPage Hospital

Kathy Thiesse, Nancy Stark 708-216-8554

(Ginger Lewis-Urology only 708-216-5112)

Loyola University Medical Center

Alyce Barnicle (available on as needed basis only) 708-245-2920

LaGrange Hospital

National UOAA Virtual Networks

Pull Thru Network: Lori Parker 309-262 6786

UOAA Teen Network: Jude Ebbinghaus 860-445-8224

GLO Network: Fred Shulak 773-286-4005

YODAA: Esten Gose 206-919-6478

Teen Network: Jude Ebbinghaus 860-445-8224

Thirty Plus: Kathy DiPonio 586-219-1876

Continent Diversion Network: Lynne Kramer 215-637-2409

FOW-USA: Jan Colwell 773-702-9371

2014 Meeting Dates at Lutheran General Hospital

June 18- Annual Summer Solstice Picnic

Also, Joseph King from Coloplast

July 16- Ben Rudzin, Personal Trainer

August- NO MEETING

September 20- Dr. Eugene Yen, Gastroenterologist

October 15

December 10- Annual Holiday Gala

More area support groups:

Northwest Community Hospital

Arlington Heights. June, August, Oct. Dec., second

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, Evergreen Park. Contact Edna

Wooding 708-423-5641

Sherman Hospital, Elgin

The second Wednesday. Contact Heather LaCoco

224-783-2458,

Heather.Lacoco@ShermanHospital.org

DuPage County

The fourth Wednesday at 7:00pm, Good Samaritan

Hospital, Downer's Grove. Contact Bret Cromer

630-479-3101, bret.cromer@sbcglobal.net

Aurora

The second Tuesday at 7:00pm, Provena Mercy

Center. Contact John Balint 630-898-4049

balint.john@yahoo.com

Will County

Charlie Grotevant 815-842-3710

charliegrtvnt@gmail.com

Lake County

Hollister in Libertyville Barb Canter 847-394-1586

barb1234@sbcglobal.net

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We are introducing a new column!

OAGC member **Patricia Johnson** will debut “**Here & Now**”, a collection of musings, observances, perspectives and anything else she feels like sharing.

No Sweats!

By Patricia Johnson,
Ostomate and acknowledged clothes horse.

When I was told that I should have my colon removed my response was “Oh NO! I am NOT going to live in sweats the rest of my life!” I love clothes. I come from a long line of “clothes horses”. It is in my genes. So as the days grew closer to my surgery my anxiety about what I would wear, how I would look grew.

That is until Erica stepped into my hospital room. She was friendly, upbeat and looked very pulled together. She told me that she had had her ileostomy for eight years and then proceeded to put my mind at ease by talking about clothes. What works, what doesn't, the “secrets” of ostomy fashion.

And that is what I hope to do here. Share with you the things I've learned about dressing and looking your best with an ostomy.

Right now fashion trends are skinny pants and long tops. Perfect for ostomates. I wear skinny jeans. I love them. The stretch in the fabric makes them comfortable and provides some “give”. They can be dressed up or down by the shirt, tee, sweater or a combination of these that you can team them with. Layering is big now. Pull on a cami or tee, add a blouse, sweater or jacket, some cute shoes and a little jewelry and you are good to go. I try to draw the eye up away from my waist. The pouch doesn't show but often mine fills with gas and balloons out. Looking down I can see it but people looking at me don't see it. I know, I have asked several friends.

Another thing I've learned is that the tail of the pouch can be folded up to just inside your underwear. When this is done there is nothing hanging down, the look is smoother. In this case it is a good idea to empty the pouch frequently. I do this whenever I use the bathroom, even if there is just a little bit in the pouch. Then I'm not worried if I cannot get to a bathroom for awhile.

Another tip - don't wear pleated slacks. As the pouch fills and expands it stretches out the pleats. The other side will still have pleats giving an uneven look that may be noticeable.

Skirts and dresses are great for someone with an ostomy. They drop down neatly from the waist covering the pouch. The pouch isn't flattened and when I wear them I feel comfortable and pretty.

I wear a slip if the skirt or dress isn't lined. However some women like to wear spanx instead. Spanx are available where lingerie is sold. Buy it one size larger because you don't want it tight. Wearing spanx assures you of a smooth look.

Tucking in shirts and tees and wearing a belt is easy to do and looks fine. I recommend wearing something that is a little looser around your waist to accommodate the extra bulk. You can still have a streamlined, classic appearance.

Just because you have an ostomy doesn't mean you must wear dark pants. There are wonderful colors and patterns out now. Try them. You can go as bold and as bright as you like. Capris are a good way to experiment. Your whole leg isn't committed to the color, so it is not so strong. Wear white. If the appliance didn't show in dark slacks it won't show in

well fitting white or colored slacks. An overall pattern further obscures any bulges you may be concerned about.

As summer and warm weather approaches the question of bathing suits raises its head. Can I wear one? What kind? Where do I find one that does double duty; hides the pouch and looks nice?

I found a two-piece at LL Bean. The bottom is a skirt and the top is a tank that meets at the waist. (Like spanx, wear the bottom one size larger so you are not squishing the pouch.) I have seen other styles in catalogs that would also do the trick such as a one-piece suit with a sarong style skirted front.

Accessories finish off your outfit. Drawing the eye up is a good way to take the emphasis off your waist. Scarves are great. In the fall and winter they tie an outfit together and keep your neck and shoulders warm. There are so many ways to wear them. Go on line for ideas. A pretty necklace and earrings are also a great way to round out your outfit.

If you don't want to accent the top half of your body get some really cute shoes. As people glance down their eye is drawn to your feet and WOW! Your middle is hardly noticed, overlooked and forgotten.

I hope these tips have given you some ideas. Have fun with your clothes and accessories. Always go out looking your best. Stand up, and walk with confidence. No one will know you have an ostomy.

Life is good.

Look People...Things Change

By Barb Campbell, Winnipeg Ostomy Association

We who have had ostomy surgery know about change. We are challenged by the new "change" after our surgery. The challenges of change are big, but our capacity to respond is almost endless. We must make changes that are timely and which also provide long-range strength and health.

Change is constant. Times change, things change and circumstances change, so we must and do change, adjust, make new plans, turn in another direction, take a different path.

We are adept at being adaptable. We re-evaluate priorities and tend to take less for granted. We learn much about ourselves and much about how precious life and people are. We learn to say good things that

count now and don't wait until later because we are acutely aware that later may never come.

This changes us and it changes our relationships with others. We hopefully become better people. Change is with us forever—in more ways than one! The following are quotes that are rather timely:

- "Change amuses the mind." "Change is the law of life. Johan Wolfgang Goethe
- "And those who look only to the past and present are certain to miss the future." John F. Kennedy
- "There is nothing permanent except change." Heraclitus
- "All our resolve and decisions are made in a mood or frame of mind which is certain to change." Marcel Proust
- "Never underestimate the ability of a small dedicated group of people to change the world; indeed it's the only thing that has ever changed the world." Margaret Mead
- "Change is such hard work." Billy Crystal
- "The only person who truly welcomes change is a wet baby." Mary Francis Henry



*Can you
still drink
alcohol?*

Yes! And you may find that gastrointestinal upsets associated with alcohol that used to occur before surgery are now gone with the removal of the diseased bowel. A word of caution however: those with ileostomies are at greater risk of dehydration when drinking alcohol. Have water on the side, or extra juice along with your drink. Unless a fair amount of the large colon was removed, colostomates are in little danger of dehydration when drinking liquor. Urostomates need not fear dehydration, but you will be making more trips to the bathroom to empty your appliance.

Beer and carbonated drinks can produce gas. Some medications are less effective if taken with alcohol ~ be sure to follow instructions.

Alcohol may give you loose output or extra output, or it may have no effect on waste at all. In some people, with or without an ostomy, this makes the bowels more watery and a few may find that some restriction is necessary, though it is always worth experimenting. **Everybody's different.**

One woman reported in January that, at Christmas, she found that her ileostomy would stand up to port, sherry, gin and cider, but (regretfully) she said, "It wouldn't take beer".

A year later, she reported: "It's all right now - it can take beer as well!"

Vitamin B-12 Replacement Therapy

By Bob Baumel, Ostomy Asso. of N. Central Oklahoma,
UOAA Update 7/2012

Vitamin B-12 is, under normal conditions, absorbed in only a small section of the terminal small intestine (ileum), raising the possibility of B-12 deficiency if that section of ileum has been removed surgically or damaged by disease.

People who may have lost that portion of ileum include some ileostomates, people who had a failed J-pouch or Kock pouch, and some people with urinary diversions (especially continent urinary diversions) made using the terminal ileum.

A condition such as Crohn's disease may have damaged the terminal ileum, even if it hasn't been removed surgically. Vitamin B-12 is necessary for many metabolic processes including development of red blood cells, and also maintains normal functioning of the nervous system. Deficiency causes anemia (reduced oxygen carrying capacity of the blood resulting in fatigue) and can also cause nervous system damage. It's worth noting that folic acid (another B vitamin) can correct the anemia caused by vitamin B-12 deficiency but will not correct the nerve damage caused by B-12 deficiency. So it's important to get enough vitamin B-12.

If you think you are at risk for vitamin B-12 deficiency, you can ask your doctor to check your serum (blood) B-12 level. This test can be added easily to routine blood testing. If your ability to absorb vitamin B-12 by the normal pathway involving the terminal ileum has been impaired, you can supplement the vitamin by three basic methods:

By injection: This method bypasses the normal

gastrointestinal process of B-12 absorption by inserting it into the body by intramuscular or subcutaneous injection. B-12 injections may be self-administered in the same way that diabetic patients can give themselves insulin shots. Maintenance therapy may require only one B-12 injection per month.

Nasally: This method also bypasses the normal gastrointestinal absorption process, as vitamin B-12 can be absorbed through nasal mucous membranes. The nasal form of B-12 was developed first as a nasally applied gel and later a true nasal spray (brand name Nascobal®). This product is marketed by the company Strativa Pharmaceuticals, who promotes it as the only FDA approved form of vitamin B-12 besides the injectable form. Nasal B-12 can be effective but, because one company has sole rights to distribute it in the U.S., it can be an expensive way to get your vitamin B-12.

Orally: Until recently, doctors believed that B-12 taken orally was useless to people who lack the normal absorption mechanism involving the terminal ileum. That opinion has changed, however, as research has revealed that even in such people, when a large dose of vitamin B-12 is taken orally, a small fraction (typically around 1%) gets absorbed by mass-action transport across the gut.

Note: Time Release medications should, in general, be avoided if you have an ileostomy, as they may pass through your gut without getting absorbed.

Prescription and OTC Drugs

United Ostomy Association of Canada, Vancouver Chapter

Prescription and non-prescription drugs as well as vitamins are absorbed primarily through the intestines, therefore if you have had a significant portion of your bowel removed, absorption of these substances can be affected.

While the chemical nature of most drugs allows absorption along a significant length of the intestinal tract, the shorter the functional intestine, the less will be absorbed. Only a very few drugs, such as alcohol, can be absorbed to any great extent through the stomach. Absorption of medications can vary depending on the size and type of pill (ie tablet or capsule). Chewable tablets are effective if they are

chewed well; in most cases they are better absorbed than capsules or compressed tablets. Ostomates who have a significant portion of their intestine removed may achieve better absorption by emptying the contents of a capsule into applesauce, or crushing a compressed tablet and adding the powder to food. A word of caution, though ~ not all tablets can safely be crushed, and not all capsules should be emptied. Generally speaking, time-release tablets should not be crushed, nor should time-release capsules be emptied. The result could be 12 to 24 hours worth of medication being released all at once. Time release medications should be avoided by ileostomates or discussed with their pharmacist.

Enteric-coated tablets should not be crushed. The reason those tablets are coated is to prevent irritating the lining of the stomach. If possible, avoid this type of tablet as they can pass intact through your system. FOLLOW INSTRUCTIONS FOR TAKING ALL DRUGS. If in doubt about an over-the-counter drug, or how different drugs may interact, consult your pharmacist or doctor.

Prolapsed Stoma

UOAC-Vancouver

A prolapsed stoma is a stoma that begins to hang noticeably farther and farther out of your body without retracting. This is not normal and should be reported to your ostomy nurse. It's normal for your stoma to change in length slightly throughout the day but this should not be confused with a true prolapse. Your stoma can look contracted and almost flush with your skin, minutes later it may appear soft and look longer. This minor variation in length is normal stoma behavior. It can react to cold or being handled by contracting and 'shortening' up. Peristaltic waves can also make the stoma look shorter or longer. They can look, and feel, either hard or soft depending on whether or not contraction is happening. What is not normal is if you notice your stoma is looking consistently longer and starting to hang out of your body more than usual. Measure your stoma's length after six weeks and if you notice it is getting longer, you should have your WOCN check it. Prolapsed stomas are inconvenient and more prone to injury. There is no 'standard' stoma length - they can be less than half an inch long, or up to an inch and a quarter. Occasionally surgical intervention is required.

Urinalysis with a Urostomy

If urine is collected for urinalysis be sure your doctor and nurse know a sterile specimen must be taken directly from your stoma and not from the pouch. Bacteria builds up in the pouch quickly and may give false test results. If they are not sure how to do this, do the following:

- Remove your pouch
- Clean the stoma
- Catch the urine in a sterile cup

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Try tips from other ostomates that might apply to issues you have, but remember everyone is different. What works for one person may not work for another, but it's worth a try.



Wear a smile...one size fits all!

TRAVEL, FUN AND THE SUN

UOAA UPDATE 1/2014 by Patti Burke, RN,CWOCN

Preparing for Travel

1. Change your pouch 24 hours before departure to assure complete adherence.
2. Make a list of all supplies you use with their stock numbers. Take photocopies of the catalog that shows the products you use.
3. Call your manufacturer to get a list of suppliers in the area where you will be traveling.
4. Obtain a referral list of doctors and medical centers in the area where you will be traveling.
5. Check with your doctor about taking an antidiarrheal medication to treat any diarrhea that may occur.

Packing your Carry-on Bag

1. Change of clothes.
2. Bring pre-cut wafers/pouches that were prepared at home.
3. Rounded tip scissors can be packed in your carry-on bag. (Check with your airline to be sure.)
4. Pack supplies in carry-on *and* checked luggage.
5. Take twice your normal amount of supplies. (Remember Murphy's Law.)
6. Pack baggies or plastic bags to dispose of used pouches.

7. Obtain a statement from your doctor about your need for ostomy supplies.
8. Urostomates need large plastic bags that zip close for bedside overnight drainage. Attach the bag with a clothespin to a wastebasket and zip close to the drain tube.
9. Colostomates who irrigate should do so only with drinking water.
10. Take an insulated bag to store your supplies in extreme temperatures.

Swimming with an ostomy

1. Empty your pouch before swimming.
2. Swim when the bowel is less active, usually in the morning. Use pink tape to frame your wafer for security.
3. Women can choose a patterned suit with a liner for a smoother profile.
4. Men can wear a tank shirt and trunks if the stoma is above the belt line.

HAVE A GREAT VACATION!!

MORE HINTS FOR SUMMER AND TRAVEL

Via: Metro Maryland

Do not expect to get the same pouch wear time as you did in the fall, winter or spring. If your wafer or ring skin barrier melts out faster, change the pouch more frequently. If wear times are very poor, have your ET nurse recommend a different skin barrier. If plastic against your skin is uncomfortable or causes a heat rash, purchase or sew a pouch cover. If you are wearing a two-piece system and are participating in very active sports, use a 10" strip of 2" or 3" waterproof tape to secure the pouch and the barrier. Be sure to drink plenty of fluids so that you will not get dehydrated or constipated. For extra security during swimming and water sports, use waterproof or "pink" tape to fix your pouch.

Monilia, is a common summer problem. This raised, itchy, red rash on the peristomal skin is uncomfortable and keeps the pouches from holding well. If you suspect a monilial rash, contact your physician as soon as possible for a prescription for anti-monilia powder.

All methods of travel are available to you. Many people with ostomies travel widely, from camping trips to cruises to plane excursions around the world.

Since you should prepare for travel, here are some suggestions:

Take along enough supplies to last the entire trip plus some extras. They may not be easy to obtain from where you are going. Even if you do not expect to change your appliance, take along everything you need to do so. Leave home fully prepared. Find out if and where supplies are available for a long trip. A local ostomy chapter can be helpful. Never pack ostomy supplies in your luggage suitcase in case your luggage is delayed or lost. Pack them in your hand luggage and take them with you. Even when traveling by car, keep this in mind. Never keep your equipment in the car trunk where excessive heat can damage appliances and dry out cement, etc. Try to get the name/ names of any Ostomy Chapters in your travel itinerary. You can always make contact with someone who can find a doctor or ostomy supplies. Ostomates are friendly and most helpful. Be extra cautious about food and water in other countries since a case of traveler's diarrhea can be more serious to you. Be prepared for digestive upsets by checking with your doctor for recommended medications to take with you. To fight dehydration due to excessive heat, diarrhea or vomiting, carry a small immersion heater and tea bags or instant bouillon cubes. These can quickly replace lost electrolytes (potassium and salt). Carry some type of emergency medical information on your person. Provide cautions and pertinent information in the event of unexpected hospitalizations.

There's a new Ostomy **Clinic** in Chicago

RUSH UNIVERSITY MEDICAL CENTER

Monday - Friday, 8:00 am - 3:00 pm

Call Karen Blum, APN, CWOCN for appointment
312-942-7088

You don't need to have a physician on staff, but you may need an order from your doctor for insurance.

Rush University Surgeons/Colon and Rectal Surgery
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Self Image

by Alan Mortiboys, IA,
Ileostomy and Internal Pouch Support Group UK

If you have recently gone through the trauma of having an ileostomy, it would be natural to be concerned about the effect it may have on your present and future relationships with other people. You may well try to hide the fact that you have an ileostomy but be worried that everyone will find out because you think you look different. It is quite common for new ileostomists to feel this way.

Broadly speaking, there are two ways you can deal with this - firstly, you can look at the practical matter of appliances and other services available and, secondly, you can do something about how you view yourself.

There is available a wide range of ostomy equipment and other associated products, such as deodorants and swimwear, backed up with advice from manufacturers representatives. Full details can be obtained from your stoma care nurse.

Anyone, through their (local support group), can make contact with other ileostomists and find out what others do. You will soon realize that there are no constraints on where you go, who you meet, how you travel, what pursuits you take up, how you look, what you wear, what you eat - in fact there is really no need for your appearance or behavior to change at all.

Apart from gathering all of this valuable information and finding equipment that suits you, you may also need to deal with the not so straightforward matter of how you feel about it all. In considering how you see yourself, first don't pretend that your ileostomy and bag aren't there. They are - it's a fact. However, it is important to get this into perspective - it's a **small** part of your life and who you are. Secondly, think of all of the people you see - at work, friends, in shops and so on. Do you know someone who has an ileostomy or, for that matter, a colostomy or urostomy? Do you?

Well, the chances are that you do know someone who wears a bag, yet you don't know they wear a bag, because how would you? You are not inspecting everyone to see if they have an ostomy, any more than others will be looking at you.

Self-perception

Consider this - possibly the biggest factor that affects how others see you is the way you see yourself. A lot of the population who don't have ileostomies lack self-confidence and are too ready to stress their perceived faults and failures rather than their many good points.

When you have an ileostomy, it can be taken as an invitation for these characteristics to be exaggerated. You might think the ileostomy is the most important thing about you and you can see it as meaning you are less, rather than different. If you find it difficult to see yourself as good as everyone else or to think of yourself in a positive way, this is not surprising, but it is possible to do something about it.

There are a number of books available which focus on self-image and help you think well of yourself. Also, a number of excellent counsellors and counselling services exist, not necessarily specialising in dealing with ileostomists or altered body image. These provide an opportunity to talk over the non-mechanical aspects of living with an ileostomy and help you become more confident and think better of yourself.

Remember, however, that it is likely to take some time to become adjusted to your new self. Having your body visibly altered by surgery is a significant transition in life. It is well known that at times of significant transition, for instance bereavement, unemployment, leaving the parental home, there are certain stages people go through. It is normal, and perhaps necessary, to experience emotions like shock, denial (making light of it) and depression, before becoming positive about the change and accepting your new circumstances.

Ileostomists entering a new relationship often ask, how will I tell him/her? When? What will he/she think? Most ileostomists in this situation have found that their worries are unfounded and that the person who truly cares for you accepts all of you as you are. Equally, the person whose view of you changes on discovering that you have an ileostomy may not be the person with whom you should consider embarking on a long-term relationship.

As time goes by, you may find yourself telling more and more people about your ileostomy and, curiously, once you have accepted it yourself, you may find any problems you do have are helping

others with their embarrassment as they are not sure what to make of it.

(In the UK many say ostomist instead of ostomate.)

MIDWEST REGIONAL OSTOMY EDUCATION CONFERENCE

Saturday, November 8, 2014

The Double Tree Hotel
75 W. Algonquin Road
Arlington Heights Rd exit off I-90
Arlington Heights, IL 60005

Times:

8:00am - Registration/Continental Breakfast

8:00am - 4:00pm - Vendor Fair

9:00am - 5:00pm - Sessions

9:00am - 3:00pm - Stoma Clinic

6:00pm - Casual Evening Social

Speakers:

Dr. Bruce Orkin, Colorectal Surgeon

Dr. Tiffany Taft, Psychologist

Stephanie Horgan, Clinical Social Worker

Dr. Renjie Chang, OB-GYN

Jan Colwell, APN, CWOCN

Karen Blum, APN, CWOCN

Madelene Grimm, CWOCN

Brenda Elsagher, Author "I Want to Buy a Bowel"

Ally Bain, Law Student drafted Restroom Access

Law (Ally's Law)

Physical Therapist, TBD

Pharmacist, TBD

Diet & Nutrition, TBD

Sessions for family/spouses

Stoma Clinic:

Organized by Diane Zeek, NP, CWOCN

You will need to bring an appliance change.

Information on making appointments will be provided closer to the event

Registration is now open. Complete form on next page, or go to www.uoachicago.org to register online and pay via Credit Card. (Online option will be available by late June)

If any attendee wants to stay over night, in addition to the Double Tree, there are a variety of price options; a Courtyard, a Red Roof Inn and a Motel 6 on Algonquin Rd, and a Holiday Inn Express, Wingate Inn and Jameson Inn on Arlington Heights Rd.

MIDWEST REGIONAL OSTOMY EDUCATION CONFERENCE

Saturday November 8, 2014 Arlington Heights, Illinois

REGISTRATION

NAME _____

ADDRESS _____

EMAIL _____

TYPE OF SURGERY (check what you have or will have)

Colostomy Ileostomy Urostomy J-Pouch Continent Urostomy Other _____

Are you a member of a support group? _____ Name of group _____

Name of Attendees (for badge)	Relationship	Cost	Box lunch choice
1. _____	<input type="checkbox"/> Self	\$25	<input type="checkbox"/> Turkey <input type="checkbox"/> Beef
2. _____	<input type="checkbox"/> Spouse	\$20	<input type="checkbox"/> Turkey <input type="checkbox"/> Beef
3. _____	<input type="checkbox"/> Family/Friend	\$20	<input type="checkbox"/> Turkey <input type="checkbox"/> Beef
4. _____	<input type="checkbox"/> Family/Friend	\$20	<input type="checkbox"/> Turkey <input type="checkbox"/> Beef

Children under 12

1. _____	<input type="checkbox"/> Patient <input type="checkbox"/> Family/Friend	n/c	<input type="checkbox"/> Turkey <input type="checkbox"/> Beef
2. _____	<input type="checkbox"/> Patient <input type="checkbox"/> Family/Friend	n/c	<input type="checkbox"/> Turkey <input type="checkbox"/> Beef

Total: Adults (12+) _____ Children(<12) _____ Total Cost \$ _____

Will you attend the evening social event? Yes or No _____

There is no charge, but we need a count for catering.

Check sessions that would interest you: Colo-rectal Surgeon Urologist Pharmacist
 Physical Therapist Psychologist (patient) Psychologist (family/caregiver) Dietician
 Skin Hernia Intimacy Ask the Nurse (panel of WOCNs) Meet other spouses/caregivers
 Other _____

Please note – you are not registered for any specific sessions. This information is for scheduling purposes only.

Please send this form with check payable to:

Ostomy Association of Greater Chicago
Judy Svoboda/President
605 Chatham Circle
Algonquin, IL 60102

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 _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Phone _____

Type of Ostomy: Colostomy Ileostomy Urostomy Continent Procedure

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

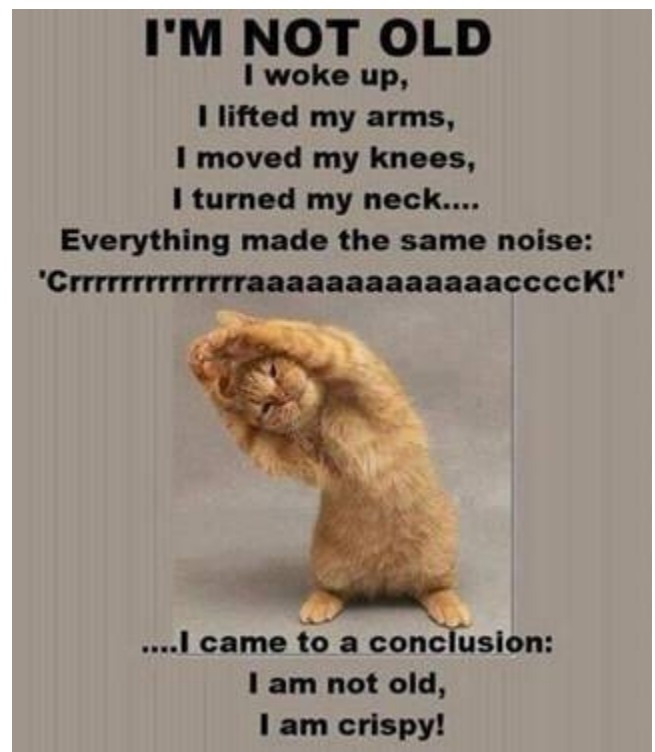
Attend one of our general meetings. There are always friendly people to talk with you. You may even want to participate in our association's leadership. We always need talented people to share in our good work. Membership is free (our funds come primarily through donations). Please mail this application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

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

► A special thank you to everyone who donates to our association. Our largest expense, the cost of printing and mailing this newsletter is 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 Assn of Greater Chicago or OAGC and bring to a meeting, or send to:

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

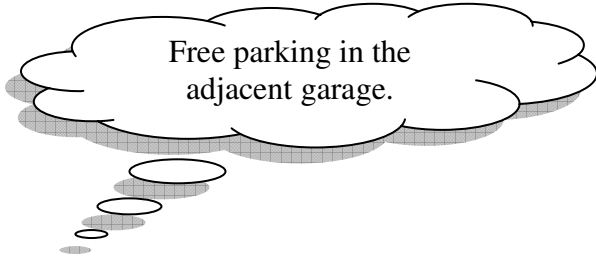


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The information contained in this newsletter and on our website is intended for educational purposes only, and is not a substitute for the medical advice or care of a doctor, surgeon, WOCN, licensed pharmacist or other health care professional.

The New Outlook
514 Knox St.
Wilmette, IL 60091

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).