Ostomy Association of Greater Chicago

The New Outlook

MARCH 2014

NEXT MEETING
Wednesday, March 19, 7:30 pm

Lutheran General Hospital
1775 Dempster St., Park Ridge, IL
Different location this month only.
Sasser Conference Room
10th floor cafeteria
Down the hall from our usual room.

Board Meeting 6:30 pm

Last Months' Meeting (our 437th)

January was a very special meeting with many veterans attending to help newer patients struggling with ostomy issues. Concerns included leaking, odor, the affects of food, and for some, accepting their new normal. We shared stories that led to the need for ostomy surgery, our mind-set at the time and our outlook today. Though we took different roads with varied degrees of initial acceptance, in (our own) time we felt grateful for the surgery that freed us from disease and in many cases saved our lives. Our veteran members were wonderfully candid about their experiences, both physically and emotionally, through the recovery process. It is particularly important to connect with new or struggling ostomates on a personal level, to lessen the feeling of being alone and encourage a more positive approach to future expectations. We are most appreciative of our active members for their enthusiastic support of this mission.

"Don't let what you can't do overshadow what you can do" John Wooden, UCLA

Our speaker for the next meeting March 19th, is Hedy Holleran. One of our favorite guests, Hedy will feature new and favorite products from **Hollister** and their proper usage.

Though still on the 10th floor, we will meet in the **Sasser Conference Room next to the large cafeteria.** Elevator A or C may be a better option, then follow the signs.

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.

"The golden age is before us, not behind us."
William Shakespeare

www.uoachicago.org

www.ostomy.org

Ostomy Association of Greater Chicago (OAGC)

Established 1975

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Wound Ostomy Continence Nurses (WOCN)

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

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

March 19- Hedy Holleran from Hollister
April 16– Our 39th Anniversay with Jan Colwell, WOCN
May 21
June 18- Annual Summer Solstice Picnic
July 16
August NO MEETING

More area support groups:

Northwest Community Hospital
Arlington Heights. Every other month, 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
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

"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

In 1975, there was one support group in the Chicago area. Today there are eight.

Medicare Patients: Watch Out for "Under Observation" status

North Central OK Ostomy Outlook

If you're under Medicare and get hospitalized, be aware whether you've been classified as an "inpatient" or are just "under observation." The distinction may seem subtle, as you may receive the same care both ways. However, the difference may cost you thousands of dollars.

The difference in cost may occur two ways: First, if you're only under observation, you may need to pay somewhat more for the hospital care itself. When you're an inpatient, the costs are covered by Medicare A, which usually pays the full cost after a deductible is met. If you're only under observation, the costs are covered by Medicare B, which pays only 80% of the cost.

The really big consequences occur if you require care in a skilled nursing facility after your hospital stay. Medicare pays for the nursing costs only if you were in the hospital as an inpatient for at least 3 days. If you were only under observation, Medicare pays nothing for the nursing care, so you must pay that whole cost yourself.

Hospitals have been using "under observation" status increasingly in recent years, due to pressure from Medicare to reduce costs to Medicare by reducing improper inpatient admissions. The pressure has been applied mainly by "Recovery Audit Contractors" (RACs), who are hired by Medicare and can review cases up to three years afterward. If an RAC concludes that a patient was admitted improperly, the hospital must return the amounts paid to them by Medicare. By using "under observation" status instead of actually admitting patients, the hospital ensures that they won't need to return money to Medicare.

What can you do as a patient? First, make sure you know whether you're an inpatient or just under observation (the hospital may not always tell you). If you're only under observation, but think you should be an inpatient, one option is to ask your regular doctor to speak with the doctor in charge of your hospital care, and try to get your status changed. If that doesn't work, you can appeal Medicare denial of payment decisions. This can be a long and difficult process, but has a reasonable chance of success if you go through with it.

The following links contain more information on this topic. The first is a story aired by NBC News on Jan 9, 2014. The third contains detailed advice for patients:

www.nbcnews.com/video/nightly-news/54026469/

www.medicareadvocacy.org/medicareinfo/observationstatus/

www.medicareadvocacy.org/self-help-packet-formedicare-observation-status/

The Legend of the Phoenix

By Lawrence Litwack

(Revised slightly from the original, published in the OQVol.3,No.2, Spring 1966) **2/2014 UOAA UPDATE**

"For now his feathers were afire, and the top of the palm tree burst into flame. Now there was nothing left of the bird but a still glow atop the charred tree. The flow took form and the color moved; sparks renewed, assumed the shape of feathers and the gentle desert breeze blended the sparks together into the new Phoenix, tall, iridescent, magnificent. For now, his rebirth was complete. And as he rose from the flames, his song also rose like a silver clarion call proclaiming his rebirth to the world."

The legend of the Phoenix was told and retold through the ages, appearing in the literature of Greece and Rome, Arabia and China. It came to the United States to appear on the first Great Seal of the United States, the seal of the city of San Francisco and the State of Hawaii. In each case, the details vary, but the basic concept of rebirth from the fire remains constant.

Today, the name of the Phoenix appears through the universe from the Phoenix constellation in the southern hemisphere to the Phoenix Islands in the Pacific, from Phoenix, NJ to Phoenix, AZ. Always the symbols describe the bird rising from the flames.

First adopted by the Ileostomy Association of Arizona as its symbol, the Phoenix became the symbol of the United Ostomy Association in 1966. Selected by the board of directors, the Phoenix represents a fiery symbol of the spirit and feeling underlying the growth of the Association. For the ostomate, what more appropriate choice could have been made? From the ashes of despair and disease, from the fear of disability and death, from the ebb tide of physical and emotional being to the full flood of life - of hope - of health. Reborn to a life of fulfillment - of dedication - of giving to others. Although not ourselves immortal as was the legendary bird, we gain perhaps true immortality by giving of ourselves to others, so that we live on forever in the hearts and minds of others.

As the symbol of the constant renewal of spiritual values, of the flames of love and compassion of the seasonal spring of life, may the Phoenix serve as a glowing, vibrant sign for each of us.

(Larry Litwack was elected the first president of the UOA and served from 1962 until 1964. He was later elected director, and honorary director. In 1967 he received the Sam Dubin Award.)

News from UOAA

by David Rudzin, UOAA (outgoing) President, Dec 2013

As the year comes to a close, I reflect back on the last 3 plus years as your UOAA President. I look at where we were vs. where we are now. Three years ago we had never created a public forum. We did this in 2013 with the Cincinnati Police Department incident. We truly found out on our Facebook pages how many people out there throughout the world were as offended as we were. And we certainly garnered tremendous support for people with ostomies and the UOAA.

We were able to hold a VERY successful Conference this past year in Jacksonville FL where we reached out to many NEW people with ostomies and hopefully showed them that they need UOAA as much as we need them.

Looking ahead, I see a GREAT future for the UOAA. Weare looking at a variety of things and programs that will enhance the organization, make us more visible in the realm of cyberspace and overall create a NEW feel for who we are. There are a variety of people in the wings, ready and willing to go to work for us and bring us to where we REALLY need to be, both new Board members and others. The one overriding thing to remember here is that your Management Board of Directors has the future of this organization in their hands and it is their mission to improve the lives of people with ostomies through working with our Affiliated Support Groups, our sister organizations and the media.

If you are wondering what a former President will do with all the free time on his hands, do not fret. As of January 1, 2014, I will be the new UOAA Treasurer so I will still be around and involved in the growth of the organization. Thank you all for making my Presidency one of accomplishment, gratification, enlightenment, passion and joy. I am indebted to all of you for your efforts.

(Dave is a member and past president of OAGC and continues his involvement with our group.)

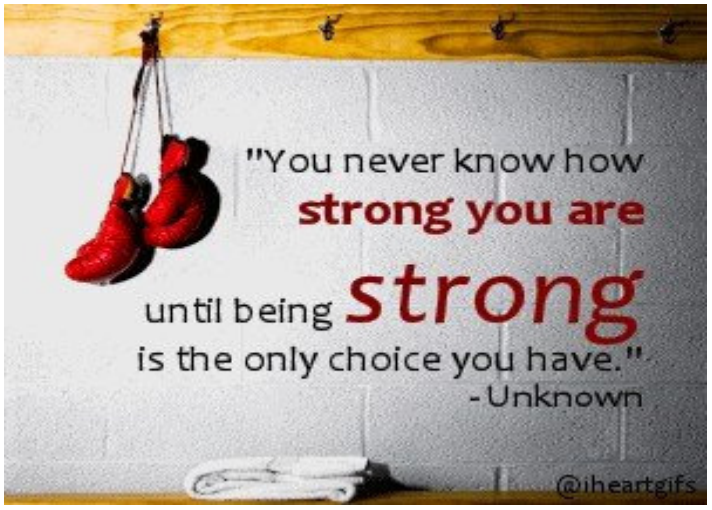
New Year's Resolutions of an Ostomate

via Ostomy Assoc. of West TX *The Detour*;
and North Central OK *Ostomy Outlook*

I Resolve:

1. To remember my own early days and realize that no question by a new ostomate is silly.
2. To not begrudge the time necessary for my personal care.
3. To keep myself neat and presentable at all times.
4. To keep my bathroom sharable.
5. To value the cooperation of my family.
6. To appreciate the fact that I am one of the lucky ones.
7. To try to do the things I want to do but think I can't.
8. To be patient.
9. To **LIVE** all day, every day.
10. To help others whenever I can.
11. To urge my fellow ostomates to see people, go places, and do things.
12. To give full credit to modern medicine.
13. To be grateful for my present good health.
14. To be of good cheer.
15. To renew my pledge the first of every month.

(For a color PDF of this newsletter, email uoachicago@comcast.net)



March is National Colorectal Cancer Awareness month.

CDC

Among cancers that affect both men and women, colorectal cancer (cancer of the colon and/or rectum) is the second leading cause of cancer deaths in the United States. Every year, about 140,000 Americans are diagnosed with colorectal cancer, and more than 50,000 people die from it. 90% of cases occur in adults age 50 or over. Colorectal cancer screening saves lives, but many people are not being screened according to national guidelines.

If you're 50 years old or older, getting a screening test for colorectal cancer could save your life. Here's how—

- Colorectal cancer screening helps find precancerous polyps so they can be removed before they turn into cancer. In this way, colorectal cancer is prevented.

- Screening tests also can find colorectal cancer early, when treatment often leads to a cure.

What Are the Symptoms of Colorectal Cancer?

Precancerous polyps and colorectal cancer don't always cause symptoms, especially at first. You could have polyps or colorectal cancer and not know it. That is why having a screening test is so important. Symptoms for colorectal cancer may include—

- Blood in or on the stool (bowel movement).
- Stomach pain, aches, or cramps that do not go away.
- Losing weight and you don't know why.

These symptoms may be caused by something other than cancer. If you have any of these symptoms, the only way to know what is causing them is to see your doctor.

When Should You Begin to Get Screened?

You should begin screening for colorectal cancer soon after turning 50, then keep getting screened regularly until the age of 75. Ask your doctor if you should be screened if you're older than 75.
Some people are at a higher risk than others for developing colorectal cancer. Having any of these things may increase your risk—

- Inflammatory bowel disease, Crohn's disease, or ulcerative colitis.
- A personal or family history of colorectal cancer or colorectal polyps.
- A genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (Lynch syndrome).

If you think you may be at high risk for colorectal cancer, talk to your doctor about when and how often to get tested.

What Are the Screening Tests for Colorectal Cancer?

Several tests are available to screen for colorectal cancer. Some are used alone; others are used in combination with each other. Talk with your doctor about which test or tests are best for you. The U.S. Preventive Services Task Force recommends these tests to screen for colorectal cancer:

- Colonoscopy (every 10 years or less if polyps are found).
- High-sensitivity fecal occult blood test (FOBT), stool test, or fecal immunochemical test (FIT) (every year)
- Sigmoidoscopy (every 5 years, with FOBT every three years).

Encourage your family and friends to be screened for colon cancer.

Ten Questions to Ask Your Doctor or Pharmacist about a New Prescription

02/2014 UOAA UPDATE

Prescription drugs are life-savers-but only if they're used correctly. In the U.S., nearly half of all medications *aren't* taken as directed. Fourteen percent of prescriptions never get filled; 13 percent are filled but never used; 29 percent are filled but not finished.

1. What's the name of the drug you're prescribing?
2. Is a less-expensive generic version of this drug available?
3. How much will I be taking and how many times a day?
4. What time of day is best to take the medication? Should it be taken with food or without?
5. Does the medication need refrigeration?
6. What side effects, if any, might I experience? What should I do if they occur?
7. Is it safe to take this drug with other drugs or supplements? Can I drink alcohol while I am on this medication?
8. What do I do if I miss a dose?
9. How long will I be taking the drug?
10. Do I need to finish the entire dosage you're prescribing for me? What do I do if I feel better before that?

What to Drink with Drugs

02/2014 UOAA UPDATE

How many times have you received a prescription with the instruction to "take as needed" or "take before meals"? Pretty vague, but many people do not stop to question further, assuming the medication will work, no matter with what they swallow it.

Acidic drinks, such as fruit juice or soda pop, may chemically destroy certain kinds of antibiotics, including penicillin, ampicillin, or erythromycin. Citrus fruit juices may reduce the effect of antidepressants, antihistamines or major tranquilizers by speeding their urinary excretion.

Milk can interfere with a number of medicines. The laxative Ducolax, for example, has a coating designed to ensure that the drug will dissolve slowly within the intestine. But if the medication is taken with milk, which is alkaline, it may dissolve prematurely within the stomach, lose its cathartic action and irritate the sensitive stomach lining. Milk can also block the action of tetracycline. If a doctor fails to warn his/her patient not to take this antibiotic within an hour of any dairy product, he/she might be puzzled to hear the infection being treating has not disappeared.

Even something as simple as tea, hot or cold, may cause problems. A woman given a mineral supplement to treat iron-deficiency anemia would probably be surprised to learn that the tannin in tea can undo the benefits of her iron pills.

To play it safe, you can always rely on GOOD OLD WATER!! Water will not interact with drugs or reduce their effectiveness.

The Most Powerful Prescription

02/2014 UOAA UPDATE

A positive attitude toward negative situations is one of the most powerful forces in the world. It not only affects how we respond to hardships and difficulties, it can actually help to change the outcome. This can be seen first hand in many ostomates and other people who have overcome potentially devastating diseases and gone on to lead full, productive, happy lives.

The physical aspect of life may be compromised greatly by illness or surgery, but with a positive mental attitude and a willingness to let go of self-pity and bitterness, life goes on and can even be enriched by a painful traumatic experience.

Setbacks are a part of life. The next time you are facing a setback, think of Abraham Lincoln. He entered the Blackhawk War in 1831 as a captain. By the end of the war, he had been demoted to the rank of private.

When Alexander Graham Bell showed his telephone to the President in 1876, Rutherford B. Hayes said, "That's an amazing invention, but who would ever want to use one?"

J.K. Rowling, author of the Harry Potter books was an aspiring writer and single mother living on welfare in an unheated, mice-infested flat. Joanne's first book was rejected by 12 publishers before the world met Harry Potter in 1997.

Fred Smith submitted a paper to his Yale University management professor. The response was, "The concept is interesting but in order to earn better than a "C" the idea must be feasible." The paper proposed a reliable overnight delivery service. Fred went on to build FedEx Corporation.

Failure is not falling down, but staying down.

Intimacy

Southeastern Wisconsin Chapter
Dorothy Vailancourt, RN, CETN

How To Be Sexual With An Ostomy: Here are some answers and suggestions on how to be sexual with an ostomy.

1. When do you resume sex after surgery? Mainly it is when the person who had the surgery feels he or she is ready. It is necessary to consider any treatments, medications, or lack of physical strength that may limit desire. It should be noted that if the initial try fails, the person should not condemn herself/himself, it is most likely just the fact of not being quite ready yet. Sometimes the spirit is willing, but the flesh is weak!

2. Proper hygiene is, or course, essential in successful sexual relationships. Making sure the pouch is empty and securely in place, lubrication, if appropriate, using an attractive pouch cover, a cummerbund or pretty crotchless panties are good suggestions for successful sexual activity. One of the best ideas is to use your sense of humor. So what if something goes wrong. Remember practice makes perfect, and it's all worthwhile in the end. Sexual activity will not harm the stoma. The side-to-side position may be more comfortable if the stoma and abdominal incision are only a few weeks old.

3. You may need specific suggestions about communicating with each other. For example, miscommunication may lead a man to move to another bedroom to sleep alone when he is no longer able to have an erection, whereas the woman may be missing the hugging, kissing and snuggling aspects of their shared bed. An open mind, being able to talk with each other, expressing each other's needs and concern, all go a long way towards a happy recovery.

4. If there are severe problems with sexuality, it may be necessary to consult a therapist for help. This may involve brief counseling to help the person to cope with the distraction of the ostomy, or intensive sex therapy, which involves communications training, behavioral treatment or other intensive therapy. Consultation with your physician would be helpful in this case.

5. For men who have erectile dysfunction, there are devices and treatments to assist in rehabilitation in this area. A consult with a urologist would be most valuable if this is a problem for you.

6. Females in the childbearing years have successfully borne children. Pouch modification during the pregnancy is usually necessary.

We are all sexual, and we all may have sexual problems, whether or not we've had any surgery. Keeping lines of communication open, seeking help when needed, expressing our concerns to each other and loving hearts, all help to insure a secure and loving life with our partners.

ADHESIONS & OTHER PAIN THAT CRAMP YOUR STYLE

UOAA UPDATE 1/2014 - Boise ID newsletter

Some people form adhesions, bands of tough, string-like fibrous tissue, more easily than others. Adhesions may form spontaneously but are more common after surgery.

If adhesions interfere with normal motion of the intestine, a blockage may occur, with food, liquid or even air unable to pass the blocked area. Severe bloating, abdominal pain, vomiting and constipation may occur. In such a serious situation, call your doctor immediately.

In many cases the possibility of adhesions wrongly gets the rap for abdominal pain. A frequent cause for such pain is a spasm of the muscles responsible for peristalsis, which propels the "bolus" through the intestines. A muscle spasm in the calf is referred to as a "Charlie horse." Spasms in your intestines are essentially the same thing but assume the name "irritable intestine."

Urostomy Care

UOAA update 7/2013 Green Bay Area newsletter

The urostomate should keep in mind that the stoma may shrink for several months following surgery. It is important that your appliance fits well so that the skin around the stoma does not become thick and white due to contact with urine. This crust may rub against the stoma, causing bleeding. To cleanse the pouch of crystals, soak it in a solution of 1 part vinegar to 2 parts water. Several glasses of cranberry juice each day will help restore the acid level in your body and there is less crystallization.
The urinary pouch should be emptied often. There is no odor when the pouch is kept clean. The portion of the intestine (the ileum) that is used to form the "conduit" is mucous forming, so it is not unusual or abnormal to see some mucous in the urine. Before attaching the night drain, leave sufficient urine in the pouch to fill the entire length of the tube. This eliminates air bubbles which prevent the flow through the tube and causes backup problems.

Please remember that for best results, you will want to change your appliance first thing in the morning before you eat or drink anything. This may give some breathing room for a few minutes (when your stoma will not be active) to get the skin dried off and the new appliance in place. If you bend over and try to be sure all stored liquid is forced out before you begin the change, it may also help give you a few minutes of inactivity to complete the change.

Learn About Your Procedure

Northwest Community Healthcare

Going to the hospital isn't something anyone looks forward to. Unless it's for childbirth it usually means that we have a problem. Hopefully, by reading the following some of your anxiety can be relieved. If nothing else, it will arm you with information and questions you'll need to try and make the hospital visit successful. Most of this information is for people who know they'll be going to the hospital in advance, not for emergency visits to the hospital.

Questions to ask

If you are going to the hospital, the first step is understanding why you are going. Is it for tests that will require you to stay overnight, an operation of some sort? Or will the tests or operation be done on an outpatient basis?

The federal Agency for Health Care Policy and Research suggests you also ask the following questions:
What is being recommended? Find out exactly what the operation or the test is. Make sure you understand what is going to be happening.
Why do you need it? Ask what they will be looking for with the test or operation and exactly what they hope to accomplish.
Are there alternatives? Particularly when it comes to surgery, there may be other choices. The surgery still might be the best answer but make sure you are making an informed decision and have all the options available to you. The same with other procedures, make sure you have been given all the options.
What are the benefits? When the surgery or the tests are done, what is the expected outcome? For example, if you are having hip surgery, will it allow you back on the golf course? Will this test give a clear answer, or can it mean more tests or even an operation when the results are in?

What are the risks? Make sure you know all the risks involved. At some point, you will be asked to sign a release to allow the operation or the procedure. The

time to ask your questions is now while you have time to make a decision not while you are lying in a hospital bed.

What happens if you back out? Understand what the operation would mean to you, and what would happen if you decided against it. The same goes for any test or other procedure.

Ask about a second opinion. Many health plans require second opinions for many operations. It's a good idea to ask for one if you have any doubts about what kind of tests or operations are being proposed for you.

What kind of experience does the doctor have? This is more related to operations. Find out the experience level of the surgeon. You want someone with experience and a lot of success.

Where will the procedure be done? Is it going to be in a hospital? Which one? Some procedures are done on an outpatient basis and you will be sent home right away. Know how long it will take and if you will have to make arrangements to go home after a short time or if you will be admitted overnight. Also, find out if you will be able to drive a car or should you arrange for transportation home after your discharge.

What do you need to do beforehand? Some surgeries or procedures require that you clean out your colon with laxatives or enemas beforehand. You may also be required to stop eating or drinking at a certain period of time before your surgery or procedure. Ask specifically whether you should take your normal daily prescription medicines if you are instructed not to eat or drink.

What about avoiding certain foods or vitamins? Are there medications or supplements you should not be taking in the days or weeks prior to your surgery or procedure?

Are there issues with pacemakers, dental work or anything else you need to think about?

Have you made an advance directive? This is a document that lists your healthcare desires in advance, so as to guide healthcare providers in the event you become incapacitated. The best time for all of us to develop an advance directive is before injury or illness occurs.

What kind of drugs will you be taking? Sometimes you are required to ingest drugs or other substances for tests, such as barium.

What kind of anesthesia will be used? Anesthesia can be general, (where you are put to sleep), regional (such as the lower part of your body) or local (for relatively localized procedures). Make sure you are aware of what will be happening.

How long a recovery can you expect? A simple test could have you back to work in a few hours; a major operation could require months of recovery. Know what will be happening to you and know what you can and can't do as part of that recovery. A white water rafting trip a month after major surgery might not be a good idea.

What will it cost? Even if insurance is paying for most of the procedure, you still might find yourself responsible for some costs that aren't covered. It's best to be aware in advance.

Finally, if you are confused or concerned, **don't be afraid to ask the question again and again until you understand.** You don't have the years of training that medical people do. Stop them and have them explain any terms that you don't know. It's only fair to them to tell them you don't understand what they are saying.

Ostomy ~ the New Normal

► 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

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**

Social Media Update: UOAA is on Facebook – Like Us!! www.facebook.com/UOAAinc

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).