

The New Outlook

March 2015



NEXT MEETING

Wednesday, March 18, 7:30 pm

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

Last Months' Meeting (our 446th)

Lead by Nancy and Peggy, the January meeting featured an open discussion covering numerous topics, including struggles after surgery, recovery and wonderful travel experiences. Peggy and Laura spoke of exciting international trips they took, confirming we are not limited by our ostomies. Those that attended last November's Regional Conference talked about what they learned.

Next month's meeting, **March 18, 2015** will feature **Bret Cromer's** presentation on the **Youth Rally** camp for children with ostomies. This is definitely a feel-good, inspirational story of children learning to enjoy life with an ostomy and being a 'normal kid'.

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.

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

Be sure to add us to your address book or safe sender's list, and check your email inbox.

Ostomy ~ The New Normal

www.uoachicago.org



www.ostomy.org

Ostomy Association of Greater Chicago (OAGC)

Established 1975

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

LaGrange Hospital

National UOAA Virtual Groups

Pull Thru Network: Lori Parker 309-262 6786

UOAA Teen Network: Jude Ebbinghaus 860-445-8224

GLO Network: Fred Shulak 773-286-4005

Thirty Plus: Kathy DiPonio 586-219-1876

Continent Diversion Network: Lynne Kramer 215-637-2409

FOW-USA: Jan Colwell 773-702-9371

Upcoming Meetings at Lutheran General Hospital

March 18, 2015 – Bret Cromer, Youth Rally

April 15, 2015 – Our 40th Anniversary

May 20, 2015 – Jan Colwell, Shelly Miller, FOW

June 17, 2015 – Hedy Holleran, Hollister

Additional area support groups:

Northwest Community Hospital

Arlington Heights. 2nd Thurs at 1:00 pm every other month. 4/9, 6/11, 8/13, 10/8, 12/10. All 2015 meetings will be in the Kirchoff Center, 901 Kirchoff, Conference room 1. Contact Carol Stanley 847-618-3215, cstanley@nch.org

Southwest Suburban Chicago

The third Monday at 6:30pm, Little Company of Mary Hospital, Evergreen Park. Contact Edna Wooding 773-253-3726, swscost@gmail.com

Sherman Hospital, Elgin

The second Wednesday of each month at 2 pm. Lower level Conference B. Contact Heather LaCoco 224-783-2458, Heather.Lacoco@Advocatehealth.com or Tom Wright, tomwright122@att.net

DuPage County

The fourth Wednesday at 7:00pm, Good Samaritan Hospital, Downer's Grove in the Red and Black Oak Rooms by the cafeteria. 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

2:00 p.m. the last Saturday of Feb, Apr, Aug and Oct in the Riverside Medical Center Board Room, next to the cafeteria. Also a June picnic and December holiday party. Charlie Grotevant 815-842-3710, charliegrtvnt@gmail.com

Lake County Illinois

Hollister in Libertyville, 10:00am the 3rd Saturday, every other month. Jan, March, May, July, Sept, November. Contact Barb Canter 847-394-1586, barb1234@sbcglobal.net

Here and Now

with Patricia Johnson

Why do I end each column with "Life is good"?

While out to lunch with a friend about 2 years after my colectomy I was talking about what I had been up to and I looked away and thought life is good. I was surprised by the thought and had to examine it before turning to Shari and saying out loud "life is good".

For so long life was so hard. There was Crohn's and remicade, which was more or less controlling it. Then cancer, chemotherapy and radiation. After that no more remicade and the flairs got worse and worse. I had Shingles, a blood clot, hospital stays; you know the drill. The struggles came fast and hard and at times seemed insurmountable. Add to this missed diagnosis, out of date information, fear and naivety, placing trust where trust wasn't warranted. I was sick and tired, struggling to do even the simplest things.

It was then that three doctors stepped to the front and literally turned my life around. Dr. Brad Epstein dealt with the cancer. Dr. David Rubin the Crohn's and Dr. Roger Hurst who gave me a small round stoma.

I am blessed beyond measure to have been under the care of these men. None of them knew me from Adam when I walked through their doors, but who used their talent, education, expertise and kindness to make me better.

Now I can take long walks with my husband and dog. Spend hours at a time putting to rights gardens that have been left too long undone. For the first time in 5 years I am cleaning my own house. My husband and I have taken some short trips. I am healthy, and stronger, finding my way, finding my voice. *Life is good.*

Northwest Community Hospital is implementing a new computer system and the meeting rooms used in the past by the **Ostomy Support Group** will be needed for employee training. Therefore future meetings have been re-assigned.

All 2015 meetings will take place in Conference Room 1 of the Kirchoff Center.



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Confidence Goes Viral

NEWS FROM HOLLISTER

Secure Start Newsletter Special Edition 2015

People with ostomies take social media by storm. Facebook, Twitter and YouTube, along with other social media outlets, have revolutionized the way that we connect, catch up and support each other. People with ostomies have joined the revolution and the news has gone viral. After life-threatening illness and surgeries, people are coming out to the world with photos of themselves proudly showing their scars and pouches, along with stories of support and survival. All it takes is one person to share his or her journey with a simple photo and a few words to inspire confidence in others.



Bethany Townsend

The revolution began when a model from England posted a photo of herself lounging in a bikini revealing her ostomy pouch. The number of views went through the roof and sparked others to tell their stories.

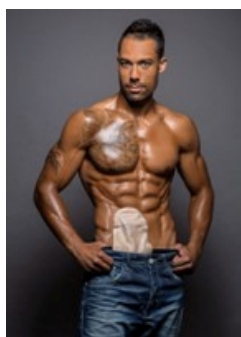
Read Bethany's story on her blog:

bethytownsend.blogspot.com

A man who aspired to become a body builder realized his dream after ostomy surgery, also inspiring others to share.

Read more on Blake's website:

www.blakebeckford.co.uk



Blake Beckford

Ostomy surgery and transitioning into everyday life can be tough, but articles like these show that people can continue to live their lives, and their experiences have made them chase their dreams even harder. Thanks to those who are not embarrassed to tell it like it is, others can hopefully feel comfortable in their own skin.

What started on Facebook caught fire on Twitter and the revolution continues as more and more people with ostomies inspire each other and the general public with their bold photos and stories of struggle, transformation and new lives. It's a new year, and a new you.

(Content edited from Secure Start newsletter)

CHECKLIST – quick reference and solutions to leakage issues

Vancouver Ostomy High Life

1. Skin not completely dry during pouch change.

Make sure your peristomal skin is bone dry before applying your pouch.

2. Wrong size barrier opening.

Measure your stoma often during the first few months after surgery.

3. Folds, hair or creases.

You may need paste, seals or other specialized products. If excessive hair present, you'll need to shave it. Shave in direction the hair grows to avoid irritation.

4. Peristomal skin irritation.

Pouches don't stick well to irritated skin, so perform meticulous skin care to avoid irritated or denuded skin or a rash. If any of these problems develop, see your ET nurse (WOCN) as soon as possible.

5. Improper pouch angle.

If the pouch doesn't hang vertically, the weight of it's contents can exercise an uneven pull on the wafer, and cause leakage. Make sure your getting things on straight.

6. Waiting to long to empty.

Empty often!

7. Extremely warm temperatures or sweating.

Leakage in warm temperatures may be due to wafer 'melt-out'. More frequent pouch changes or a change in wafer material may be required to avoid leakage.

8. Pouch wear and tear.

Disposable wafers do wear out. If you are stretching your wear times to a week or more, leakage may be due to the wafer wearing out. Try more frequent changes.

Healthy Eating With A Stoma

Ostomy Lifestyle UK

Information about diet and healthy eating is often conflicting and difficult to interpret. Add to this a medical condition such as having a stoma and many people feel confused about what they should and shouldn't be eating. The following information is general advice for people with stomas from 2-3 weeks after your operation, if your health care team has given you different advice due to a specific problem you have, it is important to check with them before you change your diet.

Healthy Diet

Most people with stomas do not need to change their diets and should follow a normal healthy eating pattern like the rest of the population. If you have recently had your surgery or have been unwell

ensuring that you get all the essential nutrients from your diet is even more important and putting unnecessary restrictions on your diet could slow down your recovery and healing.

A balanced diet is made up of:

- **Starchy foods** such as potatoes, rice & grains, bread and pasta, for energy. Try different varieties, including wholemeal vs refined/white rice and pasta, to see which are most helpful for your stoma management.
- **Fruit and vegetables** provide a wide range of vitamins and minerals and both soluble and insoluble fiber. Soluble fiber is found in the flesh of fruit & veg and can help lower cholesterol as well as make stool thicker, softer and easier to pass (helpful for those with a colostomy or ileostomy who wish to thicken their output). Insoluble fiber is found in the skins of fruit & veg and helps move waste through your bowel, so can help with constipation (helpful for those with a colostomy who experience pancaking and anyone who experiences constipation). If you have a colostomy or ileostomy, immediately after surgery foods containing insoluble fiber may make your stoma behave unpredictably, so you may wish to avoid or limit your intake of them. As your bowel adjusts you can re-introduce them and see how they affect you.
- **Protein rich foods** for growth and healing. Protein comes from meat, fish, eggs, soya and pulses (edible seeds, legumes) and it is the substance we use to heal wounds and regain muscle.
- To promote general wellbeing, fatty foods should be limited. However, if you are recovering from surgery or have a small appetite and need to gain weight, including more of these foods in the short term is a good idea.

Individual Differences

The vast majority of people with a **urostomy** (a stoma that passes urine) find that their food intake is unaffected by having a stoma, however some food and medications can make urine discolored or smelly (e.g. beetroot can make your urine pink

and antibiotics and asparagus can make it smell strange). There are some specific recommendations for those with a urostomy in the 'Fluid Intake' section. The following information applies to those with a **colostomy** or **ileostomy**.

The impact of food and drink on your stoma is hard to predict as diet is very individual. Evidence from our surveys suggests that foods can affect people in different ways after stoma surgery. While many people find that they can eat just the same diet as before their surgery, some find there are things that can have an adverse effect on the activity of their stoma. They may then choose to avoid those foods, or include them in their diets and be prepared for the effects.

Many people report that a good way to ascertain which foods and drinks are suitable for you is to keep a food diary so that patterns between diet and stoma output can be identified. You can then base your diet on what you have observed to be agreeable in terms of your stoma output. There may be a certain degree of trial and error, especially in the first few months after your stoma is formed when the bowel is swollen. This swelling is the reason your stoma looked puffy initially and can cause problems digesting food that would otherwise not occur, so it sometimes worth trying a food again later on before deciding whether to eliminate from your diet completely.

Importance of Chewing

It sounds very obvious, but it is vitally important to chew food thoroughly when eating. Chewing is the first stage of digestion and in doing this we make more nutrients available from our food. Foods that contain cellulose such as nuts, grain, fruit & vegetables (particularly the skins) cannot be completely broken down in the digestive system. So, you may notice these coming through your stoma looking the way they did when you ate them. Immediately after bowel surgery, your bowel is swollen and this narrows the passageway for food to pass along. In addition to this, people who have had any kind of abdominal surgery can have adhesions (which may be thought of as fibrous scar tissue). These can lead to sections of the bowel becoming narrow or kinked. So, it is especially important to chew these foods thoroughly, especially in the first few months, to ensure

everything can move through easily. Cooking these kinds of foods for longer can also make them easier to digest. There is no need to eliminate these foods from your diet, indeed, they are an important food group to include, so long as you follow these guidelines.

Fluid Intake

It is essential for everyone to drink enough to keep their kidneys healthy and flush out the chemicals that build up in the blood. You should aim to drink enough throughout the day that your urine is a light straw color. The following information is for the specific stoma types but does not take into account other medical conditions. If you have been given different information from your healthcare team, please check with them before making any changes.

People with **urostomies** should aim to drink between 2-3 liters of fluid per day. This will help to prevent infections. Anecdotally, it is suggested that drinking a glass of cranberry juice per day can also reduce infections.

If you have a **colostomy**, your fluid intake can remain as normal unless you are experiencing constipation or pancaking. If you have this problem, increasing your fluid intake can be really helpful.

People with **ileostomies**, particularly if the stoma is formed higher up in the bowel, can have more difficulties with their fluid intake. This is because it is the role of the large bowel to absorb water (and salt) and for people with ileostomies this is no longer being used. The small bowel will, with time, adapt to absorb more water and more salt, however careful attention should be paid to ensure that you are drinking an adequate, varied fluid intake (e.g. water, juice, cordial, herbal/fruit teas, etc) to maintain kidney health. Remember, you are aiming for light straw colored urine.

For those who are more active it is even more important to pay attention to your fluid intake. Fluids lost through sweating contain electrolytes, so it is important to replace those with specialist sports drinks.

Everyone should bear in mind that alcohol is a dehydrating fluid in the most part and caffeinated drinks such as tea and coffee cause you to lose more fluid in your urine. The majority of your fluid intake should therefore be from fluids such as water and fruit juices.

Salt

Salt is important for nerve and muscle function and is found naturally in most food and drink. There are risks associated with both having too much and too little salt in our diets. Too much salt can lead to high blood pressure, which can make you more likely to develop heart disease, or have a stroke, while too little salt can cause headaches, cramps and fatigue. While there is some evidence that people with ileostomies can lose between 35-90mmol of sodium per day (equivalent to up to a teaspoon of table salt) because this would normally be absorbed in the large intestine, each person with an ileostomy will differ in terms of the amount they lose. There is also evidence that the small bowel of someone who has an ileostomy adapts over time to compensate for absorption issues. But, in the first few weeks after surgery you may need to add salt to your food and have additional salty snacks. There is conflicting information about long-term addition of salt to diet but evidence shows that most people have adequate salt in their diet to make up for what is lost through their ileostomy and there is no need to add more.

Prolonged, watery output from a colostomy or ileostomy can cause dehydration (loss of water and salt) which can be treated by drinking rehydration solutions. It is not sufficient to drink plain water in these cases. If you are concerned about your salt levels you can request a blood test from your doctor.

A little of what you fancy....

Of course, every now and again you will want to enjoy a treat like cake or ice cream and there is no reason why you can't indulge once in a while! Healthy eating is about moderation and after stoma surgery it is also about trial and error. Take your time to explore how different foods affect your stoma, chew your meals, maintain a varied fluid intake and, most importantly, enjoy your food!



OSTOMATES FOOD REFERENCE CHART

For individuals who have had ostomy surgery, it is important to know the effects of various foods on ileal output. The effects may vary with the remaining portion of functioning bowel.

Listed below are some general guidelines of the effects of foods after ostomy surgery. Use trial and error to determine your individual tolerance. Do not be afraid to try foods that you like, just try small amounts.

<u>Stoma Obstructive</u>	<u>Odor Producing</u>	<u>Increased Stools</u>
Apple peels	Asparagus	Alcoholic bev.
Cabbage, raw	Baked Beans	Whole grains
Celery	Broccoli	Bran cereals
Chinese vegetables	Cabbage	Cooked cabbage
Corn, whole kernel	Cod liver oil	Fresh fruits
Coconuts	Eggs	Greens, leafy
Dried fruit	Fish	Milk
Mushrooms	Garlic	Prunes
Oranges	Onions	Raisins
Nuts	Peanut butter	Raw vegetables
Pineapple	Some vitamins	Spices
Popcorn	Strong cheese	
Seeds		
	<u>Color Changes</u>	<u>Odor Control</u>
<u>Gas Producing</u>	Asparagus	Buttermilk
Alcoholic bev.	Beets	Cranberry juice
Beans	Food colors	Orange juice
Soy	Iron pills	Parsley
Cabbage	Licorice	Tomato juice
Carbonated bev.	Red Jello®	Yogurt
Cauliflower	Strawberries	
Cucumbers	Tomato sauces	<u>Diarrhea Control</u>
Dairy products		Applesauce
Chewing gum	<u>Constipation Relief</u>	Bananas
Milk	Coffee, warm/hot	Boiled rice
Nuts	Cooked fruits	Peanut butter
Onions	Cooked vegetables	Pectin supplement
Radishes	Fresh fruits	(fiber)
	Fruit juices	Tapioca
	Water	Toast
	Any warm or hot beverage	

Source: UOAA ostomy.org

Friends of Ostomates Worldwide (FOW) - is requesting that you send new or unused ostomy products to FOW USA, 4018 Bishop Lane, Louisville, KY 40218, phone # is 502-909-6669. FOW sends ostomy supplies to many countries where products are not readily available and having the correct pouching system makes a huge difference in the life of the person that has undergone ostomy surgery - **Supplies Save Lives.**

Hidden Hazards of Medications

AARP Health Bulletin

Acetaminophen and liver damage

If you use acetaminophen (such as Tylenol) to ease arthritis pain, pop an acetaminophen tablet to quell a headache and add a combination cold medication for sniffles, you've gone well over the maximum safe daily dose of 3,000 to 4,000 milligrams of this common pain reliever. Each year, about 78,000 people land in the emergency room for acetaminophen toxicity, which can lead to severe liver damage.

Initial symptoms — including nausea, vomiting, stomach pain and loss of appetite — are often vague and may mimic those of a cold. Later symptoms include dark urine and a pain on the upper right side of the body. If you suspect an acetaminophen overdose, seek immediate help.

Stay safe: Stay away from alcohol if you're taking acetaminophen. Take the lowest dose that brings relief, stick to the recommended timing and read labels carefully. Many medications contain acetaminophen, so you may be taking more than you realize.

Ibuprofen and ulcers, kidney problems

Ibuprofen (in Advil and Motrin) is a nonsteroidal anti-inflammatory drug (NSAID) that effectively relieves body aches, headaches and fever. It may cause a severe allergic reaction as well, especially in people allergic to aspirin, and can cause peptic ulcers and kidney damage with chronic use.

Ibuprofen may also increase the risk for a heart attack or stroke, especially if you already have heart disease or high blood pressure, you smoke, you have diabetes or you use it long-term.

Stay safe: Avoid alcoholic beverages if you take ibuprofen regularly. Call your doctor immediately if you develop bloody or black, tarry stools; if you experience changes in the frequency of urination; or if you have problems walking or with your vision or speech.

"A life is like a garden. Perfect moments can be had, but not preserved, except in memory." - Leonard Nimoy

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March is Colorectal Cancer Awareness Month

Centers for Disease Control

Of cancers affecting both men and women, colorectal cancer (cancer of the colon and rectum) is the second leading cancer killer in the United States, but it doesn't have to be. Screening can find precancerous polyps—abnormal growths in the colon or rectum—so they can be removed before turning into cancer. Screening also helps find colorectal cancer at an early stage, when treatment often leads to a cure.

If you are 50 years old or older, get screened now. If you think you may be at higher than average risk for colorectal cancer, talk to your doctor about getting screened early.

CDC's *Screen for Life: National Colorectal Cancer Action Campaign* informs men and women aged 50 years and older about the importance of getting screened for colorectal cancer regularly.

Will dietary supplements containing echinacea help me get over a cold faster?

Answer from Brent A. Bauer, M.D., Mayo Clinic

Maybe, but not by much. Recent research suggests that some echinacea supplements may shorten the duration of a cold by about half a day and may slightly reduce symptom severity. But these results were too minor to be deemed significant.

In the past, some studies have found echinacea to be helpful while other studies have found no benefit. Part of the problem is that echinacea products can contain different concentrations of the herb, and the echinacea extracts used in these products can come from the flowers, stems or roots of three different echinacea plant species. This makes it difficult to compare study results.

Echinacea generally doesn't cause problems for most people, but some people taking the herb have reported side effects such as stomach upset or diarrhea. Echinacea also has the potential to interact with other medications you might be taking, so talk with your doctor before using echinacea supplements.



URINE SALT CRYSTAL DEPOSITS

By Linda Sanders, CWOCN
UOAA Update January 2015

Urine salt crystal buildup around urinary stomas is one of the most difficult skin care problems for people with urostomies. Urine secretes a certain amount of salt, but whether the urine is acid or alkaline determines the amount secreted. An alkaline-based urine secretes more salt than an acid-based urine; thus, more salt-crystal build-up with alkaline urine.

How can you tell if you have urine crystals? First, they can be seen as a growth, white or light brown in color, around the base of the stoma. The stoma and the area, which the growth involves, are very likely to be tender and sore. Sometimes the stoma will be completely covered by the crystals and can no longer be seen.

What are some of the underlying factors which cause urine crystals, other than alkaline urine? In many cases, two factors are usually dominant. The stoma opening in the skin barrier in all cases was too large, and these patients were wearing a pouching system designed primarily for a fecal ostomy. These two aspects may not always stand true, but in those cases I have seen, these two factors were present. Other aspects include those patients who do not use a night drainage system, thus allowing urine to remain in the pouch while they slept. This practice continually bathes the stoma with urine at night. Moreover, personal hygiene - not only on the skin area around the stoma but the cleaning and proper care of the pouching system - was performed poorly.

What to do in case of a urine-crystal buildup problem:

- Determine the circumference of your stoma and cut your skin barrier to the correct size; i.e., not so big as to allow your peristomal skin to show, and not so small as to more than just "brush" the stoma.
- Change your pouching system at least twice a week. It is surprising how many people only change their skin barrier when it starts to leak. The goal is to change it before it leaks.
- Every time you change your skin barrier, bathe your stoma with a vinegar and water solution. Use one-part vinegar to three-parts water. Bathe the stoma for several minutes

with a cloth. This solution may be used between changes by inserting some of this vinegar solution in the bottom of your pouch - a syringe may be used for this - and let the solution bathe the stoma.

- To keep control of the situation, change the alkaline urine to acid urine. The easiest and most successful way is by taking Vitamin C orally. The dosage will depend on your age, but the normal adult dosage is 250 mg four times a day. Be sure to consult your physician before taking oral medications.

If you follow these procedures, you should have no further concerns regarding a urine-crystal buildup. However, if you do begin to see them again, take action immediately before trouble starts.

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Walking for Fitness: Overcoming Setbacks

Mayo Clinic Health Tip

Don't give up if your walking program goes off track. Get back in the game with these four tips: 1. Stop beating yourself up. Shrug it off as a temporary setback, even if it happens more than once. 2. Re-evaluate your goals. Make sure your goals are neither too hard nor too easy. 3. Get going. Just do some form of exercise today, even if it's only for 15 minutes. 4. Keep planning. Figure out ways to fit in a walk even if you're going on a trip, working overtime or juggling family duties.

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Preventing Measles

Centers for Disease Control

Recent news of a measles outbreak at a theme park in California is generating a lot of discussion online and in the media. Here is what you need to know to help you be informed. There are nearly 20 million measles cases around the world every year. But the outbreaks are not as common in the U.S. Outbreaks occur when children and adults are not vaccinated against measles.

According to Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases, "The overwhelming number of people who have gotten infected, particularly among the children, are children that have not been vaccinated ... and it's really unfortunate, because vaccination can prevent all of this. One of the things we do know about measles is that the vaccine that we have is one of the most effective vaccines we have for any viral disease or for any microbe."

Polio, measles and mumps vaccines have slowed or stopped the spread of these diseases in the United States. They work by exposing your body to weak or dead versions of disease-causing germs or viruses. Your immune system then builds up resources to fight those bugs in the future. The MMR vaccine prevents measles, mumps and rubella.

Many of these diseases harm infants, pregnant women, older adults and people who are already

sick. But vaccines aren't always safe for these groups. That's why even healthy young adults need shots. If everyone who can get a vaccine does get immunized, that preserves what's called "herd" - or community - immunity. If most of a community is immunized, it's harder for a contagious disease to spread.

Talk to your doctor to be sure you're getting the shots you need. Adults of all ages may need the MMR vaccine, which protects against measles, mumps and rubella. Although usually a mild illness in children, with symptoms that resemble the flu, measles can have serious complications in adults. It can be fatal to children and adults with weak immune systems.

Usually, the first dose of the MMR vaccine is given when a child is 12-months old, and a second dose is given at 4-to-6 years of age. For adults, one-or-two doses of the MMR vaccine is recommended for ages 18-to-55 if there is no evidence of immunity. People who have already had the measles are immune for life. However, if you work at an educational institute or a health care setting, or are planning international travel, you may want to be vaccinated to boost your immunity. Talk to your doctor to learn more.

Flanges, Faceplates, Barriers, Wafers? What's the difference?

There is no difference! They're all just different names for the same thing, the part of the system that sticks to your skin.

Winnipeg Ostomy Assoc., Inside/Out



Smile...it's the key that fits the lock to everybody's heart!

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 sign up online at: www.uoachicago.org/membership

► A very 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 Association of Greater Chicago or OAGC and bring to a meeting, or send to

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

Donations can also be made online using a credit card: www.uoachicago.org/donations

May the wind at your back
not be the result
of the corned beef and cabbage
you had for lunch.



Happy St. Patrick's Day



May your blessings
outnumber
The shamrocks that
grow,
And may trouble avoid
you
Wherever you go.

Irish Blessing

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).