

The New Outlook

MAY 2014



NEXT MEETING

Wednesday, May 21, 7:30 pm

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

Board Meeting 6:30 pm

Last Months' Meeting (our 439th)

What a wonderful 39th Anniversary celebration! Amid cupcakes and treats we sang "Happy Anniversary to us". Of course when it came to "Happy Anniversary dear....." we all said something different and laughed through the last line. Recognizing the efforts of those who came before us, represented this night by Marilyn Mau and Mike Gordon, we resolved to respect and continue their legacy.

Our meeting also fell during WOCN week. We were able to collectively express appreciation to our special guest, Jan Colwell, WOCN University of Chicago, for everything our ostomy nurses do to help us through our journey to healthy fulfilling lives.

Jan discussed appliance wear time with a PowerPoint presentation that was interesting and helpful for both newbies and veterans. After stating the goal as "consistent predictable wear time with intact peristomal skin", she explained how we achieve this goal. She described types of skin barriers and accessories, the importance of proper fit, as well as the adverse effect of skin barrier erosion. Referencing a WOCN survey, Jan told us that average wear time is 4.8 days, though different for each individual. She concluded by stating, "wear time is not a contest!" then proceeded to answer all our member's questions.

Our next meeting, May 21, will include Frank Quintieri of NPS Pharmaceuticals with a presentation on short bowel syndrome (SBS). An aspect of SBS is the inability to absorb enough nutrients and fluids from food for the person to maintain good health.

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! We will begin emailing our chapter newsletter in June, initially on a volunteer basis. 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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Resurrection Hospital

Nancy Chaiken 773-878-8200

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Lurie Children's Hospital

Jan Colwell, Maria De Ocampo, 773-702-9371 & 2851

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Skokie Hospital-Glenbrook Hospital

North Shore University Health System

Connie Kelly, Mary Kirby 312-926-6421

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Kathy Krenz & Gail Meyers 815-338-2500

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Lutheran General Hospital

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Little Company of Mary Hospital

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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

May 21- Short Bowel Syndrome-Frank Quintieri

June 18- Annual Summer Solstice Picnic

July 16

August NO MEETING

September 20- Dr. Eugene Yen, Gastroenterologist

October 15

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

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

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In general, remember that your stoma is surgically created from bowel tissue, which is very similar to the tissue in your mouth. Some chemotherapy drugs affect the tissue in your mouth resulting in sores, ulcers or causing the tissue in your mouth to bleed easily. Your stoma may react the same way. You may find that your stoma bleeds easily when you are washing it or you may find tiny sores on your stoma. Your stoma may also swell. This is because the lining of your colon or intestine can become irritated and inflamed from the chemotherapy.

During chemotherapy, your skin may be more sensitive. This includes peristomal skin. The skin around your stoma may become more sensitive by becoming red and sore. Remember that gentle removal of the pouching system during changes is important when skin is fragile. If you still have your large colon, you may have an increase of mucous drainage from your anus. Again, this is because the chemotherapy can make the lining of your colon inflamed and irritated causing more mucous to be produced which will pass through the anus.

Recommendations:

- Be gentle when changing your pouching system. Gently remove your pouching system from your skin.
- Wash your stoma and skin with warm water and a soft cloth.
- If your stoma is swollen or has enlarged, cut a larger opening in your pouching system or speak to an ostomy nurse (WOCN) and get a system to accommodate your stoma.
- If you have any concerns or questions, do not hesitate to contact an ostomy nurse.

How Does Chemotherapy affect my Stoma? The BC Cancer Agency

Chemotherapy is a type of cancer treatment that may affect your skin and stoma. The impact of chemotherapy may create skin problems around your stoma (peristomal skin) and the overall management of your ostomy. There are many different types of chemotherapy treatments, each with its own specific way that it affects the cancer. But not all treatments cause the same side effects to the skin and/or stoma. Your oncologist and chemotherapy nurses are the experts and will advise you about the possible side effects that may occur. They are an excellent resource to answer your questions and concerns. They can provide you with various patient handouts outlining different chemotherapy drug protocols and patient guidelines.

What is GERD?

National Institutes of Health

Gastro esophageal reflux disease (GERD) is a condition that affects millions of people. GERD, also known as acid reflux, is a more serious, longer-term form of gastro esophageal reflux (GER) which can come and go. Both conditions happen when the muscle that separates the esophagus from the stomach becomes weak or doesn't work right, allowing stomach acid to move backwards into the esophagus.

Skin Care 101

By Joy Boarini, MSN, WOC Nurse, Clinical Education Manager
Hollister Secure Start Winter 2014

To prevent GERD, stay away from nicotine, alcohol and caffeine, which can all cause this weakness. Being overweight or having a hiatal hernia (a bend or kink in the stomach) can also increase the chances of GERD. Frequent heartburn, also known as acid indigestion, is the main symptom of GERD in adults. It is caused when normal stomach juices move backward and up toward the neck and throat. Heartburn can last a few hours and often gets worse after eating food. It's worse if you lie down because more stomach juices can flow back up the esophagus. Other symptoms of GERD include trouble swallowing, back pain, nausea and coughing. But be careful since some medical conditions can have symptoms like GERD, such as the heartburn and chest pressure of a heart attack. Tears or sores in the small intestine or stomach can also cause similar symptoms.

GERD may be made worse by acidic foods such as:

- Citrus fruit
- Fatty or fried food
- Spicy foods
- Tomato-based foods like pasta sauce, pizza and chili
- Chocolate
- Peppermint

But everyone is different. The best advice is to keep a log of what foods you eat along with any GERD symptoms that food might trigger. This way, you can try to avoid the foods that might make your GERD symptoms worse.

If you have GERD, your doctor may suggest that you make lifestyle changes such as staying away from foods that may cause GERD, losing weight and avoiding cigarette smoke, among other things. Your doctor may also give you over-the-counter (OTC) or prescription drugs, which may help:

- Lower the amount of stomach acid your body makes
- Make the muscles in your stomach stronger
- Prevent reflux
- Heal the lining in your stomach and esophagus

*You can't have everything you want;
where would you put it?!*

Everyone seems to be into healthy skin these days. For example, more people are conscious of protecting their skin from sun exposure, spa treatments have become more commonplace, and advertisements proclaim they can keep you looking young.

However, with all of this attention on the skin, we don't want to ignore the health of the skin around the stoma. It's important to maintain the integrity of the skin around the stoma even if you're the only one who sees it. The skin around the stoma (peristomal) is like the skin on other places on your body and it should look the same. It's not normal for the peristomal skin to be reddened, irritated, broken, or painful. You might be surprised at how many people think it's normal to put up with this, but it's not. When leakage occurs, adhesives pull or moisture gets trapped under your tape or skin barrier, the skin can become irritated. Once the skin around the stoma breaks down, it's not only uncomfortable, but it can also reduce your optimal pouch wear time. The key is to identify the cause and treat it appropriately. There are different skin problems that require different approaches. Most are fairly easy to treat if caught early enough. But if you don't manage it correctly, the skin problem will not only continue, but may get worse.

Here are a few basic tips for healthy skin care:

- When removing any adhesive, support the skin and gently peel. Don't rip off the pouching system.
- If you have difficulty removing adhesives or if you have fragile skin, you might want to think about a skin barrier wipe or an adhesive remover. These are very different products with different purposes. Be sure you understand how to use them correctly.
- Examine your skin with each pouch change and respond quickly if a problem is noted. Home remedies are not always beneficial and a visit to your WOC/ET nurse will help to determine the cause.
- Keep your skin cleaning routine simple. Most people only need water to clean the skin. If

you use soap, make sure it's non-oily, and rinse and dry your skin before applying your pouching system.

- Make sure you're using the right skin barrier for your stoma and skin type. Some skin barriers work better depending on the type of discharge you have and the frequency with which you routinely change your pouching system.

If your skin is damaged, open, and moist, the skin barrier will not adhere well. You need to determine the cause of the damage or irritation. Guessing is usually not a good idea.

When talking with your WOC nurse, they may recommend that you use a skin barrier powder to dry up the moist skin. Once your skin recovers you can stop using the powder.

Remember, no skin irritation is normal but it is normal to have an occasional skin problem. Treating your skin well contributes to your overall health and well-being.

Push the Skin-Don't Pull the Tape!!

UOAA UPDATE April 2014

Damaging the skin around a stoma (or anywhere else), is asking for infection. Don't peel your pouch away from your body. Hold the edge of the adhesive sections or tape, and **PUSH THE SKIN AWAY FROM THE TAPE.**

Take a good look at what is happening when you pull tape. The tape is pulled upwards, dragging the skin with it until it is pulling hard enough to break loose. It even looks painful. (Sometimes the skin breaks before the tape comes loose.)

Now look at what happens when you push the skin away from the tape. It doesn't hurt, the tape is separated from the skin gently and the outer layer of skin remains intact. People who think yanking it fast is best ought to take a good look at the skin afterwards. It is usually red and irritated.

If you have a leak, digestive enzymes in the discharge will excoriate your damaged skin quicker and deeper than if your skin is okay or protected with some sort of skin preparation. The farther away from the rectal area the stoma is in your intestines, the stronger the digestive enzymes in the discharge (leak), and the

sooner your skin can become excoriated. Pulling the tape off the skin can do great damage. It is extremely difficult to keep a pouch on an oozing surface. Learn to treat skin gently.

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Helping Family and Friends Understand Your Ostomy

Vancouver Ostomy High Life

Talking to friends—and even family—about your ostomy may seem overwhelming at first. You might wonder where to begin the conversation and how much you need to explain. The best way to know how to answer questions about your ostomy is to think through how you want to respond beforehand. Here are a few ideas to consider when talking about your ostomy with others.

Practice what you're going to say. If you've recently undergone surgery, people may wonder what happened, why you've been gone and if you're feeling okay. Come up with a quick response that makes you feel comfortable. You can keep it simple. Decide what and how much you wish to say about

your ostomy. Practicing this answer with a close friend or family member can make answering more comfortable and easier for you.

Understand how much the other person knows about ostomies. Think back—how much did you know about ostomies before your surgery? You may have never heard of an ostomy before. Chances are many of the people you encounter won't know anything about an ostomy either. Keep this in mind as you consider what to say to individuals about your ostomy. You might want to review general information about how the digestive system works before getting into what kind of surgery you had. For example, you might want to say something along these lines, "Have you ever heard of an ostomy? People who have serious problems with their digestive system may need surgery like I had. With the surgery the doctor brings a portion of the colon (or small intestine for an ileostomy or urostomy) through the stomach muscles so it has an opening outside the body. I attach a plastic pouch with an adhesive to collect body waste."

Emphasize how your ostomy has benefitted your life. During the conversation you may want to point out the benefits of having an ostomy. For instance, you may have undergone ostomy surgery to treat a chronic condition and now that the surgery is over, you feel healthier. And if your previous illness was life-threatening, the ostomy saved your life.

Connect with others who have ostomies. Reach out to others with ostomies for support. In online forums and local support groups you can find information and stories about how people talked to friends, family, co-workers, dates and others about their ostomy. Reading/hearing their experiences may give you added confidence when it comes to answering questions about your ostomy.

Encourage people to find out more—on their own. Your friends and family will probably have many questions about your ostomy. They may not feel comfortable asking you every question. To help them answer their questions, suggest they visit www.ostomy.org.

If you are depressed, you are living in the past.

If you are anxious, you are living in the future.

If you are at peace, you are living in the present.

Did You Know . . .

Antihistamines in allergy medications can slow down bowel motility. If you become constipated while on antihistamines, consult your doctor who might suggest an alternate medication.

SAVE THE DATE

MIDWEST REGIONAL OSTOMY EDUCATION CONFERENCE

**SATURDAY, NOVEMBER 8, 2014
THE DOUBLE TREE HOTEL
ARLINGTON HEIGHTS, ILLINOIS**

Tentative details:

Times: 8:00am – 4:00pm Sessions & Vendor Fair
5:00pm – Casual Evening Event
9:00am – 3:00pm Stoma Clinic

Sessions: Colorectal Surgeon, Psychologist, Physical Therapist, Pharmacist, Diet & Nutrition, Skin, travel and other issues with featured WOCN's. Session(s) for family/spouses, young adults, children

Retracted Stomas

Brantford Ostomy News

A normal stoma has a slight protrusion from the skin level; this allows it to fit with ostomy appliances and the skin is protected from stoma output. Retraction is when the stoma is flush or below skin level. Sometimes the stoma may protrude when standing but disappear into the skin when sitting. Retraction is relatively common, with about 10 – 24% of stoma patients experiencing retraction. It's also more common with ileostomies than colostomies and tends to affect heavier patients more frequently.

Retracted stomas can cause problems with leaking with standard pouching systems. A retracted stoma is far more prone to leaks since the stoma outputs its contents directly to the skin. This can compromise the adhesives on barriers and cause skin irritation if not cleaned regularly. However, there are solutions to help prevent leakage and keep the skin clean and the barrier safe:

Convex Barriers/Wafers – The curved shape of the barrier helps the stoma protrude enough to keep the contents from leaking under the barrier.

Ostomy Belt – Helps support the barrier and the pouching system to prevent leaks by supporting the appliance around the waist.

Adhesives – Some barrier adhesives provide an extra tackiness that is far more waterproof; these adhesives can help prevent the skin and wafer from being compromised by leaks.

In extreme cases, a doctor may recommend surgery to fashion a new stoma through the skin



***If you have friends who make you laugh,
spend lots of time with them!***

Don't Suffer in Silence

Niagara Frontier Ostomy Assn.

Remember, a whole new world will open up to you by discussing your problems with others who have experienced these same doubts and reactions. We have all gone through this period of learning to live again and in many ways, even better than before. Bring your fears and concerns out into the open.

Take advantage of the friendships and knowledge of others by coming to a general meeting of your ostomy association. **That is why we're here.**

Exercise

Internet resources

The health benefits of exercise have been known for decades, and yet approximately 75 percent of people in the U.S. are considered sedentary – engaging in irregular or no physical activity. Aside from its direct physical benefits, exercise is also among the best ways to fight obesity and reduce stress, two other risk factors for gastrointestinal disorders.

Physical activity affects the entire body. Regular exercise can lower triglycerides and raise HDL cholesterol (the "good" kind), increase insulin sensitivity, improve glucose tolerance, and bring more blood and oxygen to all parts of the body. All these changes mean that each body system, including the gastrointestinal system, can function optimally.

How much exercise should you get? You should get at least 30 minutes or more of moderate intensity exercise every day. You don't have to do all 30 minutes at once; 10 minutes walking the dog in the morning and 20 cutting the lawn in the evening will count towards your 30 minutes. For greater fitness benefits, work up to 20 to 60 minutes of continuous exercise, five days per week.

The keys to building exercise into your lifestyle are:

Choose an activity you enjoy. If you don't like running, try walking ... or swimming or bicycling or rollerblading. Exercise is not a punishment.

Start slowly and build the amount of exercise you do gradually. If you start out too quickly, you may injure or over-tire yourself. If a 10-minute walk is all you can do on Day 1, try 11 minutes on Day 2. As you exercise longer, you'll gain strength and endurance.

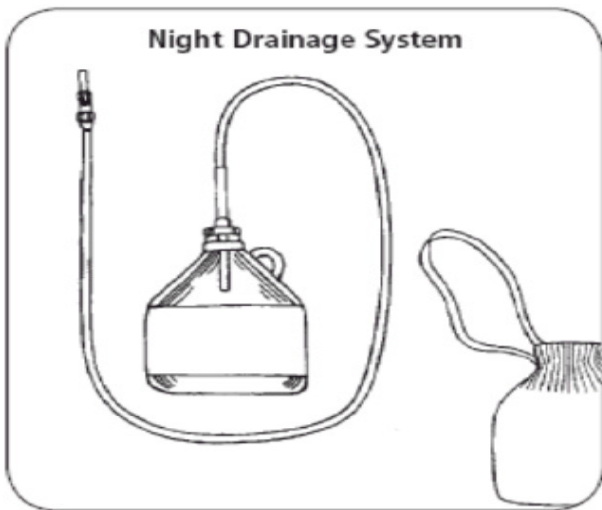
Vary the types of exercises you do. Some people quit exercising when they become bored. Look for new activities you can intersperse with your current routine. Try tai chi (a gentle movement-based martial arts program), rock climbing, dancing or jumping rope.

Before beginning any program of exercise, see your doctor, especially if you have hypertension, high cholesterol, diabetes, or a family history of heart disease.

Urostomy- Night Drainage System

American Cancer Society Urostomy Guide

At night, the bottom of the pouch is connected to a night drainage system which will carry the urine away from the stoma while you sleep. This lets you sleep undisturbed. Gravity drains the urine to a bedside container. Your pouch will not get so full and heavy that it pulls away from your body, and your stoma will be protected against the build-up of strong urine.



When connecting the pouch to the bedside drainage bag, leave a small amount of urine in the pouch before attaching the tubing. This keeps you from setting up a vacuum in the system. The bedside container should be vented and the tubing should be secured at the top of the bag or bottle with no more than one inch of it going down into the bag or bottle. If the urine backs up into the tubing it will stop drainage. The drainage container can be hung on the side of the bed, or put in another container on the floor. A wastebasket may be used for this purpose.

Clean the tubing and bedside drainage collector every morning. Pour about 2 ounces of a vinegar/water solution into the emptied pouch that is attached to the night drainage system. (Use 1 part white vinegar to 3 parts water) Let it run out of your pouch through the tubing, and into the collection container. Then pour it out and hang up the night drainage system so it can air dry

Ostomy ~ The New Normal

Circulatory Disorders of the GI Tract

Internet sources- NIH

The small intestine and the colon have a relatively restricted blood supply and are frequently affected by circulatory disorders, whereas the esophagus, stomach, and rectum are well supplied with blood and are only occasionally involved in circulatory disturbances.

The colon is commonly affected by ischemia (reduction of blood flow to a level not permitting normal function). In most cases, symptoms subside within days and healing is seen within 2 weeks. Antibiotics and bowel rest usually suffice. In complicated disease, damaged parts of the colon must be removed surgically.

Acute mesenteric ischemia results from inadequate circulation of blood to the small intestine. Treatment is aimed at dilating (opening) the blood vessels with drugs and/or surgery to restore intestinal blood flow and to remove any irreversibly damaged bowel.

Chronic mesenteric ischemia results when blood flow to the small intestine is reduced to an insufficient level. It causes pain associated with eating. Surgery is often warranted to correct the problem.

Pain you should never ignore

Dr. Mallika Marshal via Macomb Co. Michigan OA

Pain is your body's way of telling you something is wrong, and failure to address it could lead to serious problems.

Chest/Shoulder Pain. It could mean that you're having heart problems. Sometimes it's a pain in the chest, sometimes in the left arm, shoulder, neck, or jaw. However, many people who've had heart problems say it's not really a pain, but a pressure or discomfort. Now there are other things that can cause pain in the chest such as acid reflux, inflammation of the chest wall muscles, or inflammation of the lining of the lungs. But the thing we really worry about and want to rule out is a heart attack. So if you develop these symptoms, especially if you have risk factors for

heart disease or are over 40, you need to contact your doctor right away or call 911.

Pain in the mid-back. If you experience pain in your back or between your shoulder blades, it's most likely caused by arthritis. But pain in this area, especially if it's severe or sudden can indicate an aortic dissection in which blood actually gets trapped in a tear of the main artery in the body, the aorta. This can be life-threatening. It more commonly occurs in people with high blood pressure or people with a history of heart disease, so if you're concerned, call your doctor right away.

Abdominal pain. We all get the occasional bad stomach ache but what we are talking about here is sharp pain that hurts so much it takes your breath away. This kind of pain could signal appendicitis or a ruptured appendix, which is a very serious condition that needs to be treated right away. Severe abdominal pain could also signal problems with your gallbladder, pancreas, or even an ulcer.

Calf pain. Whenever we hear someone complain of calf pain, we worry about a blood clot or deep venous thrombosis in the leg. These clots affect about 2 million Americans every year and can be life-threatening if the clot breaks off and travels to the lungs. People most at risk are those with cancer, pregnant women, people who have had recent leg surgery, bed-ridden patients, and people who have been on long plane flights. So if you have pain in your calf, especially if there's redness and swelling and no recent injury or muscle strain, you need to call your doctor right away.

Feet or leg pain. Burning in the feet or legs could be a sign that you have peripheral neuropathy or nerve damage. One of the most common causes is diabetes which we all know is a very serious condition. And the sad fact about diabetes is that many people who have it don't even know they do. So a burning sensation in the feet could be the first indication. Other causes of nerve damage could be injury, inflammatory conditions such as Lupus, or vitamin deficiencies. So talk to your doctor.

New Gown Design

Vancouver Ostomy High Life

It's not exactly a cure for cancer, but it's big news for patients, nonetheless. Finally, someone's designed a

decent hospital gown. "It's warmer, it closes in the front, it's much easier to put on and patients feel much more secure and have a sense of privacy which is nice," says Michael Forbes, product designer for the Henry Ford Innovation Institute and lead designer on the project.

The new gown, which looks more like a wraparound bathrobe, is currently being used at Henry Ford Hospital in Detroit. In addition to being made of thicker material to keep patients warmer, the gown closes with snaps instead of ties and is adjustable to fit both large and small patients.



Forbes and his team used patient questionnaires to guide their design. The biggest complaint by far, he says, was the open back. "[Patients] absolutely despised the old one," he says. "The existing gowns don't give you a sense of dignity. You're already in the hospital and have people sticking you with needles and violating your personal space, your bubble, because they're trying to take care of you. The new back gives the patient a sense of privacy." It also allows for easy access with regard to IVs, medical lines and other clinical necessities.

Rachel Alquist, a 34-year-old sales manager from Seattle, points out that the current design isn't exactly practical, especially when you consider the state some patients are in. "I was at the ER and was pretty much non-coherent because of the pain and the pain meds and I had to go to the bathroom," she says. "I had a gown on but no robe and I just walked down this long hall with my butt hanging out. There were people on gurneys who got a full show. I was just so out of it. My mom just waved and watched me go. Patient gowns are the worst."

So far, patient response to the new hospital gown has been very positive, says Forbes, who hopes to license the design to an existing manufacturer so it can be produced and sold nationwide.

Manufacturing cost is comparable to the old gown, he says, although he believes hospitals may actually be able to save money with the new design.

Spicy Health Benefits

Web health sources

Have you tried a sprinkle of cinnamon on your oatmeal? Oregano on your salad? Ginger in your tea? Spicing your food is one of the easiest ways to enhance flavor without adding calories, sodium or fat, and it's not only your waistline that will benefit from the zest. Seasonings and spices deliciously provide a variety of health benefits – from boosting immunity to controlling blood sugar.

So, whether you're looking to spice up your food, ease a specific medical ailment or just create a culinary masterpiece, check out why perking up your favorite dish can satisfy more than just your palate:

Chili Pepper- According to a new study, this fiery spice is gaining popularity and for good reasons. Chili peppers are rich in vitamin A, and they can reduce pain, fight free radicals, lower cholesterol, clear congestion and boost immunity. Contrary to popular myth, they've been shown to fight stomach ulcers, not cause them, so don't shy away from adding some heat to your favorite Mexican, Thai or Italian dishes. Capsaicin, the powerful compound in chiles, can rev up your metabolism and increase your body's fat burning abilities. But sorry ... that doesn't mean pouring on chili powder automatically means peeling off pounds.

Oregano- A pinch of this Mediterranean spice can do more than enhance the flavor of your salad or pizza. A single teaspoon of dried oregano is a source of vitamin K and fiber and is packed with antioxidants – as many as are in three cups of spinach. Moreover, oregano is known to be an effective anti-bacterial agent, especially against stomach bugs, by preventing little critters from multiplying.

Turmeric- A media superstar, this yellow spice has been given lots of attention because of its anti-inflammatory benefits. Curcumin, the potent component of turmeric has substantial antioxidant and anti-inflammatory properties, which have been shown to relieve arthritis pain and manage diabetes, heart disease, Alzheimer's disease, cystic fibrosis and a variety of autoimmune diseases like rheumatoid arthritis. This Indian staple has even been used to speed the healing of wounds. Plus, recent research has explored its potential uses as a cancer fighter. Two teaspoons a day provide 10 percent of your daily

value of iron and 17 percent of your daily manganese, so try adding this splash of color to lentil curry or even scrambled eggs.

Cinnamon is one of the most commonly used spices in the United States. A dash in your morning coffee and a sprinkle on your oatmeal provides half your day's worth of manganese and is an excellent source of fiber. If you have diabetes, a touch of this nutty-tasting spice on carbohydrate-containing foods could prevent your blood sugar levels from spiking. This aromatic spice can also aid your body's response to insulin. Cinnamon may even prevent unwanted blood clots, relieve indigestion and possibly enhance cardiac health.

Garlic is an excellent cold-fighter, boosts heart health (by lowering cholesterol and triglycerides), and has anti-inflammatory properties? Studies have shown that garlic protects your blood vessels from oxidative stress and inflammation, so be sure to add at least half a clove's worth to your meals daily. As a good source of selenium, flavonoids and sulfur-containing nutrients, garlic deserves a valuable place on your plate. Try roasting a few cloves – the aroma alone will attract your family to the kitchen!

Ginger is known to settle an upset stomach and even morning sickness, but now it's also linked to reducing pain. Gingerol, the potent chemical in ginger, helps decrease inflammation and blocks nerve pathways that process pain. Aside from steeping ginger in your tea, add it to your vegetable stir-fry to give your palate an extra zing!

Cocoa is much more than a steamy beverage to enjoy after skiing. Although not actually a spice, cocoa can jazz up sauces and marinades, providing a rich, savory flavor. Dishes made with the addition of cocoa will make your heart smile, too – cocoa flavanols have been shown to reduce blood pressure and enhance circulation...sending blood to all of the right places!

Spices can turn a blasé dish into an explosion of flavors in your mouth, with the bonus side effect of boosting your health. Try emptying the salt from the salt-shakers and instead, add an array of spices and seasonings. Just leave them on the table for your family to experiment with and enjoy.

Chocolate comes from cocoa which comes out of a tree. That makes it a plant. Therefore, chocolate counts as salad. The end.

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



MEMORIAL DAY

is MAY 26

MOTHER'S DAY

is MAY 11



"How important it is for us to recognize and celebrate our heroes and she-roes!"

~Maya Angelou

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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).