

# The New Outlook

May 2015



## NEXT MEETING

Wednesday, May 20, 7:30 pm

Lutheran General Hospital  
1775 Dempster St., Park Ridge, IL

Special Functions Dining Room  
10<sup>th</sup> Floor

## Last Months' Meeting (our 448th)

What a wonderful 40<sup>th</sup> Anniversary! We enjoyed the cake and sang Happy Anniversary to us. We recognized all those who've worked tirelessly through 40 years to build and sustain our group, and those who continue to do so.

Our featured guests were **Eric Morrow** and **Registered Dietician Aimee Jaremowicz** from **Shield Healthcare**. Eric explained some changes to Medicare and Medicaid, and Medicare managed care programs. Aimee explained some nutritional do's and don'ts, and answered all of our individual questions.

You won't want to miss our next meeting on May 20 when we welcome back **Jan Colwell**. One of our favorite speakers, Jan is a WOCN and Advanced Practice Nurse at the University of Chicago. We are back in our regular meeting room in May. The Special Functions Dining Room on the 10<sup>th</sup> Floor.

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 voluntarily 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](mailto:uoachicago@comcast.net)

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

## Ostomy Association of Greater Chicago (OAGC)

Established 1975

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Judy Svoboda [uoachicago@comcast.net](mailto:uoachicago@comcast.net) 847-942-3809

### Treasurer

Tim Trznik [trazpargolf@gmail.com](mailto:trazpargolf@gmail.com) 630-736-1889

### Secretary/Program Director

Nancy Cassai [cassainancy@gmail.com](mailto:cassainancy@gmail.com) 847-767-1447

### Director/GLO

Fred Shulak [thadbear@sbcglobal.net](mailto:thadbear@sbcglobal.net) 773-286-4005

### Visiting Chairperson

Peggy Bassrawi, RN [pbassrawi@gmail.com](mailto:pbassrawi@gmail.com) 847-251-1626

### Chapter WOCN

Mary McCarthy [marysean@comcast.net](mailto:marysean@comcast.net) 847-231-5485

### Hospitality

Sandy Czurillo

## Wound Ostomy Continence Nurses (WOCN)

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Nancy Chaiken 773-878-8200

*Swedish Covenant Hospital*

Teri Coha 773-880-8198

*Lurie Children's Hospital*

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

Michele Kaplon-Jones

*University of Chicago*

Jennifer Dore 847-570-2417

*Evanston Hospital*

Karen Blum 312-942-7088

*Rush University Surgeons & Ostomy Clinic*

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*Rush University Medical Center*

Madelene Grimm 847-933-6091

*Skokie Hospital-Glenbrook Hospital*

*North Shore University Health System*

Connie Kelly, Mary Kirby 312-926-6421

*Northwestern Memorial Hospital*

Kathy Krenz & Gail Meyers 815-338-2500

*Centegra-Northern Illinois Medical*

Marina Makovetskaia 847-723-8815

*Lutheran General Hospital*

Carol Stanley 847-618-3125

*Northwest Community Hospital*

Nancy Olsen, Mary Rohan 708-229-6060

*Little Company of Mary Hospital*

Kathy Garcia, Jola Papiez 708-684-3294

*Advocate Christ Medical Center*

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*Saint Francis Hospital*

Nancy Spillo 847-493-4922

*Presence Home Care*

Colleen Drolshagen, Becky Strilko, Barb Stadler 630-933-6562

*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*

Sarah Grcich 219-309-5939 or 219-983-8780

*Porter Regional Hospital & Ostomy Clinic*

*Valparaiso, Indiana*

## National UOAA Virtual Groups

Continent Diversion Network: Lynne Kramer 215-637-2409

Familial Adenomatous Polyposis (FAP) Foundation: Travis Bray 334-740-8657

Friends of Ostomates Worldwide - USA: Jan Colwell 773-702-9371

GLO Network: Fred Shulak 773-286-4005

Ostomy 2-1-1: Debi K Fox 405-243-8001

Pull-thru Network: Lori Parker 309-262-0786

Quality Life Association: Judy Schmidt 352-394-4912

Thirty Plus: Kelli Strittman 410-622-8563

## Upcoming Meetings at Lutheran General Hospital

May 20, 2015 – Jan Colwell, APN, WOCN

June 17, 2015 – Hedy Holleran, Hollister

July 15, 2015 – Steve Vandevender, Convatec

August – NO MEETING

## 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. 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, Nov. Contact Barb Canter 847-394-1586, barb1234@sbcglobal.net

### Valparaiso, Indiana

Porter Regional Hospital, 1<sup>st</sup> floor Community Room. 6:30 pm the 4<sup>th</sup> Thurs., Jan – Oct. Contact Sarah Grcich 219-309-5939, Sarah.Grcich@porterhealth.com

## Here and Now

with Patricia Johnson  
*Ground Support*

I have been on an adventure and it didn't require a hospital stay or surgery. My husband, daughter and I flew to Texas to visit family and get away from the awful March weather. It was the first time I have flown in 25 years and my nervousness was exacerbated by my ileostomy. I could not have done it without the encouragement and advice from my ostomy support group. They encouraged me to go and shared their knowledge and experiences on how to travel, fly, with an ostomy. Their support made all the difference. So, I would like to share with you some of the things they suggested and what we did to prepare for this trip.

The first item of importance is supplies. Take lots of them. You may need them all or you won't, but not having them may be a bigger problem than carrying the extras. You don't want to spend your vacation trying to locate pouches or wafers in a strange city.

I knew I would have to change one time while we were away. I took everything I use for 5 changes. One change I packaged, including paper towels, and kept with me in my purse. It was easy to carry and gave me a feeling of security knowing I had it. I brought 4 changes home, but I was glad I had them...just in case.

Keep your supplies in your carry on. That way they won't go one way and you another.

Write down the order numbers for each of your supplies and carry it in your wallet or purse.

On the plane make sure the seatbelt is not pressing against your stoma.

When using the bathroom on the plane close the toilet seat so nothing can fall in while washing your hands or getting something from your purse.

Don't leave supplies in a car in hot weather, they will melt. If you will be traveling in a car put them in a plastic bag in a small cooler with an ice pack or gel pack.

Airport security; this really made me nervous. I didn't really know what to expect and the thought of someone touching me was a deterrent to flying. To alleviate my concerns my husband called

TSA and asked about procedures for someone with an ostomy and carrying medical supplies. I am on a blood thinner and needed to carry prefilled syringes in addition to my ostomy supplies.

The man Dale spoke to was very courteous and helpful. He explained procedures, requirements and regulations and then followed up the conversation with an e-mail. This is a brief summary of what we learned.

Before security screening begins inform the TSO that you have necessary medical supplies, liquids, gels or aerosols. Separate these supplies from other belongings. These items are not subject to the limitations of other liquids, gels and aerosols and are allowed through a checkpoint in excess of 3.4 oz. once they have been screened and cleared.

TSA makes available a "Notification Card" that you may use to discreetly notify the agent that you have a medical condition. This does not exempt you from screening. This card can be downloaded from the Disabilities and Medical Conditions page under the "Traveler Information" tab at the TSA website, [www.tsa.gov](http://www.tsa.gov). I carried a letter from my doctor stating that I have an ileostomy but never needed to show it.

When I came to security screening I told the TSO that I have an ileostomy and the supplies were in my bag. My wafers are pre cut so I do not need scissors, but people who do need them to 'cut to fit' may include them with their medical supplies as long as the blades are less than 4 inches from the tip to the pivot point.

Going through security was not the difficult or traumatic experience I expected. My supplies were all in one place, easily accessible and I made sure that I did not have any metal on my clothes or person other than my wedding rings and watch. I was however, very glad when it was over.

This concludes my travel tips. I have only briefly summarized the TSA page. If you want more information e-mail TSA Cares at [TSA-ContactCenter@tsa.dhs.gov](mailto:TSA-ContactCenter@tsa.dhs.gov) or call them at 1-855-787-2227, TSA Cares is for people with disabilities and medical needs.

Our vacation was wonderful. The weather warm and sunny. It was great spending time with family we have not seen for awhile. I didn't need to use the bathrooms on the plane. *Life is good.*



## **A hug a day may keep the sniffles away?**

Linda Carroll TODAY contributor

If you're worried about catching a cold, there's a simple act that may protect you against the virus and help you feel better right away: hug someone. Hugging can help prevent a cold virus or lessen symptoms in people who are already sick, according to a recent study published in Psychological Science.

We're told to avoid sweaty, germy handshakes during cold and flu season, but the warm embrace of a close friend or loved one may actually improve immune system functioning, says Sheldon Cohen, a professor of psychology at Carnegie Mellon University and lead author of the study. Stress lowers the body's defenses against viruses and other pathogens, research has shown.

For the new study, Cohen and his colleagues rounded up 404 healthy adult volunteers, who were asked to fill out questionnaires to determine, among other things, whether and how often they'd been hugged during a two-week period and whether they'd experienced conflict or tension. Then the participants were deliberately exposed to the cold virus and immediately moved to quarantine for a week, while researchers monitored them for signs of infection and illness.

People who were stressed —but got hugs —were less likely to become infected with the virus. Hugs made no difference among those who weren't stressed in terms of developing an infection.

Those who did develop an infection with the virus were less likely to feel sick if they'd been hugged in the prior two-week period. The more days someone was hugged, the lower the risk of infection (among those who were stressed). Similarly, the more days someone was hugged, the less likely they would experience cold symptoms when infected with the

virus.

Somehow, Cohen says, the social support signified by the hug seems to keep us from getting sick even when we're infected. Cohen says the findings don't mean you should be hugging sick people. His volunteers went into quarantine as soon as they were exposed to the virus. It's the hugs people get when they are healthy that make the difference, he says.

The new findings aren't a surprise to Dr. Nina Shapiro, director of pediatric otolaryngology at the Mattel Children's Hospital at the University of California, Los Angeles, and a professor of head and neck surgery at the David Geffen School of Medicine at UCLA.

Shapiro has studied the mind-body connection in children who are getting surgery. If kids are given a sense of control over their destinies, they experience better outcomes and less pain after their operations, she says.

Beyond that, she says, "there are studies in cancer patients that show that they have better outcomes if they are emotionally supported." Still, Shapiro says, during cold season people should still be careful about exposure. "Maybe we should say, 'hug, but don't kiss,'" she says.

## **The Ostomy Trap**

Tulsa Ostomy Association

One trap we must avoid is letting our whole life revolve around our ostomy. Preoccupation with managing an ostomy can sometimes make us fail to realize how unimportant it is to other people.

Our families and friends are only concerned that we join them again in our usual activities of work and play. Sure, we have challenges managing our ostomies on occasion. However, people without ostomies have elimination problems at times, and if we think back, we can probably remember when we had more than our share.

Now, we can enjoy a freedom not possible before our operation. We will continue to have upsets from time to time, but so do those who never had an ostomy. Our own experience together with the shared knowledge of our fellow ostomy members along with the advice of our doctors and (WOC) nurses will see us through these infrequent and unpleasant episodes.

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### What to Say

By Georgia Photopoulos, WAOS Newsletter

What should one say to someone who is sick? There is not a set of guidelines for being a good friend. However, if you would like a few simple tips, well, here they are—direct from the patient's mouth:

- Do not be afraid to ask me what I have, how I am doing or what my treatment will be. At worst, I will say I do not want to discuss it. At best, I will welcome the opportunity to talk about my situation.
- Are you worried about what to say? What did we talk about before I became ill—politics, art, religion, the PTA, children? I am still interested.
- Don't try to cheer me up by telling me things could be worse; that I'm lucky my spouse hasn't left; that I could have been hit by a truck. It does not help. In fact, do not try to cheer me up at all. What I need most when I am depressed is a compassionate comforter and listener.
- I do need a sensitive, empathetic listener. Do not assume you know how I feel. It is not even important. A husband will visit his wife after she has

given birth to their child, and yet, the man has no real frame of reference for what his wife has just experienced. Regardless, the wife is always happy to talk to the husband about everything that has happened.

- If I look horrible, do not tell me I look great. Your lie will hang between us and undercut anything else you say. You do not have to comment on my looks at all.
- Remember, I chose my doctor and unless I say otherwise, I am probably satisfied with him/her. Do not bring articles about other doctors, other hospitals, or other treatments unless I ask you about them.
- I really like it when you bring flowers, books, games—whatever you know that I like. Most of all...bring you. Illness interrupts so much; do not let it interrupt our friendship.
- If anything about my illness troubles you, if it makes you upset, sad or nervous, tell me. Your silence may hurt me—something I know you do not want.

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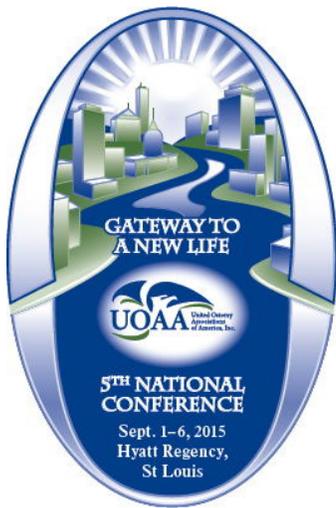


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**Reminder** - all 2015 Northwest Community Hospital Support Group meetings will take place in the Kirchoff Center. (901 Kirchoff Building)



## Fifth UOAA National Conference in St. Louis

September 1-6, 2015  
Hyatt Regency, St.  
Louis at the Arch  
Educational and  
Social Programming  
Sept. 2 - 5

### Conference Registration

Individual: \$125, Spouse/Companion: \$75  
Children: 5-17 \$25, under 5 free  
One day only: \$75

### Hotel Reservations

Rate is \$109 +tax if reserved by August 10.

### *Featuring:*

- First Timer's Reception
- Free Ice Cream Social
- Education Sessions
- Stoma Clinic
- Ostomy Product Exhibit Hall
- Farewell Celebration

Visit [www.ostomy.org](http://www.ostomy.org) for continually updated information and to register online.

**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.**

## Rectal Pain

Colostomy Association of UK

There are two types of surgery which result in a Colostomy:

- APER (Abdomino Perineal Excision of Rectum) - involves the removal of the rectum and anus
- Hartmann's resection - the rectum is left in place

If the rectum is still in place the pain can be due to a build up of mucus. The pain can be a low back ache, a sensation of pressure in the rectum, sharp shooting pains or feeling the need to go to the toilet. It may be possible to evacuate this mucus by sitting on the toilet and gently bearing down. Alternatively your Ostomy Nurse or Physician may suggest a suppository. It is a normal function of the body to produce mucus.

If you have had an APER and your rectum and anus have been removed you may still have the feeling you need to open your bowels or experience pain where your rectum used to be. This is known as 'phantom rectum syndrome'. The exact cause of the pain is unknown, but it is quite possible that the nerves around the rectum may have been damaged during surgery. Some people will find that (Acetaminophen) will eliminate the pain. If it is more extreme, then it is worth discussing with your Physician the possibility of a referral to a chronic pain team.

*Any new pain should always be reported to a primary care doctor, surgeon or specialist nurse so that rare, more acute causes of pain e.g., an abscess or hernia can be ruled out.*

### *Why does chemo cause anemia? Is there anything I can do to feel better?*

Answer from Timothy J. Moynihan, M.D., Mayo Clinic

Your bone marrow makes blood cells, including red blood cells. Chemotherapy can damage your bone marrow. When this happens, your body makes fewer red blood cells or destroys them before their normal life span is over.

Your body's ability to produce platelets – a blood cell that plays an important role in forming clots – also may decrease, so you're more likely to bleed, further reducing your red blood cell levels.

Your red blood cells contain an iron protein called hemoglobin, which carries oxygen from your lungs to

the rest of your body. Anemia means you have too little hemoglobin, so parts of your body aren't getting enough oxygen, which is why you feel tired and weak a lot.

### What you can do?

Consider the following step to help manage your anemia.

- **Talk to your doctor.** Ask about getting a blood transfusion or certain medications to increase production of red blood cells, which can relieve your anemia.
- **Prioritize your tasks.** Do only the most important ones. Let your family and friends help with other tasks.
- **Get plenty of sleep.** Aim for at least eight hours a night. Take short naps during the day.
- **Eat well.** Foods high in iron such as red meat and leafy greens are good choices.



### Honey could help heal wounds

Health.com

Most people love honey for its tasty goodness. The natural sweetener helps balance flavors, thicken sauces and add moisture to your dish, according to the National Honey Board. Although it is a versatile cooking ingredient, honey could also offer some health benefits

Honey has quite a long reputation as a healer. Its first written reference dates back to 2100-2000 BC on a Sumerian tablet that mentions the use of honey as a drug and ointment, according to the Asian Pacific Journal of Tropical Biomedicine. There's a medical-grade solution called Medihoney that is derived from manuka honey, which comes from New Zealand bees that pollinate the native manuka bush. "The patches of Medihoney work fantastic on patients that come in with cuts and wounds," says Robin Miller, M.D., a board-certified internist and co-author of *The Smart Woman's Guide to Midlife and Beyond*. "They're antibacterial and soothing." Any type of honey might be helpful. In a study in the

British Journal of Surgery, Nigerian researchers used honey to treat 59 patients with hard-to-heal ulcers. All but one of the cases improved, and infected wounds and ulcers became sterile within one week of applying the honey.

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### Old Blue Eyes

Vancouver Ostomy HighLife 2012

Frank Sinatra was one of the world's most famous entertainers, with a career that spanned decades and continents. But did you also know that for the last 13 years of his life he had a colostomy? In her biography of Frank Sinatra *Lady Blue Eyes, My Life with Frank*, Barbara Sinatra includes this little-known chapter in the life of a very private man to whom she was married for over 20 years.

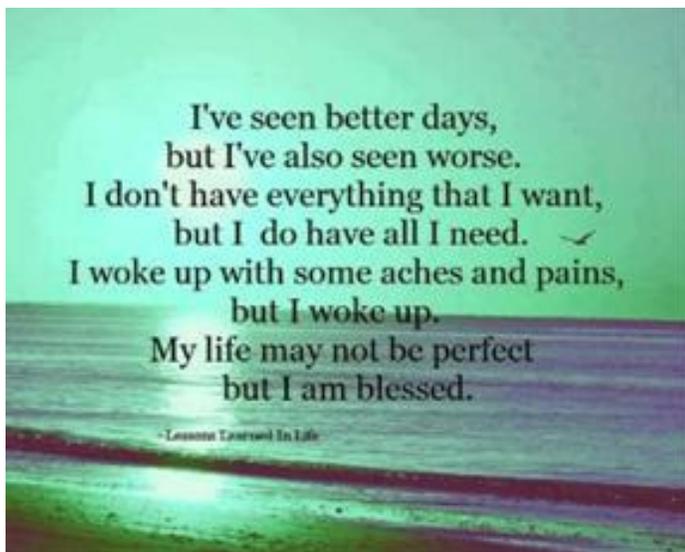
The famous singer and actor was a prodigious drinker of bourbon and refused to quit a life-long habit of smoking. His doctors and Barbara tried to get him to cut down, but despite their efforts Frank continued to enjoy not only alcohol and his smokes, but rich Italian food and red meat as well.

His health began to pay the price at last and at the age of 70 he underwent temporary colostomy surgery for diverticulitis. Frank was not the most patient of patients and insisted on doing things 'his way', and so at six weeks he demanded that his surgeons attempt to reverse the ostomy. The premature operation was a failure and Sinatra was left with the

colostomy for the remainder of his life. Frank, who never shed the stigma of being associated with the mob, joked that if his doctors screwed up he'd have them wacked. One of the first things he said when he awoke from the anesthesia was, "Are the doctors still alive?"

According to Barbara, Frank detested the colostomy, but refused to let it stop him from performing. Prior to having surgery he'd agreed to do a 1987 TV role on Magnum PI with Tom Selleck. The episode was called 'Laura' in which Sinatra played a retired cop out to avenge his daughter's murder. In what turned out to be his final major acting role, he performed almost all of his own stunts, including fight scenes and chases. Over the ensuing years he continued to perform live and record. Frank Sinatra died in 1998 at the age of 83.

'Lady Blue Eyes, My Life with Frank' was published by Crown in 2011 and is available at bookstores or Amazon.com.



### **Don't Sweat It!**

Christine Newberry, WOCN via Ostomy Assoc. Houston Area

Does sweating cause you pouching problems? If you work or live in a warm environment, if you are an athlete or just prone to sweating, you may have problems keeping your pouch barrier on. Here are three approaches to solving your problem:

**Sweat less!** Some antiperspirants can be used underneath an ostomy barrier. Many antiperspirants dry after application and leave little residue that would affect the adherence of a pouch. C.C. a cyclist in Maryland uses Tussy 5 day antiperspirant that is sold in packets. Mitchum and Crystal among others have been used successfully by ostomates to diminish perspiration. Do your own research and find one that works for you.

**Increase adhesion!** If your barrier is floating off, consider increasing the quantity of adhesive. SKIN TAC has recently been produced in a new wipe-on form. This is a thin, clear adhesive that is easily removed with alcohol; Torbot manufactures it. Hollister makes a medical adhesive spray. And for the truly needy, there are paint-on adhesives that, though more cumbersome, can make a dramatic difference in adherence. Two of these are NuHope Adhesive and Skin Bond by Smith and Nephew. All of these products are available at most ostomy product dealers.

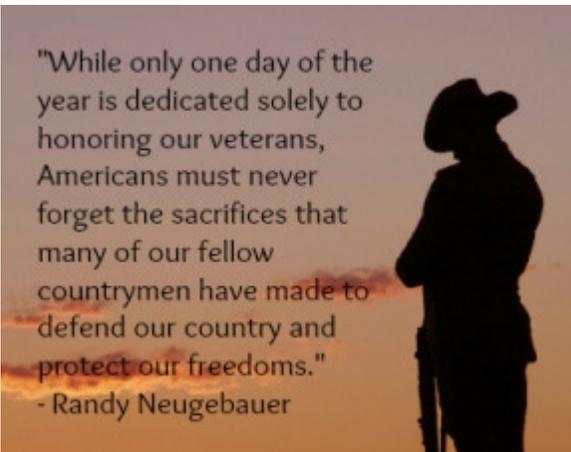
**Try a breathable barrier** The MicroSkin adhesive barrier on all Cymed pouches is moisture-vapor permeable and allows perspiration to flow through the barrier rather than being trapped beneath it. John Dermengian recently wore a Cymed pouch through the grueling Ironman Triathlon. His pouch held up through 16 hours of extreme physical exertion and lasted a total of 6 days. A sample of these pouches is available from Cymed Ostomy Company at 800-582-0707.



## Happy Mother's Day!



This month we honor our Mother's....  
And all our heroes and sheroes...



## Happy Memorial Day!

### Patience

You don't make all your money overnight. You don't raise your children in a week. You don't get a college education in a month. The good, quality, important things on this earth take time. We invest years in our careers, in raising our kids, in our education – why should it be any different in ourselves? We are an investment and that takes time, effort, patience and dedication.

## Surgical Patient Education American College of Surgeons Home Management and Other Resources

### Check Your Knowledge

Each question can have more than one correct answer.

#### QUESTION 1

Which statements about your new stoma are true?

- A. The stoma will stick out of your body
- B. The stoma can vary in size
- C. The stoma will be dry
- D. You can control when urine and stool leave through your stoma

#### QUESTION 2

When should you empty your pouch?

- A. When it is totally filled
- B. When it is one-third to half full
- C. Once a day
- D. Every 3 to 5 days

#### QUESTION 3

Which steps are important when cleaning and inspecting your skin?

- A. Check the stoma color
- B. Check the stoma for bleeding
- C. Check the skin surrounding the stoma for redness
- D. Clean the skin around the stoma with alcohol

#### QUESTION 4

What are some of the ways you can treat skin irritation?

- A. Keep the skin barrier opening close to the edge of the stoma
- B. Don't wear the skin barrier too long
- C. Use skin barrier powder if the skin around the stoma is red and weepy
- D. Change the pouch if liquid seeps under the barrier

**Answers on next page... don't peak**

## Infection in Urostomies

Metro Maryland

Have you ever had a urinary infection? It can be most uncomfortable. You probably have no idea how you got it. Most urinary tract infections come from the ascending route—outside of the body—up the urethra, into the bladder, up the ureters and into the kidneys.

In the male, the length of the urethra is 6” to 8” long, and the antibacterial properties of prostatic secretion are effective barriers to urinary tract infection via this route. These two factors explain why males have a much lower incidence of urinary tract infections than do females.

The female urethra is about 1 ¼” long. The common onset of urinary tract infections for woman is at the time of marriage or following the initiation of sexual activity which points to the ascending infection via the urethra route.

Germs are all over the world, but when they are in the urinary tract, either in the conduit, ureters or kidneys, they are in an abnormal location and that causes an infection. Infection of the kidneys is the most serious long-term complication.

What causes infection? We really don't know. Why do some people get more colds than others? Infections can be caused by an obstruction, kidney stones, tumors, cysts or scar tissue. Almost synonymous with obstructions, is infection, and then too often come stone formation. Once you have stone formation you can't get rid of the infection. It's kind of a cycle that goes 'round and 'round.

Infection can be caused by urine being forced back to the kidney through the conduit. This can be done by falling asleep with the appliance full of urine and then accidentally rolling over the pouch, causing urine to be forced back into the stoma through the urinary tract with tremendous pressure. Urine in the body is sterile, but once it goes into the appliance is becomes contaminated.

Treatment and Prevention:

1. Adequate hydration leads the list. In general, to prevent infection and to treat infection, you need a good flow of urine much like a stream. That not only dilutes the bacteria or germs in the urine, but also helps wash them out—2 ½ quarts of liquid daily is the minimum required for the average adult.

2. Antibiotic therapy: Antibiotics are used to fight infection for the short-term; why not put the patient on a strong antibiotic and leave him on it indefinitely to prevent further infection? Most antibiotics will cause some resistance to develop over a period of time. Plus, your body would be overcome with fungus—when bacteria if destroyed, fungus takes its place—which may become life threatening. There aren't any antibiotics currently manufactured that should be used long-term for those reasons. Studies are being made to find a particular drug for this purpose, but so far nothing has been found that can be successfully used long-term.

### What is a Colon and Rectal Surgeon?

American Society of Colon & Rectal Surgeons (ASCRS)

Colon and Rectal surgeons are experts in the surgical and non-surgical treatment of diseases of the colon, rectum and anus. They have completed advanced surgical training in the treatment of these diseases as well as full general surgical training. Board-certified colon and rectal surgeons complete residencies in general surgery and colon and rectal surgery, and pass intensive examinations conducted by the American Board of Surgery and the American Board of Colon and Rectal Surgery. They are well-versed in the treatment of both benign and malignant diseases of the colon, rectum and anus, and are able to perform routine screening examinations and surgically treat conditions if indicated to do so.

### Ostomy ~ The New Normal

Answers to quiz on page 9:

Question 1 - A and B

Question 2 - B

Question 3 - A, B, and C

Question 4 - A, B, C, and D

# 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](http://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](http://www.uoachicago.org/donations)

**So, there really is one...**



**But don't go there without a paddle!**

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).*