

# The New Outlook

December 2014



## NEXT MEETING

Wednesday, December 10, 6:30 pm

**Lutheran General Hospital**

1775 Dempster St., Park Ridge, IL

**Special Functions Dining Room**

**10<sup>th</sup> Floor**

## Last Months' Meeting (our 444th)

We had a wonderful discussion about staying healthy this winter led by our chapter WOCN Mary McCarthy. She gave us detailed information on influenza and how to avoid it, as well as all the immunizations we need to consider. Mary was kind enough to answer all our questions. More next month. **Did you get your flu shot yet?**

Our next meeting, **Wednesday, December 10 at 6:30 pm**, is our annual Holiday Gala. Yes, it's that time of year again when we *party* like the stoma stars we are! See old friends and make new ones, while enjoying great food, games, songs and more at our Holiday Party, hosted very adeptly by Jerry and Sally Schinberg. This is a special time when we come together to celebrate the friendship and support given and received throughout the year.

Last year we revived the Holiday Party tradition of *The Giving Tree*, to benefit the Youth Rally camp for children with ostomies. If you would like to participate, simply place your donation in a small box provided and hang it on the tree. Ten dollars... five dollars... even one dollar will go a long way toward helping a child realize the dream of feeling "normal" in a camp atmosphere with others just like him or her.

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.

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.

**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](mailto:uoachicago@comcast.net) Be sure to add us to your safe sender's list and check your email inbox.

## Ostomy Association of Greater Chicago (OAGC)

Established 1975

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*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

## Upcoming Meetings at Lutheran General Hospital

December 10, 2014 - Annual Holiday Gala

January 21, 2015 -

February 2015 - NO MEETING

### Additional area support groups:

#### Northwest Community Hospital

Arlington Heights. Dec. 11, at 1:00pm, Room 1-6 across from hospital auditorium. Use main (east) hospital entrance and take hallway to the right. 2015 meetings (Feb 12) will be in the Kirchoff Center, conference room 1. Contact Carol Stanley 847-618-3215, [cstanley@nch.org](mailto:cstanley@nch.org)

#### Southwest Suburban Chicago

The third Monday at 7:30pm, Little Company of Mary Hospital, Evergreen Park. Contact Edna Wooding 773-253-3726, [swscost@gmail.com](mailto: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](mailto:Heather.Lacoco@Advocatehealth.com) or Tom Wright, [tomwright122@att.com](mailto:tomwright122@att.com)

#### 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](mailto:bret.cromer@sbcglobal.net)

#### Aurora

The second Tuesday at 7:00pm, Provena Mercy Center. Contact John Balint 630-898-4049, [balint.john@yahoo.com](mailto:balint.john@yahoo.com)

#### Will County

Charlie Grotevant 815-842-3710  
[charliegrtvnt@gmail.com](mailto:charliegrtvnt@gmail.com)

#### Lake County Illinois

Hollister in Libertyville, 10:00am the 3rd Saturday, every other month. Meetings are in January, March, May, July, September and November. Contact Barb Canter 847-394-1586, [barb1234@sbcglobal.net](mailto:barb1234@sbcglobal.net)

As organizers of the **Regional Ostomy Education Conference**, we'd like to thank everyone who participated and supported our efforts. What an amazing day! Our attendees (156) began arriving bright and early, enjoying breakfast with the Vendors. Bret Cromer as Master of Ceremonies guided us through the day's activities, from opening remarks by Dr. Bruce Orkin, Hedy Holleran from Hollister and the hilarious Brenda Elsagher, to the evening Pa'ina with scrumptious PuPu's. In between, were the most incredible educational sessions with Dr. Orkin, Dr. Dean, Dr. Taft, Dr. Chang, WOCNs Karen Blum and Madeline Grimm, Stephanie Horgan, Kesuri Setheraman, Robert ListECKi and Laura Cox. More information on sessions will be included in future newsletters.

The highlight of the day was during the lunch break when Allyson Bain walked us through her story that led to the Restroom Access Act. (Ally's Law) This remarkable young woman not only survived her traumatic experiences, but has since thrived, to become an advocate for persons with disabilities. When she finished, the entire ballroom, many through tears, stood to give Ally a thunderous ovation.

A very special thanks to our Presenting Sponsor Hollister, who also provided complementary copies of Brenda Elsagher's books....signed by Brenda, of course. Additionally we thank our Sponsors, Coloplast, Northwest Community Hospital, Sure Guard, Mark Drug, NPS Pharmaceutical and our participating vendors, ABBVIE, Convatec, Edgepark, Byram, Shield, Nascent, Stomastifler, Safe n Simple, FOW and UOAA.

We also want to thank the WOC nurses, Carol, Eric, Mary, Renee and Diane who saw patients in the Stoma Clinic.

*- Judy Svoboda and Nancy Cassai*



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Northwest Community Hospital is implementing a new computer system and many of 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.

**The Holiday Celebration December 11 at 1:00pm will be in Room 1-6 across from the hospital auditorium.** Use the main (east) hospital entrance and take hallway to the right, following signs to the auditorium. Free parking in the adjacent garage.

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

## 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.

## Sleep Myths

TODAY Health

We know sleep is important. But most of us understand little about it, clinging to myths.



Sometimes there is a nugget of truth in the misperceptions. But when we're wrong, the result can be exhausting, wakeful nights.

These are six of the most common myths:

### 1. Naps make it harder to sleep at night

Actually, a short daytime nap can restore your brain power and performance. "If you are really failing during the day ... take a nap," says Dr. W. Christopher Winter, a sleep medicine expert at Charlottesville Neurology & Sleep Medicine in Virginia. "It's amazing how good that short little

nap will make you feel and that makes a difference in how [you] sleep."

Napping for 15 to 30 minutes can refresh people, allowing them to continue with their day and help people snooze better at night. But make sure that nap is short and sweet. A two-hour nap, for example, will definitely make it tough to sleep later.

### 2. We need eight hours of sleep a night

Doctors frequently recommend that people get eight hours of sleep to feel their best. Try seven.

"Seven and a half is probably a good average," says Dr. Winter. "It's a unique number. You need as much [sleep] as you need."

Recent research even found that people who sleep between 6.5 and 7.4 hours a night live longer than those who sleep for 8 hours or more.

We need to let go of "the idea that people need to get eight hours of sleep," Dr. Winter says.

### 3. No eating after 8 p.m.

That popcorn at 9 p.m. won't stop the Sandman from visiting. Eating later at night doesn't always lead to bad sleep.

"It probably relates more to what you are eating. Desserts, caffeine, sugar are probably destructive. If you think about Thanksgiving ... that big carbohydrate meal is sleep promoting," says Dr. Winter.

In fact, a recent study showed that when mice received the right amount of insulin it sparked drowsiness. The results indicate that eating carbs might reset a person's circadian clock, the mechanism responsible for telling our bodies when to wake and when to sleep.

While noshing at night is okay, people still need to be careful what they eat late at night. Some foods cause indigestion, which might cause people to wake throughout the night.

### 4. You can bank sleep

Got a big sleep debt? Many try to make up the deficit by sleeping late over the weekend.

"You probably can't catch up on it," says Dr. Winter. But there is a caveat. If the busy schedule meant less sleep, but the sleep was restful and efficient, you probably are fine. Resting up before a long night can help, but not if the deprivation is chronic, studies suggest.

Overall, it's better to nap on sleep-deprived days instead of waiting for the weekend to sleep until noon.



## 5. The older you are, the less sleep you need

“There is this notion, this myth that older people don’t need as much sleep as younger people,” says Dr. Alon Avidan, director of the UCLA Sleep Disorders Center. “Older adults need as much sleep as a younger person.”

Many older adults struggle to stay asleep, perhaps getting four or five hours of sleep a night. They think they are functioning well and their doctors might even agree that they don’t need as much sleep. But if they needed seven hours of sleep when they were in their 30s, they need seven hours of sleep in their 70s. Poor sleep could be a sign of another problem, such as sleep apnea, Parkinson’s disease, rheumatoid arthritis, congestive heart disease, or restless legs syndrome. Don't simply accept poor sleep as normal.

## 6. Exercise cures insomnia

People plagued with insomnia often try anything to fix their sleeping problems. Many believe a good workout will cure their inability to sleep. While working out certainly increases the body’s sleep need, it isn’t the panacea many hope it is.

“I think it would be rare that exercise can cure insomnia,” says Dr. Timothy Morgenthaler, president of the American Academy of Sleep Medicine and a professor at Mayo Clinic. “If what we are talking about is being active for 30 to 60 minutes a day [then] there’s measurable improvement in the quality of sleep.” Exercise won’t cure the medical reason behind the poor sleep.

**The bottom line:** see a doctor after several days of poor sleep. There might be something else causing your wakeful nights.

## Concerns with the J-pouch

By Dr. Tracy L. Hull, Cleveland Clinic

Patients with ulcerative colitis who were treated surgically previously underwent a total proctocolectomy with permanent ileostomy. However, in the late 1970's, when the pelvic pouch procedure was first introduced, the surgical approach to UC was revolutionized.

Although the operation usually improves the patient's quality-of-life and avoids a permanent stoma, it does not restore the bowel function to normal.

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Patients can expect to have many stools per day—as few as two or three for the fortunate few and as many as 40 for the less fortunate with the average being around eight—and these stools are pasty to watery in consistency. As with any bowel operation, patients experience many changes, both short-and long-term. This article will discuss some of the potential long-term problems that patients with a pelvic pouch may experience.

**Diarrhea:** The function of the pelvic pouch will change over the first year; improve as the pouch stretches; and becomes larger after the ileostomy closure. However, there are still some people who have up to 20 bowel movements or more daily.

Dietary changes may help these people to decrease the number of bowel movements. Foods, which have been found to help decrease the water content of the stool, may help to reduce the number of trips to the toilet. These foods include applesauce, bananas, rice, creamy peanut butter, potatoes,

cheese, marshmallows, pretzels, toast, yogurt and tapioca pudding. Bulking agents, such as, Metamucil, Citrucel, Fibercon or Konsyl, also help thicken the stool. These products are ingested with little fluid to allow extra fluid in the gastrointestinal tract to be absorbed. Medications, such as, Lomotil or Imodium, are sometimes prescribed by a doctor to slow down stools. They should not be used without your doctor's approval.

Limiting the intake of fried and fatty foods and milk products may decrease diarrhea. Reaction to foods varies with each individual, and other foods may be found to increase the amount of stool produced or change the consistency.

**Bowel obstruction and emptying concerns:** To construct the pelvic pouch, the small bowel is stretched, along with the blood vessels, which provide blood to the pouch, in order to reach the anus. This stretching may predispose you to bowel obstructions from scar tissue, twisting or kinking—surgical intervention may be required to relieve the obstruction. Another reason, which may lead to problems with pouch emptying, is a narrowing or stricture at the pouch-anal joint (anastomosis). This is diagnosed by an exam of the anal area and may cause symptoms of a progressive nature of a need to strain more and more to move ones' bowels. Usually dilation solves the problem and rarely is an operation needed to correct the problem.

**Pouchitis:** Pouchitis is a non-specific inflammatory condition of the pouch. The cause is unknown, but it occurs more frequently in patients who have a J-pouch for IBD versus those who have one for familial polyposis.

Patients are at a risk to develop pouchitis over their entire life, as long as they have a functioning pelvic pouch. For some patients, pouchitis is an isolated event, but others can experience multiple episodes or even continuous "chronic pouchitis".

The symptoms are similar to a mini-attack of colitis. Patients report increased bowel motions, pelvic pain, abdominal cramps, malaise, fevers or blood in their stools. However, it is usual for patients with a pelvic pouch to notice blood on the toilet paper with normal function of the pouch and yet not have pouchitis.

*"Nothing is impossible, the word itself says 'I'm possible!'"*  
- Audrey Hepburn

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### STRESS and INTESTINAL GAS

Winnipeg Ostomy Assoc. Inside/Out Sept. 2014

Stress is the cause of one of the most common gastrointestinal complaints: Flatulence. While under stress, breathing is deeper and one sighs more, encouraging a greater than normal intake of air. Dr. Richter, a gastroenterologist at Massachusetts General Hospital, states that the average person belches about 14 times a day (GI Series Newsletter, Vol. 1, No. 4). The person with a flatulence problem does not belch more often. However, they may experience the sensation of needing to belch and get little relief from doing so. Here are some ways to relieve gas.

- Avoid heavy, fatty meals, especially during stressful situations.
- Reduce the quantity of food consumed at one sitting. Eat small low fat meals about every three hours.
- Avoid drinking beverages out of cans or bottles.
- Avoid drinking through a straw.
- Avoid foods and beverages you personally cannot tolerate.

- Avoid any practice that causes intake of air, such as chewing gum, smoking and blended foods that contain a lot of air.
- Drink at least 8 glasses of water a day.
- With the advice of your doctor and WOC nurse, experiment with foods in your diet to achieve adequate bowel regularity.
- Avoid eating too many fiber foods in one meal. Gradually add fiber foods in your diet to prevent excessive intestinal gas.
- Avoid skipping meals. An empty bowel encourages small and gassy stool. Poor digestion can often exaggerate the symptoms associated with flatulence. Digestion enzymes aid in food assimilation and chemical digestion and enzyme supplements should always be taken immediately before or after eating. Food coats the stomach and helps prevent gastric juices and acids from destroying the enzyme action.



An advertisement for Na`Scent ostomy odor control. The top half has a purple background with the brand name 'Na`Scent' in white. Below it, the text reads 'OSTOMY ODOR CONTRAL THAT SIMPLY WORKS'. The bottom half shows a white bottle and a smaller white bottle with purple labels, set against a background of a waterfall. Text at the bottom says 'BEGIN A NEW DAY ODOR FREE GET YOUR FREE SAMPLE AT nascent4u.com OR CALL 888-880-1959'.

## After Ostomy Surgery

Lifestyle Information - Coloplast.US

***What will the stoma look and feel like in the days after surgery?*** The days after stoma surgery can be challenging. You have a pouch attached to your abdomen and lots of new things to learn. Now's the time to start getting to know your stoma.

### ***How does it look after surgery?***

When you wake up after the operation you'll be wearing your first pouch. This will probably be a clear one so that your nurses can check on your new stoma easily. You may also have drips and drains attached to your body. This is perfectly normal and they will be removed with very little discomfort when appropriate.

***Your Stoma*** will be moist and pinkish-red in color and should protrude from your abdomen (though it's also common for a



stoma to remain flush with the skin surface). It may be quite swollen to begin with but will reduce in size over time - usually 6 to 8 weeks after surgery. Your stoma is a mucous membrane, just like the mucous membrane inside your mouth. There is no sensation in the stoma, so it is not at all painful to touch. The stoma can bleed a little when being cleaned, especially in the beginning, but this is normal and should stop shortly afterwards.

Your stoma will begin to work shortly after your operation, usually within a few days. At first the output will be a watery liquid and may be strong-smelling as your bowel hasn't been working for a while. Don't worry, though, the consistency will thicken slightly and the smell will diminish as you resume a more balanced diet. Your doctor will advise you when you will be able to eat and drink as usual.

Initially, it's also likely that a certain amount of noisy gas will come from the stoma - again this is perfectly normal. It is not uncommon to feel the use the restroom as you did before. This is normal and should reduce with time. If your anus is still present, there may be some mucus discharge from it.

### **Urostomy**

If you have a urostomy, the stoma will begin to work



immediately after your operation. The tubes ~ called "stents" ~ placed in the urostomy will be left in place for seven to ten days. At first, your urine may be slightly red, but it will soon return to its usual color.

### ***Going back to work***

***Thinking ahead.*** After surgery, it's entirely possible for most people to go back to work. However, when and how you do this really depends on how you feel, the type of work you do, and the stoma operation you had. Talk to your employer and discuss your options as soon as possible. It may be possible to return to work part time; this could be particularly helpful when you first go back as you may still feel tired and need time to get used to new routines.

***Try it out.*** A few weeks before you go back, do a few trial runs where you dress and plan your day as if you were going to work. Think about your diet and when and how many times a day you may need to change or empty your pouch. This will help you to establish routines and plan your day accordingly. Most importantly, it will make you feel prepared.

### ***Tips***

- Speak to your employer as soon as you can
- If possible, build up your working hours gradually
- Check the available changing facilities at work
- Pack a small changing bag that you can take discreetly to the bathroom
- Do trial runs before you start work, thinking about diet and clothing etc.
- If your company provides healthcare insurance, check whether your condition affects the policy



### **Eat peppermint to reduce gas and bloating**

Instead of clearing the room next time you're feeling gassy, try sucking on a peppermint. In one Italian study, 75 percent of people with irritable bowel syndrome saw a major reduction in symptoms, including bloating and flatulence, after taking peppermint oil capsules for four weeks. The researchers aren't exactly sure why, but in another study in the journal *Pain*, researchers from the University of Adelaide found that peppermint soothes inflammation and pain in the gastrointestinal tract.

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### **Understand the Needs of Ostomy Patients**

by Dwight Knox, CEO Symbius Medical

There is a dividing line among the types of serious medical conditions in the world. This dividing line between those we speak about with others, and those we do not. For example, we may talk about skin cancer or a hip replacement. Women are more open to speaking about breast cancer today than they were 20 years ago, and men might even discuss their vasectomies with their friends.

But when the condition is one that affects the consistent removal of body waste from one's body, and the person requires an ostomy, open discussion usually ends. In a word, an ostomy is not a topic in our daily lives, unless you are living with it. When a person's body cannot rid itself of waste in normal ways, due to a prior disease, medical procedure or other circumstance, an ostomy is generally needed.

In most medical language, an ostomy is a surgical opening in the body to rid of a person's stool waste or urine liquid. This waste collects in a removable ostomy pouch, which is worn by the person on the outside of the body and is emptied when the need arises.

The word 'ostomy' usually refers to the opening itself, and is usually prefaced by a short word in front of it to describe the part of the body that is afflicted



and needs the removal of the waste. This is why we are more familiar with words like 'colostomy' (waste via the colon), 'urostomy' (waste via urinary tract), or 'ileostomy' (part of the small intestine). This helps people to understand the full nature of the disease.

When a person is afflicted with an ostomy-related condition, his or her life can change in many ways. From the foods they eat, to the physical activities they attempt, ostomy patients have to exercise more caution and care when in public, as the onset of symptoms from the disease could have troublesome social implications.

Ostomy patients have many needs over the long term to deal with. At the start of the process, caregivers can offer help with the basic needs of ostomy patients, and work with home medical equipment supply companies and hospitals to provide more ongoing long-term support.

Because of the unspoken nature of ostomy illnesses, there are a number of associations that support and encourage different types of ostomy patients. The United Ostomy Associations of America provide a number of publications and support groups that can help ostomy patients get through post-surgery transition into a new life.

In addition, there are a number of medical supplies companies like Symbius Medical and others that offer assistance via products, service and training to patients with ostomy needs.

Training therapists, along with doctors and nurses, can help an ostomy patient to learn how to use his or her new medical equipment. Patients are encouraged to remove waste regularly from the worn pouch, and clean and maintain the ostomy and ostomy pouch to safeguard ones' health.



### **We are not alone**

Thanks to all who have, and continue to support our organization. It is extremely important to remember the need to provide an informative yet positive, encouraging atmosphere for all those affected by ostomy surgery.

### **M.D. advice on how to get great advice from your M.D.**

Sure, she's busy. But you can get much chattier, more helpful recommendations if you:

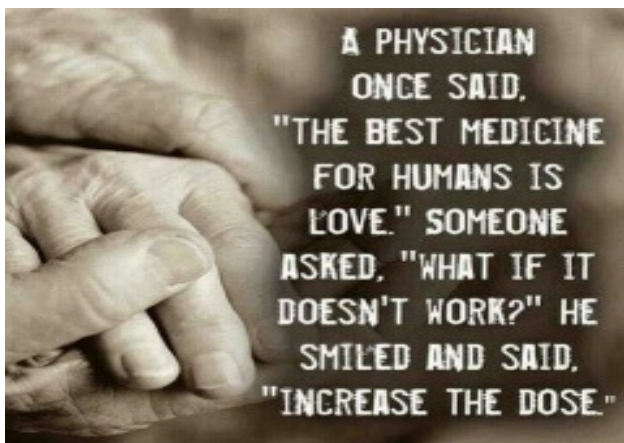
1. **Walk in with a list.** Writing down your concerns beforehand will keep both of you on track, so you don't leave without a plan of action.
2. **Ask how she'd treat this problem herself.** Her family's favorite remedy could become yours, too.
3. **Ask how she'd explain it to her grandmother.** Everything in medicine can be explained in plain English. If your doctor uses medical gobbledygook, ask for the "Grandma Friendly" version!

### **It's that season again**

The one with lots of coughing, sneezing, sniffing, aching and carrying around large wads of tissues. So how do you protect yourself from colds and the flu, other than staying home from now through May?

Obviously, getting a flu shot should be first on your list. Although no one can predict whether this flu season will be as severe as last year's, a new study that looked at flu rates among those age 60-plus for the past seven years found that those who got a flu vaccination were up to 58 percent less likely to get the virus.

-AARP



## Regional Ostomy Conference

by Tammy Seymour

The conference was well-planned. Bret Comer was the master of ceremonies for the day and started off with announcements and a warm welcome to conference attendees. Headliner comedienne Brenda Elsagher entertained the crowd with both heartfelt and humorous stories that made us all laugh, cry and even cringe.

The first session of the day I attended was Lifestyle Expert Laura Cox, spokesperson for Shield Healthcare, guest of Tosh.0, and Creator of YouTube's Ostomystory. She spoke about relationships and travel.

Throughout the day, Ally Bain's story struck me the most. Here is this beautiful girl who emerged from her challenges triumphant. She talked about people caring up to a point. As I listened to her relay the struggles she had with her friends, I thought, 'I'm not the only one!' I honestly thought it was just me. And as I listened to people I met throughout the day, and to the speakers, I finally realized I was not alone. It was not, "just me".



### More comments from Conference attendees:

“Lovely experience and it was a showcase for a group with inspiring spirit. I am a spouse so very informed but it was an eye-opener to go to the Dr Taft session and learn about what others have to deal with (I am lucky). You are such a warm bunch. Brenda Elsagher is a gift from the capricious gods of the GI system and I think is a comedian of the first rank who comes across like "if Phyllis Diller came from Minnesota, lost her rectum, married "Baggie" and went on the road". Brenda is, however, more refined than Phyllis and also better dressed. Please tell her what I said. :)”

“It felt good to learn that I'm not alone in having an ostomy. The examples of so many ostomates leading successful lives was inspiring. I picked up a lot of useful information about detecting problems with my stoma and maintaining its health. I gained perspective on the risks of having an ostomy. The vendor displays were useful. I learned about some potentially useful products.”

“It's a Day I will remember for a long time, so many people to meet and chat with.”

“It was the first time I attended one of these and I enjoyed it. I brought my sister along as well and she was very impressed with the way it was run and the amount of vendors and speakers.”

## Attitude

A wise woman woke up one morning, looked in the mirror, and noticed she had only three hairs on her head. 'Hmmm' she thought, 'I think today I'll braid my hair'.

So she did and she had a wonderful day.

The next day she woke up, looked in the mirror and saw that she had only two hairs on her head. 'H-M-M,' she said, 'I think I'll part my hair down the middle today.'

So she did and she had a grand day.

The next day she woke up, looked in the mirror and noticed that she had only one hair on her head.

'Well,' she said, 'today I'm going to wear my hair in a pony tail.'

So she did, and she had a fun, fun day.

The next day she woke up, looked in the mirror and noticed that there wasn't a single hair on her head. 'YAY!' she exclaimed.

'I don't have to fix my hair today!'

**Attitude is Everything!**

# 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/)

*"Wish upon a falling star  
Dreams come true when wishes are  
Truly from the heart."*

May all your Holiday and New Year wishes come true!  
And may 2015 bring much happiness and good health!



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).*