Exasperation, Frustration with Holiday Fluctuations

Gaile Lynn Hall Beizavi

Expectations of the upcoming holidays can make all of us perceive and endure highs and lows. Individuals who are burdened with infirmities may want to stick their noggins into their hard-cased armor—but we have to be adventurous and get out of our shells. We may feel that our illnesses are who we are! This is far from the truth. We all have to get past the mental block that we do not “fit into the norm.” We have to understand that we are so much more to society, that whatever illnesses may plague our bodies do not harrow our intellect.

I have a wonderful heartfelt story to share. Sometimes I wonder if I would like to admit it, but it is a true story, and it was very much of a part of my life.

A Holiday Tale

Our family had a dog named Pepper. He was an Australian shepherd and was a very intelligent member of our family. He thought that the neck of the woods where we lived was totally his personal area, and he roamed as he pleased. Pepper also loved to go in the family car.

The Challenges of Venous Access

James Andrews, MD

This article is based on a presentation Dr. Andrews gave at Oley’s 2011 Annual Consumer/ Clinician Conference. Dr. Andrews is an interventional radiologist at the Mayo Clinic, Rochester, Minnesota. The complete presentation is available on the conference DVDs, which you can borrow at no cost. See page 10 for details on Oley DVDs.

Venous access is a big part of my practice. If you go back to 1990, the interventional radiologist’s main role in venous access was evaluating malfunctioning devices and sorting out venous anatomy. Now, in 2011, we are one of the primary providers of venous access services. We place central venous access devices in a large fraction of patients in a large number of institutions.

Getting Started

You’ve been told it’s time to start home parenteral nutrition (HPN) and you need a central venous catheter, or a central venous access device.

A central venous access device is a catheter that enters the body from a variety of sources, with the tip generally placed at the junction of the superior vena cava and the heart. It can be placed from the jugular vein, a subclavian vein, an arm vein, or elsewhere.

The Challenges of Venous Access, cont. pg. 2

Save the Dates!

The 27th Annual Oley Consumer/ Clinician Conference is tentatively planned for June 24–30, 2012, in Los Angeles, California. The meeting provides an excellent opportunity to learn more about improving your health and quality of life on home IV and tube feeding.
their antibiotics and their HPN, and when the infection is cleared up, we put a tunneled catheter back in.

I realize there are people who have had a PICC line for several years. These are deviations from the mean. If the PICC is working for them, there's no need to change it. But the likelihood of a PICC line lasting very long is not great. For a new HPN consumer, I would not recommend a PICC.

One thing to remember about PICC lines is that they are not benign. We tend to think they're safe little catheters and they don't cause any problems. That's unfortunately not true. I've seen several patients with PICC lines with asymptomatic subclavian vein occlusions. We only identify these occlusions when trying to place new catheters and we don't know what the incidence of this is. I'm not telling you PICC lines are bad, but they aren't without their complications.

Tunneled Cuffed Catheters

Probably the most common device for people getting long-term HPN is the tunneled cuffed catheter. These are catheters with one to three lumens, which have a Dacron cuff on the shaft. I use the jugular vein to place these catheters. They exit the body some distance from the venous puncture, at a site hopefully convenient for the patients.

The Dacron cuff is buried within the subcutaneous track. The body scars around the cuff, which keeps the catheter from inadvertently coming out and theoretically decreases the rate of infection along the track. I think for most people this is probably the best option.

Ports

The other option we have is an implanted port. In general, these devices are intended for long-term intermittent use. They were first developed for cancer patients. They consist of either a metal or plastic body with a rubber stopper in the top and a little chamber at the bottom that’s connected to the catheter. You access them with a special needle called a Huber needle. It goes through the skin, through that stopper, into the little reservoir under the stopper, and connects to the catheter. The catheter runs into the central venous system.

These are great because they are completely underneath the skin. They are better for body image, and better for people who want to swim or be more active. The down side is you have to stick them each time for use. Also, if an infection occurs with a port, it is a bigger problem to resolve than it is with a tunneled cuffed catheter.

Catheter Tip Position

Regardless of which device is used, the catheter tip should always end up at the junction of the superior vena cava and the right atrium. There is extensive evidence in the medical literature that this location results in the best long-term function, with the fewest complications. All central venous catheters belong there and nowhere else. That’s the number one basic principle: good tip position equals good long-term function.

The corollary is poor tip position equals poor long-term function and complications. One of the significant outcomes of this is often the loss of an access site. Preservation of access sites is my number one priority. You only have so many of them. Access sites are like gold, and I believe very strongly in preserving each and every one of them.

The Exit Site

Once you and your health care provider decide on the device, the most important question is, where's the catheter going to come out? Here’s where you can be an advocate for yourself. You have to be involved in choosing the exit site for the tunneled catheter or where the port's going to go.

This should be done before you go into the procedure room, preferably while you’re sitting up so you can see where things are going to lie when you’re in your upright position. You’ve got to live with this catheter. It is your lifeline. How it affects your self-image is important, so putting the catheter where you want it, within reason, is important.

A lot of surgeons and radiologists like to put catheters in with a short tunnel and no curves—it’s really easy. But the catheter comes out in the patient’s armpit. For most people, it is more reasonable if we put a big wide curve on it, and have it exit down on the chest somewhere.

Try and explain what you want. Hopefully they can give you what you want and help you with what you’re going through with your therapy. I once put a port down in a patient’s abdomen, over the lower ribs for support. I
Tube Talk

Send your tips, questions, and thoughts about tube feeding to: Tube Talk, c/o The Oley Foundation, 214 Hun Memorial MC-28, Albany Medical Center, Albany, NY 12208; or e-mail metzgel@mail.amc.edu. Information shared in this column represents the experience of that individual and should not imply endorsement by the Oley Foundation. The Foundation strongly encourages readers to discuss any suggestions with their physician and/or wound care nurse before making any changes in their care.

My place at the Thanksgiving table.

Eating in a Restaurant

So you’ve convinced the people around you that you are not going to be out of sight when it is time to eat. You also have them accustomed to treating you like any other human, the only exception being that you can eat and talk at the same time. It is now a question of where you decide to eat. You might not wish to venture out with your formula bag, and you don’t have to. But if you do want to “eat out” — for a change of scenery, to be out among people, etc.—you first need to convince yourself that you can, and that may be the toughest part.

If you want to eat in a restaurant you have to be prepared with the right materials: your formula, a syringe, and any medicine you have to take. The medicine may already be in liquid form, which is nice, but if it isn’t, you’ll need your mortar and pestle. I am assuming you’ll have your extension set in your button and your syringe ready to go. Once you have the materials on hand you are ready.

I should explain I am a tube feeder with a button type of G-tube in my stomach because they had to take out parts of my throat in order to get all of the cancer. That was sixteen years ago, so what I have to say has some usage behind it. For me, it is easier if I am with someone else so they can order what they want and provide the corrections when the wait staff doesn’t understand me or has trouble making things out.

I started out ordering a glass of water and an empty glass. I’d open my can of formula and pour it into the empty glass. It doesn’t matter if it won’t fit at one pouring. The rest goes into the glass when there is room. All you do is, leaving an air pocket in the syringe, fill the syringe with formula and slowly put it into your extension set. How slowly it goes in is up to you.

There are times when you have to take some medicine with the meal and that may mean using a mortar and pestle to grind the pill(s) to a

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Become an Ambassador in Your Community!

Feeding Tube Awareness Week is coming February 5–11, 2012. For everyone on parenteral nutrition, take note, too, because HPN Awareness Week will be August 5–11!

While awareness of home tube feeding (or home enteral nutrition, HEN) is growing, we still have a long way to go as a community of consumers. You can be an ambassador of HEN in your community and beyond by getting involved in Feeding Tube Awareness Week.

This isn’t a time to be camera shy. Why not contact your local newspaper, TV, or radio station, and share your story about HEN? News organizations are always looking for interesting health stories in the communities they serve. What do you need before you pick up the phone or send an e-mail to your local reporter? You need a pitch and a press release! Tell them how HEN has changed your life for the better. How HEN is sustaining your life. How HEN is helping you, your spouse, or your child to do the things they want to do. That just because you or your loved one cannot eat, there is still much living to do. If you are comfortable, why not show off your tube(s)!

Look for a press release template that you can use to contact your local media during Feeding Tube Awareness Week on the Oley Web site, www.oley.org; or call the Oley office and request a sample press release. Look for other tips, too, on the Web site and in the next issue of the newsletter, on how you, your family, and your friends can help shout out the message that feeding tubes not only help consumers survive, they help them thrive. It is amazing what a tubie can do!

—Shawna Forester Smith
Shawna is an HR Consultant for the Winnipeg Regional Health Authority, a graduate student of health systems leadership, and a freelance writer and public relations consultant. She is a J tubie, although she is currently on HPN.

Equipment-Supply Exchange

Are you looking for formula, pumps, tubing, or miscellaneous items? Do you have items that you no longer need? Check out the Oley Foundation’s Equipment-Supply Exchange at www.oley.org! The list of items available is updated every Monday.

Questions? No Internet access? Contact Oley volunteers Tammi and Rob Stillion at Oleyequipment@aol.com, or call toll-free, (866) 454-7351, between 9 a.m. and 4 p.m. EST.

Tube Talk, from pg. 3

fine consistency. At home I usually take some hot water to put with this and mix it up so I can get it in the syringe and then into the tube and my stomach. When out, I used to borrow my wife’s hot tea for the hot water. Now I find it just as easy to order a cup of coffee and use some of the coffee with the medicine and the rest of the coffee with the formula. You can use any other [non-alcoholic] liquid that you choose. If you do have medicine, get it out of the way.

When using coffee with my formula, I fill the syringe so far with formula and the rest of the way with coffee. This goes on until the formula is finished. A word of warning: if you are using a button that also has a medication port, you have to be careful that the port is closed the whole way and periodically check on it during feeding. One time I must have knocked it loose with my hand, and it came open when I put pressure on the syringe. It created quite a mess.

Now about the water. If you have medicine, after taking it you should use the water to rinse the syringe out and flush the tube. When you are finished eating you should flush the syringe and tube also. One other thing I do is flush the syringe out with air at least three times, and the extension tubing, at least six times (after you take it off the button). This prevents any moisture from remaining in the tube when I store it. The rest of the clean-up consists of drying the mortar and pestle.

You would be surprised at how many people come up to me and say, “I wish my dad would do that as he has a feeding tube, too!” Little children who are curious come up to me and I just explain matter-of-factly that it is a different way of eating. No one has ever said they wouldn’t serve us, and if they seem hesitant you just have to mention handicapped. Our seven grandchildren have grown up with PopPop ordering a glass of water, an empty glass, and a cup of coffee. Sometimes I even order a scoop of ice cream and melt it in the hot coffee.

—Michael Brady
brady1202@comcast.net
Certification in Vascular Access

Lois Davis, RN, MSN, Director Vascular Access Certification Corporation Program

The Association for Vascular Access (AVA) is an association of healthcare professionals founded in 1985 to promote vascular access as an emerging specialty. After several years of exploration, AVA recognized the need for a certification exam that would reflect vascular access as a distinct clinical specialty practice. The Vascular Access Certification Corporation (VACC), the credentialing arm of AVA, was developed in 2009 to meet that need. It is an independent, nonprofit organization dedicated to the validation, through certification, of a specialized body of knowledge for all professionals working in the field of vascular access.

VACC Certification

Certification is a voluntary process by which a nongovernmental agency formally recognizes specialized knowledge, skills, and experience in a designated area. It establishes minimum competency standards in the specialty and offers recognition for those who have met the standards. To become certified, a professional must take a standardized comprehensive examination that measures current skills and knowledge.

VACC offers the industry’s first certification for all healthcare professionals engaged in the practice and education of vascular access. It is multi-disciplinary in scope, and creates a level of awareness with patient safety organizations. The exam is designed for all healthcare professionals involved in assessing, planning, implementing, and evaluating the care and needs of patients who require vascular access in the course of their care; or professionals working in a field that complements vascular access, such as educators, administrators, infection control professionals, and nutrition support professionals.

Why This Is Important to You

The field of vascular access is growing and changing at an alarming rate. In addition to being used for home parenteral nutrition (HPN), vascular access devices (VADs) are used for medication and blood administration, as well as diagnostic support. Devices are being inserted by specially trained nurses and physicians, but also by trained respiratory therapists and technicians. After insertion, these devices are being cared for by many different people on patient floors and in outpatient settings.

Specialization improves patient outcomes and satisfaction; reduces healthcare associated infections and healthcare costs; and improves the quality of healthcare. The more knowledgeable a professional, the better they can recognize problems and intervene appropriately. This results in fewer medical errors. Certification assures patients that a facility is staffed by highly competent professionals with up-to-date knowledge and skills.

Is Your Vascular Access Professional Certified?

As of November 2011, VACC has certified close to 700 professionals in vascular access in the United States and Canada. Another 360 people are taking the exam in December 2011. A list of certified individuals can be found on the VACC Web site, www.vacert.org. You will recognize your certified vascular access professional by the letters VA-BC (Vascular Access Board Certified) next to their name. If they do not have that, send them to the VACC Web site for information.

Wishing you peace and joy for the holiday season and new year!

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Regional News

Oley Regional Coordinator Network Growing Strong

The Program

Regional Coordinators (RCs) are vital to the Oley Foundation's outreach efforts. These volunteers serve home parenteral and enteral nutrition (HPEN) consumers and caregivers in a variety of ways—from chatting with others on Oley's online forum, to visiting HPEN consumers in the hospital, to answering questions via Oley's toll-free phone lines. They may organize local support groups; reach out to clinicians in their area; represent Oley at professional meetings; or provide in-service educational sessions to companies involved with nutrition support. Lately the program has expanded to include several foreign affiliates. These volunteers are great resources for Oley members who want to travel, or who want to know about life on HPEN in another country.

Regional Coordinators sign up because they want to help. Remember them when you want to discuss your diagnosis or therapy with another HPEN consumer, when you'd like someone to talk to or to listen, or if you have suggestions for local activities. Find a complete list of RCs, with brief bios, at www.oley.org/volunteers.html or call us for a list (800-776-OLEY).

As volunteers and HPEN consumers or caregivers, RCs may sometimes be unavailable. If you are having trouble reaching an RC, please let us know and we'll see if we can help (call 800-776-OLEY). Please be aware of time differences if you call someone in another time zone.

New RC Volunteers

Kailee Brown, a former recipient of the Oley Foundation's Kyle R. Noble Scholarship, is currently a senior at Dominican University of California in San Rafael. She will graduate with a bachelor of science in registered nursing in May 2012. Kailee has gastrointestinal (GI) dysmotility and has lived with GI problems most of her life. She is currently on home parenteral nutrition (HPN), but she has also had experience with home enteral nutrition (HEN).

Kailee says, “When I started on HEN and, later, HPN, I had a lot of different feelings and questions regarding life with a tube. I turned to others who were living similarly for support and advice, and it really helped me to cope and adjust to my new lifestyle. As a Regional Coordinator I hope to use my experiences to offer that same support to others.” Kailee can be reached at (415) 246-6603 or kaileebrown@hotmail.com.

Marek Lichota, of Cracow, Poland, has joined the Oley RC network as a foreign affiliate. Marek has been on HPN since 2008 due to short bowel syndrome and Crohn's. Marek attended the 2011 Oley conference in Minnesota, where he says he “started his adventure with Oley.” Marek would like to share his knowledge of nutrition and inflammatory bowel disease (IBD) with other patients, in Poland and elsewhere.

Marek says, “I would be satisfied with being able to propagate the issue of parenteral and enteral nutrition through the organization of conferences, meetings, and via a Web site.” In 2005, he started a branch of the Polish Association for IBD Patients in the southern region of Poland. Last year he became a member of the European Federation of Crohn's and Ulcerative Colitis Associations (EFCCA) Youth Group Board.

“Privately,” Marek says, “I'm a happy husband and the father of five-year-old Julia, who brings a lot of joy and strength to my life. When it comes to nutrition, at the beginning it was pretty tough for me to get used to HPN, but after some time I accepted it fully and now in every moment of my life I try to prove that living on HPN doesn’t exclude me from living a quite normal life.” Marek works for a global credit insurance company as a marketing specialist. He would love to hear from you—especially if you plan on visiting Poland. He can be reached at marek/lichota@gmail.com or +48 600 744 882 (please be conscious of time differences).

Mary and Bob Smithers live in Gainesville, Florida. Mary was diagnosed with idiopathic gastroparesis in 1985. In 1998 her stomach no longer emptied enough for her to sustain herself and she began HPN. Infections were a problem, however, and Mary had a G-J tube placed for tube feeding. She currently feeds with the G-J, using the G portion to vent her stomach. To fend off dehydration, she gets a liter of lactated ringers each night (through a port), with multivitamins and trace elements added three times per week.

Mary has experience with PICC lines, various central lines, and a port. She has also had a surgically placed J-tube (removed in March 2011 due to a fistula at the site) and has a gastric stimulator (originally placed in 2001 and replaced twice).

In 1999, Mary retired on disability from her job as a speech therapist at a special needs school. Bob is a retired high school math teacher and is retired military; he served three years on active duty and more than twenty years in the Florida Army National Guard. Bob is caregiver to Mary, and Mary and Bob are caregivers to Bob's 91-year-old mother, Kay, who has cerebellar ataxia and lives with them.

Bob and Mary note they're available via e-mail, telephone, or snail mail, and are currently involved with the Oley Tampa Support Group, which was guided by the late June Bodden. They hope to develop a Gainesville area group as well. They can be reached at (352) 331-8490; mcwsmithers@yahoo.com (Mary) or smithersb@yahoo.com (Bob); or 2843 SW 92nd Terrace, Gainesville, FL 32608.
Center of Experience

Because of the complicated nature of home parenteral nutrition (HPN), the potential for serious complications is always a concern. This column is meant to highlight institutions that specialize in caring for HPN consumers. At least one study has shown that consumers who are treated by programs specializing in HPN have better outcomes. Oley does not endorse any center but brings this to our readers strictly as an informational tool. For a listing of other experienced centers visit www.oley.org or call (800) 776-OLEY.

The Mayo Clinic, Scottsdale, Arizona

HomePEN Management Team

The Mayo home parenteral and enteral nutrition (HPEN) team consists of physicians, dietitians, and a nurse, with ongoing communication and team work with home health companies, primary care physicians, and other clinicians who may be involved in each person's case.

Their team evaluates complex adult patients with severe stomach and intestinal problems such as: intestinal failure; malabsorption; short bowel syndrome; failure to thrive after bariatric surgery; vitamin and mineral deficiencies; gastroparesis; and pseudo-obstruction. They offer one-time-only consultations, providing diagnostic and treatment recommendations, and also provide long-term care.

If deemed appropriate, HPEN support will be initiated and carefully monitored. Whenever appropriate, they also work to wean individuals from parenteral nutrition (PN) using a variety of dietary, pharmacologic, and surgical approaches. They assist patients in the process of choosing a home health company if HPEN is necessary, and the team will work with the home health staff to evaluate each patient's optimal nutrition. Patients receive individualized diet therapy to help nutritional status and symptom control. They do not provide intestinal transplantation services.

Dr. John DiBaise, a gastroenterologist, and Dr. Lori Roust, an endocrinologist, supervise the medical aspects of each patient's PN regimen. Dr. DiBaise, along with colleague Dr. Kevin Ruff, also a gastroenterologist, follow and monitor the enteral (EN) patients. They oversee and adjust the nutrition regimen as indicated by patient progress, working as a team with the dietitian, nurse coordinator, home health staff, and primary physician.

Lauri Rentz, RN, CGRN, helps instruct the patient and caregivers to care for their new IV line and/or EN feeding tube and provides ongoing education as needed. The person receiving HPEN and/or his or her caregivers must master many technical procedures to safely administer their nutrition formula. The nurse is instrumental in maintaining ongoing communication with the patient to evaluate progress.

Michelle Mannebach, RD, and Sherry Tarleton, RD, CNSC, provide initial and ongoing nutritional assessment for patients receiving HPEN. The dietitians work with the physicians in determining appropriate nutrient needs. The ability to eat, digest, and absorb food will depend on each individual case. The dietitian provides guidelines and instruction about the HPEN formulation, as well as types and amounts of food the patient may eat if permitted.

For more information about the program call (480) 301-6990.
Nominate Someone Who Inspires You!

The four awards Oley presents this year recognize those in our community who have earned our respect, inspired us, and taught us. Nominate someone today, following the criteria listed below. We’ve provided a form you can use as a guideline when submitting your nomination(s). Nominations must be received by April 2, 2012.

Awards will be presented at the 2012 Oley Consumer/Clinician Conference and the awardees will be spotlighted in the LifelineLetter. Three of the awards include a partial travel grant to the conference (tentatively scheduled for June 24–30, in Los Angeles, California). Recognition is given to all nominees.

The Awards and Criteria

LifelineLetter Annual Award
In honor of Nutrishare, Inc., Gold Medallion Partner
• 19 years of age or older
• HomePEN consumer or caregiver for five years or longer
• Demonstrates courage, perseverance, a positive attitude in dealing with illness or caregiving, and exceptional generosity in helping others in their struggle with homePEN
• Winner will receive a partial travel grant to the Oley annual conference

Child of the Year Award
In honor of ThriveRx, Gold Medallion Partner
• 18 years of age or under
• HomePEN consumer for one year or longer
• Shows a positive attitude in dealing with illness and therapy which encourages and inspires others
• Winner will receive a partial travel grant to the Oley annual conference

Celebration of Life Award
In honor of Apria Healthcare / Coram Specialty Infusion Services, Gold Medallion Partner
• Any age
• HomePEN consumer for three years or longer
• Lives life to the fullest: traveling, fishing, gardening, volunteering, attending school, spending time with family, etc.
• Winner will receive a partial travel grant to the Oley annual conference

Nan Couts Award for the Ultimate Volunteer
• Clinician (physician, nurse, dietitian, etc.) practicing in the field of homePEN or related field (psychology, interventional radiology, pain management, etc.)
  • Demonstrates a willingness to give of themselves, above and beyond their regular work hours, to educate, empower, and improve the quality of life for homePEN consumers

2012 Oley Award Nomination

1. Provide the following information:

I am pleased to nominate the following individual for the 2012:

☐ LifelineLetter Award
☐ Child of the Year Award
☐ Celebration of Life Award
☐ Nan Couts Award for the Ultimate Volunteer

Nominee’s name: _______________________________________
Age: _____  Daytime Phone: (_____) _____-_______
E-mail: ___________________@______________________
Primary diagnosis: _____________________________________
No. years on HPEN ______

Your name: ___________________________________________
Daytime Phone: (_____) _____-_______
E-mail: ___________________@______________________

2. Tell us why you are nominating this person.

Cite specific examples of how the nominee meets the award criteria. Please limit length to one page (attach).

3. Submit nomination to:

The Oley Foundation
214 Hun Memorial, MC-28
Albany Medical Center
Albany, NY 12208
Fax (518) 262-5528
E-mail harrinc@mail.amc.edu

Questions? Call (800) 776-OLEY
Nutrition and You

Healthier Holiday Recipes Don't Have to Be Ho-Hum

The holidays are a great time to get together with family and friends. Yet festive parties often include foods with high fat and/or sugar content, which many home parenteral and/or enteral (HPEN) consumers are not able to tolerate. Chances are your family and friends would benefit from limiting these foods as well. Luckily, by making just minor changes in the types of foods you purchase or how you prepare them, or by substituting ingredients, you can make foods healthier.

Reducing Fat Content

Try making some of these easy changes to your favorite recipes to reduce the fat content, while retaining the flavor:

• Use applesauce in place of half of the oil, margarine, butter, or shortening in baked goods. (You may need to reduce the baking time.)

• Decrease the amount of fat by one-third to one-half; this works surprisingly well for most recipes. With baked goods, be sure to measure the flour carefully (stir the flour then spoon into a measuring cup and level the cup with a knife).

• Substitute reduced fat or fat-free mayonnaise, salad dressing, and dairy products for part or all of the higher-fat versions. Fat-free half and half, non-fat sour cream, evaporated skim milk, or beaten egg whites can help provide rich texture.

• Instead of cured pork bacon, use Canadian bacon or turkey bacon. Turkey or chicken sausage and tuna packed in water are also lower-fat choices.

In this recipe for mashed potatoes, the butter has been reduced, while chicken broth and Parmesan cheese add flavor. The squash puree adds nutrients. Thanks to Gail Saltrelli for permission to reprint the recipe, www.livingwithgastroparesis.com.

Parmesan “Squashed” Potatoes

2 pounds organic Yukon Gold potatoes, peeled and diced
1/2 cup organic chicken broth
1-15 ounce can organic butternut squash puree (or about 2 cups homemade pureed squash)
1 tablespoon butter
1/2 cup grated Parmesan cheese
1/2 teaspoon sea salt

Place potatoes in a large pot. Add enough water to cover potatoes. Bring to a boil over medium-high heat and cook until potatoes are very tender, about 20–25 minutes. Drain well and return to pot.

Mash potatoes with a potato masher or electric mixer, gradually adding chicken broth, until smooth. Add squash, Parmesan cheese, butter, and salt. Stir until well combined. Cook over medium heat until heated through. Serve immediately.

Makes 8 servings. About 2.5 grams of fat and 2 grams of fiber each.

• Replace one whole egg with two egg whites or one-quarter cup egg substitute. In some recipes, egg yolks serve as an emulsifier, and you will need to include at least one whole egg.

• When shopping, read food labels and ingredient lists, as the amount of fat can vary greatly between brands.

Reducing Sugar Content

Suggestions to reduce the sugar content of recipes include:

• Reduce the sugar by one-quarter or one-third.

• Substitute part of the sugar with sugar substitute.

• In some recipes, smaller amounts of more flavorful sweeteners, such as molasses or brown sugar, will work well.

• Use additional flavorings such as orange or lemon zest; vanilla; spices, such as cinnamon and nutmeg; or ripe fruit, such as bananas or apples.

• Be careful to avoid sugar substitutes that can have a laxative effect, such as sorbitol and manitol.

Practical Tips

Experiment with gradual changes to your recipes. It is less challenging to alter the fat in casseroles, sauces, or soups than in baked goods. Further, it can be difficult to retain the same taste and texture of baked goods when you reduce both the fat and sugar. A sugar substitute often works better in beverages (e.g. iced tea, lemonade) than in baked goods because in things like cookies and cakes, sugar is important for texture as well as taste. Also, check the label because some sugar substitutes are not recommended for cooking.

Recipes that adapt well to reduced fat and/or sugar content include tapioca pudding; fruit cobbler or crisp; angel food cake with non-fat whipped topping; banana bread; and pumpkin soup.

The appearance of food gives the first impression of “yummy.” To make food more appealing all year round, add a garnish, use a colorful platter, or put dessert on a paper doily.

This column has been compiled and reviewed by Cheryl Thompson, PhD, RD, CNSC, CD; Carol Ireton-Jones, PhD, RD, LD, CNSD, FACN; Laura Matarese, PhD, RD, LDN, FADA, CNSC; and Marion Winkler, PhD, RD, LDN, CNSC.
Bright Idea

Cart for HPN Storage, Preparation

While my husband and I were at the Oley Foundation Conference in Minneapolis, we found an awesome cart for HPN (home parenteral nutrition) at Ikea. Similar to a tea cart, the Bygel utility cart is constructed of plastic and metal, with three levels of storage, including a tray that is great for holding your cannulas, IV tubing, and swab sticks. The top surface is a good workspace for prepping HPN. We purchased cups that attach to the side to hold all of our syringes, heparin, and flushes. Since it is plastic, it is easy to disinfect with whatever cleaner you prefer. And it has wheels for ease of transport. At $29.99 it was a worthy find, and a sweet deal.

—Shawna Forester Smith
shawna_forester@yahoo.ca

See the Oley Conference on DVD

View the main sessions and highlights of the 2011 Oley Consumer/Clinician Conference in your own living room! If you missed the conference—or were there and would like a review—borrow the DVDs to hear the experts address critical and timely issues in home IV and tube feeding. Presentations included on the DVDs include “Emerging Therapies for Treating Intestinal Failure” by Dr. Kelly Tappenden; “Navigating Vascular Access Challenges” by Dr. Jim Andrews; “Despicable Diarrhea” by Dr. Darlene Kelly; and “Hand Washing for Preventing Illness” with Dr. Alan Buchman.

You can read the article on vascular access by Dr. Andrews (see page 1), then watch the DVD to hear the question and answer portion of the session! You can do the same for the article in the July/August issue on diarrhea, by Dr. Darlene Kelly. The newsletter articles are a wonderful resource, but the live DVDs allow you to also view the experts’ slides and hear the audience’s questions.

DVDs are loaned for a one-week period free of charge on a first-come/first-served basis. Reserve one for a week now! DVDs and/or VHS tapes are also available for past conferences, and on a variety of other topics. See what’s available and make your requests at www.oley.org/video_dvd.html or call the Oley office at (800) 776-OLEY.

Call a Peer, Toll-Free!

Discuss your situation, explore options, and enjoy the fellowship of someone who can relate to your situation. All of this is available, free of charge, through Oley’s peer-to-peer phone lines program.

The following lines will be staffed by seasoned consumers or caregivers, willing to share their experiences.

• (888) 610-3008 will be devoted to HPN (intravenously infused nutrition).
• (888) 650-3290 will be devoted to HEN (tube feeding).
• (877) 479-9666 will be devoted to parents of HPEN consumers.

We hope you’ll use this opportunity to improve your quality of life.

As always, advice shared by volunteers represents the experience of those individuals and should not imply endorsement by the Oley Foundation.
way of bringing laughter to our spirits. All of our neighbors enjoyed the gossip that Pepper warmly shared.

One Christmas Eve, I was trying to get supper on and finish up all of the loose ends so things would go well when our neighbors and friends stopped by the house after church service. I went to the store to get a few bits for the festive party that evening, and when I got home, Pepper was in the driveway waiting for me. I pulled into the driveway, got out of the car, and walked around the front of the car to open the side door. Guess who jumped in? Pepper.

Not only did he jump into the nice warm vehicle, he locked the doors. There was Pepper, with his tongue hanging out of his mouth, saying, "All right mommy. I am ready to go!" I had to go into the house to get the spare key so I could unlock the car doors and lure Pepper out. Mind you, we live on the upper East Coast of the United States, where we get lots of snow. One more thing I should mention is that I have transverse myelitis and I walk with a Canadian crutch (a crutch that provides support at the forearm, instead of under the armpit).

The Mix-up

I got Pepper out of the car and decided I should get the mail. I walked with my Canadian crutch out to the mailbox… and fell over into a snow bank. Great. Being headfirst in the embankment was just what I needed. Pepper came to my "aid." I was trying to get out of the deep snow by placing both hands in front of me and getting into a crawl position, and he thought we were playing a game!

I was now a bit perplexed. It was so cold, and my gloves were in the house. I heard a car as I struggled in the deep snow and I heard… guess who… Pepper, barking his lungs out. Someone was there, but as I was headfirst in the snow bank, I was not much help.

A lady got out of her car and in a high voice yelled, "Bad dog! What are you doing in the road? You are supposed to be chained up! Who is your owner?" I forgot to mention that my dog cannot speak English. For that matter, he cannot speak at all. I do not think the lady knew of my predicament or that I was stuck headfirst in the embankment.

Pepper was near me, trying to help me, and I was trying my hardest to grab hold of his body so I could get out of the snow bank. I finally got him and pushed myself up to a sitting position. Then I could see that this lady had her cell phone in her hand and was calling someone.

Pepper had rescued me from the snow bank and by now I was standing, holding on to him. The lady turned my way and her shocked expression turned to panic. I thought she understood then that the dog had been trying to help me get out of a sticky situation. She looked a bit green.

She came over to me, and as she walked towards me, I saw a vehicle coming up the road. What kind of vehicle? A police car. I was thinking, "Oh, my golly." Then she started screaming at the dog, "Get away from that lady! You bad dog!" I tried to explain that the dog was a member of our family and that I fell into the snow bank trying to get the mail. She said, "Oh, oh, oh. I thought he was a malicious stray. He was not on a leash and he was just wandering around."

People who come together for events or holiday parties do not come just to eat. They come to share heartfelt stories.

"No, he isn't," I told her, with my teeth chattering. The police officer could see the problem and came to help me out of the snowy snow bank. I knew him and greeted him, and he helped me get my cane. He said hello to Pepper and helped me get into the house. I was so thankful that the situation did not get out of hand, and I chuckled. I was so amused by all this commotion.

A New Friend

The lady followed us into the house. She told me how terribly sorry she was for having called the police on the dog. She thought he was causing annoyance in our fine, upstanding neighborhood. Come to find out, after this whole comical, amusing predicament, the lady was a new neighbor who had moved in just a few months ago. She lived alone and was suffering from the loss of her husband, who had died a year before from lung cancer.

I was feeling a bit warmer and invited the woman to have some hot tea with me. She told me she was afflicted with a distressing illness, and that due to this malady she felt it was extremely difficult for her to meet people and enjoy the company of others.

That lady became a good friend. Later that evening I invited her to the holiday get-together. She met an older gentleman who had recently lost his wife to illness. That was ten years ago. Today they are married.

Sharing Joyously

I understand about not feeling comfortable due to an illness. But we are alive, and we must always understand—with our minds and our hearts—that when people are attending a festive party or event it is not about eating, or having a big job. That is not why people come together and visit one another.

Look deeper, and you will understand that getting together with old friends and new acquaintances is a vital factor that we all need in each of our daily lives. I have had a G-J tube and I felt a bit weird at first, but I have gone to different events and know this: that people who come together for events or holiday parties do not come just to eat. They come to share heartfelt stories about what they have experienced, what things their families are doing, that their children are grown, and so forth.

It is not about eating. The food is placed out where the hungry traveler will have some nourishment and a beverage to drink to combat his or her parched throat. It is not the main object or end result of the gathering. Remember that festive events are a way of getting people together who have not seen each other for a while, to give them a chance to visit one another.

So get out of your armor and go to those parties, go shopping, do things that all of the rest of the people are doing—and do it with love and joy. Nothing is stopping you. The only thing that would prevent you from enjoying another person's company or heartfelt stories is you.
tunneled it underneath her breast, all the way up to the jugular vein puncture site. She was delighted. She was almost in tears because somebody would listen to make her feel better. Be an advocate for yourself.

The Procedure

What happens when you come to get your device placed? First you'll go to the recovery room. Remember, the night before the procedure you can't have anything to eat or drink after midnight (which I realize may not be an issue for some of you). This is because we like to give everyone some conscious sedation, which will make you sleepy, more comfortable.

In the recovery room, a nurse will start your IV, do a brief review of your history, and make sure you're medically well enough to get your line. Hopefully, you'll get your exit site marked here. If not, make sure one of us comes to talk to you.

Then you'll come back to the procedure room. It isn't an operating room (OR); it is an interventional radiology suite. We'll do a good sterile prep, just like in the OR. The suite will have a fluoroscopy unit and ultrasound, and anesthesia available if you need it. The fluoroscopy allows us real-time imaging of where we're putting the catheter, and all of our venous punctures are now under ultrasound guidance. The ultrasound makes it more effective and safer at the same time.

You'll be monitored by a nurse and you'll get conscious sedation if you need it. I've had patients who didn't want any sedation. That's fine, too. We use lots of local anesthetic; no amount of conscious sedation makes up for inadequate local. Without local anesthetic, you've got to put people to sleep, and that's not necessary for this procedure.

When we're done, we take a chest x-ray in the room so we know everything is ready to go. The line should be ready for use. Then you go back to the recovery room to recover from the sedation. Our nurses take care of discharge teaching—how to take care of the dressings and such. (If you've had conscious sedation, you need to have someone give you a ride home.)

Complications

What are the problems you can develop from a central line? I'm not going to talk about infection. There are people far more expert than I am to address this. But there are also other issues: venous thrombosis; venous occlusions; catheters can get broken or dislodged; catheters can become malpositioned. The most serious result from most of these complications (coming at it from my very narrow plumbing point of view) is the potential loss of that access site. What I mean by an access site is a vein that can be accessed with a needle to allow placement of the venous access device. I will do anything I can to try and maintain an access site. You only have so many of them.

Limited Access

What can we do as we're running out of access sites? We can try to recannulize the occluded veins (using stents and techniques developed for arterial disease); we can use alternative access sites, such as translumbar access to the inferior vena cava, femoral lines, or transhepatic lines (going through the liver into the hepatic veins and the cava); or we can stick some of the collateral veins and put lines in through a very tortuous and alternative pathway.

A stent is like a cylindrical window screen that holds the vein open. In most people, venous occlusions are asymptomatic; there's no arm swelling or head swelling, because they have good collateral veins that allow blood to drain around the occlusion. In that case, putting in a stent does no good. If someone comes in with blockage of the superior vena cava (SVC) and they have SVC syndrome—swelling of the head, neck, and arm—we'll put in a stent to hold the vein open and reestablish blood flow. Then we can put a catheter through the stent. I reserve stents for patient with symptomatic occlusion.

In patients who have asymptomatic occlusions, we use an angioplasty balloon to open the vein enough to get the catheter through, and that's all they need. I don't think there's any benefit to prophylactically putting in a stent because you get what's called intimal hyperplasia, a scar, which grows on the inside of the stent.

Not everyone is a candidate for recannulizing an occluded segment, however. This is where we fall back on the translumbar catheter placement. We put the catheter directly into the inferior vena cava—the big vein running up the middle of the abdomen. We tunnel it to the right side, where the front of your abdomen meets your side. It sounds like a big deal when you're sticking someone in the back, but these are really well tolerated under local anesthetic and conscious sedation.

It's really critical to choose the exit site properly. It's got to be above the belt line and it has to be far away from stomas. You don't want your catheter hanging next to your stoma. It can lead to infection. Also, if the exit site is too far posterior, it will be hard to take care of. It's really critical that the exit site is far enough to the front, but away from stomas.

We can put transfemoral lines in. You can also go transhepatic, through the liver into the hepatic veins. That's sort of an act of desperation, but it gets you access.

I've even had to use collateral veins in the body wall as access sites when everything else is occluded. The path is long and tortuous, but it's an option. Blood has to get back to the heart somehow, so one way or another, we can almost always get access if we're creative enough.
Catheter Problems

Sometimes a catheter becomes malpositioned. We have a variety of techniques to fix this. Sometimes with PICC lines we can give a forceful injection of saline and it’ll flip down to the right position. Or we can manipulate PICC lines with guidewires.

For long-term devices, we actually need to go inside the vein and do something to pull the catheter into position. We can usually come in through the venous system, grab the catheter with a regular angiographic catheter, and pull it into place. This works great as long as the catheter was long enough in the first place that it’s going to be stable. I’ll only manipulate a catheter once. If it flips again, it’s probably because it’s too short. We see this is in kids. They have their devices put in, they grow, and the catheter’s not long enough anymore.

If your catheter breaks, can we do anything without giving up the access site? Yes. We can prep the site, slide the old catheter out over a wire (making sure the cuff is removed), slide a new one in, and suture it in place. This works best for old tracks that are nice and smooth. The key is it preserves the access site.

There have been some reports in the literature that even for infected catheters, it’s not guaranteed the patient will get a second infection if you go back in through the same track. It doesn’t feel good, I recognize, but in people with really limited access, it’s worth a try before you give up the access site.

Catheters break. You’ve probably all seen people with catheters that are fractured on the outside. Repair kits are available. For good long-term results you want a repair kit that’s intended for the catheter that you have in place. I’m going to keep saying the same thing: Don’t give up the access site. Try and fix it if you can.

The last thing that can go wrong is that the intravascular portion of the catheter can break. This is particularly true for subclavian catheters that are compressed underneath the clavicle, so called catheter pinch-off syndrome. This is one of the reasons we essentially never use the subclavian approach any longer.

If you do have a broken catheter, you should get it out as quickly as possible. We go in through the vein and grab it with a loop snare (like a cowboy’s lasso). As long as there’s a free end and we get to it quickly, we can usually get these out. If the catheter fragment is in the right side of the heart (the right atrium or the right ventricle), it can cause significant arrhythmias, so we want to get the catheter out as quickly as possible.

Conclusion

What I want you to take away from this is:

- Be an advocate. In device selection, you need to listen to your care provider, but what you want for a device is really important. Exit site is also critical; you have to live with this device.
- When someone wants to take a device out, be sure you understand why it’s being removed and that they have a plan for you to get access next week or tomorrow.
- From my narrow plumbing perspective—I’m not going to say that sepsis isn’t important—salvaging the access site may be one of the main focuses of managing any sort of catheter complication.
Corporate Partner Spotlight

Please join the Oley Foundation in thanking our most recent corporate contributors. Without their support Oley could not provide its many programs free of charge to home parenteral and enteral consumers. To read about other Oley Foundation Corporate Partners, visit www.oley.org/donorinfo.html.

Interested in partnering with Oley to enrich the lives of home parenteral and enteral consumers? From assisting with outreach to sponsoring educational programs, corporate partners reap many rewards from this meaningful work. Discover the benefits by calling (800) 776-OLEY or visiting www.oley.org/2012_Corporate_Appeal.html.

Apria Healthcare / Coram Specialty Infusion Services

Apria and Coram are proud to support Oley as Gold Medallion Sponsors. They empower tube feeding and homePN consumers through individualized customer service, clinical expertise, education, and support. Their Nourish Nutrition Support Program offers 30+ years of experience, comprehensive therapy management, consumer advocacy services, online resources, and the national coverage and local expertise you need.

Nutrishare, Inc.

Nutrishare celebrated its twentieth birthday in 2011! The company's decision to focus exclusively on homePN consumers is the key to its longevity. Nutrishare has carefully built an experienced, Board-certified team of nutrition specialists, who helped pioneer a series of therapeutic solutions to the problems facing the homePNer.

ThriveRx

The mission of ThriveRx is to optimize the nutritional well-being of the homePEN consumer through advocacy, clinical care, and education. The company writes, “Advocacy is at the forefront of our agenda, as reflected in our customized products and services, advisory boards, and Consumer Advocate program. Our goal is to empower consumers and their families to live life.”

From the Desk of Joan Bishop, Executive Director

As we enter this holiday season, Oley staff has been reflecting on how fortunate we are to be serving our members. Your confidence in the programs we provide inspires us to strive to offer more. We thank each of you for supporting our efforts to help others.

Your choice to respond favorably to our appeals for assistance, whether it was in the form of a request for information, a call to reach out to a fellow “lifeliner” and/or a decision to support Oley financially, was a meaningful choice that represents a powerful partnership...for the good of Oley. Your investment keeps us moving forward as a trusted source of information and support. Some of you were involved in getting Oley off the ground, and many of you have joined the long list of people whose energy and vision is the best assurance of Oley's future.

With this year's annual appeal under way, we can only hope for another wonderful response and a year filled with opportunities to expand our reach and keep you informed and connected.

Oley Updates

We’ve added seven new Regional Coordinator volunteers this year. You can read about some of them on page 6. Oley members who volunteer to serve as Regional Coordinators are experienced HPEN consumers and caregivers. Please reach out to them with your questions, and take advantage of their willingness to help.

We’re proud to introduce Mary Patnode as the new Oley Foundation President. Mary has thirty-one years of experience as a home parenteral nutrition consumer and has served for many years as an Oley Regional Coordinator. She has been on the board since 2008.

Rick Davis, who has guided the Oley Foundation Board of Trustees as President since 2006, has completed his term as President, and we are very grateful for his many contributions. We are pleased that he will continue to serve on the Board.

We are sorry to see Dr. Jane Balint’s term on the Board of Trustees come to an end. Dr. Balint has been a valued member of the Board for several years. We thank her for her many contributions.

Newly elected to the Board of Trustees, strengthening the backbone of Oley, are: Terry Edwards, HEN consumer, Darlene Kelly, MD, and Ann Michalek, MD. Please watch for more information about Board updates in the next issue of the newsletter.

Sponsor Highlights

We are pleased to continue partnering with so many dedicated companies, and were especially heartened by several increased donations. Generous contributions from our corporate partners, and increased sponsorships of individual programs such as the conference, have strengthened Oley's services and outreach. Please join us in thanking these partners, listed on page 15 of the newsletter, or online at www.oley.org.

Oley as Advocate

Drug shortages remain front and center on the advocacy forefront. Writing to elected officials and adding “your” personal perspective is most effective. Share your stories with us, also. We applaud the folks at A.S.P.E.N. who have been working tirelessly on this issue. With YOUR stories, they’re bound to make progress!

The Transportation Security Authority (TSA) has also been receptive to your concerns and has made great strides in getting you through security. Hat’s off to everyone who helped! It’s not perfect, but we’re moving forward.

Best wishes for health and happiness in the New Year!
Contributor News

Notable Gifts from Individuals

Among the many contributions from individuals received at any given time, there are always several dedicated to those who have inspired the donor. We will share this list of honorees in each issue of the newsletter. In addition, we will include a complete list of the contributions received in 2011 in the January/February 2012 issue. Between September 28 and November 11, 2011, gifts were received:

In Memory of
Carolyn Burroughs, Clarence “Oley” Oldenburg, Matt Van Brunt

In Honor of
Joan Bishop; Jackson Dietel; Barbara Klingler—twenty-five years on HPN; Bobbiejo Winfrey—six-year multivisceral transplant anniversary; Tanner J. Shuman—off HPN for eight years; David Young

We appreciate all gifts and kind comments we receive throughout the year. Your support overwhelms us and continues to be a source of inspiration. Thank you!

Join the Oley Horizon Society

Many thanks to those who have arranged a planned gift to ensure continuing support for HPEN consumers and their families. To learn how you can make a difference contact Joan Bishop or Roslyn Dahl at (800) 776-OLEY.

Felice Austin
Jane Balint, MD
John Balint, MD
Joan Bishop
Ginger Bolinger
Pat Brown, RN, CNSN
Faye Clements, RN, BS
Katherine Cotter
Jim Cowan
Rick Davis
Ann & Paul DeBarbieri
David & Sheila DeKold
Tom Diamantidis, PharmD
Selma Ehrenpreis
Herb & Jay Emich
Jerry Fickle
Don Freeman
Linda Gold
Linda Gravenstein
★ NEW! Deborah Groeber ★
The Groeber Family
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Alfred Haas
Shirley Heller
Alicia Hoell
Jeff & Rose Hoell
Lyn Howard, MD
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Portia & Wallace Hutton
Kishore Iyer, MD
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Jim Lacy, RN, BSN, CRNI
Robin Lang
Hubert Maiden
Laura Matarese, PhD, RD, CNSD
Kathleen McInnes
Michael Medwar
Meredith Nelson
Nancy Nicholson
Rodney Okamoto, RPh,
& Paula Okamoto
Kay Oldenburg
Harold & Rose Orland
Judy Peterson, MS, RN
Clements Pitzner
Beverly Promisel
Abraham Rich
Gail Egan Sanieiro, MS, ANP
Roslyn & Eric Scheib Dahl
Susan & Jeffrey Schedel
Doug Sednor, MD, FACC, CNSP
Judi Smith
Steve Swensen
Cheryl Thompson, PhD, RD, CNSD,
& Gregory A. Thompson, MD, MSc
Cathy Tobar
Eleanor & Walter Wilson
James Wittmann
Patty & Darrell Woods
Rosaline Ann & William Wu

Oley Corporate Partners

The following companies provide over one-half of the funds needed to support Oley programs. Corporate relationships also strengthen our educational and outreach efforts. We are grateful for their continued interest and strong commitment.

GOLD MEDALLION PARTNERS
($50,000–$69,999)
Apria Healthcare / Coram Specialty Infusion Services
Nutrishare, Inc.
ThriveRx

SILVER CIRCLE PARTNERS
($30,000–$49,999)
NPS Pharmaceuticals

BRONZE STAR PARTNERS
($20,000–$29,999)
Baxter Healthcare

BENEFACTOR LEVEL PARTNERS
($10,000–$19,999)
Abbott Nutrition
Emmaus Medical, Inc.
InfuScience, Inc.
Kimberly-Clark

PATRON LEVEL PARTNERS
($5,000–$9,999)
Applied Medical Technology, Inc.
Critical Care Systems, Inc.
Walgreens

CONTRIBUTORS
($1,000–$2,499)
B. Braun Medical
Drink Your Meals

Thank You!

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(800) 776-OLEY • LifelineLetter — 15
Getting Ready to Fly?

The Transportation Security Administration (TSA) has been working with several groups, including the Oley Foundation, to try to make screening procedures less difficult for people traveling with medical supplies. In November the TSA announced they are implementing “Risk-Based Security” measures that they hope will benefit travelers who have disabilities and medical conditions. These new measures include:

- The Pre✓™ Expedited Screening pilot program, which is available with some airlines and at some airports. The program prescreens individuals who volunteer information about themselves prior to flying in order to potentially expedite the screening experience.
- New screening procedures for passengers twelve and under reduce, but don’t eliminate, pat-downs of children twelve and under. Passengers twelve and under are also allowed to leave their shoes on when going through security checkpoints.
- New privacy protection software on the Advanced Imaging Technology units eliminates the image of an actual passenger and replaces it with a generic outline of a person.

The TSA recommends that travelers with medically necessary liquids disclose those liquids to TSA personnel prior to having their bag screened. These liquids should be separated from any other liquids or gels. If you would like to be discreet about your medical condition, you can download a notification card from the TSA Web site (www.tsa.gov/assets/pdf/disability_notification_cards.pdf). The card does not exempt you from screening, but it may help you communicate sensitive information more discreetly.

TSA is working to make airport screening less difficult for people traveling with medical supplies.

The TSA has set up a disability office to try to address any screening issues that may make traveling with medical supplies difficult. If you have problems with screening, please collect all details—gate, city, TSA representative’s name, etc.—and e-mail your concerns to this group at TSA.ODPO@TSA.DHS.gov.

‘Tis the Season

In this season of holiday giving, please remember a donation for Oley. It’s a special gift that improves the quality of life for families just like yours.

Warm wishes for a healthy and happy New Year!