

MDJunction Cirrhosis Support Group

Newsletter



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Cirrhosis & Nutrition

We are fortunate this month to have a guest writer for our lead story. MommaMac (Jackie) answered our call for someone to provide some information about the nutritional needs of patients with cirrhosis. Jackie is caregiver to her husband Jim and has become a regular contributor in our MDJunction support group. Thanks Jackie!

The first thing Jim's hepatologist told him, after no more alcohol, was proper nutrition. It was the single most important thing he could do to regain his strength and live with this disease, cirrhosis. Malnutrition is common in many cirrhosis patients. Complications can arise from eating processed foods or too much animal protein. For that reason, dieticians used to recommend limiting protein. However no protein leads to death by malnutrition—not liver failure. It is so important to eat a well-balanced diet, with proper protein, carbohydrates and fats. Having little or no appetite, you may benefit from eating several small meals a day. Dr. Lawson also stated neither herbal nor other the counter supplements as the ingredients are not always stated on the label and can adversely affect the liver.

Protein is crucial component necessary for muscle building. Protein breaks down as ammonia and other toxic byproducts in the blood stream. Normally, the liver filters these toxins. With cirrhosis, too much protein can cause hepatic encephalopathy. Poultry, fish, eggs, dairy, beans, and legumes are better protein choices for cirrhosis patients. Jim's doctor recommends he look at protein from a vegetarian's point of view. When in a pre-transplant phase, however, most protein restrictions are removed. The body requires protein to prepare for surgery and subsequent healing. Medication for removing ammonia and toxins is critical during this period. After liver transplant, lean protein is extremely critical and dieticians recommend a protein factor of up to 2 grams of protein per kilogram of body weight during the initial recovery period. The average adult recommended protein factor is 0.8—1.7 grams per kilogram of body weight. To compute the amount of protein that should be consumed take the weight in pounds divided by 2.2 (the number of kg in 1 pound) times the protein factor. Protein drinks such as *Ensure* and *Boost* are great sources of protein and easily consumed when appetite is poor.

Ascites and edema (fluid retention) are common problems with cirrhosis patients. Sodium greatly increases fluid retention and is restricted in most diets. Normal healthy diets often use 2,300mg or 1 teaspoon full per day. Low sodium diets should limit the amount of salt consumed to about 1,200mg or less. Remove the saltshaker from your spice rack. Use fresh herbs and spices for flavoring foods. Beware though, many spice rubs, canned soups/vegetables and mixes contain great amounts of sodium, as do processed foods. Reading labels is critical. Sodium restriction is necessary for everyone whether healthy or a cirrhosis patient just recently diagnosed, waiting transplant or post-transplant.

Calcium is also critical to cirrhosis patients. Liver disease commonly causes vitamin D deficiency, which can lead to poor absorption of calcium that then leads to osteoporosis and poor bone density. Milk, yogurt, salmon with bones, tofu and fortified breads and cereals are necessary components for Vitamin D/calcium.

Due to compromised immune systems, all persons with compromised livers should avoid food containing possible harmful bacteria and/or listeria. This included unpasteurized dairy products as well as raw eggs, shellfish and seafood.

Complex carbohydrates are required for energy and should comprise 60–70% of one's diet. Fresh fruit, vegetables and whole grains are best choices. Controlling blood sugar is also a problem in many cirrhosis patients. Small meals of complex carbs help to control blood sugar spikes and dips.

Fats include butter, oil, salad dressings, mayonnaise, etc. No one benefits from too much fat in their diets but with cirrhosis, due to malabsorption, too many fats can cause diarrhea to be worse.

We have found with Jim, days begin with *Boost* or *Ensure*. Later, he tries to eat an egg and wheat toast. If he feels particularly hungry, he might have fruit with his egg. Cottage cheese, with fruit or black bean and corn salsa, has become a staple. Fortunately, Jim does not have a problem with his blood sugar so ice cream or frozen custard is a daily treat. We enjoy seafood and fresh vegetables as often as possible. Jim is trying to regain much of the muscle lost when he was hospitalized, when he lost more than 50 pounds. Healthy eating and daily exercising, he is improving.



PEOPLE
HELPING PEOPLE

Disclaimer:

We are **not** doctors! Always consult with your own physicians before making any changes to your treatments.

We are **not** lawyers! Get appropriate legal advice when it is necessary.

We aren't even experts! We are patients and former patients that have been doing our own research on our common disease, trying to help other travelers on the roller coaster of dealing with cirrhosis.

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CORNER

October is Liver Awareness Month Americans Urged to Take Steps to Liver Wellness



Your Liver. Your Life.

New York, NY: Liver disease does not discriminate. It can strike children, people in their prime family and career building years and the elderly. Often people have little understanding of what functions the liver performs to keep the body healthy or steps to take to achieve liver wellness.

The liver is a vital organ. A person simply cannot live without his or her liver. The liver helps the body digest food, store energy, manufacture bile and remove poisons from air, exhaust, smoke and chemicals that a person may breathe.

October is National Liver Awareness Month and the American Liver Foundation offers 10 ways to keep your liver healthy:

1. **Eat a well-balanced diet and maintain a healthy weight.** Too many high calorie foods can cause non-alcoholic fatty liver disease, one the fastest growing conditions leading to severe liver disease.
2. **Be careful with aerosol sprays.** Your liver has to detoxify what you breathe in. So when you use aerosols, make sure the room is ventilated and wear a mask.
3. **Wash your hands.** Hepatitis A can be spread through contact with contaminated water or other items. Washing your hands is a valuable defense to avoid these diseases.
4. **Limit the amount of alcohol you drink.** It is known that too many alcoholic beverages can create many health problems including scarring your liver. Talk to your doctor about drinking alcoholic beverages.
5. **Follow directions on all medications.** When medicines are taken incorrectly – by taking too much or the wrong type or by mixing medicines – your liver can be harmed. Talk to your doctor about and know what medicines you take, read and follow dosing instructions and use all medicines – over the counter, prescription, and alternative medicines, dietary supplements and vitamins – responsibly.
6. **Get vaccinated.** There are vaccines for hepatitis A and hepatitis B.
7. **Don't share razors, toothbrushes or nail clippers.** Personal hygiene items can carry microscopic levels of blood or other body fluids that may be contaminated.
8. **Get tested if you think you are risk.** Simple blood tests can determine many types of liver disease. Ask your physician for a complete liver analysis.
9. **Practice safe sex.** Unprotected sex or sex with multiple partners increases your risk of hepatitis B and hepatitis C.
10. **Learn more about liver disease.** Go to www.liverfoundation.org or call 1-800-GO-LIVER. (800-465-4837) for more information on liver disease and ways you can keep your liver healthy.

The American Liver Foundation is the nation's leading nonprofit organization promoting liver health and disease prevention. American Liver Foundation facilitates, advocates and promotes education, support and research for the prevention, treatment and cure of liver disease.



**Dennis "dmanflan"
Liver Transplant Recipient**

I am a father, grandfather and husband for more than 38 years who will be eternally grateful to my family for sticking with me during my dark days. I have such a spark in me to try to return as much effort that I can to support many transplant related areas as possible. I love to give my opinion on these topics!

I received a new liver in July of 2008. I destroyed my native liver with alcohol developing cirrhosis with portal vein thrombosis (PVT) and eventually hepatocellular carcinoma (HCC). I had been completely sober for almost 2 years before my transplant.

Diet Tips for Alcohol Withdrawal

When an alcoholic makes the life-saving decision to abstain from alcohol forever, many physiological things happen within their body. Since the brain has already been used to the constant onslaught of chemicals from alcohol, withdrawal from alcohol often results in these withdrawal reactions such as fatigue, insomnia, anxiety, nausea, trembling/shaking, irritability and impaired cognitive abilities. The alcoholic tend to experience these symptoms more severely if they are a heavy drinker and they go cold turkey; that is, when they stop drinking large amounts of alcohol all of a sudden.

When someone drinks, their brain starts pumping out chemical-relatives of adrenaline in amounts greater than what the body normally experiences. The result is a turbocharged, *sedated* brain. However, upon removal of the sedative from your racing brain, the brain continues on hyper-overdrive. A highly charged brain will then cause the addict to suffer from mental and bodily disturbances.

In fact, alcohol withdrawal symptoms management is crucial to prevent harm to the body and mind. Thus, it will be a good idea to have a professional to help through this period. In the meantime, making some changes to the daily diet can help reduce the effects of symptoms.

First, reduce or eliminate the amount of junk and processed foods consumed. It may sound too much to bear having to give up alcohol and junk food at the same. However, it is easier for a recovering alcoholic to stay sober while practicing good eating habits. Wholesome foods and in particular fruits and vegetables, can help repair the damage wreaked by the excessive and prolonged alcohol consumption. These diet components also help to reduce cravings for alcohol.

Drinking plenty of filtered water is also highly recommended. Water not only provides proper hydration for the body to work but also helps to flush out toxins including any excess alcohol stored elsewhere in the body. Often the alcoholic feels "rejuvenated" when pure clean water replaces alcohol.

Certain types of foods can help minimize withdrawal symptoms by providing the proper minerals and vitamins depleted from the system throughout the course of alcohol abuse. Minimizing the withdrawal symptoms helps to maximize the chances of a successful recovery from the effects of long-term alcohol abuse. These changes may sound like a whole lot of common sense but they are nonetheless important.

Some very good information that I "borrowed" from Lance Armstrong's LIVESTRONG.COMSM website provides the following four specific types of food to help you get through the withdrawal process:

1)Beta-carotene Foods

Chronic abuse of alcohol can contribute to a vitamin A deficiency. Vitamin A plays an important role in cellular repair and helps boost immune system function. It is also a powerful antioxidant that may help prevent the formation of cancer. However, consumption of vitamin A, particularly from supplements, may accelerate alcoholic liver disease. Instead, consume foods rich in beta-carotene, which your body uses to manufacture vitamin A as needed. Carrots, spinach, bell peppers, kale and sweet potatoes are rich sources of beta-carotene.

2)Vitamin C-Rich Foods

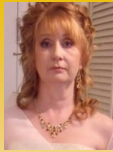
Vitamin C may offer anti-stress benefits, which may help reduce the anxiety and irritability associated with alcohol withdrawal, according to Phyllis Balch, author of "Prescription for Nutritional Healing." This vitamin also aids in the production of white blood cells, which may help prevent viral and bacterial illnesses during your recovery from alcoholism. Increase your intake of natural vitamin C by including foods in your diet such as spinach, kale, apples, citrus fruits, berries, broccoli and mangoes.

3)Whole Grains

Consume whole grain breads, tortillas, bagels and pastas to help provide consistent energy during the alcohol withdrawal process. Use these foods in place of refined flour products such as white pastas and breads, cakes, tortillas and snack crackers. Refined flours can cause blood sugar spikes, which may make you crave alcohol. These spikes are quickly followed by blood sugar crashes, which can produce fatigue.

4)Vitamin B-5-Rich Foods

Vitamin B-5, also known as pantothenic acid, is one of eight B vitamins necessary for nervous system health. This vitamin may help reduce irritability and nervousness during the alcohol withdrawal process. Vitamin B-5 also helps your body metabolize proteins and carbohydrates, which aid in cellular repair and energy generation. Mushrooms, salmon, tuna, rye, whole wheat bread and eggs are rich sources of vitamin B-5.



Marg "sadyllstillsane"
Primary Biliary Cirrhosis

I am a wife and mother with Primary Biliary Cirrhosis. I have three kids; Kelsey is my daughter and Ryan and Linsey are my boy and girl twins. My husband Doug and I have been married since April 8, 2011. I worked with federal inmates who had been granted parole until taking disability leave in January of 2012. I live in sunny Saskatoon Saskatchewan, a beautiful city that I love. I have three great doctors and one bad liver. I have found over the last year or so that it is the little things, and the people I love that matter most, and I am not ready to let go anytime soon..... :)

Challenging the Changes

My world changed in November of 2010. But to be honest, it had started to change before the diagnosis I received then. Problem was, I didn't realize it and didn't pay enough attention to the changes that were beginning to creep into my life.

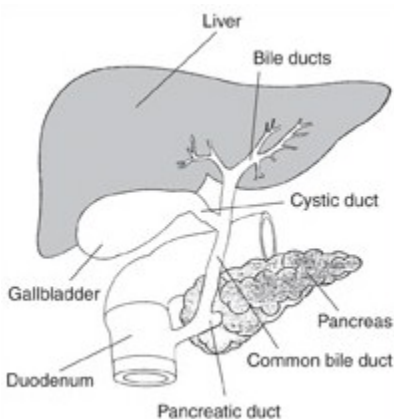
I felt so much more tired back then. I attributed that to job stress, marital stress and living in a new city. I had some minor

discomfort in my side, but that was attributed to scar tissue from a gallbladder surgery twenty years previous. I felt older than my 45 years back in 2006 when I first started to notice these things, but attributed that to menopause and aging. I always had good medical care, saw my doctor regularly for ailments and physical exams. In 2007 my liver enzymes were slightly elevated and she wanted me to see a GI specialist. When I finally got the referral appointment nine months later, I couldn't remember why I was supposed to see the guy and didn't want to take a day off work, travel sixty miles to get there, and I didn't go.

So when my world changed in November of 2010 with the diagnosis of Primary Biliary Cirrhosis (PBC), it fast became apparent that stress and all the other excuses were not responsible for my feeling unwell. By this time, I had several more things to add to my list of woes.....body and muscle aches, headaches, feeling unwell, fatigue and increasing discomfort in my side. I found out I had PBC and biopsy confirmed stage 3-4 with some samples showing fibrosis and others cirrhosis.

So now it is almost two years later and what I have come to realize is that I have to deal with the challenges placed in front of me by this disease and make some changes. Some I have made gracefully, others not so much so. But it is now about coping with how my life has changed and doing the best I can in any given circumstance.

The biggest challenge is mental. Learning to live with this disease and all the havoc it causes in my life. I do several key things to cope mentally. First, I learn as much as I can about PBC as knowledge for me feels like power and it gives me a sense of control to be well informed about my disease. Second, I spent an hour every 2-3 weeks with a competent psychiatrist who offers me a safe space to talk about my disease, to weep and moan and rail against fate. Not only is this time cathartic for me emotionally but it also allows me to put my "fear time" into some perspective. I can always tell myself not to get to wound up in the "what comes next" as I



I have time and a safe place to do that in with my doctor. I also have all the fine folks at MDJ who are a constant source of support for me in my emotional and mental fight with PBC. I try to do at least one thing every day that I enjoy, like reading a good book, playing a game on the computer or talking with a friend in person or virtually. It helps me keep a positive attitude.

Second issue for me is the fatigue and all that it does to limit my life. Sometimes I find it hard to believe I am only 50, because many days I

feel much older than that. I have come to find that I usually have more energy in the early mornings so I try to do whatever requires me to be out and functional in those hours. Doctor appointments, errands and so on I try to get to in the morning. I have come to accept that some days I will not feel well enough to get up. Whether just fatigue or fatigue and other related issues, if I need to spend the day in bed resting I have stopped fighting it. Now I do that and refuse to feel guilty. I have informed all the people in my life that as much as I value them and love their company, at any time I may have to cancel prearranged plans. Most of the people who know me understand this and allow me to set the limits on what I can and cannot do. If I have to back out, I reschedule for another time. With a frank and open discussion, I have found that people will for the most part accept this state of affairs.

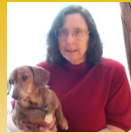
Work was a big challenge to change. I started with working at home two days out of five. Soon even that became too much and I opted to stop working and go on disability. That has changed many things, from my view of myself to my day to day life with my husband. Now, I have settled in to the routine of not working and spending the additional time looking after my health, but at first the emotional jolt of leaving the workforce was difficult to deal with and took a lot of adjustment. However, the fatigue and pain made it the only reasonable choice.

I deal with the pain through the aid of a morphine patch. It is not the answer for everyone and sometimes it isn't even the answer for me when it is not controlling the discomfort. I also utilize deep breathing and stretching as often as possible to help mediate that discomfort.

For the most part, the changes are challenging but with some thought I can manage to incorporate those changes into my life so that I do not feel my life has been taken from me by liver disease. I learned that travelling is best done short distances from home and for short periods of time. I learned that a holiday includes time to just rest, not run all day and all night while on vacation. I have found it helpful to have a hotel room that has a separate bedroom so if I need to go to bed early (and I always do), my husband still feels

okay watching TV or spending time on the laptop. Frequent stops on the road are now much more likely and so we budget extra time to get anywhere. Lots of napkins and plastic bags have joined the pillows and blanket in the car since my last trip....which involved a lot of stopping to vomit in a ditch while enjoying the view of scenic Jasper National Park. Whether travelling or staying home, I have made drastic changes to my wardrobe. I am no longer the size I was a year ago. My belly tends to fluctuate in size so the types of clothes I purchase now are different. Stretchy waists and long shirts are now the norm. No more high heels as I don't want to give my osteoporosis and excuse to give me a broken leg. I step on the scale with a different mindset. Used to be I was looking to see if I had gained any weight. Now I am looking to see that I am not gaining too much water weight. When I feel like my body has betrayed me, by giving me a figure I don't really recognize anymore...I do things that can still make me feel like I look good. A pedicure, a haircut, a nice scarf can make me feel like I am still taking care of my looks. It is all a matter of perspective and challenging the changes so I can incorporate PBC into my life, instead of letting PBC become my life.

Not always an easy task and some days I fail miserably. Sometimes I still rail at fate for giving me this disease just as I was reaching my personal best in both my career and personal life. Most times I realize what a futile waste of my limited energy that is and continue to find ways to challenge the changes so I can continue to be my best self. Not an easy task, but the one I have been handed.



Susie "dachsiefan"
Cryptogenic
(Idiopathic) Hepatitis

I am a married woman who was first diagnosed in 1990 with giant cell hepatitis that had now evolved to cirrhosis. In 2008, I developed HE and edema. In 2011, I had the TIPS procedure to remove a portal vein clot and restore blood flow. I am currently on the UNOS waiting list for a liver.

An Open Letter from Cirrhosis Patients to Caregivers

Dear Caregiver,

We know you did not sign up for this caretaking role. You are mothers, fathers, sisters, brothers, sons, daughters, grandchildren, other relatives or friends. You have families of your own, jobs, maybe retired and live both nearby and afar. You have had to make

many personal sacrifices in order to make sure we get the care we need. You are the unsung heroes who are rarely recognized and lauded for their selflessness.

As cirrhosis patients struggling with this horrible disease, we want to thank you for all that you do to help us continue our battle against the debilitating fatigue, edema and ascites, hepatic encephalopathy, blood and electrolyte irregularities and cancers that plague us. You are our primary healthcare providers and help determine when we need to go the Emergency Room. You make sure we eat a healthy diet and take our medicines as directed. You keep track of our medical appointments and often chauffeur us from one doctor to another. You file our test results and handle the morass of health insurance paperwork. You have taken on a full-time job of caretaker in addition to your regular day-to-day responsibilities.

We do not want to be a burden to you. We wish we could still work and provide income for the family. We wish we could still drive and do errands like grocery shopping, taking laundry to the dry cleaner or taking the dog to her vet appointment. We wish we could help with the weekly household cleaning, but it is just too physically exhausting for us. We will still try to do what we can, which we know is only a tiny fraction of what we used to do.

We encourage you to go out and get a respite from your caretaker's role as often as possible. Go to work, attend a club-meeting, meet with friends after work, visit relatives or take up a new hobby or sport. Make sure we have charged our cell phones, have your cell phone numbers in our list of contacts, and we will keep our phones by our sides in the event we need you. You will call us if there is a delay in your scheduled return so we don't become overly anxious.

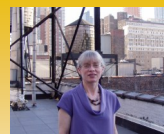
We will let you know when we think we are developing a fever, experiencing pain, or have nausea or lose our appetites. We will call the pre-transplant coordinator or nurse on call for advice on what to do. We will not suffer in silence until you must call 911 for paramedics to transport us to the nearest hospital. We will not demand that you be with us all the time we are in the hospital recovering or when we come home. We will keep you updated on our condition via our cell phone and let you know when we need you.

Cirrhosis forced you and us, as the patients, to take new roles in our relationship. We are no longer strong, independent individuals. We often are unable to continue to work. We have trouble remembering things and have to keep written reminders to make sure we do certain tasks. Our attention spans have suffered. It is difficult for us to watch long movies, read long articles or books or even hold normal conversations. The overwhelming fatigue prevents us from doing much more than simple daily tasks. We fear traveling far away from home or for an extended period of time because we do not trust our health. We sometimes get depressed because we are not the person we once were.

We promise to fight the mental and physical challenges of this disease so that you can have the loved one you had before cirrhosis wreaked havoc to our lives. We cannot always express our feelings of gratitude, appreciation and love. We apologize up front for our wild mood swings, intolerable attitudes or aggressive behavior brought on by the effects of our illness.

Thank you for your love and support.

Love,
The Cirrhosis Patient



Mo "IronCelt"
Hemochromatosis

Shortly after I got married and moved across country at the age of thirty-eight, I started getting lots of weird nonspecific, invisible symptoms. When my hair started falling out, I had something to show a doctor. I was soon diagnosed with severe hemochromatosis, at age forty, and cirrhosis six months later. I have now been dealing with these

*Please don't bury me
down in that cold, cold ground.
No, I'd druther have 'em cut me up
And pass me all around.*

When I was young and "healthy," I signed up to be an organ donor through a national registry. I was proud of my Official Organ Donor card and key chain and took comfort that my life wouldn't be a total waste if my organs could heroically save some strangers. (I figured I was too much of a coward to save anyone's life in the run-into-a-burning-building or dive-into-icy-water ways.) I could redeem myself by donation.

My illnesses have compromised my liver and heart, dry eye damaged the corneas, allergies inflamed my lungs, my guts were never great and my kidneys will go where the liver takes them. It's a doubly depressing situation to go from donor to recipient status. To escape from my own depressing world, I like to escape into novels. Imagine my surprise when I selected a likely tome about a boarding school in Britain and discovered that *Never Let Me Go* was a tale about an alternate reality in which (spoiler alert!) the early perfection of cloning technologies made living organ donation a technically simple but morally questionable routine procedure.

An acquaintance from many years ago recently offered to donate part of her liver to me whenever it was my time, but the thought of accepting it horrifies me. Why don't more people make the gift of deceased donation? According to the Center for Organ Recovery and Donation, between 10,000 and 12,000 people die annually who are medically suitable for organ donation, yet only 6,200 donate. I don't understand how anyone could refuse one last redemptive act. It's a "no-brainer" to me, and it was embarrassingly painful when I told the DMV to take "organ donor" off my license because my organs were no good.

*Please don't bury me
down in that cold, cold ground.*

*...
Throw my brain
in a hurricane,
and the blind can have my eyes
and the deaf can take both of my ears
if they don't mind the size.*

I have learned that not only organs but also tissue can be donated as well: bone, tendons, ligaments, corneas, arteries and heart valves. And surgeons can now transplant whole hands and faces.

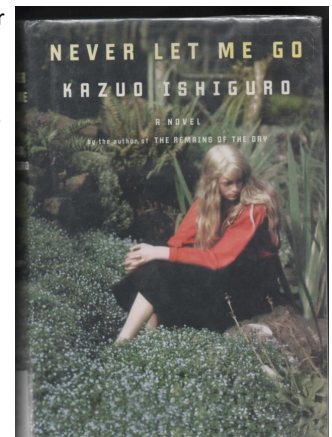
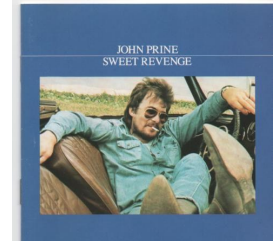
*Please don't bury me
down in that cold, cold ground.*

*...
Venus de Milo can have my arms*

I think there's still some of me that isn't too damaged by hemochromatosis or cirrhosis. With that in mind, I think I'll check into restoring the "donor" line on my driver's license, which I conceal behind a medical alert card that gives fair warning about my vital organs. The picture on my driver's license gives fair warning about my face.

Donor Dilemma

One morning I was sleep cycling on my basement bike and listening to **one of my spouse's old hippie albums**. I heard these lyrics, in which a guy summoned by death and tells the angels,



Tips & Tricks

This is a low sodium, low fat, high protein entree. Best served with salad greens. The directions include a homemade taco mix that reduces the amount of sodium in the recipe. If you are in a time crunch or don't have a spice rack, just buy packaged taco mix. This recipe is only moderately spicy, so if you like it hot, add your favorite reduced sodium SALSA!!



Minutes to Prepare: 20
Minutes to Cook: 70
Number of Servings: 8

Ingredients

Taco Mix:
4 tsp chili powder
2 tsp soy flour
2 tsp cumin
2 tsp oregano flakes
½ tsp onion powder
½ tsp garlic powder
1 tsp cayenne pepper

Casserole:

4 green onions diced
1 cup red bell pepper diced
3 tomatoes diced
1½ cup 1% organic low fat milk
½ cup fat free sour cream
½ cup fat free cheddar cheese shredded
½ cup reduced fat Mexican cheese shredded
12 oz pasta (wheat or other)
1½ lbs chicken breast, no skin, no bone
4 oz fat free cream cheese
15 oz reduced sodium black beans

Mixed salad greens (your choice)
Reduced sodium salsa (if desired)

Directions

- Mix spices, set aside
 - Mix milk, cheeses, sour cream and cream cheese in glass measuring cup and microwave until soft. Save ¼ cup shredded cheese to sprinkle on top. Add spices to cheese sauce. Mix well with wire whisk
 - Cook pasta and drain
 - Rinse black beans, drain, and pat dry
 - Dice all vegetables. Mix with pasta and black beans
 - Spray glass baking dish (8" x 8" x 2"+) with non-stick cooking spray
 - Add pasta, veggie and bean mix to dish and spread out evenly
 - Cut chicken into long 3-4" strips, place on top of pasta, veggie and bean mix.
 - Pour cheese sauce on top of casserole, making sure to saturate corners and edges so they don't burn
 - Bake at 375 for 30 minutes covered
 - Remove cover, sprinkle with leftover shredded cheese and resume baking at 375 for 40 minutes or until chicken is done
- Serve with salad greens.
Top with salsa if desired

Mexican Chicken Penne Bake

| Nutrition Facts | |
|--------------------|----------|
| 8 Servings | |
| Amount Per Serving | |
| Calories | 234.3 |
| Total Fat | 1.8 g |
| Saturated | 0.5 g |
| Polyunsaturated | 0.1 g |
| Monounsaturated | 0.1 g |
| Cholesterol | 17.0 mg |
| Sodium | 441.5 mg |
| Potassium | 403.5 mg |
| Total Carbohydrate | 34.3 g |
| Dietary Fiber | 5.8 g |
| Sugars | 6.8 g |
| Protein | 21.1 g |
| Vitamin A | 24.6 % |
| Vitamin B-12 | 1.0 % |
| Vitamin B-6 | 7.2 % |
| Vitamin C | 13.8 % |
| Vitamin D | 4.7 % |
| Vitamin E | 0.3 % |
| Calcium | 40.0 % |
| Copper | 3.4 % |
| Folate | 2.0 % |
| Iron | 16.1 % |
| Magnesium | 3.7 % |
| Manganese | 3.3 % |
| Niacin | 10.8 % |
| Pantothenic Acid | 1.8 % |
| Phosphorus | 7.0 % |
| Riboflavin | 1.9 % |
| Selenium | 4.1 % |
| Thiamin | 2.7 % |
| Zinc | 1.8 % |

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.



Recipe Corner

Not-So-Guilty Brownies

Serves 24

Now you can indulge your sweet-tooth without blowing your calories or carbohydrates. You even get a little protein!



Ingredients

Brownies:

¾ cup all-purpose flour
¾ cup sugar
¼ cup unsweetened cocoa
½ tsp baking powder
¼ tsp salt
¼ cup oil
2 tsp chocolate extract or flavor
2 eggs

Frosting:

¾ cup powdered sugar
1 tbs unsweetened cocoa
1 tbs skim or 2% milk
½ tsp chocolate extract or flavor
⅛ tsp butter flavor

Directions

Heat oven to 350°F.

Grease bottom only of 8-inch square pan. Combine all brownie ingredients in a medium bowl and mix well. Spread in greased pan.

Bake at 350°F for 13 to 18 minutes or until top is dry and springs back when touched lightly in center. Cool for 15 minutes.

Meanwhile, combine all frosting ingredients in a small bowl and mix well. Spread over top of slightly cooled brownies. Cool completely. Cut 6 x 4.



| Nutrition Facts | |
|--------------------|---------|
| 24 Servings | |
| Amount Per Serving | |
| Calories | 85.9 |
| Total Fat | 3.0 g |
| Saturated | 1.9 g |
| Polyunsaturated | 0.0 g |
| Monounsaturated | 0.0 g |
| Cholesterol | 20.4 mg |
| Sodium | 41.1 mg |
| Potassium | 7.8 mg |
| Total Carbohydrate | 13.7 g |
| Dietary Fiber | 0.3 g |
| Sugars | 10.0 g |
| Protein | 1.2 g |
| Vitamin A | 0.7 % |
| Vitamin B-12 | 0.0 % |
| Vitamin B-6 | 0.1 % |
| Vitamin C | 0.0 % |
| Vitamin D | 0.1 % |
| Vitamin E | 1.7 % |
| Calcium | 0.9 % |
| Copper | 0.7 % |
| Folate | 0.3 % |
| Iron | 1.5 % |
| Magnesium | 0.5 % |
| Manganese | 1.8 % |
| Niacin | 0.3 % |
| Pantothenic Acid | 0.2 % |
| Phosphorus | 0.8 % |
| Riboflavin | 0.2 % |
| Selenium | 2.0 % |
| Thiamin | 0.3 % |
| Zinc | 0.3 % |

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Events this Month



October is Liver Awareness Month



Fire Prevention Week



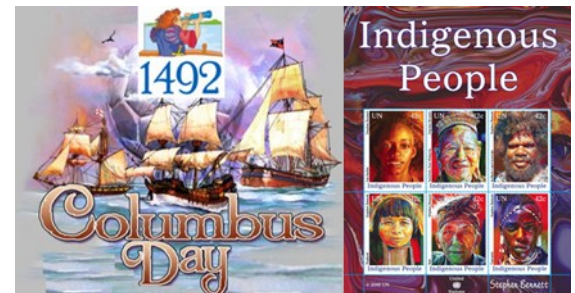
10/5 National Teachers Day



10/3 Look at the Leaves Day



10/8 Thanksgiving Day-Canada
Second Monday in October



10/8 Columbus Day OR Indigenous People Day
Second Monday in October



10/7 World Smile Day



10/9 Fire Prevention Day



10/31 Halloween

Please let us know if there is a date that we should be commemorating or celebrating so we can add it to our calendar.



- © 3rd TzuWho2 (Bonnie)
- © 9th Count von Count (Count)
- © 25th MommaMac (Jackie)



Transplant Anniversaries

⚔ None Reported

UNOS Waiting List Livers (Sept 21, 2012)

| | |
|----------------------|---------------|
| Status 1A | 4 |
| Status 1B | 7 |
| Status 7 (Inactive) | 3,196 |
| MELD / PELD <10 | 4,673 |
| MELD / PELD 11-18 | 5,255 |
| MELD / PELD 19-24 | 1,759 |
| MELD / PELD 25+ | 1,275 |
| Total Waiting | 16,036 |



✂

Courtesy OPTN reports

3,124 liver transplants performed
3,450 livers donated/recovered