“Living the Experience: A Simulation”
An Afternoon Looking at Some of the Challenges Faced by Persons With Ostomies
by Chris Ashbury, Student - Langara College of Nursing

The first day we discussed this assignment in class, I thought the assignment lacked sensitivity towards people with the actual chronic health conditions we were to simulate. It is one thing to walk a mile in someone’s shoes, it is quite another to live with a chronic health condition on a daily basis. That being said, I also immediately thought about people with an ostomy. I have a friend who, through the magic of cancer, has an ostomy. Deb had to have an ostomy as a complication of colon cancer. I started to think that, for the most part, people with an ostomy could get around without anyone knowing they had one. Like my friend Deb says, “Some people keep it a secret their entire lives.”

I planned to do my simulation on the afternoon of February 19th, the first day of the school break. My plan was very simple. I needed a large ziplock bag, a roll of duct tape, and content for the bag. The bag was in the kitchen, the tape was in the basement and thanks to a healthy elimination pattern the content was in my lower Sigmoid colon. I don't have a difficult time with handling excrement, vomitus or any other bodily fluids for that matter. I guess after three kids, a hair-ball spewing incontinent cat, and four weeks at an extended-care hospital, it takes a lot for me to get grossed out. I put content in the bag and taped it to my side.

Did I smell? No I was still in the bathroom. I was running late, I had to go. I think I smell. No that can't be, it's in plastic sealed up. It was almost Spring outside, a bright sunny day. The contents still felt warm against my side. I quickly walked the four blocks to the Sky-train. Along the way I kept lifting the neck of my shirt up over my nose and sniffing... I am

“Dude -- have you seen my ziplock bag?”
President’s Message

Hello to you all.

I am sure that you are all looking forward to the spring! It’s been a wet and cold winter. I have been surprised by all the bulbs and shoots that have appeared the last few days. I have just been watching the opening ceremony of the winter Olympics on television and thinking how Vancouver will be such a wonderful city to be televised all over the world, we are so lucky to live here.

I’m sad to report the death of long-time chapter member Tom Woodcock, who passed away this February at the age of 93. Tom became a member in the late 70’s and served as Treasurer for a number of years. Although he was not able to attend many chapter functions in his later years, Tom continued to support us with donations. Our sincere condolences are extended to his family.

Congratulations to Lucy Lang, who has recently completed her studies to become an Enterostomal Therapist (ET) at Langley Memorial Hospital. We know she will serve her patients well.

We are developing a new publication aimed at new ostomy patients to be distributed in lower mainland hospitals by summer. We’re looking forward to helping more patients with this and also promoting our chapter.

I do hope to see many of you at the next meeting and wish you all well!

Ron.

FROM THE EDITOR

Let me tell you about my friend Chris. We worked together for years in a print shop before he took the leap and enrolled at Langara College of Nursing. Don’t let the stern front page photo fool you – he has a wicked sense of humor and a caring heart. He’s just one of those people who can’t smile at a camera. Needless to say, getting sick and having ostomy surgery certainly added to my appreciation for the nursing profession so I’ve followed my friend’s career change with extra interest.

Langara has an interesting component to its nursing curriculum. Second year students are required to simulate what it might be like to walk in the shoes of someone with a disability. In Chris’ case, he didn’t choose someone with a disability but he did pick someone who was definitely different: me.

Chris chose to be an ostomate for a day. Well, not quite an ostomate (he missed out on a certain amount of the fun to be had) and not quite a whole day but close enough. His paper on the experience is both funny and touching.

Speaking personally, I’d like to see Chris’ experiment become a mandatory exercise for med students- call it sensitivity training. Wear an ostomy appliance -- fully loaded, shall we say -- for 24 hours. See if you can do it. I don’t think we’d never hear that irritating phrase “You’ll get used to it” again.

Anyway, you’re a brave fellow, Chris and you’re going to be a great nurse. Thanks for letting me reprint your paper.

Debra

MEMBERSHIP RENEWAL

Vancouver Chapter membership lists are sent to the UOAC head office each January now, to be added to their database so renewal notices can be sent out at the end of the year. If you haven’t renewed for 2006, please send your renewal to Arlene McInnes, c/o the address on page 15. Thank you!

DONATIONS AND BEQUESTS

We are a non-profit volunteer association and welcome donations, bequests and gifts. Acknowledgement Cards are sent to next of kin when memorial donations are received. Tax receipts will be forwarded for all donations. Donations should be made payable and addressed to:

UOA OF CANADA LTD.
VANCOUVER, BC, CHAPTER
Box 74570, Postal Station G
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TORONTO -- In what’s being hailed as a world’s first, a Canadian-made device is allowing doctors to target radiation therapy for prostate cancer with pinpoint accuracy, thereby avoiding damage to surrounding organs and ensuring all malignant cells are destroyed.

The device, which marries CT and 3D-ultrasound imaging technology, allows radiation beams to be directed only at the walnut-sized male sex gland, which can move position from day to day, said Dr. Gerard Morton, a radiation oncologist at Sunnybrook and Women’s Health Science Centre.

Men undergoing radiation for prostate cancer usually have almost daily treatment for five to eight weeks. Side effects from the beams striking other tissue can include bladder and rectal difficulties and impotence.

“This enables us to give a large dose of radiation to the cancer within the prostate while sparing the surrounding organs,” Morton said.

Researchers at Sunnybrook and Women’s are in the midst of their second study using the device for prostate cancer treatment, and the Toronto hospital is planning trials of the computerized imaging system for women with breast and cervical cancers.

The B.C. Cancer Agency’s Vancouver Island Centre in Victoria has also begun a patient trial to test the system.

To set up for prostate cancer radiation, technicians begin with a single CT scan of the man’s abdomen. A 3D ultrasound image is then taken before each radiation session. On a computer screen, the latest ultrasound picture is superimposed over the CT image, which allows them to see if the prostate has moved.

The radiation beams can then be fine-tuned to strike only the gland, leaving surrounding structures untouched.

“Most internal organs tend to move around a bit, so it’s a great advantage to be able to see, at the time of treatment, where the organ is that we’re trying to target, where the tumour is and where the normal tissues are around it,” Morton said during a demonstration of the technology at the hospital.

Radiation damages both cancerous and healthy cells in the prostate. But while the cancer cells die, healthy cells are able to repair themselves, he added.

The $310,000 RESTITU system, which is not yet approved for routine use in Canada, is manufactured by Montreal-based Resonant Medical.

An estimated 20,500 Canadian men will be diagnosed with prostate cancer this year; about 4,300 will die.

**SASO NEWS (Spouses & Significant Others)**

At this year’s UOAC Annual Conference in Winnipeg, the Spouse and Significant Others(SASO) Committee held a general meeting to discuss this coming year’s plan of action. Those in attendance felt that there is a continuing need to reach out to other spouses, partners and family members of ostomates at the chapter level.

The best way to achieve this is to find a volunteer from each chapter across Canada, who is willing to be a contact person. So far, there are a total of twenty chapters/satellites with a SASO representative. The SASO Committee is therefore seeking your help as president of your local chapter.

At your next chapter general meeting we would appreciate you asking for a volunteer to be your chapter’s SASO contact person, who is a spouse, a partner or family member of an ostomate.

The SASO Committee suggests that there be two responsibilities which can involve the chapter representative. The first one is to form a group of spouses and significant others, who would be interested in meeting twice a year, or more often if they so choose, to discuss concerns and offer mutual help and support. The other suggestion is to have readily available, copies of the UOAC pamphlet called Partners’ Support Program, publication number 17-003, which can be distributed to the spouses, partners and family members of new ostomates through the Visiting Program. Support from your chapter’s Visiting Coordinator will be most helpful in distributing these pamphlets.

Copies of the pamphlet are available at no cost. Please call the UOAC National Office at 1-888-969-9698 to order your copies and submit the name of your chapter’s SASO contact person with his/her telephone number and e-mail address. To keep in touch with all the SASO Chapter Contacts, a newsletter, SASO News, will be e-mailed/mailed three times a year to them. Each year, at the UOAC Annual Conference, a program is organised for the spouses and significant others in attendance by the conference planning committee with input from the SASO Committee.

For more information about this important initiative of UOAC, you may contact me by telephone, e-mail or mail.

In anticipation of your continuing support for spouses, partners and family members, I remain,

Yours sincerely,

Ann Ivol, Chair SASO Committee
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sure I smell. That can’t be, I put the contents in cleanly, sealed it up tight, there is no way. I ran up the stairs to catch a train that was just pulling in. I didn’t feel I could run with the same abandon. I was worried about the bag coming off. I hadn’t brought any supplies or equipment to effect any repairs. I am sure that people with real ostomy bags (also referred to as an appliance) have to work hard to develop a system that they can trust. I got on the train and the doors closed soon after. I don’t think I smell, but I will put as much room between me and the other passengers just to be safe. I reached my destination, the Mecca of mainstream, Metrotown. As I was disembarking the platform, the stream of people narrowed in around me. If somebody could smell me, they wouldn’t be able to tell it was me. At the bottom of the escalator, a guy wearing head phones wheeled his gaze on me like he had just smelt something bad. Oh man! I do smell. Not that I feel that the fear of smelling bad is the biggest thing in the ostomy wearers’ life. Although, the ostomy wearer has to deal on a much more intimate level than everyone else with one of life’s most maligned substances. I made my way through the mall. Walking at top speed to avoid any more glares. I reached the movie theatre, my destination. I conducted all my ticket and popcorn buying at arms length, standing well back during the transactions. I was happy to see a near empty theatre. My plan was to go and empty my bag half way through the movie. When I tried this I was able to remove most the contents down the toilet but was unable to do anything about the smell. I considered my options, rinse it out with toilet water (unhygienic for me), rinse it out in the sink (unhygienic for others). I terminated the simulation at this time, disposing of my appliance in a sanitary way.

When reflecting on this experience, it ran much the way I expected it would. Smell is probably rarely at issue for the experienced person with an ostomy, due to the sophisticated appliances available nowadays. Smell did seem to be the focus of my simulation. I think it has a lot to do with the fear of being identified as different. Unfortunately even a strangers’ perception of us can weigh in on how we feel about ourselves. My simulation did limit my experience to being in public. I was dealing with people I did not know and was not likely to see again. The person with an ostomy has to relate to coworkers, friends, family and lovers. Any one of these social interactions could be hampered by wearing an ostomy. The feelings could be much more intense being closer to home. Like being rejected by a lover, or feeling the awkwardness in a friends’ embrace.

I think if we are realistic we must realize we are only simulating chronic health challenges on a very superficial level. But we can gain more insight than I originally thought possible. After talking to classmates about their experiences, I was able to see the value of this exercise. Some health challenges are very visible, others not so much. To the person with the chronic health challenge they can’t help but feel different.

Chris Ashbury  
Langara College, Chris Wasylishyn, Instructor

Antibacterial Soap

Try as you may, it’s hard these days to find handwashing soap that doesn’t contain antibacterial ingredients. Seventy-five percent of liquid soaps and thirty percent of bar soaps contain antibacterials.

Interestingly, there is no evidence that these soaps are any more effective in reducing bacterial infections than ordinary soap. In a recent study in Manhattan, 238 families with children were given a year’s worth of cleaning supplies. Half of the families received antibacterial products (soaps, detergents, and general cleaners) The other half received regular products. At the end of the years, those using the antibacterial products were no less likely to develop coughs, fever, sore throats, vomiting, diarrhea, or other symptoms than those using regular products. (Colds and flu --which account for most infections -- are caused by viruses which are not affected by antibiotics.)

Is there any harm to using antibacterial soaps? Yes. Overuse may give rise to strains of bacteria that are resistant to antibiotic drugs.

Handwashing itself, on the other hand is the best way to prevent infections. When you wash with soap and water, the germs are removed from the hands and go down the drain.

Source: UC Berkley Wellness Letter, July 2004; Aviation Medical Bulletin; Metro Halifax News, January 2005
Where Does it Hurt? (and How much Does it Hurt?)

We all know what pain feels like. From minor muscle aches to post-surgical pain, we have all experienced pain to some degree or other. Most of us turn to over the counter (OTC) remedies when pain becomes a problem, but not all OTCs do the same job and some can be harmful if used improperly for the wrong kind of pain. It can help in choosing the right kind of OTC by identifying the type of pain you are experiencing:

**Localized Aches and Pains:**
Topical creams and ointments are good for fast relief of confined pain, and unlike most pills, they don't trigger serious side effects.

**CAPSAICIN (ie: ZOSTRIX, CAPZASIN)**
*What it does:* This derivative of hot peppers cuts pain by blocking a chemical that nerve cells use to transmit pain signals to the brain.
*Who should consider it:* Anyone with diabetic neuropathy, arthritic pain, or neuralgia (a pain from nerves near the skin's surface, often accompanying shingles).

**METHYL SALICYLATE WITH MENTHOL (IE: BENGAY, ICY HOT)**
*What it does:* Oil of wintergreen and menthol combine to create a tingly coolness that takes the edge off minor twinges.
*Who should consider it:* Someone who wants to soothe muscle aches, back pain or arthritis.

**TIGER BALM**
*What it does:* A mixture of camphor, menthol, and cajeput and clove oils, the ointment helps relax muscles.
*Who should consider it:* People with tension headaches (rub it on your temples for pain relief) or minor muscle aches.

**Mild Injuries and Headaches:**
OTC pain relievers often work for recurring ailments -- tension headaches, sore muscles, arthritis and mild injuries. They can cause side effects.

**ACETAMINOPHEN (IE: TYLENOL)**
*What it does:* Acetaminophen offers strong pain relief, and it's easy on the stomach. In too high a dose, or when taken with alcohol, it can cause liver damage.
*Who should take it:* Someone who has ulcers or has suffered from gastrointestinal (GI) bleeding.

**ASPIRIN (ie BAYER, BUFFERIN)**
*What it does:* An anti-inflammatory, it's the only drug in this category with no known cardiac risks.
*Who should consider it:* Anyone with a family history or at high risk of heart disease or stroke.

**IBUPROFEN (eg: ADVIL, MOTRIN)**
*What it does:* Ibuprofen reduces inflammation and may be less likely to provoke GI complications than naproxen sodium (see below) Long-term use may boost your risk if high blood pressure. Take with food.
*Who should consider it:* People with no history of GI problems.

**NAPROXEN SODIUM (eg: ALEVE)**
*What it does:* Naproxen eases inflammation, and you don't have to take it as frequently as ibuprofen. Never take it on an empty stomach.
*Who should consider it:* A person who hasn't found relief with the above medications.

**Chronic or Acute Severe Pain:**
The following prescription-strength drugs are good for ongoing back pain, injuries and arthritis.

**CELECOXIB (eg: CELEBREX)**
*What it does:* Celecoxib is an anti-inflammatory in the same category (called cox-2 inhibitors) as Vioxx and Bextra -- drugs pulled off the market after studies linked them to heart problems. But Celebrex remains available because it appears to hold more potential for benefit than risk for certain patients. It may affect the GI tract and could up the risk of heart attack and stroke.
Who should consider it: Patients who have a low risk of heart disease and who won’t need it for longer than a couple of weeks.

**NAPROXEN WITH Lansoprazole (eg: PREVACID NAPRAPAC) AND SICLOFENAC SODIUM WITH MISOPROSTOL (eg: ARTHROTEC)**

What they do: Both are anti-inflammatories with an anti-ulcer drug, lowering the risk of GI bleeding.

Who should consider it: People with arthritis symptoms who have a history of stomach ulcers. These two drugs use slightly different mechanisms, so if one doesn’t work, the other might.

**Intolerable, Recurring Pain:**
If other medications don’t help, you might want to look into opioids. Many doctors are reluctant to suggest these strong narcotics because they cause side effects and when used chronically can become habit forming.

**ACETAMINOPHEN WITH CODEINE (eg: TYLENOL WITH CODEINE)**

What it does: Adding codeine, a narcotic, to acetaminophen means greater pain relief with a smaller dose of the potentially addictive opiate.

Who should consider it: Anyone trying a narcotic for the first time.

**OXYCODONE (EG: OXYCONTIN, ROXICODONE)**

What it does: Oxycodone provides potent help for those with unbearable pain. Its addiction level is sky high: as recent headlines demonstrate, people will go to great lengths -- including robbing pharmacies and faking injuries -- to get the pills.

Who should consider it: Those for whom other drugs have failed to give sufficient relief.

**TRAMADOL (eg: ULTRAM)**

What it does: This drug offers strong pain relief but can involve serious if rare side effects -- including seizures and blisters under the skin. It should be used only as a last resort.

Who should consider it: Someone who’s had no luck with anything else.

Source: O Magazine, Feb. 2006

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**COD LIVER OIL CAUTION**

Like other forms of fish oil, cod liver oil is rich in omega-3 fatty acids, which may have numerous cardiovascular and other health benefits. Cod liver oil and other types of fish liver oils (halibut or shark) also contain large amounts of vitamin A.

Vitamin A plays a part in healthy vision, bone growth, normal cell and skin growth, reproduction and regulation of the immune system. The recommended Dietary Allowance is 900 micrograms for men and 700 for women.

However, this is a case where too much of a good thing can be bad. Too much vitamin A has been linked to reduced bone mineral density leading to osteoporosis and hip fractures, liver abnormalities, hair loss, certain neurological problems, birth defects, and other adverse effects. If combined with a multivitamin high in vitamin A as well as dietary vitamin A, even a small daily dose of cod liver oil may increase your risk of vitamin A toxicity. A single teaspoonful of cod liver oil contains as much as 4,500 IUs, far more than the recommended daily allowance for adults.

In addition, cod liver oil is more likely to be contaminated with pollutants such as polychlorinated biphenyl (PCB) than are other fish oil supplements. Many of these toxins become concentrated in the liver.

Food is always your best source of any nutrient, and health experts recommend that most people eat fish twice a week. However, if you have coronary artery disease or high triglycerides, your doctor may recommend a fish oil supplement along with a diet high in omega-3 fatty acids. If so, look for a supplement that’s made from a source other than fish liver.

- Mayo Clinic Health Letter, S. Brevard Ostomy Newsletter

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**M&M Charity BBQ Day!**

With our good friends at M&M Meat Shops across Canada, plans for the 18th Annual M&M Meat Shops Charity BBQ Day in support of the CCFC [Chron's & Colitis Foundation of Canada] are well under way. And what a year it is turning out to be. This year we are setting our sights on an all time high of raising $1.75 million dollars at Canada’s largest BBQ day!

On Saturday, May 13 nearly 400 M&M Meat Shops across Canada will host the 18th Annual Charity BBQ in support of the CCFC and our mission to find a cure for inflammatory bowel disease. To donate, volunteer or participate, consult your telephone book for the nearest M&M store in your area.
Can you still drink alcohol?

Yes! And you may find that gastrointestinal upsets that used to occur before surgery are now gone with the removal of the diseased bowel. A word of caution however: those with ileostomies are at greater risk of dehydration when drinking alcohol. Have water on the side, or extra juice or pop along with your drink. Unless a fair amount of the large colon was removed, colostomates are in little danger of dehydration when drinking liquor. It’s still a good idea to pay attention to how much water you’re taking in, however. Alcohol may give you loose output or extra output, or it may have no effect on waste at all. Everybody’s different.

Urostomates need not fear dehydration either — well, unless it’s in the form of a hangover and then everybody is at risk for THAT — but you will be making a lot more trips to the bathroom to empty your appliance.

Should Your Family be Tested for Cancer?

YES. If your ostomy was necessary due to cancer of the colon or rectum, your children and your siblings should see their doctor at once for testing. Although they may be younger than 50 (the recommended age at which colorectal cancer screening should start for the general population) it’s not too soon to alert their doctor and have this information entered in their records. It’s advisable that children initiate testing 10 years prior to the age at which a diagnosed parent was affected, ie, if the parent was diagnosed with colorectal cancer at age 55, the child should commence testing at age 45. Colorectal cancer often runs in families. Your risk will be higher if a parent is affected and higher still if a parent and sibling are affected. You’ll be doing your other relations (aunts and uncles, nieces and nephews, grandchildren) a favour by letting them know this disease is in the family gene pool, as colorectal cancers can also skip a generation and strike the next. Tests vary in effectiveness and complexity; the gold standard is a colonoscopy.

Regarding bladder cancer, to date there is no established genetic connection between family members.

Improvising... or Fixing a Leak in a Hurry

If you do spring a leak, especially when away from home, it can be a cause of panic. Being prepared can help you keep your cool. Wearing an appliance cover provides extra protection. One person noted that when they had a leak near the seal he was able to stuff several folded tissues between the pouch and cover. This absorbed the leakage and kept him going for 90 minutes until he was able to get back home and change. A pouch cover has the advantage of soaking up perspiration on a hot day. Perspiration can quickly undermine the best adhesives. A good ostomy powder can help soak up moisture too. Lacking this, cornstarch or baby powder is equally effective. Some people always carry Band Aids with them. One woman said she used the tape to mend a small tear in the pouch. It worked so well that she forgot about the makeshift repair until her regular time to change pouches! One ileostomate told about his pouch filling with gas while he was hurrying to catch a plane and he didn't have time to stop in the restroom. He used a pin to poke a hole in the top of his pouch. By pressing his arm against his body, he was able to avoid an emergency until he could safely use the restroom on the plane. Another ileostomate told about using a disposable diaper to wrap around her appliance. It kept her safe until she could get home and change. Individually packaged alcohol wipes or towelettes are easily carried and are great helpers in cleaning up an emergency. Best of all though, take precautions to try to avoid having an emergency.

Source: Inside Out, Winnipeg

Tips & Tricks

If you find your stoma gurgles a lot, try this. At meals eat the solid foods first, and then take your beverages. (Don't eliminate beverages though!)

-Metro Halifax Chapter, Jan. 2006
Thank you to FOW Canada and Bette Yetman for permission to tell Rachida's story.

My name is Rachida. I am 27 years old and I am from Morocco in North Africa. I am from the town of Azrou, high in the Middle Atlas Mountains. I live with my family; my father who is retired, my mother who is a housewife, and 5 siblings. My life is full of hope. I hope to be able to study again. My dream has always been to work in the field of athletics somehow. Once, exactly on March 29, 1998, I began feeling very exhausted. I began to lose all my weight. I was unable to eat. When I did eat something, I vomited it back up right away. I was unable to sleep. Each time I went to the bathroom, I stayed there a very long time. I became very, very frail. I didn’t have the energy to go to school. I no longer felt like I used to. When my sickness began, my mother brought me to the hospital. We saw a doctor who told my mother that I had eaten a bad microbe. He gave me medicine. Despite taking the medicine, I retained the identical symptoms. Taking the medicine just made me feel worse. My mother took me to a different doctor. This doctor told me I just had stomachaches. He prescribed me different medicines. When I took these new medicines, I once again had the same symptoms. In the coming weeks I went to six more doctors. Each told me something different and gave me new medicines. Each time I took new medicines I would vomit them back up violently. The last doctor I saw was a female doctor. She told my mother that I needed to go immediately to a hospital in Rabat, the capital city. She said I was extremely ill and my health was in danger. When I heard this I began to cry. I cried and cried because I knew then that I was in a very serious situation. I knew that only people who were about to die were sent to the hospital in Rabat. At that point my mother also began to cry. Though the city was only a few hours away, we had never been there. We did not have any family members there and did not know anyone living there. My mother became very nervous, not knowing how we would get to the hospital in the capital city. My youngest brother was only 4 years old at the time and my other siblings were in school. She would have to leave them and use all our money to make the important trip. Suddenly my health had placed our family in a very dire situation.

An ambulance came to my house and took me directly to the emergency hospital in Rabat. When we arrived, doctors put me on an IV, took blood samples and x-rays. We stayed four days in that hospital. It was here that I had my first operation. When I woke up, the doctor told me that my large intestine had been taken out. On my stomach was a hole that was leaking fluids. The doctor told me I would have to wait at least a month before I could have another operation to fix this hole in my stomach. At the time I did not understand anything the doctor was telling me.

We were told I have a medical situation called RCH. To this day I still do not understand very well what RCH means nor do I comprehend the details of my medical situation. I stayed at the hospital for 2 whole months. Finally I was allowed to return to my home with an appointment at the hospital in Rabat six weeks later. When I returned to the hospital had my second operation. Unfortunately it was not a success. I stayed another month at the Rabat hospital until my third operation. It was also not a success.

My final operation was in early June 2001. I had undergone 12 operations by this time. My stomach remained an open wound and if I moved I would leak fluids onto the bed. I stayed 4 more months in the hospital in Rabat.

The medicine [appliances] mother was purchasing for me were bags to empty my stomach and a special antiseptic cream. These bags and creams are not made in Morocco. They are ordered specially from Europe, Canada, and the United States. My mother had to pay very high prices to get these imported medical products. After a while, these supplies were used up and no more were available. In the end of 2001 I left the hospital in Rabat. My stomach was healing and I no longer needed to stay in bed. I came back to my family. I was still very weak. My mother cooked special foods for me, foods with lots of vitamins. Slowly I regained some strength. Two and a half years passed. I stayed at home with my family during this time. Each month I would make the long trip to Rabat to see a doctor. While in Rabat I would try to find my medical supplies. They were not always available and when they were, they were always so expensive. When the supplies weren’t available, I used a cloth to empty my stomach (using a cloth is very painful and always a last resort. Sometimes I have to leave the cloth in for 3 hours). When the supplies
were available, the bags were often the wrong sizes - either much too large or way too small. Somehow I usually made do. My situation began to feel hopeless. The doctors told me that I needed an operation that is not available in Morocco and that I would have to go to a foreign specialist, most likely in Europe or North America. I could barely afford my monthly trip to Rabat after all. The doctors told me to find an association to help me. Because I was not from Rabat no association in Rabat could help me and unfortunately my small town does not have any such associations.

In 2003 I was looking for a job with little physical labor. In my town there lives an American woman known for helping people so I went to her and explained my situation showing the medical papers from various doctors and I asked her to help me. One day my phone rang. I answered the phone and she asked me to come see her. It was Friday and she wanted me to come see her the following Monday at 10 in the morning. That Monday morning I was very excited. I went to see her and she asked me if I could work for another American woman whose husband was a professor at the university. They had 2 children and were looking for someone to care for them a few days a week. I told her I would be so happy to take the job. I met my new employer that same day. I have been working for this family for almost 2 years now. They know my medical challenges and are very understanding. They are so kind to me. I love their children and look forward to the time I spend with them. Since I am now working, I am able to purchase my supplies when they are available. I also support my own family with my income.

In September 2004 this family contacted their friend in the United States who was planning to come for a visit to Morocco. When she came, she brought medical supplies for me. These supplies were the correct size and have allowed me to lead a normal life again. I was so happy to be living a normal life again. I work several days a week. I help my parents around the house. I cook for my family. I have begun to be active again, going for hikes in the nearby mountains and bike rides across town. A couple months after I received these medical supplies, I met an American Peace Corps Volunteer working in my town. He helps me contact associations on the internet, translating my Arabic and French into English. I need to continue to look for assistance because my medical supplies are in short supply. Ultimately I need to see a medical specialist outside my country and hopefully undergo another surgery. We contacted many medical associations across the world. Most did not reply. One association, however, did reply. This association was Friends of Ostomates Worldwide (FOW), a Canadian NGO. I began corresponding with a very friendly woman in their Ottawa office. She gave my situation a lot of attention, talking both to her organization as well as to the Moroccan Embassy. The supplies I had received the previous September from the American doctor’s wife were about to run out. I had no way to replenish these except to go to Rabat in hopes of finding something usable. As I mentioned earlier, obtaining these in Rabat is not always possible and when it is, they are often the wrong sizes and always very expensive. When I read the email from FOW that they had agreed to send me six months of supplies, I was truly overjoyed. I knew for at least the coming months I would be able to live in relative comfort and continue working.

I am so grateful to FOW and do not know how to properly express my thanks. It is now summer 2005. With thanks to FOW Canada, I have supplies for the coming few months. What I dream of most is to see a foreign specialist and get the operation I need. I do not know how that will happen, but I have faith that it will. Until that day I will continue living, and continue to appreciate each day.

FOWC has adopted Rachida for now and more ostomy supply parcels have been shipped to her since the first shipment. Rachida is very thankful and we exchange emails regularly. If anybody has a suggestion in what other way FOWC should/can help Rachida, please email your suggestion to: info@fowcanada.org Rachida is looking for a French speaking person in Canada who has a similar medical situation as her. She would like to email (correspond) with that person to talk about her medical challenges. Please email your willingness with a short description to: info@fowcanada.org Rachida sends her warmest greetings and continued thanks to FOWC and its supporters.
COMMUNICATIONS FOR SENIORS

BEFORE YOUR APPOINTMENT
• Bring your discharge summary if you have been in hospital
• Bring a list of your prescription and non-prescription medication (e.g. aspirin; this also includes vitamins)
• Ask a friend or family member to accompany you so you won’t forget things.
• Ask a friend to take notes.
• Take your glasses and/or hearing aid with a fresh battery. If you need them use them.
• Write down all of your questions before going to your appointment.

DURING YOUR VISIT
• Ask the more important questions first.
• Describe problems clearly.
• Be honest about how you are feeling. Don’t say “just fine . . .”
• Ask to have your medications reviewed.
• Ask questions! For example:

TESTS: What is this test for? How long before I get the results? How will I be notified?

MEDICATIONS: What is it for? how and when do I take it? What effects or side effects can I expect? Should I call if I have side effects? What do I do when the prescription is finished? Do I stop taking other medications? Do I take it with food?

DIAGNOSIS: What does it mean? What can I expect? What treatments will I get?

OTHER: What changes do I make? Are there community services to help? Take notes. Speak up! Ask your doctor to speak slowly or louder if you can’t hear him/her. Say if you don’t understand something. Ask for time to gather your thoughts and answer. Discuss personal issues such as memory, grief, etc. Ask for another appointment if you need more time.

AFTERWARDS:
• Review your notes.
• Phone your practitioner if you have further questions.
• Report changes or side effects to your health care practitioner.

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GOOD CARE DEPENDS ON GOOD COMMUNICATION. YOUR DOCTOR WANTS TO HELP BUT YOU MUST BE SURE YOU HELP BY GIVING GOOD INFORMATION TO THE DOCTOR.

CATARACT AWARENESS
Not smoking and wearing sunglasses to protect your eyes against UV radiation may help prevent cataracts. The leading cause of blindness, cataracts are a clouding of the lens of the eye similar to a window fogged with steam. Half the population will have them by age 80. Cataracts can develop in one or both eyes. In the early stages they don’t severely affect eyesight. When vision becomes blurred they can be treated surgically. Difficulty seeing at night, sensitivity to light and glare, and fading or yellowing of colours are also symptoms. All adults over 40 should have a complete eye exam every two to four years to screen for cataracts and other eye diseases.
Ostomy Day

Saturday, April 8, 2006
10:00 am - 2:00 pm

Manufacturer’s Representatives Available:
- Convatec
- Hollister
- Coloplast

Free samples!

Ostomy Nurse (by appointment)
For Free Consultation and Appliance Fitting
- Skin Breakdown
- Fittings for Support Belts (hernia)

1 - 601 West Broadway
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Refreshments
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Ostomy Clinic & Supply Centre

Services

- Specialized E.T. Nursing Care provided at our clinic, in hospital, or in the comfort of your own home
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- Post-operative instruction and supplies for caring for your ostomy
- Assessments and fittings for pouching systems
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Supplies

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(1-877-386-8773) email: etr@infoserve.net

Elaine Antifaev, RN, ET, CWOCN

E♥T♥RESOURCES LTD ♥
1 - 1381 George Street White Rock, BC V4B 4A1
(corner of Thrift and George)

VISITOR REPORT

Requests for patient visits this reporting period came from Vancouver General and Lion’s Gate hospitals, and from independent inquiries:

<table>
<thead>
<tr>
<th>Surgery Type</th>
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<tr>
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Many thanks to my excellent crew this round: Lennea Malmas, Janet Lawton, Earl Lesk, Shabita Nathwani, Sharman King, Martin Donner, Glen Jones and Betty Taylor.

The Vancouver UOA Chapter would like to thank the following individuals for their kind donation to the chapter:

(In Memory of Wendy Irvine:)

Beth E. Irvine
Wayne R. Irvine
Dr. W. G. Irvine
Karen & Barry Craig
Margaret, Chris & David Moltzau
Dawn Holnlund
Robert & Joyce Beaton
Gladys M. Porcher
Dr. Bob Gilliland
Joan Headry

Janet Kolof
Sharman King
Pamela Dobell
Mary Cairns
Mary Read
Alvin Ashcroft
Miles Heyworth
Ostomy Education Day

Ostomy Care and Supply Centre invites you to an Ostomy Education Day at the Inn at New Westminster Quay in New Westminster!

WHEN: Saturday, April 29, 2006
9:00 am - 3:00 pm

WHERE: Inn at New Westminster Quay
900 Quayside Drive,
New Westminster, BC

Admission is free but seating is limited -- please call 604-522-4265 (Ostomy Care and Supply Centre) for free registration or for more information.

Program:
Exhibits (all day) - 9:00 am - 3:00 pm
Education
10:00 - Welcome
10:30 - 11:30 Skin Care
11:30 - 12:30 Complimentary Lunch
12:30 - 1:30 Your mind and your health
1:30 - 2:30 ET panel - bring your questions!

Attend all day or drop in and see what is new.
Internet Addresses of Interest to Ostomates
These websites have a good deal of ostomy and related information. Several have links to other websites.

**Vancouver Chapter:** http://www.vcn.bc.ca/ostomyvr/

**UOA of Canada Inc.:** www.ostomycanada.ca

http://www.colo-comfort.com/index2.html  
(new ostomy products)

http://www.ichelp.com/  
(Website about bladder interstitial cystitis; information, resources, treatments)

http://www.meetanostomate.com/  
(It was inevitable: a website devoted to dating other ostomates)

http://www.continentostomystore.com/stoma_dressings_for_continent_os.htm  
(Supplies for irrigated or intubed ostomies, includes lesser-known brands)

http://www.ostomates.org/irrigation.html  
(One of the original essays written on irrigation by Mich from Amsterdam. Still widely recommended on the ostomy forums as a reference for novice irrigators.)
VANCOUVER CHAPTER CONTACT NUMBERS

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VACANT

SECRETARY
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1828 Larson Road, North Vancouver, BC  V7M 2Z6

EDUCATION & LIBRARY
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110 - 1551 West 11th Ave. Vancouver, BC  V6J 2BS

TELEPHONING
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Cindy Hartmann  Tel (604) 731-6671

REFRESHMENTS
Doreen Dowson  Tel (604) 540-7360

VANCOUVER CHAPTER MEDICAL ADVISORS
Dr. F. H. Anderson, Internal Medicine
Dr. Martin Gleave, Urologist - VGH
Deb Cutting, WOC Nurse, VGH

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Beth Schultz, RN, ET.
Eva Sham, RN, ET.
Candy Gubbles, RN, ET.
Neal Dunwoody, RN

UBC Hospital  2211 Westbrook Mall
Eva Sham, WOCN
(Mon., Wed., Fri.)

St. Paul’s Hospital  1081 Burrard Street
Anne Marie Gordon, RN, ET.
Tel (604) 682-2344
Ext. 62917 Pager 54049

Children’s Hospital
Janice Penner,
RN. ET.

NORTH VANCOUVER
Lion’s Gate Hospital
Annemarie Somerville,
RN., ET.
Rosemary Watt, RN., ET
Tel (604) 984-5871

NEW WESTMINSTER
Royal Columbian Hospital
Muriel Larsen, RN. ET.,
Laurie Cox, RN, ET.
Lucy Lang, RN, ET
Tel (604) 520-4292

Westminster West End Pharmacy
Andrea (Andy) Manson, RN. ET.
Tel (604) 522-4265

SURREY
Surrey Memorial Hospital
Elke Bauer, RN. ET.
Tel (604) 588-3328

LANGLEY
Langley Memorial Hospital
Maureen Moster, RN. BSN. ET.
Tel (604) 514-6000 Ext 5216

ABBOTSFORD
M.S.A. General Hospital
Sharron Fabbi, RN. ET.
Tel (604) 853-2201
Extension 7453

CHILLIWACK
Chilliwack General Hospital
Heidi Liebe, RN. ET.
Tel (604) 795-4141
Extension 447

WHITE ROCK
Peace Arch Hospital
Margaret Cwiper
Tel (604) 531-5512

WHITE ROCK & RICHMOND
E. T. Resources, Ltd.
Elaine Antifaene, RN. ET. CWOCN
Tel (604) 536-4061
MEMBERSHIP APPLICATION

Vancouver Chapter United Ostomy Association

Membership in the UOA of Canada is open to all persons interested in ostomy rehabilitation and welfare. The following information is kept strictly confidential.

Please enroll me as a [ ] new [ ] renewal member of the Vancouver Chapter of the UOA.

I am enclosing my annual membership dues of $30.00, which I understand is effective from the date application is received. I wish to make an additional contribution of $__________, to support the programs and activities of the United Ostomy Association of Canada. Vancouver Chapter members receive the Vancouver ostomy highlife newsletter, become members of the UOA Canada, Inc. and receive the Ostomy Canada magazine.

Name ___________________________________________ Phone ________________________________

Address ________________________________________

City _____________________________ ____________

email (if applicable): _______________________

Type of surgery: [ ] Colostomy [ ] Urostomy [ ] Ileostomy [ ] Continent Ostomy

All additional contributions are tax deductible. please make cheque payable to the UOA, Vancouver Chapter and mail to: Arlene McInnis, 34 - 4055 Indian River Drive, North Vancouver, BC V7G 2R7

MEMBERSHIP RENEWALS!

Members, when you receive your membership renewal slip in the mail, PLEASE don’t delay in sending your renewal cheque in to our hard-working Membership Coordinator, Arlene McInnis. Your prompt response will save her from sending out reminder letters, cuts costs and ensure that your membership is kept up to date so you won’t miss any issues of HighLife or Ostomy Canada Magazine.

Would you like to receive HighLife electronically? Issues are now available in printable 8 1/2 x 11 PDF format. Please email the editor and you will be added to the newsletter email list. Your issue will reach you faster, and save the chapter mailing costs. (AND it’s in COLOUR!) You will need Adobe Acrobat to read these files. For a free version of this software, go to:

http://www.adobe.com/products/acrobat/readstep2.html

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