



Published by the Vancouver, BC Chapter of the United Ostomy Association of Canada, Inc.

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A non-profit volunteer support group for ostomates. Chapter website: [www.vcn.bc.ca/ostomyvr/](http://www.vcn.bc.ca/ostomyvr/)

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### 2008 MEETING SCHEDULE:

#### April 27

Guest Speaker TBA

#### June 22

Guest Speaker:  
Alison McCarlie -  
new products from  
Coloplast

#### Sept. 21

Annual General Meeting  
and Guest Speaker TBA  
Unless

otherwise specified,  
all meetings are held  
on Sundays at:

**Collingwood  
Neighbourhood House  
5288 Joyce Street  
Vancouver  
1:30 pm**



## Rob Hill: Go tell it on the mountain

by Don Hauka

Rob Hill needed a big stage to communicate his big idea.

So the Vancouver resident is climbing onto the roof of the world to get his message out.

The mountaineer, tri-athlete and Crohn's disease sufferer is scaling the seven highest peaks in the world to show that having chronic intestinal problems shouldn't prevent people from reaching their goals.

"By my taking it to the extreme, I hope to show other people like me that they can still live a full life," says Hill.

A natural athlete, Hill was just eight years old when he ran his first marathon. In 1994, he was 23 and in wonderful condition. But he suffered a sudden onset of daily diarrhea and unrelenting abdominal cramps. He was diagnosed with Crohn's disease, an extremely painful inflammation in the small intestine. In the next 18 months, he lost 80 pounds before having his colon removed during an ostomy procedure.

Hill refused to look at his condition as a life-limiting handicap. He was inspired by the examples of Terry Fox and Rick Hansen, two British Columbians who overcame physical challenges and raised public awareness through athleticism.

"Crohn's disease can be very debilitating and there's a social stigma attached to it," says Hill. "I wanted to overcome that and I wanted to give other people going through what I went through a good role model. I wanted to make a difference."

To make that difference, Hill created a campaign to climb the highest peaks on each of the seven continents called the "No Guts - Know Glory! Seven Summits campaign." His goal is to become the first Crohn's patient and ostomate to climb the seven summits.



cont. page 13



## *From the President*

### **DON'T JUST STAND THERE, DO SOMETHING!**

**I**do not know what the statistic is, but have you ever noticed how often when help is urgently needed, very few people respond?

In contrast to the “rubber-neckers”, I often reflect on an incident that took place in New York City not long ago. It involved a man who, tired after a day’s work, was on his way home when suddenly the freeway traffic came to a halt just as he was on the overpass crossing the Hudson River. Having the impression that the cause for the traffic stoppage was not far in front of him, even though he was tired, he got out of his car to see what the problem was. To his shock he saw a young woman about 30 yards away standing on the bridge railing apparently ready to jump to her death. It was her abandoned car that was blocking the flow of traffic. A few moments later, to his horror she jumped off the bridge into the icy waters of the Hudson River 200 feet below. In a span of time not greater than a few seconds he made the decision to jump in after her, to try to save her life. He was not a life guard nor a professional swimmer.

He took his wallet and his keys and handed them to one of the stunned onlookers, and said merely “hold these for me”. He then quickly took off his shoes, and in a moment jumped into the chilly water after her.

Whether it was the severity of the impact, or the shock to his system of the ice-cold water, he lost consciousness for a few moments. He also did not realize at the time that he had broken two ribs when he hit the water. When he surfaced and regained his focus, he looked for the woman and found her floating face down, unconscious and clearly near death. He swam to her, turned her over, and while treading water, was able to perform some kind of Heimlich manoeuvre or CPR that got her breathing again. Without his heroic actions she would certainly have died that day. When asked why he would risk his life for a total stranger, he said simply: “I just couldn’t turn my back on her.”

Why is it some people act and the vast majority do not? I do not know the answer, but it certainly cries out for us who are able to, to do more than we are doing. We could visit people in hospital, make a donation, call on someone who may be lonely, volunteer at the community centre, hospital or nursing home, or simply help a neighbour. There are many things that we can do to make this a better world, and most of these we can do without risking our lives.

*Martin Donner,  
President, Vancouver, B.C. Chapter*

## *From the Editor*



**W**e had an exceptionally good turnout of almost 40 people at the February 17 meeting. The Disability Tax Credit seems to ensure a full house. The first time I gave a presentation on the credit was last year and since then, a number of chapter members have successfully applied for their tax credit. Indeed, to date I have only learned of one case where an individual was not accepted, and upon reviewing this man’s paperwork it became evident that some of his information had been inadvertently missed. He can, and will apply again and I’m confident he’ll be successful on the second try.

During the discussion that ensued about peoples’ experiences with applying, it became evident that not all applications are processed at the same speed! Some folks have received notification within a month of applying, while others are still waiting, well past 8 months of submitting their paperwork. However long it takes, the wheels of government do eventually turn and you WILL eventually be processed. Most folks received notification of acceptance first, followed by a retroactive tax refund some time later. Again, that ‘some time later’ can stretch on but eventually you will receive your refund.

HOWEVER, we did hear from one member whose paperwork was lost in the shuffle, so if you don’t receive a letter acknowledging application after a couple of months, it might be a good idea to phone Revenue Canada and make sure your file hasn’t dropped through any cracks. The other tip we should emphasize is to make sure that your date of surgery (how long you’ve had the ostomy) is clearly indicated. One member, who had engaged a new GP innocently allowed the new doctor to list her association at only two years, which was true enough, but led Revenue Canada to believe she’d only had the ostomy two years, when in reality she’s had it for over 20. So make sure that how long you’ve had the ostomy, and whether or not it is permanent, are clearly indicated on the form.

Another point made by a member during the discussion is that having what is technically a temporary ostomy is not necessarily grounds for ineligibility. A person with a temporary ostomy can sometimes wait years for reversal due to a number of factors, so it’s worth a shot to apply. As long as you have the ostomy, you qualify for a tax credit. Last, it should be stressed that the DTC is not a pension, nor an annual payment. If a refund is due, it is your own money overpaid in years past that you’re getting back, and thereafter, a reduction in taxes only.

# Letters & News



**H**amilton . . . . Steel City. . . The Hammer . . . . The Ambitious City . . . . Each of these historical misnomers is reflected in the theme for the 2008 UOAC Annual Conference – “Forging Forward.” Upon arriving newcomers will soon realize that there is much more to this city of more than 500,000 in the industrial heartland of Canada.

A forty-five minute drive to the north is the sprawling megalopolis of Toronto with all the attractions that a world class city has to offer – big league sports, high end culture and haute cuisine. Fifty kilometres to the east is Niagara Falls, a geographical world wonder and the Honeymoon Capital of Planet Earth. Also within a 90 minute radius is the fertile Niagara wine region, the pastoral landscape of South-western Ontario’s Mennonite communities such as St. Jacobs and Mount Forest, and the site of one of the world’s largest Shakespearean festivals in Stratford.

As you discover the spectacular sights and sounds of our corner of the globe, the goings on at the Conference will allow you to develop an appreciation for the focus of this year’s session. “Forging Forward” also refers to the direction that the UOAC is heading and to its unwavering commitment to addressing the needs of Canadian ostomates and their families. Our Conference Planning Team has diligently laboured for months to formulate a stimulating programme and assemble a series of workshops and seminars that are certain to enlighten and broaden the insights of attendees on a variety of subjects, ostomy-related and otherwise.

The UOAC Annual Conference is a cherished occasion when our nation’s

ostomy community members strengthen ties, renew old friendships and bask in the camaraderie of this multi-day celebration. We are extremely excited about playing host to this gathering and to playing a role in helping the UOAC to chart its future. It is with tremendous pride and pleasure that we welcome you to our fair city, and before you leave we ask that you remember this timeless battle cry:

*Oski Wi Wi,  
Oski Wa Wa,  
Holy Mackinaw,  
Tigers, Eat'em Raw!*

Janet Paquet, Conference Chair

Registration Forms will be available soon on the UOAC website, and in future issues of HighLife. For available information regarding registration and costs, contact:

Shirley Roxborough, Secretary,  
905-389-8822

Roger Ivoll, President, 905-389-8822

## FOREVER YOUNG

*Maclean’s magazine, Jan 21, 2008*

Older really does mean wiser. A new study out of Denmark reveals that the human brain actually sharpens with age -- rather than diminishing. After tracking more than 4,000 people over a 20-year span, researchers found that math skills remain relatively constant, while verbal and writing abilities improve dramatically with each passing birthday. Now, if only scientists could explain why some senior citizens seem so determined to relive their youth. In California, a 74-year-old grandmother was busted for running a marijuana grow-op recently. And in Ontario, police on the lookout for street racers pulled over an 85-year-old man driving his beloved Oldsmobile 161 km/h.

## BLADDER CANCER STATS

*Sloan-Kettering Cancer Centre, New York*  
Approximately 67,160 Americans will be diagnosed with bladder cancer in 2007. The most common type of bladder cancer -- transitional cell carcinoma (TCC), also known as urothelial carcinoma -- accounts for about 90 percent of cases. The most significant risk factor for bladder cancer is cigarette smoking. A smoker’s risk of developing the disease is twice that of a nonsmoker. Occupational exposures to various chemicals may also increase the risk of bladder cancer.

## WENDY IRVINE YOUTH FUND

Dear UOA Vancouver,  
Please find enclosed a cheque to go towards the Wendy Irvine Youth Fund. Thank you so much for creating a Youth Fund in Wendy’s name. It means a lot to me and my family. Wendy would be very pleased!

Sincerely,  
Jennifer Irvine



**TO THE WINNIPEG  
OSTOMY  
ASSOCIATION  
ON THEIR 35TH  
ANNIVERSARY!**

# The Colon Club 'MR. MAY'

*The 2008 'Colondar' is the fourth in a series of calendars that Molly McMaster, a survivor of colon cancer at a young age herself, has produced to raise awareness of and de-stigmatise the disease. Henry Yu is the first of several of the 'colondar' models who will be featured in HighLife over the spring and summer. Molly McMaster is the co-founder of The Colon club, the goal of which is to educate as many people as possible, and as early as possible, about colorectal cancer in interesting and out-of-the-box ways. Permission to use models' photos and stories kindly given by Molly McMaster.*

Although Henry Vu had irregular bowel habits, sometimes using the bathroom several times a day, he rarely talked about it. When he did push his doctor, he was diagnosed with hemorrhoids.

One night, after returning from a trip abroad, he had a bout of profuse bleeding from the rectum that he thought might have been from something he ate. He called his doctor, who didn't think much of it but told him to come in anyway. Henry was given a digital rectal exam, a sigmoidoscopy, a colonoscopy, an ultrasound and a biopsy, and was diagnosed with stage II rectal cancer at the age of 37.

After chemotherapy and radiation, Henry had surgery which gave him a permanent ostomy. He was in and out of the hospital with complications and started chemotherapy again two months after surgery. He also became involved in Qi Song and alternative medicine, and now volunteers with the Asian American Cancer Support Network.

Although working with organizations that help people already diagnosed with cancer, Henry wanted to do more. His concern that cancer is on the rise among Asians prompted him to model for the Colondar. He hopes the Colondar will help people talk about things that seem embarrassing and will encourage people to make preventive choices about their health.

## Henry's story as told by Henry

One late night in December 1999, hours after I announced to some friends that the cigarette I had just smoked would be my last, I woke up to go to the bathroom only to fill the bowl with bright red blood. I had just gotten back to Portland from a month long trip to Vietnam and Thailand a few days earlier, and my first thought was it had been something I had eaten. Maybe it was the water buffalo curry I had on that little island?

After a call to the emergency line, I was told to see my doctor the next morn-

ing. A digital rectal exam uncovered a low lying tumor. He could feel it. My thoughts ran back to the intermittent bleeding I had had during the past decade, dismissed by doctors as internal hemorrhoids. Could there have been any connection?

The next day, I was to see a 61, a gastroenterologist. He felt the mass and immediately wanted me to do a sigmoidoscopy, which meant having to do an on the spot bowel prep with enemas. After the sig, he didn't even sit me down first. He just said it: "You probably have cancer. I can feel the tumor and it's gritty, and that is what cancerous tissue feels like." It was so matter of fact. I wanted to strangle him. I was only 37. I thought back and remembered having ribbon-like stools. Maybe the tumor had been causing that.

Fortunately, the sigmoidoscopy uncovered nothing more than the original mass. Still, my SI scheduled a colonoscopy for the next day. I spent the rest of the day doing the prep. That too, showed nothing more. Furthermore, a biopsy taken from my tumor showed severe dysplasia, a pre-cancerous condition, but no actual cancer cells. So at one point, I actually got a call informing me that I did not have cancer!

This notion was quickly dispelled as I got the results of my endorectal ultrasound. There it was, a dark spot in the photograph, the darkness permeating through the concentric rings. They could stage the cancer now, Stage II B meaning there was a tumor with the cancer spreading through the rectum wall, but the surrounding lymph nodes looked clear. They took another biopsy, which again showed no cancer cells. Regard-



less, a CT scan was ordered.

After the entire battery of tests and biopsies, over the course of a couple of rollercoaster weeks, a doctor weighed in with his final verdict. The biopsies didn't matter. I have cancer. The tumor had grown slowly, over a period of 5 years or so, he figured.

With no family history, my doctor labeled it "spontaneous." I could only look back with regret on what was an obviously unhealthy lifestyle I had the past few years. At the startup company I was at, I had been completely overworked, overstressed and badly nourished. I had picked up that smoking habit to cope with the stress. While the startup had a modicum of success, that entire journey seemed hardly worth it.

My sister Debbie is a venture capitalist

in biotech. She used her connections to track down the best surgeons, one of whom was at Stanford. I locked up my house in Oregon, packed up a few cherished belongings and did the long drive over a snowy pass from Portland to the Bay Area just after New Year.

At Stanford, they made me take all my tests over again. Again, the biopsy did not show any cancer cells. Yet they too said they were sure I had it. They suggested I start with radiation and chemo before surgery. After that, they would reevaluate the situation. The point was to try to save the sphincter by first shrinking the tumor with the radiation to gain some margin for surgery. However, based on where the tumor was, it was a long shot. Without that margin, I would end up with a permanent ostomy.

The first order of business was to bank some sperm, since the radiation would surely render me infertile. I would start to understand that the ramifications of treatment would not be just of discomfort, but some permanent.

The next thing was having a picline put in my arm, and then a small pack infusing the 5FU and Leucovorin attached. I remember attending a cocktail party that night with this apparatus strapped onto me.

While the chemo was tolerable, the radiation was hellish. It was like getting burned. I moved from my sister's ex-boyfriend Joe's apartment nearby over to the Lucille Packard patient apartments just a block away from the hospital. My mom came to care for me. Eventually I walked around with just a towel on it hurt so badly. Luckily, weekends and holidays were off.

I joined the young person's cancer support group at Stanford. It opened my eyes up to the struggles people had as survivors as well as those still fighting the fight. It really helped me.

The six week waiting period between the end of chemo and radiation, and my surgery, were actually wonderful. I lived it like it was my last six weeks on earth. I felt good enough to go rock climbing, as well as join my sister and her boyfriend in social events. I spent time with friends.

Nearly a month into the wait, my surgeon called to say that he could no longer do my surgery as he had quit his job! This was a huge blow as he was the primary reason for my coming down to

California in the first place. This led to a scramble to find another surgeon. Fortunately, a great surgeon at UCSF agreed to do my surgery.

The bowel prep was hard. The next morning, I was white as a sheet, nervous. My surgery started with an epidural. The five hour surgery, an abdominoperineal resection, involved removing the sigmoid colon and rectum. After my surgery, I couldn't feel my legs. It turned out the epidural had some complications.

I had lots of flowers and cards, and visits from friends. My dad stayed with me the first night, my sister the second. Her boyfriend brought over a videocassette player so we could watch videos. The nurses were great to me. Thankfully, I love jello.

A week later, I took my first steps. It took me some time before I could walk more than just a couple of steps. It was pretty painful. After a couple more days, my bowels finally started working again, so they let me eat. My first meal was a hamburger and fries!

After leaving the hospital, I felt fragile, much less barely able to walk. That night, my sister and dad went to her boyfriend's house for a dinner party, while my mom stayed home with me. I didn't feel right all evening. I kept feeling worse. Finally, I started throwing up bile. My mom was frantic and called everyone home. The hospital told us to hang on, and go back there in the morning. They told me that my bowels had gone "back to sleep".

When I got out three days later, I started having bad headaches. Walking was hard enough, but the headaches were crippling. Another trip to the hospital uncovered that I was suffering from an epidural headache for which a blood patch was needed. A blood patch involved using an epidural needle but drawing blood first and then injecting it into my spine to push out enough fluid to rectify the imbalance. Fortunately it worked immediately.

A couple weeks afterwards, I got sick again, this time throwing up blood. My sister was sure it was pizza, but sometime later, I started throwing up blood clots so she called the ambulance. She told them I was too heavy to carry herself, so they sent some real brawny guys with an ambulance and a fire truck. They

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Many thanks to the following individuals and companies who have kindly (and generously) donated to our chapter:

**Jennifer Irvine**

*(in memory of Wendy Irvine, the Wendy Irvine Youth Fund)*

**Law Offices of  
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## NEW PATIENTS' CORNER



### Problems 'Down Under'

No, this is not climate change in Australia. If your rectum has been left intact, it's not uncommon to experience some bleeding from that organ after surgery. Use tissue or a sanitary napkin to absorb this. However, if the bleeding is profuse, or doesn't stop after you get home from hospital, you need to see your surgeon. Mucous draining from the rectum is normal, although annoying, since the mucosal lining of the rectum is still working. In an intact bowel, this lining would be sloughed off with normal bowel movements, but now that you have an ostomy, that mucous has to go somewhere eventually. Clean the area as required with soap and water, and use tissue to keep your clothes clean if you tend to produce a lot of this stuff. In some individuals, instead of draining, mucous can 'plug up' the rectum and cause discomfort. If this is the case, you'll need to digitally remove whatever is stuck. Lubricant and latex gloves will help make this less unpleasant.

If your rectum has been removed, it's not uncommon to experience urges to evacuate the 'old way' even though it's no longer possible. In some individuals, this sensation is vivid enough to be uncomfortable and they may feel like they are aching or itching. It can be really distracting. Curiously enough, sitting on the toilet as if having a bowel movement is one way to relieve such urges. Phantom rectal sensations go away in time, usually after a few months.

Some people report that they continue to dream about needing to go to the bathroom like the 'old way' for years after surgery. Such dreams are not uncommon or unpleasant, and will diminish as time passes.

### Bleeding from the stoma

If you see a few spots on the surface of the stoma or inside the appliance, there's nothing wrong. Stomas can and will bleed very easily if accidentally scratched or brushed with fingernails or cloth. (Stoma tissue is very similar to that which is inside your mouth and you know how easily that can bleed.) Another cause of

### Hairdrier Tip

To increase the pliability and tack (adhesive quality) of a wafer you can blow warm air on it with a hair dryer. Seals and strip paste can be warmed in the same manner. If you use adhesive paste, give it a bit of warm air after you've applied it -- the alcohol will evaporate faster.



bleeding is a wafer that has shifted and is 'pinching' the sides of the stoma. This is more common if you're playing vigorous sports, or if you're sweating a lot. Make sure you're getting that wafer on securely and that it is staying put.

If you continue to see signs of blood, determine if it is coming from the surface of the stoma, or from inside. Again, external spotting is not uncommon or dangerous and it should dry up quickly if dabbed with tissue. If the source of blood appears to be internal, or if your stoma bleeds profusely and often, you need to see your doctor.

### SORE ABDOMEN?

If you're just home from hospital, your abdomen is probably pretty sore and will be that way for a few weeks. Pressing the pouch of a two-piece appliance onto the flange can hurt! To minimize the discomfort, try snapping the two pieces together *before* you apply the flange. Another solution is to use a 'floating flange' appliance, which allows you to snap the two rings together without pushing down on a tender stomach.

### Keeping the Urostomy Dry During a Change

Colostomies tend to work slowly and only at certain times; ileostomies work much faster and more often; and urostomies are the busiest of all. A urostomy will begin channelling urine out of the new stoma before you have even left the operating room! Showering without an appliance on is not harmful because any urine that may be excreted will be quickly rinsed away. You need to have your skin dry and clean to re-apply a fresh appliance. How do you manage that with a busy urostomy? First, have your supplies prepared and laid out, readily to hand **BEFORE** you start a change. Then use something that can act as a 'wick' to absorb urine drops -- tampons are ideal and disposable. If there are no ladies in the household to borrow these from, the humble household paper towel will do. The more you can keep urine off your skin, the better your skin health will be.

### Irrigation Tip

To obtain a more thorough evacuation, or to speed up slow irrigations, try adding some olive oil to your diet. A tablespoon or two, or an extra helping of oil and vinegar dressing can also help decrease gas.



## Frequently asked Questions

**Q: How soon after ostomy surgery can I return to a normal diet?**

A: You will probably be given soft foods towards the end of your hospital stay. After you return home you should resume your previous diet slowly, depending upon your recovery and/or other medical complications. For the first couple of weeks if you crave raw fruits and vegetables, you should introduce these in small amounts and chew well. Peel skins off apples, plums and so on. Avoid gristly meat and things like sausage casings. Add each new food one at a time and if you experience problems, stop eating that food for a week, then try again. Those with ileostomies will need to exercise the most restraint and caution as they resume their former diet; colostomies tend to be less fussy. Urostomates may eat what and when they like.

**Q: In the past, certain foods were hard for me to digest. Should I still avoid them?**

A: Give them a try. Some troublesome foods will still be trouble; others may now be easier to digest.

**Q: My ileostomy produces a lot of waste. Is it OK to fast so I don't get this output at inconvenient times?**

A: Some ileostomates delay eating or time their meals so they can have less waste at certain times (ie intimate moments, going to a movie) however, your ileostomy will continue to produce gas and digestive juices even if you haven't eaten, and an empty digestive tract seems to produce excessive gas. Starving yourself to avoid producing waste is foolish and dangerous.

**Q: I gained a lot of weight after ostomy surgery! What happened!? Can I diet?**

A: Once the diseased bowel was removed, you were probably able to eat a lot of foods that caused you severe pain before. Relaxation of dietary restrictions and freedom from debilitating illness and malabsorption promotes rapid weight gain. Yes, you can diet, but choose a sensible, balanced diet plan such as Weight Watchers. Avoid fad diets!!

**Q: Will spicy foods hurt my stoma?**

A: If you ate spicy foods before surgery without problems, you can still eat them now. If they irritated your digestion before, they will probably still cause you discomfort. Either way, you won't hurt the stoma; it's tough enough to handle these things.

**Q: What about odour control? Is there anything I can eat to cut down on smell?**

A: Parsley, yogurt and cranberry juice (for urostomates) are natural deodorizers. Bismuth subgellate tablets (Devrom), chlorophyll tablets, or bismuth subcarbonate are effective if you take them with meals although some colostomates report these products cause constipation. Ileostomates report fewer side effects from oral preparations. Most foods don't affect people with a urostomy. If urine has a strong odour, try drinking more water.



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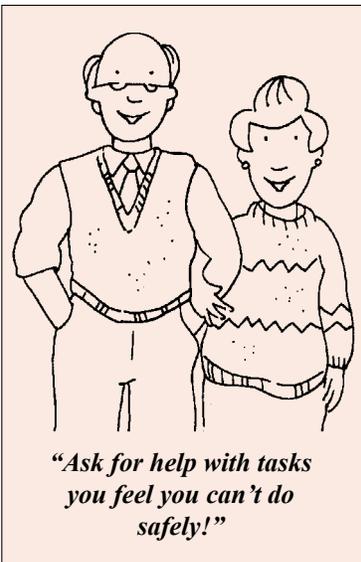
# You Can Prevent Falls!

- Veterans Affairs Canada and Health Canada

Falls can happen to anyone. But as we age, our risk of falling becomes greater. In fact, one in three older Canadians fall each year and many of these falls occur in their own home while doing their usual daily activities.

That's the bad news. The good news is that many injuries due to falls can be prevented.

The first step to avoiding falls is to understand what causes them. For example, poor balance, decreased muscle and bone strength, reduced vision or hearing, and unsafe conditions in and around your home can increase your chances of falling. Take a look around your home now.



*"Ask for help with tasks you feel you can't do safely!"*

## Personal Items

- Ensure that your shoes are comfortable, with good support, low heels and non-slip soles
- Ensure your walking cane is the correct height and rubber tipped for safety

## Kitchen

- Store kitchen supplies and pots and pans in easy-to-reach locations
- Store heavy items in lower cupboards
- Use a stable step stool (with a safety rail) for reaching high places

## Bathroom

- Use a rubber bath mat. Install it when the tub is dry
- Use grab bars to help you sit and stand
- Install a raised toilet seat and a bath seat when you need one

## Stairs

- Ensure stairs are well lit, with light switches at the top and bottom of the stairs
- Install night lights in the hallway

## Bedroom

- Ensure the path is clear between your bedroom and bathroom
- Keep the night time temperature above 18° C (65°F). Lower temperatures can reduce body temperatures, causing dizziness.
- Clutter is risky. Get rid of loose wires and cords and other obstacles, like parcels.
- Scatter mats are dangerous. Use only non-slip mats.

## Exterior

- Keep front steps and walkway in good repair and free of snow, ice and leaves.
- Keep front entrance well lit
- Handrails are very important

## Lifestyle

- Keep physically active. Regular, daily exercise helps to improve your balance, increase your flexibility and build your strength.
- Have your vision and hearing checked regularly by a professional. Wear glasses or hearing aids as needed.
- Use medication wisely. Some prescription and non-prescription drugs can affect your balance and coordination. Avoid mixing alcohol and medications.
- Eat regular, healthy meals. You are what you eat.
- Get up slowly after eating, lying down or resting. Low blood pressure at these times may cause dizziness.
- Visit your doctor every year to assess your health and discuss any recent changes.

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Phone: 604-879-9101 or 1-800-663-5111

Fax: 604-879-3342

Email: [ostomy@keirsurgical.com](mailto:ostomy@keirsurgical.com)

Visit us online at [www.keirsurgical.com](http://www.keirsurgical.com)

## EASTER SEALS

# CAMP HORIZON

June 30 - July 5, 2008

Easter Seals Camp Horizon provides an opportunity for young people aged 10-18 who have ostomies or other special related needs (intermittent catheterization; urinary or bowel incontinence; internal pouch; Crohn's disease or ulcerative colitis), to attend camp and participate in camp activities under the professional supervision of both UOAC and ET staff. Camp counsellors are often adults who have attended camp as children or youth themselves. Children and youth attending the camp have the opportunity to meet others like themselves who face similar medical, physical and emotional challenges. This is truly the only 'camp of its kind' offered in partnership with Canadian Ostomy Youth Camp.



Some of the week's activities include:

- formal/informal education sessions
- swimming
- camp out
- outdoor recreation
- rafting
- arts and crafts
- dance
- rap sessions

**COST:** Registration fee is \$500.00/child plus airfare (transportation to and from camp, room and board are included)

The Vancouver UOA Chapter is pleased to be able to offer financial sponsorship, in whole or in part depending on the number

of applications accepted, to the parents of children with ostomies.

ET nurses who wish to recommend a child for camp, or parents whose child has an ostomy or related bowel/bladder medical condition, may obtain application information from Arlene McInnis at 604-929-8208.

Easter Seals Camp Horizon is located in the Alberta foothills southwest of Calgary, near the small community of Bragg Creek.

Easter Seals Camp Horizon is an accredited member of the Alberta Camping Association and is also an approved field trip site of the Calgary School Board.

## MR. MAY cont. from page 5

shook their heads when they saw a 130 pound sapling. I went to the emergency room, where I had an endoscopy after waiting several hours to drain the blood out of my stomach. It turned out I had developed a Mallory Weiss tear from the initial vomiting, which, after the blood was metabolized it converted to methane, inducing further vomiting.

I lived with my sister, and my parents came for periods. They took me on walks. I remember the first time I made it one block. The next big milestone was to walk from one end of the mall to the other. It was so wonderful to be with my whole family. My sister's boyfriend, Jordan, and his family were so kind to me. His mom taught me needlepoint! I got calls every day from well wishers, and it was great to be alive.

For the next six months, I did a weekly infusion of 5-FU and Leucovorin. It was a long, tiring six months, and I remained off work the entire time. On October 18th, 2000, I completed my last treatment. My sister threw a big party for me. It was a wonderful time on a sunny day with cherished memories.

Shortly after, I started on a Qi Song and Alternative medi-

cine program that was sponsored by John Gray (of "Men Are From Mars" fame) and Dr Sha. We did herbs and acupuncture as well. I also kept up with my support groups, both the young person's group as well as the colon cancer group. I met great people who were mutually supportive there.

About a year after I started life as a cancer patient, I finally started working again. It was a return to some normalcy. Since then, I've still had quarterly blood tests, and regular colonoscopies, and MRrs. My doctors Alan Venook, Vicky Yang, Varma and Weissman have been the best. I have my war wounds, but I'm alive.

Finally, I began trying to give back to the cancer community. I did fundraising and participated in We Cancermount with the Back To Earth crew, peer counseling with the UCSF Peer Support program, volunteered with the AACSN, which works with Asians in the bay area, and recently joined a dragon boat racing team called Paddle Past Cancer.

My Aunt Irene passed away from cancer in early 2007. Not a day goes by that I don't think about her brave soul and deep heart. She's my inspiration.

## United Ostomy Association Vancouver, BC, Chapter - Financial Statement for the fiscal year ended August 31, 2007

### UNITED OSTOMY ASSOCIATION OF VANCOUVER For the year ended August 31, 2007

ASSETS	
Bank of Montreal	6,107.98
Chapter's General Account	18,969.19
Clark Goodridge Account	17,036.81
Youth Fund Account	6,308.46
GST Receivable	79.47
<b>TOTAL ASSETS</b>	<b>\$48,501.91</b>
SURPLUS AND EQUITY	
Members Equity	44,854.84
<b>SURPLUS FOR THE YEAR</b>	<b>3,647.07</b>
<b>TOTAL EQUITY AND SURPLUS</b>	<b>\$48,501.91</b>

### REVENUE AND EXPENDITURE STATEMENT For the year ended August 31, 2007

REVENUES	
Advertising	1,985.00
Christmas Party	2,195.05
Donations	2,724.30
GST Refunds	88.18
Interest Income	1,224.60
Memberships	5,382.00
United Way	28.00
<b>TOTAL REVENUES</b>	<b>\$13,627.13</b>
EXPENSES	
Bank Charges	65.80
Christmas Party	4,781.42
F.O.W, Mailing	177.33
News Letter	1,095.12
Post Box Rentals	160.00
Stationery & Postage	210.39
Miscellaneous	250.00
UOA Memberships	3,240.00
<b>TOTAL EXPENSES</b>	<b>\$9,980.06</b>
<b>SURPLUS FOR THE YEAR</b>	<b>3,647.07</b>



## Colorectal Cancer Support Group

for people affected by colorectal cancer:  
patients, family members and caregivers  
are invited to attend

Wednesday, March 19, 2008  
& Wednesday, April 16, 2008

6:30 - 8:00 pm

Place:

John Jambor Room  
BC Cancer Agency  
600 West 10th Avenue  
Vancouver, BC

For more information call:

John Christopherson  
BC Cancer Agency  
604-877-6000 ext. 2190

# The Disability Tax Credit and You

If you have a colostomy, ileostomy or urostomy, and regularly submit a tax return every year, you may be eligible for a tax credit. All or part of this amount may be transferred to your spouse or common law partner, or to another supporting person. The form does not come with your standard income tax package, it must be ordered separately. It is called Form #2201.

## HOW DO YOU FILL OUT THIS FORM?

The first part includes a self-assessment questionnaire for the individual to complete to see if he or she is eligible. You may find you are confused by what the form means when it uses the terms 'impairment', 'disability' or 'markedly'. These terms are not well explained on the form.

**IMPAIRMENT** is an anatomical and/or physiological loss or damage to the body -- such as an amputation, or severe arthritis, or loss of sight. All ostomates have a degree of impairment, in that we have lost a part of our body -- rectum, bowel or bladder -- necessary for normal function, and in most cases, this is permanent.

**MARKEDLY** and **DISABILITY** refer to the degree to which an impairment alters one's daily life -- in other words what effect this has on one's ability to function. This is what your doctor will be asked to assess in Part B of the form. He or she will be required to verify the duration (how long you have had the ostomy and whether or not it is permanent) and the effects of the impairment (ostomy) on your ability to function normally. The doctor will need to certify that you are 'markedly restricted in a basic activity of daily living'. Essentially, the doctor must certify that either the patient 'needs the assistance of another person to empty and tend to their appliance on a daily basis', or that the care of the ostomy requires an 'inordinate amount of time'.

If you require assistance to manage your ostomy, or if you spend significantly more time than a normal person managing elimination, you qualify for this tax credit. Form 2201 does not provide room to expand upon these factors, therefore, we recommend that you describe your daily functions in a separate letter which your doctor will need to verify. Some examples of factors which would support your application would be:

- frequent need to change your appliance (ie more than once a day)
- difficulty in cleaning/changing/maintaining the appliance due to rheumatoid arthritis, poor eyesight or mobility issues
- the need for another person to assist you in ostomy management

- lengthy amount of time required to irrigate
- frequency and duration of accidents
- restrictions on mobility (ie confined close to home, or bathroom mapping due to high-maintenance ostomy)
- lengthy amount of time spent on changing the appliance due to special fitting and/or skin problems
- disruptions to rest and sleep due to leakage/need to clean up
- unusual number of times per day/night you need to empty the appliance

Doctors' time is at a premium these days and most will charge a fee for writing a supporting letter. (Some may charge just for ticking off the boxes in the form) And even if you have been going to the same doctor for years, you can't realistically expect them to know all the details of your management routine. You should write your own letter, in a clear and concise manner that can be efficiently read by your doctor, and let him or her verify it. You should be prepared to explain anything that he or she questions.

You can send Form T2201 at any time of the year, but it's recommended that you submit it before you file your income tax return. If you send it in later, or at the same time, it will still be processed but this may take longer for your submission to be assessed. If you are deemed ineligible, the form will not affect the outcome of your usual tax return. How much you get back will vary depending on your income, and when your ostomy surgery was first performed. Once you have been accepted as eligible for the DTC, you do NOT need to re-apply with your doctor again. You will be registered with Revenue Canada as eligible, and can claim the standard disability deduction on the standard income tax form.

If your ostomy is temporary, you can still apply for the Disability Tax Credit and may be eligible for the period of time that you have the ostomy until you can be reversed. Revenue Canada may review your case to ascertain that you still have the ostomy.

## HOW DO YOU OBTAIN THIS FORM?

You can call toll-free at:

**1-800-959-2221**

or order online at

**[www.cra-arc.gc.ca/forms/](http://www.cra-arc.gc.ca/forms/)**

You may be able to print the form directly from the internet, but some home printers will not reproduce this accurately. It's safest to order them from Revenue Canada. When ordering you should ask for at least two copies, so you have a working copy for your records.

# Would You Be Willing to Help a Nursing Student Learn About What It Means to be Living with a Long-Term Health Challenge?

In the second semester of the nursing program at Kwantlen University College, we want students to learn about the experiences of members of the community and their families who are living with long term physical or mental health challenges. These challenges can include any condition that is long term and results in having to make adjustments in the life of the family. Examples of conditions include the following and many others: arthritis, chronic pain, diabetes, epilepsy, MS, renal failure, cancer, strokes... The student would want to learn about how you and your family have adapted to this health challenge and about supports that are available to help you manage day-to-day activities. We welcome families with children, adults, or older adults. Hearing about experiences of others provides students with opportunities to compare with their classroom learning what it means to live with and manage a chronic health challenge. The experience helps the student develop their understanding of the experience of patients and the role a nurse may play in our society. We would like the student to visit you and your family four times, for approximately one hour each visit, be-

tween January - April 2008. During this time students engage in a dialogue with you and your family and will not be performing any physical assessments or provide care. If you are unable to continue at any time, you may decide to stop having the student visit. Being a resource for a nursing student involves a willingness to share your time and your experiences with the student. We assure you that all information shared will be kept confidential. If you would be willing to have a nursing student visit, please fill in the form below and email, fax or phone me to give your name, address and phone number. Thank you for considering this request.

Patricia (Trish) Toth, Clinical Placement Assistant  
Kwantlen University College  
12666 - 72nd Avenue  
Surrey, BC V3W 2M8  
Phone: 604-599-2963  
Fax: 604-599-2360  
email: [patricia.toth@kwantlen.ca](mailto:patricia.toth@kwantlen.ca)



Date: \_\_\_\_\_

The members of our family are interested in having a Kwantlen University College Nursing student visit us in our home. The visits would be arranged at a mutually convenient time and are for the purpose of sharing our experiences related to health and health challenges.

Name: (please print) \_\_\_\_\_

Family Contact Person (if different from above): \_\_\_\_\_

Name and Age of Person with Health Challenge: \_\_\_\_\_ Age: \_\_\_\_\_

Type of Health Challenge: \_\_\_\_\_

Address: Street: \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

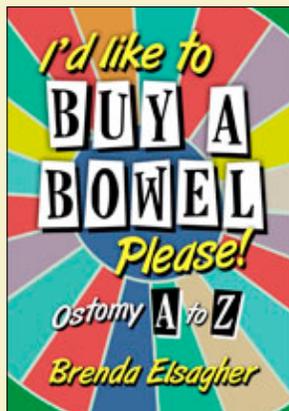
Best Days to Visit: \_\_\_\_\_

Please fax or mail this information to: Patricia (Trish) Toth at the fax/address above

## BOOKS

### I'D LIKE TO BUY A BOWEL PLEASE!

Reader Review By Gutsy Lady (Washington)



**I'd Like To Buy A Bowel Please!** tackles a topic that has up to this point remained hidden from polite conversation: living life with an ostomy. Just hearing the phrase "the bag" is enough to make most people inwardly recoil.

Brenda Elsagher, though, shows us that living our lives, in spite of having most of our guts gone, or even rectum free, takes guts and can even be humorous!

The individuals who shared their most private moments, that at the time seemed nearly too much to deal with, show us that having an ostomy need not be a barrier to a full, active, and fulfilled life. Life takes on a different meaning when cancer or inflammatory bowel disease threaten to wreck havoc with lives. A sense of humor is vital for healing, and the stories in this book show the reader just that. Brenda shows us that ostomates are just like everyone else and possibly a step ahead because of what they have experienced.

I laughed and felt closer to the contributors as I read this book. A must read for everyone who has a family member who has gone through or will go through ostomy surgery as well as those in the medical profession. The strength and courage that shines through these stories is incredible.

This book has guts! And humor. And wisdom and truth.

*"I feel sorry for people who don't drink. When they get up in the morning, that's the best they're gonna feel all day."*

- Frank Sinatra



### Always wear clean underwear in public,

especially when working under your vehicle. From the *Northwest Florida Daily News* comes this story of a Crestview couple who drove their car to Wal-Mart, only to have their car break down in the parking lot. The man told his wife to carry on with the shopping while he fixed the car, right there in the lot.

The wife returned later to see a small group of people near the car. On closer inspection, she saw a pair of male legs protruding from under the chassis. Although the man was in shorts, his lack of underwear turned private parts into glaringly public ones.

Unable to stand the embarrassment, she dutifully stepped forward, quickly put her hand up his shorts and tucked everything back into place. On regaining her feet, she looked across the hood and found herself staring at her husband, who was standing idly by. The mechanic, however, required three stitches in his forehead.



### ROB HILL, cont. from page 1



Hill has already climbed Europe's Mount Elbrus (in Russia), South America's Aconcagua, Mount Kilimanjaro in Africa, North America's Denali, Antarctica's Vinson Massif and Oceania's Carstensz. He plans to scale the biggest one of them all, Mount Everest on the Asian continent,

in Spring of 2008.

Hill's climbing concept came out of a Communications course he took at Capilano College in 2003. It was a single course that changed his entire life.

"I realized that instead of just simply completing the course and getting a grade, I could take what I was learning and apply it to the things that I'm passionate about," says Hill.

"The next thing I knew, I was climbing in Russia."

*Rob Hill was interviewed on CBC Radio's Early Edition, January 11. In his interview with Rick Cluff, Rob stated that he wished to emulate one of his heroes, Sir Edmund Hillary, not just because of the man's skill and courage, but because Hillary used his fame for the betterment of others. "He raised his voice", Rob said. "I want to raise my voice to create public awareness and understanding of intestinal disease." Rob and his team will be leaving to climb Mt. Everest in the the spring of 2008. Mt. Everest is the last of the seven summits (the highest summit on each continent) left for Rob to climb. "I'm saving the biggest for the last," he said.*

*Visit Rob's website, "No Guts No Glory" ([www.nogutsknowglory.com/](http://www.nogutsknowglory.com/)) and follow his climbing blog. To sponsor NGKG or get involved with the Seven Summits campaign, email:*

**info@nogutsknowglory.com**

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### Services

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- ♥ Post-operative instruction and supplies for caring for your ostomy
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- ♥ Information and care for various ostomies
- ♥ Skin care

### Supplies

- ♥ All brands of ostomy supplies and products
- ♥ Expert product information
- ♥ Fittings for support belts
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Phone: 604-536-4061  
toll-free: 1-877-ET NURSE fax: 604-536-4018  
(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 for this reporting period came from Vancouver General and Lion's Gate hospitals, surgeon referral and independent inquiries:

Colostomy	3
Ileostomy	6
Urostomy	1
Pre-op	1
Other	1
<b>TOTAL</b>	<b>12</b>

*Many thanks to my excellent crew this round: Amy Ridout, Rob Hill, John Jensen, Betty Taylor, Jack Zhang, Elaine Dawn, Sharman King, Annabelle McLennan and Sandra Morris. And thanks again to Maxine Barclay for standing in while I was on holidays.*

**A warm welcome is extended to new members:**  
**Adolf Specht**  
**Leonard Wise**  
**Colin Turner**

## Internet Addresses of Interest to Ostomates

These websites have a good deal of ostomy and related information. Several have links to other websites. Why the l-o-n-g addresses? These are the page codes that take you directly to the material listed; sometimes more generalized headings will take you all over the internet before you can locate the one that deals with ostomy subjects. To quickly access these, open our website\*, go to the newsletters, and cut and paste the addresses directly from there.

**\*Vancouver Chapter: [www.vcn.bc.ca/ostomyvr/](http://www.vcn.bc.ca/ostomyvr/)**

**UOA of Canada Inc.: [www.ostomycanada.ca](http://www.ostomycanada.ca)**

Austin Medical Products, Home of the AMPatch

**NEW** <http://www.ampatch.com/home.html>

Austin Medical products, home of the AMPatch for irrigated or continent ostomies, re-vamped website. Has lots of photos of patch models plus miscellaneous ostomy care products. AMPatch is a small, unique company making a big impact on ostomates' quality of life. Check them out.

The Ostomy X-Files

**NEW** <http://www.geocities.com/ibdhumor/oxfiles.html>

Personal website that finds the humorous side of ileostomies

CDSI Chron's Support Club

**NEW** <http://health.groups.yahoo.com/group/cdsicrohnssupportclub/>

This internet club is for Crohn's disease patients, family members and friends. It is a great place for support, friendship and information from other Crohnnies.

My Bladder Cancer Fight

**NEW** <http://www.mybladdercancersite.com/>

Blog (online internet diary) written by man with urostomy. Nice design, interesting read. Check him out.



## VANCOUVER CHAPTER CONTACT NUMBERS

### PRESIDENT

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Vacant

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### LIBRARY, VIDEO AND DVD's

Emilia Prychidko 604-874-1502

### NOTICE OF MEETINGS/GREETER

Cindy Hartmann 604-731-6671

### CHRISTMAS PARTY COORDINATOR

Joy Jones 604-926-9075

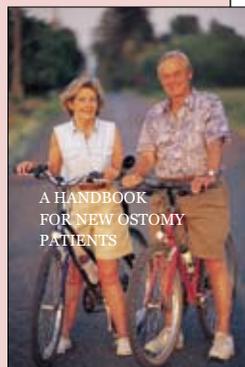
### REFRESHMENTS

Arlene McInnis /Lisa Saunders

### ET NURSES !

*Our publication "A Handbook for New Ostomy Patients" is available FREE of charge for your use with your patients.*

*Order your supply from the editor!*



## STOMA CLINICS IN VANCOUVER / MAINLAND AREA

*Pre-surgical counselling and post-operative follow-up.*

### VANCOUVER

**UBC Hospital** 2211 Westbrook Mall  
**Vancouver General Hospital** 855 West 12th Avenue  
Deb Cutting, RN, ET. Tel (604) 875-5788  
Candy Gubbles, RN, ET.

### St. Paul's Hospital

1081 Burrard Street  
Elizabeth Yip, RN. Tel (604) 682-2344  
(Anne Marie Gordon on mat leave) Ext. 62917 Pager 54049  
Lisa Hegler, RN., ET.

### Children's Hospital

4480 Oak Street  
Amie Nowak, BSN., RN. Tel (604) 875-2345  
Local 7658

### NORTH VANCOUVER

**Lion's Gate Hospital**  
Annemarie Somerville, 231 East 15th Ave., N. Vancouver  
RN., ET. Tel (604) 984-5871  
Rosemary Hill, RN., ET.

### NEW WESTMINSTER

**Royal Columbian Hospital**  
Lucy Lang, RN, ET Tel (604) 520-4292  
Laurie Cox, RN, ET.

### Ostomy Care and Supply Centre

Andrea (Andy) Manson, RN. ET. Tel (604) 522-4265  
Muriel Larsen, RN. ET.

### SURREY

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

### LANGLEY

TBA **Langley Memorial Hospital**  
Tel (604) 514-6000 ext 5216

### ABBOTSFORD

Sharron Fabbi, RN. ET. Tel (604) 853-2201  
Maureen Moster, RN. BSN. ET. Extension 7453

### CHILLIWACK

**Chilliwack General Hospital**  
Anita Jansen-Verdonk, RN. Tel (604) 795-4141  
Extension 447

### WHITE ROCK

**Peace Arch Hospital**  
Margaret Cowper Tel (604) 531-5512  
RN. ET. Local 7687

### RICHMOND

Richmond General Hospital  
Lauren Wolfe, RN, ET Tel 604-244-5235

### WHITE ROCK/RICHMOND

Elaine Antifaeve, RN. ET. CWOCN **E. T. Resources, Ltd.**  
Tel (604) 536-4061

### KEIR SURGICAL AND OSTOMY SUPPLIES

Tel 604-879-9101  
Eva Sham, WOCN  
Tuesdays & Thursdays 8 am to 4 pm

### IMPORTANT NOTICE

Articles and information printed in this newsletter are not necessarily endorsed by the United Ostomy Association and may not be applicable to everybody. Please consult your own doctor or ET nurse for the medical advice that is best for you.

## ADVERTISERS!

Promote your products and services in HighLife!



Your ad is seen by all chapter members in the Vancouver area, numerous affiliated chapters across Canada, ET nurses, and new patients in hospital. HighLife is published 6 times yearly. Advertising rates are:

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Size:	1/4 page	1 issue	40.00	6 issues	150.00
Size:	1/2 page	1 issue	60.00	6 issues	200.00
Size:	full page	1 issue	100.00	6 issues	300.00

If you wish to place a new ad, or upgrade an existing one, please contact the editor, [autodraw@shaw.ca](mailto:autodraw@shaw.ca) Electronic artwork can be received as well as hard copy and photo images.

### 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  
Vancouver, BC V6K 4P4



## MOVING?

Don't go missing!! Please phone or send us your new address.

## 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 \_\_\_\_\_ Postal Code \_\_\_\_\_ Year of Birth \_\_\_\_\_

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: Membership Coordinator, 34 - 4055 Indian River Drive, North Vancouver, BC V7G 2R7