Vancouver Ostomy
HIGHLife

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A non-profit volunteer support group for Ostomates. Chapter Website www.vcn.bc.ca/ostomyvr

INSIDE

NEXT MEETING:

SUNDAY, June 22
Jewish Community Centre
950 West 41st Avenue
1:30 pm

Speaker:
Bill Carcary, CONVATEC rep
Topic:
CONVATECíS latest products

FAREWELL

- from Ivor Williams, retiring editor

As newsletter editor, I am now stepping down, and turning the Highlife over to Debra Rooney, a fairly new member, who earns her living doing similar work. I know that she is well-qualified for the job, much better than I, and I'm sure that members will find an excellent newsletter in their mail boxes in the future.

I am not an ostomate, but my wife, Joan, had ileostomy surgery in 1972. Having had an ostomate visitor after her surgery, plus some enlightening literature from the local chapter, she felt a need to give something back to the chapter. She started out helping with the refreshments at meetings, and through the years, fulfilled many positions in the chapter. She has done a great many visits to new ostomates, has acted as Visiting Coordinator, and has spoken to nursing students at UBC and Langara College. She has maintained the library of brochures and booklets. She edited the newsletter for a short time when nobody else would do so. Joan co-chaired, with Lottie Calli, the Hospitality Committee at the successful 1980 UOA Conference in Vancouver. She has organized several of the chapter's Christmas parties, has frequently acted as Secretary, and currently, she phones members to remind them of upcoming meetings. For over thirty years, she has always been available to fill in wherever help was needed.

When it was learned that the Vancouver Chapter was to host the 1980 conference, it was clear that they needed many volunteers. As an accountant, I felt that I could handle the job of Treasurer of the conference, and I volunteered for that position. When I retired from my job in 1986, I was quickly drafted to be Treasurer of the chapter, and within a few years agreed to be President when there was no other person willing to fill that position. After serving as President for a few years, I chaired the Memorial Fund Committee, and later became President again due to lack of any other volunteer. Fred Green returned to the chapter in recent years and volunteered to edit the Highlife. A couple of years later, we agreed to switch jobs, and he became President, while I started editing the Highlife, a job I have enjoyed.

The Metro Maryland chapter newsletter has the following quote from Ralph Waldo Emerson on its front page: *"It is one of the most beautiful compensations of this life that no one can sincerely try to help another without helping himself."* It's also been said, *"You can't teach an old dog new tricks."*

continued page 2

FAREWELL cont.

I'm here to tell you that the first quotation is very true, and the second is hogwash. This old dog started his education all over again when he became President of the chapter.

One of the great benefits of volunteer work is that one develops skills and abilities previously unused and/or undiscovered. In my own case, although I had been an office manager for many years, I had never felt at ease speaking in front of a group of people. I was terrified that I would stand up there and make a fool of myself. I have gained confidence as a result of my involvement as President and, while not an accomplished public speaker, I am much more at ease in front of people.

While I have gained greatly from my involvement, my wife, Joan, has experienced personal growth beyond measure. People who meet her now would not believe how shy and diffident she once was. Many years of performing the various tasks she has done with the chapter, particularly visiting ostomates and speaking to nursing classes, have broadened her personality immensely.

Both of us feel grateful that we have been able to contribute to such a worthy cause as the United Ostomy Association. One of the benefits is the feeling that we were doing something worthwhile. Another is the fact that we made friends with so many very special people along the way. I'm constantly amazed that so few people come forward to enjoy the benefits of volunteering.

But now it's time for me to say goodbye. It's been a pleasure.

Ivor Williams

From the Editor

I'm very happy to bring this issue of HighLife to you -- I've enjoyed putting it together and I hope you like the new look. In subsequent issues I will endeavor to bring articles to HighLife that speak to the interests and concerns of all of our members, and to create a publication that promotes our organization to new ostomates whose first contact with us may be through this newsletter.

I wish to thank Ivor Williams who has kindly given his time and guidance (not to mention carting a fair amount of paperwork over Lion's Gate Bridge) to assist me in bringing this first issue to press. Thanks for always being just an email away, Ivor. In addition I'd like to thank Fred Green and Lottie Calle for their help in answering questions regarding mailing lists, advertisers, and the general structure of our chapter. I look forward to meeting more of the members and drawing upon the wealth of experience that is in our chapter.

Ivor, you leave big shoes to fill. We all wish you a well-earned break from the many duties you have done so well for so many years. (AND we'll look forward to seeing you again at the next meeting. We're not letting you go *that* easily.)

Cheers,
Debra

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:

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EDUCATION AND LIBRARY AVAILABLE

A variety of ostomy literature concerning all types of ostomies is available through our Education & Library Coordinator.

SARS: Dealing with the uncertainty

Severe acute respiratory syndrome (SARS) — a contagious and sometimes fatal respiratory illness — first appeared in China in November 2002. Since then, the disease has spread worldwide. Experts aren't sure just how many people have contracted SARS, although it has infected thousands and seems to be fatal in about 4 percent of cases.

The rapid and unexpected spread of SARS has alarmed both health officials and the public. SARS — the first newly emerged, serious and contagious illness of the 21st century — illustrates just how quickly infection can proliferate in a highly mobile and interconnected world. It's likely the disease began with a single infected person, and then spread around the globe through unsuspecting travelers.

SARS is particularly troubling because health experts know so little about it. Scientists do know that the cause is a new type of coronavirus — one of a family of viruses that in humans usually cause mild upper respiratory infections, including common colds. How the new coronavirus evolved or why it turned deadly isn't known. Nor is it clear why some people succumb to the disease and others recover. Although many who died were older adults with other health problems, SARS has also proved fatal in healthy, young adults. Adding to the uncertainty is that the symptoms are similar to those of other respiratory illnesses.

No test for SARS is widely available yet, and there's no proven treatment. For now, the best approach is control. The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) have established strict guidelines for health professionals treating people with SARS as well as for SARS patients and their families. Recommendations regarding international travel also are in place.

It's too soon to know how widely SARS will spread. The best advice for now is to take common-sense precautions: Wash your hands often, and avoid traveling to high-risk parts of the world. If you've recently returned from a trip to Asia or had close contact with someone who has traveled to a high-risk area or been diagnosed with SARS, see your doctor, especially if you develop a cough and fever.

Signs and symptoms

SARS often resembles pneumonia or influenza, with signs and symptoms that include:

- Fever — a measured temperature of 100.4 F (38.0 C) or higher that may be accompanied by chills
- Headache
- General feeling of discomfort (malaise)
- Body aches
- Dry, nonproductive cough

Notably absent are signs and symptoms that usually occur with colds, such as sneezing and a runny nose.

SARS begins with a fever that usually occurs two to seven days after you've been infected, although symptoms sometimes may not appear for up to 10 days. Chills, headache, muscle soreness and a general feeling of discomfort also are common. Two to seven days later, you're likely to develop a dry cough. In some cases, SARS progresses to severe pneumonia, leading to an insufficient amount of oxygen in your blood (hypoxemia).

You're probably most contagious while you have active symptoms. It's unclear whether you can still transmit the disease to others before your symptoms begin or

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Irrigation Procedures, Tips

So you've decided to give this irrigation thing a try. You've been to your ET for instruction, you've pestered one of the ostomy companies to send you some free samples, you've bought the irrigation bag, you've shut the bathroom door and warned everybody not to bother you and now you're ready.

First, the irrigation bag needs to be filled with warm water about the temperature of your own body. (1000 cc water is a standard amount) Your bowels will tolerate a bit of variance in temperature so long as it's not too extreme. Hang the bag higher than your shoulder -- higher than head height is even better -- and flush any air from the line. Attach the irrigation sleeve to the flange or by a belt, whichever method you prefer. Put the tailclip **securely** on the end of the sleeve.

irrigation sleeve and belt

At this point you can sit down if you prefer; some people stand. You may have been given handouts by your ET that illustrate a gentleman, fully clothed, seated next to the toilet with an unclipped irrigation sleeve emptying directly into the toilet bowl. I'd strongly discourage a beginner from doing the procedure in this manner. It's going to seem like you need four hands to keep track of things at first and I can pretty much guarantee you'll soil that clothing. Wear as little as possible the first few times until you get the hang of things. As well, I'd discourage a beginner from letting the unclipped sleeve hang into the toilet bowl to drain. If you're seated, the weight of the returning water will immediately pull the sleeve OUT of the bowl and you'll have a mess to clean up. If you're standing, it's silly to stay rooted in one spot over the toilet for the duration of the procedure. So keep the clip on the end of the sleeve and let the whole apparatus hang if you are standing, or rest on the floor if you prefer to sit.

Getting the cone and water in can be the biggest challenge. Stomas can react to being handled, or touched by something they sense is cold by retracting or 'clenching up' which makes getting the cone inserted difficult. Just take a break, let the stoma relax and then try again. You don't want to force the cone all the way in -- halfway or less is plenty.

Water leaking out while you're trying to get it in is another common annoyance. Try stopping and starting, using the on/off control on the bag -- there may be waste blocking things near the stoma opening. Stop the water, remove the cone, let things eject and start again. If you suspect the bowel is not returning as much as you put in you may be dehydrated -- your thoughtful colon, upon getting all this free water may simply decide to absorb it for you. Drink a glass of water and keep going.

You may be able to infuse the entire 1,000 cc all at once, but if you feel a cramp coming on, pause the water flow until the discomfort passes. Mild cramping is common to start off. Again, just stop the water, remove the cone and relax for a minute or so before resuming. The returning water and waste will begin not long after you're done inserting the water. Return of waste may happen all at once, or in stages over about a half hour. Empty the sleeve into the toilet before it pulls uncomfortably on your flange or belt.

Better results can sometimes be obtained in some individuals by infusing 1000 cc, allowing that to return, then following with a second infusion of 500 cc. For some reason this seems to 'finish' things off for some people. This might lead one to think that if a bit more is good, a whole lot more should be even better, right? Not really. Using more than 1,500 cc just puts you in the bathroom longer than you need to be there, and doesn't seem to have much of an effect on results. Over-irrigating can sometimes cause watery output hours

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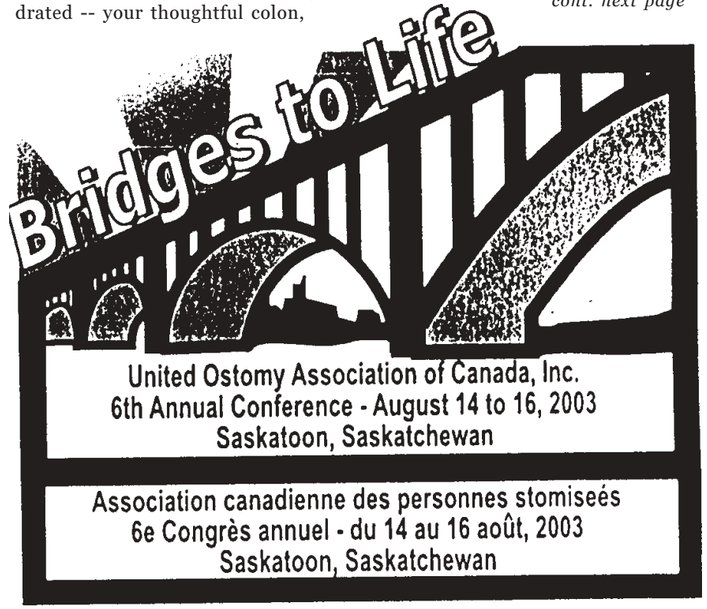

later so don't get over-enthusiastic with the amounts.

Keep the sleeve on for a full hour the first few times, even if it seems like you finished up far earlier -- it's wise to be cautious until you've had some time to see how your body is going to adapt to the new routine. You can walk around the house and get things done, have a coffee, read the paper or whatever while you're waiting.

Some folks irrigate every day, others every second day at whatever time suits their schedule best. Results will be more predictable if you stick with the same time every session.

Irrigation bag, 1,500 cc capacity

After the hour, remove and rinse the sleeve, hang it and the irrigation bag up to dry. Use a little vinegar or bleach solution on the sleeve from time to time and it'll stay free of scent.

You're now ready to start wearing the caps or mini bags different companies offer -- give everybody a call and get all the free samples you can. Try them all.

Irrigation is by no means an exact science -- results can vary from individual to individual. The goal is to achieve freedom from waste between irrigations, however it's not uncommon for small amounts to appear before the next session and one should not consider these results to be a failure if this is the case. Give yourself and your body time to adapt to the routine.

This is all a lot simpler and easier than it sounds here. Those first few times will seem complicated but you'll quickly gain confidence. Stay relaxed, don't rush yourself and -- best of luck!

Davies

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Donations received with many thanks from:

Mr. E. Woodyard
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New Members

We are please to welcome **Janet Lawton** to the Vancouver Chapter of UOA Canada. We hope that you find your membership beneficial.

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, **Mien van Heek.** Your prompt response will save her from sending out reminder letters, and ensure that your membeship is kept up to date so you won't miss any issues of HighLife or Ostomy Canada Magazine.

FUNNY BUSINESS

A physician claims these are actual comments from his patients made while he was performing colonoscopies:

1. ìTake it easy, Doc, youíre boldly going where no man has gone before.î
2. ìFind Amelia Earhart yet?î
3. ìCan you hear me NOW?î
4. ìOh boy, that was sphincterrific!î
5. ìAre we there yet? Are we there yet? Are we there yet?î
6. ì You know, in Arkansas, weíre now legally married.î
7. ìAny sign of the trapped miners, Chief?î
8. ì You put your left hand in, you take your left hand out. You do the Hokey Pokey....î
9. ìHey! Now I know how a Muppet feels!î
10. ìIf your hand doesnít fit, you must acquit!î
11. ìHey, Doc, let me know if you find my dignity.î
12. ì You used to be an executive at Enron, didnít you?î
13. ìCould you write me a note for my wife, saying that my head is not, in fact, up there?î

UOA CANADA

THE Connection

A Monthly Publication of UNITED OSTOMY ASSOCIATION OF CANADA, INC.

Vol. 9 No. 6 | Bev Fry, Editor | April , 2003

From The President

LORNE ARONSON

It was my distinct pleasure along with my wife Louise to attend the general meeting of the Belleville and District Ostomy Association meeting. It is a mere two hours from our home and the weather was very co-operative for us to get there in ample time.

We were warmly greeted by Gerry Putman and his wife Bawn (a member of the Spouses and Significant Others Committee). If you were at the conference in Halifax last year you might remember that they gave a session on Tai Chi. They are both teachers of the art. Gerry is the President of the Belleville Chapter while Bawn is involved nationally with the Spouses and Significant Others Committee.

I addressed about 30 people. I presented some of the ideas and some of the things currently on the go such as the Youth Camp video, the 20/40 social get-together, the Spouses and Significant Others, etc.....

I answered questions on these and other topics. One of these questions posed to me was software. Was it available for chapters to improve their local newsletter? I told Paul Aubin (the Newsletter Editor) that I would address this type of question at our strategic planning meeting. This is a question of service to the chapters that indeed is on our agenda.

The Chapter is involved with a team that will participate in "The Relay for Life", a fundraiser for the Cancer Society in Belleville June 27 and 28. They are producing hats with the UOAC logo on them to identify themselves as participants in the walk. They were also asked to participate in the Crohn's and Colitis fundraiser, "Wheel n' Heel Athon June 7.

My wife was asked by one of the members if the spouses could get more involved with chapter organizational functions. The comment of the questioner was to make the point that often times the person who has had the surgery cannot effectively participate in the leadership roles of the chapter due to ongoing health concerns. The answer was that indeed SASO Committee encourages spouses or significant others or family members to take a leadership role in their local chapter. Louise gave Bawn pamphlets of the SASO Committee.

One of the things that I did come away with from this meeting was we have a very vibrant and active chapter in Belleville! Gerry is to be congratulated on his great leadership of this association.

I will be attending the Strategic and Executive Committee meetings being held at the end of the month, April 25-27. A report by the Strategic Planning Chair, Vice-President Pat Cimmeck and the Chair of the Executive Committee (that would be me) will be presented in the May Connection. Remember all recommendations by any committee MUST be presented to a FULL Board meeting and voted on before being implemented.

20/40 WEEKEND GETAWAY

UOAC is planning a three day weekend getaway this fall. Events include flights in a glider, nightclulbing, sporting opportunities and other activities. This is a great chance to meet with other ostomates for a fun filled weekend. A minimum of 20 people is required for this event to take place. If you are interested contact your local UOAC Chapter or UOAC at 1-800-969-9698.

CHUCKLES

Only in America .....can a pizza get to your house faster than an ambulance.

Only in America .....are there handicap parking places in front of skating rink.

Only In America .....do drugstores make the sick walk all the way to the back of the store to get their presciptions while healthy people can buy cigarettes at the front!

FROM YOUR EDITOR

I am amazed that we are at the end of April already. Where has the year gone!

I am still looking for your unsung hero nominations. We have two issues of The Connection before conference, please get them to me as soon as you can. We would love to have the opportunity to celebrate these folks at the conference.

We in Saskatoon have had a busy year planning the upcoming National Conference and must say that we have a packed weekend planned. Our underlying theme for the weekend is "things that make you smile" so come expecting the unexpected.

The program outline for the weekend will be published in the Spring issue of Ostomy Canada which should arrive to you any day now. Also included in this issue is the registration form for the event and the hotel registration form. I know we have had a few hotel rooms booked already so you will want to get your reservation made early. Please remember to indicate that you are attending the United Ostomy Association Conference so we get credit for the room bookingif booking by phone.

CHAPTER RAFFLE ITEM

As many of you may already be aware, raffles are held each year at conference to offset conference costs. It has become tradition to ask chapters to donate a raffle item specific to their region. It is a wonderful way to celebrate the diversity of Canada. We are repeating this request for the upcoming Saskatoon conference.

The hosting chapter would appreciate receiving your raffle item ahead of the event. Items can be brought to the conference by your attending delegate if you prefer. If you are sending it ahead, please send it to Bev Fry at the address published in this newsletter.

ABDOMINAL CHANGES

By Arthur Clarke, RNET, Gettysburg

Throughout the lifetime of a person with a stoma, the ostomate will probably have to change the type of stoma equipment several times. One reason for a change is that the shape of an abdomen changes with time, resulting in the need for equipment with different characteristics. I would like to discuss the reasons requiring a different appliance and the characteristics of some common appliances. To begin with, the surgeon allowed only so much moveable bowel in the construction of your stoma. Once that piece of bowel was pulled through your abdominal wall, it was tacked down on the inside of the abdominal wall and on the outside of the skin. That length will remain constant throughout your life; therefore, if the wall of your abdomen thickens (say with fatty tissue), and the length of the bowel used for your stoma is not affected. One result of the limited length of bowel with increased abdominal wall thickness, is that when you sit or stand, the changed position allows the abdominal wall to shift forward and down, and the stoma segment prevents the peristomal skin from shifting as much as the rest of the abdomen. The limited movement results in a “skin swell” around the stoma when you sit or stand. Skin adjacent to the stoma becomes quite mobile being pulled down, then flattened by your changing positions. Any skin barriers can hold up under the strain. I have found that by using an appliance with a firm, convex surface which “pushes” the skin back and holds it stable, relative to the stoma, it works much better than the highly flexible pouches.

Source:
Metro MD. & S. Nevada’s Town Karaya/
Evansville RerouteMarch 01

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Andy (Andrea) Manson, R.N., B.S.N., E.T.
Joy Watkins, R. N., E. T.

FOCUS GROUP

For two hours on March 17, 2003 a focus group made up of 10 ostomates was gathered together by a leading ostomate supply company to help provide them with marketing and product information. The focus group was comprised of ileostomates, urostomates, colostomates with one individual having both a urostomy and an ileostomy.

After introductory comments, the facilitator centered her questions and the discussion around the marketing tool known as the loyalty customer programme. The company wanted to know if ostomates would favour their products over the competition if rewards such as rebates or points where offered. One insightful member of the focus group suggested that perhaps the company might just lower their prices to compete instead of spending money on all the advertising and marketing costs necessary to set up such a loyalty customer plan.

Several examples of the company’s proposed future advertising campaign slogans were presented to gather an impression of how we responded to various wordings and graphics.

- submitted by Earl Lesk

BRITISH COLUMBIA INTRODUCES NEW PHARMACARE PROGRAM

British Columbiaís new pharmacare program takes effect May 1st, 2003. The big change is that there will only be one plan, the same for seniors and everyone else, and pharmacare benefits will be pegged to your family income. Regardless of income, seniors will end up paying more than they have previously been used to paying.

How does this new plan work?
Everyone, including seniors, will pay 100% of prescription costs until a certain limit, the ëdeductibleí, is reached, at which point Pharmacare will pay 70% (75% for seniors) of prescription costs. The ëdeductibleí amount is determined by your net family income. This is the total of the net income of each family member as reported on line 236 of your income tax return. There is a further limit, the ceiling, also tied to your family income, from which point Pharmacare will pay 100% of all prescrption costs. The deductible for families with net family income less than $33,000.00 is $0, meaning Pharmacare will pay 70% (75% for seniors) from the first prescription. Both the deductibleí and the ëceilingí rises through many family income steps. I will give three examples:

1. A family with a net family income of $20,000
The deductible is $0, the ceiling is $250
Th family pays 30% (25% if a family member is a senior) of each prescription cost to a mazimum of $250. Thereafter Pharmacare pays 100% of the cost of each prescription.

Maximum cost to the family is $250

2. A family with a net family income of $40,000
The deductible is $400, the ceiling is $800
The family pay 100% of each prescription cost to the $400 deductible. Thereafter the family pays 30% (25% if a family member is a senior) of each prescription cost to the ceiling of $800. Thereafter Pharmacare pays 100% of the cost of each prescription.

Maximum cost to the family is $800.

3. A family with a net family income of $80,000
The deductible is $1600, the ceiling is $2400
The family pays 100% of each prescription cost to the $1600 deductible. Thereafter the family pays 30% (25% if a family member is a senior) of each prescription cost to the ceiling of $2400. Thereafter Pharmacare pays 100% of the cost of each prescription.

Maximum cost to the family is $2400

Note the following:
ï The deductible, the ceiling and the benefits are for a calendar year.
ï Net income is from your income tax form two years prior, ie: for 2003 use 2001 net income.
ï You do not have to register for the plan, but you must be registered to receive benefits.
ï Any amounts paid for prescriptions between january 1, 2003 and May1, 2003 will be counted toward your deductible.
ï More information and a complete table may be found at the BC Government website **http://www.gov.bc.ca/** and follow the links.

You may register on line by submitting your family income, and a downloadable consent form to allow Pharmacare to verify it pick up a registration form at your pharmacy and mail it.

- Source: Leslie Davis, Okanagan Mainline Ostomy News

VISITOR REPORT for March/April, 2003

Requests for in-hospital, home and phone visits increased during this reporting period, with referrals coming from VGH, Lion’s Gate, UBC and from within the chapter itself.

Colostomy - 6
Ileostomy - 1
Urostomy - 4
Pre-op - 1

Total: 12

Many thanks to my able crew of volunteers this round: Maxine Barclay, Earl Lesk, Linda Jensen, Alan McMillan, Elaine Dawn, François Pond, Bob Millman, and Raj Shaw. Thanks as well to Patricia Cheng, for volunteering to act as Cantonese interpreter.

Note: if anyone knows of an ostomate in the White Horse area willing to provide support for a colostomate there, please contact Debra Rooney

SARS, cont. from page 3

after they've disappeared. As a precaution, the CDC recommends that people who have recovered from SARS refrain from going out in public for 10 days after symptoms go away.

If you've just returned from a trip to Asia or have had close contact with someone who has been in high-risk areas, the CDC suggests that you monitor your health for at least 10 days. See your doctor if you develop a cough and fever during that time. It's not known whether you can contract SARS from someone who hasn't yet developed symptoms, so health experts consider exposure to someone who isn't sick but who is at risk cause for concern.

Prevention

Even as researchers refine diagnostic tests for SARS and search for effective treatments, the main emphasis remains on containing the outbreak and preventing new cases from developing. To accomplish this, the WHO and the CDC have established a number of guidelines aimed at stopping transmission of the disease.

Protecting yourself

If you're caring for someone at home with SARS, these measures can help you stay healthy:

· Wash your hands frequently with soap and hot water or use an alcohol-based hand rub.
· Instead of touching your face with your hands, use a disposable tissue to rub your eyes or nose.
· Wear disposable gloves if you have contact with the body fluids or feces of someone with SARS. Throw the gloves away immediately after use and wash your hands thoroughly.
· Wear a surgical mask when you're in the same room as a person with SARS. Wearing glasses also may offer some protection.
· Use soap and hot water to wash the silverware, towels, bedding and clothing of someone with SARS, and don't use these items yourself until they're clean.
· Use a household disinfectant to clean any surfaces that may have been contaminated with sweat, saliva or mucus, or even vomit, stool or urine. Wear disposable gloves while you clean and throw the gloves away when you're done.
· Follow all precautions for at least 10 days after the person's symptoms have disappeared.
· Keep children home from school if they develop a fever or respiratory symptoms within 10 days of being exposed to someone with SARS. They can return if symptoms ease after three days. Children who have been exposed but don't have symptoms can attend school, but watch their health closely.
· Call your doctor immediately if you develop a fever or respiratory symptoms. Be sure to let him or her know that you've had close contact with someone with SARS.

Protecting others

If you've been diagnosed with SARS, the following measures can help prevent you from infecting others:

· Wash your hands carefully and frequently with soap and hot water or an alcohol-based hand rub.
· Cover your mouth and nose with a tissue when you cough or sneeze, and if possible, wear a surgical mask when you're in close contact with other people.
· Don't share your silverware, towels or bedding with anyone in your home until these items have been thoroughly washed with soap and hot water.
· Avoid going to school, work or other public places for 10 days after your symptoms disappear

- Source: Housecalls, Mayo Clinic

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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.

What's Normal For Your Stoma?

What is normal for my stoma? This is a frequently asked question. Here are some answers from your stoma to you. My color should be a healthy red. I am the same color as the inside of your intestine. If my color darkens, the blood supply might be pinched off. First make sure your pouch is not too tight. It should fit 1/ 16 to 1/8 inch from the base of the stoma. If I should turn black (very unlikely - but it happens occasionally) seek treatment **AT ONCE**. Go to an Emergency Room if you cannot readily locate your doctor. Be sure YOU remove the pouch for them to examine the stoma. TAKE AN EXTRA POUCH ALONG. I might bleed a little when cleaned. This is to be expected. Do not be alarmed. Just be gentle, please when you handle me. If I am an ileostomy, I will run intermittently and stool will be semi-solid If you should notice that I am not functioning after several hours and if you develop pain, I might be clogged. Try sipping warm tea and try getting in a knee chest position on the floor. (Have your shoulders on the floor and your hips in the air. Rock back and forth in an attempt to dislodge any food that might be caught. If I do not begin to function after about an hour of this, call your physician.) If you cannot locate him, go to an emergency room. In the meantime, I might have begun to swell. Remove tight pouch and replace it with a flexible one cut slightly larger. If I am a colostomy located in the descending or sigmoid colon, I should function according to what your bowel habits were before surgery. (Daily, twice daily, three times weekly, etc.) I can be controlled in most cases with diet and/or irrigation. This is a personal choice. There is no right or wrong to it, as long as I am working well, my stool will be fairly solid. If I am a urinary diversion, I should work almost constantly. My urine should be yellow, adequate in amount and will contain some mucous. If my mucous is very much more excessive than usual, I might have an infection. I will probably also have an odor and possibly a fever. Consult your physician if that is the case. If at any time, you doubt that your stoma is functioning normally, please seek help. The cause needs to be evaluated. If your problem is a serious one, it needs correction. If it is not, you will be relieved to know your stoma is alive and well.

- Source: Inside Out On-line January/February 2003

Internet Addresses of Interest to Ostomates

These websites have a good deal of ostomy and related information. Several have links to other websites.

UOA of Canada Inc.: www.ostomycanada.ca

United Ostomy Association: www.uoa.org

International Ostomy Association: www.ostomyinternational.org

Coquitlam Chapter: www.geocities.com/coqcon

Edmonton Chapter: www.marketdrugsmedical.com/edmontonostomy/association/toc.htm

Winnipeg Chapter: www.pangea.ca/~ woa

Saskatoon Chapter: www.geocities.com/saskatoon_ostomy

Toronto Chapter: www.ostomytoronto.com

Central Vancouver Island Chapter: www.nisa.net/~ dbennink/

Crohnís & Colitis Foundation of Canada: www.ccfc.ca

Ostomy Village: www.ostomyvillage.com

Stuart Online: www.stuartonline.com

Continent Diversion Network (Internal Pouches) www.ostomyalternative.org

Shazís Ostomy Page (A very welcoming ostomy message board)
http://www.ostomates.org/cgi-bin/yabb/YaBB.pl?board= main

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STOMA CLINICS IN VANCOUVER AREA

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

VANCOUVER
Vancouver General Hospital 855 West 12th Avenue
Deb Cutting, Beth Schultz,
Eva Sham, Candy Gubbles Tel (604) 875-5788
WOC Nursing Staff

UBC Hospital 2211 Westbrook Mall
Shannon Handfield,
WOC Nurse Tel (604) 822-7641

St. Paulís Hospital 1081 Burrard Street
Mariette Carmen, Tel (604) 682-2344
RN. ET. Ext. 62917 Pager 54049

Childrenís Hospital 4480 Oak Street
Janice Penner, Tel (604) 875-2345
RN. ET. Local 7658

Cancer Clinic 600 West 10th Avenue
Lenore Nickolson, Tel (604) 877-6000
Ambulatory Care Local 2201

Keir Surgical Ltd. 729 West 16th Avenue
Annemarie Sommerville, Tel (604) 879-9101
RN. ET. or 1-800-663-5111

NORTH VANCOUVER **Lionís Gate Hospital**
Sharon Evashkevich, RN. ET. Tel (604) 094-5871
Annemarie Sommerville, RN. ET.

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

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

SURREY **Surrey Memorial Hospital**
Lisa Abel, RN. ET. Tel (604) 588-3328

LANGLEY **Langley Memorial Hospital**
Bev Wootton, RN. ET. Tel (604) 534-9903

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 Cowper Tel (604) 531-5512
RN. ET. Local 7687

WHITE ROCK & RICHMOND **E. T. Resources, Ltd.**
Elaine Antifaev, RN. ET. CWOCN Tel (604) 536-4061
FAX: (604) 536-4018

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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** *Electronic artwork can be received as well as hard copy and photo images.*

MOVING?

Please phone or send us your new address so you donít miss any issues of Highlife or Ostomy Canada.

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 ____

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: Mien van Heek, 2604 Haywood Avenue, west Vancouver, BC V7V 1Y6