



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/

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2007 MEETING SCHEDULE

March 4

April 22

June 24 (AGM)

No meetings during the summer

September 16

Unless otherwise specified, all meetings are held at:

Collingwood
Neighbourhood House
5288 Joyce Street
Vancouver 1:30 pm

MARCH MEETING:

Presentation on Disability Tax Credit followed by general group chat. Newbies and experienced ostomates alike -- bring your questions, stories and solutions to share with others.



Babe Didrikson Zaharias 1911 - 1956

Many of our senior members or those with an interest in the history of women's golf will be familiar with the name Babe Didrikson -- an Olympic gold medalist, she was also the reigning champion of women's golf for many years during the late 40's and early 50's. But did you know she was also an ostomate for several of her most successful seasons on the circuit?



Ultimate multisport athlete who won three Olympic medals to go with 31 LPGA titles.

Didrikson enjoyed Hall of Fame careers in both track and field and in golf. In an era when nice girls didn't sweat, Babe Didrikson Zaharias was an anomaly. For almost 25 years, from the Olympic Games of 1932 to her death in 1956, Didrikson outboasted

and outcompeted any rival to her reign as America's greatest female athlete. However, it wasn't just her two Hall of Fame careers, in track and field and in golf, that cemented Didrikson's place in the pantheon of American sports champions. Beyond her physical talent, Didrikson's intense, competitive spirit and supreme self-confidence set her apart from her contemporaries.

A talented sandlot softball player and all-around athlete while growing up in Beaumont, Texas, Mildred Ella Didrikson first shone on a public stage as an AAU All-America high school basketball player. In 1932 she single-handedly won the AAU team track and field championships, finishing first in five of the eight events she entered.

She came to national attention later in '32 during the Summer Olympics in Los Angeles, winning gold medals and breaking her own world records

cont. page 4



From the President

LET'S MAKE A DIFFERENCE

By the time you read this it will be 2007. It seems just like yesterday we were all worried about Y2K and what would happen when the clock struck 12 midnight on December 31, 1999. However, just like most of the other things we worry about, the feared events that are so real in our imagination, never, or rarely, materialize in reality. For many of us who

were worried about Y2K, little did we know then that we would have other "worries" to contend with as an ostomate. However, similar to those Y2K worries, most, if not all of our ostomy related worries that seemed so real to us in our imagination, just never materialized.

As we go forward in 2007 the choice is ours what we make of the year. It can be a great year, a so-so year or a wasted year. Sure, some external events (like winning the lottery) can influence our view of the year, but those are generally short-lived, and do not have the results we expected or hoped. We cannot control external events. All we can control is how we react to them and what we do with the circumstances presented to us.

In writing about the purpose of life, Leo Rosten wrote:

"I cannot believe that the purpose of life is to be happy. I think the purpose of life is to be useful, to be responsible, to be honourable, to be compassionate. It is, above all, to matter, to count, to stand for something, to have made some difference that we lived at all."

Let 2007 be the year where we really make a difference. The reality is that we can only make a difference by helping others. Acquiring money, getting promoted, winning an award, having a large house, driving a snazzy car or inventing a gadget do not make any difference. Helping just one other person makes a difference!

As ostomates, we know the challenges that having had ostomy surgery can present. In addition to the fears, pain, inconvenience, physical and psychological adjustments, and for some a sense of loneliness and helplessness, it is important we remember the help we received from others in overcoming these challenges, and that we reach out to be of whatever help we can be to fellow ostomates, especially new ostomates and the elderly.

Sometimes, and I admit it, when I am feeling sorry for myself for having had ostomy surgery, I re read something that George Bernard Shaw wrote:

"People are always blaming their circumstances for what they are. I don't believe in circumstances. The people who get on in this world are the people who get up and look for the circumstances they want, and if they can't find them, they make them."

Happy New Year Everyone!

From the Editor



Jim DeGeer,
and Craig Kent
(Coquitlam UOA),
Penny and Ken
Sanderson (SASO)
and I shared an
exhibitor's table

at the Ostomy Education Day in New Westminster this past December. It always surprises me how many of us there are out there -- 'us' meaning those who have an ostomy, or who used to have one, or who are about to have one. You don't realize how large the numbers are until you attend something like this.

Even for those who have had their ostomy for some time, there can always be something new to learn at an education day or open house. For instance: the Disability Tax Credit. I had never heard of this until my first education day back in April of this year. Tax form # 2201 (for which you must ask, it's not widely advertised) is available to those who may have, among other conditions, an ostomy. The form must be filled out in detail, with a signed letter from your doctor verifying that you have the condition/surgery stated. Cost to apply may be as little as the stamp to mail the form, or include a fee from your doctor for writing and/or signing a letter of verification. If you qualify, you may be eligible for a tax break or rebate; just how much will vary depending on when you had your surgery and upon what your annual income is. It's well worth the time and effort to look into this come income tax time this spring. I will be giving a presentation on the Disability Tax Credit at the March meeting. Do come and learn more about this.



Breakfast Meeting with Jeremy Eakin

On November 27 I had the pleasure of meeting with Mr. Jeremy Eakin, President of Eakin Seal, at the Delta Hotel in Vancouver. Jeremy is the son of Tom Eakin, the Irish pharmacist who formulated the material for Eakin Seals in 1974 in response to ostomy customers' needs for a more reliable, leak-proof and skin-friendly material to use in combination with their ostomy pouches. Mr. Eakin was touring Canada promoting his company's products and meeting with ostomates, retailers and



Mike Arab, BC Sales Rep; Deb Rooney, Vancouver UOA; and Jeremy Eakin, President of Eakin Seal Co., Ireland



Michael, Grubstajn (Product Manager) Mike Arab, Jeremy Eakin, Bill Carcary (retiring BC Sales Rep) Missing: Pierre Grignon, National Business Manager who was on the phone trying to find out if anybody could get a flight home due to the snowfall.

medical practitioners. Of interest to Mr. Eakin was health coverage in BC as it applies to those with an ostomy, the demographics of our membership, and any suggestions our members might have to improve the product. Jeremy had some interesting statistics for me: by country, the largest consumer of the Eakin Seal is the United States, which makes sense given its large population. But by individual, the biggest consumers are Northern Europe. We should not read anything into this with regard to stoma types, wear time, effectiveness of product etc. It's purely an economic issue. More prevalent use of the Seal in these areas is attributed to the more generous subsidies governments give to ostomy products there. Use of the Seals is rare in underdeveloped countries, due to the lack of basic supplies in general, scarcity of medical personnel knowledgeable in their use, and cost. Someone who can barely afford a pouch won't be purchasing much more than that.

Eakin Seals are produced in huge quantities, two batches a day at the plant. How many are shipped, world-wide per year? 8 MILLION!!

LETTER FROM IRELAND

Dear Debra,

Thank you for taking the time to come out and meet me on such a cold snowy morning in Vancouver. I really appreciated it.

Although I had a few heart stopping moments wondering whether or not I would ever be able to fly out of Vancouver (was I going to have to cancel all the meetings arranged in Canada??), I did luckily get the last standby seat to Calgary. The rest of my visits in Canada went smoothly and I was lucky enough to meet ET nurses, retailers and product users.

These are great opportunities which enable me to get clear and accurate feedback on all aspects of our products and service, so again thank you for your time.

Again, sincere thanks for coming to meet me. I hope to meet you again in the future.

Kindest regards,
Jeremy Eakin

Letters and News cont. next page

DIDRIKSON, cont.

in both the javelin and the 80-meter hurdles. She was awarded the silver in the high jump despite clearing a world-record height because her jump technique -- in which she cleared the bar headfirst -- was ruled ineligible for the gold. (Ironically, her technique preceeded that of Dick Fosbury, an American athlete who pioneered a similarly unorthodox jumping style, the "Fosbury Flop" in 1968 at the Summer Olympics in Mexico City).

She began her second Hall of Fame career on the amateur golf tour, in 1934. She would go on to 35 career victories -- 10 of them majors, including three U.S. Opens (1948, '50 and '54) -- and an unprecedented 17 consecutive tournament titles from April 1946 to August '47. She was one of the founding members of the LPGA in 1950.

Didrikson was still at the top of her game in 1953, when she was diagnosed with rectal cancer and underwent colostomy surgery. Despite medical predictions that she would never be able to play championship golf again, she was in tournament competition fourteen weeks after surgery, and the Golf Writers of America voted her the Ben Hogan Trophy as comeback player of the year. In 1954 she won five tournaments, including the United States Women's Open. She enjoyed playing to the gallery in her golf matches, and her wisecracks and exhibitions of virtuosity delighted spectators. She was voted Athlete of the Year

by the Associated Press six times during her career. Between 1940 and 1950 she won every women's golf title, including the world championship (four times) and the United States Women's Open (three times). She established a national audience for women's golf and was the first woman ever to



serve as a resident professional at a golf club. In 1955, a year before her death, she established the Babe Zaharias Trophy to honor outstanding female athletes. Portrayed as a courageous survivor in the press, Didrikson played for cancer fund benefits and maintained her usual buoyant public persona, but in June 1955 she was forced to reenter John Sealy Hospital at the University of Texas Medical Branch in Galveston for further diagnosis. Medical treatment was unable to contain the spreading cancer, and Didrikson spent much of the remaining fifteen months of her life in the hospital. She died at John Sealy Hospital on September 27, 1956, at the age of forty-five.

NEW & LETTERS CONT.

HEARTBURN RESEARCH

The trick for the 21 million Americans [and plenty of Canadians you can be sure] has been figuring out which foods to avoid. Finally, a new Swedish study offers some surprising answers -- and they're not what you may have expected.

When researchers studies the habits of 2,153 acid reflux patients and more than 40,000 healthy people, they found that longtime smokers and those who used extra table salt daily were 70% more likely to have developed the chronic form of heartburn (GERD). But usual suspects such as coffee, alcohol, and tea didn't boost risk of the disease.

The researchers also discovered that 30 minutes of

exercise at least once a week and a high-fibre diet slashed the risk of GERD in half.

- *Prevention*, May 2006; *Metro Halifax News*, November 2006

New Appointment!

If you haven't guessed from the photos on the previous page by now, Mike Arab, formerly of Keir Surgical, is the new Convatec sales rep for BC, assuming the position from retiring rep Bill Carcary. Mike and Bill are familiar faces to members who attend meetings where they have presented many a product line. For some of us, Mike Arab was the guy who brought our first kit of ostomy supplies the day we were discharged from hospital. We are delighted that he will remain in our 'community'. Karen Coughlan and her colleagues will continue to provide the usual excellent service at Keir's new location. (See ad page 11)

WORLD TOILET DAY! How could we have missed this?

Singapore 19 November 2006
MSNBC News

Cut-price toilet paper, brushes and detergent are on sale to help promote clean restrooms as part of World Toilet Day. The fifth annual World Toilet Day, was organised by the Singapore-based non-profit World Toilet Organisation (WTO), which lobbies for better toilet standards in developed and developing countries. "We started in a small way but it is growing and growing," WTO founder Jack Sim said. "This year we have discounts from supermarkets." He said Singapore's NTUC FairPrice and stores in Malaysia would mark the event by selling discounted toilet cleaning items over the following week. While the sale promotes hygiene of toilets at home, the WTO is also pushing for sparkling public facilities. "Public toilets should be as clean as your home toilet," Sim said. Sim said World Toilet Day could be celebrated in various ways. "Some do it by cleaning together," he said from Bangkok, where he was touring a school toilet as part of the World Toilet Expo. The WTO says its 52 members in 40 countries include the Restroom Association of Singapore, the Ministry of Public Health in Thailand and the Japan Toilet Association. The WTO's educational arm, the World Toilet College,



brought Japanese experts to Singapore earlier this year for a seminar to help the city state's toilet cleaners brush up their skills.

New from Coloplast

Easiflex: This adhesive 2-piece coupling system is available in drainable or closed end pouches, and either transparent or opaque with cloth front. Soft cloth backing reduces rustling. For the urostomate, a 'multi-chamber' design creates not only a low profile but also an outlet with a hide-away pocket.

The skin barrier with the 'floating flange' is offered in either a convex or non-convex flange. The 'slim line' base plate and the reinforced adhesive foam ring on the pouch provides the wearer with security and an almost invisible outline. The flange stays in place even when the pouch is removed which is easily done with the out-size pull tab. Due to the easy removal and minimal pressure on the abdomen, Easiflex is a solution for post-operative patients.

Filter -- These pouches have an integrated filter specially developed for colostomy/ileostomy patients which allows gas to escape without the risk of odour. Each box of pouches is provided with filter covers, which are needed to close off the filter when bathing or swimming.

Easiflex Maxi drainable pouch with EasiClose outlet is now available with or without integrated odour filter.

Easiflex Skin Barriers are also available in pre-cut format. Pediatric System is also available.

FREE STUFF!

If you use Coloplast products, you may have received an Assura Club package in your last box. Send it in! It's free and for the price of a stamp, you'll receive membership in Coloplast's Travel Club, with contacts available in case of emergencies almost anywhere in the world. The best part is, they send you get this swell travel kit bag to hold your stuff when travelling. Included are a stand-up travel mirror, measuring template, barrier marker and a cool pair of scissors. This kit will hang from a door hook for easy access. If you don't want to use it for ostomy stuff, it makes a pretty good toiletry kit bag too.





NEW PATIENTS' CORNER

HIGH STOMA SITING

We hear more concerns from men rather than women about stomas that are sited high on their abdomen. This may be perhaps due to the fact that men tend to be shorter through the hips than women, giving the surgeon less verticle room to choose from, and also due to how and where men put on weight. There are sometimes compelling reasons for a high stoma siting -- the deseased portion of the bowel may make it necessary to remove more of the descending and sigmoid colon, leaving the surgeon without adequate bowel length to reach a lower region. Or, the patient may carry excess weight around his stomach which would make it difficult to see the area to change the appliance, so the ET may put it above the spare tire. Scars from previous surgeries or a lot of skin folds in the lower quadrants can be other reasons why your ET may site the stoma higher. If you have not had your surgery yet, it's critical that your stoma be sited beforehand by a qualified ET nurse. Ideally, the stoma should be sited **below** the line of the navel, to the left or right, depending on which type of surgery you will be having. Ask for such a siting if possible, and if your ET advises that it be higher, ask to have the reasons explained. Stress how you prefer to wear your trousers (and belts).

Stomas that are situated level with or above the navel are more problematic to dress around. If your normal belt line falls over top or under the stoma, it can make proper drainage into the pouch more difficult, not to mention making it harder to conseal the appliance. It can be a real headache. How do other men dress around such a stoma?

It's advisable, if you have a colostomy, to use lubricant inside the pouch to help things slide to the bottom. Ostomy manufacturers make a number of products designed for this purpose, some of which also have deodorant properties.

Hollister's Adapt Lubricating Gel is one example. Good old baby oil works well, too.

So how do you dress around this? You can buy your pants larger in the waist and belt more loosely, or wear suspenders if you're having trouble keeping loose-waisted pants up. You can buy the type of sports shirt meant to be worn outside pants which conceals the top of the appliance well, but lots of guys tuck their shirts in anyway. The appliance may show somewhat but this is far more apparent to the wearer than to anyone else. Vests, sweaters and suit jackets are good camouflage over a shirt. If you're feeling self-conscious about the outline of the pouch showing anywhere bear in mind that this is far more glaring to you than anyone else. It's also perfectly all right to wear your pants lower on the hips and just tuck the lower half of the pouch into the waist. You can tuck your shirt in over this or just let it hang out.

DON'T THROW THOSE BAGS AWAY!

No, not your appliances - these bags are those plastic ziplock things some flanges are packaged in. Don't toss this packaging out, it makes a perfect disposal unit for used pouches. Extra useful to tuck in a purse or pocket if you need to get rid of something in public.



DIAL-A-DIETICIAN

Questions about your diet? Wondering what you can do to improve your nutrition if you have osteoporosis, diabetes, or heart health concerns? Need information on how much vitamins and minerals you should be getting? The BC Ministry of Health funds a Free Nutrition InfoLine:

Greater Vancouver
604-732-9191

Toll Free in BC
1-800-667-3438

A registered dietician (RD) will answer you general and medical nutrition inquiries.

Ask the ET Panel

Q: What are skin ulcers?

A: Skin, like every other organ of the body, requires nourishment which means a blood supply. If the blood supply is cut off, the skin starts to die and if prolonged, the skin can ulcerate. If you have an ulcer under an appliance, it is an indication that this localized spot is getting more pressure than the area around it; so correct the unequal pressure problem.

Q: What causes warts to form on the edge of the stoma?

A: A poorly fitted appliance can cause nodules to form around the edge of the stoma. They are benign and will do no harm. If they get in the way, they can be removed by cauterization.

Q: When a colostomate who wears a pouch gets a blockage from eating improper or too much food, should a laxative such as prune juice be taken? Should heat be applied? Would it be a good idea to irrigate?

A: When a colostomate gets a blockage, in most cases it is due to constipation. There are a number of things that could lead to a person becoming suddenly constipated, such as eating constipating foods, lack of physical activity, use of pain medication, etc. It is quite satisfactory for a colostomate to take a mild laxative. The use of prune juice is an excellent suggestion. Foods with fiber, like bran, make the stools less constipating. For a person who has not irrigated before, the other methods should be tried first.

Q: I have a hernia on one side of the stoma which was once repaired by surgery, but it reoccurred. I use a 4-inch wide elastic belt to keep the hernia in place during working hours. At night, when taking off the belt, I notice the stoma is swollen, but by morning, the stoma is back to normal size. Is there any long term danger in this procedure?

A: When the stoma goes down overnight and there is no marked change in the colour, we see no long term danger. There would be far greater danger in not wearing some form of support during waking hours if you an active individual. Some ostomates with recurring hernia problems have taken steps to have the stoma relocated. If this done at the navel, which is the strongest part of the stomach muscle, make sure you have a protruding stoma because this is an uneven sunken area.

- Southern Maryland Counties Chapter; Evansville IN web site; Metro Halifax News, May 2006

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ODOUR CONTROL PRODUCT



Paul Meise from Cooper Medical of Kelowna had this product at their table at the Ostomy Education Day December 2. A drop or two in the toilet bowl before emptying neutralizes odours quite effectively. This pine-scented liquid works by creating a deodorizing layer on the water surface to trap and eliminate up to 98% of odours before they escape into the air. It is environmentally

friendly and safe for other uses such as portable toilets, septic tanks etc. Its very small size makes it convenient for carrying in a pocket or purse. Just a Drop™ is NOT for use in your pouch or internally! Available over the counter at participating dealers such as Shopper's Drug Mart, London Drugs, Wal-Mart, and IGA.

2006 Christmas Luncheon

Almost 90 chapter members, family and guests attended this year's Christmas Luncheon at the Holiday Inn December 10. The Accords provided music and our Santa was played with flair by Richard Sharpe. President Martin Donner welcomed everyone, introduced the new executive and thanked our organizers as well as presenting gift certificates to past President Ron Dowson, and to outgoing Treasurer Lennea Malmas. Winners of the raffle cash prizes were: first prize - Connie Peccia, second prize - Danielle Hamblin and third prize - Alan Shard. Many thanks to organizers Lottie Calli and Joy Jones, and to Elaine Dawn and Nora Turner for assisting with registration. Thank you to the many people who brought or donated door prizes. See you next year!



Betty Maxim, Graham Drew and Joan Williams



Joan Pantaloni, Inge Gutzmann and Anne Schimpel



Santa and organizer Lottie Calli



Connie Peccia, Lisette and Lisa Saunders



Lennea Malmas and Myron Donner get a little business done before lunch



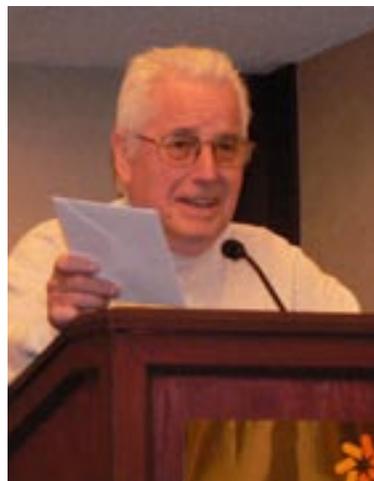
"Apprentice Elf" organizer Joy Jones presides over the prizes



Joan Nicholson, Graham Drew, Deb Rooney, Sandy Donner and President Martin Donner



Draw our names! Draw our names!



Ron addresses the crowd



I'm guessing the number of jellybeans and nobody had better look at my answer



So Santa . . . just how much can you carry in that sleigh?

Myron and Lorna Donner



Veda Abu-Bakare and little friend



That's all 'till next year folks!

MEMBERSHIP RENEWALS

The December 1, 2006 deadline for 2007 membership renewals is now well behind us. I would like to thank the more than 77% of members who sent in their cheques on time! Your names have been forwarded to Toronto so there will be no interruption in your subscription to Ostomy Canada and other services provided by the national office. To those members who still have not renewed please consider this note as your reminder to please send in your cheques promptly. In order to save on postage we will not be sending out a second renewal letter. Also due to mailing costs we cannot continue to send out material to members who have not renewed. We would like to have all our members renewed as we are anticipating a great year under the direction of our President Martin Donner and the rest of the new executive. If you are unsure as to your status please call me at 604-929-8208.

Arlene McInnis, Membership Coordinator

DON'T SWEAT IT

If you work or live in a warm environment, if you are an athlete or just prone to sweating, you may have problems keeping your pouch barrier on. Here are three approaches to solving the problem:

Antiperspirants. Some antiperspirants can be used underneath an ostomy barrier. Many dry after application and leave little residue that would affect the adherence of a pouch. A cyclist in Maryland uses Tussy 5-day antiperspirant that is sold in packets. Michum and Crystal, among others, have been used successfully by ostomates to diminish perspiration. Do your own research and find one that works for you.

Increase Adhesion. If your barrier is floating off, consider increasing the quantity of adhesive. SKIN TAC has recently been produced in a new wipe-on form. This is a thin, clear adhesive that is easily removed with alcohol. Torbot manufactures it. For really difficult pouch problems there are paint-on adhesives that, though more cumbersome, can make a dramatic difference in adherence. Two of these are Nu-Hope Adhesive and Skin Bond by Smith and Nephew. Ask for these products, or comparable brands, at your ostomy dealer.

Breathable Barrier. Try a breathable barrier such as those manufactured by MicroSkin. The MicroSkin adhesive barrier on all Cymed pouches is moisture-vapor permeable, and allows perspiration to flow through the barrier rather than being trapped beneath it. John Dermengian recently wore a Cymed pouch through the gruelling Ironman Triathlon. His pouch held up through 16 hours of extreme physical exertions and lasted a total of 6 days.

- Christine Newberry, WOCN; Metro Maryland Rose City Ostomy News, Mattoon IL; CME Newsletter & South Brevard Ostomy Newsletter

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HOW TO READ A PRESCRIPTION

Before you leave the druggist's counter, compare your doctor's prescription to the label on your bottle. You might catch a deadly mistake. June McKoy, M.D. of the Feinberg School of Medicine at Northwestern University in Chicago, tells of a patient who was given Lanoxin (a heart drug) instead of Levsin (a drug for irritable bowel). To catch similar errors, follow this prescription for proofreading:

- Is the drug name on both the prescription and the medicine bottle?
- Is the name of the medication correct? Look carefully. Some drug names are similar. Norvasc, for example, is for treating high blood pressure. Navane is for psychosis.
- Is the dosage the same as what your doctor told you?
- Are the instructions understandable? Doctors and pharmacists often communicate in Latin. With the help of the mini dictionary below, you can decipher their dialogue:



Latin Terms/Abbreviations

Latin	Abbreviation	Meaning
anti cibum	ac	before meals
bis in die	bid	twice daily
gutta	gt	drop
hora somni	hs	at bedtime
oculus dexter	od	right eye
oculus sinister	os	left eye
per os	po	by mouth
post cibum	pc	after meals
pro re nata	prn	as needed
quaque 3 hora	q3h	every 3 hours
quaque die	qd	every day
quarter in die	qid	4 times daily
ter in die	tid	3 times daily

- UOAA; S. Brevard Ostomy Newsletter, October 2006

THOUGHT FOR THE DAY

In about 40 years, there will be thousands of old ladies running around with tattoos.



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Whoops!

Due to editorial malfunction (also known as dropping paragraphs) I omitted part of Arlene's review of the September meeting. **Anne Schmidt of Hollister** was displaying new product lines, so here are the missing bits:

"Another new product is the **Adapt Ring** which is now an improved formulation that allows for easier stretching and molding around the stoma. They can be used as a caulking agent to fill in dips or crevices near the stoma. The new material is PH correct and has strong cohesive strength. This product can potentially increase comfort and wear time. The product number for this seal is **#7805 (2-inch box of 10) and #7806 (4-inch box of 10)**.

Anne answered many questions and had many samples for members to try. She is more than happy to answer any questions and send out samples of any of Hollister's products. She can be contacted at **1-800-263-7400 ext. 7521."**

SHOOTING DOWN DIABETES MYTHS

Considering all the factors involved with diabetes, there's plenty of room for misinformation. Some of the more persistent misconceptions:

Myth: If you develop diabetes, you can never eat sugar again.

Truth: People with diabetes can eat sweets, but sugary treats must be part of a careful meal plan (as they should be for people without diabetes).

Myth: It's possible to have just a touch of diabetes.

Truth: Either you have diabetes or don't. Even if your type 2 case doesn't require

insulin injections (type 1 always does), it still demands medical attention and careful lifestyle choices.

Myth: I feel fine, so my blood sugar's fine.

Truth: High or low blood sugar doesn't always produce symptoms. Regular monitoring is the only way to know for sure where you stand.

Myth: I'm a pro at self-management; checkups are just a waste of time.

Truth: Your treatment program is never a done deal. Thanks to ongoing research, the medical community is

constantly learning more about this complex condition and how best to deal with it. The best way to keep up is to keep up your regular doctor visits.

Myth: If I don't need insulin or drugs, my diabetes isn't serious.

Truth: Diabetes is always serious. Even if diet and exercise keep your blood sugar in check, your cells are still insulin resistant and your condition could get worse if you don't control it.

- Reader's Digest; Aviation Medical Bulletin, August 2006; Metro Halifax News, November 2006

VANCOUVER UOA FINANCIAL REPORT FOR THE FISCAL YEAR ENDING AUGUST 31, 2006

General Bank Balance as at August 31, 2005		\$1,963.20
INCOME		
Memberships	\$5,251.00	
In Memoriams	2,360.00	
Donations	2,601.00	
Advertising	500.00	
G.S.T. Rebate	287.27	
United Way	595.46	
Christmas Party	2,852.00	
Vancouver Sun - Youth Fund	1,430.00	
	16,276.73	16,276.73
EXPENSES		
Newsletter	1,957.86	
U.O.A. Memberships	3,760.00	
Christmas Party	3,930.30	
Stationary & Stamps	430.63	
F.O.W. Mailing	742.01	
Vancouver Community Services	50.00	
Collingwood House - Rent	177.00	
Postal Box Rental	149.80	
Youth Camp Fares	2,272.90	
Convention	155.00	
Society Act Fees	25.00	
Books	600.00	
Bank Charges	143.45	
	14,393.95	14,393.95
General Funds Bank Balance As At August 31, 2006		3,764.98
	<u>Capital</u>	<u>Income</u>
CLARK GOODRIDGE FUND		
Balance as at August 31, 2005	13,882.22	2,789.66
Interest		168.42
Books		(319.19)
Balance as at August 31, 2006		2,638.89
MONEY MARKET ACCOUNT		
Balance as at August 31, 2005		18,216.00
Interest		104.03
Balance as at August 31, 2006		18,400.11
YOUTH FUND		
Balance as at August 31, 2005		2,642.73
Interest		26.71
Wendy Irvine - Memorial		3,500.00
Balance as at August 31, 2006		6,169.44
Grand total all funds		44,834.87



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Andy (Andrea) Manson, R.N., B.S.N., E.T.
Muriel Larson, R. N., E. T.

Ostomy Education Day - New Westminster Quay

Almost 200 registered ostomates, friends, family, sales reps, nurses and student nurses attended another excellent day-long event hosted by Andy Manson and her colleagues from Westminster West End Pharmacy. Represented were Convatec, Coloplast, Hollister, Weir Comfees, CSIR (Canadian Society for Intestinal Research) Cooper Medical and the Colorectal Cancer Association of Canada.

Kicking off the proceedings was the promised surprise guest and NO ONE could have predicted this one: a professional Johnny Cash impersonator. "Johnny" (Tommy Parker, along with his impromptu backup singers Andy and Muriel) opened the show. And yes, he has an ostomy.

Helen Manson presented her archival collection of ostomy devices along with a slide show; Lysa Wone, dietician from Royal Columbian Hospital gave a talk on nutrition and to round out the event there was a lively question and answer period in the main hall. There were some really good prize draws throughout too -- gift baskets, a golf bag and DVD players to name a few.

Many thanks once again to Andy Manson and all the staff at Westminster West End Pharmacy for giving so many of us the opportunity to meet, learn and network in such an enjoyable way.

Andy is planning an evening of discussions about intimacy, body image and sexuality in the spring of 2007, with Dr. David McKenzie. Call to indicate your interest at 604-522-4265.



"I Walk the Line" -- Johnny and the 'Bagettes', Andy Manson and Muriel Larson



Deb Rooney and Jim DeGeer, Vancouver and Coquitlam UOA



Hit the road, Jack! Retiring Convatec rep Bill Carcary takes a bow.

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985-8771

VISITOR REPORT

Requests for patient visits this reporting period came from Vancouver General, Lion's Gate, Delta, St. Paul's, White Rock, and independent inquiries:

Colostomy	3
Ileostomy	5
Urostomy	0
Pre-op	4
Spousal Support	2
Other	1
TOTAL	15

Thank you to my excellent visiting crew this round: Earl Lesk, Sharman King, Amy Ridout, Elaine Dawn, Jenny Robulac, Lisa Saunders, Martin Donner and Penny Sanderson. (SASO)

THANK YOU! to the following people for their kind donation to the chapter:

Donald Harrison	Pauline Porter
Betty Hoffman	Earl lesk
Harry Gold	Phillip Shang
Sean Mair	Graham Drew
Rudy Gigliotti	William Schultz
Farida Nurmohamed	Françoise Pond
Mary Cairns	Marie Harrison
Doreen Bell	Bill Palagain
Pam Debell	Qing Zhang
Clifford Iverson	Veronica Bader
Sharman King	Valley Pharmacy
Gordon Harrison	Leonard White



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. It definitely takes a bit of careful typing. A faster way to access these is to open our website*, go to the newsletters, and cut and paste the addresses directly from there.

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

UOA of Canada Inc.: www.ostomycanada.ca

NEW

Flat-D Innovations

(Ostomy deodorizing vent plug for use with the Osto-EZ-Vent and any manufacturers pouch).

NEW

www.justadrop.ca/justadrop/index.html

(Liquid deodorizer for toilet bowls, septic tanks etc. Website has quite a funny marketing video)

NEW

<http://www.worldwidewounds.com/1998/march/Odour-Absorbing-Dressings/odour-absorbing-dressings.html#GRIFFITHS97-2>

(Everything you ever wanted to know about charcoal cloth wound dressing and filters)

NEW

<http://www.riskprediction.org.uk/>

(This site has been developed to allow surgeons to estimate risk online for their patients undergoing surgery. Play along! It's fun to enter your own data and see if you survive!)

NEW

www.mayoclinic.org

(Comprehensive site dealing with a wide range of illnesses, conditions, current treatment and research. Excellent sections on Crohn's, ulcerative colitis and bowel cancers)



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Dr. Martin Gleave, Urologist - VGH
Deb Cutting, WOC Nurse, VGH

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

UBC Hospital 2211 Westbrook Mall
Eva Sham, WOCN Tel (604) 822-7641
(Mon., Wed., Fri.)

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Anne Marie Gordon, RN, ET. Tel (604) 682-2344
Ext. 62917 Pager 54049

Children's Hospital 4480 Oak Street
Janice Penner, Tel (604) 875-2345
RN, ET. 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
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Extension 7453

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ET NURSES -- IS YOUR INFORMATION CORRECT?
PLEASE ADVISE THE EDITOR IF UPDATES ARE NEEDED

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.

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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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: Arlene McInnis, 34 - 4055 Indian River Drive, North Vancouver, BC V7G 2R7