Vancouver Ostomy
# HIGH Life

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

INSIDE



**NEXT MEETING:**

**SUNDAY, Feb. 15**
**Jewish Cultural Centre**
**950 West 41st Avenue**
**1:30 pm**

**Speaker:** Michael Arab of Keir Surgical Ltd.

*Executive meeting:*
*Saturday, Feb. 7 @ 1:30 at Lottie's*

## 'Virtual' Exam as Effective As Standard Colonoscopy

*By Rob Stein*
Washington Post Staff Writer

Tuesday, December 2, 2003; Page A01

A "virtual" colonoscopy, a high-tech computerized X-ray scan, can catch precancerous growths as reliably as conventional exams in which a long tube with a camera is snaked through the colon while the patient is under anesthesia, researchers reported yesterday.
The largest study to directly compare the two tests found that the new technique spots polyps, which can become cancerous, at least as well as colonoscopy, and perhaps better, indicating it would provide a powerful tool to reduce the toll from one of the top cancer killers.
"Colon cancer is a largely preventable disease — we just have to get people through the door to get screened," said Perry J. Pickhardt, an associate professor of radiology at the University of Wisconsin Medical School in Madison, who tested the new approach. "This could help do that. It's an exciting time. We could save countless lives."

Colon cancer strikes about 105,500 Americans each year and kills more than 57,000, making it the second leading cancer killer, after lung cancer. If caught early it is highly curable, so doctors recommend regular colonoscopies beginning at age 50.
Many people, however, avoid the procedure. Only about a third of people who should get a colonoscopy or some other kind of screening for colon cancer do so, and only about 37 percent of colon cancers are diagnosed before they have spread.
Virtual colonoscopy allows people to avoid the invasive exam, which has a small but dangerous risk of piercing the colon. People still have to go through the unpleasant task of purging their digestive systems the night before, but the virtual test requires no anesthesia or sedation. That means patients do not need to take additional time off work or

*cont. page 6*

## *President's Message*

Here we are again starting a new year, with the Christmas season already behind us. I hope that you all had a good one.

The Christmas party was another huge success and enjoyed by all. Once again I attended with my wife Doreen and my Daughter Karen and grandsons Robert and Douglas.

It was nice to see so many children enjoying themselves and keeping the clowns and Father Christmas busy with tricks and distributing presents.

To all our ladies that organised this excellent party. A very big thank you.

I hope you had a very merry Christmas and I wish you all well for the New Year.

Ron

**EDUCATION AND LIBRARY AVAILABLE**

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

## *From the Editor*

A Happy New Year to you all. Besides trying to stop making so many typos in HighLife and making up my mind what to call the Biographies column, my New Year's resolution is to revamp the chapter website. So with this in mind I dutifully presented myself for registration in Adult Education: *"Web Page Development/Dreamweaver 4.0."* Starting in February for three consecutive Fridays I will once again be a student and emerge, (in theory, anyway) a webmaster.

Personally, I've always preferred the printed page. There's something pleasing about getting a real package in the mail (someone stuffed an envelope, licked a stamp, sealed this just for ME!) You can carry a newsletter around the house and read it where you like. It never crashes. You can set your coffee cup on it. (Well, actually you can set your coffee cup on a computer too but that's asking for it) But there is no mistaking the importance of the internet these days and its relevance to our chapter, and to this newsletter. Most of the liaison and research I do for both HighLife and UOA business is conducted in cyberspace. More and more of our members own or have access to computers and these numbers will only increase over time. I look forward to building a comprehensive website that can augment our printed material and reach even more people.

In the meantime, I think I'll go get one of those pricey coffees and read some other chapters' newsletters.

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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VANCOUVER, BC, CHAPTER
Box 74570, Postal Station G
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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.*

# Letters

## SASO / UOAC

Dear Ron,

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

It was decided that the best way to achieve this is to find a volunteer from each chapter across Canada, who is willing to be a contact person. The SASO committee is therefore seeking your help as president of your local chapter. At your next chapter general meeting we would appreciate you asking for a colunteer to be your chapter's SASO contact person, who is a spouse or family member of an ostomate.

The SASO Committee suggests that there be two responsibilities which can involve the chapter representative. The first one is to form a group of spouses and significant others, who would be interested in meeting twice a year, or more often if they so choose, to discuss concerns and offer mutual help and support. The other suggestion is to have readily available copies of the UOAC pamphlet called Partners' Support Program, publication number 17-003, which can be distributed to the spouses, partners and family members of new ostomates through the Visiting Program. Support from your chapter's Visiting Coordinator will be most helpful in distributing these pamphlets. Copies of the pamphlet are available at no cost. Please call the UOAC national Office at 1-888-969-9698 to order your copies and submit the name of your chapter's SASO chapter contact person with his/her telephone number. We will follow this up with a telephone call to your chapter's representative.

At next year's UOAC Annual Conference in Gander, Newfoundland, a general meeting will be held as part of the SASO Program. During this meeting, the SASO Committee will give the chapter contact persons, who are in attendance, the opportunity to present a short report about their chapter's spouse and significant others group. For more information about this important initiative of UOAC you may contact me by telephone or email.

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

Yours sincerely,
Ann Ivol
Chair SASO Committee

## Project S.H.A.R.E.

Dear Vancouver Chapter,

Again, on behalf of Friends of Ostomates Worldwide I thank you for making a donation of three cases of ostomate supplies to our Oakville collection centre last month. [September]

Such a contribution helps to make the quality of life of those less fortunate ostomates in other parts of the world more manageable.

Your contribution will help us in continuing our program.

Yours sincerely,

Astrid Graham
Treasurer, FOW Canada

## FAN MAIL!

Dear Nora,

Thanks for including me in your monthly newsletter mailings. I look forward to Vancouver's extremely interesting news which has expanded greatly. I particularily enjoyed the article "Sex and Intimacy . . ." by Terry Gallagher -- nothing barred!

Yours truly,
Lorna Singh
DSS Rep. for Central Ontario, UOAC

## DOCTORS' NOTES

*(these are true, folks)*

One day I had to be the bearer of bad news when I told a wife that her husband had died of a massive myocardial infarct. Not more than five minutes later, I heard her reporting to the rest of the family that he had died of a "massive internal fart."

*- Dr. Susan Steinberg, Manitoba, Canada*

I was performing a complete physical, including the visual acuity test. I placed the patient twenty feet from the chart and began, "Cover your right eye with your hand." He read the 20/20 line perfectly. "Now your left." Again, a flawless read. "Now both," I requested. There was silence. He couldn't even read the large E on the top line. I turned and discovered that he had done exactly what I had asked; he was standing there with both his eyes covered. I was laughing too hard to finish the exam.

*- Dr. Matthew Theodropolous, Worcester, MA*

I was caring for a woman from Kentucky and asked, "So how's your breakfast this morning?" "It's very good, except for the Kentucky Jelly. I can't seem to get used to the taste," the patient replied. I then asked to see the jelly and the woman produced a foil packet labeled "KY Jelly."

*- Dr. Leonard Kransdorf, Detroit, MI*

A man comes into the ER and yells, "My wife's going to have her baby in the cab!" I grabbed my stuff, rushed out to the cab, lifted the lady's dress, and began to take off her underwear. Suddenly I noticed that there were several cabs, and I was in the wrong one.

*- Dr. Mark MacDonald, San Antonio, TX*

# Our Stories

*Patti Nelson is the mother of Jacqueline, who was diagnosed with Indeterminate Colitis in June of 2002, after four years of inconclusive tests, many hospitalizations and the frustration of battling severe bowel disease at a very young age. The following is Jacqueline's story. Many thanks to Patti and her daughter for the 'on-line intervew' from Cloverdale, BC, and for sending photos of themselves.*

***Debra Rooney: Can you tell us how old your daughter was and what happened at that time?***

***Patti Nelson:*** Jacqueline was 9 years old when she began to bleed rectally back in May 1998. We have been dealing with Vancouver Children's Hospital GI doctors ever since. Symptoms.... rectal bleeding, weight loss, appetite loss, stomach aches, vomiting... after many, many days in the hospital (over 100 days) all the drugs Jacqueline had to take just didn't make her better... despite being in remission for over a year, she got sick again. On Friday October 13th 2000 a rectal scope was performed to find the colon was beyond repair and it had to be removed. On Oct 19th, Jacqueline had surgery to remove her colon and to have an ileostomy. This she had for 2 years. She was happy and getting healthier with the ileostomy. Jacqueline dealt with this VERY well. She did all the things a normal kid that age could do! She was a very determined kid to NOT let this get her down! She was out of the hospital on the 25th.... back to school on the Monday the 30th AND trick or treating with her two best friends the next night after that!

***DR: What were your main concerns at that time for Jacqueline?***

***PN:*** We were not sure what was going on. Jac' was a pretty healthy kid up to this point. I suppose our main concern was that she did not have cancer. We tried to stave off any surgery... we exhausted all our options (medically) to keep her from this.

***DR: How did Jacqueline react to this news?***

***PN:*** Funny thing here is... all the doctors and our GI nurses were more concerned with Jacqueline's well-being over having surgery... they were even going to have someone from Children's Psychology Department come in and talk to her about this. To which she surprised us all... she welcomed the surgery with open arms! She just wanted the PAIN to stop. If she could have had the surgery the day after her scope, she would have gone for it! The surgery happened and it was the best thing to have happened to her in such a long time.

***DR: What were Jacqueline's main concerns?***

***PN:*** I guess she was more concerned about the tube she would have down through her nose! She hated that. Ha... the evening of her surgery, Jacqueline was talking to her cousins and a couple of friends on the phone!

***DR: How did you support and reassure her prior to surgery?***

***PN:*** We reassured Jacqueline that this was the best option for her. That she would feel better. She would BE better... and no more hospital stays or emergency room runs. We had an Ostomy nurse come and talk with Jac', to tell her all about this surgery and everything she needed to know about having an ostomy. Janice has been great and is still very supportive if we have any questions or concerns.

***DR: How did you support her after surgery?***

***PN:*** We have always been supportive throughout every aspect and journey here... the main thing is that we continued to treat her like any kid her age. We never had to coddle her or protect her. She still had to clean her room and do the dishes! After the ileostomy surgery Jacqueline pretty much took care of everything herself. She cleaned, changed the bag, figured out the best way to wear the bag and what felt best for her. I could not tell her which way to do things, because it was her body and it was up to her to decide what worked best for her. She took to this like a fish takes to water. A real pro!! We were really proud of her for through all of this... hell we flew to Ontario to visit my family AND went to Disneyland while she had the ostomy!! If you did not know she had the bag or had been sick, you could NOT tell. Jacqueline even started taking up Karate WITH the bag!! yep!!

December 12th 2002 Jacqueline had another (hopefully her last) surgery... the J-pouch surgery was performed. No more outside bag any more. We're thrilled and very happy that she was able to have this surgery and we are happy to report that Jacqueline has not had a problem with this surgery either. What a kid! She is far

tougher then I could ever be -- our true trooper for sure!!

***DR: Where did you find support and advice for yourself?***

***PN:*** First of all I have to give full credit and admiration to our GI nurse at the time, Gee Wigle... she was very supportive, helpful and always there for us whenever we needed her. Shortly after Jacqueline's ostomy surgery, I find an ostomy message board on the internet! http://www.ostomates.org/cgi-bin/yabb/YaBB.pl and am still a member. The people there have been like family to us. Very supportive. Very friendly and helpful and I have become friends to alot of the people there and still stay in touch, even if I don't get there everyday. And now that Jac'has had the j-pouch surgery, I have been involved with yet another site: http://www.j-pouch.org/

We have always sought the comfort of family and friends near by. My entire family live in Windsor, Ontario so it was hard not having them right here with us. A year ago when Jacqueline had her J-pouch surgery, my brother Bob and his girlfriend Michelle were here visiting. it was nice having them here with us.

***DR: What advice would you give to parents whose child must have ostomy surgery?***

***PN:*** I would like them to know that it is not as scary as it seems, that life is better with the ostomy. That this is not the end of the world... there is life after the ostomy. Jacqueline is living proof! She never let this get in the way of her being a kid -- she had sleepovers, skiied, snowboarded... even swam for 2 summers (practically everyday!) with her ostomy. If there could be a poster child for ostomy... Jacqueline should be that child. I can never give her back those 3 years of her childhood she lost, but we have the rest of her life to play with!!

And now it's Jacqueline's turn . . .

***DR: How did you feel when you learned you needed surgery?***

***JN:*** I felt not as shocked as I could have been because I already kind of knew it was coming.

***DR: What was the hardest part about having an ostomy?***

***JN:*** The hardest part about having an ostomy was feeling out of place with friends. None of my friends have ever been through what I went through and I am not sure they could or would understand what I went through. And going to the washroom in public (and still is) .

***DR: What kinds of things helped you get through having an ostomy?***

***JN:*** Heather Webster... a girl who came and talked to me about it... Gee (our GI nurse suggested having Heather come and talk to me because she had gone through the same surgery as I was about to) It was real good talking to Heather! And thinking of the humourous sides of having an ostomy. "Hey, none of my friends have to poo in a bag!"

***DR: What activities do you like? Anything you can't do?***

***PN:*** Listening to music, dancing, Karate, choir, band, watching movies with my family, my friends. I like to draw, play SIMS (it rocks) piano. I found P.E. (gym class) difficult before and sometimes now with the J-pouch.

***DR: What advice would you give to a kid your age who is about to have surgery or has already had surgery like yours?***

JN: Have a positive outlook on life. Don't think, "oh geez look how un-normal I am." or stuff like that. There'll be a few tough times but always look for the good things. There are many! Oh and name your stoma! It's fun and think of it as this reminder on how unique you are and when you get a reversal (if you do) think, "hey, it's not gone... I just can't see him/her." It may sound corny but I loved it! And I still remember my 3 year old stoma "Ruby!"

So keep smiling, name your stoma and think of the things you like best!

*- Patti Nelson would be glad to offer support and encouragement to any parent(s) whose child may be undergoing ostomy surgery. She can be contacted c/o this newsletter.*

have someone drive them home. "There's no recovery time. It doesn't require intravenous sedation or analgesia. Patients can basically go back to work right after they have the virtual colonoscopy," Pickhardt said.

A virtual colonoscopy involves a CT scan of the abdominal area. CT, or computed tomography, uses special X-ray equipment to obtain a series of cross-sectional pictures of the inside of the body from different angles. A computer program assembles the images into what looks like a film, moving through the length of the colon.

Doctors can watch the images on a computer screen, looking for signs of a polyp. If one is found, the patient would immediately be referred for a standard colonoscopy, during which the polyp might be removed so it could be examined by a cancer specialist.

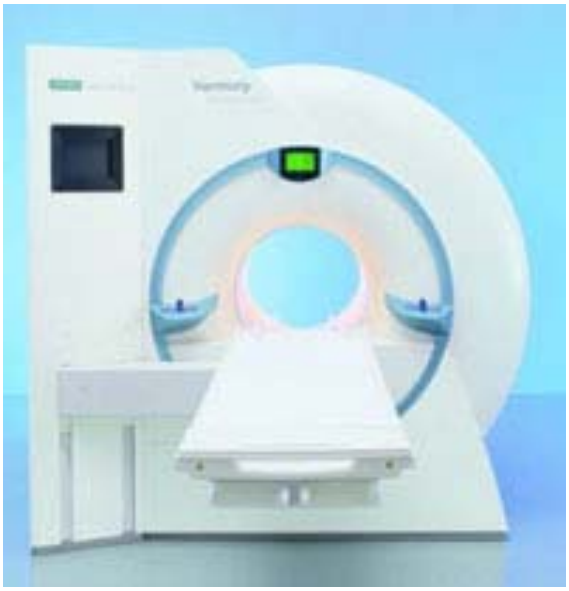
In recent years, many radiologists have begun using an earlier version of the new technique. But studies comparing that test with standard colonoscopy have produced mixed results, with the high-tech approach often appearing more likely to miss polyps.

Pickhardt and his colleagues used what they consider to be a superior technique that, among other things, produces images in three dimensions instead of just two.

"It might seem like a minor variation. But it's a paradigm shift," Pickhardt said in a telephone interview.

When Pickhardt was at the National Naval Medical Center in Bethesda, he and colleagues there and at two other medical centers performed both conventional and virtual colonoscopies on 1,233 adults, most at average risk for polyps.

Overall, the virtual colonoscopy detected more than 90 percent of all significant polyps, performing slightly better than conventional colonoscopy and much better than in previous studies of the virtual technique, the researchers reported in a paper being published in Thursday's issue of the New England Journal of Medicine. It was released early to coincide with a presentation at the annual meeting of the Radiological Society of North America yesterday in Chicago.



For example, virtual colonoscopy detected 92.2 percent of polyps 10 millimeters in diameter and 92.6 percent of those at least 8 millimeters wide. Conventional colonoscopy detected only 88.2 percent and 89.5 percent of such polyps. Virtual colonoscopy caught two malignant polyps, including one that the conventional test missed.

Pickhardt said he hoped the findings would persuade other radiologists to start using the technique, which could easily be adopted with existing equipment. He said he also expected insurance companies to start paying for it. The test costs between $600 and $1,000, compared with about $650 to $850 for a conventional colonoscopy.

"Once this becomes reimbursable by Medicare and other payers, I think you'll see a pretty rapid adoption," Pickhardt said.

Pickhardt and his colleagues have already persuaded insurers in the Madison area to pay for it and are offering it to the general public.

"This may sound . . . dramatic, but to pretty much eradicate colon cancer would be the ultimate goal of widespread screening," he said.

In an editorial accompanying the results in the medical journal, J. Thomas Lamont, chief of gastroenterology at the Beth Israel Deaconess Medical Center in Boston, called the findings "impressive" and said that if the results are confirmed, virtual colonoscopy would be "ready for prime-time."

"I think what we're seeing here is the evolution of a technique and technology that now places it next to regular colonoscopy," he added in a telephone interview. "I'd like to see a big multi-center study to see if doctors in regular practice can come up with the same results."

Douglas K. Rex, president of the American College of Gastroenterology, said the results were encouraging.

"I think it should be verified. One study . . . does not change everything. We've previously seen a very wide range of results. But the bottom line is we should be encouraged. These are good results."

*Source: Washington Post On-line*

# Visitor Training Seminar

I was fortunate to be able to attend a visitor training seminar November 6, hosted by Sandra Dunbar, Visiting Coordinator for the Coquitlam chapter. I was mentored by Maxine Barclay prior to taking on the position of Visiting Coordinator for the Vancouver Chapter and had studied the manuals and video supplied, but I felt I needed more training in order to offer seminars to new visitors myself in the Vancouver chapter. Sandra's course was most enjoyable and helpful plus it was a lot of fun to trade stories and information with members from another chapter. Topics included hospital and patient etiquette, liaison with ET nurses, handling unusual situations and visitor management. I will be offering a seminar for interested Vancouver visitors in the new year; time and location will be announced at a later date.

*- Editor*

*Trena Stott, Sandra Dunbar and Debra Rooney take a break*

## Visitor Report
**Nov./Dec. '03**

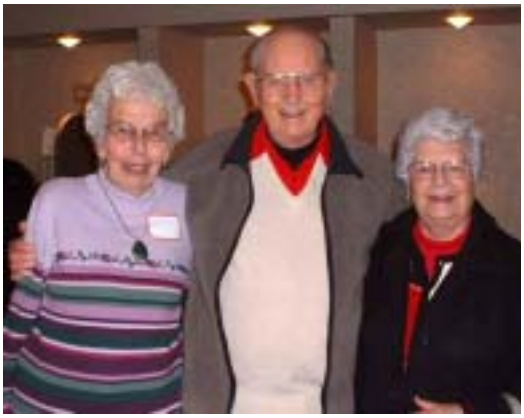
Requests for hospital, in-home and phone visits for this reporting period came from VGH, St. Paul's, and Lion's Gate hospitals and from within the chapter itself.

| | |
|---|---|
| Colostomy | - 5 |
| Ileostomy | - 1 |
| Urostomy | - 5 |
| Pelvic Pouch | -1 |
| Pre-op | - 3 |
| **Total** | **15** |

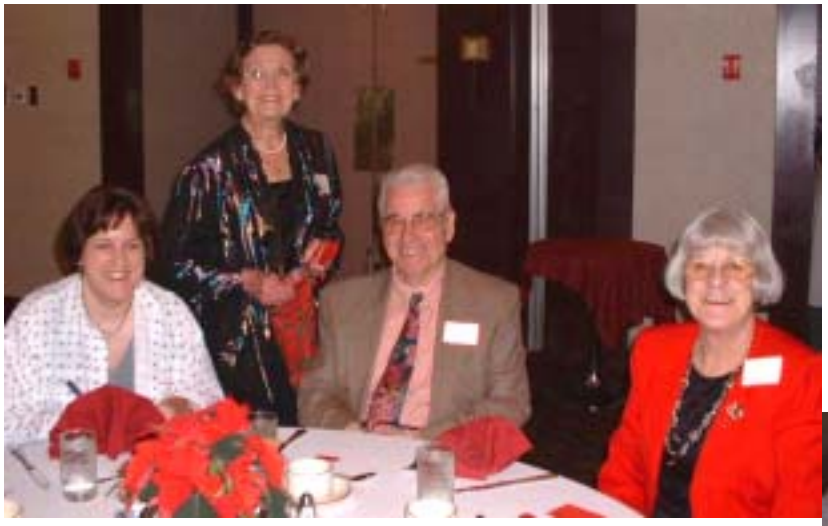
Many thanks to my excellent crew this round: Al Ashcroft, Alan MacMillan, Ruben Benbaruj, Raj Shaw, Amelia Prychidko, Grant Strandberg, Lennea Malmas, Mien Van Heek and Earl Lesk. *(**Note:** if you do not see your name in a given reporting period when you know you did a visit, chances are the issue went to press before all reports could be confirmed. Outstanding reports are tallied with the next grouping)*

# Christmas Party 2003

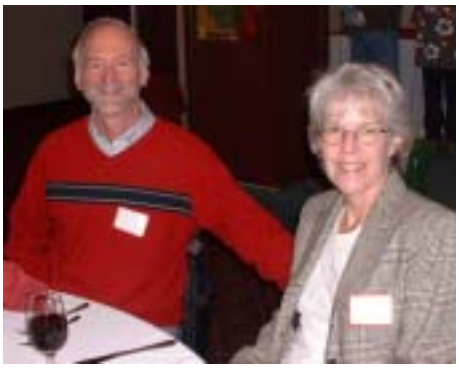
The UOA Vancouver Chapter had one of the largest turnouts ever for the Annual Christmas luncheon party at the Holiday Inn December 7. Organizers Lottie Calli and Lennea Malmas reported 95 chapter members, friends, and family attending this year. The Shriners clowns did a magic show for the kids that had the adults wondering how they did some of those tricks; President Ron Dowson presented Joan Williams with an Honourary Life Member Award; speakers Jenny Robulac, Ken and Penny Sanderson represented the 20/40 group, National Office and the SASO Support Group, respectively. Congratulations to raffle winners Jean Smith, Esther Allan and Ivor Williams, all from Vancouver. Thanks to Mike Kelly for being our Santa this year, and to everyone who donated door prizes (see list pg. 10 ) Thanks to the Holiday Inn for a good catering job and most of all, thanks to Lottie and Lennea for planning and organizing this year's event. Well done, ladies!



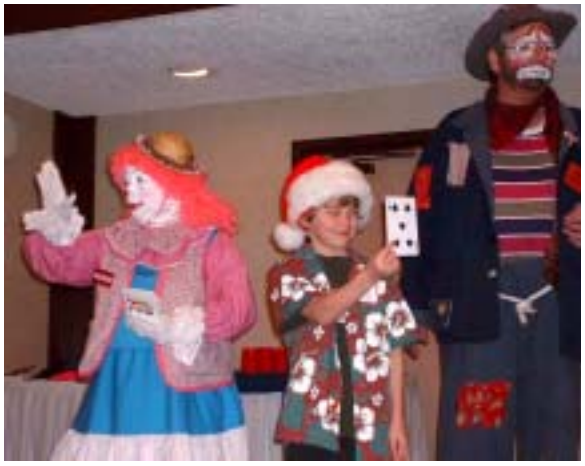
*Betty, Ivor and Joan arriving*



*Karen Haley , Lottie Calli, Ron and Doreen Dowson*



*Mike and Arlene McInnes*



*Show them the card and I'll guess what it is. Maybe.*

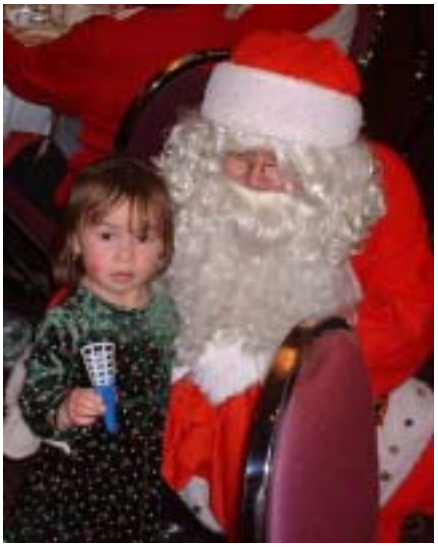
*Joan Williams receives her Honourary Life Member Award*

*Al Ashcroft and Big Foot*

*A spouse gets doused*


*Jenny Robulac, 20/40 Group Coordinator*

*Best tie*



*I'm not sure who this guy is but I think I can get some candy out of him*

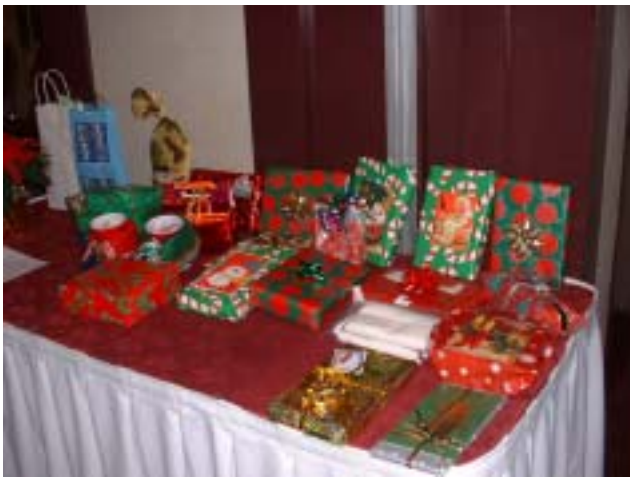
*Mini Santa*

**THAT'S ALL 'TILL NEXT YEAR, FOLKS!**

*The Ashcroft Clan*

## Door Prizes

The Chapter wishes to thank the following people for donating door prizes at the Christmas party. Apologies to those whose names I may have misspelled! And while I'm at it, thank you to whoever donated the bottle of home made wine I won -- not bad!!



*Esther Allen*
*Lennea Malmas*
*M. Strom*
*Nora Turner*
*Betty Hamblin*
*Elaine Dawn*
*Lynnda Griffin*
*Lottie Calli*
*Ron Dowson*
*Carol Roitberg*
*Linda Jensen*
*Jean Hubbard*
*Donald Robb*
*Al Ashcroft*
*Lori Shard*
*Debra Rooney*
*Ivor & Joan Williams*
*Kay Parkes*
*Bessie Hakem*
*Anna Thronig*
*Jean Selk*
*Enid Vezina*
*Joyce Nasu*
*Segne Oram*
*Jean Greenwell*
*Fred Ashcroft*
*Donna Ashcroft*
*Vera Houghton*
*June E. Matheson*
*Ken Sanderson*
*Penny Sanderson*

**DONATIONS**

We wish to thank the following people for their kind donation to the Vancouver UOA Chapter:

*Mrs. Allen Kirkbride - $50*
*Mr. Clare Way - $25*

Your support is greatly appreciated!

**IN MEMORIAM**

It is with deep regret we report the passing of chapter member Edward (Ted) Woodyard. We extend our most sincere sympathy to Ted's family and friends.

# ET Nurse Spotlight

*Eva Sham is the second member of the ET nursing team at Vancouver General Hospital to be featured in HighLife. You may also have seen her at Lancaster Medical Supples where she is available for consultation one Saturday per month. Many thanks to Eva for the 'interview' and for sharing a bit of herself.*

*Eva Sham*

I went into nursing because I have always been fascinated by what goes on in a hospital. I volunteered as a candy striper in high school and thought nursing suited me. I've worked at VGH since I graduated from nursing school at UBC. I got into WOCN (Wound, Ostomy, and Continence Nursing) because of my interest in wounds. I knew from nursing school that this was what I wanted to do. Ostomy care was not my first choice, but I fell in love with that part of nursing too. Overall, I've probably seen equal numbers of ileostomy, colostomy and urostomy surgeries. The most common reason for ostomy surgery is cancer.

In the short time that I've been doing ostomy care I've noticed appliances are easier to use, better looking and there are more choices for patients.

The biggest challenge facing a new ostomy patient is body image, particularily with the young patients. For others, facing the diagnosis of cancer is the biggest challenge. The most important advice I'd give a new ostomy patient is "TIME". Give yourself time to adjust. You may not accept the ostomy but you need to learn to manage it and move on.

How could the visitor program be improved? We need younger visitors for the IBD patient population. Otherwise the the program is great.

## Allergic? How to Tell for Sure

by Katherine Hotman, CETN

Many times I hear that people are allergic to adhesive tape, or paper tape, skin prep, or any number of different products that are used in ostomy care. Allergies can occur with any product. They can occur with the first use of a product or after years without problems. Most people never have an allergic reaction, but a few are plagued with multiple sensitivities.

However, many things assumed to be an "allergic" reaction may be another problem. It is important to know whether or not you are truly allergic to a product, because eliminating products reduces your options. Believing you are allergic may cause you not to try a pouch that may be perfect for you. Allergic reactions are usually severe and cause blistering and/or weeping skin wherever that pouch touches.

Two situations are frequently labeled as allergic by mistake:

First, if a skin sealant wipe is used, it needs to dry completely to allow the solvents to evaporate. If the pouch is applied while the solvents are still on the skin, sore skin can easily occur. Since the solvents can't evaporate through the skin barrier as they can through the paper tape collar, this will look like an allergy to the skin barrier. Second, each time you remove a pouch, the adhesive takes with it the top layer of dead skin cells. However, if you are removing a pouch frequently, cells can be removed faster than they are replaced. This is called "tape stripping." Everyone's skin reacts differently to having tape removed. But it's important to be gentle and not remove a pouch more frequently than necessary. Skin that is stripped will be sore in some spots and not in others. Sometimes skin around the stoma becomes fragile and strips easily, and a pouch and tape with very gentle adhesive must be found.

To check whether you are really allergic: Take a small piece of skin barrier or tape and place it on the other side of your abdomen or, with the help of someone else, on your back. After 48 hours, take it off and see whether you are reacting. (If pain, itching or blistering occurs, take it off immediately.) If it's an allergy, you will react. If you have a history of allergies, test this way before trying on a new pouch. It's better to have a patch of sore skin on your back than around the stoma, where you need a good seal. If you develop an allergy to a product you have used for a long time, you can call the manufacturer and find out if they have made changes in the manufacturing process. Calls from users are sometimes their first notice that the new improvements aren't working.

*- Source: Minneapolis, MN, Ostomy Outlook; South Brevard FL Ostomy Newsletter; Stillwater-Ponca City, OK, Ostomy Outlook June 2001; Halton-Peel, Ontario, Ostomy Newsletter*

# United Ostomy Association Vancouver, BC Chapter -- Statement of Receipts and Disbursements for the fiscal Year Ended August 31, 2003
# Financial Statement for the Fiscal Year Ending August 31, 2003

UNITED OSTOMY ASSOCIATION FINANCIAL STATEMENT
FOR THE FISCAL YEAR ENDING AUGUST 31, 2003

| | | |
|---|---|---|
| General Bank Balance as at August 31, 2002 | | $ 4,150.21 |
| **INCOME** | | |
| Memberships | $5,700.00 | |
| In Memoriums | 80.00 | |
| Donations | 1,391.00 | |
| Advertising | 662.98 | |
| G.S.T. Rebate | 63.77 | |
| United Way | 576.11 | |
| Christmas Party | 1,441.25 | |
| Youth Fund | 1,430.00 | |
| Coffee Money | 8.75 | |
| | 11,353.86 | 11,353.86 |
| **EXPENSES** | | |
| Newsletter | 2,118.49 | |
| U.O.A. Memberships | 3,200.00 | |
| Christmas Party | 3,781.09 | |
| Stationery & Stamps | 667.50 | |
| F.O.W. mailing | 167.79 | |
| Storage | 100.00 | |
| Jewish Community Center | 190.80 | |
| Postal Box Rental | 126.26 | |
| Youth Camp | 1,881.47 | |
| Conference Expenses | 75.00 | |
| Information Services | 52.52 | |
| Society Fees | 25.00 | |
| Bank Charges | 7.50 | |
| | 12,393.42 | 12,393.42 |
| General Funds Bank Balance as at Aug. 31/03 | | 3,110.65 |

| CLARK GOODRIDGE FUND | Capital | Income |
|---|---|---|
| Balance as at August 31, 2002 | 13,882.22 | 2,013.93 |
| Interest | | 316.98 |
| Balance as at August 31/03 | | 2,330.91 |

| MONEY MARKET ACCOUNT | |
|---|---|
| Balance as at August 31, 2002 | 17,368.49 |
| Interest | 346.33 |
| Balance as at August 31,2003 | 17,714.82 |

| YOUTH FUND | |
|---|---|
| Balance as at August 31, 2002 | 107.06 |
| Interest | 2.16 |
| Balance as at August 31, 2003 | 109.22 |

UNITED OSTOMY ASSOCIATION
VANCOUVER, B.C. CHAPTER
STATEMENT OF RECEIPTS AND DISBURSEMENTS
FOR THE FISCAL YEAR ENDED AUGUST 31, 2003

| | | |
|---|---|---|
| **RECEIPTS** | | |
| Vancouver Sun Youth Fund | $ 1,430.00 | |
| Membership Dues | 5,700.00 | |
| Donations | 1,391.00 | |
| United Way | 576.11 | |
| In Memoriums | 80.00 | |
| Advertising | 662.98 | |
| G,S,T, Rebate | 63.77 | |
| Coffee Money | 8.75 | |
| Interest Revenue | 665.47 | |
| | 10,578.08 | 10,578.08 |
| **DISBURSEMENTS** | | |
| Administrative Costs | 3,530.86 | |
| Dues to the National Office Of The United Ostomy | 3,200.00 | |
| Expenditures on Charitable Activities from General Funds | 4,221.31 | |
| | 10,952.17 | 10,952.17 |
| Lossof receipts over disbursements | | 374.09 |

BALANCE SHEET
August 31, 2003

| | | |
|---|---|---|
| **ASSETS** | | |
| **CURRENT ASSETS** | | |
| Cash on hand and in bank | 20,825.47 | |
| Clarke Goodridge Fund held | 16,213.13 | |
| Youth Fund held | 109.22 | |
| TOTAL CURRENT ASSETS | 37,147.82 | 37,147.82 |
| Fixed assets at cost | | |
| Public Address System | | 670.98 |
| Total assets as at August 31, 2003 | | 37,818.80 |
| **LIABILITIES AND ASSOCIATION EQUITY** | | |
| Liabilities - Nil | | |
| Association Equity | | |
| Balance August 31, 2002 | | 38,192.89 |
| Less: Loss of receipts over disbursements | | -374.09 |
| Balance as at August 31, 2003 | | 37,818.80 |

# 10 (new) Commandments for Ostomates

1. **Thou shalt allow thyself to be sad, or angry or depressed on occasion.** Who said you always have to have a good attitude?
2. **Thou shalt not let the above emotions become a way of life.**
3. **Thou shalt seek help, education and support if thine unhappy emotions overcome thee.**
4. **Thou shalt learn to care for thy ostomy.** Letting others do it for you if you are physically able is a cop-out.
5. **Thou shalt seek out thy ET nurse if thou art not satisfied with thine products.**
6. **Thou shalt not hide thyself away.** Get out and do the things you used to do. You can.
7. **Thou shalt not be ashamed.**
8. **Thou shalt cultivate a sense of humor about thine ostomy.** There are worse things. Far worse.
9. **Thou shalt set an example to the non-ostomy world.** An example of triumph over adversity, courage over pity, and pride over embarrassment.
10. **Thou shalt help other ostomates.** Join your local UOA chapter, donate money, volunteer your time.

## 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

**Stoma Cups:** http://www.rcscompany.com/index.html
*(That's cups, not caps --intriguing product for use when bathing/showering/changing)*

**International Ostomy Association:** www.ostomyinternational.org

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

**Coquitlam Chapter:** www.geocities.com/coqcon

**http://www.spinalcord.uab.edu/show.asp?durki=21574**
*(of interest to those with spinal cord injuries and/or their caregivers)*

NEW **http://www.j-pouch.org/** - J-pouch site

**Friends of Ostomates Worldwide:** www.fowcanada.org/

**Crohn's & Colitis Foundation of Canada:** www.ccfc.ca

**Young Ostomates United Inc.:** http://home.vicnet.net.au/~youinc/

NEW **Marlin Medical Group:**http://www.marlinmedical.com/index.asp?page=commercials
*(live product demos, how to apply, remove variety of appliances. Produced by Convatec)*

**Evansville Ostomy Association:** http://www.ostomy.evansville.net/
*(extensive resource site, lots of good links. Has message board as well.)*

## VANCOUVER CHAPTER CONTACT NUMBERS

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**VICE-PRESIDENT**
VACANT

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**TELEPHONING**
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Doreen Dowson Tel (604) 540-7360

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Dr. Martin Gleave, Urologist - VGH
Sherri Carson, WOC Nurse
Deb Cutting, WOC Nurse
Mariette Carmen, RN. ET

**STOMA CLINICS IN VANCOUVER AREA**
*Pre-surgical counselling and post-operative follow-up.*

**VANCOUVER**
**Vancouver General Hospital** 855 West 12th Avenue
Deb Cutting, ET., Beth Schultz, ET.
Eva Sham, ET., Candy Gubbles, ET. Tel (604) 875-5788
Maureen Moster, ET.,
Sharon Evashkevich, ET.

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Shannon Handfield,
WOC Nurse Tel (604) 822-7641

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**Children's Hospital** 4480 Oak Street
Janice Penner, Tel (604) 875-2345
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**Keir Surgical Ltd.** 729 West 16th Avenue
Annemarie Somerville, Tel (604) 879-9101
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**NORTH VANCOUVER** **Lion's Gate Hospital**
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RN., ET., CWOCN

**NEW WESTMINSTER** **Royal Columbian Hospital**
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Laurie Cox, RN

**Westminster West End Pharmacy**
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**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**
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**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

### 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.

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

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

## ADVERTISERS!

Promote your products and services in High*Life!*

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:

| | | | | | |
|---|---|---|---|---|---|
| Size: | 1/6 page | 1 issue | $30.00 | 6 issues | $100.00 |
| 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** *Electronic artwork can be received as well as hard copy and photo images.*

## MOVING?

Please phone or send us your new address so you don't 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