Ostomy Canada Society | Société Canadienne des Personnes Stomisées

Vancouver Ostomy

HIGH Life

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2019 MEETING SCHEDULE:

February 23
Guest Speaker
Desi Omojokun: The Value of Ostomy Out-Patient Clinics

April 20
June 22
September 21
(AGM)

ALL CHAPTER MEETINGS ARE HELD ON SATURDAYS AT:
Collingwood Neighbourhood House
5288 Joyce Street
Vancouver at 1:30 PM

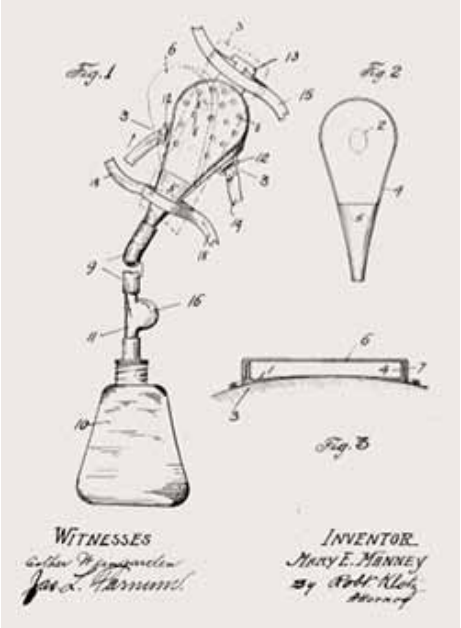
NOTE: In the event of severe weather conditions, please call the Collingwood hotline 604-412-3845 to check if the centre is open.

We've Come a Long Way

A look at ostomy pouching systems from a historical perspective

by Thom R. Nichols, Research Fellow: Biostatistics and Health Economics, Hollister Incorporated

Today, people with ostomies have a variety of pouching systems to choose from, but this certainly was not the case in the past. Let's take a look at how the pouching system has evolved through the years.



The year is 1706 and historical records recount a battlefield wound resulting in a prolapsed colostomy. This instance, perhaps, is the first stoma ever recorded. In a mid-1700s surgical textbook there is an etching of a woman looking down at her abdomen. She has a colostomy and in her lap are rags and moss to absorb the output of the stoma. Then, in 1776, there is a record of a French physician constructing a stoma due to intestinal blockage. A sponge held tightly to the abdomen by an elastic band absorbed the output. While stoma construction was rare at this time, there are other reports of stoma formations, and of stoma output being managed through a variety of mechanisms such as leather pouches with drawstrings. Along with regular stoma enemas, these are the first records of attempts at creating ostomy appliances.

In 1912, Mary Manney, of Chicago, Illinois, filed a patent (granted in 1913) for a "surgical appliance, which may be secured to the body of a person upon whom a surgical operation has been performed; the device being particularly useful in operations of that character in which an incision has been made in the abdominal wall of the patient". See Figure 1. In the 1920s, Dr. Alfred Strauss, a Chicago physician, came up with the idea of a rubber pouch that could be held in place on the abdomen by adhesives and belts.

Numerous other ostomy appliance patents were to be filed in the coming decades. In the 1950s, innovation in products, patient care and surgical techniques evolved. This decade would provide the roots for a new healthcare profession; that of the Enterostomal Therapist, created by a tenacious ostomate from Ohio by the name of Norma Gill. At the same time, developments in surgical techniques were being explored at the Cleveland Clinic by Dr. Rupert Turnbull and Dr. George Crile, and plastics began to make their way into the manufacturing process. However, many of the manufacturers of ostomy appliances continued to use heavy rubber pouches and rubber or plastic face plates developed in the previous decades.

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

From Your President

Happy New Year Everyone! We changed our Christmas Luncheon venue this year and were super happy with the hall, accessibility, service and food! The Holiday Inn on the North Shore is definitely our choice for next year. Thanks again to everyone who attended and to everyone who brought gifts and prizes. See photos starting page 15.

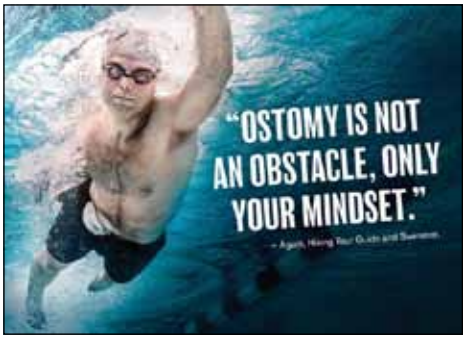
Our speaker at the February meeting will be Desi Omojokun, BMedSc, who is gathering information to write a paper on the value of ostomy out-patient clinics. As many of you are already aware, few hospital ostomy out-patient clinics operate anymore; Lion's Gate Hospital is the lone exception. For several years now, newly discharged ostomy patients have been instructed to go to one of the many private clinics available throughout the lower mainland for post-surgical follow-up. There's nothing inherently wrong with that, as private clinics employ many of the same fully qualified ostomy nurses (NSWOCs) who may also work in the hospitals and who can provide the same professional care one receives in a hospital setting. However, it is the opinion of this chapter and of the NSWOC community themselves, that immediate post-surgical followup is best done in the hospital where the patient had their surgery, with the NSWOC nurse(s) at that hospital who are familiar with their case. Leaving it up to the patient -- who may be elderly, isolated or not good at self-advocacy -- to arrange for their own post-surgical care can lead to a disconnect in their care, misuse of products or worst of all, chronic issues that could have been prevented if addressed earlier. It's our opinion that shutting down hospital ostomy out-patient clinics to save costs is short sighted, because serious post-surgical issues can wind up costing the system more in the long run. Desi will be soliciting your own post-surgical experiences with follow-up care to assist in her reseach.

This is not to say that patients should have unlimited access to hospital out-patient care for the rest of their lives, not at all. That is neither practical nor reasonable from a healthcare cost standpoint. Ideally, patients should be followed up in their hospital out-patient clinic after surgery to make sure they are healing well and to see that they are using their products correctly, or if they need a change of product. At that time, the attending NSWOC can determine how much more coaching or treatment might be needed and if it is appropriate for the patient to be referred to a private clinic in their area. Patients should be aware that if using the services of an NSWOC nurse in a private clinic there may be the expectation that they purchase their ostomy supplies from that clinic. This is fair in my opinion.

You'll notice this issue is bigger than before, by four pages! I'm very pleased to welcome our two newest advertisers -- Premier Ostomy and ColoMajic -- who have both taken out full page ads. Lakeside Pharmacy joined us last issue so we now have 3 more pages of advertising. This decreased the amount of room for articles so I figured let's just make the newsletter bigger!

Andy Manson passed along the images below that she obtained from contacts made while doing the Iceland Trek last summer. I'd say Iceland has a pretty good ostomy awareness program going!

- Debra



WE'VE GOT MAIL

HELLO FROM OSTOMY CARE & SUPPLY CENTRE

Dear Debra, Joy & Sally,
It was certainly a pleasure connecting with you gals at the fabulous Ostomy Education Day at Lion's Gate Hospital on Saturday. Wasn't that awesome? Thank you so much for the written resources you shared -- I love the Handbook for New Ostomy Patients! It's so great -- many thanks.

Marty Willms, RN MN NSWOC

THANK YOU FROM OSTOMY CANADA SOCIETY

Dear Debra,
We want to than your chapter for your generous donation to ostomy Canada Society Inc. Stoma Stroll event - Andrea Manson Iceland Trek.
Your donation will help us fulfull our mission " . . . as a non-profit volunteer organization dedicated to all people with an osotmy and their families, helping them to live life to the fullest through support, education, collaborations and advocacy." We appreciate your financial contribution to continue providing the various support programs for our clients.

Sincerely,
Ann Ivol
President, Ostomy Canada Society
www.ostomycanada.ca

THANK YOU!

Thankyou for your effort & time . . . please pass these thanks along to the Board of Directors! I really enjoy the newsletter!

Herb Latchko
Enderby, BC

DID YOU FORGET TO RENEW YOUR MEMBERSHIP FOR 2019?

LAST CALL for 2019 memberships before we tearfully delete you from our database. Please send your cheque for $30.00 (what a deal, unchanged in 25 years) ***made out to UOA Vancouver to:***

405 - 1488 Hornby Street
Vancouver, BC
V6Z 1X3

Can't remember if you renewed this year? Call 604-683-6774 and we'll sort you out.

Back to Work With an Ostomy

From the board room to construction, to long shifts in a hospital, people with living with an ostomy (colostomy, ileostomy, urostomy, ect.) work every job imaginable. Embracing a "new normal" in life after ostomy surgery is key to living an active life, and that daily norm means going back to work.
According to the American Society of Colon and Rectal Surgeons once a person has recovered from surgery your ostomy should not limit your return to work. When you return depends on your individual recovery, ease of pouch management and how physical your job is (due to the increased risk of hernia).

Whether to tell your employer or coworkers is a personal choice depending on your unique work situation, but some feel it comes in handy if you require frequent breaks or other accommodations. Remember your co-workers will likely not realize you have an ostomy unless you tell them. With some preparation you'll soon be confident in the workplace, and for many, feeling in better health than before surgery.

Here are a few tips from the UOAA Facebook community and Advocacy Network.

Be Prepared: In the case of a possible leak have a complete change of your ostomy supplies as well as a change of clothes you can bring to the bathroom. "Pack in a backpack, zippered tote, or small duffle bag that you can store in your desk drawer or locker" *–Jane Ashley-publishing/author*

Know Your Rights: You have legal rights under the American Disabilities Act prohibiting employment-based discrimination. Workplace complaints to UOAA are rare but it can still occur. "My coworkers all knew, especially of the trials and tribulations pre-op. But still, there was hostility and harassment at times." *Jacque- Retired Government.*

Dispose/Empty Your Pouch Properly: Investigate the best restroom/changing facilities to empty or change your pouch. Consider the use of pouch or ostomy type deodorants. "My purse contains a 1-ounce bottle of Poo-Pourri, a Tide pen, a lubricating deodorant sachet, and baby wipes." Margie, Academia.

Find the Best Clothing for Your Job: Consider loose clothing if sitting for long hours or a stoma belt if you have an active job with lots of bending. A skin barrier may be helpful if you perspire on the job. "I wear a hernia belt"- *Megan-Nursing*

Don't Stress Stoma Noise: If your stoma decides to speak up at the next meeting relax, you may be the only one who notices "All bodies make sounds"
- - *Penny- Construction*

Hydrate: "Stay on top of your fluid intake. Don't get distracted and have it result in an ER visit." - *Heather Brigstock-Nursing*

Find Support: Know that you are not alone. UOAA has about 300 affiliated support groups around the United States that offeradvice, information and support.

Wish some preparation and patience you'll soon be confident in the workplace, and for many, feeling in better health than before surgery.

- Source: UOAA website, Ostomy Basics & Tips

Know Your Rights in the Canadian Workplace:
https://www.canada.ca/en/canadian-heritage/services/rights-workplace.html

For Canadian Ostomy Support Groups Visit Ostomy Canada Society Website:
https://www.ostomycanada.ca/support/canadian-chapters/

Find an Ostomy Support Group in BC:
http://www.uoavancouver.com/

Ask a WOC nurse

Lauren Wolfe RN, BSN, CWOCN MacDonalds Prescriptions Fairmont building

How often should you see an Ostomy nurse?

The frequency of seeing an ostomy nurse really depends on where you are in your journey of living with an ostomy. If you have just had your surgery then I like to be on the more cautious side and recommend that you see a nurse specialized in caring for patients with an Ostomy within two weeks or sooner of discharge from hospital. Please note that although home care nurses are very experienced they are NOT ostomy nurses. Some home health agency's do have Ostomy nurses but they may not be aware of you as the nurses are helping you learn and may not recognize your need for experienced help from an Ostomy nurse. Please ask if the home health agency has an Ostomy nurse and if you could touch base with them, if not please see an Ostomy nurse in an outpatient clinic for an assessment. These could be attached to hospitals or may be in private practice. If you purchased your supplies from a pharmacy or distributer ask if they have an ostomy nurse there is no charge to the visit, if they do not you may wish to reconsider where you purchase if your local hospital does not have a clinic. The Ostomy nurse thereafter will determine the frequency of the visit. I am conservative in my approach and want to ensure that you are managing with your appliance and that all your questions and concerns are addressed as well with your body, stoma and changing activity level seeing you frequently. I recommend at 2 weeks post discharge then 4 weeks later, 6-8 weeks after that appointment then at 3-4 month interval. If I have any concerns I will schedule a 6 months appointment if not then a year. Some people find this too much and I will often leave this up to you to decide. Taking into consideration that any concerns such as, leakage, skin issues, pain, stoma size change, concern over a hernia, lifestyle questions, intimacy and sometimes if you are planning on traveling or wanting to see new products you should schedule an appointment. Once you have an established stoma I recommend a check up every 6 months eventually weaning to annually if no medical issues arise. Think of your stoma just like your eyes. Regular check ups are essential. Often times your Ostomy nurse will see things differently and treat skin issues before they become major complications.

What to do when you have an ostomy and need to go to hospital?

Working in a hospital I get frequent calls from the nurses asking for ostomy supplies when a person with an ostomy is admitted. Often times when you have a stoma the nurses or physicians will want to have a look especially if you are coming in for an issue related to your stoma. ER nurses deal with many issues and often are not very familiar with ostomy products. Hospitals carry ostomy products but are restricted to one company's flat and convex flanges and all pouches are transparent. (Not all areas will have convex flanges). The supply is limited to a product that meets the needs of 90% of people living with an ostomy. One-piece products, precut options, closed pouches or pouches with filters are not usually available. Some hospitals do not have ostomy nurses and most only work between the hours of 7-3 or 8-4 on weekdays. If you are arriving outside of those hours then the ward nurses will need to help you. Many times ostomy nurses even if on duty are not able to see all patients who have an ostomy when admitted for unrelated medical or surgical concern. The nurses as well as yourself should be able to manage your ostomy. We encourage you to bring your own supplies to hospital as even Ostomy nurses have limited options when it comes products available in a hospital.

Recommendation: When going to hospital we recommend that you bring 3 sets of pouching supplies with you. Usually the ER doctor or nurse may want to remove your system then perhaps the surgeon or GI physician etc. Best to have a few sets available, as this will decrease both your and the nurses anxiety as a leaking appliance can lead to skin issues if the fit is not correct. If you have a Urostomy (ileal conduit) don't forget to bring the night drainage connector -- those are like gold. Waterproof tape doesn't work to connect to a catheter bag. ❑

DID YOU KNOW?

Cats' pawprints are like fingerprints -- no two are alike!

Tips and Tricks

DEALING WITH VERY WATERY OUTPUT

Very watery and frequent output will mean you must empty more frequently and are at greater risk of barrier breakdown. Rings and paste don't always work well for some folks, and changing the appliance more frequently can get expensive. Even using tabs and capsules can add up if your ileostomy is a busy one. Some lower-cost solutions to decrease unwanted watery output are:

Corn Starch: yes, plain old cornstarch in the bag. It thickens gravy doesn't it? It's far cheaper than ostomy thickeners and can also help with odour. A couple of heaping teaspoons in the bag after each empty. Another product is "ThickenUp", an instant food thickener by Nestles. Try a couple teaspoons in the bag.

Limit Coffee Drinking! Sorry, that espresso is going to stimulate your system to even more output. Try to limit your coffee intake to one cup a day in the morning. Remember eating peanut butter and banana on toast when you were a kid? Try some for breakfast -- bananas and peanut butter both help slow down output.

How often do people change their pouch?

The majority of ileostomy and urostomy patients change their pouch as often as every day to once a week. Others (including those with a colostomy) may change the pouch as often as 3 times day or as infrequently as every two weeks. Reasons for such extreme variations in changing frequency can be:

Personal Preference: Aesthetics, convenience, and odour control

Skin Type: Moist or oily skin tends to decrease adhesion time.

Amount of effluent: Profuse effluent tends to loosen the seal.

Technique: Good technique, such as cutting the hole to the right size, proper application of paste or inserts etc. will increase wear time.

Stoma Length: a short stoma exposes the adhesive material to moisture which decreases wear time.

Cost: Those who have difficulty paying for supplies may delay changing to make things last longer

Some foods could be another reason. Some people have reported adhesive breakdown when large quantities of acidic foods are consumed—tomatoes, oranges, & strawberries, etc. Spices have also been suggested as another cause of adhesive breakdown. ❑

50% of all patients with a stoma will develop a hernia

Choose an Omnigon Support Garment tailored to suit your lifestyle

3 **MODERATE** support
- After surgery
- Wear during light exercise
- To prevent or to support a small bulge

Men's Support Pants
Diamond Plus Briefs & Boxers
Diamond Plus Support Waistband

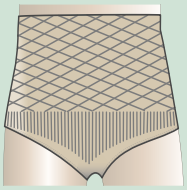
4 **INTERMEDIATE** support
- Wear during daily activities as prevention (housework, shopping, golfing)
- Support a more developed hernia

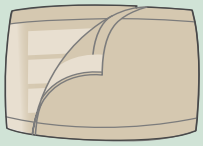
Support Briefs for Her
IsoFlex Support Belt

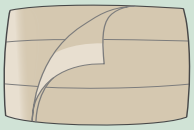
5 **FIRM** support
- Wear during active work or sports as prevention
- Support a more developed hernia

Total Control Support Belt
KoolKnit Support Belt

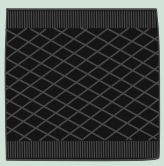

3. Men's Support Pants

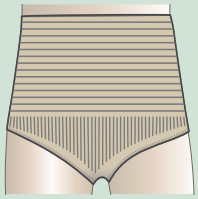

3. Diamond Plus Briefs

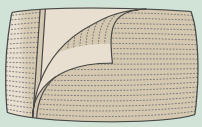

4. Isoflex Support Belts


5. Total Control Support Belts


3. Diamond Plus Unisex Boxers


3. Diamond Plus Support Waistband


4. Support Briefs for Her


5. KoolKnit Support Belts

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A Mini-Guide to Barrier Rings

- Vegan Ostomy Product Reviews, https://www.veganostomy.ca/, June 2017

What Are Barrier Rings?

Barrier rings, which are sometimes called Eakin rings (although Eakin is just one brand of many), are often used when an ostomate experiences leaks. Barrier rings work by swelling up around the stoma when it comes into contact with liquid or ostomy output, providing effective protection for any skin that's exposed.

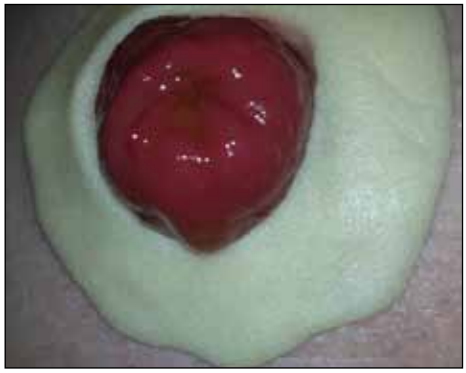
How Are Barrier Rings Sold?

Barrier Rings are boxed in quantities of 10-20 individually wrapped packages. Some brands offer two thicknesses. These rings are usually not cheap (if you're paying for supplies), and typical run around CDN$5.50 per ring. *[as of June, 2017]* You can purchase barrier rings from local suppliers or online.

How to Use Barrier Rings

These rings can either be placed around the stoma before applying the wafer, or to the wafer directly (after you remove the release liner on the wafer). They tend to be quite sticky, and should be applied to dry, unbroken skin for best results.

Because these rings are pliable (like Play-Doh), they can be molded around your stoma for the perfect fit. (see below) Barrier rings can be molded to fit around any size or shape of stoma.



A ring molded around the stoma

A ring molded around the stoma

Barrier rings can also be applied to a wafer (just remember to remove the release liner off the wafer first!).

It's best to use gentle pressure over your appliance after fitting it on top of the barrier ring, for a few minutes. This will help the ring stick to your skin better, and will allow the wafer to stick better to the ring!

Tips When Using Barrier Rings

Just because you get a ring, doesn't mean you have to use a ring! You can easily tear these rings in half and use whatever you need.

These rings do tend to break down and often "melt" when they are worn for prolonged periods of time, or if you sweat a lot. Some brands break down sooner than others, so it's best to sample a few, since these tend to be expensive.

Barrier rings can also help to fill in gaps near your stoma.

Are Barrier Rings Vegan-Friendly?

Many barrier rings contain gelatin, however, there are few (like Eakin rings – the brand) that are free of animal ingredients. ❑

DID YOU KNOW . . .

The average large intestine weighs about four pounds (empty!)

After surgery, 15 per cent of B.C. patients rush back to hospital, mainly due to pain, bleeding or infections

Pamela Fayerman Updated: October 23, 2018

Post-operative visits to the emergency department are fairly common with just over 15 per cent of patients going to a hospital emergency department within six weeks after any type of surgery, a B.C. study shows.

The most frequent complaints and diagnoses were surgery-related pain, infections, and bleeding, according to the cover-featured study published in the B.C. Medical Journal.

Study co-author Dr. Susan McDonald said that since more and more patients are released the same day as their operations, patients are losing close attention and education from nurses. That loss in post-operative oversight has increased the likelihood that patients will experience concerns or complications after they've been discharged.

McDonald, a general surgeon at Chilliwack General Hospital, said some surgeons tell patients to come back for follow-ups two to three weeks after their operation, while others stipulate six weeks; often it has to do with the complexity of the procedure. But patients often feel they can't wait that long when problems arise.

The finding that 15.1 per cent of surgery patients are rushing to the emergency department within weeks following surgery suggests there are quality improvement measures required, McDonald said. She's urged the Fraser Health Authority, for example, to immediately notify surgeons when one of their patients has returned to the hospital. But she said the health authority has to find a workaround to alter the way computerized hospital records are formatted so that surgeons can receive such notifications whenever one of their patients has a post-operative problem.

"As a surgeon, I want to be alerted about patients who have complications. I can't fix anything I don't know about," McDonald said. "Surgeons need this information as well for their own personal learning. It's disheartening when patients develop infections. They lose faith in their doctors and in the system."

She said patients also need to ask more questions, be given more information as part of their informed consent process, and be urged to read and retain the handout brochures they are given so they know what to expect after surgery.

The study was based on the charts — marked for the study purposes with a red dot — of about 250 post-operative patients who went to the Chilliwack hospital in the summer of 2015.

Of the total, just over half had their surgery at that hospital while the rest had their operations in other hospitals. Only two patients who went to the ER required admission to hospital while the rest were prescribed antibiotics, other medications, or some form of treatment and then released.

McDonald said while the study was done on patients who went to the Chilliwack hospital, she believes the results can be applied more generally.

"There are not a lot of studies that have been published that look at things from this approach. Most studies look at either specific diseases or procedures and then look back retrospectively to determine the rate of emergency room visits. But I believe we were very close to the numbers quoted in those other few studies."

The takeaway message for patients and doctors is that communication is critically important, she said. Anticipated or even unexpected issues should be covered during consultations with surgeons. Patients should know what to expect, including how much pain and discomfort may be expected since all surgery does involve some pain. Patients should also have discussions with doctors about who to see or where to go if they have problems so that emergency departments aren't necessarily the default destination for visits that aren't true emergencies.

But McDonald admits it's also likely that the growing number of patients without primary care physicians is contributing to a high number of patients using ERs.

"Up to 30 per cent of patients in Chilliwack don't have a family doctor. This is definitely something on my radar now and may be a strong factor in why people are going to the ER."

McDonald said while an ideal scenario would involve emergency doctors calling surgeons when their patients attend the ER, she knows they are usually far too busy to do that, not to mention reluctant to call surgeons late at night or on weekends.

"Emergency doctors are awesome, they're doing their best, but they are overworked. Still, this is an issue about the need for better communication so no one should be afraid to pick up the phone or notify surgeons who may want to know what the problem is and how to rectify it."

McDonald said further research is taking a deeper dive into the data.

A few months ago, another B.C. study showed that this province has the second highest hospital readmission rate in the country. Hospital readmission rates are a marker of health system performance and add substantial costs to hospitals.

The national average for urgent, unplanned readmissions for medical problems like mental health issues, cancer, heart failure, and chronic obstructive pulmonary disease is 9.1 per cent. But the B.C. rate is 9.6 per cent while Saskatchewan has the highest rate — at 9.9 per cent. ❑

- Winnipeg Inside Out, October 2018

APPS of INTEREST

WheelMate gives you an instant overview of your nearest wheelchair-friendly toilets and parking spaces on an interactive map. It is powered by wheelchair users who add and verify every single location themselves, ensuring it works the way it should. It is easy and simple to use, and it is free!
The WheelMate app currently has more than 35,000 locations across 45 countries – and more are being added every day. Almost 17,000 people have downloaded the app.

Key features and benefits:

- Instant overview of your nearest wheelchair-friendly toilet and parking spaces
- Get direction from your current location to the desired location
- Help other users by adding toilets and parking spaces in the app
- Rate on locations listed by others
- No registration required

The first curved fit *for curved areas*

NEW

BodyFit Technology®

Coloplast

SenSura® Mio Concave

SenSura Mio Concave is the first appliance that's specially designed for stomas on bulges, curves and hernias.

If a stoma is sitting on a bulge, it might be hard to fit a flat product without getting creases and folds.

BodyFit Technology within the curved, star-shaped SenSura Mio Concave baseplate enables the baseplate to "hug" the outward area, and the flip-to-fit system makes it easy for your patients to put it on.

To find out how it could make life easier for your patients, speak to your local Coloplast representative.

Ostomy Care / Continence Care / Wound & Skin Care / Urology Care

SenSura Mio Concave is one of the range of SenSura Mio appliances. The range offers an individual fit for regular, inward, and outward body profiles.

There's a ***Mio*** for ***every body***

Christmas Luncheon 2018!

We held our annual Christmas Luncheon and Kids Party in a new venue this year -- the Holiday Inn on Old Lilliooet Road on the North Shore. What a wonderful choice! The setting was beautiful, there was ample parking, no stairs to climb and the Turkey/Basa spread was excellent. I counted 65 adults and a record 13 kids. Kudos to the outstanding staff at Holiday Inn for accommodating extra seating and requests. Thanks to Joan Nicholson and Linda Jensen for working the door, Joey Chisholm for flogging a record number of raffle tickets, and Barb Mansell, our Santa who can charm even the most timid child. Big thanks to Joy Jones for arranging the venue, buying all the kids' gifts, decorating the tables and handling a myriad of details. Thanks to everyone for coming and we hope to see you next year!

At Right: Linda and Joan work the registration table

The Roga Clan

Dilbag Johal, Paul Sahota, Monica Sahota and Darsho Johal

Above: Youth Camp Mom and Sandra Morris

At Right: Mila, Derek and Linden

more on next page

Clan Seifert

"Have I been good? Are you kidding me?"

"Santa, I love your nail polish!"

"Dad, we are so winning this candy thing!"

Adolf and his grandson

Best Kid Hair Award: Nick

"OK, I'll sit here but just for a moment"

"I've been really good, but my brother not so much"

"Sounds like a Spiderman to me, Linden."

"Why yes, I WOULD like a present!"

"Don't listen to Quinn."

Santa gets the Death Stare from Mila

"See? Bowen was right -- just play along and you get a gift!"

more on page 18

InnerGood.ca™

We are your online source for ostomy products,
wound care supplies, dietary supplements and lifestyle advice.

We care for all of your lifestyle needs by providing:

- Medical products from brands you trust.
- Easy online ordering and customer support by a product expert and fellow ostomate.
- Option to pay using your Extended Medical Insurance including BC Pharmacare and Veteran Affairs.*
- Access to an ET Nurse via Skype for private medical advice.
- Subscriber Benefits: get your preferred supplies automatically shipped to you, when you need them.
- High quality vitamins and supplements that will help you feel better on the inside.

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Call us at **1 (844) 466-3939**
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innergood.ca

This offer applies to all regular priced products that we carry and excludes sale items. Customers get 10% of their purchase of regular priced items.
This coupon cannot be combined with any other offers. Redeem this coupon by entering **firstpurchase** at checkout online. For assistance, email **orders@innergood.ca** or call **1.844.466.3939.**
*Customers can pay using their extended medical insurance for prescription medical products and drugs.
Please note that some 3rd Party Insurers require customers to mail in their receipts for reimbursement however.

Zac and our newest luncheon guest!

Winners of Donated Gifts:

New Westminster Ostomy Care & Supply
- Bill Albinson

Macdonald's Prescriptions & Medical Supplies (Fairmont Bldg.on Broadway)
- Paul Sahota

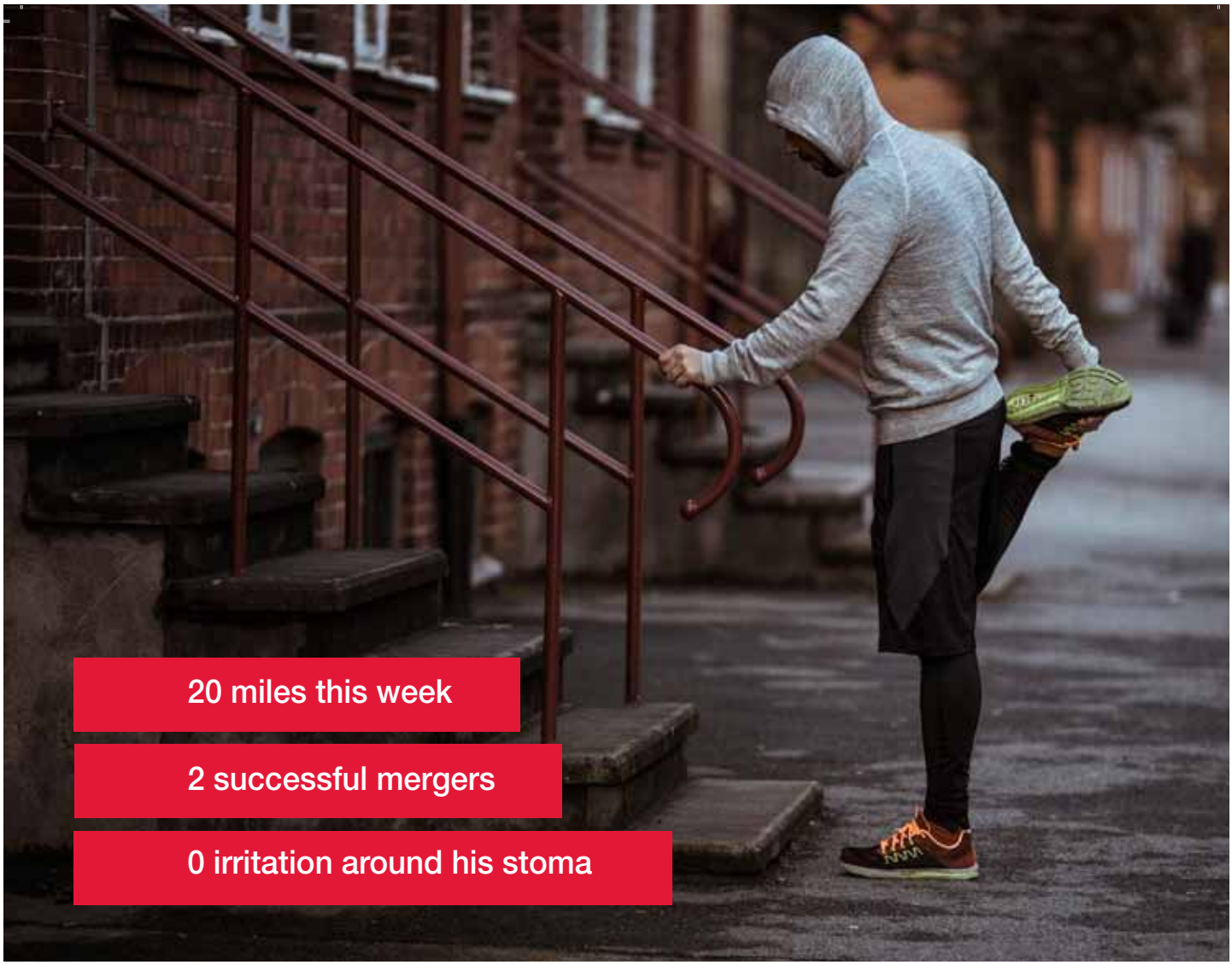
Nightingale Medical Supplies
- Shirley Kelleher

Cash Prize Draw Winners:

$100 -- Anonymous
$75 - Norma Primiani
$50 - Kelsey Cramer

Thanks to the following folks who kindly brought a gift for the door prize table (not everybody signed the sheet -- sorry if your name doesn't appear!!)

Linda Jensen
David Rogers
Earl Lesk
Joan Nicholson
Arlene King
Adolf Specht
Emilia Prychidko
The Seiferts
Joy Jones
Debra Rooney
Elaine Dawn
Pierrette Daigle
Bill Albinson
Eleanor Platts
Cindy Hartmann
Sally Martens



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You've never been one to let life slow you down. Every challenge is met with the confidence that comes from knowing life is all about the journey. And that confidence is an inspiration to us every day at Hollister.

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For more information call our customer service at 1-800-263-7400.

www.hollister.com

Hollister

Ostomy Care
Healthy skin. Positive outcomes.

Be careful not to overindulge, as it may prove to be costly in the end

By: Lauren Wolfe RN, BSN, CWOCN MacDonalds Prescriptions Fairmont

I recently had the opportunity to travel to Birmingham where I had the pleasure of meeting with chemist Richard Darwood, who is the Research and Developement Lead Chemist Hydrocolloid for Development for Salts Healthcare. He shared some interesting facts with me that I had not known in the 12 years of being a WOC nurse. Richard is involved in the development of the barrier portion of ostomy flanges that is the part that sticks to your skin. He shared with us that " Cycling is when the hydrocolloid is stored in conditions that are not constant, or at least rise and fall repeatedly. Varying humidity levels of the storage area can degrade the hydrocolloid very quickly. Hydrocolloids are designed to absorb fluid, either from the skin, the stoma or from the air.....it is not picky!!! If the hydrocolloid is stored in a bathroom for instance, the adhesive will absorb moisture from the air when the bathroom is steamy and then dry out as the bathroom becomes less humid. Day after day (if the bathroom is used regularly), the hydrocolloid will absorb moisture from the air and then dry out and it is this repetitive "cycling" that destroys the hydrocolloid. The adhesive will be seen to develop "cracks", it will become brittle and will not be as sticky, and it will not absorb fluid as effectively if worn. The product is not fit for use."

In regards to temperature Richard states "Whilst temperature itself does not drastically affect the hydrocolloid (there is some effect but it is minimal), the only true effect of temperature is that an increase can cause "cold flow", i.e. the adhesive will creep from the edges of the wafer and may leave residue on the skin of the patient. It is not a product failure, the pouch can be worn but obviously it is not as good as it would be if the storage temperatures were correct!!!! "

Although temperature does not affect the composition of the hydrocolloid ostomy nurses have found that during extreme heat or cold temperatures leaving a spare set of product in the car may lead to application challenges. In the heat the hydrocolloid becomes soft and often feels like it has melted and in the cold it needs to be warmed up or adherence to your skin will take longer.

Living in Vancouver we see fluctuation in temperature and humidity. Recently we experienced one of the hottest summers on record and a few years ago I recall freezing temperatures and high snowfalls. With these temperature variances we are seeing fluctuations in humidity. We suggest putting your flanges in a heavy ZipLoc bag and putting them in a small travel cooler with a cold pack in summer and in winter months make sure to warm up the product before application.

Why is this important ?

As we near the end of the year many ostomy suppliers may encourage you to purchase large quantities of product, especially if you have reached your pharmacare deductible. Returns may be limited to 3 months from date of purchase. With my recent knowledge in understanding that products are susceptible to humidity I would caution that it is best to purchase no more than a 2-3 month supply ensuring that you store your product away from area's that will have fluctuations in humidity and changes in temperature. Other reasons to not overstock your supplies are that your stoma may change in size and shape as you age, especially with weight gain or loss. If you use a precut flange/appliance or are close to the maximum cutting surface of a cut to fit, the product may no longer fit you correctly leading to the possibility of leakage and decreased wear time. If you develop a parastomal hernia or skin issues you may need a different appliance as well. Companies are consistently developing new products and it limits your ability to try a new product as many people will wish to use up their current products. According to current pharmacare rules one may only purchase a 3 month supply of product.

Take home message: Purchase no more than a 2- 3 month supply at any given time. Store your product in a room that does not experience variances in humidity and temperature. ❑

YOU KNOW YOU ARE LIVING IN 2019 when...

1. You accidentally enter your PIN on the microwave.
2. You haven't played solitaire with real cards in years.
3. You have a list of 15 phone numbers to reach your family of three.
4. You e-mail the person who works at the desk next to you.
5. Your reason for not staying in touch with friends and family is that they don't have e-mail addresses.
6. You pull up in your own driveway and use your cell phone to see if anyone is home to help you carry in the groceries.
7. Every commercial on television has a Web site at the bottom of the screen
8. Leaving the house without your cell phone, which you didn't even have the first 20 or 30 (or 60) years of your life, is now a cause for panic and you turn around to go and get it !
10. You get up in the morning and go online before getting your coffee
11. You start tilting your head sideways to smile. :)
12 You're reading this and nodding and laughing.
13. Even worse, you know exactly to whom you are going to forward this message.
14. You are too busy to notice there was no #9 on this list.
15. You actually scrolled back up to check that there wasn't a #9 on this list.

THE VALUE OF OUTPATIENT OSTOMY CLINICS

Desi Omojokun BMedSc Healthcare Professional in Vancouver, is currently working as a part-time Research Assistant for David Taplin who recently experienced the benefits and value of the Ostomy outpatient clinic at Lions Gate Hospital. The working title of Desi's project is "The Value of Ostomy Out-Patient Clinics & Home Care" and her resulting research findings could be presented to hospitals in the lower mainland that currently do not have an ostomy out-patient clinic. The future hope is that they could see the need for those living with an ostomy receiving timely post-surgical care follow-up. Such a research paper could impress upon local health care authorities the value of access to an outpatient ostomy clinic led by a Nurse Specialized in Wound Ostomy Continence (NSWOC) in association with the community home care team.

Ostomy surgery is a life-changing procedure affecting individuals of all ages and requires specialized care and for many with permanent ostomies, long-term care. Nurses Specialized in Wound, Ostomy and Continence (NSWOCs) play a vital role in the success of ostomy surgery after-care. We believe that ostomy outpatient clinics, run by NSWOCs, would be key in helping individuals with ostomies to thrive and adjust to their new way of life and provide a place to go and receive care long after surgery occurs. Our project aims to explore the value of ostomy outpatient clinics to patient recovery and how they might contribute to improving the quality of care provided within British Columbia.

Some of the potential values of outpatient ostomy clinics that we aim to highlight in our project include:

- Improving patient quality of life.
- Helping to rehabilitate patients in the early days of their new ostomy and adjust them to their 'new normal' life.
- Potential for combined visit with NSWOC and a surgeon.
- Increase the likelihood of identifying any ostomy-related complications.
- Increase in patient access to ostomy after-care.
- Cost savings for both patients and the healthcare system.

Would you be interested in participating in a research paper regarding the value of Ostomy Outpatient clinics? We are looking for individuals who would be willing to share their post-ostomy surgery follow-up experiences.

Contact:
Desi Omojokun
778-628-3610
desi.o@hotmail.co.uk

WE'VE COME A LONG WAY, CONT. FROM PAGE 1

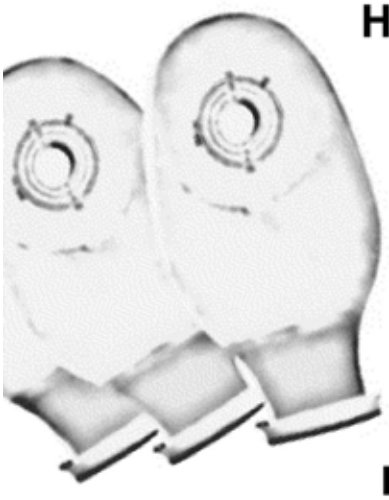
By the 1960s, there were approximately 25 manufacturers of ostomy products in the U.S. The '60s saw progressive manufacturers of ostomy appliances turning away from bulky rubber bags to more aesthetic plastic films. This decade introduced Karaya, a major discovery in ostomy care. Karaya, originally a denture adhesive, is a vegetable gum produced as an exudate from trees of the genus Sterculia. As the story goes, Dr. Rupert Turnbull, while cleaning out a colleague's lab, accidentally spilled some Karaya denture powder on his wet hands. He noticed that the Karaya had the ability to swell and cling to his wet skin and linked this to the needs of his ileostomy patients. In the 1960s, Karaya became the standard of use as a skin adhesive and protective barrier until the introduction of synthetic hydrocolloid barriers.

In the early '70s the ostomy industry began to explore the needs of the ostomate. The philosophy changed from "we can provide what you need" to "what do you need that we can provide?" Developers recognized that a pouching system must be more than safe and effective; it must also consider quality of life.

The pouching system we know today is a disposable product made of a skin-friendly, water-repellent, cloth-like material covering film laminates. Qualities include pouch films that help mask odor; noise-reducing pouch material; filters to help reduce ballooning of the pouch due to gas; flexible and thin skin barriers that are designed to stick to the skin with or without the use of belts; and integrated closures eliminating the need for separate clamps. All this is contained within a system that may weigh between 12 and 20 grams. Modern systems are low in profile, and designed for comfort, confidence and discretion; with a goal to get people with ostomies back into everyday life. And the rest is history. ❑

Tips and Tricks

If you have a urostomy and notice uric acid crystals appearing on your stoma or the surrounding skin you may not be drinking enough water. (Uric acid crystals look like whitish residue). Although they are relatively harmless, they can irritate the delicate tissue of the stoma if not removed. If regular shower water is not rinsing this completely off, try a mild vinegar solution (about two parts water to one part vinegar) to soak stubborn crystals off. Keep urine bacteria at a low level by drinking plenty of water. This is important to prevent the kidneys from becoming infected via the ureters. Drinking lots of water will help dilute and flush the urine. Drinking cranberry juice is also helpful in decreasing bacteria.



Help plan Vancouver's first

ostomy education session

this coming fall at...

Vancouver General Hospital

2019

Hosted by VGH Stoma Nurses (NSWOC)

Please join us in raising donations to help support patient education
The event will include guest speakers on all ostomy related topics and experiences
coffee & lunch provided

All donations should be made to **VGH & UBC Hospital Foundation | Re: Ostomy Event 2019**
Attn: Tim Staunton | Suite 190 - 855 W 12th Ave, Vancouver, BC V5Z 1M9

Donations of $25 and higher will automatically receive a charitable tax receipt | Tax receipts for smaller donations are available upon request

Thanks to the following folks for their kind and generous donation to the Chapter or Youth Camp:

Linda Jensen
Jennifer Irvine
Don Dungate
Michael Elder
Jose Esteves
Dann Koller
Hans Frei
Gordon Blad
Norma Primiani
Rick Irving
Bonar Fallis
Betty McEwan
Florence Robertson
Charles Genge
Antony Goldsmith
Rustam Teja
Marion Heritage
Ken Sanderson
Tracy Bassam
Selma Belscheim
Dilbag Johal
Joy Jones
Mildred Morris
Nachiko Yakota
Grace Walker
Ed Lee
Arlene McInnes

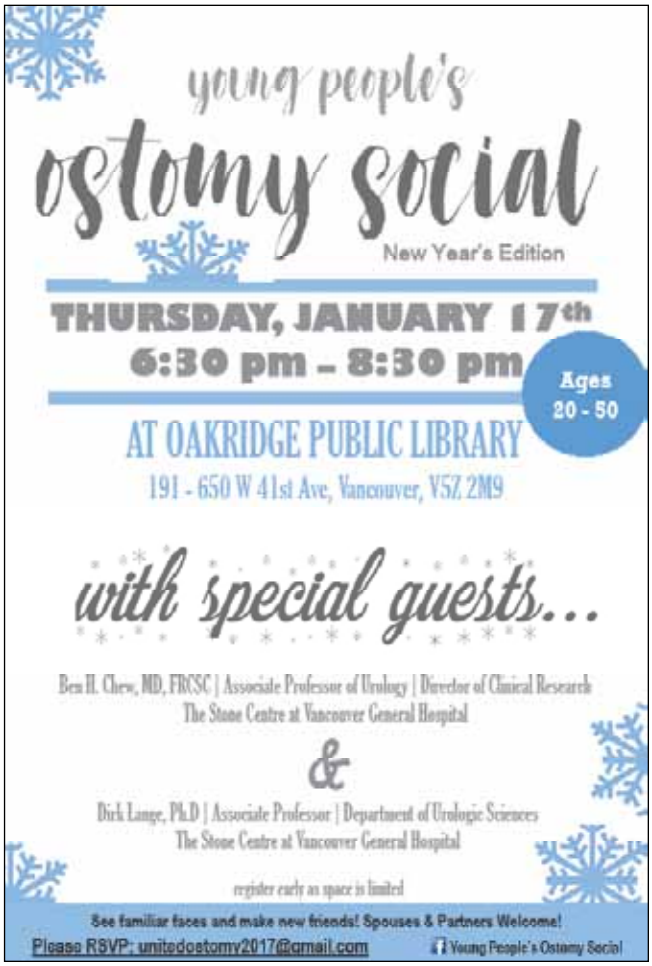
A warm welcome is extended to our new members

Karen Hooey
Jose Esteves
Shelley Park
Marney Ellis
Maxine Reed
Nicola Schmidt
Edward Orchard
Beth Ritchie

DID YOU KNOW?

The First iPhone Wasn't Made by Apple

The first mobile device to be called an "iPhone" was made in 2007 by Cisco, not Apple. It allowed the user to use the voice functions of Skype without a computer. Apple announced its own product just 22 days later, and Cisco sued for trademark infringement. The lawsuit was ultimately settled out of court and both companies were allowed to keep using the name. However, it's safe to bet that you've never heard of the Cisco iPhone.



HOSPITALS WITH NSWOC NURSES - LOWER MAINLAND
Not all hospitals offer out-patient clinics - call for information

ABBOTSFORD REGIONAL HOSPITAL
Tel 604-851-4700 Ext 642213
Donna Tyson, NSWOC
Paula Taylor, NSWOC

BURNABY GENERAL HOSPITAL
Tel 604-412-6352
Kristina Cantafio NSWOC, BSN, IIWCC
Janel Diewert,BSN, NSWOC Student

CHILDREN'S HOSPITAL
Vancouver
Tel 604-875-2345 Local 7658
Amie Nowak, NSWOC, BSN.

CHILLIWACK GENERAL HOSPITAL
Tel 604-795-4141 Local 614447
Nicole Johnson, CWOCN

EAGLE RIDGE HOSPITAL
Port Moody
Tel 604-469-3082 Pager 604-450-6980
Amber Gagnier NSWOC, BSN. (Tues, Fri)

LANGLEY MEMORIAL HOSPITAL
Tel 604-534-4121
Katie Jensen, NSWOC, BSN.

LION'S GATE HOSPITAL
North Vancouver
Tel: 604-984-5871 **Cell: 604-788-2772**
Rosemary Hill, BSN. NSWOC (Mon. - Fri)
Annemarie Somerville NSWOC (Mon, Tuesday, Wednesday)

PEACE ARCH HOSPITAL
White Rock
Tel 604-535-4500 Local 757687
Misty Stephens, RN, ET

RICHMOND GENERAL HOSPITAL
Tel 604-278-9711
Maria Torres, NSWOC Tel 604-278-9711

RIDGE MEADOWS HOSPITAL
Maple Ridge
Tel 604-466-7915 Cell 604-613-6820
Fax 604-463-1887
Amber Gagnier NSWOC, BSN.
(Mon, Wed, Thurs)

ROYAL COLUMBIAN HOSPITAL
New Westminster
Tel (604) 520-4292
Heather McMurtry, NSWOC, Susan Andrews, NSWOC, Lucy Innes, NSWOC

ST. PAUL'S HOSPITAL
Vancouver
Tel: 604-682-2344 ext 62917
Bethany Thomas , NSWOC, BSN., Gwen Varns, NSWOC, BSN., Heidi Sugita, NSWOC, BSN. Joanne Lau, NSWOC, BSN., Shairose Esmail NSWOC, BSN., Mauricio Gomez Escobar, NSWOC, BSN.

SURREY MEMORIAL HOSPITAL
Surrey
Tel 604-588-3328
Kathy Neufeld NSWOC (Mon-Thurs)
Jordan Goertz NSWOC (Tues – Fri)
Lisa Peacey NSWOC (Mon-Fri)
Heidi David NSWOC (Tue/Fri)
LauraJean Devries SWOC (Mon/Wed/Fri)

VANCOUVER GENERAL HOSPITAL
Vancouver
Tel 604-875-5788
Lauren Wolfe, NSWOC, Helen Kim, NSWOC, Erin Schmid, RN, NSWOC student
Tim Henderson, RN, NSWOC student
Jeff Wang, RN, IIWCC, NSWOC student
Allyson Hankins, RN, NSWOC student

OSTOMY OUT-PATIENT CLINICS
Post-surgical follow up and consultation

LIFE CARE MEDICAL OSTOMY
Coquitlam
130 - 3030 Lincoln Avenue
Tel 604-941-5433
Neal Dunwoody , NSWOC,
Call for appointment weekdays and Saturdays

MACDONALD'S PRESCRIPTIONS
Vancouver #2
Fairmont Building 746 West Broadway
(604) 872-2662 ext 1
Call for appointment: 604-484-6319
Lauren Wolfe, RN, CWOCN

Vancouver #3
2188 West Broadway, Vancouver
Call for appointment: 604-738-0733
Neal Dunwoody, NSWOC

NIGHTINGALE MEDICAL SUPPLIES
(8 LOCATIONS)
Vancouver:
Kent Street: 604-879-9101
West Broadway: 604-563-0422
Susie Stein, NSWOC, Gino Lara, NSWOC, Heidi Sugita NSWOC(mat leave), Helen Kim, NSWOC, Aleza Moyer, NSWOC
Langley: 604-536 4061
Katie Jensen NSWOC, Laura Jean DeVries NSWOC, Donna Tyson, NSWOC, Meggan Chung, NSWOC (mat leave)
White Rock: 604-427-1988, Laura Jean DeVries, NSWOC
Coquitlam: 604-941-9985 Helen Kim, NSWOC, Aleza Moyer, NSWOC
Victoria: (250) 475-0007 Maureen Mann NSWOC
Kamloops: (250) 377-8844 Monica Stegar NSWOC
Vernon: (250) 545-7033
Lani Williston NSWOC, Dawn Lypchuk NSWOC

OSTOMY CARE & SUPPLY CENTRE
2004 8th Ave. New Westminster
Tel 604-522-4265 Toll-free: 1-888-290-6313
Andy Manson, NSWOC, NCA
Arden Townshend, NSWOC
Marty Willms, NSWOC, IIWCC
Lucy Innes, NSWOC
Lisa Abel, NSWOC
Misty Stephens, NSWOC
Website: http://www.myostomycare.com/

REGENCY #6
1144 Burrard St., Vancouver
(across from St. Paul's)
Call for ET appointment: 604-688-4644
Neal Dunwoody, NSWOC
Heidi Kim, NSWOC (starting January)

COMMUNITY CARE NURSING
(Ambulatory and Home Care). New and Existing ostomies requiring possible nursing support: self, family, care giver, GP referred.
Vancouver Community Central Intake: 604-263-7377
Richmond Continuing Care: 604-278-3361
Sea to Sky Community Health: 1-877-892-2231
North Shore Community Health: 604-986-7111

Lakeside Medicine Centre
112A 2365 Gordon Drive, Kelowna
Call for appointment: 250-860-3100
Fax: 250-860-3104 1-800-222-9002 Toll Free
Pam Mayor NSWOC, BSN.
Kristi Kremic NSWOC, BSN.
Linda Penney NSWOC, BSN.
Web: www.lakesidepharmacy.ca

***ET Nurses** - Many of you work at more than one site, or may have changed worksites.*
Please help keep me current and send updates to:
autodraw@shaw.ca

MEMBERSHIP / RENEWAL APPLICATION

United Ostomy Association Vancouver Chapter

Membership 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 United Ostomy Association Vancouver Chapter. I am enclosing my annual membership dues of $30.00. I wish to make an additional contribution of $ _____ , to support the programs and activities of the Vancouver Chapter and the national Ostomy Canada Society. Any donations of $20 or more will receive a tax receipt.

Name _____ Phone _____

Address _____

City _____ Postal Code _____ Year of Birth _____

email (if applicable): _____

Type of surgery: _____ Colostomy _____Urostomy _____ Ileostomy ____ Internal Pouch _____ N/A

May we welcome you by name in our newsletter? ____ OK ____ I'd rather not

Additional contributions of $20 or more are tax deductible. Please make cheque payable to the **UOA Vancouver Chapter** and mail to: **Membership Coordinator, 405 - 1488 Hornby Street, Vancouver BC V6Z 1X3**