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2012 MEETING SCHEDULE:

Feb 26
Coloplast Care Program Presentation

April 29
Nightingale Medical and SALTS Ostomy Products

June 24

TBA

Sept 30
(AGM)



2012 Christmas Party
November 25

CHAPTER MEETINGS ARE HELD 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.

Laugh with Brenda

We Feel the Love

Brenda congratulates Hollister on 90 years of support, connections, and fun - By Brenda Elsagher



Congrats to Hollister Incorporated for 90 years of excellent service. I have been blessed to have had a relationship with Hollister since 1995/1996 when I started wearing their products. Like everyone else, I tried all the brands in an attempt to find the best thing that worked for me, and Hollister pouches did the job.

One day I was giving a talk for a group of nurses in St. Paul, Minnesota and LaDonna Cleveland, a Hollister representative, was in the audience. She was instrumental in making connections for me at Hollister. She told them about my use of humor to talk about ostomies and my ability to speak to nurses from the patient's perspective.

When LaDonna told me about the kind of company Hollister is, and how they cared not only about their customers, but also their employees, I was really impressed. I had been a small business owner for 20 years, and valued the positive work relationship of Hollister. I think it was around that time that the Secure Start services began, so when a patient left the hospital, they could call a Hollister Associate for support. I have been fortunate to visit the Hollister call center and witness the kind of support offered by the Associates. As a person with an ostomy, it was comforting to hear.

I was also blessed to go on a 15-city road tour to talk to nurses when the Lock 'n Roll pouch first came out. Mark Kennedy and Al Maslov, both Hollister Associates, were my angels-in-waiting and encouraged me every step of the way. Later, Mark and I completed the Get Your Guts in Gear bike ride in Washington. While training, we rode our bikes through downtown Chicago, past all the historical sites and along Lake Michigan. This would become one of the most memorable days in my middle-aged life. Mark gave me courage and made me stretch in ways I never thought possible.

I have also had the opportunity to visit the Hollister plants in Kirksville, Missouri and Stuarts Draft, Virginia. There I met the people who make the pouches and accessories. I shared how their work really matters to those of us with an ostomy, and enables us to live our lives to the fullest. Years later, I got a note from an Associate that said she still thought about the new bride or the baby I spoke of when she made the pouches. It made her feel like she was doing important work.

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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 every-
body. Please consult your own doctor or ET nurse
for the medical advice that is best for you.

From Your President

BUONGIORNO! The photo at right is me with some dashing members of the Italian Carabinieri (police) who were on standby near the city core ready to move in during the Rome riots of October 15. We never got close to any of the mayhem and stayed back where the police told us to although I was tempted to venture closer. I figured I should stay out of trouble since I'd already had enough 'excitement' this fall. Almost exactly one month to the day before this picture was taken I was in an ambulance on my way to St. Paul's hospital.



*"Photo permesso?" Me posing
with the Italian police in Rome.*

The editorial I wrote about my experiences that September obviously touched a nerve in the ostomy community -- I've never had so many responses or so much feedback in 8+ years of being editor of HighLife. I think I can confidently say that the majority of us have received, or are receiving, appropriate and informed medical care concerning our ostomies. Unfortunately, from the responses I have gotten, not to mention my own experience, I can just as confidently say that some doctors display a sorry lack of awareness of basic ostomy care, management and function. Such ignorance in the doctors' community in this day and age is unacceptable, my friends. With this in mind I wish to compile as many examples as possible within the next two months of your experiences with doctors who did not appear to understand basic ostomy care or management. Results will form the basis of a draft letter to the Canadian Medical Journal to bring to their attention this lack of awareness and the need to address it. You already know my displeasure with several doctors who either did not know what irrigation is or who did not appear to understand the functional differences between an ileostomy and a colostomy. Here's another example that was brought to my attention: a patient was experiencing severe skin irritation under the flange and consulted her doctor. This medical professional allegedly told her the rash would clear up if she'd stop wearing her appliance for a week or so. She has an ileostomy. Get my drift? These are the sorts of things we need to shed light on.

This is not to be interpreted as an opportunity to doctor-bash, air old grievances or veer off-topic, folks. This isn't about a misdiagnosis, or your knee surgery that went south or a doctor who was chronically late. Your submissions should only be about your experience with doctors' lack of knowledge about ostomies. (You can tell your positive stories too, of doctors who demonstrated knowledge and awareness. Credit should be given where it is due as well.)

You may remain anonymous if you wish, but doctors' names, if mentioned, will **NOT** be published. The purpose here is to bring attention to bear on the need for more doctor education and emphasis on ostomy issues. Please make your electronic submissions to autodraw@shaw.ca or care of our post office box address on the front of this newsletter. You can also bring your written submissions directly to me at the February 26 meeting. (Come check out the Coloplast Care Discharge Program while you're at it!) Let's do our bit to make things better for ourselves, and for future patients.

Debra

GAIL HAWKE: PROFILE OF AN ET PIONEER



In 1973 I was working at Vancouver General Hospital. The Director of Nursing, Mary Richmond and Dr. George Bell, were in the process of developing an Enterostomal Therapy Program and my head nurse at the time asked me to apply.

I started in the position in 1973 and received my ET education at Emory University in Atlanta, Georgia in spring of the following year. What an incredible experience I had during my time there and 38 years later I still enjoy working with and teaching ostomy patients.

After starting the ET program at VGH and working there until 1982, I moved over to the new BC Children's Hospital and developed an ET program there.

In 1990 our family moved to Vernon. At the time, there was no ET nurse in Vernon but definitely a need. My husband, Jim, & I opened Nightingale Medical Supplies in 1993 in hopes of helping to meet that need.

When Enterostomal Therapy was first developed the main focus was care & teaching for patients with ostomies. This nursing specialty has developed tremendously over the years and now includes wound, continence and ostomy care.

By selling her business to Keir Surgical in 2008 Gail knew that the strong tradition of customer service would continue. She still works in the store every week seeing clients and visiting with friends.

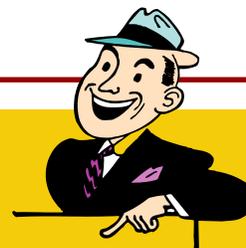
Today, Nightingale Medical Supplies has 4 stores throughout the province, (Vancouver, Victoria, Kamloops) in-



Gail Hawke, at an ostomy picnic circa 1978

cluding the original Vernon store. Nightingale still has a very strong background in ostomy but now offer expertise in continence, mastectomy and compression wear. There are six ET nurses working at our 4 locations along with certified fitters for our post mastectomy and compression products. All of the stores continue to offer free delivery and complimentary ET consultations.

Nightingale Medical Supplies strives to offer excellent and informative customer service to all our clients and hope we can continue to be a resource to communities we serve. □



THAT'S AWESOME!!

Hats off to the Chilliwack Chapter -- they held a garage sale that raised \$740 for our 2011 Youth Fund!!

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Christmas Luncheon & Kids' Party 2011



Santa's new BFF -- young Quinn was a little skeptical last year but this time around he's toootally into it

An excellent turnout of 78 adults and 14 kids and teenagers attended the chapter's Christmas luncheon at Cheers Restaurant November 27. Cheers gives us a heckuva deal for a splendid buffet of roast turkey, roast beef, hot and cold salmon dishes, prawns, mashed potatoes, vegetables, lasagna, stuffing, salads, 2 kinds of gravy and oh yes, a dessert table. And you get a tippie of red or white wine with all this for just \$15 per adult! Cheers' dedication to providing affordable, quality events to the community has enabled us to keep costs down for our members and their families. It's our way way of saying thank you for all your support over the past year! And it's a chance to visit and socialize with folks we can't always chat up at meetings.

Special thanks to organizer Joy Jones, who does liaison with Cheers, receives the reservations, makes the bank deposits, buys and wraps the kids' gifts, keeps the lists, buys the tickets, orders the menu and wine and usually never gets anything from the dessert table by the end of the afternoon. Big thank you should go as well to returning veteran door person Linda Jensen and her new assistant Gordon Blad for keeping the flood of arrivals signed in and sorted out. And! Thanks to June Matheson for donating the table holly (and Gordon Blad for cutting it) Joey Chisholm for assisting with photographs this year and of course, our excellent SANTA. (Linden won't cry next year, promise)



Myrna Granberg, Donna Savage and Lena Daciuk enjoy a glass of wine before their table is called



The Jones family with youngsters Quinn and Linden



Norma Primiani, our Lady of the Telephone, collects her door prize.



"Hey, did you forget to call table # 3?" Maxine Barclay, Bob Hendry and Trevor Mendham



Santa's biggest fans: the Sahota girls



Sheila Dalrymple and Linda Jensen



The other Quinn gets a gift from Santa



Dilbag and Darsho Johal



Kam and Paul Sahota

WINNERS of the CASH RAFFLE:

- C. Iverson - \$25
- Charles McNeight - \$50
- Mary Arvilla Read - \$75

THANK YOU TO THE FOLLOWING FOLKS WHO BROUGHT A DOOR PRIZE
 (apologies if I've spelled anyone's name wrong or if you didn't sign the list)

- Joy Jones
- Linda Jensen
- Gordon Blad
- Deb Rooney
- Jean Hubbard
- David Rogers
- Donna Savage
- Lena Daciuk
- Myrna Granberg
- Judy Cooper
- Cam Patterson
- Cindy Hartmann
- Karen Dowson
- Betty Harrison

- Inge Horingseth
- Maxine Barclay
- Lori Shard
- Stacey Geddes
- Trevor Menham
- Emilia Prychidko
- Adolf Sprecht
- Darsho Johal
- Kam Sahota
- Chris Hamblin
- Barbara Thompson
- Allison McCarlie
(Coloplast)

"That's all 'till next year, folks!"





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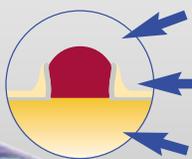
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Ostomy Education Day October 29

A very special ostomy education day was hosted by Andy Manson and her colleagues at the Metrotown Hilton October 29. Keynote speaker was none other than motivational speaker, professional comedienne, author, cancer survivor and ostomate Brenda Elsagher. Holder of the Twin Cities Funniest Person Award, Women's Press Newsmaker of the Year Award, the Golden "Mic" Award from the American Cancer Society and the Advocacy to Action Award, Brenda delivered a wide-ranging talk that was funny, inspirational, poignant and laugh-out-loud funny. Did I mention she was funny?

All of our familiar suppliers had product display booths plus there was a new company making its debut on the Canadian market, Salts Healthcare. □



Signed copies of Brenda's four books were available -- here at the book table are Brenda and her husband Bahgat



New kids on the block: Caroline Redmond, Clinical Director Salts Healthcare; Michael Grubsztajn, Argyle Medical Distributors Inc.; and Matthew Crabb, International Sale Executive Salts Healthcare.



Convatec sales team: Regional Business Manager Hélène Fréreau, Marketing Manager Sophie Pouliot and Territory Manager Paul Stark

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NEW PATIENTS' CORNER



AVOIDING FOOD BLOCKAGES

Patients with a sigmoid or descending colostomy (left side of the body, most of the large bowel still intact) or a urostomy (right side of the body, bladder removed) have few or no worries about what they eat or drink. Their digestive tract still functions much as it did before. Patients with ileostomies, however, must be far more cautious. The diameter of an ileostomy stoma is smaller than that of a colostomy and the fluid nature of ileostomy waste travels more quickly to its exit point. Because of this there is an increased danger that fibre and other food matter that does not get broken down will ball up behind the stoma opening. The result can be a very painful blockage which, if not cleared at home, may result in a trip to emergency.

Sometimes a blockage occurs no matter what you do, but you can help prevent this by:

- drinking lots of water or juice (8 - 12 glasses per day)
- chewing your food well
- eating slowly
- eat only small amounts of foods high in fibre
- take the casings off processed meats like sausage or hot dogs
- peeling fruits and vegetables

SIGNS OF A BLOCKAGE

- At first you may have frequent very watery waste. (Your intestine is taking water from your body to try to get rid of the blockage.)
- You may feel bloated or have cramping.
- The stoma or skin around it may swell.
- The flow of stool stops totally
- You may have increased pain, nausea or vomiting

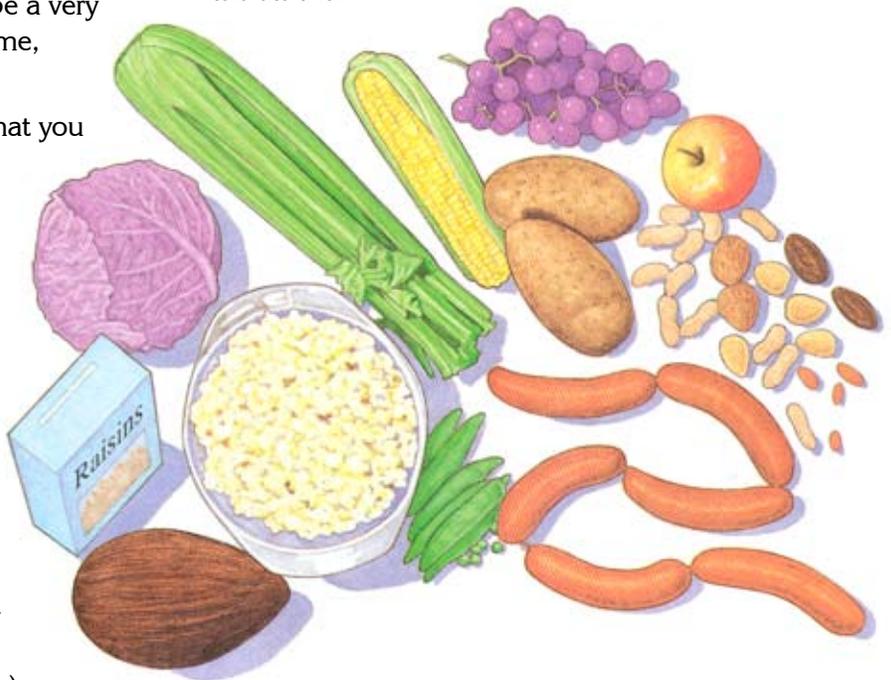
What to do if you suspect you have a blockage

- Do not eat any solid food
- Do not take laxatives or stool softener. (They can cause your body to lose even more fluid.)
- If the stoma looks or feels like the pouch opening has become too small, change to a pouch barrier with a larger opening.
- Gently massage your abdomen with the palms of your hands.
- Lie on your back in a knees-to-chest position. Rock from side to side.
- Take a hot bath.

Blockages may resolve themselves on their own if you try the tricks mentioned above. But if a blockage lasts more than 2 or 3 hours or if you start to vomit/experience severe pain, have someone drive you to the nearest hospital emergency. If you live alone, you should call 911 and request an ambulance.

CORN TRICK

OK, you really, *really* like corn on the cob and you're willing to do a little work to have your corn and eat it too. Take a very sharp knife and slit all the kernels down the middle before boiling the cob. You can do this after you boil it too. (If you can figure out a way to hold the hot cob that is). You should still be cautious and only eat a bit until you see how your body will tolerate this.



Asking for trouble? Eat only small amount of foods that are high in fibre or cellulose. These include raw vegetables, vegetables with tough skins still on (like unpeeled potatoes) unpeeled fresh fruits, dried fruits, cabbage, celery, corn nuts, popcorn and sausages. Eaten in large amounts, or poorly chewed, they can clump together and cause a blockage.

ASK YOUR PHARMACIST - By Shabita Teja



After being diagnosed with ulcerative colitis in 2002, Shabita Teja had ileostomy surgery in 2004. After living with an ileostomy pouch for 2 years, she decided to opt for the ileoanal reservoir (J-pouch) procedure in 2006. Throughout her health challenges, she continued to work towards completing her pharmacy degree at U.B.C. and graduated as a pharmacist in the summer of 2008. Entering into a four year doctoral degree program in naturopathic medicine in the fall of 2008, Shabita plans to bridge the gap between conventional and alternative medicine to not only treat but support her patient's well being. She has seen first hand that the balance between acute and supportive drug and non drug therapy is the key to wellness.

Q: Dear Wellness Pharmacist: I tend to get this annoying pain in my stomach area and I can't pinpoint it and say that it occurs after anything specific. For instance, like after I eat a specific food or after I complete a certain type of activity. As an ostomate, I find that I am very in tune with my body, especially my abdominal area so I don't feel like I have to go to the doctor for this type of niggling pain. Do you have any suggestions on what I should do?

A: It is not the first time that I have heard from an ostomate that they are very in tune with their bodies and you know what, having had an ileostomy myself and currently having a J-pouch, I completely agree with you, we do know our bodies a heck of a lot better than most doctors will! However, having said that, abdominal pain is nothing to take lightly.

Did you know that abdominal pain, ostomate or not, is one of the most common reasons for a physician visit here in Canada?

Abdominal pain can be a non specific symptom coming from a variety of sites. Think about the gastrointestinal or "GI" tract...it encompasses everything from the mouth to the anus. The abdomen itself is the house to many diverse organs and tissues so just basic causes of abdominal pain already include quite a hefty list including:

- **Inflammatory bowel disease (IBD)** – as ostomates we know this one the best and it encompasses the two common culprits: ulcerative colitis (UC) and Crohn's disease (CD)
 - Gallstones
 - Chronic pancreatitis
 - Gastroesophageal reflux disease, aka GERD
 - Irritable bowel syndrome IBS
 - Myofascial pain
 - Non ulcer (functional) dyspepsia (NUD), - simply put, dyspepsia is pain or discomfort in your upper abdomen and "NUD" is where no known cause can be found for the symptom of dyspepsia
 - Peptic ulcer disease (PUD)

Before reading any further, if you or anyone you know has the following "RED FLAGS" in addition to abdominal pain and/or discomfort, it is essential to see a physician because it could be a sign of a serious GI pathology: having a difficult time swallowing in general (dysphagia), weight loss or gain

of more than 3 kg over six months, persistent vomiting, bleeding, vomiting blood, bleeding in the stool, anemia, fever and/or chills.

So how can we help to alleviate or prevent abdominal pain? Let's look at a couple of different options:

- **DIET** - ...it plays a role in everything and abdominal pain is no different; however, it is highlighted when we look at prevention. Often wheat, dairy, spicy foods, citrus fruits and foods with a high fat content tend to be common culprits that give rise to abdominal pain. The best advice would be to stay away from these foods in order to steer clear of abdominal pain or discomfort.

- **YOGA** - If in very simple terms we say for example that abdominal pain can often be linked to indigestion, constipation, stress or some sort of combination of abdominal organ problems then it may be helpful to look into some simple lifestyle measures such as performing some yoga postures to see if that will help to relieve our abdominal pain/discomfort before trying any drastic medication. All of the following poses can be "googled" on the internet for proper technique and form. Provided here are the names of the ones that you should try for abdominal pain & why:

- **The Cobra** pose helps to strengthen the abdomen and relieve stress and it gives the needed pressure to the adrenal glands in order to provide a rich blood supply to the entire body.



- **The Locust** pose is beneficial in treating constipation and poor digestion and is a posture where the whole body is in the prone position.



- **The Seated Forward Bend** massages the internal organs, provides relief for constipation and helps with general stress relief which is great for abdominal discomfort in general.



cont. next page

❑ **HERBS** - ...certain ones have been used for generations to help alleviate abdominal pain. Herbs fall into categories such as demulcents which help to coat the lining of the GI tract. Specific demulcents are marshmallow root (not the fluffy marshmallows you put into hot chocolate!), and slippery elm. Other herbal categories are anti-inflammatory like white willow bark (FYI - the original source of Aspirin!), carminatives like ginger, fennel, peppermint and an excellent carminative and nervine (soothes the nervous system) called lemonbalm. Lemonbalm is perfect for those suffering with IBS and require a soothing tea after meals to calm abdominal pain/discomfort or the feeling of gas and/or bloating. If you go to any herbal store or pharmacy that carry natural products you should be able to find any of the above mentioned herbs. It would be particularly helpful to speak to an herbalist or pharmacist with a background in natural health to ensure that you are using the herbs in their appropriate dosages and forms.

❑ **SUPPLEMENTS** - There are alternative solutions that can be just as effective as prescription and OTCs in controlling abdominal pain.

❑ **5-HTP**, also known as 5-hydroxytryptophan is basically converted in the body to serotonin. You can find 5-HTP in most pharmacies in the natural health section in a supplement form. What 5-HTP does is boost the level of serotonin in the system. By increasing serotonin you may be able to reduce or even eliminate pain because when you are low in serotonin you have a lower threshold of pain.

❑ **Vitamin B6** is another serotonin booster and helps the body in the production of serotonin.

❑ **MSM** (methylsulfonylmethane) is a supplement that helps to decrease inflammation. It is readily found in most pharmacies often in combination with products like glucosamine or chondroitin in the treatment of osteoarthritis because it is such a powerful anti-inflammatory.

❑ **Boswellia** is actually an herb too but is widely available. It blocks the production of inflammatory substances called leukotrienes so it is similar to NSAIDs but lacks the risk of causing GI upset!

❑ **Turmeric** is one of my favourite things to recommend to patients with abdominal pain/discomfort because it is such a powerful anti-inflammatory but it is particularly great for the intestinal region. Turmeric is not that well absorbed so when a patient takes it, imagine this yellow powder settling all through the GI tract and exerting its anti-inflammatory effects...pretty amazing because it relieves pain and blocks inflammatory processes right on the spot it is localized on.

❑ **Bromelain** is a substance that digests proteins and because of this it is very popular as a digestive aid so it's great for patients that tend to have gas/bloating after meals and have abdominal pain/discomfort for that reason. On the other hand, if there is abdominal pain, bromelain supplements also have evidence for reducing swelling, inflammation and pain as well as to help improve blood flow to painful areas in the body. This is the supplement that is found in high amounts in pineapples.

❑ **"OTCs"** - Over the counter medications are those that are found at pharmacies and health foods stores that you do not need a prescription for. Your pharmacist will help you choose from the list of things below that the abdominal pain you are experiencing could be caused by:

❑ **For heartburn** we recommend antacids such as ranitidine. All medications have a brand name and a generic name. Ranitidine's brand name is Zantac so you may be more familiar with that name and have seen commercials for Zantac and its powerful acid reducing properties after a really spicy meal! These medications help to neutralize the stomach acid which is what is causing the pain in the first place. Other OTC products recommended are Maalox (aluminium hydroxide, magne-

sium hydroxide) or Gaviscon (alginic acid, sodium bicarbonate) which help to provide a coating along the esophagus and stomach lining to help "cool" the area and again, neutralize the acidity of the stomach.

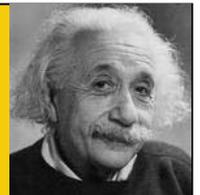
❑ For constipation we recommend a mild stool softener such as Docusate sodium. Another type of laxative is called a saline laxative and its effect is also to soften the stool. An example is milk of magnesia. Senokot or Ex-Lax are examples of stimulant laxatives and these cause the muscles of the intestine to propel their contents more rapidly and also to increase the amount of water in the stool. Prunes fall into the category of stimulant laxative. Finally, glycerin suppositories are the worst case scenario and rarely have to be used in an OTC situation. It is believed that they exert their effect by irritating the rectum.

❑ **For diarrhea** we recommend an anti motility agent like Imodium ONLY if there is no risk that the diarrhea is a result of something toxic like food poisoning because in that case you want the body to be able to flush out all of the toxins and not to hold onto anything. Another OTC product recommended would be absorbents such as Kaopectate. These bind water in the intestine and make the stool less watery. Pepto Bismol although recommended for diarrhea and well tolerated isn't that effective and therefore not a first or second choice for OTC products used in the selection of anti diarrhea medications.

If you have any other questions for the wellness pharmacist, send them to

shabita@takingmylifeback.ca

"Two things are infinite: the universe and human stupidity; and I'm not sure about the universe."



-- Albert Einstein

Maybe cars aren't so bad after all . . .

19th century cities

had unprecedented per capita horse populations. In 1880 for example, the horse population of New York and Brooklyn combined was estimated at between 150,000 and 175,000 and their environmental impact had reached intolerable levels. Estimates for the environmental impact in New York suggest that 2.5 million pounds of manure and 60,000 gallon of urine were left on the streets daily. Horses that died were often left curbside to rot, a rotten carcass being easier to break down for disposal purposes. It was estimated that in the course of 12 months, 15,000 dead horses had to be carted away at the city's expense. One can imagine the public health and sanitation crisis all this caused.



Horses also created a safety problem. The busy 19th century streets were full of surprises to shock and spook horses. They stampeded, kicked, bit and trampled other horses and pedestrians. Statistics of the era contain reports of 200 persons killed by horses or horse-drawn vehicles. This contrasts with 344 auto-related fatalities in New York in 2003; given the modern city's much greater population, this means the fatality rate per capita in the horse era was roughly 75% higher than today!

- Vancouver Courier, October 28, 2011



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*Not sure if you've already renewed for 2012?
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Thank you!*

Gel or Soap?

By WVIT/ Lisa Carberg , KULR-TV



Cold and flu season is upon us, and experts say keeping hands clean is the best defense against spreading germs. So what works best, hand washing or sanitizing gels? "Hand washing. Hand washing is better. Every study I see shows that it's preferred," says pediatrician Dr. Larry Scherzer. Even the company that makes Purell says gel is not meant to replace hand washing. Dr. Scherzer says if gel is all you have, make sure it's at least 60 percent alcohol and apply it liberally. It should take a few seconds to dry on your hands. Dr. Scherzer notes sanitizing gels

won't remove dirt on hands or under nails, which a thorough hand washing will do. The Centers for Disease Control says hand hygiene is the single most important means of preventing the spread of infection.

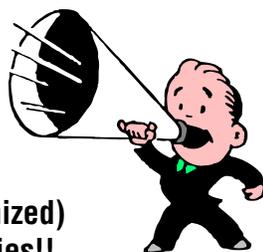


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1. It is important that a man helps you around the house and has a job.
2. It is important that a man makes you laugh.
3. It is important to find a man you can count on! And doesn't lie to you.
4. It is important that a man loves you and spoils you.
5. It is important that these four men don't know each other.

A Big Thank You
to Helen and the staff
at Regency Pharmacy
on Burrard for their
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Laugh With Brenda cont. from page 1

Hollister has been instrumental in helping me to get my books out to people with ostomies all over the USA and Canada, and most recently in other parts of the world. Hollister was also revolutionary in allowing a forum for people with ostomies, where they revealed the intimate stories I included in my new book, *It's in the Bag and Under the Covers*. They even gave out complimentary copies at the recent UOAA conference in Reno.

My whole world opened up in a very surprising way when my relationship with Hollister began. They urged me to write this column, a weekly blog for C3Life.com, and have always been willing to listen to my next crazy idea. Thanks to Hollister for their continued support, not only for me, but also for all of us dealing with ostomies...we feel the love! Here's to another 90 years of successful business ahead! ☐

Brenda Elsagher is a comic, national keynote speaker, and author of four books. If the Battle is Over, Why am I Still in Uniform?, I'd like to Buy a Bowel Please!, Bedpan Banter, and It's in the Bag and Under the Covers.

**A Warm Welcome is extended
to new members
Bill Albinson, Liana Taliadouros,
and Judy Cooper**

VISITOR REPORT

Referrals for this reporting period came from Lion's Gate, St. Paul's and Peace Arch hospitals and from independent inquiries.

Colostomy	1
Ileostomy	2
Urostomy	1
Pelvic Pouch	1
Other	2
TOTAL	7

Thanks to my excellent crew this round: Gordon Blad, Elaine Dawn, Andrea Kardos, and Ron Dowson.

In Memoriam

Thank you to Patricia George for her kind donation in memory of her husband, former chapter member William George.

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**Thank you to the following folks for
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Linda Jensen, Françoise Pond,
Isobel Clarke, Ashley Carr, Arvilla Read,
William Palagain, Paris Tomie,
Trevor Mendham, Wendy Topham, Ken
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Henry Schmuland, Emilia Prychidko. Lillian
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Robinson, Margaret Cartledge, Frank Davis,
and Svend Arnthorp.

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News2010

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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.

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