



Vancouver Ostomy

HIGH

Life

Volume 41 - Issue 1

JANUARY

FEBRUARY 2009

Published by the Vancouver, BC Chapter of the United Ostomy Association of Canada, Inc.

Box 74570, 2768 West Broadway, Vancouver, BC V6K 2G4

A non-profit volunteer support group for ostomates. Chapter website: www.vcn.bc.ca/ostomyvr/

INSIDE

The Ostomy Files	1
Letter, News	3
2008 Christmas Party	4
New Patients' Corner	8
Our Stories	10
Prostate Cancer	12
Dining Out	13
Contacts	15

2009 VANCOUVER UOA CHAPTER MEETING SCHEDULE:

February 22

- Guest Speaker Mike Arab of ConvaTec will be demonstrating new products
- Deb Rooney will give tips on applying for the Disability Tax Credit

April 26

Will and Estate Planning

June 28

New Products from Hollister

Sept 13 (AGM)

All meetings are held on Sundays at:

Collingwood Neighbourhood House
5288 Joyce Street
Vancouver at 1:30
1:30 pm

Christmas Party/Luncheon
Sunday, November 29, 2009



The Ostomy Files:
The Position on Preoperative Stoma Site Positioning

- Gwen B. Turnbull, RN, BS, ET , from The Ostomy Files August 2002

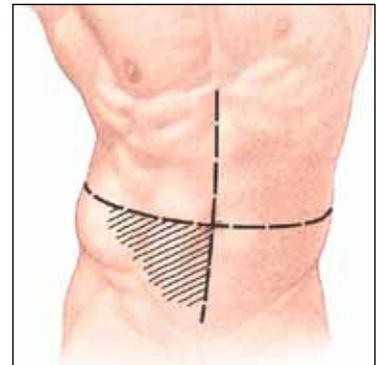
In a world of outcomes, a surprisingly scant amount of literature is available regarding the clinical and financial outcomes of preoperative stoma site marking, a totally controllable and essential component of quality ostomy care. In fact, it could reasonably be considered preventive medicine - the first step and cheapest alternative toward reducing complications and overall ostomy management costs and improving quality of life for the patient.

What is in the literature, however, substantiates what we have long recognized in clinical practice: The procedure positively influences clinical and financial outcomes for patients with stomas. A poorly placed stoma can result in failure of the pouching system, skin and leakage problems, and may require either local revision or relocation of the stoma. These complications also increase resource utilization and costs associated with patient care and negatively impact the quality of a patient's life (for which the cost is incalculable). Putting a price on a patient's emotional suffering, sense of well being, or security is virtually impossible.

Follick et al examined the range of postoperative adjustment difficulties in a survey of 131 ostomy patients. The most frequently encountered problem was associated with "technical management problems" (eg, problems with the pouching system, irrigation, leakage, gas, odor, damage to the stoma, and skin problems) that were negatively correlated with psychosocial adjustment associated with poorer emotional, social, family, and marital adjustment. Eighty-four percent of the respondents admitted they had one or more of these technical management problems.

Forty-nine years ago, Turnbull determined that a preoperative abdominal assessment should be conducted to locate a flat surface for stomal placement to ensure that the postoperative pouching system could adhere adequately. This preoperative "stoma siting" procedure consisted of cementing an appliance ring on the abdomen for 24 hours to see how it "rode" on the patient's abdomen. Three years later, Dr. Turnbull refined the approach by defining the optimal stomal placement as "medially, below the umbilicus." By 1964, Turnbull and Weakley further distilled the optimal stomal placement so that "the ileum transverses the belly of the rectus muscle and the stoma will be located at the summit of the infra-umbilical fat roll." In 2002, this technique is still accepted as the standard of practice.

We know how to do it and why it should be done, but the nagging concerns linger: Is it being done on all patients and if not, why not? Where and what patients fall through the cracks? What can be done to prevent this from happening?



cont. page 14



President's Message

MYRON JAMES DONNER

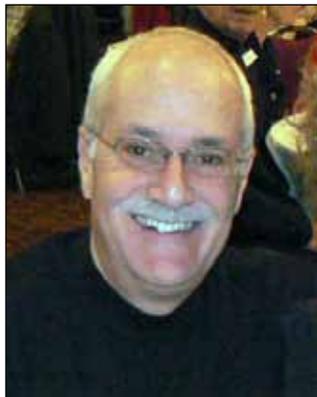
1948-2008

I have tried to use this column to inspire people. One of the people who inspired me was my dear cousin (brother) Myron who passed away on December 24, 2008. Myron, who had endured without complaint or self pity over 40 years of

Crohn's Disease and its various complications and three different types of cancer, had ostomy surgery in January 2006 and became our Treasurer, although when his cancer returned less than 12 months later, very reluctantly he had to pass those duties on.

The following are extracts from the Eulogy I delivered at Myron's funeral:

"It is not hyperbole to say that to have known Myron, was to have known greatness. To have known Myron, was also to have known compassion, courage and selflessness. To have known Myron was to have known a gracious person who lived a purposeful, principled life with a loving and generous heart. With his optimistic attitude Myron only saw, and always brought out, the goodness of others.....Myron's life was so full of love and devotion, full of good deeds, thoughtfulness and generosity, and his was a life rich with accomplishment.



Myron Donner

Myron had an extraordinary life. Fundamental to all the reasons why Myron's life was extraordinary was Myron's attitude, his perspective on life. It was always one of kindness and graciousness, of taking the "high road". His perspective was one of enthusiasm. He had a real zest for life. But, most profound of all was his genuine love of people.

Myron believed that how you treat others defines who you are..... Whether it was through boating, business, chums from school or just the person next door, Myron had countless friends for whom he unselfishly performed many acts of friendship and

kindness.....He knew intuitively, that being a friend is doing something for someone else lovingly and willingly even when it was not convenient.

Part of his love of people and their love of him, was his great sense of humour. People loved to be in his company because the conversation would always be warm, friendly and interesting. Just like the man of whom Kipling spoke, Myron could meet with "triumph and disaster and treat those two imposters just the same". He "...could walk

with Kings, yet not lose the common touch."

If I was asked what was Myron's credo, I would say it was:

"What we think, or what we know, or what we believe, is, in the end, of little consequence. All that matters in life, is what we do."

A playwright once wrote: "Death may end a life, but not a relationship". Myron

remains alive in each of our hearts. We are all much better people for having known him."

There is much we can learn from every life. The best way to honour Myron and all others who have given so much of themselves to making this world a better place, and who inspire us to do our best every day, is to remember their good deeds, and to try our best to emulate them.

Martin Donner
President
Vancouver Chapter

Editor's Message



There is little I can add to Martin's tribute to Myron other than to express my deep sadness at the

loss of such a dear man. In his short time as a chapter member, Myron joined the Visitor Program and assumed the duties of Treasurer. He led group discussions like a pro and was always one you could count on to counsel a new patient with gentle wisdom and humor. Myron was one of my go-to guys for the most difficult referrals because I knew even the most despondent of patients could not resist his contagious attitude.

When the gathering forces of cancer put him into hospital for lengthy and onerous amounts of time, he did not complain or rail against his lot. Once when I saw Myron at St. Paul's I was required to don gown and gloves for his protection. Rather than let this awkward getup put a damper on the visit, he made fun of it as we hugged and speculated about how many pairs of latex gloves the hospital had tallied to date on his behalf. We talked not of the medications and indignities he had to endure but of books and religion (he was reading 'Infidel' that day) That was Myron. Even stuck in a hospital room, with more of the same awaiting him he wasn't moping. He was continuing to pursue life, concepts and thoughts beyond a hospital room.

Well Myron, I know you're up in heaven somewhere, encouraging the newcomers and more interested in their stories than in telling your own, responding as you always did with your trademark:

"Is . . . thaaat . . . right?"

Oh, by the way Myron, I bought 'Infidel'.

Letters & News



RECORD SHIPMENT OF OSTOMY SUPPLIES

Pictured below is *part* of a very large donation of ostomy supplies made by Lancaster Medical last December. Earl Lesk hauled this away in several trips. These boxes, along with donations from other companies, suppliers, and private individuals will be sorted, repacked and sent to aid those in sometimes desperate circumstances abroad. The following are countries that receive the kindness and generosity of your donations:

Algeria	Mexico
Bolivia	Morocco
Chile	Nicaragua
Cuba	Pakistan
Dominican Republic	Panama
Egypt	Phillipines
Guyana	Romania
Iran	Uganda
Jamaica	Ukraine

Thanks again and as always to Earl for continuing to collect and ship a great variety of boxes and products, and to our many ostomy suppliers and individuals for their donations.



The loading bay at the Lancaster warehouse

NEW DEVICE DESIGNED TO MINIMIZE DISCOMFORT AND PAIN FOLLOWING OSTOMY SURGERY

ConvaTec (Skillman, NJ) recently launched SUR-FIT Natura® Low-Pressure Adaptor, a new postoperative ostomy device. The product offers clinicians and ostomy patients a simple and gentle solution to manage abdominal pain in the days and weeks following surgery. Abdominal tenderness after ostomy surgery may last for days or weeks, depending on the patient and the surgical procedure performed. Once tenderness subsides, the adaptor may be removed, creating a lower-profile (closer to the body) system composed of the skin barrier and pouch only.

The new adaptor is a flexible ring that goes between the skin barrier and pouch to create added finger space, allowing the user to attach the pouch without contact with the abdomen; the patient's fingers, not the abdomen, absorb the pressure required to snap the pouch to the barrier.

NEW MAGAZINE FROM CONVATEC

ConTact is a new magazine published by the folks from ConvaTec with the goal of helping ostomates lead a full, happy and



rewarding life. Each issue is filled with the latest information on new products offered by ConvaTec, tips on how to better care for your skin and stoma, as well as inspirational stories about people living full lives with an ostomy. If you would like to receive ConTact free of charge, please call the toll-free number to get on their mailing list: 1-800-465-6302. ConvaTec will not sell, rent or give away your personal information to any company, organization or individual without your permission. ConTact is published three times yearly.



In accordance with the United Ostomy Association of Canada's decision to hold national conferences every two years instead of annually, and to hold regional conferences in the off years, the **Okanagan Mainline Ostomy Association** will host the **PROVINCIAL CONFERENCE OCTOBER 2009 KELOWNA**

Dates and details will be provided as they become available

2008 Christmas Party

Our party luncheon was a great success this year and we were delighted to see so many returning and new faces! 61 adults and 21 kids/youth turned out November 30 for an excellent carved turkey dinner and who knows how many desserts. Joy Jones did a super job of organizing this year. Thanks as well to our door people Inge Gutzmann and Lynn Goldblatt, raffle ticket sellers Lottie Calli and Linda Jensen, and to everyone who brought a gift for the draw table. Cash raffle winners were: 1st prize \$75 to ET nurse Andy Manson; 2nd prize \$50 to chapter member Moira Colbourne, and 3rd prize \$25 to chapter member Lynn Goldblatt. Congratulations to all and thanks again to Joy for all the hours of work and planning. Any guesses how many turkeys it takes to feed this many people?*



Bert and Inge Gutzmann and Lynn Goldblatt assemble the toy train



Cheers! Membership Coordinator Arlene McInnes, Joan Nicholson, Serge Marion, Mike McInnes, Sandy Donner & President Martin Donner, and Bev Rossoff



"When's the turkey?" Alison McCarlie (Coloplast), Linda Jensen and Elaine Green



"OK, I'll play along" — Lydia Kucinkas and Bigfoot the Clown do some magic



Damien Meraste and Max Arab assist Strawberry the Clown

* TWO!! (BIG turkeys, that is. And two turkey rolls — now you know just in case you ever need to feed 82 people. Oh yes, and 10 bottles of white and 7 bottles of red.)



Past Christmas party organizers Lennea Malmas and Lottie Callie



The Twelve Days of Christmas



Damien: "Oh I am DEFINITELY in this act next year"



The Holiday Inn chef carves the turkeys



"Can I trade you my Lords A-Leaping for your Ladies Dancing?" Graham Drew and Serge Marion in the Twelve Days of Christmas



Christene and Mike Arab (ConvaTec)

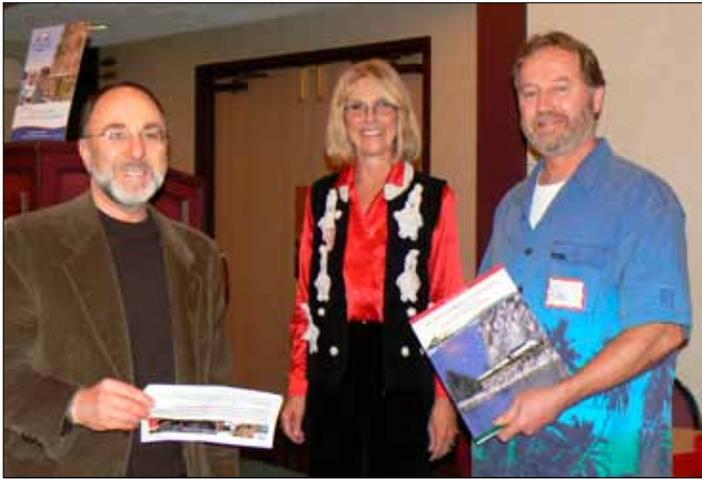


Octavia: "Who invited my big sister, anyway?"



"Hold on, show me that again" The Marion sisters and Bigfoot

CHRISTMAS PARTY, cont.



President Martin Donner & Party Organizer Joy Jones present Richard Shard with the Grand Prize Draw of a trip for two on the Whistler Mountaineer



"Hold on boys, there's another verse!" Bert Gutzmann, little blond boy whose name I didn't get, David Rogers, and budding talk show host Damien Meraste.



Norma Primiani receives Second Prize Draw of a day at Spa Utopia (prize donated by ConvaTec)



"Hey Santa, do we get a present??" Betty Maxim and Debra Rooney



Shirley Johannesson won Third Prize Draw "Vancouver, Portraits of a City" donated by Book Warehouse (Sharman King)



That's
all
folks!
See you
next
year!



Lancaster

SALES & RENTALS

We carry all Ostomy Appliance Brands

- Wheel Chairs
- Walkers
- Bath Safety aids
- Incontinent Supplies
- Support Stockings
- Diabetic Supplies

**Medical
Supplies &
Prescriptions
Ltd.**

873-8585

601 West Broadway,
Vancouver

526-3331

7487 Edmonds, Burnaby

582-9181

13710-94A Avenue, Surrey

**DELIVERY
AVAILABLE**

Ostomy Care & Supply Centre

Our commitment is to provide the best care
and service possible



**Andrea (Andy) Manson
and Muriel Larsen**

*RN, ET (Ostomy) Nurse
Specialists*

- Free Consultations & Appliance Fitting
- All brands of Ostomy Supplies & Accessories
- Custom Ostomy Hernia Belts

Ostomy Care & Supply Centre

2004 - 8th Avenue

New Westminster, BC V3M 2T5

604-522-4265

1-888-290-6313

www.ostomycareandsupply.com

Located in the West End Medicine Centre Pharmacy

Free parking at the rear of the building and easy access from Skytrain.

**FREE delivery in the Lower Mainland
FREE shipping throughout BC**

Thank you to the following people who so
generously donated to our chapter and/or the
Wendy Irive Youth Fund:

Linda Jensen	Veda Abu-Bakare	Rustam Teja
Marvin Weintraub	Frank Davis	Barbara McLean
Mary Read	Phyllis Mikulin	Mark & Dorothy Andreasen
Esther Allen	Jean Hubbard	Eileen Ross
Joy Jones	Norma Primiani	Alvin Ashcroft
François Pond	Ashley Carr	William George
Florence Drake	Darsho Johal	Mary Cairns
Irene Garfitt	Brenda Weishaupt	Sharman King
S. Gordon Harrison	Doreen Aitken	Lloyd Bray
Margaret Cartledge	Dudley Thompson	Jennifer Irvine
Bill Palagain	Edwin Marriott	

Thank you all SO much!!

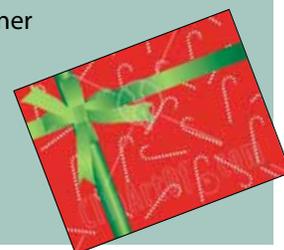
**A warm welcome is extended to
new members**

**Lillian Huel
Deanna McArthur
Mandy Brossard
Lloyd Bray**

Thank you to the following
folks who brought presents
for the Christmas party gift
table:

(apologies for spelling anyone's name
wrong!)

Inge Gutzmann
Debra Rooney & Joan Nicholson
Algrid & Lydia Kucinskas
Joy Jones
Linda Jensen
Christine Hamblin
Joyce Nasu
Arlene & Mike McInnes
Betty Harrison
Cindy Hartmann
Norma Primiani
Martin & Sandy Donner
Emilia Prychidko
Elaine Dawn
Carol Roitberg
Jean Hubbard
Lori Shard





ILEOSTOMY BLOCKAGES AND THE EMERGENCY ROOM

At a recent chapter meeting, the subject of emergency room procedures dealing with ileostomy blockages came up. Several members expressed concern that medical personell who were on duty in the ER were not entirely sure how to deal with the situation. New ostomates who experience a serious blockage may not have the experience to know what to do, either. It can be a frustrating experience at best, and at worst, a dangerous one. Blockages can be mild and resolve themselves, or they may be extremely painful and require hospitalization. You should know how to identify a blockage if you get one, what to do at home to alleviate the discomfort, and when you need to go to the hospital.

The cause of ileostomy blockage is almost always something you have eaten. Even experienced ileostomates who are wise to what is safe for them to eat can still get the occasional bout of blockage. Nuts, corn, popcorn, coconut, celery, Chinese vegetables, fruit pits, and tough cuts of meat are a few foods that may cause blockage problems. Ileostomates who chew their food poorly, eat rapidly, do not drink sufficient liquids or have dental problems will be more prone to have food blockages.

Warning signs of a blockage:

There will be minimal or no output from the stoma for several hours; the stoma and/or abdomen may appear swollen; there may be mild to severe cramping and pain in the abdomen. You may feel nauseous, or vomit.

What to do:

Apply a pouch with a larger opening if the stoma looks like it's getting pinched. Do NOT eat solid food, do NOT take laxatives or painkillers and do NOT try to put anything into your stoma.

If no nausea or vomiting is present start drinking non-carbonated liquids — warm drinks such as tea are good. Try massag-

EMERGENCY ROOM STAFF: ILEOSTOMY OBSTRUCTION

Symptoms: No stomal output; cramping abdominal pain; nausea and vomiting; abdominal distention, stomal edema, absent or faint bowel sounds.

1. Contact the patient's surgeon or WOC/ET Nurse to obtain history and request orders.
2. Pain medication should be initiated as indicated.
3. Start IV fluids (Lactated Ringer's Solution/Normal Saline) without delay.
4. Obtain flat abdominal x-ray or CT scan to rule out volvulus and determine the site/cause of the obstruction. Check for local blockage (peristomal hernia or stomal stenosis) via digital manipulation of the stoma lumen.
5. Evaluate fluid and electrolyte balance via appropriate laboratory studies.
6. If an **ileostomy lavage** is ordered, it should be performed by a surgeon or ostomy nurse using the following guidelines:
 - Gently insert a lubricated, gloved finger into the lumen of the stoma. If a blockage is palpated, attempt to gently break it up with your finger.
 - Attach a colostomy irrigation sleeve to the patient's two-piece pouching system. Many brands of pouching systems have Tupperware®-like flanges onto which the same size diameter irrigation sleeve can be attached. If the patient is not wearing a two-piece system, remove the one-piece system and attach a colostomy irrigation sleeve to an elastic belt and place it over the stoma.
 - Working through the top of the colostomy irrigation sleeve, insert a lubricated catheter (#14-16 FR) into the lumen of the stoma until the blockage is reached. Do not force the catheter.
 - **Note:** If it is possible to insert the catheter up to six inches, the blockage is likely caused by adhesions rather than a food bolus.
 - Slowly instill 30-50 cc NS into the catheter using a bulb syringe. Remove the catheter and allow for returns into the irrigation sleeve. Repeat this procedure instilling 30-50 ccs at a time until the blockage is resolved. This can take 1-2 hours.
7. Once the blockage has been resolved, a clean, drainable pouch system should be applied. Because the stoma may be edematous, the opening in the pouch should be slightly larger than the stoma.

Image: United Ostomy Associations of America

ing your abdomen or assume a knee-to-chest position, or any position that helps relax or 'rearrange' the intestines. Soaking in a hot bath can sometimes help. Food boluses can sometimes be loosened and passed along with these simple home remedies.

If symptoms are getting worse, or if nausea and vomiting are happening, you need to go to the hospital emergency. Call your doctor if possible and have someone drive you to the hospital. Don't try to drive yourself. Take a supply of pouches and products that you normally use because you can't count on the ER to have your brands readily to hand. Write down the name of your surgeon, doctor and ET nurse to give to the ER staff. Bring any prescription medications you need to take on a regular basis. And take a copy of the above procedure card to show staff in ER. Even if they already know how to deal with

a blockage, the information on the card will speed your treatment.

Your stoma area and/or abdomen may be sore for a few days after a severe blockage; this will go away. Be sure to continue drinking lots of fluids. You might also consider eating low-residue 'gentle' foods for a day or two to give your guts a rest. They've been through a nasty experience!

The Canadian UOA has similar procedure cards (not available at press time) which can be ordered via:

Website: www.ostomycanada.ca/

Email: uoacan@astral.magic.ca

Toll-free: 1-888-969-9698

Ask for publication

#14 - 004, "If You Have a Food Blockage"

Tips & Tricks

In a bathroom away from home, check the toilet paper supply BEFORE emptying your appliance!



Should an ileostomate donate blood?

Ostomates considering the donation of blood should consult their physicians before doing so. This being said, bear in mind the experience of a physician who was also an ostomate in Cartersville, GA. The following is part of his note:

'It is this physician's opinion that an ostomate who has a history of kidney stones or periods of dehydration should never subject him/herself to the dehydration that is present after the blood donation.'

My opinion is based on what happened to me after donating blood. After my donation, no amount of fluids I forced on myself relieved the dehydration, which lasted two days. My third kidney stone came ten days later.

I think an ostomate can think of many other ways to serve his/her fellow man and repay medical sciences.'

- Lawrence Davis, M.D.; The New Outlook, Chicago North Suburban Chapter

Who would have thought ostomy care could be as simple as a **walk** in the park?

Get a **free** electronic step counter*



when **you call us** and find out how ConvaTec Moldable Technology could improve and simplify your ostomy care!



Call today **1-800-465-6302**

© 2008 E.R. Squibb & Sons, L.L.C

*While supplies last. One offer per household.

OUR STORIES



Sharman King: Renaissance Man

In the summer of 1992 chapter member Sharman King was diagnosed with rectal cancer, and had radiation followed by colostomy surgery. Over the next 13 years he had frequent colonoscopies to remove polyps, but in May of 2005, his GI doctor informed him that the polyps were getting the upper hand. Sharman would have to have his large colon removed. He travelled to Toronto to have a Koch pouch. The procedure did not work out and Sharman ended up with a conventional ileostomy. In 2008 Sharman represented our chapter as Regional Finalist in ConvaTec's Renaissance Great Comebacks Award Program.

I've always been regarded as a positive, energetic person and my ostomy situation has definitely been a part of that image.

I really didn't miss a beat from either of my two surgeries. In both cases I was playing trombone professionally and teaching at a adult summer music camp within a few weeks of the procedure. I continued my business activities even during my hospital stays and I was back at my exercise class way too early after my first surgery. I believe having my showers at exercise class was positive for both me and my exercise colleagues, although I'll freely admit I was a bit shy about exposing the pouch at first!

I believe I've been a good example to my friends and colleagues. A great example is Nick Atkinson, a magnificent tuba player who was a student of mine in the early seventies at The University of Calgary. Nick now plays tuba in the National Arts Centre Orchestra and was recently appointed lower brass instructor at the National Youth Orchestra of Canada. About two months before he was to teach at NYO he was diagnosed with colon cancer and called me for advice. I thought I was through teaching him, but here was another opportunity. I told him he would definitely be able to teach, and even play a bit by six weeks later. So he went ahead with the surgery and taught a magnificent session at

NYO. I was so proud, but I would have expected nothing less from Nick.

Life changes after ostomy surgery but the positives have outweighed the negatives. Yes, there are the inevitable surgery recuperations and coping with "Not Original Supplier" internal plumbing but my experience has been very, very positive. I've found stronger friendships and professional relationships since, and my close circle of friends and associates has grown stronger.

I believe I've become both more positive and more accepting of the "speedbumps" life sends us. This might be from my feeling that I've just been served several more decades of living on a plate through my very fortunate cancer outcome - I'll try to make things the best they can be, but I try to be understanding of situations that don't work out.

I'm not suggesting that an ostomy is such a wonderful thing that everyone should rush out and get their own, but the whole ostomy issue is of entirely minor importance in the totality of a life.

I have a God-daughter who has had a colostomy and urostomy since her birth in the early seventies. (The abdominal problems were the least of her worries - her legs were on backwards!) Her early life was a constant series of operations; ultimately her hips were normalized and she attended UBC to get a phys-ed degree. Her sport of choice was hockey

and the position she played was goalie, just as her grandfather had done for the world champion 1936 Trail Smoke Eaters. To say she faces life head-on is something of an understatement!

I always admired Janine, and when I learned I would be having a colostomy I had to think, "What's the big deal? If Janine can overcome all she has why should I have any issue with my relatively minor intervention?"

My father dealt with Multiple Sclerosis from my early childhood on. Try as he might not to, he became very bitter at his situation. Although he was an admirable role model in many ways, I was very uncomfortable with his bitterness and I became determined to not share his attitude.

The combination of these two people, along with other friends and relatives dealing with profound physical problems gave me a determination to not only not let my situation bother me, but to do more than everything I had done before. There's nothing like a life-threatening situation to make one evaluate their circumstance. In my case I decided to keep up everything I had done previously, although I had to give up university teaching because of time constraints.

I don't really agree with the use of the word "struggle" in describing the experience of coping with a cancer diagnosis and ostomy surgery. I'm fairly active seeing prospective or new ostomates either through our ostomy visitors program or privately because I am

so "out" about my situation and because I have a fairly prominent public presence. I very much prefer to meet patients prior to their hospital stay. If I can meet them for coffee in my workday they will realize that there is absolutely no way they can tell I have an ostomy, and that the fact of the ostomy is not preventing me from doing any activity. The mind can be a much, much larger impediment than the ostomy so I believe it's crucial to remove as much of the worry as possible so a positively imagined outcome can occur.

Over the longer term I'm hoping to remove myself from my active business involvement so I can concentrate on volunteerism and my professional music activities.

With more time I hope to increase my involvement on with these organizations and to increase my professional music activities-the world needs more trombone notes! At age 61, I'm very fortunate to be continuing my professional activities as a trombone player. I'm particularly looking forward to many more years in the Vancouver Opera Orchestra - we have both a world class Music Director and administration. Each season brings new joys and discoveries which is a thrilling place to be after over forty years of professional playing!

EDITOR'S NOTE:

It would take another newsletter to include all of Sharman's accomplishments, so here are just a few:

Sharman King (BMus UBC 1970) has been founder and CEO of the Book Warehouse group since its formation in B.C. in 1980 and has overseen its steady growth to become a dominant multi-store bookseller in the Greater Vancouver area. In addition, he serves on a number of boards such as The Downtown Vancouver Association, The Vancouver Musicians' Association, The National Youth Orchestra of Canada, Festival Vancouver, The President's Advisory Committee on the UBC Library

and the advisory committees of both Vancouver City College and Douglas College.

He is currently bass trombonist of the Vancouver Opera Orchestra and was previously bass trombonist of both the Edmonton Symphony Orchestra and the CBC Vancouver Orchestra. Mr. King was a member of the famed Buddy Rich Orchestra and has been privileged to perform with Diana Krall, Tony Bennett, Frank Sinatra, Sarah Vaughan, Paul Anka, Jack Jones, Tom Jones, Ray Charles, Burt Bacharach and Luciano Pavarotti. He has appeared in over three hundred television programs in international distribution.

CROHN'S DISEASE SUPPORT GROUP

A support group for those with Crohn's disease or colitis meets on the first Wednesday of the month at 7:30 in the Lavener Room (2nd floor of Jimmy Pattison Pavilion behind Sassafras Restaurant) at Vancouver General Hospital. For information, call 604-875-4875 or visit www.badgut.com

Colo-Majic® Liners

Our goal is to FREE Colostomates from STRESS, WORRY and EXPENSE

Quick and easy to change - Compatible with most popular pouches
Confidence in case of disaster - Flushable - Extends pouch life
No water needed - Covered by most health care insurance
Comes in two sizes. Medium for pouches with 1¾ inch opening
and Large for pouches with 2¼ inch to 2¾ inch opening.



SPECIAL ATTENTION GIVEN TO ALL ET. RN. WOCN. NURSES

Toll Free: 1-866-611-6028
E-mail: colo-majiccanada@shaw.ca
Website: <http://www.colostomymajic.com>
Please allow 2-3 weeks on all deliveries

Distributed by:
Colo-Majic Distribution
2684 McGill Cres.
Prince George BC

PROSTATE CANCER PREVENTION: What you can do

You may help avoid prostate cancer by exercising and eating a low-fat diet rich in fruits, vegetables and fish. Maintaining a healthy weight can also help reduce your risk.

There's no sure way to prevent prostate cancer — but you can make some choices that might help reduce your risk. Prostate cancer is complicated, and researchers are still trying to understand the full range of factors that cause it — and determine which prevention strategies are safe and most effective.

Experts know that diet and lifestyle choices play a part in prostate cancer risk. Some medications and supplements once thought to show promise in preventing prostate cancer have recently been found to be ineffective. Other prevention trials are still ongoing and more research is needed in this area.

While any man can get prostate cancer, it's most common in older men, men with a family history of prostate cancer and in black men. While age, genetics and race are factors you can't change, there are some factors you can control.

Here are a few things that you can do to help lower your risk of prostate cancer — and a few things that are still not proved, but might help. These steps may also help prevent other cancers and health conditions such as heart disease.

Nutrition and preventing prostate cancer

So far, research does not support definite nutritional guidelines for preventing prostate cancer. However, you can reasonably act on these suggestions:

Don't overeat. Eat moderate-sized portions and keep your calories under control.

Avoid high-fat foods. Prostate cancer rates vary greatly from one country to another, with the highest rates appearing in countries where people tend to eat a lot of fat. A diet high in saturated fats (such as animal fats found in red



meat) may pose the greatest risk.

Make healthy choices. Choose whole-grain foods, such as brown rice and whole-wheat bread. Limit sweets and salt.

Drink alcohol in moderation. Generally, this means no more than two drinks a day for men.

Eat a variety of fruits and vegetables. A diet high in fruits and vegetables has been linked to a lower risk of various kinds of cancer. Recent studies cast doubt on the theory that lycopene — an antioxidant found in tomatoes — lowers prostate cancer risk. But don't stop eating tomatoes. Eating plenty of all kinds of vegetables, including tomatoes, may help ward off prostate cancer and other cancers.

Eat foods rich in omega-3 fatty acids. While a diet high in most kinds of fat is linked to a higher risk of cancer and other health problems, there is an exception. Omega-3 fatty acids — a type of fat found in cold-water fish such as salmon, herring and mackerel — appear to reduce the risk of certain cancers.

Experts are still studying other foods to see whether they help prevent prostate cancer. While the verdict's still out, eating more of these foods probably won't hurt — and may help prevent cancer and other health problems:

Eat soy products and legumes. Soybeans and other legumes contain phytoestrogens, which are plant-based chemicals that behave like the hormone estrogen in the human body. These chemicals might help to prevent prostate cancer. In fact, one possible explanation for lower rates of prostate cancer in Asian men is that they eat more soy protein.

Drink green tea. Green tea contains antioxidants such as polyphenols that may help prevent certain cancers and other health problems.

- Source: Mayo Clinic Online

Davies PRESCRIPTION PHARMACY LTD.



Davies Pharmacy has been serving the North Shore with quality medical supplies and pharmaceuticals for 30 years. Our expert staff of pharmacists, nurses, and technicians can provide you with a full range of products for a healthy life style.

1401 St. Georges
(opposite Lions Gate hospital)

604-985-8771

Stuffy nose and congestion? Annoying cough?

Try this instead of pills and sprays: Before turning in for the night, rub a

generous amount of Vick's VapoRub on the bottoms of your feet, then put on some thick socks. It's an old trick mothers used to use on kids with colds. You'll be surprised how much better you'll sleep!



If you lend someone \$20 and never see that person again, it was probably worth it.



LAST CALL FOR MEMBERSHIP RENEWALS

Sent yours in yet? You have? YAY! Thank you!! You haven't? C'mon, pop that cheque in the mail. Membership is \$30.00. A renewal form is on the back page of this newsletter. Please remember to make your cheques out to the **Vancouver Chapter UOA.** We look forward to having all our members back for another year! Questions? Contact: **Arlene McInnis 604-929-8208**

DID YOU KNOW . . .?

The average output per day for an ileostomy is about a pint.

Salt output from an ileostomy is high, around one teaspoon a day.

Urine output is generally less in an ileostomate.

OSTOMY CARE CENTRE

at  **KEIR SURGICAL LTD.**

Ostomy Care Specialists for over 40 Years!

- Competitive prices
- Free next-day delivery anywhere in BC
- One of the largest ostomy inventories in Western Canada
- Knowledgeable staff dedicated to ostomy issues



OUR NEW ADDRESS:

126 - 408 East Kent Ave. South
Vancouver, BC V5X 2X7

Phone: 604-879-9101 or 1-800-663-5111

Fax: 604-879-3342

Email: ostomy@keirsurgical.com

Visit us online at www.keirsurgical.com

EATING OUT? NO PROBLEM

- ConTact Magazine, Issue 1, 2008

What do you do if you want to eat out at a restaurant with friends? There's no reason why you can't manage this just as successfully as if you were at home, cooking for yourself. Let's face it, much of the pleasure of eating out is the social side. If you pace yourself and don't overindulge, you can partake in any event, whether it's eating out or a party with friends.

Some believe that spicy foods will present a problem, but this isn't necessarily the case. The worst culprit in an Indian or Mexican restaurant or takeout

meal is often the level of fat in the food, which can cause intestinal 'hurry'. Be cautious when it comes to unleavened bread, deep-fried dishes or meals cooked in cream-based sauces.



There's no evidence to suggest that people with an ostomy should cut down on dairy foods. On the contrary, these are an important source of calcium and protein.

Alcohol should not pose a problem, but be aware that beer and lager will cause increased gas if gulped back quickly, especially on an empty stomach!

Party Tips

You arrive at your friends' home ready for an evening of socializing over dinner but dinner is two hours away and snacks have been set out. Pre-dinner ors'doevres can contain some of the worst things for an ileostomate to eat: celery or other raw vegetables, sausage meats of questionable gristle content, rich dipping sauces, nuts and sometimes things you've never eaten before! What to do? First, eat a light snack at home before you leave so you're not ravenous. Crackers without seeds are usually a safe thing to nibble on while waiting for dinner. If you know you must be especially vigilant, or your hosts are not aware that you have dietary restrictions, pack a few 'safe' snacks of your own, things that experience has taught you are reliably safe to eat. (Warning: keep a close watch on 'your' snacks. If they look even remotely interesting, your friends will eat them too.)

E♥T♥RESOURCES♥LTD

"The Choice of Experience"™

Ostomy Clinic & Supply Centre

Services

- ♥ Clinic visits by appointment with specialized E.T. Nursing Care. Hours of operation for clinic visits are Tuesday, Wednesday and Thursday, 11 am to 5 pm.
- ♥ Pre-operative teaching and stoma site marking
- ♥ Post-operative instruction and supplies for caring for your ostomy
- ♥ Assessments and fittings for pouching systems
- ♥ Information and care for various ostomies
- ♥ Skin care

Supplies

- ♥ All brands of ostomy supplies and products
- ♥ Expert product information
- ♥ Fittings for support belts
- ♥ Pharmanet billing

Committed to your well being!



Phone: 604-536-4061
toll-free: 1-877-ET NURSE fax: 604-536-4018
(1-877-386-8773) email: etr@infoserve.net

Elaine Antifaev, RN, ET, CWOCN

E♥T♥RESOURCES♥LTD

1 - 1381 George Street White Rock, BC V4B 4A1
(corner of Thrift and George)

VISITOR REPORT

Requests for patient visits for this reporting period came from Vancouver General, Lion's Gate and St. Paul's Hospitals as well as from independent inquiries.

Colostomy	5
Ileostomy	5
Urostomy	3
Pre-op	1
Other	2
TOTAL	16

Many thanks to my excellent crew this round: Elaine Green, Graham Drew, Joy Jones, Martin Donner, Amy Ridout, Sandy Donner, Diana Mercer and Maxine Barclay.

Thanks & a Tip 'o the Hat to the folks who participated in the Lion's Gate Hospital Survey on Ileostomy Diet After Surgery:



Linda Jensen, Ron Dowson, Janet Kolof, Betty Taylor and Sandra Morris

STOMA SITING, cont. from page 1

In their 1991 publication of a review of the United Ostomy Association Registry (16,470 patients), Fleshman and Lewis⁶ reported no decrease in the number of poorly placed stomas from the previous 10 years. Another retrospective study⁷ compared complication rates between two groups of 593 patients who underwent elective ostomy surgery and were followed for postoperative complications. One group of patients had preoperative stoma site marking and another group did not. The groups had complication rates of 32.5% and 43.5%, respectively. This and another study help demonstrate that preoperative stoma site marking and education can reduce adverse outcomes.

Payers and regulators need to have more evidence than this on which to base policy and evaluate costs. Not only are maladaptive behaviors exacerbated when a stoma is poorly sited or constructed, but also additional costs are incurred when

the stoma requires a customized and complex pouching system or additional healthcare resources such as home health, outpatient clinic and emergency room visits, or extraordinary quantities of ostomy supplies.

Where are the clinical and cost-effectiveness outcome studies to support this? What is the difference in wear-time and peristomal skin status of patients who receive preoperative stoma site marking and those who don't? In a world of prospective payment, where is the most cost-effective clinical setting where this crucial service can be provided? Who will pay for it? What will motivate surgeons to write orders for preoperative stoma site marking for all of their patients? When will surveyors, attorneys, and payers start looking at failure to preoperatively mark patients as a liability?

The preoperative determination of stomal positioning on the abdomen is a controllable factor that must be

performed correctly on virtually all patients. Not only can it enhance quality of life, but it can also serve to reduce the overall management costs and resource utilization required to care for the thousands of Americans who already have a stoma and those who will in the future.



GWEN TURNBULL, RN, BS, ET

Gwen has been a contributing columnist for The Ostomy Files for many years. The Ostomy Files is part of Ostomy Wound Management which was founded in March of 1980 as "Ostomy Management."

In 1985, this small journal dramatically expanded its content and readership by embracing the overlapping disciplines of ostomy care, wound care, incontinence care, and related skin and nutritional issues and became the premier journal of its kind. Ostomy/Wound Management is sponsored by ConvaTec.

VANCOUVER CHAPTER CONTACT NUMBERS

PRESIDENT
Martin Donner 604-988-3959
1835 McEwen Place,
North Vancouver, BC V7J 3P8

VICE-PRESIDENT
Debra Rooney 604-683-6774
(Days Only)

SECRETARY
Vacant

TREASURER
Emilia Prychidko 604-874-1502

NEWSLETTER PRODUCTION & EDITOR
Debra Rooney Tel 604-683-6774 (days only)
email: autodraw@shaw.ca

MEMBERSHIP COORDINATOR
Arlene McInnis email: amcinn@telus.net
34 - 4055 Indian River Drive , N. Vancouver BC V7G 2R7
Tel: 604-929-8208

VISITING COORDINATOR
Debra Rooney 604- 683-6774
(days only)

LIBRARY, VIDEO AND DVDs
Graham Drew 604-874-1502

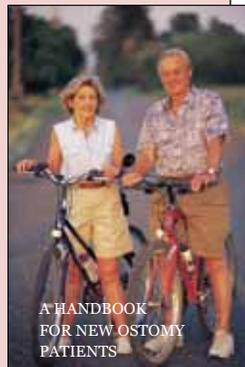
NOTICE OF MEETINGS/GREETER
Cindy Hartmann 604-731-6671

CHRISTMAS PARTY COORDINATOR
Joy Jones 604-926-9075

MEETING REFRESHMENTS
Chris Spencer

ET NURSES !
Our publication "A
Handbook for New
Ostomy Patients" is
available FREE of charge
for your use with your
patients.

Order your supply from
the editor!



STOMA CLINICS IN VANCOUVER / MAINLAND AREA

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

VANCOUVER

Vancouver General Hospital 855 West 12th Avenue
Deb Cutting, RN, ET. Tel (604) 875-5788
Lavra Jean Van Veen, RN, WOCN

St. Paul's Hospital 1081 Burrard Street
Lisa Hegler, RN., ET. Tel (604) 682-2344
Neal Dunwoody, RN, WOCN Ext. 62917 Pager 54049

Children's Hospital 4480 Oak Street
Tel (604) 875-2345
Local 7658

NORTH VANCOUVER Lion's Gate Hospital
Annemarie Somerville, 231 East 15th Ave., N. Vancouver
RN., ET. Tel (604) 984-5871
Rosemary Hill, RN., ET

NEW WESTMINSTER Royal Columbian Hospital
Lucy Lang, RN, ET. Tel (604) 520-4292
Laurie Cox, RN, ET.

Ostomy Care and Supply Centre
Andrea (Andy) Manson, RN. ET. Tel (604) 522-4265
Muriel Larsen, RN. ET.

SURREY Surrey Memorial Hospital
Elke Bauer is on mat leave Tel (604) 588-3328

LANGLEY Langley Memorial Hospital
Maureen Moster, RN. BSN. ET. Tel (604) 514-6000 ext 5216

ABBOTSFORD M.S.A. General Hospital
Sharron Fabbri, RN. ET. Tel (604) 853-2201
Extension 7453

CHILLIWACK Chilliwack General Hospital
Anita Jansen-Verdonk, RN. Tel (604) 795-4141
Extension 447

WHITE ROCK Peace Arch Hospital
Margaret Cowper Tel (604) 531-5512
RN. ET. Local 7687

RICHMOND Richmond General Hospital
Lauren Wolfe, RN, ET. Tel 604-244-5235

WHITE ROCK/RICHMOND E. T. Resources, Ltd.
Elaine Antifaeve, RN. ET. CWOCN Tel (604) 536-4061

KEIR SURGICAL AND OSTOMY SUPPLIES Tel 604-879-9101
Eva Sham, WOCN
Tuesdays & Thursdays 8 am to 4 pm

**ET Nurses -- is your information correct? Please
let the editor know if there are any staffing
changes at your worksite -- thanks!**

IMPORTANT NOTICE

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

ADVERTISERS!

Promote your products and services in HighLife!



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.

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:

UOA OF CANADA LTD.
VANCOUVER, BC, CHAPTER
Box 74570, Postal Station G
Vancouver, BC V6K 4P4



MOVING?

Don't go missing!! Please phone or send us your new address.

MEMBERSHIP APPLICATION

Vancouver Chapter United Ostomy Association

Membership in the UOA of Canada is open to all persons interested in ostomy rehabilitation and welfare. The following information is kept strictly confidential.

Please enroll me as a new renewal member of the Vancouver Chapter of the UOA.

I am enclosing my annual membership dues of \$30.00, which I understand is effective from the date application is received. I wish to make an additional contribution of \$ _____, to support the programs and activities of the United Ostomy Association of Canada. Vancouver Chapter members receive the Vancouver Ostomy Highlife newsletter, become members of the UOA Canada, Inc. and receive the Ostomy Canada magazine.

Name _____ Phone _____

Address _____

City _____ Postal Code _____ Year of Birth _____

email (if applicable): _____

Type of surgery: Colostomy Urostomy Ileostomy Continent Ostomy

All additional contributions are tax deductible. please make cheque payable to the
UOA, Vancouver Chapter

and mail to: Membership Coordinator, 34 - 4055 Indian River Drive, North Vancouver, BC V7G 2R7