



Ostomy Society  
Canada / Société  
Canadienne des  
Personnes Stomisées

Volume 49 - Issue 1  
JANUARY /  
FEBRUARY 2017

Vancouver Ostomy

# HIGH *Life*

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## \*REVISED\*

### 2017 MEETING SCHEDULE:

#### February 11

Speaker: Lauren Wolfe, ET from Nightingale will discuss hernia products and issues

#### April 22

Speakers: Allison McCarlie, Coloplast Ostomy Products; and new ET nurse Christie Man (unless she has to work!)

#### June 17

Speakers: Round Table with ET nurses Arden Townshend, Andy Manson from Ostomy Care & Supply

#### September 23

(AGM)

CHAPTER MEETINGS ARE NOW 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.

## Does Anyone Else Know How to Care for Your Ostomy?

Many of us have been looking after our ostomies for years and have the routine down pat. Even if your ostomy requires some extra effort (seals, patching, powder, skin prep and so on) after enough practise you'll perform even a complicated change without difficulty. But what if you suddenly could not do this for yourself? There are a myriad of injuries or conditions that could suddenly prevent us from performing our usual ostomy routines. What if you suddenly did not have the use of your arms or hands? What if you were unable to speak? In most cases, our families and friends have little or no idea what we are doing in the bathroom. It would be a wise precaution to have a detailed list prepared in case of sudden emergencies. Some points to include:



- brand name and product number of preferred barrier and pouch
- specific instructions on how to remove and apply the barrier, whether one or two piece
- step by step instructions how to prepare the skin for application of the barrier
- proper closure of a drainable bag
- how often should things be emptied
- how to hook up a night drainage system
- how to tell if the system is leaking
- where are these supplies kept?
- where can you buy these supplies if they run out?
- what is your Pharmacare number and ID?
- can you be placed on your abdomen if necessary for an extended period of time?
- do you usually irrigate?
- what medications do you usually take?
- what is the name of your ET nurse (if you have one) and how can that person be reached?

cont. page 10

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

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*A non-profit volunteer support group for  
ostomates.*

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*Tuesday – Thursday*

*8:30 AM to 4:30 PM*

*Telephone will be answered by receptionist*

*Monday and Friday*

### **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! Thanks to everyone who came to our Christmas luncheon -- we were pleased to welcome a number of new faces and kids as well as returning members and guests for a total of 60 adults and 8 kids!

This may be remembered as the "Year of the Great Traffic Jam" Luncheon. It was getting near time to serve lunch and we were missing a number of guests, notably the entire Johal table of 14. News filtered down from the front door that there had been an accident on the Second Narrows Bridge that was causing severe delays. While we were pondering where folks might be en route I received a phone call that the Johal clan was on its way and make sure some food was left! Whew! Arrive they did at last to our great relief. Some of the Seiferts had less luck and were delayed even later but there was still food for them when they arrived. Whew again. That was a nasty traffic jam and we thank everyone who persevered to reach the luncheon.

There was only one no-show that day which is remarkable. Next year we may change the venue to something a little more accessible. Bridges in Vancouver are a fact of life, as is traffic (when is traffic NOT a fact of life in the lower mainland!!) We'd like to see less stairs for folks to negotiate though, so we'll see what we can find for next year. Joy Jones, our Christmas event organizer extraordinaire is already casting about.

As always, thanks to all our suppliers, advertisers, product reps and ET nurses who have been so good to us throughout the past year. Your enthusiasm and support has been fantastic.

Now then -- our meeting dates for 2017 have been booked and you will no doubt have noticed a change in the day. There was a conflict with another large group for meeting space on Sundays at Collingwood Neighbourhood House and long story short, it was necessary for the group with less tenure [us] to change to Saturdays. It's a slight shift that we hope will not prevent people from attending. The other change is we're going to start using a sound system at our meetings. Some of our members have great difficulty hearing speakers (no trouble hearing ME I'm sure! I'm not shy about speaking up) I bought a little portable microphone and speaker so we'll see how that works. I know it's deeply frustrating to not be able to hear speakers well, so we're going to see if we can fix that this year.

Here's to a healthy 2017 for us all.

*Debra*



*Christmas table bears -- a Vancouver chapter tradition*



## THANK YOU

Dear Ostomates,  
Thank you for the magazine. [news-letter] Please renew my subscription. Almost everything I know about my recent ileostomy came from your magazine.

I'm blind (7% vision) and in a seniors' home but so far I look after my own personal needs.

Excuse my bad writing and thank you for so much help.

- Barbara Dunning

## OCS VOLUNTEERS NEEDED

Dear Chapter President,  
We need your help! Do you know of any volunteer who would be a good person to be a director on the Board of Ostomy Canada Society? Is there someone in your chapter or someone you know in your local community who would be a suitable individual to serve on the Board of Ostomy Canada Society?

The most critical positions to be filled are: vice-president; pillar administrators for Finance and Fundraising; Marketing and Communication and Outreach. Each of these positions requires someone who has specific skills. Some mentoring will be offered.

**Vice-president** – organizational skills; good communication skills

**Finance and Fundraising Administrator:** financial background; awareness of fundraising possibilities and leadership of an audit committee

**Marketing and Communication Administrator:** experience and ideas in marketing; good communication skills and awareness of types of communication i.e. print; social media etc.

**Outreach Administrator:** good communication skills; awareness of types of support groups; networking with agencies, ostomy manufacturers and the medical community

Responsibilities of Pillar Administrators are outlined below.

When a volunteer agrees to take on one of these positions, he/she will be appointed to the Board until the 2017 AGM at which time he/she could make the decision to stay in the position for a two year term.

In anticipation and appreciation of your support,

Yours sincerely,  
Ann Ivoll, President

## Definition and Responsibilities of a Pillar Administrator

**MAJOR FUNCTION:** Oversee several committees within a specific pillar

**REPORT TO:** Board of Directors of Ostomy Canada Society

**RESPONSIBILITIES:**

1. Set one pillar goal, with reference to the Strategic Plan, in conjunction with the Pillar Committee Leaders, annually.
2. Provide a timeline to Leaders to set the committee objective(s).

3. Help individual committees to set these objective(s).

4. Help individual committees to set a budget to achieve these objective(s).

5. Help individual committees work towards meeting these objective(s).

6. Arrange electronic meetings, whenever necessary, to set goal(s), to discuss issues and develop policies and procedures.

7. With the collaboration of Committee Leaders endeavour to implement succession planning and identify and train potential successors.

**PILLAR ADMINISTRATOR:** Appointed by the President from among the Board of Directors.



**OH NO!!**  
**I forgot to renew my 2017 membership!!**

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## NEW PATIENTS' CORNER



### Dealing with intestinal obstructions

- reprinted with permission from Stephanie Hughes, *The Stolen Colon* blog

I am never not surprised by how debilitating an obstruction is. It's so much more than an obstructed feeling in your stomach. For me, it makes my entire body ache. It makes me feel run down. More often than not, my first sign of an obstruction is simply feeling bleh. (Yes, I believe that's the technical term.) Even before noticing a lack of output or stomach pains.

This morning, I woke up not feeling great. Sort of nauseated and tired. It wasn't until after breakfast (which I didn't eat) that I noticed my bag filling up with liquid. That's when I realized why I had been feeling run down, even last night. Now it's the afternoon and I haven't eaten anything all day, but I have emptied several bags of liquid output, and everything hurts and I really wish I could curl up in a ball and stay there, praying that it passes. However, I have a 15-month-old, so that's probably not going to happen.

I have written about blockages a couple of times in the past (See: My first major blockage – which still makes me laugh that I considered it a “major” blockage. After having a major blockage later on, trust me, it wasn't. But since they are an ongoing concern, I wanted to address them again.)

#### So how do you deal with an intestinal blockage or obstruction?

The first step is doing what you can to avoid them. You do this by hydrating (which I have not been doing well) and by watching what you eat (which also could have used some work this week).

But once you have a blockage of some sort, the next step is to get back to hydrating. Whether you've been staying hydrated or not prior to the obstruc-

tion, do it after a blockage starts. A blockage can be caused by dehydration and it also causes dehydration by pushing out only liquid output. Hydration can be helpful in getting the blockage to start moving again, as well as simply helping you stay healthy outside of that.

Next, be cautious what you eat. If you're anything like me, you likely don't want to eat anything anyways, but if you are hungry, I suggest sticking with non-solids, such as smoothies, yogurt, applesauce, etc. This way you can continue to take in nutrients, but these foods shouldn't add to the blockage that has formed.

From here, there are a few things you can try... Massage your stomach. This can help get things moving, possibly even break up a smaller obstruction. Use a heating pad. Of course be careful of putting heat on your skin, but the warmth does help your muscles to relax which can get food moving again. Take a warm bath. Another way of trying to relax your muscles. You can also simply wait for it to pass, which it will sometimes.



A lot of blockages can be taken care of at home in these ways, but do be willing to go to the doctor or hospital if things get worse. Severe blockages can lead to more complications, so if you feel that the blockage is not going to pass easily, the hospital is your next option. Only you know your body, so pay attention to the signs it gives you. If you start vomiting or are dealing with extreme pain, it's time to get medical help. The hospital will make sure you are staying hydrated and getting the nutrients you need, even if you are unable to eat anything. They may opt for using an NG tube, which is not pleasant at all, but it really does work. If a blockage gets too severe, they may consider surgery, but that's a last option.

Once a blockage passes, you may still deal with some lingering issues. I like to call it an “obstruction hangover,” because the next day I usually still don't feel quite right, even if I am feeling a lot better than before. I try to take it easy, drink lots of water and

stick with either liquids or easily digestible foods. And usually after that, I feel back to normal.

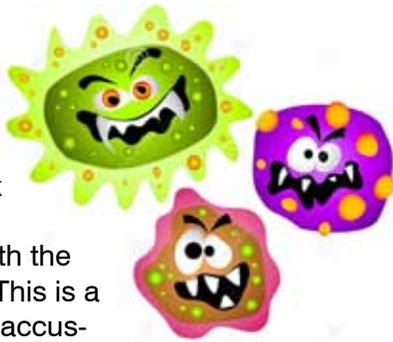
I hope you never have to deal with an intestinal blockage, but if you do, these are some of the things I have found along the way that have helped me get through them. For those who have been through an obstruction, what has your experience been? Do you have other tips that might help somebody get through a blockage? ☐

## Bacteria and Your Pouch

Many patients having ostomy surgery worry about bacteria. Those with colostomies and ileostomies ask if their stomas will become infected with the discharge of stool. This is a myth! The stoma is accustomed to the normal bacteria in the intestine. Keep the skin around the area clean and be careful of adjacent wounds. You want to keep fecal drainage away from the incision but don't worry about the ostomy itself becoming infected from normal discharge. Nature has provided well. Our bodies are accustomed to certain bacteria. The urinary ostomy patient is more likely to be susceptible to infection than the other types of ostomies. Although urine is usually sterile, it is important to keep the urinary pouch very clean. On days that it isn't changed, it should be rinsed with a solution of 1/3 white vinegar to 2/3 tap water. This can be allowed to run up over the stoma and will also help prevent crystals. The vinegar produces an acid environment in your pouch.

Bacteria cannot multiply as readily in an acid condition. Your night drainage pouch should be cleansed daily. White vinegar and water can be used for this too. Perhaps some of you use a special disinfectant or diluted Lysol solution. When the drainage bag has sediment that cannot be removed by cleaning, it should be discarded. Drinking plenty of fluids is important for all ostomates, but especially for the urostomy patient. Many urologists also prescribe vitamin C to help keep the urine acid and less susceptible to infection (Check with your doctor first, as some persons have reasons that would be exceptions to this). Cranberry juice helps to keep the urine acidic. Ostomy patients should strive to live a normal life, keep fit nutritionally (this helps prevent infection), drink sufficient fluids. ☐

Source: Ottawa Ostomy News Dec '16; Metro Halifax News



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## Tips & Tricks

- When changing your appliance, for better adherence, warm the flange and peristomal skin for 30 seconds before applying the flange. Then, with gentle pressure, hold your hand over the entire appliance for about 5 minutes for an even better seal. The warmth of your hand will also help with adherence. By taking the time to do these two things, you may see an improvement in wear time.
- Tomato juice is lower in cost per cup than Gatorade, while providing as much sodium and 5 times more potassium. Orange juice is another alternative, providing the same amount of sodium and 15 times the amount of potassium.





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# Checklist for Risk of Broken Bones and Osteoporosis

## Part A:

- Am I 65 or older?
- Have I broken a bone from a simple fall or bump since age 40?
- Has either my mother or father had a hip fracture?
- Do I smoke?
- Do I regularly drink three or more alcoholic drinks per day?
- Do I have a condition that requires me to use a glucocorticoid medication such as prednisone?
- Do I take any other medication that can cause osteoporosis such as an aromatase inhibitor for breast cancer or hormonal treatment (androgen deprivation therapy) for prostate cancer?
- Do I have a medical condition that can cause bone loss or fractures? Examples include rheumatoid arthritis, celiac disease, gastric bypass surgery, COPD (chronic obstructive pulmonary disease) or chronic liver disease.
- Did I have an early menopause, i.e. before age 45?
- Have my periods ever stopped for several months or more (other than for pregnancy or menopause)?
- Have I ever suffered from impotence, lack of sexual desire or other symptoms related to low levels of testosterone (male sex hormone)?
- Do I currently weigh less than 60 kg or 132 lbs?
- Have I lost more than 10% of my body weight since age 25?
- Have I recently had an X-ray that showed a spinal fracture?
- Have I had an X-ray that showed low bone mineral density?

If you are over 50 and have checked one or more of the above, Osteoporosis Canada recommends that you talk to your doctor to see if you need a bone mineral density test and about doing a comprehensive fracture risk assessment with FRAX or CAROC.

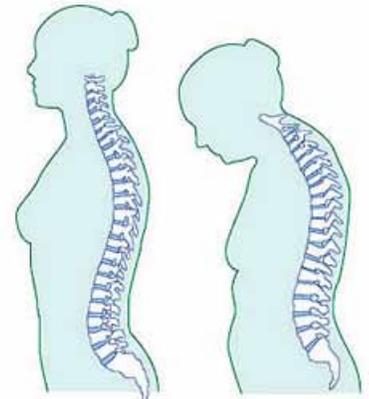
If you are under 50, it is very unlikely that you need a bone mineral density test unless you have a chronic medical condition or medication that puts you at high risk for fractures. If you are unsure, speak to your doctor.

## Part B:

- Have I lost 2 cm (about 3/4") in height as measured by my healthcare provider, or 6 cm (about 2 1/2") overall from when I was younger?
- Do I have kyphosis (a forward curvature of the back)?

If you are over 50 and have checked one or more of

the above, Osteoporosis Canada recommends that you talk to your doctor about getting checked for the possibility of a spine fracture. This is done with a regular back X-ray.



## Part C:

Frequent falls can lead to broken bones.

- Have I fallen two or more times in the past year?
- Do I have an unsteady walk and poor balance?
- Do I need to push with my arms to get up from a chair?
- Do I need an assistive device such as a cane, walker or wheelchair?

If you have checked one or more of the above, you are at risk of falling and you need to take steps to prevent falls.  - Osteoporosis Canada

## Fracture Facts

- Over 80% of all fractures in Canada after age 50 are caused by osteoporosis.
- Over 80% of fracture patients are never offered assessment and/or treatment for osteoporosis.
- One in three hip fracture patients re-fracture at 1 year and over 1 in 2 will suffer another fracture within 5 years.
- The risk of suffering a second spine fracture within the year following the first one is 20%.
- Each year in Canada there are about 30,000 hip fractures -- and many more Canadians suffer osteoporotic fractures affecting the spine, wrist, shoulder and pelvis.
- At least one in three women and one in five men will suffer from an osteoporotic fracture during their lifetime.
- *Osteoporotic fractures are more common than heart attack, stroke and breast cancer combined.*

# ASK THE ET



## QUESTION

*"I am a 73-year-old woman who has severe arthritis in my hands and can't easily manage to change my appliance. My husband is quite useless and squeamish and reluctant to help me. We get home care once a week but the nurse seems impatient. She wants me to be independent. I find that often I do it all wrong and get leaks resulting in me having to change it the next day. It's expensive to make mistakes. Can you please help. I am quite desperate."*

## ANSWER

Your question is a series of issues that I would like to break down to best respond. First, I would encourage you to call the nursing agency involved and ask to see their ET nurse. This is going to put you in contact with a person who knows all the different appliances and options, and who will be able to show you some tricks that may make your journey easier. Many clients have arthritis, and as an ET, I often assist individuals in selecting the appliance that works the best for them. For some individuals, this may mean a precut option. For others, selecting Velcro closure instead of clip closure can improve independence. And sometimes we even choose a one-piece appliance instead of a two-piece to eliminate the need to attach the pouch and flange via a coupler, which can be very difficult with arthritic hands. If your nursing agency doesn't have an ET nurse, then reach out to the free clinics taking place around the city, or hire an ET privately for a one-time assessment.

Secondly, I would suggest that you give yourself a break. You are learning a new skill and it is normal to have some issues at the start. Take the time to get everything set up in your bathroom before you start—and even before your nurse arrives, so that you can focus on the actual appliance change procedure while the nurse is present. In my experience, flange failure within the first 24 hours is often related to moisture—so take an extra moment, right before applying the flange, to dry the skin at the base of the stoma. I like to use a tissue for this as I find it absorbs the mucous best. It could also be that you are having difficulty lining up the appliance opening with your stoma and may be overlapping the stoma mucosa with the flange. The surface of the stoma is the inside of your intestine. It is constantly producing and secreting mucous, which means that if the flange sits on top of the stoma, it is going to fail very quickly due to the moisture. Lining up your stoma with the

flange opening takes practice. Having a brightly lit room can help, as can having a mirror that allows you to see what you are doing without tying up your hands—so one that sits on the vanity, or a full-length mirror on the wall or door. Some clients find it helpful to use a vanity mirror that magnifies, so that what they are viewing is larger.

Finally, take your time. Your nurse is pushing for you to become independent as this is part of her job. In the community, nurses are under pressure from CCAC to teach client's protocols and discharge them. That being said—the nurse rushing you is not going to help you become independent. If you truly feel your nurse is impatient, then the relationship is not therapeutic and it is increasing your stress. You have the right to call the nursing agency and request a different nurse. Things like this happen all the time, so don't worry that your nurse is "going to get in trouble". She won't. But the replacement nurse might be a better fit for you.

*(Answer provided by Cathy Downs our resident ET)*

*- Source: Ottawa Ostomy News, Nov Dec 2016*

### **DOES ANYONE ELSE KNOW HOW TO CARE FOR YOUR OSTOMY cont. from page 1**

- what specific issues need to be monitored?
- how do you clean any of the equipment used?
- proper storage of equipment
- how long is the pouching system usually left on?
- specific allergies to any other brands

It would also be wise to prepare a 'go kit' in case of sudden hospitalizations. Such a kit should include enough barriers, pouches and related products to last at least a week. (Having a 'go kit' is a good idea in general in case of fire or similar emergencies) Make sure your family or caregiver knows where this kit is kept. And include your 'how to care for my ostomy' list in this kit. ☐

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References: 1. Szewczyk MT, Majewska GM, Cabral MV, Hölzel-Piontek K. Osmose Study: Multinational Evaluation of the Peristomal Condition in Ostomates Using Moldable Skin Barriers. Poster presented at ECEI, Paris, France, June 2013.

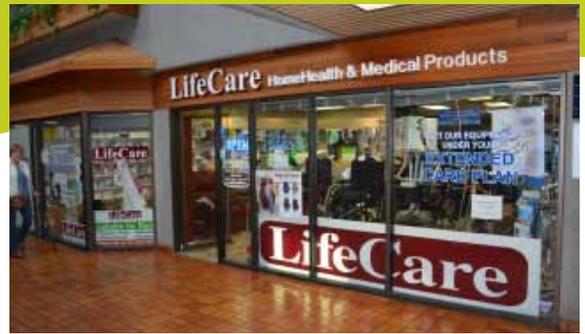
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# When should I Book an Appointment to See an Ostomy Nurse?

Written by: Pam Boquentin ET, CWOCN, Nightingale Medical.

Edited by: Michayla Wolfe

**1.** To receive pre-surgical teaching and/or marking for a planned ostomy creation. Many hospitals have Ostomy Nurses that will provide these services in a pre-admission clinic before surgery. If this service is not provided in hospital, or you need more advice regarding teaching or marking for a planned ostomy creation, Nightingale Ostomy Nurses can also provide the service. We can provide ostomy teaching, ensure individualized choice of supplies, and develop a personalized care-plan to promote independence, self-confidence, and improved quality of life.

**2.** 2-3 weeks post discharge from hospital A few weeks after discharge, many find that the ostomy products that worked in the hospital no longer function correctly. Reasons for this change can include, changes to the stoma size and shape due to a decrease in swelling, weight gain or loss, and an increase in activity once out of the hospital. To resolve any of these issues please make an appointment.

**3.** If experiencing issues with leakage/reduced wear-time (length of time you wear your pouching system). Most ostomy appliances are designed for a three-day minimum wear-time, during which leaking should not be experienced. However, there are many reasons why an Ostomate may experience reduced wear-time. These issues can be evaluated and assessed in-clinic in order to achieve a longer wear-time.

**4.** If experiencing breakdown to the skin around the stoma, not limited to but including; excoriation/ulcers (sores)/itching/redness burning etc. Your skin under your ostomy pouching system should look like the skin on the opposite side of your body. There are many kinds of peristomal skin problems that may occur; some in relation to the application of the pouching system, changes in abdomen or stoma shape and size, a reaction to ostomy products or to an immune disorder. Regardless of the cause, all of these conditions can be treated. Peristomal skin breakdown can worsen quickly if left untreated, leading to discomfort and leaking due to reduced sticking of the ostomy appliance.

**5.** When experiencing changes to the stoma size or shape that are reducing the effectiveness of your ostomy appliance. Sudden changes to a stoma can occur, even when the stoma has been well established for a long period of time. Provided that the stoma remains functional, and is normal in appearance;

pink, warm, and moist, these changes are usually not a reason for concern. However, a sudden change in size or shape of a stoma can reduce the success of your current appliance.

**6.** Prevention or management of a parastomal hernia Parastomal Prevention of a parastomal hernia requires an exercise regime and a hernia belt that is customized for you. If a parastomal hernia occurs, it may not be possible to obtain a surgical revision. A hernia belt may help to support the weight of the hernia, as well as prevent complications from developing. Scheduling an appointment with your ET nurse can address these concerns.

**7.** Three months after creation of a new stoma to be considered for a pre-cut appliance. After the creation of a new stoma, it is normal for the stoma to change size and shape over a three-month period. This requires measuring of the stoma and cutting of the flange during appliance changes. Pre-cut appliances make changing an appliance easier and quicker. Therefore, at three months, your stoma should have an established size and shape that may allow it to be fitted for one. Precut appliances usually are only available in a round shape.

**8.** Three months after creation of a colostomy, to be assessed for possibility of stimulated bowel movements via daily ostomy irrigation. Colostomy irrigation can provide greater control over bowel movements. Those who are candidates for stimulated bowel movements may not have to wear a bag; instead they can wear a small stoma cap with a filter for escaping gas.

*If you are experiencing any of the above issues or have concerns, please book an appointment at Nightingale Medical with an Ostomy Nurse. Our ET nurses can provide you with:*

- personalized care plans
- education on peristomal skin health
- hernia prevention exercises
- hernia belt fitting
- colostomy irrigation assessment
- answer questions e.g. Can I swim, Travelling with an ostomy.

*Source: Nightingale Medical Supplies newsletter, Fall 2016*

## Hints & Tips - Preventing Blockages

- Slow down when you eat! Concentrate on chewing your food and take your time
- Try new foods in moderation; do not eat a regular portion of something if you haven't had it before. (Perfect time to sample your spouse's plate)



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## HOW TO SHAVE AROUND YOUR STOMA

Many men find they must shave the peristomal skin with each change of their skin barrier. In the past, ostomy literature has usually recommended using an electric razor. I personally have never had great success with this method, although I have heard that some folks do very well with the newer small razors that are designed for trimming mustaches and sideburns.

If you use a safety razor, as we do in the hospital, be sure to apply sufficient shave cream so that this is not a dry shave.

In addition, be gentle. Most shave creams have emollients so you will need to wash the skin with plain soap and water afterwards. Rinse your skin well so no cream or soap residue remains.

If your skin is very irritated and itchy, we have found that Kenalog spray or Desonide lotion is extremely helpful. This is a steroid (cortisone) solution, which decreases the itching and irritation dramatically. Apply these lightly, and then allow to dry completely prior to placing on your new skin barrier. These medications have a slightly oily base, which means your skin barrier probably will not stay on as long as you are accustomed.

This procedure will relieve the itching and promote healing. Skin heals better covered by a skin barrier than it would if aired out. Do not use any steroidal spray as part of your regular changing routine because steroids

are absorbed into your system through the skin. Moreover, steroids will thin the skin compounding peristomal skin issues.

If there are actual pustules around the irritated hair follicles, you may need to use an antibiotic powder such as Polysporin powder to clear this up.

- Kathy Dalin, RN, Riverside HealthCare, Kankakee; Metro Halifax News



### Will Vinegar Hurt My Stoma?

No, it won't. It might be best to dilute vinegar if you are going to use it to disinfect the bag while you are still wearing it, say one part vinegar to two parts water as a cleaning solution (or weaker). Think of your stoma as having a similar membrane as the inside of your mouth. A mouthful of straight vinegar might be disagreeable and make you pucker, but it won't hurt your mouth. The stoma is similar.

## Be Active and Feel Secure!

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# Christmas Luncheon & Kids' Party 2016

We had another good turnout for our annual Christmas Luncheon at the North Shore Winter Club, with 60 adults and 8 children. We were very pleased to see many familiar faces and also a number of new ones! Many, many thanks to Joy Jones for again organizing this event. Thanks as well to Joan Nicholson and Linda Jensen for working the door, Joey Chisholm for really hawking those raffle tickets, and Barb Mansell as our excellent Santa. We were thrilled to have singer Roger Buston this year who kindly offered to perform without charge, and a wonderful job he did. We'd love to have him back next year. Winners of the cash raffle were: Ted Slinn, Paul Hunt and Barb Mansell. Thanks to everyone who donated gifts for the door prizes and draws! Super big thanks to Lancaster Medical Supplies for sponsoring the wine for our luncheon and for donating a pair of Canucks hockey tickets for the raffle. Good health to all and see you in the new year!



*Joan Nicholson and Linda Jensen work the door*



*Joanne and Inge Noringseth, David Rogers enjoy some white wine*



*Judy Cooper, grandson Landon and Dave Kotow (Lancaster Medical)*



*New attendees John and Jitte Kaland*

*Kenza Solanki ("future world leader") and Kam Sahota*



*Roger Buston sings Christmas carols*



*Clan Seifert -- Liam, Ryan, David, Nadine and Erica*



Jordan has new glasses this year



Paisley: "I don't think I really want to be held just now, thanks"



Kenza: "Zeehan asked for way too much"



I'm Landon and yes, I'd love a present!



Quinn gets his present from Santa



I'm Ryan and I'm new here



Linden: "Yup, I've been totally good again this year"



"Haven't I seen you before, Sonya?"



Zeehan: "The pants aren't red, they're watermelon"



"Of course we've been good, Santa!" Joy Jones and Deb Rooney



Clan Sahota and Solanki and Santa

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





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## Do Coffee and Tea Count Toward the Eight Cups of Water I Should Drink Each Day?

Caffeinated beverages let you retain only about 50 percent of the water in them. Milk, fruits, and vegetables are 90-99 percent water, and all count toward your daily water dose. The best way to know if you're staying hydrated is to use your thirst as a guide. But during hot and humid summer days, the better indicator is urine color. If it is cloudy and yellow, drink more water. A clear and pale color indicates your body is getting the liquid it needs. Water also stimulates the production of saliva, which is your mouth's first defense against plaque. It is important to drink even more water as you age, since saliva output decreases with age.

Source: *United Ostomy Association, Inc., Evansville, Indiana Chapter ReRoute* Volume 29, Number 8 May, 2002

### A warm welcome is extended to new members:

Joanne Chimenti  
Don Fairbrother

### Many thanks to the following folks for their kind donation to the chapter or The Wendy Irvine Youth Camp Fund:

Jennifer Irvine  
Randy Dungate  
Cecil Rempel  
Rick Irving  
Selma Belsheim  
Helmut Wolf  
Paris Tomei  
Joann Chimenti  
Grace Walker  
Donald Schick  
Nachiko Yokota  
Florence  
Dann Koller  
Charles Genge  
Maranda Wong  
Florence Robertson  
Hans Frei  
Don Fairbrother  
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*ET Nurse Neal Dunwoody is available --  
call for appointment*

## Youth Group Gathering



*The Ostomy Youth Group Night at WAVES, organized by Youth Group Coordinator Julie Singer, November 22 had a great time and a great turnout! Watch our website for the next Youth Group gathering!  
[www.uoacvancouver.weebly.com](http://www.uoacvancouver.weebly.com)*



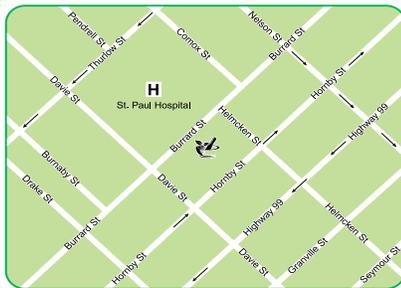
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**Our Hours:**  
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We are conveniently located in the West End of Downtown Vancouver, inside the **Burrard Medical Building**.

## Hints & Tips

- Scotchguard sprayed on an elastic ostomy belt will keep it clean longer and help to hold its shape
- Two tablespoons of plain baking soda in 1/4 cup water to wash around the stoma can help heal the skin and relieve itching
- Lengthy sitting in one place can force the pouch contents upward around the stoma and cause leakage. Getting up occasionally and moving round will help.

Thanks to the following folks who brought door prizes to the Christmas luncheon:

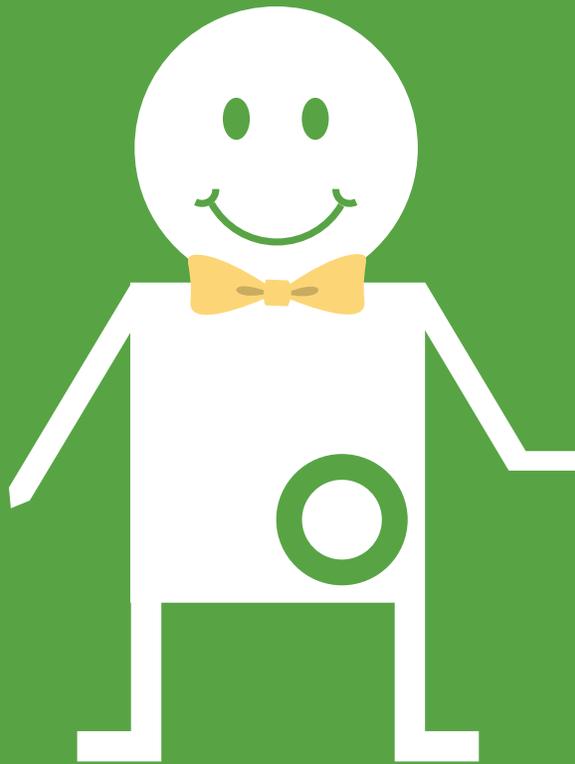
Joy Jones,  
 Joan Nicholson  
 Linda Jensen  
 Jean Hubbard  
 Cindy Hartmann  
 Janice Balfour  
 Bill Albinson  
 Inge Noringseth  
 Maxine Barclay  
 Emilia Prychidko  
 Pierrette Daigle  
 Ed Lee  
 Family Johal  
 Elaine Dawn

(I know there were a lot more of you who brought gifts, but these are the only ones who signed the gift sheet! Thanks to everyone!)

## ORIGINS OF SAYINGS “Eat Humble Pie”

If you're eating humble pie, you're probably making an apology about something and enduring humiliation along with it. Where did such a phrase come from? During the Middle Ages, the lord of a manor would hold a feast after hunting. He would receive the finest cut of meat at the feast, but those of a lower standing were served a pie filled with the entrails and innards, known as “umbles.” Therefore, receiving “umble pie” was considered humiliating because it informed others in attendance of the guest's lower status.





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# Of Special Note to Ileostomy Patients

- UMPC Life Changing Medicine

It is very easy to quickly lose large amounts of water, minerals and vitamins through an ileostomy when diarrhea occurs. [or if you have a chronically overactive ileostomy] Losing too much fluid can lead to dehydration, which can be dangerous. Your fluid and mineral losses need to be replaced so that you do not become dehydrated.

## Potassium and Sodium

These two minerals are lost daily with the fluids that leave your body through your ileostomy. They can be replaced by adding foods high in potassium and sodium to your daily diet. Talk with your doctor if you follow a diet that restricts potassium or sodium. He or she will advise you of any special instructions for your condition. Some good dietary sources of potassium and sodium are:

## Foods High in Potassium

Milk	Avocado
Beef	Bananas
Chicken	Cantaloupe
Duck	Cherries
Fish	Dates
Lamb	Figs
Pork	Grapefruit
Veal	Grapefruit Juice
Turkey	White Grapes
Green Beans	Nectarines
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Broccoli	Orange Juice
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Spinach	Plums
Tomatoes	Prunes
Tomato Juice	Prune Juice
V8 Juice®	Rhubarb
Apricot Nectar	Strawberries
Apricots	Watermelon

## Foods High in Sodium

When used in cooking or at the table, salt is the most obvious source of dietary sodium. Other seasonings are also good sources of sodium. They include:

Chili Sauce	Monosodium Glutamate
Gravy Flavorings	Salts (celery, onion, garlic)
Ketchup	Soy Sauce
Meat Tenderizers	Worcestershire Sauce

Foods that have salt added during processing are also good sources of dietary sodium. They include:

Ham	TV Dinners
Bacon	Vegetables in Brine
Hot Dogs	Peanut Butter
Sausage	Salad Dressing
Cold Cuts, Corned	Sauerkraut
Beef	Canned and Dried
Canned Meat, Fish,	Soup
Stew	Gravy
Pickles	Sauces
Relish	Pickled Foods
Olives	Scrapple
Crackers	Tomato Juice
Pretzels	Tomato Sauce
Salted Popcorn	V8 Juice
Cheese	

## Tired of the Rain?

A curious fellow died one day and found himself waiting in the long line of judgement. As he stood there, he noticed that some souls were allowed to march right through the pearly gates into Heaven. Others though, were led over to Satan who threw them into the burning pit. But every so often, instead of hurling a poor soul into the fire, Satan would toss a soul off to one side into a small pile. Watching Satan do this several times, the fellow's curiosity got the best of him. So he strolled over and asked Satan what he was doing. "Excuse me, Mr. Prince of Darkness," he said. "I'm waiting in line for judgment, but I couldn't help wondering why you are tossing those people aside instead of flinging them into the Fires of Hell with the others?"



"Ah, those," Satan said with a groan. "They're all from Vancouver Island. They're still too wet to burn."

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Gwen Varns WOCN/ET, Christine Kwong WOCN/  
ET, Pam Boquentin CWOCN – maternity leave

**Langley:** 604-536-4061

Katie Jensen ET, Christie Man ET, Meggan Chung  
ET ( will complete in January) Lisa Peacey ET –  
Maternity leave starting January, Laura Jean de  
Vries WOCN/ET – maternity leave returning April  
1st

**Whiterock:** 604-427-1988

Christie Man ET, Lauren Wolfe CWOCN/ET, Lisa  
Peacey ET – Maternity leave starting January

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***ET Nurses - have you or any of your colleagues moved to a different  
worksites? Do you see any errors or omissions here? Let the editor know so  
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### 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, 3443 Dartmoor Place, Vancouver BC V5S 4G1**