Vancouver Ostomy
HIGH Life

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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

Next Meeting:
SEPTEMBER 18

Jewish Cultural Centre
950 West 41st Avenue
Vancouver
1:30

Executive meeting TBA

2005 Xmas Luncheon
Sunday,
December 4, 2005
MARK YOUR CALENDAR NOW!

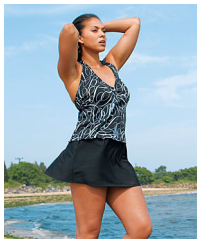
SUIT YOURSELF!

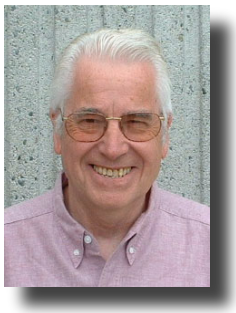
You want to go swimming again but you're anxious about what type of bathing suit to wear? You may be able to wear your old suit, or some modifications might be necessary. Ladies, you can still wear two-piece outfits so long as they are high enough at the waist to cover the appliance. Busy patterns obscure the outline of an appliance, as do skirts, ruffles or loose shorts for the guys. Board shorts are in fashion for everybody these days and although the ladies' styles tend to be low in the waist and short in the leg, they can be added over top your regular suit (for that surfer girl look) Guys, you have a great selection of board shorts from which to choose. Ostomies sited high can be a problem so the long leg length of these garments gives you more flexibility in waist adjustment. Give a fresh appliance change a few hours to 'set' and/or apply waterproof tape around the flange before entering the water to give you added security. Oh yes, and don't forget the suntan lotion.

Good for sunning or swimming!

Men's board shorts

Ladies' skirted suit





President's Message

Hello folks.

Summer is here again, I do hope that you are all looking forward to the finer weather? Our Annual General Meeting was held on Sunday June 12 2005 at the Jewish Centre, and it was very successful. Our 3 Officers were voted on for another 2 years. Ron Dowson as President, Lennea Malmas Treasurer and Julia Zeelenberg Secretary. Julia may have to retire through health problems. WE ARE STILL LOOKING FOR A VOLUNTEER TO FILL THE POST OF VICE PRESIDENT. Please seriously consider if you could give us a few hours and join the committee either as an Officer or as an executive member, some of us are getting that much older and will need replacing. We have had 3 requests for funding to send children to the Summer Camp this year, it was agreed that we would do this and hopefully receive the grant from the Vancouver Sun newspaper. Please take care of yourselves and have a good summer.

Ron.

MEMBERSHIP RENEWAL

As this is the first year of the new once a year annual dues program please remember that your membership is good until the end of 2005. Our head office in Toronto will be sending out renewal notices in the fall for 2006. So if you previously renewed in July you don't need to send in a cheque until you get your renewal notice.

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.

From the Editor

As some of you of may already know, the national office of the UOA (United States) has made the difficult decision to disband after 43 years of operation. Please be assured that this does not affect our own national office (UOAC) nor the function and running of our own chapter here in Vancouver. The US has many chapters throughout the country which will continue to provide support and information at their local levels. It is sad, however, to learn that our parent organization to the south has found this course of action to be necessary. It's therefore doubly important that we continue to support our own organization at both the national and local level.

But on to happier things. Vancouver chapter members Lennea Malmas and Lottie Callie will be attending the Canadian National Conference this August in Winnipeg (try to behave, ladies!)

Our Visitor Program needs a female Chinese interpreter -- Mandarin or Cantonese -- to assist in visits with those who do not speak or understand English well. We don't get a lot of this sort of patient visit -- two or three a year -- but having someone who could step in to help would be a godsend. Do YOU speak either of these languages? Does a family member or friend? Give me a call c/o the Visitor Program number at the back for more information on how you can help.

I recently had the pleasure of being invited to speak to the second year nursing class at Langara College. Students at this stage are already doing some hands-on care of ostomy patients so it was an excellent opportunity to add to their understanding of ostomies. Three students did modules on Crohn's, Ulcerative Colitis and Ostomies accompanied by a Power Point presentation complete with quizzes. I was pleased to note that the information presented was of high and accurate quality, too. (I also stumbled in the quiz -- hey I thought I knew it all!) Then it was my turn -- I was "Live Ostomy Exhibit A" and spoke about my experience and some of the physical and social implications of ostomy surgery. The class was about 25 young women plus their instructor, and what a splendid group they were. Smart, funny and committed. The floor was opened for questions at the end -- nothing taboo! This class will graduate in 2007, and if what I saw June 9 is any indication of the calibre of nursing professional who will be entering the field in the future this is good news indeed for all patients, not just those with ostomies. My thanks to students Alice Piccinato, Jennifer Armada and Milgrace Ong, and to their instructor Liza Bortoline for inviting me into their classroom.

See you in the fall!

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

In the News, Letters

UNITED STATES NATIONAL UOA OFFICE CLOSES ITS DOORS

June 2005

Dear UOA Member:

The UOA Board of Directors has made the difficult decison to cease operations of the Untited ostomy Association, Inc. as of September 30, 2005. This decision was reached after months of research, evaluation and consideration of numerous alternatives. Ultimately, dissolving the UOA was realized as the only viable option.

UOA was founded to help improve the quality of life for people with intestinal or urinary diversions. Initial objectives were to improve medical and nursing care and ostomy products and to provide mutual support. In many significant ways, all of these goals have been achieved and we can be proud of our success. We have helped hundreds of thousands through the UOA Visiting Program, local chapter/satellites, www.uoa.org and the UOA National conference. We should all be pleased with what UOA has accomplished since its inception in 1962.

Much has changed in 43 years: advances in medical science, ostomy supplies and electronic communication have created less need for our programs and services. A declining membership base, inadequate financial support and increasing operating costs have also plagued our organization for several years.

Our complete range of support, programs and services will be offered through the national office until it closes on September 30, 2005. Please continue to support the 2005 UOA Youth Rally and come celebrate 43 years of success with us at the last UOA National Conference in Anaheim, CA this August 3-6. The final issue of the Ostomy Quarterly magazine will be mailed this October.

We hope that you will continue to work with your local support group to help future ostomates in your community. Thank you for your support these past years.

Sincerely,
The UOA Board of Directors

HOSPITALS TO AVOID DEPARTMENT:

South African Health - Pelonomi Hospital
Date: 26 July 1996 10:08

"For several months, our nurses have been baffled to find a dead patient in the same bed every Friday morning" a spokeswoman for the Pelonomi Hospital (Free State, South Africa) told reporters. "There was no apparent cause for any of the deaths, and extensive checks on the air conditioning system, and a search for possible bacterial infection, failed to reveal any clues." "However, further inquiries have now revealed the cause of these deaths. It seems that every Friday morning a cleaner would enter the ward, remove the plug that powered the patient's life support system, plug her floor polisher into the vacant socket, then go about her business. When she had finished her chores, she would plug the life support machine back in and leave, unaware that the patient was now dead. She could not, after all, hear the screams and eventual death rattle over the whirring of her polisher. "We are sorry, and have sent a strong letter to the cleaner in question. Further, the Free State Health and Welfare Department is arranging for an electrician to fit an extra socket, so there should be no repetition of this incident. The enquiry is now closed." from (Cape Times, 6/13/96) BTW, the headline of the newspaper story was, "Cleaner Polishes Off Patients."

Langara College Second Year Nurses' Presentation, June 9, 2005

Future ET Nurses? Debra with Langara Nursing Students Alice, Jenn and Milgrace.

Are tanning beds safer than natural sunlight?

There's no such thing as a safe tan. Both sunlight and tanning beds increase the risk of skin cancer and premature skin aging. Exposure to ultraviolet (UV) radiation — whether from sunlight or tanning beds — damages your skin. The degree of damage depends on several factors, including the:

- Amount of exposure, which is cumulative over your lifetime
- Intensity of the radiation
- Type of UV light
- Genetically determined tolerance of your skin to UV radiation

Two types of UV radiation — ultraviolet A (UVA) and ultraviolet B (UVB) — have an effect on your skin. UVA penetrates into the deeper layers of your skin and can damage your skin's immune system. This can contribute to the development of skin cancer, including melanoma. UVA also causes premature wrinkling. Tanning beds are a source of high doses of UVA. UVB causes sunburn and plays a significant role in skin cancers called basal cell carcinoma and squamous cell carcinoma.
You can prevent skin damage from UV radiation by:

- Limiting your exposure to UV light
- Using a broad-spectrum sunscreen, which protects against both UVA and UVB

The UV light from tanning beds may also:

- Cause eye burns if you don't use protective eyewear
- Worsen some chronic conditions such as lupus
- Interact with some medications that cause increased sensitivity to light (photosensitivity), such as ibuprofen, thiazides and tetracycline. This can lead to a severe sunburn-like reaction.

If you want the golden glow of a tan without exposure to damaging UV light, consider using sunless tanning products or bronzers. But keep in mind that many of these products don't contain sunscreen and won't protect you from the sun.

Source: Mayo Clinic On-Line, May 14 2005

FREQUENTLY ASKED QUESTIONS ABOUT IBD

HOW COMMON ARE CROHN'S DISEASE AND ULCERATIVE COLITIS?

There are about 10,000 new cases of IBD diagnosed each year in Canada. From the statistics to date, it would appear that the incidence of Crohn's disease is increasing. There are geographical and racial variations in the occurrence of both diseases for reasons that are not clear.

ARE THESE DISEASES INFECTIOUS?

Although the cause of IBD is unknown, niether Crohn's disease nor ulcerative colitis has been shown to be infectious. An infecting bacterium, virus, fungus, or parasite has never been demonstrated with any consistency. Thus, it is believed that these diseases cannot be "caught' or "given".

ARE THESE DISEASES INHERITED?

IBD is not inherited in the classical definition of a hereditary disease. Thus, there is no predictability that a child of an affected parent will develop the disease. IBD is, however, a somewhat familial disease in that there is an increased occurence among blood relatives. The chances are about one in twenty that some relative of a patient will have IBD, either Crohn's disease or ulcerative colitis.

DO THESE DISEASE OCCUR OFTEN IN CHILDREN AND HOW DOES THE COURSE DIFFER FROM ADULTS?

About 10% of those affected have onset before age 16. Unfortunately, the outlook is worse than in adults in that the complication rate is higher and surgery is required more often. Delayed growth and development may occur if the onset of disease is before puberty, as nutrient absorption can be severely impaired.

IS ANYTHING KNOWN ABOUT POSSIBLE CAUSES?

Completely unknown. There is considerable evidence that in some persons with these diseases, allergic-like reactions (antigen-antibody) occur in the tissues of the intestinal tract. This means that the body's defence mechanisms are operating against some materials in the digestive tract that they recognize as foreign matter. Exactly what initiates this reaction in the body (e.g. viruses, bacteria, food substances or other kind of toxic agents) remains a mystery. What starts out as a defence mechanism, may then become the disease.

DO CROHN'S AND ULCERATIVE COLITIS HAVE THE SAME CAUSE?

Some feel that the cause is the same and that different types of inflammation are due to the different locations of the disease process. Others feel that they are two unrelated disease processes and share only the fact that they involve intestinal tissue. More research is required to clarify this important question.

DO WHAT EXTENT ARE CROHN'S AND UC PSYCHOSOMATIC DISEASES?

Emotional problems do not cause these diseases. However, emotional factors may influence the course of the disease -- just as they influence the course of most chronic diseases.

CAN PYSCHOTHERAPY CURE OR AT LEAST HELP CONTROL THESE DISEASES?

Nothing so far discovered cures these diseases. Some patients seem to benefit from psychiatric treatment while others do not. If patients have emotional problems that seem to be affecting their health or otherwise disturbing their lives, then psychiatric help should be considered. If successful, the disease may coincidentally be benefited. It is not a substitute for medical care!

WHAT AFFECT HAS CROHN'S AND UC ON PREGNANCY AND CONCEPTION?

Fertility is essentially normal. Spontaneous abortion rate is the same as the general public. The chances of having a normal child are no different. In some patients the illness worsens during pregnancy, while in others the illness might remain unchanged or even improve.

WHAT ARE FISTULAE?

These are abnormal passageways between the inflamed intestinal tissue and some adjoining tissue or another segment of intestine. These sinus tracts are characteristic of Crohn's, particularly when connecting two segments of intestine or burrowing from the ileum to areas within the abdominal cavity. Complicated fistulae occur around the anus and rectum in Chrohn's disease. Fistulae are not characteristic of ulcerative colitis, although they occasionally occur in the rectal region or between the rectum and vagina.

DO PEOPLE WITH CROHN'S AND UC DEVELOP CANCER?

Cancer of the small intestine, where Crohn's usually occurs, is an exceedingly rare disease. However, after many years of involvement with Crohn's, the incidence in the small intestine may be slightly higher than in the average population. More is known about the potential risk of cancer in the large intestine, or colon, as a complication of ulcerative colitis or Crohn's. The incidence is significantly greater than in the average populaton but usually occurs in those cases in which the entire colon has been involved for at least 10 years. This risk slowly rises above average after ten years of disease.

WHAT CAN BE DONE TO RECOGNIZE CANCER OF THE COLON AT ITS EARLIEST STAGE?

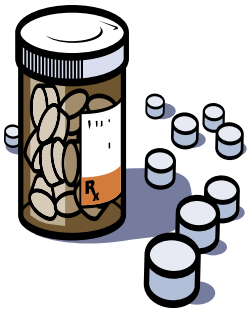
Those at an increased risk (colitis of the entire colon for more than ten years) should have a colonoscopy examination of the colon that includes a biopsy, every two years, in search of early changes toward malignancy.

Source: Canadian Society of Intestinal Research, Ottawa Ostomy News, May 2005

When your friends begin to flatter you on how young you look, it's a sure sign you're getting old.

- Mark Twain

Drugs and the Ostomate



The potential side effects or adverse reactions increases as the number of medications a patient takes goes up. Compounding the risk is that consumers today are turning to over-the-counter medication and are prescribing for themselves to offset rocketing health-care costs.

A few basic principles of drug use are, therefore, important to keep in mind. A drug can't do any good unles it gets to its target organ. In almost every case, a drug must be absorbed into the systemic circulation before it can exert a therapeutic effect. Since drugs are absorbed primarily through the intestines, ostomates can be at a particular disadvantage.

Many factors influence the absorption of drugs. These factors include the chemical nature of the drug, the dosage in which it is introduced into the system, and the condition of the patient who is taking the drug. Iron, for instance, and vitamin B12 are absorbed only in the upper ileum. While the chemical nature of most drugs also absorption along a significant lenth of the intestinal tract, the shorter the functional intestine, the less will be absorbed. Only a very few drugs, such as alcohol, can be absorbed to any great extent through the stomach.

Another chemical factor is how soluble the drug is. Some drugs are rather insoluble in the digestive juices and absorption into the bloodstream will vary greatly, even in patients with an intact bowel. Clearly, a patient with a shortened ileum is at risk for drug malabsorption. The dosage form [size and type of pill] is a major factor as well. As a general rule, the smaller the size, the easier it is absorbed. Chewable tablets have a pretty good record if they are chewed well; in most cases they are better than capsules or compressed tablets.

Ostomates who have a significant portion of their intestine removed may achieve better absorption by emptying the contents of a capsule into applesauce, or crushing a compressed tablet and adding the powder to food. A word of caution, though -- not all tablets can safely be crushed, and not all capsules should be emptied. Generally speaking, timed release tablets should not be crushed,, nor should time released capsules be emptied. The result could be 12 to 24 hours worth of medication being released all at once.

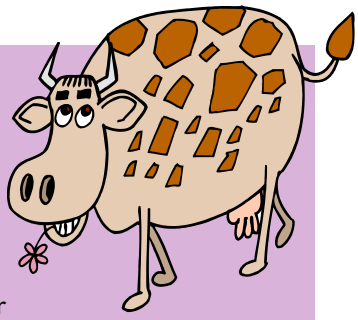
Certain drugs can react chemically with foods. Tetracyline is notorious for combining with heavy metals and with ions such as calcium, which is present in milk, yogurt, ice cream and other dairy products. Enterec-coated tablets should never be crushed. The reason those tablets are coated is to prevent irritating the mucosa [lining] of the stomach. Enteric-coated tablets are a poor choice for ostomates. Entire tablets have been recovered intact in an ostomy bag.

A patient's diet can affect the drug absorption too, either by absorption of the medication into the food, chemical interaction, or by delaying gastric emptying time. Since many drugs are affected by food, prolonged exposure to stomach acid may decompose the medication.

FOLLOW INSTRUCTIONS FOR TAKING ALL DRUGS! NO EXCEPTIONS! If in doubt about an over-the-counter drug, consult your pharmacist.

Source: Evansville, IN; Metro Halifax News, February 2005

TAKING CALCIUM SUPPLEMENTS



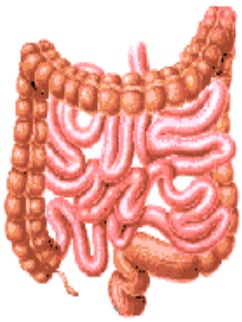
For maximum benefit take your calcium supplement at bedtime, recommends Morris Notelovitz, a professor of obstetrics and gynecology at ehe University of Florida.

Taking calcium supplements to prevent osteoporosis, a bone-threatening disease affecting millions, has been widely advised.

Dr. Notelovitz has discovered that when the dosage is taken does make a difference in how much calcium is absorbed and used. It is best to take calcium at bedtime because it is stored during the day and lost at night. Stored calcium in the bones is required for aid in blood clotting and heart muscle contractions. At night, when no food is being taken in, the skeleton is the only source of calcium. By taking the supplement at night, your blood level of calcium can be maintained without depriving the bones.

Calcium should not be taken on an empty stomach, Dr. Notelovitz recommends. Have a glass of milk or some yogurt first, he suggests. As well as being excellent sources of calcium themselves, the lactose in these products also helps calcium absorption.

Source: S. Brevard (FL) Ostomy Newsletter, Regina Ostomy News, May.June 2005



DIVERTICULAR DISEASE

With age, small bulging pouches -- diverticula -- commonly form in the large intestine, especially in people whose food is refined and fiber intake low. The result is diverticular disease. Very often the pouches cause no problem and are known as diverticulosis. A small percentage become inflamed or infected resulting in diverticulitis. The condition is treatable but sometimes becomes life threatening. Your intestine is a long cylinder ringed by a layer of circular muscles and three long muscles that run the length of the large intestine. The widest portions are the first segments -- the cecum and ascending dolon. Its contents are largely liquid. Next is the transverse colon which crosses from one side of the abdomen to the other, followed by the descending colon and the sigmoid colon. the sigmoid ends at the rectum. Waste in the sigmoid is fairly solid as much of the water has been absorbed.

CAUSES

Weak spots in the colon wall. Areas around blood vessel rich areas of the colon are often weaker. Sometimes there is evidence of thickening of the muscle layers in the sigmoid colon. Increased pressure causes weak spots to balloon out resulting in the the formation of tiny pouches.

Aging. Diverticulosis affects nearly half of North Americans over 60.

Too little dietary fiber. Small hard stools are difficult to pass increasing colon pressure. The highest pressure occurs in the sigmoid where most diverticula are found.

SYMPTOMS

In simple diverticulosis there are ordinarily no symptoms. Rarely there are mild abdominal cramps, bloating, gas, diarrhea or constipation. Only a small percentage of sufferers develop diverticulitis. Only 20 - 30% will have a second attack. A small portion of stool lodges in a pouch causing pressure, interrupting blood flow and creating microscopic holes. Bacteria passes through the bowel wall and causes infection. An absess may form. Rarely, a pouch can rupture allowing intestinal waste to spill into the abdominal area. The result is peritonitis, a life-threatening surgical emergency.

Suspected diverticulitis can be monitored with white blood cell counts and CT scans. Treatment aims at minimizing internal colon pressure. Oral antibiotics, liquid diet or a stay in hospital may be neccessary if you are older or taking steroids or other immune-suppressing medications, or have a suspected bowel obstruction or peritonitis. Intravenous fluids and antibiotics are used for a few days followed by a clear liquid diet. Later you will introduce fiber as this helps bulk up stools and decreases internal colon pressure. A second or third attack may call for surgery especially if you have bowel obstruction, absess, or fistula. Surgery involves removing the affected section of the colon and rejoining healthy colon. Sometimes a temporary colostomy is done.

TO AVOID COMPLICATIONS

Increase dietary fibre, bulk up stool, use a natural fibre supplement. Drink plenty of fluids daily. Do not put off bowel movements. Get 30 - 60 minutes of exercise daily.

Source: Mayo Clinic News, February 2005; Ottawa ostomy News, June 2005

FRIENDS OF OSTOMATES (FOW) SHIPMENTS

Have you donated ostomy supplies in the last few years? Here's where your gift may have ended up:

869 kg ostomy supplies were sent to Iran in December of 2003

994 kg to Cuba in July, 2004

and 685 kg in December 2004

394 kg to Vietnam in January 2005

1,021 kg to Panama

It is easy to see that due to the efforts of FOW and ostomates all over Canada that we are reaching out to people of all nations who do not have the wonderful ostomy products, ETs, and other benefits we Canadians enjoy. This is particularly true of the poor in many countries. Please continue to save unused supplies and bring them to meetings. They will be sent on. Thank you to all those who contribute to this important effort!

-as reported by Astrid Graham, FOW shipping director

SLOW DOWN TRANSIT TIME

If it feels like you're camping out in the bathroom due to frequent bowel movements, take a fibre supplement such as Metamucil, Citrucel or Fibre Con tablets. Normally, these supplements help clear up constipation and accelerate bowel transit time, but they can also be used to slow it down, if used in the following manner:

After you eat a meal, take the prescribed amount of the supplement (about a tsp) with very little liquid. Don't drink any fluid for one hour after that meal. This allows the fiber in the supplement to soak up any excess fluid in your digestive tract and will put the brakes on your transit time. Do this at the same meal for 3 - 5 days, or until your transit time slows down and normalizes. Be aware, however, that this may also increase the amount of gas in your system, especially when you start adding fiber.

CONTROL PERISTALSIS

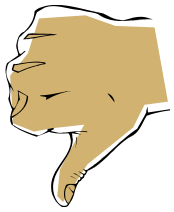
Normally, eating a large meal or drinking a hot liquid stimulates peristalsis (the muscular contractions of the digestive system) thereby pushing material more rapidly through your system. But if you're having too-frequent bowel movement you must slow this process down. The easiest way to do this is to drink less fluid with your meals and steer clear of hot liquids just before, during or right after mealtime.

Source: What Your Doctor May NOT tell You About Colorectal Cancer - by Mark Bennett Pochapin, M.D. (Warner books)

3 COMMON QUESTIONS

Can I take my appliance off to shower? Will the spray hurt my stoma? What if my ostomy starts working while I'm in there?

The answer to the first is YES OF COURSE you can shower without an appliance on. (Remember, though that you can't re-use the flange; a fresh one must be applied) Showering is good for your skin circulation and makes you feel wonderfully clean. Plus it's nice to take that appliance right off on occasion. A shower head that is set to a hard spray may feel uncomfortable on the perastomal skin (the skin right next to the stoma) so you may need to adjust the spray to a more gentle setting. But unless you've got a real blaster of a shower you won't hurt your stoma if the spray hits it. If it feels comfortable, spray away. If not, cover your stoma with your hand or stand in such a manner that it's out of the line of fire. What if your ostomy starts working while you're in the shower? So what!! Rinse yourself and the tub extra well and throw a little cleaner down the drain.



POOR OSTOMY MANAGEMENT IDEAS

The following are poor procedures we found some people implement to manage their ostomy system. They are not recommended because they will yield less than optimal results. Sometimes we all do things that seem logical at the time, but inadvertently lessen our quality of life. A few of these are:

Using alcohol regularly to clean the peristomal skin. This may result in itching, skin irritation and damage to sensitive tissue.

Using the same pouch too long. Seven days is the maximum recommended. Pouches become saturated with odor which cannot be removed.

Ignoring skin problems. Always treat any skin irritations when you change your ostomy system. Barriers covering damaged areas are made to actually help heal them if used properly.

Wrapping the drainable pouch tail around and around the clamp before closing it. This will not make the clamp work better. All it will do is spring the clamp

out of shape. Replace your old clamp with a new one every month.

Letting the pouch get full before emptying. Excess weight will separate a two-piece system and will also put too much weight on the skin barrier resulting possibly in multiple problems. Empty the pouch at least when it is about one-third full.

Source: Evansville Re-Route Online

AND ANOTHER BAD IDEA . . .

Wearing gloves to change your appliance

When you are discharged from hospital, your kit may contain latex gloves. Since your nurses and doctors usually wore latex gloves when tending to you, you might be led to believe you should always wear gloves when changing your appliance. Good grief, NO! Use up those gloves when housecleaning, otherwise, there is no need to wear such things while maintaining personal hygiene. (Have you had children? Did you wear latex gloves when changing your little ones' diapers? Of course not. You're no more unclean than they were!)

AND ONE MORE . . .

Feeling foolish because you've done all of the above? Here's one of the worst ostomy management practices: ***Getting down on yourself!*** If you are new to this you are going to make mistakes. Everybody does. Everybody has forgotten to put a clip on the bottom of a bag. Everybody has put an appliance on incorrectly. Everybody has forgotten to carry spare supplies when going out etc. etc. In short, everybody made mistakes (and sometimes we still make mistakes!!) and you are no differenet. Just learn from your errors and don't be too hard on yourself!

Tips & Tricks

Polident can be used to soak your appliance and deodorize it. And remove stains!

Run a hot shower on your back to relieve cramps.

Put a few drops of baby oil in the pouch to prevent pancaking at the top.

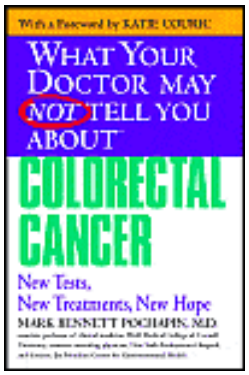
If scissors become gummy from cutting faceplates, clean them with alcohol. [That's rubbing alcohol, not your best Scotch]

"They're harmless when they're alone, but get a bunch of them together with a research grant and watch out."

REVIEWS

BOOKS

What Your Doctor May NOT tell You About Colorectal Cancer - *by Mark Bennett Pochapin, M.D. (Warner books)*

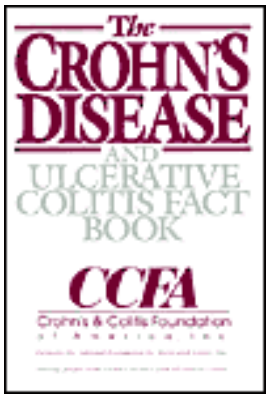


When NBC's Katie Couric put colon cancer awareness on the map by having a colonoscopy done on the Today show, Pochapin was her family specialist. The gastroenterologist cared for Couric's late husband and is now Medical Director of the Jay Monahan Center for Gastrointestinal Health, which is dedicated to her husband's memory. In this practical, conversational volume, the doctor contends that, when found early, colorectal cancer can be cured 90 percent of the time. He gives a comprehensive overview of the disease, detailing its causes and risk factors as well as the foods and life-style changes that can help prevent it. For those already diagnosed, Pochapin also provides an easy-to-follow guide to surgery and treatment options, clinical trials and recent advances in research. (Handy explanatory charts throughout the book help readers to digest all this information.) Above all, however, Pochapin champions colonoscopy screenings. "Please don't let your apprehension, anxiety or embarrassment rule your common sense," he pleads; colonoscopy screenings are the best weapon against America's second deadliest cancer. Unlike a mammogram or PAP smear, the test can both discover and remove cancer-causing polyps before they become problematic—yet most patients undergo the test too late to take advantage of its extraordinary effectiveness. An estimated 150,000 Americans will be diagnosed with colorectal cancer this year alone, and 57,000 of them will die from it. This clear, compassionate book is an invaluable all-in-one resource for those who want to prevent, or are currently confronting, the disease.

Katie Couric

Crohn's Disease and Ulcerative Colitis Fact Book, Vol. 1 *Peter A. Banks (Editor), Penny Steiner (Editor), Daniel H. Present (Editor)*

. . . . a comprehensive guide to these two devastating diseases of the bowel, known collectively as inflammatory bowel disease. In this thorough reference, the Crohn's & Colitis Foundation covers all aspects of these diseases: what they are, how they are treated, and how you can cope with them.



Reader Review:
"I was diagnosed about 6 years ago and have had no luck at all with doctors or finding any information at all that is consistent. I think I am also at a point in my life now where I am willing to learn all I can. This was the most I have ever understood and I can now intelligently question my doctor. Everyone with Crohn's should read this"

FILM/VIDEO

Farang Ba (Crazy White Foreigner)
miniDV, 01:00:00
USA/Thailand, 2002

[When he was 40, Craig had his colon removed after years with UC developed into cancer. He has a permanent ileostomy. The documentary is more about his boxing than anything else, and the review doesn't even mention the ileostomy, but Craig's story is still inspiring...during the film he does a complete appliance change on screen. He is also shown boxing with a special guard to protect the ostomy. Other than that, he's just your ordinary 45 year old boxing with 20 year olds! It's a great film if you can get your hands on it...]

Craig Wilson looks like your average international

corporate attorney who happens to live and work abroad in Bangkok, Thailand. He was born in Washington, D.C. and was educated at the finest schools, attending high school at Sidwell Friends, college at Yale, and law school at Harvard. Since leaving the U.S. in 1987, Craig has lived and worked in Southeast Asia for the better part of fourteen years.

But Craig is no ordinary person ... at 45 years old, he is an avid amateur boxer who steps into the ring at any opportunity and usually does so against opponents half his age. He has fought all over Thailand: in small villages, on Thai army bases, and in the city of Bangkok. Several of his matches have even been televised. He continually surprises spectators-- not only for being a "farang" or "white foreigner", but also for his age. Each time a match ends and Craig takes off his headgear there is a wave of shock and amazement as the crowd realizes that they have actually been watching a balding, middle aged man who happens to posses the energy and spirit of a twenty year old. Craig has been fondly dubbed "farang ba" (which means "crazy white foreigner" in Thai) by his friends and coaches.

His passion for the sport of amateur boxing has introduced him to a world he would otherwise never have been exposed to. The friendships he has made through boxing are special and unique. Despite Thailand's thriving expat community, most of Craig's friends are native Thai. He is active in his community, helping to sponsor many of the junior national boxing team members. He also served as an Honorary Manager of the Philippine Olympic Boxing Team in Barcelona, Spain in 1992. Ironically, at 45, Craig Wilson could well be the best international diplomat for the sport of amateur boxing today.

But for all his success, Craig is extremely humble. He knows he can't take anything for granted. No matter how tough a fight, no matter how strong an opponent, nothing can compare to the bout he has already fought and won: cancer. About 10 years ago, Craig was diagnosed with ulcerative colitis, an inflammatory condition of the colon, which later led to colon cancer. Craig had his entire colon removed in 1996 and underwent chemotherapy and radiation treatment for months. Since then, he has been clear of cancer and healthy ever since.

Nominated Best Documentary AIFF

Winner of the
Banff Rockie Award

World Television Premier on TRIO Popular Arts and Television -- July 2003

VISITOR REPORT

Requests for patient visits for this reporting period came from VGH, Lion's Gate and independent inquiries.

Colostomy	*4*	*Ileostomy*	*5*
Urostomy	*1*	*Pre-op*	*1*
		TOTAL	**11**

Many thanks to my excellent crew this round: Lindsay Henderson, Earl Lesk, Joyce Nasu, Sharman King, Pat McGrath (on loan from Coquitlam!) Arlene McInnes, Maxine Barclay, Bryant McAfee and Elaine Dawn.

AGING AND THE OSTOMATE

Growing old is a life-long process, and the physical, social, and psychological liabilities of aging are all part of it. Thanks to gerontology and geriatrics, we know more information than ever before on an intelligent approach to aging.

As we grow older, subtle changes occur in our bodies. The most insidious is our skin. It loses elasticity and becomes thinner and drier, thus becoming prone to wrinkles and irritation. These changes can become real problems for those who must wear an appliance all the time. To prevent leakage as the skin becomes more wrinkled, one should stand up straight when changing the appliance (using a mirror may help you see what you are doing.)

The skin over the entire body tends to bruise more easily and heal more slowly as we age. We need to be more careful when removing an appliance. A skin barrier covering the entire area under the appliance, or a very thin application of a skin care product may help protect the tender skin.

Arthritis, lessening mobility, or pain in the fingers can make it difficult to put together a two-piece appliance. You might consider using a floating flange two piece appliance if this is a problem. A one-piece appliance can eliminate the task of fitting the pouch onto the faceplate altogether

Source: Philadelphia UOA Chapter Online Journal, Okanagan Mainline Ostomy Association, June 2005

The Vancouver UOA Chapter would like to extend a warm welcome to new and renewing members:
Jane Short
Rosemary Hill (ET)
Graham Drew

We wish to thank the following individuals for their kind donations to the chapter:

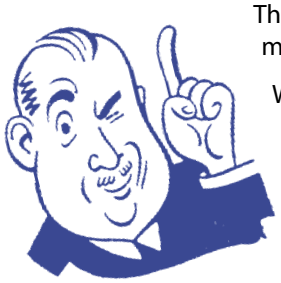
Ellen Kirkbride
Mr. & Mrs. Sharman King
Helen A. Ulmer
Joni Petrica/Lionel Saxby
Jane Short

apologies for spelling errors last month!
George & Vi Puhl in memory of *Kae* Lang

William & Marlene Lougheed
in memory of *Ray* McMinn

QUICK TIP!
Write the day you change your appliance in ink on the outside of the barrier itself to help you remember when it's time to change again.

DID YOU KNOW?



There is enough iron in the human body to make one small nail.

Women blink almost twice as much as men.

An average human drinks about 16,000 gallons of water in a lifetime.

Beards are the fastest growing hair. If the average man never trimmed his beard, it could grow to 30 feet over the course of his lifetime.

Every person has a unique tongue print.

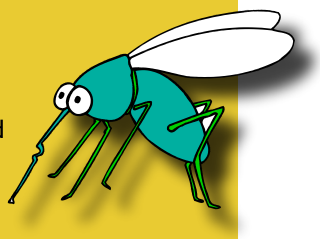
Laughing and coughing put more pressure on the spine than walking or standing.

Your stomach produces a new lining every 3 days in order to avoid digesting itself in its own production of acid.

Your eyesight is the sharpest in the middle of the day.

From BODY WORLDS
The Anatomicial Exhibition of Real Human bodies
Chicago Feb 4 - Sept 5 2005

More Tricks and Tips



Skin Prep rubbed or sprayed on your hands before you use a garden rake or hoe helps prevent blisters. If you have mosquito bites, rub some skin prep on them. It seals the bite and takes away the itch.

Time-release pills will dissolve all at once if taken with alcohol. You'll receive a heavy dosage of medication all at once.

Source: Town Kayara

Join the Fun in Winnipeg - August 2005

The theme for UOAC Conference 2005, "FEEL ALIVE IN 2005", expresses the belief that all who have ostomies live vibrant, active lives filled sometimes with joy and happiness, sometimes sadness and difficulties, but always with a sense that life is worth living to the fullest. Over the three days of conference you will be royally entertained, and educationally stimulated as you attend sessions on medical issues pertinent to ostomates, and business sessions related to your chapter.

Your registration fee includes all educational sessions, three evening events, a lunch and a continental breakfast.

So join us in Winnipeg, the heart of the Continent, from August 18 to 20, 2005 and "Feel Alive in 2005".

Internet Addresses of Interest to Ostomates

These websites have a good deal of ostomy and related information. Several have links to other websites.

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

UOA of Canada Inc.: www.ostomycanada.ca

NEW **http://www.thenakedemperor.com/farangba/**
Ileo boxer's website -- more on boxing really, than his ileostomy

http://www.geocities.com/ajlogue/uc.html
Alicia Logue's personal website on ulcerative colitis

http://www.ostomy-winnipeg.ca/
(Winnipeg Ostomy Association-- see conference information)

NEW **http://www.obgyn.net/english/pubs/features/wiseman/wiseman_adhesions.htm**
(A Patient's Guide to adhesions and related pain)

http://www.llmedico.com/n/combi-aqua/
Leak-proof swimwear garments

NEW **http://www.gastroresource.com/en/**
(This site is an excellent resource for even your most complex GI questions)

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Doreen Dowson Tel (604) 540-7360

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Dr. Martin Gleave, Urologist - VGH
Deb Cutting, WOC Nurse, VGH

STOMA CLINICS IN VANCOUVER AREA

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

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

UBC Hospital 2211 Westbrook Mall
Shannon Handfield,
WOC Nurse Tel (604) 822-7641
Sharon Evashkevich, ET.
Maureen Moster, ET.

St. Paul's Hospital 1081 Burrard Street
Elizabeth Yip, Tel (604) 682-2344
RN. Ext. 62917 Pager 54049

Children's Hospital 4480 Oak Street
Janice Penner, Tel (604) 875-2345
RN. ET. Local 7658

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

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

Westminster West End Pharmacy
Andrea (Andy) Manson, RN. ET. Tel (604) 522-4265

SURREY **Surrey Memorial Hospital**
Elke Bauer, RN. ET. Tel (604) 588-3328

LANGLEY **Langley Memorial Hospital**
Bev Wootton, RN. ET. Tel (604) 534-9903

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

CHILLIWACK **Chilliwack General Hospital**
Heidi Liebe, RN. ET. Tel (604) 795-4141
Extension 447

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

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

MEMBERSHIP RENEWALS!

Members, when you receive your membership renewal slip in the mail, PLEASE don't delay in sending your renewal cheque in to our hard-working Membership Coordinator, **Arlene McInnis.** Your prompt response will save her from sending out reminder letters, cuts costs and ensure that your membeship is kept up to date so you won't miss any issues of HighLife or Ostomy Canada Magazine.

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

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

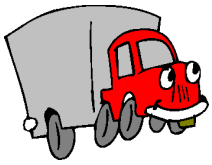
ADVERTISERS!

Promote your products and services in High*Life!*

Your ad is seen by all chapter members in the Vancouver area, numerous affiliated chapters across Canada, ET nurses, and new patients in hospital. HighLife is published 6 times yearly. Advertising rates are:

Size:	1/6 page	1 issue	$30.00	6 issues	$100.00
Size:	1/4 page	1 issue	40.00	6 issues	150.00
Size:	1/2 page	1 issue	60.00	6 issues	200.00
Size	full page	1 issue	100.00	6 issues	300.00

If you wish to place a new ad, or upgrade an existing one, please contact the editor, **autodraw@shaw.ca** *Electronic artwork can be received as well as hard copy and photo images.*



MOVING?

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: Arlene McInnis, 34 - 4055 Indian River Drive, North Vancouver, BC V7G 2R7