

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, **Mien van Heek**. Your prompt response will save her from sending out reminder letters, and ensure that your membership 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 files. For a free version of this software, go to:

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MOVING?

Please phone or send us your new address so you don't miss any issues of Highlife or Ostomy Canada.

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 _____

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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: Mien van Heek, 2604 Haywood Avenue, West Vancouver, BC V7V 1Y6



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HIGHLife

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IT'S SUMMER!

The summer season is upon us and with it come activities and weather that can pose challenges for people with ostomies. Hot weather, increased sweating, summertime sports and holiday travel can all conspire to complicate your routine. The following are some tips and guidelines to help you prepare for, and enjoy the season.

Wear Time: You may not get the same pouch wear time as you did in the fall, winter or spring. If you find that hot weather and increased perspiration are causing your skin barrier to soften faster and not adhere as long, you may need to change more often; if wear times are very poor, have your ET nurse recommend a different skin barrier. The plastic material from which some appliances are made may become uncomfortable against your skin or cause heat rash. Wearing appliances with a fabric cover, or purchasing or sewing your own cover can alleviate this irritated skin.



Swimming and Sports: Swimming or playing very active sports? If you suspect your appliance may not adhere well during physical activity, apply wide strips of waterproof tape to anchor the flange and pouch if you use a two piece system, doing the same for the barrier on a one piece will help ensure things stay put. If your pouch has a filter, be sure to cover this with tape as well before you swim. Check your gear after swimming to make sure it hasn't become waterlogged -- you shouldn't make your stoma stay in contact with sea, lake, or chlorinated pool water for extended periods of time after you've left the water.

Skin Irritations: Yeast (fungal) infections are a common summer problem. A raised, itchy, red rash on the peristomal skin is uncomfortable and keeps the pouches from holding well. If you suspect a fungal rash, contact your physician as soon as possible for a prescription for anti-fungal powder. Nystatin powder may be used when an itchy rash is present and then discontinued. To apply any powder, clean skin well with water and dry. Dust the skin with powder, rub in well and wipe off any excess. The wafer

NEXT MEETING:

SUNDAY September 21
Jewish Community Centre
950 West 41st Avenue
1:30 pm

SPEAKER: ET nurse Q & A session

MARK YOUR CALENDAR NOW!

Annual Christmas Party
DECEMBER 9!!

(Do you have a talent for entertaining? Let us know!)





President's Message

Hello to all the members of the Vancouver Chapter.

My name is Ron Dowson I am the newly elected President. I arrived in Canada accompanied

by my wife Doreen and two dogs on the 24th June 2002, so you will see that I am the new boy.

I completed my surgery in 1988 after suffering with Crohn's for many years. I became a member of the North Essex Division of the Ileostomy Association and was promptly offered the position of secretary which I accepted. Over the next 13 years I also acted as temporary Treasurer and Registrar, the last 3 years I was elected Chairman.

I hope to be able to follow the past Presidents with the same determination and vigour. As I am new to this country I will need all your help and support to carry out these duties. I believe that we still need a Vice President, so anyone out there who would like to hold my hand and go forward please come forward.

Best Regards,
Ron.

From the Editor

We are very happy to announce our new president of the Vancouver UOA Chapter, Mr. Ron Dowson, who hails from England and now makes Canada his home. Welcome to the 'new boy' and we look forward to working with you! A BIG thanks to Fred Green for stepping up to the plate until we found a new president.



Included in this issue is the Friends of Ostomates Worldwide (FOW) website. FOW is dedicated to collecting and redistributing surplus ostomy supplies to individuals in countries lacking the availability, and resources both medical and financial, that we enjoy here in Canada. Unused surplus supplies or money donations are gratefully accepted. Check out the website address listed in this issue for further information. For Vancouver chapter members wishing to donate supplies, Earl Lesk will be happy to collect what you bring to chapter meetings. If you are unable to attend, please call Earl at 604-327-7661 to arrange for pick up.

The Vancouver Ostomy Association would like to thank Keir Surgical Ltd. for their continued generosity and co-operation in providing large amounts of ostomy supplies. These are shipped c/o SHARE in Toronto and then distributed through FOW to people in need throughout the world.

On a personal note, I would like to say how impressed I have been with the ostomy volunteer visitors with whom I have worked these past few months. I've served on committees prior to joining the UOA -- fund-raising, team sports and the dreaded strata council -- and found that motivating volunteers can be a challenge. Not this bunch! It's a pleasure to work with people so willing to give their time with such genuine care for the patients they see. Thanks, everybody.

Cheers,
Debra

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:

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EDUCATION AND LIBRARY AVAILABLE

A variety of ostomy literature concerning all types of ostomies is available through our Education & Library Coordinator.

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.

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In the News

Some rock stars run offstage into the arms of a beautiful woman, but Pearl Jam lead guitarist Mike McCready often finds himself running ... right to the bathroom.

McCready, 37, has suffered for more than 15 years from the disorder Crohn's disease. He went public with his story May 13, when he spoke at the Northwest Chapter of the Crohn's & Colitis Foundation of America's (CCFA) third annual Many Faces of Hope luncheon in Seattle.

McCready only summoned the courage to speak publicly about his disease after meeting last fall with

other Crohn's sufferers.

"The stories they told me were far worse than what I've experienced," he says. "One kid was 14 and had had six surgeries and still wasn't cured. I wanted to put myself out there and say, 'I've had a career in spite of Crohn's disease.' I learned from these kids, and that gives me a lot of strength and hope."

Researchers are not sure what causes Crohn's, and there is no cure. Patients are subjected to an extensive regimen of medication and must constantly monitor their diet.

McCready takes three different drugs and has been in remission for about eight months. "It is such a strange disease," he says. "You can do everything possible that you think is right, and it can still come back."

During his speech, the artist related a particularly embarrassing incident to demonstrate how Crohn's can strike at any time. "Playing onstage, I'm always aware of where the bathrooms are," he admits. "When Crohn's hits, I have to run, or it won't be pretty. It happened when we opened up for the Rolling Stones in 1997 in Oakland."

"It was our first show with them," McCready continues. "Five minutes before we went on, I went up to (Pearl Jam frontman) Eddie (Vedder) and I said, 'Look man, can we play 'Sometimes'? — which is a slower song that I'm not really on. I was in pain. I went running offstage looking for a bathroom, and there wasn't one. Then, all of a sudden, there was one. It was a honeybucket. I heard my band play that song from inside a portable toilet!"

McCready says he is lucky to have the support of his bandmates, all of whom were on hand for his speech. (The group resumes its summer North American tour May 28 in Missoula, Mont.) Indeed, some proceeds from Pearl Jam's Seattle shows last December were donated to the CCFA, and McCready plans to remain active with the Northwest chapter of the organization.

Two days after his address, McCready played a CCFA charity concert with his side band, the Rockfords. "Crohn's can be humiliating and restricting," McCready says. "But getting in touch with an organization like CCFA has allowed me to begin dealing with those negatives in a positive way."

Source: NEW YORK, Reuters/Billboard



FRIENDS OF OSTOMATES WORLDWIDE

(see new internet address this issue)

FOW is a non-profit organization operated solely by volunteers. Since 1986, FOW Canada has collected and sent over 44,813 KG of ostomy supplies and literature to 52 needy countries. Here is a list of our latest countries receiving these donations: Algeria, Bulgaria, Chili, China, Croatia, Dominican Republic, Ecuador, Egypt, Hungary, India, Indonesia, Iraq, Jamaica, Malaysia, Mexico, Nigeria, Pakistan, Panama, Philippines, Romania, Russia-Belarus, Santo Domingo, Thailand and Yugoslavia.

GOALS AND OBJECTIVES

FOW endeavors to improve the quality of life of people with ostomies and assist in educating their caregivers in countries where the latest technology is not available. FOW collects, repacks, ships and donates quality surplus ostomy products and related literature. All donated material is received from Enterostomal Therapy Nurses, suppliers, individuals and chapters of the United Ostomy Association of Canada Inc. These donations are then shipped throughout the world to needy people.

FOW Canada is a self-supporting association which requires your continued assistance in two areas.

1. Donating surplus ostomy supplies (see below).
2. Making cash donations to cover the cost of shipping these surplus ostomy products to the countries where the need is most urgent. Please make cheque or money order payable to:

FOW Canada
c/o 19 Stonehedge Park
Ottawa, Ontario K2H 8Z3

Official charitable receipts are issued. (Charitable number: 11893 2722)

PRODUCT DONATION CRITERIA

- Only ostomy products can be accepted

- For hygienic reasons, used products or equipment cannot be shipped
- Pack supplies in cartons weighing less than 18kg (40lbs) each
- Include your name and address on both the inside and outside of your parcel.
- Please label the cartons clearly and send them to the nearest collection centre.
- Do not send aerosol cans or liquids.

NOTE: Mail any ostomy literature, magazines, brochures and other related educational materials, generally not more than two years old, to the Literature Collection Centre.

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c/o Mr. Jean-Pierre Lapointe
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Montreal QC H1B 3C7

Literature Collection Centre

SHARE

c/o Mr. David Metcalfe
640 Fernhill Road
Victoria BC V9A 4V9

Internet Addresses of Interest to Ostomates

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

UOA of Canada Inc.: www.ostomycanada.ca

United Ostomy Association: www.uoa.org

International Ostomy Association: www.ostomyinternational.org

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

Coquitlam Chapter: www.geocities.com/coqcon

Saskatoon Chapter: <http://members.shaw.ca/saskatoonostomy/>

Toronto Chapter: www.ostomytoronto.com

Friends of Ostomates Worldwide: www.fowcanada.org/

Crohn's & Colitis Foundation of Canada: www.cffc.ca

Young Ostomates United Inc.: <http://home.vicnet.net.au/~youinc/>

Stuart Online: www.stuartonline.com

Continent Diversion Network (Internal Pouches) www.ostomyalternative.org

Shaz's Ostomy Page (A very welcoming ostomy message board)
<http://www.ostomates.org/cgi-bin/yabb/YaBB.pl?board=main>



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The Ten Most Frequently Asked Questions Following Ostomy Surgery

by Jennifer Dore, RN, CETN

These are some of the most common questions I'm asked by my patients following ostomy surgery. I have provided very general answers to these questions. Please remember to discuss your specific concerns/questions with your E.T. (Enterostomal Therapist) nurse or doctor as every person's ostomy experience is unique and individual.

1. What about showering and bathing, will soap hurt the stoma?

People with ostomies shower and bathe both with and without their appliances according to their personal preference. Normal exposure to air or contact with soap and water will not harm the stoma and water does not enter the ostomy opening. In the case of the ileostomate, you may want to choose a time for bathing when the bowel is less active.

2. What can I eat? Will I need to change my diet?

There may be some modifications in your diet, but in most instances you should be able to eat a varied and well-balanced diet. Any dietary restrictions are highly individual. It is important to introduce foods a little at a time with plenty of liquids. For ileostomates, some less digestible or high roughage foods such as corn, coconut, mushrooms, nuts, popcorn, dried or raw fruits, and some vegetables are more likely to create potential blockage problems. People with colostomies and urostomies generally have fewer or no restrictions. It is important to drink lots of liquids and to chew your food thoroughly before swallowing. Ask your ET for a list of recommendations before or soon after you leave the hospital.

3. Will there be odor coming

from the pouch?

Generally there should be no odor coming from the pouch as it is designed to be odor proof. Depending on the type of ostomy you have and what you have eaten, you may have gas and odor when emptying the pouch. There are a lot of products that can be taken orally or placed in the pouch to combat odor. Some people like to use room deodorizers preventatively before emptying.

4. Will I be able to wear the same clothes as before? How about belts, pantyhose, girdles, tight clothes and swimsuits?

After ostomy surgery, many people wear the same clothes as before. Depending on your stoma location you might find belts uncomfortable or restrictive. Some people chose to wear higher or looser waistbands on trousers and skirts. Pantyhose, girdles, and tight clothes will not injure the stoma, but they could inhibit the normal flow from the stoma to the pouch thereby breaking the adhesive seal and creating a leak under the wafer. Often people will wait a number of hours after applying a new wafer and pouch before wearing tight clothing or going swimming to make sure the paste or cement has set. As for swimsuits, steer clear of white ones as the outline of the pouch may be visible when wet. Many women prefer patterned suits with an inside panel for extra tummy control. Recently underwear and bathing suits that contain a provision for a pouch have been introduced for both sexes.

5. How long can I or should I wear one appliance between changes?

The adhesiveness and durability of systems vary. Anywhere from three to seven days is to be expected, or whatever makes you and your skin comfortable. Specialists say that changing an appliance unnecessarily frequently, or wearing one too long, may be damaging to the skin. After a few months most people learn how long a single appliance will last.

6. How many times a day will I empty the pouch?

It depends of the type of ostomy, what you eat, and how quickly it passes through your system. For most ostomates two to six times a day is to be expected. Ileostomates must empty more often than colostomates. Urostomates will empty even more frequently.

7. Is there a correct way to empty an ileostomy or colostomy pouch?

Most people with a colostomy or ileostomy find the easiest way is to sit on the toilet with the pouch between the legs, although there is no right or wrong way. Make sure to hold the closing clip and bottom of the pouch firmly before opening. It is a good idea to place some paper in the bowl before emptying to prevent back splash.

8. Will I be able to continue my daily activities once I recover from surgery?

Yes. Generally after surgery you can gradually resume the daily activities you were doing before. You may need to plan on doing certain things in a different way. For instance, ileostomates and urostomates need to take in a

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VISITOR REPORT May/June, 2003

Requests for in-hospital, home and phone visits for this reporting period came from VGH, St. Paul's, and Lion's Gate hospitals, Port Alberni, Whitehorse, and from within the chapter itself.

Colostomy - 3
 Ileostomy - 1
 Urostomy - 1
 Pre-op - 3

Total: 8

Many thanks to my excellent crew this round: Earl Lesk, François Pond, and Cindy Hartman.



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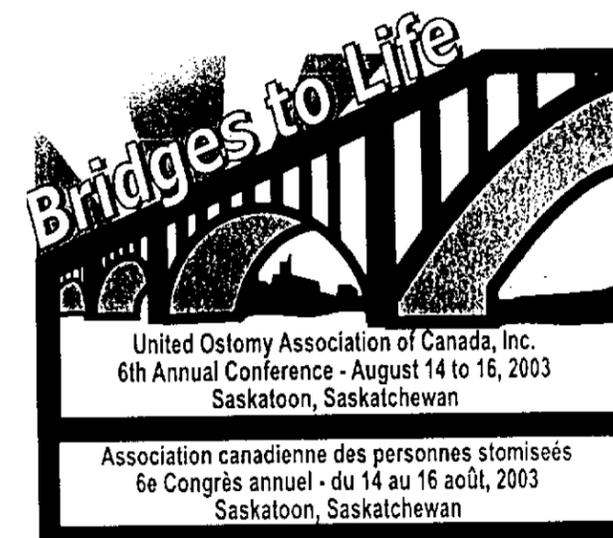
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Andy (Andrea) Manson, R.N., B.S.N.,
 E.T.



IT'S SUMMER cont.

can be applied directly over the powder when a small amount is used or you can seal it by patting a sealant over the powder and allowing it to dry. The wafer is then applied. Powder is not needed routinely as the barriers are designed to adhere to the skin. Itching around the faceplate is also a common complaint during the summer months. Individuals using paper tape have found by applying calamine lotion on top of the tape, the lotion soaks through and helps to alleviate itching. A light dusting of cornstarch or medicated powder also may help. With excessive perspiration further increasing the risk of dehydration, remember to drink plenty of liquids during the summer months. Unless your doctor has special instructions to the contrary, take extra salt with your meals.

Travel: Whether you are flying, driving, camping, boating or hiking, you should take enough supplies to last you for the entire trip. Estimate how much you would normally use and add several days' worth as insurance. Campers -- dispose of used supplies, in a sealed plastic bag, in designated trash containers. Hikers -- pack out what you packed in. Don't you DARE bury a used appliance in the woods! If you're going abroa..., it's a good idea to scout out in advance where or if local ostomy chapters, ET nurses or suppliers can be contacted. It goes without saying that you should never pack your supplies in checked baggage when flying -- take it with you in your hand luggage! Always. Every time. No exceptions. If you are asked to open carry-on luggage and customs wants to know what these things are, just tell them you have a medical condition. It's unlikely that you will be



asked to elaborate on this but if you are, tell them you have a colostomy. (Customs officials may not understand the words 'ostomy', 'ileostomy' or even 'urostomy' but even the dullest of the lot knows the word 'colostomy'. Mention the 'C' word and they can't get rid of you fast enough.) Leaving ostomy supplies stashed in the trunk of your car where excessive heat can damage appliances, dry out paste etc. is unwise.

Salsa, anyone? Be extra cautious about food and water in other countries since a case of traveler's diarrhea can be more serious to you. Give yourself time to acclimatize in a foreign country. Be prepared for digestive upsets by checking with your doctor for recommended medications to take with you. To fight dehydration due to excessive heat, diarrhea or vomiting, pack a mini-kettle if you have room, and tea bags or instant bouillon cubes. These can quickly

-References: Re-Route, Evansville, Indiana

VANCOUVER SUN CHILDREN'S FUND GRANT

Past President Fred Green advises that we were successful in obtaining a grant of \$1430.00 to defray the expense of sending two children to Camp Horizon, a one week summer camp for children with ostomies, at Bragg Creek, 60 km west of Calgary. We received a similar grant last year and are obviously very grateful for this wonderful support from the Vancouver Sun. This year we hope to send four children; Sean Lemmerman, Bronwyn Jones, Tyler Hall and Aaron Abels.

Camp Horizon is of enormous benefit to children with ostomies, providing them an opportunity to meet other children with ostomies in a relaxed, informal, campfire setting, where they can talk, swim, dance, sing and attend group educational sessions. It helps to build their self-esteem, confidence and independence as well as giving their morale a big boost, which is so necessary for youngsters with ostomies.

good amount of liquids. Unless there is a specific problem, your ostomy should not restrict daily living. With some people, such as those who have suffered from ulcerative colitis, an ostomy can greatly enhance the quality of that person's life.

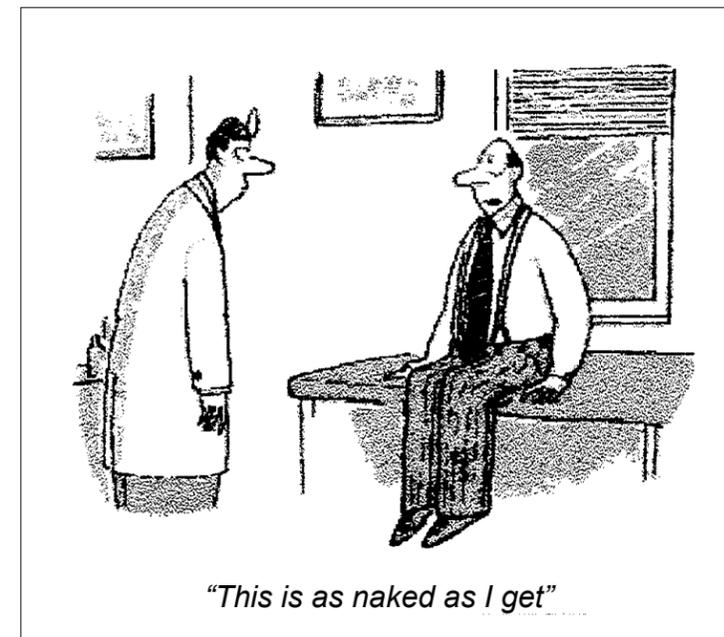
9. Will I be able to resume or maintain an active lifestyle if I choose? Travel, camp, swim, etc.?

Most people with an ostomy lead active lives. Indeed, some are professional athletes. Unless you have a particular problem, you can look forward to traveling, swimming and most other activities. You may have to plan ahead more carefully, such as making sure you have extra ostomy supplies with you when traveling. Some doctors recommend avoiding contact sports to prevent injury to the stoma and may prescribe a plastic protector cap for the stoma during some activities. It's common for people to reinforce the edge of the wafer with waterproof tape and/or wear an ostomy belt during physical activities such as running or swimming.

10. What about medications? Can I take vitamins?

Time-released and enteric coated medications may pass through the system of ileostomates too quickly to be effective. Remind each of your doctors that you have an ostomy. Checking with your doctor is a good idea before taking any medication...vitamins included.

- Source: Chicago North Suburban Chapter, UOA



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Bowel Obstructions: How to Know if You Have one, and What to Do Before You Call the Doctor

by Gwen Turnbull, RN, BS, CETN



After 14 years of clinical practice as an ET nurse, Ms. Turnbull has worked as a health-care consultant. She has extensive international exposure as a lecturer, including presentations at the 3rd AOA conference, the 1st IOA 20 - 40 focus and the 1st International Ostomy Symposium in Hangzhou, China.

One afternoon, you notice that your pouch has not been as full as usual the last two times you have emptied it and that your stoma is bigger than normal. You can hear and feel your stomach churning, and are overwhelmed occasionally with abdominal cramps that leave you sweaty and nauseated. As the day goes on, the cramps get worse and by evening, you vomit -- by then, absolutely nothing is coming out of the ileostomy. You feel absolutely terrible. What do you do?

You probably have a bowel obstruction, commonly referred to as a blockage. Basically what has happened is that something is preventing stool from passing through the intestine in the normal way. Use the following analogy of a garden hose to better understand what is happening when you have a bowel obstruction. If you stand on a garden hose, water cannot pass through it. The faucet keeps pumping water into the hose but it cannot get past your shoe. Soon, as the pressure from the faucet continues to pump the water, the portion of the hose above your shoe starts to expand and swell up with the backed up water. If you do not remove your shoe, the pressure inside the garden hose will cause it to break open and leak. The same principles apply to your intestine.

Bowel obstructions can be caused by (1) physical obstruction called a *dynamic* or *mechanical* obstruction, or (2) the loss of the normal muscle contractions in the intestine, called peristaltic waves, that help move material through the digestive tract. An obstruction due to the absence of peristalsis is called an *adynamic* obstruction, *paralytic ileus* or simply *ileus*. Ileus can be caused by a severe electrolyte imbalance, the manipulation of the intestine during surgery, or an infection. The symptoms are the same as for a mechanical obstruction, except that when a clinician listens to the abdomen, normal bowel sounds

are absent and the abdomen is quiet.

Regardless of the actual cause of a mechanical (dynamic) blockage, the intestine above the blockage over reacts and continually tries to push the intestinal contents past the blockage. This causes increasing cramping and pain as the pressure inside the intestine continues to build. As a result, the intestine below the blockage can collapse on itself. This brings about a reversal of the direction of the peristaltic waves as the bowel tries to empty its contents and relieve the pressure. The contents of the intestine move up and out -- and you vomit.

Bowel obstructions can occur in both the small and large intestine -- meaning that people with ileostomies as well as colostomies can experience an obstruction. Blockages in the large intestine usually occur gradually while blockages in the small intestine can happen fairly fast. In both cases, important mineral balances in the body such as sodium and potassium can become upset and dehydration can occur rapidly. Obstructions can be partial or complete. A partial obstruction means that a small amount of liquid or other intestinal contents are able to make their way around the blockage, so you may have some liquid or mucous-type output from your stoma. A complete obstruction means that nothing can get past the blockage, and therefore, nothing comes out of your stoma.

There are many causes of bowel obstruction (see Box 1). Regardless of the cause, a bowel obstruction is a serious condition that should not be ignored, as they can sometimes rapidly turn into an emergency situation. You should notify your physician or your stomatherapist if you are unable to relieve the symptoms yourself. Symptoms may become severe (pain, vomiting, muscle cramps, dehydration), or they may last for more than 24 hours. There are several things you should do if you suspect you have a bowel obstruction and several things you

absolutely should not do (see Box 2).

Once you have sought medical attention, your treatment will probably begin with intravenous therapy to replace the fluid, sodium, and potassium you have lost and the administration of pain medication. An X-ray or other diagnostic test is conducted to determine the source of the obstruction. Often, depending on the patient and the suspected culprit for the obstruction, a tube may be inserted into the intestine via your nose to (1) decompress the built-up pressure; and/or (2) try to relieve the source of the blockage. Sometimes mechanical (dynamic) bowel obstructions caused by disease or scar tissue require surgery.

Be alert to the early signs and symptoms of bowel obstruction. A partial blockage usually displays itself through cramping abdominal pain, watery output with a foul odor, and possible abdominal distention and stomal swelling followed by nausea and vomiting. A complete blockage is evident by a total absence of output, severe cramping pain, abdominal and stomal swelling, and nausea and vomiting. In any case, do not hesitate to contact a health care professional if you suspect you may have a bowel obstruction and follow their instructions closely.

(cont. next page)

Blockages cont.

Box 1: Common Causes of Bowel Obstruction

Adynamic obstruction or ileus

- Anesthesia after surgery
- Pain medicine
- Manipulation of the bowel during surgery
- Infection
- Metabolic disturbances

Dynamic or mechanical obstruction

- Scar tissue from previous surgery that has grown into a ring around the intestine and narrowed its diameter
- Crohn's Disease
- Twisting of the intestine (called volvulus)
- Severe constipation
- Cancer
- particles and pieces of food

Box 2: What to Do if You Think You Have a Blockage

DO

- Stop eating solid foods
- Increase fluid intake (tea, cola)
- If the stoma is swollen, remove the pouch and replace it with one with a larger stomal opening
- Soak in a warm bath to relax the abdominal muscles
- Massage your abdomen or try a knee-chest position
- Call your doctor if the pain is severe, or you have symptoms of dehydration, even if the symptoms have not lasted 24 hours
- Have someone drive you to the doctor or hospital

DON'T

- Take a laxative or any other medication without consulting a physician
- Drink or eat anything if you are vomiting or not passing stool or both
- Insert anything inside the stoma unless you have been instructed to do so by your healthcare professional
- Wait too long to call your doctor

Ready . . . Set . . . Click

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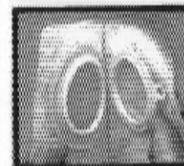
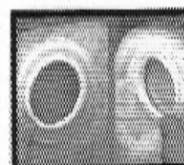
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Box 3: Signs and symptoms of a Possible blockage

- Swollen stoma
- Distention of the abdomen
- Minimal or no stomal output
- Cramping and pain
- Nausea and vomiting
- muscle cramps
- dry mouth, decrease in urina-

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Belated congratulations to Ivor and Joan Williams on their 50th anniversary!!

Get well wishes to Betty Hamblin, chapter member who won 8 gold medals in her swimming division at the Senior Games in Prince George last year. Get back in the water soon, Betty!