



Vancouver Ostomy

HIGH

Life

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LAST MEETING OF 2009:

September 13 Annual General Meeting

plus: HOLLISTER PRODUCTS with Anne Schmidt

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

Christmas Party/Luncheon Sunday, November 29, 2009



Toilet Paper Makes a Clean Sweep

Toilet paper has a relatively short history in the world of modern conveniences. This now common household item has become a commodity that has been taken for granted over the last 100 years or so. Toilet paper is ranked third among all non-food product categories sold in stores. It is even sold online. Let's take a closer look at a commodity that is close to . . . well, at least close to our hearts.



The earliest form toilet material ranged from sticks to corncobs to linen to leaves. Toilet paper, as we have come to think of it, actually had its start in 14th Century China. It was produced for the Chinese emperors in 2 by 3-foot sheets. It is reported that the Bureau of Imperial Supplies produced about 720,000 sheets of toilet paper a year.

The first commercially packaged toilet paper in the United States was produced in 1857. A New York man by the name of Joseph C. Gayetty packaged the first toilet paper in flat sheets that were medicated with aloe. He named it "Gayetty's Medicated Paper." He even monogrammed his name on each sheet. He either had a big ego or a sense of humor. We'll never know for sure.

The rolled and perforated toilet paper that we are familiar with was invented in the late 1870's. The Albany Perforated Wrapping Paper Company developed a perforated, medicated rolled toilet paper in 1877 that was marketed to the general public. This began the never-ending debate as to whether toilet paper should roll off the top of the roll or the bottom.

A couple of years later the Scott Paper Company also produced rolled toilet paper. The company was founded in Philadelphia in 1879 by brothers E. Irvin and Clarence Scott. At that time Scott didn't put its name on the toilet paper rolls because it was considered an "unmentionable" product during the Victorian era and, hence, there was a large amount of public resistance to buying such a commodity. To solve that problem, Scott began customizing toilet paper for each merchant-customer.

As toilet paper gained more public acceptance, the Scott Company began producing toilet paper under its own brand name in 1896. By 1925 Scott had become the world's leading producer of toilet paper. The Scott Company was eventually acquired by Kimberly Clark in 1995.

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President's Message

NEVER GIVE UP!

Winston Churchill is famous for many of his speeches, but perhaps none more so than he is for the one he gave at Harrow School (his alma mater) on October 29, 1941 when he said:

"Never give in, never give in, never, never, never, never – in nothing, great or small, large or petty – never give in except to convictions of honour and good sense!"

There are many among us that often say (philosophically) that things happen for a reason. However, philosophy aside, we then ask, "Why me? Why did I have to have ostomy surgery?" Other than saving, or perhaps just extending, my life, have I truly gained anything? There are some people for whom just having more years to live is not enough.

Even before I heard of Churchill's famous quote, I always felt there was something about me that refused to give up. It was not in my make up. It was not in my genes. I will not allow my so-called "handicap" or disability to get the better of me. I refuse to allow it. I am often irritated by it, especially when it requires my attention at an inconvenient time, but I will not let it get the better of me, even though I, like all other ostomates, have to endure stresses so-called "ordinary people" never know.

I recently read the book "Always Looking Up" (sub-titled "The Adventures of an Incurable Optimist") written by Michael J. Fox. For reasons that will be obvious I was intrigued by his explanation of the title he chose for his book. He explains that the title he chose "Always Looking Up" can be viewed in two ways. First,

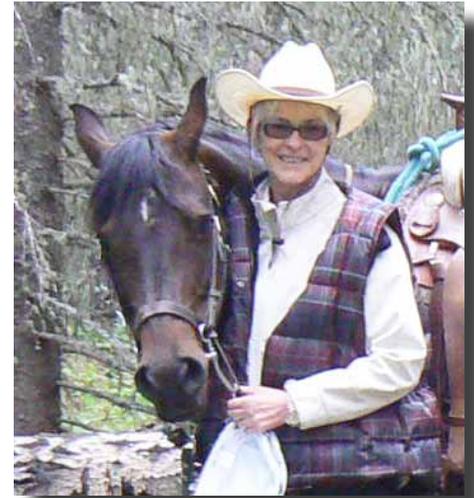
he says he intended it as a "short joke". He explains that being just under 5'5", much of his interaction with people has him "looking up". Fox says that not only has his being "vertically challenged" not bothered him to any great degree, he thinks it has actually contributed to his mental toughness. He also believes he has made the most of the head-start one gains from being under-estimated. I have always believed that attitude is everything. So does Fox, as he explains that "Always Looking Up" alludes to the emotional, psychological, intellectual and spiritual outlook that has served him well throughout his life, and perhaps even "saved" him in his battle with Parkinson's.

I would like to leave you with something Maya Angelou once said. Every time I read it, I think she is speaking directly to me, or dare I say, directly to us. Maya Angelou said:

"You may encounter many defeats, but you must not be defeated. In fact, it may be necessary to encounter the defeats, so you can know who you are, what you can rise from, how you can still come out of it."

Enjoy your summer everyone!

Martin Donner,
President
Vancouver Chapter



Editor's Message

As you can see, I've been playing cowboy again -- the above photo was taken in the Kananaskis region outside Calgary during a holiday early in July (hence the late mailing!) I grew up around horses and had my own when I was a kid. Alas, I had to leave my horsie career behind when I moved from a small Saskatchewan town to the city. The practicalities and logistics (not to mention COST) of horse ownership in a city were too forbidding for me to keep a horse but I've always held a deep love for them and for riding in the country. When I became ill with cancer 8 years ago and was not sure how things were going to turn out (putting it mildly) one of things I longed to do most, and thought I never would, was to ride on the prairie. I promised myself that if I got out of this jam I would ride again, somewhere, somehow. And so I have, and do, whenever I get the chance. My steed -- courtesy of my niece's father-in-law -- on this occasion was a beautifully trained Arabian mare, who willingly carried me through some of the most gorgeous cattle country in Alberta. She is one of four horses on this particular ranch, all of whom are whimsically named according to their birth order: 'One', 'Two', 'Three' and 'Four'. That's 'Two' in the photo. Not everybody gets to do something they did when they were a kid and to be able to do so after cancer and colostomy surgery make it extra special.

Last issue's lead piece told you all about the

cont. next page

humble commode, but what would our modern flush toilet be without the invention of toilet paper? In the spirit of broadening our knowledge and appreciation of things dear and near to our, er, hearts, this month I bring to you "History of Toilet Paper", (or, 'the Roll that Changed the World')

This issue is also the first that will be going to our comrades in the former Coquitlam Ostomy Chapter. As many of you may now know, the Coquitlam executive decided that they could no longer continue to run the group in the face of dwindling volunteers and low meeting attendance. It is therefore even more important that the Vancouver Chapter continue in our efforts to provide a place where ostomates new or experienced can continue to find support and fellowship. One of our members at the recent June meeting asked what keeps me going. Well, my fellow executive members and volunteers of course, but just as much are those people we see who keep coming to meetings, and the folks who may not attend but who continue to renew their membership and/or donate funds that help us out so much. Many of you are adept at living with your ostomy and have heard or read all the tips and tricks and so on a hundred times, yet you continue to support this chapter. Your loyalty is encouraging and we appreciate this very much. And the new people, the ones who have recently had ostomy surgery, or who are attending their first meeting are who keep us going, for it is they, perhaps most of all, who are the reason why we continue. No matter how long one has had an ostomy, you never forgets the despair and fear we all felt in the beginning. There is no substitute for meeting those who 'walk the walk'.

So welcome to you Coquitlam folks! We hope you enjoy the Vancouver newsletter and will consider taking out a membership with the Vancouver Chapter for 2010. C'mon and see us if you can, we'd love to meet you.

Letters & News



UP UP AND AWAY!



Local ET nurse Andrea (Andy) Manson is joining IBD Adventures and Rob Hill to trek Mt. Kilimanjaro in September 2009.

'I am an ET ostomy nurse and owner of the Ostomy Care and Supply Centre in New Westminster, BC for over 20 years.

My passions in life include my family, working with people with ostomies and travelling to experience different cultures.

When Rob had the idea of IBD Adventures with the first trek to Mt. Kilimanjaro and help people with ostomies, and to increase public awareness of Crohn's and Colitis, I signed up. (Besides, Africa is the only continent I have yet to visit!)

This will be a physical and mental challenge for me but I am looking forward to it. Every day I meet people challenged to adjust to life after ostomy surgery. I am inspired by them. Each step of the 5895 meters will be for them.

I dedicate this trek to my mother, Helen Manson, who over 40 years ago had ileostomy surgery for ulcerative colitis. She was one of the first ET ostomy nurses in BC and has made a significant impact on the lives of people with an ostomy. She is an inspiration to me. '

On behalf of the Vancouver Chapter and all of Andy's many, many patients, we wish her and the entire expedition a successful, safe and rewarding adventure!

BIRTH ANNOUNCEMENT!!

We are thrilled to announce that chapter member Amy Ridout is the proud mother of Liam David Ridout, born May 8th, weighing 7lb 8oz! Welcome to the world, little man.



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will host the

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TOILET PAPER, cont. from page 1

In 1935, Northern Tissue manufactured the first “splinter free” toilet paper. It seems the manufacturing process of early toilet paper occasionally left wood splinters in the paper. The results of using the earlier non-splinter free toilet paper are too painful to contemplate. On a lighter note, the world’s first soft, two-ply toilet paper was manufactured in 1942 by the St. Andrews Paper Mill in Walthamstow, London, England.

Kimberly Clark, Georgia Pacific, Fort James, and Procter and Gamble are the major manufacturers of toilet paper in the United States. There are approximately 86,000,000 rolls of toilet paper produced each day worldwide. That’s about 30 billions rolls of toilet paper per year which equals about 3 rolls produced per second, seven days a weeks, 365 days a year.

THINGS YOU REALLY ALWAYS WANTED TO KNOW ABOUT TOILET PAPER:

Are all sheets the same size?

This is important. The size of a sheet of toilet paper may vary from one manufacturer to another. The standard size is 4.5” x 4.5”. However, in the last 10 years manufacturers have come out with “cheater sheets”. These can run as small as 4” x 3.8”! This means about 15% less paper. So don’t be confused by the advertisement that says “our roll of toilet paper is the cheapest”. It may be that theirs has less sheets and smaller size sheets.

How many sheets are on a roll?

Traditionally, industrial rolls of toilet paper have 1,000 per roll of one ply and 500 per roll of two ply. Recently manufacturers are making jumbo size rolls with 2,000 sheets. These require special large dispensers and are good for public use bathrooms because they last longer. However, the consumer market has many different size rolls. Some rolls only have 200 sheets! Some of the sheets are smaller than the standard industrial size of 4.5” x4.5”. I’ve seen sheets as small as 4”x 3.8”. Be careful. Small rolls have to be changed more often and generally do not cost less. Don’t get fooled!

- The Toilet Paper Encyclopedia

JUNE 28 MEETING

A turnout of over 40 people attended our June meeting to hear ET nurse Andy Manson give a talk on her upcoming climb of Mt. Kilamangaro which will happen this September. Included in the team of 5 which will leave September 7 are veteran climber and chapter member Rob Hill.

Also present in the audience were second year nursing students were, from left to right: Christine Corduo, Hazel Chu, Christine Switzer, Karishma Patel and (foreground) Shine Philip. (Apologies for spelling anyone’s name incorrectly!)



Could there be some future ET nurses here?

Does your doctor know . . . ?

Not all doctors and not all nurses are familiar with ostomy care! On occasion they may prescribe medications or procedures that are not the best idea. Ostomates need to be aware of the following:

- Enteric-coated and modified-release preparations are not always suitable for those with an ileostomy as there may not be sufficient release of the active ingredient.
- Laxatives, enemas and washouts should not be prescribed for patients with ileostomies as these procedures may cause rapid and severe dehydration.
- Colostomy patients can experience constipation which should be treated whenever possible by increasing fluid intake or dietary fibre. Bulk-forming OTCs (over-the-counter non-prescription remedies) may be tried as well. Strong laxatives should be used only as a last resort. It’s best whenever possible to let the bowels sort themselves out naturally or with gentle means.
- For severe diarrhea, antiarrheals such as loperamide, codeine phosphate or co-phenotrope are effective. Bulk-forming drugs may be tried as well but it can be difficult to adjust the dose appropriately.
- Antibacterials should not be given for an episode of acute diarrhea



Scuba diving with an ileostomy

An ileostomy is not a contradiction to scuba diving if this was a sport you enjoyed before surgery. You will of course need to give yourself an adequate amount of time to heal after your operation and enough time to regain health that may have been sapped from extended periods of illness and/or medications. Once you are feeling well enough to venture into the swimming pool you can start practicing shallow dives with your scuba gear on. If you used to wear a wetsuit the pool is a good place to see how this fits over your appliance and if any adjustments need to be made. Likewise any belts or straps that hold the tanks on you can be adjusted if they're pinching or obstructing the stoma.

You should of course discuss the timing of resuming this activity with your doctor or surgeon. In cases where an individual has a Kock or J-pouch the question has arisen that diving to deep levels may not be safe due to the possibility that gas trapped in such internal pouches cannot be expelled during a deep dive, and could therefore cause pain when ascending. Individuals with internal pouches would be wise to be conservative in how deep they are going, and monitor their body's responses closely.

Before resuming a sport like diving, you should be familiar with your ileostomy's habits, such as what times of day it is most active, and what foods or times of eating may cause it to be active. You may want to adjust your diving times according to your ileostomy's patterns.

Taping the edges of your wafer is probably a wise idea, as is bringing a spare wafer. It goes without saying that you should empty your appliance before suiting up. If you do have an accident while in the water, well just carry on. The ocean's a big place. You can tidy up back in the boat.

Diving Checklist

- Check with your doctor or surgeon to make sure you are fit enough for this activity.
- Do some practise dives in a swimming pool if possible to see if your gear needs adjustment.
- Take plenty of ostomy supplies with you if diving abroad; and take an extra appliance for each dive just in case.
- Drink plenty of water. Dehydration is a consideration for any diver, since being under water forces more water from your tissues.
- If your ileostomy tends to be active soon after eating, wait for while before diving after eating (just like you would anyway to avoid stomach cramps, right?)

- excerpted from IA Journal, Oct/Nov 2003

ket value. Gains may be realized on certain properties to the extent that the value of the properties on the date of death exceed their cost. Depreciation may also apply to certain assets. If, on death, property is transferred to a living spouse or to a spousal trust that meets certain technical requirements, the tax on any accrued gains may be deferred until the death of the surviving spouse.

This is a very general summary of a very complex and technical area of law and the audience was cautioned to seek professional legal, tax and accounting advice, in order to avoid traps and pitfalls, to minimize tax and realize and reflect the wishes of the individuals.

It is never too early or too late to plan to preserve your legacy and prepare for transition to your heirs. A well developed plan will not only preserve wealth but contribute to family harmony.

For more information, you may contact Josephine Nadel at Borden Ladner Gervais LLP at 604 640 4171 or JNadel@BLG-Canada.com

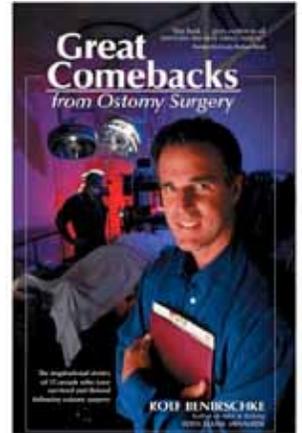
Blockages and High Blood Pressure

Ostomates who have had blockages have shared many of their experiences in these pages. I have endured over a hundred of them, and I am still no closer to knowing what causes them for me. But, I do know how to get through the ordeal, or so I thought. Usually, it takes me about two weeks to recover fully. But this time, I didn't recover in my usual way. I had a feeling like I might pass out; I felt short of breath, even with mild exertion; and I had swelling in my hands and feet. I had a sore throat, stomach pain, diarrhea; dizziness; a tired feeling; and general weakness. Nevertheless, I had lots of reasons to explain why I was feeling unwell. After all, we had just returned from a trip to Albania and my wife was feeling some of the same symptoms after our month away. But when I hadn't recovered after two weeks, I saw my family doctor. Guess what? I had low blood pressure (90/50). How did this happen? Recently I was prescribed Micardis, which is used to treat high blood pressure (hypertension). It is sometimes given together with other blood pressure medications. Micardis is in a group of drugs called angiotensin II receptor antagonists. It works by decreasing certain chemicals in the body that cause blood vessels to constrict and sodium to be stored by the kidneys. When I had my blockage, I became seriously dehydrated. I was suffering side-effects of the medication. Combined with my low-sodium diet, I could not re-hydrate, no matter how much I drank. The solution was to stop the drug. The doctor reminded me that, in the future, any time I became dehydrated, I should immediately stop taking the Micardis. The majority of seniors take some kind of medication for high blood pressure. It is important to understand the side-effects and interactions. Especially for ostomates.

Submitted by: Ed Tummers, Metro Halifax Ostomy News, June 2009

BOOKS

Great Comebacks from Ostomy Surgery is a follow-up resource to Rolf Benirschke's autobiography, *Alive & Kicking*. After reading each of the twelve amazing comeback stories profiled in this book, anyone going through the struggles of inflammatory bowel disease or facing ostomy surgery will be inspired and encouraged and most importantly will receive hope that they too can have their own personal comeback story.



About the Author

Former NFL placekicker for the San Diego Chargers, Rolf Benirschke, at the age of 24 and in his second season with the team, was struck with ulcerative colitis and needed life-saving ileostomy surgery. Through the support of his family and friends, his teammates and fans, Rolf made an incredible comeback and was able to play the sport he loved for another seven years. Benirschke played his entire career with the Chargers 1977-86 and received numerous awards including NFL Man of the Year, Comeback Player of the Year and is a member of the Charger Hall of Fame. For over twenty years, Rolf's passion has been to encourage and inspire other patients who have been facing the difficult challenges of inflammatory bowel diseases such as Crohn's disease, ulcerative colitis and colon cancer. In 1984 the Great Comebacks Award program was founded and continues to be co-sponsored by ConvaTec and the Crohn's & Colitis Foundation of America. Like Rolf, recipients of the annual Great Comebacks Award share their remarkable comeback stories to inspire and encourage other IBD patients.

BETCHA DIDN'T KNOW

Toilets consume about 25% of water inside a home.

(Southern Nevada Water Authority.)





What is the difference between standard and extended wear wafers?

Standard, or pectin-based barriers are composed of sodium carboxymethyl cellulose, pectin and gelatin covered with a polyethylene film. They don't melt at high temperatures or burn denuded skin, but they do dissolve in urine. Synthetic barriers, called extended-wear barriers have synthetic components that are more resistant to erosions by enzymes, high liquid volume and alkaline or markedly acidic output. This permits them to remain on the skin for longer periods of time than conventional skin barriers. Flexwear and Flexend are the standard and extended wear products marketed by Hollister; SenSura and SenSura Xpro are the standard and extended wear brands marketed by Coloplast, and Stomahesive and Durahesive are the corresponding products marketed by ConvaTec.

Do I need to be on a special diet after ostomy surgery?

For the first six to eight weeks after surgery, your physician may instruct you to follow a low residue (low fiber) diet to give the bowel adequate time to heal. Follow this diet on a temporary basis only. In general, using pureed or tender cooked vegetables, ripe, canned or cooked fruits (without skin or seeds), and well-cooked tender meats, reduces dietary fiber.

- Drink a liter of fluids each day to prevent constipation.
- Buy breads and cereals made from refined wheat and rice.
- Avoid whole-grain products with added bran.
- Remove skin from vegetables and fruits before cooking.
- Avoid any food with seeds, nuts, raw or dried fruit and popcorn.
- Limit milk and milk products to 2 cups daily.

When recommended by your physician (generally six to eight weeks after surgery), high fiber foods may be added to the diet. Add one at a time slowly to allow you to establish your tolerance. You will need to experiment to find out what foods you

can and cannot eat. Chew, chew, chew again!

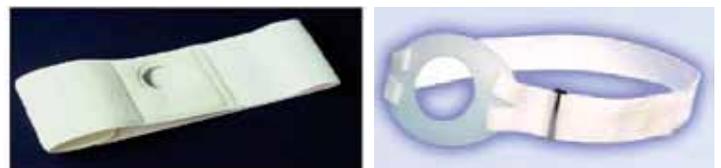
In most cases, urostomy patients enjoy a completely normal diet. Cranberry juice, yogurt or buttermilk will help combat urinary odors. Asparagus should be avoided as it produces a strong odor in urine.

How do I know if I have a hernia?

It is estimated that up to 30% of ostomates will develop a hernia after ostomy surgery. How can you tell if you are developing one, or have one?

- It may appear as a new lump under and around the stoma
- It may ache but is not tender when touched
- Sometimes pain precedes the discovery of the lump
- The lump increases in size when standing or when abdominal pressure is increased (such as coughing)
- You may be able to push it back into your body if it's not too large
- It may disappear or decrease in size when you lie down

Once you have healed completely from your surgery, take a good look at the stoma area; you might even want to take a photo if you don't trust your memory. If you notice over time that the area under and around the stoma is beginning to bulge and stay bulged, you may have a hernia, and should go see your doctor to have this verified. In very thin people with colostomies, the immediate stoma area can sometimes show a small bulge that then disappears. This is not a hernia, it's just gas or waste about to be expelled. Small hernias that do not interfere with appliance fit do not need to be treated and are usually just monitored by your doctor. Large hernias, or hernias that are preventing you from keeping an appliance on securely may require surgical revision, Revisions usually consist of surgically placing mesh under the skin and over the separated muscle, or in some cases moving the ostomy entirely to the other side of the body if possible. If you have been diagnosed with a small hernia, it would be wise to avoid any kind of heavy lifting, and support the area with your hands if coughing or straining in any way. You should also consider wearing a hernia support belt. These come in a variety of models, two basic types of which are shown below. If models purchased off the shelf are not fitting you properly you may require a custom belt. (Our chapter had a sales rep for such custom belts speak at a meeting last year but I have not been successful in re-locating that company (Valco Medical Supplies). Your ET nurse or ostomy product company may be able to recommend a local



Examples of ostomy hernia belts

What's this Irrigation I've Heard About? Does it really eliminate the need for bags? Can anybody do it?

Irrigation is a method of flushing out the large bowel with water in order to remain waste-free for periods of up to 48 hours. People do it either every day, or every other day depending on their preference and body's habits. The procedure takes about an hour in the privacy of your own bathroom. There are no drugs to take and the necessary equipment is basic and reusable.

Simply put, irrigation is a tapwater enema delivered through the stoma. Only those with a colostomy can irrigate. If you have an ileostomy, or a urostomy, you are not a candidate for irrigation. That said, not all colostomates can irrigate, either. If your colostomy is transverse (in the middle of your body, higher up) or ascending (on the right hand side) you don't have enough bowel left to irrigate. You need to have a descending or sigmoid colostomy to be a candidate for irrigation. Other who may not be candidates are those who have very fast transit times (the amount of time your food takes to travel through your system and exit the stoma) Fast transit people rarely find irrigation to be worth the effort. If you have a large parastomal hernia irrigation might not work well (the bowel could be too kinked or loopy for the water to get in) or you could possibly make the hernia worse. It is safe to irrigate if you have a mild (small) hernia, however.

Irrigation does not eliminate the need to wear an appliance, however, in some cases individuals are able to wear a patch, similar to a large bandaid. Others may opt to wear small appliances called caps or mini-bags. Still others continue to wear their usual size appliance but it remains empty or near-empty until the next irrigation session. Whichever product you choose, you must always wear something over the stoma to protect it, even if it's not producing anything.

There is a learning curve if one chooses to irrigate and it can take some individuals months to find the routine that works best for them. Some folks are not comfortable handling their body in this manner, or find the amount of time spent irrigating to be more of a drawback than just emptying and changing in the conventional fashion. Irrigation does not save time in the bathroom overall -- those who do not have any particularly complicated needs when changing their appliance will spend less time emptying and changing than an irrigator spends irrigating! However, the trade-off is being waste-free for extended periods of time, and being able to wear much smaller appliances. This makes a huge difference in quality of life.

If you have a colostomy and are motivated to control elimination, speak with your ET nurse about this procedure. She or he can provide you with basic instruction and guidance regarding what equipment you will need. Our chapter has a number of practicing irrigators who will be happy to act as irrigation mentors after you have seen your nurse on this matter. (Note: don't bother asking your doctor about this. They rarely have a clue about irrigation!)

TIPS & TRICKS

- Itching under the tape on the wafer? Mix 50% white vinegar and 50% water and apply to the affected skin with a sponge or gauze. Do this for 10 or 15 minutes when changing your appliance. Rinse and dry the skin well then apply your regular products.
- A teaspoon of bulk gelatin dissolved in water or lemon juice once a day will help firm up loose stool
- If you are taking chemotherapy and your mouth is sore, gargle with one teaspoon of baking soda in a half glass of water
- When travelling, besides writing down the brand and product numbers of your appliances, write down the size of the opening as well, in BOTH inches and millimetres. Many of us grew up with the 'inches and feet' school of measurement and never became fluent in metric. Should you get caught short in a foreign 'metric' country, being able to ask for your size in millimeters could mean the difference between a great holiday and a disaster!



We carry all Ostomy Appliance Brands

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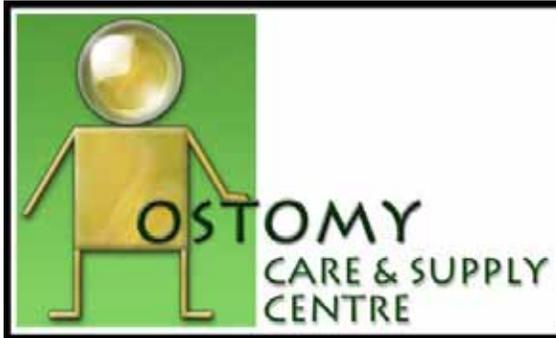
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I B D Adventures

Mt. Kilimanjaro, a Climb for Crohn's and Colitis



Changing Attitudes with Altitude

From September 7-15, 2009, Andrea (Andy) Manson, RN, ET is joining experienced mountaineer and adventure Rob Hill, who has an ostomy and IBD, to climb Mt. Kilimanjaro to raise awareness of Inflammatory Bowel Disease and to raise funds for research and community initiatives across Canada.

My goal is to raise \$1.00 per meter totalling \$ 5895.00 signifying me reaching the summit of Kilimanjaro, at 5895 metres. Any donation is appreciated and donations of \$10.00 and more will receive a tax deductible receipt.

Please call 604-522-4265 or email Andy@OstomyCareAndSupply.com to register your donation. Thank you.

You can follow my adventure at www.ibdadventure.com

Special thanks to Simon, Jenn and Krisanna at HC yoga www.hotncoolyogaclub.com and to Fitness on the Go www.fitnessonthego.ca who helped me get in shape for this trek.

IDEAS
INTESTINAL DISEASE EDUCATION AND AWARENESS SOCIETY

CROHN'S &
COLITIS
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of Canada

PHOTO CONTEST

Get out your camera and participate! Hollister Incorporated is pleased to announce a worldwide photo contest open to every Ostomy Association around the globe.

Here's why: World Ostomy Day, October 3, 2009, is a very special day, so we're sponsoring a very special contest -- The 2009 World Ostomy Day Photo Contest. The Contest is a unique way to showcase talents and people and to create lasting memories in conjunction with World Ostomy Day.

Theme: The 2009 World Ostomy Day theme is "Reaching Out." We know there are thousands of you who "reach out" each day -- and in every way. You live life to the fullest with your families or on vacation, during work and with your grandchildren, and while volunteering or tending to pets. We know you're out there "reaching out" and that's the type of image we want you to capture.

Winners: 20 photos will be chosen by the judges (a professional photographer and a Hollister representative). Winners and their chapters will receive:

Individual winners: a certificate of recognition

Winning chapters: \$250 will be paid to each International Ostomy Association (IOA) chapter represented by the 20 winning photographers
All chapters: a CD-ROM of the winning photos will be given to each IOA chapter

Rules:

Photographers: need not be people with ostomies

Images: must be of people with ostomies "Reaching Out"

Photos: may be digital or processed film

Size: any size

Color: use color or black and white, it's your choice

Deadline: August 1, 2009

How to submit: submit photos with the photographer's name, association name and location, the occasion, place, date and names of people in the photo

Please note: Submitted photographs will not be returned.

Photographs will become the property of the sponsoring organization, Hollister Incorporated, and may be shown publicly.

Please submit your entries by August 1, 2009 to:

Diane Dreis
Hollister Incorporated
2000 Hollister Drive
Libertyville, IL 60048 USA



e-mail: wod2009pc@hollister.com

Tel : 1.847.932.3573

VANCOUVER, B.C. CHAPTER OF UNITED OSTOMY ASSOCIATION OF CANADA INC. NOTICE OF ANNUAL GENERAL MEETING OF MEMBERS

TAKE NOTICE that the annual general meeting of the members of the VANCOUVER, B.C. CHAPTER OF UNITED OSTOMY ASSOCIATION OF CANADA INC. will be held at 1:30 p.m. on the 13th day of September, 2009 at Collingwood Neighbourhood House, 5288 Joyce Street, Vancouver, BC for the following purposes:

1. to receive the report of the Directors of the Association;
2. to receive the financial statements of the Association;
3. to waive the appointment of auditors for the Association for the ensuing year;
4. to elect directors and officers to hold office until the next annual general meeting for the Association;
5. to transact such other business as may properly come before the Meeting.

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The Funny Pages



Communication between Pilot and Mechanic (Remember: it takes a college degree to fly a plane but only a high school diploma to fix one. Reassurance for those of us who fly a lot.)

After every flight, Qantas pilots fill out a form, called a “gripe sheet”, which tells mechanics about problems with the aircraft. The mechanics correct the problems, document their repairs on the form and then pilots review the gripe sheets before the next flight. Never let it be said that ground crews lack a sense of humor. Here are some actual maintenance complaints submitted by Qantas pilots and the solutions recorded by maintenance engineers. By the way, Qantas is the only major airline that has never, ever, had an accident.

P: Left inside main tire almost needs replacement
S: Almost replaced left inside main tire

P: Test flight OK, except auto-land very rough
S: Auto-land not installed on your aircraft

P: Something loose in cockpit
S: Something tightened in cockpit

P: Dead bugs on windshield
S: Live bugs on back-order

P: Autopilot in altitude-hold mode produces a 200 feet per minute descent
S: Cannot reproduce problem on ground

P: Evidence of leak on right main landing gear
S: Evidence removed

P: DME volume unbelievably loud
S: DME volume set to more believable level

P: Friction locks cause throttle levers to stick
S: That's what friction locks are for

P: IFF inoperative in OFF mode
S: IFF always inoperative in OFF mode

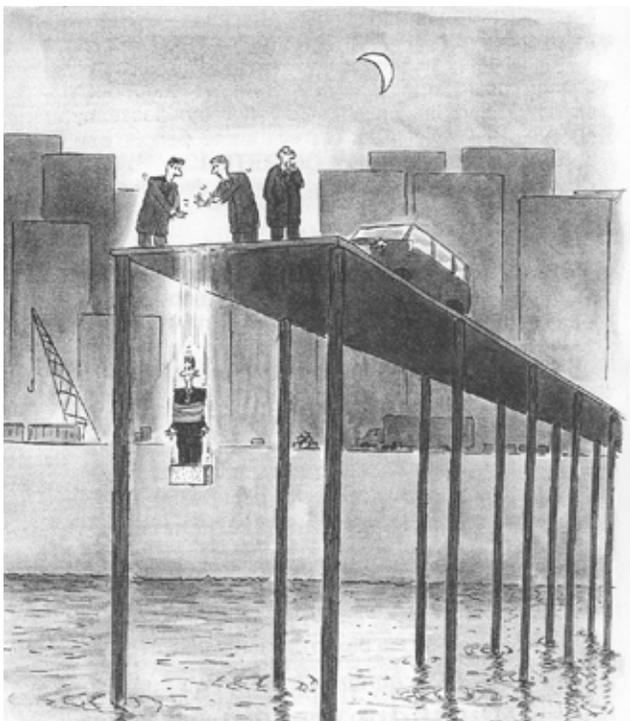
P: Suspected crack in windshield
S: Suspect you're right

P: Number 3 engine missing
S: Engine found on right wing after brief search

P: Aircraft handles funny
S: Aircraft warned to straighten up, fly right and be serious

P: Target radar hums
S: Reprogrammed target radar with lyrics

P: Mouse in cockpit
S: Cat installed



“Fixing a leak — and you?”

Way Too Much Information Department:

Americans skip to the loo an average of 6 times per day, [they obviously did not interview many ostomates for this survey] adding up to as much as 47 minutes in a single 24 hour time period. Women spend more time with the fluffy white stuff than men, or approximately 32 months in a lifetime versus 25 months for men.

Each time we reach for the “cotton-savior”, an average tear of 5.9 sheets is ripped from the roll. 44% of people wipe from front to back, and 60% look at the paper having just wiped, 42% fold, 33% crumple, 8% do both fold and crumple, 6% wrap it around their hands and at least 50% of people have at one time or another wiped with leaves, or something foreign to toilet paper (8% hands, 1% money).

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A warm welcome is extended to new chapter member

Kenji Mizoguchi

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VISITOR REPORT

Requests for patient visits for this reporting period came from Vancouver General, St. Paul's, Richmond General, and from independent inquiries.

Colostomy	3
Ileostomy	1
Urostomy	1
Pelvic Pouch	1
TOTAL	6

Many thanks to my excellent crew this round: Annabelle McLennan, Lloyd Bray, and Cindy Hartmann.

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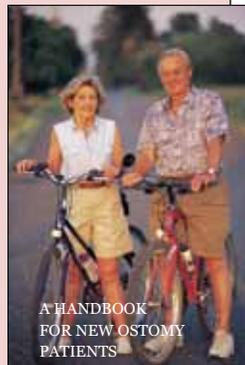
NOTICE OF MEETINGS/GREETER
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CHRISTMAS PARTY COORDINATOR
Joy Jones 604-926-9075

MEETING REFRESHMENTS
Chris Spencer

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Lisa Hegler, RN., ET. Tel (604) 682-2344
Neal Dunwoody, RN, WOCN Ext. 62917 Pager 54049

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

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RN., ET. Tel (604) 984-5871
Rosemary Hill, RN., ET

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

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Elke Bauer is on mat leave Tel (604) 588-3328

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

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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.

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email (if applicable): _____

Type of surgery: Colostomy Urostomy Ileostomy Continent Ostomy

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