



Vancouver Ostomy

HIGH Life

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COME SOAR WITH US is the theme at the 7th Annual Conference of UOAC in Gander Newfoundland, August 19 - 21, 2004.

Our hosts will be the Gander and District Chapter of UOAC, one of the newer member chapters of our organization. There will be a full educational program, including topics of interest to spouses and significant others, and three evenings of social events. Each of the three companies, Coloplast, ConvaTech and Hollister, is sponsoring one evening event. This year there will be only one fee, which will include three evening events, a lunch and a continental breakfast, as well as all sessions. The UOAC encourages all chapters to send voting delegates, as this year there will be a new slate of executive officers to elect as well as five directors.



Gander airport

NEXT MEETING:

SUNDAY, SEPT 19
Jewish Cultural Centre
950 West 41st Avenue
1:30 pm

Speaker: TBA

Executive meeting:
Saturday, September 11,
1:30 at Joan Williams'



Cost for the Conference is \$120, and \$100 for an accompanying person, not including hotel.

If you do not have access to a computer and on-line registration forms/information, please call **Telephone: 1-416-595-5452**

Toll Free: 1-888-969-9698



President's Message

Well here we are again, the time here in Canada certainly goes fast.

Just a couple of items to be mentioned in this issue.

Jenny Robulack one of our members has agreed to be our delegate at the Annual Conference in Newfoundland in August 2004.

Some of you will have already met Jenny at our Christmas Party. Jenny also is a member of the Coquitlam Chapter and holds the post of Young Ostomates co-ordinator. Just a mention, that if any of our members would like to attend the Annual Conference [please let me know and I will supply you with all the details.

I have not heard if we will be successful with our application for a grant from the Vancouver Sun newspaper yet. The committee have agreed to fund the 4 children who wish to go to the Summer Camp even if we are not successful with our claim. I think you will agree that we must help these children achieve a full and happy life.

WE ARE STILL LOOKING FOR VOLUNTEERS TO JOIN OUR COMMITTEE. REMEMBER YOU DO NOT HAVE TO BE A OSTOMIST TO BECOME A COMMITTEE MEMBER.

I wish you all a very happy summer.

Ron

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.

The Vancouver UOA Chapter would like to extend a warm welcome to the following new (or re-joining!) members:

**Martin Donner
Anne Schmidt
Rinald Went**



EDUCATION AND LIBRARY AVAILABLE

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

From the Editor

We welcome our **new Membership Coordinator, Arlene McInnis**, who will take on the job from Mien van Heek. Mien -- thank you so much for your work over the years. If you have received your renewal notice for June 15 please don't forget to send in your cheque or we will regretfully have to drop you from our mailing list. **NOTE NEW MEMBERSHIP ADDRESS!**



Not only does the summer season bring the usual questions about how to swim or travel with an ostomy but many of you may be thinking of losing some weight in order to look good in those bathing suits. Are the new low-carb diets a passing fad, do they work, are they safe for those with an ostomy? Read Terry Gallagher's article, page 4.

"Ladies Only" on page 8 address some of the concerns new female ostomates, married or single have regarding sex and intimacy. This basically means everybody is turning to page 8 right now but do check out the golf marathon, our young ostomates' page and a detailed article for new patients on pouching systems as well.

Our new website is 'LIVE'! Vancouver Community Network is our host and I'd like to thank them for helping smooth the transition from the old website to the new. The address remains the same as before:

www.vcn.bc.ca/ostomyvr/

Stay well and enjoy your summer!

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:



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

IN THE NEWS

No butts about it, screening saves lives

3/15/2004 By ANTONELLA, ARTUSO, Queen's Park Bureau TORONTO — The Ontario Liberal government is taking the first step toward a provincial screening policy for a preventable form of cancer that kills thousands. Health Minister George Smitherman said he's investing \$1.18 million in a pilot project to increase awareness of colorectal cancer. Smitherman said testing is covered by OHIP but screening rates are too low. "We're keen to see higher rates of participation," he said. The minister said the one-year pilot project will be followed by a provincial screening policy for people over 50.

2ND-LEADING CAUSE Barry Stein, president of the Colorectal Cancer Association of Canada, said no province has a screening policy even though colorectal cancer is the second-leading cause of cancer death. Calls for a national screening policy have gone unheeded, so it's especially important the province acts, he said. "We should have a policy in place saying that people should be screened at 50," Stein said. "It's something that will easily save thousands of lives." Last year, about 18,000 Canadians were diagnosed with colorectal cancer and 8,300 people died from the disease. Cancer of the colon or rectum can be detected in about 30% of patients through a relatively cheap and simple blood test, Stein said.

Pig Worm Concoction to Treat Bowel Disease

Tue Apr 6, 2004 05:54 PM ET LONDON (Reuters) - It may sound revolting but scientists say drinking a concoction containing thousands of pig worm eggs could protect people against bowel disease.

Early trials of the beverage called

TSO, which was developed by the German company BioCure, were so successful in patients suffering from inflammatory bowel disease (IBD) that the firm hopes to begin selling the product in Europe in May.

"A lot of researchers couldn't believe this treatment was effective, but people are always skeptical when confronted with new ideas," Joel Weinstock, of the



University of Iowa in the United States, told *New Scientist* magazine Tuesday.

He came up with the idea after noticing that a rise in cases of IBD coincided with a drop in infections caused by roundworms and human whipworms. Weinstock also noted that IBD is rare in developing countries where parasitic infections are more common.

When he tested it twice a month on 100 patients in the United States with IBD, which includes ulcerative colitis and Crohn's disease, symptoms such as abdominal pain, bleeding and diarrhoea, disappeared.

Fifty percent of patients with ulcerative colitis and 70 percent of Crohn's disease sufferers went into remission.

"With these new impressive results, we can come out of the closet," said Weinstock, who plans to present the findings at a medical conference next month.

The scientists decided to use pig whipworms because they do not survive long in the body. About half a billion people are infected with human whipworm, according to the magazine.

"Weinstock's theory is that our immune systems have evolved to cope with the presence of such parasites and can become

overactive without them," *New Scientist* explained.

BioCure's sister company, Biomonde, sells leeches and maggots for treating wounds.

LOVE COFFEE? YOU'LL LOVE THIS GOOD NEWS!

Journal of the American Medical Assoc. via S. Brevard Ostomy Newsletter

A new study from Finland concludes that people who drink coffee and other caffeinated beverages reduce their risk of developing type 2 diabetes.

The research team, led by Dr. Jaako Tomilento, from the national Public health Institute in Helsinki, analyzed the data from surveys conducted in 1982, 1987, and 1992 to assess the link between coffee intake and diabetes in 6,974 men and 7,655 women. None of the participants had diabetes, heart disease, or stroke when the various studies began. The average follow-up period was 12 years. During this time 361 of the 14,629 volunteers developed type 2 diabetes.

Compared with those who drank no coffee or up to two cups a day, men and women who drank up to 10 cups daily were 55% and 79% less likely, respectively, to develop diabetes. Coffee's protective effect against diabetes persisted even after other factors were taken into account, including body weight, smoking status, alcohol use, and consumption of filtered or non-filtered coffee.

How does coffee reduce the risk of diabetes? The researchers don't know. It may be the caffeine, it may be other ingredients instead.



DIETS AND OSTOMIES -- WHAT'S SAFE?

BY TERRY GALLAGHER



Dieting holds special risks for some ostomates. Before I go into this further, let me stress that I am talking here to those with urostomies and ileostomies as well as, to a lesser extent, those with transverse and ascending colostomies. If you have a sigmoid colostomy or a descending colostomy, then you can basically do what you like with regard to diets, within reason and common sense, as your digestive systems behave as 'normal'.



they wish. The guide for the urostomist, remember, is at least 3 litres a day or just over 5 pints if you prefer. However, any

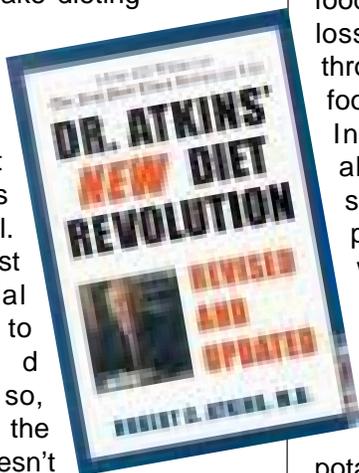
urostomist who has short bowel syndrome because of the surgery to make the ileal conduit needs to take the same precautions as an ileostomist as set out below.

together provide the key to the problems which some diets may cause.

The Atkins Diet is very high in fat. Those ileostomists like me who occasionally (who am I kidding? Too often is probably more accurate in my case!) eat a high fat meal know that we will have very runny output which floats because of the high fat content. It's called steatorrhoea. The stool also tends to be frothy from trapped gases. The food passes through the digestive system much faster than normal as it is lacking in fibre which gives the intestine something to 'push' against during peristalsis – the wave like movements of the walls of the intestine which move the food through the digestive system – as well as being well 'lubricated' by the high fat content!. The problem with this is that the rapid passage of this fatty food means that not only are essential nutrients in terms of proteins not absorbed, but the vitamins and minerals are not absorbed either, leading to malnourishment. One vitamin which is fat soluble and can

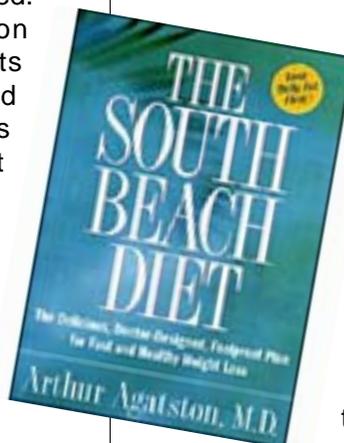
Before starting any diet, it is well worth seeing one's own doctor to discuss the suitability of the preferred diet with him or her because of the problems which dieting can cause as well as any underlying other medical conditions which may make dieting

or a particular diet hazardous. Let's look at the problems in more detail. The urostomist has special requirements to avoid dehydration, so, provided that the urostomist doesn't cut back on fluid



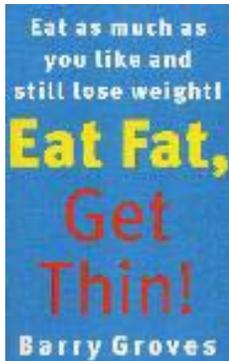
The ileostomist has lost the ileo-caecal valve at the end of the ileum where it joins the caecum and the colon. This valve slowed down the transfer of food from the terminal ileum (the last part of the small intestine) into the caecum to allow for greater absorption of food through the ileum. With the loss of the valve, food passes through the system faster so the food is less well absorbed. In addition, the colon absorbed mineral salts such as sodium and potassium as well as water from stool. Whilst the ileum takes over some of this role, ileostomists still lose ten times as much sodium and potassium as a person with all or most of a colon. These factors

intake, then they too can generally diet as



cause problems is vitamin K. Vitamin K is necessary for the production of blood clotting factors and proteins necessary for the normal calcification of

bone. Because vitamin K is fat soluble, the fat malabsorption caused by its rapid passage through the ileum may result in the person becoming deficient or short



on vitamin K. The very fatty liquid stool just rushes through the ileum so that little is absorbed of essential nutrients. This also overloads the pancreas and can cause

problems there.

The Atkins Diet, being high fat, can produce chronic steatorrhoea in the ileostomist so that the person rapidly becomes vitamin deficient

as well as lacking protein. Dehydration is also a problem as water forms an emulsion with the fatty stool and is less well absorbed. If this diet is continued, the person may suffer protein deficiencies as well as osteoporosis through the vitamin K problem already mentioned above.

The recommendation from the medical profession for ileostomists and those with short bowel syndrome from surgery as part of their ostomy surgery (perhaps through adhesion removal) is to diet by reducing food intake of both fats and carbohydrates, especially simple carbohydrates such as sugar, whilst taking care to maintain hydration by drinking plenty. For example, baked potatoes are

complex carbohydrates, with virtually no fat. Add low fat cottage cheese and a helping of mixed salad (for me, lettuce, tomatoes, cress, beetroot, sliced peppers etc. – you get the idea!) and you get a meal which is both low fat and low carbohydrate and also full of fibre along the South Beach Diet lines. The Atkins Diet isn't suitable for ileostomists as there are too many risks of malnutrition causing unhealthy weight loss produced by loss of needed body tissue and lack of vitamins and minerals, as well as the risk of dehydration. A low fat, low simple carbohydrate with reduction in complex carbohydrates together with plenty of fluids is the safe way to lose weight!

CANADIAN SOCIETY OF INTESTINAL RESEARCH GOLF MARATHON

A golf marathon to raise funds for the CSIR will be held MONDAY, SEPTEMBER 13, 2004. Similar to a walkathon, our golf marathon is a fun way of gathering pledges from family, friends, and businesses for a worthy cause - the Canadian Society of Intestinal Research! Each player's goal is to raise funds by golfing as many holes as possible between sun-up and sun-down. The event is limited to 40 golfers, who have exclusive use of the course for the day (this year it's at Northview's Canal course!). You needn't be a champion golfer! Just committed to golfing as many holes as you can on a lovely course. Donations raised will support the Society's gastrointestinal disease and disorder education and research mandate. All donations are eligible for a tax receipt.

Northview Golf & Country Club

Canal Course
6857 - 168th Street
Surrey, BC

To find out more about Northview and its courses visit them at www.northviewgolf.com.

You must register in advance to participate in this golf marathon!

By Phone: 604 875-4875

What do players get?

- Day-long access to Northview's Canal Course
- Individual power golf carts
- Breakfast, lunch, snacks, & BBQ steak dinner
- 'Start of the Day' packages
- Lots of used golf balls to lose and some new ones to keep
- Prizes for everyone, with a priority for those who raise the most money and those who play the most holes
- A tax receipt - if they make a donation by pledging themselves or any other golfer at the event.



11th IOA World Congress, Portugal - August 28 - 31, 2004

20/40 Focus - "CREATING BETTER LIFE"

This will be the third meeting for young adults around the world. The International Ostomy Association recognizes the specific needs of young ostomates, and this meeting goes part of the way towards meeting those needs. We have tailored our program to meet the needs of the age of our delegates. It will NOT be just lectures! Workshops will include Body Image / Relationship Issues, Stoma and Psychosocial Adjustment, Research Development in IBD, sharing of Experiences Among Ostomates and a Visitation Workshop.

Come and join us in Porto, PORTUGAL August 2004

QUALITY HOTEL PORTUS CALE PORTO

(just 300 metres from PORTO PALACIO where the Focus will take place)

Avenida Da Boavista, 1060

4100-113 Porto, Portugal.



Please check out the **special flyer** about the **11th IOA Congress**: <http://www.ostomyinternational.org/Congressflyer.pdf> (see page 14 this issue)

Y.A.H.O.O. April Event

On Saturday April 24th, members of the Young At Heart Ostomates Organization got together for a great bike ride around sunny Stanley Park. Highlights on our leisurely tour included stopping to watch a very talented artist at the beach balancing stones on top of one another; eating lunch in the sun and sharing gripes about doctors, hilarious hospital-stay stories, and the dilemmas of whether or not to reverse for those with reversible ostomies; and seeing huge swans and cute turtles up-close at the Lost Lagoon. The exercise and fresh air felt fantastic and it was a great chance to get to know each other a little better. Events like this will be planned throughout the year, so for more information about the YAHOO group, please email yahoobc@hotmail.com



Biker gang

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Vancouver, BC V6G 6G2**

TIPS FOR SWIMMING WITH AN OSTOMY



Allow considerable time after changing a flange before swimming (overnight is best, but at least several hours). Flanges with waterproof tape built into the flange (flexible ostomy system) work best. If not using a flexible flange, “picture frame” the flange with waterproof tape, ie: put tape around all four sides of the flange, as if you were putting it into a picture frame. Some say the pink tape is most effective. Micropore and similar paper-like tapes can be made more waterproof by covering them with Skin Prep after they are in place. Cloth belts stretch in water, so wear a rubber belt if you wear one at all.

Swimsuits, with ‘busy’ patterns camouflage the appliance; solid colours reveal the appliance. Skirts, bows, sashes, ties, drapes on a swimsuit can camouflage the appliance. Boxer-style trunks or board shorts work well for men. A tight garment under your swimsuit can help hold the appliance in place. Try a lightweight, two-way stretch panty girdle, the top part of old panty hose, biking shorts or sew a pocket in the lining of your swimsuit to support the pouch. These are “unisex” ideas! Men can also try a pair of jockey short for similar support. Mini, non-drainable pouches may be more comfortable and have a lower profile under swimsuits than your usual pouching system. They may be used over and over if you rinse them out and air-dry them after every use.

Avoid pouches with built-in filters for swimming. Water can get in, and water mixed with stool can soil your clothing. Plan ahead for swimming. Try to calculate your transit time (how long it takes food to get from mouth to pouch) and eat your meals at a time that will allow you to have the least amount of output when you plan to swim. For most people, the first few hours after getting up in the morning will be the time of least output.

Source: Metro Maryland, Evansville Re-Route, Halton-Peel Newsletter (Ont.), South Brevard Ostomy Newsletter (Florida)

Ostomy Traveling Tips by Coloplast

Your travel kit - before you pack

- Make a note of the size, name, order number and manufacturer of your supplier and the supplier’s phone number
- Colostomates: you may like to order some drainable bags which can make coping with diarrhea a little easier
- Two piece users - check that the bag and flange are the same size and fit together properly
- Ask the airline about an extra hand luggage allowance for medical supplies
- When you book your flight ask for an aisle seat near the loo
- To counter dehydration (and jet lag) drink a glass of water or fruit juice every hour
- Take your supplies in your hand luggage - that way, if you’re in Nice and your luggage is in Abu Dhabi, you’re still okay

Packing

- Your ostomy care supplies - take more than you think you’ll need
- Pack twice as much as you would normally use
- For easier packing you can take your supplies out of the box - as long as they are not convexity products
- Disposal bags for used appliances
- Wipes, tissues, scissors, sticky tape
- Unscented deodorant
- A diarrhea remedy like Immodium, Lomotil, Codeine or Kaolin are all available without prescription
- Any other medicines you need properly labeled with the unbranded name
- Travel-wash for clothes
- Bottled water for irrigation



LADIES ONLY

(Or, how to guarantee full readership by the men)

Can you have sex after ostomy surgery? Yes, of course. Creation of a stoma does not alter womens' ability to respond sexually, nor does it necessarily rule out the ability to bear children. But how, you may ask, how on earth am I ever going to be intimate again? *(To save on typing, henceforth when the term 'husband' is used, this will include the terminology spectrum of boyfriend/partner/significant other etc.)*

Obviously, you're not going to feel like doing the wild thing for some time after surgery and length of time here varies from individual to individual. You're not fully healed physically for at least 6 weeks, and the psychological aspects of healing can last considerably longer. However long it takes for you to want to be intimate, it's important that you talk it over with your husband well in advance so you're both sure the timing is right. He might be ready before you are, or you might be ready before he is! Bear in mind that your husband may be as nervous and self-conscious as you are.

Prior to intimacy, as you begin to become accustomed to what your body looks like, you should let your husband see you. This doesn't have to be A Great Big Event, ("Attention K-Mart shoppers!! It's time to crowd around and look at a STOMA!!") just an introduction that is compatible with your comfort level. You might be more relaxed if he sees you in the course of dressing, with the bag on, or in the bath or wherever you might naturally be where he would naturally be seeing you. How much of your ostomy management routine you care to share with your husband is up to you but answering questions, showing him what appliances look like, and explaining a few things here and there can de-mystify the process. Stomas and appliances look weird and scary when you're not used to seeing them. Don't let his first look at everything be just before sex.

Women who are single and wishing to date face extra challenges. How and when do you tell a new partner with whom you wish to become intimate? Springing an ostomy on a new sex partner without telling them in advance could be a most embarrassing situation for both of you. Take time to get to know a new partner, and pick your time -- well in advance of intimacy -- to let them know you have had surgery that has left you with altered plumbing. Answer any questions honestly and hope for the best. What if he rejects you because of this? It can happen. Bear in mind that men



and women reject each other sexually for many reasons, not just the presence of an ostomy, and although such reactions will be hurtful, it's an indication that this person would not have been right for you anyway.

You're better off without them. Taking the chance can be intimidating but don't let fear of rejection stop you from living a full life if intimacy is important to you.

Once you've decided that it's time, there are practical matters to take into consideration. Dealing with a bag does take some of the spontaneity out of intimacy and there's no way out of that. It goes without saying that you should empty the bag before sexual activity; if you have a very busy ostomy or if things are lasting a long time (!!) you may need to pause and empty again. You may feel more confident if you change the entire kit, -- bag and flange -- before intimacy. If a glass of wine or two helps you get in the mood, by all means go ahead but don't get so loaded out of nervousness that you can't manage your appliance. Not good.

Bags can be terribly distracting during sex. They can flop. The clip can dig into both you and him. They make noise. That one area on your abdomen can become a virtual 'No Fly Zone' with hands detouring shyly around the perimeter of the appliance. Let your husband know it's OK to touch the bag. Almost all the manufacturers make mini-bags or caps that are suitable for short-term use when needed. These are far smaller than regular appliances, don't hang down and have no clip. Check them out and ask the companies



or your ET nurse for some samples. Taping the edges and tail of the bag to your body can help take your mind off worrying if it's going to come off or get in the way. Ostomy tape is good, but pretty much any old tape that removes without pulling excessively on the skin or tearing the appliance when removed will do -- frame the bag edges, fold the bottom up on itself

and stick things down securely. If you like fancy lingerie, some manufacturers make custom underwear that hide the bag but you needn't go that far afield. A trip to the nearest 'adults only' store will turn up lingerie that facilitates sex without taking off your knickers.

Noise can be a big mood-killer. Even the best appliances still have plastic in them that can rustle in a distracting way. Try having some music on in the background to mask this until you're accustomed to the sound. If the stoma itself makes a noise, well, there's not much you can do about that except let your husband know in advance that your stoma may have something to say during the proceedings. And there is of course, the Ultimate Thing to Avoid which is a bag coming off or leaking during intimacy. Accidents of this nature are not common but they can happen if things get carried away or if you haven't prepared adequately. It's best to have a plan of action beforehand -- a spare pouch nearby, perhaps some tissue or a towel close to hand just in case. If the worst does happen all you can do is tidy up, jump in the shower -- perhaps together? -- and start over. It helps to have a sense of humor.

It's very common for women to experience discomfort or outright pain during intercourse due to drying of vaginal tissues from medications, drugs, or chemo they may have had to take. As well, stenosis (narrowing) of the vaginal canal is common after this sort of surgery for a variety of reasons. Generous use of lubricant is key, as is a gentle partner. Tell your husband if something is hurting you or if a different position would be better. Don't expect him to figure it all out by himself. If you find that intercourse is continuing to be too uncomfortable to enjoy, it's time to see your doctor. Just as men who are experiencing chronic erectile dysfunction after ostomy surgery

should seek the advice of a doctor, so should you if you're not happy with the situation.

OK, some of you out there may be, shall we say, the 'adventurous' type. Yes, some people do have sex 'au naturel', that is without any covering on the stoma. This would apply [one would HOPE], to colostomies that are inactive for dependably long periods of time. There's nothing kinky about sex with an uncovered stoma but you must make your husband aware that the stoma can and will bleed if contacted too vigorously. In addition, the parastomal skin, that which connects the stoma to your abdomen, is very sensitive and easily damaged with a careless caress. (Gives another meaning to the term 'unprotected sex' doesn't it?) It's safer for the stoma to be protected with an appliance or bandage during sex.

If your tastes ran to sexual novelty before, there's little to prevent you from enjoying those activities again, HOWEVER -- outfits, costumes, lace, leather or what have you must NOT cut into the stoma. And do not put ANYTHING IN your stoma. Sexual misadventures of this sort are more common than one would think. You've been through enough already to risk landing in surgery again.

Patience, caring and a willingness to weather a bit of embarrassment now and then will get you past the early stages. Keep the pressure off and cut yourselves some slack -- you don't need to jump in and do everything you did before all at once. Resuming intimate relations can be an anxious time at first but with the support of a loving partner you can have that closeness again.





An Ostomate's Choices

by Wendy Lueder, Broward Ostomy Association

Editor's Note: Phone numbers and some products listed in this article may not apply to Canadian residents. Check with your ET nurse for information on specific product lines.

There are so many choices an ostomate needs to make about which products to use after having surgery. At first we need to depend on our ostomy doctors and nurses to help us choose which surgical appliances and accessories to use. However, after a while we may wish to try out other products to see if they are more comfortable or merely suit our personal preferences better. Here are some of the variables in our decision making process.

Pouching System: There are two basic types of pouching systems, one-piece and two-piece. A one-piece system has the skin barrier wafer (adhesive disc) built into the pouch itself. This system's advantages are that it is quick to change, needs less manual dexterity to apply and has a much lower profile under your clothes.

The two-piece system has a separate skin barrier wafer and a snap-on pouch. One advantage of this system is that since you have an unobstructed view of your stoma until you snap on a pouch onto the skin barrier wafer, you can wear an opaque pouch and still be able to very accurately place the skin barrier centered over your stoma. You can also change a pouch without having to remove the wafer. Personal preference is ultimately the only ra-

tionale for using either of the one or two-piece systems.

Pouching Techniques: There are two different ways while using a two-piece system in which a pouch can be attached to a skin barrier wafer. One is commonly referred to by ostomates as the 'tupperware' method. The pouch snaps onto a flange built into the skin barrier wafer. Using this method can be painful post-operatively putting pressure on the tummy. Thus Coloplast has the Assura Post Op Appliance and Hollister has the CenterPoint Lock wafer, both of which put no pressure on the abdomen when attaching to the pouch. ConvaTech makes a similar product that requires less pressure when applying called AutoLock.

Skin Barrier Wafers: Originally ostomates had to use a thick liquid cement applied with a paint brush that dried on the skin to hold their appliances in place. These were messy and hard on the skin. Those days are happily long gone. Today, ostomates use three different types of adhesives to keep their pouches comfortably attached to their bodies: gentle, standard and extra strength adhesive wafers, (skin barrier wafers). When an ostomate has fragile, postoperative or irritated skin a gentle wafer should be used: such as ConvaTech's Gentle Touch or Hollister's SoftFlex skin barriers. If your skin is normal the standard wafers work well such as Stomahesive by ConvaTech, FlexWear by Hollister or Assura Regular Wear by Coloplast. These 'standard' products usually last three to five days between changes. Extra strength adhesive skin barrier wafers (usually called extended wear) are now available that usually hold for six or more days. Some lucky ostomates even report not having to change their appliances for ten days to two weeks. DuraHesive, FlexTend and Assura Extra Extended-Wear fit into this category. These products stay flexible and never dry out around the edges cutting into your skin as standard wafers may.

Before moving on to our next topic, there is one product on the market that deserves mention that uses a non-adhesive method of attaching to the body. Cook VPT Non-adhesive system uses a silicone O-ring that fits snugly around the stoma directing output into a pouch held in place by an

cont. next page

adjustable elastic belt. Several BOA members use this product with great success.

Wafer Contour: The shape of wafers differs in three aspects. There are wafers with convexity (they curve out toward the skin near the stoma), flat standard and low-profile. A wafer with convexity pushes the skin toward the body for those with flush or too short stomas thus allowing the output to flow into the pouch rather than undermining the skin barrier and going onto your skin. Standard flat wafers lay flat on your body and work well with stomas that protrude at least 1/2 inch. Low profile wafers are less visible under clothing and are used only with one-piece pouching systems. Examples include Coloplast Assura, Hollister's New Image, ConvaTech's ActiveLife and Cymed's Micro Skin.

Wafers also come with a custom cut or precut stoma opening. If your stoma's shape is irregular or oval, it is better to use a product with a starter hole from which you can cut a stoma opening that exactly matches the size and shape of your stoma. If you happen to have a round stoma that is the size available from a manufacturer, a precut opening will work well.

If dexterity or visual problems impair your ability to cut a custom opening in your skin barrier wafer, buy a precut size just larger than your stoma and then fill in the irregular areas where your skin is exposed with either a paste (toothpaste-like consistency) such as StomaHesive Paste or Hollister's Premium Paste or for longer wear than paste use ConvaTech's Eakin Cohesive Seals which have a 'silly putty' consistency. To protect the exposed skin between your stoma and the opening in your skin barrier wafer, apply the paste or Eakin seal to your clean, dry skin just touching the outer edge of your stoma and extending outward on your skin for approximately one half inch.

Wafer Flexibility: Wafers can be firm and less flexible or soft and flexible. If your abdomen is soft the firm wafer will help keep the appliance in place. If your abdomen is creased or contoured, a soft, flexible wafer would do better. Examples of soft, flexible wafers are ConTech Flexible, Hollister Contour I and Cymed-Micro Skin.

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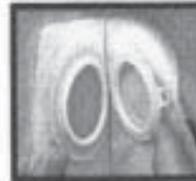
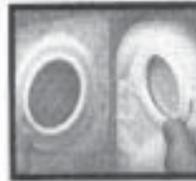
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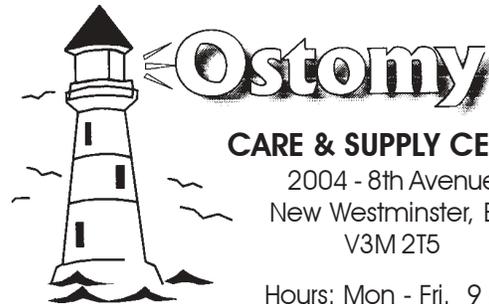


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Andy (Andrea) Manson, R.N., B.S.N., E.T.
Joy Watkins, R. N., E. T.

Pouch Volume: Just as with GoldiLocks, there are pouches for small, medium and high volume output. Small or mini pouches can be used by children or petite people or during sports or intimate moments. High capacity pouches are also available. Smith & Nephew-Bongeort manufactures a Max-E pouch.

At the other end of the scale, stoma caps are available which merely cover a stoma with very little storage capacity for output. These are used only by colostomates who irrigate when no effluent is expected.

Pouch Material: When my grandfather had his colostomy in the 1930's he made his own pouches out of inner tubes in the basement of his house. I actually thought all Grandpas wore a small inner tube on their tummies. What a difference today! Pouches are now transparent, opaque or highly decorative using cloth pouch covers. A transparent pouch gives easy visibility of effluent and the stoma and is usually used just after surgery. After your surgery has stabilized please move on to opaque or decorative pouches. No need to see what's going on and decorations can be fun. To decorate (both male and female) try 'Yentl's Secret' that carries wonderful cloth appliance covers as well as Kanga-Roos Ostomy Wear. They come in both macho and very feminine styles.

Odor Filters: Many ostomy supply manufacturers have charcoal odor filters built into special pouches to control the odor of escaping gas. The one caution when using this type of product is that water destroys the filter. Most manufacturers supply small plastic patches to cover the filters when bathing or taking showers. Don't forget to use them if you use this product. "Osto EZ Vent" manufactures a charcoal filter that can be applied to any pouch you already use. You can reach them at (888) 562-8802. Remember, never put a pin hole in your appliance to release gas. you'll only end up with a mess. Go to a bathroom and allow the gas to escape there.

Belts: Some ostomates feel more secure wearing a belt attached to their pouches. Unless you are using the VPI non-adhesive ostomy system, a belt is probably not necessary. They are uncomfortable and stretch out when wet. Try instead a technique

called "picture framing". Put tape all around your skin barrier wafer, half on the wafer and half on your skin. Four or five small strips of tape should be all that's necessary. Use "paper" tape as it is easy on the skin and actually adheres better after getting wet. Waterproof tapes are far too hard on the skin and do not hold any better. Empty your appliance when it is one third to one half full and you'll lessen the weight pressure on your appliance. Also, try tucking the bottom of your pouch under the elastic of your briefs at the leg to help hold your appliance up. It works and it is very comfortable.

In many ostomy supply catalogues you will see products made with Karaya. These were very useful thirty years ago. Although less expensive, your editor does not recommend their use as they dissolve quickly when compared to today's product lines.

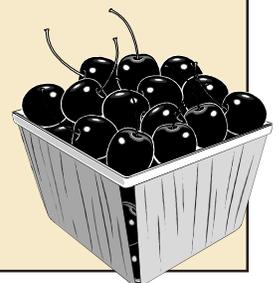
Wow! These are a whole lot of choices. Try just one area of change at a time so that you're not overwhelmed. Give a new product at least two tries before deciding if might not work for you. The first try may not succeed not because of the product itself, but because of the way you applied it. Talking to others at our meetings can also be a big help. First hand product reviews are priceless. Sincere thanks to our volunteer CWOCN speakers and our so very helpful company reps for helping to teach me what I know on this particular topic.

Fondly, Wendy

Source: Okanagan Ostomy News, April 2004

Seasonal Fruit!

Taking a trip through the Okanagan this summer? You'll want to stop at one of the many fruit stands along the road. Just remember that the consequences of eating unwashed produce, or devouring the entire basket of cherries in one go can be more serious for you than for someone with an intact digestive tract!





DUMBEST QUESTIONS ASKED BY BANFF PARK TOURISTS

(yes, they're all true as heard at the information kiosks manned by Parks Canada Staff!)

1. How do elk know they're supposed to cross at the "Elk Crossing" signs?
2. At what elevation does an elk become a moose?
3. Are the bears with collars tame?
4. Is it OK to keep an open bag of bacon on the picnic table or should I store it in the tent?
5. I saw an animal on the way to Banff today -- can you tell me what it was?
6. Is this the part of Canada that speaks French or is that Saskatchewan?
7. Do they search you at the BC border?
8. When we enter BC do we have to convert our money to British pounds?
9. So it's 8 kilometers away . . . is that in miles?
10. What's the best way to see Canada in a day?
11. Is that two kilometres by foot or by car?
12. Where do you put the animals at night?

- submitted by Gerhard and Erika Sonnenberg

VISITOR REPORT

Requests for patient visits for this reporting period came from Lion's Gate, Vancouver General, and from within the chapter.

Colostomy-	3
Ileostomy -	3
Urostomy -	2
Pre-op -	1

Total 9

Many thanks to my excellent crew this round: Maxine Barclay, Linda Jensen, Gerhard Sonnenberg, Charman King, Earl Lesk, Lottie Calli and Merv Wright.

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Product information - meeting June 13



New Hollister rep Anne Schmidt and District rep Marlene Bimmler presented some of the recent Hollister line of products at the June 13 meeting. Welcome to Anne and thank you ladies!

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Internet Addresses of Interest to Ostomates

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

UPDATED

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

UOA of Canada Inc.: www.ostomycanada.ca

<http://www.geocities.com/mr-ostomy/Foodblockage1.htm>

(food blockages & hernias)

International Ostomy Association: www.ostomyinternational.org

Coquitlam Chapter: www.geocities.com/coqcon

NEW

<http://www.ostomyinternational.org/Congressflyer.pdf>
(information on 20/40 World Congress, Porto, Portugal)

<http://www.j-pouch.org/> - J-pouch site

Friends of Ostomates Worldwide: www.fowcanada.org/

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

Shaz's Ostomy Pages: <http://www.ostomates.org/cgi-bin/yabb/YaBB.pl>
(previously listed, very active message board for all ages, types of ostomies)

NEW

<http://www.windsorostomy.info/hints.html>
(general information, Windsor, Ontario)



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Dr. Martin Gleave, Urologist - VGH
Deb Cutting, WOC Nurse
Marianne Carmen, RN. ET (*retiring spring 2004*)

STOMA CLINICS IN VANCOUVER AREA

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Eva Sham, ET.
Candy Gubbles, ET.

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Shannon Handfield,
WOC Nurse Tel (604) 822-7641
Sharon Evashkevich, ET.
Maureen Moster, ET.

St. Paul's Hospital

1081 Burrard Street
Elizabeth Yip,
RN. ET. Tel (604) 682-2344
Ext. 62917 Pager 54049

Children's Hospital

4480 Oak Street
Janice Penner,
RN. ET. Tel (604) 875-2345
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NORTH VANCOUVER

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Type of surgery: Colostomy Urostomy Ileostomy Continent Ostomy

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