



Vancouver Ostomy

HIGH Life

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A non-profit volunteer support group for ostomates. Chapter website: www.vcn.bc.ca/ostomyvr/

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Probiotics -- What Are they? Should You Take Them?

Probiotic literally means “for life.” The best way to think of probiotics is as live, microbial cultures consumed or applied for a health benefit. Most probiotic products contain the bacteria from the genera Lactobacillus or Bifidobacterium, although other genera, including Escherichia, Enterococcus, and Saccharomyces (a yeast) have been marketed as probiotics. Most probiotic products are consumed orally.

But isn't bacteria bad?

No - most bacteria are not harmful, in fact our bodies carry about 100,000,000,000,000 (100 trillion) bacteria, most in our colon. They live and grow there and help prime our immune system so we can better fight infection. There are, however, harmful



bacteria that cause infections, even disease. Some bacteria also can produce byproducts from their growth that are associated with cancer. Consuming probiotics is one approach to reducing the impact of harmful bacteria that live in our gastrointestinal tract or that we are exposed to.

Do “healthy” people need to add probiotics to their diet?

While people do not require probiotics to be healthy, there is mounting evidence that probiotics can help people stay healthy in certain ways, such as improving immune function, maintaining normal GI function and preventing infection. Probiotics also have been shown to be effective in management of certain diseases, such as their being shown to reduce the development of atopic dermatitis in infants or reducing recurrence of pouchitis. Probiotics are not for everyone. If you are immunocompromised or recovering from surgery, be sure to only take probiotics under the advice of a healthcare provider.

What products contain probiotic bacteria?

Probiotic bacteria are most commonly associated with fermented dairy products. If you eat yogurt, you are likely eating probiotics. Some milk contains probiotic bacteria (check the labels). In addition, many dietary supplement products marketed in health food or grocery stores also contain

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**Next Meeting:
SUNDAY, JUNE 25,
2006**

**Collingwood
Neighbourhood House**

5288 Joyce Street

Vancouver 1:30 pm

Guest Speaker: Michael Arab from Keir Surgical will be speaking about new ostomy appliances on the market and answering your questions

Executive meeting

Saturday, June 17

1:30 at Lottie Calli's

**REMAINING
2006 MEETING
SCHEDULE**

Sept 24

XMAS

LUNCHEON - TBA





President's Message

Happy Spring to you all.

I am pleased to say that the youth fund name has been changed in honour of Wendy Irvine. It will now be called THE WENDY IRVINE YOUTH FUND. Please read the letter from Wendy's father Bill included in this issue

of HighLife. And thank you again to everyone who has donated to our chapter in Wendy's memory.

On the 30th March 2006, I and my wife Doreen became Canadian citizens. We feel that we are truly blessed to belong to this great nation. Someone asked if we felt different now that we are Canadian citizens -- yes we do!

Congratulations to members Arlene McInnis and Betty Taylor who completed the Sun Run April 23 AND attended our meeting directly after!

Regards,
Ron

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

The UOA Vancouver would like to thank the following individuals for their kind donation to the chapter:

Donald Harrison
Pat Cummings

IMPORTANT NOTICE

Articles and information printed in this newsletter are not necessarily endorsed by the United Ostomy Association and may not be applicable to everybody. Please consult your own doctor or ET nurse for the medical advice that is best for you.

From the Editor

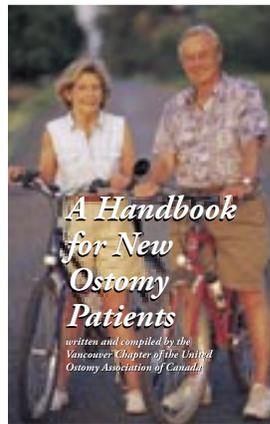


How many ostomy surgeries would you guess are performed in the lower mainland per year? The answer may surprise you:

Over 500.

Every year, in the lower mainland alone, over 500 patients -- men, women, adolescents, and children -- require a colostomy, an ileostomy or a urostomy. Some of these are temporary, many are permanent. Our Visitor Program is the front line to reach these new patients, and although the ET nurses have been diligent in promoting the service not all patients accept volunteer support. There are many reasons why the offer of a visitor is turned down. Patients may feel too unwell at the time, they may be uncomfortable speaking with a stranger or they may simply forget the information given due to the stress of surgery and medications. The Vancouver Visitor Program currently sees approximately 30% of new ostomy patients overall within our jurisdiction -- we'd like this to be higher but it's still a decent percentage. To be honest, we would not have the resources to send a volunteer to each patient if they all asked for one. So how do we reach those we do not see? How can we promote our services and chapter to more of these new patients? Keeping hospitals supplied with enough pamphlets and newsletters is expensive and time-consuming. Pamphlets can get lost in the shuffle of information patients

receive and newsletters do not always address the concerns a new patient may have. With all this in mind, we decided to develop a handbook written expressly for these ostomy patients, from the perspective of those who have been through the surgery and/or live with an ostomy. This handbook is meant to supplement materials currently given out by nurses or suppliers, and will be something the patient can take home for reference during the early



weeks and months of recovery.

Members at the February meeting approved the cost of printing and we are now in the home stretch of finalizing the last draft. When this is completed, production will begin and the handbook will be available, free of charge, to all interested ET nurses, chapter members and new patients who request a copy. "A Handbook for New Ostomy Patients" will be available this June.

And I see I have once again used up all the room on this page -- sorry Ron!!



WENDY IRVINE OSTOMY YOUTH FUND

Dear Vancouver UOA Chapter,

Our family is delighted you are considering a "Wendy Irvine Ostomy Youth Fund". We feel this is what Wendy would have truly wanted.

Wendy Mary Irvine was born May 23, 1970. She developed colonic crohns at age five and had the severest form. By age 11, she needed her colon removed.

Wendy went to her first Ostomy camp at age 12. She traveled to Colorado twice, Washington, D.C., and San Diego. These camps really helped her deal with being a young person with a colostomy, and provided a way to meet other teenagers with similar struggles. The camps gave her a sense of freedom, and resulted in lifetime contacts that she cherished.

She loved these camps so much, and was forever grateful to those that made it happen. Her wish was that donations would enable young Ostomates to have a similar experience.

Wendy believed that attitude was everything, as well as reaching out to others.

May these blessings become the club's mottos and that sponsorship for these camps are a success.

Thank you from Wendy's father and sister.

Dr. W.G. Irvine and Jennifer Irvine

WORLD OSTOMY DAY NEWS

The aim of World Ostomy Day is to improve the rehabilitation of ostomates worldwide by bringing ostomies to the attention of the general public and the global community.

Attention all Chapters

I trust you all have your committee lined

up and getting ideas on how best to celebrate our special day October 7, 2006. I would appreciate if the chapters could send me a contact person whom they have chosen to organize WOD for their chapter. A name and email address would be great so I can send them any updates to put in their newsletters.

Hollister will be making up a poster with a supply going to each chapter for use in celebrating this event. I need pictures of active ostomates for this poster. If any of your members have pictures of someone with an ostomy, golfing, skiing, or in some activity I would appreciate receiving them. First of all, please ask your members if they are willing to submit the pictures to me. I will then view them, select a couple, and write the individual for a release statement. Remember our theme is **LIVING LIFE TO THE FULL**. Let's show the world that indeed our members do live life to the full.

Convatec will once again be coming up with prize money. This money will be going to the chapters that come up with the best ideas for celebrating WOD. Coloplast will also be sending the chapters pins that will show a map of the World and the words World Ostomy Day 7 October 2006 and they are also sponsoring the Coloplast Merit Award. There will be three regional contests -- one for Europe, Asia-South Pacific and The Americas which is the one under which Canada will enter. Each of these countries will be competing for a first prize of \$2500 in US funds and the runner up will receive \$1500 US. It is worth going for.

Hollister Incorporated will be hosting a Photo Contest. At 2006. Maslow, Global Marketing for Hollister Incorporated, who will be looking after this, feels getting the message out to the World is most important.

He stated that Hollister is aware there are thousands of you who live life each day and live it to the full. You do this with your families, or on vacation, during work and with your grandchildren, while volunteering or tending pets. We know you are out there "living" and that's the image we want to capture with this contest. All winning photographers will receive a certificate of recognition. Each Ostomy Association/chapter/group, represented by the photographer will and write the individual for a release receive \$250.00. More details to come.

Sheelah Zapf, Chair WOD

Delila Guy, Co-chair

FRIENDS OF OSTOMATES WORLDWIDE CANADA

President, Bette Yetman

Although the work of FOW Canada is well-known -- collecting unused ostomy appliances from chapters, ETs and manufacturers from across Canada, to be shipped to ostomates living in countries where the latest technology is not available -- did you ever give thought to those people who are on the receiving end of the supplies. Here are a few of the many letters received by Vice President/Treasurer Astrid Graham from grateful recipients. And an added note, please keep those supplies coming so we can see more "happy feelings" around the world.

Mexico - Colima

The governor participated in the handing out of ostomy supplies donated by FOWC. The event took place in the forum of "Pablo Silva Garcia" at the Colima University. FOWC was thanked for making this donation possible "for their invaluable work done to help people with this kind of health problem."

Nicaragua:

I am writing from Granada, Nicaragua to express our heartfelt thank you for the noble work you are doing. You cannot imagine how we have suffered with this painful trial we have been put through with my husband's

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ostomy. What a goodness you provide for the poor, among which we are a part of. We all cried in our family in appreciation and thanks when we received that donation.

Iran:

(excerpt) Mrs. Astrid Graham, we wish you were among us when we received your cargo with unbelievable eyes.

All ostomates were asking "Is this the same lady we were told about? What is her name? Why is she doing it?"

We are very far from her country. The others would answer, "she is god's angel; she is god's hand for us. At that moment Mrs. Mahjoobie, our surgeon started to talk and gave us more information about you.

After that (IOS) began to share the bags among ostomates to who was most poor at first.

Just god know how worth it was for us. We were witness for next days that villagers would get their shares surprisingly and happily and they would leave (IOS) with a smile.

Mrs. Astrid Graham the work you've done caused us a beautiful feeling. We are sure our patients extreme happiness will open blessing and mercy doors to you and who ever works with you in that big society. We ask ourselves will it be possible. The great happy feeling which you gave us lose in universe? We do sure that you and your friends will have gods special attention for ever in this world and the world after. We thank you heartily and we wish you the best in two worlds here and there.

We pray for you as you gave us "happy box" plus great feelings; god presents you beauty calmness and health. Needy your helps. -- R. Sareh (an ostomate of IOS and other patients)

DIABETES NEWS

Time, March 30, 2006



Diabetics who find the daily injections of insulin to be torture can get ready for some relief. In January Pfizer received approval

from the U.S. government and an E.U. regulatory panel to market the first inhaled insulin, Exubera. The powdered insulin, taken just before meals, is released into the mouth and lungs through an inhaler similar to the ones that asthma patients use. In studies of more than 2,500 adults with either Type 1 or Type 2 diabetes, the needle-free insulin was as effective as short-acting insulin shots in controlling blood-sugar levels.

**NATIONAL ANNUAL CONFERENCE
AUGUST 17, 18, 19 2006**

We invite all persons with ostomies, their partners, families and friends, to come to Moncton, NB August 17-19, 2006 for the 9th Annual Conference of the United Ostomy Association of Canada Inc. All chapters are encouraged to send voting delegates. Our hosts are the Moncton and District Ostomy Association. Conference co-chairs Minerva Holton and Alfred Thébeau, on behalf of the host chapter, promise a warm welcome to all. Be sure to attend the welcoming reception the evening of August 16, to meet the members of the Moncton chapter, mingle with old friends and enjoy local entertainment.

The theme for UOAC Conference 2006, "Rising Together From the Ashes of Disease", expresses the belief that all who have ostomies have overcome challenges they have been faced with to have vibrant, active lives filled sometimes with joy and happiness, sometimes sadness and difficulties, but always with a sense that life is worth living to the fullest. Over the three days of conference you will be entertained and educationally stimulated as you attend sessions on medical issues pertinent to ostomates, and business sessions related to your chapter. Your registration fee includes all educational sessions, two evening events, an excursion with a small co-payment of \$20.00 per person, a lunch and a continental breakfast.



One of the fun events at the Conference is the raffle/fund raiser. Individuals and chapters are asked to send items in advance for the raffle. You might want to choose something representing your town or province. Packages should be marked "Raffle" and sent to:

Mrs. Ruth Ogden
104 Bessborough Avenue
Moncton, NB E1E 1P9

You are encouraged to stay on and enjoy Moncton and New Brunswick's scenery and hospitality, an experience of a lifetime. As well, New Brunswick is home to the famous reversing falls, the magnetic hill, many miles of beautiful seacoast, and the delights of fresh seafood. Please join us in Moncton from August 17 to 19, 2006, as we "Rise Together From the Ashes of Disease".



One Piece or Two Piece?

Regardless of which type of appliance you were fitted with initially in the hospital, patients often wonder what sort to buy when it comes time to purchase their own supplies. Should you choose a one or two piece system and what are the differences? It's a highly individual choice and depends on your lifestyle, how much you can afford to spend on appliances, your stoma management needs and your own hand/eye coordination.

Advantages of One-Piece Appliances

- fewer components to purchase, maintain, and match
- easier to apply if the patient has poor eyesight, shaky hands, or is too frustrated to deal with assembling more than one part
- less rigid parts involved (makes participating in sports and exercise more comfortable)
- if gentle adhesive models are used, a one-piece can be changed every day, which means you can shower without wearing the appliance
- one piece systems usually have a lower profile under clothing or swimsuits.



Disadvantages

- if you want to change the size of pouch you wear (ie smaller for intimate moments, or larger for night time or travelling) you must change the entire appliance and keep a larger inventory on hand for such purposes.
- if using closed-end pouches, you must take the whole thing off and discard once it is one-third full.

- if cost is an issue, you cannot clean and re-use the one-piece
- gas filters can fail, making it necessary to either empty the pouch entirely to get rid of ballooning.

Advantages of Two-Piece Appliances

- if the stoma is irregular in shape, or if the peristomal area requires more preparation, doing this with the flange separate can be easier
- easier to centre the stoma in the opening
- if desired, the pouch can be changed more often to a clean one
- if cost is an issue, pouches can be cleaned and re-used
- can be opened at the top to let gas escape
- different size pouches can be used at any time
- less work involved with flange preparation- once a two piece is on, no need to repeat the process for each pouch change



Disadvantages

- most models are bulkier and less flexible than one piece
- costly to remove flanges for showering or bathing
- new patients dislike dealing with this much product on their bodies

Re-Using Pouches

Pouches and flanges are expensive -- those with low income and minimal health coverage may sometimes find it hard to keep adequate supplies on hand, especially if their ostomy must be changed more often due to leaking or irritation. To save on costs, some patients clean and re-use their two-piece pouches. To properly clean your pouch for re-use, first empty and then rinse it into the toilet, using a squirt bottle of soapy water. Any mild dish detergent will do. Hot water is not advised as it will break down the pouch's odour control properties faster than cold or luke warm water. When clean of waste, give it another rinse with a mild vinegar solution to kill bacteria; do a last rinse under the bathtub faucet. Use the bathtub rather than the sink -- the drain is much larger. You can hang the cleaned pouch to dry or lay it flat on a towel. Some people stuff the



cont. next page

appliance with tissue to speed drying. Pouches can be washed and re-used a number of times but sooner or later they will begin to retain odour. They should be thrown out when this occurs.

Irrigation Myths

"Once you start, you cannot stop irrigating because the bowel won't work without this stimulation. You must do this for life."

Nonsense! This misconception may have originated from the use of enemas in those with no ostomy who suffer from chronic constipation. Over-use of enemas has been shown to have a negative effect on normal rectal ability in some people but this is far different from irrigating the large bowel. The bowel is an involuntary muscle which does not function in the same way as the rectum, which is a voluntary muscle. If you have been irrigating and no longer wish to continue with the procedure, simply stop and wear a standard appliance. The colostomy will resume activity. It may seem like it is re-starting slowly but this is not constipation, it's more due to the fact that it has been cleared of waste regularly and needs a day or two to produce volume. It will work. No, you are not 'married' to irrigation for life!

"The longer you irrigate, the more the bowel is stretched so you need larger and larger volumes of water"

This has not been clinically verified. How would such an effect be measured? A bowel stretch-o-meter? People who have irrigated for years sometimes find that they can infuse larger amounts of water than initially recommended in order to get a better flush, but they all eventually settle on the optimal amount of water for their body's best response. This might be misconstrued as needing more and more water all the time -- if that was indeed the case, people who have irrigated for decades would be using gallons of water. Conversely, when you first start irrigating, the bowel sometimes does not readily accept the water -- this is a new procedure for the organ and it takes time for it to relax and accept the volume. So new irrigators may only be able to infuse limited amounts of water until the bowel is conditioned to relax. This doesn't mean it has been 'stretched'.

"If you've had radiation to the lower bowel, you cannot irrigate"

Not necessarily true. The amount of radiation given and the areas targeted varies from patient to patient and yes, in some cases, damage to healthy tissue can occur. Irritation from radiation treatment usually displays as diarrhea for a time, and some tenderness in the area affected, and usually resolves itself as the patient recovers from treatment. Patients who have been through a full regime of chemo and radiation can and do go on to irrigate successfully, and should not be discouraged from trying.

IRRIGATION TIPS & TRICKS

Colostomates who irrigate and take antihistamines during the sneezing season may find that these drugs have a tendency to slow down intestinal action and the irrigation process becomes slower. Some report relief from the drug reaction by increasing fluid intake the day they irrigate.

Taking psyllium husk supplements the night before irrigating can help speed things up and facilitate a good flush.

This product can also provide a gentle laxative effect in those who have sluggish bowels. Psyllium husks are a water-soluble natural plant supplement available in capsule form over the counter. It differs from bran in that most of bran is largely insoluble cellulose. Buy a brand that has no added sugar or additional laxative ingredients. Take a couple the evening before, with a full glass of water.

If you find infusing water slow or difficult, sometimes it's just a matter of hanging the irrigation bag higher. Since the highest point in most bathrooms is limited to where you can install a hook, you may need to get yourself to a lower height. Sit in a lower chair. If you don't have such a chair, try the lower steps of a step stool, or kneel/sit on the floor.



Psyllium seeds come from the plantain plant, a low-growing annual found in most yards and fields in temperate zones throughout the world.

probiotic bacteria.

Consumers are often confused about adding probiotics to their diets because it is difficult to know which probiotic product to choose. There is a lot of misinformation, overstatement of scientific results and just plain misleading positioning of some probiotics products on the market. One of the most misunderstood aspects of probiotics is many people do not understand that adequate levels of the beneficial bacteria need to be consumed for any real benefit to be obtained. Unfortunately, many probiotic foods and or supplements either do not indicate the level of probiotics contained in them or they report levels of probiotics on their label that are not maintained throughout the shelf-life of the product.

CBC Marketplace conducted tests on some common probiotic products available on the Canadian market. Chosen were four popular yogurt brands and two types of capsules. A lab tested each product twice. The first time, products were taken fresh off the shelf to see how much live bacteria was there. The second time, products were taken near the end of the shelf life to see if the counts had fallen.

The results? The products did contain live bacteria just as they claimed. But was it enough bacteria to have a probiotic effect? Scientists say that for real fighting power, products should have somewhere between one million and one billion live bacteria fighters.

The two supplements tested were Swiss and Udo's Choice. The Swiss label said 6 billion live cultures per capsule on the label. But the first test showed a fraction of that — 1.7 billion. Two weeks later, millions more bacteria died, leaving just 460 million still alive. Swiss broke its own promise of



6 billion per capsule.

Udo's Choice promised, and delivered, more than one billion in the first test. But on the follow-up test, just 692 million

bacteria remained alive. So both brands fell below their claims. European studies with other capsule brands indicate the same drop off in effectiveness the longer the product is on the shelf.

In yogurts, scientists say there should be one million to one billion active cultures per gram to be probiotic.

Astro BioBest started with the most - 794 million live bacterial cultures per gram. But near the end of shelf life, almost two-thirds had died. That's still in the ballpark. Organic Meadow and Danone stayed above the million mark on each test, so their claim to have active cultures is correct.

Liberty fared the worst on the test, starting off low at just 118,000 live bacterial cultures per gram — and dropping to just 4,000 after two weeks, far lower than the what is recommended for probiotic benefit.



All the manufacturers were asked for interviews in which Marketplace wanted to talk about the growing business of probiotics; only Danone agreed.

Currently, Danone's yogurt contains just basic bacteria. The company says Canadians just aren't ready to embrace bacteria in their food - even if it is good for them. Danone says it wants to expand the types of active cultures in its Canadian yogurt, but first the company has to convince Ottawa to change its labelling rules so it can market the health value of that bacteria right on the label. It's currently against the law to make a specific health claim about probiotics on the package.

Health Effects of Probiotics

Diarrhea. The ability of probiotics to decrease the incidence or duration of certain diarrheal illnesses is perhaps the most substantiated of the health effects of probiotics.

Antibiotics. One group assessed for the impact of probiotics WAS people on antibiotic therapy. The purpose of antibiotics is to kill harmful bacteria. Unfortunately, they frequently kill normal bacteria as well, often resulting in disruption of the bacterial flora, leading to diarrhea and other intestinal disturbances. Replenishing the flora with normal bacteria during and after antibiotic therapy seems to minimize disruptive effects of antibiotic use. A paper published in 2002 reviewed seven studies (881 total patients) on the impact of probiotics (*Lactobacillus rhamnosus* GG or *Saccharomyces boulardii*) on antibiotic-associated diarrhea (Cremonini, et al. 2002. *Aliment.*

Questionnaire Update

by Arlene McInnis, Membership Coordinator



Many thanks to the 54% of our membership who have already returned their questionnaires! This response is very exciting and we are receiving valuable information and suggestions. Also the expressions of appreciation for all the volunteers that make the Vancouver Chapter succeed are valued greatly. The ideas presented so far for speakers and topics for meetings and the HighLife newsletter are being looked at carefully and will be addressed as they can be organized.

Some of the topics of concern to many of our members that will be focused on in the near future [or in this issue] are:

Traveling	Nutrition
Exercise and fitness	Arthritis
Diabetes	Product reviews
Ostomy care concerns as one grows older	

These are just a few of the issues that members would like to see addressed. We're hoping to see even more questionnaires returned so the Vancouver Chapter can give support where it is needed most. Let your voice be heard!

If anyone would like to write an article on any of the subjects mentioned above or any ostomy issue or personal experience we would love to hear your story. Please contact the editor c/o the information on page 15. Or if you know of someone with helpful information or an inspirational story that could speak at a meeting please contact our secretary, Martin Donner.

Some interesting facts regarding our membership received through the questionnaires so far --

Types of ostomies represented:

Ileostomies 44%	Urostomies 11%
Colostomies 36%	Internal pouches 4%

The majority of our members have had their ostomies for over 5 years with some having their stoma for over 30 or 40 years. So far our oldest stoma is 54!

We look forward to hearing from each and every one of our members, as this is your Chapter, here to help and support you.

April 23 Meeting Report

– Arlene McInnis

Our April meeting was opened by President Ron Dowson who welcomed 20 members and 3 guests and thanked all who came out on such a beautiful day.

Membership Coordinator Arlene McInnis reported on questionnaire returns to date. (See [previous article](#)) We currently have 178 members. Membership renewal letters for 2007 will be mailed out in November.

Guest speaker pharmacist Marvin Nider was introduced and began a very interesting and informative presentation. Marvin is the owner of Marks' Plaza Pharmacy at 5760 Cambie St. and Marks' Pharmacy at 3750 Oak St. in Vancouver. Marvin also hosts radio shows on CFUN (1410 AM) 9-10 am Saturday and on CKNW (980AM) 2-3pm Sunday. Mark discussed a number of products dedicated to the reduction or elimination of pain associated with arthritis and joint pain, muscle, tendon and ligament pain and other inflammatory conditions. Products presented were:

Thermoflow products are various types of elasticized thermal wraps made from a synthetic fabric impregnated with ceramic powder that simulates circulation to promote healing. This amazing fabric can influence circulation 3-inches into the body and may help some digestive problems when the t-shirt is worn.

Pain Worx is a line of products made by Marvin's company. They include **Mega Relief Cream** that is made from various essential oils and other natural ingredients. This cream provides relief from pain when rubbed into an area causing discomfort.

Another interesting product that helps to reduce inflammation is made from an enzyme obtained from the silkworm. This enzyme called serratia peptidase has the ability to digest non-living proteins such as blood clots, cysts, fibrin and arterial plaque to name a few. These capsules are sold as **Serrapeptase** and **Duopeptase**. The Duopeptase product also contains bromelain, which comes from fresh pineapple and is a digestive aid.

Zflamend is a natural product that is 80% as effective as Vioxx or Celebrex without any side effects. **Sierrasil Joint Formula** is a new product that is easily assimilated into the body and helps reduce stiffness, swelling and osteoarthritis. Marvin talked about the importance of taking a good quality daily multi-vitamin. One that he recommends is **Enerex Sona**, which is green food based and contains a number of digestive enzymes. In addition to a vitamin he strongly recommended an Omega 3-6 essential fatty acid (EFA) to be taken daily. **Flora** brand makes an excellent product called **Udo's Choice EFA Plex**. This is a cold-pressed oil that contains a proper balanced of essential fatty acids. For those members who are currently taking Lipitor for high cholesterol Marvin suggested a natural product called **Less Terol** as an alternative. This is a natural product with no side effects. He also mentioned anyone taking the Lipitor should also take Coenzyme Q10 daily. There was a discussion on products to aid digestion and intestinal health. Marvin suggested probiotics that include acidophilus and bifidus. These friendly bacteria can be taken as a supplement or found in good quality yogurts that contain live cultures. Probiotics should be used especially after completing

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The Skinny on Low fat Eating

Naomi Orzech, Registered Dietician, Life Screening Centres
reprinted with permission from the Inside Tract, January/February
2006, Canadian Society for Intestinal Research

Fat is an important nutrient, as is it essential for proper bodily functions. Eating a diet low in fat is important for overall health in terms of weight management, cardiovascular health, cancer prevention, and in managing Gastro-intestinal (GI) conditions.

Since fat is a stimulant, it can increase bowel transit time and may cause symptoms such as diarrhea and cramping. Fat is found in oils, animal products such as poultry, meat, and dairy, and in dessert and snack foods. There are different types of fat; some better for us than others, but no matter what type of fat, too much is not optional.

Unsaturated fats are good for the body. There are two types of unsaturated fats, monounsaturated and polyunsaturated fats. Unsaturated fats, found in plant sources, are generally liquid or soft at room temperature and include oils, nuts, seeds, avocado,

non-hydrogenated margarine, and olives. Omega 3-fatty acids are also a type of unsaturated fat, found in fish, omega 3-fatty acid eggs, flax, canola oil, soybeans and other fortified products.

Saturated fats are not healthy for the body. This type of fat, found in palm and coconut oils and in all fat from animal sources, is solid at room temperature. Examples of foods high in saturated fat are: meat, poultry, cheese, cream sauces, cream, cream dressings, bacon, lard, cream cheese, eggs, sour cream, milk and yogurt that >1% MF (milk fat), milk chocolate, and any packaged item cooked with palm or coconut oil.

Trans fats or hydrogenated fats are the worst fats for the body. trans fats occur when a liquid fat at room temperature is processed to become solid at room temperature. Trans fats are found in baked goods and snack items, shortening, fried foods, potato chips, stick margarine, processed foods, and some chocolate.

For someone with gastrointestinal concerns, the body does not differentiate between good fats and bad fats; any type of fat will be a stimulant and this might lead to a worsening of GI symptoms.

TIPS TO FOLLOW A LOW FAT DIET

THINGS TO DO

- Buy low fat food items
- Choose lean meats and skinless chicken (even prior to cooking). Trim the fat away on meats and chicken.
- Choose milk and yogurt that are 1% MF or fat free
- Use milk in coffee instead of cream or creamers.
- Eat less cheese and low fat cheese! Choose a hard cheese that is less than 15% MF and soft cheeses (cottage cheese) that are 2% MF or less.
- Eat a maximum of 2-4 egg yolks per week.
- Choose low fat/fat free sour cream and cream cheese.
- When choosing a fat or oil, use a vegetable oil such as canola oil or olive oil and a non-hydrogenated margarine instead of butter.
- Use spices instead of sauces when cooking.
- Use low fat/fat free mayonnaise.
- Use a cooking spray instead of oil, butter, or margarine.
- Try using a fat free sour cream or salsa on a baked potato instead of butter/margarine.
- Have fruit for dessert.
- Eat a diet rich in omega 3-fatty acids; eat fish rich in omega 3-fatty acids, choose omega 3-eggs, and add 1 tpsp of ground flax seeds to your food daily.
- Indulge in a high fat item 1-2 times a week, maximum.

THINGS TO AVOID/LIMIT

- Reduce intake of avocado.
- Reduce intake of nuts to 6-10 nuts/day.
- Avoid foods in heavy sauces or gravies.
- Avoid frying food. Bake, grill, or broil instead.
- Limit total portions of animal products (e.g. eggs, cheese, meat, poultry) to < 6 oz. per day.
- reduce salad dressing portions or buy fat free salad dressings.
- Don't add margarine or butter to a sandwich or bread.
- Limit intake of chocolate. Instead, try 1% MF chocolate milk, low fat chocolate pudding, low fat hot chocolate, fat free fudgecicles, chocolate frozen yogurt, or 1-2 squares of dark chocolate.
- Limit intake of potato chips and fried food. Instead, try baked potato chips, rice cakes, or home-made french fries.
- Limit intake of packaged foods made with palm and coconut oils.
- Reduce intake of baked goods, such as cakes, muffins, pies, cookies, tea biscuits, and scones. Make your own low fat alternatives.
- Avoid bacon, butter, cream, cream sauces, cream dressings, cream soups, ice cream, and lard.
- Try not to add butter, margarine, or oil to food. Instead, try butter-flavoured spices, various other spices, or cooking spray.

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Mystery Product

OK class, hands up who knows what this product is used for. Answer page 12.



10 Vancouver Ostomy HighLife - May/June 2006

HOLISTIC NUTRITION

Jenny Robulack, RHN



Another year has gone and we are presented with a new year full of new beginnings. With the new year come new intentions, resolutions, a fresh outlook and a body that feels and shows all the goodies that were eaten during the holidays. The most common new year's resolutions are to exercise and eat healthier. Many of us start off the new year well, a fresh salad for lunch, a stir-fry for dinner, then as the weeks go by you find yourself in February either falling back on old habits or eating the same thing day in and day out.

We all have busy lives and not all of us have the initiative to research food and nutritional guidelines. As ostomates, we also have to take into consideration: our meds, possible food allergies, excessive fiber, and dietary restrictions. It can all be very overwhelming.

I am an ileostomate of 5 years and a lot of you would know me from being the co-ordinator of the Young at Heart Ostomy Organization (Y.A.H.O.O).

I am recent graduate of the Canadian School of Natural Nutrition, and I am practicing as a Registered Holistic Nutritionist. My area of interest is IBD, IBS and Ostomates. As a Holistic Nutritionist, I look at the Mind, Body, and Spirit of a person to help improve their health.

If you are interested in booking an appointment with me, please contact me by email or telephone.

Until then, enjoy your New Year and Fresh Beginnings!

Jenny Robulack, RHN
jrobulack@mac.com
604-734-3272

ARTHRITIS AND THE INTESTINES

Arthritis is the most common non-intestinal condition associated with Crohn's Disease and Ulcerative Colitis. Although most people with these diseases do not develop arthritis, three primary kinds may develop, namely:

- 1) rheumatoid-like arthritis,
- 2) ankylosing spondylitis and
- 3) large joint arthritis.

The first form of arthritis mimics rheumatoid arthritis in many ways. It usually involves the wrists and fingers and may improve or worsen without regard to the course of the bowel disease. Sometimes people with this form of arthritis have an antibody in the blood called **rheumatoid factor** which is found in persons who have rheumatoid arthritis. Not all people with the rheumatoid-like arthritis have this antibody, however. **Ankylosing Spondylitis** is a condition that involves the lower part of the spine and adjacent joints. In addition to pain, it may cause stiffening of the spine, hips, neck, jaw and rib cage. Its course is independent of the course of the underlying bowel disease. As time goes on, the condition may get better or worsen and on occasion, it may develop even after the bowel disease has been removed or has improved. The disease usually commences before age 30. **Large Joint Arthritis** usually affects the knees, ankles, hips and occasionally the elbows and shoulders. The small joint of the hands and feet and the spine are not usually involved. Unlike other kinds of arthritis, this form often worsens as the bowel disease worsens, and improves as the disease improves. It sometimes worsens before the bowel activates. This kind of arthritis does not leave permanent joint deformities. We do not know what causes these three forms of arthritis that develop with either Crohn's Disease or Ulcerative Colitis. Many physicians have attributed the arthritis to some immunologic process which may accompany the intestinal disease, but convincing evidence for this still lacking.

Evansville, Indiana Chapter Newsletter; Northern VA

MEETING REPORT *cont. from page 8*

a round of antibiotics, which kill off the beneficial bacteria in the colon. Probiotics are also helpful to take when traveling to countries where the quality of food is questionable. Marvin's pharmacies also take orders for most brands of ostomy supplies. With a few days notice they offer free delivery to certain areas of Vancouver and each order will receive a \$10 cash card that can be used towards any future purchase at either store. Marvin would be happy to discuss these products, any health concerns and what might be helpful, and your ostomy supply needs. He can be reached at 604-324-3848 or toll free 1-877-747-6664. There is more information on these products on the website www.mpphealth.com.

[Please remember most doctors do not generally endorse these products and individual results may vary. Inform your doctor if you plan to use any natural supplement as some can interfere with prescribed medicines].

Refreshments followed a prize draw.



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Not everyone has a computer and email, and some folks are unable to travel to meetings. Would you like to meet and correspond with other ostomates the old-fashioned way? It seems like the art of letter writing is disappearing but it's still a wonderful way to meet those who have similar interests and shared experiences. Ostomates who wish to correspond with others via regular mail may do so by contacting us. We will publish your name and any contact particulars you wish to share.

PEN PAL CONTACT:

Mr. Sean Mair, Ileostomate for 27 years, age 48. Interests include cars, reading and letters to the editor. Sean is also diabetic and would like to hear from others of any age regardless of ostomy type. All letters will be answered.

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**Were you going to say 'paste'?
Close -- it's toothpaste.
And here's the mouthwash
that goes with it. Sorry,
class -- only available in
Czechoslovakia.**



SUMMER POTLUCK

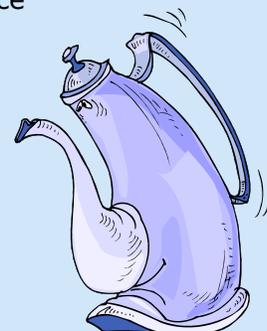
Chapter member Elaine Dawn will be hosting a luncheon in her home for any members or interested guests who would like to get together during the summer. Elaine can accommodate up to 11 people -- first come, first served! Bring a dish of your choosing, and whatever beverage you wish to drink (and yes, that includes wine if you like). Elaine will provide tea and coffee.

Regular meetings don't always offer enough opportunity to socialize and chat, so this is your chance to meet other members and visit.

The luncheon will be held:

Sunday, July 16, at 12 noon
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**Please contact Elaine Dawn at
604-733-4003 by July 9 to reserve
your spot.**



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VISITOR REPORT

Requests for patient visits this reporting period came from St. Paul's, VGH, Lion's Gate and Peace Arch Hospitals, and from independent inquiries.

Colostomies	3
Ileostomies	6
Urostomies	5
Pre-Op	2

TOTAL **16**

*Thank you to my excellent crew
this round: Elaine Green, Maxine
Barclay, Earl Lesk, Amelia
Prychidcho, Lindsay Henderson,
Joyce Nasu, Sharman King, and
Alan MacMillan*

PROBIOTICS, cont. from page 5

Pharmacol. Ther. 16:1461-1467). The paper concluded that evidence suggests that probiotic can be used to prevent antibiotic associated diarrhea, but that no strong effect on the ability of probiotics to treat diarrhea exists. Not all studies have shown positive results in the prevention of antibiotic associated diarrhea or other symptoms associated with antibiotic therapy.

Irritable Bowel Syndrome. Irritable bowel syndrome (IBS) is a functional bowel disorder that can be characterized by symptoms of abdominal pain, cramps, gas, bloating, diarrhea and constipation. Surveys estimate the prevalence rate ranging from 10-20% of the adult population and the condition is diagnosed 3 times more often in women than men (FDA Consumer Magazine, July-Aug, 2001). Only a few controlled studies have been conducted evaluating probiotics and IBS. Some symptom relief (primarily from diarrhea or abdominal pain or bloating) has been reported in studies published to date.

Inflammatory Bowel Disease. Inflammatory bowel diseases such as ulcerative colitis and Crohn's disease, are serious intestinal diseases that can ultimately lead to the surgical removal of the colon. The cause of these diseases are not known but it has been hypothesized that an intolerance to the normal flora (bacteria) in the gut leads to inflammation and resulting pathology. The role of gut flora in the progression of these diseases has led some researchers to study the impact certain probiotic bacteria might have on maintaining the state of reduced inflammation that occurs during remission stages of the diseases. Several controlled, clinical trials have shown that high levels of certain probiotic strains can extend the disease-free remission period. Studies also have documented this effect on remission of pouchitis. Additional research in this area is progressing in Europe and the US.

Lactose Intolerance. Consumption of milk and milk products by those lacking adequate levels of lactase produced in the small intestine can result in symptoms of diarrhea, bloating, abdominal pain and flatulence. These symptoms are due to the undigested lactose reaching the large intestine and being fermented by the colonic microbes. These microbes can produce gases and products that lead to watery stool. It has been documented that many lactose intolerant individuals are better able to consume fermented dairy products, such as yogurt, with fewer symptoms than the same amount of unfermented milk, even though yogurt contains about the same amount of lactose as milk. Yogurt was found to aid digestion of lactose because the lactic acid bacteria used to make yogurt produce lactase and digest the lactose before it reaches the colon.

Cancer. Although more study is needed to more firmly establish the links between probiotic use and a decrease in human bowel cancer, research to date suggests the consumption of probiotic cultures may decrease cancer risk.

Source: CBC Marketplace, USProbiotics.org

A warm welcome is extended to new member:

Annabelle McLennan

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

Internet Addresses of Interest to Ostomates

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

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

UOA of Canada Inc.: www.ostomycanada.ca

<http://www.cymed-ostomy.com/index.html>

NEW (CyMed ostomy appliances -- see Microskin)

<http://www.kanga-roos.com/>

NEW (custom-made pouch covers, all kinds. Canadian company)

<http://www.traveljohn.com/>

NEW (Portable bathroom and waste collection products for travel use. See? Regular people have dilemmas, too. You HAVE to check this out.)

<http://www.mpphealth.com/>

NEW (Natural remedies for pain relief, digestion; assorted supplements, kosher vitamins etc. Marvin Nider's site)

<http://www.colonandrectalsurgery.com/html/patientedu/sub/ped2/disease13.htm>

NEW (general info re colorectal surgeons - Dallas area -- easily understood general descriptions of surgeries)



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(Mon., Wed., Fri.)

St. Paul's Hospital

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Tel (604) 682-2344
Anne Marie Gordon, RN, ET.
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ET Nurses -- are the names and titles listed for your hospital correct and up-to-date? If not, please advise the editor and your information will be updated.

MEMBERSHIP RENEWALS!

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

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