Accomodating Commodes!

Whatever one calls it -- ‘latrine’, ‘loo’, ‘WC’, ‘john’, ‘can’ or just plain old toilet -- without the invention of the modern flush toilet, high density cities would not be possible. And yet, perhaps because of its simplicity and ubiquity, it is assumed the toilet has been around for a long time. In fact, the modern flush toilet is a relatively new device developed in the same era that begot train travel and wire communication: the industrial revolution during the middle and late nineteenth century. And as with much of the industrial revolution, England was the cradle.

A Brief History of the ‘Loo’

Archaeologists have found the world’s oldest ‘water closet’ (W.C.) in north-west India which is estimated to be 4,000 years old. Instead of a flush with a handle, people would tip a pot of water into the loo. This would rinse away the waste through pipes and into drains, which were underneath the streets.

Although several of the more advanced ancient civilizations such as Greek, Indian and Roman had systems of aqueducts that provided running water to citizens in the larger cities, none of the ancient civilizations developed a device or method to use the water source to remove waste from individual residences. Roman cities instead had many public toilets. In 315 AD, Rome itself had 144 of them and some were very large. Besides stopping by for the intended use, Romans used public latrines to meet friends, exchange news and gossip.

In Medieval times most homes had chamberpots which were emptied into the streets which had open drains so it was easy to empty the pots. You just chucked the contents out of the window. When people flung their waste out of, they would shout “Gardez l’eau” (“watch out for the water”) We may get the word “loo” from this expression, although some people think it comes from “Room 100” which is what Europeans used to call the bathroom.

During the time of Henry VIII, courtiers at Hampton Court shared a ‘great house of easement’ with 28 seats on two different levels. It emptied into brick-lined drains, which carried the waste into the River Thames. A team of ‘gong scourers’ cleaned these royal loos. Gong scourers were boys small enough to crawl along the drains -- not a sought-after position, one could be sure!

While the servants shared the house of easement, Tudor kings did their royal business on a luxurious ‘close stool’. This was a large bucket and water tank,
President’s Message

The Most Important Day of My Life is Today

Enlightenment or having a moment of sudden revelation (an epiphany) can come to us in places we least expect. Yesterday I went to my favourite shoe-repair person, and above his little work-bench was a sign that read “The Most Important Day of My Life is Today.” That philosophic gem is as profound as it is simple. However, before that thought can be accepted further, and not dismissed as mere bumper-sticker material, we must ask ourselves, “important for what?” To me, and I hope you, something is important only if it benefits others. Otherwise, in the end, what else was it other than selfish indulgence or a waste of time. We do not want to be that feverish selfish clod from Shaw’s play “Man and Superman” when he wrote:

“This is the true joy of life, being used for a purpose recognized by yourself as a mighty one…instead of [being] a feverish selfish clod of ailments and grievances complaining that the world will not devote itself to making you happy….I am of the opinion that my life belongs to the whole community, and as long as I live it is my privilege to do for it what I can. For the harder I work, the more I live….Life is no brief candle to me. It is a sort of splendid torch which I’ve got hold of for the moment, and I want to make it burn as brightly as possible before handing it on to future generations.”

That torch, of which Shaw spoke, we now hold. It represents the hope of all those who need our help. It represents the plea from the many who are much less fortunate than ourselves. Let us not let the flame of that torch go out.

Of course, we need time to rest and recharge. We also need time when we may relax. However, if there was no reason to re-charge and regain our strength, or to “stay in shape”, other than because we feel good doing it, we have missed the whole point of being members of the human race.

A few weeks ago Wendy Ladner-Beaudry left her home for a run expecting to return in an hour. Tragically, she never did as some despicable person took her life. We never know what the future holds for us. Wendy had lead an exemplary life, full of good deeds, kindness, love and of being of service to others.

At the Memorial for Wendy, it was said that she asked certain questions of herself before she said or did anything. These questions can serve as a guide for all of us to help us lead caring, compassionate and meaningful lives. Wendy’s questions were:

Is it true?
Is it kind?
Is it necessary?

At Wendy’s memorial one of the speakers quoted a passage from William Penn that I came across many years ago because it was taped on to the refrigerator of my Aunt Hazel (Donner). Penn said:

“I expect to pass through life but once. If, therefore, there be any kindness I can show, or any good thing I can do to a fellow being, let me do it now, as I shall not pass this way again.”

I know I have often quoted to you the following passage from Emerson, but these days I believe these words are worth repeating:

“You can never do a kindness too soon, for you never know how soon will be too late.”

Martin Donner
President,
Vancouver Chapter

Editor’s Message

You might say that since surgery, all of us have developed shall we say, a more ‘intimate’ relationship with our toilets.

After all, we spend more time with them than the rest of the general population. We appreciate, perhaps more keenly, their design, their cleanliness, their efficiency, (and above all, their AVAILABILITY) but have you ever given any thought to the lowly loo’s history? That and lots of other toilet trivia are in this month’s newsletter. You can call it the “All Toilet Issue”.

The Okanagan Chapter has announced the dates for the Regional Ostomy Conference in October: the conference dates are October 2, 3 and 4. (Friday to Sunday)

Details regarding workshops and activities will be published as they become available. (It’s wine season, so local wine tours will be in the plan!) Room rates at press time are $149.00 a night. This is a good opportunity for those who normally cannot spare the time or money to attend conferences back east to check out an ostomy conference closer to home.

The Coquitlam Chapter has announced it will be disbanding, which is very unfortunate. I would like at this point to personally thank Sandra Dunbar, former Visiting Coordinator for the Coquitlam chapter for her advice and encouragement during my early days when I was learning to run training seminars. Thanks for all your help and support, Sandra (and the wine!) I would like to invite any Coquitlam visitors who wish to continue doing patient visits to contact me. I would be very pleased to meet you.

Debra
THANK YOU

Dear Board and Members of the Vancouver Chapter,

On behalf of Friend of Ostomates Worldwide Canada I thank you for making a number of ostomy supply donations. Ten boxes of Ostomate supplies I received February 23, 2009, four boxes on March 2, 2009, one box on March 3, 2009 and ten more boxes on March 23, 2009 all here in Ottawa, Ontario. Such contributions help to make the quality of life of less fortunate Ostomates in other parts of the world more manageable. Your contributions will help us in continuing our program.

Please give our sincere thanks to everybody helping in collection and shipping these boxes. We appreciate that your chapter is so supportive of FOWC and hope you continue that support.

I also hope I will meet many of your chapter members at the August AGM here in Ottawa.

Sincerely,
Astrid Graham

CHAPTERS ON VANCOUVER ISLAND

Moving to the island or just wanting to connect with island ostomates in your area?

Vancouver Island has two chapters, in Victoria and in Nanaimo, each with a satellite group. The Victoria Chapter meets in the Woodward Room, Begbie Hall, Royal Jubilee Hospital at 2:00 pm, the 2nd Sunday as follows: September though November and February through June. No meeting in January. Instead of a December meeting, they come together for our annual Christmas Sunday brunch and social, early in the month, with friends and family invited to join in.

The Central Island Ostomy Chapter meets every third Monday of the month at 7:00 pm in the Nanaimo Health Unit, 1655 Grant Ave., Nanaimo. For details, call 250-758-3363.

The Courtenay Satellite meets at 7:00 pm in the Comox Valley Nursing Centre, 961 England Ave., Courtenay. For details, call Joanne at 250-334-2481 or Pat at 250-334-4939

CONTACTS
Victoria Group: Fred 250-385-3868 or Maxine 250-477-0266
Nanaimo Chapter: Eva 250-758-3363
Courtenay Satellite: Joanne 250-334-2481 or Pat 250-334-4939

COQUITLAM CHAPTER FOLDING

After many years of service and support to the ostomy community, the Coquitlam Chapter of the UOAC has regretfully decided to close its doors. This was not an easy decision for the executive to make, but in the face of dwindling meeting attendance and the lack of new volunteers to help out there was little choice. Remaining Coquitlam members who wish to continue belonging to a UOAC chapter are invited to join the Chilliwack or Vancouver chapters. The Vancouver chapter will offer the remaining year’s HighLife subscription free of charge to new Coquitlam members.

NEW UOAC WEBSITE

The United Ostomy Association of Canada has re-tooled their website with a fresh new look and expanded areas of interest to ostomates. Included are online forums and email discussions groups. Hey, they’re even on FaceBook! Check them out at:

http://www.ostomycanada.ca/

Okanagan Mainline Ostomy Association will host the PROVINCIAL CONFERENCE OCTOBER 2009 KELOWNA OCTOBER 2, 3 & 4

The proposed agenda will include:
• Provincial Assistance Program
• Representative from the Ministry of Health
• Doctor’s presentation on New Technology and Advancements in Ostomy Surgery
• “UOAC Future Directions”
with a padded seat. Henry VIII’s close stool had a padded seat, trimmed with silk ribbons and studded with gold nails.

Urinating in public for common folks was common -- you just availed yourself of the nearest back wall, animal pen or chimney corner. In Edinburgh, you could pay to use a portable toilet, which was a bucket with a tent-like cloak. Poor people would wipe themselves with leaves, moss or stones. Better off people used bits of old clothes. These contraptions, which were called ‘jakes’ would be the forerunners of our modern portapotties.

During the 19th century the population in Britain had increased so greatly that in overcrowded cities such as Manchester and London, poor families had to share outdoor privies with many others in similar straits, causing the resulting tide of waste to overflow into the streets and find its way to the rivers. Needless to say, the Thames was becoming horribly polluted.

Because of this, the government decreed in 1848 that every new house should have a water closet or ash-pit privy. This was a loo which had a pile of ash instead of water underneath. ‘Night soil men’ would come to empty the ash-pits. Again, not a sought-after job!

In 1858 a heatwave caused the ‘big stink’. London smelled bad, bad, bad. The government had a new sewer system built, which was finished in 1865. It meant toilet waste would get taken away instead of going into the river or staying near houses. Although many houses weren’t connected to a sewer system or piped water until the 20th century, people stopped dying en masse of cholera and typhoid. Public toilets, known as ‘hauling stations’, were redesignned too. The normal charge to use them was one penny, hence the modern-day term ‘spending a penny’ as a reference to using a toilet.

With rapidly growing populations and increasing pollution problems, cities in Europe and America needed to find a way to get rid of citizens’ waste in a more efficient and sanitary manner.

Enter the flush toilet
There is some disagreement regarding who is the official inventor of the flush toilet. (Many people think Thomas Crapper invented it, but he didn’t. His name is associated with toilets because his company made them, and his products had his name on them. But the term has stuck and poor Thomas’ innocent last name has become slang for faeces!) Because the patent offices of England and the United States have maintained several hundred years of records for patent applications, the inventors of sanitary equipment are fairly well documented.

Credit for the invention of the toilet is usually bestowed on Sir John Harington, a relative of the Queen, as far back as 1596. It was claimed two models were actually made and used. None survived, if they even existed at all. (One theory holds that Harington’s friends made such fun of his invention that he never pursued its widespread manufacture) But crediting Harington for inventing the toilet is the same as anointing Leonardo Da Vinci as father of the helicopter. Conceationally they may have had a good idea, but making it actually function is something entirely different. Approximately two hundred years later in 1775, Alexander Cummings received an English patent for putting a water trap under a bowl. This was a major advancement towards a true functioning toilet yet nothing changed in the general market. In fact, until iron foundries improved cast iron pipe and potteries improved terra cotta pipe in the 1800’s, if there had been a functioning toilet, it would have been placed in the outhouse anyway.

The first waste removal devices for residences in England and the United States during the nineteenth century were mechanical not hydraulic. “The earthcloset” was something of a portable outhouse found in many houses. Dry granular clay was dispensed from a hopper into a box to desiccate waste and prevent odor. When the box was full the earth and waste could be removed for disposal elsewhere. It was a semi-automated kitty litter box for people. (The boxes were hidden in household closets when not in use; later on when water was introduced instead of clay, the term ‘closet’ still stuck, hence the term ‘water closet’ or ‘WC’.) All this was a small improvement over a hole in the backyard with a bench over it.

The first workable attempts at a hydraulic personal waste removal device, logically enough, seem to just automate the chamberpot. A hole is created in the bottom of the bowl or pot, water from a cistern, or tank, flows out of holes in the bowl’s rim into the waste line and out to a tank in the ground or a moving body of water. Some inventors used values, pans or levers to seal the bowl to the waste line to prevent sewer gas from entering the dwelling. As early as 1862, during the American Civil War, the designer of the Union ship the Monitor installed a plunger type mechanical toilet for the crew.

The most efficient first generation toilet was the simplest. A bowl with a hole in the front or back and a p-trap beneath filled with water to seal the house from sewer gas. Basically it was what Alexander Cummings had designed a century prior. In configuration, it is little different than a typical kitchen sink. Yet it is a major improvement over devices that used...
valves or pans to seal the bowl from the malodorous putrefaction seeping from the septic pit.

These first generation toilets came to be known as “wash-out” water closets. Several companies in England were selling them as early as the 1870’s. One company, Thomas Twyford of England, is given credit for the first all-ceramic toilet. The “dolphin” wash-out was exhibited at the 1876 world’s fair in Philadelphia, although it is not certain that Twyford was the manufacturer. These new English wash-out toilets proved very popular where municipalities had installed water and waste lines. Toilets were exported to the continent and America spawning interest by local manufacturers.

The wash-out, while a major advancement over an outhouse or chamber pot, still left much to be desired. They were not efficient. If all the waste did not go through the p-trap, putrification odors would result. Manufacturers and inventors continued to search for improvements. The first improvement was combining the pool of water in the bowl with the p-trap. These toilets, known as “wash-downs”, were on the market shortly following the wash-out. However, both wash-outs and wash-downs often failed to consistently remove heavier waste from the bowl. By the end of the century, sanitaryware manufacturers had discovered that by diverting some of the water from the cistern to the bottom of the bowl, a jet flush was created that pushed waste out and if they changed the shape of the p-trap exit it would act like a siphon pulling the waste out. The modern flush toilet was born. English historians credit a pottery in Chelsea, the Beaufort Works, as the first to develop a toilet with a flush tube to the bottom of the bowl in 1886, although an American had received a patent in America 10 years earlier for a similar concept.

Most of the elegant embossed and decorated toilets found in old mansions or in architectural antique dealerships are wash-out type toilets. By the turn of the century when manufacturers had perfected the siphonic flush type toilet, styles in vogue had changed. There was a reaction against the heavy decoration on all household objects that Victorians had favored. Modern (early twentieth century) manufactured objects became sleek yet simple.

But changing tastes alone does not account for the complete lack of artistic expression that afflicted the sanitaryware industry after the nineteenth century. As great a factor was the change in manufacturers. The pioneers of the industry came from the English ceramic industry involved in tile production as well as table china. Royal Doulton, a house still known for fine china was one of the first and largest makers of wash-out toilets.

Another very early and successful English manufacturer of water closet ceramic fixtures was Twyford which had been making teapots two hundred years earlier. These companies were developing modern manufacturing methods, such as dust pressing tile or porcelain enameling cast iron, yet they traditionally competed on style not manufacturing proficiency or efficiency. They often had the words “art pottery” or “art tile” in the companies’ name. The greatest achievement was to have a design that would win Royal Family approval.

The pioneering companies that first brought the toilet to market were more a company of artists than engineers. They put their names boldly and proudly on the products they created. One English company, Thomas Crapper & Co., has more than any other been remembered in name at least as his name became indistinguishable from his product. Sources also claim that the slang “John” for toilet came from the John Douglas company of Cincinnati putting his name on his toilet for the American market, but actually there were several manufacturers with John in their name. But as the founding artist/owners died and their companies consolidated into larger companies, managers and engineers replaced the artists and attention was extended to mass production instead of artistic expression. And thus the difference between a “top of the line” toilet and a home improvement store toilet is mostly the price on the invoice! ☼

Sources: BOG Standard,; Embossed Toilets of the Victorian Era

An example of the first modern flush toilet

Sources: BOG Standard,; Embossed Toilets of the Victorian Era
How to Remove Toilet Bowl Stains
By Stevie Kremer, eHow Editor

Step 1
Determine what type of stain is in your toilet bowl. If there is a raised white ring deposited around the water line of the bowl or under the inner lip of the bowl in the openings where the water enters to fill the bowl, the culprit is most likely an over-abundance of lime or calcium in the water. If the stains are rust-colored, they are probably caused by a high level of iron in the water.

Step 2
Put on rubber gloves, remove any in-tank cleaner cake from the tank and discard it. Flush the toilet several times to remove all traces of chlorine bleach from the bowl.

Step 3
Insert the plunger into the toilet bowl and press down quickly and firmly several times to force the water out of the bowl.

Step 4
For hardened gray or white lime and calcium deposits, thoroughly wet a Pummie (a pumice stone with a plastic handle-available at most hardware stores). Rub the stone on the deposits. This will require a great deal of elbow grease and patience, but it will eventually remove the deposits.

Step 5
Make a paste of Barkeeper’s Helper with some water and, using a rag, dab some of the paste on lime/calcium deposits that are under the inner lip of the bowl where the water comes in to fill the bowl. Let the paste sit for 10 minutes or so before scrubbing the deposits with the rag.

Step 6
For rust stains, after plunging the water down the trap, wear rubber gloves and apply some muriatic acid (available at hardware stores or pool cleaning supply outlets) to the stains. Allow the acid to sit on the stains for 1 minute or so, then use the plastic toilet bowl brush to scrub the stains away. Flush the toilet several times to remove all traces of the acid. If you cannot locate muriatic acid, use a product that has diluted hydrochloric acid as its active ingredient—products such as The Works Toilet Bowl Cleaner and Santeen De-Limer and Toilet Bowl Cleaner. Stubborn rust stains may require more than one treatment.

TIPS & WARNINGS
Avoid trying to bleach stains, as bleach will only set the stains and make them more difficult to remove.

Always wet a pumice stone thoroughly before rubbing it across stains in a toilet bowl to avoid scratching the porcelain.

Make sure that there is no trace of bleach in the toilet bowl when using any product that contains an acid, as chlorine bleach plus acid yields toxic (and possibly deadly) fumes.

FLUSHING 101
Lynn Rowell, Editor of the Rambling Rosebud, Anne Arundel County, MD

If you have a very active ostomy with a lot of output, like me, you get to visit the “small room” rather frequently. I have found that one of the toilets in my house doesn’t do a good job of flushing the waste away. In fact, the bowl fills with clean water from the tank and then the surplus is “sucked” down the toilet into the sewer. Unfortunately, a lot of the liquid waste remains and it becomes necessary to wait for the tank to fill and flush again or risk someone thinking you either didn’t flush or the toilet’s not working correctly. Having to flush twice is both annoying and wasteful. Also, those kinds of toilets that have a large bowl with a lot of water in it, means that as you empty, it can create quite a splash—putting in a few squares of toilet paper first prevents the waste from splashing as the pouch is emptied. Newer toilets are sold meeting water saving requirements. Unfortunately some of them are still designed so that clean water from the tank fills up the bowl, if the output is thick some of it may remain after flushing, so it’s best to put down a few squares of toilet paper into the bowl before emptying the pouch. Many public facilities have installed powerful flush toilets that require little water. They have a powerful sucking action that removes waste. Since they don’t have much water in the bowl, if the output is thick some of it may remain after flushing, so they are a lot more effective. If you can’t find any public restrooms minus soap, I carry a small hand sanitizer or pack of travel wipes for such occasions. A few tissues in your supply kit or some squares of toilet paper are also good for the time when you have to go, but the stall is out of paper.

SOURCE: The Re-route, Evansville, IN., Okanagan Mainline, February 2009
The first stall in a public washroom is the least-used.

(Amusing Facts.com)
Regaining Confidence

Last month I addressed the issue of new patients’ need to grieve and how important it is to allow time to process those feelings before one can move on. Another big part of the emotional healing process involves regaining one’s self-confidence.

During my very first visit to the ET nurse, even before surgery, I was shown a photo album containing pictures of many of her patients. This was to cheer me up, show me some uplifting examples of patients post-surgery. I remained un-cheerful at the time. But my attention was caught in particular by one photo of a young woman in a dragonboat racing uniform, preparing to get into the boat for a race. I was a dragonboater myself at one time and I found this particular image arresting for I knew very well the physical rigors involved in the sport (as well as the lycra shorts racers wear). The notion of somebody paddling competitive dragonboat with an ostomy seemed, at the time, utterly ludicrous. How on earth could anybody do such a thing wearing a bag? I thought of the concept wistfully and decided that she wasn’t an astonishing exception, quite the opposite. She’s probably the norm. People return to what they used to do. It just takes them a bit of time to regain their confidence.

Regaining Confidence, 101

Tricks for getting your confidence back? There’s no unusual formula here, it’s a matter of common sense, the willingness to problem-solve and plain old courage.

Change your own appliance. One of the most important first steps to regaining your confidence is to master the art of changing your own appliance, and of ordering your own supplies. Educate yourself, read product materials, ask questions, get free samples. You don’t have to be a passive consumer of these things! After all, you’re paying a bundle for this stuff, you owe it to yourself to find the most effective and esthetic products possible. In the beginning it’s going to be confusing and daunting and you will make mistakes. Everybody does. Mistakes and accidents can be deeply frustrating but they should also be viewed as lessons from which to learn. Everytime you beat a problem or outsmart a situation you gain in confidence.

Get out in public. At first you’ll feel terribly self-conscious and think everybody is staring at you. By the end of your walk or drive you will probably have come to the startling realization that nobody paid any attention to you. At all. (See? Just like before!)

Resume your hobbies. Whatever you loved to do before be it arts and crafts, a sport, movies, walking, whatever -- get back at it. And be gentle with yourself -- don’t expect to run a 10K the first time you jog. Around the block will do for now. You’ll work your way back up again.

Have faith in your friends. Don’t avoid the crowd you usually socialize with and don’t lie to friends about your situation if asked. Real friends will not think less of you nor will they treat you any differently. They will feel sorry this has happened to you and feel the same if the situation was reversed -- but they will stand by you if you let them. The compassion, caring and basic goodness of people may surprise you -- I have never once had any friend say or do something unkind, indeed, everyone went out of their way to offer help and show me they were glad to have me back.

Challenge yourself. The worst thing you can do is assume you can’t do something without even trying. Think back to that dragonboating woman -- do you think she was nervous the first time she got back in a boat? You bet she was. But she did it anyway and went on to compete in regattas. Now that’s confidence renewed.

To Rinse or Not to Rinse? - Lori Pismenny, Winnipeg, Manitoba

Rinsing out your bag: I know there are two camps out there about rinsing – for and against. The ones that are against rinsing have some compelling arguments, such as: rinsing breaks down the seal; you could injure the stoma if water is too hot or cold; our colons didn’t need rinsing out before we had surgery; and so on. Well, as an ileostomate, I have tried the alternate ways suggested to empty my appliance and it doesn’t work. I use way more toilet paper, spend far more time attempting to clean things up (as if I want to spend more time in the washroom) and I never feel fresh and clean. So I thank my ET nurse who showed me how to rinse and flush when I was in hospital and I will happily continue to do so.

We are all different. And what works for one doesn’t necessarily work for another. But we’re the ones who have been through it so we’re the ones who should be speaking up. Most of you may be aware of the things that I speak of, but if I have passed on something useful to at least one person that helps them, then I say good for me.

(continues on next page)
TIPS & TRICKS

Avoiding Obstructions:
Besides causing excessive gas, soft drinks are one cause of obstruction you don’t always think about. The gas from carbonated drinks can distend the bowel to a point that kinking can occur. If you are prone to excessive gas from drinking pop, switch to something else.

When is an Ileostomy Not An Ileostomy?


Urostomy is the general word for any type of urinary ostomy. There are, however, several types of urostomies. Some people have ileal conduits. In those cases, a piece of ileum (the third portion of the small intestine) is removed from the intestinal tract and the two ureters (tubes that carry urine from the kidneys to the bladder) are attached to the portion of the ileum. One end of the ileum is stitched closed and the other end is brought out into the abdomen as a stoma. Very often, people who have ileal conduits think that they have an “ileostomy” because health-care personnel often incorrectly call this surgery an ileostomy. Remember that if urine is coming through your stoma, you do not have an ileostomy!

Sometimes the ileum is not used, and instead, a piece of the large intestine is used, usually from the sigmoid colon. In this case, the surgery is called a colon conduit. Urostomies are formed for many reasons and can be found in all age groups. In adults, the surgery is most often done to remove a cancerous bladder. For people with spinal cord problems, a urostomy of one sort or another may save someone from irreparable kidney damage. Sometimes after urostomy surgery, a bladder may be left in place, but if the bladder is diseased, it is usually removed. Drinking fluids is essential for urostomates. Kidneys are healthiest when well-flushed.
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New Member of the ‘Bear’ Family  

by Arlene McInnes

Since introducing my StomaBear project at the February 2009 meeting I am pleased to announce that two of the bears donated by our Chapter have found new homes! Bears have been adopted by a 6 year-old boy and a 15 year-old girl with thanks to Amie Nowak who is the ET at Children’s Hospital. She will continue to let me know when bears are needed and I will deliver them to Children’s Hospital as required. The StomaBears are met with great enthusiasm from both the children and their parents! After seeing similar response from our members towards the bears I have now put together a few bears especially geared towards adults. StomaBears can be used as a gentle way to help a child/grandchild (or other family members or friends) understand more about ostomy surgery without a personal “show-and-tell”. Each bear has an ostomy complete with removable pouch (thanks to Mike Arab at Convatec) and is dressed in a unique handcrafted removable outfit with a bowtie for the gentleman bear and a string of pearls for the lady bear. The cost of these new adult StomaBears is $75.00 and they will available at each meeting or by special request. All the StomaBears are available for cuddling at each meeting and those not donated to Children’s Hospital are available for purchase as well. New bears are arriving all the time!
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Andrea (Andy) Manson and Muriel Larsen
RN, ET (Ostomy) Nurse Specialists

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**The Lighter Side of Law**

- actual attorney/witness exchanges:

These were recorded verbatim and published by Court Reporters who had the torment of staying calm and remaining professional while these exchanges were actually taking place.

ATTORNEY: This myasthenia gravis, does it affect your memory at all?
WITNESS: Yes.
ATTORNEY: And in what ways does it affect your memory?
WITNESS: I forget.
ATTORNEY: You forget? Can you give us an example of something you forgot?

___________________

ATTORNEY: Now doctor, isn’t it true that when a person dies in his sleep, he doesn’t know about it until the next morning?
WITNESS: Did you actually pass the bar exam?

___________________

ATTORNEY: The youngest son, the twenty-year-old, how old is he?
WITNESS: He’s twenty, much like your IQ.

___________________

ATTORNEY: So the date of conception (of the baby) was August 8th?
WITNESS: Yes.
ATTORNEY: And what were you doing at that time?
WITNESS: Getting laid

---

**Just as fashions change for clothes, they change for names, too. Take a look at 100 years’ difference in popular baby names!**

<table>
<thead>
<tr>
<th>1900</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Female names</strong></td>
<td><strong>Female names</strong></td>
</tr>
<tr>
<td>1. Mary</td>
<td>1. Emily</td>
</tr>
<tr>
<td>2. Helen</td>
<td>2. Hannah</td>
</tr>
<tr>
<td>3. Anna</td>
<td>3. Madison</td>
</tr>
<tr>
<td>4. Margaret</td>
<td>4. Ashley</td>
</tr>
<tr>
<td>5. Ruth</td>
<td>5. Sarah</td>
</tr>
<tr>
<td>6. Elizabeth</td>
<td>6. Alexis</td>
</tr>
<tr>
<td>7. Florence</td>
<td>7. Samantha</td>
</tr>
<tr>
<td>8. Ethel</td>
<td>8. Jessica</td>
</tr>
<tr>
<td>10. Lillian</td>
<td>10. Elizabeth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Male names</strong></th>
<th><strong>Male names</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. John</td>
<td>1. Jacob</td>
</tr>
<tr>
<td>2. William</td>
<td>2. Michael</td>
</tr>
<tr>
<td>4. George</td>
<td>4. Joshua</td>
</tr>
<tr>
<td>5. Charles</td>
<td>5. Christopher</td>
</tr>
<tr>
<td>7. Joseph</td>
<td>7. Andrew</td>
</tr>
</tbody>
</table>

---

**London’s Harrod Department Store Receipt entitles you to 1 free trip to their classy “tourist sight” quality women’s restroom. Produce a Harrod’s receipt and get in free. Otherwise it costs a pound—the most expensive toilet fee in Europe.**

*(ToiletTrivia.com)*

---

**Hello Doctor!**

A mechanic was removing the cylinder heads from the motor of a car when he spotted a famous heart surgeon in his shop who was standing off to the side, waiting for the service manager to come take a look at his car. The mechanic shouted across the garage, “Hello Doctor! Please come over here for a minute. The famous surgeon, a bit surprised, came over to the mechanic. The mechanic straightened up, wiped his hands on a rag and asked argumentatively, “So doctor, look at this. I also open hearts, take valves out, grind ‘em, put in new parts, and when I finish this will work as a new one. So how come you get the big money, when you and me is doing basically the same work?”

The doctor leaned over and whispered to the mechanic “Try to do it when the engine is running.”
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**VISITOR REPORT**

Requests for patient visits for this reporting period came from Lion’s Gate, Vancouver General, St. Paul’s, Richmond General, Peace Arch and Royal Columbian Hospitals as well as from independent inquiries.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colostomy</td>
<td>4</td>
</tr>
<tr>
<td>Ileostomy</td>
<td>7</td>
</tr>
<tr>
<td>Urostomy</td>
<td>2</td>
</tr>
<tr>
<td>Pre-op</td>
<td>1</td>
</tr>
<tr>
<td>Pelvic Pouch</td>
<td>1</td>
</tr>
</tbody>
</table>

**TOTAL 15**

Many thanks to my excellent crew this round: Maxine Barclay, Rob Hill, Elaine Green, Amy Ridout, Elaine Dawn, Linda Jensen and Rebecca Glassford. Thanks as well to the visitor program in Coquitlam for taking care of the Peace Arch visit and of course to Maxine Barclay for holding down the fort while I was on holidays!

Thanks to Sandra Morris for her kind donation to the chapter!
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Joy Jones 604-926-9075

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Chris Spencer

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changes at your worksite -- thanks!
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Address __________________________

City __________________________ Postal Code __________________________ Year of Birth _______

e-mail (if applicable): __________________________

Type of surgery: □ Colostomy □ Urostomy □ Ileostomy □ Continent Ostomy

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