



Vancouver Ostomy

HIGH Life

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A non-profit volunteer support group for Ostomates. Chapter Website www.ucn.bc.ca/ostomyvr

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no guts – KNOW GLORY! Is a quest to summit the highest peaks on all seven continents in order to raise awareness of digestive disorders. Increased awareness and education will help change attitudes and remove the social stigma associated with these disorders.

The campaign is driven by climber, tri-athlete and Crohn's victim Robert Hill, of Vancouver, BC. Canada. It is Rob's hope that by climbing these peaks he will inspire other sufferers of digestive disorders. Even more importantly, the funds raised through this campaign will help young people receive the education necessary to remove stigmas associated with digestive disorders.



Rob hopes that through increased awareness, people will be more likely to recognize the symptoms of Intestinal Bowel Disease and Irritable Bowel Syndrome, know that there is help available, and then seek it. Most importantly, he hopes that a massive public awareness campaign will lessen the social stigma that is associated with these diseases and disorders. Some of these diseases and disorders of Intestinal Disease are Crohn's disease, Ulcerative colitis and Irritable Bowel Syndrome (IBS).

Rob's dream is to follow in the footsteps of fellow Canadian, Pat Morrow, and accomplish another great first for the Seven Summits. Rob will be the first Crohn's sufferer and Ostomate to stand on the top of the world, the Seven Summits. The Seven Summits consist of, in the order that Rob and the no guts – KNOW GLORY team will climb them. Europe; Russia's Mt. Elbrus, South America; Argentina's Aconcagua, Africa; Tanzania's Mt. Kilimanjaro, North America; Alaska

cont. page 4

NEXT MEETING:

SUNDAY, JUNE 13
Jewish Cultural Centre
950 West 41st Avenue
1:30 pm

Executive meeting:
Saturday, June 05,
1:30 at JoanWilliams'

Speaker: Marlene Bimler,
Hollister





President's Message

Hi to all our members. Spring is here again, and hasn't it started well? I do hope

that we have a drier spring than last year.

We have had almost \$2000.00 in Memoriam to Ivor, and his wishes were for all monies to be donated towards the Ostomy Youth Camp at Camp Horizon, Bragg Creek. I have also completed and sent a Grant Application Form to The Vancouver Sun Children's Fund society for help with the cost. I do hope to see you at our meetings during 2004. We are still looking for volunteers to come forward to assist and learn the functions of the executive committee.

I hope you all keep well

Ron

From the Editor

Our new website is nearing completion! I hope to have this 'live' by the end of the month. In the meantime, the test site is available for viewing at:

members.shaw.ca/plimleydraw/index.htm

Rob Hill was our speaker for the April 18 general meeting -- apologies for not advertising Rob as our guest in the last issue. We don't always have speakers confirmed by press time so that's one more reason for you to come out to our meetings -- you never know who's going to be there! One of the things that struck me from ensuing discussions from both the training seminar held the day before (see article this issue) and Rob's presentation is the fact that still not enough people are aware of the UOA and the support we can offer. I still hear from too many sources of people coping alone who were never told about us, never knew they could go to a meeting, talk with and see others like themselves, or have a visitor. We have made a difference in many peoples' lives but obviously much work still needs to be done. It is with this in mind that I ask those who read this to keep their membership current as the financial base helps us fund the literature and efforts that can reach those in isolation.

The national UOAC conference will be held this year in Gander, Newfoundland, August 19 - 21. Contact uoacan@astral.magic.ca or icjnor@hotmail.com or watch for further information next issue.

Until our June meeting, stay well and **RENEW YOUR MEMBERSHIP!!**

Cheers,
Debra



The Vancouver chapter wishes to thank the following individuals for their kind donations in memory of Ivor Williams:

Thomas Woodcock, Glenyis Miller, D. O. Martin, Daphne Burke, Molly Boys, Fred & Betty Pope, Stuart & Elsie Hamilton, Sandra Williams, Marg & David Williams, Hannelore Shard, J.Frances McLeod, Elaine Dawn, Mr. & Mrs. Gelphe, George & Vi Puhl, P.N. Tasker, Frances & Alvin Tasker, Larry & Ruth Richard, Lorraine Connor and Al Ashcroft

DONATIONS AND BEQUESTS

We are a non-profit volunteer association and welcome donations, bequests and gifts. Acknowledgement Cards are sent to next of kin when memorial donations are received. Tax receipts will be forwarded for all donations. Donations should be made payable and addressed to:



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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.

EDUCATION AND LIBRARY AVAILABLE

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



Y.A.H.O.O.

I would like to announce the rebirth of the "20/40 Young Adult Ostomates Group". Four eager people have decided that it's time they join forces to make a stronger and better 20/40 group. It all starts with a new name, Y.A.H.O.O, Young At Heart Ostomy Organization. The people involved in working together on this group are: Chris Adams, Craig Kent, Joanne Penhale and Jenny Robulack. They had their first official meeting February 15, 2004. It was a successful meeting and a lot of great ideas were generated from it.

I will re-introduce the group and what it is since it has a new energy. Y.A.H.O.O is a group for people between the ages of 19 and 45. Many people 30 and older feel that they are too old for this group. This is not the case. If you enjoy having a good time, getting together with people in social situations (i.e: beers at a hockey game, a night of bowling or a day of

snow shoeing), then you are definitely NOT too old! This group gives people with ostomies an opportunity to get together in a fun atmosphere and let loose. It will offer the chance to hang out with other ostomates and also to get support from others and learn from their experience as well as sharing yours with them.

There will be a social event once a month, which will be advertised in the newsletter. There will also be a write up in the newsletter each month on the previous month's event.

Please come and join us, the more people that attend, the more fun we will have!

See you at the next event!!

Jenny Robulack

jrobulack@mac.com

Y.A.H.O.O. March Event

My name is Craig Kent of the Y.A.H.O.O. Group and I would like to announce that our first official function of Y.A.H.O.O. was a success. It was a night of fun and bowling at Revs Bowling center in Burnaby. There were six people that showed up 5 ostomates, Jenny Robaluck, Joanne Penhale, Lindsay Henderson, Chris Adams, Craig Kent and 1 non-ostomate, Lindsay's boy friend Ian. In the long run the ladies out bowled the men by a narrow margin. Although we were not professional bowlers we had lots of fun and laughs during the night. We hope to have many more fun activities and adventures in the future for a long time to come.



'Striking' a pose

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United States of America's Denali, Antarctica's; Vinson Massif, Oceania; Indonesia's Carstensz Pyramid, and Asia; bordering Nepal and Tibet Everest.

In Rob's words *"Although reaching the summit of each mountain is a great accomplishment and challenge, with respect, I would say that removing the social stigma attached to Intestinal diseases and disorders is a far more daunting task."*



The campaign is driven by triathlete, adventure racer, climber, mountaineer, ostomate and Crohn's sufferer Robert Hill.

Diagnosed in 1994 with Crohn's disease, Rob fought a hard battle but Rob says "when it came down to losing my colon or losing my life, it wasn't a hard decision to make" Rob's colon had to be removed a year and a half later. "Life with an ostomy was my second chance and I'm not going to waste it". Growing up with heroes like Terry Fox and Rick Hansen, "I felt that I maybe could

make a difference as well".

Rob combined his love for life, sense of adventure, with a love of the outdoors, to start this NO GUTS - KNOW GLORY! Seven Summits campaign. "By my taking it to the extreme, I hope to show other people living with a chronic intestinal problem that it shouldn't stop you from living life." Rob spends his a large part of his time climbing, skiing and trekking in the coastal mountains of British Columbia. The rest of his time is made up of volunteer work with the Intestinal Disease Education and Awareness Society (IDEAS), Lions Bay Search and Rescue, UOA of Canada ostomy camp for kids. He also makes time for family, friends, working with developmentally disabled adults, and giving motivational talks about his life with Crohn's and his climbs.

The Vancouver UOAC Chapter was recently privileged to welcome Mr. Hill as guest speaker at our meeting April 18. Rob (who had just completed the Sun Run the same morning) talked about his work as educator and spokesman for the Intestinal Disease Education and Awareness Society, (IDEAS) and about his experiences not just as an ostomate, but as a climber of some of the most challenging summits on earth. Sunday's presentation featured his successful climb of Mt. Kilimanjoro in Africa.



Rob at UOAC meeting, April 18

IDEAS' mission is to raise awareness of gastrointestinal diseases and disorders through education and public campaigns based on ability rather than disability. the emphasis will be on funding programs for children and young adults and on funding medical research. Rob is a motivational speaker available to interested schools, businesses or organizations.

IDEAS welcomes inquiries regarding sponsorship, partnership, memberships and tax-deductible donations.

For further information, please see the No Guts Know Glory website at:

www.nogutsknowglory.com (see internet address page 14)

or email:robhill@telus.com



NUTRITIONAL MATTERS FOR THE PELVIC POUCH PATIENT

Pouchitis, or inflammation of the pelvic pouch is a well-recognized complication of pelvic pouch surgery. Approximately 10 to 25 percent of patients experience an episode of pouchitis at some time.

Our experience has not indicated that food intake causes pouchitis. Patients with pouchitis have been found to respond well to antibiotics, which suggests that bacteria are major participants in the inflammatory reaction. Nothing has been published in the research literature to indicate that specific foods or food preparation methods contribute to the inflammatory reaction of pouchitis.

After pelvic pouch surgery follow a meal pattern that consists of three main meals, or four to six smaller meals, taken throughout the day, depending on your tolerance. It is important to take meals at regular times, to give your bowel a consistent message. Choose nutritious foods from each of the four food groups: breads and cereals, meats and meat substitutes, fruits and vegetables, and dairy products as tolerated.

Increasing the intake of dietary starch products that are easily digested, such as potatoes, pasta, and soluble-fibre sources (oat bran, oatmeal bread, and barley) is important. These starch products enhance the production of an important intestinal fuel called short-chain fatty acids. Short-chain fatty acids are readily absorbed by the intestinal mucosa and membrane of the bowel. In the lower end of the bowel, short-chain fatty acids also stimulate the absorption of sodium (salt) and water. The easily digested starches mentioned above should act to assist the pelvic pouch to adapt to the new role.

Source: Greater Cincinnati (OH) Newsletter, South Brevard (FL) Ostomy Newsletter

Lingerie: briefs • high leg • thongs **Romantic wear:** cami tops • french knickers **Underwear for men:** boxer shorts • trunks

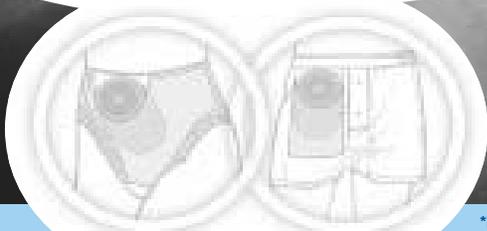


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A YEAR OF VISITING

It's been a year since I took on the job of coordinating the Visitor Program and a most rewarding experience it has been. I've made the acquaintance of a dedicated and willing stable of experienced visitors, recruited new ones to the roster, met with most of the ET nurses in our hospitals, and visited a wide variety of patients, some of whom have become lasting friends.

For those of you who like statistics, most of our referrals come from Lion's Gate and Vancouver General hospitals, a smaller number come from St. Paul's, with a few referrals coming from outlying hospital and health units. Calls are also received from chapter members who have been contacted directly, and a surprising number of people who know I do this work come to me with the name of a friend or family member who has had, or may need, ostomy surgery. To date, male urostomies top the list, followed by male and female colostomies, followed by male ileostomies and female urostomies. Curiously, I get relatively few female ileostomies and rarer still, internal pouch procedures.

Most patients are over age 60, the oldest has been 91, the youngest age 18. Personal (in hospital or in home) visits and phone visits are running about equal. I'm especially keen on getting pre-op referrals as this gives us an invaluable opportunity to ease patients' anxiety and clear up misconceptions prior to their surgery.

In the long run, I believe the visitor program can ease some of the workload on medical personnel by addressing non-medical patient concerns that might otherwise be directed to hospitals or clinics. My goals for the coming year are to deepen the volunteer roster, increase the number of referrals, and get our brochures into more hands: more nurses, more doctors,

more vendors and ultimately, more patients.

Some concerns and questions are universal to all new ostomy patients; the most common ones I get are:

- Can you swim with an ostomy?*
- What changes in clothing might be necessary?*
- How do I manage odor?*
- How will I do my job?*

The most unusual question I've had is:

Can you fly in a plane?

(This is a worry for a surprising number of patients. Somehow they've got the notion that an ostomy bag is going to explode, like an aerosol can, at high altitude. Needless to say I'm happy to clear that one up.)

I'd like to take this opportunity to thank all of my visitors who have made this program a success this past year. Thank you for responding frequently on short notice and for being there when needed. You **ROCK!**

A big thank you as well to the ET nurses with whom I've been working, and to those doctors who have responded favourably to the program. I've really enjoyed getting to know you and look forward to working with you more this year. It's with your trust and cooperation that we've seen an increase in referrals this past year so again, many thanks.

Requests for patient support for this reporting period came from Lion's Gate, VGH and from within the chapter itself. Thank you to my excellent crew this round: Jenny Robulack, Sandra Dunbar, Mien van Heek, Larry Ma, Earl Lesk, Charman King, Gerhard Sonnenberg, Al MacMillan, Maxine Barclay, Elaine Dawn, Arlene McInnes and Cindy Hartman.

Colostomy -	7
Ileostomy -	5
Urostomy -	5
TOTAL	17

TOTAL NUMBER OF VISITS FOR APRIL 2003 - APRIL 2004, AS OF PUBLICATION DEADLINE:

Colostomy -	30	Pre-op -	11	TOTAL - 78
Ileostomy -	15	Pelvic Pouch-	1	
Urostomy -	21			

VISITOR TRAINING SEMINAR

A visitor training seminar was held April 17 for 5 new visitors and two spouses. Sandra Dunbar from the Coquitlam Ostomy Association kindly volunteered to co-chair the meeting and we convened at 11 am at my home. Material covered was the UOAC overview of goals, objectives and guidelines, followed by a Hollister training video, after which the meeting discussed visiting protocol and guidelines specific to the Vancouver area. An excellent seminar overall and we hope to put our new visitors to work soon.



Les Chairs, Sandra, Debra

Erika & Gerhard Sonnenberg, Arlene McInnis, Debra Rooney, Janet Lawton (missing: Francois & Leon Pond, Merv Wright)

WOULD YOU LIKE TO BE A VOLUNTEER VISITOR?

The Vancouver UOAC is always on the lookout for new visitor volunteers. No matter how long ago our surgery was, we all remember the trauma and concerns that accompany such a change in our bodies. Whether you have had your ostomy for many years or only a short time, you have something to offer someone new to this life. Those who have been through an ostomy surgery have a keen appreciation for what new patients are feeling. Visitors **do not** provide physical care or medical advice; our role is to answer questions, give encouragement and provide a positive example of life after ostomy surgery no matter what age, and to be a resource for stoma management and concerns. Visitors are matched with patients of the same sex, of similar age and surgery.

Criteria for prospective new volunteers is a desire to help those who have recently had an ostomy, or who may be facing the decision to have surgery. Volunteers should be in good health, possess a positive outlook towards their ostomy, and be willing to devote a few hours per month to patient support, either in hospital, in the patient's home, or on the phone. You will be required to attend a free training seminar and abide by the rules and visiting protocol dictated by the UOAC and by participating hospitals, health units, doctors, and affiliated enterostomal nurses. All types of ostomies, and all ages are welcome. Currently we are in most need of males in the age bracket of 40 - 60, for colostomies, urostomies and ileostomies.

Training seminars are held throughout the year in response to demand.

If you would like to get involved, or would like to know more about the program, please contact the Visiting Coordinator, Debra Rooney at 604-683-6774, email autodraw@shaw.ca

A five year old boy went with his dad to see a new litter of kittens. On returning home, he breathlessly informed his mother, "There were two boy kittens and two girl kittens." "How did you know that?" his mother asked. "When daddy picked them up he looked underneath," he replied. "I think it's printed on the bottom."

Origins of Sayings



Ever wondered where these came from?

In the 1500's, houses had thatched roofs -- thick straw, piled high, with no wood underneath. It was the only place for animals to get warm, so all the dogs, cats and other small animals (mice, rats, and bugs) lived in the roof. When it rained, it became slippery and sometimes the animals would slip and fall off the roof, hence the saying, **"It's raining cats and dogs"**.

The floor was dirt. Only the wealthy had something other than dirt, hence the saying **"dirt poor."**

The wealthy had slate floors that would get slippery in the winter when wet, so they spread thresh on the floor to help keep their footing. As the winter wore on, they kept adding more thresh until when you opened the door it would start slipping outside. A piece of wood was placed in the entry way. Hence, a **"thresh hold"**. (Editor's note: I don't know what 'thresh' is either, but let's press on)

Lead cups were used to drink whiskey or ale and the combination of metal and liquor could knock the drinker out for a couple of days. Someone walking along the road would take them for dead and prepare them for burial. They were laid out on the kitchen table for a couple of days and the family would gather around and eat and drink and see if they would wake up. Hence the custom of holding a **"wake"**.

England is small and they started running out of places to bury people. So they would dig up coffins and take the bones to a 'bone house' where the coffins would be re-used. It was discovered that one out of 25 coffins had scratch marks inside, indicating that people had been buried alive. So they thought they would tie a string on the wrist of the corpse, lead it through the coffin, up through the ground and tie it to a bell. Someone would have to sit in the graveyard all night (the **"graveyard shift"**) to listen for the bell. Thus, someone could be **"saved by the bell"** or was considered a **"dead ringer"**.

Contributed by Gerhard & Erika Sonnenberg



COME SOAR WITH US!

Soaring means going to greater heights. The Gander and District Chapter of UOAC invites you to come and explore new heights August 19 - 21, 2004 at our annual conference.

Gander is a unique town. It is classified as the crossroads to the world. It has historic grounds, a history in aviation, and the beauty of the Gander lake is awesome. Whether you visit the aviation museum, the Silent Witness, or take a stroll along Cobb's Pond, you will find Gander's got it all. So, come join us and explore the hospitality of true Newfoundland.

Chair, Murray Norman

The Vancouver UOA Chapter would like to extend a warm welcome to the following new members:

Bob Ayotte
Noella Pearson
Anne Ironside

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AVOIDING POUCH LEAKS

There are many reasons why ostomy pouches may leak. Below are the most common problems and suggestions for handling them. For further information, consult your ET nurse.

1. Poor adherence to peristomal skin. Make sure your peristomal skin is bone dry before applying your pouch. Hold a warm hand over the pouch and stoma for 30 to 60 seconds after application to warm it and assure a good initial seal.
2. Wrong size pouch opening. If the size of your stoma has changed due to post-operative shrinkage, weight loss or gain, and you haven't remeasured and adapted the opening accordingly, you may get undermining of the wafer and leakage.
3. Folds or creases. If skin folds or creases have developed and leakages are always along the crease, wafer pieces or ostomy paste can be used to build up the area in order to avoid leakage. See your ET nurse for 'how-to' information.
4. Peristomal skin irritation. Pouches don't stick well to irritated skin. So perform meticulous skin care to avoid irritated or denuded skin or a rash. If any of these problems develop, see your ET nurse as soon as possible.
5. Improper pouch angle. If the pouch doesn't hang vertically, the weight of its contents can exercise an uneven pull on the wafer, and cause leakage. Every ostomate

must find his or her optimal angle, based on individual body configuration.

6. Waiting too long to empty the pouch. Pouches should be emptied when one-third to one-half full. If allowed to overfill, the weight of the effluent can break the seal and cause leakage.
7. Extremely warm temperatures. Leakage in warm temperatures may be due to wafer 'melt-out'. More frequent pouch changes or a change in wafer material may be required to avoid leakage.
8. Pouch wear and tear. Disposable wafers do wear out. If you are stretching your wear times to a week or more, leakage may be due to the wafer wearing out. Try more frequent pouch changes.

Source: Oregon Ostomy Assoc. and Snohomish Cty. (WA) 'INSIGHTS', via Island Ostomy News, Victoria

THE NEW OSTOMATE AT SENIOR AGE

Because the population as a whole is living longer, greater numbers of people are suffering illnesses that require ostomy surgery. Problems the senior new ostomate may face include:

- **Fear of increasing dependence and non-acceptance by family.** Family acceptance and support is essential for complete rehabilitation.
- **Un-preparedness for a stoma.** Surgery may often be done as an emergency procedure, and there has been little time for an older person to adjust to this change in body image. Often the older person is confused after surgery because the hospital routine is foreign -- side rails are up and he or she is confined as though a child. It is in this condition that he or she first gets acquainted with their ostomy.
- **A hard-to-manage stoma.** Particularly if created in emergency surgery, the stoma may be adjacent to a wound or poorly positioned.

Experienced ostomates and caregivers can and should work to teach the senior or new ostomate acceptance and self-care. It might take extra patience. Ability to learn does not diminish with age, but speed of performance and reaction time decline and it takes longer to learn new tasks. A word of advice to those working with new ostomates in the senior category: allow your student to learn one task well before proceeding to the next one.

Source: Johnstown UOA, via The Mail Pouch (Edmonton)

What's that SMELL!?!?



Colostomies tend to emit more odor than ileostomies because of the bacterial abundance in the colon. When sigmoid and descending colostomies are irrigated persistent odor is less of a problem than with a transverse colostomy where semi-liquid drainage tends to be rather malodorous. Ileostomates experience almost continual peristaltic waves which sweep the ileum and prevent stagnation of the intestinal contents, thereby eliminating the major cause of odor, ie. bacterial growth. Extreme and persistent odor from an ileostomy could be an indication of a secondary problem, such as a stricture or blockage. Urine has a characteristic odor, but a foul odor could be a sign of infection due to overgrowth of bacteria. Certain foods will affect the odor of both feces and urine -- eggs, onions, spicy foods, cabbage, and fish to name a few -- you may want to cut down on your consumption of these if odor is persistent. Proper appliance application as outlined in the previous article is critical to avoid odor-causing leaks. Here are some more tips and products:

POUCH DEODORANT. All the major companies offer bottles of liquid ostomy deodorant. A few drops of this in the pouch can help dispell unwanted smell. If you find these products too expensive cheaper alternatives are to put some regular mouthwash, toothpaste, a strong peppermint candy, or cinammon in the pouch. Urinary ostomates should clean their pouches periodically with such agents as Uri Kleen, etc. Vinegar solutions also work although regular use of these can damage some pouch brands.

CLEAN THE TAIL OF YOUR DRAINABLE POUCH! Emptying regularly is important but just as important to odor control is wiping out the inside of the end of the pouch tail before you replace the clip.

INTERNAL DEODORANT PRODUCTS. One of the more popular ones is Devrom tablets (bismuth subgellate) available through your ostomy products supplier. You can also purchase chlorophyll capsules at your local health food store, which produce much the same effect, that of neutralizing the bacteria which produces excess odor in fecal matter and gas.

Yogurt can help control gas formation.

Cranberry juice helps reduce odor for urostomates.

Eat parsley! Next time you get a sandwich with parsley garnish don't throw it away! It's one of nature's best deodorizers.

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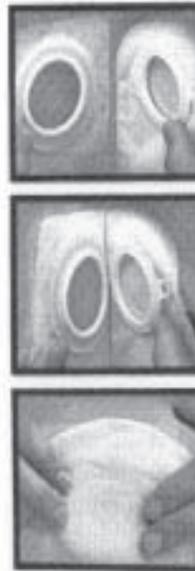
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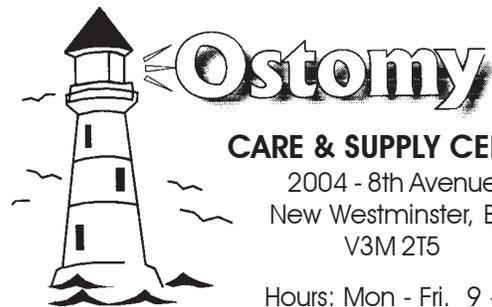
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Andy (Andrea) Manson, R.N., B.S.N., E.T.
Joy Watkins, R. N., E. T.

How Should I Carry My Supplies?

Even if your ostomy is predictable and well behaved, it's wise to carry a spare pouch or flange when going out for very long. New ostomates can be understandably leery about being separated from their full kit when away from home. If their ostomy requires extra maintenance, such as paste, tape, skin wipes and so on, this can pose a problem -- how do you carry all this stuff? One of our new gentlemen posed the question, "You ladies have purses, but what can I use?" Good question. We gals have selection galore and are used to carrying a purse or handbag -- guys may not be in that habit and their gear may not fit in a jacket or pants pocket. What's a fellow to do? Well, here is a brief fashion run down:

The backpack.

A universal sight everywhere you go, it seems like half the planet has one of these things. One drawback is it can be a nuisance for arthritic shoulders to get on and off. Carries lots, though, and you look athletic.



The briefcase.

Will hold all you need but can be heavy plus you can't sling it over your shoulder. Looks really professional, though. People will think you are off to a business meeting.



The European look. Very stylish but doesn't hold a lot, plus if you're not used to carrying a handbag it's easy to set down and forget somewhere.



Sling packs. A cross between a backpack and a messenger bag, these are way cool. (Personal favourite)



Lunch bags. Although the square shape is a bit awkward, these are great. It looks like you're carrying your lunch. Added bonus: most are insulated which can be handy for keeping flanges cool in hot weather.



Messenger bags. These are the latest rage with students and the fashion-conscious. Looks great, holds lots and lies flat next to your side plus the strap ensures you won't misplace it.



Crohn's and Colitis



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HEEL 'N' WHEEL-A-THON

Crohn's and Colitis Foundation of Canada

Annual fundraiser Sunday, **June 13** at Locarno Beach, Vancouver!

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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.

UOA of Canada Inc.: www.ostomycanada.ca

NEW www.nogutsknowglory.com campaign by Vancouver man to raise awareness, funding and research of intestinal disorders by climbing the highest peaks of seven continents.

NEW <http://www.geocities.com/mr-ostomy/Foodblockage1.htm>
(food blockages & hernias)

International Ostomy Association: www.ostomyinternational.org

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

Coquitlam Chapter: www.geocities.com/coqcon

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

Friends of Ostomates Worldwide: www.fowcanada.org/

Crohn's & Colitis Foundation of Canada: www.cafc.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://groups.msn.com/GVsOstomyCafe/foodfoodandmorefood.msnw>
(diet guide for all ostomy types)



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

STOMA CLINICS IN VANCOUVER AREA

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VANCOUVER

Vancouver General Hospital 855 West 12th Avenue
Deb Cutting, ET. Tel (604) 875-5788
Beth Schultz, ET.
Eva Sham, ET.
Candy Gubbles, ET.

UBC Hospital

2211 Westbrook Mall
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WOC Nurse Tel (604) 822-7641
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Maureen Moster, ET.

St. Paul's Hospital

1081 Burrard Street
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Ext. 62917 Pager 54049

Children's Hospital

4480 Oak Street
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Local 7658

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MEMBERSHIP RENEWALS!

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

Would you like to receive HighLife electronically? Issues are now available in printable 8 1/2 x 11 PDF format. Please email the editor and you will be added to the newsletter email list. Your issue will reach you faster, and save the chapter mailing costs. (AND it's in COLOUR!) You will need Adobe Acrobat to read these files. For a free version of this software, go to:

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MEMBERSHIP APPLICATION

Vancouver Chapter United Ostomy Association

Membership in the UOA of Canada is open to all persons interested in ostomy rehabilitation and welfare. The following information is kept strictly confidential.

Please enroll me as a new renewal member of the Vancouver Chapter of the UOA.

I am enclosing my annual membership dues of \$30.00, which I understand is effective from the date application is received. I wish to make an additional contribution of \$ _____, to support the programs and activities of the United Ostomy Association of Canada. Vancouver Chapter members receive the Vancouver ostomy highlife newsletter, become members of the UOA Canada, Inc. and receive the Ostomy Canada magazine.

Name _____ Phone _____

Address _____

City _____ Postal Code _____ Year of Birth _____

Type of surgery: Colostomy Urostomy Ileostomy Continent Ostomy

All additional contributions are tax deductible. please make cheque payable to the
UOA, Vancouver Chapter
and mail to: Mien van Heek, 2604 Haywood Avenue, West Vancouver, BC V7V 1Y6