



# Vancouver Ostomy **HIGH** *Life*

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*A non-profit volunteer support group for Ostomates. Chapter Website [www.vcn.bc.ca/ostomyvr/](http://www.vcn.bc.ca/ostomyvr/)*

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## UOA ANNUAL CHRISTMAS PARTY!



Once again we will be hosting our Annual Christmas Party to be held:



**Sunday, December 5, 2004**  
at the Holiday Inn, 711 West Broadway  
Vancouver, BC

**Doors Open: 12:00 Noon • Lunch Buffet 12:45**

*The Buffet includes:*

*Waldorf, Caesar and potato salads • Roast Turkey, potatoes, dressing • Cranberry sauce, glazed carrots and green beans • Chef's Dessert Table  
Coffee, Tea, Orange Juice and Wine*

### Admission

Member	\$17.00
One Guest per Member	17.00
Additional guests	18.00
Children (4 to 11 years)	10.00
Children (under 4 years)	free

Please make your reservations no later than November 29 by contacting Nora Turner in the evening at (604) 738-7065. In order to decrease paperwork at the door we prefer that you mail your buffet and raffle ticket money; however you may pay at the door as well. Please make your cheque out to UOA Vancouver Chapter and mail your cheque to:

**Nora Turner**  
**110 - 1551 West 11th Avenue**  
**Vancouver, BC V6J 2B5**

RAFFLE TICKETS are included in this newsletter. CASH PRIZES!! Six for \$5, or one for \$1. Complete these and mail them, along with a cheque, to Nora. We've had many out of town winners in past years. If you are able to, we ask that you bring a small gift for the door prizes. All donations will be acknowledged in the newsletter.



## President's Message

Hello to you all.

Another fall is here and aren't the trees looking beautiful! I hope that you all had a very good summer and enjoyed any vacations that you had? Our last meeting was very successful and the speaker Andy Manson was very well received, some of the comments I received said it was one of the best meetings, so we shall have Andy back in the New Year.

Our Christmas Party is to be held on December 5<sup>th</sup> at the Holiday Inn, more information will be published in this Newsletter. I hope to see many of you there.

I would like to take this opportunity to thank all the committee and many helpers for their support during the year.

Have a good Christmas and a very happy New Year to you all.

Ron.

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

**Doris Mah  
Amy Ridout  
Angela Akkerman**

### 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.

## From the Editor



Time to change that old passport picture. Pretty soon the photo will catch up to what colour my hair really is these days.

UOA Canada head office is reorganizing membership lists; previously, new or renewing members paid fees either in January or July. Membership renewal for all chapter members will now be once a year, in January. If you receive a renewal notice from the national office and believe you have already paid your membership, or are unsure when you should be renewing, please call our Membership Coordinator Arlene McInnis at 604-929-8208 and she'll sort things out. It's been a bit confusing to say the least so your patience is greatly appreciated.

I'm going to steal some words from Leslie Davis, Editor of the Okanagan Ostomy News which I think are appropriate at this time: *"At every renewal, there are always some members who don't renew, for what ever reason. We are sorry to lose them. At this time, both personally and on behalf of UOA Canada, I urge you all to renew your memberships. With the provincial and federal governments talking about a national pharmacare program it is imperative that UOA Canada retain a strong voice to promote our interests, and this can only be through a large and strong membership. Please remember that not all provinces include ostomy supplies in their pharmacare programs. We need a strong representation to ensure that the coverage we presently enjoy will continue under a possible new federal program."*

Best Wishes for the holidays to you all,  
Debra

### DONATIONS AND BEQUESTS

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



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# OSTOMATES RECEIVING CHEMOTHERAPY

## ALL OSTOMIES:

### 1. Peristomal skin reactions

- Skin is more difficult to heal due to increased blood counts. Take extra care of skin when pouch is removed; concentrate on good skin hygiene.
- Chemotherapy may cause deep red or purple skin discoloration under pouch faceplate. Small red spots may appear under pouch due to decreased platelet counts as on other areas of skin -- let physician know if this occurs.

### 2. Stoma Reactions

- Stomatitis - small ulcers may appear on the stoma as on the rest of the gastrointestinal tract (for mouth ulcer treatment use equal strength peroxide rinses 4 to 6 times daily. Physician may recommend that stoma dilations and irrigations be stopped until stomatitis resolves itself. Don't use solvents or irritating substances on the stoma.
- due to decreased platelet count, the stoma may bleed when touched.

### Increased need for hygiene due to low white cell counts

Peristomal skin may be more prone to infection. If wearing permanent pouches, it may be necessary to change to wearing disposable pouches to help increase cleanliness.

## COLOSTOMIES AND ILEOSTOMIES



### 1. Diarrhea

- possible reaction to chemotherapy; monitor amount of stool output; inform physician if increased significantly above normal.
- Drink adequate amount of fluids - as many glasses of liquid as you can; may be difficult if nausea medicine is taken prior to meal times.
- eat foods to help thicken stool, ie. applesauce, cheese, white rice, bananas, peanut butter, plain tea and boiled milk.

Stay away from fatty foods, highly spiced foods and foods or beverages which cause gas or cramping.

- Potassium is lost in diarrhea and needs to be replaced. Foods high in potassium are bananas, fish, potatoes, apricot or peach nectar, meat and Gatorade. Your physician may order potassium supplements.

### 2. Constipation

- an occasional reaction to chemotherapy (may also be a reaction to some pain medications such as codeine)
- drink adequate amount of fluid, as above. Prune juice daily may be helpful.
- eat foods with a laxative effect, ie: raw fruits and vegetables, chocolate, coffee, cereals, bran, whole wheat bread, dried fruit and nuts. (*Editor's note: be cautious with the dried fruit and nuts. Tossing back a bag of trail mix all in one go when your bowel is cranky is asking for it. Start with small amounts and chew THOROUGHLY.*)
- try to stay away from strong laxatives

## UROSTOMIES

Check carefully for skin infections, especially yeast. Obtain physician's prescription for treatment with Mycostatin powder. Some chemotherapy may turn urine colours -- don't be alarmed. Adriamycin turns urine red, methotrexate turns urine yellow. If any blood is noted in the urine, report this to your physician immediately. Some chemotherapy drugs need to adequately flushed from the kidneys -- cytosan, cisplatinum. Drink LOTS of water.

Source: Inside-Out Online, Ottawa Ostomy News Sept 2004

# SASO COLUMN

*(Spouses & Significant Others)*

*-by Shirley Dool, reprinted courtesy Edmonton Mail Pouch*

In my last article I wrote about my husband, Lawrence, and how he ended up with an ileostomy. Before this happened we had never heard of a "heart attack of the bowel" and our experience with ostomies was limited to an uncle who had a colostomy due to colon cancer. In hindsight we now realize that another uncle, who had lost almost all of his small intestine due to a blockage and consequently died of this disorder, also had a "heart attack of the bowel". It turned out, after numerous medical tests, that there is a condition that can run in families, in which the hemostyene levels in the blood cause clotting. Lawrences's clot stopped at the colon instead of some other vital organ. The treatment for this disorder is warfarin, which we lovingly call "rat poison", to thin the blood. This, in turn, can cause other problems, such as bleeding. This march, Lawrence had such a severe nosebleed that he lost half of his blood volume and had to receive 4 units of blood, plus three bags of platelets. Thank God for our blood bank! He is still recovering from this blood loss but is getting better every day, although he has stopped the warfarin, at least for now.

Our family doctor once said that we should write a book. We seem to have the strangest health experiences in our family. In January of this year, thirteen months after Lawrence had his colon removed, another family member also lost her colon. My mother-in-law was suffering from severe constipation and went to emergency at our local hospital. They did not x-ray for blockages but they did give her an enema and a bottle of Citro-Mag to "clean her out." Six hours later, she was in so much agony that she returned to emergency where they x-rayed her and found a blockage. She was sent to Misericordia [hospital] where they did emergency surgery to discover a burst colon. She now has an ileostomy.

Needless to say, she was in shock, as well as the rest of the family. It hasn't been easy for her to cope with an appliance at the age of eighty, but we are very lucky to have Home Care. They come in and help her change her appliance, as her fingers are not as nimble as they used to be. My sister-in-laws have all learned how to help her, and I am also available if needed.

But, we all learned an important lesson with Mom. There is a terrible lack of ostomy training in our medical system. After her surgery, my mother-in-law was sent to our local hospital to recover, as she lives alone in a senior's apartment. The nurses on the unit had little experience in handling an appliance. She had a few pop offs, and was treated badly by one nurse who complained about her ileostomy leaking before she could get a new appliance on. another

changed her appliance by simply ripping it off, tearing all her skin under the flange. Although there was an ostomy nurse who came to our local hospital, she was unavailable so we got a pass, and took Mom to see Tracy at Misericordia. She contacted our local hospital and some of the problems were cleared up.

Later, we also had the same experience with Lawrence when he haemorrhaged. Swallowed blood is real nasty in your appliance! I asked a nurse in the ER if they had any ostomy supplies so his bag could be changed. They came and put a Hollister bag on his Convatec flange. It stayed on exactly 1 minutes before it fell off. Then they left him there while the muck ran out on the stretcher, as I ran to the car to grab his emergency pack to fix him up. While he was in the hospital I had to change his appliance for him, and actually had a nurse ask to watch as I did it. She said that they do so few ostomies that they forget what they were taught, unless they are on a ward that has ostomy surgeries.

I have become a strong advocate in speaking about ostomies and will talk about it to anyone who will listen. I

*cont. page 12*

  
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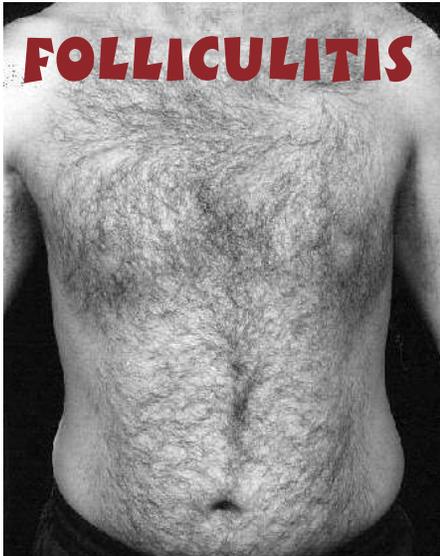
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**F**olliculitis is an inflammation of hair follicles. It is usually caused by traumatic hair removal, for example, hair under the pouch skin barrier is pulled out when the skin barrier is removed. Prevention is the key to managing skin complications, so, in this case, you should use an electric razor or scissors to clip the hair.

If folliculitis does occur, it can sometimes be confused with a yeast infection. The skin under the faceplate or

wafer is red and small pustules may appear. On close inspection, though, in folliculitis pustules will be seen only at the hair follicles. Treatment includes modifying the shaving and the pouch removal method as needed to prevent further damage. Usually the use of a skin protective powder will permit the skin to heal.

In a few cases, antibiotic powder (prescribed by your physician) may be required. If you suspect you may have folliculitis, you should see your ET nurse to confirm and treat the problem.

Folliculitis can also occur using an electric razor if the parastomal skin is not thoroughly cleaned each time before using the razor. you may actually 'gum up' the blades causing it to pull the hair from the skin instead of cutting it. This can cause the same redness and irritation as pulling hair out with removal of the faceplate. If you use an electric razor keep the heads clean and replace them if they show signs of gumming up.

Replacing electric shaver heads can get rather expensive. As an alternative you might consider using disposable safety razor blades such as BIC. Use a mild soap without cold cream, lathering the skin lightly before shaving the parastomal area. Then rinse well and dispose of the razor along with your used pouch. The use of a straight razor is not recommended here. Very few people use them anymore anyway, but the obvious reason for not using them is that they would be awkward to handle in that area. A slip could cause damage to the stoma.

Source: *Evansville Re-Route*

**SHAVING TIP**  
Nervous about using a razor near your stoma?  
Use an empty cardboard toilet roll as a shield.

## TIPS & TRICKS

**Regular (unflavoured) Maalox** applied around the base of the stoma can help relieve raw and irritated skin. Allow to dry thoroughly before applying your pouch.

**If using a hairdrier** to speed up drying of the parastomal skin during a change keep it on LOW setting so you don't burn the delicate stoma tissues.

**If you are being admitted** to hospital for tests or any other reason, take your own ostomy supplies with you! The hospital may not stock what meets your particular needs, or attending nurses may not be familiar with ostomies. Even if the hospital has what you require, it may take a bit of time to locate it.

## Emotion and Your Colon

via: *South Brevard FL, The Re-Route, Regina Ostomy News*

Do negative emotions contribute to Irritable Bowel Syndrome (IBS)? This is the question asked by some British researchers as reported in the *Lancet*, the British medical journal. In an effort to determine whether anger, excitement, or happiness had any effect on the bowel, 18 patients with IBS were hypnotized. In turn, all had these emotions induced. A catheter was inserted in each patient's colon. The catheter revealed that anger and excitement increased the rate of colonic contractions, while excitement only reduced the contractions. Hypnosis itself, without any induced emotions, also reduced colonic motility, which suggests that hypnosis might help in the treatment of IBS.

We've all learned from personal experience that emotions do, indeed affect our entire body. We see flushed faces and perspiration, and tightening of muscles in the throat and stomach, as well as increased energy when we are angry or anxious. Excitement brings some of the same symptoms, while happiness finds us relaxed and calm. It is interesting that it shows up in the colon as well and may contribute to some colonic problems.

## OSTOMY CARE AND SUPPLY CENTRE

# Ostomy Appreciation

Join us for refreshments and a complimentary gift on

**Saturday, December 4, 2004**

**10:00 am - 2:00 pm**

- An opportunity to meet representatives from the major ostomy suppliers

Hollister  
3M  
Coloplast  
Convatec

- Visit with other ostomates from the United Ostomy Association and talk with others who have had pelvic pouch surgery

- Meet our ET (ostomy) nurses:  
Andrea (Andy) Manson, RN, ET and Joy Watkins, RN, ET



**OSTOMY CARE AND SUPPLY CENTRE**

Located in West End Medicine Centre  
2004 8th Avenue, New Westminster

**Phone: 604-522-4265**

# COLOSTOMY IRRIGATION

If you have been given a sigmoid or descending colostomy, you may be a candidate for irrigation, a procedure that flushes waste out of the large bowel with ordinary water. Those whose bowel responds favourably to the procedure do not have to wear standard appliances, and are freed from the usual round of changing and emptying for 24 to 48 hours. Successful irrigators can wear stoma caps, mini-bags or in some cases, continent ostomy patches rather like a large bandaid.

Who makes a good candidate for this? Again, you must have enough large bowel remaining for the procedure to be effective; ileostomies, urostomies, ascending colostomies and nearly all transverse colostomies are not eligible. You need to have a reasonable level of hand/eye coordination, and the ability to master a simple sequence of steps. If your bowel habits before surgery tended to be regular this is a promising sign that irrigation will work for you. If bowel irritability was common before your surgery, or if you were prone to diarrhea, chances are irrigation may not be much of an improvement for you. If you have a hernia, you should not try to irrigate as this could exacerbate the problem.

Irrigation takes about an hour. Some people do it every day, some every second day depending on what results they achieve or how much time they choose to devote to this form of ostomy management. A basic starter kit of supplies will run you about \$70; after that, depending on use, you'll spend about \$20 or less per year on disposable components. Irrigation is cheap. It doesn't hurt and you can do it in your own bathroom (or any bathroom for that matter)

You will need to be instructed by your ET nurse in what supplies to buy, and how to use them. If you are interested in learning more, do give your ET a call and arrange an appointment. In addition, our Visitor Program can match you with experienced irrigators who would be happy to answer questions,

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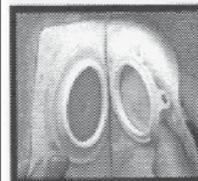
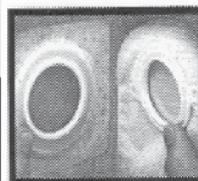
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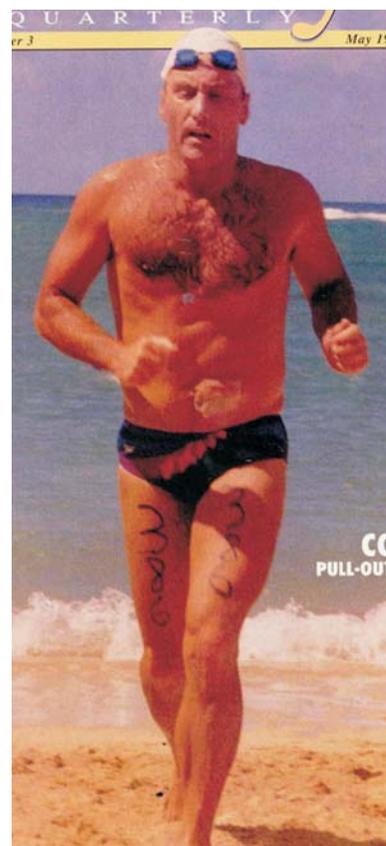
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### Want proof that it works?

The man at right was cover boy for Ostomy Quarterly a few years back. He has an irrigated colostomy.

He's also finishing the first leg of a triathlon!



## OUR STORIES

---

# Diving with an Ostomy

By Arlene McInnis

Scuba diving has been a sport my husband Mike and I have enjoyed for almost 20 years. We have been fortunate to be able to travel to tropical waters at least once a year to pursue our enjoyment of this wonderful sport. I had always assumed that diving would be one sport I would be able to enjoy well into my senior years as it is very relaxing, easy on the body and very safe. Plus our pursuit of new diving locations has taken us to many wonderful places. We have also made many new friends and enjoy the camaraderie that exists among fellow divers.

I was told in April 2003 that I had colorectal cancer and would need surgery to remove a small mass. I was also told this surgery would more than likely result in a permanent colostomy. Many things crossed my mind during those first few minutes as I absorbed the diagnosis. Understandably the idea of this type of surgery ever happening to me had never entered my thoughts. It's not something one has much time to plan for. My main concern was not over the cancer but how my life might be altered with "the bag". Would I have to give up my active lifestyle? Would I be able to hike, bike, golf, swim and scuba dive? Would I be able to travel? Through my work I have met many wonderful people with various disabilities but never anyone with an ostomy. I definitely needed to find someone who could answer the many questions I had firsthand. My ET nurse put me in contact with a member of the Vancouver chapter of the UOA who led a similarly active lifestyle. She gave me tremendous support and optimism regarding my upcoming surgery. This person was *High Life's* very own editor Debra!

My surgery was a little more complicated than originally planned and after spending six months with a temporary ileostomy I had a final surgery in late November, which left me with a permanent colostomy. My surgery date coincided with my 25<sup>th</sup> wedding anniversary therefore our special anniversary scuba trip had to be postponed. Fortunately this second surgery was a breeze and I was soon learning how to manage my "new plumbing". I was also not required to have any further treatment for the cancer so I slowly started back to my regular activities. I was hiking, swimming and working out at the gym and was quickly finding out that my ostomy wasn't holding me back at all. But I knew to really prove to myself that I was well again I needed to be back underwater. I found numerous ostomy support sites on the Internet and to my delight discovered that there were a few people who were scuba divers. As I asked questions and read about their positive experiences I started to feel more confident that I would soon be enjoying the underwater world

again. So I began to plan our delayed 25<sup>th</sup> anniversary trip for October 2004. The following is my experience traveling to the Bahamas in the fall of 2004 almost a year after my colostomy surgery.



I spent the months leading up to our trip testing various ostomy-pouching systems trying to imagine how they would hold up underwater for a few hours each day. Not to mention being in a hotter climate than I'm used to. Also how would my appliance look under my swimsuit? I am fortunate to have a well-placed stoma that sits well below the top of my two-piece swimsuit bottom. I was looking for a flange that wouldn't show above my suit and have a relatively low profile. I tried both one and two-piece systems, each with its own positive feature. The one-piece tended to be lower in profile but the two-piece allowed for easier venting of the gas my over-active system tends to produce. As a non-irrigator I also need an easily drainable pouch preferably clipless. I narrowed it down to two systems that had been working well for me on a daily basis; the Coloplast Assura and the Convatec Sure Fit, both two-piece systems.

My first concern was selecting the product that would work the best during the 13-hour trip from Vancouver to the Bahamas. I'm not a relaxed flyer and was concerned that my nervousness might produce excess gas. I didn't want to be up and down to the washroom to vent my pouch. I have had quite good success with the vent on the Coloplast pouch as long as the pouch is new and the vent is perfectly dry. So on the morning of our flight I snapped a new pouch onto the flange I had changed the night before, ate a light breakfast and had no problems at all with a ballooning pouch. Emptying any contents was easily handled in the airplane lavatory. Basically I learned flying with my ostomy was a non-issue. A good tip would be to get an aisle seat near the washroom just in case.

Our week-long diving adventure was to be spent on a live aboard catamaran with 20 other divers. The boat I had chosen was very spacious with large, individual staterooms with private bathrooms. This is the type of

accommodation I've insisted on for many years so nothing new here. Also I decided not to mention my ostomy to the boat's crew, as I didn't want to be singled out as maybe needing extra attention. But there were no questions asked regarding health issues so I wasn't put in a position of having to not be totally honest about my condition. Some dive operators insist on medical forms listing possible health concerns such as recent surgeries or hospitalizations. So the dive orientation the first night on board was a breeze and I looked forward to getting in the water the next morning.

Before leaving on this trip I had purchased a new buoyancy compensator vest (BC) with an integrated weight system. I had previously done all my diving using a belt onto which lead weights are attached. These types of belts tend to rotate around my middle during a dive and I would sometimes surface with 10 pounds of lead weight sitting on my tummy. My new BC has pockets that sit at the back of my ribs so I was able to eliminate any equipment that might rub against my stoma. Anyway a good excuse for some new equipment! Also taking the first dive slowly to get used to my "new equipment" had a double meaning.

We arrived at the first dive site shortly before breakfast after an early morning 4-hour trip from Nassau. The site was at the northern end of the Exuma Islands. I decided to skip breakfast to ensure a quiet stoma for my first dive. I pulled on my one-piece swimsuit and then a full-length lightweight wetsuit. The wetsuit kept my pouch nicely flattened against my tummy. A short step off the back of the boat and I was in the water. The dive was a shallow orientation dive over some pretty corals heads on a white, sandy bottom. Many colourful reef fish entertained us and the 84-degree water made the dive effortless. After what seemed like a very quick 60 minutes I was back on the boat.

Nothing felt out of the ordinary and my pouch was barely even wet as it was nicely protected by my wetsuit. I

checked the adhesive around the outer edge of the flange to find it slightly damp but after a quick blow with a hair blower it was firmly sealed. My first dive was a total success!

The next dive wasn't for another 4-5 hours as the boat repositioned to Little San Salvador Island south of Eleuthera. I was pretty hungry by this time so I decided to have a small bit of lunch, hoping my stoma wouldn't get too active for the next dive. I was pleasantly surprised as my stoma only let out a few puffs before settling back down. The second dive was a little deeper and a little shorter. We enjoyed a beautiful wall with lots of coral and reef fish. Once back on the boat I had a nice hot shower and dried off my appliance that was still holding perfectly. Two great dives with no problems called for a beer! Thus my first day of diving was over. I looked forward

to enjoying a nice dinner and letting my stoma do what it wanted over the course of the evening!

Diving over the next few days followed the same pattern as the first day. Some days I got brave and had breakfast and found that even if my stoma got a little active underwater it wasn't a problem. The benefits of diving off a live aboard boat are that the boat is never too far away and a private bathroom is always available once you get out of the water. I had

advised my husband that if I felt my pouch was filling up too much I would give him a sign and head to the surface and back to the boat. It never happened though.

I had also been concerned about what might happen if I released too much gas into the pouch while underwater. The tendency would be for the gas to expand as one ascended. But I never had more than a few small puffs while down so it never was an issue for me. I decided to change my appliance after three days diving mainly to really see how it was holding up. When I removed the Coloplast flange it was still in good shape and probably could have gone another couple of days. I also wanted to test out the Convatec Sure Fit system. With both systems I use a small amount of Eakin seal around the opening of





## Bacteria and Your Pouch

*from Ottawa (Ont) Ostomy News; via Metro Halifax (NS) News*

Many patients having ostomy surgery worry about bacteria. Those with colostomies and ileostomies ask if their stomas will become infected with the discharge of stool. This is a myth! The stoma is accustomed to the normal bacteria in the intestine. Keep the skin around the area clean and be careful of adjacent wounds. You may want to keep fecal drainage away from the incision. Don't worry about the ostomy becoming infected from normal discharge. Nature has provided well. Our bodies are accustomed to certain bacteria.

The urinary ostomy patient is more likely to be susceptible to infection than the other types of ostomies. Urine is usually sterile. It is important to keep the urinary pouch very clean. On days that it isn't changed, it should be rinsed with a solution of 1/3 white vinegar to 2/3 tap water. This can be allowed to run up over the stoma and will also help prevent crystals. The vinegar produces an acid environment in your pouch. Bacteria cannot multiply as readily in an acid condition.

Your night drainage pouch should be cleansed daily. White vinegar and water can be used for this too. Perhaps some of you use a special disinfectant or diluted Lysol solution. When the

drainage bag has sediment that cannot be removed by cleaning, it should be discarded.

Drinking plenty of fluids is important for all ostomates, but especially for the urostomy patient. Many urologists also prescribe vitamin C to help keep the urine acid and less susceptible to infection (Check with your doctor first, as some persons have reasons that would be exceptions to this). Cranberry juice helps to keep the urine acidic.

Ostomy patients should strive to live a normal life, keep fit nutritionally (this helps prevent infection), drink sufficient fluids. Don't live in fear of infection.

## UROSTOMY HINTS (II)

*-via Battle Creek MI, Whittier CA, CA and South Brevard FL Newsletters*

If it is difficult sleeping with straps controlling your night drainage tube, use the catheter leg strap and position it so that the tube runs down the inside of the right leg, and you can roll over and sleep much more comfortably.

If you lose the small rubber washer on the drainage plug, it is reported that it can be replaced with a rubber hinge that is used to tighten eyeglasses. If the washer on the urinary valve stretches, let it dry thoroughly. It may help to insert 2 oz. of a vinegar-water solutions (1/2 cup white vinegar to 1 quart water), through the outlet valve of your emptied appliance twice daily. Do this in the morning and once at bedtime. Lie down for 20 minutes to allow the solution to "bathe" the affected area.

Appliances should be changed first thing in the morning. Most cement is waterproof, so if a drop of urine dribbles on newly-cemented skin, blot it away with a tissue.

A urostomate can have a normal GI X-rays without a problem. Never allow anyone to put barium in your stoma. At times, dye is injected through a soft plastic catheter into a urostomy for retrograde ureter and renal studies (called an ilco-loop study). It may be performed on a urostomate with a Kock pouch. the dye will be injected via a large syringe. This can be very painful if not done slowly. Even 50 cc (about 1/4 cup), injected rapidly, can cause pressure. Remember to request that the injection be done very slowly.

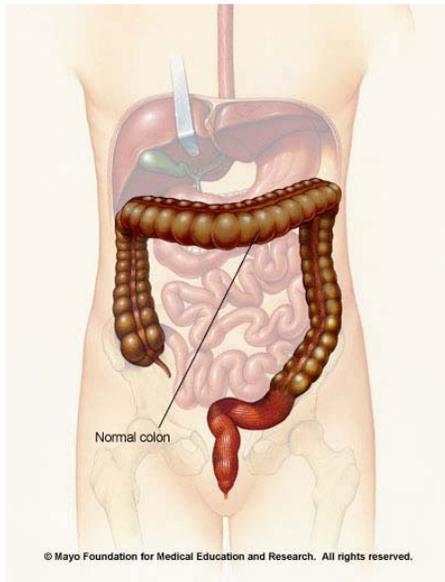
*New Patients' Corner cont. next page*

# WHAT IS REDUNDANT COLON?

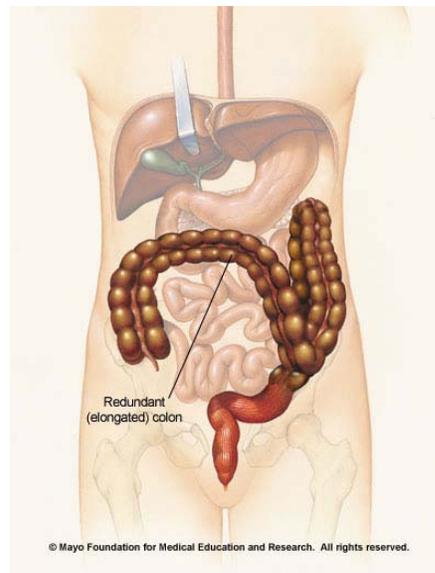
- *Mayo Clinic Housecall*

The term *redundant colon* describes a large intestine (colon) that is longer than normal and as a result has repetitive, overlapping loops. Typically, this is a normal anatomic variation. It usually causes no symptoms and needs no treatment. A redundant colon may be found incidentally on a colon X-ray (barium enema) done for some other reason. Rarely, it may cause a serious problem by twisting around itself (volvulus) and obstructing the colon. This causes cramping abdominal pain and usually warrants prompt medical attention.

**Normal Large Colon**



**Redundant Large Colon**



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## September 19 Meeting

Andy Manson was guest speaker at the September 19 meeting. An ET who has worked many years in the field and who is well known to many of our members, Andy's discussion focused on skin problems and care. A slide presentation followed questions from the floor. The chapter has revived the practice of giving guest speakers a certificate of

thanks, which was presented to Andy by our president Ron Dowson. Many thanks to Andy for a most enjoyable afternoon. See her ad for her open house this December 4.



## PETS AND OSTOMIES

It may seem like an unusual concern, but enough pre-op patients have expressed worry over how their animals are going to react to their ostomy to warrant addressing the question. Will a new ostomate's pet(s) behave inappropriately or



shun someone wearing an appliance? Dogs have an acute sense of smell and yes, they can detect an ostomy appliance. They may check it out as something new but after that it's business as usual for a dog. They really don't care. Same for a cat. Animals don't categorize scent the way we do -- what we think is objectionable is natural to a dog or cat (or a horse, or a rabbit, or any other member of the animal kingdom) If pets could speak, they'd probably tell us to lay off the perfume and soap! As far as a pet seeing their owner wearing an appliance, it's just another article of clothing as far as the animal is concerned. Have you ever worn a new hat, an unusual belt, carried a new purse or item of sporting equipment? Did your pet get upset or even notice? They really don't care.

Pets jumping up on you or in your lap is another matter but really not a big issue. You'll have to 'guard' the stomal area to keep an enthusiastic Rover or Fluffy from landing directly on the stoma but aside from that they can't hurt you. If you have a cat that likes to do that 'kneading' thing with its claws you'll have to move kitty to the other side.

I did a poll on the internet ostomy forums regarding this question and received 31 replies on the subject from all kinds of pet owners. Owners of big dogs, little dogs, cats galore and none of them reported negative or unwanted reactions from their animals. Many owners reported that their pets could sense if they were upset, or sad or ill and would become more attentive during those times.



*Diving with an Ostomy, cont. from page 9*

the flange. I do not use any type of skin preparation on my skin first. The pouches with both systems have clipless closures that are very comfortable under my swimsuit. After a few more days diving it was time to head home. I decided to check on the Convatec system I was wearing to ensure a comfortable trip home. The flange was still nicely sealed and could have easily gone another few days. Excellent performance by both products! I did find that the Coloplast pouch dries more quickly though.

One of the things I was most concerned about while planning this trip was if people would be able to notice the slight bulge on my tummy and would I be stared at. This concern quickly disappeared when I realized that there are very few people with "perfect" bodies. On our trip there were people of all ages, sizes and shapes. Scuba diving is by no means a "glamour" sport. After a dive when one's hair is a matted blob and there are red rings around your eyes no one is checking out a little bulge on someone's tummy!

I'm already thinking about our next trip as I know there will be many more in my future!

*SASO, cont. from page 4*

believe it shouldn't be a taboo subject. We all have the same bodily functions, be it pauper or king. Education eliminates ignorance and people need to know that an ostomy is nothing to be ashamed about. There are supposed to be 3,000 ostomates in Alberta. That is a lot of people, and the numbers are growing. In talking about our own family's ostomy experience, I have come across 'secret ostomates' and their spouses who have until now been afraid or ashamed to talk about their experiences. I like to use humor a lot, and like to tell stories of some of our family's episodes. It helps to break the ice and often helps others open up and talk about some of their own experiences, if they choose to.

That is what is so great about SASO (Spouses and Significant Others). We don't push ourselves on anyone, but we are there to listen if anyone chooses to talk to us. We will cry with you and laugh with you, for we have all been there. It is nice to have someone else know what we all go through, so give a call if you need someone to listen, or you need a hug!

According to a marketing poll, 95% of Canadians trust nurses, and 89% trust doctors. Only 14% trust politicians!

*-Reader's Digest*



**Congratulations** (again!) to chapter member Betty Hamblin on winning four silvers and a gold medal at the Senior Games in Penticton this September. Her specialty? The backstroke.

## Anyone Interested in Helping Improve Ostomy Products?

Andy Manson (ET, New Westminster) is looking for study subjects willing to give feedback on new ostomy products. Andy is looking for people currently wearing Hollister New Image two piece appliances with closed end pouch. Also needed are those people who wear Hollister New Image two piece appliances with drainable pouch and filter.

Anyone interesting in these or other studies please call **Andy Manson, RN, ET at 604-522-4265.**

## VISITOR REPORT

Requests for patient visits for this reporting period came from VGH and Lion's Gate hospitals, and from independent patient inquiries.

Colostomy -	3
Ileostomy -	3
Urostomy -	5
Pre-op -	2
Double ostomy -	1
<b>TOTAL</b>	<b>14</b>

*Many thanks to my excellent crew this round: Ron Dowson, Maxine Barclay, Al McMillan, Merv Wright, Linda Jensen, Bob Bowden, Shabita Nathwani, Amelia Prychidko and to Sandra Dunbar & crew, Coquitlam.*

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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.

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

**UOA of Canada Inc.:** [www.ostomycanada.ca](http://www.ostomycanada.ca)

***NEW*** <http://www.bagitaway.com/index.htm>

*Safeway plastic bags no longer doing the disposal trick? This product is for you!*

**International Ostomy Association:** [www.ostomyinternational.org](http://www.ostomyinternational.org)

**<http://flat-d.com/ostomyproducts.html>**

*(odour control accessory products for ileos, colos)*

**<http://www.geocities.com/coqcon/index.html>**

*(Coquitlam Ostomy Association)*

***NEW*** <http://www.marketdrugsmaterial.com/edmontonostomyassociation/index.htm>

*(Edmonton Ostomy Association)*

**<http://www.quackwatch.org/>**

*(your guide to quackery, health fraud and intelligent decisions)*

***NEW*** [http://www.frontier.kyoto-u.ac.jp/ca04/text/hanakin/nbt0299\\_149.pdf](http://www.frontier.kyoto-u.ac.jp/ca04/text/hanakin/nbt0299_149.pdf)

*(bladder replacement [neobladder] research)*



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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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