



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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### 2010 MEETING SCHEDULE:

Feb 7 (held earlier this year to avoid Olympic transit/traffic)

April 18

June 27

Sept. 19 (AGM)

2010 MEETINGS WILL BE HELD AT:

Collingwood Neighbourhood House  
5288 Joyce Street  
Vancouver at 1:30 PM



JOIN US FOR THE

## UOA ANNUAL CHRISTMAS PARTY!

Sunday, November 29, 2009  
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Doors Open: 12:00 Noon  
Lunch Buffet 12:45

Families and guests of ostomates welcome! Come out and enjoy a traditional turkey buffet with all the trimmings, wine, prizes and gifts!

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Members	\$20.00
Guests	20.00
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*Please make your reservations no later than Sunday, November 18 by contacting Joy Jones at 604-926-9075. If you reserve please ensure that you send your cheque -- we are liable for no shows! Thanks!*

Please make your cheque out to UOA Vancouver Chapter and mail to:

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RAFFLE TICKETS for CASH PRIZES of \$75, \$50 and \$25 are included in this newsletter. Six for \$5, or one for \$1. Complete these and mail them, along with your cheque, to **Joy Jones**. We've had many out of town CASH winners in past years. You don't have to be present to win! *If you are able to, we ask that you bring a small adult-oriented gift for the door prizes. All donations will be acknowledged in the*

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## *From Your President*

**T**hank you to everyone who attended our AGM September 13, it was great to see such a good turnout and on such a sunny day, too. Welcome to the new Coquitlam folks who drove so far to attend! And thank you to everyone for putting your faith in me as your new President. I won't let you down.



An organization such as ours cannot function without volunteers so let me take the opportunity now to recognize some of you: Joy Jones for stepping up as Secretary, Arlene McInnis (Membership) and Emilia Prychidko (Treasury) for continuing to ably oversee those jobs, and Graham Drew and Chris Spencer who lug all those books and coffee boxes to meetings. Thank you to Earl Lesk who, singlehandedly over the past year, has collected and shipped a record amount of donated supplies to the F.O.W. (\$1,973.12 in postage!!) And volunteer visitors? Hoo boy, too many of you to list here. Our Visitor Program is one of the best in Canada. You guys ROCK. Welcome to new volunteers Norma Primiani who will be assisting Cindy in the job of phoning, and Sandra Morris who has taken over coordination of the Youth Camp.

The Vancouver Chapter has been in existence for over 40 years because of its volunteers, and because of the perseverance of those who refused to fold when things got tough 8 years ago. Failing health of key members and a lack of fresh volunteers threatened to close the Vancouver UOA doors at one time but the core members refused to quit. We have rebounded admirably since then. Membership has stabilized, and we get a steady turnout at meetings. We have solid people in key executive positions and our finances are sound, due in no small part to the generous chapter members who continue to donate every year. Our Handbook for New Ostomates will undergo its fourth printing in 2010, with an Ontario edition produced in Hamilton. The Handbook has been linked electronically by a wide variety of groups and associations from American UOA chapters as well as the University of Chicago Medical Centre and most recently, the Ostomy Association of Boston. We give 3 to 4 kids with ostomies the opportunity to go to camp every year. There is always more that could or should be accomplished, but we have done well despite a changing climate of volunteerism, a climate that affects not just our organization but many volunteer groups and clubs across Canada. As your President I will do all that I can to ensure that our chapter continues to provide support, education and fellowship for both new and 'experienced' ostomates.

I should at this time also thank Martin Donner for his service to our chapter first as secretary and then president. Martin felt it was time to move on to other endeavors and bids our chapter a warm farewell. No doubt you will miss his uplifting quotes in the President's Message, a talent for which I confess I am but a poor imitator. So I'll just do one. It's one of my favourites.

"I always wondered why somebody didn't do something about that. Then I realized I was somebody." -- Lily Tomlin

I hope to see many of you at the Christmas Luncheon and in the following year. Good health in 2010!

# Letters & News



## CAMPERS SEND THANKS

Dear United Ostomy Association of Canada (Vancouver Chapter),

I would like to personally thank you for sending me to Camp Canada Ostomy Camp this year. While I was there, I went white-water rafting and participated in the high and low ropes courses. When we went white-water rafting we had to work together to navigate down the fast-moving river while avoiding numerous obstacles including rocks and cliff-faces. In high and low ropes we had to learn to let go and place our trust in the other campers. We also had to protect the other campers from falling on the low ropes course and encourage them to do their best. Unfortunately this year the weather was less than desirable and it rained for four of the six days of camp. However, we persevered and managed to make and rekindle friendships that will last a lifetime. Ostomy camp is great because of all the volunteers who are themselves afflicted with medical concerns similar to those of the campers.

Thank you! (Anonymous)

To Vancouver Chapter, UOAC,

Thank you for the opportunity to send my son to camp for another year. He enjoyed the river rafting, high ropes and the chance to rekindle old friendships and make new ones. The rainy weather never seemed to dampen his spirits. He picked this card for it reminded him of the majestic Canada Rockies and the great times he experiences. Thanks to all of you and the great staff, nurses and counsellors. Very kind hearted!

Sincerely,  
Mother of 'Anonymous'

Dear Vancouver Chapter,

This was my first year at camp horizon, I had a lot of fun. The kids and counselors were very kind and I liked relating to the others. We did fun activities like the giant swing, swimming, and super skills. Even the meals were exciting! A few of the people lived near where I live right now, and I've even gotten some of their emails. It was interesting how some of the counselors had ostomies, some of them even tried on a bag and filled it with water to see how

we felt. They didn't last very long, but it made me feel happy knowing that I lived a completely normal life with something most people found very hard to deal with. I loved how nice everyone was and still is and I can't wait until next year to see them all in person, again.

-Alana Andersen

## OSTOMY YOUTH CAMP – 2009 REPORT

This past July, the Vancouver Chapter sponsored 4 teenagers from BC to attend Camp Horizon, the Ostomy Youth Camp located at Bragg Creek, Alberta. The campers ranged in age from 13 to 16 years old and included one girl and three boys. Three of the campers are from the Lower Mainland, the other is from Squamish.

For six days, the kids participated in regular camp activities such as hiking, swimming, team sports, climbing, overnight campouts, rafting, and arts and crafts. In addition, there were health education and counseling sessions, plus social activities such as a dance and rap session. The campers particularly value the rap session, where they can tell their story, share some of their fears, and receive support from other young people going through the same struggles.

The Ostomy Youth Camp is for children age 9 to 18 from across Canada who have ostomies or who have bowel or bladder special needs and may require surgery in future (e.g., children living with Crohn's disease, ulcerative colitis, spina bifida).

For some campers, Camp Horizon is the first time they meet other kids their own age with an ostomy or the same health condition. They are in a safe place, where they don't need to hide their condition, where they don't need to explain themselves, and where they

don't feel alone – someone else has gone through the same experience! It's a place to have fun, start new friendships, put medical issues on the 'back-burner' and feel like a normal kid. The campers find it such a valuable experience that they return year after year, and after age 18 they often volunteer as camp counselors. One camper attributed his time at camp as one of the major factors giving him the confidence to climb Mount Kilimanjaro in Tanzania, as part of a team raising awareness of IBD (irritable bowel disease). The climb was completed in September 2009 (see [www.ibdadventures.com](http://www.ibdadventures.com) and page 6 of this issue).

It costs about \$1000 to send one child to camp – \$550 for camp registration and up to \$450 for airfare. We request 50% of the funding from The Vancouver Sun Children's

Fund and we greatly appreciate the support they have provided for the past several years. (In 2009, we received \$1240 from The Vancouver Sun Children's Fund – in 2008 there was a last minute cancellation by one

camper who became ill and was not able to attend, so the extra 2008 funds were applied to the 2009 costs).

The BC Chapter funds the other 50% of costs. The campers want to sincerely thank our membership for their generous donations, without which some of these kids would not be able to attend camp.

Some of the kids say that camp has changed their lives. Because of this, we believe Camp Horizon is one of the most important programs operated by the United Ostomy Association and supported with funding from the Vancouver Chapter. We have just received word that Camp Horizon may be expanding to accommodate more than the 30 children that currently attend. If this goes ahead, we may be able to send more than 4 campers from British Columbia in July 2010.

By Sandra Morris, Ostomy Youth Camp Coordinator



# Kelowna Regional Conference

**October 2-3, 2009**

Kelowna was the host city for the first BC Regional UOAC Conference, 2009. Kelowna organizers Paul Meise and his wife Carol did a good job of putting this event together, with registration, goodie bags and a welcome meet and greet the first night for attendees arriving from out of town. Vancouver members in attendance were Debra Rooney, Joy Jones, Cindy Hartmann and Lottie Calli, along with former members Joyce Nasu and Anne Ratelich. Attendees from other cities included Coquitlam, Victoria, Kelowna, Vernon, Trail, Revelstoke, Kamloops, Winfield and Calgary.

Day two began with opening remarks and discussion of current Pharmacare coverage from Paul Meise followed by a day-long series of workshops covering such topics as water filtration to control body Ph levels, what's new in hernia repair surgery, compounding pharmacies, history and accomplishments of the Canadian UOA, and a Q & A with Kelowna ET nurses. Sales reps were on hand to promote what's new for ConvaTec, Coloplast and Hollister as well as tables sponsored by Cooper Medical Supplies, Nightingale Medical Supplies and Water Canada Products Inc. Closing dinner at the Best Western included entertainment provided by the Midnight Ramblers plus numerous prize draws throughout the evening. Many, many thanks to everyone who helped organize this event!



*Let us sign you in! Carol Meise (Kelowna) and Deborah Sterling (Winfield) at the registration table*



*Joyce Nasu (Vancouver) Gail Hawke, ET/RN (Vernon) and Lottie Calli (Vancouver) Joyce and Lottie were both once patients of Gail's!*



*Can we help you find the right product? Alison McCarlie & Judy Kazman (Coloplast) Gail Hawke, ET, RN (Nightingale Medical Supplies, Vernon), Mike Arab (ConvaTec), and Christopher Stefani (Hollister)*



*Reg Lucas (Kamloops) and Les Davies, (Vernon) editor of the Okanagan Mainline*



Party in room 229 -- Cindy Hartmann (Vancouver), Pat Cimmeck (Calgary), Deb Rooney (Vancouver) and Carmen Wear (Victoria) Missing: Joy Jones (Vancouver)



Carol Meise at the Cooper Medical Supplies table



Mike Arab demonstrates the ConvaTec ring adapter to Kelowna surgeon Dr. Barry Anderson



Paul Meise (Kelowna) and prize draw winner Anne-Marie Vorkampff (Victoria)



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Lottie Calli and Anne Ratelich (Vancouver) "You lost HOW much at the casino last night?"

# Changing Attitudes with Altitude

WOW, I did it!

You all helped me!

My personal goal of making it to the top of Mount Kilimanjaro with the rest of the team was reached.

I reached my fundraising goal, getting \$1.00 for every metre I trekked up Mt Kilimanjaro, 5986 meters ( 19,600 feet). I must thank all those so generous to give financial support to a great cause, the Crohn's and Colitis Foundation of Canada and IDEAS (IBD adventures).

I would like to thank Rob Hill, of IDEAS (Intestinal Diseases Education and Awareness Society) who had a great idea to trek up Kilimanjaro as a fund raiser. By attempting to "Change Attitudes with Altitude," this climb has established further awareness to bowel disease. May future IBD adventures serve to continue to educate others about bowel diseases!

## My Journey:

When Rob first mentioned the idea of taking people, average everyday people with or without IBD (Inflammatory Bowel Disease) on various treks around the world to raise awareness of IBD, he got my interest. I signed up for the Mt Kilimanjaro adventure, when he planned this, his first trek. This was a very personal decision that I made to go. I felt I needed to challenge myself! I have a good life, work is great, and my family is well. Since, I had not done anything for a while that challenged or "scared me," I felt I needed this challenge.

## Getting in Shape:

Not knowing how I would react to high altitude, I knew I needed to get into better physical shape for this adventure. I hired a personal trainer to assist. She came to the house twice a week for an hour at 6 am and did her magic. On the

days she did not come, I walked for an hour or more every morning or evening and hiked the Buntzen Lake trails. I supplemented this training with yoga when at my Parksville home.

For three weeks before the Mount Kilimanjaro trek, I vacationed in Africa. The first week, I saw the mountain gorillas of Rwanda. The second week on safari, I visited three different animal parks in Kenya. The third week, we did a safari in 3 different parks in Tanzania. What a wonderful experience seeing all the animals. I even saw them from the air, when I went on a hot air balloon ride over the Serengeti; however, that is another story.

I found it difficult to keep up my training, when in Africa. It was difficult to do a long walk in the animal parks of Kenya and Tanzania unless one had an armed guard. I went on a naturalist walk near Mt. Kenya and we were protected from elephants and Cape buffalo by two armed guards. Even at the hotel where I stayed in the Serengeti, we called for an armed escort to walk us to the dining room. This was done for our protection, as the hotel regularly had lions drink from the swimming pool.

## The team:

Prior to meeting the rest of the Kilimanjaro climbers, I had only met Rob. I met the other members of the team at the Marangu Hotel at the start of our trek. It was wonderful to meet them. I forged wonderful relationships with all of them over our seven day mountain climbing adventure.

We were an amazing team. ( Three people have Crohn's disease and two people have an ostomy) There was someone representing each generation; Clinton in his teens, Jimmy in his 20's, Phil in his 30's Rob almost 40, me in my 50's, and Paul almost 60. Each and everyone had a great sense of humour. We all had a common goal and we supported and

encouraged each other throughout our adventure. Finally, we all reached our common goal and made it to the top of Kilimanjaro, the highest point on the continent of Africa!

## My personal goal:

Even though we all had a common goal, we all had personal goals. As mentioned earlier, I wanted to challenge myself. As I hiked over the six days, I constantly thought of all the people who supported me. I thought of the many hundreds of people with IBD I have worked with and who have had their own personal journeys. These people have or had the pain, the strong medications, and the side effects of those medications, the surgery, the body changes, and the work and relationship disruptions as they journeyed on. Many people I see have or had cancer. Many have lived through the diagnosis, the treatments, the chemotherapy, the radiation



From L to R: Phil Wu, Andy Manson, Robert Hill, Clinton Shard, Jimmy MacKenzie and Paul Head stand at Uhuru Peak, Mount Kilimanjaro, Tanzania, Africa.

and surgery. They have had to face many challenges and disruptions to their lives and more and I am amazed by them all.

When the team first started the trek and saw the mountain, we were all excited to reach our goal. As each day progressed and the going got tougher, I looked up at the mountain. It seemed so far away. I often thought, how can I ever do it, I am having trouble with this hill now! I just put my head down and focused on the present step. Then I focused on the step after that. I thought about the elephants that walk slowly and plod along in Africa. I recalled the Swahili words, "Pole, Pole," translated meaning "Slowly, Slowly!" Using my pole, pole mantra, soon I was at the top of the hill. Even though I knew what my ultimate goal was, this taught me that each and every little step was the step that would get me there. I knew I could do little steps. Eventually with some difficulty, I would reach my goal.

The day before the ascent, I was sitting in my tent at 4700 meters (15,400 feet). I felt the effects of the high altitude. I recall I had to use the outhouse, "the hole in the floor". My shoes were at the door of the tent. At this altitude, it took me more than five minutes to get up enough energy to put on my shoes. This experience showed me the fatigue one can feel when unwell with IBD or cancer treatments.

Especially, I learned on the night of the ascent, I needed help from my guides. Without them I would not have made it. I had a guide in front of me marking the path at night. I followed with my baby steps marching slowly, slowly behind

him. As I followed, I was guided from behind by my other guide who had his hand on my back reassuring me I would not slip back on the loose rock. They carried my pack and made sure I had water and energy food. They were my personal team. They helped me reach the top and my goal. To them, I am very grateful and thankful to them for their support and help.



"It's waaaaaay up there!" Andy, at a somewhat warmer elevation.

Our PO2 at 4700 feet was about 88! (normal is 98-100) We did not have the energy to take it at the top. At one point during the climb at night, one of our team members looked at his altimeter and announced "We are 1/3 the way there!!" At the next rest break about an hour later, he said that we were now half way! I spent the next hour thinking to myself, Hmmm is it better to be half or 1/3 the way to the top? Would it be better to have 1/2 or 1/3 of a pie? I could not figure it out. Lack of oxygen is an interesting experience.

Our team had four guides and sixteen porters. The porters carried our tents, food, and personal items as well as their own personal items. Like many people with cancer or IBD, there is a professional team to help you to reach your goals. There are doctors, nurses, laboratory and x-ray people, and friends and family who make up your team. This group is an important team to rely on!

See [www.ibdadventures.com](http://www.ibdadventures.com) for more about this incredible trek. Andrea (Andy) Manson is an enterostomal therapist (ET), a registered nurse specialist who is trained to support ostomy patients. Andy owns and operates Ostomy Care and Supply Centre, a New Westminster, BC based support for ostomy patients.

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## ASK A DOC

James M. Steckelberg, M.D.

**Question:** Flu germs: How long can they live outside the body? If someone has the flu or a cold and coughs into his hand, and then he touches a doorknob, how long can those germs live on that doorknob?

**Answer:** The length of time that cold or flu germs can survive outside the body on an environmental surface, such as a doorknob, varies greatly. But the suspected range is from a few seconds to 48 hours — depending on the specific virus and the type of surface. Flu viruses tend to live longer on surfaces than cold viruses do. Also, it's generally believed that cold and flu viruses live longer on nonporous surfaces — such as plastic, metal or wood — than they do on porous surfaces — such as fabrics, skin or paper. Although cold and flu viruses primarily spread from person-to-person contact, you can also become infected from contact with contaminated surfaces. The best way to avoid becoming infected with a cold or flu is to wash your hands frequently with soap and water or with an alcohol-based sanitizer.

## NEW PATIENTS' CORNER



### Sexual Advice for Men

A common problem post-operatively for men after bowel or bladder surgery may be erectile dysfunction. This is the inability to achieve a full or partial erection (impotence).

The nerves that supply the penis and its ability to have and maintain an erection lie directly between the bladder and lower part of the bowel (the rectum).

Sometimes, it is not the physical factors that can affect the ability to achieve an erection. Psychological factors can also have a major role to play. If you have concerns after your surgery about problems with your erection or ejaculation, you should discuss this with your surgeon, G.P. or nurse specialist. If the health care professionals feel that this may be an ongoing problem they will be able to refer you to an appropriate specialist clinic.

Do not suffer in silence! There are now many hospitals where there are regular clinics that see men with similar conditions. These clinics have many treatment options that may help including tablets, injections and penile implants to name a few.

How much your sexual performance is affected will vary depending on your age, general health, how sexually active you were before surgery and of course on the nature of the operation itself. You

should of course wait until you are fully healed before engaging in intimacy with a partner, and when you do, try not to put too much pressure on yourself to do everything you did before right away. Bear in mind that your spouse or partner may be as self-conscious as you are!

And gentlemen, in case you're wondering . . . there's no harm in 'test-driving the equipment by yourself' if you are so inclined. Doctors agree that such activity will not hurt you and indeed can be beneficial in re-establishing function. Go for it, guys.

- excerpted from All About Bowel Surgery

### Sewing Your Own Pouch Covers

Don't like the look of your appliance? Does the material tend to cause sweating? Or maybe you're just tired of that same old beige or white. Check out this lady's suggestions:

Years ago I was a home economics student who enjoyed sewing. And together with my grandma, we designed our own coverlets. I have found a few sites online where you can order them, but if you know someone who sews, ask them to do some for you. It isn't hard, and it's much cheaper. Simply take one of your pouches out and lay it on a piece of typing paper. Hold it firmly down and trace around the outside. This is one piece of the pattern. I came out about 1/2" and traced another outside line to leave room for hemming. Label this "front". You want to trace the entire pouch, top to bottom. The back side is the same, only you are going to measure and draw a circle slightly above the center that is the same size as the piece between your pouch adhesive side and where it attaches to the actual pouch. You will cut this circle out. I made about 4 copies of this pattern. I also chose material that was pleasing to my skin first and foremost (a couple of different types- flannel too) and then pleasing to the eye also. Silk or silk-types are a bother. They slip slide on the pouch and don't stay in place, so find a nice cotton blend that is just as pretty. Just pin the patterns to doubled over material, all 4 if you like, both sides, and cut them out. Set aside the ones that won't have the center cut, and proceed to cut out your holes for the ones



that do. Once you have this done, you want to take the ones with the center cut and do a close zig-zag stitch around the cut out on all of them. This will keep the material from fraying from a lot of use. Then take all pieces and put in a very small hem along the bottom piece of each of them where your clamp would go.

Once you have the bottom hems put in, and the centers too, you want to then pair the fronts to the backs.

Before sewing, of course, you want to flip them so the showey material is facing

that ing. Leave hemmed, unsewn. Simply sew the sides together then flip back out. You leave the bottom open for quick empties, that way you don't have to take off the entire cover. You just pull it up/fold it, pull out your clamp and do a quick empty.

-- Anita Riley, HubPages; pouch covers by Koolostomy

## TIPS & TRICKS

Some obese patients have skin folds or creases on their abdomen and it is important to keep the skin clean and dry. Excess moisture and bacteria can accumulate in the skin folds. The obese ostomate should establish a pouch change schedule that may be more often than other ostomates if necessary. At the first sign of leakage, it's important to change the system at once. If you are finding it difficult to maintain skin hygiene around or under the barrier, you should consult your ET nurse for products to combat this, or possibly for a change in appliance model.

## CHECK YOUR SUPPLIES FOR 2010!

During the Olympics many traffic routes will be affected and congestion will increase on Vancouver's roads. If you depend on your ostomy supplies being delivered, please note that delivery times for orders may be delayed during this time. The Olympics will run February 12 - 28, 2010, and the Paralympics will run March 12 - 21, 2010. Plan ahead and make sure you have your supplies topped up before the Olympics start!



## 10 COMMANDMENTS FOR HOSPITAL DISCHARGE

1. Thou shalt faithfully take any medications thy doctor or surgeon prescribeth for thee upon discharge.
2. Thou shalt not lift anything even slightly heavy lest thou causeth a hernia before thou art healeth.
3. Thou shalt not eat raw crunchy stuff or nuts or popcorn or seeds or tough chewy meats for two weeks. If thou hast a urostomy thou may disregard Commandment # 3.
4. Thou shalt chew thy food thoroughly lest thou causeth a blockage.
5. Thou shalt drink lots of fluids every day so thou doth not become dehydrated.
6. Thou shalt not lie about in bed all day.
7. Thou shalt walk every day.
8. Unless thou art totally unable, thou shalt not make thy spouse or family change thy appliance for thee.
9. Thou shalt go see thy ET nurse if thine appliance doth not fit thee properly.
10. Thou shalt do thy best to be positive, but verily, thou art allowed to be mightily pissed off some days.

# KIDNEY STONES AND THE ILEOSTOMATE

By: Jill Conwell, RNET, Corpus Christi, TX, Via: Antelope Valley Ostomy News

Kidney stones are fairly common medical problems. They occur in about 5 percent of the population. They are more common in men with a sedentary lifestyle and in families with a history of kidney stones. The average age of first occurrence is about 40, but they can occur at any age. For ulcerative colitis patients, the incidence of developing kidney stones is about double that of the rest of the population. For ileostomates, the incidence is 20 times greater. There are two basic types of kidney stones: uric acid and calcium. Both may occur in ileostomates since the underlying cause is dehydration. Uric acid stones are more frequent. One reason for this is the chronic loss of electrolytes, producing acid urine. The stones may vary in size and shape, some being as small as grains of sand, while others entirely fill the renal pelvis. They also vary in color, texture and composition. Symptoms during the passage of a kidney stone include bleeding due to irritation, cramping, abdominal pain, vomiting and frequent cessation of ileostomy flow. When ileostomy flow stops, distinguishing between an obstruction versus a kidney stone may be difficult since the symptoms are similar. Treatment of most kidney stones is symptomatic and in most cases the stone passes spontaneously through the urinary tract. Medication for the spasms is usually administered. The urine should be strained in order to collect the stone for analysis. Once the composition of the stone is determined, steps should be taken to prevent recurrence of an attack. The physician will prescribe medication or dietary modifications depending on the type of stone. The best preventative measure is to drink plenty of fluids (8 glasses) every day. If the urine appears to be concentrated, increase fluids and use a sport drink that is rich in electrolytes to replace losses.

## TIP FOR UROSTOMATES

VITAMIN C is recommended for urostomates to ensure the acidity of urine -- 500 to 1,000 milligrams daily



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## NEWSUPPORTGROUP

Chapter member Lynn Goldblatt will be starting an informal support group aimed at those who would like to meet other ostomates on a more frequent basis than what is available with regular chapter meetings. Gatherings would be casual, and held at Lynn's home on dates convenient to those who wish to get together to share their experiences. All ostomates are welcome to join in. Tentative meeting schedule is every other month in between regular chapter meetings, starting in January, 2010.



Lynn's address is #304 - 1230 West 12th Avenue, Vancouver. To learn more please call Lynn at 604-732-9954.

## ITEMS NOT COVERED BY PHARMACARE FOR BC OSTOMATES

BC Pharmacare coverage is income-based -- the lower your income, the lower your annual deductible will be. The great majority of products you will need to manage your ostomy will be covered by the standard Pharmacare plan, however, there are some products not covered. (Extended medical plans such as Blue Cross will provide almost total coverage for ostomy supplies, however, they still do not cover products listed below)

### The following items are not covered by BC Pharmacare:

- Ostomy support belts
- Pouch covers
- Night drainage bottle covers
- Stoma hole cutters
- In-pouch deodorants—such as Banish, M9, Uri-Kleen
- Cleansers—such as Hollister Restore Wound Cleanser, Uni-Wash, ConvaTec AloeVesta products
- Room deodorants
- Tapes (other than paper-type)—such as Elastoplast, Dermicel, Waterproof, 3M Blenderm
- Creams—such as Sween Cream, Chiron Cream, BAZA
- Lubricants—such as KY Jelly, Hollister Stoma Lubricant
- Products for management of incontinence—such as catheters, condoms, Attends, drainage containment equipment
- Hydrocolloid dressings—such as DuoDerm, Restore, Tegaserb
- Transparent dressings—such as Opsite, Tegaderm
- Sterile/unsterile gauze
- Alcohol swabs
- Products for the management of feeding tubes and drainage wounds such as Hollister Drain Tube Attachment Device, Hollister Drainage Collectors
- Instruments—such as scissors, dressings sets

**PLEASE NOTE: Once you are registered with Pharmacare you do not need to re-apply. If you are not yet registered, call 604-683-7151 or 1-800-663-7100 to apply.**

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Elaine Antifaev, RN, ET, CWOCN  
E T RESOURCES LTD

1 - 1381 George Street, White Rock, BC V4B 4A1

## Membership Renewal Information

Membership renewals for **2010** are due on **December 1, 2009**. Please see the insert in this newsletter for information on how to renew.

The number of members has remained fairly constant over the last couple of years and we hope this continues in 2010. We are excited to be able to welcome the members of the Coquitlam chapter which unfortunately had to fold earlier this year. We hope to see many new faces at future meetings and events!

## PLEASE RENEW ON TIME!!



**CONTACT US:**

T: 604.879.9101 | F: 604-879-3342  
 TOLL FREE: 1.800.663.4525  
 EMAIL: [ostomy@keirsurgical.com](mailto:ostomy@keirsurgical.com)  
 WEBSITE: [www.keirsurgical.com](http://www.keirsurgical.com)

**OUR LOCATION:**

126 - 408 EAST KENT AVENUE S.  
 (across the railway tracks)  
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**VISITOR REPORT**

It's been a busy fall for the Visitor Program! More and more of our patient referrals are coming in with a small window of opportunity to see the patient -- sometimes only a day or two before their discharge or surgery. A big extra thank you to my volunteers for getting to the hospitals or calling on short notice! Referrals for this reporting period came from St. Paul's, Lion's Gate, Vancouver General, Peace Arch and from independent inquiries.

Colostomy	6
Ileostomy	2
Urostomy	4
Double Ostomy	1
Pre-op	2
Other	2
<b>TOTAL</b>	<b>17</b>

Many thanks to my excellent crew this round:  
 Larry Ma, Lloyd Bray, Maxine Barclay, Earl Lesk,  
 Sandra Morris, Evelyn Zacklin, Ron Dowson,  
 Graham Drew and Sharman King.

**MEMBERSHIP TRIVIA!**

**Did you know . . .**

- compiled by Arlene McInnes, Membership Coordinator



Presently we have 162 individual and company memberships. (Note: these stats are based on Vancouver member info provided -- next tally will reflect the new Coquitlam folks who join in January)

Some of the areas where our members reside are:

- Vancouver City – 45
- North Shore – 41
- Burnaby & New Westminster – 19
- Surrey, Delta & white Rock – 16
- Richmond – 16
- Other areas in B.C. – 14
- Outside of B.C. – 5

There are 82 female members, 76 male members and 4 companies.

From the information voluntarily provided by some of our members –

Type of Ostomy:

- Ileostomy – 67
- Colostomy – 54
- Urostomy – 25

Age groups:

- Our most senior member is 95 years old!
- Over 90 - 9
- 80-89 - 36
- 70-79 - 44
- 60-69 - 20
- 50 -59 - 17
- Under 50 - 10

We are proud to be represented by such a wide area of experience. It allows us to provide valuable support to all our members.

**A warm welcome is extended to new chapter member**

**DAVID HUNTER**

# Colo-Majic<sup>®</sup> Liners

**Our goal is to FREE Colostomates from STRESS, WORRY and EXPENSE**

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Confidence in case of disaster - Flushable - Extends pouch life  
No water needed - Covered by most health care insurance  
Comes in two sizes. Medium for pouches with 1<sup>3</sup>/<sub>4</sub> inch opening  
and Large for pouches with 2<sup>1</sup>/<sub>4</sub> inch to 2<sup>3</sup>/<sub>4</sub> inch opening.**



**SPECIAL ATTENTION GIVEN TO ALL ET. RN. WOCN. NURSES**

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**THANK YOU TO  
Shirley Kelleher  
for your kind  
donation to the  
chapter!**

## DID YOU KNOW?



One of the early pioneers of APR surgery (abdomino-perineal resection, wherein the rectum and diseased colon are both removed resulting in a permanent colostomy) was Dr. W. Ernest Miles. In 1908 The Lancet published the results of APR surgeries on 12 of Dr. Miles' patients. At that time, this surgery took approximately 75 - 90 minutes to perform and had a mortality rate of 42%! Fortunately for us, today's APR surgeries (which can take over 4 hours to perform) have a mortality rate of 2 - 3%.



I heard that following a snowplow was the safest way to get home in a blizzard. I followed one for hours during the last storm. Finally the driver got out, came back to me and said, "I'm finished with Sears' parking lot, do you want to follow me over to Walmart?"

Who would have thought ostomy care could be as simple as a **walk** in the park?

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\*While supplies last. One offer per household.

**UNITED OSTOMY ASSOCIATION  
VANCOUVER, BC CHAPTER  
STATEMENT OF RECEIPTS & DISBURSEMENTS  
FOR THE YEAR ENDED AUGUST 31, 2009**

<b>Income</b>		
Memberships	4,680.00	
In Memoriums	-	
Donations	3,654.00	
GST Rebate	-	
Advertising	390.00	
United Way	652.32	
Christmas Party	1,558.00	
Vancouver Sun - Youth Fund	1,240.00	
Transfer From Investment	6,542.68	
Interest	349.52	
		<u>19,066.52</u>
<b>Disbursements</b>		
Administrative Costs	6,979.27	
Dues To The National Office	3,040.00	
Activities From the General Fund	7,986.70	
		<u>18,005.97</u>
<b>Current Year Profit(Loss)</b>		<u><b>1,060.55</b></u>

**BALANCE SHEET  
AS AT August 31, 2009**

<b>ASSETS</b>		
<b>Current Assets</b>		
Clark Goodridge Fund	17,934.43	
Money Market Account	16,622.87	
Youth Fund	3,445.33	
General Account	5,679.70	
		<u>43,682.33</u>
<b>Total Current Assets</b>		<u><b>43,682.33</b></u>
<b>Liabilities &amp; Association Equity</b>		
<b>Liabilities</b>		
<b>Association Equity</b>		
Balance As At August 31, 2008	49,164.46	
Transfer from Funds to General Account	6,542.68	
Current Year Profit(Loss)	1,060.55	
Balance As At August 31, 2009		<u>43,682.33</u>
<b>Total Liabilities &amp; Association Equity</b>		<u><b>43,682.33</b></u>

**UNITED OSTOMY ASSOCIATION FINANCIAL REPORT  
FOR THE YEAR ENDED AUGUST 31, 2009**

<b>General Bank Balance As At August 31, 2008</b>		4,968.67
<b>Income</b>		
Memberships	4,680.00	
In Memoriums	-	
Donations	3,654.00	
GST Rebate	-	
Advertising	390.00	
United Way	652.32	
Christmas Party	1,558.00	
Vancouver Sun - Youth Fund	1,240.00	
Transfer From Investments	6,542.68	
		<u>18,717.00</u>
<b>Expenses</b>		
Newletter	350.00	
U.O.A. Memberships	3,040.00	
Christmas Party	4,019.20	
Stationery & Stamps	1,416.21	
F.O.W. Mailing	1,973.12	
Vancouver Community Services	150.00	
Collingwood House - Meetings	506.82	
Postal Box Rental	172.20	
Youth Camp Fares	3,967.50	
Convention	1,290.00	
Society Act Fees	-	
Booklets	786.48	
Library Books	-	
U.O.A. Chilliwack	-	
Bank Service Charges	332.44	
		<u>18,005.97</u>
<b>General Bank Balance As At August 31, 2009</b>		<u>5,679.70</u>
<b>CLARK GOODRIDGE FUND</b>		
Balance As At August 31, 2008	17,794.05	
Interest	140.38	
<b>Balance As At August 31, 2009</b>		<u>17,934.43</u>
<b>MONEY MARKET ACCOUNT</b>		
Balance As At August 31, 2008	19,812.61	
Transfer to General Operating Acct.	3,345.20	
Interest	155.46	
<b>Balance As At August 31, 2009</b>		<u>16,622.87</u>
<b>YOUTH FUND</b>		
Balance As At August 31, 2008	6,589.13	
Transfer to General Operating Acct.	3,197.48	
Interest	53.68	
<b>Balance As At August 31, 2009</b>		<u>3,445.33</u>
<b>TOTAL ALL FUNDS</b>		<u><b>43,682.33</b></u>

## MOVING TO VANCOUVER ISLAND? JUST VISITING?

On the Island there are 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 through November and February through June. No meeting in January. Instead of a December meeting, we 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: Maxine 250- 477-0266 or Anne-Marie 250-743-0744

Nanaimo Chapter: Eva 250-758-3363

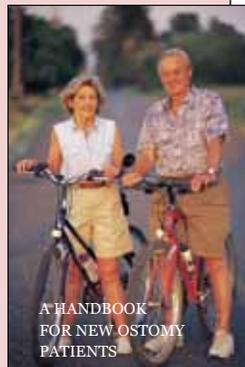
Courtenay Satellite: Joanne 250-334-2481 or Pat 250-334-4939

PHONE AHEAD TO CHECK MEETING TIMES!

### ET NURSES !

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PATIENTS

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Christina Kerekes, RN, ET

St. Paul's Hospital 1081 Burrard Street  
Neal Dunwoody, RN, WOCN Tel (604) 682-2344  
Elizabeth Yip, RN Ext. 62917 Pager 54049

Children's Hospital 4480 Oak Street  
Amie Nowak, BSN, RN, ET. Tel (604) 875-2345  
Local 7658

NORTH VANCOUVER Lion's Gate Hospital  
Annemarie Somerville, 231 East 15th Ave., N. Vancouver  
RN., ET. Tel (604) 984-5871  
Rosemary Hill, RN., ET

NEW WESTMINSTER Royal Columbian Hospital  
Lucy Lang, RN, ET. Tel (604) 520-4292  
Laurie Cox, RN, ET.

Ostomy Care and Supply Centre  
Andrea (Andy) Manson, RN, ET. Tel (604) 522-4265  
Muriel Larsen, RN, ET.

SURREY Surrey Memorial Hospital  
Elke Bauer, RN, ET. Tel (604) 588-3328

LANGLEY Langley Memorial Hospital  
Katie Jensen, RN, BSN, ET. Tel (604) 534-4121 Local 7422  
Ostomy Outpatient Clinic

ABBOTSFORD Abbotsford Regional Hospital  
Sharon Fabbi, RN, ET. Tel (604) 851-4700  
Maureen Clarke, RN, BSN, ET. Extension 642213 (Clarke)  
646154 (Fabbi)

CHILLIWACK Chilliwack General Hospital  
Anita Jansen-Verdonk, RN. Tel (604) 795-4141  
Extension 447

WHITE ROCK Peace Arch Hospital  
Margaret Cowper Tel (604) 531-5512  
RN, ET. Local 7687

RICHMOND Richmond General Hospital  
Lauren Wolfe, RN, ET. Tel 604-244-5235

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Lauren Wolfe -- by appointment only, please call Keir to book

**ET Nurses -- is your information correct? Please  
let the editor know if there are any staffing  
changes at your worksite -- thanks!**

### 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.

### 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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Size:	1/6 page	1 issue	\$30.00	6 issues	\$100.00
Size:	1/4 page	1 issue	40.00	6 issues	150.00
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### MOVING?

Don't go missing!! Please phone or send us your new address.

### 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 \_\_\_\_\_

email (if applicable): \_\_\_\_\_

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: Membership Coordinator, 34 - 4055 Indian River Drive, North Vancouver, BC V7G 2R7