



Ostomy Society
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Canadienne des
Personnes Stomisées

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Vancouver Ostomy

HIGH *Life*

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Vancouver Chapter's Annual Christmas Luncheon and Kids Party!

Our annual Christmas Luncheon and Kids' party will be held SATURDAY DECEMBER 1st at the Holiday Inn, North Shore. Come on out and celebrate the start of the Christmas season with us!

700 Lillooet Road

North Vancouver, BC [free parking and no stairs!]

Doors Open: 11:30

Turkey/Vegetarian Buffet (And Wine!!)

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ADMISSION

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Please reserve before November 21

by contacting Joy Jones at 604-926-9075.

If you reserve please ensure that you send or bring your cheque -- we are liable for no shows! Thanks!

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UOA Vancouver Chapter

and either bring it the day of, or mail to: Joy Jones

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RAFFLE TICKETS for CASH PRIZES of \$100, \$75 and \$50 are included in this newsletter! Six for \$5, or one for \$1. Complete and mail these, along with your cheque, to Joy Jones. We've had many out of town CASH winners in past years. You don't need 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 January issue of HighLife.*

PLEASE MAKE OUT JUST ONE CHEQUE TO COVER BOTH THE BUFFET AND RAFFLE TICKETS! THANK YOU! More raffle tickets will also be available for sale at the door! Buy as many as you want! See you there!

2019 MEETING SCHEDULE:

February 23

April 20

June 22

September 21

(AGM)



RESERVE NOW!

Christmas Luncheon & Kids' Party Saturday, December 1 at Holiday Inn, North Shore 700 Lillooet Road

ALL CHAPTER MEETINGS ARE HELD ON SATURDAYS AT:

Collingwood Neighbourhood House
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PLEASE NOTE

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

From Your President

Our AGM September 22 was well attended with 31 members, guests and speakers on hand. We were especially pleased to have two of our camp kids and their moms on hand. Both were both first-timers at camp. They gave short speeches about what camp was like and to thank the chapter for sending them. If they were nervous speaking in front of all these strangers they didn't show it! Again I'd like to thank all of you who have donated to the Youth Camp this year. Your donations continue to help change the lives of kids who live with some serious health challenges.



All Board members from 2018 agreed to serve again for 2019 and were nominated by acclamation. I'd like to thank all of my returning Board for stepping up, you ROCK!! Folks like you are why this chapter has been going for over 40 years.

You'll notice we have two new advertisers in this issue -- welcome to Lakeside Pharmacy in Kelowna and Lonsdale & 3rd Pharmacy on the the North Shore!

Colette MacAskill, NSWOC* on Vancouver Island sent this interesting tip:

"Hello Vancouver Chapter,

I have found out that many hotels in BC offer discounted rates for medical appointments, out of town surgeries, etc.! My Mom was booked for OR & was quoted \$500.00 per night in Victoria 2 weeks ago. (hyper-inflated price for tourist season!) Found this website and same hotel for same dates was 149.00/night plus tax as she qualified for medical discounted rate. Big savings!

Please pass this website along to the group. Thanks for all you do. "

- Best, Colette <http://csa.pss.gov.bc.ca/medicaltravel/>

Speaking of NSWOC*s, I'm pleased to report that we will have a new one in Sechelt: Justine Bugayong will be fully accredited in wound ostomy and continence care by end of January and will be serving Gibsons, Sechelt Hospital and the Sechelt area three days per week. She will be a most welcome addition to ostomy care in these communities.

Andy Manson, who nearly all of you know as NSWOC* extraordinaire and who is almost as difficult to make stay put in one place as I am, completed her July trek across Iceland. This was a fund-raiser for Ostomy Canada Society and I'm happy to say our chapter has donated \$200 to her fund. You can still donate via the Ostomy Canada Society website at <https://www.ostomycanada.ca/stoma-stroll-2018/> Rob Hill was originally scheduled to do the trek as well but he had a nasty flare up of Chrohns' and was unable to go. Andy and Rob -- who has recovered, thank goodness -- were on hand at the AGM to present a slide show of the adventure.

Last, thanks to everyone who has renewed early and to the rest of you: *we know where you live.* Don't forget to reserve early for the Christmas Luncheon!!

-Debra

* Nurse Specializing in Wound Ostomy and Continence. It's a new name thing.



Andy in Iceland



The Iceland Trek Team

IN THE NEWS



WIDENING YOUR HORIZONS EVENT A HIT

Industry sponsors along with a dedicated team of NSWOC nurses and speakers held a day-long education event Saturday October 13 at Lion's Gate Hospital. "Widening Your Horizons" welcomed approximately 120 people who heard presentations on a wide-ranging number of subjects. Topics included personal stories, Ostomy Youth Camp, current surgical hernia repair techniques, proper hydration, skin health and best exercise movements for the abdominal core. An excellent lunch was enjoyed by all. Plans are in discussion to see if there might be further interest in research and workshops of this sort in the future.* Special thanks goes to the Lion's Gate Hospital Foundation and the Women's Giving Circle for their support of this event. And of course, our sponsors and exhibitors: B Braun, Colomajic, Coloplast, Convatec, Hollister, Joeies, Marlen, Medline, Omnigon, SALTS, Ostomy Canada Society and the Vancouver United Ostomy Association.

** see notice page 12*



Hall set up and stuffing swag bags



Checking out one of the exhibitor's tables



Tara, Masoud and Neal



Arden gets signed in



Joy and Sally at the Vancouver Chapter table



Brandee at the Joeies table



The Albinsons



Organizers and Speakers: Jacqui Steinberg, Lauren Wolfe, Annmarie Sommerville, Bethany Thomas, Joselyn Kennedy (hidden) Heidi Sugita, Sally Martens, Sandra Morris, Chris Hughan and Rosemary Hill.

Finding Health Information on the Internet

With access to so much information these days, patients are arriving at their doctor's appointment armed with health information found on the Internet.



Your doctor will be pleased that you are interested in educating yourself on your health concerns, but you should make sure that the information you access is accurate.

The World Wide Web (web) is made up of over a billion web pages existing in more than 15 million domains (web hosts) and connecting millions of computers. The Internet can be a valuable resource for people seeking health information, but navigating the Internet can be confusing, the quality of the information varies greatly, and the right information is sometimes difficult to locate.

Evaluating Web Sites

Ensure that the health information you are relying on is from a legitimate source. Only a very small percentage of the Internet's billion web pages offer scientific or educational material. Most of the pages on the Internet are commercial or personal in nature. So, when you are researching a health topic, make sure that the information you are accessing is the right information for your needs. Here are a few pointers for evaluating each web site:

CREDIBILITY – Know who is responsible for the content. Look for the About Us link located on the home page – is it from a recognized medical, educational, governmental, or journalistic institution? A web site that discusses cancer is more credible if it has been developed by the BC Cancer Agency, rather than by an individual

who wants to tell his story of living with cancer. A general health web site, such as WebMD or MedBroadcast, is useful if it is created and managed by physicians to provide a wide variety of timely, accurate, and current health information to the user.

Legitimate web sites will have a way to contact the organization or webmaster. Be careful about providing your e-mail address or other personal information on web sites that are unknown to you.

ACCURACY – Information on the web site should be based on reliable evidence that can be corroborated by other web sites. Be aware that testimonials are not evidence.

TIMELINESS – Is there a way to determine how current the information on the web site is? Many web sites are updated regularly and the date of when it was last changed is posted on the site. In most fields, anything more than five years old is considered outdated.

SITE DESIGN – The web site should be written in language that is easy to understand. As well, how easy the web site is to search through influences how you use it. A site that is slow to connect the links or difficult to navigate may not be worth your time. It may be best to move on to a different web site altogether.

DISCLAIMER – A web site disclaimer describing the limitations, purpose, scope, and authority of the information should be provided. The disclaimer should emphasize that the content is general health information only, not medical advice.

COMMERCIAL INTERESTS – Information on any web site that suggests that purchasing their product or treatment will “cure” your health concern should be considered unreliable.

LINKS – Critical to the quality of an Internet web site are its external links to other web sites. Reliable links substantiate the legitimacy of the original web site. When clicking on a

link provided by other web sites, use the evaluation criteria above to judge each new site.

Suggested Sites to Start Your Research

Health Canada

www.hc-sc.gc.ca Med Broadcast www.medbroadcast.com

WebMD (US) www.webmd.com

MedLine (US) medlineplus.gov

Editor's Note:

As one who routinely scours the internet for new articles or information, I run across a lot of sites that purport to give you information but are really trying to sell you something or just promote a personal agenda. Some giveaways are:

- *at the end of the article they want personal information or have an order form for their miracle product*
- *lots of exclamation marks and adjectives!!*
- *poor spelling or peculiar syntax*
- *peculiar or vague author credentials ie, Professor Smith, IHQC (International Health Quality Consortium - there's no such thing)*
- *bad website design (reputable sites usually hire design companies to put their site together)*
- *wild claims. If it's too good to be true, it's probably NOT true.*

Above all, if you read something that contradicts popular opinion, or sounds promising or unusual, do some cross-checking. Look at other websites on the same subject. Try to find differing opinions and assess how truthful they seem for yourself. □

DID YOU KNOW?

Our natural ability to know when we need water decreases with age. Dehydration is a common problem with seniors. Remind yourself to drink more fluids during the day (not coffee, tea or alcohol) even if you don't feel thirsty!





Generic vs Name Brand Drugs

Q: My health plan is now refusing to cover brand-name drugs at the same level as they used to, because they say if generic versions are available you're supposed to take them instead. My colitis is currently in remission using a brand-name drug and I don't want to take any chances. What is the difference between brand-name and generic drugs, are they equally as effective, and what can I do if switching causes me to get sick again?

A: In Canada, when a new medication comes into the marketplace, it enjoys the privilege of patent protection. This means, no other equivalent competitor product can be sold. As soon as the patent has expired on a drug, generic companies (seemingly often immediately) are ready to market their products. They must provide Health Canada with their own research studies in order to obtain a "bioequivalence" rating. For the most part, all prescription generics approved in Canada are deemed to be bioequivalent to the original brand drug.

Note that I said "bioequivalent" not "identical." For example, if a generic product label states that its tablets contain prednisone 50mg, then that tablet will indeed contain 50mg of the active drug prednisone. To that extent, the products could be considered "identical." The difference, however, between the generic brand and the first original brand on the market will be in how the dosage form (i.e. the tablet) is put together (i.e. differences in fillers, dosage forms, coating or markings used) as well as possible differences in how the drug is delivered, absorbed or metabolized in the body.

The key to determining bioequivalence is based on bioavailability. Bioavailability is a measurement of the rate and extent (how fast and how much) the active ingredient (i.e. prednisone) in a pharmaceutical product gets into our body at the site where the drug is required to work. Bioequivalence, therefore, is determined by comparing bioavailability measurements between the original brand drug and the new generic brand product. There is an acceptable range in bioavailability differences permitted, so while the generic brand products may not have the identical bioavailability as the original brand, they are close enough to be classified as bioequivalent. This, in effect, implies that they should be equally as effective.

In more formal terms from Health Canada, the Industry Guidelines for Drug Studies states: "Bioequivalence implies that the drug product can be expected to have the same systemic effects (both therapeutic and adverse) as the reference product when administered to patients under the conditions specified in the labeling." Having stated this, people will on

occasion notice a difference between different brands of the same drug. Sometimes there are improvements in desired effects. Sometimes there are additional adverse effects. Unfortunately, this is not predictable and it certainly does not happen to everyone.

Very soon after generic brands are available, provinces often add them to their list of the covered drugs they will pay for called a drug formulary. They term them "interchangeable," which refers to the bioequivalence status given to each generic brand. The provinces then tend to pay either for the generic only, or up to the generic price for the original brand. Most private plans follow suit.

All provincial and many private plans follow a "mandatory generic substitution" policy as far as filling prescriptions is concerned. This means that even if the physician writes a brand name on the prescription, the pharmacies are obligated to fill it with the generic equivalent, unless you (verbally) or the physician (in writing) indicate a preference for the original brand ("no substitution").

Given that generics cost so much less than brand-name products in Canada (in Ontario, up to half-price), it is understandable that all drug plans prefer them to be dispensed. I am always empathetic to someone who is stable with their bowel condition and is reluctant to change their brand. Financially, though, it is probably worth trying.

In Ontario, those with the provincial drug plan coverage are expected to try generic brands if they expect usual payment coverage. If adverse reactions occur with the generic brand, and it then becomes medically necessary to stay with the original brand, the physician must become involved. The doctor must file an Adverse Drug Report (ADR) with Health Canada. This is to document that an effort was made to use the generic brand, but it has become medically necessary to stay with the original brand. A copy of the form is to be provided to the pharmacy along with the "no sub" prescription for the brand product. This order then becomes a "request" to the drug plan, one could say, to once again pay fully for the original brand. (This, of course, presumes that the original brand drug is still part of the formulary.) Drug formularies and rules around "no sub" prescriptions are different in every province. Your pharmacist will know the details.

If you are not a beneficiary of the provincial drug plan but have private insurance through your employer, I suggest you first contact your insurance plan about their reduction in payment levels when brand names are dispensed. Ask if a submitted ADR form and a "no sub" prescription is enough for them to reconsider covering the original brand for you up to its full price. While insurance companies can often seem like the bearers and deciders of bad news, they ultimately are only doing what the employer has instructed and agreed for

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All About Stoma Caps!

- September 25, 2018 by VeganOstomy

Introduction

Stoma caps are the smallest ostomy bags you can find.

Realistically, stoma caps can't really be considered "bags", since they have nearly no extra capacity to hold stool. But at the same time, they are used just like a traditional ostomy bag.

Stoma caps are available through most major manufacturers, and I've taken a look to see if they're called anything else and it seems that "stoma cap" is standard across all brands.

This is good because I've often found that appliances being referred to as "midi" and "maxi" or large" and "medium" tend to be unhelpful when each brand uses different capacities for their appliances.

Like traditional ostomy bags, stoma caps come in one-piece or two-piece varieties depending on your liking.

In fact, many of the features you'll find on a larger bag can be found on stoma caps. Features like filters, mechanical couplings with a lock, clear and transparent options, and adhesive coupling systems are all options depending on the brand!

Many of the stoma caps you'll find are pre-cut, although cut-to-fit options are available. Pre-cut products are ideal when you have a stoma that does not change size and has been consistent for a while.

One other thing that should be noted, as it's common across the board and you can see it in the photo above, is that stoma caps tend to have an absorbent liner inside of them. That's to help absorb moisture that's naturally produced by the stoma.

When Would You Use a Stoma Cap?

Stoma caps can come in really handy when discretion is a priority.

Some examples include:

When swimming.

During intimacy.

At the gym.

During a fitness or modeling competition.

Of course, many people wear stoma caps to enjoy everyday activities as well!

You might also find stoma caps used to cover a relatively inactive mucus fistula, although special fistula appliances with larger capacities also tend to be used.

Because nearly all stoma caps are "closed", meaning they have no drain to empty output from, you'll either be removing and replacing it entirely if you're using a one-piece, or you'll be replacing the cap portion in the case of a two-piece system.

Removing the stoma cap is as easy as removing any other appliance. I like to use adhesive remover when I take my wafer off, but that's optional.

And if you have a filter on your stoma cap? Then you'll want to follow the same rules when using filter stickers. The Ideal Ostomate for a Stoma Cap Here's the bad news: Stoma caps can't be used by every ostomate.

Obviously, because of the small size and the fact that these are not drainable means that only an ostomate who has an inactive stoma can benefit from wearing a stoma cap.

This often means colostomates who irrigate or even people with a continent ostomy may be able to put stoma caps to good use, while ileostomates and colostomates who do not irrigate will have to stick with regular appliances. Is a Stoma Cap Right for You?

After reading this article, I hope you'll be able to answer this question for yourself.

As a general rule, if you have an ileostomy or unpredictable colostomy then you should avoid stoma caps as they won't offer enough capacity to be worn without trouble.

If you irrigate your colostomy and have fairly infrequent and predictable



bowel movements, then a stoma cap may be an option for you (either for short-term use or daily wear).

Where Can I Get Them?

Nearly every major brand makes stoma caps, so your regular ostomy supplier should have these in stock. They can also be purchased on Amazon and other online retailers who sell ostomy supplies.

Editor's Note: *I've tried all of these caps and they all work to protect my colostomy in between irrigations. (It should be noted that the filters on some do not work well at times but this isn't a deal-breaker. The convenience and low profile offset the need to manually release gas) My ultimate preferred product however is not mentioned in Vegan Ostomy's review as it is really not suitable at all for anything but a continent ostomy -- Ampatch Stoma Covers. These are available for order by phone or online from the American manufacturer in New Hampshire, but if you obtain them by direct shipping you may be required to pay duty and they will not be covered by insurance. Some local suppliers will order them for you if you ask. You'll pay more for the convenience of getting this product locally but you can claim it on your insurance. Another option is the stoma cap made by Cymed. This brand is somewhat unknown in BC but is worth a try if you don't*

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NEW PATIENTS' CORNER



How do I know which ostomy appliance is the best for me?

Lauren Wolfe RN, BSN, CWOCN MacDonald's Prescriptions
Fairmont building



One of the first statements a patient says to me after surgery is: Which is the best Ostomy pouch? I want that one!

Selecting an ostomy pouching system is like going to a clothing store and trying to find the dress/jeans that you like and fits your body shape. Each person is an individual with a unique shape and size. Finding the right product for you requires an assessment of your stoma (shape, size, height and type of ostomy), body contours, dexterity, activity level and personal preferences. There are 7 different ostomy companies on the market and each one of them have a place when helping you select which pouching system is right for you. Within each company there is a wide range of products and your ostomy nurse (WOCN/NSWOC) can help you in selecting a product that meets your needs.

The first things I look at when helping you select a product is to determine which type of ostomy you have (Ileostomy, Colostomy or Urostomy) and then to ask you about the product you are currently using.

- Do you like your current pouching system?
- What do you like about your current pouching system?
- What don't you like about your current pouching system?
- What is your wear time and are you happy with this?

(Wear time is the amount of time between changing your pouching system.)

One and two piece pouching system

A 1-piece system means that the flange (part that sticks to your body) and pouch are all connected. A 2-piece system, the flange and pouch are applied separately and need to be attached. This can be either a mechanical or adhesive coupling depending on the company. Selecting which one works for you can be a personal preference but may depend on which of the companies' products works for you.

Drainable or closed pouching system

A drainable system is one that is emptied throughout the day and a closed system is one that cannot be emptied and needs to be removed when half full. These come in one and two-piece options. Closed systems are usually restricted to people with a colostomy as they usually empty/change once or twice a day. If you have an ileostomy you are best suited to a drainable pouch. Urostomy (ileal conduit) pouches only come in drainable due to the frequent need to empty and allow connection to a night drainage container.

Flat or convex

A convex system is one that curves inward toward your stoma helping to push the skin around your stoma downward to allow your stoma to stick out more. It may also help to contour to your abdomen if you have any dips around your stoma.

Deciding whether to use a flat or convex system depends on your stoma, abdominal contours and activity level. If you are wearing a flat pouching system and have a flat, very mobile stoma or dips and creases around your stoma you may need to consider a convex pouching system. Before changing to a convex system your WOCN/NSWOC may consider using accessories to improve your wear time and/or prevent leaks. Using a convex system can increase the pressure around your stoma making you at risk for a pressure injury. Each company has a different type of convexity. (Soft and rigid and the height and shape of the convexity varies). Convexity needs to be used with caution in people who have parastomal hernias, peristomal varices and stoma prolapse.

Flat:



Convex:



Opaque or transparent

Ostomy pouches come in opaque or transparent and a split film or peek a boo window. An opaque or peek a boo window is more discreet as you do not need to visualize your output all day. If you have a urostomy these pouches are usually transparent although opaque ones are becoming more available.

Precut or cut to fit

In the first 4- 6 weeks your stoma is changing size and shape and a cut to fit pouching system is preferred to allow you to adjust the opening size as your stoma changes. If you have an oval stoma cutting the correct opening shape may be something you always have to do. There are some products that allow you to mold the opening instead of cutting. Once your stoma has stabilized in size and shape you can consider a precut if round. Precut sizes vary between companies. If you gain or lose weight your stoma size may change and you may need to remeasure and adjust the stoma flange opening.

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Tape or no tape, ceramide, aloe, regular wear or extended wear barriers

Ostomy barriers come with a variety of ingredients. This can be very confusing to the individual and even takes an experienced WOCN/NSWOC to know the different products available. Consult your WOCN/NSWOC to ask about the differences.

In conclusion, there are many factors to be taken into account when selecting an ostomy appliance that works for you. My recommendation is that if you are not having any problems with your current system and are independent in doing your changes, then discuss trialing other systems with your WOCN/NSWOC. Remember to keep a diary of what you like and don't like about each system.

If you are not getting the wear time you would like or having skin issues than discuss adding on accessories or trialing a different product with your WOCN/NSWOC. Regular check ups with your stoma nurse will ensure you are using the right product for your skin and stoma. □

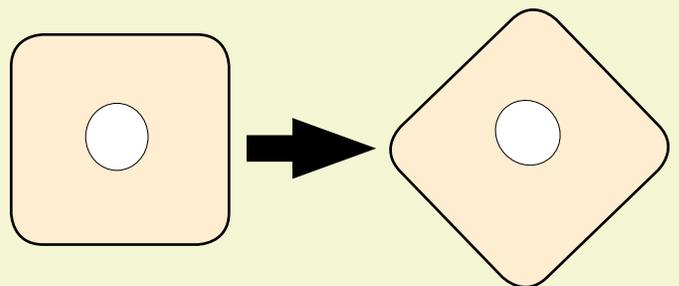


***If Plan 'A' doesn't work,
remember there are 25 more
letters in the alphabet.***

Tips & Tricks

Gentlemen, does your belt catch on the top edge of your two piece flange/skin barrier? It's annoying! Here's some tricks that can help:

- when applying the barrier, instead of placing it with the top edge square with your beltline, rotate it 45 degrees, so the edges point up and down like a diamond. That way the belt goes across the top corner and is less likely to catch on the edge. It can also help hold the wafer in place.
- cut the hole closer to the top of the skin barrier, which will cause the whole appliance to sit a little lower on your abdomen.
- trim the square edges slightly to make them more round and less likely to catch on your belt. (Careful not to trim too much, though)



Recommended use of Imodium

After ileostomy surgery the risk of dehydration is higher. This is because your large intestine, where water and salt are usually absorbed, has been bypassed or removed. Dehydration can occur as a result of sweating or vomiting, and if you have unusually active output (diarrhea). It's extremely important for ileostomates to drink water throughout the day to offset fluid loss. But what if you develop diarrhea?

Loperamide (brand name of Imodium) is a medication that will slow down the contractions of your bowel that move stool forward. This will increase the time it takes for stool to leave your body. This gives your body more time to absorb fluids.

Start with **one tablet twice a day**, then increase to **two tablets, twice a day**, if needed. If your output is still watery, you can take two tablets up to four times a day, for a total of 8 tablets per day. The goal is to have the consistency of your stool like applesauce or oatmeal. Once your stool is thicker, try slowly reducing the amount of loperamide you are taking; keep taking enough to keep your stool thick.

Try to take this medication at least 30-60 minutes before a meal. This gives it time to become active before you eat. This medication works in your body for about 6 - 8 hours after each dose. Talk to your doctor or NSWOC nurse if you still have watery stool after using the suggestions the guide.

STEP 1	STEP 2
1 tablet morning 1 tablet evening	2 tablets morning 2 tablets evening
STEP 3	STEP 4
2 tablets morning 2 tablets mid-day 2 tablets evening	2 tablets morning 2 tablets before lunch 2 tablets before dinner 2 tablets before bed

Foods that Slow or Thicken Stool

- toast, bread, crackers
- pasta, rice
- firm bananas
- apple sauce
- Tapioca
- cheese and yogurt

Avoid artificial sweeteners, alcohol, coffee and tea until you are feeling better. They draw water into the stool which will increase your water loss. *For a low-cost homemade rehydration recipe, see page 20.*

If diet alone does not thicken stool talk to your physician or ET nurse about adding medication. □

- adapted from Ostomy Care & Supply Centre brochure 'Dehydration'

GENERAL OR BRAND NAME cont. from page 6

them to do. Once you have spoken with the insurance company, your next place to start dialogue would be the Human Resources or Benefits Coordinator at your place of employment.

In Canada, some pharmaceutical manufacturers are offering to pay the difference between brand and generic products. Most of these situations are not for medications related to Crohn's or colitis, but ask your pharmacist anyway.

It is my professional opinion that if you are taking one generic brand and your condition stabilizes or goes into remission, it is wise to stay with that generic brand. Bioequivalence is a comparison of one generic brand against the original brand, and not a comparison of one generic brand against another. Different pharmacies have different policies about this,

but many are willing to stock your brand to accommodate your needs. Canadian pharmacies have experienced some of the worst drug stock shortages ever in the last couple of years, and they are still a problem. At times, therefore, you will not have a choice of what brand you get, as there may only be one available.



Shelley Stepanuik, BSP, is a community pharmacist in Smiths Falls, Ontario. Shelley is a graduate of University of Saskatchewan and has spent her entire 20+ year career helping people in the community pharmacy setting. She is a lifetime member of CCFC, having joined in 1988 after receiving her own diagnosis of Crohn's disease. Article: IBD Forum



Possible Lion's Gate Hospital/Northshore Peer Support Group

Great enthusiasm has been demonstrated by several North Shore Ostomates for the absolutely outstanding "Widening Your Horizons" workshop so brilliantly organized by Rosemary Hill on Saturday October 13 2018 at LGH. Many congratulations to Rosemary and her hard-working team. The suggestion has been made that this grassroots enthusiasm might be proactively harnessed in promoting future workshops. A first step would involve the formation of a small "Northshore Group" to discuss this proposal. Those interested should please email autodraw@shaw.ca with comments. Based on the level of interest a first meeting would be organized at a location on the North Shore TBA to catalyze this idea.

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Too Much of a Good Thing

via North Central OK Ostomy, Oct. 2018, Middle Georgia The Ostomy Rumble

Many accessory items have been developed to take care of specific needs. Ostomates should determine which items are best for their ostomy management, remembering there can be “too much of a good thing.” Here are a few hints to help achieve a successful ostomy management system.

Keep it simple. Do not use extra cement, skin-care products, etc., unless absolutely necessary. Sometimes, extra products actually interfere with pouch adhesion or create skin problems. Plain water is still the best cleaning agent for skin around the stoma.

Do not continue to use therapeutic products after the problem has been solved. As examples: Kenalog spray and Mycostatin powder should not be used routinely when changing the pouching system. These products are prescribed for particular skin problems. Kenalog is usually recommended for its antiinflammatory effects and symptomatic relief of the discomfort associated with skin irritation. However, continued and prolonged use of Kenalog after the problem is resolved may lead to “thinning” of the outer layer of skin, thus making it more susceptible to irritations. Mycostatin powder is useful for yeast infection. However, using Mycostatin after the infection clears serves no purpose.

Seek Advice. See your physician or WOC(ET) Nurse if you find yourself a victim of the syndrome. They can provide assistance in selecting the most appropriate and economical ostomy management system for your needs. □



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CAPS cont from page 8

mind going through their online free sample process. It has a very different type of adhesive flange definitely worth checking out.

Before spending money on a product that may not be suitable for your particular needs, call the major suppliers for free samples. Companies want you to try their products! The list below is by no means comprehensive but it includes those companies who stock caps and who will provide samples. □



Above: the Ampatch line
Below: Cymed cap (back view)

To Request Free Samples:

- Ampatch: 1-866-217-3857 or 1-800-223-9310
Coloplast: 1-888-880-8605
Convatec: 1-800-465-6302
Hollister: 1-800-263-7400
Cymed: online only
cymedostomy.com/samples.html

Trivia Time
What was the first credit card? (answer page 20)

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Abuse of Seniors a Continuing Problem

Two advocates talk about how we can help.

Did You lose a Fight or Walk Into a Door?

BY GUDRUN LANGOLF

This kind of feeble joke we might still say to someone with a visible injury can mask the awful truth: there has been abuse. It is not always a black eye. Repeated broken bones and bruises can be evidence that a person has been abused. The psychological damage to self-confidence and self-image are not so visible. “Domestic or family violence” is assault, plain and simple. Except, as you may have guessed, it is not simple. Violence against seniors is all too common. Physical abuse is not confined to a particular age group, gender, sexual orientation or physical disability. Most often, it happens because of a power imbalance and feelings of inadequacy by the perpetrator. Many cases of abuse escalate over time from verbal bullying to explosive physical attacks. It is most likely accompanied by social isolation where the victim is deliberately kept from contact with supportive family members or friends. Perversely, many people suffering abuse seem to cooperate with the victimizer. They have been convinced that they are worthless and guilty and deserve to be punished. By the time there is violence, no amount of analysis is going to help resolve the situation. The abused person has to seek safety. And this may happen a few times because there is a

“honeymoon phase” where the victimizer is “so very sorry and will never do it again.” Usually, until the next time and the next. Many factors can be part of a senior staying in an unsafe situation:

- He or she sees no alternatives
- Lack of money
- Fear of worse treatment
- Fear of losing the “love,” attention or company of the perpetrator

What can you do?

You cannot fix the situation alone. If anyone you know is in danger to life and limb, call 911. These first responders are very familiar with assaults in a family or facility situation. In the Lower Mainland-Sunshine Coast, you can phone 211 for information about shelters or agencies that can help the person. Of course, it is best if the person is able to do that on his or her own. Currently, there are two transition houses for senior women in BC. One is located in Surrey and the other one in Victoria. There appear to be no such facilities for men, other than shelters. In seniors’ circles, and in the media, we talk a lot about loneliness and social isolation. Perhaps we can all do our part by paying attention to seniors and others at risk. A friendly “Hello” or “Isn’t it a fine day?” will help people know that they are noticed and they may feel less alone. Don’t be intrusive—just be friendly and acknowledge their existence. Because somebody is alone does not mean he or she is lonely, but friendly chatter will cheer anyone’s day.

Physical Violence and Older Adults

BY MARTHA JANE LEWIS According to a recent study produced by the National Initiative for the Care of the Elderly, *Into the Light: National Survey on the Mistreatment of Older Canadians 2015*, based on a survey of older adults, the prevalence of physical abuse of older adults is 2.2%. The perpetrator is most likely a spouse or ex-spouse (34%), a child or grandchild (27%), a friend (12%) or a service provider (7%). Three quarters of older adults who live in the community appear to be at risk from harm primarily from their own relatives

or friends. This could be the result of a pattern of violence within those families that continues regardless of age or it can be the result of seniors being seen as physically or mentally vulnerable and, therefore, easy targets for violent or greedy abusers. The RCMP reports that most of the cases they deal with affecting older adults do not involve physical violence. Instead, most cases of elder abuse are categorized as financial abuse, including frauds and scams. For older adults living in congregate living settings, such as residential care homes, there are rare situations where a resident with dementia attacks a fellow resident. There are also rare, but enormously upsetting, stories about seniors being violated by residential care staff. This fear has been listed as one of the reasons people want to stay in their own homes as long as possible. In the long-term care sector, there is also a risk of staff being physically harmed by residents. One of the saddest facts is that older adults who are dependent on relatives or friends for assistance with daily living activities and for social interaction might be the least likely to complain or seek help. They fear there will be no one to help them or keep them company, if they break away from the abuser. The person they are relying on can take advantage of the older adult or even to neglect or abuse them.

SAIL Can Help

If you have concerns for yourself or another senior, you can call the Seniors Abuse and Information Line (SAIL) at 604-437-1940 or 1-866-437-1940, seven days a week from 8 am to 8 pm. You can stay anonymous, if that is more comfortable for you. Sometimes callers are seniors with concerns and questions about their own situation. Other callers are a friend, family member or professional who wants to find out how they can help a senior they are concerned about. Maybe some of these calls sound familiar to you: “My son is pressuring me to lend him money, but I can’t really afford to do this. How can I say no? I feel really scared because he comes over when he’s drunk and says

cont. next page

ABUSE, cont from previous page

he won't let me see my grandchildren unless I give him my savings." "My father is living in Northern BC and whenever I try to call him, the woman who has moved in with him won't let me talk to him. I think this woman is controlling him to get his money. What can I do?" You can download the BC Victim Services ebook "Understanding and Responding to Elder Abuse" from www.seniorsfirstbc.ca. This comprehensive 41+ page booklet describes the various types of elder abuse, why some victims choose not to speak out, and how you can encourage them to take steps to protect themselves. It also lists organizations for people to contact when they are looking for help. □

- From transition Magazine, Summer 2017

A warm welcome is extended to new members

David Taplin
Lonsdale & 3rd Pharmacy
Ron Clunk
Teresa Britton
Allan Finlayson

Thank you so much to the following folks for their kind and generous donations to the chapter/ Youth Camp:

Bill Ferguson
Arlene King
Bill Albinson
Allan Finlayson



Answer to Trivia Time:

Diner's Club Card

In 1949, company founder Frank McNamara was dining with clients in New York and realized he'd left his money at home. Unable to pay the bill, McNamara vowed to create a card that could be charged in lieu of cash. His Diner's Club card, which has been credited with popularizing credit cards and changing the way we buy things, was launched the following year.



DID YOU KNOW?

During a discussion among the membership board at St. Andrews in 1858, a senior member pointed out that it takes exactly 18 shots to polish off a fifth of Scotch. By limiting himself to only one shot of Scotch per hole the Scot figured a round of golf was finished when the Scotch ran out.



Well, that's the charming lore explanation. The real reason is Originally, the Old Course at St. Andrews had only 12 holes, 10 of which were played over the same set of fairways both out and back, for a grand total of 22 holes per round. (That is, two of the holes were played once per round, while the other ten holes were each played twice per round, for a total of 22 holes per round.) In 1764, the Old Course's first four holes were combined into two holes, and from then on a round of golf at St. Andrews consisted of playing the now-standard total of 18 holes.

So there you have it — no drunken Scots at all.

Simple Rehydration Solution You can Make at Home:

3/4 cup apple, orange or cranberry juice
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3/4 teaspoon salt
Mix well and sip.
(It's better if it's really cold)



VISITOR REPORT

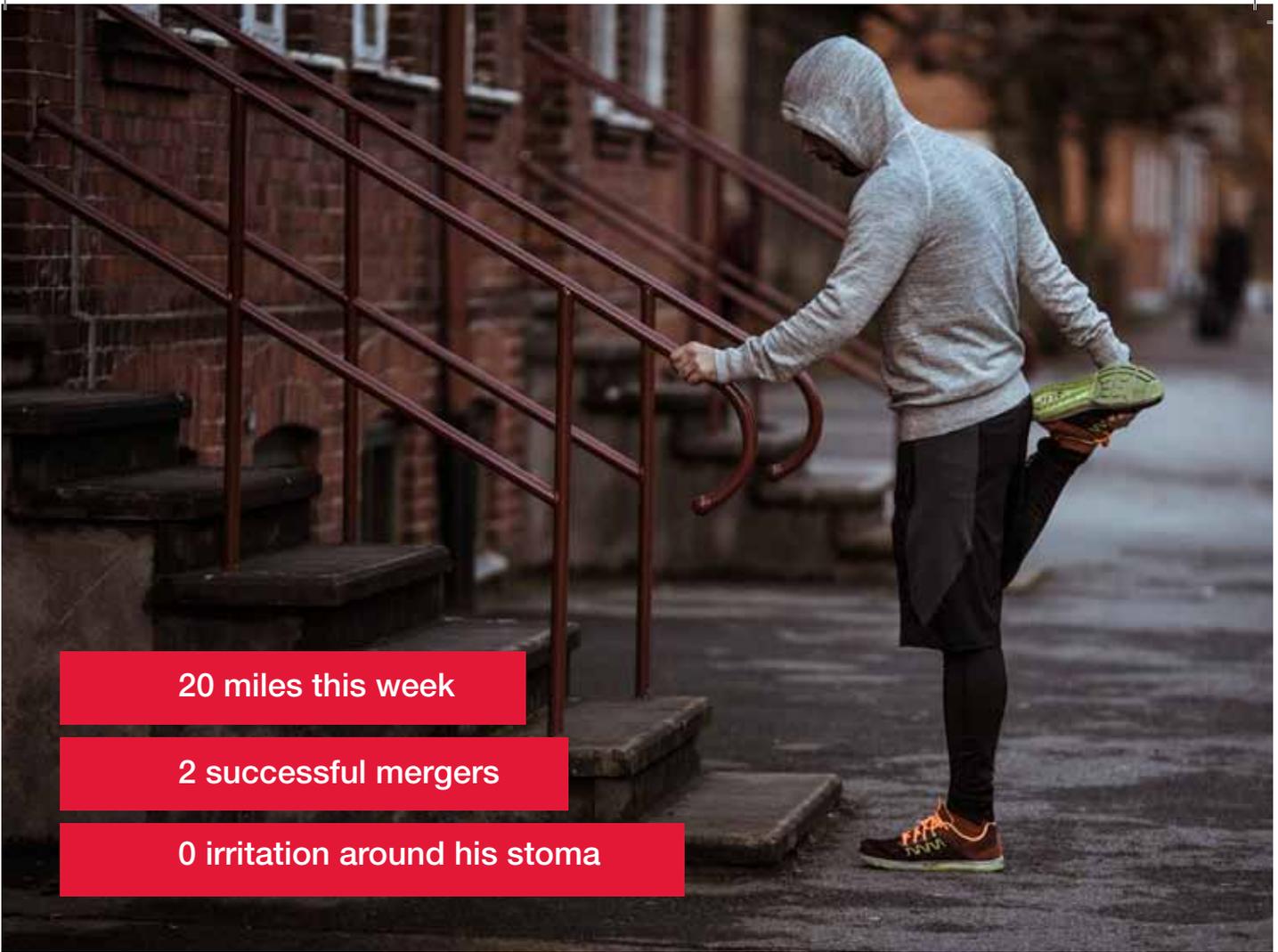
Colostomy 3
Ileostomy 1
Urostomy 1
TOTAL 5

Referrals for this round came from VGH, Surrey Memorial and from independent inquiries. Thanks to our visitors Bill Albinson, Gord Blad, Sandra Morris and Debra Rooney.

A GIGANTIC thank

you goes to the folks in the former Victoria Ostomy Chapter for their outstanding donation to the Youth Camp. Victoria regrouped into a Peer Support Group this year and elected to donate their remaining chapter funds to us, to be used to send kids and youth to camp. Their kindness will help ensure that many more young ostomates will be going to camp for years to come. **VICTORIA ROCKS!!**





20 miles this week

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0 irritation around his stoma

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MEMBERSHIP / RENEWAL APPLICATION

United Ostomy Association Vancouver Chapter

Membership 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 United Ostomy Association Vancouver Chapter. I am enclosing my annual membership dues of \$30.00. I wish to make an additional contribution of \$ _____, to support the programs and activities of the Vancouver Chapter and the national Ostomy Canada Society. Any donations of \$20 or more will receive a tax receipt.

Name _____ Phone _____

Address _____

City _____ Postal Code _____ Year of Birth _____

email (if applicable): _____

Type of surgery: Colostomy Urostomy Ileostomy Internal Pouch N/A

May we welcome you by name in our newsletter? OK I'd rather not

Additional contributions of \$20 or more are tax deductible. Please make cheque payable to the **UOA Vancouver Chapter** and mail to: **Membership Coordinator, 405 - 1488 Hornby Street, Vancouver BC V6Z 1X3**