Vancouver Ostomy
HIGH Life

Volume 38 - Issue 5 **SEPTEMBER OCTOBER 2006**

Published by the Vancouver, BC Chapter of the United Ostomy Association of Canada, Inc.
Box 74570, 2768 West Broadway, Vancouver, BC V6K 2G4
A non-profit volunteer support group for ostomates. Chapter website: www.vcn.bc.ca/ostomyvr/

INSIDE

Next Meeting:
SEPTEMBER 24, 2006
(This is also our AGM)

Collingwood
Neighbourhood House
5288 Joyce Street
Vancouver 1:30 pm

Guest Speaker: Anne Schmidt, from Hollister Inc. will present products new on the market and answer questions

Executive meeting September 16 1:30 at Lottie Calli's

CHRISTMAS LUNCHEON SUNDAY, DECEMBER 10
MARK YOUR CALENDAR NOW!

When Help is Needed with Ostomy Care

by Arlene McInnis

There are times in our lives when due to sickness, injury or age-related issues that we will have to rely on others to provide ostomy care. It could be a family member helping with ordering supplies or changing an appliance if we're unable to do so ourself, or it could be a home care nurse, personal care attendant or care aide for those who will enter a care facility. We all have concerns regarding the level of health care and attention we will receive, especially ostomy related care, when we are unable to look after ourselves.

It is always a good idea to have a family member or friend nearby who is able to fit and change your appliance and who understands the importance of proper skin care. They should be familiar with your regular routine and how your particular ostomy works when you are healthy. If the need ever arises this person will be able to tell a medical person if there has been an obvious change in your stoma output or general health if you are unable to do so yourself. This could happen after an accident, stroke or heart attack. Some people like to wear a medical alert medallion/bracelet to indicate that they have an ostomy. It is also a good idea to keep a written list of the brand names and model numbers of the ostomy appliances you use so someone can get you the supplies you need if you are hospitalized. The list could be included with the extra set of supplies that are carried with you on a daily basis and can also be put with your home supplies. No one likes unfamiliar products especially as some may cause allergic reactions! Some people might like to write down step-by-step directions for their appliance change routine which include when and how various products are used.

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President's Message

I hope that you have all enjoyed the weather and have had some really good holidays!

Our Annual General Meeting will be held Sunday 24th September 2006. Your chapter executive for the following year will be elected at this meeting. ***Now is the time for some of you to consider stepping forward to volunteer!*** The positions most needed are Vice President, and someone to assist at the annual Christmas luncheon.

What does a Vice-President do? He or she finds a guest speaker for 5 meetings per year (which is not difficult given how many representatives and suppliers are willing and eager to see us!) If the President is absent from a meeting, the Vice-President addresses meeting attendees, announces events, and introduces speakers. In addition the Vice-President may be called upon to assist the President in routine duties such as phoning, or planning meeting agendas. Lennea malmas has been our treasurer for many years; recently she and Amelia Prychidcho have been sharing the position. but we need a full-time Treasurer to allow Lennea to retire! Both Vice-President and Treasurer are requested to attend a total of 10 meetings per year -- 5 regular meetings and 5 executive meetings. Of course, we will accommodate those who cannot attend all of these meetings.

What does a Christmas luncheon assistant do? He or she would be required to buy small gifts appropriate for the children who attend the luncheon, as well as prepare little candy 'prize' bags for the kiddies' draws. Lennea Malmas has been doing this part of the luncheon for years and would like to retire. She will be happy to guide you.
We are not all retiring but we need volunteers to become familiar with these duties. Please consider approaching us this September to see how you can help out.

Once again I hope to see you all at the AGM!

Regards,
Ron

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.

From the Editor

If you travel by air, you are already familiar with the usual precautions ostomates should observe, such as taking your supplies in your carry-on luggage etc. Recent developments in airport security will have an added impact on what you take on board now. Although the United States TSA (Transportation Security Administration) has issued permission for ostomy scissors to be taken into airplane cabins, I wouldn't risk losing a good pair of scissors. You simply can't be sure these days -- what one airport or country will allow another may not and who wants to argue about it anyway? Pre-cut your supplies and pack your scissors in checked baggage. Liquids are now under suspicion as well. See page 10 for travel precautions specific to ostomates.

Travel Certificates or doctor's notes may become more widely used as scrutiny becomes more intense at airports. Personally, I've never seen the need for such papers within North America, but if you're anxious about being searched or questioned, being prepared with one of these notes may give you more peace of mind. For more on this subject, see page 10.

World Ostomy Day this year is being held on Saturday, October 7th 2006. Our chapter will hold a bowling afternoon at the Varsity Ridge Lanes to mark this event. We've got 4 lanes reserved between 1 and 2 o'clock which should be lots of time to put quite a few balls in the gutter. Cost per person will be $10, which includes the shoes! Come out and join us! We'd love to see you. (I can't bowl either, but I'll give it a shot.)

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:

UOA OF CANADA LTD.
VANCOUVER, BC, CHAPTER
Box 74570, Postal Station G
Vancouver, BC V6K 4P4

Letters & News

KIDS SUMMER CAMP

Hello Ron,

It's Atara, I wanted to say thank you for sponsoring me to go to Camp Horizon. I had so much fun and gained much more confidence in myself. I never realized how many people out their have had such similar experiences to my own and it was wonderful to be around people who could relate to what I am going through. The people at camp were great too, and i developed many new friends who I am continuing to stay in contact with. This camp changed the way that I feel about having an ostomy and I would love to go back next year. I attached a picture of my experiences at the camp.

Sincerely,
Atara Hall *(the one with blonde short hair on the far right in the back row!)*

DRUG APPROVED TO COMBAT BLINDNESS IN ELDERLY

WASHINGTON - The first drug shown to significantly improve the vision of patients threatened by a major cause of blindness in the elderly won federal approval Friday.

The drug, called Lucentis, treats the wet form of age-related macular degeneration, a disorder where blood vessels behind the retina leak blood and fluid, worsening vision and often causing blindness. An estimated 90 percent of the 1.4 million Americans who have lost their eyesight due to the disorder have the wet form.

Lucentis, made by the South San Francisco, Calif., biotechnology company Genentech Inc., inhibits the growth of blood vessels when injected into the eye. Other Food and Drug Administration-approved treatments can arrest progression of the disease, which can lead to blindness in just weeks or months, but none has been shown to significantly reverse deteriorating vision.

Genentech may find Lucentis competing against another of its drugs, the cancer treatment Avastin. Avastin is increasingly used to treat macular degeneration for as little as $17 a dose. Lucentis is likely to cost upward of $2,000 a dose.

Lucentis and Avastin both block the same protein believed responsible for the blood vessel growth. Early results from Lucentis trials led doctors more than two years ago to begin experimenting with Avastin to treat age-related macular degeneration, commonly called AMD.

"It gave physicians and patients great hope we are going to be able to improve vision in our patients rather than just slow down the loss of vision," said Dr. George Williams, an American Academy of Ophthalmology spokesman, of the early results.

Since then, at least 10,000 macular degeneration patients have received Avastin injections, a so-called "off-label" use of the drug.

"It's become a worldwide phenomenon," said Dr. Philip Rosenfeld, a professor of ophthalmology at the Bascom Palmer Eye Institute in Miami who pioneered its use for AMD.

The Food and Drug Administration does not sanction using Avastin to treat macular degeneration. Genentech stresses that it has not studied the safety or effectiveness of Avastin in treating the disease, nor does it plan to do so.

"We believe Lucentis is a much better choice," said Dr. Hal Barron, Genentech's chief medical officer. "I really believe when treating patients, you have to look at the wealth of data supporting its use and the quality of that data."

-2006 The Associated Press.

PILATES FOR OSTOMATES

- Marilyn Moore, Gloucestershire Ileostomy Association, reprinted from IA Journal, # 192, June/ July/August 2006

Joseph Pilates was born in Germany towards the end of the nineteenth century. He was told when a child that he would always be a weakling as he had some sort of abdominal problem (Crohn's disease or ulcerative colitis perhaps?) Joseph made up his mind that he would not be a weakling he so began to do exercises every day.

Joseph moved to live in Britain just before the beginning of the first World War working as a boxer and circus performer. He was interned on the Isle of Man for the duration of the war (because he was German), where he was recognised for his expertise in illness prevention, especially when he and his fellow prisoners failed to contract the influenza that killed thousands of POW's and other people throughout the world. After the war, Joseph worked as a nurse/orderly while on the Isle of Man and was appalled to see so many sick people lying in bed doing no exercise. He introduced a gentle system for his patients and it soon became apparent that they were recovering much faster than other patients in the hospital. With the encouragement of the doctors, he added spring resistance to his regime and introduced graduated weight-bearing, the basis of all good physical rehabilitation today.

After the war, Pilates returned to Germany to continue his fitness regime with the police force. He married and emigrated to America where he opened an exercise centre in New York, working with the Martha Graham dancers. Georges Balanchine heard about Joseph and invited him to work with his dancers in the New York Ballet. He continued to train and rehabilitate many ailments, including the knee and back complaints suffered by elite sports people in New York and beyond. Today, the "Pilates" legacy is continued by physiotherapists and sports instructors who have benefited from his original exercise techniques. These include Glenn Withers, an Australian physiotherapist, who found the exercise regime with its careful grading, based on normal body movements and breathing techniques, fitted in well with his own ideas. He moved to Britain a few years ago with Elisa Stanko to teach physiotherapists there the Pilates regime. These principles now form part of most rehabilitation programmes.

The technique is taught in two categories, mat work and machine based work. There are 32 mat work exercises, most of which are suitable for anyone to do. Pilates is based on 8 principles -- concentration, breathing, centering, control, precision, flowing movements, isolation and routine. Many of the mechanical problems afflicting our bodies stem from a lack of stabilisation of the joints of the spine and pelvis due to weakness of muscles, tendons and ligaments, including the pelvic floor and diaphragm. The basis of all Pilates work is stabilisation of these structures in whichever position the exercises are to be performed, so they are useful post-surgery (after 6 weeks) and for back sufferers.

(cont. next page)

Two basic Pilates positions

Pilates, cont.

Where to Find Pilates Classes in the Vancouver Area

Interested in learning more, or giving Pilates a try? Call your local YMCA/YWCA to inquire about classes being offered. Almost all gyms (ie Fitness World, Olympic, Ron Zalko to name but a few of the many around) offer classes in Pilates these days. In addition, a number of exercise studios devoted to Pilates are available -- check your Yellow Pages and phone around. And don't forget your local community centre -- some offer Pilates beginners' classes at very reasonable rates. Wherever you inquire, be sure to ask what levels and ages are accommodated, and how large the classes are (10 people is an optimal size). You should also ask what the instructors' credentials are and how long they have been teaching. The Pilates Association of Canada (http://www.canadianpilatesassociation.ca/) can assist you in finding a qualified instructor in your area.

OSTOMY HOME CARE, cont. from front page

When your doctor or hospital orders home care for whatever reason, a registered nurse will visit to monitor the condition of your illness or recovery and provide necessary ostomy care. If there are any issues that the nurse can't handle an ET nurse will be called in to assist. If you regularly see an ET nurse you might ask about how home visits are handled. Some ET nurses do not make visits to private care facilities mainly due to the B.C. Medical Services Plan regulations regarding coverage. It is also good to be prepared yourself with a good supply of ostomy products at home.

When a person becomes a resident of a public long/extended care establishment the facility's registered nurse will evaluate their ostomy to check for any skin problems and to make sure the person is able to manage their own ostomy routine. If not, the nurse will be present during any appliance change until the care aides are properly trained or become comfortable with the process and issues involved. Most problems that arise can be resolved quickly. If not, the facility will request a visit from an ET from a hospital within the health region. The ET nurse can provide the staff with a picture sequence of the resident's particular appliance change. The resident with the ostomy will have the supplies they regularly use made available if possible. Some products that are not normally carried by local ostomy suppliers may have to be specially ordered by a family member if another brand is not suitable.

Private facilities are also staffed with registered nurses and train their staff to deal with any special needs that may arise with a resident. The care provided in these establishments in B.C. is of extremely high quality and at no time will any resident's dignity be compromised due to unique medical needs. The resident will be responsible for the cost of their supplies and the staff will make sure their particular brands are on hand. If anyone is contemplating living in a private facility it is definitely worth requesting a tour and talking with the staff about any concerns you may have ahead of time. Both types of facilities have a nutritionist on staff to make sure any special diet and hydration needs are met.

These procedures regarding basic and ostomy health care are provided province-wide. People in smaller towns or remote areas should check with the local health care resources as to how they handle emergency or long term care and ostomy needs before one requires them. There is no need to feel your ostomy care will be neglected when you are unable to care for yourself.

Thanks to: Rosemary Hill, ET Nurse, Lion's Gate Hospital, North Vancouver; Cathy Baxter, Clinical Care Manager, Kiwanis Long/Extended Care Facility, North Vancouver; Douglas Russell, General Manager and Sue Ross, Nursing Supervisor, Sunrise Assisted Living Centres, B.C.

VANCOUVER, B.C. CHAPTER OF UNITED OSTOMY ASSOCIATION OF CANADA INC.

NOTICE OF ANNUAL GENERAL MEETING OF MEMBERS

TAKE NOTICE that the annual general meeting (the "Meeting") of the members of the VANCOUVER, B.C. CHAPTER OF UNITED OSTOMY ASSOCIATION OF CANADA INC. (the "Association") will be held at 1:30 p.m. on the 24th day of September, 2006 at Collingwood Neighbourhood House, 5288 Joyce Street, Vancouver, BC for the following purposes:

1. to receive the report of the Directors of the Association;
2. to receive the financial statements of the Association;
3. to waive the appointment of auditors for the Association for the ensuing year;
4. to elect directors to hold office until the next annual general meeting for the Association;
5. to transact such other business as may properly come before the Meeting.

QUALITY OF LIFE IN PATIENTS WITH STOMAS: THE MONTREAUX STUDY

- Patrick Marquis, MD; Alexia Marrel; and Bernard Jambon, MS

In 1993, ConvaTec, a leading manufacturer of ostomy equipment, conducted a survey to establish the training needs of enterostomal therapists in Europe. One of the main findings of this survey was that enterostomal therapists needed a tool to help them measure patient quality of life. To help meet this need, ConvaTec worked with Mapi Values (Lyon, France), an international company specializing in patient-reported outcomes (quality of life and patient satisfaction and preferences) for healthcare organizations, to produce and test a quality-of-life instrument for patients with a stoma.

The Stoma Quality of Life Index is a tool to help enterostomal therapists accurately assess the quality of life of their patients. It was validated in 16 countries in Europe, where it was applied to more than 4,000 stoma care patients in a research effort called "The Montreux Study." The completion of the Montreux Study has provided enterostomal therapists with a sufficiently large and reliable data bank with which they can compare their own patients.

Quality of life has been defined as "contentment with everyday life: the degree of enjoyment and satisfaction experienced in everyday life" as opposed to financial or material well-being. Ostomy surgery profoundly affects a person's life. Six hundred eighteen (618) stoma care nurses recruited 4,739 patients following stoma surgery; 11,097 questionnaires in 12 languages were returned to the CORCE Centre for analysis.

The self-administered questionnaire was completed immediately following surgery and after 3,6, 9, and 12 months. The mean age of patients was 61.6 years (+/- 13.4 years), 53.7% were men, and the majority (66.5%) had a colostomy. The majority (66.5%) of patients had a colostomy, 16.4% had an ileostomy, and 16.5% had a urostomy (missing data, 0.6%). The most common pre-existing disease requiring surgery was carcinoma [cancer] (70.0%). Other conditions were Crohn's Disease (4.0%), ulcerative colitis (7.9%), and other conditions (13.5%) (missing data, 4.6%). A concurrent illness was present in 36.3% of the sample. Cardiovascular conditions were the most common form of concurrent disease, with respiratory and rheumatic disease the next most frequent chronic conditions. Stoma Care Quality of Life Index scores were fairly consistent in all patients throughout Europe immediately following surgery. While scores improved steadily over time, only the difference between the postoperative and 3-month scores was significant. SCQLI scores were significantly higher in patients who were satisfied with the care received than in those who were not satisfied. Similarly, patients who had a good relationship with the stoma care nurse and felt confident about changing the appliance had significantly higher SCQLI scores than those who did not have a good relationship or feel confident.

During the first year, each patient completed the questionnaire four times: following hospital discharge, and at 3 months, 6 months, and 12 months after surgery. In the following year, assessment was on a voluntary basis, with one questionnaire completed every 6 months (18 and 24 months following surgery).

Some differences in the scores after surgery were evident between different countries, but the scores of most countries were fairly consistent. The only countries that differed significantly (Portugal and Israel) also had the smallest sample sizes.

The results of this study provide the first glimpse of the effect of ostomy surgery on patient quality of life over time. It was found that, for patients in all countries, the weeks following hospital discharge are crucial for improvement in patient quality of life. However, time was not the only factor related to improved quality of life after hospital discharge. Satisfaction with the care received, confidence in changing the appliance, and the relationship with the enterostomal therapist all appear to affect patient quality of life. Patients who

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Toss Toothbrushes Every Few Weeks says Researcher

CBC News, March 2004

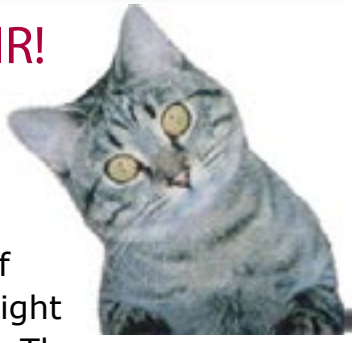
VANCOUVER - Tossing out your toothbrush every few weeks could spare you exposure to an endless array of infectious microbes, according to an American forensic dentist.

Dr. Tom Glass, a professor of pathology and oral medicine at Oklahoma State University, claims he's the first person to recognize that toothbrushes act as reservoirs and actually cause bacterial or viral-induced disorders like ulcers and other digestive tract illnesses, respiratory infections, kidney ailments and even cardiovascular disease.

Glass notes some people are vulnerable to mouth lesions and toothbrushes can damage delicate gums.

In research going back to 1983, Glass observed that patients with diseases such as recurrent mouth ulcers and advanced gum disease had a huge decrease in their symptoms when they changed their toothbrushes often.

SIR! MEOW! SIR!



During the Vietnam conflict, the U.S. Army enlisted the help of cats to serve as "night vision" for soldiers. The harnessed cats were certainly capable of the task, but most ignored orders (as cats often do) and led the way to mice and birds. The idea was soon shelved.

- 2006 Cat Calendar, Workman Publishing, New York

The Vancouver UOA Chapter would like to welcome new member

Louise Hemming

and also thank her for her kind donation to the chapter.

NOT SURE WHEN TO RENEW YOUR HIGHLIFE/ MEMBERSHIP SUBSCRIPTION?

Notices will be sent in the mail to let members know when to renew. Until then, no need to send anything to us!

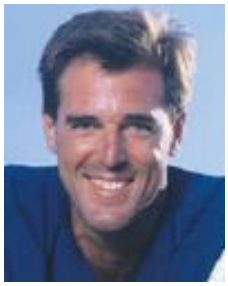
The Ostomy Files

Ostomy Statistics: The $64,000 Question

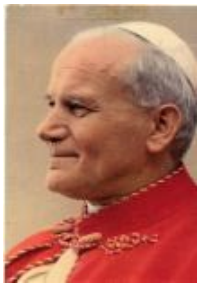
- Gwen B. Turnbull, RN, BS

This we know: The Queen "Mum" had one - as did Senator Hubert Humphrey, Speaker of the House Thomas "Tip" O'Neill, and actress Loretta Young. Contemporary notables include Rolf Benirschke, Pope John Paul II, actress Barbara Barrie, President George W. Bush's brother Marvin, and professional golfer Al Geiberger. Yet after more than 50 years and despite the bravery of these previously-mentioned well-known people, the demographics of the American ostomy population and the number and types of new surgeries performed each year remain elusive.

A possible explanation of this dilemma may be due, in part, to the reporting and coding mechanisms our country uses to track medical procedures. What specific codes most providers use to bill for ostomy-related conditions and procedures is unclear, because many codes could be applicable. For example, the International Classification of Diseases (ICD-9-CM) coding system codes 153-154 and 197.5 are applicable for malignant neoplasm of large intestine and rectum. ICD-9-CM codes 520 through 579 are listed for diseases of digestive system and 580-629 for disease of genitourinary system.



Several DRGs could be used to bill for services provided to inpatients admitted for treatment of ostomy-related complications or new surgeries. Tracking these data is difficult because the coding systems are not always disease specific and do not indicate whether a surgery is temporary or permanent or if the submission is for a patient previously



reported by the same or another provider. More recent electronic tracking mechanisms and proposed changes to coding systems are helping make these data a bit clearer.

Number of Patients

Currently available estimates of the number of patients vary. One report estimates that 450,000 people in our country currently have a stoma and that 120,000 new surgeries are performed each year. The United Ostomy Association estimates that slightly more than 500,000 Americans now have some type of stoma. Another market research report stated there were 800,000 ostomy patients in the US in 2000, and that the number would grow at an annual rate of 3%.

Age

In 1998, two studies attempted to clarify the average age of someone with a stoma, as well as how the population was segmented by surgery type. The studies revealed the average age of a person with a colostomy to be 70.6 years, an ileostomy 67.8 years, and a urostomy 66.6 years. Using these numbers, the average age of an American with an ostomy is about 68.3 years; he or she is, therefore, a Medicare beneficiary.

Surgery Type

These same studies revealed an equal distribution between the three major types of ostomy surgeries: colostomy 36.1%, ileostomy 32.2%, and urostomy 31.7%. This was an interesting finding because it has long been assumed that ileostomy and colostomy surgeries outnumbered urinary stomas. Other types of sphincter-saving surgeries were not included in these surveys.

Gender

No definitive gender data are currently available for the ostomy population. However, if the average age of the person with an ostomy is 68.3 years and the average life expectancy of American women is higher than that of men, it could be presumed that more women than men have an

ostomy. In fact, a 1998 consumer survey of more than 1,400 people with an ostomy showed that 57% were female.5 This correlates with data from the Centers for Medicare and Medicaid Services that the prototypical Medicare resident in either home care or a nursing home is female. Additionally, the American Cancer Society estimates that approximately 147,500 new cases of colorectal cancer will be diagnosed this year, affecting women slightly more than men (74,700 versus 72,800). However, after the age of 50, the incidence for men seems to increase slightly.

Where are the Patients?

The 1999 National Home and Hospice Survey of care provided in 1996 reported that one-third of 2.4 million (792,000) current home health patients and one-fourth of 7.8 million (1,950,000) discharged home health patients had urinary incontinence, a urinary catheter, an ileostomy, or a colostomy. Two-thirds of all home care patients were women. Of the 59,000 current and 393,000 discharged hospice patients, 60% of current (35,400) and 80% of discharged patients (314,400) had incontinence, a urinary catheter, an ileostomy, or a colostomy. While these data are promising in the quest to define the situation, they remain nebulous.

The Challenge Remains

This aspect of ostomy care and management deserves an investment of research dollars. More targeted and reliable statistics about this population could be powerful tools to leveraging public and private insurance policies, justifying costs of care, and evaluating the quality of life of an American living with an ostomy in the 21st century.

The Ostomy Files is made possible through the support of ConvaTec, A Bristol-Myers Squibb Company, Princeton, NJ.

Skunked?

Your pet's been skunked -- and worse, it's late at night and the pet store is closed. Don't panic. Vets say toothpaste will help cover the smell -- almost as well as commercial odour removers. Here's how:

- Wipe off sprayed areas with an old towel, then wet your pet's coat.
- Apply a generous amount of toothpaste (about two tubes for a large dog).
- Massage well -- right down to the skin -- to create a lather.
- Leave on for about five minutes.
- Rinse. "Make sure you rinse really well around the face, especially round the eyes and mouth where they typically get sprayed," says Dr. Greg Usher of Usher Animal Hospital in Toronto. *[does anybody else see another use for toothpaste here?]*

- Reader's Digest/Joanna Ingrassia in Canadian Living

TSA CHANGES PROHIBITED ITEMS TO ALLOW OSTOMY SCISSORS ABOARD AIRCRAFT

U. S. DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration

WASHINGTON, D.C. – TSA is modifying the interpretive rule to exempt ostomy scissors from the prohibited items list. Ostomy scissors with pointed tips with an overall length of four inches or less are permitted when they are accompanied by an ostomate supply kit containing related supplies, such as collection pouches, wafers, positioning plates, tubing, or adhesives.

There are an estimated 750,000 ostomates in the United States. While specific data on the number of ostomates who use air transportation is not available, TSA has heard from individuals with ostomies who say they avoid air travel in part because they cannot carry these particular scissors. Allowing this limited exception to TSA's prohibition on metal pointed scissors removes a barrier to ostomates traveling by air without negatively impacting aviation security.

EDITOR'S NOTE: Events in the news this summer have made air travel more complicated. As ostomates who must travel with our supplies, some of us may be affected by recent bans on liquids allowed in aircraft cabins. If you have been in the habit of carrying any sort of liquid deodorant, sealant, or adhesives in your hand luggage, you should pack these in your checked luggage now or risk losing them. Ileostomates who previously took bottled fluids with them on flights as a precaution against dehydration will need to ask cabin attendants for water or juice once the flight is underway. Could life get any ***more*** complicated? Let's all hope that travel security can ease up in the future. Until then, we should also be aware of, and prepared for, the possibility of being questioned about our appliances. You may not fit any terrorist profile, but chances are you may be patted down nonethless. [I have -- twice] You may be asked what you are 'wearing' in such a case. All you need do is simply tell the security person that you have a colostomy and this is your bag. Using the terms 'colostomy' and 'bag' will be less confusing for airport personnel, few of whom understand the difference between an ileostomy or urostomy. Most people understand what a colostomy is. 'Appliance' or 'pouch' may confuse them as well, so say 'bag'. You'll get through faster.

If you're apprehensive about being questioned, you might consider bringing a letter from your doctor, as indeed many people are doing these days. Artificial hips have been known to set off metal detectors, and in an especially unusual case, a Canadian tourist was recently delayed at the border (on a bus!) because he set off a radiation detector! (Prior to travelling, the fellow had been injected with a radioactive dye during a routine medical test. He was eventually allowed entry into the United States, but it took some explaining.) If you wish to have a letter from your doctor as back-up in case of an uncomfortable situation, you can use the form below as a guideline, or download a version from **http://www.ostomy.evansville.net/certificate.pdf** The electronic version includes German, French and Spanish translations.

TRAVEL CERTIFICATE

NAME: _____
PLEASE PRINT

ADDRESS: _____

_____

PASSPORT NO: _____

Signature: _____

Date: _____

NAME OF DOCTOR: _____
PLEASE PRINT

ADDRESS: _____

_____

Signature: _____

Date: _____

To Whom It May Concern

This is to certify that the person named on this certificate has had a surgical operation which makes it necessary for him/her to wear at all times, a bag attached to the abdomen to collect excretion from the bowel or bladder.

If it is necessary to examine this bag, a qualified medical practitioner should be present, because any interference may cause leakage and great discomfort and embarrassment to the wearer.

The bag may be supported by a belt; if so, this may have metal parts which register on a metal detector.

The owner of this certificate may also be carrying an emergency supply pack consisting of spare bags, surgical dressings, etc. in addition to his/her main luggage.

It is essential that these emergency supplies remain intact and are not mislaid.

MONTREAUX, cont. from page 6

reported that the stoma care nurse took a genuine interest had the highest quality-of-life index post surgery.

The findings appear to substantiate the belief that enterostomal therapists are of great importance in the treatment and support of patients with a stoma. Also, the results suggest that efforts to improve patient confidence in changing their appliances through education may have important quality-of-life benefits.

The results of this study suggest that stoma patient quality of life can be assessed, that it changes over time, and that patient access to specialist ostomy care nurses is particularly important during the first 3 to 6 months following surgery. In addition, the quality-of-life tool developed for the Montreux Study may provide enterostomal therapists with an important method of auditing their service. They can compare individual patient results to national and European data, enabling them to assess their own performance and identify issues affecting quality of life in their patient population.

EARLIER SURGERY MAY STOP ANESTHESIA WOES

By STEVE HARTSOE, Associated Press Thu Aug 3, 2006

RALEIGH, N.C. - Scheduling surgery earlier in the day may help prevent unexpected problems related to anesthesia, including added pain and postoperative nausea and vomiting, according to a study conducted at Duke University.

Researchers at Duke University Medical Center analyzed more than 90,000 surgeries performed at the hospital between 2000-2004. The study, which appears in the August issue of the journal Quality & Safety in Health Care, found that patients whose surgeries began around 4 p.m. were about four times more likely to request pain medication than those whose surgeries started around 9 a.m.

Researchers analyzed a database maintained by the hospital that contains a record of each surgical patient's course of treatment from hospital admission to discharge, including adverse events. The researchers divided the problems they found into three categories: "error," "harm," and "other adverse events."

Researchers deemed 667 incidents as harmful, and they ranged from prolonged sedation to an infected wound. Postoperative nausea and vomiting accounted for 35 percent of these incidents, the study said.

Researchers said there were 1,995 "other" incidents, which included potentially dangerous changes in blood pressure and problems with operating room equipment.

"On the positive side we didn't find anything that showed people were being hurt badly by this, they're manageable things," said Dr. Melanie Wright, a human factors specialist at Duke University who study. "But it points to something can look at more closely: Can we improve quality care?"

Sandra Tunajek, director of the Council for Public Interest in Anesthesia, which seeks to educate patients and assist the public and practitioners on anesthesia-d issues, said the problems are the result of health care workers facing ever-increasing pressures in the volatile environment of operating rooms.

"If you're tired and stressed and overworked, no matter what field your in, things can go wrong," said Tunajek, who called the study unique. "There's an assembly line kind of mentality that really just comes down to production pressure, and it's prevalent everywhere in health care, I think."

The study identified several possible reasons why there were more problems later in the day, including tired health care workers and swings in people's natural ups and downs during the day. Doctors arriving late for surgery, a lack of transporters available to move patients, and delays in completing test results were also possible sources of late-day problems, researchers said.

Researchers said they could not determine the experience level of those providing anesthesia, their case loads or the makeup of the medical team from the charts they examined. They also noted the reports of problems could be biased because they were self-reported.

The research was supported by the Anesthesia Patient Safety Foundation, which encourages studies on methods of reducing injuries from anesthesia.

BOWL-A-RAMA!!

WORLD OSTOMY DAY,
SATURDAY OCTOBER 7.

WHERE?	Varsity Ridge 5 Pin Bowling Centre 2021 West 15th, (near the Ridge Theatre)
WHEN?	Saturday, October 7,1:00 pm
COST?	$10 per person, (hey, that's cheap and it includes the shoes!)
WHAT?	An hour of bowling, no talent required, an afternoon to socialize with chapter members, their friends and families. Have a beer, have a hot dog, have some laughs.
WHY?	To support World Ostomy Day, raise money, have some laughs and promote awareness of our community!
WHO?	Contact Ron Dowson, Cindy Hartmann, or Deb Rooney c/o numbers in the back to sign up. Tickets will also be on sale at our AGM.
IS THERE?	Free Parking -- yup

VISITOR REPORT

Requests for patient visits this reporting period came from Vancouver General, Lion's Gate, and St. Paul's hospitals:

Colostomy	4
Ileostomy	2
Urostomy	4
Double Ostomy	1
TOTAL	15

Thank you to my excellent crew this round: Maxine Barclay, Tom Kerr, Janet Koloff, Martin Donner and Diana Mercer.

Extra thanks to Maxine Barclay who oversees the Visitor Program when I'm on holidays!!

RETURNING TO WORK

Most people with ostomies return to their jobs after surgery. Though absence of work can be frustrating and isolating, you must allow sufficient time (usually 3 - 6 months) to recover fully from your operation. Deciding when to return to work should be determined by you, your doctor or surgeon, and your ET nurse. Bear in mind that it takes time to regain former stamina, even for a desk job. You might want to consider discussing with your employer the possibility of part time shifts for a week or two to ease back into your duties. If your job requires very heavy lifting, climbing, or similar physical demands, you may need to discuss modifications in duties. Your surgeon and your ET nurse can help you assess your fitness level. If you are required to undergo chemo and/or radiation, it's best not to try to work during treatment. Even a mild chemo protocol will leave you more susceptible to colds, flu and other common ailments that circulate throughout the workplace. As well, treatments are tiring -- you need all your energies to recover your health.

Private bathroom facilities should be available to you at work, with reasonable allowances made for more time spent in the facilities, if needed. (Although, if you were frequently going to the bathroom before surgery, you may find that you make LESS trips now than before. Sometimes even an ostomy has its perks.)

It's wise to keep a basic change kit in your desk, or lunch box, glove box, fanny pack etc. -- any place you can conveniently keep a spare pouch and/or flange, some tissue or wipes, and a spare clip. If you require paste, preps etc, these should be in your kit as well. If you have a place to keep them, a spare pair of trousers can save your day in the event of an accident. Even if you never need to use them, emergency supplies will give you peace of mind.

WHICH KIND OF POUCH AND BARRIER?

IF . . .	CONSIDER . . .
Your stoma is round and is not changing in size	Pre-sized Skin Barriers
Your stoma is oval or is still changing in size	Cut-to-fit Skin Barriers
Your drainage is liquid, soft soft or mushy	FlexWear, Durahesive, Extra Extended Wear
Your drainage is more formed or you change your skin barrier more often	SoftFlex, Assura, ActiveLife
You want something very easy and flexible	One-Piece Pouches
You want to change your pouch more often than your skin barrier	Two-Piece Pouches
Your discharge is infrequent (one or two times a day)	Closed Pouches
Your discharge is frequent	DrainablePouches
Your stoma sticks out, you have a deep crease, or a hernia	Flat Skin Barriers
Your stoma does not stick out, your skin is soft, or you have a slight crease in your skin	Convex Skin Barriers
Your discharge is more formed and you have gas	Filtered Pouches
You want to easily see your stoma or the pouch contents	Clear Pouches
You do not want to see your stoma or the pouch contents	Beige Pouches
You want to lock the two-piece flanges without pressing on your tummy	Floating Flanges
You are sensitive to tape	Tapeless Skin Barriers

FIND THE ET NURSE NEAREST YOU

If your hospital does not have an ET nurse on staff, you can get more information about ET nurses available in your area by contacting the Canadian Association of Enterostomal Therapists:

CAET President
Box 48069, 60 Dundas Street East
Mississauga, Ontario L5A 1W4
email: caet@on.aibn.com
website: caet.ca

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

NEW http://www.chemocare.com/
(information on chemo drugs, reactions & side effects, survivors' stories)

NEW http://www.o-wm.com/article/1756
(Contemporary Topics in Skin, Wound, Ostomy, and Incontinence Care)

NEW http://www.canadianpilatesassociation.ca/
(Canadian Pilates Association)

NEW http://www.theglobeandmail.com/servlet/story/RTGAM.20060403.wbladder0403/EmailBNStory/Science/home
(Successful implantation of bladders grown in test tubes)

NEW http://www.ostomy.evansville.net/certificate.pdf
(Downloadable travel certficate for ostomates)

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Dr. Martin Gleave, Urologist - VGH
Deb Cutting, WOC Nurse, VGH

STOMA CLINICS IN VANCOUVER / MAINLAND AREA

Pre-surgical counselling and post-operative follow-up.

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

UBC Hospital 2211 Westbrook Mall
Eva Sham, WOCN Tel (604) 822-7641
(Mon., Wed., Fri.)

St. Paul's Hospital 1081 Burrard Street
Anne Marie Gordon, RN, ET. Tel (604) 682-2344
Ext. 62917 Pager 54049

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

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

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

Westminster West End Pharmacy
Andrea (Andy) Manson, RN. ET. Tel (604) 522-4265

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

LANGLEY Langley Memorial Hospital
Maureen Moster, RN. BSN. ET. Tel (604) 514-6000 ext 5216

ABBOTSFORD M.S.A. General Hospital
Sharron Fabbi, RN. ET. Tel (604) 853-2201
Extension 7453

CHILLIWACK Chilliwack General Hospital
Heidi Liebe, RN. ET. 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 604-244-5235

WHITE ROCK/RICHMOND E. T. Resources, Ltd.
Elaine Antifaeve, RN. ET. CWOCN Tel (604) 536-4061

ET NURSES -- IS YOUR INFORMATION CORRECT?
PLEASE ADVISE THE EDITOR IF UPDATES ARE NEEDED

MEMBERSHIP RENEWALS!

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

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

http://www.adobe.com/products/acrobat/readstep2.html

ADVERTISERS!

Promote your products and services in High*Life!*

Your ad is seen by all chapter members in the Vancouver area, numerous affiliated chapters across Canada, ET nurses, and new patients in hospital. HighLife is published 6 times yearly. Advertising rates are:

Size:	1/6 page	1 issue	$30.00	6 issues	$100.00
Size:	1/4 page	1 issue	40.00	6 issues	150.00
Size:	1/2 page	1 issue	60.00	6 issues	200.00
Size	full page	1 issue	100.00	6 issues	300.00

If you wish to place a new ad, or upgrade an existing one, please contact the editor, **autodraw@shaw.ca** *Electronic artwork can be received as well as hard copy and photo images.*

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: Arlene McInnis, 34 - 4055 Indian River Drive, North Vancouver, BC V7G 2R7