Vancouver Ostomy
HIGH Life

Volume 39 - Issue 5 SEPTEMBER OCTOBER 2007

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

REMAINING 2007 MEETING SCHEDULE:
AGM
September 16

Unless otherwise specified, all meetings are held at:
Collingwood Neighbourhood House
5288 Joyce Street
Vancouver 1:30 pm

ANNUAL CHRISTMAS LUNCHEON SUNDAY DECEMBER 2
at the Holiday Inn on Broadway!

Details to follow in the November/ December newsletter.Mark your calendar now -- hope to see you there!

Youth Ostomy Camp 2007 *- by Arlene McInnes*

The Vancouver Chapter is very pleased to have been able to sponsor four campers to attend Camp Horizon in Bragg Creek, Alberta this past July. Three of the campers are from the Vancouver area and one is from North Central B.C. One of the kids was a first time camper and thanks the Chapter for allowing him this new experience. While camp activities such as rafting, rock climbing and chocolate fondue were high priorities also the opportunity to meet and interact with others the same age with similar medical issues was very important as well.

The returning campers expressed how great it was to reunite with friends from previous and talked of these friendships as life-long. One of those who we have sponsored in previous years plans to return to camp in the future as a camp councilor.

Youth Ostomy Camp hosts over 30 kids from across Canada every year. It allows kids to be themselves within the safety of a group where no one is looked upon as "being different". The campers are given the opportunity to challenge themselves both physically and mentally and through their experiences some find a new found confidence. They learn how to focus on their strengths as individuals and put their medical issues on the back-burner for even just a week. Most of the campers are surprised at what they can accomplish and carry this positive energy home with them. Also some express how great it is to be away from well-meaning but over-protective parents!

The ability to help send ostomy kids to camp is a big part of what our Chapter is about – giving support and enhancing the quality of life of those who have had some type of ostomy surgery. We are able to do this through the generous donations received from members, our Chapter's Wendy Irvine Youth Fund and a grant from the Vancouver Foundation and the Vancouver Sun Children's Fund. The Foundation contributed $1430.00 which is approximately half of the total cost to sponsor four children to camp. The Foundation has been backing our Chapter for many years and we are extremely grateful for their continued support!

Thanks to Atara Hall for the photo!

From the President

Confucius Says

I recently came across the following quote from Confucius:

"Tell me, and I will forget. Show me, and I may remember. Involve me, and I will understand".
I made a note of that quote because I thought it might be helpful in asking our membership to step forward and help our Chapter to do more. By involving yourselves, not only will you understand how things actually get done, but whatever effort you do put forth, you will be rewarded tenfold in joy and feeling good about yourself.

There is something compelling about a man who lived 2,500 years ago, and yet today we still quote him. He was a famous teacher, philosopher and political theorist. But what is most amazing is how timeless his words are.

I would love to write a long essay for you on how the teachings of Confucius can provide valuable lessons for today's ostomates, but our dear Editor-in-Chief will not allow me the space. So I will leave you with one more quote from Confucius. It is my favourite:

"Wherever you go, go with your heart".

I look forward to seeing you at our September meeting and to your future involvement.

Martin Donner,
President
Vancouver Chapter

From the Editor

(I thought the horse looked so good she should be run twice)

The Renaissance Award is awarded every year at the Annual UOAC Conference by ConvaTec of Canada to the individual who:

- has made significant achievements in his/her life following ostomy surgery
- has made a meaningful contribution to the community or to others around them
- has contributed to eliminating prejudicial misconceptions relating to people living with an ostomy in society

I'm tremendously honoured and flattered to have been chosen as this year's recipient. In late July, I learned that I had been selected, but ConvaTec requested that I not reveal anything prior to the night of the awards. So my conference mates, Alan, Graham and Betty were good and surprised when my name was announced. (Sorry! How hard was THAT, keeping my mouth shut?)

It's a curious feeling to receive such an award. Very gratifying to have one's efforts recognized to be sure, but also humbling to know that you get the spotlight while so many remain anonymous and unheralded. And astonishing: six years ago when I was diagnosed with cancer and told I must have a permanent colostomy I never, EVER, in my wildest dreams would have thought I'd one day be standing in a conference hall, accepting an award and addressing a large group of people, nearly all of whom knew very well what it is like to undergo ostomy surgery. I think it was safe to say that nearly every person in that room knew what it was like to hear a diagnosis they didn't want to hear, and knew what it was like to endure a surgery they didn't want to have and wondered what their life would be like after that surgery. Or if they'd even get to have a life at all. And there we all were, living proof that there's plenty of good life to be lived after ostomy surgery.

The conference was proof as well of how important it is that we continue to support and encourage each other, and to educate ourselves, and to provide a place of fellowship and support for the next new person because, unfortunately, there will always be a next new person. I came away from the Calgary conference with a sharper appreciation for the amount of work that is done by our national UOAC office as well as the many sub-groups represented.

Congratulations to the Calgary Conference organizers and all the sponsors, exhibitors, speakers and volunteers that made this 10th Annual UOAC Conference a great success.

Letters & News

World's largest public restroom facility opens

Chinese city is flushed with pride at building containing 1,000 toilets

BEIJING — They're flushed with pride in a southwestern Chinese city where a recently-opened porcelain palace features an Egyptian facade, soothing music and more than 1,000 toilets spread out over 32,290 square feet.

Officials in Chongqing are preparing to submit an application to Guinness World Records to have the free four-story public bathroom listed as the world's largest, the state-run China Central Television reported Friday.

"We are spreading toilet culture. People can listen to gentle music and watch TV," said Lu Xiaoqing, an official with the Yangrenjie, or "Foreigners Street," tourist area where the bathroom is located. "After they use the bathroom they will be very, very happy."

Footage aired on CCTV showed people milling about the sprawling facility and washing their hands at trough sinks. For open-aired relief, there is a cluster of stalls without a roof. Some urinals are uniquely shaped, including ones inside open crocodile mouths and several that are topped by the bust of a woman resembling the Virgin Mary.

"Other bathrooms are all the same. This one is very special, I've never seen anything like it," one visitor to the tourist area told CCTV. There are also plans to build a supermarket nearby, which will sell toilet-related items, CCTV reported.

(Editor's note: Sorry no photo available!)

Herbs and Surgery

Bob White, S. Brevard FL; Evansville IN website; Metro halifax News; Prince George Ostomy Hotline, May/June 2007

A report in a recent issue of the American Medical Association stresses the need for their patients to keep their physicians advised of the types and quantities of herbal supplements they are taking. Why? Herbal supplements can lead to medical complications and drug interactions, especially during surgery. Eight supplements are mentioned specifically in the report -- Echinacea, Ephedra, Garlic, Ginkgo, Ginseng, Kava, Valerian and St. John's Wort. These can interfere with or increase the effects of other drugs, affect blood pressure or heart rhythm, or cause increased bleeding. The report recommends that patients discontinue any herbal remedies for from 24 hours to one week (depending on the specific herb) prior to undergoing surgery. It also recommends that doctors make a practice of asking their patients specifically about any herbs and prescribed medications they may be taking.

Cell Phones Light Surgery

- Reuters

ARGENTINA Leonardo Molina, 29, was on the operating table on July 21 when the power went out in Policlinico Juan D. Peron, the main hospital in Villa Mercedes, a small city in San Luis province.

"The generator, which should have been working correctly, didn't work," a hospital spokesman, whose name was not given, told TN television news station.

"The surgeons and anesthetists were in the dark. A family member got some cellphones together from people in the hallway and took them in to provide light," he said.

Ricardo Molina, 39, Leonardo's brother, told La nacion newspaper that the lights were out for an hour, and his brother's anethesia was wearing off.

Hospital director Dario Maurer told La Nacion the surgery was without light for 20 minutes at the most.

FDA approves first skin patch for Alzheimer's

Treatment reduces gastrointestinal side effects of drug

WASHINGTON - The first skin patch to treat the dementia that can plague Alzheimer's patients gained federal approval, a drug company said Monday.

The drug in the patch, called Exelon or rivastigmine, is the same as that now available in capsule form but provides a regular and continuous dose throughout the day, according to Novartis Pharmaceuticals Corp. Since the drug enters the bloodstream directly, the patch also eliminates some of the gastrointestinal side effects associated with the drug when swallowed.

The drug is meant to treat the symptoms of mild to moderate dementia in patients with Alzheimer's disease. It also won Food and Drug Administration approval to treat patients with mild to moderate Parkinson's disease dementia, Novartis said.

About 4.5 million Americans have Alzheimer's. As the disease progresses, it robs patients of their memories and changes how they both think and behave. It's ultimately fatal.

Rivastigmine isn't a cure. It inhibits the breakdown of a chemical in the brain called acetylcholine, thought important for both learning and memory.

Novartis said the prescription patch would be available soon. The patch is made by Germany's LTS Lohmann Therapie-Systeme AG and distributed by Novartis Pharmaceuticals, part of Switzerland's Novartis AG.

UOAC 10TH Annual Conference 2007

August 16 - 18 Calgary, Alberta

- Report by Debra Rooney

Three Vancouver chapter members attended this year's UOAC conference -- Alan MacMillan, Graham Drew and myself. My participation had not been planned originally but that quickly changed when I was chosen as a regional finalist for ConvaTec Canada's Renaissance Awards. Mr. Richard Trepanier, Manager Customer Relations Centre for ConvaTec Canada, called to tell me I was this year's winner and would I like to attend the conference to receive this award, all expenses paid? But of course!! Julia Langdale of ConvaTec swiftly made all travel arrangements and I arrived at my first conference.

First of all, let me congratulate the Calgary

Di Bracken, Past President of IOA (International Ostomy Association) prepares for the flag-bearing opening ceremony

organizers for doing an outstanding job. It was a huge undertaking to host this conference, requiring not just fundraising, the booking of rooms, speakers and entertainment, but a myriad of other components like the registration of voting delegates, 'swag' bags, printed ID kits, parking, maps, water bottles, programs, audio-visual equipment, signage, raffles, prizes, and a large auction just to name a few. Oh, yes, and quite a few cowboy hats. The Westin was a beautiful hotel, the rooms were lovely, the banquets and luncheons excellent and the workshops very interesting. Of course, half the enjoyment at a conference is meeting so many people from across Canada, people whose names I am familiar with but whom I have never greeted in person: other editors, presidents and executives from other chapters, past award recipients, exhibitors and Board candidates. Highlights of the 3 day event were the keynote address given by Dr.

Garry Doyle (Exhibit Hall Coordinator) Doug Graham (UOAC President) and Ann Hambridge (Calgary Conference Chairperson) cut the Exhibit Hall Opening ribbon

Donald Buie, (Colorectal Surgeon/Clinical Assistant Professor, Division of General Surgery and Surgical Oncology, University of Calgary - Changing Times: Ostomy Surgery Past, Present and Future) workshops for each category of ostomy/pelvic pouch, youth and SASO groups; lectures on Psychological Effects of Surgery on Patient and Family; current medical coverage practices in Alberta; Acute Care Nurse Practioners for IBD: Coping with Surgery in IBD, Supports and Timing; Optimum Performance Training -- Changing Times and How Do We Make a Website for Our Chapter? Meetings were held throughout the conference by sub-groups such as SASO, FOW, the 20/40 Youth Group and various District Support Groups. Not all was workshops or meetings -- also available were a sightseeing walk and tours to Studio West Bronze Foundry and the Ostomy Youth Camp. Oh yes, and cocktail 'meet and greets!'

The banquets were well done: first evening was sponsored by Coloplast (lots of cowboy hats), the second by ConvaTec and the closing banquet by Hollister. Awards given out included the Renaissance Award,

Amanda Singh, Hamilton 20/40 Group, promoting the Hamilton 2008 UOAC Conference "Forging Ahead"

President's Award (Les Kehoe - Ottawa) Maple Leaf Award (Betty Woolridge - Halifax)and ET of the Year (Jean Grignon - Sudbury) New Board members were also elected and inducted at this conference. (Alan was our voting delegate) Congratulations to Coquitlam's Pat McGrath as one of the new District Support Services reps.

Overall, I was very impressed with the organization and spirit of this conference: congratulations again to Calgary for pulling this off so well! Best wishes also go out to next year's host city and organizers: Hamilton, Ontario.

Why -- is it cocktail hour? Vancouver attendees Betty Maxim, Graham Drew and Deb Rooney

Alan MacMillan from Vancouver, me (again) and Paul Meise of Kelowna at the closing Hollister banquet.

2007 ConvaTec Renaissance Award Winner, Debra Rooney, Vancouver UOAC

Richard Trepanier (far left) and the ConvaTec crew

Rob Hill and John O'Shaughnessy at the IDEAS booth (Intestinal Disease Education and Awareness Society)

Whole lotta cowboys hats goin' on here -- Coloplast Western Banquet Night

Pat McGrath from Coquitlam, newly elected to District Support Services

Di Bracken is inducted into the "White Hat Club" as honourary Calgarian.

The Hollister team takes a bow, August 18, farewell banquet

Dr. Donald Buie gives the Keynote Address, August 16

Roger Ivol, Hamilton Chapter President and me (AGAIN)

Next year in Hamilton! Janet Paquet, Hamilton Conference Chairperson 2008 and Ann Hambridge, Calgary Conference Chairperson, 2007

The New Ostomy

By Mark Shaffer, Metro Denver Ostomy Newsletter

At a recent chapter meeting, a subject came up that I found intriguing. One of the participants in the rap session stated that he found himself depressed and withdrawn even though it has been a year since his surgery.

He wondered how long he could expect that feeling to last and, I think, whether it would go on for the rest of his life. Some people with ostomies adjust almost immediately. These folks see an ostomy as a cure for an illness that threatened their lives or restricted their activities. Others take a few months, generally feeling better about the situation as soon as they master the fine art of pouch changing and maintenance.

For many, ostomy surgery begins a process that appears, and is, very close to the grieving process, and like any grieving process, the amount of time needed to feel emotionally whole again will vary. It took me almost two years following my surgery before I felt like I had regained my former personality and was ready to move on with my life. Therefore, there is no magic amount of time needed to adjust to your new ostomy. Allow yourself the time you need and realize that the feelings of depression and isolation will eventually go away.

If the depression is severe, do not be afraid to seek professional help. If your isolation is caused by a lack of confidence in your appliance, seek help from an ET nurse and come to a chapter meeting. There are people there who have been through all that you are going through and have succeeded in achieving an excellent quality-of-life. If your appliance is working fine but you still feel separated from others, come to a chapter meeting for fellowship with other people with ostomies. Come to a UOA meeting and meet others in the same situation. If you do not already have one, call your local chapter and ask for an ostomy visitor who can talk to you about how they managed their post-operative emotions. Above all, give yourself time to adjust ... and be happy, you have been given a new life.

THE "SCHWABB SHAKE"

In his online series of articles ('blog') Dr. Sid Schwabb, a retired general surgeon currently living in Puget Sound, USA, mentions an intriguing technique for resolving minor abdominal blockages or discomfort.

Dr. Schwabb says he may not be the first doctor to have tried this with his patients, but the trick became associated with him in his practise to the extent that his colleagues named it "The Schwabb Shake". If you are starting to experience abdominal discomfort, or suspect a blockage is developing, get down on your hands and knees, point your rear in the air and shake your booty. (Think of a dog wagging his tail and inviting you to play with him.) Do it for a few minutes and see if the discomfort goes away. Why does this work? Our intestines, particularily the small intestine, are slippery loops that move about within us far more than we realize. (Think of a plate of pasta slithering around. Oops, sorry, you used to like pasta) Sometimes these loops can obstruct each other if something is trying to pass through. Inverting the abdomen and wagging your butt can sometimes shift the problem loops of bowel into a position that will allow things to get moving again. You'll know things have shifted if you start getting output, or pass a bunch of gas and the discomfort goes away. Try it. It does work sometimes. Obviously, if you continue having discomfort and the Schwabb Shake ISN'T having any effect, you need to addess the situation as a possible blockage and take appropriate measures.

Push the Skin, Don't Pull the Tape

(South Fraser Connection, Coquitlam)

Damaging the skin around the stoma (or anywhere else), is asking for infection. Don't peel your pouch away from your body. Take hold of an edge of the adhesive sections or tape, and PUSH THE SKIN AWAY FROM THE TAPE.

In older people and babies with thin skins, you can peel their skin off by pulling on tape. Take a good look at what is happening when you pull tape. The tape is pulled upwards, dragging the skin with it until it is pulling hard enough to break loose. It even looks painful. Ouch!
Now look at what happens when you push the skin away from the tape. It doesn't hurt and the outer layer of skin is not torn off, which sometimes happens with pulling.And these people who think that yanking is best ought to take a good look at the skin afterwards.
If you have a leak, digestive enzymes in the discharge will excoriate your damaged skin quicker, and deeper than if your skin is OK, or protected with some sort of skin preparation. The farther away from the rectal area the stoma is, the stronger the digestive enzymes in the discharge (leak) are, the sooner your skin will become excoriated. Learn to treat skin gently!

What would you do if?

Ellice Felveson, Metro MD, Dallas Ostomatic News; Ostomy Toronto

Trust me, every ostomate has had or will have an "ostomy accident". By accident, I mean a pouch leak of some kind. The question is, "are you prepared in case an accident occurs away from home?" Not so much prepared as far as having a change of clothes and extra pouches, but prepared emotionally to deal with the unexpected mishap. The reality of it is that every ostomate must think of what he or she would do if at a party, in a restaurant, work or anywhere else, your pouch leaked because it wasn't on securely, or the pouch was too small to contain sudden output, or the clasp came off. The question is, "What do you do if you feel your pouch is not on securely, or you feel wet around your pouch? First of all, you think that everyone is noticing you and know what's happening. Stay calm. Go to the nearest bathroom and take care of business. Most likely, your friends are continuing their conversation in the restaurant or in your workplace and no one knows you are temporarily missing. When I encountered an accident while I was in a group situation, I just removed myself and took my time freshening up and rejoined my friends. No explanation is even necessary! The more outings you take and the more public situations you are in, the more confident you will be as time goes on.

Ileostomy Blockage

by Ann Lee, RNET via Sherman (TX) Ostoline, and Fort Lauderdale (FL) Broward Beacon

If you are an ileostomate, chances are at some point you may experience a blockage. Almost always food blockages are caused by too much fiber at any one time. You can probably get away with eating small amounts of high fiber

(CONT. PAGE 9)

The Ostomy Files:
A Canadian Perspective on Quality of Life - *Gwen B. Turnbull, RN, BS, ET*

Much has been written about the quality of life of someone living with a stoma. This topic has been hard to characterize, understand, and "pin down" — mostly because quality of life varies from person to person and changes as the person moves through life. Quality of life has been referred to as "that elusive quantity… a standard of living that can only be defined by the patient." In an effort to better understand quality of life as it is defined by the person living with a stoma, 10 individuals with an ostomy recently gathered in Montreal to share their experiences and feelings in an effort to more clearly characterize what living a life with quality means to them.

The 10 persons represented nearly every province in Canada. Four had undergone colostomy surgery, five had an ileostomy, and one had a urostomy. The group was equal regarding gender (five men, five women) and ranged in age from 34 years to over 65 years. After briefly reviewing findings about ostomy and quality of life in the literature, group members were asked to validate whether those findings were applicable in their own lives. The remainder of the day was spent in open discussion with focus on wear time, reimbursement, emotional support, sexuality, relationships, and education. After each of these topics was discussed, group members were asked to list the most important issues; once these issues were identified, group members ranked them to determine the top five they believed were the most important in contributing to quality of life.

Due to a tie vote, group members identified six areas they believed were essential to enhancing and contributing to quality of life after ostomy surgery:

1. Health (emotional and physical)
2. Education and knowledge about living with and caring for an ostomy
3. Adequate insurance coverage (public and private) and payment for ostomy supplies
4. Integration of the ostomy into everyday life
5. The reliability of an ostomy pouching system
6. Support (emotional and physical) from friends, family, healthcare professionals, and support groups.

The group also acknowledged several issues that made an acceptable quality of life difficult to achieve: poorly sited stomas (ie, "quality" surgery) that were difficult to care for, see, or hard to pouch; inadequate insurance coverage and payment for a sufficient variety and number of ostomy supplies; and ostomy products that did not maintain a secure seal (sustained and predictable wear time, regardless of the length of wear time).

During the discussion of ostomy pouching systems, a surprising array of opinions was presented regarding what length of wear time was acceptable and/or pleasing to the patient. Six participants wore their pouching system for as long as 2 to 5 days; the remainder wore it for about 6 to 7 days. Group members identified five criteria that could positively or negatively influence wear time: climate, diet, activity, stoma site, and the pouching system. During the discussion of wear time, some participants said they find changing their pouching system time-consuming; hence, they preferred longer wear times when possible. Group members stated they had to schedule time in their daily life to change the pouching system — depending on the complexity of their individual management problems (ie, a poorly sited stoma, retraction, and other challenges), pouch change could require a significant amount of time and interrupt daily activities. A few of the participants voiced personal preferences, changing the pouching system daily because "that's my choice." As the discussion progressed, it became evident that the individuals wanted a larger role in choosing how they manage their stoma. Managing bodily function should be a personal decision, one the group determined to be extremely private. The participants acknowledged that wear time should not be a goal in itself but rather a personal decision driven by an individual's desire to improve quality of life.

Due to inequities among Canadian Provincial health authorities regarding coverage and payment for ostomy supplies, some Canadian ostomates receive a yearly check of about $600.00 CAD (about $521.00 US) to pay for their supplies. Apparently, this allotment has not increased over the past several years. Other provinces do not cover ostomy supplies at all and individuals are forced to pay out-of-pocket for all ostomy-related purchases. In some Canadian provinces, the services of a WOC Nurse (called Enterostomal Therapist in Canada) are not available. The lack of services presents unique problems in learning self-care, having access to a variety of pouching systems, and handling daily activities with a sense of confidence and security. What became clearly evident was that needs were not being met, not only for "below the waist" issues, but also for "between the ears" (psychological and emotional) concerns.

Several action points were developed that will be published later in 2006 in a variety of professional and lay journals. The group's desire was to establish a consensus on quality-of-life issues surrounding living a "normal" life with an ostomy. As was mentioned earlier, the person living the experience is the only one who can define quality of life. These individuals wanted their opinions to be heard and were grateful for the opportunity the discussion session provided. Healthcare professionals caring for individuals with a stoma have much to learn from their patients.

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

NEW PATIENTS' CORNER cont. from page 7

foods, but when you eat too much or too many different kinds at one time, you can get into problems.

These foods do not digest well, and the result can be an actual "plug" of fiber which obstructs the small bowel. The first sign of blockage can be a slight cramping or maybe just flutter sensations. This occurs when your intestine tries to get things going by pushing a little harder. At first, you may have no drainage at all, but this is usually followed by great quantities of watery drainage; also the pain may increase and become quite severe.

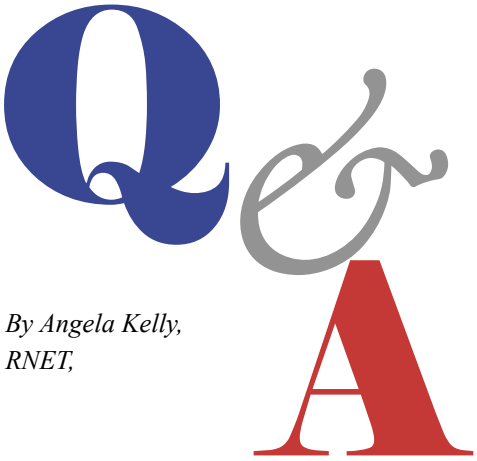
If these symptoms are recognized early, first, eat crackers and drink tea, either hot or cold. Some people prefer grape juice. Eating or drinking these does two things. It gives you something to push with and it helps to replace the salt you are losing with all the watery drainage. Avoid drinking carbonated beverages.

Next, get down on your hands and knees and rock back and forth while rubbing your abdomen. This helps break up the blockage so it can pass through. This is usually all you need to do. If this doesn't work right away, change to a disposable appliance, as your stoma may swell causing the faceplate to cut into your stoma. Also don't lie still; get up and move around.

Remember to keep up your fluids because you can dehydrate rapidly. Gatorade or some of the sports drinks on the market are helpful, or you can make your own solution at home using a liter of water and 5 mL (1 tsp) each of baking soda and salt. If the blockage persists, or if food/liquid stops exiting at all for more than an hour or two or nausea and vomiting persists, check with your ET nurse, doctor or emergency room.

Tips & Tricks

Don't wait until you see the bottom of an empty box before you re-order your supplies!! Allow some time for unexpected delivery delays -- order well before getting down to that last pouch or flange!



By Angela Kelly, RNET,

Q When I take off my appliance, there is a red circle around my stoma. It is about the distance to the round inner-circle of my barrier. It is not painful or sore, but I am wondering if I should be worried about this?

A The main reasons for red skin around the stoma are incorrect appliance fit, leakage, moisture irritation or sensitivity to the ostomy products. (Note that we are talking about red skin and not the pink skin caused by the pressure of the barrier or paste. This is normal and expected.)

From what is described in the question, the red skin is the result of the most common problem, an opening in the appliance that is too large, thereby exposing the skin between the stoma and the seal. To check this, measure your stoma—there is usually a paper stoma guide in most boxes of barriers—with a measure guide, then check the size of the opening in the barrier that you are using. If the appliance opening was larger by more than 1/8th of an inch than your stoma, this probably would account for the red skin.

The fact that the condition described is not painful indicates that the stoma under discussion is a colostomy. People who have an ileostomy or ileal conduit can get very irritated sore skin from using too large an appliance opening because the drainage from these is much harder on the skin.

To correct the problem, measure and if there is a gap between stoma and seal, choose a barrier with a smaller opening; i.e., one that fits to 1/8th of an inch around your stoma and this will eliminate the red skin. If the problem persists, make an appointment to see your ET nurse and get it checked out.

Q I have come across faulty appliances lately. Three to five pouches out of a box have small pinprick holes in them. Is this a common problem with appliances?

A In a word . . . no: This is not a common problem, although, I did hear of someone who had a cat as a pet and discovered that when this kitty sat on her lap, it would knead its claws into her clothing to show its pleasure at being stroked. Unfortunately, its claws would sometimes dig through the clothing and make small holes in her pouch. There may be a message here somewhere.

Let us go back to the question. The manufacturers of ostomy equipment maintain very high standards in the production of their supplies. However, the machinery used is very complex and sometimes if not calibrated properly, the seams on the pouches will not bond correctly. This would soon be detected by the numerous checkers of the machine and finished product. However, in the thousands made, some faulty pouches do slip through and end up in the packages.

If you do come across a faulty appliance, call up the manufacturer. They will gladly exchange them. They will want to know the stock number on the box. This will help them trace down the problem and correct it.

If you are nervous about putting on a pouch that is faulty, check it before you wear it. A good way is by filling it with water. That ways, you can be sure of putting on a sound pouch.

Q I have an ileostomy and when I have a blockage, should I dilate or not?

A An ileostomy blockage is most commonly caused by food. There is a narrowing at the point where the small bowel comes through the muscle of the abdominal wall, and sometimes, undigested food particles can become stuck in this narrowing causing an obstruction.

The best way to prevent this from happening is to be sensible about what you eat, and chew your food really well. However, if you just could not resist that extra bran muffin or raw carrot and you do get a blockage, dilation of your stoma is not always the best answer.

Rather, remove the barrier—give that stoma a chance to stretch—and let the stoma be free or at least apply a barrier with a larger opening. Hop into the bath or shower. Sometimes the warm water will relax your muscles and allow the obstruction to pass. Another suggestion: Sipping warm tea without cream or sugar will cause the bowel to peristalsis thus pushing out the offending blockage.

If things do not resolve in a matter of hours, then seek advice from your physician or ET nurse. Possibly a gentle irrigation with normal saline will be required to remove the blockage. A professional familiar with the procedure should do this procedure.

A word I want to say on dilation. Do not, unless specifically ordered to do so by your physician. Rough dilation can cause accidental perforation or injury to the stoma, which may produce scarring when it heals compounding an already tight situation.

A What is a good way to hide or conceal your appliance during sex?

Q First, make sure you are using a good, secure, odor-proof appliance—one with an opaque pouch being preferable to transparent. A well-fitting ostomy system will not dislodge during lovemaking and if you use a two-piece system, a smaller pouch may be exchanged for a larger one at these special times.

There are now available many different and attractive pouch covers. If you are good with the sewing needle, how about making your own fashioned out of soft sensual material? Also available in the stores are attractive underwear designed to come up to the waist so covering the appliance with wider legs for women, or if you want to be really daring, how about trying "Anticipants" (crotch-less panties) available in specialty stores or see

advertisements in the Ostomy Quarterly. Some folks prefer to drape a cummerbund around their middle. May I recommend for further ideas, the excellent pamphlets available through the UOAA entitled Sex and the Single Ostomate, Sex and the Female Ostomate, and Sex and the Male Ostomate available at www.uoachicago.org

Q My stoma seems to protrude more one day than another. Is this OK or should I worry?

A The contents of the bowel are pushed along by progressive, simultaneous, contractions and relaxations of the muscles in the bowel wall. This is known as peristalsis. This wave of movement can sometimes be seen traveling through the stoma itself causing the stoma to wiggle, and swell a little and contract. All this is perfectly normal.

A stoma that is flatter when one is lying down but protrudes significantly when sitting or standing may indicate a prolapse. This is often associated with a peristomal hernia or excessive weight gain after surgery. Although there is no urgency to this, it is a good idea to have it checked out by your physician or WOC nurse.

Deep Thoughts

• One of life's mysteries is how a two pound box of candy can make a person gain five pounds.

• Brain cells come and go but fat cells live forever.

• Life not only begins at forty, it begins to show.

• Amazing! You just hang something in your closet for a while and it shrinks two sizes.

A warm welcome is extended to new Vancouver chapter member
Lois Carrier

Many thanks to
Al Ashcroft
for his kind donation to the chapter!

Volunteer Needed for Position of Secretary, Vancouver UOAC

Our current Secretary, Arlene McInnis, (who is also our Membership Coordinator) would like to wear one less hat! We are therefore calling for a committed individual to assume the duties of Secretary at our AGM this September 16. The prospective volunteer should be computer-literate; coaching and mentoring will be provided to learn the duties of Secretary. Duties of Secretary include:

- attendance at 4 meetings per year, and taking notes during those meetings
- typing and submitting minutes of meetings to Chapter President in a timely fashion
- liaison with head office regarding Youth Camp applications; liaison with Vancouver Foundation for funding of sponsored youth
- related correspondence as required by the President

If you are unable to attend the September 16 meeting, but are interested in serving on our executive, please contact either Martin Donner or Debra Rooney c/o the contact numbers on page 15.

YOUR CHAPTER NEEDS YOU! Please consider volunteering.

VANCOUVER, BC 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, BC CHAPTER OF UNITED OSTOMY ASSOCIATION OF CANADA INC. (the "Association") will be held at 1:30 pm on the 16th day of September, 2007 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.

10 ACID REFLUX PREVENTION TIPS

AVOID OVEREATING. Eat smaller, more frequent meals, as overeating slows digestion. Chew thoroughly to start the digestive juices flowing.

QUIT SMOKING. Smoking increases acidity in the stomach and causes the LES (Lower Esophageal Sphincter) to relax which allows acid to back up into the esophagus.

REDUCE ALCOHOL INTAKE. Alcohol increases the production of stomach acid and relaxes the LES, allowing the reflux of stomach contents into the esophagus.

MINIMIZE FOODS THAT DECREASE TONE IN THE LOWER ESOPHAGEAL SPHINCTER (LES) AND WORSEN SYMPTOMS. Decrease your consumption of foods and beverages such as chocolate, tomato-based foods, spicy or acid-containing foods, carbonated beverages, tomato juice and citrus juices, garlic, white vinegar, articicial sweeteners, dairy products, (milk, cheese) wheat (gluten sensitivity), onion, fried or fatty foods and citrus.

AVOID COFFEE, BLACK TEA AND OTHER BEVERAGES WITH CAFFEINE. Coffee and black tea contain caffeine that relaxes the LES, and increases the risk of acid reflux. Green tea, with its abundant antioxidants and lower caffeine levels, may be beneficial.

WEAR COMFORTABLE CLOTHING. Don't wear tight-fitting belts or clothes that are tight around the waist. Clothing that fits tightly around the abdomen will squeeze the stomach and cause food to reflux into the esophagus.

AVOID LYING DOWN RIGHT AFTER EATING. Avoid lying down for at least three hours afte eating or before going to bed. Acid reflux happens more often when you're lying down.

DON'T DRINK COLD BEVERAGES WITH YOUR MEALS. Cold liquid in the stomach decreases digestive activity and food takes longer to digest. Water also dilutes the strength of the hydrochloric acid necessary for protein digestion.

EXERCISE. Adopt a regular program of moderate exercise such as a daily walk around your neighbourhood. Heartburn rarely occurs when you exercise.

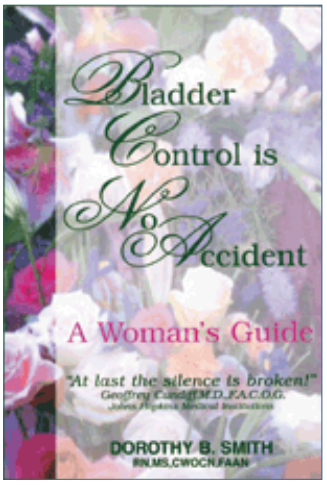
LOWER YOUR STRESS LEVELS. Emotional stress such as anger, fear, depression, impatience, anxiety and/or nervousness play a large part in how food is digested. Try relaxation exercises or play soothing music.

BOOK REVIEW

Bladder Control is No Accident

By Dorothy B. Smith

Ostomy/Wound Management Book Review
by Cathy R. Buis, RN, MSN



Bladder Control is No Accident – A Woman's Guide is an excellent book for caregivers as well as women with urinary incontinence who seek a better understanding of the dynamics of the condition and the treatment modalities available. The book provides the knowledge necessary for the patient to work effectively in collaboration with her healthcare provider to control incontinence. Reader friendly in format, the book includes personal stories, assessment tools, and up-to-date information about the condition. It does a wonderful job of portraying self-help techniques and encouraging the reader about the manageability of the condition.

The book is well organized and presents topics sequentially. The first chapter addresses the basic anatomy/physiology of the urinary system, providing information that enables readers to recognize a urinary incontinence problem. The impact of incontinence is discussed not only on a personal level, but also on a societal level. The reader is introduced to several "real life" people with incontinence problems. This leads easily into the second chapter, which discusses and defines the various types of urinary incontinence, risk factors, symptoms, and various options for treatment.

The most practical part of the book is chapter three, the "self-discovery" chapter, organized in a questionnaire format that allows the reader to conduct a personal health assessment to identify specific applicable risk factors. Medical history, mobility, bowel/bladder habits, urinary symptoms, and the specifics related to urine leakage are considered and can be recorded. A 24-hour "bladder habits" flowsheet is particularly helpful in the beginning stages of an incontinence management plan. This section also provides the baseline data necessary for the re-assessment phase of the plan after behavioral techniques have been tried. Chapter four covers "special problems" such as pelvic floor weakness, exercise incontinence, incontinence during sexual activity, menopause and incontinence, workplace incontinence, adult nocturia, and incontinence during pregnancy and after childbirth. Cause and treatment options available for each problem are presented.

Chapter five contains an excellent discussion of incontinence management plans. The "real life" stories told in the first chapter are continued and address the management and efficacy of techniques used. This presentation style effectively demystifies the sensitive issue of incontinence. Readers can identify with the situations presented and be encouraged by the success of the treatments. The chapter concludes with "10 steps to better bladder control" – simple guidelines for controlling urinary incontinence.

Chapter six focuses on bedwetting in children. Prevalence, causes, and treatment options including motivational techniques, conditioning, bladder training, fluid/dietary management, and medication options are presented. It is noted that combination therapy can result in a quicker positive outcome. Again, a scenario format is utilized to demonstrate how the child successfully manages his problem. Although bedwetting is an important aspect of incontinence and certainly of concern, this chapter detracted from the main issue of the book – women with urinary incontinence.

The final chapter is a resource guide that lists organizations, references, and a helpful glossary of terms.

Simplistically written for the average lay person in nontechnical language, the book also includes short notes from the author interspersed throughout the chapters to lend a sincere personal touch to the subject. Worksheets and flowsheets encourage the reader to assess and organize the information necessary for successful implementation of therapies. Quizzes located at the end of each chapter allow readers to test their comprehension of the material. Lay persons and medical professionals dealing with the stigma of urinary incontinence will find this book a timely and much needed resource for a problem that more and more women are handling on a daily basis. - OWM

VISITOR REPORT

Requests for patient visits this reporting period came from Vancouver General, Lion's Gate, St. Paul's, Mt. St. Joseph's, and Richmond hospitals, as well as from individual inquiries.

Colostomies:	8
Ileostomies:	2
Urostomies:	3
Pre-op	1
Other:	1
TOTAL:	15

Many thanks to my excellent crew this round: Betty Taylor, Jack (Qing) Zhang, Sharman King, Maxine Barclay, and Linda Jensen. Thanks as well to Maxine for taking over the referrals while I was on holiday!

Stomal Revisions

The term applies to a surgical correction of the stoma. This may be a small procedure performed in an out-patient surgery, or it may be a procedure requiring hospitalization. Four reasons for revisions are: a tight stoma; a prolapse (when the stoma slips or "falls" from its normal position); a retraction (when the stoma becomes so short that it is below skin level); or, in the case of a hernia, so near the ostomy that it interferes with management. But please bear in mind that these conditions may be present without causing much trouble – in which case a revision is not needed. The need for revision of a colostomy stoma occurs infrequently, probably less than 5%. On the other hand, the need for revision of ileostomy stomas occurs much more frequently, between 10% and 15%, due to a number of reasons.

First, the average age of ileostomates is much younger than that of colostomates, so they must live with their ostomies for a much longer period of time during which factors can arise necessitating stomal revision (e.g. massive weight gain, trauma, unrelated disease and the like).

Second, many of the diseases for which ileostomies are performed tend to recur and can sabotage a beautifully made, functional stoma. Our old nemesis, Crohn's Disease, is one of the greatest offenders in this regard.

Finally, ileostomy stomas are simply more "finicky" than colostomy stomas due to the looser and caustic character of the stool at that point in the intestinal tract, and so they tend to cause more problems.

Source: London & District Ostomy Association

Internet Addresses of Interest to Ostomates

These websites have a good deal of ostomy and related information. Several have links to other websites. Why the l-o-n-g addresses? These are the page codes that take you directly to the material listed; sometimes more generalized headings will take you all over the internet before you can locate the one that deals with ostomy subjects. It definitely takes a bit of careful typing. A faster way to access these is to open our website*, go to the newsletters, and cut and paste the addresses directly from there.

***Vancouver Chapter: www.vcn.bc.ca/ostomyvr/**

UOA of Canada Inc.: www.ostomycanada.ca

NEW A Surgeon's Blog
http://surgeonsblog.blogspot.com/
(Do you know what your surgeon is thinking? This beautifully written and very entertaining blog (online diary) by retired general surgeon Dr. Sid Schwabb, will inform, entertain, and give you a renewed appreciation for what surgeons do every day)

NEW Ostomy/Athlete
http://www.ostomyathlete.com/index.htm
(Featuring accomplishments of athletes with ostomies. Spotlight on marathon runner Charlie Grotevant)

NEW Ostomy Chat Room
http://www.ostomysupport.info/chat.html
(24/7 ostomy chat room. Real time chat with other ostomates)

NEW United Ostomy Associations of America
http://www.uoaa.org/
(Check out what's new with our neighbours down south)

VANCOUVER CHAPTER CONTACT NUMBERS

PRESIDENT
Martin Donner 604-988-3959
1835 McEwen Place,
North Vancouver, BC V7J 3P8

VICE-PRESIDENT
Debra Rooney 604-683-6774

SECRETARY
Arlene McInnis 604-929-8208

TREASURER
Myron Donner 604-737-1428

NEWSLETTER PRODUCTION & EDITOR
Debra Rooney Tel 604-683-6774
email: autodraw@shaw.ca (days only)

NEWSLETTER MAILING
Lottie Calli Tel 604-988-7962
1828 Larson Road, North Vancouver, BC V7M 2Z6

MEMBERSHIP
Arlene McInnis email: amcinn@telus.net
34 - 4055 Indian River Drive , N. Vancouver BC V7G 2R7
Tel: 604-929-8208

VISITING COORDINATOR
Debra Rooney Tel 604- 683-6774
(days only)

EDUCATION & LIBRARY
Emelia Prychicho Tel 604-874-1502

TELEPHONING
Joan Williams Tel 604-922-9233
Cindy Hartmann Tel 604-731-6671

REFRESHMENTS
Lisa Saunders/Arlene McInnis

VANCOUVER CHAPTER MEDICAL ADVISORS
Dr. F. H. Anderson, Internal Medicine
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
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
Elizabeth Yip, RN. Tel (604) 682-2344
(Anne Marie Gordon on mat leave) 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

Ostomy Care and Supply Centre
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 Tel 604-244-5235

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

KEIR SURGICAL AND OSTOMY SUPPLIES Tel 604-879-9101
Evam Sham, WOCN
Tuesdays & Thursdays 8 am to 4 pm

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

IMPORTANT NOTICE

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

DONATIONS AND BEQUESTS

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

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

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 _____ ☐ _____ _____ _____

email (if applicable): _____

Type of surgery: ☐ Colostomy ☐ Urostomy ☐ Ileostomy ☐ Continent Ostomy

All additional contributions are tax deductible. please make cheque payable to the

UOA, Vancouver Chapter

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