Vancouver Chapter Makes a Difference in Young Ostomates’ Lives

2012 Youth Camp

The Ostomy Youth Camp is always special for the kids! But this year, it was also special for me! This was the first year that I went to camp as an Adult Volunteer, so I was able to get to know our campers, join in the fun activities and, more importantly, witness the incredible transformation some of these kids undergo while at camp.

In 2012, the Vancouver Chapter raised enough funds to sponsor more young people to attend Camp Horizon, the Ostomy Youth Camp, than in any previous year! We arranged sponsorship for 10 kids! (Sponsorship includes camp registration fees and return airfare to Calgary).

In the end, only 8 campers were able to attend camp. Two campers became ill just prior to the start of camp and were unable to attend. In the 5 years that I’ve been the Youth Camp Coordinator, there was only one other camper who had to cancel. When one thinks about it, it’s somewhat surprising that there aren’t more last-minute cancellations, given the ongoing health issues that many of these children live with.

Camp Horizon is an Easter Seals Camp, just southwest of Calgary near Bragg Creek, Alberta. Each summer, the UOAC contracts with Easter Seals to provide a six-day camp experience for children with ostomies and related conditions. The counselors are hired by Easter Seals, and some of them are previous campers, but not necessarily campers who attended during the week of the Ostomy Youth Camp. One counselor I met had diabetes and had been a camper during the week of the Diabetes Youth Camp. The UOAC arranges for 3 or 4 ET Nurse Volunteers (incredible how hard they work!) to provide medical support for the children. In addition, the UOAC organizes for several adults, all of whom have ostomies, to attend camp to provide emotional support and demonstrate that people living with ostomies can lead full and active lives. The Adult Volunteers ranged in age, with some in their twenties who had been previous campers.

The kids come from all across Canada and during the week participate in regular camp activities. The highlight for many kids (and for me!) was the white water rafting (lots of rushing water in early July!). And for those who enjoy being very, very high...
From Your President

You'll notice this issue is larger than previous ones — we have so many new and larger ads now that it was necessary to add a signature (that's printer talk for 4 pages in this instance) to make room for copy!! Hey, every editor should have such a dilemma. (Thank you, advertisers!)

Vice-President Joy Jones and myself attended the UOAC conference in Toronto this August. As voting delegates, we were required to vote for or against adoption of the Strategic Plan for the UOAC that was sent to us several months ago to study. (Janet Paquet, the incoming new national president, made a statement in Halifax regarding the SP which was included in our last issue). This Plan was developed over many months by the UOAC executive, with guidance from Catherine Harley, part time Executive Director for Enterostomal Therapy, as a guideline for the future of our national organization. Among other things, they recognize the need to streamline many of their activities and do more to raise the profile of ostomates in Canada. Membership in chapters has dropped, and it is crucial that the younger demographic be engaged if the organization is to survive. Older members are retiring or succumbing to ill health across Canada and not enough new bodies are filling the vacancies. It may be time to adopt different ways to do business, recruit volunteers and reach out to each other and to new patients. Social media has become an important tool in this endeavor. The UOAC has already developed Facebook and discussion groups, as well as a discussion forum on the internet. Numbers are low at this point compared to more established forums but the list is growing. I encourage all of you who are interested in social media to check these internet groups out and join. (See more details on page 17).

I would like to interject here that for me, nothing will ever totally replace the printed word and pictures on paper. Nor can the internet ever totally replace the importance of seeing and talking with another ostomate in person. This is why it is critical that people continue to join chapters, volunteer, and show up at meetings for if that structure disappears, where will new patients go for support? Our ET nurses cannot be expected to do it all.

Who here does not remember the first time you met another who had had the same surgery as you? For me and I’m sure for many others, it was hugely encouraging and reassuring to meet someone else who knew what having an ostomy was like. It was inspiring to realize how many of us there really are, and to see that life could indeed be good again. Those of us in the visitor program see the importance of personal contact every time we step into a hospital room. This is why it is important my friends, that we while we adopt new technologies we don’t lose sight of the importance of good old-fashioned human contact.

The Strategic Plan, along with a new national logo and name (Ostomy Canada Society) was successfully passed at the delegates’ voting meeting August 18. This was not an easy vote and there was considerable discussion the day before at both a workshop specific to the issue and among attendees throughout the hotel. Some felt that the autonomy of their chapter was threatened, and feared over-control from head office. This was certainly not the intent of the Plan but it took a lot of talking and listening to come to agreement. Many, including myself, were basically in favour but unsure about implementation of possible new branding or voting procedures. The outgoing executive spent long hours late into the night of the 17th to re-write a ninth draft of the Plan that would be acceptable to the voting delegates. The vote was passed next day, after more lengthy discussion and questions.

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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.
Sunday, September 23rd, 2012  Starts at 10:00 am
Jericho Park, Vancouver, BC  (adjacent to concession at east end of park)

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OSTOMY EDUCATION DAY
SATURDAY OCTOBER 13
10:00 AM - 2:00 PM
BOWEN PARK, NANAIMO
500 Bowen Road

Major suppliers will be attending to display their latest products, offer advice and answer questions. ET Nurse Colette MacAskill asks that anyone with suggestions or ideas for the program contact her at: 250-740-3880 ext. 2, or e-mail her at jackmac80@shaw.ca. This event is wheelchair accessible, there is free parking and lunch will be provided! You must pre-register by Oct 1st. To register, please call Pharmasave Westhill Center at 250-740-3880, ext 2, or fax them at 250-740-3885 or email @ 260hbc@forewest.ca. Limited seating so register soon! Partners are welcome!
What it boiled down to was this: if the national organization does not change, it will not be able to continue for long. And for me, and I think I can speak for many others, we have faith that the new Board headed by Janet Paquet will do their utmost to listen to the chapters, promote ostomy awareness, protect financial resources and carry the national organization forward.

What does this mean to you, as a local chapter member? At the local level, very little will change. Dues will remain the same. Chapters will remain autonomous. You may see a change in the look of the newsletter if we are required to adopt the national name and logo at the local level (At the Chapter President’s meeting I was told local chapters can keep their current name, and will be affiliates of Ostomy Canada Society but I will clarify this over the course of the following year.) Our website may need a re-tooling for the same reason. But things will stay essentially the same. I’ll have more to say on this subject in the months to come as I become more familiar with implementation of changes.

The West (that’s us folks) will now have two voices on the national Board! ET Andy Manson and Victoria President Anne Marie Vorkampff both accepted nominations to serve on the 2012-14 Board of UOAC. I’m very keen
to have these two on board to advise and represent us.

The conference this year was held at the Delta Chelsea Hotel in downtown Toronto and featured speakers and workshops on such topics as: Intimacy and Sexuality with an Ostomy, ‘Skintegrity’ - Healthy Skin and Body, Probiotics, Parents of Children with an Ostomy, Therapeutic Hatha Yoga, Ostomy Nutrition, Pregnancy with an Ostomy, Hospital Superbugs and Youth Camp, to name a few.

Each conference features a guest speaker for the Bertha Okun Lecture-ship, a foundation that sponsors ostomate guest speakers in honour of pioneering Canadian ET nurse (and ileostomate) Bertha Okun. This year’s speaker was actor and musician Andrew Misle. Prior to being diagnosed with inflammatory bowel disease, young Andrew was a successful musician (he has opened for such acts as Randy Bachman, George Thoro-good, Sam Roberts and Quiet Riot) and actor (roles in television and film). Andrew underwent surgery in 2011 and has joined forces with IDE-AS and Yoga for Youth. He has ridden across Canada on his motorcycle in support of intestinal disease research and awareness.

I’d like to once again thank those companies and individuals who continue to kindly donate ostomy supplies for shipment to ostomates in other countries. Your donations are assembled here and mailed to the collection centre in Ottawa run by Astrid Graham. From there, they are sorted and re-packed for mailing to various countries where they are deeply appreciated.

In closing (my, this IS rather a long president’s message) I’d like to thank Sandra Morris for an extraordinary job on the Youth Camp this year. Preparation for camp begins months in advance and on top of the usual

Andrew Misle, guest speaker for the Bertha Okun Lectureship
lengthy paperwork, coordination of flights, personally driving/meeting kids at airports, applying for substan-tial financial assistance from the Van-couver Foundation, Sandra attended camp herself as an Adult Counsellor. Outstanding!!

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Neal Dunwoody, RN, BScN, WOCN is our Wound and Enterostomal Therapist providing expert support and all supplies through our Pharmacy clinic every other Saturday from 9:00 am to 4:00 pm. Available other days by appointment.
Dealing with Itchy Skin - by Mary Lou Boyer, BSEd. RN., CWOCN, Department of Colorectal Surgery, Cleveland Clinic, Florida

We often have ostomy patients who complain of itching on the peristomal skin. When evaluating the problem, it is important to determine the cause. Itching can occur with leakage of stool or urine, fungal rashes, traumatic removal of the flange, allergic reaction to a product or with other skin disorders. In most cases a little detective work can determine why itching is occurring.

If stool or urine is coming in contact with the skin, refitting the ostomy appliance is the first step.

If the itching is fungal or a yeast infection (a rash with small pinpoint red spots with tiny white heads and is extremely itchy) treatment involves an antifungal powder or cream.

Skin irritation from rapid removal of the pouching system should clear up with normal cleansing and pouch application. (The patient should be coached in removing the appliance slowly, using two hands, one to pull the flange off and the other to hold the skin down.)

An allergic reaction to a product will usually show up in the pattern of the offending product. It is very helpful to take a close look at the pattern of the red, itching area and then at the back of the wafer just removed. Finding out what product comes in contact with the skin at that exact same location indicates what product needs to be eliminated or substituted with another product.

Sometimes the cause of itching is not so obvious. Not drinking enough ‘good’ hydrating fluids, [ie coffee, alcohol or black tea are not hydrating fluids] using skin cleansers or other products that are drying to the skin and hormone changes are a few examples.

In the case of allergic reaction and when the other causes have been ruled out, Benadryl cream, cortisone cream or cortisone gel may be recommended to help relieve the itching and clear the skin of redness. Ointments are not recommended as they prevent the appliance from adhering to the skin.

Often our patients worry about using a cream or gel on the skin for fear the pouch seal will not stick well to the skin. The instructions we provide are as follows:

**Use of cream:** Apply a small amount to the peristomal skin. Gently massage the cream into the skin and allow it to remain there for 2 - 3 minutes if possible. (Wick away urine or liquid stool during the waiting time!) After allowing the cream to absorb into the skin, gently wipe away any excess cream. Wait another 30 - 60 seconds and then apply the pouching system. If a skin barrier wipe is part of the system you use, simply pat it on the skin instead of wiping it across the skin. Wiping skin preps on the skin may remove some of the healing cream; patting allows the prep to seal over the cream.

**Use of gel:** Apply a thin layer to the affected area and massage gently into the skin. Allow to absorb for a few seconds, massage any excess into the skin and then apply the pouching system. The gel dries quickly and does not affect the adherence of the pouch. The one we recommend is Cortizone-10 Anti-Itch Liquid. It comes in a bottle with a sponge applicator top, however it is best to apply the gel using a swab or clean fingertip on clean skin. It can be found next to the other anti-itch creams and ointments on the pharmacy shelf, but can be hard to recognize. The box packaging is rectangular and has a picture of the bottle with the words “Easy Relief Applicator”.

Over-the-counter cortisone cream or gel can be used with each pouch change for one to two weeks. It can be applied as often as daily, however we usually recommend every other day at most so the skin is not irritated from frequent adhesive removal. Cortisone cream or gel is not intended for long term use. If the skin remains very itchy for more than two weeks, you should have the peristomal skin evaluated.

- via Broward Ostomy Assoc., Fort Lauderdale, Florida, the “Broward Beacon”; Okanagan Ostomy News, June 2012
Ostomy Education Day

9:00-9:45am  Registration and Exhibits
9:45-10am  Welcome
10:00-11am  Updates in Colorectal Cancer
11:00-12pm  Updates in Inflammatory Bowel Disease
12:00-1pm  LUNCH and EXHIBITS—See what’s new and talk to major ostomy product manufacturers
1:00-2pm  Genetics and Cancer

•  **DATE:** SATURDAY OCTOBER 27, 2012  **TIME:** 9AM-2PM
•  **LOCATION:** HILTON HOTEL METROTOWN (6083 MCKAY AVENUE, BURNABY—CLOSE TO SKYTRAIN)
•  **PARKING:** ARRIVE BETWEEN 8:30-9:30AM FOR ASSISTANCE WITH PARKING UNDER THE BUILDING
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above ground, there are the Big Swing and the High Ropes, where the kids are harnessed in while they climb through a complicated obstacle course.

Perhaps more important than the organized activities, are the times the kids just get to hang out with each other. For many, it’s the first time they meet other kids who are living with an ostomy or similar condition. They’re in a safe environment where they don’t feel they need to hide their health issues, but can relax and be open about them. And although camp is only for six days, they stay in touch throughout the year by phone and on Facebook, so their mutual support lasts long after camp ends.

It costs over $1,000 to send one child to camp. Camp registration fees are $565, and return airfare from Vancouver to Calgary can be as high as $485. However, this past year we sponsored several children from Northern BC, and their travel can involve a flight from home to Vancouver and then on to Calgary, so their airfare can be as high as $800.

We request 50% of the funding, up to a maximum of $5,000, from the Vancouver Sun Children’s Fund, through the Vancouver Foundation, and we greatly appreciate the support they have provided for the past several years.

The Vancouver Chapter funds the other 50% of costs from our Wendy Irvine Youth Fund. The Irvine family makes a generous donation each year in memory of Wendy, who was a previous camper. Wendy died at the young age of 35. In addition, for the third consecutive year, the Abbotsford/ Chilliwack ostomy support group sent us a substantial donation, plus there was a personal donation from one of its members, Don Dungate. For the first time, we received a donation from the Central Vancouver Island Chapter which, through the Vancouver Chapter, fully sponsored one of our campers, Miranda Llewellyn. And Lorne and Wendy Topham, the grandparents of another of our campers, Naomi Larsen, also made a significant donation. Donations from our members, friends, and family make up the balance of camp costs funded by the Vancouver Chapter.

The campers want to sincerely thank our membership and donors for their generous support, without which some of these kids would not be able to attend camp.

Many of the kids say that camp has changed their lives. Because of this, we believe the Ostomy Youth Camp is one of the most important programs operated by the UOAC and supported with funding from the Vancouver Chapter. For those who would like to donate to help sponsor a child to attend the Ostomy Youth Camp, donations can be made payable to:

UOA of Canada Ltd, Vancouver BC Chapter (Please note on the ‘Memo’ line on the bottom left of the cheque that the donation is for the Youth Fund)

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Members of the Vancouver Chapter,

Brynn and her family would like to thank you for the opportunity for her to attend Ostomy Camp in Bragg Creek, AB. She has raved about it from the time we picked her up from camp and is hoping that she will be able to attend the camp again next year. It has really been a confidence booster for her and has made her realize that there are others that deal with the same issues and can lead productive lives with their ostomy or with more than one as in her case.

As for the camp activities, Brynn could not stop talking about all the activities provided but love the rafting and high swing the most. Although going to Drumheller was a big hit as well.

Travel for our family was a difficult part of the camp. Being that we live out of the lower mainland it did mean a lot to have the help in getting Brynn to camp as well as this was the most difficult process. Being that she is one of the younger campers she was nervous and scared so we wanted to go with her to camp. But I have to say the minute she was at camp she was happy to be there and didn’t want to come home after just a week. This is the only area that we struggle with is how to get her to and from camp living so far from the lower mainland but it is one we are happy to find a solution to in order to give her the confidence she seeks with her ostomy issues.

Once again a huge thank you for providing the opportunity for Brynn to attend the camp and hope that she may attend more camps in the future.

Regards,
The Brandon Family

Dear Members of the Vancouver Chapter,

I wanted to take this opportunity to thank you for giving me a chance to attended the Ostomy camp in Kananaskis this year, for my second time. I loved doing new things that I do not do at home and it was great to do them with new friends from camp. I really enjoyed going rafting, hiking and how easy-going and fun everyone was! I feel fortunate to have attended the camp and to have experienced these awesome activities; I can’t wait to go back next year.

Sincerely,
Naomi Larsen

Hi Sandra,

Thank you and everyone at the camp for the wonderful opportunity! Beth was inspired and connected and happy! She can’t wait until next year! I am encouraging her to keep in contact with everyone.

Garry Klugie

Dear Vancouver Chapter,

This was Sarah’s first camp experience ever and she had a wonderful time. We really appreciate all the efforts of the many people involved to make this camp available for Sarah and other children that have an ostomy. I had just written a note on my calendar to find a group that Sarah could connect with when I received the phone call from BC Children’s Hospital suggesting this camp for Sarah. That was perfect timing!

Thanks again. Linda & Marvin Kadach

Thank you for the experience of being able to see other kids dealing with problems similar to my own.

I really enjoyed the activities, especially White River rafting, Drumheller, and the giant swing. I really hope that I can come back next year.

Thank you for sponsoring me, and tell the others that made the camp possible, thanks too. Also, thank you for picking and dropping me off at the airport.

Sarah Kadach
Do you have a hernia as well as a stoma but don’t know it?
- Research by Caroline Redmond, Salts Healthcare Clinical Director

Over 102,000 people in the UK live with a stoma but recent research by Salts Healthcare shows that many, up to half, could go on to develop a parastomal hernia and not even know it.

What is a parastomal hernia?
It’s a bulge around the stoma and is caused by a disturbance of the muscle structure during surgery causing a weak point. The muscles then stretch, lose strength and anything from coughing to lifting or exercise can force the abdominal contents, usually the intestine, through the weak spot.

During 2011, Salts Healthcare conducted a survey of over 300 patients to find out more about parastomal hernias. Through the research about the patients’ clinical diagnosis, the problems they encountered, the appliances they used and how they rated them we found out what it is like living with them and some of the results were surprising.

First things first – a diagnosis
The research found that over half of all hernia cases developed within a year of the original stoma surgery. Our study also found that the vast majority of hernias are diagnosed by either the hospital consultant or stoma care nurse whereas GPs only diagnose around 10%. Add to this another piece of research published, again in 2011, found that only a quarter of people knew they had a hernia. The take out from this information is that patients are failing to spot the signs and the symptoms, and without regular stoma care professional reviews in the first year, many have more chance of an undiagnosed parastomal hernia.

Signs and symptoms
The first months of living and coping with a stoma are difficult for so many reasons and being able to notice sometime subtle changes are difficult. So what are the signs? The most obvious sign is a bulging round the stoma. The study found that the stoma can change in size, increasing by up to 8mm, this means that it is important that you regularly check your size. Over a third of all ostomists said their stomas were uncomfortable and a third experienced odour problems. Over half get a dragging or pulling sensation and the same number felt a heaviness around the area. Another issue was skin problems around the stoma and rather surprisingly the majority of patients rarely, if ever, report skin complications before developing a hernia. After developing a hernia many said their skin became itchy, thinner and soreness increased. Hernias can stop pouches sticking correctly because they tend to create leaks and sore skin. Obviously size and shape of the stoma, together with a change in skin texture and elasticity can affect how well a pouch fits. If it doesn’t fit properly you’ll get a leak, one of the biggest problems.

As we all know, leaks have an effect on people’s mental wellbeing and to that end noticing signs and symptoms early with the help of regular reviews will hopefully minimise the problems.

Day to day care and management
Over half agree that having a hernia made it more difficult to put on a pouch but the rest said the problem made no difference. This seems to be backed up by the fact nearly 70% of people continued using the same type of appliance. Of those who changed, the majority switched to a convex appliance. Support belts and pants are a popular accessory used to help manage a hernia, but our study showed that they are not always worn. When asked about how they felt about their hernia the majority of ostomists ‘agreed’ that their

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parastomal hernia had made them more self-conscious, but only a third said they worried about it. Just under half said that having a parastomal hernia made no difference to the way they managed their stoma.

In all circumstances, if you see a change in size and shape or if you have any concerns always seek specialist advice.

Salts Confidence Natural with Flexifit® wafer is specially designed to fit uneven abdomens and hernias. It also contacts Aloe Vera to help soothe the skin and the Salts Healthcare research into hydrocolloids is recognised by the British Skin Foundation. Our Simplicity support pants are also suitable to help give extra support if you have a hernia.

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**Rearrange the letters to describe the word in a whole different way!**

ie: “Dormitory” = “Dirty Room”

1) Presbyterian
2) Astronomer
3) Desperation
4) The eyes
5) The Morse Code
6) Snooze Alarms

Answers

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**VISITOR REPORT**

Referrals for this reporting period came from Vancouver General, Home Care and from independent calls.

- Colostomy: 2
- Ileostomy: 1
- Urostomy: 1
- Other: 2
- **TOTAL:** 6

Many thanks to my excellent crew for this round: Maxine Barclay and Linda Jensen.

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As an entrepreneur, husband and father of a six-year-old, Tim Roddick has long been used to managing a hectic schedule. But a few years ago, some unusual symptoms became too troubling for the Vancouver resident to put aside.

At first, his doctor told him that the blood in his stool was merely the result of hemorrhoids. But then, he started experiencing fevers. His symptoms persisted for more than a year, at which point Roddick discovered that what he had was in fact far more serious. In May 2008, Roddick was diagnosed with a rare form of colorectal cancer.

“It was a bit of a shock,” recalls Roddick, co-founder of MSR Innovations, a company that makes solar roofing systems. “It changed things a lot.”

Roddick was referred to Dr. Terry Phang of St. Paul’s Hospital’s colorectal surgery program – which Roddick quickly discovered was one of the best in Canada for treating his illness.

“Tim Roddick is back to doing all the things he used to do after successful colorectal surgery at St. Paul’s Hospital.”

St. Paul’s Hospital is home to three of B.C.’s eight subspecialty-trained colorectal surgeons – Drs. Phang, Carl Brown and Manoj Raval. Their expertise has resulted in the development of a centre for excellence in colorectal surgery, with a focus on colorectal cancer, inflammatory bowel disease, and other diseases of the lower gastrointestinal tract.

Thanks to this concentration of colorectal surgeons and their active involvement in research, the hospital is able to offer patients access to many innovative procedures, including minimally invasive, incision-sparing surgical techniques.

For Roddick, things moved very quickly after meeting Phang. He had surgery to remove a tumour before going on to have radiation plus several sessions of interferon injections. For nearly a year he had a stoma, a surgically created opening in the abdominal wall to eliminate waste, until Phang performed another surgery to reconnect his gastrointestinal tract. Although the diagnosis initially devastated Roddick and his family, he has enjoyed a remarkable recovery. “I do just about everything I used to do: I ski, swim, ride my dirt bike, and even got back into a race car. Dr. Phang and his staff have been brilliant. He’s absolutely dedicated to what he’s doing, he’s very skilled, and he’s determined – you can’t beat a combination like that.”

PROVINCE-WIDE IMPACT

A unique provincial resource, St. Paul’s Hospital’s colorectal surgery program provides comprehensive care, including colorectal cancer screening and prevention, sophisticated diagnostic techniques (such as endoscopic tests involving flexible tubes with a small camera on the end), and a full spectrum of treatment options, including laparoscopic surgery (minimally invasive procedures performed through small incisions).

The program treats approximately 25 per cent of all rectal cancer cases in B.C., with about 30 per cent of patients coming from outside Metro Vancouver. Every week, Phang, Brown and Raval provide treatment to approximately 20 newly diagnosed cancer patients and follow up care to another 50 patients.

Phang notes that the St. Paul’s Hospital team, in collaboration with the B.C. Cancer Agency, has improved cancer outcomes province-wide by offering educational programs to surgeons throughout B.C.: “We’re the only province that has done this. We’re continuing to lead improvement in colorectal cancer care and are always asking what we can do better.”

INNOVATIVE CARE, RESEARCH AND TEACHING

St. Paul’s Hospital is a leader in transanal endoscopic microsurgery (TEM), a minimally invasive procedure used to remove certain rectal polyps and tumours. TEM can be performed as a short-stay procedure, sometimes without general anesthetic, meaning most patients can go home the same day. The advanced technique spares patients the significant risks and side-effects of major surgery, and their recovery is faster as well.

“Having colorectal surgery is a life-changing event, but TEM minimizes pain and the duration of a hospital stay with no abdominal incision at all,” says Brown.

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pital is a training centre for gastroenterologists and general surgeons and advanced therapeutic endoscopy fellows.

“We’re now seeing residents we’ve trained out in practice,” says Raval. “We’re quite proud that we’ve had a role in training future surgeons. By giving them a good, intensive experience we feel very confident that they’ll go out and practise colorectal surgery throughout B.C., and part of our goal is improving care province-wide.”

Phang, Brown and Raval all participate in research programs (including national randomized control trials) to improve outcomes and survival rates in patients with colorectal cancer and inflammatory bowel disease. All three are members of the B.C. Cancer Agency’s Surgical Oncology Network as well as its Colorectal Surgical Tumour Group, which Raval chairs. Brown chairs the agency’s Research Outcomes and Evaluation Committee.

The doctors are quick to point out that many of the world-leading procedures and treatments now available at St. Paul’s Hospital didn’t exist a decade ago, and require highly sophisticated, specialized and often expensive technology. Thanks to the support of many generous donors, St. Paul’s Hospital Foundation has been able to play a major role in ensuring the colorectal surgery program has the technology it needs to be at the forefront of cancer research and treatment.

Aside from the technological advances available to patients, what makes St. Paul’s Hospital colorectal program special is its commitment to the continuum of care.

“We provide a multidisciplinary team approach,” Brown says. “Ward nurses see as many as five to 10 cancer patients a week, so patients have the comfort of knowing that they really understand their issues. Everyone is involved: the nursing team, the gastroenterologists’ team, the stoma-care nurses. It’s a bigger entity than just the surgical aspect.”

Follow-up care is just as important as a patient’s initial appointments. “We work hard to ensure that colorectal cancer patients get fast access to surgery, but we want to ensure that they get proper followup afterward,” says Brown. “Follow-up after chemotherapy is so important. For the following five years or so, they need multiple tests to monitor for recurrence. If they skip this, they can fall through the cracks. A future direction we’re working toward is a colorectal cancer clinic, complete with a nurse navigator to help people with things like body image, sexual functioning and just managing daily life. We know that follow-up saves lives.”

Drs. Carl Brown, Terry Phang and Manoj Raval.
Many people over 40 notice changes in their digestive systems that alter what they can eat and how much. Some are startling: an unexpected reaction to diet soft drinks, a growing intolerance to ice cream or symptoms resulting from chocolate, peppermint, onions. Recognition of those changes is part of growing evidence that middle age really begins at 40, though some signs of slowing down may occur as early as 30. Now doctors are beginning to pay attention to the special problems of people from 40 to 60. The American Family Physician has written a series of reports on those medical problems.

In one report, Dr. Stuart Danovitch of George Washington School of Medicine in Washington says that the most noticeable physiological change over 40 is that the digestive system becomes less tolerant of excesses. “Many middle aged persons notice a reduced capacity for eating and drinking” Dr. Danovitch writes. “They report that they can still ingest everything but they cannot eat and drink as much as before.” Alcoholic beverages may cause headaches or heartburn more frequently. Overindulgence can lead to bloating, belching and burning, resulting in increased reliance on antacids.

Dr. Danovitch notes that a host of problems begins popping up in susceptible individuals. Lactose intolerance is one of those - the inability to digest milk and milk products. Within three hours of drinking milk or eating ice cream, susceptible people develop gas, bloating, stomach pain and diarrhea because they can’t ingest the milk sugar called lactose. Instead, it ferments in the intestine, producing gas and other symptoms. Often cheese, yogourt and buttermilk can be eaten because the lactose has already fermented. In the last few years, several products (e.g. Lactaid) have come on the market, enabling susceptible individuals to enjoy a variety of dairy products again.

(Editor’s note: more dietary awareness is being shown in other products as well e.g. gluten free, diabetic, heart smart.)

Social Networking
Are you on Facebook? If so, join the group called “United Ostomy Association of Canada”. We have 218 members. The group can be found at http://www.facebook.com/home.php?sk=group_39109880405. Once you have joined and have been approved, go to the groups page and post your question in the white area near the top in the middle, then, once you’ve finished asking the question, press the “Post” button. Soon you will receive an answer from one of our members. Remember, we are here to support each other, but do not provide medical advice.

We also have an email discussion list. To join, visit http://health.groups.yahoo.com/group/uoac1/, and click on the button that says “Join this group” or send a blank email to uoac1-subscribe@yahoo-groups.com. We currently have 37 members. Once you have joined and have been approved, an email will be sent to you explaining how to be active in the email discussion group. Want to join our discussion board or forum? The website address is: https://ostomy-canada.ca/forums/index.php - we currently have 48 members, 90 topics, and the discussions have been interesting! To post a question, you will have to register. Near the top center of the discussion board website is a link that says “Register.” Click on that and answer some basic questions. Once you have been approved by our moderators, you will be free to post your question.

Don’t rush when centering your flange opening over your stoma. A properly cut (or molded) opening should gently snug up to the base of the stoma. This doesn’t leave much room for error. Make sure you have good lighting in your bathroom and make use of hand or wall mirrors if you have a hard-to-see stoma. Make sure the pouch is hanging straight after application — take your time. No time is saved if you have to do the procedure over again because things went on crooked! A crooked pouch exerts pressure on the skin and sometimes the sides of your stoma. The result can be leakage, skin irritation or stoma bleeding. If your pouch feels out of place or uncomfortable, check the alignment. If you’ve put it on crooked, take it off and start over -- it’s far better to change than risk injury or discomfort to your stoma.
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