

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, **Mien van Heek**. Your prompt response will save her from sending out reminder letters, and ensure that your membership 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 files. For a free version of this software, go to:

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

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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:

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MOVING?

Please phone or send us your new address so you don't miss any issues of Highlife or Ostomy Canada.

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.

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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: Mien van Heek, 2604 Haywood Avenue, West Vancouver, BC V7V 1Y6



Vancouver Ostomy HIGHLife

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NEXT MEETING:

SUNDAY September 21
Jewish Community Centre
950 West 41st Avenue
1:30 pm

SPEAKERS:

- Annemarie Somerville, ET
- Marlene Bimler, Hollister

MARK YOUR CALENDAR NOW!

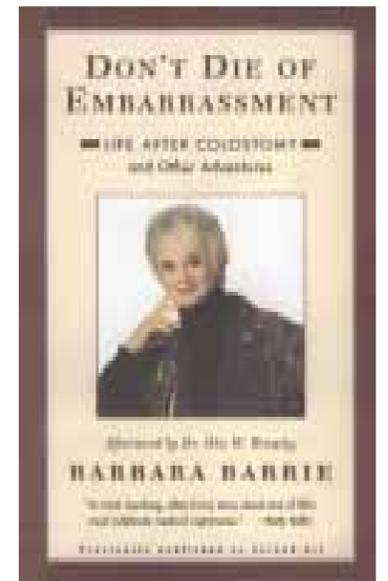
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Don't Die of Embarrassment (or, "Second Act")

Every year 70,000 people in the United States and Canada undergo ostomy surgery. In 1994, stage, film and television actress Barbara Barrie became one of them. When the successful actress received the diagnosis of colorectal cancer, she knew that this was the greatest crisis she and her family would face. But it also became an adventure that, through courage and humor, brought new joys and a greater appreciation to her life. Rather than conceal her illness or hide the fact that she had a colostomy, Ms. Barrie elected to write about her experiences in *Second Act*, the hardcover edition of what became a best-selling book, later published in paperback under the title *Don't Die of Embarrassment*.



More than just a memoir, *Don't Die of Embarrassment* provides valuable information about the ostomy experience. She gives essential information about the occurrence of colon cancer, its symptoms, and treatment options.

The following are excerpts from a 1999 interview between Andrew Shorr, of HealthTalk Interactive, and Ms. Barrie:

Andrew Shorr:

Now, Barbara, knowing that you're a person who is well-known, a Hollywood actress, it's really remarkable that we're talking about this publicly at all. What do you think that says about colorectal cancer? Do you think that this is the kind of discussion that needs to happen?

Barbara Barrie:

That's why I wrote my book. Because I had to ask so many questions. And I found out that people were really embarrassed to talk about this, the way they used to be embarrassed to talk about breast cancer. If you

cont. page 8



President's Message

Hello to you all.

I hope that you are all enjoying this glorious weather and enjoying your summer. I don't have a great deal to report as this time of the year appears to be very quiet.

We received a cheque from the Vancouver Sun newspaper to cover the cost of

sending two children to Camp Horizon and for this we are very grateful. A more detailed report on this item should appear at a later date.

We are still looking for a Vice President! Perhaps you are interested but would like to know more about the position. It's simple, really and not a lot of time is involved. The duties of the VP are to arrange for speakers or presentations at our meetings held every two months -- ET nurses or related medical personnel, speakers from other chapters, sales representatives etc. The ostomy manufacturers are very supportive in this area and always willing to show new product lines. The other main responsibility is to chair our meetings should I be unable to attend. Oh yes, you also get to sit up front at a table during the meetings. Come on, there must be someone out there that likes a bit of VICE. (This is English humor)

I look forward to seeing you at the September 21st meeting at the Jewish Community Centre.

Once again enjoy the summer.

Best Regards

Ron.



DONATIONS AND BEQUESTS

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

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Thank you to The United Way for their donation of \$165.52 from City of Burnaby Employees and ICBC employee, our own Linda Jensen. Linda has very generously pledged \$520 this year to the Vancouver UOA through The United Way.

From the Editor

Few surgeries inspire the dread and fear that ostomy surgery can, embodying as it does two of society's biggest taboos -- disfigurement and incontinence. Barbara Barrie was a successful film, stage and television actress when she learned she had colorectal cancer and would need a colostomy. Rather than hide, she chose to write about her experiences, resulting in her book "Don't Die of Embarrassment", a frank, honest and frequently funny autobiography that does much to help dispel some of the myths and stigma about ostomies. If you've not already read this book, do get your hands on it. And give it to your friends to read, too.



This issue features the first of a series of interviews with local ET nurses -- their thoughts on their profession, how they entered into enterostomal nursing and some of the challenges and changes of their chosen career.

Jenny Robulack is a member of the Port Coquitlam UOA chapter who recognized a need for a satellite group in which younger ostomates could meet and network. The 20/40 group is open to all younger ostomates in the lower mainland with gatherings held at a variety of locations.

Last, thank you to chapter members who have made suggestions and supplied reference materials for use in future articles in HighLife.

Cheers,
Debra

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.



EDUCATION AND LIBRARY AVAILABLE

A variety of ostomy literature concerning all types of ostomies is available through our Education & Library Coordinator.

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Islamic Ostomates

The Islamic faith has very definitive rules that must be followed in preparation and during the time of prayers. The question has arisen about the wearing of a pouch during the time of prayer. Mr. Mohamed Hanafy Ahmed, when he was the General Manager of ConvaTec, Middle East, petitioned Fatwa Commission of the AL-AZHAR University for a ruling. The Fatwa Commission is the official Islamic body governing such matters worldwide and is located in Cairo, Egypt. The following submission is an English translation of the official response as a service to ostomates of the Islamic faith worldwide.

Joseph W. Birkbeck, ConvaTec, U.S.A.

Translation of Al-Azhar Fatwa:
In the name of Allah, the most Gracious, the most Merciful. AL-AZHAR Complex of Islamic Research
Fatwa Commission (Counselling Islamic Commission)

Question

Submitted by Mr. Mohamed Hanafy Ahmed, General Manager of ConvaTec, Middle East:

"There is a large group of patients afflicted by colon and bladder cancer where the malignant tumor has to be removed together with the vital organ of the body so as to prevent the spread of disease. In such cases the natural opening of the body is bypassed and replaced by a stoma in the abdomen to work as an outlet through which urine or stool is emitted in an involuntary manner. Pouches used for collecting such matter are replaced when necessary.

At the time of prayers, the stoma patient is unable to change the pouch. Is it possible for such a patient to pray while the pouch is carrying such excrements and what is the rule in such a case?"

Answer

Praised be Allah, Lord of all creatures and peace and prayers be upon the master of messengers Mohamed, his Kin and his followers.

"In answer to this question, we reply that whoever is in such a situation is considered to have a religiously legitimate excuse. Since a stoma patient cannot replace the pouch for each prayer, he may perform absolution at the onset of each prayer interval. He may then pray as many times as he may wish during this prayer interval. At the onset of a new prayer interval, the absolution performed in the last interval is no longer valid and the stoma patient should perform a new absolution for the new prayer interval and so on (for each of the five prayer intervals.)

"Allah, Glory to be him is more knowledgeable than all."

First Signature

Chairman of Fatwa Commission of AL-AZHAR
Abd Allah Abd-Alkalik Al Mishad
8 Jumada 1, 1407
8 January 1987

Source: *Ostomy International*

NIGHT DRAINAGE SYSTEMS FOR USE WITH A UROSTOMY

By Terry Gallagher



I have had an 'interesting' medical history. After six TURP operations in five years (transurethral resection of the prostate) and a spell of ISC (intermittent self catheterisation), I had a suprapubic catheter for four and half years. This was replaced in 2001 with a urostomy. In the meantime, via a temporary colostomy occasioned by

peritonitis, I also acquired a permanent ileostomy when my colon became gangrenous. I am a former school teacher, retired on health grounds. I am 53 years of age, married and live in Nottingham (Robin Hood country!) In the United Kingdom.

One advantage of having a urostomy is that by using a suitable night drainage system, there is no need to get up in the middle of the night to visit the bathroom as the drainage system takes care of that! There are many systems and pitfalls to be avoided and I would like to share with you some of the hints and tips which I have picked up over the years during which I had a catheter and now I have a urostomy.

Let's start by looking at what is needed. The night drainage bag is a two litre capacity catheter drainage bag made by several firms. These include ConvaTec Bard, Coloplast and many others. The bags are of two main types: reusable and disposable. Because the urostomy pouch isn't sterile, there is no need to use sterile night drainage bags, although, because they are mainly designed for catheter users, the majority of the reusable bags will be sterile when they are first opened. The reusable type have a tap in the bottom and are emptied into the toilet every morning. It is helpful to have a funnel which can be attached to the nozzle end of the tubing connected to the bag. Water should be washed through the bag and tubing after it has been emptied in the morning. When there is about half a litre of water in the bag, vigorous shaking (with the tap close, of course!) will help to wash the bag thoroughly. Next, empty it into the toilet and repeat two or three times, followed finally by a mild disinfectant solution which prevents bacteria build up in the bag during the day. This can be made up in a plastic jug and poured in. I used a disinfectant called Savlon which is based on cetrimonium bromide and chlorhexidene, but I am sure there must be a Canadian equivalent. Once this has drained out, the bag can be left until the night time. The reusable bags should be used for a maximum of five to seven days before it should be disposed of. In the UK we have a medical waste collection service, but in Canada, it is important to follow local procedures for dealing with medical waste. At the very least, the bag should be flushed out as for a normal day before disposal. I prefer to use the disposable bags. These are single use without tap and the cost in the UK is comparable to the more expensive bags with a tap over a period of, say, a month. The single use bags have a tear section in the top for emptying into the toilet and are then put with my other medical waste in a special bin in my bathroom. Both types have non-return valves (although it is possible to get the single use ones without these, they are to be avoided at all costs!) to prevent urine passing back up the tube.

However life is never simple and the manufacturers of stoma products seem to go out of their way at times to make life more complicated than necessary. Standard catheter drainage night bags have a universal cone shaped connector, often ridged to make a more secure connection, which fits any catheter or leg bag. However stoma manufacturers have their own patented design of taps which may, or more probably not, connect to a standard 2 litre catheter night bag. I use Dansac products and Dansac make a reusable night bag which connects without adapter to their own urostomy pouches. Unfortunately the standard connector won't fit, but Dansac do supply an adapter (fortunately) which does enable the connection of a standard catheter connector. In the morning, I remove this connector, wash it under hot running water, then drop it in a Tupperware tub filled with Savlon disinfectant. In the evening, I remove it from the tub, wash it again under hot running water and dry it on kitchen paper inside the tubing where the catheter connection fits - this ensures that the connector doesn't slide out again because it hasn't gripped on the wet tubing. The Coloplast urostomy pouches do accept a normal catheter connection straight into the pouch's tap, but I find the pouches drop off! Each to their own. However, when choosing a bag, the longer the tubing, the better, particularly if you roll about a lot in bed as the longer tube gives more room for movement. The new Coloplast tubing is four foot long which is great, but it is ridged and uncomfortable to lie on - swings and roundabouts again.

With regard to tubing, my disposable bags have a narrow bore tubing to connect between me and the night bag whereas many of the reusable bags have tubing which wouldn't disgrace a garden hose. Narrow tubing is more comfortable, if there is a choice,

cont. next page

Internet Addresses of Interest to Ostomates

These websites have a good deal of ostomy and related information. Several have links to other websites.

UOA of Canada Inc.: www.ostomycanada.ca

United Ostomy Association: www.uoa.org

International Ostomy Association: www.ostomyinternational.org

Vancouver Chapter: <http://www.vcn.bc.ca/ostomyvr/>

Coquitlam Chapter: www.geocities.com/coqcon

Saskatoon Chapter: <http://members.shaw.ca/saskatoonostomy/>

NEW <http://www.spinalcord.uab.edu/show.asp?durki=21574>
(of interest to those with spinal cord injuries and/or their caregivers)

Friends of Ostomates Worldwide: www.fowcanada.org/

Crohn's & Colitis Foundation of Canada: www.cfc.ca

Young Ostomates United Inc.: <http://home.vicnet.net.au/~youinc/>

Stuart Online: www.stuartonline.com

Continent Diversion Network (Internal Pouches) www.ostomyalternative.org

NEW **Evansville Ostomy Association:** <http://www.ostomy.evansville.net/>
(extensive resource site, lots of good links. Has message board as well.)





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and drains just as well.

Having chosen a bag (either the one supplied by your pouch company or a bag with a standard catheter connector and adapter if necessary) the bag needs support. There are a range of stands available. The most common is the white wire stand used by hospitals and is my preference. I can pick it up by the handle and walk with it to the bathroom in the middle of the night to empty my ileostomy pouch, or in the morning to dispose of it before I shower. The second type is the flat pack plastic one. I also have one of these which I take away on holiday with me. The disadvantage of this type of bag support is that it stands a little way from the bed because of the angled legs and so reduces the amount of tubing available. A third type slides under the mattress and hangs down at the side of the bed. These have advantages especially with divan beds where the washing up bowl (see below) cannot be pushed under the bed, but make it more awkward if, like me, you have to get up in the night to use the toilet. Whatever you decide upon, buy a cheap rectangular plastic washing up bowl to put the stand in, or hang the bag over for the under mattress type, 'just in case'. "In case of what?" do I hear you ask? The two eventualities which may occur are a leaking tap or a defective bag which splits as it fills. I've had the first and fortunately, so far, never the second, but the bowl catches any leakage or bursts and protects the bedroom carpet. Piece of mind comes cheap at the price of the washing up bowl. A square one holds the stand better and, if you have a metal framed bed like me, can be pushed under the bed so that the catheter bag is flush against the mattress. One important point, however, is that the night drainage bag **must** be lower than the top of the mattress. If this is not the case, then the bed will need raising on blocks, or longer legs fitted if a divan bed, to raise the bed to a better height. If using a camp bed, the drainage bag can lie in the washing up bowl, or, if actually camping out of doors, the bag can lie on a plastic bag or sheet. It isn't advisable in a normal bed to put the bag straight into the bowl as this reduces the length of tubing available.

If you are having problems with the length of tubing on the bag, then it is possible to buy extension tubing. This too will need washing out each morning and, again, should only be used for up to seven days before replacement.

So it's time for bed. Probably you've been to the bathroom to empty your pouch before connecting it to your night bag? Bad move! It is much better to have at least 100 ml of urine

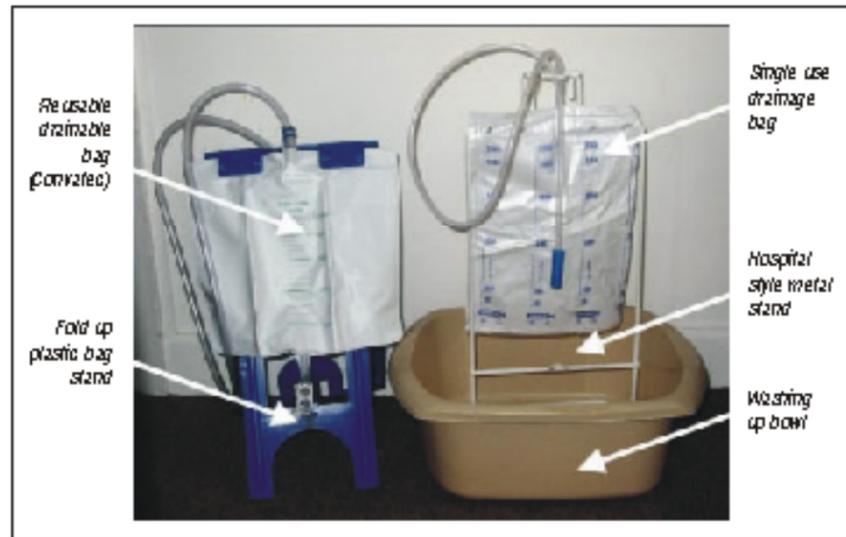
in your pouch before connecting to the night drainage bag. This means that the urine flows down the tubing into the bag, flushing the air in the tubing into the bag. This stops airlocks and is an absolute 'must' to avoid drainage problems at night. You have probably been told to drink plenty to avoid kidney stones and infection? I was told by a nurse on a urology ward that the best bladder washout is to drink plenty. The same applies for a urostomy and I have never forgotten those wise words from that nurse. However, a visit to the bathroom is still indicated. It is very important to wash hands before connecting up the night bag and to wash them again in the morning before disconnecting to try to keep the risk of infection as low as possible.

You're going to be hooked up to a 2 litre drainage bag overnight so you don't have to worry about your pouch filling. Drink about a litre of water before going to bed. That's right, I did say one litre. This will flush through your kidneys and your ileal conduit or urostomy overnight, keeping your urine dilute and flushing any 'bugs' through your pouch and away from your stoma. Remember that your urostomy pouch which you put on was clinically clean, not sterile, so bacteria will start growing in that pouch as soon as urine starts to fill it. This is why I've been recommended to change my urostomy wafer every three days and my pouch every 36 hours to avoid the risk of infection. By drinking plenty last thing at night, you'll help to keep free from urinary tract infections which can be extremely painful as they affect the kidneys. In the morning, that one litre of fluid will be in the bag and you'll have avoided producing concentrated urine overnight which can encourage stone formation. You've probably heard the 'cranberry juice' message as it helps to prevent *e coli*, a bacterium which lives in our intestines and is a common cause of urinary tract infections, adhering to the inside of the urostomy should the bugs accidentally get there. I know this is about night drainage systems, but, on the subject of infections, did you know that a very common infecting organism

for urostomies is *proteus mirabilis*? If we urostomists do get an infection, 'blind' therapy should probably be *ciprofloxacin*, a good broad spectrum antibiotic, and *metronidazole* which is active against *proteus mirabilis*, so the problem is treated quickly no matter what the cause.

Now it's time for bed. Your urostomy is probably on your right hand side, so you'll have put your

washing up bowl, catheter bag stand and night drainage bag on the right of your bed. There's about 100 ml. of urine in the night bag where you drained your pouch to avoid airlocks, and you've drunk your water. Now here comes the next pitfall. Imagine you're lying on your back in bed with the drainage bag on your right. Your pouch is connected, firmly because you checked,



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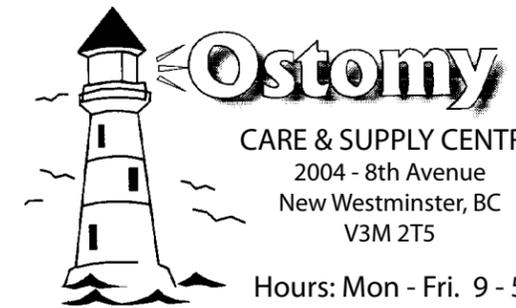
1 - 1381 George Street White Rock, BC V4B 4A1
(corner of Thrift and George)

night drainage, cont. from page 5

the M25 around London - a motorway where traffic is often at a standstill. There are no service areas on the M25, so when I visit my mother-in-law in Sussex which is 100 miles from the last service station, I have enough capacity to ensure that I can get there, traffic jams included. Some people connect a night bag to their pouch when on a long journey. This probably works better for ladies with a skirt than for men with trousers as I find it impossible to connect and disconnect discretely in the car.

Over the years, I have experimented and found what works for me. I hope that you may find some useful information in the above.

- Terry Gallagher



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Andy (Andrea) Manson, R.N., B.S.N.,
E.T.

cont. from page 1

remember, we didn't say "breast" and we didn't say "cancer" until Shirley Temple-Black made it quite public that she had breast cancer. She was way before Betty Ford. And she's the one who brought it out into the open. My book talks about everything very frankly. Every graphic detail. Because I felt that it was a subject that was definitely in the closet. And I wanted to bring it out so that nobody had to go through a kind of unknowing experience as I did. I had to ask so many questions to find out what was happening. And since the book has been published I've been told by many, many people, including doctors, that they give that to all patients who are going to undergo surgery of this kind. Because we are a primitive, very buttoned-up society in America, and we don't like to talk about anything that has to deal with the rectum or the bowel or the anus or feces. And I thought, "Why not?" I mean, it's a bodily function, and why are we being so secret about it? We talk about sex now. So I thought, "Well, I'll just write this book." And yes, it does have to come out of the closet, but I think it's getting out. I mean, look at Darrell Strawberry, you know, he had colon cancer. And I think more and more people are willing to talk about it.

AS:

Now, you lecture around the country in addition to your book, and so you meet people who are dealing with this disease. What are they saying to you? Are they finding this liberating that somebody is talking about it publicly?

BB:

Oh, yes! Oh, God, yes! In fact since both editions of the book are out I've received maybe 600, 700 letters from people who either say "Thank you for mentioning this, for bringing it out into the open. I've been married for 30 years and my husband and I have never said the word, 'colostomy'." Or someone will say, "I'm just like you. I swim, I play tennis, I make love, nothing's changed. My life is better than it was before." Or I have people who say, "I've never gone to the doctor because I'm afraid and

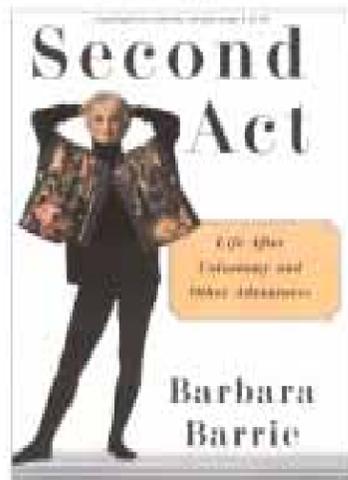
now I'm going to go." It's really opening up a can that I think everybody wanted opened.

AS:

So, as you meet people around the country who are colon cancer survivors, you must see many, many examples of life after colon cancer.

BB:

Oh, heavens! I mean if you go to the United Ostomy Association convention, which I did—I was the key speaker one year—you see all kinds of extremely vital people who are active in life, who have gone on to have pregnancies, who have gone on to travel all over the world on motorcycles, on bicycles. I mean, there is no stopping you if you accept it as just another part of your body. You take care of it just the way you take care of brushing your teeth. You just do it. It's no big deal.



Among Barbara Barrie's notable roles are "Nana" on the TV sitcom Suddenly Susan and Barney Miller's wife "Elizabeth Miller" Barney Miller. Born in Chicago, Illinois, Barrie attended Southwestern University in Georgetown, Texas. She is the mother of actors Jane

Harnick and Aaron Harnick. Barrie was nominated for an Academy Award for Best Actress for *Breaking Away*, and has also has received Emmy, and Tony nominations. Barrie has won an Obie, a Drama Desk Award and a Best Actress Award at the Cannes Film Festival.

"Don't Die of Embarrassment" is available at the Vancouver Public Library, by order at your local bookstore, or through Amazon.com.

Sources: HealthTalk Interactive, Amazon.com

VISITOR REPORT July/August, 2003

Requests for in-hospital, home and phone visits for this reporting period came from VGH, St. Paul's, Lion's Gate, and G.F. Strong.

Colostomy - 3 Ileostomy - 2 Urostomy - 0 Pre-op - 1 **Total: 6**

Many thanks to my excellent crew this round: Grant Strandberg, Bill Clarke, Charman King and Fred Green.

to the tubing which is running over the top of your leg to the bag. This is a recipe for twisted bags and leaks. The solution (and trust me, it works!) is to have the tubing running **down** between your legs and under your right thigh. When you roll onto your left side, the tubing is lower than your stoma, so continues to drain. When you roll on your right side, the tubing is only slightly uphill and the vacuum caused by the urine in the tubing will help to pull the urine through (the one way valve in the drainage bag helps to maintain that vacuum and help drainage.) If you have the tubing running over the top of your leg, when you roll on your left side, the tubing has to pass over the top of your thigh and doesn't drain. My way prevents the tubing and pouch from twisting. It does mean that you are lying on the tubing, but this won't block it and the knowledge that drainage will continue without problems all night is reassuring.

I prefer a two piece urostomy system as I can wear a belt with it to help to keep the pouch in place and support its weight. The other reason is that, in the morning after disconnecting the night bag, the vacuum created will have sucked all the air out our the pouch and the stoma will be looking a little flattened. 'Popping' the top of the flange a little and letting some air in by pulling on the front of the plastic film allows the stoma to return to normal.

I must now touch on a difficult subject. These days I use products which I am both confident with and in using. I haven't had a wet bed since I was asked to be on the Convatec trial for the Esteem urostomy pouch and the wretched things came off because they had urine soluble adhesive on the wafer (grrrr!). However, this must always be considered a possibility, so

mattress protection is, in my view, essential. In the UK, there are machine washable terry towelling mattress covers with a PVC backing and elasticated sides to fit the mattress. These aren't too bad to sleep on. The ordinary PVC covers do tend to be noisy, hot and uncomfortable as they promote sweating. The waterproofed nylon covers are, from my own experience, next to useless unless they have a complete surface coating which then makes them as bad to sleep on as PVC. They soon cease to be waterproof unless they have the surface coating. My preference is for a hospital style cover. In fact, I have a pressure relieving mattress on my bed which doesn't squash my stomas if I roll onto my front. The cover is knitted polyester which stretches and has a breathable polyurethane coating. This is really comfortable to sleep on and I would recommend a similar cover for bed protection.

When I go to a hotel, I ring up and explain my medical needs. I have found hotels to be very happy to make up the bed with a waterproof sheet 'just in case' and also to supply an extension cable if needed to plug in my CPAP - but that's another matter. I also take disposable absorbent bed pads as well. By this means I have never had an accident in a hotel bed!. The bed pads I use are made by Pampers and are called 'Bed Mats' in the UK. They're sold to put on children's beds and are reasonably comfortable to sleep on for a few nights and easier than having to ask for the bed to be changed in the middle of the night should the worst happen.

I cannot leave this subject without mentioning leg bags. People with catheters use a leg bag for urine storage as opposed to our pouches. We can use a leg bag as well for car journeys when rest rooms are further apart than the capacity of our pouches, or for attending that concert or play when we don't want to have to get up in the middle because we really shouldn't have had that extra cup of coffee! I use the Manfred Sauer BendiBag which hold 1.3 litres, have very discrete tubing (Bard, there is no need for the hose pipe you use on your bags!) And I like the slide tap option with the 20 cm tube. This gives me enough additional capacity for long car journeys and, because the bag attaches above the knee, it doesn't slide down as it fills. Connecting the leg bag is just like connecting a night bag. In England there is

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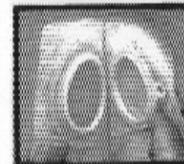
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Leg bag in place

ET Nurse Spotlight

The ET nurse is often our first teacher within the medical community. She's the one who sited our ostomy, answered our first questions, and guided us through the process of learning to manage our ostomies. She was, and remains, one of the most valuable resources for both new and experienced ostomates. It takes a special person to enter the area of enterostomal nursing, and here is one of them. Debbie Cutting is one of six enterostomal nurses at Vancouver General Hospital. Many thanks to Deb for the 'interview' and for sharing a bit of herself:

In the spring of my Grade 12 year, the UBC School of Nursing introduced a brand new four year nursing program to be implemented that fall. I knew I was interested in health care and, having grown up on a dairy farm was thinking of becoming a vet but I shied away since I don't like cats so I opted for people as my lifelong career. The new program offered an exciting challenge. I have worked in Kamloops, Red Deer, St. Paul's and Lion's Gate in Medical/Surgical, Intensive Care and Intravenous Therapy.

During my final year at UBC I chose Ostomy Care as the topic for my teaching presentation, so it has always been an area where I felt I could make a difference. My love for ET work was cemented in my first job in Kamloops where my ward had all the ostomy surgeries and I was mentored by an outstanding ET trained in Texas. (Her name currently escapes me!)

"WOCN" stands for 'Wound' 'Ostomy' 'Continence' Nurse meaning we provide expert care in all three areas. ET stands for Enterostomal Therapy which refers only to our ostomy role even though the training covers all three areas. Canada continues to most typically call us 'ETs' while WOCN is more common in the USA.

Colostomies for cancer still top the list as the most frequent ostomy surgery although within the past few years urostomies for bladder cancer seem to be increasingly prevalent and at earlier ages (40's and 50's).

Appliances are better now -- odour

resistant pouches, improved filters, pre-cut options and built-in convexity have made dramatic improvements. They're more esthetically appealing. The latest focus on replacing the bottom clip with new closure mechanisms is ideal.

The biggest challenges facing a new ostomy patient? Physically learning to care for the ostomy is the easy part - the biggest adjustment is psychological. Bowel and bladder management is kept extremely private in our society so loss of control in this area can be devastating. Having to make frequent trips to the bathroom is not always job-friendly. I feel it is especially difficult for individuals trying to enter a relationship after ostomy surgery. The most important advice I would give to a new ostomy patient is that they have had the ostomy done to give them quality of life and to continue to do what is important to them and not let the ostomy rule their life. There is no 'right' way to care for an ostomy -- everyone is dif-



ferent and I will help them choose the approach that best suits their lifestyle.

ET nursing has provided me with fulfillment and joy since 1989 when I finally obtained a job in this speciality. I took my WOCN training via correspondence in 1990 after the birth of our third child. I always tell people that ostomy nursing allows me to really make a positive difference in a person's life. I feel similarly about continence care -- an area I don't currently practice. I remember my patients and enjoy hearing from them via telephone, mail or periodic visits. Nothing makes me happier than to know they don't need me anymore, that their goals and challenges are elsewhere and oh yes, the ostomy is fine. I feel anguish for those whose cancer returns. Ostomy nursing has provided me with an opportunity to know the entire person and his/her family intimately -- an honour I cherish greatly. (I humbly admit to fainting on my very first day of hospital training in nursing school so I tell spouses not to feel badly if they feel woozey at their first stoma siting. I know exactly how they feel!

20/40 Group

by Jennie Roubulack



In October of 1999, I had ostomy surgery. I was 22 at the time. 4 years later I am living healthy and happy without the Crohn's symptoms I once suffered. Two years after my surgery I attended the international 20/40 conference in Hamilton, Ontario. That conference changed my life. I discovered that I needed other ostomates in my age group to share experiences and stories.

I came home from the conference and asked my local chapter for references to other young ostomates. I was told there was no 20/40 support group in the Lower Mainland; however, there was someone working on looking at starting one up. That is when I was introduced to Jim DeGeer, the Chairperson of the Coquitlam chapter. He took me under his wing and made sure that my goal of starting up a local 20/40 group was accomplished.

Since then I have been working on the Lower Mainland's very own 20/40 group. My hope for this group is that young adult ostomates can get together and share their experiences, talk about their problems and even just to have fun together. We've been to a few hockey games, had a Christmas party and met up a few times to just hang out. A person just doesn't know how important a support group is until they become involved in one. That was my experience, and I hope that many other people will have the same experience through the 20/40 group I have started.

I have also been a counselor at Camp Horizon (unfortunately I was unable to attend this summer), a summer camp for children with ostomies. I am currently serving on the Board of Directors for the United Ostomy Association of Canada.

For information on joining the 20/40 group you can contact Jim DeGeer, 1252 Benneck Way, Port Coquitlam, BC V3C 5Y9, telephone: 604-464-1960, or email: jigdegeer@direct.ca

GET WELL to Lottie Calli!!

Long-time Vancouver chapter member and tireless UOA supporter Lottie Calli has had a long sojourn at Lion's Gate Hospital this summer. Our best wishes for your return home soon, Lottie, and we hope to see you at the September meeting.

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