

SASKATOON OSTOMY ASSOCIATION BULLETIN October 2011

The Saskatoon Ostomy Chapter is a non-profit mutual support society for the benefit of people who have had, or are about to have, ostomy surgery. The purpose of our chapter is to:

- Assist the medical profession in the rehabilitation of ostomates by providing, at the request of the physician, reassurance and emotional support.
- To promote up-to-date information concerning ostomy care and equipment to ostomates, and those involved in their care.
- To educate, develop and promote public awareness and understanding of ostomies.

VISITING SERVICES

At the request of the physician, either preoperative or postoperative, or both. The visitor is chosen according to the patient's age, sex and type of surgery. A visit may be arranged by calling the Stoma Clinic therapists at 655-2138. They will contact the Visiting Chairperson of the local Ostomy Association.

The Saskatoon Ostomy Association advises all ostomates to consult their physician or E.T. before using any product or method referred to in this bulletin or in any other publication.

UPCOMING MEETINGS

When: Monday, November 7, 2011, 7:30 p.m.

Program: Dr. S. C. Kanthan, FRCSC, FRCF,
Colorectal surgeon
Associate professor
will speak on Hernia Incidence and Treatment.

When: Monday, December 5, 2011, 7:30 p.m.

Program: Let's celebrate the Joy of Christmas! Feel free to invite a family member or a friend to our popular Christmas party. Each person needs to bring a \$10 gift. A tray of Christmas baking will be appreciated.

Meetings are held at: Mayfair United Church, 902 33rd St. West (corner of 33rd Street and Ave. I)

- Convenient washrooms and parking
- Refreshments and visiting at each meeting
- Spouses, family members and other visitors welcome.

There are no strangers here - just friends who haven't met yet.

Friendly Reminder

During October, membership renewal notices were sent out by UOAC. Membership is due by December 31, 2011 and is still \$25.00 annually.

Please mail your cheques to :

SOA c/o Diane Boyd
200 - 235 Herold Terrace
Saskatoon, SK S7V 1J2



SUMMARY OF MINUTES

A meeting of the Saskatoon Ostomy Association was held on Monday, September 12, 2011.

Visitation: For the months of June, July and August, 2011, the totals were: 11 ileostomies, 6 colostomies and 5 urostomies.

Volunteers were requested for literature and helper for visitation. Thank you to Bryan Merrit and David Cottingham who stepped up to fill these two positions. Fund Development remains vacant.

Program: Zorie Broughton, a Sask. Party MLA was present. Some of the challenges faced by ostomates and suggestions for possible government assistance were presented.

A meeting of the Saskatoon Ostomy Association was held on Monday, October 3, 2011.

Reminders: Please submit your entries for our new chapter logo as soon as possible. Visitor Training Session will be held October 15 at SIAST. According to our by-laws, our 2011 - 2012 term ends in June. It was suggested that we end with a social (e.g. steak night, bingo). We need volunteers to make this happen. Please contact an executive member if you wish to help plan an event.

Nordon Medical has a return policy on some unused ostomy supplies. If yours are unreturnable, you can donate them to Friends of Ostomates Worldwide Canada at the store.

Thank you to all who donated to the Harvest Basket. It was won by Vi Haight.

If you do not wish to have your picture appear on the SOA website, please contact Peter Folk.

Visitation: 3 ileostomies, 2 colostomies and 1 urostomy in September.

Bulletin: If you wish to read an article on a certain subject or if you have any articles that you think are appropriate for the bulletin, please contact Louise.

Program: Laura Friesen, aerobics instructor for seniors, led us in a brief session and outlined the benefits of exercise.

APPLICATION FOR MEMBERSHIP

I would like to become a member of the Saskatoon Ostomy Association. Enclosed is my cheque for \$25.00 for one year membership. I understand that membership includes voting privileges, issues of the Saskatoon Bulletin, and United Ostomy Association of Canada's magazine *OSTOMY CANADA*.

I am a: New Member Renewing Member Year of Birth: _____

I have a: Colostomy Ileostomy Urostomy Continent Ostomy

I am a: Spouse Medical Professional Other Date: _____

NAME: (Please Print) _____

ADDRESS: _____

Postal Code: _____ Telephone #'s: _____

Email: _____

Please make cheques payable to: For Information contact:

The Saskatoon Ostomy Association
1610 Isabella Street,
Saskatoon, SK S7J 0C1

Nordon Medical 374-1589
Stoma Clinic: 665-2138

PRESIDENT'S MESSAGE

Hello all,

We recently celebrated Thanksgiving. I do hope you were able to share the holiday with family and friends, enjoying good times and sharing memories.

I hope everyone is enjoying a bountiful harvest of what you have sown - not only fruits, vegetables and crops, but life in general. It is a time to reflect on what we have planted and gathered in. With that thought, I would like everyone to think of someone who has not been out to a meeting for awhile. Give them a call and let them know that you would like to see them there again. Do they need a ride, or is there a problem we could help with? **We are a self-help group.** In one way or another, we all need each other's help, to learn from each other's experiences, encourage each other and just to know that you are not alone.

We have some fun and informational meetings coming up. Hopefully, we can entice new members and lapsed ones to come join us. You do not need to be a member to attend meetings and your family and friends are welcome to join you. We need everyone's wisdom to make us a better group.

Wanda

EDITOR'S EDIFYING EFFORTS

(fancy title, eh)

- On our membership form, year of birth is requested. The reason for this is that UOAC has a program for those 20 - 40 years of age and is considering starting a group for those under 18.
- If you have a specific question that you would like answered by an ET, please mail it to: Dear ET, c/o SOA, 1610 Isabella Street, Saskatoon, SK, S7J 0C1, or put it in the **Suggestion Box** at our meetings.
- We now have a **Suggestion Box** at our meetings. Please use it to present ideas for guest speakers or topics for the bulletin, nominate individuals for the Unsung Heroes Award, submit questions for the Dear ET column or whatever else you need it for.
- **UOACconnection** is a publication put out by the UOAC monthly. It updates its readers on activities of our UOAC Board and Canadian chapters. It is available on the UOAC website: www.ostomycanada.ca.
- The **Stoma Clinic** is located at room 5706, A Wing, Royal University Hospital. Our two ETs are Sandy Roberts and Kathy Guina. If you wish to contact an ET, please phone 655-2138. If you do not reach the secretary, please leave a message.
- **Webmaster Report:** Our website had 4728 hits from 2511 visitors in 2010. I've created a new **Facebook group** as the old one was scheduled to be archived. The new group has 16 members. To join, visit this address: <http://www.facebook.com/groups/SaskatoonOstomy/>. When you post a question or make a post on the Facebook group, an email is sent to all the members of the group. You can click on the link in your email to make a comment on the Facebook group page.



- Our **email discussion group** has 43 members. To join our group, visit: <http://health.groups.yahoo.com/group/saskatoonostomy/>. That way, you can stay in touch with other members and get reminders about upcoming meetings and events.
- **ET Solutions** is a private practice. If you wish to contact Teri Schroeder, call (306) 249-1442.
- We are looking for a member who used to be involved with CCFC and is familiar with their program. Please contact Teri at (306) 249-1442.
- The next **UOAC Conference** will be held August 15 to 23, 2012 in Toronto, Ontario. More information is available on the UOAC website: www.ostomycanada.ca.
- Friends of Ostomates Worldwide Canada (**FOWC**) collects and sends ostomy supplies and literature to needy countries. Donations can be brought to meetings or to Nordon Medical Supplies (1610 Isabella Street).
- **Donations, memorials and tributes** will be issued an income tax receipt. Please contact Diane Boyd (249-9079) or mail to:

Saskatoon Ostomy Association
1610 Isabella Street
Saskatoon, SK, S7J 0C1.
- You can also make donations on our website by clicking on the “Donate Now through CanadaHelps.org” button. You can use your credit card, and now, PayPal. A big **THANK YOU** to everyone for your generous contributions.
- I have been asked many times “What is the difference between the Cancer Agency and the Cancer Society?” The **Cancer Agency** is part of the health care system. It is made up of the doctors, nurses, receptionists, radiation technicians, pharmacists and other staff who work with the Cancer Clinic giving medical care. The **Cancer Society** is an organization dedicated to helping cancer patients cope with the many ramifications of having cancer. Two of their main goals are fundraising and education. Both organizations are valuable in their own way to benefiting the welfare of cancer patients.
- If you prefer to read the **Bulletin** online and no longer wish to be mailed the hardcopy, please contact Diane Boyd at (306) 249-9079.
- Our next Bulletin will be out late January.



There is no meeting in January, hope to see you at our meeting on February 6.

SEAT BELTS AND THE OSTOMATE**Advice from a Physician about Seat Belts**

(J.L. Bowbothan, M.D., Boston Mass.)

“Criticism some people had about wearing seat belts in their automobiles was mentioned. It is reported that seat belts are harmful to abdominal stomas. You have asked my opinion; it is simple and straightforward.

I would rather treat an injured stoma on a **live** patient than look at a healthy stoma on a dead patient. There is no question in my mind about the value of seat belts in automobiles. Anyone arguing that such a belt should not be worn is making an excuse, not giving a reason. Inevitably, the failure to wear a seat belt is sheer laziness and stupidity. Any further discussion of the matter is irrelevant.”

The Seat Belt Adjuster

The Seat Belt Adjuster is a plastic clip that clips onto the waist seat belt. The shoulder strap slices into a slot on the outside of the clip. You can slide the whole clip so that it lifts the belt over the stoma area. Therefore, there is no fear of your stoma being damaged in an accident

You have to get permission from SGI to alter the normal position of the seat belt. To do so, you need a note from a doctor and send it to SGI. They say it takes only about one week to get approval. You need to carry the written approval whenever you are in a vehicle using the adjuster.

Our chapter president, Wanda, has ordered some for anyone interested. They will be available at our November meeting.

QUESTION & ANSWER

(by B. and R. Sones, Saskatoon Sun, August 2011)

Question: On the outside, humans are even, balanced, graceful, symmetrical - nicely streamlined for a long swim. But, how about on the inside?

Answer: We are lopsided, or asymmetric is more like it, says Lewis Held, Jr. in *Quirks of Human Anatomy*. We have a spleen on the left but not the right; our left lung has two lobes, but our right lung has three; our heart and stomach are shifted left of center, our liver to the right and our intestines meander throughout our abdominal cavity. In fact, our intestines are about ten times the length of our torso and to pack such a firehose into the body cavity requires that it deviate from the midline. Still unclear is why our gut doesn't just coil haphazardly instead of its twists and turns normally culminating in a clockwise colon (ascending right, crossing and descending left). The epitome of asymmetric complexity must be the heart, arising through pretzel-like contortions of an initially symmetric tube. Our most dangerous asymmetry is found inside the heart where we have only one, unilateral pacemaker. “We would be better off if we had a back-up pacemaker on the other side that could take over in the event of a heart attack,” says Held.

Helpful Hint: Apply pouch standing or sitting, but do not allow abdominal wrinkling or this will break the seal when you straighten up.

Dear E.T.

I have had my colostomy for six years. Everything was fine for the first five. In the past year I have had blockage three times. I have not had to go to the hospital with it yet. I drink plenty of fluids and that helps it pass. Is there anything else I can do to help the blockages? What could be causing them?

Henry

Dear Henry:

It is unusual for a person with a colostomy to have blockages. If there has been a distinct change in your bowel habits including pain, no bowel movements, etc., it would be important to rule out any medical problems. This would be done by seeing your physician who would likely have x-rays done to make certain there was not a medical reason for your symptoms. More common with a colostomy is constipation. Constipation can be quite severe often appearing like a blockage where commonly the person takes a lot of laxatives, then experiences diarrhea followed by another bout of constipation. This vicious cycle is often due to a variety of challenges. One is change in activity (particularly less activity) or changes in eating habits. Sometimes the bowel peristalsis changes from medication or other reasons that also slows down normal bowel functioning.

If your bowel movements are not regular and when passing a bowel movement you find it uncomfortably firm, then constipation is the likely cause. A most effective solution is to prevent constipation by finding a regimen that will assist you to more regular functioning. Increasing fiber and roughage is not helpful without the fluids to assist with bulking. You indicate that you take in a lot of fluids, so that may not be the cause. Some people find that having a few ounces of prune juice either mixed with a cup of hot water, or followed by the hot water, taken 2 - 3 times a week assists. One must be cautious to not be taking too much prune juice, particularly if you have kidney problems. Others find eating a dish of canned peaches or fruit cocktail followed by a cup of hot water every other day, assists with regularity. Often the above ideas are helpful before taking laxatives.

Activity is very important in maintaining and encouraging normal bowel activity and peristalsis. Changes or additions of new medications may also alter bowel functioning. You indicated that for a number of years your bowels worked regularly. In this situation I would suggest that you first speak with your physician and ET Nurse regarding these changes as stated above. They will assist you with a plan that is individualized to your specific situation.

I hope some of the above information is helpful.

Teri Schroeder, RPN, RN, CETN(C), BScN, IIWCC, HCL, MCEd

THE FLU... AND WHAT TO DO...

(from the BEACON and Chautauqua Co, Jamestown, NY, via Springfield (MA) OAGS Newsnotes)

The flu brings with it headaches, upset stomach, diarrhea, muscle aches and pains! Plenty of liquids and rest in bed, remains sound medical advice for your general attack of the virus. But if your case of the flu includes that "bug-a-boo" diarrhea, you may find the following hints helpful.

- For those with a colostomy - it is usually wise not to irrigate during this time. Your intestine is really washing itself out! After diarrhea, you have a sluggish colon for a few days, so again, leave it alone. Start irrigating again after a few days.
- In colostomy patients drugs or certain foods can cause constipation, prevented by drinking plenty of fluids. Increased intake in the ileostomate results in increased urine output rather than through the appliance.

- For the ileostomate - diarrhea is a greater hazard. Along with the excess water discharge, there is a loss of electrolytes and vitamins that are necessary in maintaining good health. This loss is usually referred to as a loss of fluid which in turn brings a state of dehydration, therefore you must restore the electrolyte balance. First, eliminate all solid food. Second, obtain potassium safely and effectively from tea, bouillon or ginger ale. Third, obtain sodium from saltines or salted pretzels. Fourth, drink a lot of water. Cranberry and orange juice also contain potassium, while bouillon and tomato juice contain sodium.
- Vomiting also brings the threat of dehydration. If it is severe and continuing, your doctor should be notified.
- You should know also that diarrhea may be symptomatic of a partial obstruction or acute gastroenteritis. Since the treatment for these two entities is entirely different, a proper diagnosis should be made as rapidly as possible if obstruction is suspected because of localized cramping. A physician should be sought immediately. So you can see why it is important to determine whether the diarrhea is caused, one, by obstruction; or two, by gastroenteritis. If you do not know, check it out with your doctor. Do not play games. Remember, always call your physician unless you are 100% certain of what you are doing.
- For the urostomate - be sure to keep electrolytes in balance; follow the general instructions for colostomies and ileostomies.
- No ostomate should take medication for pain or a laxative without a physician's order. Do not use antibiotics for cold or flu unless a doctor orders it.
- For all ostomates - when returning to a normal diet, use fiber-free foods at first, then gradually increase to a regular, normal diet. Prompt attention to symptoms of distress of colds and flu should bring to each of you a happier and, hopefully, healthier winter.

DOES GENDER MATTER IN COLON CANCER SCREENING?

(© Copyright (c) The StarPhoenix, October 2011)

Middle-aged men are twice as likely as women to end up with a cancer diagnosis after a colonoscopy, according to an Austrian study that challenges current screening guidelines.

Currently, people at average risk of colon cancer start screening for the disease at age 50, regardless of gender.

But the study, published in the Journal of the American Medical Association, shows a discrepancy of nearly 10 years between men and women in the development of colon and rectal tumors.

The study found that around 80 55-year-old men would need to undergo colonoscopies to spot one cancer, with the same true for 65-year-old women. The same logic held for the pre-cancerous growths called advanced adenomas, which doctors also look for during colonoscopies.

"Among a cohort of Austrian individuals undergoing screening colonoscopy, the prevalence and number needed to screen for advanced adenomas were comparable between men aged 45 to 49 years and women aged 55 to 59 years," wrote lead researcher Monika Ferlitsch, of the Medical University of Vienna.

Helpful Hint: Red beets do not lose their colour during digestion, so there may be a red colour to your discharge. Do not mistake this for blood.

STORE YOUR MEDICINES SAFELY

(Healthy Living)

Using medicines safely goes hand-in-hand with storing them safely. The Saskatchewan Pharmaceutical Association recommends:

- Keep all medicines out of the reach of youngsters. If you have visiting grandchildren in your home, make sure your medications are properly secured (e.g. not sitting on a countertop nor in a purse).
- Your bathroom medicine cabinet may be too warm and damp for many medications. Store your medicine in a cool, dry place. Make sure your medicine cabinet is securely latched.
- Discard medications that are left-over. Also, discard medications that are past the expiry date. They are probably not effective - and they could be harmful.

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SASKATOON OSTOMY ASSOCIATION, 2011 - 2012

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Meeting Dates:

November 7, 2011
December 5, 2011
February 6, 2012
March 5, 2012
April 2, 2012
May 7, 2012

No meetings in January, July or August

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Vacant

20/40

Vacant

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