



NOVEMBER/ DECEMBER
2016

In This Issue

| | |
|--|----|
| <i>Life with a Pouch on the Side</i> | 1 |
| <i>Editorial</i> | 3 |
| <i>Article continued from page 1</i> | 4 |
| <i>Boning up on Calcium</i> | 5 |
| <i>Urostomy Review</i> | 6 |
| <i>Murray Wolfe - Biography</i> | 7 |
| <i>Allergic? - How to tell for sure</i> | 8 |
| <i>Ileostomy Absorption Concerns</i> | 9 |
| <i>Stoma Stroll 2016</i> | 10 |
| <i>Aging and an Ostomy - Hints to Help</i> | 11 |
| <i>Membership Form</i> | 12 |

MEETINGS

Meetings are held on the second Tuesday of the month at 7:30 p.m., starting in September, at the Community of Christ Church, 4710 8th Avenue (corner of Arthur and 8th). No meetings are held during the months of January, July and August)

UPCOMING MEETINGS

- November 8 - Souls Harbour Mission
(Patty Humphries)
- December 13 - Christmas Party

Life With a Pouch on the Side By [DANA JENNINGS](#)

I've got a little plastic secret.

I don't have a colon, and for more than 25 years I've worn a pouch on my lower right abdomen to collect waste. I think about the pouch only when I change it or if there's a problem with it.



My colon was surgically removed in 1984, when I was 27, after it had been ravaged by an acute case of ulcerative colitis, an autoimmune disease. After being chronically ill for more than two years, I was relieved to have the colon gone. I spent six weeks in the hospital that fall, receiving 27 units of blood as my colon hemorrhaged and my 180-pound frame withered to 122 pounds.

The surgery involved removing both the colon and rectum. Then the surgeons brought the end of the ileum — the lowest part of the small intestine — through my abdominal wall to create what is called an external stoma. Each week I fit a wafer of plastic and adhesive around the stoma, then cover it by locking the pouch to the wafer. (The surgery was refined about 20 years ago, and now most patients have an internal pouch.)

Wearing a drainable pouch was a small price to pay to be healthy again. So I accepted it and got on with living in my no-nonsense New Hampshire way. I've led a normal and active life since. I was once a serious runner (I ran the 1997 New York City Marathon), coached baseball and soccer, and fathered two sons. (When they were small they used to call the pouch "Daddy's special bag.")

When I was told I had stage 3 prostate cancer nearly two years ago, having the pouch did change my treatment options. Because of internal scar tissue from my colon surgery, I wasn't a good candidate for the robotic, less-invasive surgery commonly used to remove a cancerous prostate. Instead, I had a radical open prostatectomy.

While the pouch has nothing to do with my prostate cancer, in some ways it has had a similar effect on my outlook. In wearing the pouch — called an "appliance" in medical parlance — for

Continued on Page 4

REGINA OSTOMY CHAPTER EXECUTIVE

| | | |
|----------------------|----------------------------------|----------|
| President | Agnes Parisloff | 761-0221 |
| Vice President | Murray Wolfe | 584-2111 |
| Secretary | Heather Bathgate | 949-4664 |
| Treasurer | Neal Holt | 949-5538 |
| Membership Chair | Susan Hunter | 585-0410 |
| Flowers & Cards | Edith Klein | 266-2115 |
| Phoning | Gord Kosloski | 789-1592 |
| | Gail Zipchian | 522-8669 |
| Host | June Crawford | 543-2852 |
| | Bill Collie | 543-2647 |
| Lunch | Brenda Frohlick | 949-2352 |
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| Mailing | Brenda Frohlick | 949-2352 |
| Newsletter & Website | Deb Carpentier | 775-1869 |
| Newsletter | Louise Laverdiere | 536-5442 |
| Visiting | Enterostomal Therapy Services | 766-2271 |
| SASO | Bob Fearnside | 924-5993 |

**ENTEROSTOMAL THERAPY
Pasqua Hospital 766-2271**

Jane Wilmot, RN, BScN, ETN, Program Coordinator

Sheryl Walker, RN, BScN, CETN

Lela Mileusnic, RN, BScN, ETN

Monica Aikman, RN, BScN

Arleene Arnold, RN, CETN

Lana Klein, RN, BScN, ETN

Patty Gianoli, Office Manager

Dana Anderson, Unit Assistant

DONATIONS

Thanks to the following individuals who generously donated funds to the chapter:

Irene Beaudoin, Regina

John Brownell, Maryfield

John Fagan, Regina

Virginia Finstad, Estevan

Kenneth Gibbens, Balcarres

Thomas Graham, Estevan

Pat Leibel, Regina

Joan Mancinelli, Regina

Tom Molyneux, Regina

Velma Rahn, Regina

Jack Sutherland, Regina

Muffy Truscott, Regina

MISSION STATEMENT

The Regina Ostomy Chapter is a non-profit mutual support society for the benefit of people who have had, or are about to have intestinal or urinary diversion surgery.

Our purpose is:

- To help people with intestinal and/or urinary diversions to lead full and productive lives and to provide information and emotional support to their families and caregivers.
- To educate the public about intestinal and urinary diversion surgery.
- To provide trained visitors to those who have undergone intestinal and/or urinary diversions, including preoperative and postoperative visits or phone calls, at the request of the physician or enterostomal therapist.

**NEW MEMBERS**

*"There are no strangers here,
only friends who haven't met"*



John Hakl - Regina

Jim Ogloff - Gull Lake

Nicole Vance - Swift Current

Editor's Message



Here we are, mid autumn and we've had it all warm fall days, a surprising amount of snow and slush and then heavy rains, a normal season for Saskatchewan, albeit a tough time for some in the agricultural community.

At our October meeting we had a presentation from Sydney Dorosh, the young woman we sponsored to attend Camp Horizon this past July in Canmore. It was great to hear about the camp and how much fun it is for young campers who attend. John Fagan also gave us a very interesting talk on community gardens, the ones we have in Regina but also what other communities are doing. It almost makes me want to go out and start a garden!



Our October 1st Stoma Stroll was a great success. The sun shone, the skies were blue and we had a good day. This year we were profiled in many ways on television and print, which was fantastic for raising awareness in the community. And we raised nearly \$5000.00 for Ostomy Canada. Thank you one and all.

Since our last newsletter here are a few things to check out. We have a new website and we would love it if you would go to it, take a look, see what you like. If you have any suggestions I'd love to hear them. Our goal is to provide information, education and guidance for people who are looking for support. Not everyone is able or interested to come to a meeting and there's more information on the site than you would be able to get at any one meeting. www.reginaostomy.ca. We also have a facebook closed group page (Regina Ostomy Chapter), which you can go to and join.



The Yorkton Ostomy Buddy Group had their coffee chat on October 24th. Agnes and I were so glad we could attend. It was a good opportunity to exchange stories and tips and answer questions. It's so great to spend time with folks who you can do that with. Thanks for having us.

As for December, it's not really a meeting, it's our *Christmas Celebration!* You'll see an invitation with details, further in the newsletter. This year we want to ADOPT A FAMILY with a Christmas Hamper instead of our traditional gift exchange. We can bring a little joy into a family's day with your support. It would be great to see all of you, so don't hesitate to come and meet some of us face to face. Guaranteed good food and company!

The Colorectal Cancer Association of Canada is a support group for the estimated 22,000 Canadians annually diagnosed with colorectal cancer. Membership is free.

Information is available at their website:
www.colorectal-cancer.ca

with links to news reports, articles, and other cancer organizations in the field. Support cancer coaches are also available to talk with patients about concerns and about their cancer experience.

Or Phone 1-877-50COLON

Crohn's and Colitis Canada

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 Toll free in Saskatchewan [1-844-664-4420](tel:1-844-664-4420)
www.crohnsandcolitis.ca



Crohn's and Colitis Canada
 Crohn et Colite Canada

REMEMBRANCE DAY, NOVEMBER 11
LEST WE FORGET



"In Flanders Fields"
 by Col. John McCrae,

In Flanders Fields The poppies blow
 Between the crosses row on row
 That mark our place; and in the sky
 The larks, still bravely singing, fly

Scarce heard amid the guns below.
 We are the dead, short days ago
 We lived, felt dawn, saw sunset glow,
 Loved and were loved and now we lie
 In Flanders Fields.

Take up our quarrel with the foe
 To you, from failing hands, we throw
 The torch, be yours to hold it high.
 If ye break faith with us, who die
 We shall not sleep, though poppies grow
 In Flanders Fields.

Continued from front page

more than 25 years, I'm struck by what we're able to get used to. Though, sometimes, I do think of it as a tail hanging down on the wrong side.

The pouch makes me pay attention, be more in tune with my body. I need to understand the rhythms of my digestive system and small intestine. I know that eggplant and spinach kill my gut, that eggs and dairy products bolt through me. I'm also in touch with heat and humidity and how they affect the adhesive that keeps the wafer on my body.

I realize that to some of you the idea of wearing a plastic pouch to catch waste might seem beyond the pale. But I've been able to integrate it into my life. When I do my weekly change, I'll sometimes say, "Gotta go do my osto." And I'll occasionally sing "Stoma" to the tune of the Kinks's "Lola" – "Stoma, S-T-O-M-A, stoma."

Now, I don't want to sell this situation as being utter bliss. I use the bathroom more often than most people, and sometimes there are problems. When you're dealing with adhesives and clips, with liquids and gases and the unpredictability of the human body, there are bound to be accidents, no matter how careful you are.

My most mortifying incident came a few summers ago in Manhattan, at 34th Street and Seventh Avenue. I was wearing shorts and sandals, and through a quirk of pressure and position, the clip to the pouch came undone. There truly are some things in life that you never expect to happen.

After shaking off my deer-in-the-headlights shock, I regained my composure and did what had to be done. Though I still can't quite forgive the clerk in Kmart who later said, "Oh, did we have a little accident?" Each week I peel off the old wafer and wash the skin and stoma with antibacterial soap. After all these years, it's still strange to me to be able to touch the red tip of my small intestine.

I scrub away any excess adhesive, savor the prickle of alcohol on my skin, layer a protective paste around my stoma, secure the sticky wafer — a rounded square of about four-and-a-quarter inches on each side — and finally attach the 10-inch-long pouch to the wafer with a satisfying click.

Then I lie flat on the bed for 10 minutes, encouraging the adhesive to adhere as I listen to the gentle jazz of Fred Hersch or the down-home lonesomeness of Bill Monroe.

And I'm still grateful and amazed after all these years that a little bit of paper, plastic and glue lets me live a normal life.

Source: NY Times online, March 2, 2010, 12:33 pm, via Edmonton Newsletter, April 2013



Ostomy Canada Society | Société Canadienne des Personnes Stomisées

OSTOMY CANADA SOCIETY

Suite 210

5800 Ambler Drive

Mississauga, ON L4W 4J4

e-mail: info1@ostomycanada.ca

Toll-free telephone number:

1-888-969-9698

<http://www.ostomycanada.ca/>

Ostomy Canada Society Mission Statement

Ostomy Canada Society is a non-profit volunteer organization dedicated to all people with an ostomy, and their families, helping them to live life to the fullest through support, education, collaboration and advocacy.

REMINDER MEMBERSHIP FEES ARE NOW DUE!!!

**PLEASE FORWARD YOUR PAYMENT
OF \$30.00 TO THE OCS
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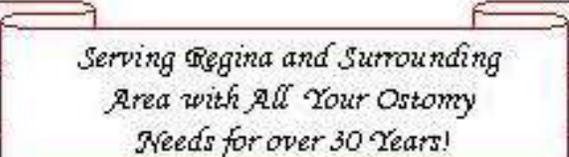
SASO (Spouses and Significant Others)



Bob Fearnside is the Regina Ostomy Chapter's "SASO" rep. The Spouses and Significant Others Support Group (SASO) of Ostomy Canada Society was formed to address the needs of, and offer support to, spouses, significant others, families and friends of persons with an ostomy. Bob will be available on our meeting nights at 7:00 pm to meet with others who are providing support to their family member or friend who have an ostomy.

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BONING UP ON CALCIUM

There's more to calcium than what comes from cows. The good news about the bone-thinning disease osteoporosis is that it is largely preventable through exercise, not smoking, and getting enough calcium in your diet. The amount of calcium you need daily differs according to your age. Teenagers (ages 9 to 18) require the most, 1300 mg. People over 50 should get at least 1200 mg, and adults 19 to 50 need 1,000 mg. Kids 4 to 8 should get 800 mg, and for toddlers and infants under three, 500 mg is enough.



Dairy products are one of the best sources of dietary calcium. Just one cup of yogurt (415 mg), and two 8 oz glasses of nonfat milk (604 mg) meet the needs for adults under 50. An ounce of Swiss cheese has 272 mg. One cup of ice cream gives you 164 mg, and cottage cheese weighs in at 164.

But what if you don't like milk and cheese or have an intolerance or allergy to dairy products? You can find calcium fixes in dark green, leafy vegetables like kale and beet and turnip greens. Each have about 100 mg for 1/2 cup cooked. Canned salmon with the bone, has 181 mg in 3 oz., and two canned sardines provide 91 mg. Black eyed peas have a generous 211 mg in a cup, and a cup of cooked, frozen broccoli has 94 mg. One medium orange is good for 52 mg while one cup of calcium fortified orange juice has 333. Dried figs are also abundant in the bone-building mineral, with 269 mg in 10. Calcium-fortified breakfast cereals are another good choice. Make sure you get your calcium from a variety of foods, and if you aren't getting enough in your diet, ask your doctor about taking calcium supplements.



United Ostomy Association, Inc. Evansville, Indiana Chapter Re-Route Volume 29, Number 9 June, 2002, Journal of American Medical Association, Vol 286 via Niagra "It's in the Bag" May 2016

Urostomy Review

Diet: There are no eating restrictions as a result of Urostomy surgery. (If the kidneys have been severely impaired, your physician will monitor your protein and salt intake, but the functions of your kidneys are not affected by the surgery.) The urinary tract and digestive tract are separate.

A few foods and certain medications may cause urine odor or a change in urine color (such as asparagus, fish and certain spices). Drink plenty of liquids each day following your health care team's recommendations.

Mucus: You will normally have some mucus shreds in your urine. If the amount increases or if the urine changes color and has a strong odor, it may signal that you have a urinary tract infection. Be sure to drink six to eight glasses of liquid a day, unless your physician instructs you otherwise. Drinking fluids helps to decrease the amount of mucus in your urine.

Acidic Urine: Drink cranberry juice in place of orange juice or other citrus juices, which tend to make the urine more alkaline. Take vitamin C daily (if approved by your physician). Keeping your urine acidic may help to: (1) prevent urinary tract infections, (2) prevent damage to your skin, and (3) decrease odor. Check the pH of your urine about twice a week to be sure the urine is acidic, with a pH of less than 6.0. Most fruits and vegetables actually give an alkalinized ash and tend to alkalinize the urine. Meats and cereals will usually produce an acidic ash. Unless otherwise indicated, the urine should be maintained in an acid state.

Fluid & Infection Management: People with urinary diversions no longer have a storage area, a bladder, for urine. Urine should flow from the stoma as fast as the kidneys can make it. If your urinary stoma has no drainage after even an hour, it is of serious concern. The distance from the kidney to the outside of your body is markedly reduced after urinary diversion surgery, so external bacteria have a short route to the kidney. Since

kidney infection can occur rapidly and be devastating, prevention is essential:\

- Wearing a clean pouch and frequent emptying are vital.
- A night drainage system is recommended, to prevent back-flow of urine from the pouch toward your kidneys.
- Adequate fluid intake, particularly fluids that acidify the urine, will decrease problem odor.
- In warm weather, with increased activity or with a fever, fluids should be increased to make up for body losses due to perspiration and increased metabolism.
- It is important that you be aware of the symptoms of kidney infection. Elevated temperature, chills, low back pain, cloudy bloody urine and decreased output.

If you experience these symptoms, see your physician.

- Urine samples should never be collected from an existing pouch. The best way to collect a urine specimen is for a medical professional to obtain it by catheterizing the stoma under sterile conditions.

via GAOA Newsletter; UOAA Update, March 2015 via Ostomy Association of North Central Oklahoma (April 2015)



A lawyer was cross-examining the doctor about whether or not he had checked the pulse of the deceased before he signed the death certificate. "No," the doctor said. "I did not check his pulse." "And did you listen for a heartbeat?" asked the lawyer. "No I did not," the doctor said. "So," said the lawyer, "when you signed the death certificate, you had not taken steps to make sure he was dead." The doctor said, "Well, let me put it this way. The man's brain was in a jar on my desk but, for all I know, he could be out practicing law somewhere."

Murry Wolfe, VICE PRESIDENT, REGINA OSTOMY CHAPTER



I have been an ostomate for a little over a year and a half. Crohn's Disease has been present for the majority of my adult life, then cancer became part of the equation which eventually resulted in surgery and a colostomy. The colostomy has been "life changing" for me in that I'm now able to participate in whatever activity I wish.

I have been retired for the past six years. During my 40 plus year working career I was a hospital pharmacist with the Regina Qu'Appelle Health Region. During most of my working career I was in the position of Director of Pharmacy, and as such, was not only involved with Pharmacy Practice in all the Regina Hospitals but several rural hospitals throughout Southern Saskatchewan as well.

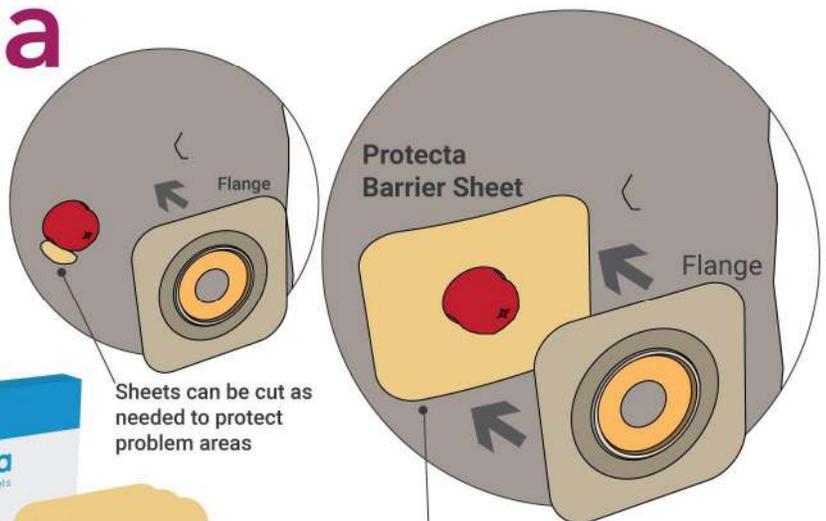
I am married and have two sons and two grandchildren. My time is now taken up with our home renovations and maintenance, grandchildren, golf, camping, and church activities.

I became involved with the Regina Ostomy Chapter in May of 2015 and have participated in many hospital visits of new ostomy patients. Now as Vice President of the Regina Ostomy Chapter, I look forward to being further involved with the Chapter's activities.

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ALLERGIC?? - HOW TO TELL FOR SURE

Many times I hear that people are allergic to adhesive tape, or paper tape, skin prep, or any number of different products that are used in ostomy care. Allergies can occur with any product. They can occur with the first use of a product or after years without problems. Most people never have an allergic reaction, but a few are plagued with multiple sensitivities. However, many things assumed to be an "allergic" reaction may be another problem. It is important to know whether or not you are truly allergic to a product, because eliminating products reduces your options. Believing you are allergic may cause you not to try a pouch that might be perfect for you. Allergic reactions are usually severe and cause blistering and/or weeping skin wherever that pouch touches.

Two situations are frequently labeled as allergic by mistake:

First, if a skin sealant wipe is used, it needs to dry completely to allow the solvents to evaporate. If the pouch is applied while the solvents are still on the skin, sore skin can easily occur. Since the solvents can't evaporate through the skin barrier as they can through the paper tape collar, this will look like an allergy to the skin barrier.

Second, each time you remove a pouch, the adhesive takes with it the top layer of dead skin cells. However, if you are removing a pouch frequently, cells can be removed faster than they are replaced. This is called "tape stripping." Everyone's skin reacts differently to having tape removed. But it's important to be gentle and not remove a pouch more frequently than necessary. Skin that is stripped will be sore in some spots and not in others. Sometimes skin around the stoma becomes fragile and strips easily, and a pouch and tape with very gentle adhesive must be found.

To check whether you are really allergic take a small piece of skin barrier or tape and place it on the other side of your abdomen or, with the help of someone else, on your back. After 48 hours, take it off and see whether you are reacting. (If pain, itching or blistering occurs, take it off immediately.) If it's an allergy, you will react. If you have a history of allergies, test this way before trying on a new pouch. It's better to have a patch of sore skin on your back than around the stoma, where you need a good seal.

If you develop an allergy to a product you have used for a long time, you can call the manufacturer and find out if

they have made changes in the manufacturing process. Calls from users are sometimes their first notice that the new improvements aren't working.

From Stillwater-Ponca City (OK) Ostomy Outlook June 2001; Niagra Ostomy Association Nov 2015



Christmas Party

Tuesday December 13th

Time: Happy Hour 5:30; Supper: 6:00 p.m.

Where: Community of Christ Church

4710—8th Ave

Rybchuk Catering

Menu:

Roast Turkey & Dressing

Mashed Potatoes & Gravy, Cabbage Rolls

Hot Vegetable, Tossed Salad, buns

Dessert

Cost: \$15.00

This year's theme:

Christmas Adopt a family donation

Sign up at the November Ostomy meeting

or

call Brenda at 949-2352 by **December 7th**
if you are planning on attending.

Come one, come all!



ILEOSTOMY ABSORPTION CONCERNS

Due to the absence of the colon and often altered transit time through the small intestine, the type of medication taken must be carefully considered when prescribing for the person with an ileostomy.

Medications in the form of coated tablets or time-release capsules may not be absorbed and therefore no benefit received. A large number of medications are prepared in this way. Before the prescription is written, the patient with an ileostomy should inform the physician of his concern. If the medication required is available only in a certain form and stomach juices would not destroy the coating, then the tablet may be crushed between two spoons and taken with water. This often results in an evil-tasting mixture, but absorption is ensured.

The best type of medication for the person with an ileostomy is either in the form of uncoated tablets or in liquid form. Although these are not the most palatable treatments, these dosage forms ensure that the medication prescribed will be absorbed. A pharmacist can assist in choosing the form of a medication that will be best absorbed. After ileostomy surgery, never take laxatives. For a person who has an ileostomy, taking laxatives can cause severe fluid and electrolyte imbalance.

Transit time through the digestive system varies with individuals. If food passes through undigested, be aware that this may be a sign that nutrients are not being absorbed properly. Prolonged incidents of decreased absorption may lead to various nutritional deficiencies.

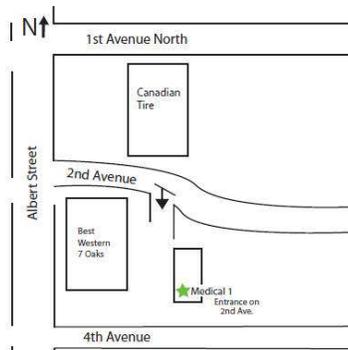
Via: Marshfield, WI, Chippewa Valley, WI & S. Brevard, FL; Evansville IN Re-Route; Halton-Peel Jan 2016

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REGINA CHAPTER 4th ANNUAL STOMA STROLL

October 1st was a glorious day in Regina, filled with sun and blue skies. It was good for the spirits and good for attendance too, as 60 to 65 people came and went throughout the day. About 50 people walked through the Government House gardens and on to the beautiful west side Devonian pathway.

It was a day for everyone, those with ostomies, their families and friends, children and older folk, all together for a walk, a coffee, a bit of lunch with laughter and stories.



Above left to right: ET nurses Monica Aikman, Sheryl Walker, Karen Kimpton, Jane Wilmot



Above: Ribbon cutting done by John Fagan

The ETs joined in and took care of the registration early in the day as people came and got organized and settled.

After lunch our ETs, Sheryl and Jane, did a little demo of the various ostomies using the very handy anatomical apron to show which pieces of the digestive and urinary systems were altered for various ostomies.

This year's committee includes Agnes Parisloff, John Fagan, Patty Gianoli, Louise Laverdiere, Neal Holt and Susan Hunter. Congratulations on a job well done to the committee and to all the volunteers who helped make the day come together.

We would like to thank everyone who donated their money and their time to made this Stoma Stroll a big success.



Above: Sheryl & Jane demonstrating the anatomical apron

Thank you to all of our **sponsors** who supported us.

Thank you **Jolly's Veterinary and Surgical Supplies**, Adventure Printing, Extra Foods on South Albert, Regent Park Safeway and the national sponsor B. Braun.



Aging and an Ostomy – Hints to help

As we grow older, changes occur in our bodies. The most insidious change is in our skin. Little by little, skin loses its elasticity and becomes thin and dry; skin becomes prone to wrinkles or irritation. These changes can become real problems for those who must wear an appliance at all times. To prevent leakage, as the skin becomes more wrinkled, one should stand up straight and, with one hand, stretch the skin just enough so that it is taut. The appliance, in the other hand, is then applied.

Skin over the entire body tends to break more easily and to heal more slowly as we age. Because of this, one needs to be careful when removing an appliance from the body. A skin barrier covering the entire area under the appliance and/or a very thin application of a skin care product may protect the skin.

Even though eyesight may become dim in later years, independence in care is still almost always possible. Totally blind persons have been taught to irrigate and to centre and apply the appliance. Irrigation is made easier by placing a piece of tape on the outside of the irrigation bag at the desired water level. By putting one hand in the bag and one on the outside, the optimal water level can be determined. Inserting the catheter, or cone, can be done by feel. Most people irrigating a permanent colostomy have only one opening, so gently inserting a finger enables one to slide in the catheter.

Centering the appliance is more difficult than irrigating, but not impossible. After the fresh appliance is prepared, the index and middle fingers are placed on each side of the stoma. The fingers are then removed and the appliance is placed onto the skin. Strips of tape can be applied around the edges of the faceplate with sight, as it does not matter if the tape is slightly wrinkled.

Another problem sometimes noticed with aging is less strength in the fingers, or even bouts of arthritis. Less mobility, or pain in the fingers, can make it difficult to put together a two-piece appliance or to cut an opening in a skin wafer. A one-piece appliance can be used, thus eliminating stretching a pouch over a faceplate. If the stoma is round, a punch can be purchased to easily make a hole in a wafer. If this is not practical, check with your ostomy equipment supplier. Many of them will pre-cut wafers for you, for a fee.

Sometimes seniors find themselves alone. Being alone can lead to a loss of self-confidence. Know that there are other ostomates like you who care about you. Coming to the Chapter meetings can serve several purposes. You associate with others who are dealing with problems the same as yours. They understand your needs and you theirs, thus you can be helpful to each other.

Source: Osto-Ology, Orange, CA, Saskatoon Ostomy Assoc Bulletin, Mar 2012 via Regina Ostomy News, Sept./Oct. 2012./Winnipeg Inside-Out October 2015.

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Regina Ostomy Chapter Membership Application

You can join the Regina Chapter and enjoy the benefits of being part of a group of people in Saskatchewan and across the country through meetings, websites and social media. Our membership fee is \$30 annually, and supports many local and national initiatives. We publish a newsletter five times a year and the national Ostomy Canada magazine is published twice a year.

Please Print

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Membership Information

Colostomy Ileostomy Urostomy
 Other
 Supporter
Age: Under 18 18—40 41—59 60 +
 New Member Membership Renewal
 Address Change

A charitable tax receipt will be issued for all additional contributions of \$20.00 or more

Please write on the back if needed

Please make cheques payable to:

Regina Ostomy Chapter and mail with this form to: OCS Regina Chapter 6123 Brunskill Place Regina, SK S4T 7W7

Bequests & Donations

We are a non-profit association and welcome bequests, donations and gifts. Acknowledgement cards are sent to next-of-kin when memorial donations are received. Donations should be made payable to OCS Regina Chapter at address listed on this page and tax receipts will be forwarded.

VISITING SERVICES

We provide lay visiting service, at the request of the physician, patient or enterostomal therapist, either pre-operative or post-operative or both. The visitor is chosen according to the patient's age, gender, and type of surgery. A visit may be arranged by calling the Visiting Program at the Enterostomal Therapy Services department at [306-766-2271](tel:306-766-2271).

Moving? Questions? Need Information?

Regina Ostomy Chapter
6123 Brunskill Place
Regina, Sk S4T 7W7

[\(306\) 761-0221](tel:3067610221) or reginaostomygroup@gmail.com

PRODUCTS MENTIONED IN THIS NEWSLETTER ARE NOT NECESSARILY ENDORSED BY THE REGINA OSTOMY CHAPTER. SEE YOUR DOCTOR FIRST BEFORE TAKING ANY OF THEM!

**Charitable Registration No.
119114213RR0001**

HOSPITAL VISITS

September: 1 colostomy; 3 ileostomy; 1 urostomy

October: 2 colostomy; 4 ileostomy; 1 urostomy