

Regina Ostomy News



JANUARY / FEBRUARY
2018

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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

NO meeting in January
February 13 - Open Table Discussion
March - 13 - TBA
April - 10 - TBA
May 4 & 5 - Ostomy Conference



Recognition for the Partner / Spouse



There are few times when a genuine and real recognition is given to the partner / spouse of a person with an ostomy. The spouse deserves more credit than anyone can possibly bestow on him/her. Try for one moment, if you can, to imagine that the shoe is on the other foot...that is,

your spouse has the ostomy and you do not. Now you find yourself waiting to use the bathroom, waiting for your mate to get through irrigating or replacing the pouching system. When you go out of town or make a visit and your spouse has an accident, you have to cut short your outing and go home so the person with the ostomy may clean up, not to mention that all the way home there may be an odour.

Of course, we should add that most of these challenges happen so rarely and with such minor intensity that they should hardly be mentioned at all. The quality of life of people with ostomies is being studied vigorously right now. The results of every study demonstrate that the quality of life after ostomy surgery is remarkably better than before the surgery for people with inflammatory bowel disease. One of the goals of our local ostomy association is to witness to this amazing fact.

Nevertheless, the spouse of the person with an ostomy should be given a great big orchid, and we should all be grateful that we have a person like our partner in our midst. That goes for families as well. Even though we may have a new opportunity for life given to us by our ostomy surgery, there is still a natural period of mourning the loss of an important bodily organ. Our spouse and our family can be the most supportive while we mourn our loss.

For most of us, our partner is very happy to have us alive. Ostomy surgery gave us a new life, and our life partner may be more thankful than we are to have us with them. For those of us with Crohn's Disease or Ulcerative Colitis, our lives are better than ever. Our mates may once again have us all to themselves, without sharing us with a disease. It is nice being married. It is nice being healthy.

Source: Green Bay Area Ostomy Support Group—Nov/Dec via Island Ostomy News March – April 2016

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	541-5050
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
	Gale Miller	789-5139
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

**OSTOMY &
WOUND CARE CENTRE
TO ENTEROSTOMAL THERAPY SERVICES
Pasqua Hospital 766-2271**

Jane Wilmot, RN, BScN, ETN, Program Coordinator

Sheryl Walker, RN, BScN, CETN

Monica Aikman, RN, CWON, BScN

Ruth Suderman, RN, BSN, ETN

Louise Swan, RN, BScN (ET in training)

Arleene Arnold, RN, CETN

Lana Klein, RN, BScN, ETN

Patty Gianoli, Office Manager

Dana Anderson, Unit Assistant

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"*

Alen Hingston (Regina)
David Bennett (Moose Jaw)
Margaret Willmott (Pense)



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Editor's Message

Happy New Year and best wishes for 2018!!

We had a great Potluck Christmas Party on December 12th. This year we did not exchange gifts but instead collected money for Friends of Ostomates Worldwide Canada (FOWC) who distribute ostomy supplies to countries that have minimal access to supplies. The supplies are unused and good, but have come back from people who no longer need them. FOWC is a non-profit organization operated solely by volunteers. Since 1986, FOW Canada has collected and sent over 50,000 kg of ostomy supplies and literature to more than 52 needy countries who do not have easy access to ostomy supplies. The \$355 we collected will cover the cost of getting the supplies to Calgary and the remainder will be sent to FOWC.

The ET office and Regina Chapter ship ostomy supplies that are donated to the collection centre in Calgary. From there, supplies are sorted and packed and then sent around the world to ostomates in less fortunate circumstances. It takes a lot of volunteers to make this come together. The Calgary Chapter is very involved in this activity. Shipping of these supplies is one of their major expenses so we thank everybody who donates to general funds. If you'd like to read any of the articles or donate money, you can go to www.fowc.ca/

As for the New Year we are busy planning our spring mini-conference "The Power of You" on May 4 and 5. It's going to be a great conference with lots of information, fun and people to connect with. Registration opens February 12th. We'll keep updating you through our newsletters, web page and brochures that will be available early February. Register early!

And last, but not least, it's time to say Congratulations and Happy Retirement to our Jane Wilmot, who is leaving her "Chief ET role" at the end of January. Jane has nursed for over 40 years (hard to believe, I know) and has been in her current role in the Enterostomal and Wound Care Clinic since 2000. There's no doubt we will miss her cheeriness and 'solution' based approach to helping her clients find ways of living life with an ostomy. Jane, we wish you much happiness in your retirement.

Letters to the Editor . . .

Dear Readers, our aim is to provide you with articles that inform and entertain. We're always looking for stories, tips and anecdotes about life and/or living with an ostomy. Here are some ways to contact me or connect with a larger on-line group.

Deb Carpentier
carpentier.deb@gmail.com
 Phone: 306-775-1869
www.reginaostomy.ca

Facebook coordinates:

Regina Ostomy Chapter group
 Ostomy Canada Society group
 Ostomy Canada Parents' group

Crohn's and Colitis Canada

Box 28074 Westgate
 Saskatoon, SK S7M 5V8
 (306) 664-4420

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

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

Info 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. **Or Phone 1-877-50COLON**

Flying with an Ostomy

First things first.

There is really no reason your ostomy should keep you from flying. That said, I know that many have concerns about flying after surgery. From worries about exploding pouches to hold ups in airport security, I hope I can ease your worries a little.

What to do before you fly:

Make sure to bring more supplies than you think you need - at least 50% more, maybe even double the amount of pouches, etc. you would use for the same time period at home, just in case you have stomach problems or if you are stuck somewhere without access to supplies. Divide your supplies in different bags, in case your luggage is lost or the flight is delayed. Bring as much as you can in your hand luggage, but cut a few skin barriers to the right size before you fly (at least those that you will be carrying in your hand luggage), since it is not advisable to bring scissors in your hand luggage.



At the airport: Know your rights!

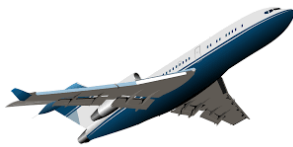


Will you have trouble at the security check?

The security scanner might detect your pouch, even if it's empty. But you do not have to show your pouch, and security should not ask you to remove clothing to expose it or let them touch it. You may be asked (or you can volunteer) to rub your hand against the pouch on the outside of your clothes (to rule out explosives), but that should be the extent of the examination. Try and arrive early at the gate, so you can empty your pouch just before boarding.

In the air:

I have often heard people be concerned that the pouch could expand during the flight due to the change in cabin pressure. There is a slight risk that the pressure will cause the pouch to balloon. If this should happen all you need



to do is go into the bathroom and empty your pouch. And remember that just as often, ballooning is caused by something you ate or drank. When you're flying be extra careful with carbonated drinks. Booking a seat in the back row near the bathroom might help take away some of your concerns and make you feel more confident as well. If you're a little self-conscious about noise from the pouch, I think you will be pleasantly surprised by how noisy an airplane cabin is. Maybe you didn't notice it before, but it is very unlikely that your pouch can make noises loud enough to be heard in the cabin.


There's no need to tell the cabin personnel about your ostomy in advance, and most likely they'll never notice.

Sincerely,

Rachel Brown—Manager, Customer Relations
on behalf of the Coloplast Care Team

You can talk to a member of our team at:
1-866-293-6349

*Source: London & District Ostomy Assoc "the Torch" Oct 2014 /
via Winnipeg Inside/Out Nov-Dec 2014*



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.

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Stoma Laceration

A laceration is a wound or irregular tear of flesh, and it could happen to your stoma. If your stoma protrudes, it can be lacerated. A stoma that protrudes is usually preferable because the protruding stoma empties waste into the pouching system more easily with less chance of leaking. Since the stoma extends beyond the skin level, there is the danger that it can be lacerated. Some skin barriers manufactured today have stiff, rigid or sharp material next to the stoma that can cut it.

The symptoms that may indicate that laceration has taken place are bleeding or swelling of the stoma. Since there are no sensory nerve endings in the stoma, usually pain will not be experienced. The fact that you may not feel pain does not minimize the seriousness of this condition. If not treated effectively, surgical intervention may result.

It is not always obvious what has caused the laceration. It cannot be corrected until the cause is determined. There are many reasons for stoma laceration, but the most common are improperly centering the skin barrier, shifting of the skin barrier or cutting too small a hole in the barrier. Whenever there is difficulty in centering the skin barrier properly, enlarge the opening and protect the skin immediately surrounding the stoma with an ostomy paste. People with urostomies may need the intervention of an ET nurse to review their special needs.

Using a mirror may be helpful when centering the barrier to the skin. Remember, the entire stoma—all of the moist bright red tissue—must be exposed through the skin barrier.

The newer extended wear barriers—ConvaTec's Durahesive and Hollister's Flexend—are manufactured with an inner barrier material that will swell around the stoma. This material is made actually to turtleneck around the stoma as it is worn. It will not harm it. The outer barrier is a plastic that may still cut the stoma if in contact with it.

When the adhesive barrier washes away—like all other disposable barrier materials—the thin celluloid film remaining is capable of cutting the stoma. Positional changes like bending or even turning when sleeping can cause slippage. If you use an ostomy belt, it may pull the barrier either upward or downward causing the pouching system to shift thus cutting the stoma. Outer clothing, a belt, waistband, etc., that rides

over the pouching system may cause it to shift. We have found a number of people, in an effort to follow the application directions found in all ostomy supplies, cut the opening too small. The opening should be no smaller than 1/16 of an inch to the stoma on any disposable ostomy system. A gap of up to 1/4 of an inch is fine for most people with fecal ostomies, as long as the gap is filled with a quality paste or strip.

Never underestimate a lacerated stoma. Careful investigation should reveal the cause. The stoma will heal by itself—provided it is not too badly damaged—when the problem is corrected. Lacerations usually heal slowly—about four to six weeks.

Careful measurement and application of a pouching system is always necessary. As in most things in life, an ounce of prevention is worth a pound of cure.

Reprinted from Ostomy Association of Greater Chicago (IL) "The New Outlook" by Greater Seattle (WA) "The Ostomist" 2012, via: Winnipeg Inside Out.

Visit To the Doctor

One Wednesday, Murphy went to a doctor to talk about his wife. He says to the doctor, 'Doctor, I think my wife is deaf because she never hears me the first time and I always have to repeat things.'

'Well,' the doctor replied, 'Go home and tonight stand about 15 feet from her and say something to her. If she doesn't reply move about 5 feet closer and say it again. Keep doing this so that we'll get an idea about the severity of her deafness.'

Sure enough, Murphy goes home and does exactly as instructed. He starts off about 15 feet from his wife in the kitchen as she is chopping some vegetables and says, 'Betty, what's for dinner?' He hears no response. He moves about 5 feet closer and asks again. No reply. He moves 5 feet closer. Still no reply. He gets fed up and moves right behind her, about an inch away, and asks again, 'Betty, what's for dinner?'

Betty says, 'That's the fourth time you asked me. It's meatloaf.'



Did You Know?

* People living with an ostomy are eligible for the disability tax credit when a qualified medical practitioner certifies the disability tax credit certificate and Canada Revenue Agency approves the application. See our website for details: <http://www.ostomycanada.ca/dtc>

A joint project by:



Ostomy Canada Society | Société Canadienne des Personnes Stomisées



The Canadian Association for Enterostomal Therapy | Association Canadienne des Stomothérapeutes

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KEEPING WEIGHT DOWN (via Evansville Indiana Ostomy Chapter)

Keeping weight down is especially important for ostomates. Even a few extra pounds can affect the fit of our appliance and cause the stoma to recess. For new ostomates, extra weight may put pressure on healing tissues. Here are a few ways to drop or maintain weight.

- Eat your biggest meal at noon and then have a very light dinner by 6 p.m.
- Eat an apple, or two bread slices, or other fiber-type food 20-30 minutes before dinner. It will help curb your appetite at the table. These foods, combined with a glass of water, will expand in your stomach and reduce your capacity to eat.
- Chew well and eat slowly. It takes up to 20 minutes for the brain to receive the messages of fullness from the stomach.
- Don't eat after 6 p.m. Resist snacking late at night, and your body will reward you with more restful sleep and lots more energy in the morning. Food eaten in late hours will generally go directly into fat production because the body's energy needs are low at night.
- Remember that vegetables are considered free of calories when not covered with dip, butter, or other extras-so you can have these healthier foods without guilt.
- Finally, instead of plunking down in front of the TV until bedtime, how about a relaxing evening stroll? You'll sleep better and feel better in the morning.



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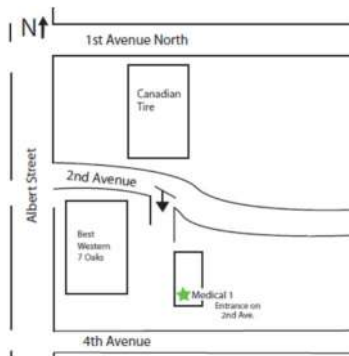
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Dietitian and an Ostomate and Author.....with more to come

www.reginaostomy.ca or for more info call Agnes at 306-761-0221

(Registration opens February 12/18)



Chapter Christmas Party

"We had a great pot luck Christmas celebration, eating, visiting and raising money for Friends of Ostomates Worldwide Canada."





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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*City/Prov/Postal Code: _____

*Phone Number: _____

*E-Mail (preferred, to save on mailing costs)

Membership Information

Colostomy Ileostomy Urostomy

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Supporter

Age: Under 18 18—40 41—59 60 +

New Member Membership Renewal

Address Change

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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).

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**

Moving? Questions? Need Information?

Regina Ostomy Chapter

6123 Brunskill Place

Regina, Sk S4T 7W7

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

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

Sam Bendickson

John Klein