



MARCH / APRIL  
2017

## A SURGEON SPEAKS ABOUT PARASTOMAL HERNIAS,

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Hernias are a constant consideration, even worry, for people with ostomies. Dr. Marius Hoogerboord, a general surgeon at the Victoria General Hospital in Halifax, delivered a wonderful presentation on ostomy surgeries, focusing on a frequent by-product of that surgery, parastomal hernias. His remarks covered prevention of a hernia, managing it, surgical considerations in repairing it,

and avoidance of a second hernia. The doctor's remarks were backed by many photographs inside the abdomen, some dramatic, during a hernia repair. Dr. Hoogerboord is a relatively recent arrival to the hospital system here. His specialty is laparoscopic surgery, also known as minimally invasive surgery. He operates from the neck to the end of the gastrointestinal system. A hernia is a tear in the muscle(s) at the front of the abdomen, arising from cutting the muscle to create the opening for a stoma. The tear often enlarges naturally from the physical stresses put on it. Health risk factors for an abdominal hernia are obesity, smoking and diabetes mellitus. Management of a hernia is best done by an experienced stoma therapist. An ostomy belt is helpful.

Preventing constipation, which can result in intra-abdominal pressure is a must. That pressure can also come from coughing and violent sneezing. Supporting the abdomen with your hands will reduce those forces on it. The first meshes to bridge a tear were made of plastic. They are no longer used. The more recent ones are made of polytetrafluorethylene (PTFE). By itself PTFE is still used, and has a life of 5-6 years. Currently it is often mixed with other mesh material to blend the best qualities of the PTFE and the material mixed with it. There is also a biologic mesh, using collagen, which is very expensive. However, a prime quality of it is that it is very resistant to infection. Further, it binds intimately and densely with the abdominal wall, thus making a good long-term repair. There are several techniques available to insert the mesh, place it optimally, and fasten it to the abdominal wall. Among them are the key-hole technique and the Sugarbaker

### 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

- March - 14 Hernia Prevention with the ET's
- April - 11 Pet Therapy with Elaine Ford
- May - 9 TBA
- June - 13 TBA



May 15 - Yorkton Ostomy Buddies  
(Manos at 2:00)

*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
	Gale Miller	789-5139
Mailing	Brenda Frohlick	949-2352
Newsletter & Website	Deb Carpentier	775-1869
	Louise Laverdiere	536-5442
Visiting	Enterostomal Therapy Services	766-2271
SASO	Bob Fearnside	924-5993

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Monica Aikman, RN, BScN

Ruth Suderman, RN, BSN, ETN

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:

Hope Beedle - Moose Jaw

Larry Harrison - Estevan

**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:**

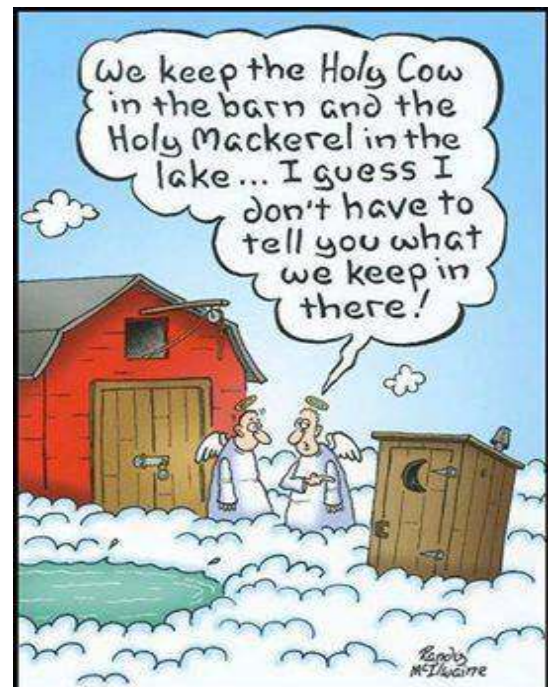
- To help people with intestinal and/or urinary diversions to lead full and productive lives and to provide information and emotional support to their families and caregivers.
- To educate the public about intestinal and urinary diversion surgery.
- To provide trained visitors to those who have undergone 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"*



Gerry Powers - Regina



## Editor's Message



Spring is almost here, and with it the breath of hope and optimism for what is to come. Once again I had an opportunity to travel this winter to a place I had not experienced. For me one of the benefits of seeing different cultures and peoples is that I come home feeling more connected to the world around me, with an enormous amount of gratitude for good health, family and friends. And truth be known, it's fun to ride an elephant or hike up a mountain or try to talk with others who don't speak my language.

Not everyone is as fortunate so it's great that we have good health care, groups like the Regina Ostomy Chapter and all the other support organizations around us that help people in their day to day living. Whether you're an advocate for finding cures or better access to resources, or someone who is there to lend an ear and support, remember, it matters.

Here's a spring line up of some very interesting and fun activities.

Our ETs are presenting at our **March 14** meeting about Hernia Prevention, explaining what a hernia is, how to prevent it, and exercises to keep healthy. A hernia is something we all want to avoid so come join in. In **April**, our guest is a woman who is involved in hospital visiting but with her canine sidekick. Come and hear Elaine Ford talk about Pet Therapy and all it's benefits.

In March, Crohns and Colitis Saskatchewan is very busy, sponsoring their 9th Annual Curling Bonspiel" on March 4 and a "Comedy Night" at Yuk Yuks in Saskatoon on March 10. See the contact information below.

On April 22<sup>nd</sup> there is a spectacular Educational Seminar, organized by the Saskatoon Ostomy Chapter, taking place at the Saskatoon Inn. They are also selling a limited number of raffle tickets for "2 tickets to anywhere" in the West Jet realm of flights to support the kids camp experience, Camp Horizon this summer. We'll have some available at our meetings. See the poster in the newsletter.

Mark your calendar for Saskatoon Ostomy Chapter's Steak Night on May 1. I attended last year, it's a great event. You can contact Gerard at 306- 653-2780 or [fernevillefoods@sasktel.net](mailto:fernevillefoods@sasktel.net)

There is a product available that is an excellent "personal security device" for those who live or work alone a good part of the time. This device is in the form of a piece of jewelry or "clip" that can be activated if you're in trouble, sending out messages to your key contacts. Take a look at the website of Serese Selanders [myoraforyou.ca](http://myoraforyou.ca).

Be sure to read the article on the Disability Tax Credit and see how it may benefit you. There's a bit of a process involved to apply but there's a big benefit too.

For those who receive their newsletters electronically you also receive a monthly copy of "Canada Connects", the electronic newsletter put out by Ostomy Canada Society. Currently there's a very timely series on Ostomy Canada and the history of changes in our governance over the years and what changes we're now looking at for the future. Take the time to read, it's interesting.

## Letters to the Editor . . .

Do you have a beef, a bouquet, or simply a suggestion fortotics you wish discussed or covered in the newsletter or at meetings? The meetings and newsletter are for all of us and we want them to reflect your interests. Don't hesitate to write or call me about any ideas or topics you might have in mind.

Deb Carpentier  
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Regina, SK S4S 1T1  
Email: [carpentier.deb@gmail.com](mailto:carpentier.deb@gmail.com)  
Or call: 775-1869  
[www.reginaostomy.ca](http://www.reginaostomy.ca)

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](http://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**

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Toll free in Saskatchewan [1-844-664-4420](tel:1-844-664-4420)

[www.crohnsandcolitis.ca](http://www.crohnsandcolitis.ca) ; [clquintin@crohnsandcolitis.ca](mailto:clquintin@crohnsandcolitis.ca)



*Continued from front page*

technique. Dr. Hoogerboord mentioned them but did not discuss them. If you are considering a hernia repair, you will discuss them, and maybe others, with your surgeon.

The advantages of laparoscopic surgery are: a minimal incision; less manipulation of the bowel; less tissue trauma; less post-operative pain; faster recovery; and a shorter hospital stay. He mentioned the Principles of Enhanced Recovery after Surgery (ERAS). They are: early mobilization; reintroduce oral feeds; limit intravenous fluids; limit opiate analgesics; discharge in 3-4 days; and no heavy lifting for about 6 weeks. In response to a question, Dr. Hoogerboord stated that there is about a 50% recurrence rate within about 5 years for most hernias. The reason is that the mesh shrinks gradually. Also, he said a patient must not do push-ups or sit ups. Do gentle exercises that won't strain the abdomen. Q Dr. Hoogerboord completed his General Surgery training at Stellenbosch University, South Africa. He immigrated to Canada and worked as a community surgeon in Prince Albert, Saskatchewan. He successfully completed the MIS fellowship program at Dalhousie University after which he joined the Division of General Surgery as Staff Surgeon.

*Emery Fanjoy, Ostomy Halifax Gazette, Apr 2014, via Vancouver Ostomy Highlife, Jul/Aug 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](mailto: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.

## **UROLITHIASIS**

Urostomates, ileostomates and transverse colostomates have one thing in common: continuous output with a loss of fluids. If the liquid intake does not exceed the output, these ostomates may be dehydrating their bodies, making themselves prone to a condition called "urolithiasis," which refers to the presence of stones in the urinary system.

These stones may be found anywhere from the kidney to the bladder. They vary in size from mere granular deposits, called sand or gravel, to bladder stones the size of an orange. In the majority of stones, 90% are composed of calcium, with 5-8% uric acid and 1-3% cystine accounting for the rest.

Conditions which predispose to stone formation are: (1) infection, (2) periods of immobility, (3) concentrated urine, (4) abnormally high concentration of calcium in the blood, (5) heredity and (6) dehydration.

If you were to develop urolithiasis, the symptoms you may experience are: (1) low back pain and/or severe, sharp pain in the lower back radiating to the groin; (2) chills, fever; (3) difficulty or burning with urination; (4) blood in the urine; (5) nausea, vomiting and diarrhea.

See your physician as soon as possible if any of the above symptoms appear. Measures to prevent stone formation are: drink 2 to 3 liters (quarts) of fluid daily, preferably water and juices. Include acidic juices such as cranberry to maintain acid urine, which helps prevent infection. Urinate during the night if necessary. Exercise daily. Use caution with foods containing calcium. Since a certain level of calcium is required for good health, restrict your diet only with the advice of a physician.

*From Stillwater-Ponca City (OK) Ostomy Outlook January 2002 via Niagra Ostomy Association November 2015*



## A very personal opinion and my story on exercise

When my circumstances get a little too much to handle along with the chronic pain attacks, I use my new breathing techniques. I find they really relieve my tension and help me mentally get back to normal, or at the very least to a more peaceful place. Helpful advice from my daughter Kris, who led me to two medically trained yoga teachers, has changed my life in recent days. I am very interested in learning more about Yoga and its benefits. This all came about after a visit where Dr. Yu, colon-rectal surgeon suggested trying Yoga to help with my pelvic floor problems.

I would like to share some of my favorite exercises with you.



I am very thankful I started ballroom dancing many years ago. When I am floating across the floor, and that's what it feels like to me, any discomfort I have seems to fade. It is a remarkable feeling and so much fun! Recently my doctors have told me not to stop this activity. I love to dance and I have the best partner in the world.

I must say my most favorite activity is walking. Finding the beauty in each day, holding my sweet husband's hand, exercising our little dog is the best exercise I can imagine. I love to walk anywhere! One of my most beautiful memories is years ago. I would take my Mother out in her wheel chair in the last months of her life, with her little companion poodle in her lap and we would walk around the block and observe the beauty. The memory of this still brings my heart joy today! My #1 tip ... walking helps prevent blockages.



Another relaxation technique I never thought I would do is Reiki. A dear friend suggested it to me, while she was using it, as a way of dealing with her returned cancer. She introduced me to a new neighbor who had been teaching Reiki for many years. I must admit, I was suspicious, a bit dubious and not convinced it would work. She invited me to come for a session. I was amazed what this ancient technique did for me. It just proves that if you open your mind to new ways of healing you might be pleasantly surprised. I was, and that says a lot for someone like me, who does not relax well at all. She is now coaching my husband in Reiki and she says he is a natural.

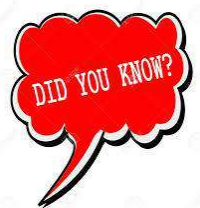
I had to share my forms of exercise with you. Many are searching for ways to accept their difficulties with their health and aging. Besides my faith and my thankfulness to my caring family these are what help me deal with my life. But I must admit what really takes the focus off of my problems is that, I love reaching out and helping others. Something I have found to be the greatest healer of all.



by Linda Fleig, Carmichael (CA) Ostomy Association

## Helpful Hints from Here and There

- For urostomates, if your drainage tube is clogged, try soaking it in a solution of Tide for about two hours. Then rub the tube between your fingers, insert a baby bottle brush as far as possible, pull out and rinse
- Colostomates should not use water that is too cold or too hot for irrigation as it may cause cramps, pain or nausea. Do allow 45 minutes to one hour for a complete return of water. Arrange to sit for comfort and relaxation. Do not hurry through irrigation. Anxiety, frustration and spillage may result. Getting uptight can cause little or no return.
- Asparagus generates a strong odor in the urine. Yogurt, cranberry juice and buttermilk help combat urinary odor. Parsley is excellent in combating fecal odor, besides being a good source of potassium.
- Emotional pressures and over fatigue can cause bowel upsets, especially when travelling. Do not allow yourself to become overtired.



## It's Tax Time Again!

### What you should know about the Disability Tax Credit

If you have a colostomy, ileostomy or urostomy, and regularly submit a tax return every year, you may be eligible for a tax credit. All or part of this amount may be transferred to your spouse or common law partner, or to another supporting person. The form does not come with your standard income tax package, it must be ordered separately. It is called Form #2201.



#### HOW DO YOU FILL OUT THIS FORM?

The first part includes a self-assessment questionnaire for the individual to complete to see if he or she is eligible. You may find you are confused by what the form means when it uses the terms 'impairment', 'disability' or 'markedly'. These terms are not well explained on the form.

**IMPAIRMENT** is an anatomical and/or physiological loss or damage to the body -- such as an amputation, or severe arthritis, or loss of sight. All ostomates have a degree of impairment, in that we have lost a part of our body -- rectum, bowel or bladder -- necessary for normal function, and in most cases, this is permanent.

**MARKEDLY** and **DISABILITY** refer to the degree to which an impairment alters one's daily life -- in other words what effect this has on one's ability to function. This is what your doctor will be asked to assess in Part B of the form. He or she will be required to verify the duration (how long you have had the ostomy and whether or not it is permanent) and the effects of the impairment (ostomy) on your ability to function normally. The doctor will need to certify that you are 'markedly restricted in a basic activity of daily living'. Essentially, the doctor must certify that either the patient 'needs the assistance of another person to empty and tend to their appliance on a daily basis', or that the care of the ostomy requires an 'inordinate amount of time'.

If you require assistance to manage your ostomy, or if you spend significantly more time than a normal person managing elimination, you qualify for this tax credit. Form 2201 does not provide room to expand upon these factors, therefore, we recommend that you describe your

daily functions in a separate letter which your doctor will need to verify. Some examples of factors which would support your application would be:

- frequent need to change your appliance (ie more than once a day)
- difficulty in cleaning/changing/maintaining the appliance due to rheumatoid arthritis, poor eyesight or mobility issues
- the need for another person to assist you in ostomy management
- lengthy amount of time required to irrigate
- frequency and duration of accidents
- restrictions on mobility (ie confined close to home, or bathroom mapping due to high-maintenance ostomy)
- lengthy amount of time spent on changing the appliance due to special fitting and/or skin problems
- disruptions to rest and sleep due to leakage/need to clean up
- unusual number of times per day/night you need to empty the appliance

Doctors' time is at a premium these days and most will charge a fee for writing a supporting letter. (Some may charge just for ticking off the boxes in the form). And even if you have been going to the same doctor for years, you can't realistically expect them to know all the details of your management routine. You should write your own letter, in a clear and concise manner that can be efficiently read by your doctor, and let him or her verify it. You should be prepared to explain anything that he or she questions.

You can send **Form T2201** at any time of the year, but it's recommended that you submit it before you file your income tax return. If you send it in later, or at the same time, it will still be processed but this may take longer for your submission to be assessed. If you are deemed ineligible, the form will not affect the outcome of your usual tax return. How much you get back will vary depending on your income, and when your ostomy surgery was first performed. Once you have been accepted as eligible for the DTC, you do NOT need to re-apply with your doctor again. You will be registered with Revenue Canada as eligible, and can claim the standard disability deduction on the standard income tax form.

If your ostomy is temporary, you can still apply for the Disability Tax Credit and may be eligible for the period of time that you have the ostomy until you can be reversed. Revenue Canada may review your case to ascertain that you still have the ostomy.

### HOW DO YOU OBTAIN THIS FORM?

You can call toll-free at:

**1-800-959-2221**

or order online at

[www.cra-arc.gc.ca/forms/](http://www.cra-arc.gc.ca/forms/)

You may be able to print the form directly from the internet, but some home printers will not reproduce this accurately. It's safest to order them from Revenue Canada. When ordering you should ask for at least two copies, so you have a working copy for your records.

*Vancouver Ostomy HighLife - March / April 2017*



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**Saskatoon Ostomy Association**

## LIVING WITH AN OSTOMY

### Educational Seminar

**When:** Saturday, April 22, 2017  
**Time:** 8:00 a.m. Registration Seminar 9:00 a.m. - 5:00 p.m.

**Where:** Saskatoon Inn Conference Centre  
 2002 Airport Drive

**Cost: FREE**  
Lunch will be provided

**GUEST SPEAKERS:**

- ✓Physicians
- ✓Wound care
- ✓E.T. nurses
- ✓Tax rebate
- ✓Ostomy Canada Youth Camp
- ✓Crohns and Colitis Canada (Saskatoon Chapter)

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## A High Sitting Stoma

We hear more concerns from men rather than women about stomas that are located at sites high on the abdomen. This may be perhaps because men tend to be shorter through the hip than women are, giving the surgeon less vertical room to choose from on the abdomen. In addition, it could be due to how and where men put on weight.

There are sometimes compelling reasons for a high stoma. The diseased portion of the bowel may make it necessary to remove more of the descending and sigmoid colon, thus leaving the surgeon without adequate bowel length to reach a lower region. The patient may carry excess weight around his stomach, which would make it difficult to see the area to change the pouching system. The WOC (ET) nurse may put it above the spare tire. Scars from previous surgeries or many skin folds in the lower quadrants can be other reasons why your WOC nurse may site the stoma higher.

If you have not had your surgery yet, it is crucial that a qualified WOC nurse site your stoma beforehand. Ideally, the stoma should be sited just below the line of the navel, to the left or right depending on which type of ostomy surgery you will be having – colostomy, ileostomy or urostomy. Ask for such a site, if possible, and if your WOC nurse advises that it be higher, ask to have the reason explained. Stress how you prefer to wear your trousers and belts. Stomas that are situated level with, or above, the navel are more problematic to dress around. If your normal belt line falls on top of or below the stoma, it can be a real headache. How do other men dress around such a stoma? It is advisable, if you have a colostomy, to use lubricant inside the pouch to help things slide to the bottom. Ostomy manufacturers make a number of products designed for this purpose, some of which also have deodorant properties. Hollister, Inc. makes a lubricating deodorant that is one example of such a product. Good old baby oil works well too.

So how do you dress around this? One can buy one's pants larger in the waist and wear belts more loosely. One could wear suspenders, if one is having trouble keeping loose-waisted pants up. One can buy the type of sports shirt meant to be worn outside the pants, which conceals the top of the pouching system well – but many people tuck their shirts in anyway.

The pouching system may show somewhat, but this is far more apparent to the wearer than to anyone else.

Vests, sweaters and suit jackets are good camouflage over a shirt. If you are feeling self-conscious about the outline of the pouch showing anywhere, bear in mind that this is far more glaring to you than to anyone else. It is also perfectly all right to wear your pants lower on the hips and just tuck the lower half of the pouch into the waist. One can tuck one's shirt in over this or just let it hang out. Good hunting.

*Reprinted from UOA of Chicago (IL) "The New Outlook" via Green Bay News Review by Greater Seattle (WA) "The Ostomist"*

### Hearing Better Now

An elderly man was having hearing problems and went to see a specialist. The doctor fitted him with some hearing aids that brought his hearing back to full strength.

After a few weeks the man came back to make sure the new equipment was working properly, which it was.

The hearing specialist said, "It all seems perfect. Your family should be delighted you can hear everything now."

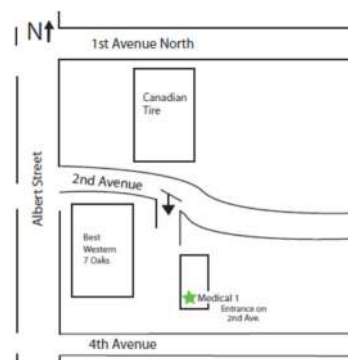
"Oh no," the man responded. "I haven't told any of them. I just sit quietly, listening carefully. I've changed my will four times."

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### Saint Patrick's Day Scramble

Ginger McNugget mixed up his favorite words. Can you help the leprechaun unscramble the words, then put the numbered letters in order to answer the riddle?



- 1. \_ \_ \_ 7
- 2. \_ 12 \_ 3 \_ 5 \_ \_ \_
- 3. \_ \_ \_ \_ \_ 13
- 4. \_ 6 \_ \_ 8 \_ 2
- 5. \_ \_ 9 \_ 4
- 6. \_ 1 \_ \_ \_ 11 10 \_

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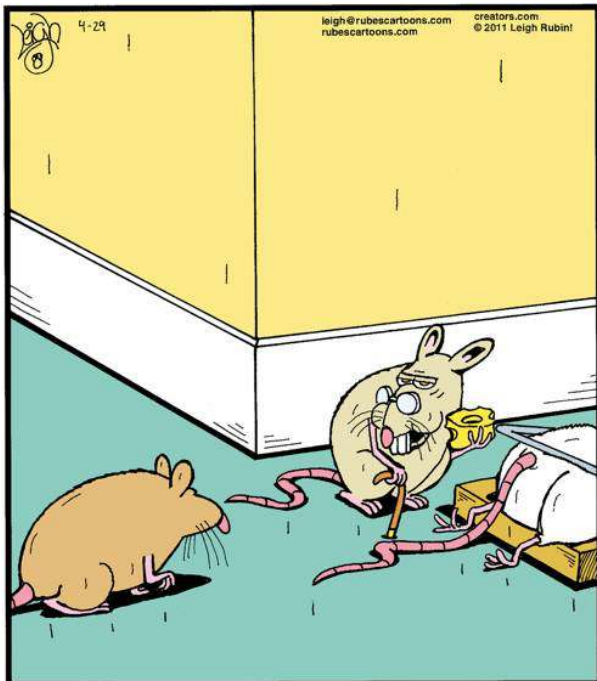
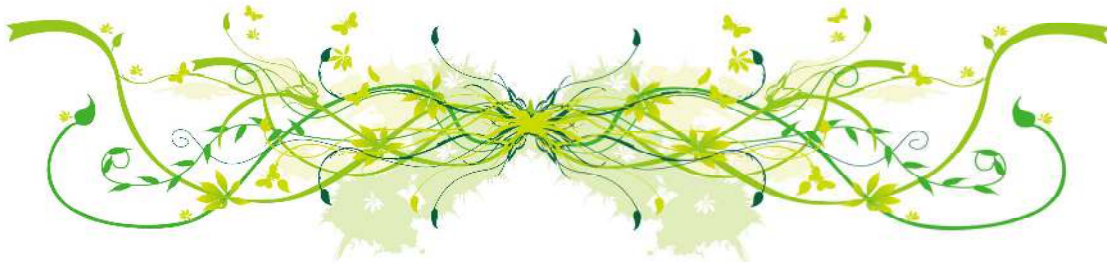
## Heather Bathgate, Secretary, Regina Ostomy Chapter



I had ileostomy surgery in 1981 as a result of ulcerative colitis. I have been a member of Regina Ostomy Chapter since then. I am presently secretary of the chapter and have been involved with publicity, phoning, and lunch. I have attended several national conferences, visited many persons recovering from surgery, and helped with seminars and fund raising.

I retired from teaching in 2012 but keep busy working with newcomers to Canada, helping with activities at my church, serving on my condo board, and doing various crafts.

I appreciated the support of the Regina Ostomy Chapter at the time of my surgery and think we still provide that same support to persons who have had or are about to have surgery.



"Any final words? ... Well, now that you mention it, I seem to recall him saying, 'Out of the way, old-timer! The cheese is all mine!'"

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## Coping During the First Few Weeks



Coming home with a new ostomy can be a very stressful time. You may feel weak and

uncomfortable and deeply worried about how you are going to deal with this strange new thing on your abdomen. You may be fearful about having to take care of the ostomy by yourself or resentful that you have it at all. You would not be the first to feel like this nor will you be the last. Give yourself time to recover, you've been through a grueling surgery and it takes time for surgical wounds to knit together. It takes time for strength and appetite to return. Most of all it takes time to learn how to live, emotionally, with an ostomy. Take it one day at a time.

Tips for the first few weeks...

- Get some gentle exercise every day, even if it's just walking around your home.
- Establish regular mealtimes like you used to have, or if you have little appetite, eat several small meals or snacks throughout the day.
- Follow your nurse or surgeon's instructions on what to eat for the first few weeks. This will emphasize soft cooked and low fiber foods. If you want to try raw fruits and vegetables after awhile, introduce these in very small amounts and chew thoroughly.
- Do not lift anything heavy, e.g., stay under ten pounds.
- Unless you are physically unable, you should not be asking your spouse or family to change your appliance for you. You cannot regain confidence if you're relying on others to do this basic function for you.
- If you are having doubts or problems caring for your ostomy, contact your ostomy nurse for advice. S/he may be able to help you over the phone or you may need to make an appointment.
- Talk to someone else who has an ostomy. Ask your ostomy nurse if he or she can connect you with another person who has an ostomy or diagnosis similar to your own. If your area has an ostomy support group you can connect with one of their members through their Visiting Chair or attend one of their meetings (Find OCS affiliated groups at <https://www.ostomycanada.ca>. Other ostomates are more than willing to talk with you for they have experienced the same fears and frustrations you may be having.

- Proficiency with changing your own ostomy gear doesn't happen overnight and you are going to make mistakes. It can be unnerving if an accident happens, but it's also an opportunity to learn how to avoid such things in the future. Try not to be too hard on yourself if you make a mistake or can't remember something.

*from Vancouver (BC) Ostomy HighLife; via Winnipeg (MB) Inside-Out; Cincinnati (OH) Ostomy Association; and North Central OK Ostomy Outlook (modified for Canada posting)*

## Saint Patrick's Day Scramble

1. HAT
2. RAINBOW
3. LUCKY
4. COINS
5. GOLD
6. IRELAND

Answer: IN A DICTIONARY

EVERY DAY  
MAY NOT BE  
GOOD   
BUT THERE IS  
SOMETHING  
GOOD IN  
EVERY DAY.



### 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

\*Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City/Prov/Postal Code: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_

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

#### 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-kine 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.

### Moving? Questions? Need Information?

Regina Ostomy Chapter

6123 Brunskill Place

Regina, Sk S4T 7W7

(306) 761-0221 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!**

### HOSPITAL VISITS

*January - 2 Colostomy ; 2 Ileostomy*

*February - 3 Colostomy*

**Charitable Registration No.  
119114213RR0001**