

Saskatoon Ostomy Association Bulletin



Internet web page -> http://members.shaw.ca/saskatoonostomy Mailing Address -> 1610 Isabella Street, Saskatoon, SK, S7J 0C1

Feb. 2006

SASKATOON MEETING INFORMATION

Location: NorDon Drugs, Medical Centre -

Louise Avenue & Isabella Street

- Wheelchair accessible
- Convenient washrooms
- Refreshments and visiting period after each meeting
- Spouses, family members and other visitors welcome

Monday February 6, 2006, 7:30 p.m.

- 1. "Know your Ostomy" seminar presented by Teri Schroeder
- 2. "Life with an Ostomy" experiences to be shared

Monday, March 6, 2006, 7:30 p.m.

- 1. "Life with an Ostomy" experiences to be shared
- 2. Rap session

Newly prepared Ostomy video with our chapter's members being interviewed to be shown in April!

NORTHEAST SATELLITE

The North East Satellite of the Saskatoon Ostomy Association meets for lunch the second Thursday every other month at 1:00 p.m. at Chicken Delight in Tisdale. **Upcoming meeting dates are:** March 9 and May 11. For information on upcoming meetings contact: Wally Derkach at 862-5381 or Shirley Klatik at 873-2156.

PRINCE ALBERT SATELLITE

The Saskatoon Ostomy Association has a branch in Prince Albert which meets for lunch every 2^{nd} Friday of every 2^{nd} month at 11:45 a.m. at the Travelodge.

Upcoming meeting dates are:

- > February 10th
- > April 7th (April 14th is Good Friday)
- > June 9th
- > September 8th
- > October 13th
- > December 8th

For more information on upcoming meetings please contact: Marian Davis 763-3957 jdavis@sasktel.net

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SASKATOON OSTOMY ASSOCIATION

(A Chapter of the United Ostomy Association of Canada)

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.

MEMBERSHIP & DONATIONS

The annual membership fee of \$25.00 entitles you to the chapter newsletters and a subscription to the Ostomy Canada Magazine, a U.O.A. Canada publication. Bequests and donations over \$10.00 will receive an official income tax receipt.

VISITING SERVICES

We provide lay visitation service, at the request of the physician, either pre-operative or post-operative, 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.

ENTEROSTOMAL THERAPISTS AND STOMA CLINIC

STOMA CLINIC: Room

BULLETIN OR ANY OTHER PUBLICATION.

THERAPI	STS:					
	Phyllis Stephens, R.N., E.T. Prince Albert SK	6	Teri (Smith) Schroeder, R.P.N.,R.N., B.Sc.N., E.T., IIWCC. Saskatoon SK			
	Kathy Guina, B.Sc.N., E.T. Saskatoon SK	9	Sandy Roberts, R.P.N.,R.N., B.Sc.N., E.T. Saskatoon SK			
MEDICAL	ADVISORY BOARD					
	Dr. Provash C. Ganguli, Gastroenterologist Saskatoon SK	1	Dr. Lawrence Taranger, Urologist Saskatoon SK			
	Dr. Brian Colquhoun, Surgeon Saskatoon SK		Phyllis Stephens, R.N., E.T. Prince Albert SK			
THE SASKATOON OSTOMY ASSOCIATION ADVISES ALL OSTOMATES TO CONSULT THEIR PHYSICIAN OR E.T. BEFORE USING ANY PRODUCT OR METHOD REFERRED TO IN THIS						

SASKATOON OSTOMY ASSOCIATION

PRESIDENT'S REPORT



Once again, best wishes to all on behalf of the Saskatoon Ostomy Association. It amazing to me how fast the holiday season came and went this year. Now we're rolling ahead into 2006! So far the weather's behaved. It's actually been a

very good winter weather-wise.

Lot's happening in oncoming months. The executive endeavours to come up with balanced programming that will interest members in future meetings. The seminar to be put on by Teri Schroeder is always well prepared and presented. I trust you will be more knowledgeable about your own ostomy and others after. The rap session in March is always a good thing as it allows for open dialogue and for your ongoing questions to be answered. The testimonials by those living with an ostomy are as equally interesting and something we want to continue with. For those willing to share their stories with the group, let me know. We'd love to hear from you.

Watch for the video being shown in April. It's a documentary of sorts showing various aspects of living with an ostomy and will be used as a teaching aid at hospitals. There are a number of people from our chapter interviewed.

Also elections coming up in April. Please give thought to being actively involved with the SOA either on the Executive or committees. There is also planning happing to send kid's to camp, to send attendees to the National Conference in Muncton and also planning for our year end party.

Have a great few months and we'll see you at the meetings.

James Maloney President SOA

MEETING MINUTES



By Betty Tydeman

SASKATOON OSTOMY ASSOCIATION MONDAY NOVEMBER 7, 2005 meeting held

at Nordon Drugs

- 1. The meeting of about 21 persons was called to order by Trish McCormick, past-president. Trish advised that James was away due to a death in his family.
- 2. Announcements: Betty Tydeman had a recent birthday. Ron Sadler has a special anniversary coming in Dec.
- 3 MOTION: Helen Priess/Robert moved to accept the minutes October 3, 2005. CARRIED.
- 4. MEMBERSHIP: Pat reported that everything in the membership department was okay. Notices will be coming out soon.
- 5. GRANT: Marlyne was happy to announce that the Muttart Foundation has provided \$3,240.00 toward camp. The dinner

for presentation is December 1st at 6 pm and a representative from the Ostomy Association is invited. Leland and his mother will attend. Our President, James, will be notified.

- 6. VISITATION: Don Adams has visited with 8 ileostomates and 2 colostomates.
- 7. BULLETIN: Peter, bulletin editor, advised that the next issue will be in February, necessitating a deadline toward the end of January.
- 8. FUND RAISING: Trish reports that about \$1,700.00 has BEEN RAISED. Nordon's sponsored the supper at the Bingo night. Many thanks.
- 9. DECEMBER meeting our Christmas program with gift exchange and goodies.
- 10. TREASURER. Our constitution and authorizations at the bank can alternate for any two of President, Vice-President and Treasurer. MOTION Bev. Fry/Robert nominated Marg. Chastakoff as Treasurer. CARRIED.
- 11. PROGRAM: Presentations were made by each of the Enterostomal Therapists. Teri Schroeder, Kathy Guina and Sandy Roberts. Each opened their talk with a brief look at their family background and then a review of their professional careers, training and work settings. Very helpful to all was their "HINTS" for coping for the various versions of ostomies. Short synopsis is attached as appendices
- 12. 50/50 DRAW for \$30. was won by Judy Baloan. The \$50. Certificate from Sears was won by Victor Skomar.
- 13. The meeting was adjourned at 8:30 by a motion by Bob McKenzie.

HIGHLIGHTS FROM PRESENTATIONS BY THE ENTEROSTOMAL THERAPISTS: - Nov.7/05

KATHY GUINA - Urostomy focus

Right after graduation, she went to Prince George for 10 years. In the late 70's ostomy patients were just starting to come in. She next went to Whitecourt, Alberta, then in '90 she went to Toronto University for an intensive 2 month course. She had thought of going to Camrose but came to Saskatoon instead.

Kathy decided to become an E.T.nurse because of a family member who had Krohn's disease, and who was the first person in Canada who had a transplant due to COPD. **TIPS:**

- when changing, do this in the A.M.. Keep the skin dry.
- have a urine test once a year. The test needs to be from the stoma not just the pouch.
- have a blood test once a year at least.
- asparagus, eggs, milk, jello, beets and some medications can discolour the urine so be cautious of what one eats.
- to keep the urine acidic balance, drink cranberry juice. Vitamin C also but not more than 500 units per day.

- if the urine is alkaline, that is when you are more likely to have infections and rashes.
- most people do not drink enough water.
- it is not healthy to hold the urine for too long for those who do not have a pouch.

SANDY ROBERTS

She was in Psych nursing at Brandon Health Centre. Graduated in 1995. When she graduated she was working at a nursing home where there was a lady who had an ostomy which is what got her interested in this area. She received her E.T. nursing certificate in 1999 and in 2004, received the International Interdisciplinary Wound Care Course through the U.of T.

TIPS:

- Take an appliance with you whenever and wherever you go. Make it simple. Put the appliance and disposable cloth wipe in a Ziploc bag.
- do not place your appliances in a hot or cold car for long periods as the barrier adhesive will be affected.
 If you have an appliance you are storing in your car, try to use it relatively soon so you always have a fresh one available.
- carry I.D. in your wallet or purse. Include the following information: type of ostomy, date or surgery and at what hospital, name of family doctor, name(s) of next-of-kin to be contacted in emergency.
 Add any other specifics of care that are specials
- it is reasonable to have a bowel movement every day. It is not healthy to be constipated for Ion ig periods. A good solution to constipation is a small amount of prune juice in a half glass of hot water. However, you don't want this to be every day so if your bowels are always constipated, see your ET nurse who may suggest adjustments to diet, such as more water and more canned fruit. If bowels are too loose, your ET nurse may suggest adding more thickening foods to your diet.

TERI SCHROEDER

Teri was originally from Manitoba. She started in Psych nursing, then general nursing and a lot with children. She first got interested in Ostomy patients because of problems experience with Spina Bifida children.

TIPS:

• when travelling, take at least double the amount of supplies with you in your car ry on luggage. You may want to take them out of the boxes and fold them into Ziploc bags. Cut holes in your barriers ahead of time. If you need scissors, they should be small and stored in your checked luggage. Also take problem solving items, such as Karaya powder. Make sure to take enough odour sealed garbage bags. You don't want to have to look for ostomy supplies in another country.

- Major cause of gas is an empty stomach. Not eating will produce more gas, so snack between ..meals cracker with peanut butter or applesauce or any cookie
- The food and fluid you take in now will determine your health 20 years from now. Balance fluid intake.
 You may not need 8 glasses of water but you do need to balance fluids with output.
- if you have stoma changes . don't wait until the problem is too bad, balance trying a solution with realizing when to call. If you have a problem and are calling your E.T., tell the secretary if this is urgent.
- regarding Odour. The pouches are odour proof. You
 may use any reasonable deodorant that is safe to
 contact mucous membranes.
- As Ileostomy output is usually full of Bile and sweet smelling, you may want to use a cinnamon or peppermint flavoured mouthwash. Usually the commercial ostomy deodorizers work well.
- Pay special attention to odours when travelling and sharing living quarters with others.

EDITOR'S MESSAGE AND WEBSITE UPDATE

Hi all,

Thanks to all who sent reports or contributed to this month's bulletin. It is very appreciated!

Photos from our Christmas party in December are posted on our web site.

Web site report - 10,056 visitors since December 1, 2004. Visitors - Canada - 42%, USA - 35%
Peter Folk peter.folk@shaw.ca

VISITATION REPORT





The visitations coordinators are Don Adams and Zach Hauser. You can phone Don at 374-4965 or Zach at 343-8598.

	Oct	Nov	Dec
Ileostomy	8	1	4
Colostomy	2	2	2
Urostomy	-	-	2
Pelvic Pouch	-	-	-
Double	-	1	1

We are in need of more visitors. If you would like to volunteer, please call Don Adams or Zach Hauser. Training session is required. If there is enough interest, a training session will be held this year.

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SPECIAL ANNOUNCEMENT

Gord Suel, 2005 Canadian lightweight bodybuilding champion, will be the guest speaker at the Prince Albert Satellite luncheon meeting at 11:45 on Friday, February 10th, 2006, at the Prince Albert Travelodge.

Gord will share his story of debilitating illness, ostomy and reversal surgeries, and his road to becoming a champion. Everyone is welcome.

For more information call: 873-2156 (Tisdale) or 763-3957 (Prince Albert)

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REGIONAL STOMA AND WOUND CLINICS







Throughout the year, the ET nurses hold stoma and wound clinics in Lloydminster, North Battleford, Humboldt, Melfort and Nipawin.

Dates for the rural clinics. North Battleford - Feb 1/06, Tisdale - March 7 & 8/06, Lloydminster - May 2 & 3/06, Nipawin - June 6 & 7/06.

TELEHEALTH A professional opinion on the use of Telehealth. By Teri-Anne Smith Schroeder, ET Nurse Saskatoon

As you may have read in the last bulletin, Telehealth is a technology that is now available to us for assessing and reviewing persons needing our care in Saskatchewan. I have been involved with Telehealth since its inception in the Saskatoon health region.

I am very excited about being a part of this technology. In Saskatchewan we have a very rural province often with much travel space between cities. In the winter, or for those who cannot travel far or who are ill, we have an option to be assessed by an ET. Most folks that I have visited with Telehealth at first wonder what is up and then when they see

their face on the computer are quite excited. It affords us a great opportunity for the above reasons as well as a method for an ET to visit with the persons nurse and sometimes with their Doctor. For those cities where Ostomy surgery is done such as North Battleford, we are actually able to see the patient before they leave the hospital by the use of this technology. The sites have special cameras where they are able to do close up photos and we are actually able to have a very good view of the stoma or wound.

The future holds much opportunity for resources with the use of this technology. I hope to actually experience national consultations and the use of this technology much more mobile than even now. We have also attended professional inservices and workshops as well as we have taught workshops by the use of Telehealth. Sandy and I taught a workshop one day that included 5 Telehalth sites in Saskatchewan and one in Manitoba. It is awesome that we are able to transfer information to that many areas at the same time. We are very fortunate that the Telehealth directors have valued our patient group and have given us this opportunity.

The main reasons that our ET's have been involved in this manner are twofold:

- 1. The Telehealth facility is directly next door to our office at Royal University Hospital.
- 2. The directors of Telehealth very early on realized the impact that our services had with regards to serving patients.

At present we have two regular Telehealth time slots they are the first and third Tuesday of the month from 9:00-10:30 am. Sites are as listed in the previous bulletin. If you wish to be seen by Telehealth instead of driving to Saskatoon you should let our secretary know when you are booking the appointment.

There are a couple of things you need to be aware of to be seen by Telehealth.

- 1. You will need to bring all your supplies and items needed for care (if you are to change your appliance at the time). This included towel, washcloth etc. (you may need a wet washcloth).
- 2. As your ET nurse is at the other end of the computer, you will need to do your care yourself or have your caregiver with you. This is probably the most frustrating part of Telehealth that being that we are not able to touch you so that we also need to be accepting of this limitation.
- 3. The Telehealth room may be different in different centers. Some rooms have a patient bed, some rooms appear like a meeting room. The Telehealth coordinator where you will go, is not able to help you with care as they are not all nurses. Also they are not hired to be caregivers, so for your protection it is better to plan your needs ahead of time. We are able to help you with this over the phone also when you are booking your appointment.
- 4. When you have your appointment, there may be also other people with appointments at different places. So it is important that we keep to the booked time, as this service is very expensive. For example; I may speak with you from

9-9:30 am from North Battleford, and the person in Meadowlake is booked to be with me at 9:30-10:00, and then there may be a person booked at 10:00-10:30 from La Ronge to be seen. (interesting to note that often people see me more on time with Telehealth than in our out patient clinic, I apologize for waiting times).

So in summary for my "Baby Boomer" friends in UOA, Telehealth is somewhat like the activities done in the "Jetsons" cartoons from many years ago. We have come a long way and still have many wonderful experiences to look forward to in the future as we work to improve health care for those who need it.

Remember if you wish to try Telehealth call the stoma clinic in your area and check its availability and the closeness to where you live. In Saskatoon and Northern Saskatchewan you may call the stoma clinic at 655-2138. Teri

WORLD OSTOMY DAY

To All Chapters and District Reps

This is a major event. It's something we can all get behind and promote throughout our regions. On the last World Ostomy Day, we did not have many chapters participate.

This WORLD OSTOMY DAY - October 7, 2006. Let's strive to reach 100%

REMEMBER - Big or small, let's show the WORLD we made the effort.

Co-chairs of WOD Sheelah Zapf and Delilah Guy

Thanks to those who responded to us regarding changing the time of year that we hold our national conference. It was decided by your Board of Directors at their meetings the end of October to leave the dates the same as in past years. So mark your calendars for Moncton - August 17 - 20, 2006 and Calgary - August 16 - 19, 2007.

FRIENDS OF OSTOMATES WORLDWIDE

Excerpted from an article by Ron. Bartlett on the F.O.W. website.

FOW endeavours to improve the quality of life of people with ostomies and assist in educating their caregivers in countries where the latest technology is not available. FOW collects, repacks, ships and donates quality surplus ostomy products and related literature. All donated material is received from pharmacies, individuals, chapters of the United Ostomy Association of Canada, suppliers, Enterostomal Therapy Nurses and hospitals.

The packing procedure has become somewhat more arduous and complicated over the years. In the earliest days most of the appliances were of the one-piece variety but today the majority of the appliances that we receive are two-piece and this means that flanges and pouches packed in the same carton must be matched size for size.

The cartons are packed as to type of ostomy (Colostomy, Urostomy, etc.) Each carton contains on the

average, 22 boxes of appliances and weighs an average of 7 kilograms. After packing and weighing, an identifying, numbered, label is attached to the outside of the carton showing the type of ostomy supplies inside and the weight. A summary is then made of all the cartons and for customs purposes this summary must show the number of individual boxes inside each carton and the names of the manufacturers. A typical packing may consist of 160 cartons weighing 1,120 kilograms; that s over a ton of appliances including boxes.

Proper paperwork must then be obtained from the consular office of the country to which the shipment is being sent and arrangements made with a broker for the actual shipment. All of this work is carried on by a relatively small group of volunteers. Our principle problem is money. It is very expensive to ship these items. Over the past six years our shipping costs have been over \$35,000.00.

FOW 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. Some of the countries receiving these donations are: Algeria, Bulgaria, Chili, China, Croatia, Cuba, Dominican Republic, Ecuador, Egypt, Hungary, India, Indonesia, Iran, Iraq, Jamaica, Malaysia, Mexico, Nigeria, Pakistan, Panama, Philippines, Romania, Russia-Belarus, Santo Domingo, Thailand, Vietnam and Yugoslavia.

Donations of ostomy supplies for F.O.W. can be brought to Nordon Medical Supplies or a meeting of the Saskatoon Ostomy Association. To learn more about he F.O.W., or to make a charitable donation visit their web site at: http://www.fowcanada.org/history.htm

DONATIONS AND BEQUESTS

Donations and bequests are gratefully accepted and are used to support chapter activities. Tax receipts are provided for all donations to the Saskatoon Ostomy Association.

WELCOME TO OUR NEW MEMBERS



About 70 percent of the membership fees have been paid so far. Please make an effort to pay promptly to continue to receive the bulletins and the Ostomy Canada publications. Welcome to our new members. Hope to see you at the

meetings soon!

Shirley Romaniuk		 	 		 	Saskatoon
Jack Mohr		 	 		 	Saskatoon
Janne Campbell .		 	 		 	Air Ronge

DECEASED MEMBERS

We extend our sympathies to the families of the following members:

John A. Clayton	 Harris
Joini 11. Ciayton	 Hullis

SUPPORT GROUPS OSTOMY SUPPORT GROUP FOR KIDS AND THEIR PARENTS

Youth Granting for Youth have granted \$3,240.00 to the Saskatoon Ostomy Association to support youth from our association to attend Ostomy Camp at Bragg Creek, Alberta. Laurie and Leland Beaulieu and Trish McCormick attended a banquet in December to receive the cheque. This yearly camp has given many of our members rewarding experiences. Any youth interested in attending camp please call Marlyne at 249-5731 or Laurie at 258-2016.

Teri-Anne Smith Schroeder

I hail from Winnipeg Manitoba. My first nursing program was Psychiatric Nursing in 1974, and I completed my Registered Nursing in 1978. I went to Vancouver for my ET (Enterostomal Therapy) course in 1981. I completed my Nursing Science degree in 1985. I have taken a number of courses and certificates over the years to try to be an updated and informed nurse. Most recently I completed a 3 year Health Care Leadership Course and am now I am in the middle of a Masters Degree in Adult Education at the University of Saskatchewan.

At first I worked as a paediatric (children's) nurse in Psychiatry, orthopaedics, intensive care and emergency. This is when I became interested in Ostomy Care. I worked with children with birth defects as well as "spina bifida". On the night shift we would clean the rubber face plates from the ostomy appliances. I have always been concerned with odours and was very disturbed that these children smelled of urine and had leaky faceplates. I was also concerned at the amount of chemicals we needed to use to clean their faceplates and how this would affect their skin.

One of the nurses I worked with had a child with spina bifida so she taught me a lot. We worked hard to improve the quality of life for the children in our care.

I had ileostomy surgery in 1980 as a result of a long illness resulting in ulcerative colitis.

I moved to Saskatoon in 1981 to complete my nursing degree. It was at this time that I had the opportunity to be hired with Katja Dietz as an ET nurse through the University Hospital. 2006 will be 25 years of ET nursing for me which is the same age as the Canadian Association of Enterostomal Therapy. In the past years I have also been very interested in continence management and wound care. I completed the International Interdisciplinary Wound Care Course in Toronto in 2000, as a member of its first class.

I am involved with a variety of volunteer activities. I have been teaching CPR (cardio pulmonary resuscitation) with the Heart and Stroke foundation since the early 70's. I am also very interested in animals and involved with the Saskatoon Dog Agility Association. I have a wonderful little dog named Freeway, (that is where I found him), who is good at agility. I love to swim and go to aquacizes as well as I enjoy camping. My most favourite activity is painting which I hope

to only get better at as I acquire free time. I hope these activities will help me to stay healthy.

Nick and I were married in 1992 and I acquired 4 children and 12 grandchildren. I also enjoy attending their activities and am an avid "hockey grandma".

It has been a benefit to me to be involved with UOA and I have made many new friends. My grandson who was out with me one day said "Gramma, do you know everybody; you have lots of friends everywhere we go!"

ILEOSTOMY HINTS

From Teri-Anne Smith Schroeder

- 1. WHEN TRAVELLING, TAKE AT LEAST DOUBLE THE AMOUNT OF SUPPLIES WITH YOU IN YOUR CARRY ON LUGGAGE. You may want to take them out of the boxes and fold them into Ziploc bags.. CUT holes in your barriers ahead of time. If you need scissors they should be small and stored in your checked luggage. Do not attempt to take any kind of scissors on the aircraft with you. It can be quite embarrassing at the airport to have your luggage searched looking for scissors. Also take problem solving items, such as Karaya Powder, etc. Make sure to take enough odour sealed garbage bags. THE LAST THING YOU WANT TO DO IS TO BE LOOKING FOR OSTOMY SUPPLIES IN ANOTHER COUNTRY.
- 2. Major cause of gas is an empty stomach. Some foods are also gassy but usually being worried about gas. Not eating will produce more gas, so snack between meals even a cracker will peanut butter will do or applesauce or any cookie. For those who have problems at night, you may want to have a bedtime
- 3. Regarding fluids and nutrition: The food and fluid you take in now will determine your health 20 years from now. Balance fluid intake, do not need 8 glasses of water, but you do need to balance fluids with output. Pay special attention to fluids in the summer.
- 4. If you have skin or stoma changes, don't wait until the problem is too bad, balance trying a solution with realizing when to call. If you have a problem and are calling us, be sure to tell the secretary if this is urgent.
- 5. Regarding Odour. It is advisable to control odour. Your pouches are odour proof. You may use any reasonable deodorant that is safe to contact mucous membranes. As Ileostomy output is usually full of Bile and sweet smelling, you may want to use a cinnamon or peppermint flavoured mouthwash. Usually the commercial ostomy deodorizers work well. Experiment with different kinds until you find one that works for you. Pay special attention to

odours when travelling and sharing living quarters with others.

IN THE NEWS

Saskatoon Star Phoenix - Saturday, October 29, 2005, page A6.

Eleven years ago, Shirley Klatik left on a road trip to Inuvik with a heart-sinking secret she wasn't ready to share.

Days before, she, her husband and mother hit the road in a motorhome, her doctor told Klatick she had colorectal cancer.

"They told me that the date for surgery was set and it might be a holiday (where) I'd never have another one," she said. "We had a snowball fight the first of July"

It wasn't until five weeks later she told her husband Paul they had to unpack the camper quickly so she could attend medical appointments in Saskatoon.

"I think he could have killed me, when Paul found out that I found out before we went on our holiday," she said.

No, Klatik, 76, isn't so tight-lipped about the cancer.

Together with a man who was going through radiation treatments at the same time, Klatik started an ostomy support group, which holds meetings every other month in Tisdale.

"Some people don't know anybody to know," Klatik said of the stigma attached to colorectal cancer.

"I think if people, when they have these colostomies, are told about these support groups, (they should) get out and go to them instead of stying hidden at home. It's a common thing. There's thousands (of patients) in Saskatchewan.

To help people who are too shy to attend group meetings, Klatik joined the Canadian Cancer Society's Cancer Connection. The program puts her in touch with other Canadians with colorectal cancer to share advice on managing the disease or sometimes just lend an ear.

Her current match is a Quebec woman who had trouble keeping food down. Klatik told her to try eating tapioca, and now she's living off the white pudding.

"Right now her husband isn't being very supportive," Klatik said. "I think she just needs somebody to talk to."

Klatik herslef is luckier - her husband Paul and her surgeon, Dr. Andy McFadden, were behind her throughout, she said.

She also inadvertently began a burgeoning business when she sewed herself a colostomy bag cover a decade ago.

"When I first had my colostomy, the plastic bothered me," she said. "It got so hot against you and it just stuck to you."

"When the ET (enterostomal therapy) nurses saw it, they thought that was quite the thing," Klatik said. "I started making them for (the nurses) and it got into being hundreds and hundreds."

Demand grew, and Klatik han now made more than 2,600 colourful flannelette pouches, which are now sold by the Saskatoon medical supply store Nordon Medical.

"It just give me enough money to buy more flannelette," she said with a soft chuckle.



8

SASKATOON OSTOMY ASSOCIATION

OFFICERS

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Friendship

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Social Events & Luncheon Co-ordinators

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