



YOU DON'T WANT TO MISS OUR LAST MEETING FOR THIS TERM!

When: Monday, June 4th, 2012, 7:30 p.m.

Where: Mayfair United Church
902 33rd Street, West
(corner of 33rd Street and Ave. I)



Program: Our ever popular ice cream social and our modified Silent Auction.
(Donations appreciated.)

Our last official bulletin for this term went out in late March. **However**, we wanted to send out a reminder to all our members as June 4th promises to be a fun meeting. We decided to include some summer hints, travel tips and other information to help you enjoy your summer as you deal with your ostomy and the heat, swimming and other possible concerns.

Have a great summer! We hope to see you at our first fall meeting on

Monday, September 10, 2012.

Congratulations and many thanks to *Gerard Dakiniewich* and *Tam Gunn* for the wonderful Steak Night that we enjoyed on May 7th. The food was delicious, the atmosphere relaxed and there was an interesting assortment of prizes. Thank you also to all the donators and 'behind-the-scenes' volunteers who helped make it a success.

HINTS FOR SUMMER TRAVEL

(taken from different sources)

Many people with ostomies travel widely, from camping to cruises to plane trips around the world. Here are some suggestions to help make your travels easier:



- Take along enough supplies to last the entire trip, plus some extras. They may not be easy to obtain where you are going.
- Try to get the names of any ostomy chapters in your travel itinerary. You can then make contact with someone who can direct you to a doctor or ostomy supplier.
- Pack your ostomy supplies in your carry-on luggage so that you have them with you. Your suitcase could get lost or delayed.
- When travelling by car, do not carry your equipment in the trunk. Excessive heat can dry out adhesive and damage equipment.
- Even if you are only going away for a couple days, never travel without supplies. You never know when a leak may occur.
- Be extra cautious about food and water in other countries. Be prepared for digestive upsets. Check with your doctor or ET about medications to take with you.
- Carry some type of emergency medical information on your person. Provide cautions and pertinent information in the event of unexpected hospitalization.
- Heat can affect the wearing time of your appliance. Be prepared to change more often than in cooler weather.
- If plastic against your skin is uncomfortable or causes a heat rash, either purchase or sew a pouch cover.
- Drink plenty of fluids to prevent dehydration or constipation. Tea or instant bouillon cubes can quickly replace lost electrolytes (potassium and salt).
- Waterproof tape can be used to give extra security if you are swimming or doing water sports.
- Monilia is a common summer problem. This raised, itchy red rash on the peristomal skin is uncomfortable and prevents the pouch from adhering properly. If you suspect a monilial rash, contact your physician as soon as possible for a prescription for anti-monilial powder.
- Relax and enjoy yourself. Fearing what might happen (but often doesn't) will make your holiday less enjoyable.
- Talk to other ostomates who have travelled to where you are going to ask them for helpful hints.
- Change your appliance 24 hours before departure to assure proper adherence.
- Protect supplies from extreme heat and cold. You don't want flanges that don't stick or plastic pouches that crack.
- Take a list of all the supplies that you use, with their stock numbers.
- As you pack, separate liquids from tape, pouches and flanges. Emergency supplies should include Baggies or plastic bags that you can tie for disposal of used pouches.
- Colostomates should not irrigate with water unfit to drink. Take a water purifier. To make sure that you can hang your bag, take an over-the-door hook and a package of shower curtain rings that open and close like a safety pin. These rings can be hooked together to make a chain of whatever length you need.
- Urostomates need large plastic bags that zip closed for bedside overnight drainage. Attach the bag with a clothespin to a wastebasket and then zip close to the drain tube.

OSTOMY TIPS FOR THE POOL

(Philadelphia UOA Journal)

Can I go swimming with an ostomy? The answer is a resounding YES! Swimming is an excellent exercise - an opportunity for a good cardiovascular workout without overly stressing your joints (knees and hips) or your spine. The pool is a great place to work on those range-of-motion exercises, too. Water helps support your body while you move and water exercises can be done in the deep end or while sitting in the shallow end of the pool. Best of all, swimming is an activity you can enjoy with the family and friends of all ages and abilities. So, why are so many of us afraid to get back into the water? Here are two issues and their solutions.



I am afraid my appliance will leak or come off while I am in the pool. This is by far everyone's number one concern. Just remember that your pouching system is designed to be leak-free and water-proof and your wafer adhesive actually gets stronger in water. As long as your seal is strong and intact, strap on your swim fins and jump in!

Tips:

- Don't swim right after you have put on a new wafer.
- Make sure your pouch is empty.
- Picture framing your wafer with water-proof tape isn't necessary, but may give you the extra confidence that you need.
- Avoid wearing pouches with filters into the pool. Water may get in through the filter.

I am concerned that people will be able to see my pouching system under my bathing suit. Dark coloured suits with a busy pattern will camouflage your appliance better than light colours like white or yellow that become almost transparent when wet. Your pouch will dry just as quickly as your suit will so no need to worry about tell-tale damp spots.

Tips:

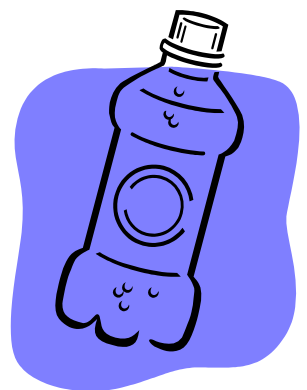
- For men, choose a suit with a higher cut waist and longer leg.
- For women, choose a suit with a small, well placed ruffle or skirt or swim shorts with a separate top. You may want to wear a clean pair of underpants to help keep your pouch in place.
- You may wish to wear a smaller, non-drainable pouch. Those designed for intimate moments work well here, too.
- If you have a colostomy and you irrigate, you may try wearing a stoma cap while you swim.

COOL, CLEAR AND DELICIOUS

(UC Berkeley Wellness Letter)

Just as the cheapest foods (such as potatoes, carrots, rice and dried beans) are often most healthful, so is the cheapest drink - water. Without water we would die in a few days (though we can live for weeks without food). More than half the weight of the human body is water. Water is the basis of all body fluids, including digestive juices, blood, urine, lymph and perspiration. All cell processes and all organ functions depend on it.

It is essential as a lubricant: mucous secretions throughout the body, the fluid that bathes the joints. Water is needed to keep food moving through the intestinal tract and to eliminate wastes; it helps prevent constipation, which may occur if you are eating high fiber foods without sufficient water. Water also helps regulate body temperature by distributing heat and cooling the body via perspiration.



The body loses and needs to replace, under average circumstances, two to three quarts of water every day. If you're exercising or doing physical work in the heat, the loss can be much more.

We get some water from foods we eat, especially fruits and vegetables, most of which are 85% to 95% water. Some water is produced as a by-product of metabolism. But, six to eight glasses of liquid - including milk, juices and soups - are usually needed to make up the balance. Alcohol and caffeinated beverages (coffee, tea and colas) are not ideal for this purpose because they have a diuretic effect - that is, they increase urine production.

The best source is generally plain water. With all the ballyhooed claims we hear and read about beverages, foods and nutritional supplements, it is easy to forget the benefits of a glass of H₂O. And remember that you have to be cognizant of drinking water even in the wintertime. You are not as aware of perspiration loss in dry indoor environs because perspiration evaporates as fast as it is secreted.

ELECTROLYTES AND WHY WE NEED THEM

(Osmotic News, Dallas)

Everyone needs to be aware of the fact that they need electrolytes in their life. If you have ever noticed football players slugging down Gatorade or some other concoction when they return to the bench, it's because they need to replace the electrolytes that they lost with their perspiration. For the ostomate, particularly those with ileostomies, replacing electrolytes is very important. The purpose of your colon is to store food waste and return the liquid portion of the stool to the body. When you no longer have a

colon, that liquid is lost directly into your pouch and is gone forever from the body. With that liquid, you also lose a good portion of your electrolytes. All ostomates need to watch their electrolyte balance during the summer heat.

DON'T SWEAT IT

(c. Newberry, RN, WOCN)

Does sweating cause you pouching problems? If you work or live in a warm environment, or if you are an athlete or just prone to sweating, you may have problems keeping your pouch barrier on. Here are three approaches to solving the problem.

Sweat less. Some antiperspirants can be used beneath the ostomy barrier. Many antiperspirants dry after application and leave little residue that would affect the adherence of a pouch. C.C., a cyclist in Maryland, uses Tussy 5-day antiperspirant that is sold in packets. Mitchum and Crystal, among others, have been used successfully by ostomates to diminish perspiration. Do your own research and find one that works for you.

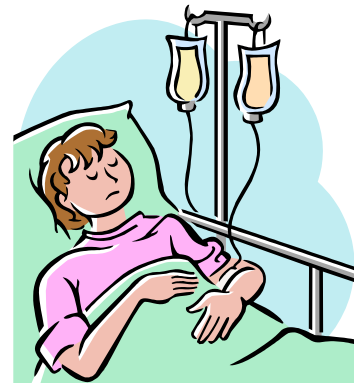
Increase adhesion. If your barrier is floating off, consider increasing the quantity of adhesive. SKIN TAC has recently been produced in a new wipe-on form. This is a thin, clear adhesive that is easily removed by alcohol. Torbot manufactures it. Hollister makes a medical spray. And for the truly needy, there is a paint on adhesive that, though more cumbersome, can make a dramatic difference in adherence. Two of these are Nu-Hope Adhesive and Skin Bond by Smith and Nephew. All of these products are at most ostomy product dealers.

Try a breathable barrier. The MicroSkin adhesive barrier on all Cymed pouches is moisture-vapour permeable and allows perspiration to flow through the barrier rather than being trapped beneath it. John Dermengian recently wore a Cymed pouch through a grueling Ironman Triathlon. His pouch held up through 16 hours of extreme physical exertion and lasted a total of 6 days. A sample of these pouches is available from Cymed Ostomy Company at 800 - 582-0707.

HOSPITALIZATION GUIDELINES FOR OSTOMY PATIENTS

(by Dr. Lindsay Bard; via Chicago (IL) The New Outlook; and Hartford (CT) The Hartford Ostomy Update)

It is important for a person with an ostomy to know how he/she should be handled differently than someone without an ostomy when you need to be hospitalized. It's up to you. It is very important to communicate to medical personnel who take care of you, including every physician that treats you, that you have an ostomy, and what type of ostomy you have. Here are some rules to help you cover the details:



Rule 1 - The Cardinal Rule!

If you feel something is being done or going to be done to you that might be harmful, refuse the procedure. Then explain why to the medical personnel, especially your physician. They will then decide with you if the procedure will actually be in your best interests.

Rule 2 - Supplies

Bring your own supplies to the hospital. Never assume the hospital will have the exact pouching system or irrigation system you use. Most hospitals have some supplies available. These are used for emergency situations.

Rule 3 - Laxatives & Irrigations

Follow the points below concerning laxatives or irrigation practices, according to which type of ostomy you have. Medical personnel often assume all stomas are colostomies. But, of course, practices vary among the various types of ostomies.

A transverse colostomy cannot be managed by daily irrigations. The only colostomy that can be managed by irrigations is the descending or sigmoid colostomy. However, sigmoid or low colostomies do not have to be irrigated in order for them to function; many people with sigmoid colostomies prefer letting the stoma work as nature dictates. If you do not irrigate your colostomy, let the fact be known to your caregivers. If your physician orders your bowel cleared, irrigate your own colostomy; do not rely on others. There is a strong possibility that those caring for you will not know how to irrigate your colostomy.

Bring your own irrigation set to the hospital.

If you have an ileostomy or urinary diversion ostomy, never allow a stomal irrigation as a surgical or x-ray preparation.

Remember that laxatives or cathartics by mouth can be troublesome for people with colostomies. For people with ileostomies, they can be disastrous-people with ileostomies should always refuse them. A person with an ileostomy will have diarrhea, may become dehydrated and go into electrolyte imbalance. The only prep needed is to stop eating and drinking by midnight the night before surgery. An IV should be started the night before surgery to prevent dehydration.

Rule 4 - X-rays

X-rays present special problems for people with ostomies, again, differently managed according to ostomy type:

A person with a colostomy must never allow radiology technicians to introduce barium into your stoma with a rectal tube. It is too large and rigid. Take your irrigation set with you to x-ray and explain to the technicians that a soft rubber or plastic catheter F#26 or 28 should be used to enter the stoma. Put a transparent pouch on before going to x-ray. Have the technician or yourself place the rubber or plastic catheter into your stoma through the clear plastic pouch. When enough barium is in your large bowel for the x-ray, the rubber or plastic catheter can be withdrawn and the open end of the pouch closed. The pouch will then collect the barium as it is expelled and can be emptied neatly after the procedure.

Once the x-rays are completed, irrigate normally to clean the remaining barium from your colon. This will prevent having to take laxatives by mouth after the procedure.

A person with an ileostomy may drink barium for an x-ray procedure, but never allow anyone to put barium into your stoma.

A person with a urostomy can have normal GI x-rays without any problems. Never allow anyone to put barium in your stoma. At times, dye may be injected through a soft plastic catheter into a urostomy for retrograde ureter and renal studies, often called an ileo-loop study. The same study may be performed on a urostomy patient with a Kock pouch. The dye will be injected via a large syringe; this can be a very painful procedure if the dye is not injected very slowly. Even 50 mL will create a great deal of pressure in the ureters and kidneys, if injected rapidly. Remember to request that the injection be done slowly.



For anyone who wears a two-piece pouching system: you may remove the pouch just prior to the insertion of the catheter, and replace the pouch after the procedure is completed. If you wear a one-piece pouching system, bring another with you to the x-ray department to replace the one removed for the procedure. In

the event you are incapacitated, and cannot use your hands to replace your pouching system, request that a WOC nurse in the hospital be available to assist you. The WOC nurse will be able to replace the skin barrier and pouch for you before you leave the x-ray department.

Rule 5 - Instructions

Bring with you to the hospital two copies of instructions for changing your pouching system and/or irrigating your colostomy. Provide one to your nurse for your chart and keep one with your supplies at bedside. If you bring supplies that are not disposable, mark them "do not discard." Otherwise, you may lose them.

Rule 6 - Communicate!

Again, let me stress that you must communicate with the hospital personnel who take care of you. You will have a better hospital stay, and they will have an easier time treating you.

Articles and information printed in this newsletter are NOT necessarily endorsed by this chapter and may not be applicable to everybody. PLEASE consult your doctor or an ET Nurse for the medical advice that is best for you.

THE BENEFITS OF EXERCISE FOR SENIORS

(Laura Friesen and Teri Schroeder)

In order for exercise to be of benefit to your health, your heart rate should increase to training or elevated level. A good test to ensure that your heart rate is in this range is by checking your ability to speak. You should be able to comfortably answer a question. If you cannot answer a question because you are too breathless, then you are working too hard.



The "Talk Test" is a good gauge to use as many individuals are on medications which can alter their heart rate or their ability to increase respirations, so checking your pulse may not give an accurate reading. For example: if you are vacuuming, and you cannot catch your breath, you need to take a break. You do not want to stop altogether. You may just need to switch to an activity that is not as strenuous, perhaps dusting, putting away your dishes or folding laundry. When you are working strenuously, your heart rate and blood pressure are increased, which means that your body is pushing blood through your system at a high volume. This rate should be slowly decreased until you can breathe normally again without puffing. If you stop abruptly, your blood pressure drops suddenly and you will feel faint and are at risk for fal-

ling.

Other things that interfere with your body's response to increased workload are what you have eaten, your hydration (fluids) and medications. For example, folks taking diuretics for blood pressure may lose fluids quicker and be less hydrated. So you need to monitor your exertion and take proper breaks.

Sometimes people are feeling strained but want to finish what they are doing, so they keep going and become at risk. Instead, they should have had a couple of breaks. In the long run their endurance would be better. An example from Laura relating to farmers: if you lift a calf every day, eventually you can lift a cow, however, you would never have been able to lift a cow on the first day. (that would be Laura's sense of humor)

When planning breaks, make sure to plan to have drinking water available. Electrolyte drinks such as "Powerade" etc, are only for certain conditions and developed for football players because of the great sustained exertion that they place upon their bodies. Persons with ileostomies would follow their ET or physicians advice when working in hot weather.

Remember when you are perspiring, you are mainly losing water so that is what you need to replace unless your physician, ET or health care team has advised otherwise.

To have the most benefit from exercise, once your heart rate has increased to a safe level to receive maximum benefit you must keep it that way for 12-15 minutes. So do not go beyond what you can maintain. It may take awhile for you to be able to achieve this time span, so don't be alarmed if you cannot maintain this level right away. Every individual will begin their fitness journey from a different level. You should not be discouraged if you seem to be progressing more slowly than your friends.

Just a little bit of medical terminology behind the exercise physiology is the following: Your "small or short Twitch reaction" is your beginning boost to the muscles to get moving. This is something that you are born with. It is what allows some people to be "Sprinters" or have faster reaction times. However this does nothing for endurance or what is called large or long Twitch reactions". This reaction is the one that allows you to sustain muscle motion for long periods of time as in Marathon runners. You can temporarily increase your reaction time with some foods for example: eating a chocolate bar or taking caffeine for energy. However if you want to eat something that will help sustain energy, you need to consume carbohydrates and protein that will release energy in a gradual motion.

Your warm up brings your heart rate up and increases the blood flow to the large muscles in your body. The warm up is about 5 minutes. Once your muscles are warm, you stretch, as you do not want to stretch cold muscle as this may cause small tears in the muscle. Your stretch period is about 5-10 minutes. This will prepare those muscles to work and flex as you get ready for more strenuous activity. Then you can work 12-15 minutes with an increased heart rate (this would be hard to do at the beginning, and remember, no more than would allow you to answer a question). Once you are more experienced, physically fit, and 12-15 minutes is not over-exerting, you can increase this time.

It is then recommended to use a 10 minute cool down period, doing lighter activity or even slowly walking around. This brings your heart rate down to normal (you should be able to carry on a conversation and feel like your breathing level is back to normal). For example; if walking briskly, slow down to a slower pace, breathing more comfortably in this cool down period.

Stretching has as much benefit to fitness as an increased heart rate especially for people who are not able to be as active as they used to be or have decreased mobility. Stretching will increase flexibility and balance. Stretching, however, will not increase strength. For cardiovascular endurance, increased heart rate, muscle strength and flexibility, a combination of activities is required. Remember that it will take time to increase your muscle strength and your body's endurance, so try to be consistent and patient.

So let's apply this information to everyday activities:

- 5 minutes - washing dishes (light activity)
- 10 minutes - dusting (stretching, especially bathrooms etc.)
- 12-15- minutes vacuuming
- 5 minutes-putting away dishes (final stretches)

So you do not really have to go to the gym to experience fitness benefits, many can be worked into daily activities. If we do not incorporate a routine, the easiest tasks become difficult as muscles have memory. If we don't use those muscles, they become lazy, inflexible or stiff and then are prone to injury. This needs to be consistent use. It does not mean that if you played ball 50 years ago, that you could just go and play ball again without training.

WHAT TO DO IF YOU FIND A USED NEEDLE

(Saskatoon Health Region, Saskatoon Sun, edited by L. Mulligan)

As the snow melts or throughout the summer months, you might find a needle on the street, in a playground or even in your own backyard. Used needles may contain viruses such as hepatitis or HIV. Being prepared and knowing how to dispose of used needles will help keep you and your community safe.



What should you tell your children/grandchildren about finding needles?

- never touch or pick up a needle
- always call an adult

How can an adult safely dispose of used needles?

- put on garden, work or medical gloves.
- never recap the needle. Many needle pokes have happened this way.
- use tweezers, pliers or tongs to pick the needle up by the plunger (the widest part of the syringe). Keep the sharp needle away from your body.
- place the needle -sharp end first - into a hard-walled container that the needle cannot puncture. Put the container lid on. Put in a safe place, away from children, until you can safely dispose of it in a Needle Drop Box in your community.
- in Saskatoon, call 655-4444 for information about locations of Needle Drop Boxes. Eight are located at Saskatoon Fire Stations.
- If you feel you cannot follow these steps, call Saskatoon Fire and Protective Services at 975-3030.

What if you accidentally poke yourself with a needle that you found?

- encourage the wound to bleed
- wash all exposed areas with soap and water immediately
- call Public Health Services immediately for risk assessment at 655-4620
- go immediately to a hospital emergency room. Tell them you have been poked by a needle.
