Saskatoon Ostomy Association Bulletin

UOAC CANADA

SOA

Internet web page – > http://members.shaw.ca/saskatoonostomy
Mailing Address –> 1610 Isabella Street, Saskatoon, SK, S7J 0C1 **April 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 April 3, 2006, 7:30 p.m.

- 2 testimonials/living with an ostomy
- viewing of new video
- Executive elections for 2006/2007

Monday, May 1, 2006, 7:30 p.m.

Year end social to be held at the Delta Bessborough

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:** May 11. For information on upcoming meetings contact: Wally Derkach at 862-5381 or Shirley Klatik at 873-2156.

PRINCE ALBERT SATELLITE

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> 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

IN THIS ISSUE:

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 1610, A Wing, Royal University Hospital
Saskatoon, Saskatchewan S7N 0X0 655-2138

THERAPISTS:			
	Phyllis Stephens, R.N., E.T. Prince Albert SK		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		Sandy Roberts, R.P.N.,R.N., B.Sc.N., E.T. Saskatoon SK
MEDICAL ADVISORY BOARD			
	Dr. Provash C. Ganguli, Gastroenterologist Saskatoon SK		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 BULLETIN OR ANY OTHER PUBLICATION.

SASKATOON OSTOMY ASSOCIATION

PRESIDENT'S REPORT

Well the year's whizzing by and we're winding down already with just two meetings left. It's been a quick few months but good ones in that the meetings have been fun, informative and memorable.

The next couple of meetings will be good ones. April's will have a couple more life stories followed-up with the viewing of the recently released video by UOAC. Great video with several of our very own members highlighted throughout. A great job done on this. All participants should be proud. We will also have our executive elections for next year. You don't want to miss this meeting!

May we will have our closing social. Come out and wrap up the year with a nice meal and great conversation.

As my second year as President comes to as close, I'd like to thank all of you for your support and continued interest in the organization. I have and will continue to enjoy the company and support of some fantastic people. Looking forward to the next couple of months and future meetings & events with the SOA.

James Maloney
President SOA

MEETING MINUTES

By Betty Tydeman

SASKATOON OSTOMY ASSOCIATION - MONDAY FEBRUARY 6,2006 meeting held at Nordon Drugs

1. President, James Maloney called the meeting to order at 7:30 pm with about 37 persons attending. He welcomed everyone present and all recognized Peter Folk's 54th birthday.
2. MOTION: Trish McCormick/Bob McKenzie to accept the minutes of November 7, 2005 as printed in the Bulletin. CARRIED.
3. Treasurer's report - Marg. Chastakoff reported $13,299.00 in the bank account and $10,260.00 investments.
4. Bulletin Report - Peter Folk thanked those who had provided contributions toward the Bulletin and he asked people to let him know if there were any additional persons on E-Mail. James thanked Peter for all his work on the Bulletin. There is a new web site specifically for singles that can be accessed on the internet through www.meetanostomate.com
5. Friendship report - Trish reported that there were no cards needed to be sent out this month. Would people .please let Trish know if cards should be sent to anyone.
6. Membership - Pat Crilly reported about 75% of memberships were paid up. and no new members at this time.
7. Kids and Parents - Marlyne Wight has planned for a bowling night at Eastview. She reported that the grant money from Muttart Foundation must be spent for Saskatoon residents. So far, there is only one requesting to go.
8. Social - We need a volunteer to co-ordinate this office. At present, it is vacant.
9. Visitation - Don Adams had a nil report.
10. NEW BUSINESS
    a. UOAC newsletter will be quarterly and can be available electronically.
    b. The Prince Albert Satellite has made an open invitation for anyone to attend their meeting Friday, Feb.10th with luncheon at 11:45 am at the Travel Lodge. There will be a guest speaker, Marian Davis.
    c. If anyone wishes a name tag , please see Marg.Chastikoff. The tag has S.O.A. on it plus your first name.
    d. Trish advised that elections will be in April. She asked if anyone was interested in one of the executive or committee positions to please let her know
    e. As outlined in our last newsletter, page 6, Friends of Ostomates Worldwide (F.O.W.) collects, sorts and ships supplies to countries where are limited or no supplies. MOTION: Trish McCormick/Bev.Fry that S.O.A. purchase a Chapter membershup for $150.00 annually to F.O.W., CARRIED.
    f. James reminded people that the next Conference is in Moncton August 18-20. The executive Had discussed this and thought we could send up to 4 delegates up to $1,500.00 each. If anyone is interested, advise any one on the executive or at the next meeting.
    g. Bev. reported that the video by UOA is completed. The launch is Tuesday, Feb.14th at the U.of S. at l:30pm Invitations to attend are going out to the media, those who participated and some health organizations. Also, anyone in the Saskatoon or Regina groups and we could arrange a display. Marlyne offered to contact some of the young people who could be there to show their video of their camp experience. Each Chapter will get a copy of the UOA video and there should be a copy in each hospital. At present, it belongs to the U.of S.
    h. UOA is looking for Executive members.

i. UOA has produced a new Chapter Handbook.

j. SASO would like to have one member from each chapter as a contact with Spouses and/or significant others. Marlyne suggested that the next rap session have a group for spouses and significant others.

k. Robert asked if the group had thought about the compilation of a cookbook as a fund raiser. James suggested moving this idea to the next year as a fund raising project. Betty offered to bring a couple of samples of different styles of books.

11. PROGRAM

a. Two presentations were made on "Living as an Ostomate". Presenters were Robert McKenzie and Betty Tydeman. A copy of their presentations are on file or will appear in a subsequent newsletter.

b. Terri Schroeder presented a highly informative review of the variations of ostomies, covering urostomy, colostomy and ileostomy. With the use of overhead transparencies she was able to point out the different areas affected and noted that the type of ostomy name was defined by its location. Terri was thanked by James on behalf of the whole group.

c. Herb Essenberg entertained everyone with his prowess on his newest accordion. He was introduced by Ron Sadler and he gave an overview of his experience as an ostomate. Everyone gave the equivalent of a standing ovation for Herb - for his playing and for being an inspiration for all.

12. 50/50 of $30.50 was won by Terri Schroeder.

13. The meeting was adjourned from the chair.

For presentation at the Feb.6/2006 meeting of SOA by member, Betty Tydeman

"An Ostomate's Experience"

In the mid to later 90's, I started experiencing some loss of bladder control It was not very serious to begin with - just a nuisance, it slowly got progressively worse and I was becoming very familiar with every public washroom in town. My G.P. put me through myriad tests but when I showed her my recording of the number of bathroom trips I was making per night (about 20+), she referred me to a specialist in Urological surgery. More tests and explorations to make the

diagnosis of Interstitial Cystitis. The surgeon tried several injection and pill therapies over a number of months. None of this helped at all. Finally, the decision was made that in the summer of 2000 there had to be surgery to remove the bladder and replace it with a urostomy pouch. Actually, at the same time, they did a hysterectomy. I figured this should have pleased the Health Dept. because it was a "2 for 1" operation.

After a recovery time of a number of months, all seemed well until the specialist thought the urine output was not going well for the Urostomy pouch and he inserted 2 stents, through the stoma, with one stent into each kidney. These stents had TO BE CHANGED EVERY COUPLE of months in case normal bodily fluids and salt might clog up the tubes. Not a painful procedure - thoroughly unpleasant but not painful. All went well for almost 2 years.

In late 2003 I was having a lot of pain trying to pass a bowel movement. More tests - for close to a year. All tests came back negative. In mid-November of 2004, I couldn't handle the pain any longer and a Doctor at the clinic I attend, sent me immediately to a specialist who figured out the problem in about 2 minutes. After a colonoscopy to confirm his findings and identify the position of the growth he'd found, it turned out that this tumor did contain cancer cells. Another operation. This time, because of the position of the tumor, it meant not only removing the growth but I would have to have a colosotmy.

The Drs. felt that they'd got all the tumor but, to help ensure that it would not re-occur, it was suggested that I might need a series of treatments at the Cancer Clinic- I got through the first week of that and then would have some time off before another series of treatments. During the 2nd week after that first series of Chemo treatments, I started having serious side effects. I was in pain, couldn't eat, had dizzy spells, etc. At the end of that week I was back in hospital for a couple of weeks • Meanwhile, the Cancer Clinic decided they couldn't proceed with any radiation, so further Chemo was not any help. There could be no radiation because of the location being too close to the kidneys which were already compromised. They explained to me that the Chemo was to prepare the boy for radiation. By this time, I don't think I had an immune system left and this may have been part of the reason I had been so sick as I had some infection. I was extremely weak and had to use a walker both at the hospital and at home for a while. Of course, I lost all my hair which was quite disconcerting.

After recovering from both the operation and the chemo, it wasn't long before it was found that the kidneys were still not functioning at top speed. So, instead of the 2 stents through the stoma, I now have 2 stents that go through my back into the kidneys and that urine drains into a leg bag. These get changed every 6 weeks. I have a standing order for monthly blood tests reportable to the Renal Insufficiency Clinic and the've prescribed an injection of E-Prex once a week.

Yes, I feel like the original bag lady, but so far, I'm not on dialysis.

EDITOR'S MESSAGE AND WEBSITE UPDATE

Hi all,

Our website is now searchable using google search engine. Just scroll to the bottom of our home page:
Web site report - 11,530 visitors since December 1, 2004.
Visitors - Canada - 49%, USA - 38%, UK - 4%

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.

	Feb
Ileostomy	4
Colostomy	2
Urostomy	1
Pelvic Pouch	-
Double	-

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Prince Albert Satellite Chapter of Saskatoon Ostomy Association

February 10th, 2006

Meeting was opening by President Marian Davis. The minutes were read and adopted with no omissions or errors. Seconded by Maria Johnson.

Treasurer's Report by Mary Buechart: Balance forward $292.56; New Balance $308.06

A card was presented to Mary on the death of her son.

New Business

Next meetings:

Prince Albert: April 7th, 2006

Tisdale: March 9th, 2006

A DVD, "Reach for the Sky" will be viewed at the next meeting.

50-50 Draw was won by Paul Kozinski.

Jim Davis asked the grace. Lunch served.

Gordon Suel was introduced by Devessa Blair She shared about the help that she and Leonard gave Gordon—which is what the ostomy association is all about! Gordon was very thin and with help he began the process of healing.

Gordon spoke about colitis—his experience with this debilitating illness as well as the role stress plays in coping with colitis. He encouraged the group not to give up as he shared his road to becoming the 2005 Canadian light weight body building champion.

Mary moved the meeting be adjourned.

Minutes by Gertie Green.

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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: Lloydminster - May 2 & 3/06, Nipawin - June 6 & 7/06.

EXTERNAL OSTOMIES AND CONTINENT PROCEDURES

Teri-Anne Smith Schroeder February 6, 2006

The following discussion is on the types of ostomies. I have not included care or dietary needs of the variety of ostomies that are mentioned.

COMMON TYPES OF OSTOMIES

It is important to remember that ostomies may be done on almost any age group needing surgery. Issues and concerns for each group are just as important, however the issues may be different depending on what is important in life and growth at the time the person is having surgery.

1. COLOSTOMY

Usually as a result of cancer of the rectum or other areas of the large intestine, diverticulitis (bulges in the bowel similar to bulges in a tire), trauma such as accidents, sometimes birth defects such as imperforate anus, or Hirschprungs disease. Sometimes those who have Crohn's disease may need a colostomy. In another situation, if a person has surgery done close to the rectum a temporary colostomy may be done to divert the bowel movement away from the surgical area until it is healed.

THE STOMA

-The stoma may be located anywhere in the large bowel or colon. It is usually located on the left abdomen to a more central position. It may be as created as an end type stoma meaning that the other end of the bowel is separated or removed. -Sometimes the other end of the bowel is closed, anchored inside the abdomen, to be used if there is a

possibility of reconnection later. This is called a "Hartman's" procedure. Sometimes the other end is brought to the abdomen as a resting stoma we call a "mucous fistula". Only a dressing is needed over this mucous fistula while the colostomy would need an appliance.
-Colostomies may be intended to be permanent or temporary. If the rectum has been removed the colostomy must be permanent.
-Stomas are named for the piece of bowel they are made of. So a sigmoid
colostomy is made from the sigmoid colon which is just above the rectum. A descending colostomy is made from the descending colon and so on.
-Colostomies may be made as loops, in which the two ends of bowel are not separated but together in one stoma. Although usually located in the transverse colon (middle part that goes across from the ascending to descending), loop stomas may be made anywhere in the large bowel.
-If the rectum has not been removed, it is normal to pass some mucous from the rectum periodically. Usually the person has control of this and is able to release this mucous on the toilet.
-If the colostomy is a loop and is temporary, the portion of the bowel connected to the rectum should be cleaned before the reconnection surgery. The ET nurse will direct the patient how this should be done and who should do it.
-The closer the stoma is made to the rectum, that is less large intestine removed, the more "normal" the bowel movement. So this also means that the further away from the rectum the stoma is made the softer or more frequent could be the bowel movement.
-it is normal for a person with a colostomy to have more than one bowel movement a day, and it is also normal for some people with a colostomy to have a bowel movement every couple of days. It is better on the whole however to have at least one bowel movement a day.
-some people with end colostomies with one bowel movement daily like to wear closed pouches and throw them away each bowel movement. If a pouch is to be rinsed however, it is better to use a drainable type.
-Most people with colostomies prefer to use a drainable pouch to decrease costs and provide simplicity.

2. ILEOSTOMY

Stomas made in the small bowel are also named for where they are made. The most common is the ileostomy which is created from the end portion of the small bowel called the ileum. Ileostomy surgery may also be required at any age and for a variety of reasons. Most commonly an ileostomy is created as a result of bowel disease either Crohn's disease or Ulcerative Colitis. With Ulcerative Colitis, removing the large intestine is said to be curative for the disease. Some hereditary conditions such as Familial Adenomatous Polyposis (FAP) also are treated by removal of the large intestine. Many people with cancer may need an ileostomy as well. As with any ostomy surgery trauma may be a cause for the need for surgery.

THE STOMA

-the stoma is usually created on the lower right abdomen. If the stoma is permanent it will be an end ileostomy as it is made from the ileum end of the small bowel. If the stoma is temporary it may be a loop ileostomy as is common with the pelvic pouch internal diversion.
-If the rectum has been removed the ileostomy is permanent. The type of bowel movement to be expected is fairly loose, with 4-5 bowel movements daily to be normal. The bowel moves a bit of movement most of the time. There are usually only short periods of time where the stoma is silent. The person with an ileostomy needs to wear a drainable pouch and should have an appliance on all the time (unless they wish to remove it for showering or bathing).
-The person with an ileostomy needs to be careful when they have diarrhea, as they may become dehydrated very quickly. As the bowel movement has more digestive enzymes a leaky appliance may lead to skin problems quickly.
-A person with an ileostomy cannot become constipated, they are more at risk for a blockage.

3. URINARY DIVERSION

In children a urinary diversion is usually created as a result of birth defects such as Spina Bifida, or Bladder Extrophy. In adults the most common reasons for a urinary diversion is Cancer of the bladder. Other reasons that a urinary diversion may be needed are Interstitial Cystititis or trauma. In both adults and children Neurogenic bladder may be a reason for a diversion, this is often associated with Spina Bifida or Spinal cord injuries.

THE STOMA

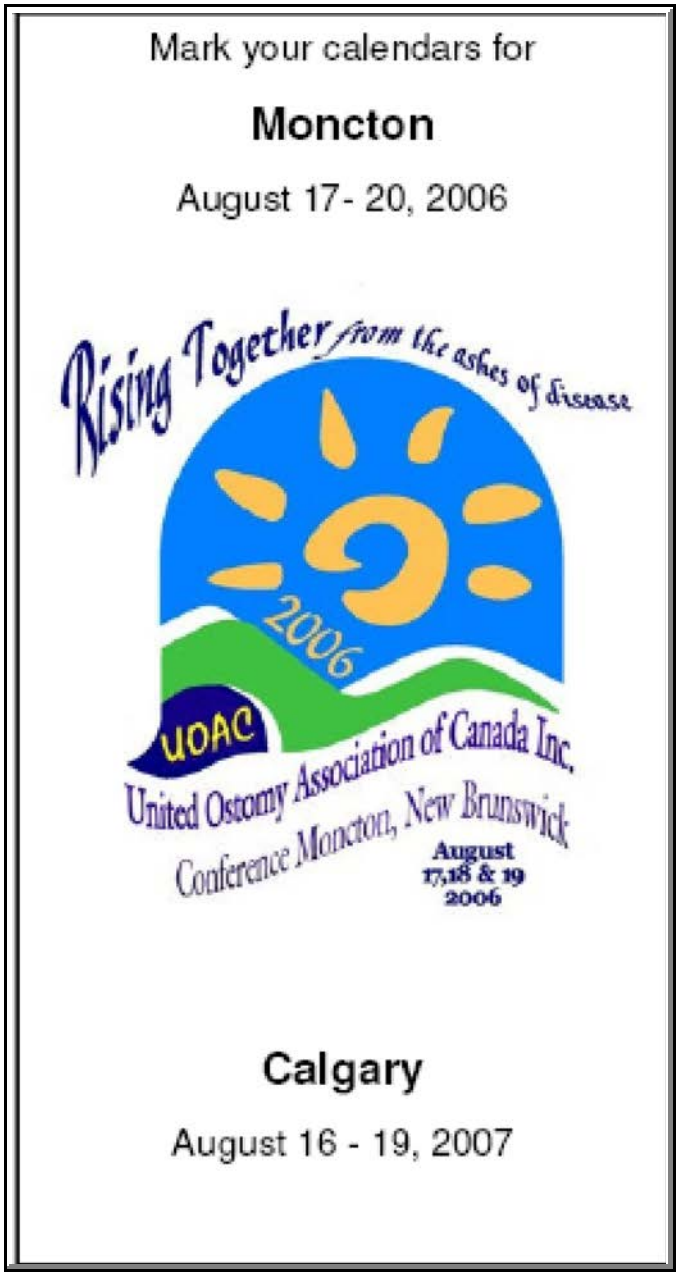
-The stoma is usually located below the level of the umbilicus (belly button) on the lower right abdomen.
-Urine will drain constantly throughout the day and night.
-The person with an ileo-conduit type of stoma will need to wear an appliance at all times and usually a bedside drainage system at night to collect the volume of urine. Some people like to shower or bath without an appliance.
-The ileo-conduit is the most common form of diversion. In this surgery the ureters from the kidneys are implanted into a short piece of small bowel to act like a 'splicer' or 'conduit'. A piece from the small bowel is removed and the small bowel is sutured back together. The piece is used to form the stoma at one end and the other end is closed. The ureters are implanted into the conduit piece of small bowel.
-As this person has had their bowel sutured as well as the work involved in the creating of the conduit they need to follow a bowel recovery diet as well. There are 'stents', tiny catheters in the stoma until the swelling in the ureters has healed. These stents stick out of the stoma and are removed usually within a couple of weeks. The main reason to use a piece of bowel as a conduit is to have one stoma instead of two as there are two ureters coming from the kidneys. The reason that the urinary diversion is on the right abdomen is that usually the right ureter is shorter than the left, so that it is

easier to move the left ureter over to the right side when doing the surgery.
The rest of Teri's presentation is available on our webpage:

http://members.shaw.ca/saskatoonostomy/meetings.htm

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



FRIENDS OF OSTOMATES WORLDWIDE

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 75 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!

Ardelle Painter . . . . . Watson
Arnold Schweitzer . . . . . Prairie River

DECEASED MEMBERS

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

Ray Mitchell . . . . . Saskatoon
Ernest Rostek . . . . . Saskatoon
June Horncastle . . . . . Tisdale

SUPPORT GROUPS

OSTOMY SUPPORT GROUP FOR KIDS AND THEIR PARENTS

UOA Canada came out with the release of a video and I want to thank the kids from within our association and throughout for being part of this. Leland and Evan you both are good role models. Thanks for your positive attitude and help within the association.
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.

YOUTH CAMP

WHEN: July 3-9, 2006
WHERE: Camp Horizon, Bragg Creek Alberta (southwest of Calgary)

WHO: Children between the ages 9 - 18 who have had or who will have bowel or bladder diversionary surgery or who have related special needs (i.e. self catheterization, bowel and bladder incontinence), due to birth defects, trauma or disease (e.g.. Crohn's disease, ulcerative colitis, cancer, spina bifida.)

COST: Registration fee is $475/child plus airfare (transportation to and from camp, room and board are included)

CONTACT: UOAC office or Camp Coordinator, Pat Cimmeck at pvc@shaw.ca

APPLICATION FORMS: Available upon request from Coordinator

DEADLINE FOR APPLICATION: June 1, 2006.

BOB'S STORY

Saskatoon Ostomy Association - Presentation by Bob McKenzie, vice president.

My story goes back several years

- polyps - 10 years ago
- symptom - a bit of blood spotting is stool - followed up with a colonoscopy
- led to detection of polyps at city hospital.
- booked for colon resection due to detection of C in one of the polyps.
- on the advise of a friend went to Calgary - Baker Clinic at foot hills got a 2nd opinion - re read the biopsy - got different results - no spreadable cancer in the polyp - hence no need for surgery - I was lucky. Lesson learned - get a second opinion - Calgary seemed to be ahead of Saskatoon in medical care.
- Fistula 5 years ago

Part of my work in developing international trade has taken me to different parts of the world - including Asia and South America. One of the things you learn is to watch out for unusual symptoms after you have been to tropical areas. Well on one of my weird symptoms happened on my butt - It seemed that I had developed a carbuncle - I had visions of the Robert Service poem - Bessie's Boil, and was a bit embarrassed to take my symptom to the medical profession. - However I found the professional staff at RUH receptive - one thing you need when you are dealing with health issues is a good sense of humor.

After being poked and prodded the diagnosis was that I had a fistula. Wow what is a fistula - explain

- I was referred to a surgeon - who will remain nameless. I checked out the internet - there are good resources there for a lot of things - Just use Google. After being poked, and surviving some minor surgery - you know where - the problem kept re-occurring, and the kind surgeon (a general surgeon) advised that he was stumped. Well back I went to my GP - who referred me to Dr. Kanthan - this was about 2 years ago - we are getting close the light at the end of the tunnel.

Referral to Dr. Kanthan

His treatment plan was to use a temporary colostomy to get the fistula area clean so it could be fixed and heal. That process took 4 surgeries over a 2 year period. Well when I found out - I wondered what a colostomy was. I was referred to the ostomy and wound clinic - met Sandy and Terri. They made the process manageable. I was then introduced to this ostomy association. Peter Folk was my initial contact. Over coffee we came to know each other. This association has helped me get through. Then as many of you know last October I had my reversal. Now I just hope that the fistula remains tamed. I will provide a couple of useful web sites I found useful.

http://www.ostomysupport.info/index.html

Now for some hints.

1. I moved from the drainable to the disposable pouch in the first week.
2. Always carry spare supplies - I always had a spare pouch in my back pocket. My brief case always had a supply envelope.
3. Where did accidents happen - on the airplane - I learned to always have an aisle seat - making washroom access easier. I found using the preboarding a way to avoid needless bumping of the appliance.
4. I found the disabled washrooms were best to change pouches - they tend to have all the facilities you need.
5. always carry little plastic bags - making disposal easier.
6. use deodorant in the bags - and have an air freshener - spray mist.
7. network - internet, others that you meet via ostomy, the ostomy clinic. There is always more to learn
8. put back in. There are people who can benefit from your experience - you can help others dealing with a difficult situation.
9. get second opinions - medicine is advancing all the time - some professionals are exposed to different things - that is why medicine is called a practice and why we are called patients.

Talking of patients - I thank you for you patience.

"Surprise! We're having health food!"

SASKATOON OSTOMY ASSOCIATION

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Program and Fundraising
Executive Committee

Social Events & Luncheon Co-ordinators
Vacant

Visitation
Don Adams
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Zach Hauser
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Saskatoon 2005 - 2006 Meetings

September 12, 2005
October 3, 2005
November 7, 2005
December 5, 2005
February 6, 2006
March 6, 2006
April 3, 2006
May 1, 2006

VISIT YOUR STOMA CLINIC regularly!

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I am: New Member ❑ Renewing Member ❑
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