

SASKATOON OSTOMY ASSOCIATION BULLETIN

March 2012



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.

VISITING SERVICES

At the request of the physician, either preoperative or postoperative, 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.

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 in any other publication.

UPCOMING MEETINGS

When: Monday, April 2, 2012.

Program: Elections - Many Executive and Committee Heads are continuing in their positions. However there are a couple which need filling. Please see Editor's column (page 3) for more details.

Our own **Tam Gunn**, Nordon employee, will inform us of new ostomy products on the market.

When: Monday, May 7, 2012.

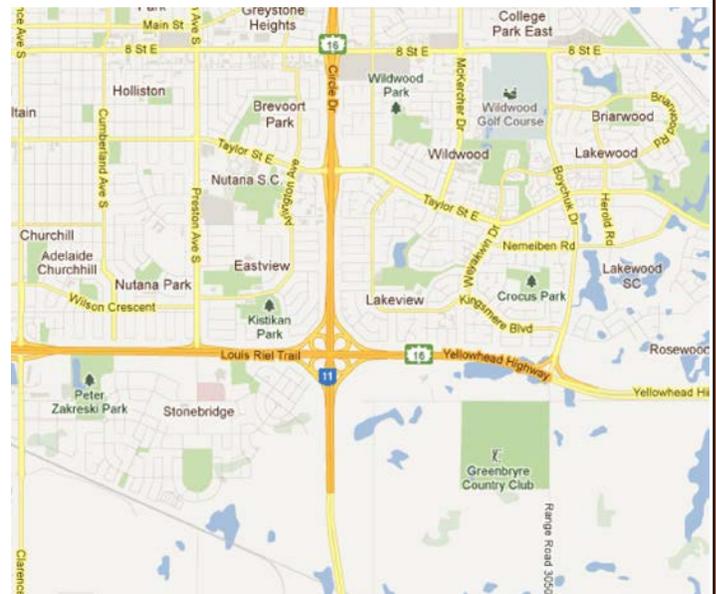
Program: *Steak Night*

Our chapter is hosting a Steak Night at the Greenbryre Golf and Country Club (see map). Many thanks to Gerard Dakinewich and Tam Gunn for organizing this event.

Tickets are \$20.00 / person. Options are Steak, Chicken or Vegetarian. There will be a children's menu of Hamburgers or Hot Dogs. Tickets must be purchased in advance. They will be on sale from April 2 to May 2, 2012.

Cocktails at 6:00 p.m. and dinner at 6:30 p.m. This function will be held in the building adjacent to the main building.

Evening includes **50/50 Draw** and our modified **Silent Auction**. (Tickets are purchased and you put them into individual draws for each item. The more you put in, the better your chance of winning). Donations of items are appreciated.



Meetings are held at: Mayfair United Church, 902 33rd St. West (corner of 33rd Street and Ave. I)

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- Spouses, family members and other visitors welcome.

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PRESIDENT'S MESSAGE

Greetings Fellow Ostomates,

Wow March already! It has been a great winter, very very busy but no one can complain about our weather.

The Potluck was a huge success! Do we ever have some great cooks as members! I totally enjoyed the meal and the Valentines Basket (I was the winner of the draw) and Gerard those strawberries were Awesome! We will definitely have to do that again next year! I think for next year we will use disposable everything though so everyone can enjoy it and no one has to do dishes!

If there is a subject anyone wants covered or a speaker you would like to hear, please drop a suggestion in the box or tell an executive member.

We are seeing a few changes to the associations all for the good I hope? And we need to do some more! Our bylaws were drawn up I think in 1977! It is time they were updated!

We have attended and signed up for a new fundraiser. If you are an Affinity Credit Union user (at present only this bank), you can sign up to donate every time you use your debit card. You can limit how much for the year or month and to whom (up to 5) you want your donations to go to.

You can also opt to read your newsletter/bulletin online!

We are working on a handbook, I feel would benefit every Ostomate. I am hoping Regina will come in with us and it will be a truly Saskatchewan handbook. No matter where you live or visit, you will know where you can get supplies, help and advice. I am hoping to have these in every doctor's office in Saskatchewan, not only the specialists. It is time to educate the public!

We need a few good people to help on some committees! We are not asking you to do everything yourself, we need you to "help" and your ideas to go forward!

Spring is just around the corner and it is time for new growth!

Trying to be "the best I can be".

Wanda

EDITOR'S EDIFYING EFFORTS

Elections will be held at our April meeting. All current Executive are letting their names stand as well as many of the Committee Heads. Two positions need to be filled as follows:

Fund Development - This position was created last year and has remained vacant. It deals with monitoring funds needed to help the association meet it's goals. Please talk to Wanda for more details.

Luncheon Co-ordinator - Duties included in this position are: collecting a list of volunteers to bring refreshments to meetings; phoning individuals to remind them when it is their turn; helping set up/clean up at meetings. If you are interested in doing this job, please contact Wanda. (384-2793). Many thanks to *Evelyn Peters* who has done an excellent job in this position for several years.

During the course of a year, there are often extra things that come up that need to be done. For example, extra volunteers came forth when we were organizing the CIS/AGM which our chapter hosted last August. Their help was much appreciated. Please consider volunteering. As the expression goes, "Many hands make light work".

If you have to order your supplies directly from the manufacturer, you are still eligible for the rebate from SAIL. Please contact your regular supplier for assistance in claiming the rebate.

The Stoma Clinic is located at room 5706, A Wing, Royal University Hospital. Our two ETs are Sandy Roberts and Kathy Guina. If you wish to contact an ET, please phone 655-2138. If you do not reach the secretary, please leave a message.



Would you like to receive this newsletter electronically? It is more environmentally friendly and it will reduce mailing costs. Please contact Diane Boyd at 249-9079 or dianeboyd@sasktel.net if you want it emailed to you.

ET Solutions is a private practice. If you wish to contact Teri Schroeder, call (306) 249-1442.



This year's UOAC **Youth Camp** will be held at Camp Horizon, Bragg Creek, Alberta, July 2 - 7, 2012. This camp is held for children ages 9 - 18 who have an ostomy or related special needs. Registration fee is \$565.00. Some financial assistance is available through the Saskatoon chapter for child ostomates in our area. Please contact chapter president Wanda Dansereau at 384-2793 or wjdansereau@gmail.com for more information. Financial assistance is also available through Camp Easter Seal. Please contact Teri Schroeder for details (249-1442).

The upcoming UOAC conference will be held in Toronto, Ontario. Dates are August 15 - 18, 2012. The theme of the conference is "Caring in a Changing World". More details are available on the UOAC website: www.ostomycanada.ca.

SOA is now affiliated with Change-It Canada. ChangeIt is an automated charitable giving program that offers a simple and secure way for donors to donate small change to charity with every single debit and credit transaction. Presently, Affinity Credit Union is the only financial institution involved. For more information, please go to <http://changeitcanada.com/>. A link has been placed on our website, and a convenient button has been added that looks like this: just click on it and you will be taken to the sign-up page.



As part of our efforts to increase online donations, we have increased our online presence by joining LinkedIn, and Twitter, in addition to our Facebook group, our Facebook page, and our email discussion list at Yahoo. You can find links to all these social media site on our webpage. Look for these symbols:



Officially, this is our last Bulletin for the 2011 - 2012 term. However, because we are having a June meeting, a small newsletter will go out in late May, reminding members of that meeting. Included will be summer/swimming/traveling hints as well as other information.

Dear E.T.

Dear ET: I have a Urostomy. Most days are good, but I only get about 3 to 4 days between changes. I have recently heard about an internal pouch for urostomies. What do you think of the procedure? How convenient are they? What would be the drawbacks? Who would be eligible for the surgery?
Yours truly, "Hangin' in there".

Dear " Hangin' in there",

There are a variety of internal pouch, often called continent, options for urostomy surgery. The procedures most commonly include: Mitrofanoff and Indiana Pouch, Convenience often depends on the individuals needs and priorities. All these procedures are viable and researched options for bladder ostomies. You are most likely referring to the Indiana Pouch. In this surgery an internal reservoir is created using a part of the patient's small bowel. A significantly sized piece of bowel is used, to cut open to create flat pieces, which can be sutured end to end to create a pouch. This is then attached to a very sensitively selected piece of small bowel at the site of the junction between small and large bowel. This section of bowel has also been removed and the bowel is then reconnected to itself so that the bowel is now back together.

So, the created pouch, with the small bowel at the ileocecal junction, is then fashioned into the appropriate limb to create the stoma and catheterizing port to the abdomen. The ureters are attached to this pouch so that urine can drain into the pouch.

These procedures are quite labour intensive for the surgeon as they are created internally. However any internal procedure is as convenient as the user can make it. Also for internal reservoirs, the recovery period is longer as the pouch is internal and needs more time to heal. The patient will be emptying the pouch for urine using a catheter. The patient must become well familiar with catheterizing, care, cleaning and storage of catheters. Persons with an Indiana Pouch can have a very good quality of life. The person must be screened for this procedure much the same as for any ostomy.

Folks eligible for internal diversions may be those who do not have cancer which has spread. Persons with injured bladders from trauma, and folks with interstitial cystitis may also be offered this procedure as an option. Patients would need to be motivated to learning self catheterization among other screening conditions that your **ET** and surgeon would discuss with you.

However, I read that you presently have a urostomy. Is this an ileoconduit? If so, it is quite a challenge to consider an internal pouch following an ileoconduit. You describe that you are changing your appliance twice weekly. Are you changing your appliance due to leakage? If so, you would benefit from seeing your **ET** nurse, to review your present appliance and how it is working for you. It is quite normal to change a pouch for urostomy every 4-5 days or twice a week. Some people's urine is very alkaline which dissolves skin barriers early. So often, patients changing their appliance twice weekly on purpose, will use a particular appliance that does not include many additional products. In this way they will be able to create an appliance system that works for them in this way, is easy to apply and not very time consuming, particularly when travelling. That being said, you may merely need a review of your care and system from your **ET** Nurse to create a better system for you. Your **ET** Nurse once again is a key person to assist you with concerns and re-assessments of your stoma and appliance systems.

Teri-Anne S. Schroeder
RPN, RN, CETN(C), BScN, IIWCC, HCl, MCEd.

HINTS ON AGING WITH AN OSTOMY

(Osto-Ology, Orange, Ca.)

As we grow older, changes occur in our bodies. The most insidious change is in our skin. Little by little, skin loses its elasticity and becomes thin and dry; skin becomes prone to wrinkles or irritation. These changes can become real problems for those who must wear an appliance at all times. To prevent leakage, as the skin becomes more wrinkled, one should stand up straight and, with one hand, stretch the skin just enough so that it is taut. The appliance, in the other hand, is then applied.

Skin over the entire body tends to break more easily and to heal more slowly as we age. Because of this, one needs to be careful when removing an appliance from the body. A skin barrier covering the entire area under the appliance and/or a very thin application of a skin care product may protect the skin.

Even though eyesight may become dim in later years, independence in care is still almost always possible. Totally blind persons have been taught to irrigate and to centre and apply the appliance. Irrigation is made easier by placing a piece of tape on the outside of the irrigation bag at the desired water level. By putting one hand in the bag and one on the outside, the optimal water level can be determined. Inserting the catheter, or cone, can be done by feel. Most people irrigating a permanent colostomy have only one opening, so gently inserting a finger enables one to slide in the catheter.

Centering the appliance is more difficult than irrigating, but not impossible. After the fresh appliance is prepared, the index and middle fingers are placed on each side of the stoma. The fingers are then removed and the appliance is placed onto the skin. Strips of tape can be applied around the edges of the faceplate with sight, as it does not matter if the tape is slightly wrinkled.

Another problem sometimes noticed with aging is less strength in the fingers, or even bouts of arthritis. Less mobility, or pain in the fingers, can make it difficult to put together a two-piece appliance or to cut an opening in a skin wafer. A one-piece appliance can be used, thus eliminating stretching a pouch over a faceplate. If one's stoma is round, a punch can be purchased to easily make a hole in a wafer. If this is not practical, check with your ostomy equipment supplier. Many of them will pre-cut wafers for you, for a fee.

Sometimes seniors find themselves alone. Being alone can lead to a loss of self-confidence. Know that there are other ostomates like you who care about you. Coming to the UOA Chapter meetings can serve several purposes. You associate with others who are dealing with problems the same as yours. They understand your needs and you theirs, thus you can be helpful to each other.

HOW AGING AFFECTS YOUR DIGESTION

(R. Conn)

Many people over 40 notice changes in their digestive systems that alter what they can eat and how much. Some are startling: an unexpected reaction to diet soft drinks, a growing intolerance to ice cream or symptoms resulting from chocolate, peppermint or onions.

Recognition of those changes is part of growing evidence that middle age really begins at 40, though some signs of slowing down may occur as early as 30. Now doctors are beginning to pay attention to the special problems of people from 40 to 60. The American Family Physician has written a series of reports on those medical problems.

In one report, Dr. Stuart Danovitch of George Washington School of Medicine in Washington says that the most noticeable physiological change over 40 is that the digestive system becomes less tolerant of excesses. "Many middle aged persons notice a reduced capacity for eating and drinking" Dr. Danovitch writes. "They report that they can still ingest everything but they cannot eat and drink as much as before." Alcoholic beverages may cause headaches or heartburn more frequently. Overindulgence can lead to bloating, belching and burning, resulting in increased reliance on antacids.

Dr. Danovitch notes that a host of problems begin popping up in susceptible individuals. Lactose intolerance is one of those - the inability to digest milk and milk products. Within three hours of drinking milk or eating ice cream, susceptible people develop gas, bloating, stomach pain and diarrhea because they can't ingest the milk sugar called lactose. Instead, it ferments in the intestine, producing gas and other symptoms. Often cheese, yogurt and buttermilk can be eaten because the lactose has already fermented. In the last few years, several products (e.g. Lactaid) have come on the market, enabling susceptible individuals to enjoy a variety of dairy products again.

(Editor's note: more dietary awareness is being shown in other products as well e.g. gluten free, diabetic, heart smart)

PILLOW TALK

(E. McConnel, RN ET)

Ever try to get into a comfortable position in bed only to find that your tummy flab or appliance seems to pull when you are on your side? Don't let it cramp your style. Happiness could just turn out to be a pillow. Try tucking one across your front and lean into it for firm support. If the pillow is too soft, first roll it like a bolster. A flat pillow between the legs in such a way that one end is brought up high enough to support the lower abdomen also helps to relieve or prevent any strain. If on your back, try a pillow under the knees for added comfort.

If your feet get cold during the night, remember that pillows are not just for the head anymore. A soft pillow on the foot of the bed is perfect for tootsies to snuggle under. Try placing a pillow on top of you, under the sheet, if you get stuck in a motel where bed clothing is inadequate for lowered temperatures. It will warm you up in a hurry. Even placing a pillow alongside your body helps.

You know that there are soft pillows, firm pillows, goose downs, satin jobs, king size, wedges, rings, and triangles - anything your heart desires! Movie queens surround themselves with pillows. Turks perch atop them with their legs crossed. Tough guys slam their fists into them. Kids have pillow fights and cats and dogs curl up and sleep on them.

As ostomates, we start out as pillow people - one pressed into our back to keep us on our side, one under the arm with the IV in it, one clenched tightly in our arms across the incision when we were made to cough, and one under our bottoms when we painfully tried to sit up. If you have forgotten about pillows, just remember that they are naturals for ostomates. Try them - you might like them!

OSTOMY STOMAL BUMPS

(O'Connor, RN, CETN)

ET nurses are often asked about small bumps which appear on a formerly smooth stoma. They can be on the surface or around the edge where the stoma meets the skin. They can occur in a single area or around the whole circumference. Most of the time, these are granulomas, which are benign in nature. Granulation tissue is a normal defense reaction of the body to injury.

Those at the edge can be due to:

- A reaction to the suture being sown through the stoma to the skin
- Too rigid or too tight a faceplate rubbing the stoma.

Those on top or side of the stoma can be caused by:

- An allergic reaction to the plastic in the pouch (even after using the same pouch for a long time).
- Stomal drainage constantly pointing to one area of the stoma. This can occur when the stoma opening points down.

What should you do? Most of the time, these are nothing to worry about. Don't second guess though. See your ET nurse and, if necessary, your doctor. Occasionally these bumps can be a manifestation of another condition (like the recurrence of Crohn's disease). Often they can be taken care of by treatment with silver nitrate sticks. Occasionally they need to be biopsied. Quite often a change in the pouch or faceplate can help resolve the issue.

Helpful Hint: To muffle noisy discharges of gas, put your hand over the stoma, and bend forward a little as you do so. Avoid gassy foods and eat regularly.

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SUMMARY OF MINUTES

A meeting of the Saskatoon Ostomy Association was held on Monday, February 6, 2012.

At 6:30, we shared a Valentine Pot Luck supper. Thanks to those who participated and brought an assortment of tasty dishes.

Meeting commenced at 7:35 p.m. Guest speaker Audra Kish, dietician, gave an interesting presentation, outlining different facts and fallacies about ostomy diet.

Business items included:

Peter Folk is busy with the UOAC board. They will be meeting in Toronto in late Feb. He is promoting our new logo on line. Our chapter voted to have an ad in the Toronto conference booklet in Aug. 2012 at the cost of \$75.00.

We want to prepare 'visitor packs' so that each new ostomate receives the same information from his/her visitor.

A meeting of the Saskatoon Ostomy Association was held on Monday, March 5, 2012.

Business items included:

A chapter meeting will be held on June 4, 2012.

A new luncheon co-ordinator is needed. (please see editor's column for more details).

Teri is missing a red/orange spoon from the last meeting. Please contact her if you have it.

Dr. Kanthan spoke on Hernias - Incidence and Treatment

APPLICATION FOR MEMBERSHIP

Yearly Membership includes voting privileges, issues of the Saskatoon Bulletin, and the UOAC publication "OSTOMY CANADA". The following information is kept strictly confidential.

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Meeting Dates:

April 2, 2012
May 7, 2012
June 4, 2012

No meetings in January, July or August

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