



Saskatoon Ostomy Association Bulletin

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

September 2003

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

NEXT MEETINGS (In Saskatoon)

Monday September 8, 2003

Rap Groups

A great opportunity for to meet with others who share your ostomy type! Whether you are a brand new ostomate or have had an ostomy for awhile this is a chance to share experiences and expertise, ask questions, and pick up a few tips. Groups include urostomates, colostomates, ileostomates, continent ostomates, 20-40's, and parents of ostomates.

Monday, October 6, 2003

Conference and Youth Camp Report

WOW!!! Look at what we've done! Personal reports and video highlights from the UOA Canada National Conference, the 6th Annual Norm Faulkner Ostomy Golf Classic, and Ostomy Youth Camp.

In this Issue:

President's Message	3
Unsung Heros	3
Editor's Message	4
Ask us a Question	4
Visitation Report	4
Regional Stoma and Wound Clinics	4
Satellite Meetings	5
Share Donations	5
Donations and Bequests	5
New Members	5
Deceased Members	5
Support Groups	5
20/40	5
Kids and Parents	5
Reasons for Skin Breakdown	6
Basics for Good Skin Care	6
VOICE in Health Policy	7
A Word about the Perineal Wound!	8

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 receipt for income tax purposes.

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.
Teri (Smith) Schroeder, R.P.N., R.N., B.Sc.N., E.T., IIWCC.
Kathy Guina, B.Sc.N., E.T.
Sandy Roberts, R.P.N., R.N., B.Sc.N., E.T.
Gail Hogberg, B.Sc.N.

MEDICAL ADVISORY BOARD

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Saskatoon SK

Dr. Lawrence Taranger, Urologist
Saskatoon SK

Dr. Brian Colquhoun, Surgeon
Saskatoon SK

Phyllis Stephens, R.N., E.T.

**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 MESSAGE

Hi Folks,



WOW!

Those of you who attended the UOA Canada National Conference “Bridges to Life” held in Saskatoon a couple of weeks ago will be having a chuckle right now. The conference was a shining success – we can all be very proud our local association and its hard working volunteers. Another WOW for the 6th Annual Norm Faulkner Ostomy Golf Classic. I hope you will join us at our October meeting to see and hear the details of these events, as well as reports from our campers.

As I sit here, just 2 days after the conference and golf tournament, I find myself reflecting on leadership. It's not easy to define a leader. He or she is a selfless person of great vision, filled with excitement and optimism, a motivator, and a manager who inspires others to follow with confidence. I am thinking now of Alf Keating and Bev Fry.

Six years ago Alf Keating was a man with a vision. He believed our association could host a golf tournament which would enable us to assist our ET's in attending a conference in the United States and allow us to sponsor our young people to Youth Ostomy Camp. The tournament that year and the years that followed were a result of Alf's vision and selflessness. Every year more people became involved and soon we found ourselves selling hams and turkeys! Last year, when Alf was too ill to plan and run the tournament, a team of people, determined not lose what had been gained through years of hard work, discovered they could be leaders as well. It was these experiences which prepared us for the events of August, 2003.

Which brings me to Bev Fry. Three years ago Bev thought it would be “just awesome” to host the national conference in 2003. Her theme since then has been “I'm So Excited”. For the last year Bev has inspired the conference planning committee (and what a crew we are!) to follow her with confidence. She held a clear vision of what this conference should be and her vision never faltered. She wanted the people attending this conference to experience something special and she worked tirelessly to achieve that. Bev would be the first to say this could never have happened without the planning committee, but her leadership and her example inspired the committee.

A strong leader inspires the rest of us to do our tasks and do them well. I have to thank Elaine Carter, Marg Chastakoff, Pat Crilly, Wayne Duncan, James Maloney, Don Purich, Howard Rankin, Sandy Roberts, Teri Schroeder, Marlyne Wight, and

Zach Hauser for their outstanding and tireless efforts in the months leading up to the conference and during those very hectic days during the conference. You are a team to be proud of!

I hope the success of our conference and golf tournament, and the examples of leadership you have witnessed will inspire you to become involved in some aspect of our association – there is much work to be done and we all can play a role.

I look forward to meeting with you again in the months ahead.

Take care all,
Trish

UNSUNG HEROS

From UOA Connection

Alf Keating

Seven years ago Alf stood up at one of our local chapter meetings and announced he'd like to spearhead a golf tournament on behalf of our association. He said he wanted to raise funds our chapter could use to send delegates to the UOA National Conference, young people to Youth Ostomy Camp and (for that year) our E.T.'s to a conference in the United States. Like many chapters we struggled to raise funds and awareness of our chapter and UOA Canada. You would think we would have jumped at the offer but we were reticent. I think many of us were unsure we could manage all that was involved in a golf tournament. Alf, however, was undaunted, as well as outrageously confident we could do it.

That year Alf, almost single-handedly, planned the tournament, rounded up sponsors, arranged media coverage, found prizes and sold entries to golfers. His letters to potential sponsors (largely local businesses and doctors) began by explaining what ostomies were and what UOAC had to offer. Each year he arranged media spots to publicize the tournament but the publicity focussed on raising awareness of ostomy surgery the role of UOAC for ostomates. Our association did contribute in finding prizes and running the tournament but it never would have happened without Alf. For three years he ran a lovely tournament and each year members of our chapter became more involved. For three years our chapter was able to send delegates to each of the National Conferences, send as many children as we could find to camp, and support our E.T.'s.

Then Alf announced he thought we should have a celebrity golf tournament! Once again our chapter was hesitant but Alf was fearless. This time he sought national sponsorship and was able, through Convatec, to secure Rolf Benirshke as the keynote celebrity. Alf worked tirelessly to orchestrate a banquet, featuring entertainment, Rolf as the key note speaker,

and a silent auction, followed the next day by a golf tournament where each foursome enjoyed the company of a celebrity. Alf secured several media promotions leading up to the tournament, including a 15 minute interview on CTV News with Rolf and Jessie, a child who has had ostomy surgery. Again the emphasis was on the role of UOAC.

Last year Alf, very ill with heart problems, announced he could not run the tournament. Our chapter agreed it would be shame to let the tournament die, and banded together to discover we could do it – maybe not with Alf’s style, but we did it! In four years Alf had created in us the confidence to take it on. It was a tremendous morale booster for the chapter. This year Alf has taken on the challenges of running our sixth Norm Faulkner Ostomy Classic Golf Tournament on the Sunday following the conference.

To my way of thinking Alf exemplifies the very type of person who will keep UOAC alive and well. He has reached many people in the business, medical, and general community with information about ostomy surgery and the support UOAC can provide. He has helped our group feel proud of who they are and what they can accomplish. He has brought heart and spirit to our chapter through his tireless efforts. I believe it was the confidence we developed through the golf tournament that lead us to believe we were up to the challenge of hosting the National Conference in Saskatoon this year.

EDITOR’S MESSAGE

Hello Everyone

This is my first newsletter for the Saskatoon Ostomy Association. Please let me know what you think of the new format! A big round of applause for Wayne Duncan who did such a fine job these last few years.



A bit of an introduction is in order. I joined the Saskatoon Ostomy Association in 1996. I had surgery in July of 1996 to remove rectal cancer. I now have a colostomy. I went through 6 months of chemotherapy and 28 treatments of radiation.

I have been cancer free ever since.

I work as a technical writer for CNH Canada (formerly Flexi-Coil) on 71st Street. I am married to Donna and have four children (3 still at home). I am a member of the Knights of Columbus and am active in my church - being a choir member and guitarist. Interests include golfing, bowling and song writing as well as web page design.

I’m interested in your comments and suggestions. Let me know what you would like to see in your newsletter! I thought I would introduce a new feature - **Ask us a question**. The way it works is - you send me a question and I will try to find out

the answer for the next newsletter.

Peter Folk
Editor

ASK US A QUESTION

This is a new feature. I will try to answer your questions.

Question - How many members belong to the Saskatoon Ostomy Association?

Answer - There are 109 members in Saskatoon, 14 members in Prince Albert, 6 members in North Battleford, and 10 members in Tisdale and Nipawin. That totals 139; but there are 85 members in other cities and towns in Saskatchewan. That totals 224 paying members. As well, there are 28 people who receive our newsletter but are not members, for example the Cancer Patient Lodge, doctor’s offices and other ostomy associations. Total mail out is 252, but we print 300 copies and give some to the clinics to hand out.

VISITATION REPORT

The visitations coordinator is Don Adams. You can phone him at 374-4965.



	Dec	Jan	Feb
Ileostomy	2	2	2
Colostomy	5	4	5
Urostomy	1	1	1
Pelvic Pouch	0	0	1

	Mar	Apr	May
Ileostomy	5	2	5
Colostomy	1	4	1
Urostomy	0	2	0
Pelvic Pouch	0	2	1

REGIONAL STOMA AND WOUND CLINICS



Throughout the year, the ET nurses hold stoma and wound clinics in Lloydminster, North Battleford, Melfort and Nipawin. The following clinics have been scheduled.

- October 21 & 22/03 - Lloydminster
- November 4 & 5/03 - Melfort
- December 2 & 3/03 - North Battleford

Ostomates interested in attending the clinics in their area should contact the Stoma Clinic at the Royal University Hospital at 655-2138 to have your name added to the mailing for the rural clinics.



The Stoma Clinic now has a bulletin board in the patient waiting area that we are hoping to fill with postcards from interesting places. So, a request to all people with ostomies, if you are going away on a wonderful holiday, to a conference, or just visiting friends or relatives, please send us a post card! Our mailing address is Ostomy/Wound Clinic, Box 5, Royal University Hospital, 103 Hospital Drive, Saskatoon, S7N 0W8. So far we have 5 cards - Barbados, Puerto Vallarta, Colorado, Hawaii and New Zealand. We all think this will be inspiring for new ostomates to see that there really is a life after surgery! We look forward to hearing from you - Happy Travels!!

PRINCE ALBERT SATELLITE

The Saskatoon Ostomy Association has a branch in Prince Albert which meets for lunch every 2nd Friday of every 2nd month at 11:45 a.m. at the Travelodge. **The next meetings will be Friday, September 12, 2003, Friday, October 10, 2003 and Friday, December 12, 2003.** For more information on upcoming meetings please contact: Ed Frey at 764-8423.

NORTHEAST SATELLITE

The North East Satellite of the Saskatoon Ostomy Association meets for lunch the third Thursday every other month at 11:45 a.m. at Chicken Delight in Tisdale. **The next meeting is scheduled for Thursday, September 18, 2003.** For information on upcoming meetings contact: Wally Derkach at 862-5381 or Shirley Klatik at 873-2156. At the September meeting, there will be a discussion as to whether the meeting day should change from Thursday to Tuesday. Come out and share your opinion.

SHARE DONATIONS

Please help ostomates in third world countries, who often have very few or no supplies, by donating supplies you cannot use or do not need. These can be brought to our meetings or dropped off at NorDon's Drugs for shipment overseas by FOW Canada.

FOW (Friends of Ostomates Worldwide) has a website now. www.fowcanada.org

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

Isabelle Cole Saskatoon

John Kurja	St. Benedict
Fred Frondall	Moosomin
Betty Tydeman	Saskatoon
Sofia Dangas	Saskatoon
Richard J.A. Lemke	Saskatoon
Marian Davis	Prince Albert
Ernie Petryshyn	Stenen
Paul Pilon	Saskatoon
Anne Penner	Saskatoon
Arnold A. Cannam	Saskatoon

DECEASED MEMBERS

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

Lily Cembrowski	Prince Albert
Beth Lederhouse	Prince Albert
Judy Cuming	Saskatoon
Anna Medernach	Cudworth
Yaroslav Kotyk	North Battleford

OUR NEW 20/40 GROUP COULD BE FOR YOU



The Saskatoon Ostomy Association is inviting those under 40 (with an invitation to those 40 plus who are "Young at Heart") to join others in this age group for periodic gatherings involving socializing, support, conversation and planned activities. For further information please contact James Maloney at 933-4234.

NEW OSTOMY SUPPORT GROUP FOR KIDS AND THEIR PARENTS



If you have a child between 0 and 18 yrs that has any type of ostomy: colostomy, ileostomy, urostomy, continent urinary or intestinal diversion and would like to belong to a support group geared to these special children and their parents. We are interested in starting up a support group that would be geared to issues facing these special kids and also to provide an environment where they can feel comfortable discussing things that are a concern to them with others who may have the same issues. A place where they won't feel different. We would also like to provide a place where the parents can discuss their own experiences. ...good and bad that are involved in having a child that has medical issues. The meetings: be they informal get togetherness, picnics or special presentations would be held in the Saskatoon area. Myself, Laurie Beaulieu and Marlyne Wight both have sons with continent urinary diversions, which were needed due to a rare medical condition. Our sons are 9 yrs and 16 yrs respectively. They have been through a lot and have gained much experience on coping that could benefit other children which in turn helps them as well. Details concerning how often to meet, no less than 2 times a year to no more than 6 times a year would be worked out after a consensus is reached with the

founding members. If interested please call Laurie Beaulieu at 258-2016 or Marlyne Wight at 249-5731.

REASONS FOR SKIN BREAKDOWN

By: Marvin M. Schuster, M.D., Via: The Dallas TX. Ostomatic News

Skin breakdown is one of the most common problems ostomates encounter, but can be avoided by proper care and management. Different problems arise for ileostomates, colostomates, and urinary diversions, but no matter what the disorder or whom it affects, prevention is always much easier than treatment at late stages. For this reason, the ostomate should give particular attention to the state of the skin and take immediate steps if he or she notices anything unusual. This is especially important because good, healthy skin makes for a better fitting appliance which, in turn, makes for a good, healthy skin. Skin breakdown may be due to one of three causes:

Allergy: An allergy may be due to the adhesives, cement, or the material of which the appliance is made. Fortunately, Karaya itself is so inert, that it is extremely rare for a person to be allergic to it. If there is any suspicion of allergy, the ostomate should test whatever material he seems to be allergic to on a part of the body remote from the stoma, say the chest or arm for example. One can do this by putting a small amount of tape or cement or suspected material in a patch in the area and observe for further effects. Should the skin break down here, it will not interfere with adherence of the appliance. Sometimes one can eliminate allergic response simply by switching to another brand. But again, this is best determined by trial, using the patch test as suggested.

Exposure of Skin to Digestive Enzymes: This problem is more common to ileostomates than to colostomates or to people with urinary diversions, since the ilea excretions are rich in digestive enzymes whereas the other two fluids are not. Prevention also begins with a sufficiently protruding stoma for the ileostomate. If skin breakdown is present, there are a number of substances which can be used to promote healing and an enlightened physician or ET can handle this problem.

Infection with Bacteria or Fungus: This problem often gets started from one of the other two problems, especially when there is a poor fit to the appliance, and leakage occurs. Two very good agents for handling this situation are Mycostatin Powder and Kenalog Spray. Mycostatin kills the fungus (yeast) and the Kenalog Spray contains cortisone which permits healing of the skin. Neither of these agents has any greasy components to interfere with adherence of the appliance. Note: Each of these requires a Doctor's Prescription.

THE BASICS OF GOOD SKIN CARE

Excerpted from an article by Barb Barrickman, RN, CETN Via: Chippewa Valley WI

Caring for the skin around the stoma is an important part of basic ostomy care. Good skin care around the stoma (the personal area) is not very different from caring for the rest of your skin. Healthy skin protects us from the environment, produces vitamin D, provides a tough, flexible foundation to hold the rest of your body, regulates body temperature, insulates the body from cold and trauma, and provides an avenue for sensation and grip. Normally the skin is acidic in pH, approximately 5.5. This natural acidity discourages bacterial growth, helps to absorb moisture, and keeps the cells closer together to prevent cracks in our protective layer. As we age, the skin changes. It becomes thinner, making it more susceptible to injury and changing the way our body reacts to temperature, pain, pressure and chemicals. It becomes less flexible and often sags. It heals half as quickly as before and becomes drier with visible cracks which harbor bacterial growth. Good skin care can delay many of these natural aging processes and aid in keeping the skin healthy. The basics of good skin care include:

1. **Clean the skin with a good cleanser with a pH between 4.5 & 0.** Normal skin can handle this well, with the skin regaining its normal acidic pH within 20-30 minutes.
2. **Frequent washing irritates skin.** Soap and a washcloth are the worst enemies of fragile and/or damaged skin. Washing with just plain water and gentle friction is all that is needed.
3. **Air drying is beneficial if time permits.**
4. **Apply moisturizer to skin** (except under pouching adhesives) after bathing to take advantage of open pores. Look for moisturizers that contain one or more of the following ingredients: liquid paraffin, lanolin, castor oil, cetostearyl alcohols, glycerol stearate.
5. **Check the Ingredients in your skin care products and know what they are for.** Active ingredients should be listed in descending order of percentages contained in the product.

Purposes of Ingredients and examples: Emollients soothe and soften the skin. Examples: almond oil, aloe vera, lanolin, dimethicone copolyol, mineral oil. Antimicrobials eliminate microbes and reduce skin infections; kill normal skin flora as well as unwanted bacteria. The normal skin flora re-colonize one to two hours after the use of an antimicrobial. Examples: hexylresorcinol, triclosan, benzethonium chloride. Emulsifying surfactants dissolve human excreta. Examples: polyaxamar 188, potassium palmitate, polysorbate. Humectants prevent drying; soften and moisturize damaged skin by binding moisture to the skin. Examples: d-panthenol, propylene glycol, sodium PCA, glycerin. The peristomal skin may need special protection from the adhesives on the pouching equipment and/or the output from the stoma. Barrier products are designed to protect the skin from contact with

moisture and prevent friction. Skin films, actually plasticize the skin by placing a co-polymer film on the skin. Product examples that provide this barrier film include : Smith & Nephew/ United Skin Prep, ConvaTec AllKare Protective Barrier Wipe, 3M No Sting Skin Protectant, Bard Protective Barrier Film, and Hollister Skin Protectant Barrier. These products may be helpful in preventing and/or treating skin breakdown problems in the peristomal skin area. They should be used only as directed and after consulting with an ET nurse or ostomy supplier, as some ostomy pouches are not recommended to be used in conjunction with these film barriers.

VOICE In Health Policy

by Voluntary Organizations Involved in Collaborative Engagement

Report prepared by Cliff Nickel.

Round Table Discussion of Volunteer Organizations Working in Health, Six Regions. We were invited to participate, Regina, February 13, 2003, at the University of Regina. Saskatoon Ostomy Association being one of 33 VOWHs listed,

It dealt with the June 20, 2000, Federal Government's "Partnering for the Benefit of Canadians: Voluntary Sector Initiative".

It is a 5-year plan, funded by the federal government to enhance the relationship between Health Canada and VOWHs.

In collaboration about Health Policy Development, they agreed on Three Phases:

1. Building Policy Capacity - Sept. 2002 - Dec. 2003, Roundtables to be held in six regions across Canada. Information collected, shared, and analysed.
2. Application for the Learnings - Sept 2003 - Dec. 2004, Learning activities and tools to be developed to help VOWHs to increase their policy capacity. Some VOWHs will participate in joint projects on federal health issues.
3. Sustaining the Learnings - Sept. 2004 - March 2005. Distribution of toolkit compendium highlighting:
 - results of project activities
 - successful policy models, etc.

Sid, our orienteer, kept the dozen (or so) reps. from VOWHs going. We made about 2 1/2 rounds, which meant that some of us had opportunity to make 3 contributions to come up with our 28 health matters. Each health concern, in summary form, was notated on a large sheet of paper and hung in a visible space on the wall where all of us could see it, review, analyse, suggest mergers and/or changes, etc. Discussion came easily. Anyone who wants to know more than what I say in this

report, I'd be glad to talk to you, and even lend you the materials I received.

It was apparent almost immediately that most of the suggestions had a financial base, and money is often hard to come by. If VOWHs are waiting to receive funding before they act, they may never get off the ground. Therefore, I was pleased to note that our Saskatoon Ostomy Association was active in raising necessary funds, a budget of \$9,000 to cover the costs of our directives. Nobody is on a payroll. Yet much is being done. I think our organization made an impact.

As your representative, my contributions lined up with recommendations that Trish had made on a questionnaire that she had filled in, in lieu of my going: (a) Early release from hospital of Ostomates after surgery should be guarded against. (b) More ready access to Enterostomal Therapists (ETs) is required, (c) Health organizations should address the needs of the entire age spectrum in both: urban and rural settings, rather than catering to only one age group. Comment was made that the general public was quite unaware what Ostomy Associations were all about. Several reps. felt that rural folk were often at a disadvantage.

We had a rep. there who was deaf. Of course, using sign language, he championed their cause. Through the two ladies signing for him he shared that it was rare for deaf people to be able to participate in this kind of discussion because too many times there was no one to do the signing. He proved to have good ideas, and was grateful for the way this roundtable discussion was enabling him to participate fully.

Before we disbanded that forenoon we, by a vote, picked the top three health matters: (1) Our No. 23, namely, that we need mandated investment in all determinants of health, re: poverty, race, health, etc. (2) Our No. 16, namely, better training of physicians and justice people related to addictions is necessary. (3) Our No. 28, that health matters be mandated through school curricula from Kdgn. through Grade 12.

I was pleased to represent UAO, Saskatoon Chapter. Report prepared by Cliff Nickel.

P.S. On March 18, 2003, I received a call from our Winnipeg Office of Health, wanting to know more about our organization. My sense was that they were feeling me out as to whether we would be willing to take an active role in helping shape government health policies. I was careful to emphasize that our efforts thus far had been more or less local and provincial. If we were going to consider that route, it would require careful analysis, discussion and decision-making. However, I suppose that our hosting the United Ostomy Association of Canada convention has national connotations. Are we interested in such a direction?

A WORD ABOUT THE PERINEAL WOUND!

Via: Northern Virginia Chapter UOA

If you had your rectum and anus removed as part of your ostomy surgery, you have what is called a **perineal wound**, a gap in your perineum. This wound is often neglected in the care and management of patients with colostomies and ileostomies, since most of the attention is devoted to the stoma. As a result, many ostomates are not prepared to deal with the perineal wound. Doctors and nurses tend to explain the ostomy and the need to remove the rectum, but rarely mention the “hole” left after the rectum and anus have been removed, what to do with it and how to take care of it. The perineal wound is bounded by the pelvic bones. It is different from other wounds which just simply grow together (often after having been stitched), since it is important that the wound heal from the inside out and be filled with tissue. Healing may thus take considerably longer than “normal”; the healing time ranging from two months to even a year. While you are waiting for the wound to heal, it may be more comfortable to sit on a soft cushion. But, do not use a donut cushion!! It has a tendency to pull the skin outward, putting more strain on the area, causing pain and slowing down the healing. Sitz baths can be both soothing and helpful, stimulating the blood circulation in the area. Ostomates may experience the need to evacuate the rectum, even though it has been removed. Some ostomates experience the “urge” while irrigating. Such phantom sensations are the result of

nerves that have enervated the rectum and were responsible for rectal continence, continuing to function, even after removal of the rectum. Often changing positions, or sitting on the toilet for a short period of time may relieve the symptoms temporarily. Pain in the perineal wound area during the first year after surgery may be significant. It could indicate an infection of the wound. There may be healing at the skin level, but abscesses may be forming below. Ostomates with persistent pain should see their physician.



"We're going to take a link out of your food chain"

SASKATOON OSTOMY ASSOCIATION

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Saskatoon 2003 - 2004 Meetings

September 8, 2003

October 6, 2003

November 3, 2003

December 1, 2003

February 2, 2004

March 1, 2004

April 5, 2004

May 3, 2004

June 7, 2004

VISIT YOUR STOMA CLINIC regularly!

Room 1610, A Wing, Royal University Hospital. The help and expertise of our Enterostomal Therapists is available to you on an ongoing basis. It pays to keep in touch and keep updated, so see us soon.

FOR APPOINTMENT PHONE: **655-2138**

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APPLICATION FOR MEMBERSHIP

I would like to become a member of the Saskatoon Ostomy Association. Enclosed is my cheque for \$25.00, for one year's membership. I understand that membership includes voting privileges, issues of the Saskatoon Bulletin, and U.O.A. Canada's magazine Ostomy Canada.

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For information contact:
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