



Saskatoon Ostomy Association Bulletin

Internet web page - > <http://members.shaw.ca/saskatoonostomy>

Mailing Address ----> 1610 Isabella Street, Saskatoon, SK, S7J 0C1 March. 2007

SASKATOON MEETING INFORMATION

Location: NorDon Drugs, Medical Center -

Louise Avenue & Isabella Street

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

Monday, September 10, 2007 - Conference Report - 9

members and 7 family members from Saskatoon attended the UOAC conference in Calgary. The conference celebrated the 10th anniversary of the UOAC and the theme was "Changing Times". Come hear what we learned at the conference.

Monday, October 1, 2007 - Ostomy Youth Camp report - come hear what Jenine and Leland did at camp this year.

Also, Brian Trainor, a retired City Policeman, will talk to us about "Frauds and Scams". He will also have copies of his book for sale at \$15 each.

Saskatoon Ostomy Association

Dates to remember....

Saturday November 3, 2007

The Saskatoon Ostomy Association 4th Annual Bingo and Supper. At the Nutana Legion 3021 Louise Street.

Begins with Cocktails 5 - 6 p.m., then Supper 6 p.m. and Bingo to follow. This event is always a great night out and the prizes are great. All funds support kids going to camp and members attending the national ostomy conference.



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SASKATOON OSTOMY ASSOCIATION

(A Chapter of the United Ostomy Association of Canada)

The Saskatoon Ostomy Chapter is a nonprofit 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 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.

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 - August 30, 2007

Greetings,

I am pleased to announce that the Youth Advisory Council made a donation to the Saskatoon Ostomy Association on May 18, 2007. I was in attendance at their function to receive the \$2100 grant.

Two youth from Saskatoon were able to attend the Ostomy Youth Camp this year. Further reports will be made at the October meeting. Nine members and seven family members, for a total of 16 people, attended the UOAC Conference in Calgary. I am pleased that so many from Saskatoon were able to attend and that a wonderful time was had by all. Further reports will be made at the September meeting. The 2008 conference will be in Hamilton, and the 2009 conference will be in Cape Breton.

A big thanks to Pat Ramage, who attended the Calgary conference, for accepting the position of Vice President of the SOA. And thanks to Prem Dhir who accepted the position of Secretary of the SOA. This leaves just one vacant executive position - Past President. I'm open to any member joining our board, not necessarily a past president. If you are interested, please let me know.

And thanks to Marlyne Wight who will be our committee head for the 4th annual supper and bingo night. More details in this newsletter.

We are looking for a Social Events and coffee/snack coordinator. Please talk to Marg if you are interested.

We are looking for someone to be the contact person for SASO (Spouses and Significant Others). The Spouses and Significant Others Committee (SASO) of UOAC was formed to address the needs of and offer support to spouses, significant others, families and friends of persons with an Ostomy. Please talk to me if you are interested.

Robert Crawford had two trips to the hospital over the summer. I hope he is recovering and will be able to join us soon. Leland Beaulieu had surgery over the summer. I hope he is recovering and will be able to join us soon.

A reminder that the meetings are open to anyone, you do not have to be a paid-up member to attend the meetings. Feel free to bring family and friends.

Peter Folk,
President SOA

MEETING MINUTES



By Betty Tydeman

SASKATOON OSTOMY ASSOCIATION

MONDAY MAY 7, 2007

meeting at Sardinia Restaurant

1. This was a Pizza Party meeting with 55 people attending. The pizzas were excellent. The attendance included 2 E.T.'s and 3 staff members of Nordon Drugs.
2. **MOTION:** Zak/Robert to accept the minutes of April 2nd. CARRIED
3. **NOTABLE DATES:** Ed. reported that he had his surgery 53 years ago. Birthday wishes to Robert's wife. Donna, Peter Krawchuk. Special days also for Marcelle and Beverley.
4. **President's Report:** Peter reported that there had been 18 people attend the visitor training session. A gift had been given to Sheila who had been the session's leader. UOAC will sponsor 10 members to attend National. The executive will help up to 3 kids to go to camp but only 2 had applied.
5. Special recognition was given to James as Past-President who is leaving for St. Lucia. He was given a sun hat/sunscreen, lotion and an appropriate shirt.
6. **MOTION:** Zak/Prem registered a notice to change the by-laws. Article 7 that officers term of one year will be held in the second term. CARRIED.
7. **Election of officers** - led by James.
President: Peter Folk
Secretary - vacant
Vice-President - vacant
Treasurer: MOTION: Peter/Pat to allow Marg Chastakoff to do one more year. CARRIED.
Thanks extended to Prem, Betty, Pat Crilly, Marlene and

Laurie.

Officers and committee chairpersons were given gifts of flowers.

Thanks further extended to Trish as Librarian, Don as visitor coordinator, the E.T.'s and staff from Nordon Drugs.

8. **50/50** - Robert reported that this project had earned \$320.00 for this year. Today's 50/50 was won by Clarence Hoffmam who donated the money back to the organization.

9. **Election:** Peter reported that further election of officers would be held in the fall to fill out the executive.

10. The meeting was closed from the chair.

EDITOR'S MESSAGE Laurie Beaulieu



Hi all,

Our family had a busy summer with some fun trips to the lake, a trip to the hospital and the long awaited referral of a beautiful little girl from the Philippines. Our son Leland suffered another, his 5th., small bowel obstruction. He again required surgery, his 12th. operation. We are blessed that he has a very good pediatric surgeon, Dr Miller, who was able to do a difficult laproscopic repair. Leland's obstructions are all the result of adhesions caused by previous abdominal surgery. I have therefore decided to include an article on adhesions which is the most frustrating complication general surgeons deal with. The great news was that 2 days after Leland left the hospital we received the call we have been waiting 3 years for and Leland now has a baby sister Angel Marie. We hope to have the go ahead to travel and pick up our daughter before Christmas! I hope all of you had a great summer. Please feel free to inform me of any errors or omissions. If there are items you would like to see in the newsletter feel free to submit them via e-mail rlfarms@sasktel.net or via snail mail at box 35, Vonda, Sask. S0K 4N0



UPDATE

Webmaster's Report - August 30, 2007

Greetings,

I attended a webmaster session at the UOAC convention in Calgary and met with other webmasters from other chapters as well as the webmaster for the UOAC website. Many interesting tips were given. I hope to have some of them implemented soon. Our website has had 20,700 visitors since December 1, 2004. Most popular search engine is Google! (78%) followed by Yahoo! (12%). Our website now has photos from the UOAC conference in Calgary, photos from our May 7 supper meeting at Sardinia Family restaurant, as well as links to other chapter sites in Canada.

Happy surfing!

Peter Folk,

Webmaster, SOA



FRIENDS OF OSTOMATES WORLDWIDE

FOW is a nonprofit 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.



A big Thanks:

To the **Youth Advisory Council** who made a very generous donation of \$2100.00 to the Saskatoon Ostomy Association. the funds to be used to sponsor kids to Youth Ostomy Camp.

VISITATION REPORT



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

	Aug	Sept	Oct.	Nov
Ileostomy	1	3		
Colostomy	4	1		
Urostomy				
Pelvic Pouch				

WELCOME TO OUR NEW MEMBERS



Memberships for 2007 are almost all collected. We do have some memberships that have not been paid. It is important that

this is taken care of immediately to continue receiving the bulletins and the Ostomy Canada publications. Welcome to our new members. Hope to see you at the meetings soon!

- Lillian MuzykaSaskatoon
- Debbie AlexandersenPrince Albert
- Heather SimonSaskatoon
- John BurchSaskatoon
- Rod Osborne.....Saskatoon
- Allan Wilde.....Aberdeen
- Mark McAvoy.....Saskatoon
- Mona J. Richardson.....Davidson
- Elva Jones.....Saskatoon

Wanted: Old issues of Ostomy Canada to share with new members.



REGIONAL STOMA AND WOUND CLINICS



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

I was recently informed that the department at Royal University Hospital is moving. Please watch for notices or call your E.T. for more information. I hope to have more information for the next newsletter.

If you aren't IN it's just B—GO!!

Saturday November 3, 2007

Nutana Legion

3021 Louise Street

The Saskatoon Ostomy Association

4th Annual Bingo and Supper

Cocktails 5 - 6 p.m.

Supper 6 p.m.

Bingo to follow

Supper Sponsor: Nordon Drugs and Medical Supplies

Tickets: \$25.00 (\$20.00 tax receipt)

Tickets available at the September and October SOA General Meeting and Nordon Medical

Deadline to purchase tickets: **Saturday October 27**

All proceeds used to sponsor members wishing to attend the UOAC national conference or Ostomy Youth Camp



Ostomy support group for kids and their parents



Canadian Ostomy Camp is a place where your child can meet others from all over Canada. The

children love the freedom that comes with hanging out with others who can understand. If you have a child that has an ostomy of any kind or a continent alternative surgery for bowel or bladder emptying this is the camp for them.

Interested in attending camp please call Marlyne at 249-5731 or Laurie at 258-2016.

We may be able to help with with costs for your child.

For Sale

1997 Dodge Ram 2500 Van with WHEEL CHAIR LIFT
Ricaon lift accessible thru remote power door. 3 way
electric drivers seat allows easy transfer. PW, air, tilt,
cruise control, am/fm cassette, drivers air bag, seats 4
plus drive & wheelchair. Very good running condition.
\$8299 OBO call (306)492-4848



Who's the boss?

All of the organs of the body were having a meeting, trying to decide who was the one in charge.

"I should be in charge," said the brain, "because I run all the body's systems, so without me nothing would happen."

"I should be in charge," said the blood, "because I circulate oxygen all over so without me you'd all waste away."

"I should be in charge," said the stomach, "because I process food and give all of you energy."

"I should be in charge," said the legs, "because I carry the body wherever it needs to go."

"I should be in charge," said the eyes, "because I allow
the body to see where it goes." 6

"I should be in charge," said the rectum, "because I'm responsible for waste removal."

All the other body parts laughed at the rectum and insulted him, so in a huff, he shut down tight. Within a few days, the brain had a terrible headache, the stomach was bloated, the legs got wobbly, the eyes got watery, and the blood was toxic. They all decided that the rectum should be the boss.

The moral of the story?

The butt hole is usually in charge!



Adhesions, General and After Surgery

Adhesions Overview

An adhesion is a band of scar tissue that binds 2 parts of your tissue together. They should remain separate. Adhesions may appear as thin sheets of tissue similar to plastic wrap or as thick fibrous bands.

The tissue develops when the body's repair mechanisms respond to any tissue disturbance, such as surgery, infection, trauma, or radiation. Although adhesions can occur anywhere, the most common locations are within the stomach, the pelvis, and the heart.

* Abdominal adhesions: Abdominal adhesions are a common complication of surgery, occurring in up to 93% of people who undergo abdominal or pelvic surgery. Abdominal adhesions also occur in 10.4% of people who have never had surgery.

o Most adhesions are painless and do not cause complications. However, adhesions cause 60%-70% of small bowel obstructions in adults and are believed to contribute to the development of chronic pelvic pain.

o Adhesions typically begin to form within the first few days after surgery, but they may not produce symptoms for months or even years. As scar tissue begins to restrict motion of the small intestines, passing food through the digestive system becomes progressively more difficult. The bowel may become blocked.

o In extreme cases, adhesions may form fibrous bands around a segment of an intestine. This constricts blood flow and leads to tissue death.

* Pelvic adhesions: Pelvic adhesions may involve any organ within the pelvis, such as the uterus, ovaries, fallopian tubes, or bladder, and usually occur after surgery. Pelvic

inflammatory disease (PID) results from an infection (usually a sexually transmitted disease) that frequently leads to adhesions within the fallopian tubes. A woman's eggs pass through her fallopian tubes into her uterus for reproduction. Fallopian adhesions can lead to infertility and increased incidence of ectopic pregnancy in which a fetus develops outside the uterus.

* Heart adhesions: Scar tissue may form within the membranes that surround the heart (pericardial sac), thus restricting heart function. Infections, such as rheumatic fever, may lead to adhesions forming on heart valves and leading to decreased heart efficiency.

Adhesions Causes

Adhesions develop as the body attempts to repair itself. This normal response can occur after surgery, infection, trauma, or radiation. Repair cells within the body cannot tell the difference between one organ and another. If an organ undergoes repair and comes into contact with another part of itself, or another organ, scar tissue may form to connect the 2 surfaces.

Adhesions Symptoms

Doctors associate signs and symptoms of adhesions with the problems an adhesion causes rather than from an adhesion directly. As a result, people experience many complaints based on where an adhesion forms and what it may disrupt. Typically, adhesions show no symptoms and go undiagnosed.

Most commonly, adhesions cause pain by pulling nerves, either within an organ tied down by an adhesion or within the adhesion itself.

* Adhesions above the liver may cause pain with deep breathing.

* Intestinal adhesions may cause pain due to obstruction during exercise or when stretching.

* Adhesions involving the vagina or uterus may cause pain during intercourse.

* Pericardial adhesions may cause chest pain.

* It is important to note that not all pain is caused by adhesions and not all adhesions cause pain.

* Small bowel obstruction (intestinal blockage) due to adhesions is a surgical emergency.

o These adhesions trigger waves of cramp like pain in your stomach. This pain, which can last seconds to minutes, often worsens if you eat food, which increases activity of the intestines.

o Once the pain starts, you may vomit. This often

relieves the pain.

o Your stomach may become tender and progressively bloated.

o You may hear high-pitched tinkling bowel sounds over your stomach, accompanied by increased gas and loose stools.

o Fever is usually minimal.

* Such intestinal blockage can correct itself. However, you must see your doctor. If the blockage progresses, these conditions may develop:

o Your bowel stretches further.

o Pain becomes constant and severe.

o Bowel sounds disappear.

o Gas and bowel movements stop.

o Your belly will grow.

o Fever may increase.

o Further progression can tear your intestinal wall and contaminate your abdominal cavity with bowel contents.

When to Seek Medical Care

See a doctor any time you experience abdominal pain, pelvic pain, chest pain, or unexplained fever. If you have undergone surgery or have a history of medical illness, discuss any changes in your recovery or condition with your doctor.

Go to the nearest emergency department if chest pain, abdominal pain, pelvic pain, or unexplained fever occurs.

Surgery

Two common surgical techniques used to treat abdominal adhesions are laparoscopy and laparotomy.

* With laparoscopy, a doctor places a camera into your body through a small hole in the skin to confirm that adhesions exist. The adhesions then are cut and released (adhesiolysis).

* In laparotomy, a doctor makes a larger incision to directly see adhesions and treat them. The technique varies depending on specific circumstances.

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Stress

A lecturer when explaining stress management to an audience, raised a glass of water and asked, "How heavy is this glass of water?" Answers called out ranged from 20g to 500g.

The lecturer replied, "The absolute weight doesn't matter. It depends on how long you try to hold it. If I hold it for a minute, that's not a problem. If I hold it for an hour, I'll have an ache in my arm. If I hold it for a day, you'll have to call an ambulance. In each case, it's the same weight, but the longer I hold it, the heavier it becomes."

Stress cont....

He continued, "And that's the way it is with stress management. If we carry our burdens all the time, sooner or later, as the burden becomes increasingly heavy, we won't be able to carry on."

"As with the glass of water, you have to put it down for a while and rest before holding it again. When we're refreshed, we can carry on with the burden."

"So, before you return home tonight, put the burden of work down. Don't carry it home. You can pick it up tomorrow. Whatever burdens you're carrying now, let them down for a moment if you can."

So, my friend, put down anything that may be a burden to you right now. Don't pick it up again until after you've rested a while.

Here are some great ways of dealing with the burdens of life:

- * Accept that some days you're the pigeon, and some days you're the statue.
- * Always keep your words soft and sweet, just in case you have to eat them.
- * Always read stuff that will make you look good if you die in the middle of it.
- * Drive carefully. It's not only cars that can be recalled by their maker.
- * If you can't be kind, at least have the decency to be vague.
- * If you lend someone \$20 and never see that person again, it was probably worth it.
- * It may be that your sole purpose in life is simply be kind to others.
- * Never put both feet in your mouth at the same time, because then you won't have a leg to stand on.
- * Nobody cares if you can't dance well.
Just get up and dance.
- * Since it's the early worm that gets eaten by the bird, sleep late.
- * The second mouse gets the cheese.
- * When every thing's coming your way, you're in the wrong lane.
- * Birthdays are good for you. The more you have, the longer you live. And left over birthday cake IS a breakfast food.
- * You may be only one person in the world, but you may also

be the world to one person.

* Some mistakes are too much fun to only make once.

* We could learn a lot from crayons. Some are sharp, some are pretty and some are dull. Some have weird names, and all are different colors, but they all have to live in the same box.

"A truly happy person is one who can enjoy the scenery on a detour."

<http://www.uoaa.org/forum/viewtopic.php?t=6384>

Bladder Cancer

Most tumors of the urinary bladder are malignant. They are likely to develop after the age of 50, and men are more susceptible than women. At least 95 percent of these tumors are carcinomas or papillomas. These cancers are unique, especially papillomas. When the first tumor is removed, another develops months or years later. It is a new lesion and likely to be more malignant than the first. And this type of recurrence may happen over and over again. This is why urologists insist on looking into the bladder every three to six months after the first neoplasm is removed.

The incidence of bladder tumors is increasing among our population. In 2002, it was estimated that 56,500 (US) new cases would be reported. Overall, bladder cancer incidence is about four times higher in men than in women. On the other hand, the death rate has not risen due, perhaps, to improvements in early diagnosis and treatment. Cancers of the bladder may grow for varying periods of time without producing any symptoms. They are always suspected when the individual suddenly, and for no apparent reason, urinates blood. Should this painless, but serious, sign develop, consult with your physician without delay. He may recommend an urologist who will try to find the source of the bleeding. If nothing is done about the sudden bleeding, it may stop spontaneously. However, sign of bladder irritation and infection may soon ensue with queasy urgency, and difficult and painful urination. Diagnosis is made by looking into the bladder with a cystoscope and doing a biopsy. With this procedure, the surgeon determines the size, shape, and location of the tumor. In some instances, the top of the lesion has sloughed off, leaving a bleeding ulcer. A pap test of the urine may reveal cancer cells. X-rays of the kidneys and an examination of the prostate gland in men, complete the study. Some vesical tumors can be removed with electro coagulations or cutting electric currents inserted through the opening in the scope, Radon seeds can be inserted in the same way. Serious lesions require abdominal surgery, which involves removal of part of, or the entire bladder.

Source: T.R. Van Dellan, MD., Greater St. Louis Chapter; Columbia, MO; Metro Halifax News, 2007

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Saskatoon meetings for 2007 - 2008

September 10, 2007
 (2nd Monday because Labour Day is September 3)
 October 1, 2007
 November 5, 2007
 December 3, 2007

(No meeting in January)
 February 4, 2008
 March 3, 2008
 April 7, 2008
 May 5, 2008
 (No meetings in June, July or August)

