



SASKATOON OSTOMY ASSOCIATION BULLETIN August 2011

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, September 12, 2011, 7:30 p.m.

Program: Zorie Broughton, a representative from the Saskatchewan Party, will be in attendance. Please come prepared to express your concerns and make some suggestions that she can take to the Health Minister.

When: Monday, October 3, 2011, 7:30 p.m.

Program: Laura Friesen, aerobic instructor—specializing in senior programs—will teach us some basic moves and stretches.

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

- Convenient washrooms and parking.
- Refreshments and visiting at each meeting.
- Spouses, family members and other visitors welcome.

There are no strangers here - just friends who haven't met yet.

Visitor Training Program

Our visitor program is the most important service which our organization offers. Remember how uplifted you felt after your ostomy visitor came to see you. Please consider volunteering to be one. All presently trained visitors are advised to repeat the training program every three years. We will be hosting a visitor training session:

When: Saturday, October 15, 2011, 9:00 a.m. to 3:00 p.m

Where: SIAST Kelsey Campus, Room 128, first floor
corner of Idylwyld Drive and 33rd Street

If you wish to participate, please contact: Pat Ramage 384-0581

Lunch will be provided

Summary of Minutes

A meeting of the Saskatoon Ostomy Association was held on April 4, 2011. Reports included:

Visitation: 4 Colostomy, 6 Ileostomy, 2 Urostomy

Bulletin: Caroline Harris has stepped down from this position. Peter Folk will temporarily step in.

Other announcements included: Steak night fund-raiser will be at Mulberry's on June 6, 2011. May 2 is our ice cream social. Visitor training will take place in the fall. A visitor needs to have re-education every 3 years.

Elections for next term were held. New executive is as follows:

President: Wanda Dansereau

Vice President: Gerard Dakiniewsh

Past President: Pat Ramage

Treasurer: Diane Boyd

Secretary: Tam Gunn

Program: At our meeting was Cam Broten, NDP MLA for Saskatoon/Massey Place.

The need for more coverage for ostomy supplies was discussed. A suggestion made was to initiate a letter writing campaign or go to the legislature to discuss problems and concerns facing an ostomy patient. Cam can help facilitate if he has advance notice.

A meeting of the Saskatoon Ostomy Association was held on May 2, 2011.

Treasurer: Finances are in good order for the year end.

Program: Ice cream social and silent raffle.

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 membership. I understand that membership includes voting privileges, issues of the Saskatoon Bulletin, and United Ostomy Association of Canada's magazine *OSTOMY CANADA*.

I am a: New Member Renewing Member Year of Birth: _____

I have a: Colostomy Ileostomy Urostomy Continent Ostomy

I am a: Spouse Medical Professional Other Date: _____

NAME: (Please Print) _____

ADDRESS: _____

Postal Code: _____ Telephone #'s: _____

Email: _____

Please make cheques payable to:

For Information contact:

The Saskatoon Ostomy Association
1610 Isabella Street,
Saskatoon, SK S7J 0C1

Nordon Medical 374-1589
Stoma Clinic: 665-2138

President's Message

Hello all,

My name is Wanda Dansereau and I will be serving as your president. I have had a urostomy for four years and have been a chapter member for three. I would like to thank Pat for being such a great leader and president. I have big shoes to fill and will be looking for guidance and advice from time to time.

I hope everyone is having a great summer. I am having a very busy one, with lots of family as well as planning the AGM/CIS for August and arranging meetings for the fall. Half of my garden was flooded out so only half the work, but still have raspberries, saskatoons and strawberries to pick.

I would like to start the term off with a contest for a **new and unique logo** for our chapter. It would be used on the front cover of our bulletin as well as all correspondence, cards etc. The winner will receive one year paid membership and two free dinners at our next Steak Night. So everyone get your creative minds in gear! Submit your entries at one of our next three monthly meetings.

I will try to make every meeting educational or informational with occasional special draws as well as the 50/50s. Come for the fellowship, bring a spouse or a friend - it will be fun! One member has asked for the return of the breakaway ostomy groups just before refreshments. We can give it a try in October.

Looking forward to the new season. Our organization is only as good as All of its Members!!

Wanda

Editor's Edifying Efforts

- In August, our chapter hosted a **Chapter Information Session** for the Prairie Region in conjunction with UOAC Annual General Meeting. Attendance was approximately 70 people. The speakers were interesting and informative. Congratulations to Wanda Dansereau, who did a wonderful job of organizing the event. Thank you to the volunteers who made it happen.
- At our May meeting, we filled all the executive positions but we still need a few volunteers to serve on committees. We need a person to handle **literature**. Ron Sadler would like an assistant on **visiting**. A new committee - **Fund Development** - is being created. This will be further explained at the September 12 meeting. If you have any questions on any positions or how the chapter functions, please do not hesitate to ask at a meeting.
- If you have a topic about which you wish to hear a speaker, please put it in the suggestion box which will be a the greeter's table at our meetings. Or, if you know someone who is willing to speak at a meeting, please put the name in the box.
- At our October meeting, we plan to have a draw for a **Harvest Basket**. Please bring a harvest item (e.g. produce, dried flowers, canning) to donate to the basket.
- The **Stoma Clinic** is located at room 5706, A Wing, Royal University Hospital. If you wish to contact an ET, please phone 655-2138. If you do not reach the secretary, please leave a message.



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- As a fund-raiser, we are planning a **garage sale** for spring, 2012. Please keep this in mind and start putting aside your donations. If you live in a good location for a garage sale (e.g. Montgomery area) please consider offering your place to have the sale.
- **Webmaster Report:** Our website has had 4728 hits from 2511 visitors in 2010. I have added a Like button for people who use Facebook. Our Facebook group has 21 members. Our email discussion group has 45 members. To join our group, visit: <http://health.groups.yahoo.com/group/saskatoonostomy/>. That way, you can stay in touch with other members and get reminders about upcoming meetings and events. 
- The **Unsung Heroes Award** is given by UOAC to those individuals who do not seek the limelight but who work behind the scenes, doing their work and giving their support in an unobstructive manner. Two recent recipients from our chapter are Robert Crawford (June, 2009) and Marlyne Wight (September, 2008). If you have anyone you wish to nominate, please outline why you think this person deserves the award, and put it in the Suggestion Box. Please include your name and phone number.
- **ET Solutions** is a private practice. If you wish to contact Teri Schroeder, call (306) 249-1442. 
- We are looking for a member who used to be involved with CCFC and is familiar with their program. Please contact Teri at (306) 249-1442.
- Friends of Ostomates Worldwide Canada (FOWC) collects and sends ostomy supplies and literature to needy countries. Donations can be brought to meetings or to Nordon Medical Supplies (1610 Isabella Street).
- The next UOAC Conference will be held August 15 to 23, 2012 in Toronto, Ontario. More information is available on the UOAC website.
- Donations, memorials and tributes will be issued an income tax receipt. Please contact Diane Boyd (249-9079) or mail to:

Saskatoon Ostomy Association
1610 Isabella Street
Saskatoon, SK, S7J 0C1.
- You can also make donations on our website by clicking on the “Donate Now through CanadaHelps.org” button. You can use your credit card, and now, PayPal. A big **THANK YOU** to everyone for your generous contributions. 
- If you prefer to read the **Bulletin** online and no longer wish to be mailed the hardcopy, please contact Diane Boyd at (306) 249-9079.
- Our next Bulletin will be out late October.

MORE PRECIOUS THAN GOLD

The Value of an Ostomy Visitor via Rose City Ostomy News, Tyler, Texas Chapter

There are times when a particular person can make a difference that no one else can make...so it is with the ostomy visitor. Your value is literally beyond measure. It's like dropping a pebble into a pool. It may seem like a small thing to those of us who volunteer. . . yet the rippling effect is expansive. Who knows how far it might go. You help someone at a time when they are very vulnerable. They in turn might be the visitors of the future.

Do you remember your ostomy visitor? Just when you thought that you couldn't possibly deal with this operation, a friendly face appeared at your hospital door (or home). The person assured you that he or she had once been the patient in the bed. They could also empathize with your aches and pains, your depression, and your fear of the future.

You can reflect on your questions when you first had surgery. Am I still lovable? How will I ever wear clothes? Will there be an odor? Won't the pouch leak at an embarrassing moment? How well you probably remember these feelings. The visitor some-how made you feel lovable. The idea dawned that if he or she could make it, you would too.

The possibility of participating in your own ostomy care didn't seem quite so overwhelming. Perhaps you could begin learning. . . one small step at a time. Yes, you might be thinking, wasn't that visit the beginning of a turning point! There was much to be done and perhaps miles to go, but that was the first step. You are living proof that life goes on. You are out there doing the very thing that the new patient wonders about. You are indeed a symbol of hope in the midst of their pain, confusion and fear. Making a visit may seem like a small thing to you. It is like lighting a candle in the midst of darkness. It is helping them to help themselves. Your generosity of time and caring is indeed "More Precious Than Gold."

If you weren't blessed with an ostomy visitor, then remember the struggle you had to find the answers to your questions before you could become one who can be "More Precious Than Gold" to the person with a new ostomy.

IMPORTANCE OF THE LOCAL CHAPTER

By Melissa Baughman, RN ET (From Houston Chapter UOA newsletter, December, 2004)

"So, why bother?" Is that a question you have ever asked yourself as the monthly get-together approaches, or when only a few people show up for a meeting, or when it comes time to plan something a little more complicated than arranging for a speaker and refreshments? The thought has crossed my mind, on occasion, as I think about the myriad of support groups that are already out there. Do we really need this one? In pondering these questions and taking an honest look at the work the local chapter does, I have come to the conclusion that, YES, it is an important group.

As I search for the reasons why, the first one that comes to my mind is a selfish one. If I had not come to a local chapter meeting, if everyone had not been so friendly, and if I had not been made aware of the need, I would not have become an ET nurse myself. It was the local chapter which inspired me to go to school and devote my work toward you.

The second reason for the local chapter is because of the very important work I have seen in the visitor program. Time and time again, it has been the ostomy visitor who has been a key factor in turning a patient's attitude around about ostomy surgery. We in the medical profession can explain over and over again to a patient that he or she can live a normal, fulfilled life after ostomy surgery, but for a great many people the concept is not quite as believable until they wit-

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ness it themselves. To see a visitor dressed in regular clothes, to hear a visitor talk about the normal, everyday activities they do, and to observe a visitor demonstrate an easy-going attitude toward their ostomy - all of this can be a tremendous lift to many facing this surgery. I have often gone into a patient's room after a visitor has left to find that the patient is smiling when he/she was not smiling before. Even those who protest and say they "don't know what to ask, but you can stay for a while if you want" often will keep the visitor in their room for a long time. I can give suggestions to a patient, but I cannot always answer those nitty-gritty questions myself. I can guess, but I don't fully comprehend all of the emotional aspects a surgery like this can create. I can reassure them that they will adjust and that their life is not over, but it is not the same as when it comes from someone who has "been there."

The third reason for the local chapter is for the general support it provides for those who have gone through the surgery. All of you are unique as individuals and yet you carry the surgery as a common bond. No one else can quite understand what you have been through, so you come together in support of each other.

So the next time you think, "why bother going to another meeting" - ask yourself, "where would I be without the information, friendship and encouragement from the ostomy chapter meetings?" Maybe you are the one that can bring this good feeling to a fellow ostomate.

CHECK YOUR DIAGNOSIS

(Reader's Digest)

Do you know what your doctor is talking about when (s)he says you have a certain condition? Below are listed 20 health conditions. Can you match the disease with the correct part of the body affected by it?

1—otitis	lungs	11—rhinitis	joints
2—neuritis	muscles	12—gastritis	abdomen
3—carditis	eye	13—hepatitis	ear
4—dermatitis	throat	14—peritonitis	brain
5—arthritis	blood vessels	15—cystitis	tongue
6—conjunctivitis	stomach	16—tonsillitis	liver
7—bronchitis	bladder	17—encephalitis	skin
8—nephritis	nerves	18—osteomyelitis	nose
9—colitis	heart	19—thrombophlebitis	bones
10—glossitis	kidneys	20—myositis	large intestine

(Answers on page 7)

NEW UROSTOMY PATIENTS

Via: Roanoke (VA) Valley News & South Brevard, FL, Via Evansville Re-Route

- Train yourself to shut the pouch valve as soon as you have emptied the pouch! If you forget, the resulting disaster within the next 10 minutes could ruin your day.
- Be sure to take the plastic waste basin and clear measuring container home from the hospital! They are very helpful

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as you establish a daily routine of washing your night time equipment.

- Gallon bottles of white vinegar and cheap liquid detergent make the daily washing-up an inexpensive chore.
- If you change the pouch first thing in the morning, there is less chance of the stoma misbehaving as you do the change.
- Irrigate the pouch daily with a solution of 4/5 water and 1/5 vinegar. A five quart pail with metal handle (Home Depot, Wal-Mart, etc \$1-\$2) is a great night bottle or bag container by the bed and also a safe way to carry this equipment to the bathroom in the morning. The hospital plastic wash basin is an ideal container for supplies when traveling and can be used to hold the night drainage bag. In the morning, it is handy for washing-up wherever you are.. It fits nicely into most carry-on bags and is not heavy.
- In most cases, urostomy patients enjoy a completely normal diet. Cranberry juice, yogurt, or buttermilk will help combat urinary odors. Asparagus should be avoided as it produces a strong odor in urine.

ANSWERS TO "CHECK YOUR DIAGNOSIS" from page 6

1—otitis	ear	11—rhinitis	nose
2—neuritis	nerves	12—gastritis	stomach
3—carditis	heart	13—hepatitis	liver
4—dermatitis	skin	14—peritonitis	abdomen
5—arthritis	joints	15—cystitis	bladder
6—conjunctivitis	eye	16—tonsillitis	throat
7—bronchitis	lungs	17—encephalitis	brain
8—nephritis	kidneys	18—osteomyelitis	bones
9—colitis	large intestine	19—thrombophlebitis	blood vessels
10—glossitis	tongue	20—myositis	muscles

Stomal Revision

(Philadelphia Journal)

The need for reconstructing a colostomy occurs infrequently, probably less than 10%. The need for reconstruction on ileostomies, on the other hand, occurs much more frequently, probably between 10% to 15%. This is due to a number of factors.

Firstly, the average age of ileostomies is much lower than that of colostomies; hence, they live with their ostomies for a much longer time period, during which factors can arise to necessitate stomal revision (e.g. a massive gain in weight, trauma, an unrelated disease).

Secondly, some of the common diseases for which ileostomies are performed tend to recur and can sabotage a beautifully made, functional stoma. The greatest offender in this regard is Crohn's Disease.

Finally, ileostomies are generally more finicky than colostomies due to the looser and more caustic character of stool at that place in the intestinal tract. Thus ileostomies will cause problems unless they are managed properly.



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Moving Along

(Metro Maryland)

Did you know that the time it takes for a meal to pass through the small intestine varies quite a bit?

If a person is normally active, the time is 4 - 5 hours during the day. However, at night, when all body functions are slow, it is not uncommon for the time span to be 10 - 12 hours. Upon awakening, the appliance will, in all probability, be full. The time it takes for a meal to pass through the intestines will also be governed by the kind of food and the liquid taken, as well as the temperature of the food when eaten.

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SASKATOON OSTOMY ASSOCIATION, 2011 - 2012

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Fund Development

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<http://members.shaw.ca/saskatoonostomy>

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Website address:
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Meeting Dates:

September 12
October 3
November 7
December 5
February 6
March 5
April 2
May 7

No meetings in January, June, July or August