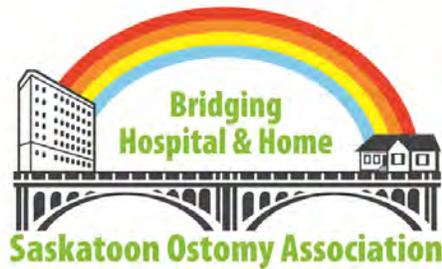


**SASKATOON  
OSTOMY  
ASSOCIATION  
BULLETIN**

**August 2012**



1610 Isabella Street East  
Saskatoon, SK S7J 0C1

Website: [www.saskatoonostomy.ca](http://www.saskatoonostomy.ca)

Email: [info@saskatoonostomy.ca](mailto:info@saskatoonostomy.ca)

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 CHAPTER EVENTS**

**When:** Monday, September 10, 2012, 7:30 p.m.

**Program:** A physiotherapist from RUH will demonstrate strengthening exercises for abdominal muscles to help prevent hernias. Participation will be encouraged.

**When:** Saturday, September 29, 2012, 1:00 p.m.

**Program:** In celebration of World Ostomy Day, we are planning an event at Nordon Medical, Sept 29th 1:00 p.m. to 3:00 p.m. We are hoping to have the reps there. We will have goodies, cupcakes, coffee and juice, with a balloon release at 3 p.m. Come join the celebration. **The Sky is the Limit!**



**When:** Monday, October 1, 2012, 7:30 p.m.

**Program:** Our representatives who attended the Toronto conference in August will give a summary of this event. Also, our own *Peter Folk* - now UOAC Vice President - will give a presentation on Social Media - how to use discussion boards, Twitter, etc., for ostomy support.

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

**Meeting Dates**

November 5, 2012  
December 3, 2012

February 4, 2013  
March 4, 2013  
April 1, 2013

May 6, 2013  
June 3, 2013

No meetings in January, July or August.

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**PRESIDENT'S MESSAGE**

Welcome Back!

Another season of SOA, we are hoping to have it jam packed with information and enjoyment!

We have arranged a physiotherapist for the September meeting, I learned something new in Regina when Diane, Pat, Ray and myself went down to their seminar. We need to exercise the right muscles to avoid those hernias!! I have always been a coach and taught "perfect practice make perfect" not just practice, the same goes here.

The executive has not taken the whole summer off, we have been busy applying for grants working on the handbook, letters to MLAs, Health Regions and SAIL so we can get some more ETs and have those limits removed. We will have a form letter (available at the chapter meetings or on our website) for the fall for EVERYONE to send to their MLAs, the more that send them the louder our voice!

Again I am pleading with you, our members to volunteer! We need a lunch coordinator (there are always lots of helpers), and if anyone is associated with Crohns and Colitis, we need a liaison!

We had a Great season last year and would like to continue improving. If there is a topic you are interested in or would like to hear more on (or a complaint), call me or leave a suggestion in the can at the greeters table.

The Steak night was a success again last year. We will have to tweak it a bit for this year, and we can always use help, suggestions, prizes and/or donations! We almost forgot about the silent auction at our ice cream social! And someone DID forget the fruit for the ice cream (I'm so sorry)!

I am looking forward to another year! We will have new packages for the "Support Team Members" to give to the patients and hopefully after this year our own Saskatchewan Ostomy Handbook. We have a new banner in the works, which we will need, as Diane and myself are setting up a booth at Spotlight on Seniors and possibly a Health Conference in Regina. We are going to lobby the provincial government, our local Health Boards and SAIL to improve their support for Ostomates! It is time we all "Come out of the bathroom"!! We need the public to know we exist and can live happy normal lives with a little support! We have a walk and BBQ planned for September 29th at River Landing, To celebrate World Ostomy Day, so mark your calendars and come join the celebration!

If you know of any Ostomates that live outside Saskatoon and can not make our meetings let me know and maybe we can try a wireless connection!

Also, if the only reason you do not attend the meetings is because you need a hand or a ride, there is always lots of us that are willing to pick people up!

Looking forward to seeing everyone again and meeting some new Ostomates,

*Wanda*

**SUMMARY OF MINUTES**

A meeting of the Saskatoon Ostomy Association was held on Monday April 2, 2012.

**Visitation:** February 2012 - 4 ileostomy, 1 colostomy

March 2012 - 3 ileostomy, 2 colostomy

A Drop Box has been created to hold old papers, emails and other chapter information. Please contact Diane Boyd for more details.

**Program:** Elections were held for Executive positions; volunteers were requested for Committee positions. Thank you to all. See back page for results. Guest speaker was Tam Gunn from NorDon Medical. She presented new products from Coloplast, including samples of the Mio pouch.

*In lieu of our regular meeting, the chapter hosted a Steak Night on Monday, May 7, 2012.*

A meeting of the Saskatoon Ostomy Association was held on Monday June 4, 2012.

**Visitation:** More men with urinary diversions are needed as visitors.

There is a letter being written to the MLA about the needs of someone living with an ostomy. If you would like to have your story submitted, please contact Annalee Leganchuk ([toongrl\\_22@hotmail.com](mailto:toongrl_22@hotmail.com)).

**Program:** Ice cream social and silent raffle.

\*\*\*\*\*

### ITEMS OF INTEREST

- If you know of a member in hospital, please contact Helen Pries (683-3448) so that a card can be sent.
- Our chapter exists to offer support to ostomates of all ages. We wish to encourage the **Parents of Children with Ostomies** to let us know that they are out there and to encourage them to attend our meetings. We regret that we did not have a child to send to camp this year.
- 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.
- 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.
- We have a **Suggestion Box** at our meetings. Please use it to present ideas for guest speakers or topics for the bulletin, submit questions for the Dear ET column or whatever else you wish to offer comments about. For our out of town members who cannot regularly attend our meetings, please send your ideas to: Saskatoon Ostomy Association, 1610 Isabella St., Saskatoon, SK. S7J 0C1.
- 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](mailto: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.
- If you are having difficulties in applying for the **Disability Tax Credit** or if you have been turned down, please contact Wanda (384-2793). We could try to arrange a speaker for this issue.
- 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 Steak Night in May. Their help was much appreciated. Please consider volunteering. As the expression goes, "Many hands make light work".
- Membership is increasing to \$30.00/year. Still a great value for the price!
- Our next bulletin should be out late October/early November.



### SAIL CHANGES

*The Saskatchewan Aids to Independent Living (SAIL) Ostomy Program has made some changes!*

- As of April 1st, 2012, the SAIL program pays for half of your ostomy supplies up front. Your medical supplier can now direct bill for 50% of your ostomy supplies. You will now receive a computer generated receipt for the remaining portion of your ostomy supplies that you can take to your other health care provider (e.g. Blue Cross). You will no longer have to wait for your check from SAIL.

- The Sask. Government (Drug Plan and Extended Benefits Branch) has set **quantity limits**. With the new limits, the person living with an ostomy will have to see their ET if they exceed the limits. Please contact your local Stoma clinic office and book an appointment. The ET will reassess your situation and send a referral to the SAIL program to either increase your limits or change what isn't working for you. Please be aware that this is a stressful situation on all parties and we are working with you to make things better. Below is a list of the items most commonly over the quantity limits.

#### *Units/Days*

40/80 - flange	4/80 - paste (tube)	8/80 - tape
40/80 - drainable pouch	40/80 – 1 piece drainable pouch	30/150 - night bag
240/80 - closed pouch	4/80 - skin barrier (liquid/spray)	4/80 - powder
40/80 - paste, Eakin rings, strip paste, cement		30/150 – leg bag

If you are going on holiday, or if you purchase your supplies once or twice a year, see your supplier for details to assist you on your extra quantities.

*As with any new program, there are glitches, slight imperfections and delays. Please be patient as they are being worked on to better help you. If you have any questions, please ask.* **Tam Gunn**

### **NEW OSTOMATES**

(Mark Shaffer)

One of the most daunting tasks I faced as a new ostomate was returning to the society of people outside my family. Insecurity about the reliability of my appliance, post-operative pain, a sense of being radically different, and a lack of appropriate clothing all contributed to a feeling of isolation. When I tried to see old friends, I would catch them looking me over to see how I'd changed. Though I later realized that this was natural, it was quite disconcerting at first. It made me feel diminished somehow.

When I expressed these feelings to my ostomy visitor, he encouraged me to go to the next ostomy association meeting. ('Encouraged' doesn't quite tell the story. He insisted, going so far as to pick me up and take me there.) At that first meeting, I found people with the same condition, and many with worse ones which made it hard for me to continue wallowing in self pity. To my surprise, these people looked and acted like everyone else I knew. They were living normal lives, working, raising children, falling in and out of love just like the rest of the world did. If there was a difference, it was that they were all nice people, every one of them. They were more than willing to share their experiences, discuss any topic I chose to raise and suggest practical solutions to practical problems. They gave me phone numbers and told me I could call them any time. Some of them remain friends today.

I still had adjustment problems, large and small, but I knew I could solve them and I knew there were people who would help me do so. If I was asked to give only one piece of advice to a new ostomate it would be this: **Go to a meeting!** That one action - almost forced on me - made all the difference.

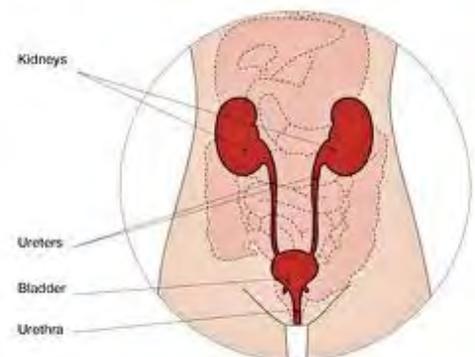
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### **URINARY OSTOMY**

(E. Lennebery, WOC (ET) Nurse)

The urinary ostomy requires three kinds of preventative attention:

- care of the stoma
- care of the skin around the stoma
- care of the kidneys



Your routine care of kidney functions should include:

- drinking 2 quarts of liquids daily
- testing urine (urinalysis) semi-annually
- testing kidneys (IVP-intravenous phelogram) every two years

You should make the following observations:

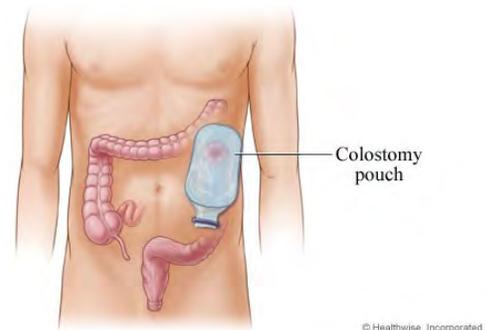
- *Changes in the size of the stoma* - After initial healing is complete - about 6 months - measure with a paper gauge every few months. Change to a skin barrier with the correct opening if necessary.
- *Appearance of stoma* - Does it appear different from usual e.g. colour, shape, little white or red spots? Look for this at each change of your skin barrier. See your ET nurse to determine if the change needs some action to repair.
- *Signs of skin irritation* - Are there pink spots, tiny pimples, reaction to adhesives, etc? Look for this at each change of your ostomy system. Learn methods of treating routine minor irritations. If the skin area around the stoma is sore, raw or infected, do not delay. See an ET nurse if you have difficulty treating this yourself. If there are white deposits around the base of the stoma, soak your pouch in a 3:1 vinegar solution. If there is no improvement in 2 weeks, see your doctor.
- *Kidneys* - Look at your urine every day. Is it dark? Then drink more liquids. Is it gritty? See your doctor. Is there some mucous? This is normal. Is there a persistent unpleasant odour? This is a sign of infection. See your doctor.

\*\*\*\*\*

## **COLOSTOMY BOWEL CONTROL**

(source unknown)

Patients with a *right-sided* or upper colostomy do not have as much remaining colon as those with a left-sided or lower colostomy. Because of this, there is usually too little colon left in a lower colostomy to absorb enough water to make a solid stool. A lower colostomy cannot be controlled by irrigation, but instead behaves very much like an ileostomy, with a fairly continuous discharge.



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The *left-sided* colostomy is often described as a 'dry' colostomy since it usually discharges formed stool. One has the choice of attempting to manage this type of colostomy by either trained control or irrigation control. Only 1/3 of the people who attempt to train themselves to control the lower colostomy without irrigation are successful in doing so. This type of training relies very heavily on diet and medication to achieve regularity. Many physicians in this country feel that control is more easily and satisfactorily achieved by irrigation. However, there are some patients who can't achieve irrigation control because they have an 'irritable bowel'. This problem has nothing to do with the colostomy. It is just part of some people's makeup. Some people, even before they have their colostomy, may have had very irregular bowel habits. They retain these habits after the colostomy is performed. Regular irrigation does not assure regularity with irritable bowel syndrome. When this condition exists, the physician will sometimes suggest that the patient dispense with irrigation, since it does not produce the desired regular pattern. People may become frustrated trying to achieve this. People with an irritable bowel situation should treat the colostomy much like an ileostomy by wearing an ostomy appliance all of the time.

\*\*\*\*\*

## **HOW DOES FIBER AFFECT ILEOSTOMATES?**

(K.L. Peck, MPH & Registered Dietician)

Whether or not to include fiber, and to what extent, should be based on the ileostomate's tolerance to foods. The intestine

has a remarkable capacity to adapt. Matter/digested food in the small intestine is quite watery and, after it moves through the large intestine, a good portion of the water is reabsorbed into the body. Most fiber is indigestible material (from plants) that acts like a sponge, soaking up the water and increasing the bulk of the intestinal contents, making matter move through the system more quickly. In a person with a colon, fiber is essential to prevent constipation and keeping a person 'regular'. This is the main function of fiber.

Another theory about fiber is that it promotes mucosal growth, thus keeping intestines healthier, promoting gut function. Usually, a person without a colon (an ileostomate) doesn't have a problem with constipation and may have mostly watery stools or diarrhea. Again, over time, a person may adapt, especially if the last section of the small bowel (the ileum) is still intact. So, consuming too much fiber, or too much insoluble fiber, may aggravate a person's diarrhea or watery stools. If this is the case, limit insoluble fibers (bran, popcorn hulls, seeds, nuts, skin/seeds/stringy membrane parts of the fruits and vegetables).

However, another type of fiber (soluble) might be beneficial to the ileostomate. The function of soluble fiber is to make intestinal contents 'thicker' and can actually prevent diarrhea. This fiber is found in oatmeal, barley, dried beans, peas, Metamucil and in the pulp of fruits and vegetables. Most foods have a combination of both types of fiber, but the above examples show the differences. Just as a side note, I worked with a lady who had 'short bowel syndrome'. All of her colon and a significant part of the small bowel were removed. She found that adding pectin (Certo, used to make jam and jelly) to her daily diet helped to minimize diarrhea. She added a little to some applesauce every day.

\*\*\*\*\*

### **CARING FOR ANAL SKIN**

(Ottawa Ostomy News)

Anal skin is at greater risk for irritation after pelvic pouch surgery due to the enzyme-rich nature of small intestine waste and the initial frequency of evacuation. Over time, the majority of patients achieve full control over the passage of stool and gas with only a minority requiring the use of a perineal pad for minor stool and mucous soiling. Although problems of stool and mucous soilage are minor, precautions should be taken to prevent skin irritation:

- Cleanse and dry the skin thoroughly following each bowel movement or mucous discharge.
- Moistened soft tissues or cotton balls are ideal for cleansing the skin clean and dry.
- Warm water is generally all that is needed. Soap tends to be drying to the skin and may leave a residue that results in itching.
- Pads or panty liners should be changed frequently to keep the skin clean and dry.
- Wear cotton underwear rather than nylon or polyester.
- Skin ointments such as Vaseline, Desitin, Penatin or PeriCare add a layer of protection to irritated skin. Ask your ET about the latest barrier creams on the market.
- A bath in warm water (no soap) will cleanse and sooth irritated skin.

\*\*\*\*\*

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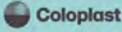
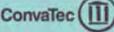
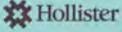
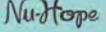
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"I'd gotten used  
to occasional  
leakage  
- I thought  
it was normal."

Nicolas, living with an ostomy since 2010



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# SASKATOON OSTOMY ASSOCIATION, 2012 - 2013

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Website:  
<http://www.ostomycanada.ca>

## 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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