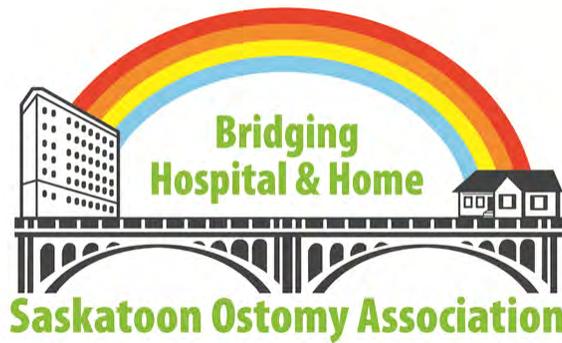


SASKATOON OSTOMY ASSOCIATION BULLETIN

January 2013



1610 Isabella Street East Saskatoon, SK S7J 0C1

Website: www.saskatoonostomy.ca Email: 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 MEETINGS

When: Monday, February 4, 2013, 6:30 p.m.

Program: We will start the evening with a *potluck supper at 6:30 p.m.* Please bring a dish to share. Dinner will be followed by a presentation by representatives from the **Heart and Stroke Foundation.**

When: Monday, March 4, 2013, 7:30 p.m.

Program: Representatives from SAIL have been invited to share with us information about their policies and to answer any questions about which we may have concerns. Coverage of our ostomy supplies is an important issue to all ostomates. Please come prepared to ask questions.

Meeting Dates

February 4, 2013 May 6, 2013

March 4, 2013 June 3, 2013

April 1, 2013

No meetings in January, July or August.

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.

For those who wish to write a letter to the Saskatchewan Minister of Health or their MLA regarding the changes in the SAIL program and/or the shortage of ETs in Saskatoon, **there is a sample letter on our website.**





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PRESIDENT'S MESSAGE

Happy New Year! Hope it is a good one!

I am hoping we have a better year in 2013. We are working on the Saskatchewan Ostomy Handbooks, fighting for more ETs in Saskatoon and area, pushing for the limits to be taken off the SAIL program, trying to get kids to go to camp, educating and enlightening the public about Ostomies, visiting (improving visitor's packages) and recruiting new members as well as encouraging old members to attend.



We start the season off with a potluck supper followed by a representative from the Heart and Stroke Foundation. We will also have a Valentines draw! I am hoping to see more of our members out as it should be a good presentation. If there is any topic you would like to hear a speaker on, or talked about, let me know. I am hoping to have someone come in to demonstrate Tai Chi, it is supposed to be good for balance, health and vitality. As well, someone has requested a mental health speaker and I think an investment specialist or accountant would be informative as well. If there is any subject, let me know and I will see what I can do.

I want people to want to come to a meeting so let me know how we can improve the meetings, please! Trying to be the best I can be . . .

Wanda

SUMMARY OF MINUTES

A meeting of the Saskatoon Ostomy Association was held on Monday, November 5, 2012 at 7:30 p.m. with 33 present.

Visitation: 3 ileostomies, 2 colostomies

Webmaster: Peter has posted a letter on the website that can be downloaded and sent to SAIL and the Minister of Health to make them aware of our concerns.

Luncheon Coordinator and Liaison for CCFC: Gerard Dakinewich has volunteered to fill both these positions.

Steak Night: Tentatively planned for Monday, May 5, 2013. More details at a later date.

Program: Representatives from ConvaTec (Karen Massett), Coloplast (Bonnie Schmidt) and Hollister (Sandy Petrenko) presented information on their products.

A meeting of the Saskatoon Ostomy Association was held on Monday, December 3, 2012 at 7:30 p.m. with 41 present.

Visitation: 4 ileostomies, 2 urostomies, 3 colostomies

Membership: Annual \$30 membership fee is due. Please see her or mail cheque to Diane Boyd.

Other business: Congratulations to Peter Folk who is now UOAC President.

Member Grant Henderson demonstrated his *Freedom Belt* which gives support when playing sports and doing other activities. For more information, contact him at: Fax: 306-882-3389 or email hendy.g@sasktel.net.

Program: Christmas party with music, Santa and gift exchange.

ITEMS OF INTEREST

- **Fundraising** — Over the years, our chapter has utilized various projects/ideas for raising money to help meet our goals. We have organized golf tournaments, bingos, 50/50 draws, silent auctions and steak nights. We fundraise for two major reasons: **chapter expenses** (rent for meeting places, bulletin costs, pamphlets, visitor training programs and educational speakers) and **special events** (youth camp, conferences, educational seminars, World Ostomy Day celebrations and products of interest such as the seat belt adjuster which was distributed last year). We are presently working with the Regina chapter to create a booklet to be distributed to all the doctors' offices in Saskatchewan. If you are not able to participate in one of our fundraising events, please consider donating to support our causes. (An income tax receipt will be issued.)

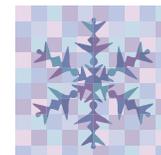
- The **Stoma Clinic** is located at room 5706, A Wing, Royal University Hospital. Our two ETs are Sandy Roberts and Kathy Guina. If you wish to contact an ET, please phone 655-2138. If you do not reach the secretary, please leave a message.
- The **Unsung Heroes Award** is given by UOAC to those individuals who do not seek the limelight but who work behind the scenes, doing their work and giving their support in an unobstructive manner. If you have anyone who you wish to nominate, please outline why you feel this person deserves the award and put it in the Suggestion Box. Please include your name and phone number.
- 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.
- **Friends of Ostomates Worldwide Canada** endeavors to improve the quality of life of people with ostomies and assist in educating their caregivers in countries where the latest technology is not available. They work in cooperation with the International Ostomy Association. If you have any unused ostomy equipment which you wish to donate, please put it in the bin at NorDon Drugs. Staff there will pack it up and ship it to the nearest collection depot.
- **ET Solutions** is a private practice. If you wish to contact Teri Schroeder, call 306-249-1442.
- 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 bulletin in living colour? Contact Diane Boyd at 249-9079 or dianeboyd@sasktel.net for your email copy. It's easy to be **GREEN!**
- The next bulletin should be out in late March/early April.



WINTER OSTOMY CONCERNS

(via Waterville (ME) Ostomy Support Group)

For those of us who must deal with snowstorms and have undergone ostomy surgery, it is important to use caution when shoveling snow. Because we have had abdominal incisions, we are at higher risk than the general public and must protect ourselves from stoma injury. Keep in mind the following safety precautions when shoveling your way through the piles of snow that await us this winter:



- Because we are all different, check with your doctor to see if there are weight limitations for you to push or lift. Do a little at a time and rest in between; it does not usually have to be done all at once.
- Pushing snow may be easier than lifting each shovelful. Hold the handle slightly to the side of your body as you push the shovel along. That way, if you hit an uneven part of the driveway or sidewalk, the handle will not suddenly poke into your abdomen or stoma.
- Drink plenty of fluids before, during and after shoveling as it is strenuous exercise.
- Don't hold your breath while straining to lift heavy snow; breathe throughout the lift.
- Wear boots that have a good grip — not ones which may let you slip and fall.

If you are not physically up to shoveling safely, hire someone to do it or ask a friend or relative to do it for you. It is not worth injuring yourself or facing additional surgery just to get it done.

More on the subject...

The Chiropractic Association advises you to stay safe while shoveling snow.

Don't let the snow pile up. If the weather calls for several days of snow, frequent shoveling will allow you to move smaller amounts of snow at once. It's far less strenuous in the long run.

Pick the right shovel. Use a light weight pusher-type shovel. If you are using a metal shovel, spray it with Teflon first so snow won't stick to it.

Push, don't throw. Always push the snow to the side rather than throw it. That way, you avoid lifting heavy shovels of snow and you avoid sudden twisting or turning movements.

Bend your knees. As with any heavy object, you need to use your knees, as well as your leg and arm muscles, to do the pushing and lifting, while keeping your back straight.

Take a break. If you feel tired or short of breath, stop and take a rest. Shake out your arms and legs. Stop shoveling immediately if you feel chest pain or back pain. If you have chest pain that is severe or if you have back pain that is severe or that persists for more than a day after shoveling, see a doctor.

OSTOMATES ARE AT HIGH RISK FOR PERISTOMAL HERNIAS

(E. Pletzer, Okanagan Ostomy News)

I have deliberately put an "alarming" title on this article because our risk for acquiring a peristomal hernia is alarmingly high. Research indicates that 20 — 50% of ostomates develop a peristomal hernia during their lifetime. Anecdotal reports from medical practitioners indicate that 100% of ostomates will develop a peristomal hernia in their lifetime. 100% - that is very alarming.

I have been an ileostmate since May, 2009, but it wasn't until January, 2011, that our local ET nurses, Karen King and Monica Rooks, provided education at our Kamloops ostomy group meeting that I was at high risk for developing a peristomal hernia. The risks were reinforced for me because half of the 12 people in the room had a peristomal hernia or had previously undergone surgical repair for complications of a peristomal hernia.

What is a peristomal hernia?

A peristomal hernia is a protrusion of the intestine through the abdominal muscle wall which results in a swelling or a bulge in the area of the stoma. The abdominal muscle is weakened when the surgeon pulls the bowel through that muscle layer to stabilize and create the stoma. The abdominal muscle can also be weakened by pregnancy, previous abdominal surgeries, advancing age and other factors. Factors that increase the risk of a peristomal hernia include: steroid therapy, poor nutrition, post-op wound infection, strenuous activity too soon after post-op, age, smoking, history of hernias, previous hernia repair, coughing, being overweight, constipation and straining, chemotherapy, etc.

How long does it take to develop a peristomal hernia?

The incidence of developing a peristomal hernia is highest in the first year post-op, however, it can happen anytime. Onset can be gradual or sudden (like after a sneeze). Once a peristomal hernia is present, it will often enlarge over time.

Signs and symptoms of a peristomal hernia include:

- a swelling or bulge of the abdomen around the hernia. It may become smaller when you are lying down and larger when you are standing.
- a dull ache around the abdomen particularly when standing
- back discomfort.

Some complications are:

- the bowel which is protruding through the abdominal muscle wall may become kinked. This can create an intestinal blockage causing intense pain and requiring immediate medical attention.
- stoma size may increase as the hernia enlarges and ostomy appliances may no longer fit properly due to contour changes around the stoma.

Prevention

- avoid lifting for 6 — 8 weeks post-op.
- gradually resume activities and include exercises to strengthen abdominal core muscles



- avoid activities that increase intra-abdominal pressure such as lifting more than 10 pounds, coughing and sneezing and bearing down (as in constipation). When coughing and sneezing are unavoidable, brace the abdomen with your hands or a pillow.
- maintain a healthy weight
- wear a support belt during strenuous activities.

Surgical repair of peristomal hernias is generally avoided due to the high recurrence rate of hernias post-op. Also, repeated abdominal surgeries can cause multiple issues including weakened abdominal muscles and scarring, which then increase the incidence of herniation. Further surgical repair may not be an option if advanced age and/or other medical conditions prohibit elective surgery.

It is important for ostomates to be knowledgeable about the risks related to their ostomy surgery. However, it is not always possible for ostomates to truly comprehend the post-op risks outlined by their surgeon pre-operatively. Unfortunately some family physicians are not aware of the high risk for peristomal hernias; hence, they do not reinforce the preventative measure that can be utilized by ostomates. Consequently, as ostomates, we need to take responsibility for undertaking the preventative measures that may reduce our risk for peristomal hernias and their complications.

More on the subject of hernias

(taken from an article by J. Conwill, RN, ET)

Another problem with a hernia, especially for colostomates who irrigate regularly, is that the person begins to notice that the irrigation does not work as well as it used to. It may take longer to run the water in or maybe it does not enter at all. There is a major problem to consider if you irrigate. If you use a catheter, be very careful not to push it in too hard if it does not slide in easily. It is probably up against the bowel wall and cannot turn sharply to accommodate the new route of the bowel and you could perforate the bowel wall. A cone is better to use. However, the sharp curve of the bowel may not allow the water to flow in easily. Sometimes pressing the area around the stoma may open up the kinked area to allow the water to flow. I would recommend holding off on the irrigation procedure and try to control the ostomy by diet.

WINTER WARNING: YOUR VITAMIN D LEVEL MAY BE AT THEIR LOWEST RIGHT NOW

(via NOA: It's in the Bag)

Unless you are lucky enough to live in a location that enjoys year-round sunshine and mild temperatures, you are likely to experience a drop in your Vitamin D levels during the winter. Getting direct sun on your skin is one of the chief ways in which you get Vitamin D. With the colder weather, we spend less time outdoors and, when we are outdoors, we try to cover up as much skin as possible.

But even in a mild winter, the northern half of the country simply doesn't receive enough UV to power sufficient skin production of the vitamin. As a result, your Vitamin D levels are probably at their lowest toward the end of the cold winter season. Some experts are concerned that the increased use of high powered sunscreens threaten to make Vitamin D deficiency a year round phenomenon. In fact, a recent Harvard study found that 60% of Americans may be Vitamin D deficient.

Low Vitamin D levels are serious business. Not only do you need Vitamin D to keep your bones strong, but it also plays an important role in your immune defenses against winter colds and flus, and can help prevent cancer, heart disease and auto-immune diseases. According to the UV Foundation, low Vitamin D levels can lead to fatigue, depression, and aches and pains. Fortunately, there are other ways to get your Vitamin D.

There aren't a whole lot of foods that are naturally rich in Vitamin D. (Mackerel, sardines and fish liver oil are among the top providers.) Because our diet does not contain a lot of vitamin rich foods, the government also mandates fortification of milk and baby formula with Vitamin D. Other dairy products, like yogourt and cottage cheese, may or may not contain additional Vitamin D. Vitamin fortified cereals can be another good source, and the nutrient can also be taken as a dietary supplement. However you choose to take your Vitamin D, just be sure that you are getting enough on a regular basis. The current recommendations for Vitamin D intake is 200 IU per day for adults up to age 50, 400 IU per day for those 51 —70 and 600 IU per day for those over 70. (Vitamin D deficiency is epidemic among the elderly.) And there is



a major movement afoot in the scientific community to get the government to raise — even double — those recommendations.

EDITOR'S NOTE: AS we are unsure when this article was published, we include this information from the Osteoporosis Canada website: Osteoporosis Canada recommends routine vitamin D supplementation for all Canadian adults year round. Healthy adults between 19-50 years of age, including pregnant or breast feeding women, require 400 – 1,000 IU daily. Those over 50 or those younger adults at high risk (with osteoporosis, multiple fractures, or conditions affecting vitamin D absorption) should receive 800 – 2,000 IU daily. These amounts are safe. Taking more than 2,000 IU of vitamin D daily should be done only under medical supervision.

See your ET once a year. They may notice a change before you do. There may be a new product that you should know about. Even if everything is going well, your ET would love to know that all is okay.



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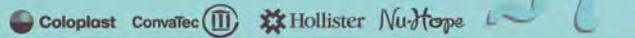
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SASKATOON OSTOMY ASSOCIATION, 2012 - 2013

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