FILM PRESENTATION—”Reach for the Sky”

DATE: WED. JANUARY 23rd
TIME: 7:30—9:30 PM
PLACE: Rooms 202 & 203
825 Sherbrook St. Wpg. MB.

Public awareness about diseases of the heart, lungs, and other medical conditions has risen, yet bowel disease and ostomy surgery, and its impact on peoples’ lives is still an “unmentioned” taboo subject. This film gives a voice to over 1 million people in the United States and Canada with ostomies.

“Reach for the Sky” is a powerful documentary which takes the viewer into the private lives of people facing ostomy surgery and shares the intimate thoughts of people who have built a new life after ostomy surgery. This gripping, often emotional film addresses the human issues associated with ostomy surgery rather than being a sterile look at the procedures and mechanics of the operation itself.

This project was sponsored by Active Lifestyle Products Ltd. & Omachron Technologies Inc.

PRESIDENT’S CORNER

Happy New Year
to you all
and I wish that you may experience a prosperous and healthy 2019.
I’m looking forward to meeting you all at the January Chapter meeting which promises to be a very special one.
After a short business session, there will be a couple of presentations and then we will watch the film “Reach for the Sky”.
We will conclude the evening with a POT LUCK DESSERT PARTY.
“Yes”, each of you is to bring your favourite dessert or some delicious finger food or drink which you have tastefully displayed on the Smorgasbord Table on arrival in the meeting room.
Let’s celebrate, mingle and share Your GOODNESS when the party is announced to commence.

Fred
WHO WE ARE

The Winnipeg Ostomy Association, Inc. (WOA) is a non-profit registered charity run by volunteers with the support of medical advisors. We are an affiliate of Ostomy Canada Society. We provide emotional support, experienced and practical help, instructional and informational services through our membership, to the family unit, associated care givers and the general public. Our range of service and support covers Winnipeg, Manitoba and North Western Ontario.

MEMBERSHIP

Anyone with an intestinal or urinary tract diversion, or others who have an interest in the WOA, such as relatives, friends and medical professionals, can become a member.

WHAT IS AN OSTOMY?

An ostomy is a surgical procedure performed when a person has lost function of the bladder or bowel. This can be due to Crohn’s disease, ulcerative colitis, cancer, birth defects, injury or other disorders. The surgery allows for bodily wastes to be re-routed into a pouch through a new opening (called a stoma) created in the abdominal wall. Some of the major ostomy surgeries include colostomy, ileostomy and urostomy.

VISITING SERVICE

Upon the request of a patient, the WOA will provide a visitor for ostomy patients. The visits can be pre or post operative or both. The visitor will have special training and will be chosen according to the patient’s age, gender, and type of surgery. A visit may be arranged by calling the Visitor Coordinator or by asking your Doctor or Enterostomal Therapy (ET) nurse. There is no charge for this service.

WHAT WE OFFER

MEETINGS: Regular meetings allow our members to exchange information and experiences with each other. We also run groups for spouses and significant others (SASO) and a young person’s group (Stomas R Us).

INFORMATION: We publish a newsletter, INSIDE/OUT, eight times a year.

EDUCATION: We promote awareness and understanding in our community.

COLLECTION OF UNUSED SUPPLIES: We ship unused supplies to developing countries through Friends of Ostomates Worldwide (Canada).

OUR MEETINGS

Chapter meetings are held from September through May. There are no scheduled chapter meetings in June, July, or August. A Christmas party is held in December.

Meetings are held on the FOURTH WEDNESDAY of the month.

7:30 pm—9:30 pm

SOCIETY of MANITOBANS with DISABILITIES Bldg. (SMD)
825 Sherbrook Street,
Winnipeg, MB
Rooms 202 & 203

FREE PARKING:
Enter the SMD parking lot to the south of the building just off Sherbrook and McDermott Ave.

UPCOMING EVENTS

January 23rd—Video & Pot Luck
February 28th—Chapter Meeting
March 28th—Chapter Meeting
April 25th—AGM
May 23rd—Wind Up

ARE YOU MOVING?

If you move, please inform us of your change of address so we can continue to send you the newsletter and Ostomy Canada magazine.

Send your change of address to:
WOA
Box 158
Pine Falls, MB R0E 1M0

LETTERS TO THE EDITOR

The Editor, Inside/Out
1101-80 Snow Street
Winnipeg, MB R3T 0P8
Email: woainfo@mts.net

All submissions are welcome, may be edited and are not guaranteed to be printed.

Deadline for next issue:
Friday, February 8, 2019

WORLD WIDE WEB
Visit the WOA Web Pages:
http://www.ostomy-winnipeg.ca
Webmaster:
webmaster@ostomy-winnipeg.ca

DISCLAIMER

Articles and submissions printed in this newsletter are not necessarily endorsed by the Winnipeg Ostomy Association and may not apply to everyone. It is wise to consult your Enteroostomal Therapist or Doctor before using any information from this newsletter.
**WE’VE GOT MAIL!**

Subject: A Wonderful and Positive Experience

From: Ev Frankard
Sent: 26/11/2018
To: woainfo@mts.net

I am not sure whom I am addressing this e-mail, but I am writing today to request that you convey my most heartfelt gratitude to Mary Robertson who attended me and my husband Chuck on November 5, 2018. I have been an Ostomate since my surgery at the St. Boniface Hospital on January 18, 2016. I am not from Manitoba and it has been more difficult to deal with my Colostomy issues as we do not have an ET Nurse in Kenora. I have struggled for almost 3 years with my Colostomy, never being very comfortable with its purpose. I had been on the Internet over the past couple of years investigating Irrigation and had spoken with Lorrie Pismenny who sent me information on it. Lorrie was very helpful and supportive in forwarding articles on Irrigation and guiding me towards this outcome. I am forever grateful to her.

I started seriously contemplating Irrigation this past Spring and it was with the help of Lorrie and my contact through the UOAA Jim Murray that finally convinced me that I could try this. Jim spoke to me in length on Irrigation as he has been an Ostomate for over 11 years and irrigating (he calls it infusing ☺) for at least 10 of those 11 years. So I made the appointment with Mary at the Manitoba Ostomy Program on Regent. I was very nervous about it all and Mary immediately put me at ease. She was so wonderful and compassionate spending as much time as we needed for the Irrigation Training. Chuck was with me the entire appointment and between the two of us, what I didn’t remember, he did and vice versa. My first week of irrigating was a little hair raising but we figured it out. I wanted to irrigate every evening but soon found out that irrigating in the morning is much better for me. It has been 3 weeks today and I feel like I have a new lease on life. I remembered Jim saying that it is all about quality of life and that is so true for me. Chuck and I are now planning and hoping to attend our nephew’s wedding in New Zealand next December of 2019. The long plane ride was very daunting but I now know that it can be possible as I hope to be able to irrigate every 48 hours in the future. But only time will tell.

I would be grateful if this e-mail could be forwarded to the relevant departments as I know it is always good to receive positive feedback when you are carrying out a difficult and challenging role.

Yours sincerely,
Evelyne Frankard
Keewatin, Ontario.

*Editor’s Note:* This email was forwarded to Mary Robertson NSWOC. Permission was received from Mary & Evelyne to reprint this letter in the newsletter. Not only are there no Ostomy nurses in Kenora there are no ostomy chapters west of Thunder Bay. We welcome Evelyne as a WOA member and as a previous contributor to this newsletter.
FEBRUARY 27th CHAPTER MEETING:
The WOA board wishes to give advance notice to all members that there will be a time for discussions and a possible vote in regards to a Christmas Party for 2019. Please come prepared with your questions, ideas and decision-making hats on.

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WELL . . . INTO THE FUTURE

EDUCATIONAL SEMINAR

SASKATOON INN & CONFERENCE CENTRE

2002 Airport Dr Saskatoon SK S7L 6M4

Friday, April 26, 2019 – 6:30 pm to 9:00 pm
Saturday, April 27, 2019 – Registration: 8:00 am; Seminars: 8:30 am – 4:30 pm

Planned Topics:

- NSWOC (ET Nurse)
- Nutritionist/Dietician
- Chronic Pain Management
- Social Media
- Disability Tax Credit
- Medical Marijuana
- Purchasing travel insurance with pre-existing conditions
- Rap sessions

Display Tables: Medical ostomy supplies and suppliers – (Hollister, Coloplast, ConvaTec), Carnegie Medical Supplies, Nordon Drugs & Medical, Schaan Home Healthcare, and others

Friday snacks and Saturday lunch will be provided

Contact: saskatoonostomy@gmail.com

Tickets: Friday and Saturday - $50, Saturday only - $35 available from Nordon Medical, Carnegie Medical Supplies, Schaan Home Healthcare, or purchase online at:

http://www.saskatoonostomy.ca/event/educational-seminar/

Saskatoon Ostomy Association

#15 - 1610 Isabella St E Saskatoon SK S7J 0C1

www.saskatoonostomy.ca saskatoonostomy@gmail.com
A Mini-Guide to Barrier Rings
Vegan Ostomy Product Review, https://www.veganostomy.ca, June 2017

What Are Barrier Rings?
Barrier rings, which are sometimes called Eakin rings (although Eakin is just one brand of many), are often used when an ostomate experiences leaks. Barrier rings work by swelling up around the stoma when it comes into contact with liquid or ostomy output, providing effective protection for any skin that’s exposed.

How Are Barrier Rings Sold?
Barrier Rings are boxed in quantities of 10-20 individually wrapped packages. Some brands offer two thicknesses. These rings are usually not cheap if you’re paying for supplies, and typically run around CDN $5.50 per ring (as of June 2017). You can purchase barrier rings from local suppliers or online. Editor’s Note: Eakins Rings are supplied through the Manitoba Ostomy Program.

How to Use Barrier Rings
These rings can either be placed around the stoma before applying the wafer, or to the wafer directly (after you remove the release liner on the wafer). They tend to be quite sticky, and should be applied to dry, unbroken skin for best results. Because these rings are pliable (like Play-Doh), they can be molded around your stoma for the perfect fit. (see below) Barrier rings can be molded to fit around any size or shape of stoma. It’s best to use gentle pressure over your appliance after fitting it on top of the barrier ring, for a few minutes. This will help the ring stick to your skin better, and will allow the wafer to stick better to the ring!

Tips When Using Barrier Rings
Just because you get a ring, doesn’t mean you have to use a ring. You can easily tear these rings in half and use whatever you need. These rings do tend to break down and often “melt” when they are worn for prolonged periods of time, or if you sweat a lot. Some brands break down sooner than others, so it’s best to sample a few, since these tend to be expensive. Barrier rings can also help to fill in gaps near your stoma.

Are Barrier Rings Vegan-Friendly?
Many barrier rings contain gelatin, however, there are few (like Eakin rings—the brand) that are free of animal ingredients.

Source: Vancouver Ostomy HighLife Jan/Feb. 2019

Dehydration Can Drain Your Mind and Mood
Feeling out of sorts, but not sure why? You might be dehydrated. Two new studies found even mild dehydration comes with big consequences: altered mood, impaired memory, trouble concentrating, fatigue, headaches, anxiety.
While the reasons for these symptoms are unclear, researchers at the University of Connecticut, Human Performance Laboratory noted that dehydration causes changes in electrolyte balances in the blood as well as serotonin levels and mood.
How to tell if you’re dehydrated?
Check the color of your urine. “Anything darker than a pale, straw hue means you need to drink more,” says study author Lawrence Armstrong, PhD.
Thanks to Holly St. Lifer, AARP Magazine via Ostomy Association of Middlesex County, NJ
SWIMMING … BACK IN THE POOL!
Edited by B. Brewer, UOAA Update 7/2012
Swimming is an excellent exercise and activity you can enjoy with family and friends. So, why are so many of us afraid to get back into the water? Here are some issues and solutions.

I’m afraid that my pouch will leak or come off while I’m in the pool.
This is by far everyone’s number one concern. The thing to remember is that your pouching system is designed to be leak-free and water-proof, and your wafer adhesive actually gets stronger in water. As long as your seal is strong and intact, strap on your swim fins and jump in. Check out these tips.
1. Don’t go swimming immediately after you have put on a new pouching system.
2. Make sure your pouch is empty.
3. Picture-framing your wafer with water-proof tape really, really isn’t necessary, but may give you the extra confidence you need.
4. Avoid wearing pouches with filters in the pool. Water may get into the pouch through the filter. Filters may become ineffective after they are wet.

I’m concerned that people will be able to see my pouching system under my swimsuit.
Dark coloured suits with a busy pattern will camouflage your pouch better than light colours like white or yellow, which can become almost transparent when wet. Consider the following tips:
1. Women, choose a swimsuit with a small well placed ruffle or skirt.
2. Men, choose a swimsuit with a higher waist or longer legs. Add a lycra or spandex undergarment. Consider a tank top to cover any scars and/or a waist high stoma placement.
3. Colostomates who irrigate may wish to wear a small, non-drainable pouch.

I’m embarrassed about changing into/out of my swimsuit in the locker room and people noticing my ostomy pouch.
If you are a little modest, try to find a spot that is out of the way or a time that it is less crowded. Some tips to follow:
1. You may wish to change and towel off in a convenient bathroom stall.
2. Put on a dry, oversized shirt as a cover-up while you change.
3. A dry suit is easier to take off than a wet one. Relax

(Continued on page 8)
I had ulcerative colitis for 14 years before I became so ill that my colon had to be removed. I was so afraid of having an ostomy that I postponed treatment and nearly died. Knowing my feelings about ostomies my Doctor performed a rarely done straight ileoanal anastomosis when he couldn't make me a J-pouch. I lived 3 years of hell with that "straight shot" and had an ileostomy installed in December 1996. It was the best Christmas gift I ever gave myself!

I had many misconceptions about living with an ostomy and I frequently encounter others with those same misconceptions. After one person too many told me that it would be better to be dead than to live like me, I decided to start a series of short articles for the Internet newsgroups alt.support.ostomy and alt.support.crohns-colitis covering the facts and fiction of ostomy life.

**Myth One - People With Ostomies Smell Bad**

Modern ostomy appliances are made of lightweight odor proof materials. No one has ever walked up to me, sniffed, and said "Boy you smell terrible. You must have an ostomy." I spent the first year of living with an ostomy thinking everyone could smell me. Every time we drove past one of the many Minnesota cow pastures I was sure it was me - it wasn't.

Some ostomates worry about the smell when they empty. Our stool isn't any more toxic than other people's - we just empty up front - where our noses are. A touch of the flush handle and away goes the smell.

The roots of this smelly myth probably stem from old time appliances. Early ostomy supplies were made from non-odor proof materials. Many ostomates had trouble controlling the odor from those old time appliances. Thank goodness for modern technology!

**Myth Two - New Clothes Optional**

While the shop-a-holic ostomates among us, myself included, may harbor thoughts of having a perfect excuse for buying an entire new wardrobe - it's really not necessary. I have only had to make one change in my attire as a result of my ileostomy. I used to wear French cut undies and now wear briefs. It's just more comfortable for me that way. There are some men whose stomas are poorly placed at the belt line. They frequently find suspenders easier to deal with than belts. If you have an experienced ET nurse who pays attention to such things - stomas at the belt line can be avoided.

What about spandex, skin tight leather, and bikinis? None of these items were in my wardrobe to begin with. But I do know a young woman from alt.support.ostomy who still wears a bikini - she just found a new style.
I'm sure every ostomate has stories to tell about folks who stared and stared and still couldn't see our pouches through our clothing! So - if you find yourself facing ostomy surgery, don't waste time worrying about wearing muumuus or overcoats. At the most you may have to buy a new swimsuit or some new undies. Though feel free to be like me and use it as an excuse to buy more clothes!

Myth Three - Somebody To Love

A couple of times during my single days I placed personal ads as a way to find potential mates. Before I'd write my ad I'd sit down and list all the qualities I was looking for in a mate. I wanted a partner who was smart and funny, someone who shared my interests, who shared my values, etc. NO WHERE on that list did it mention "my partner must not have an ostomy." But I used to think that no one out there would be interested in me if I had an ostomy. I was convinced that ostomates sat home, stinking in baggy clothes (see myths one and two) lonely and friendless.

You'd think I'd still harbor this myth considering that my first fiancé took a walk when I had my temporary ileostomy while my ileoanal anastomosis was healing. But it was pretty clear that we didn't split over how I went to the bathroom. We split because we weren't right for each other. I've since found my soul mate and life partner and he couldn't care less how I go to the bathroom. What he cares about is that I'm healthy! You see he loves me, not my body or my bowel.

BUT, BUT, BUT don't single ostomates have a hard time with dating? Some do and some don't. However, what I've found is that those who don't date are too afraid to get out there and try. And yes, I wouldn't be surprised if an ostomy limited someone's casual exploits. But - if you are interested in finding a life partner who loves you, not your shell - then an ostomy won't stop you. If anything, it's a good test of really what a potential mate is interested in. I never think to myself, "Will you still need me when I'm 64?" I know my husband is with me for the long haul.

Colonoscopies

Colonoscopies are no joke, but these comments during the exam were quite humorous... A physician claimed that the following are actual comments made by his patients (predominantly male) while he was performing their colonoscopies.

1. Take it easy Doc. You're boldly going where no man has gone before.
2. Find Amelia Earhart yet?
3. Can you hear me NOW?
4. Are we there yet? Are we there yet? Are we there yet?
5. You know, in Arkansas, we're now legally married.
6. Any sign of the trapped miners, Chief?
7. You put your left hand in, you take your left hand out...
8. Hey! Now I know how a Muppet feels!
9. If your hand doesn't fit, you must quit!
10. Hey Doc, let me know if you find my dignity.
11. You used to be an Executive at Enron, didn't you?

And the best one of all:
12. Could you write a note for my wife saying that my head is not up there?

by the side of the pool with a good book or a talkative friend before heading for the locker room.
4. Wear your swimsuit under a jogging suit/sweat pants and don't worry about changing at all.

What about using the hot tub or Jacuzzi? What about snorkeling or scuba diving?
Go ahead. Again, as long as your pouch seal is good and your pouch is empty you should have no problem with your ostomy.

General Tips:
- Take it slow the first time out. Save those strenuous swims and dives until later.
- Always leave a little air in pouch, to permit stoma drainage to fall down into the pouch.
- When sun bathing, take a magazine or book to the beach or pool. Lay it open over your pouch to protect your pouching system (wafer) from the heat of the sun.
- To build confidence, test your pouching system in the bathtub and soak for a few minutes.
- Don’t talk about your ostomy surgery at the community pool. If asked, talk in private.

Surgery To Cure Stoma Problems
By Arthur J. Vayner Jr., MD

There are many people with ostomies that have a "problem stoma" that may obtain improved efficacy through a surgical intervention. UOA estimates that about 10 percent of all ostomies require surgical intervention for complications associated with the stoma.

The first, easiest and best step in treating the problem stoma is to create a stoma correctly. The foundations of stoma construction are similar to the old real saying, "Location, Location, Location". Location is important so that the patient may properly care for the stoma. Skin folds and irregular surfaces are avoided, if possible, and the stoma should be visible to the patient, avoiding placement too low on the belly wall. Placement should also pay regard to wardrobe consideration, such as the belt line.

- Location through the rectus abdominus muscle: Placing the stoma through the rectus abdominus muscle - the one used to do sit-up exercises - takes advantage of the strongest muscle of the belly wall and minimizes the chance of developing a hernia.

- Location of the "spout" above the skin: An ileostomy should have a long spout - about an inch - to keep the caustic small bowel effluent off the skin. A urostomy or colostomy should have a smaller sized "bud".

Despite proper construction, any of several complications may develop that require surgical correction. Retraction of the stoma is apparent as the "budding" disappears. The most common causes of stoma retraction are technical problems at stoma creation and post-operative weight gain. Stoma retractions occur in about three percent of ostomy patients.

Therapy for stoma retraction can involve weight loss, if weight gain is the culprit. Often times this approach is not practical since many patients had weight loss from their disease - notably Crohn's Disease and ulcerative colitis - and go back to their normal weight after the disease is removed. Most commonly, the stoma will need to be revised operatively. An intra-abdominal procedure is needed. Therefore, surgery for correcting a stoma is major.

Stricture of the stoma (a narrowing of the intestine) will first show up as difficulty with evacuation at the stoma - like constipation - and possible cramping abdominal pain. The combination of a tight stricture and hard stool can result in impaction when the stool truly blocks the stoma and cannot come out. Stoma stricture will occur in about two percent of ostomy patients. The stricture is made up of scar tissue and can be at the level of the skin or fascia - the tough muscle covering - or skin strictures. This repair is simpler and may be done as a local procedure. Fascia level strictures may require the relocation of the stoma. Since the bowel is a contaminated organ, a relatively common problem after surgery is the development of an abscess or fistula. Patients with Crohn's Disease are most prone to this complication, since fistulas tend to develop commonly in Crohn's Disease anyway. Stoma abscess or fistula will occur in about five percent of ostomy patients. If such an infection occurs, it needs to be drained. Drainage of the infection should be done either right next to the stoma or well away from the stoma to allow proper care of the ostomy system. Making an incision to drain an abscess that will be covered by the skin barrier will either doom the attempt at drainage or the proper seal for the ostomy system. Complicated infections may require relocation and/or revision of the stoma.

Prolapse of the stoma is evident as the bowel telescopes out into the pouch, resembling an elephant's trunk. Prolapse will occur in about three percent of ostomy patients but is rare in those with a urostomy. If a prolapse is bothersome or causes symptoms, the stoma will need to be revised.

November Visitor Report

**Surgeries:** Ileostomy 4; Colostomy 5; Urostomy 2

**Hospital referrals:** HSC 5; STB 5; Grace 1;

**Valued Visitors:** Angie Izzard, Barry Miller, Bonnie Dyson, Gord Tovell, Jared Dmytruk, Fred Algera (2), Donna Suggitt, Evhan Uzwyshyn, Greg Warren (2).

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December Visitor Report

**Surgeries:** Ileostomy 6; Colostomy 3

**Hospital referrals:** HSC 1; STB 8;

**Valued Visitors:** Richard Bray, Bonnie Dyson, Judith Weidman, Angie Izzard, Sandy Owsianskt, Jared Dmytruk, John Kelemen, Lorrie Pismenny

Submitted by Bonnie Dyson, Visitor Coordinator

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**Tips and Tricks**

**Dealing With Very Watery Output:**

Very watery and frequent output will mean you must empty more frequently and are at greater risk of barrier breakdown. Rings and paste don’t always work well for some folks, and changing the appliance more frequently can get expensive. Even using tabs and capsules can add up if your ileostomy is a busy one. Some lower-cost solutions to decrease unwanted watery output are:

**Corn Starch:** Yes, plain old cornstarch in the bag. It thickens gravy doesn’t it? It’s far cheaper than ostomy thickeners and can also help with odour. A couple of heaping teaspoons in the bag after each empty. Another product is “ThickenUp”, an instant food thickener by Nestles. Try a couple of teaspoons in the bag.

**Limit Coffee Drinking!** Sorry, that espresso is going to stimulate your system to even more output. Try to limit your coffee intake to one cup a day in the morning. Remember eating peanut butter and banana on toast when you were a kid? Try some for breakfast—bananas and peanut butter both help slow down output.

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**Eat peppermint to reduce gas and bloating**

Instead of clearing the room next time you're feeling gassy, try sucking on a peppermint. In one Italian study, 75 percent of people with irritable bowel syndrome saw a major reduction in symptoms, including bloating and flatulence, after taking peppermint oil capsules for four weeks. The researchers aren't exactly sure why, but in another study in the journal Pain, researchers from the University of Adelaide found that peppermint soothes inflammation and pain in the gastrointestinal tract.

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**We are not alone**

General Funds
Sharon Pchajek
Lorrie Pismenny
Fred Algera
Stella Sciberras
Jan Dowswell
Anonymous

In Memory of Rooney Weir
Lorrie Pismenny
Camp Fund
Donna Suggitt
Doug & Barb Walker
Anonymous

Thanks to all who have, and continue to support our organization. It is extremely important to remember the need to provide an informative yet positive, encouraging atmosphere for all those affected by ostomy surgery.

Your generosity is greatly appreciated!
NEW PATIENTS’ CORNER
Source: Lauren Wolfe, RN, BSN, CWOCN, “Changes in your Skin after Chemotherapy” (Nightingale Medical Supplies: Newsletter No.6, 2012), 5.

**Your Peristomal Skin and Chemotherapy**
Chemotherapy changes the skin and this can cause problems when attaching your pouching system. Some of the skin reactions that you may experience include rashes e.g. fungal, folliculitis, or dry skin conditions. Chemotherapy can be harsh on the skin. Our skin is more prone to infections when receiving chemo. Applying a pouching system can create a warm moist environment which can become infected if the skin is compromised. It is not uncommon to develop a fungal infection; this often takes on the appearance of an allergy. Treatment for a fungal infection related to chemo can be challenging, it may require both an antifungal powder and a topical cortisone to reduce the inflammation. Topical creams are not an option for using below the flange. Thus, if you are concerned, please contact your ET nurse. Using an adhesive remover may be advisable to prevent skin stripping, which can create a break in the skin. If you have any concerns about the appearance of your peristomal skin, please contact your ET.

**Your Stoma and Chemotherapy**
Chemo and radiation can have some side effects that you should watch out for. Common concerns are nausea and vomiting or constipation or diarrhea. If you are experiencing diarrhea it may be necessary to take an anti-diarrhea medication after talking to your family physician. If you are vomiting and struggling to keep fluids down, then seeking medical help is advised. Staying hydrated is extremely important and more so when on chemotherapy.

- Your stoma may increase in size; thus it is important to ensure that you resize your appliance regularly.
- Your stoma may bleed a little more than usual. Although this is of course a little worrying, it really is no cause for concern. Be gentle when cleaning and wiping your stoma. If it starts to bleed, apply gentle pressure to the area.
- Ulcers might appear on the stoma—these look very much like mouth ulcers. In the majority of cases these will disappear on their own.


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**Interesting Research**
Aoccdrnig to rscheearch at an Elingsh uinervtisy, it deosn’t mtttaer in waht oredr the ltteers in a wrod are, the olny iprmoatnt tihng is taht the frist and lsat ltteer are in the rghit pclae. The rset can be a toatl mses and you can raed wouthit a porbelm. This is bcuseae we do not raed ervey ltiter but the wlohe word. The biran fguiers it out aynawy. (Sepll cechk may hlep!)

Source: Green Bay (WI) Area Ostomy Support Group May/June 2012

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**Happy Birthday**
Sending many **Happy Birthday** wishes to Evelyn Waldera who turns 95 years young on January 16th. She will celebrate her 73rd Stoma Anniversary March 2019. Evelyn is still going strong. She attends meetings on a regular basis and collects your small change for the Youth Camp Fund.

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**Inside Out**
is available via e-mail in PDF Format, in 'living colour', no less!!

Help us save a few dollars each year by receiving our newsletter via email. It’s easy—just make the request by sending your email to: woainfo@mts.net.
I Just Need a Moment.
-Taking a Break from the Expectations of Ostomy Life

By Tricia Hottenstein, via UOAA Sept. 2018 E-News and UOAA Blog Post

The problem with being strong is that people expect you to always be strong. When your body has been put through so much, people expect it to willingly fight through anything. After life hands you a few too many lemons, you’re expected to just make an extra-large lemonade. The problem is, sometimes I can’t be strong. Sometimes I just don’t want to be.

When I got a new diagnosis or the old one flares up, I don’t always react with immediate strength. When I wake up to a leak or suffer through an obstruction, I don’t always react with immediate strength. When I need to call off work or cancel with friends and feel like I’m letting people down, I don’t always react with immediate strength. And sometimes, my lack of strength is why I need to cancel. Because it is damn exhausting sometimes. Dealing with life, dealing with an ostomy. Dealing with doctors and tests and medicine. With random pain or nausea. With what seems like a constant cycle of bad news after the last bad news. Dealing with an independent and stubborn 5 year-old when I’m not at my best. It’s exhausting.

And I just don’t want to be strong. I want to slump down in my seat and sob. I want to be needy and helped. Most of the time, I feel like the benefit to this life is that it made me a better person, a better friend. I can support someone through their hard moments because I’ve been through enough of my own. I may not be the most compassionate person in the world, but I will be there. For even an acquaintance. I will help anyone I can, however I can. But the downfall is that sometimes I want to be the person on the other end. I give my strength to so many other people, yet for the most part, I feel I rely mostly on my own. And most of the time, I am strong enough for that to be possible.

Although I always think I’ve had this strength, having an ostomy made it necessary to rely on myself. By the time I had the surgery, I learned what I could and couldn’t eat. I had to self-navigate my triggers and try to make sense out of them. Oftentimes, I needed to coordinate doctors with specialists and be competent enough to fill in the blanks of my medical history. Mainly, I just had to deal. With the embarrassment, the unpredictability, and the often crippling pain. And then I had surgery, and had to be strong all over again. I had to relearn what I could and couldn’t eat and figure out all the tricks for keeping my ostomy happy. The learning curve was a tough one. Sure there are support groups. But this is also an individual journey and I needed to be self-sufficient and strong.

But mid-meltdown? I am not. I want to be weak. I need to take a moment to feel sorry for myself. I do not want to hear about how I can beat anything because my body has already tackled everything else. I need to cry and process all the thoughts swirling in my head. I need to feel frustrated at the nonstop barrage of crap being thrown at me. I need to let my shoulders fall and my eyes sink. I need someone to be there for me the way I hope I would be there for them. I just need a moment. Because honestly, I AM strong. And I am damn proud of it. I try to be positive and handle things with composure and as much grace as my body (and personality) can put forth. And once I stop feeling sorry for myself, I will stand up and shake off and go forward and tackle everything on my plate with a vengeance.

I just need a moment.

Source: North Central OK Ostomy Assoc. Ostomy Outlook, Oct. 2018

What Really Happens if You Swallow Your Chewing Gum?
by The Daily Meal

So you’ve decided to swallow some chewing gum. Maybe it was unintentional — whatever. Maybe you just didn’t feel like spitting it out. Maybe you were really hungry. We’ve all been told at one point or another — usually when we were kids, by other kids — that if we swallow chewing gum, it will stay in our stomach for a certain number of years, usually around seven. But is that really the case?

If you swallow gum, it'll do what everything else that goes into your stomach does: It'll pass through your digestive system and leave your body. It’s won't necessarily be digested, because the gum base that chewing gum is made from can’t be broken down by the body, but that just means that the digestive system will just keep it moving along undisturbed.

Now, there are some rare instances where chewing gum can cause a blockage in the digestive system, but this is only when huge amounts of chewing gum are swallowed in a very short period of time, or when a wad of 20 pieces is swallowed in one go. This is primarily an issue for very small children, however, because their digestive tracts are smaller in diameter than those of adults.
Soluble vs Insoluble Fibre: What’s the difference?

If you have an ileostomy, should you eat fibre? How much? What kinds are the safest?

The intestine has a remarkable capacity to adapt. Matter/digested food in the small intestine is quite watery, and after it moves into the large intestine, a good portion of the water is reabsorbed into the body. Most fibre is indigestible material from plants that acts like a sponge, soaking up water and increasing the bulk of the intestinal contents making matter move through the system more quickly. In a person with an intact colon, fibre is essential to preventing constipation and keeping a person “regular”. This is the main function of fibre. A person without a large intestine (ileostomy) doesn’t have a problem with constipation, and will have loose or watery stool. (Some ileostomates report that over time, their stool becomes less watery as the small bowel adapts and ‘makes up’ for the loss of the large intestine). This is especially possible if the last section of the small bowel (ileum) is still intact. However, consuming too much “insoluble” fibre may cause a blockage. Avoid or limit your intake of insoluble fibre such as bran, popcorn, seeds, nuts, skin/seeds/stringy membrane parts of the fruits and vegetables.

However, another type of fibre (soluble) may be beneficial to the ileostomate. It may seem like a contradiction, but the function of soluble fibre is to make intestinal contents “thicker” and can actually help prevent diarrhea. This fibre 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 fibre, but the above examples show the differences. Adding pectin (Certo, used to make jam and jelly) to one’s daily diet can help to minimize diarrhea. Add it to applesauce.

How much of any of this stuff the individual ileostomate can safely eat is, unfortunately, often determined by trial and error (and sometimes, despite knowing better, having just o-n-e more taste of those nuts!) Pay attention to how much, and how fast, you are eating any kind of fibre. It might seem silly to measure one’s intake of certain things by the bite, but it’s best to be ultra-cautious as you resume eating after surgery. Add vegetables and fruits in very small amounts. Chew your chow carefully and thoroughly. Try not to learn your limits the hard way!

Source: Vancouver Ostomy HighLife May/June 2012

DONATIONS NEEDED

The Winnipeg Ostomy Association (WOA) relies on your continued support. Your donations support this newsletter, printing and postage, telephone, website, visitor training, office rent, youth campers, etc.

The Winnipeg Ostomy Assoc. is a not-for-profit registered charity. Please consider a donation to the WOA.

Tax receipts are issued for all donations. Make cheques payable to:

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204-825 Sherbrook St.
Winnipeg, MB R3A 1M5

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STOMA ANNIVERSARY CLUB

The anniversary date of my stoma is _____________ and to celebrate my second chance for healthy living, I am sending the sum of $_____ per year since I had my ostomy surgery.

NAME: _________________________________

AMT. ENCLOSED: __________

Official receipts for tax purposes are issued for all donations, regardless of the amount.

My name and the number of years may be printed in the “INSIDE/OUT” newsletter. YES ____ NO _____

Clip or copy this coupon and return with your donation to:

Winnipeg Ostomy Association
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Proceeds from the Stoma Anniversary Club will continue to go towards the purchase of audio & video equipment to promote the Winnipeg Ostomy Association and its programs.
**Inside/Out January 2019**

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Phone: 204 - 237 - 222  E-mail: woainfo@mts.net

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**Enterostomal Therapy (ET) Nurses**

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- Carisa Lux, RN, ET  MOP  204-938-5757
- Angie Libbrecht, RN, ET  St. Bon.  204-237-2566
- Jennifer Bourdeau’hui, RN, ET  St. Bon.  204-237-2566
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- Christie Tuttosi, RN, BN, ET  Brandon  1-204-578-2320

**Physician/S**

Dr. C. Yaffe

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**Reasons to Come to Meetings…**

“We come to our local chapter meetings to take comfort in the fact that we are not alone; to bolster up our morale; to be educated in options regarding ostomy management and equipment; to receive practical hints on skin and health care, to help ourselves by helping others.”

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**Winnipeg Ostomy Association Membership Application**

Current Members—PLEASE WAIT for your green membership renewal form to arrive in the mail.

Your renewal date is printed on your membership card.

**New Members: Please use this form**

Please enroll me as a new member of the Winnipeg Ostomy Association. I am enclosing the annual membership fee of $40.00.

WOA members receive the Chapter newsletter *Inside/Out*, become supporters of Ostomy Canada Society and receive the *Ostomy Canada* magazine.

Please send me the Chapter Newsletter, *Inside/Out*, via E-MAIL, in PDF format. YES _____ NO _____

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