



INSIDE OUT



MARCH 2017

THE NEWSLETTER OF THE WINNIPEG OSTOMY ASSOCIATION, Inc. (WOA)

BACTERIA and YOUR POUCH

Many patients having ostomy surgery worry about bacteria. Those with colostomies and ileostomies ask if their stomas will become infected with the discharge of stool. This is a myth! The stoma is accustomed to the normal bacteria in the intestine. Keep the skin around the area clean and be careful of adjacent wounds. You want to keep fecal drainage away from the incision but don't worry about the ostomy itself becoming infected from normal discharge. Nature has provided well. Our bodies are accustomed to certain bacteria. The urinary ostomy patient is more likely to be susceptible to infection than the other types of ostomies. Although urine is usually sterile, it is important to keep the urinary pouch very clean. On days that it isn't changed, it should be rinsed with a solution of 1/3 white vinegar to 2/3 tap water. This can be allowed to run up over the stoma and will also help prevent crystals. The vinegar produces an acid environment in your pouch.

Bacteria cannot multiply as readily in an acid condition. Your night drainage pouch should be cleansed daily. White vinegar and water can be used for this too. Perhaps some of you use a special disinfectant or diluted Lysol solution. When the drainage bag has sediment that cannot be removed by cleaning, it should be discarded. Drinking plenty of fluids is

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Chapter Meeting

Wed. March 22nd
7:30—9:30 pm

SMD Bldg. 825 Sherbrook St.

*ET Presentation—Peristomal
Skin Complications*

Brandon Westman Ostomates' Meeting

Tues. March 28th
7:00 pm

Nurses Residence—Main Floor

More information?

Call Betty @ 2204-728-6886

Or Marg @ 204-728-1421

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

March 22nd—Chapter Meeting—Breakout Sessions with the ETs

April 26th—AGM

May 24th—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, April 7, 2017

WORLD WIDE WEB

Visit the Winnipeg Ostomy Association Web Pages:

<http://www.ostomy-winnipeg.ca>

Webmaster: Email: woa@mts.net

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 Enterostomal Therapist or Doctor before using any information from this newsletter.

FROM THE EDITOR'S DESK

At this time last year we were getting down to the nitty gritty business of conference. Looking back at last year's *Inside Out* for February & March I listed a great number of people behind the scenes who do the work to keep our chapter thriving. We are truly thankful for their dedication.

This year we are gearing up for elections in April. Positions for secretary (for over a year now) and treasurer will need to be filled. Besides the board positions Barry Cox is looking for a member or two to help with the collection of ostomy supplies for FOWC. This is not an onerous job but it is vital that there is someone to do pick-ups. I understand there is a great need in the St. Vital area. If you live in that area, the job would be even easier.

Saskatoon is putting on a one-day seminar. See page 4. If you are in the area or want a reason to take a drive, why not register and take in what looks to be a great program. And it's FREE!

This month we are fortunate to have ET Rhonda Loeppky joining us. Rather than splitting into break-out sessions, Rhonda has offered to do a presentation titled *Common Peristomal Complications*. This presentation will provide an overview of common skin problems that an individual with an ostomy may encounter. Included will be information on what can be done at home to solve a problem or when the ostomy nurse should be contacted for an assessment. Ways to prevent major issues with skin breakdown around the ostomy will also be discussed. Rhonda did this presentation at conference and has graciously agreed to do it once more at our meeting.

And finally, a BIG reminder to you all. Our upcoming chapter meeting is MARCH 22nd—the fourth Wednesday of the month.

See you there.

Cheers,

Lorrie



Winnipeg Ostomy
Association

NOTICE ANNUAL GENERAL MEETING

Notice is hereby given that the Annual General Meeting of the *Winnipeg Ostomy Association* will be held on

Wednesday, April 26, 2017
beginning at 7:30 pm
Rms 202 & 203, 825 Sherbrook St.,
Winnipeg, MB.

The purpose of the meeting is to elect officers for a one-year term beginning September 1, 2017; to accept year end reports and to conduct any other business deemed necessary.

Nominations Chair:

Please contact Rollie Binner at:

Tel: 204-667-2326

Email: jbinner@shaw.ca

All Executive positions (President, 1st & 2nd Vice-Presidents, Secretary, Treasurer, Visitor Coordinator & 2 Members-at-Large) are open for a one year term. Nominations will be accepted from the floor at the meeting.

If you are interested in one of these positions or if you would like a copy of the Executive members' duties please contact Rollie Binner.



"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"



FOCUSSING ON...Joanne Maxwell—Visitor Coordinator

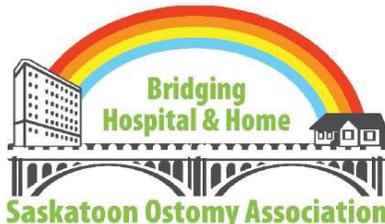
Hi –I am Joanne Maxwell —your Visiting Co-ordinator and here is my story.



I am a “born and raised in Manitoban” with an anchor in South Winnipeg—Grosvenor, Robert H. Smith and Kelvin schools. I also attended the University of Manitoba—Home Economics for 2 years and then Angus Business School which led to a secretarial job for a few years before marriage to Alan. Then my real job began—that of raising 5 children—2 sets of twins (I should have told you that I am a twin myself) and a single child. My youngest was seven years old when I had my ostomy surgery.

Over the years my spare time has been spent doing volunteer work with the Junior League and our community and I love the variety of tasks and the people I have met. I also spent 6 years on the local School Board before it became known as Pembina Trails S.B.

After my children became university bound, I also went to school—Red River Community College to take my Licensed Practical Nurse standing and enjoyed that work very much until I got too busy with other interests to put in the necessary hours to keep my license. I have had my ileostomy for 43 years and it has never stopped me from doing anything I wished to do. Recently widowed after 59 years of marriage, I now fill my time with family—4 out of 5 children with their families live here in Winnipeg—friends and volunteer work. I have had a very fortunate, rewarding life and I love it.



LIVING WITH AN OSTOMY Educational Seminar

When: Saturday, April 22, 2017

Time: 8:00 a.m. Registration
Seminar 9:00 a.m. - 5:00 p.m.

Where: Saskatoon Inn

Conference Centre
2002 Airport Drive

Cost: FREE

Lunch will be provided

GUEST SPEAKERS:

- ✓Physicians
- ✓Wound care
- ✓E.T. nurses
- ✓Tax rebate
- ✓Ostomy Canada Youth Camp
- ✓Crohns and Colitis Canada (Saskatoon Chapter)

DISPLAY TABLES:

- Medical Ostomy Suppliers:*
- ✓Hollister
 - ✓Coloplast
 - ✓Convatec
 - ✓Carnegie Medical Supplies
 - ✓Nordon Drugs & Medical

GIFT OF FLIGHT RAFFLE-LOTTERY LICENCE #RR16-0577

CONTACT: GERARD DAKINIEWICH

PRESIDENT: SASKATOON OSTOMY ASSOCIATION
fernevillefoods@hotmail.com

Bridging Hospital & Home

Can You Still Drink Alcohol?

Source: North Central OK *Ostomy Outlook* via Pittsburgh Ostomy Society *the Triangle*.

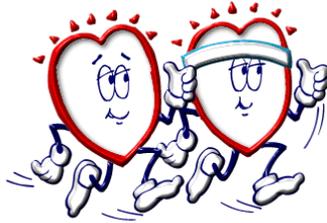
Yes! And you may find that gastrointestinal upsets associated with alcohol that use to occur before surgery are gone now with the removal of the diseased bowel. A word of caution, however: those with ileostomies are at greater risk of dehydration when drinking alcohol. Have water on the side, or extra juice along with your drink. Unless a fair amount of the large colon was removed, Colostomates are in little danger of dehydration when drinking liquor. Urostomates need not fear dehydration, but you will be making more trips to the bathroom to empty your appliance.

Beer and carbonated drinks can produce gas. Some medications are less effective if taken with alcohol—be sure to follow instructions. Alcohol may give you loose output or extra output, or it may have no effect on waste at all. In some people, with or without an ostomy, this makes the bowels more watery and a few may find that some restriction is necessary, though it is always worth experimenting. Everybody's different.

One woman reported that, at Christmas, she found that her ileostomy would stand up to port, sherry, gin and cider, but (regretfully) she said, “It wouldn't take beer.” A year later, she reported: “It's all right now— it can take beer as well!”

GET MOVING

The winter months can cause us to slow down and be more sedentary. Along with holidays and all the rich food, the lack of activity can lead to problems if not nipped in the bud. For ostomates especially, weight gain can be even more problematic than for others. Weight gain can cause a change in the contour of your abdomen which can lead to appliance adhesion problems. It can also make ostomates more prone to parastomal hernias. Below are a few ideas from Je Priest, YMCA Group Exercise Director, who spoke to the Beaver County ostomy support group last year.



Develop a “move more” mindset—sneak more movement into your day. Sit less-stand more, take more steps and stairs, stretch in your chair, park far away from stores, squat to pick something up, stand when talking on the phone, exercise when watching TV.

Commit to regular activity. Schedule appointments to exercise: Start with short walks, build up to power walks, take fitness classes. Find your favourite exercise. Identify if you like to exercise alone, with a partner, or in a group. Try new types of exercise until you find one that fits. Focus on health and strength and what it means to you, not numbers on a scale. Focus on the joys of exercise and movement. Take pride in your body getting stronger, having more stamina. Identify your core motivation—why you want more energy, for maybe the grandkids or being more in control of your own health.

Add strength training to your weekly routine. Strength training is critical to retaining muscle as you age to have a strong body and an effective metabolism.

Think of how exercise boots your sense of well-being. Exercise gives us more energy, alleviates stress, helps us sleep better and feel happier.

Source: Ostomy Association of St. Paul, MN, Metro Maryland, and Contra Costa (CA) *Contra Costomy News* and *OSTOMY OUTLOOK* Ostomy Association of North Central OK via Greater Cincinnati Ostomy Assoc. Feb. 2017.

Ostomy Canada Youth Camp

**Camp dates for 2017 are:
Sunday July 23th – Friday July 28th.
Registration fees remain the same at \$620.**

The *Ostomy Canada Society's* Youth Camp is held at Camp Horizon, Bragg Creek, Alta. (southwest of Calgary). The camp provides an opportunity for young people aged 9-18 with consideration to emotional growth and maturity, who have ostomies or other special related needs. Individual ET and Ostomy Canada Society counselling on physical and psychosocial needs is provided.

Activities include: formal/informal education sessions; swimming; camp out; outdoor recreation; rafting; arts & crafts; dance; rap sessions.

Camp has increased from 90 spots to 97. This summer, 57 ostomy campers will partner with campers from Crohn's & Colitis Foundation of Canada for a fun-filled week. Pat Cimmeck, Camp Director, said it is a “very good fit”.

The WOA continues to sponsor youth who have ostomies from Manitoba and North Western Ontario. Should you be interested in supporting this endeavour please make cheques payable to:

“Winnipeg Ostomy Association”
with *Ostomy Youth Camp* noted in the memo space
and mail to:

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

Tax receipts are issued for all donations.



For more information contact: Lorrie Pismenny @
204-489-2731 or Email: pismel@mymts.net

How Does Fibre Affect Ileostomates?

Whether or not to include fibre, and to what extent, should be based on the ileostomate's tolerance of foods. The intestine has a remarkable capacity to adapt. 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 a colon, fibre is essential to preventing constipation and keeping a person “regular.” This is the main function of fibre.

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

However, another type of fibre (soluble) may be beneficial to the ileostomate. The function of soluble fibre is to make intestinal contents ‘thicker’ and can actually 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. Just as a side note, I worked with a lady years ago 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.

Source: Kay Leck, MPH & Registered Dietician, Napa Valley, CA via Philadelphia UOA Journal and Ottawa Ostomy Newsletter—Feb. 2017



INCLEMENT WEATHER ON A MEETING NIGHT

Should the weather be so bad that we need to cancel our meeting—

- here are the steps to follow:

1. **WAIT** until after 12:00 Noon
2. **CALL 237-2022**, - # found on back page.
3. **MEETING Cancelled—IF** there is a “**CANCELLATION MESSAGE**” on the machine

WHO KNEW?

We all know the benefits of vinegar as a non-toxic antibacterial and general purpose cleaner, but did you know the humble liquid vinegar can help your garden, tenderize meat and make your hair shiny?



Add a half teaspoon of apple cider vinegar to a cup of warm water and pour over freshly washed hair, then rinse. The vinegar will remove buildup of various hair products and help give your hair a silky, shiny finish.

Athlete's foot, toe nail fungus and dandruff are all types of fungal infections. However, white vinegar and apple cider vinegar can both be used as a topical solution to the affected areas of the body in order to kill the fungus. If the fungus is on the foot, mix a solution of one part vinegar and five parts water and soak feet for approximately 30 minutes a day.

Make a marinade that includes apple cider vinegar to tenderize cuts of meat.

Unlike commercial weed killers, vinegar is eco-friendly and won't harm people, pets or the environment.

Vinegar can kill weeds! Everyday 5-percent household

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SKIN RASHES AROUND THE STOMA

By Carla Mellon, RN, CWOCN

“All Stomas are subject to allergic reactions associated with the adhesives on the pouching system or any product (cleanser, skin prep) that you are using on your skin.”

There are several different types of “rashes” or skin breakdown that can occur around the stoma, under the pouch seal. Some of the more common types are:

Urinary Stomas can develop skin breakdown as a result of urine being in contact with the surrounding skin for an extended period of time. This will cause the skin to develop an overgrowth of tissue (hyperplasia) which may be referred to as “urine crystals.” The urine may even feel grainy in the pouch. This is very painful. Treatment should begin with correcting the cause...pouch opening size, wear-time, maybe that convexity if necessary to prevent leaking under the pouch seal, or adding an ostomy belt. Vinegar soaks 2-3 times per day are also recommended in severe cases to “breakup” the crystals. (One part vinegar and three parts water.)

Ileostomy Stomas usually develop skin breakdown as a result of stool being in contact with the surrounding skin. This can happen **fast**. Early symptoms include burning and itching under the pouch adhesive. Again, treatment begins with elimination of the cause. Steps to eliminate leakage and/or stool undermining or pooling under the adhesive must be taken. Barrier rings, strip paste, convexity products, belts, etc., are just a few of the additions to the pouching system that may be needed

in order to secure a good seal. The skin also will need to be treated with a barrier powder (Stomahesive, premium, karaya) and sealed with a sealant (e.g., No-Sting) to provide a dry pouching surface for the adhesive since the skin is likely weeping.

This situation predisposes the patient to a yeast or monilia rash, characterized by a fine bumpy red rash usually along the edges of the redness. This must be treated with an anti-fungal powder. The anti-fungal powder can be used with the barrier powder or alone. It too must be covered with a sealant (No-Sting).

Monila/yeast rashes may also be present without any other pouching or skin care issue. This is typical in the summer with heat and when patients have been on antibiotics.

Colostomy Stomas are also subject to monilia/yeast rashes as well, because of skin breakdown associated with stool being in contact with the skin. See treatment above under ileostomy stomas.

All Stomas are subject to allergic reactions associated with the adhesives on the pouching system or any product (cleanser, skin prep) that you are using on your skin. Even if you have been wearing the same pouch, or using this product for years, you can develop allergies to any product. The only solution is to change pouching systems/products and find one that you are not allergic to. I often use Kenalog spray (prescription required) to decrease the inflammatory process and provide pain relief until the offensive agent can be identified and eliminated.

Source: Reprinted from United Ostomy Association of St. Louis (MO) “Live & Learn” by Greater Seattle (WA) “The Ostomist” Sept/Oct 2015

(Continued from page 6)

WHO KNEW?

white vinegar is fine for an organic weed killer. Fill a squirt bottle with pure vinegar and inject the liquid on the leaves and at the base of the unwanted weed. Be careful not to get it on plants you want to keep or it will kill them too. You won't need higher, more expensive concentrations such as 10 or 20 percent which can be bought at plant stores. It may take two or three days longer to kill the weeds with the lower concentration, but they will die.

Source: Vancouver Ostomy HighLife Sept/Oct 2016

(Continued from page 1)

Skin Rashes and Your Pouch

important for all ostomates, but especially for the urostomy patient. Many urologists also prescribe vitamin C to help keep the urine acid and less susceptible to infection. (Check with your doctor first, as some persons have reasons that would be exceptions to this). Cranberry juice helps to keep the urine acidic. Ostomy patients should strive to live a normal like, keep fit nutritionally (this helps prevent infection), drink sufficient fluids.

Source: Ottawa Ostomy News Dec. 2016; Metro Halifax News via Vancouver Ostomy HighLife Jan/Feb 2017.

The Final Chapter in My Story, Not My Life

Installment Three—by Tim Kist

“Reinforce the positive moments. Learn from each experience, whether good or bad”.

We had to say good bye to our golden retriever of almost fourteen years, Trax, shortly after I was diagnosed with cancer. This may help you understand why I didn't want to tell our sons, Tylar and Turnar, about my diagnosis. They needed proper time to grieve about their hairy brother that grew up with them. They did not need to worry about their Dad, too.

Fast forward to the spring of 2014, six months after my surgery and we got our new dog, Trappar. In my mind he was a therapy dog for an important reason. I knew I had to walk him at least twice a day given the energy that goldens have. This would help make me more conscious of my physical condition since we were well past surgery.

Yes, this was like having a young child again. My wife, Gwen, was also keen on a new dog and we quickly had to remember all the tricks and tips that we learned from our time with Trax. Having Turnar home for the summer was another big help as he and I could manage “puppy-sitting” while the other worked away from the house. Now, it was not always easy and I sure lost my temper far too often. Apparently, I forgot what it was like to train a puppy. Heck, it was practice for me to learn to be patient, again!

This process mirrored my ongoing learning about life as an ostomate. Reinforce the positive moments. Learn from each experience, whether good or bad. Keep close track of little tips and tricks that helped with the pouch change or other care of my appliance.

In particular, I went through a period of leaks on almost every pouch change. This was frustrating. I even had to reschedule some business meetings because I couldn't get a proper seal. This anxiety resulted in more frustration for me.

Can you picture this gorgeous golden retriever pup staring with his head turning and his ears perking up trying to make sense of my cussing as I had to change or adjust another pouch well before the regular time? There must have been times when he thought I was

talking to him. Fortunately pups have a short attention span and I'm sure he forgot all about my babbling. Hmm, a short attention span. This is something else you need to have as an ostomate as you keep moving forward from wardrobe malfunctions and the like. Don't dwell on those unfortunate situations.

I needed to do something. The obvious answer was to phone my ET, Mary, and ask for a consult. Sure enough, talking with her and showing the inconsistent adherence I was achieving with the pouch changes, resulted in her recommendation to use a different type of appliance.

Apparently, I was not walking enough with Trappar and my belly had expanded a bit too much. This became another wakeup call as I needed to start on a more consistent active living plan to stop the weight gain. With the new appliance working very well, Trappar and I began our now regular walking program.

Up at 6 AM, and out the door shortly after, we would walk for 45 to 60 minutes depending on conditions. We would then have another lengthy walk in the evening. Trappar also got lots of training and really lived up to his breed of retriever. Plenty of fetch occurred in our back yard.

When he was close to a year old, I started taking him to an off leash dog park on the weekend. We soon met a few early morning regulars and established a routine. This was a lot of fun and Trappar and I both made new friends. This was a bit tougher on Gwen as she wasn't always able to sleep in on weekends. Sorry, dear.

My weekend regulars were two RCMP officers and a music teacher. We covered all sorts of topics, and we continue this weekend and holiday routine to this day.

I learned a bit more about appliance capacity, adhesive strength and my “look”, especially in the summer when we were in shorts and t-shirts. I consciously tried not to put anyone in a difficult situation where they might say “hey, what's that sticking out of your shirt”?

The more work I conducted directly with clients, in addition to our trips to the U.S. to watch our sons play football, resulted in more overall awareness. I needed to be mindful of when I had to change my pouch, when I had to have my emergency back pack with me

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***“I needed to do something.
The obvious answer was to
phone my ET, Mary and ask
for a consult”***

(Continued from page 8) *The Final Chapter in My Life, ...*

and some new tricks to stop leaks. For instance, I kept a roll of clear medical tape that I could stick to the edge of the appliance if it was starting to loosen and I wasn't in a place to perform a change.

This tip was from my doctor who suggested it when I "sprung a leak" during an exam. She wasn't fussed about it and calmly showed me what to do. I had to buy some extra rolls of tape and put them in my briefcase, sports bags and in a few spots at home.



During a change, I apply some powder before placing the pouch. Gwen suggested using an old makeup brush to apply the stomahesive powder. Works like a charm.

I was still coaching with the Bisons football team at this point. All the coaches were aware of my situation and, fortunately, didn't treat me any differently. I got the same abuse as before and dished it out as well. Treating me the same way was what I expected from these good friends and it helped me realize that I really had adjusted to my new lifestyle.

I started to play basketball with my senior men's team, Old School. And I started to skate regularly with my Friday night pickup hockey group that had been together for over 20 years. Not everyone knows what I went through and it doesn't matter one bit.

In fact, my close friends in town and across the country, and business associates that knew of my adjustment, also treated me the same way. Without them realizing what they were doing, they were really helping me understand that this was only another chapter in my life and not the end of the story.

One great friend and confidant asked me if my disease diagnosis and subsequent procedure had changed me. I thought about that and responded that if it took something like this to make me smell the roses, then maybe I hadn't lived such a good life after all.

Fortunately, I believe that I had been doing alright in the life department before this event. And I am far from perfect. I did become more aware of a few things in regular life now and appreciated a broader type of books, learning and topics of discussion than I had in the past.

As a man of faith, I believe that the Good Lord has a plan for me. My ability to progress through this situation into a new life style means that I am here for a reason.

Thanks to the WOA, I have been able to share my journey. I would like to think that if my story invigorates one person to choose a positive approach to their situation then I will feel humbly grateful to have helped. However, I can't do it for everyone. You have to work through your particular situation. And there is help if needed.

Writing about my journey has also helped me realize the importance of the WOA. We really are "Ostomates helping Ostomates". An old adage that seems appropriate here is "those who can should". I am also trained as a visitor. And after sharing my story I now want to share others' stories, too.

I really don't consider myself the most courageous or toughest that has had to make lifestyle adjustments due to major diversion surgery. Younger people that will require their appliance for a longer period than me have to be even more resilient. Older folks that have to adjust for a shorter period need to be more resilient, so they can enjoy a great quality of life in their remaining years.

I have been blessed to have the most wonderful family. Gwen, Tylar, Turnar and Trappar keep me grounded and inspired. My sisters Cheryl and Jodi, and brother Ted, and all my nieces and nephews, also make certain I am the Tim they grew up with. My friends are from all parts of my life and their ability to treat me like they did before has probably done the most to help me realize I really haven't changed my attitude. And my clients and professional colleagues have allowed me to do the work that I love. They have high expectations, too, and I cannot let this disease and resulting surgery allow me to provide anything less than my best professional work.



Well, Trappar has his ball and is ready to go for a walk and play fetch so it's time for me to sign off. Where have the past three years gone? *Time flies when you're having fun!*

Student: "I don't think I deserved a zero on this test."

Teacher: "I don't either, but it's the lowest mark I could give you."

INTERESTING QUESTIONS



- How come wrong numbers are never busy?
- Do people in Australia call the rest of the world “up over”?
- Does that screwdriver really belong to Phillip?
- Can a stupid person be a smart-ass?
- Does killing time damage eternity?
- Why doesn't Tarzan have a beard?
- Why is it called lipstick if you can still move your lips?
- Why is it that night falls but day breaks?
- Why is lemon juice made with artificial flavour, and dishwashing liquid made with real lemons?
- Are part-time band leaders semi-conductors?
- Can you buy an entire chess set in a pawn-shop?
- Do pilots take crash-courses?
- Have you ever seen a toad on a toadstool?
- How can there be self-help “groups”?

ET CORNER

Question: Is sleeping on your stomach with an ostomy a no-no?

Answer: This is a very common question. Technically, one can sleep in any position they choose when they have a stoma, including on their stomach.

The sleeping position will not damage the stoma in anyway. However, clients with an ileostomy or urostomy may experience issues due to the compression of the pouch. Such ostomies are much more active than a colostomy and continue to output overnight as well. If an individual is sleeping on their stomach, it goes to reason that the pouch will be flattened beneath them and therefore not be able to collect the output. This can lead to leaks, which are most unpleasant.

Some individuals have reported success using pillows to help prop up one hip or support one side so that they can still sleep on their stomach while leaving space for the effluent to collect in the pouch.

Source: *Ottawa Ostomy News* June 2016



UROSTOMY FACTS

- Mucous in the urine is normal. The ideal conduit is made of mucous-secreting intestinal tissue. It doesn't stop doing its job even though it is transporting urine.
- If it is necessary to have a urinalysis, remind the nurse to take the specimen directly from the stoma, not from the pouch.
- Deodorants are not used because they may mask the odour which could signify the presence of an infection. Asparagus and onions may cause an odour.
- Carbonated beverages make urine alkaline, so stick with cranberry juice. Water is useful to reduce the likelihood of a kidney or bladder infection. Orange juice is not used by the body as an acid, but as an alkaline.
- Change your pouching system first thing in the morning before eating or drinking.
- Rinse off or wipe off the spout of the pouch after emptying to prevent urine odour on underclothes.
- Wearing clean pouches and frequent emptying are vital. Adequate fluid intake, particularly fluids that acidify the urine, decrease problem odour.

From *The Ostomy Rumble*, Middle Georgia, Springfield Ostomy Family Newsletter via Pittsburgh Ostomy Society's Triangle— July/Aug. 2016



Fashion Covers It All

As is the custom at the Academy Awards, the stars walk the red carpet while the paparazzi fight for the money shots and crowds of adoring fans gawk and scream. Prime time TV presenters approach the superstars as they parade up the walk all dolled up for the show for a quick chat. It is customary for the TV interviewer to ask what these stars are wearing. Conversing with a couple of starlets nominated, the interviewer asked one of them what she was wearing. “Well, I am wearing Gucci with matching shoes” she replied. The interviewer then turned to the other star and asked “So my dear, what are you wearing?” The young star said quite proudly “Hollister”. She was an ostomate!

Of Special Note to Ileostomy Patients—UMPC Life Changing Medicine

It is very easy to quickly lose large amounts of water, minerals and vitamins through an ileostomy when diarrhea occurs. (or if you have a chronically overactive ileostomy) Losing too much fluid can lead to dehydration, which can be dangerous. Your fluid and mineral losses need to be replaced so that you do not become dehydrated.

Potassium and Sodium

These two minerals are lost daily with the fluids that leave your body through your ileostomy. They can be replaced by adding foods high in potassium and sodium to your daily diet. Talk with your doctor if you follow a diet that restricts potassium or sodium. He or she will advise you of any special instructions for your condition. Some good dietary sources of potassium and sodium are:

Foods High in Potassium

Milk	Avocado
Beef	Bananas
Chicken	Cantaloupe
Duck	Cherries
Fish	Dates
Lamb	Figs
Pork	Grapefruit
Veal	Grapefruit Juice
Turkey	White Grapes
Green Beans	Nectarines
Lima Beans	Oranges
Broccoli	Orange Juice
Brussel Sprouts	Peaches
Potatoes	Peach Nectar
Peppers	Pineapple
Spinach	Plums
Tomatoes	Prunes
Tomato Juice	Prune Juice
V8 Juice®	Rhubarb
Apricot Nectar	Strawberries
Apricots	Watermelon

Foods High in Sodium

When used in cooking or at the table, salt is the most obvious source of dietary sodium. Other seasonings

are also good sources of sodium. They include:

Chili Sauce	Monosodium Glutamate
Gravy Flavourings	Salts (celery, onion, garlic)
Ketchup	Soy Sauce
Meal Tenderizers	Worcestershire Sauce

Foods that have salt added during processing are also good sources of dietary sodium. They include:

Ham	TV Dinners
Bacon	Vegetables in brine
Hot Dogs	Peanut Butter
Sausage	Salad Dressing
Cold Cuts, Corned Beef	Sauerkraut
Canned Meat, Fish,	Canned & Dried Soup
Stew	Gravy
Pickles	Sauces
Relish	Pickled Foods
Olives	Scrapple
Crackers	Tomato Juice
Pretzels	Tomato Sauce
Salted Popcorn	V8 Juice®
Cheese	

Source: *Vancouver Ostomy HighLife*—Jan/Feb. 2017

And God Created Canada.....

On the sixth day, God turned to Archangel Gabriel and said, "Today I am going to create a land called Canada. It will be a land of outstanding natural beauty. It shall have tall majestic mountains full of mountain goats and eagles, beautiful sparkling lakes bountiful with bass and trout, forests full of elk and moose, high cliffs overlooking sandy beaches with an abundance of sea life, and rivers stocked with salmon."

God continued, "I shall make the land rich in resources so as to make the inhabitants prosper, I shall call these inhabitants Canadians, and they shall be known as the most friendly people on the earth."

"But Lord," asked Gabriel, "don't you think you are being too generous to these Canadians??"

"Not really," replied God. . . .
"Just wait and see the winters I am going to give them!"





**Winnipeg Ostomy
Association**

204 - 825 Sherbrook St.,
Winnipeg, Manitoba, Canada R3A 1M5
Phone: 204 - 237 - 2022 E-mail: woainfo@mts.net

EXECUTIVE OFFICERS

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1st Vice-President	John Kelemen	204-338-3763
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Christie Tuttosi, RN, BN, ET	Brandon	1-204-578-2320

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Dr. C. Yaffe

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Vacant

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PUBLIC RELATIONS:

Vacant

MEMBERSHIP: Rosemary Gaffray 1-204-367-8031

LIBRARY/TAPES: Ursula Kelemen 204-338-3763

TRANSPORTATION:

Vacant

CARDS: Grace & Barry Cox 204-832-9088

NEWSLETTER:

Editor: Lorrie Pismenny 204-489-2731

Mailing: Bert & Betty Andrews

WEBMASTER: Mike Leverick 204-256-7095

VISITING ASSISTANT:

Vacant

SASO: Nurit Drory 204-338-1280

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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 _____

NAME: _____ PHONE: _____

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I have a: Colostomy _____ : Ileostomy _____ : Urostomy _____ : Ileal Conduit _____ :
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