

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

FROM THE PRESIDENT'S DESK

**G**reetings!  
 Following an immense amount of work, our national organization - the UOAC, now has a new name, logo and mission statement. The rationale for the name change is a) shortened name is more memorable, b) aligns association with other similar health societies, c) can be used on a national or provincial level if required. See Page 2. Meetings are continuing in Brandon with a lot of interest growing. A pharmacist joined the Oct. meeting and explained the interaction of medications and

ostomy surgeries. Sandy the Hollister rep, will be doing a presentation of Hollister products at the Nov. meeting. It is obvious that the enthusiasm and need for answers and information is huge. We should all be so pleased that this effort is going forward. Christmas is coming but for me it doesn't really start until our Christmas Lunch, which is on Sunday, Dec. 7th. There is such a great feeling when we get together, share laughter, great food, and get the chance to socialize. And it isn't finished until "Sam, the music man" plays "Silent Night". The

haunting sounds of his harmonica sends us out into the world once again for another year. Make sure you put your silent auction items together and bring them with you that day. I am looking forward to seeing you all for a great time!

***On behalf of the  
 WOA Board of  
 Directors, I wish  
 you and your  
 families Love,  
 Peace and Joy  
 during this holiday  
 season.***

*Loirrie* 

☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆  
*Season's Greetings*  
 ☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆



*"In Flanders Field the Poppies grow..."*



Why the poppy emerged as this symbol some 100 years after the red and black flower was first noted in European fields and cemeteries was in large part due to the work of John McCrae. His poem "In Flanders Fields," was written in 1915 during the First World War, the day after his close friend was killed in battle. His friend was buried in a makeshift grave, where wild poppies grew between wooden crosses.

Today, donations made to the Royal Canadian Legion's poppy campaign support services for Canadian veterans and their families. The Legion estimates that this year, 18 million poppies will be distributed across Canada and overseas.

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Ostomy Canada Society | Société Canadienne des Personnes Stomisées

**OSTOMY CANADA MISSION STATEMENT:**

Ostomy Canada Society is a non-profit volunteer organization dedicated to all people with an ostomy, and their families, helping them to live life to the fullest through support, education, collaboration and advocacy.

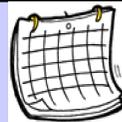
**WHO WE ARE**

The Winnipeg Ostomy Association, Inc. (WOA), is affiliated with the United Ostomy Association of Canada, Inc. (UOAC), a volunteer-based organization dedicated to assisting all persons facing life with gastrointestinal or urinary diversions by providing emotional support, experienced and practical help, instructional and informational services through its membership, to the family unit, associated care givers and the general public.

Members receive the UOAC's magazine, *Ostomy Canada*, the Chapter Newsletter, *Inside Out*, and the benefits of meeting fellow persons with ostomies at our regular meetings.

The WOA is a not-for-profit registered charity and welcomes bequests and donations.

**UPCOMING EVENTS**



**Nov. 26th - Presentation—Diamond Athletics, Ostomate story, Show & Tell**

**Dec. 7th - Sunday, Christmas Luncheon**

**Jan. 28th - Chapter Meeting**

**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 Visiting Coordinator or by asking your Doctor or Enterostomal Therapist (ET). There is no charge for this service.

**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**

**MEETINGS**



All persons with ostomies, spouses, family members, interested members of the medical profession and the general public are welcome to attend our meetings and social functions.

**WELCOME**

Chapter meetings are held from September through May, except December, in *Room 203 of the SMD Building, 825 Sherbrook Street, Winnipeg, MB*, beginning at *7:30pm on the 4th Wednesday*, of the month. There are no scheduled chapter meetings in June, July or August. A Christmas party is held in December.

*Free Parking* is in the SMD parking lot to the south of the building.

You must enter the lot off McDermott Ave.

**LETTERS TO THE EDITOR**

The Editor, Inside Out  
1101—80 Snow Street  
Winnipeg, MB R3T 0P8  
[woainfo@mts.net](mailto:woainfo@mts.net)

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

**Deadline for Next Issue: Friday, January 9, 2015**

**WORLD WIDE WEB**

Visit the Winnipeg Ostomy Association Web Pages:  
<http://www.ostomy-winnipeg.ca>  
[woa@mts.net](mailto:woa@mts.net)

**CONSTITUTION**

Copies of our constitution are available at our Chapter Meetings, on our website, or can be obtained by mail by contacting a member of the Executive Committee.

**DISCLAIMER**

Articles and submissions printed in this newsletter are not necessarily endorsed by the Winnipeg Ostomy Association, Inc., and may not apply to everyone. It is wise to consult your Enterostomal Therapist or Doctor before using any information from this newsletter.



## JOIN US FOR OUR ANNUAL CHRISTMAS LUNCHEON !

**SUNDAY, DECEMBER 7, 2014**  
**NORWOOD HOTEL**  
**112 Marion Street**

**TICKETS: \$30.00**

Tickets available at Oct. & Nov. Chapter meetings or by  
contacting Jan Dowsell @ 204-254-3735

**Cocktails: 12:30 pm      Lunch: 1:00 pm**

**Entertainment      Silent Auction**

### CHRISTMAS LUNCH MENU

Cuke wrapped garden salad  
Grilled chicken with sauce  
Duchess potatoes \*\*\*\* Honey Dill carrots  
Classic lemon cream cake  
Coffee & Tea

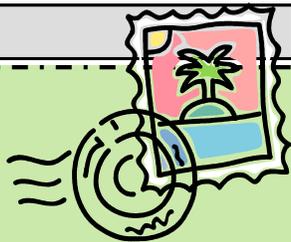
**ENTERTAINMENT:** *Asham Stompers*

### WE'VE GOT MAIL!

*As my first year (April) has passed, I want to thank the Winnipeg Ostomy Association for the wonderful newsletters you send out every month. They have helped me so much to understand how to live with my ostomy bag.*

*Thanks,*

*Loverna*



## OSTOMY PRODUCTS

Join other ostomates, families & friends,  
for an informal coffee meeting.

**Monday, November 24, 2014**

**7:00 pm to 8:30 pm**

**2nd floor, Nurses Residence**

**Rooms 245—246**

**150 McTavish Ave. East**

**Brandon, MB**

*Everyone is Welcome!*

Come out and see a presentation of  
Hollister ostomy products by  
representative Sandy Petrynko

**For more information contact:**

Diane Zachary  
Lorrie Pismenny

Tel: 204-848-22177 or  
Tel: 204-489-2731

Email: [woainfo@mts.net](mailto:woainfo@mts.net)

## A Great Lesson on Stress

A young lady confidently walked around the room with a raised glass of water while explaining stress management to an audience. Everyone knew she was going to ask the ultimate question, “half empty or half full?” She fooled them all... “How heavy is this glass of water?” she inquired with a smile.



Answers called out ranged from 8 to 20 ounces (250 to 600 grams). She replied, “The absolute weight doesn’t matter. It depends on how long I hold it.” “If I hold it for a minute, that’s not a problem. If I hold it for an hour, I’ll have an ache in my arm. If I hold it for a day, you’ll have to call an ambulance. In each case it’s the same weight, but the longer I hold it, the heavier it becomes,” She continued, “and that’s the way it is with stress. If we carry our burdens all



the time, sooner or later, as the burden becomes increasingly heavy, we won’t be able to carry on. As with the glass of water, you have to put it down for a while and rest before holding it again. When we’re refreshed, we can carry on with the burden...

holding stress longer and better each time practiced.

Source: Greater Atlanta Ostomy Assoc; and North Central OK *Ostomy Outlook*, May 2013 via *Regina Ostomy News*, Nov/Dec. 2014

## Tips & Tricks

- Take off your flange in the shower. It saves mess and lets you wash off the adhesive, any dead skin, and stuck on strip paste. It also saves you having to worry about any bits of stool that might show up -- just rinse it well away and put some extra cleaner down the drain when done.
- Use a high-quality brand of tissue, if you put tissue over an ileostomy or urostomy when changing to avoid drips. The thin cheap stuff will stick to your stoma and it’s a pain to pick off not to mention messy if your stoma decides to spit.

Source: Vancouver Ostomy *HighLife*, Nov/Dec. 2014

## WORDS of WISDOM

Courtesy of Vancouver Ostomy HighLife, Nov/Dec. 2014

**Contact your ET nurse** if you experience any of the following problems:

- Repeated leakage with your pouching system
- Marked change(s) in stoma size or appearance
- Irritated or red skin around your stoma
- Excessive bleeding from the stoma
- Diarrhea – increased watery stoma output
- Swelling near or around your stoma

**Contact your doctor or go to emergency** if you experience any of the following symptoms:

- Bleeding from the rectum, if the rectum has not been removed
- Nausea and vomiting
- Fever, severe abdominal pain
- Increased tenderness or foul smelling discharge from the perineal wound if the rectum and anus were removed

Source: Vancouver Ostomy *HighLife*, Nov/Dec. 2014

## Tips & Tricks

### UROSTOMY TWO PIECE SYSTEMS -

Mineral crystals on the inside of the bag can sand-paper the stoma. Clean them off by soaking the bag in a vinegar solution overnight. (one part vinegar to four parts water) -

*Highlife*, October 1990 via Vancouver Ostomy *HighLife* Nov/

## REMINDER

The Winnipeg Ostomy Assoc. is a not-for-profit registered charity. As you write those year-end cheques please consider a donation to the WOA.

**Tax receipts are issued for all donations.**

Make cheques payable to:

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

Charitable Reg. No. 11930 1398 RR0001





**Dear ET,**

*I am middle aged and have had my ileostomy for over 20 years. I have not made any major changes in my diet over the past few months but I have a major in-*

*crease in gas. I will wake up during the night and my pouch will be like a hard balloon. Any ideas what could be causing this or what I could do about it?*

Thanks,

Gassy

Dear Gassy,

Thank you for a very valuable question regarding gas. Many people with ostomies experience gas and do not feel confident enough to ask, or they believe that it is just normal. While the production and release of gas is normal, too much air in your pouch especially during the night can interfere with a restful sleep.

You indicate that you have not made major diet changes recently. I would be asking you even more questions that could relate to an increased production of gas. Are you experiencing more gas during the day? In what season are you experiencing this challenge? Many people eat differently in the summer—more garden vegetables and often less snacking as well as drinking less water to balance what is lost. Drinking more carbonated drinks in the warm summer months may impact some people's gas production. Most often extra gas for a person with an ileostomy is related to the above. The addition or change in medications or medical changes may impact gas production.

If the major time of day that you experience increased gas is during the night, I would suggest you try a snack close to bedtime such as a piece of toast, crackers, cheese, or digestive cookies. Often for a person with an ileostomy increased gas may be related to an empty stomach. I would suggest that before you look towards medical reasons for this extra gas you review the above as well as seasonal changes.

Medical reasons for increase in gas production may include gall bladder problems, changes in hormones with age, stomach reflux, medications and other medical changes. Once you have checked reasons for gas increases such as food, seasons, carbonated beverages,

etc. and you are still unsure what may be contributing to the problem, it would be helpful to see your ET nurse as well as your family physician for a checkup.

Teri Schroeder

Source: Saskatoon Ostomy Association Bulletin, November 2014

## **Flying with an Ostomy**



First things first. There is really no reason your ostomy should keep you from flying. That said, I know that many have concerns about flying after surgery. From worries about exploding pouches to hold ups in airport security, I hope I

can ease your worries a little.

### **What to do before you fly:**

Make sure to bring more supplies than you think you need—at least 50% more, maybe even double the amount of pouches, etc. you would use for the same time period at home, just in case you have stomach problems or if you are stuck somewhere without access to supplies. Divide your supplies in different bags, in case your luggage is lost or the flight is delayed. Bring as much as you can in your hand luggage, but cut a few skin barriers to the right size before you fly (at least those that you will be carrying in your hand luggage), since it is not advisable to bring scissors in your hand luggage.

### **At the airport: Know your rights!**

Will you have trouble at the security check?

The security scanner might detect your pouch, even if it's empty. But you do not have to show your pouch, and security should not ask you to remove clothing to expose it or let them touch it. You may be asked (or you can volunteer) to rub your hand against the pouch on the outside of your clothes (to rule out explosives), but that should be the extent of the examination.

Try and arrive early at the gate, so you can empty your pouch just before boarding.

### **In the air:**

I have often heard people be concerned that the pouch could expand during the flight due to the change in cabin pressure. There is a slight risk that the pressure will cause the pouch to balloon. If this should happen

*(Continued on page 9)*

## Flanges, Faceplates, Barriers, Wafers? What's the difference?

There is no difference.

They're all just different names for the same thing, the part of the system that sticks to your skin.

- *Accept the fact that some days you're the pigeon and some days you're the statue.*
- *Always keep your words soft and sweet, just in case you have to eat them.*
- *When everything is coming your way, you're likely in the wrong lane.*

## Ileostomy and Salt

The salt output from an ileostomy is very high, around one teaspoon per day, as opposed to almost none in the feces of a person with an intact colon. Therefore, the proper intake of salt by an ileostomate is very important. The body, however seems to compensate for the salt & water loss by discharging less salt than normal through the urinary tract & through perspiration. The intake of too much salt is to be avoided, in that it increases ileal output. Urine output is generally less in an ileostomate. Therefore, it would be advisable for an ileostomate to increase his or her water intake above normal so as to increase urine output. This way, the possibility of kidney stones developing can be kept to a minimum. **DRINK LOTS OF WATER!!!**

Source: Great Cincinnati, Ohio, via UOAC Nfld & Labrador *Norrard News 2014*

*Winter*

## 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"**

## In MEMORIAM

**Irvinne Lindstrom  
Waclaw Cwieka  
Jack Madill**

**We extend our sympathy to their families and friends**



## Urostomy Care—UOAA Update 7/13

The urostomate should keep in mind that the stoma may shrink for several months following surgery. It is important that your appliance fits well so that the skin around the stoma does not become thick and white due to contact with urine. This crust may rub against the stoma, causing bleeding. To cleanse the pouch of crystals, soak it in a solution of 1 part vinegar to 2 parts water. Several glasses of cranberry juice each day will help restore the acid level in your body and there is less crystallization.

The urinary pouch should be emptied often. There is no odour when the pouch is kept clean. The portion of the intestine (the ileum) that is used to form the "conduit" is mucous forming, so it is not unusual to see some mucous in the urine.

Before attaching the night drain, leave sufficient urine in the pouch to fill the entire length of the tube. This eliminates air bubbles which prevent the flow through the tube and causes backup problems. Please remember that for best results, you will want to change your appliance first thing in the morning before you eat or drink anything. This may give some breathing room for a few minutes (when your stoma will not be active) to get the skin dried off and the new application in place. If you bend over and try to be sure all the stored liquid is force out before you begin the change, it may also help give you a few minutes of inactivity to complete the change.

Source: OSG of Northern Virginia, LLC "The Pouch" Sept. 2013

## ALLERGY or FUNGAL INFECTION?

By Mary Ann Brooks, CWOCN, Singapore

Do you have a red itchy rash around your stoma when you remove an old wafer? You may have developed an allergy to new products or new adhesives, preservatives or artificial colours in the products.

Most allergic reactions occur on the second exposure to an allergen. But people can develop a new allergy to products that never bothered them before.

An allergic reaction would exactly match the areas that was covered by the wafer. The skin may be dry or weepy, itchy and/or splotchy. Hives may develop. Generally, the rash would respond to the use of Benadryl if it is an allergy. You should try a different wafer and maybe some hydrocortisone cream and see if the rash doesn't resolve.

But maybe the rash is really a fungal infection. Fungal infections are most common in the summer months. The symptoms are similar. The red itchy rash under the wafer may look like the allergic reaction described above.

Fungal infections are caused by the overgrowth of any number of fungal spores that are in our environment every day. If you have fungus on one part of your body for instance, it can easily be transferred to the peristomal area. Athlete's Foot is a fairly common example of a fungal infection. Ringworm is another. When fungal spores land on our skin, they usually don't harm us. But, if you give them a nice warm, dark area like under your ostomy wafer, they may start to grow and multiply.

A fungal rash will generally be about the same size as the wafer, but it may grow outside the boundaries of the wafer. It may also occur under the pouch part of the appliance, or extend out even further into the skin folds of the groin area. A fungal rash may have small red dots around the periphery of the central rash area.

This rash will not improve with a different type of pouch or wafer. Fungal infections will not respond to Benadryl. They may improve a little with a hydrocortisone cream, but won't go away entirely. What you will need is an antifungal powder. If it is a fungal rash, it should respond well to the powder. It is important to continue to use the powder after the rash is gone for a full two weeks to prevent it from coming right back.

These rashes may look alike, but they have different causes and different treatment. If you ever have a question or concern about your stoma or your peristomal skin, make an appointment to see your local ET nurse.

Source: OSG of Northern Virginia, LLC, *The Pouch*, Sept. 2013 via WOA's *Inside/Out* Nov/Dec. 2014

### **The Four Phases of Surgical Recovery**

By Albert G. Wagoner, MD, Edited by B. Brewer,  
UOAA Update, May 2012

Each patient, along with the family, usually goes through four phases of recovery, following an accident or illness that results in loss of function of an important part of the body. Only the time required for each phase varies. Knowledge of the four phases of recovery is essential. They are as follows:

**The Shock Phase**—The period of psychological impact. Probably, you remember nothing of this phase after your operation. Nevertheless, it is a phase that requires a lot of support.

**The Defensive Retreat Phase**—The period in which you defend yourself against the implication of the crisis. You avoid reality. Characteristic in this period is

wishful thinking or denial, or repression of your actual condition. For example, an ostomate believes that his/her entire colon is still there and will be connected later.

**The Phase of Acknowledgment**—In this period, you face reality. As you give up the existing old structure, you may enter into a period, at least temporarily, of depression, apathy, agitation, or bitterness and of high anxiety. You hate your stoma, yourself, you cry a lot, pity or condemn yourself. You may not eat, be unable to sleep or want to be left to die. In this phase you need all the support that can be mustered.

**The Phase of Adaptation**—Now, you actively cope with the situation in a constructive manner. You adapt during a shorter or longer period, to the adjust-

(Continued on page 8)

(Continued from page 7) **The Four Phases of Surgical Recovery**

ments that are necessary. You begin to establish new structures and develop a new sense of worth, with the aid of an ostomy nurse and an ostomy visitor, you can learn about living with an ostomy. Aided by your physician, social workers, ostomy support group and family, you go about rebuilding and altering the life that brought about the condition. Sound familiar?

Source: OSG of Northern Virginia, LLC, *The Pouch*, June/July 2012 via WOA's *Inside/Out*, Nov/Dec. 2014

*Life is like a roll of toilet paper.  
The closer it gets to the end,  
the faster it goes.*



### I Want to Know!

***Where does the water go when it doesn't return with my colostomy evacuation?***

It is absorbed into your body and then eliminated via urination some time afterwards.

***When will the stoma heal so that it isn't red anymore?***

The red colour will not go away.

It's actually a good indication that the stoma is healthy with a good blood supply.

***What is a simple way to control stoma noise?***

Two to three tablespoons of applesauce with breakfast seems to control stoma noise and to have a thickening effect on liquid discharge.

***What foods besides bananas are high in potassium?***

Bananas are frequently mentioned as a food high in potassium, but potatoes actually contain nearly twice as much. One large banana has 450 milligrams of potassium while a large baked potato with its skin contains 850 milligrams (the skin alone has 235 mg).

*"Some ostomates eat peanut butter or marshmallows before changing the appliance to slow activity before showering or taking a bath."*

### How may I slow activity before changing my appliance?

Some ostomates eat peanut butter or marshmallows before changing the appliance to slow activity before showering or taking a bath. Many urostomates change their appliance early in the morning of the "change" day at a time when urine discharge is less frequent.

Source: The Indianapolis, IN Chapter, Evansville, IN: Metro Halifax News, Nov. 2002 via the WOA's *Inside/Out* Nov/Dec. 2014.



### 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!"

### WOA Visitor Report - October 2014

Colostomy	4
Ileostomy	4

Referrals from: ST.B—3; HSC—5

**Valued Visitors:** Bonnie Robertson, Fred Algera, Mike Leverick, Lillian Johnson, Jared Dmytruk, Rollie Binner, Joanne Maxwell.

Submitted by: Joanne Maxwell Visitor Coordinator

(Continued from page 5) *Flying with an Ostomy*

all you need to do is go into the bathroom and empty your pouch. And remember that just as often ballooning is caused by something you ate or drank—when you're flying be extra careful with carbonated drinks. Booking a seat in the back row near the bathroom might help take away some of your concerns and make you feel more confident as well.

If you're a little self-conscious about noise from the pouch, I think you will be pleasantly surprised by how noisy an airplane cabin is. Maybe you didn't notice it before, but it is very unlikely that your pouch can make noises loud enough to be heard in the cabin.

There's no need to tell the cabin personnel about your ostomy in advance, and most likely they'll never notice.

Sincerely,

Rachel Brown—Manager, Customer Relations  
on behalf of the Coloplast Care Team

You can talk to a member of our team at: 1-866-293-6349  
Source: London & District Ostomy Assoc. "The Torch" Oct. 2014

**A warm welcome to our new  
chapter members:**

**Prudencio Bonavidez  
Lorna Fleming  
Samuel Lemoine  
Margaret Pollock  
Orma Porter  
Gord Tovell**



**Someday everything will make perfect sense. So for now, laugh at the confusion, smile through the tears and keep reminding yourself that everything happens for a reason.**

**LIGHTS  
CAMERA  
ACTION**

***Announcing our  
Nov./Dec. "STARS"***

**Stoma Anniversary Club**

***Florence Olson—Five Years***

**Youth Camp Fund**

***Fem Algeria***

***Your donations are greatly  
appreciated***

### 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  
204-825 Sherbrook Street  
Winnipeg, MB R3A 1M5**

**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.**



**THE WINNIPEG OSTOMY ASSOCIATION, INC. (WOA)**  
 204 - 825 Sherbrook St., Winnipeg, Manitoba, Canada R3A 1M5  
 Phone: 204 - 237 - 2022 E-mail: [woainfo@mts.net](mailto:woainfo@mts.net)



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**FOW SUPPLIES**

**PICK UP** Helmut Friesen 204-888-4014

**OSTOMY SUPPLIES  
 HSC MATERIALS HANDLING  
 59 Pearl St., Winnipeg, MB.**

**ORDERS: 204-926.6080 or 1.877.477.4773**

**E-mail: [osupplies@wrha.mb.ca](mailto:osupplies@wrha.mb.ca)**

**Monday to Friday 8:00am to 4:00pm**

**PICK-UP: Monday to Friday 8:00am to 11:00pm**

**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 members of UOA Canada, Inc., and receive *Ostomy Canada* magazine.**

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

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

I have a: Colostomy \_\_\_\_\_ : Ileostomy \_\_\_\_\_ : Urostomy \_\_\_\_\_ : Ileal Conduit \_\_\_\_\_ :  
 Cont. Diversion: \_\_\_\_\_ : Pelvic Pouch \_\_\_\_\_ : Other \_\_\_\_\_ : YEAR OF BIRTH: \_\_\_\_\_

Please make cheque/money order payable to “Winnipeg Ostomy Association” and mail to:

**WOA  
 c/o Box 158, Pine Falls, MB R0E 1M0**