



# INSIDE OUT



JANUARY 2022

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

## JOIN US ON ZOOM

### WINNIPEG OSTOMY ASSOCIATION CHAPTER MEETING



**DATE:** Wednesday, January 26, 2022  
**TIME:** 7:30 pm CST  
**PLACE:** On your computer, laptop,  
iPhone, iPad,

**Topic: MOP & the WOA**

Join Zoom Meeting

[https://us02web.zoom.us/j/82296146440?  
pwd=YytmRzFUQlh1NGhwUG4vbEM0ZkhVdz09](https://us02web.zoom.us/j/82296146440?pwd=YytmRzFUQlh1NGhwUG4vbEM0ZkhVdz09)

Meeting ID: 822 9614 6440      Passcode: 218044

**Dial in....**

**+1 204 272 7920 Canada**

Meeting ID: 822 9614 6440      Passcode: 218044



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*“Cheers to a new year and another chance for us to get it right” - Oprah Winfrey*

*“We all get the exact same 365 days. The only difference is what we do with them”*

*- Hillary DePlano*

## 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 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 the ostomy nurse (NSWOC) by asking your Doctor or 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**

**Manitoba POSSIBLE Bldg.**  
**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.

**NOTE: During the pandemic, meetings are being held via Zoom until further notice.**

## UPCOMING EVENTS



**FOURTH**  
**Wednesdays**  
**of the month**

**January 26th**  
**February 23rd**  
**March 23rd**

**Meetings open at 7:10 pm**  
**for random discussions**  
**Meeting Starts at 7:30 pm**

## ARE YOU MOVING?

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

**Send your change of address to:**  
**Winnipeg Ostomy Assoc.**  
**204-825 Sherbrook St.**  
**Winnipeg, MB R3A 1M5**

## LETTERS TO THE EDITOR

The Editor, *Inside/Out*  
1101-80 Snow Street  
Winnipeg, MB R3T 0P8  
Email: [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, February 11, 2022**

## WEBSITE

Visit the WOA Web Pages:  
<https://www.ostomy-winnipeg.ca>  
**Webmaster:**  
[webmaster@ostomy-winnipeg.ca](mailto: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 Enterostomal Therapist or Doctor before using any information from this newsletter.

## WINNIPEG OSTOMY CHAPTER VOLUNTEERS

### SOCIAL CONVENORS:

Fem Ann Algera 204-654-0743

### RECEPTION/HOSPITALITY:

Bonnie Dyson 204 - 669-5830

### PUBLIC RELATIONS:

Randy Hull 204-794-4019

### MEMBERSHIP CHAIR:

Vacant

### LIBRARY/TAPES:

Ursula Kelemen 204-338-3763

### TRANSPORTATION:

Vacant

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Donna Suggitt 204-694-7660

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Editor: Lorrie Pismenny 204-489-2731

### Mailing:

### WEBMASTER:

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### VISITOR TRAINING:

Lorrie Pismenny 204-489-2731

### SASO:

Vacant

**FOWC: Friends of Ostomates  
Worldwide (Canada)**

**UNUSED SUPPLIES PICK UP**

**"NEW" 204-237-2022**

**Please leave a message**

### CHAPTER WEBSITE:

<https://ostomy-winnipeg.ca>

### CHAPTER EMAIL:

[woinfo@mts.net](mailto:woinfo@mts.net)

The Winnipeg Ostomy Association is a registered non-profit charity run by volunteers. The WOA was incorporated in August 1972.

### BRANDON/WESTMAN OSTOMY SUPPORT GROUP:

#### Contacts:

Marg Pollock 204-728-1421

Betty Moyer: 204-728-6886

Judy & Wayne Baker: 204-726-4839

### OSTOMY SUPPLIES

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

**ORDERS: 204-926.6080 or  
1.877.477.4773**

**E-mail: [ossupplies@wrha.mb.ca](mailto:ossupplies@wrha.mb.ca)  
Monday to Friday 8:00am to 4:00pm**

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

## FROM the PRESIDENT'S DESK

Hi Folks,

Well, the last time I wrote to you back in November, things looked brighter in relation to this Pandemic. This new variant Omicron came out of nowhere and hit us like an unexpected storm. Case counts are crazy high, testing has gone into panic mode, and hospitalizations have hit new highs.

The Board of WOA is hopeful our members are doing the best they can. It is a time we must lean on each other for support; thus, it is important you join us on our January Zoom Chapter meeting - Wed. January 26<sup>th</sup>. Meeting details and links are found in this newsletter.

In my old job as Emergency Preparedness Coordinator for the City of Winnipeg, I used to say there will be a new normal after every crisis event the city would face. But I am finding it hard to see what the 'NEW NORMAL' will look like after this pandemic. There is nothing normal about the effects and change this pandemic is having on our communities. Service groups that support the community will be hard pressed to move forward, several churches may find their doors shut forever, restaurants we loved to go to for so many years are closed, and old friendships may have been lost.

Please take a moment today to call or reach out to someone who could use some personal contact. Be kind to those who are just trying to do their job.



When this pandemic started back in early 2020, the province had to make some hard decisions about Manitoba Day's 150<sup>th</sup> celebrations. Manitoba Day is celebrated on May 12<sup>th</sup> every year. In 2020 it was to kick off a full year of activities and celebration of Manitoba in the Canadian federation. The province put a hold on everything, and now that year has passed with limited acknowledgment.

The same hard decision was discussed at our last Board meeting, postponing our WOA Celebrations for the time being. As WOA was incorporated in 1972, our 50<sup>th</sup> anniversary year falls in 2022. Events such as picnics, meetings, workshops, and a dinner were in the planning stages. As we have no clue what the next 6 months will be like, we have put a hold on these until June, when further discussion and decision making will occur.

I want to thank all the new Board members who have really stepped up and taken on several key roles in our WOA operations. You should know these Board members are spending several hours each week in the background, supporting our association.

Please join us on our next Zoom meeting. We will have lots of time to just chat and be better connected.

**Randy Hull**  
[r.hull@shaw.ca](mailto:r.hull@shaw.ca)

***Covid-19 Fact: 87% of  
gym members don't  
even know their gym is  
closed.***

## FROM THE EDITOR'S DESK

Year 2022 is here! Covid is still doing it's best to create chaos, suffering and whatever else you can think of! Enough of that topic.

Following our AGM in April we ended up with new board members who have jumped right in and are in the process of getting their feet wet.

We welcome Daryl Beaudry, Ross Bingham, Richard Taylor and Jefferson Peters who put their names forward. And just recently, Donna Love has offered to give the Membership role a try. These board members are keen to take on responsibilities and get things moving. Their new ideas and energy have brought a sense of excitement to WOA. These directors are going through a huge learning curve. Not only are they up to the challenge, they have given the rest of us a shot in the arm to keep doing the things that need to be done.

For starters, Daryl Beaudry is pushing us to get with the times, by creating back-up plans for future generations of leadership in WOA. Daryl has also given me with the title of Archivist, as I try to provide them with the background information and the history that they require in order to carry out their responsibilities.

This gave me the idea to share some of this information with you, the readers, too. I've included



some in depth information on one of the activities that we hold dear in the WOA - the Youth Ostomy Camp fund. I'm sure I will touch on a few points that you missed in the past. I look forward to any comments or questions that you may have.

As the person who has signing authority and makes out the tax receipts for donations sent in for WOA, I must thank each and everyone of you who did so in 2021. After a quick count, I can say we received \$7000 and over in donations! This is just awesome! And that doesn't include what came in through Canada Helps, Benevity, etc. What generous, thoughtful and giving members you all are!

During these difficult times we have switched to Zoom meetings which gives us all a chance to keep in touch and support new ostomates and their families. If you could use some help joining for the first time make sure you contact me or Randy for some assistance before our meeting. Make it your New Year's resolution to check in and say "Hello" on Wed. Jan. 26th. We would love to see your smiling faces that evening and hear how you've been doing.

Cheers,

*Lorrie*

**Editor's PS.** Permission to reprint the Nov/Dec 2021 article "Embrace the Life You are Given" from Ostomy Canada magazine's editor was not acknowledged in the footer of the article per correct protocol. My apologies for this omission.

## How to Breathe & Feel Better

By Paula Reiss, Ph.D.

Paula started by teaching the group about deep and controlled breathing. Avoid short, shallow, rapid breaths. Focusing on breathing deeply leads to positive thinking which then leads to feeling energized, connecting to others, and quieting the mind. This all helps to set intention for everything you do.

Focused breathing gives you full access to the capacity of your lungs by incorporating your rib cage and diaphragm. Incorporating your entire shoulders and arms as well as maintaining good posture helps to open up your chest cavity to breathe deeply. Deep full breathing cultivates a sense of calm, slows your heart rate, lowers your blood pressure, and reduces your respiratory rate to better oxygenate your body. This relaxes your muscles and decreases some types of

pain.

Positive thinking is obtained through:

- Avoiding negative self-talk, blame, and judgmentalism.
- Enjoy humour. Surround yourself with positive people. Laugh and have fun to help deal with pain and frustration.
- Cultivate optimism. Look for the little things to bring you joy and happiness.
- Focus on one thing every day for which to be grateful.

Deep breathing and focused movements make you feel energized, stronger, and less fatigued. Shake things up by dancing and playing.

Connect to others by learning something new with friends and family. When our brains get used to doing the same things the same way, we plateau and lose

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**FACEBOOK****BRENDA ELSAGHER****DECEMBER 27, 2021 AT 7:55 PM**

Thoughts...As I reflect on the end of this year and facing a third year with Covid and Omicron in our lives, it is tiring. Now that we are past the crisis of finding face masks and toilet paper, I hear people complaining about not traveling, not getting to go to their sports events, concerts or their favorite bars or restaurants and how difficult home schooling has been and (bless the teachers, students and parents) and our lives are not the same. Everyone has been affected by the viruses in some way.

Only one thing still is the same that goes on unacknowledged to the extent it deserves. Our healthcare professionals keep showing up for work to take care of all the people dealing with the virus besides their usual workload of surgeries and illnesses that were not elective. How many accolades are they getting these days? They are exhausted and under appreciated. They put themselves at risk to take care of us even though many of them believe they are fighting some things that were preventable. Despite their personal opinions, they still show up

and we need them.

I appreciate the janitors that clean the nursing homes , TCU's, clinics, and hospitals. They are at risk too!

I appreciate the food service people that prepare the nutrition for the patients and healthcare professionals.

I appreciate the various therapists, occupational, physical, respiratory, radiology, psychological that help people back to daily living again.

I thank the lab professionals and administrative people that keep all those places running as smoothly as possible.

I appreciate the nursing assistants, the nurses, the doctors and all the people that keep showing up in these tough times. I wish I could write the words that might inspire you to keep going, to let you know how much you are thought of and prayed for and in your darkest times to know that many are so thankful for you.

May 2022 bring you peace, rest and joy. I realize that it may take awhile before you get enough of those 3 things. I wish for you the strength and hope you need in the days ahead .

Brenda Elsagher

*Editor's Note: Thank you Brenda for sharing this message to all of our frontline heroes!*

Brenda is a proud member of the ostomy community, a keynote speaker, comedian, and author of the many books in our lending library.

## Stomal Bumps

ET nurses are sometimes asked about bumps which appear on a formerly smooth stoma. They can be on the surface or around the edge where the stoma meets the skin. They can occur in a single area or around the whole circumference. Most of the time these are granulomas, which are of a benign nature. Granulation tissue

is a normal defense reaction of the body to injury.

Those on the edge can be due to a reaction to sutures or too rigid or tight a faceplate. Those on top or side of the stoma can be caused by an allergic reaction to the pouch or stomal drainage constantly pointing in one directions due to the shape of the stoma. What to do? Don't worry, but don't second guess either. See your ET, and if

necessary your doctor.

Occasionally these bumps can be a recurrence of Crohn's disease. Often they can be taken care of by treatment with silver nitrate sticks. Occasionally they need to be biopsied. Quite often a simple change in the pouch or faceplate can help resolve the problem.

Source: -Liz O'Conner, RN, CETN Metro Maryland; Ottawa Ostomy News—October 2003

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interest. Meet new people and learn new things.

Quiet the mind by meditation, visualization, or praying. Focusing on your deep full breaths helps to focus thoughts as well.

Set an intention on everything you do to give you organizing power. Visualize the intended outcome and nurture it in your hear. Step out of helplessness and into greater strength and power.

As presented to the members attending the BOA General Meeting, Feb. 3, 2019.

Source: Broward Ostomy Assoc. Ft. Lauderdale, FL  
Broward Beacon Summer 2019

## DID YOU KNOW?

- Special authority can be obtained from your doctor to have Imodium (or similar products) covered by Pharmacare if you require large amounts on a daily basis to control excessive output.
- Signs of dehydration can include:
  - dark urine
  - Increased ileo flow
  - Crankiness!
- If you experience increased output from your ileostomy after a restaurant meal it could be due to the amount of sugar restaurants put in their food, as well as the sulphites that are used to keep salads looking fresh. Both sugar and sulphites can contribute to increased output.
- Excessively alkaline urine can appear darker yellow, or calcium deposits may appear on the appliance or skin. To lower alkalinity, try cranberry juice or taking extra vitamin C. It only takes 20 to 30 minutes for bacteria to double its count in the pouch.

***100 years ago everyone owned a horse and only the rich had cars. Today, everyone has a car and only the rich have horses. Oh how the stables have turned!***

## UROLOGY

By Eric E. Coronato, DO, Gulf Coast Urology

A urologist treats cancer, incontinence, urinary tract infections, hematuria, impotence, and prostate problems. You should never be embarrassed when you need to have a urological problem treated. If you should have a problem such as blood (hematuria) in the urine, a workup will be done starting with a urinalysis. If there is blood present, it could be from the bladder or from the kidneys or from a stone. Tests are needed to find the cause. Five to ten percent will have bladder cancer, but blood thinner can cause bleeding to occur as well. **Aspirin** and **fish oil** are known blood thinners. X-rays of the kidneys may be needed. A scope can be done in the office with today's instruments since they are very flexible, can be introduced almost pain free, and can be done within 30 minutes. If a tumor is found and surgery will be needed, it will be scheduled for an operating room procedure, but much can actually be done in the office.

**Chemotherapeutic medications can be instilled into the bladder to reduce bladder growths. Tuberculin bacillus** instilled into the bladder kills cancer cells. The installation is done once a week for six weeks. Follow-up is done in three months, and then six months and then yearly. At present there is a national shortage go the Tuberculin supply.

**Stents** are put in use if the ureter is blocked, and needs to be changed every six weeks. If the blockage is the result of radiation, the tissue does not heal.

If major surgery is planned for a patient because of invasive disease, general health is considered before surgery can be done. When radiation has been used to treat prostate cancer there can be a resulting problem of injury to the bladder.

When the bladder has been removed the method of eliminating urine is most frequently through and **ileal conduit**. This is accomplished by the dissecting a short portion of the ileum to use as a conduit. The ureter is introduced at the inside edge of the conduit and the other end of the piece of ileum in brought through the skin and a stoma created. Colon can also be used or a "**neo-bladder**" can be created. A neo-bladder acts as a storage area and is emptied with periodic catheterization needed throughout the day. They are also subject to infection.

Bladder cancer requires follow-up at six months. Blood in urine is not always visible, and a urinalysis is needed for detection. Hemastix can also detect blood. Follow-up will include X-rays as well.

Source: Charlotte County, OA, FL, via MetroMaryland Thrive and OSG of Northern Virginia, The Pouch—May 2019.



Picture taken in 2014 at camp with three WOA youth in the group.

## Winnipeg Ostomy Association & the Ostomy Canada Youth Camp

For well over 25 years, WOA has been sponsoring young ostomates to the Ostomy Canada Youth Camp each summer.

### Camp Horizon, Bragg Creek, AB.

Ostomy Canada Youth Camp is held at Camp Horizon, Bragg Creek, Alta. (southwest of Calgary).

The camp provides an opportunity for young people between the ages 9 - 18 with consideration to emotional growth and maturity, who have had, or who will have bowel or bladder diversion surgery (such as an ostomy) or who have related special needs (e.g. self-catheterization, bowel and bladder

incontinence), due to birth defects, trauma or disease (i.e. internal pouch, Crohn's disease, ulcerative colitis, bladder exstrophy, cancer, cecostomy tube, Mitrofanoff or spina bifida). Individual Ostomy Nurses (NSWOC) and Ostomy Canada Society (OCS) 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.

The actual camp is run by the Easter Seals program, [www.easterseals.ab.ca](http://www.easterseals.ab.ca). Ostomy Canada Society (OCS) basically rents this facility for a designated time to run their program under the very able direction of Camp Director, Lisa Gausman.

Prior to the pandemic, the costs for WOA to send a child to camp was approximately \$1200 each, for a 6day period in July or August - broken down as follows: \$600 plus for registration and the remainder for airfare. It is expected both registration and airfare will increase for the next scheduled camp.

**Note:** If it wasn't for the Easter Seals subsidizing OCS for their campers, the registration would be double.

**FINDING A CAMPER:** WOA approaches the Manitoba Ostomy nurses (NSWOC) for names of young patients who might be interested in attending camp. The biggest work is finding parents of these young ostomates in Manitoba and Northwestern Ontario who are willing to put aside their concerns and accept this opportunity for their child. And too, the child must feel comfortable and mature enough to leave his/her family behind and head out on their own (often for the first time in their lives).

WOA can advertise for campers without going through the ostomy nurses as we tried in the March 2019 *INSIDE/OUT* issue. (See left). One camper's family from the Brandon area actually searched us out on their own years ago.

**REGISTRATION:** When WOA is informed of a possible camper, the parents are directed to register with OCS. A camp package that includes forms to be filled out, instructions for medical appointments and details

Calling all parents . . . sign up your kids for Ostomy Canada Society Youth Camp!

Summer will be here before you know it and if you're like most parents, you probably think about the best camp for your kids. There is a place for young ostomates to be active, creative, playful, social, and most importantly, know they're not alone.



July 7-12, 2019

Easter Seals Camp Horizon - Bragg Creek, Alberta

This camp is for children between the ages of 9-18 who have had/are/will have bowel or bladder diversionary surgery (such as an ostomy) or who have related special needs (i.e. self-catheterization, bowel and bladder incontinence), due to birth defects, trauma or disease (Crohn's disease, Ulcerative Colitis, Cancer, Spina Bifida).

**WOA SPONSORSHIP OPPORTUNITIES:** If you are interested in your child attending camp this year OR if you know of another child who would benefit from attending camp, please contact the Winnipeg Ostomy Association at 204-489-2731 or email [woainfo@mts.net](mailto:woainfo@mts.net) to learn about sponsorship opportunities.

The WOA has been sponsoring youth to Ostomy Camp for over 25 years.



*"Once they witness the magic, your kids are forever changed."*

*Above is a copy of an ad placed in the March 2019 issue of the INSIDE/OUT. I had the permission of the editor of Ostomy Canada magazine to use her artwork, etc. and adjust it to address our sponsorship offer. (In yellow).*

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about camp, etc. is sent to the parents (usually via email where possible). The camp director will send out a letter of welcome with instructions for booking flights according to set arrivals and departures times at the Calgary airport.

Volunteers from the Calgary Ostomy chapter will meet the campers on arrival at the airport and drive them to camp. The reverse is done at end of camp.

**ARRANGEMENTS:** WOA is in touch with the parents during this time. A congratulatory letter with a cheque made out to OSC for the camper's registration is mailed for inclusion with the camper's registration paperwork. Under some circumstances, WOA might forward the cheque directly to OCS.

WOA works with a Carlson Wagonlit travel agent who is given the WOA credit card details to charge the campers flights to. The families are provided with the agent's direct phone number and they book the camper's flight according to the instructions from the camp director. This has proven to work exceedingly well in the past.

As the OCS camp brochure states:

*"No child is ever denied the opportunity to attend camp due to financial limitations".*

Every child who has gone to camp, comes home realizing they are not alone. Their confidence and happiness are a sign that camp was the turning point.



Enzo & Rhiannon 2017

I have included a few pictures of recent campers and their smiling faces. At the time of this writing I'm excited to inform you that the WOA has received a very generous bequest from a former member, Jean Morris. She has directed that the cheque of \$22,081.12 is to be earmarked for the WOA Youth Camp Fund. We are overwhelmed to say the least. This overview of camp and our campers is just a beginning. There will be another article in the February newsletter to show you the impact of sponsoring a child to camp and how this generous donation will be used for campers in the future. Stay tuned!



*Lorrie*



Emma & Enzo 2017



Enzo 2017



Emma Church - 2017  
A tearful Graduation

## Retracted Stomas - A Complication for Ostomates

-excerpted from IA Journal, Number 184, Summer 2004, Julia Williams, RN, MEd., Bsc, Lecturer in Gastrointestinal Nursing, City University, St. Marks Hospital, London

British statistics estimate that the incidence of post-surgical stoma complications amongst ostomates varies from 39% for colostomies to 55% for ileostomies. [Editor's note -- sorry, no stats were given for urostomates!] Stoma complication can occur immediately following surgery or may occur several years later, either resolving spontaneously or becoming difficult management problem for both the patient and health care professional. Stoma retraction is considered to be an early post-operative complication of stoma surgery, however it can occur some time following surgery. It is described as 'the stoma becoming invisible from the abdominal wall, it has sunken or is in a dip' and consequently results in faecal seepage under the appliance leading to leakage and skin soreness.



The main cause of stoma retraction is usually due to the stoma being constructed under tension, ie, the surgeon

had difficulty getting enough bowel to the skin surface due to the patient being overweight. Another cause might be due to excessive scar tissue formation following mucosal skin separation -- this is when the skin surrounding the stoma separates from it, resulting in an open cavity that once healed, will result in excessive scar tissue. Other common factors include:

- a necrotic stoma where blood supply to the stoma is greatly reduced
- chronic peristomal skin
- infection, again associated with mucosal separation.
- premature removal of the stoma rod providing support to the stoma in the initial post-operative phase, or
- more simply a longer term problem of weight gain

The problems that are likely to occur with a retracted stoma are generally to do with its management. The stoma may appear satisfactory when the patient is standing but retracts when the patient lies flat or sits down. This can result in leakage of faeces beneath the appliance when the patient lies flat, usually occurring at night while sleeping, or whilst sitting for long periods of time, often at an office desk. Persistent leakage will ultimately result in skin soreness.

The main concern for patients with a retracted stoma is the psychological effect it can have, curtailing lifestyles as they restrict their daily pursuits for fear of persistent leakage, odour and sore skin.

Management of retracted stomas is primarily an ET nursing issue, although further surgical intervention may be needed. In this instance the colo-rectal surgeon is likely to do a simple local revision whereby the stoma is brought nearer to the surface of the abdomen. It must be acknowledged however that this does not always produce a more manageable stoma unless the condition associated with the retraction in the first place has

been resolved.

Prior to the ET nurse advising the patient of a suitable appliance in order to address the consequences of a retracted stoma (leakage, odour, sore skin) a thorough assessment must take place. This should include taking a history of the nature and timing of any leakages, examining the peristomal area in order to identify skin creases, dips and folds. This should be done whilst in standing, sitting or lying positions, to allow the ET to determine problem areas and to advise either a change of appliance or additional stoma accessories. The most usual solutions for poor appliance fit due to retracted stomas are convex appliances and/or an ostomy belt.

The advent of convexity integrated appliance in the 1990s has eased the management of retracted stoma although does not suit the management for all. As the name implies, convex flanges when applied to the abdomen will hold the peristomal skin stable causing the stoma to protrude more. Several depths of convexity are now available via most stoma appliance manufacturers, and your ET can advise which may be most suitable.

Source: *Vancouver Ostomy HighLife* - July/August 2008



## Diets and Ostomies—What's Safe?

By Terry Gallagher

Dieting holds special risks for some ostomates. Before I go into this further, let me stress that I talking here to those with urostomies and ileostomies as well as, to a lesser extent, those with transverse and ascending colostomies. If you have a sigmoid colostomy, then you can basically do what you like with regard to diets, within reason and common sense, as your digestive system behaves as “normal”.

Before starting any diet, it is well worth seeing one's own doctor to discuss the suitability of the preferred diet with him or her because of the problems which dieting can cause as well as any underlying other medical conditions which may make dieting or a particular diet hazardous.

Let's look at the problems in more detail. The urostomate has special requirements to avoid dehydration so, provided that the urostomate doesn't cut back on fluid intake, then they, too can generally diet as they wish. The guide for urostomates, remember, is at least 3 liters (about 12 glasses) of fluids per day. However, any urostomate who has short bowel syndrome because of the surgery to make the ileal conduit needs to take the same precautions as an ileostomate as set out below.

The ileostomate has lost the ileocecal valve at the end of the ileum where it joins the cecum and the colon. This valve slows down the transfer of food from the terminal ileum (the last part of the small intestine) into the cecum to allow for greater absorption of food through the ileum. With the loss of the valve, food passes through the system faster so the food is not well absorbed. In addition, the colon absorbs mineral salts such as sodium and potassium as well as water from the stool. While the ileum takes over some of this role, ileostomates still lose ten times as much sodium and potassium as a person with all or most of the colon. These factors together provide the key to the problems which some diets may cause.

The Atkins Diet is very high in fat. Those ileostomates, like me, who occasionally (who am I kidding, too often is probably more accurate in my case) eat a high fat meal know that we will have very runny output which floats because of the high fat content. It's called **steatorrhea**. The stool also tends to be frothy from trapped gases.

The food passes through the digestive system much faster than normal as it is lacking in fibre which gives

the intestine something to “push” against during peristalsis—the wave-like movements of the walls of the intestine which move the food through the digestive system— as well as being well “lubricated” by the high fat content. The problem with this is that the rapid passage of this fatty food means that not only are essential nutrients in terms of protein not absorbed either, leading to malnourishment. One vitamin which is fat soluble and can cause problems is vitamin K. Vitamin K is necessary for the production of blood clotting factors and proteins necessary for the normal calcification of bone. Because vitamin K is fat soluble, the fat malabsorption caused by its rapid passage through the ileum so that in the person becoming deficient or short on vitamin K. The very fatty liquid stool just rushes through the ileum so that little is absorbed of essential nutrients. This also overloads the pancreas and can cause problems there.

The Atkins Diet, being high fat, can produce chronic steatorrhea in the ileostomate so that the person rapidly becomes deficient as well as lacking protein. Dehydration is also a problem as water forms an emulsion with the fatty stool and is less well absorbed. If this diet is continued, the person may suffer protein deficiencies as well as osteoporosis through the vitamin K problem mentioned above.

The recommendation from the medical profession or ileostomates and those with short bowel syndrome from their surgery (perhaps through adhesion removal) is to diet by reducing food intake of both fats and carbohydrates, especially simple carbohydrates such as sugar, while taking care to maintain hydration by drinking plenty of fluids. For example, baked potatoes are complex carbohydrates with virtually no fat. Add low fat cheese and a helping of mixed salads and you get a meal which is both low fat and low carbohydrate and also full of fibre along the South Beach Diet lines.

The Atkins Diet isn't suitable for ileostomates as there are too many risks of malnutrition causing unhealthy weight loss produced by loss of needed body tissue and lack of vitamins and minerals, as well as the risk of dehydration. A low fat, a low simple carbohydrate with reduction in complex carbohydrates diet together with plenty of fluids is the safe way to lose weight.

Thanks to *The Triangle*, Pittsburgh Ostomy Society, *Vancouver HighLife*, *Halifax Gazette*.

Source: Ostomy Support Group, Northern Virginia,

*I know it's time to clean out my purse when my car assumes it's an extra passenger who isn't wearing a seat belt.*



Thank you!

### STOMA ANNIVERSARY

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*Your generosity is  
 greatly appreciated!*

## SKIN CARE 101

When using powder, make sure to brush off the excess before applying any other pastes or skin barriers. Paste, skin protective wipes or rings can be applied directly over the powder once the excess has been removed. Be sure to stop using the powder once the excess has been removed. Be sure to stop using the powder once your skin has healed.

When using Barrier Rings, apply them to the wafer or pouch first before attaching to the skin. Make sure the ring and skin barrier opening are of equal size, that is, the size of your stoma.

Be gentle when you are removing a skin barrier. Don't pull the skin barrier straight off the skin; instead, gently press the skin away from the barrier. If you are aggressive when pulling off the skin barrier, it can cause what is commonly known as skin stripping.

If you find your appliance or tapes are difficult to remove or if you are concerned about residue, you can use removers that have been developed for this purpose.

Source: *Vancouver Ostomy HighLife* via Hamilton & District *OSTO-INFO* June 2021

If you are concerned, please talk to your doctor. Tryptophan is part of the regular intake of dietary protein. As it passed through your system, it changes to a blue colour when it finally oxidizes in the urostomy pouch.

### Q. Why are fluids so important for the urostomate?

A. People with urinary diversions no longer have a storage area (bladder) for urine. Therefore, urine should flow from the stoma as fast as the kidneys can make it. In fact, if your urinary stoma has no drainage for even an hour during the day, it is time for concern. The distance from the stoma to the kidney is markedly reduced after urinary diversion surgery. Any external bacteria have a short route to the kidney. As kidney infections can occur rapidly, and be devastating, prevention is essential.

Wearing clean appliances and frequent bag emptying are vital. Equally important is adequate fluid intake, particularly fluids that acidify the urine and decrease problems of odour. In warm weather, with increased activity or with a fever, fluids should be increased even more to make up for body losses due to perspiration and increased metabolism.

It is important that you be aware of the symptoms of a kidney infections: elevated temperature; chills; low back pain; decreased urine output; and cloudy, bloody urine. Ileal conduits normally produce mucous threads in urine, which give a cloudy appearance but bloody urine is a danger sign.

Thirst is a great index of fluid needs. If you are thirsty, drink up! Also, develop the habit of sampling every time you see a water fountain.

Source: Tri-State OA, Iowa via Broward Ostomy Assoc. *Broward Beacon* Summer 2019

## Urostomy Questions and Answers

By Juliane Eldridge, RN, CETN

### Q. Why do urostomates occasionally notice blue discoloration in a urostomy pouch or overnight drainage bag?

A. Be assured there is nothing wrong with the appliance. In recent laboratory tests conducted by ConvaTec, the blue colour was found to be the result of normal bacteria decomposition of an essential amino acid called tryptophan. There is no clinical evidence, according to an article in the *American Journal of Nursing*, to indicate that the production of indigo blue is harmful or that dietary tryptophan should be limited.

## DON'T LET an OSTOMY STOP YOU from HAVING SOME SUMMER FUN!

By Annemarie Finn

*"I was terrified that life, as I knew it was over"*

When I received my bladder cancer diagnosis and the treatment plan, a radical cystectomy with an ileal conduit, I was devastated. Like so many, I went through many stages: Denial, Anger, Bargaining, Sadness and Depression, and finally, Acceptance. It felt like a double whammy. It seemed like the 'cure' was worse than the disease. I would be forever changed. I had no idea what to expect and did not know where to turn. I saw some videos of survivors with ileal conduits, but I did not relate with the speakers. They were 20-30 years older than I was. I really did not want to envision a life as an elderly person before it was time.

What would my quality of life be? I was terrified that life, as I knew it was over. Would I be able to work? What activities would I be able to do? What would I never do again? I had so many questions and fears.

### So, what can I do now that I have a urostomy?

Honestly, I can do everything I could before. When you first get out of surgery, you are hardly able to walk around your room. When you go home, the end of the driveway is a monumental trek. By persevering and trying to walk more every day, I was able to go from measuring distance in feet to measuring in miles. Today, I try to walk 5 - 10 miles a day! I have hiked intermediate trails in the hills of Eastern Massachusetts. I have discovered miles of trails in my hometown that I didn't even know existed. I am probably healthier than I was before I got sick.

### Can you take a bath?



People often ask if you are able to bathe with a bag. It is very nerve wracking initially to expose your stoma. They are fairly active. I call my stoma, Squirt, when he (yes, it's a he) acts up. He does spray urine. Picture a male toddler squirting. That's what

it's like. We have no control over it. That's why we wear a pouch.

As you can see, a urostomy after a radical cystectomy is a life changer, but in a good way.

You can wear your ostomy bag in the shower. You do not need to cover it or keep it dry. It is a good idea to dry the skin around it with a hair dryer on low when you are done. You can even take your bag off and shower without it. I am over two years out from my surgery and that is how I prefer to do things on my change day. I change my bag every 3 days. I prepare all of my materials (bag, ring, barrier, paper towels, remover spray) then remove my bag. I then take a shower. I wash the skin around the stoma with just water or soap for sensitive skin. Just make sure you do not leave behind any lotion or residue that would affect the barrier sticking to your skin. I keep paper towels ready to catch any drips and dry the skin with the hair dryer on the cool setting. I then just put on my prepared bag. I have some skin issues and find this helps with the itching and discomfort. It feels so good not to have the bag on for a while.

### What about swimming?

I am a water rat. I can be in the water for hours, literally hours. It doesn't matter if it is in the ocean, a lake, or a pool. I have done them all. Personally, it has not affected the amount of time I am able to wear a pouch. I am still able to go 3 days. I am able to swim, kayak, and paddleboard with my ostomy. I even just float. It has not interfered with my love of water at all. Even better, I can wear a regular bathing suit. I have worn tankinis for years, and not because of my urostomy. I no longer have a toned teenage body. I don't even have a toned 30 something body. I like 2 piece tankinis as they hide a multitude of sins. After I got my urostomy, I decided to buy regular 2 piece bathing suits. Ironically, I am much more comfortable with my new imperfect body that I was ever before. My family laughs at me because, where I was self-conscious before, I now show off my body. Maybe it was having so many strangers looking at my most intimate body parts in the hospital or maybe I am proud of my battle scars. You cannot see my bag with my bathing suit on. It's honestly no big deal.

There are so many other things I have been able to do since my urostomy. I ride my bike. I participated virtually in the Norton Cancer Institute Bike to Beat Cancer, a 35 mile bike ride. I did it in steps but I gave

*(Continued on page 13)*

(Continued from page 12)

myself a pass since it was only months after my surgery. I garden, do yard work, spread mulch, work, travel, you name it. As you can see, it has not limited me in any way. Because of my urostomy and thanks to my night bag, I can sleep through the night without having to get up to use the bathroom. That means I can drink up until I go to bed! I can sit through long car rides and movies with said night bag. I can use a public restroom without having to sit on the gross toilet! I can write my name in the snow!! That is not conjecture, I actually did it. My sex life is good. I am planning a European vacation. Both of those will



be topics of future blogs.

### What about what I can't do?

The list of what I can do is long. What about what I can't do. I can't pee like I used to. I am careful about lifting. I had a hysterectomy with my radical cystectomy so no more children for me. Since I was in my late 50s when I had my surgery, it's not really an issue, but, I am trying to be honest here. That is something to consider if you are younger. Definitely talk to your doctor if you want children. I can't play the piano, but I couldn't before. That's about it.

As you can see, a urostomy after a radical cystectomy is a life changer, but in a good way. You can still do what you did before and even try new things. Even better, it is a life saver. Go out and live your best life. That's what I am doing.

Source: Green Bay Area Support Group - May/June 2021



## PAYING YOUR MEMBERSHIP or MAKING A DONATION

### *e-Transfers* now available

Use *e-transfers* to make a donation towards a Memorial Gift, the Youth Camp Fund, Stoma Anniversary, General Funds, or paying memberships

**IMPORTANT:** Be very clear in your “**message box**” to say what the transfer is for. Example: Memorial (dedicated to who and from whom), Camp Fund, memberships, etc.

### *e-transfer instructions:*

**Email:** [treasurer@ostomy-winnipeg.ca](mailto:treasurer@ostomy-winnipeg.ca)

**Message box:** Be very clear to say what the transfer is for.

### **Security Question:**

What is the middle word of WOA?

**Answer:** Ostomy

(**note:** first letter “O” is upper case)

Questions or concerns? Contact:

[president@ostomy-winnipeg.ca](mailto:president@ostomy-winnipeg.ca)

*Dear paranoid people who check behind their shower curtains for murderers... if you do find one, what's your plan?*

*In the 1980s I fell off my bike and hurt my knee. I'm telling you this now because we didn't have social media then.*

### 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: \_\_\_\_\_

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**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  
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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.**



**Winnipeg Ostomy  
Association**

**204 - 825 Sherbrook St.,  
Winnipeg, Manitoba, Canada R3A 1M5**  
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*Leave a message and your call will be returned.*

### 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.** The following information is kept strictly **CONFIDENTIAL**.

**Please enroll me** as a new member of the Winnipeg Ostomy Association.

I am enclosing the annual membership fee of **\$40.00**.

To help reduce costs please send my copies of the *Inside/Out* newsletter via email in PDF format. YES \_\_\_ NO \_\_\_

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

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Type of surgery: Colostomy: \_\_\_ Ileostomy: \_\_\_ Urostomy: \_\_\_ Other: \_\_\_\_\_  
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May we welcome you by name in our newsletter? Yes \_\_\_ I'd rather not \_\_\_.

Please make cheque/money order payable to: **"Winnipeg Ostomy Assoc."** and mail to:  
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