



# INSIDE OUT



APRIL/MAY 2022

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

## JOIN US ON ZOOM

### WINNIPEG OSTOMY ASSOCIATION CHAPTER MEETING

Date: Wed. Apr 27, 2022

Time: 07:30 PM

Place: On your computer, laptop,  
iPhone, iPad,

**Zoom opens at 7:10 pm for meet & greet  
Meeting Starts at 7:30 pm**

### TOPIC

**Annual General Meeting  
&  
Q & A  
with Ostomy Nurse Angie**

### Join Zoom Meeting

[https://us02web.zoom.us/j/88314291813?  
pwd=dUdxRm1CTGt3WTBTTUJZVnNPNG4wQT09](https://us02web.zoom.us/j/88314291813?pwd=dUdxRm1CTGt3WTBTTUJZVnNPNG4wQT09)

Login in from Zoom website, using:

Meeting ID: 883 1429 1813      Passcode: 076691

Dial in: 1 204 272 7920 Canada

Meeting ID: 883 1429 1813      Passcode: 076691



canbiz.tumblr.com

### Inside this issue:

From the Editor's Desk	3
AGM Call & e-transfer instructions	4
Editor's Desk (cont'd) Coping During the First Few Weeks	5
Dementia Stoma Care	6
FOWC ships to Ukraine Dementia Stoma Care (cont'd)	7
Should Family Help with Ostomy? Factors which Influence Ostomy Function	8
Are You or Family Member Consider- ing a Long Term Care Facility?	9
Handy Hints from Here & There	10
Controlling Gas	11
Handy Hints (cont'd) Problems That Can Happen with a Stoma	12
Stomach Trivia	13



***"SPRING:  
A LOVELY  
REMINDER OF  
HOW BEAUTIFUL  
CHANGE  
CAN TRULY BE."***

## 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.

## UPCOMING EVENTS



**FOURTH  
Wednesdays  
of the month**

**APRIL 27 - AGM  
May 25 - Wind-up**

**Zoom Meetings open at 7:10 pm  
for meet & greet  
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 and Ostomy Canada magazine.

**Send your change of address to:**

**WOA  
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, July 8, 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

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Donna Love 204-489-0061

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Vacant

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### WEBMASTER:

Peter Folk

### 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:

<http://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

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 EDITOR'S DESK

*“The most important thought that came to mind was that I would not expect, nor want my family members to attend to my ostomy care!”*

SPRING! I'm so looking forward to all things to do with spring. I've had enough of the snow and staying indoors! I'm sure you all agree.

Previously the WOA Board was considering a “hybrid” type of meeting - where we would welcome members to meet in person at MB Possible while also continuing to offer the Zoom concept. Owing to a caution of concern, a motion was approved at our recent board meeting that we will continue with Zoom meetings for April and May with the hope we will be able to meet in person by September.

Our AGM is this month. From the experience I gained during the eleven years as President, I can assure you that the meeting should be short & sweet. So don't miss our second last meeting before we break for Summer. We will not arm wrestle you to put your name forward. I have included a quick run down on what to expect in the first half hour on Page 5.

Our guest this evening will be Angie Libbrecht (NSWOC) who has offered to answer your questions and concerns following the AGM. All questions and concerns are important. Often people have the same questions but don't feel comfortable raising

them. A couple of meetings ago a member literally stood up and burst out “I felt the same way!” If you have a question and are concerned about bringing it forward, let me know and I will present your questions to Angie anonymously.

As of today, three youth have requested sponsorship to the OCS Youth Camp for 2022. Thanks to the bequest from Jean Morris and other donations which keep flowing in, we are happy to honour these requests. Enzo will be returning for his final year at camp and looks forward to graduating alongside friends made over the years. Two new, very young people are looking forward to a first and exciting, mind-changing year. It is so exciting to see how time at camp gives them so much confidence.

Camp opening was a last-minute announcement as OCS wanted to ensure the health and safety of all campers and staff before proceeding. Carisa Lux (MOP) and I will be developing a camp package which will be available to all parents of young campers so they can consider camp for their children ahead of time instead of having to make a snap decision like they did this year. Camp has proven to be a life changing event for all the children who attend camp.

Recently I celebrated my 80th birthday. I have lived alone for almost three decades. Over my birthday my knee gave out and it was very difficult to attend to my daily activities. Yes, I do have family who stepped up famously. **But...**

It started me thinking.

What would happen if I had a stroke (or severe dementia) and

*(Continued on page 5)*



**NOTICE  
ANNUAL GENERAL MEETING  
Via Zoom**

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

**Wednesday, April 27, 2022  
beginning at 7:30 pm  
Winnipeg, MB.**

The purpose of the meeting is to hold elections for directors of the board; to accept year end reports; and to conduct any other business deemed necessary.

A summary of the reports will be sent out via Canada Post or email in early April.

If you are interested in serving on the board of directors please contact:

Fred Algera  
Tel: 204-654-0743  
Email: [ffalgera@shaw.ca](mailto:ffalgera@shaw.ca)

Nominations will be accepted from the floor at the meeting.

**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)

**What to Expect at our AGM.**

Time: A half hour or so - depending on questions.

The AGM part of our meeting will consist of approving the minutes from our 2021 AGM, and year-end reports from the President, Treasurer, and Visiting Coordinator.

Currently we are in a good position for the BOD. We don't anticipate going through the election process although there is room for more members who may

wish to step up.

**The following members are up for re-election for a 2year term:**

Bonnie Dyson – (who has given us notice of her actual resignation as of April 2023).  
Donna Suggitt  
Lorrie Pismenny

Since our bylaws were updated as of 2019 the membership elects directors – not officers. The volunteer officers are then elected by the board of directors according to their expertise and willingness to

take on the responsibilities.

Thank you to our most recent board members, Daryl, Ross, Donna, and Richard. They have put in a lot of time working to make our organization run smoothly.

The following members will be up for re-election in 2023: Randy Hull, Richard Taylor, Claudette Gagnon, Donna Love, Ross Bingham,

Fred Algera – Serves as Past President until a new President is elected.

(Continued from page 3)

couldn't communicate with my family? Who would know what to do about my ostomy? Would they know that my frantic scratching at my appliance meant that it was leaking, creating extreme itching, and burning, and needed changing? Would they know that certain foods created enormous gas output? Would they know that not releasing that gas could result in the seal breaking? Would they know that some foods would create blockages? Would they know that the hospital staff may not know how to deal with an ostomy? The questions kept coming.

No, they would not know. I have looked after my ostomy maintenance on my own for twenty plus years. The most important thought that came to mind was that I would not expect, nor want my family members to attend to my ostomy care!

I've started a list of things my family needs to know so that they can inform the health professionals who would be dealing with my care. This list is by far only in its first stages. And don't even get me started on my concerns about the possibility of ending up in a Personal Care Home with my ostomy. Can we provide information and coping skills for ostomates and their families before they end up in hospitals and PCHs? I would like to think so.

As you may have noticed, articles can be found in this newsletter which are based on this common theme.

Page 6 - *Dementia Stoma Care*

Page 8 - *Should my Family Help with Care of My Ostomy?*

Page 9 - *Are You or a Family Member Considering Long Term Care facilities?*

Reading through the questions in the article on Page 9 doesn't fill me with a lot of confidence that there is anything even remotely available in Manitoba.

I would love to hear from any of you who have dealt with something similar and would be willing to share your experiences and thoughts on this topic.

Your comments and questions regardless of the topic are what give me the ideas and energy to keep this newsletter going. I look forward to hearing from you.

Cheers, as always,

*Lorrie*

## Coping During the First Few Weeks

Reprinted from the *Inside/Out* Feb. 2016 issue.

Coming home with a new ostomy can be a very stressful time. You may feel weak and uncomfortable and deeply worried about how you are going to deal with this strange new thing on your abdomen. You may be fearful about having to take care of the ostomy by yourself or resentful that you have it at all. You would not be the first to feel like this nor will you be the last. Give yourself time to recover -- you've been through a gruelling surgery and it takes time for surgical wounds to knit together. It takes time for strength and appetite to return. Most of all it takes time to learn how to live, emotionally, with an ostomy. Take it one day at a time.

### Tips for the first few weeks

- **get some gentle exercise** every day, even if it's just walking around the home
- **establish regular mealtimes** like you used to have, or if you have little appetite, eat several small meals or snacks throughout the day
- **follow your nurse or surgeon's instructions** on what to eat for the first few weeks. This will emphasize soft cooked and low fibre foods. If you want to try raw fruits and vegetables after a while, introduce these in **very** small amounts and **chew thoroughly**.
- **do not lift anything heavy**, ie stay under 10 pounds
- unless you are physically unable, **you should not** be asking your spouse or family to change your appliance for you. You cannot regain confidence if you're relying on others to do this basic function for you.

**if you are having doubts or problems** caring for your ostomy, call your ET nurse for advice. She may be able to help you over the phone or you may need to make an appointment with her. - **talk to someone else who has an ostomy!** Ask your ET nurse if he or she can connect you with another person who has an ostomy or diagnosis similar to your own. If your area has an ostomy chapter you can connect with one of their members. Other ostomates are more than willing to talk with you for they have experienced the same fears and frustrations you may be having. If you have a computer, you can go online and participate in ostomy forums -- they are a wealth of information and reassurance.

## In MEMORIAM

Gretta Friesen

We extend our sympathy to her family and friends

## Dementia Stoma Care

By R. S. Elvey via UOAA Articles to Share, June 1, 2018

Caring for an ostomy can often be a frustrating and challenging experience at any age. But combine advanced age and dementia and it becomes even more of a challenge for caregivers and loved ones. According to the Population Reference Bureau, the number of Americans 65 and older will gradually increase from 15% of our population to 24% by 2050. With this growth has come a rise in existing and new ostomies combined with Alzheimer's or other dementias.

The Alzheimer's Association of America reports in their 2017 Alzheimer's Disease and Figures Report, "Of the estimated 5.5 million Americans with Alzheimer's dementia in 2017, 5.3 million are age 65 and older." The association predicts a half a million new cases of Alzheimer's dementia will develop annually. This explosive growth in new cases of dementia is putting an enormous strain on family caregivers. The Family Caregiver Alliance estimates, "44 million Americans age 18 and older provide unpaid assistance and support to older people and adults with disabilities who live in the community." These caregivers often have little or no preparation or support in providing care for people with disabilities such as stoma care. They become frustrated and worn out.

In an online forum, an anonymous writer expressed her frustration about caring for her mother's stoma as follows: "I am TIRED of it. I need someone to take over dealing with an ostomy and ordering the correct supplies for her, etc. ... And I am just going to make whatever decisions seem right regarding her bladder care, as I find out more info. I really wanted to yell at

(Continued from page 5)

Proficiency with changing your own ostomy gear doesn't happen overnight and you are going to make mistakes. It can be unnerving if an accident happens, but it's also an opportunity to learn how to avoid such things in the future. Try not to be too hard on yourself if you make a mistake or can't remember something.

Source: Vancouver Ostomy *HighLife* Jan/Feb 2016

*"The impersonal hand of government can never replace the helping hand of a neighbour."*

-Hubert Humphrey

her tonight and that makes me feel like a terrible, awful person. I didn't, but I did get a little firm."

Studies have shown that family caregivers who provide care to family members with chronic and disabling conditions are also putting themselves at risk of developing emotional and physical health problems. When seeking stoma care information, caregivers often participate in online chat rooms and forums for anecdotal advice. Additionally, visiting nurses with wound and ostomy training often make home visits and teach ostomy care. But when they leave, the caregiver is often faced with ever-changing challenges as their loved one's dementia worsens. Most often they face the challenge of not knowing when a pouch needs to be emptied, appliances being ripped off by their loved one or attempts to empty and change the appliance that miss the mark and require massive cleanups.

Realizing the complexity of stoma care and dementia and the pressure it causes to caregivers, the Colostomy Association of the United Kingdom and the Dementia Association of the United Kingdom combined to issue a twelve-page downloadable leaflet at [www.dementiauk.org](http://www.dementiauk.org) entitled, "Caring for a person with a stoma and dementia." They readily recognize that not all persons with dementia will profit from learning to care for their stoma. But where it is possible a person should be encouraged to participate in their own stoma maintenance. The leaflets' content is based on input from health professionals who care for ostomates with dementia and a stoma. A few of the hints and tips included in the publication are:

- People with dementia who are actively involved in changing their bags should be encouraged to wear gloves. This reduces the risk of infection, feces

(Continued on page 7)

## Humanitarian Aid for Ukraine



**FOWC  
Collection  
depot in  
St.  
Catharines,  
ON.**



***I want to thank all our volunteers who helped FOWC sort and pack these Ostomy supplies. They are on their way to Astom-ilko ( Ostomy group) in Ukraine.***

**Lorne Aronson (via email)  
FOWC President**

**Editor's note:** Thank you to the many people who asked if we (WOA) could send ostomy supplies to Ukraine.

Even before war broke out, Ukraine was one of the countries that received regular shipments of ostomy supplies from Canada through *Friends of Ostomates Worldwide Canada (FOWC)*. Because of the established FOWC connections in Ukraine, this shipment was on its way very quickly. I assure you that this process will offer the greatest chance of successfully reaching the intended recipients under these unthinkable circumstances.

Your continued support of FOWC through donations of unused ostomy supplies and financial donations earmarked for shipping overseas is greatly appreciated.



*(Continued from page 6)*

under the nails and fecal spreading.

- Some people with dementia who require their bag to be changed for them might resist. In these cases distraction could help. For instance, encouraging the person to clean their teeth or brush their hair during the process might be helpful. Standing the person in front of a mirror so they can focus on the task they are performing and not the bag change can help.
- Bag choice is important. One piece bags with pre-cut aperture have the advantage of being uncomplicated for both person and caregiver. Two-piece bags, where the flange can remain in situ for up to three days, helps protect the skin when frequent changes are necessary.

Individual and professional caregivers also provide additional advice based on their experiences. Many staff who work in nursing homes put a plastic bag over the pouch so that in case of any leakage, there won't be a much larger incident.

Many persons with Alzheimer's or other dementias either pick or rip off their pouches. To prevent this from happening, many caregivers dress their loved ones in special clothing that has no openings in the front, but still give the appearance of normal clothing. One source for this type of clothing is *Buck and Buck*. Their online catalog features adaptive clothing by gender and condition.

Lastly, in this smartphone age there is even an app that might help. 11Health has created the ostomi™Alert Sensor. The sensor is applied to the pouch at a point where it should be emptied. When that point is reached it connects by Bluetooth wireless technology to the ostomy-i™ app on your smartphone to tell you it is time to empty. The app can also capture patient output volume over a period of time. The data is stored in a HIPPA compliant cloud server where it can be shared by medical professional and family members. In the final analysis, caring for loved ones with dementia is a joint effort between the person with dementia, their loved ones, their medical consultants and other professional caregivers.

Thanks to *Insights*, Ostomy Assoc. of Southern New Jersey, *The Pouch* October 2018, Vancouver Ostomy *HighLife* March/April 2019, *Ottawa Ostomy News* April 2022

## Should my Family Help with Care of my Ostomy?

By Mary Bawn, LPN, ET: via Solano (CA) Ostomy News

Should my family help with the care of my ostomy? ...Well no if you are able to care for it yourself. Make yours a “do it yourself” family. I am sure any normal person would not ask a member of their family to accompany them in the bathroom to help with their elimination process. Why should you? Unless, of course, you are not physically able to care for yourself. Too many unaccepting ostomates never like to view their stomas, so use the well-known crutch of “I can’t do it myself,” and for years have had their spouse or other family member come in and perform daily tasks of personal hygiene that could/should have been done without any problems or aid from another person. This ostomate is handicapped indeed, mentally, not physically. If you cannot tolerate your own body, how can you expect someone else to tolerate you? Be independent and lead a normal life. Having an ostomy does not mean a life being unable to function as a whole person. A family member should be aware of your stomas care and management in case of illness or stress. Help can then be given if it is necessary. As a heads up however, family members should be included, if possible, when, as a post-op patient, you are taught by an ostomy nurse your stoma management and care procedures.

Source: United Ostomy Association of Greater St. Louis - Spring 2022

### Factors Which Influence Ostomy Function

By Lisa O’Connor, RN, WOCN, Metro Maryland

Quite Often patients experience a sudden reversal in normal ostomy function due to medications or treatments they are undergoing. The following information might be helpful to keep in mind.

**Antibiotics** - These often cause diarrhea, even in patients without an ostomy. Ostomates are no exception and, if the problem becomes severe, notify your physician immediately. In the meantime, keep Gatorade or a like drink on hand to maintain adequate electrolyte balance.

**Pain Medications** - These are often constipating; extra irrigations or laxatives or stool softeners might be required by colostomates to combat the side effects. Perhaps the dosage can be reduced to eliminate the situation. If not, consider one of the above alternatives.

**Chemotherapy** - Many cancer patients have follow-up chemotherapy after surgery or as an alternate to surgery. This often produces nausea and/or vomiting. Gatorade is again good to keep on hand for electrolyte balance.



*Praise is like champagne; it should be served while it is still bubbling.*

*Remember when ... the only energy crisis was kids having too much of it.*

**Radiation Therapy** - This often produces the same effects as chemotherapy. Treat accordingly.

**Travel** - travel can cause constipation in some patients and diarrhea in others. Be aware that these are possibilities. An altered diet when travelling accounts for some of this, plus the excitement of new surroundings. Allow sufficient time for irrigations and take along an antidiarrhea medication. Check with your doctor if you are not familiar with what works for you to control diarrhea.

**Antacids** - Those with magnesium can cause diarrhea. You may want to ask your doctor to suggest an antacid with aluminum rather than magnesium. Drink plenty of fluids. Tea is always a good source of potassium (so are oranges, bananas and potatoes). Coca Cola also contains some potassium. Bouillon cubes are a good source of sodium. Gatorade is used by athletes for electrolyte replacement. It is better served over ice.

Remember some of the signs of electrolyte imbalances are irritability, nausea and drowsiness. Be prepared and prevent this problem when possible. Keep well hydrated with adequate fluids of all types - water included.

Source: Ostomy Association of the Houston Area—April 2022

*Put away some money each week for your vacation, and you’ll have just enough to fix the roof that will start to leak in April*

*Eternity is ... 20 minutes of aerobic exercises.*

## Are You or a Family Member Considering A Long Term Care Facility?

*Many people are faced with a decision to enter a Long Term Care (LTC) facility. If this is a consideration for yourself or a family member who has an ostomy, these questions may help guide you in your decision-making process.*

- Is there a Nurse Specialized in Wound, Ostomy and Continence (NSWOC) on staff?
- Does the LTC facility contract an NSWOC to provide consultations? How are they consulted? Is there an additional fee passed on for the NSWOC consult?
- Have the Personal Support Worker (PSW) staff taken education on how to change and ostomy appliance?
- Do the staff nurses have formal education on ostomy management?
- Who is responsible for changing ostomy appliances? Registered versus non-registered staff?
- Does the facility have built-in mentorship opportunities pertaining to ostomy care?
- What is in place for a line of communication to deal with concerns family may have about the patient and their ostomy?
- Does the facility have a dietician who can oversee the nutritional requirements of having an ostomy?
- ie. Foods to avoid for a person living with an ileostomy?
- How can you purchase ostomy supplies? What is the process? How long does it take for an order to arrive at the LTC? Are there any special billing procedures in place, or how best to manage them?
- If ostomy supplies are ordered and the wrong ones arrive, what is the process to do a return and get the correct order?
- How will the facility ensure that ostomy supplies are used appropriately, and when will an NSWOC be consulted if supply usage is beyond expected usage?
- What are the expectations of relatives to supply the product - will they notify relatives when running low with the product allowing time to get the product to the LTC?
- Is there someone who can assist me in accessing funding for my ostomy supplies while in the LTC facility?
- How do I access help if I have a complication with my ostomy?
- What is the protocol for the disposal of used ostomy supplies?
- Is there an in-house physician who is familiar with ostomies if I have an urgent issue that needs to be addressed?

*Source: Cathy Harley, CEO, NSWOC Canada and Karen Brunton, RN, BScN MCISc-WH WOCC©, OCS Medical Staff Advisory Lifestyle Committee (Lead): Ostomy Canada Connects, via Vancouver Ostomy HighLife March / April 2022*

### Someone out there must be “deadly” at Scrabble.

#### **PRESBYTERIAN:**

When you rearrange the letters:  
**BEST IN PRAYER**

#### **ASTRONOMER:**

When you rearrange the letters:  
**MOON STARER**

#### **DESPERATION:**

When you rearrange the letters:  
**A ROPE ENDS IT**

#### **THE EYES:**

When you rearrange the letters:  
**THEY SEE**

#### **GEORGE BUSH:**

When you rearrange the letters:  
**HE BUGS GORE**

#### **THE MORSE CODE:**

When you rearrange the letters:  
**HERE COME DOTS**

#### **DORMITORY:**

When you rearrange the letters:  
**DIRTY ROOM**

#### **SLOT MACHINES:**

When you rearrange the letters:  
**CASH LOST IN ME**

#### **ANIMOSITY:**

When you rearrange the letters:  
**IS NO AMITY**

#### **ELECTION RESULTS:**

When you rearrange the letters:  
**LIES - LET'S RECOUNT**

#### **SNOOZE ALARMS:**

When you rearrange the letters:  
**ALAS! NO MORE Z'S**

#### **A DECIMAL POINT:**

When you rearrange the letters:  
**I'M A DOT IN PLACE**

#### **THE EARTHQUAKES:**

When you rearrange the letters:  
**THAT QUEER SHAKE**

#### **ELEVEN PLUS TWO:**

When you rearrange the letters:  
**TWELVE PLUS ONE**

And the final one:

#### **MOTHER-IN-LAW**

When you rearrange the letters:  
**WOMAN HITLER**

## HANDY HINTS from THERE and THERE - a DECADE AGO & STILL RELEVANT!

### COLOSTOMY

- Prune juice or grape juice in the morning or at night followed by a warm liquid such as tea or warm water may help relieve constipation.
- If you have not drunk much water during the day, it would be wise to drink an extra glass or two of to make sure your tissues will not absorb so much that you may be left with little or no return,
- If you do not irrigate, you may find that drainable two-piece appliances (as worn by ileostomates) may be more economical than throw-away pouches. The two-piece appliance has a faceplate that will last for longer period, 7 - 10 day. The pouches, if cleaned and dried, will last even longer. The appliances will stay in place, without changing, for several days. Before making a permanent change, you should make sure it is cost-effective and stoma friendly.
- Antihistamines in allergy medications can slow down bowel motility. If you become constipated while on antihistamines, consult your physician who might suggest an alternate medication.
- If you find that your stoma gurgles a lot, try eating the solid food first at mealtime and then drinking your beverage. But do not avoid fluids altogether.
- Treat constipation just as people without colostomies do. Adequate fluid intake, a diet including bulk or residue-producing foods, and physical exercise are all necessary for the production of "normal" bowel movements. If a laxative is needed and prescribed by a physician, you should wear an odour-proof drainable pouch with an adequate skin barrier for the time the laxative is having effect. After completing the course of medical treatment, you should be able to resume your usual ostomy care.
- For me: If you have a problem with your belt catching on the top of your Durhahesive wafer, try this idea. When applying a wafer, rather than placing it with the top edge parallel with your belt, rotate the wafer 45 degrees so the corner points up and down, like a diamond. That way the belt goes across the top corner of the wafer and holds the wafer in place.

### ILEOSTOMY

- Never assume anything. If you become hospitalized, explaining that you have an ostomy is not enough. Say loudly and clearly that you do not have an anus or anal opening, that you cannot have laxatives or pre-op enemas, and that cannot permit rectal thermometers or rectal procedures. Make sure the doctor has it written on his orders (Editor's note: This is also for colostomies who do not have an anus or anal opening).
- Drink plenty of fluids in order to avoid dehydration.
- Chew every mouthful of food carefully to avoid blockages. Beware of how you eat.
- New ileostomates should wear a transparent appliance so they can check on the stoma until everything has healed properly.
- Avoid eating a number of difficult-to-digest foods at the same time.
- You may experience hunger more often than other people. When you get hungry, you should drink fruit juice or eater and eat soda crackers, followed by a meal as soon as possible.
- Never skip meals in order to lose weight. An ileostomy keeps working whether you have eaten or not.
- If you have had several feet of the terminal ileum removed, you should have your vitamin B12 level checked to avoid a deficiency. Symptoms of deficiency are numbness in the feet, difficulty walking in the dark (or even just walking), and anemia. B12 injections, not tablets, are required. B12 can only be absorbed in the terminal ileum. Ask your surgeon how much ileum was removed during your ostomy surgery - you need to know the number.
- Gelcaps, capsules, or time-release pellets may not dissolve fast enough to be absorbed by those who have little or no colon. Remind your doctor of this when you need prescriptions.
- It is normal for your ileostomy to be active 30 minutes after you have eaten.
- If you are ill and are having diarrhea, eat salted pretzels and drink a sports drink such as Gatorade.
- Pretzels are unlikely to cause vomiting and the salt helps maintain a good liquid balance. The sport drink helps maintain electrolytes.

(Continued on page 12)

## CONTROLLING GAS

Reprinted from the *Inside/Out* Feb. 2015 issue

In other words, farting. Everybody expels gas but now yours will exit from the front of your body and unlike those with an intact set of bowels, you can't hold it in. This can cause some embarrassment in public if the noise is audible or if there is an odour, and it can sometimes cause problems overnight if the bag gets too full of gas that isn't being vented. Most bags have a filter, which will help with letting the gas out, but filter effectiveness can be minimal at times. A pouch that is strained by an

overabundance of gas may be at risk of breaking the seal and leaking.

### OVERNIGHT

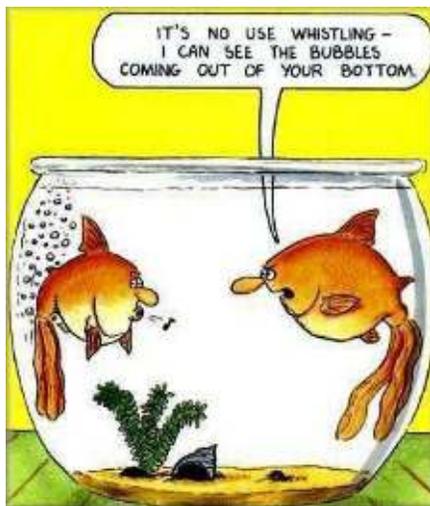
It's important to watch what you eat prior to bedtime. Be cautious about beans, broccoli, starchy breads and pastas, and especially soft drinks. All of these can cause gas buildup and could potentially cause an issue for you overnight. Also, try to refrain from eating too close to bedtime; a suggested deadline is 1½ hours before bedtime. If you need a small snack at bedtime, try to avoid the above problematic foods. Be sure to empty or 'burp' the bag before turning in.

### IN PUBLIC

Again, do your best to avoid the most gas producing foods if you can. You can help limit gas production by:

- Eating slowly
- Have loose dentures refitted
- Avoid milk products if you are lactose intolerant
- Avoid using a straw to drink liquids
- Limit eating foods that contain sorbitol and fructose
- Limit carbonated beverages

Despite your best efforts to discourage gas production, your guts will always expel some gas. For new ostomy patients, this can be a huge source of worry because they dread being embarrassed. It's normal to feel that way and we all felt self-conscious in the beginning. You're going to be hypersensitive to your own body sounds for awhile so bear in mind that what sounds loud to you may not be audible to others. Your body may give you subtle signs a moment or two before expelling gas and you will become tuned into this, giving you time to employ a few tricks to mask the sound. A well-timed cough can help, or rustling papers or shopping bags. You can hold something like a parcel or purse over your stoma to muffle sound, or even your forearm casually



Thank you!

## In Loving Memory of my Dad, Rollie Binner

*With thanks for all that the WOA  
contributed to his life*

Susan Garvey

### STOMA ANNIVERSARY

*Lorrie Pismenny—22 years!*

*Richard Taylor—8 years!*

*Donna Love—3 years!*

### YOUTH CAMP FUND

Barbara Bater

*Your generosity is  
greatly appreciated!*

crossed and pressed over top can help suppress things.

If you're in a crowd you can play innocent but if there's no way out, a simple "Excuse me" will do. Nobody's perfect. Everybody on the planet has accidentally farted in public.

*Editor's Note: Ostomates can take comfort in the fact that the sound is not followed by a smell.*

Regarding gas odour control, eating yogurt or buttermilk helps some individuals reduce odour. Parsley is another natural deodorizer. For something stronger, try Devrom tablets. You chew one to three of these after a meal or snack and they can be pretty effective in neutralizing scent. The taste is mildly pleasing, sort of like banana. Devrom will turn your stool black but this is harmless.

Source: Hamilton & District (ON) Ostomy Assoc. "Osto Info" via Brantford & District Ostomy Assoc. News by Greater Seattle (WA) "The Ostomist" Jan/Feb. 2016

(Continued from page 10)

## UROSTOMY

- Night drainage is a must. Otherwise you run the risk of urine backing up into the kidneys, which can cause irritation or infection. This is especially important for urostomies with only one kidney.
- Mucous in the urine is normal. The ideal conduit is made of mucous secreting intestinal tissue. It does not stop doing its job even though it is transporting urine.
- Empty the pouch before it passes the half-full level. If the bag becomes too full, there is a chance of urine backup, which poses the risk of kidney infection.
- For women, if a girdle is too tight and causes urine to break out of the appliance, a maternity girdle or the panty part of support hose may have just enough extra space to solve the problem.
- If you are out of Uri-Kleen, soaking your urinary pouch in straight white vinegar for 30 minutes will kill all common bacteria found in urine.
- If you lose the small rubber washer on the drainage plug, it can be replaced with one of the small rubber hinges that are used to tighten eye glasses.
- If the washer on the urinary valve stretches, let it dry thoroughly. It may shrink back to smaller size.
- If it is necessary to have a urinalysis ( a sterile catch specimen), remind the nurse to take the specimen directly from the stoma, not from the appliance.
- Drinking cranberry juice has been found helpful in deodorizing urine.
- Leave a little urine in the appliance before attaching it to the drainage tube and container you use at night. By draining this small amount of urine into the night container, you will break the vacuum often present in the tube and thus allow the urine to flow freely.
- If you have trouble keeping your urine acid, eat more of the following foods, considered to be “acid forming” - cornmeal, oysters, rice, cranberries, plums, and prunes. Most of the other fruits and vegetables belong to the “base forming” group.

Source: Thanks to Anne Arundel County, MD Ostomy Association via the *Ostomist*, Greater Seattle (WA) Ostomy Association and the Ostomy Support Group of Northern Virginia, LLC *THE POUCH* September 2011

## PROBLEMS THAT CAN HAPPEN WITH A STOMA

From *The Ostomy Rumble*, Middle Georgia, *Springfield's Ostomy Family Newsletter*

Most stoma problems happen during the first year after surgery

**Stoma Retractions:** Retraction happens when the height of the stoma goes down to the skin level or below the skin level. Retraction may happen soon after surgery because the colon does not become active soon enough.

Retraction may also happen because of weight gain. The pouching system must be changed to match the change in stoma shape.

**Peristomal hernia:** Peristomal hernias occur when part of the bowel (colon) bulges into the area around the stoma. Hernias are most obvious during times when there is pressure on the abdomen. For example, the hernia may be more obvious when sitting, coughing, or straining. Hernias may make it difficult to create a proper pouch seal or to irrigate.

The hernia may be managed with a hernia belt. Changes may also need to be made to the pouching system to create a proper seal. Surgery may also be done in some people.

**Prolapse:** A prolapse means the bowel becomes longer and protrudes out of the stoma and above the abdomen surface. The stoma prolapse may be caused by increased abdominal pressure. Surgery may be done to fix the prolapse in some people.

**Stenosis:** A stenosis is a narrowing or tightening of the stoma at or below the skin level. The stenosis may be mild or severe. A mild stenosis can cause noise as stool and gas is passed. Severe stenosis can cause obstruction (blockage) of stool. If the stenosis is mild, a caregiver may enlarge the stoma by stretching it with his finger, If the stenosis is severe, surgery is usually needed.

Source: Pittsburg Ostomy Society *Triangle* May/June 2017

# Give the Gift of Dignity



For over 35 years, Friends of Ostomates Worldwide Canada (FOWC) has sent free ostomy supplies to more than 52 countries. Recently, we have sent supplies to ostomates in Kenya and Zimbabwe, and in Central and South America where ostomy supplies are scarce and expensive. Local groups re-distribute these precious supplies to those in need.



FOWC's goal is to raise funds to enable us to ship these supplies. Just one shipment to Kenya was \$4,500.

You can help by sending a cheque payable to FOWC mailed with the form below to the address listed.

Online donations are accepted through [www.fowc.ca](http://www.fowc.ca)



My Name is Gertrude from Bulawayo in Zimbabwe. On behalf of the Ostomates friends here, we would like to thank you for your kindness in donating ostomy supplies to us. We are really short of words to express your kindness towards us. We pray that you may be blessed in whatever you do in life.



*I would like to improve the life of needy ostomates worldwide by making a donation.*

*Je souhaite faire un don pour aider les personnes stomis ees du tiers-monde.*

Individual: \$30

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*Friends of Ostomates Worldwide Canada  
c/o L. Pismenny, Secretary  
1101-80 Snow St., Winnipeg, MB, R3T 0P8*

Official tax receipt will be issued/Un re u officiel aux fins d'imp ts sera  mis

## Stomach Trivia ... did you know?

- \*It takes about 9 seconds for food to reach your stomach?
- \*Your stomach acid is so strong that you grow a new stomach lining every three days?
- \*You can eat standing on your head, because your esophagus pushes food into your stomach, even uphill?
- \*Without your stomach, you couldn't store food for digestion. You'd have to eat continuously all day and night?
- \*The hydrochloric acid of the human digestive process is so strong a corrosive that it easily can eat its way through a cotton handkerchief, and even through the iron of an automobile body. Yet, it doesn't endanger the stomach's sticky mucus walls.
- \*Your stomach holds barely 0.5 liters, but after a big meal it can stretch to more than 4 liters!

- Bill Nye: *The Science Guy*

## 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.**



**Winnipeg Ostomy  
Association**

**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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supplies please contact the*

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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: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

EMAIL: \_\_\_\_\_ YEAR of BIRTH: \_\_\_\_\_

Type of surgery: Colostomy: \_\_\_ Ileostomy: \_\_\_ Urostomy: \_\_\_ Other: \_\_\_\_\_  
Spouse/Family Member: \_\_\_\_\_ N/A: \_\_\_\_\_ (Please indicate type if other)

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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