



BELLEVILLE QUINTE WEST AND AREA CHAPTER
Journal
 UNITED OSTOMY ASSOCIATION OF CANADA

HAPPY FATHERS DAY TO ALL OUR DADS!

June 2007



REACH OUT A HELPING HAND TO OSTOMATES AND THEIR FAMILIES

June 10th., 12:30 p.m we will have a pot luck at Gwyn and Ray Scott's. A map is included in the newsletter.

*****An Ostomates Prayer**

O, Lord as we have been reborn,
 Let us share Your blessings
 With those Ostomates who do not know
 How good the life is You have given us

Let us vow in the years ahead
 To renew the work of our group,
 As you have renewed our lives,
 We thank you for those lives;
 For mutual support of each other;
 And for the charge You have given us
 To support each other

Amen

(From Metro Halifax News)

**Our next meetings will be
 Sept. 13th.
 Oct.11th**

Those seeking assistance , a ride, information or those offering suggestions are requested to phone a member listed on the right. Ostomates or their caregivers requiring hospital or home visits should not hesitate to call any member of your Chapter executive listed on the right.

Before following any information, suggestions and other matters pertaining to your health in general, in this journal, it is important to consult your doctor, ET, pharmacist or others qualified to pass on medical advice.

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Vernon Kemp 398-6937

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Program:

By Committee

Editor

Bawn Putman 476-6557

Regular monthly Meetings are held on the second Thursday of every month, 7:30p.m. Room P24 at the Loyalist College Business and Development Centre, Belleville.

*July & August excepted.

Please come out and gain from the experience of others

Open and full discussions with other Ostomates are great sources and resources for information.

Every opportunity is a learning experience for yourself and for those with whom you share.

MEDICAL CONSULTANT

Ursula Monaghan, R.N., E.T. Available through the Belleville General Hospital by referral of your Doctor through the Nursing Office (Patient Services) or, for private consultation, call 966-6696.

Olga Goncalves, R.N., BScN, E.T. Available through VON, HNPE, by referral. 392-4181 or 966-3530 ACCESS CENTRE FOR HASTINGS AND PRINCE EDWARD COUNTIES

Leanna Gillan, R.N., BScN, E.T. Available through VON, HNPE, by referral. 392-4181 or 966-3530 ACCESS CENTRE FOR HASTINGS AND PRINCE EDWARD COUNTIES

NOTE: E.T. stands for "Enterostomal Therapist" To qualify for this designation, each candidate must attend a specifically designed program, and successfully complete it through very specialized exams.

PRESIDENT'S MESSAGE

It is hard to believe that our next meeting is our end of the year social get together.

It was a good year, for the most part, with good turnouts, interesting speakers, a successful yard sale and of course, an active World Ostomy Day and Christmas Banquet.

On the other hand, it was a sad year as we said goodbye to dear and dedicated members. We will miss them greatly and their contributions will be remembered. It is a sad fact that, as we get older and wiser and have experienced what new ostomates or their spouses/partners have not yet encountered, those with so much to give are lost to us.

I would again like to thank those who participated in the yard sale and World Ostomy Day and especially Ursula, Olga and Leanna who were there for us at so many meetings. We appreciate it!

Bawn also says thanks for the articles submitted to her in her efforts to produce the newsletter. It all helps.

In regard to the last newsletter a glitch necessitated the reprinting of the newsletter and Welch and Co. did so at no extra cost. Thank you.

We also give Kelly's Home Care a big thank you for their ongoing support with the newsletter as well as the space for the yard sale and their donated items for sale at it.

It seems that this is a thank you message but what else can one give volunteers and that is what we all are. Be Proud!

Do come to the June 10th get together at ray and Gwyn Scott's who have again welcomed us to their beautiful home for the event. Check the enclosed map for the directions. Take this newsletter with you so that you can phone if you get lost.

See you there for this year's wrap up and enjoy your summer!

Regards
Gerry Putman

NEW OSTOMATE

By Mark Shaffer, Metro Denver Chapter

In most cases people never discover that you have an ostomate unless you tell them. So deciding who should know about your ostomy is one of the first issues a new ostomate must face. It is also an issue that never completely goes away; no matter how long you have an ostomy, you will meet people and existing relationships will change. These changes will cause you to revisit "the tell vs. don't tell" question over and over again. Approaches to this problem are as varied as the people who face them but there are a few general guidelines that might help. First and foremost, you should never be ashamed of having an ostomy and you should never feel you have to hide the fact. It is an old adage in ostomy circles that anyone who would change their opinion of you because you have an ostomy is probably someone who is not worthy of your time and concern. On the other hand, having an ostomy is a fairly private matter and you should not feel the need to announce it from the rooftop either. There are only a few people you simply have to tell. These include health-care providers, your spouse or significant other, and anyone else involved in your recuperative care. But beyond these common sense restrictions, it is up to you. You might choose to explain your sick leave to a boss or co-worker by saying that you had abdominal surgery but now you are healthy again. You might want to be more detailed when discussing the situation with friends, but you also might not. It is totally up to you—do what is comfortable for you.

Subject: Fixing the fence at 24 Sussex Drive
Three contractors are bidding to fix a broken fence at 24 Sussex. One from Alberta, another from Newfoundland and the third, Quebec. They go with a government official to examine the fence.

The Albertan contractor takes out a tape measure and does some measuring, then works some figures with a pencil. "Well," he says, "I figure the job will run about \$900: \$400 for materials, \$400 for my crew, and \$100 Profit for me."

The Newfie contractor also does some measuring and figuring, then says, "I can do this job for \$700: \$300 for materials, \$300 for my crew, and \$100 profit for me."

The Quebec contractor doesn't measure or figure, but leans over to the official and whispers, "\$2,700." The government official, incredulous, says, "You didn't even measure like the other guys! How did you come up with such a high figure?"

The Quebec contractor whispers back, "\$1,000 for me, \$1,000 for you, and we hire the Newfie to fix the fence."

"Done!" replies the government official.

Senior ads in a newspaper in the States:

Mint Condition:

Male, 1932, high mileage, good condition, some hair, many new parts including hip, knee, cornea, valves. Isn't in running condition but walks well.

Memories:

I can usually remember Monday through Thursday. If you can remember Friday, Saturday and Sunday, let's put our two heads together.

Winning Smile:

Active grandmother with original teeth seeking a dedicated flosser to share rare steaks, corn n the cob and caramel candy.

FOOD THAT INTERFERE WITH YOUR MEDICATION

By Madelyn Fernstrom

While most of us read food labels closely, there is often little attention paid to the labels on prescription medications. Almost 70% of all adults regularly take medications. A recent study showed that nearly half of the patients studied misunderstood the labels—which can be a toxic mistake. Those package inserts, and labels on the side—“do not crush”, “take plenty of water”, “do not drink alcohol”, “take with food”, “avoid dairy products—are not optional suggestions. These are all important in making sure that the medications—like foods—are properly broken down and absorbed by our bodies. So, taking a drug correctly requires three easy steps:

1. Understanding your prescription
 2. Knowing what foods or dietary supplements to avoid
 3. Asking for help from your doctor or pharmacist.
- Information starts at your doctor's office. Make sure you know the name of the medicine, the dosage and what it is for (write it down, if you take more than one drug). At the pharmacy, check the bottle for medication name and dosage, to make sure it matches up. There are many “sound alike” medicines, with very different actions, so beware. Read the information pamphlet about the “how to's” of the medicine and ask the pharmacist if you are confused. Terms like “take two tablets twice daily” can be interpreted differently—does it mean at 12 hour intervals? Breakfast and dinner? Take both tablets at once? Better to check then assume it does not matter. Pay attention to the terms “take with water” or “take with food”. A 6-8 ounce glass of water is fine—no need to feel like you are floating away. And, “take with food” means a lot of different things to different people. If you are taking it with a regularly scheduled meal that is great. But what about other times? A good rule of thumb is about 100 calories—your choice, whether it is a piece of fruit, small bowl of cereal, or a few slices of lean turkey. If there is one thing you take away from this article it is the idea that **MANY FOODS AND MEDICINES DO NOT MIX**. Here is a list of some major medicines and foods that should not be combined. **Check with your doctor or pharmacist for more specific information.**

Avoid:

Grapefruit Juice—If you take some types of cholesterol lowering drugs, heart medications, immune system drugs and allergy medications, grapefruit juice interferes with the metabolism of these drugs (not all citrus does this and orange juice can be substituted)

Dark green Vegetables — Vitamin K rich foods like broccoli, spinach, asparagus and red leaf lettuce interfere with the blood thinning medicines like coumadin (Warfarin). Coumadin prevent blood clotting, while vitamin K promotes blood clotting—counteracting the effect.

Dairy Products—if you take iron supplements or certain antibiotics, the calcium in the dairy products can block some of the absorption of these compounds, giving less active ingredient of the medicine.

Alcohol—If you take medicines affecting the brain, including antidepressants, sleeping pills, sedatives, antihistamines and some antibiotics, you should cut out alcohol.

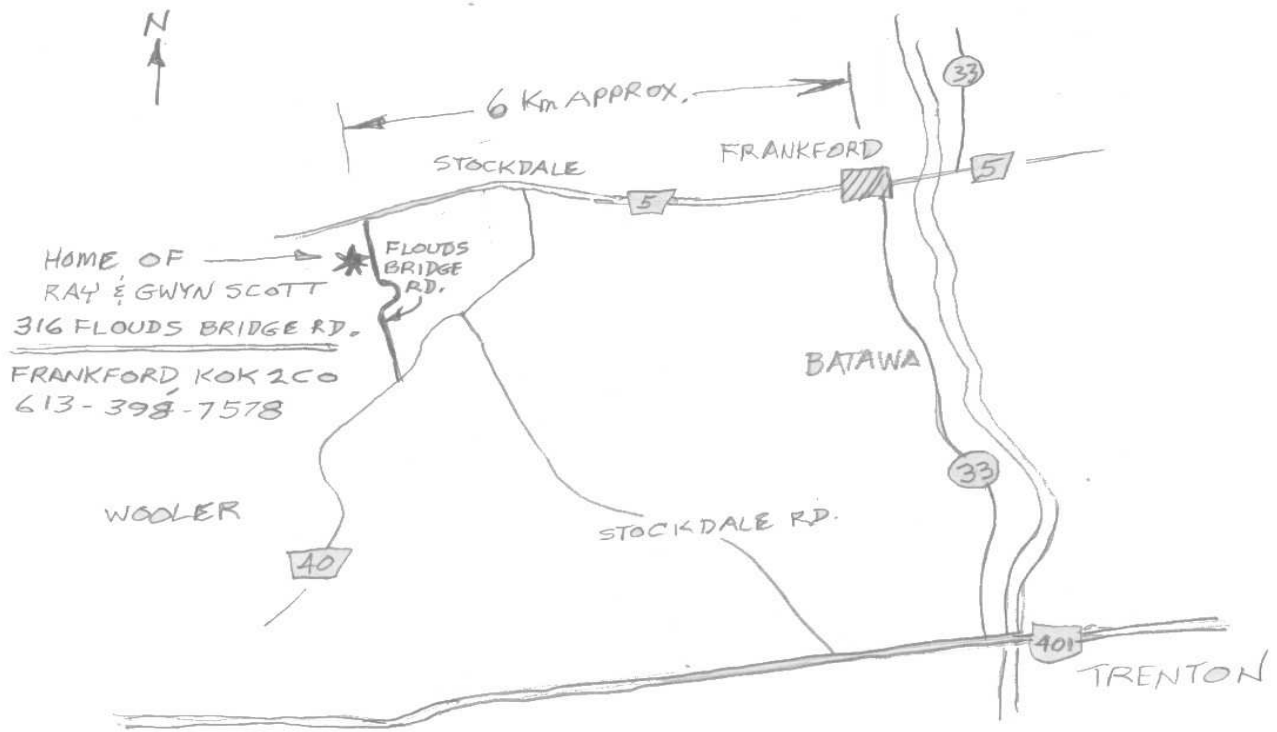
High Fiber Foods— If you take penicillin or some other antibiotic, fiber slows the rate of stomach emptying, and slows the release of the medicine into your system. Don't forget to check for interactions with dietary supplements. One last thing, check for the expiration date, and toss the bottle of it is out of date. Some medicines can lose potency over time. And avoid storing your bottles in a steamy bathroom—like we all do! A kitchen counter or drawer is a better place to avoid big changes in temperature and humidity that occur regularly in your bathroom cabinets. When it comes to taking medicine, take control, and be an informed consumer.



Our Purpose

The purpose of this group, is a volunteer-based organization dedicated to assisting all persons facing a life with gastrointestinal or urinary diversions by providing emotional support, instructional and information services through the membership, the family associated care givers and the general public.

Our trained volunteer ostomates collectively possess a wealth of knowledge and experience in coping with their ostomies and are always willing upon request, to visit new ostomy patients as well as and including their family members by non-ostomates (SASO) from our group.



PLANNING FOR SUMMER WITH A STOMA

As thoughts turn to warm swimming and summer fun, here are some hints for maintaining a trouble-free ostomy.

1. Do not expect to get the same pouch wear as you do in the fall, winter or spring. If your flange or ring skin barrier melts out faster, change the pouch more frequently. If wear times are poor, have your ET nurse recommend a different skin barrier.
2. If the plastic pouch against your skin is uncomfortable or causes a heat rash, sew or purchase a pouch cover.
3. If you are wearing a two-piece system and are participating in very active sports, use a 10 inch strip of 2 or 3 inch tape to secure the pouch and the barrier to your abdomen to prevent the pouch from "popping off" the barrier.
4. Be sure to drink plenty of liquids (unless contraindicated because of other health problems) so that you do not get dehydrated or constipated.
5. For extra security during swimming and water sports, use waterproof, ie: pink tape to secure your pouch.
6. Monilia is a common summer problem. This raised itchy, red rash on the peristomal skin is uncomfortable and keeps pouches from holding well. Contact your doctor if this occurs.

Above is the map for the home of Gwyn and Ray Scott. We will have a brief meeting before our meal to wind up the year and begin plans for the new year. Please bring your favourite pot luck dish, lawn chairs as it will be sunny! Please come and join us for the last meeting of this term.

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INTERNATIONAL OSTOMY ASSOCIATION (IOA) AROUND THE WORLD

-Deb Pelletier and Ranjit Hira. Ostomy Toronto, March 2006, via Halton-Peel Ostomy News, March 2007.

In February, Ostomy Toronto had the good fortune to have Di Bracken attend their chapter meeting as a guest speaker. Di Bracken is truly a remarkable Canadian and ostomate. She

spoke about her many trips around the world visiting countries in the role of President of the IOA.

As part of the IOA delegation, Di visited ostomates in Asia, Europe, North America, the Caribbean, South America, and the south Pacific. What is it like having an ostomy in Japan? Mongolia?

In Ho Chi Minh City, **Viet Nam**, the IOA delegation visited a hospital and were given access to both doctors and patients. They found medical practitioners, with no specialized ostomy training,

struggling to do the best for their patients. This was the first time that the nurses saw modern ostomy appliances. Few Vietnamese can afford proper supplies partly as a result of the difficulty in

importing them. Di's team spent time training nurses to make

appliances from plastic templates and plastic material. Because most patients have colostomies, nurses were also taught the art

of irrigating -- lessening the need for wearing an appliance.

As a result of their incredible need, FOW (Friends of Ostomate Worldwide) will be sending Viet Nam supplies in the near future.

Mongolia is a nomadic country with a very poor standard of living. There are no trained personnel and supplies are non-existent. Ostomates, in particular girls, suffer emotionally as a

result of the stigma attached to individuals after their surgery. they also suffer physically as they try to manage an ostomy with no equipment. (Picture coping with your ostomy if you share a communal bathroom with the rest of your village). Mongolians were very eager to form an association and become part of IOA. They desperately need supplies and training!!!

In **China**, almost 1,000,000 surgeries are done every year. There are some ostomy groups but as a result of political pressures, they cannot form a national federation. Supplies are available in the larger cities, but are so expensive only the richest patients can afford them. On the positive side, there are well-run clinics in the largest urban centres.

Coloplast has already established facilities in China and other manufacturers are keen to do so as well. Ostomy surgeries here are primarily the result of cancer.

Di recounts that the IOA delegation was in the middle of a visit at a hospital in Mumbai, **India** when an ostomate came in off the street asking for help. He had a primitive appliance and was in terrible straits.

Supplies are available in India, but are expensive. In addition, doctors and nurses must be very sensitive to religious and

cultural norms while at the same time meeting the basic needs of the ostomate.

Australia stands out as a leader when it comes to ostomy support organizations and funding of ostomy supplies. After surgery, new ostomates join the national association which then provides the supplies at no cost to the individual. Japan is phenomenal in its support for their ostomates. They are given pensions in varying amounts. In addition they have some public washrooms with special toilets, marked by sign, and designed for ostomates. Supplies are easily available and they have highly trained doctors and nurses.

With poverty endemic, ostomates in many South American countries cannot afford ostomy supplies.

Bolivia is the poorest country by far and ostomates struggle with makeshift appliances. Here the most common reason for surgery is Chagas disease caused by a parasite (poor rural areas are affected the most). Chagas targets the body's digestive system, in particular the colon and esophagus. Severe attacks require ostomy surgery. The Bolivian situation is bleak without help from other countries.

Worldwide, Di Bracken concluded that most ostomates and the medical communities involved are enthusiastic and eager to learn. They want to form local chapters and a national association, but left to themselves the task is overwhelming.

IOA plays a very important role in improving the situation for all ostomates. As Di explains, one of the most successful and efficient programs involves "twinning". A country (ie: Mongolia) desperately needing resources is "twinned" with a resource rich country (ie: Japan)

Supply shipments are organized, teams focused on teaching medical staff are provided, and initiatives encouraging collaboration and advocacy with both public and private institutions are set in motion. Being an ostomate in Canada is undeniably fortunate, but, taking the direction of Australia and Japan, we should strive for better funding of ostomy supplies and more ETs in our own hospitals and community.

Next time volunteers pack donated supplies for other countries, we will appreciate the impact of what we do. With Di Bracken as a role model we can be so much as ostomates and Canadians.

A senior in Newfoundland was overheard saying....
"When the end of the world comes, I hope to be in Newfoundland."

When asked why, he replied he'd rather be in Newfoundland because everything happens in Newfoundland twenty years later than in the rest of the civilized world.

Tips & Tricks

- If you use paste, do not spread it on the entire back of the barrier -- it will produce less than satisfactory results. Use paste only sparingly to fill uneven areas and around the stoma. Paste is a great filler if used correctly.
- **Colostomies: don't immediately reach for laxatives if you experience constipation! Chances are you may give yourself diarrhea which will make you think you need something like Imodium which will slow you down and before you know it you'll be on a merry-go-round of erratic bowel behaviour. Drink prune juice, lots of water and eat fruits and vegetables if your bowels are slow to work rather than taking OTC (over the counter) medications. Get more exercise and give your body time to find its natural rhythm. If diet and exercise are not moving things, try to avoid laxatives containing senna (Senokot) or buckthorn (Rhamnus purshiana) because long-term intake may damage the lining of your bowel and injure nerve endings to the colon. With colostomies, lack of output for a day is not harmful.**

To Welch and Co.

As I was converting the newsletter to the Acrobat Programme I did not realize there was a statement at the bottom of each page which should not have been there. The newsletters were copied and ready for me when I arrived. It was mentioned that this sentence was there and did I want it. I was quite surprised to see it. They said it would not be a problem to re-copy the newsletter. I volunteered to pay but they said no.

Thank you so much for your help and assistance with the newsletter.

Bawn Putman

MY SKIN IS ITCHY! WHAT SHOULD I DO?

When you first start wearing appliances, you may find that your skin is itching under or next to the barrier. Some itching in the beginning is normal, after all, you've never had to wear something over that part of your body for extended periods of time and your skin may take time to adjust. Try to limit the amount you scratch and if you must, try not to use your nails too much. Rub the annoying spots with your fingertips or palm. Repeated hard scratching with your nails will eventually make the area raw. **Constant itching** however, may be a sign that you are allergic to the type of appliance barrier you are wearing. Barriers, although they appear to be pretty much the same from brand to brand, have subtle chemical differences that can annoy some peoples' skin while others have no problem. You should try a different brand to see if this will alleviate the itching. Ask your ET nurse for some sample alternatives.

Some tricks to sooth itchy skin:

- oatmeal baths -- that's right, the stuff you ate for breakfast as a kid. Put some in a small cloth bag and put that in the bath water. You can also use the oatmeal bag as a sponge to directly bathe the skin around the stoma.
- milk of magnesia applied directly to the itchy area while doing an appliance change. Let it dry completely and apply your barrier as usual.
- rotate your skin barrier: Most of us put it on "square", like "A". Try putting it like "B", a 'diamond'. What this **A B** does is change the area that is covered, giving some of your skin a rest. You can rotate barriers to any degree you want. Showering without the appliance on is good for your skin too, even if you have an ileostomy or urostomy. If it's appliance change day, take advantage of the opportunity to shower au natural. If the stoma produces some waste while you're in the shower, don't worry about it. Just flush the tub or stall extra well with water and put some cleaner down the drain after you're done. If you have a colostomy that is slow-working and otherwise well-behaved, take the opportunity on change day to let it breathe for a while without a barrier on. Put some tissue over the stoma to protect it from your underwear and relax for a while at home. Your skin (and you) will love the break from constantly wearing an appliance.

An itchy rash accompanied by the presence of raised red bumps may be a sign that you have a fungal infection. This is more common in the summer months when you sweat more, and requires prompt attention. It would be wise to see your ET nurse to confirm a fungal infection, in which case she will recommend one of a variety of anti-fungal powders on the market. Some examples are Hollihesive, Stomahesive or Karaya type powders. To apply any of these, the correct method is to first remove the appliance, then clean and dry the skin. The skin must be completely dry. Dust an even layer over the affected area, smooth it around with your hands, then blow or brush off any excess. Apply your barrier over top as usual. You may also seal in the powder by applying a skin sealant over the barrier and allowing it to dry thoroughly. It should be noted that skin sealants are not recommended for use with extended wear barriers (they retard the adhesion).



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Message from Doug Graham UOAC President

Public Awareness

It is public awareness that will inform the people that will have or have had Ostomy or related surgery that there is an Association with trained caring volunteers ready to help them to understand and accept this new way of life.

An example of public awareness is the interesting and rewarding experience I had this month. It all started with an email and an invitation to join Mr. Jean-Pierre Lapointe, president of the Montreal Ileostomy and Colostomy Association, and his family for a presentation at Rideau Hall, home of The Right Honourable, Michaëlle Jean, Governor General of Canada.

As many of you know, in Canada we follow closely the British system of government. We have a parliament and a representative of the Queen of England designated as our Governor General. The Governor General has many duties to perform and the one that we attended was the Caring Canadian Award. The award formally recognizes Canadians that have performed an outstanding service to their fellow man. It consists of the presentation by the Governor General of a certificate and a lapel pin with a maple leaf that symbolizes Canadians' helping hand and generosity, and a heart that represents the open-heartedness of volunteers and caregivers.

On April 18, 2007, Jean-Pierre was recognized for his many years of helping people with ostomy surgery in Canada and less developed countries. The ceremony was regal and several times during Jean-Pierre's presentation, the Governor General mentioned the United Ostomy Association of Canada and the Friends of Ostomates Worldwide Canada.

Jean-Pierre is indeed a humanitarian and has increased awareness of the word Ostomy for many Canadians.

We are very fortunate to have him as a member of UOAC and as a symbol of what can be achieved after ostomy surgery. This is public awareness at its best.

Office

Another interesting event this month was the development and signing of a formal contract of employment for our office person, Marion Whate. It had twenty-two articles and contained what is legally required in the Province of Ontario. I had the pleasure of traveling to Toronto on April 10, 2007 to meet with Marion and Office Committee Chair Les Kehoe. Together we reviewed the contract and all signed the documents. It is reassuring to have such a skilled and caring person in our office as Marion to receive and process information

Presentation

On April 19, 2007, at my chapter meeting, United Ostomy Support Group, Ottawa, Inc., I presented a PowerPoint presentation of the Friends of Ostomates Worldwide, Canada (FOWC). The presentation was

well received and many people were very surprised to learn that there are ostomates in developing countries that live in despair because they do not have good quality supplies or none at all. I also believe that it makes us appreciate the standard of

products available to us. Thankfully we have manufacturers that continue to do research to improve on the products they make available to us. If you or your chapter has surplus supplies that you would like to donate to FOWC, please contact Astrid at (613) 829-6332 or at info@fowcanada.org.

Conference

The 10th Annual Conference and celebration of 10 years of serving Canadians is scheduled from August 16 to 18, 2007 in Calgary, Alberta. The planning committee is busy completing tasks that will make this conference one to remember. The Conference Manual is in the making, so if you or your chapter intends to have greetings and wishes in the manual, contact our National Office with the required information now. If you have not made your travel and accommodation arrangements as yet, I suggest you do them soon. This is going to be an excellent conference and I look forward to meeting many of you there and sharing in the good times.

Spring Appeal

The Spring Appeal is out and I wish to remind you that we did hear the concerns from several Chapters and individuals regarding the timing of the fall appeal. At your Board of Director's meeting October 2006, the decision to change the National Funds Appeal to a spring rather than a fall appeal in November was made. This is intended to reduce confusion of chapter membership dues billing and fundraising that takes place each fall by the chapters. Also it will place our appeals within the fiscal year April 1st - March 31st, for which the budget is set. Please do all you can to help us provide the service to others that are or will experience ostomy or related surgery by making a donation and encouraging other to do so. **We will not appeal again until April of 2008. Your help is needed.**

I hope the month of May brings good fortune your way and that you keep well.

Doug Graham - Your President

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The Journals are now archived for viewing at Kelly's
 Web Site: www.kellysdrugstore.com
 In addition Kelly's pay the mailing costs to send out the Chapters monthly Journals
Kellys welcomes the opportunity to continue serving you

HAPPY FATHER'S DAY TO ALL THE WONDERFUL FATHERS!!!!

Membership Application

Belleville, Quinte West & Area Chapter

Membership includes annual subscription to Chapter Journal and the UOAC publication "Ostomy Canada"

Membership in the UOA of Canada is open to all persons interested in ostomy rehabilitation and welfare.

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FOR YOUR CONVIENCE

WEBSITES OF INTEREST

UOAC: www.ostomycanada.ca

FOW (Friends of Ostomates Worldwide):
www.fowcanada.ca

Revenue Canada: www.cra.gc.ca

Informative site for those interested in managing irritable bowel syndrome. Strategies, tips & diets
www.helpforribs.com

A request from the editor:

It would be appreciated if you could write your story of how you got here in order to publish in the newsletter. I would like to see stories from ostomates and SASO members.

If you have a suggestion of what you would like to see in the newsletter please contact me at bgputman@sympatico.ca or call 613-476-6557. You could also write your suggestions and give them to me at the monthly meeting.

If you have pictures you would like to put in the newsletter, let me know. Also if there are upcoming events you like published please send me the information.
Bawn Putman