



HAPPY HALLOWE'EN

October, 2007



REACH OUT A HELPING HAND TO OSTOMATES AND THEIR FAMILIES

**Our Guest speaker is Kim Norman,
 our Coloplast Representative
 Room P21**

Our next meetings will be

Oct. 11, 2007
 Nov. 8, 2007

***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)

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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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

Lexana 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:

Happy October, everyone! Yikes! Time for Dracula to dust off his cape and get ready for Hallowe'en.

Thanks to all the members, new and old, whoops, not old, let's day experienced, who attended the September meeting. It was encouraging to see a good crowd out. As always, it is a pleasure to have our ETs attend. We are so lucky as several Chapters have no access to ETs without travelling great distances and they miss the personal approach.

I hope you have been practicing your breathing as our last guest suggested. Thanks, Maddy, it was an interesting and beneficial presentation.

We have a supplier representative coming for October so let's all get out and see what might be new in the way of equipment.

Thanks for the submission of the surplus supplies and they are already on their way to a needy country thanks to the grant from the Picton Rotary Club to help it along.

I am assuming this is the time of year to renew memberships and if so, Vern will remind us next meeting.

A few members have been travelling and were kind enough to call and notify me so that their absence would not mean anything drastic.

A reminder to be sure and pick up some Chapter business cards at the meeting if you have an upcoming doctor's appointment, etc. Perhaps we might also consider an upbeat, updated but informative little brochure to plug our Chapter. Think about it!

Bawn still solicits personal stories or anecdotes to include in the newsletters...plus... any suggestions you may have regarding future guests of interest. The presentation need not be medical in content as variety is good for the soul and we certainly hope to keep the odd evening open to consult with our ETS over coffee and the ever present goodies. If you would prefer juice or something really healthy for our social moments do make it known to the executive and it will be considered, at least.

See you soon
Gerry Putman

Concerns to Report to Your Doctor and/or ET Nurse

Contact your ET nurse and/or doctor if you experience any of the following problems:

- Ongoing problem(s) with leakage with your pouching system
- Marked change(s) in stoma size or appearance
- Irritated or reddened skin around your stoma
- Excessive bleeding from the stoma
- Diarrhea – increased watery stoma output
- Swelling near or around your stoma
- Increased tenderness or foul smelling discharge from the perineal wound if the rectum and anus were removed
- Bleeding from the rectum, if the rectum has not been removed
- Nausea and vomiting
- Dehydration
- Stoma obstruction or blockage – no output from your ostomy

Medic Alert®

Wearing a Medic Alert® bracelet informs health care professionals of your ileostomy in case of an emergency. Discuss with an ET nurse or your doctor the information to include on the Medic Alert® identification. Application forms are available at many pharmacies across Canada. Medic Alert® identification is also available for wristwatches.

Medical Test

Stare into a cat's eyes for 10 seconds.
Now stare into a Labrador puppy's eyes for 10 seconds.
Your CAT SCAN
And LAB TESTS
Are now complete.

UOAC President's Message

My first year as President was very busy with reviewing our position on a number of initiatives and filling vacant positions on our Board of Directors. I am filling Board vacancies again. We had five candidates stand at this year's conference in Calgary for the four positions on the Board. The successful candidates are Delilah Gut (Gander, NL), Lynn Jamieson (Miramichi, NB), Les Kehoe (Toronto, On) and Pat McGrath (Vancouver, BC).

Unfortunately for us, but fortunate for Pat McGrath, when he returned home from the conference he received a career offer that he had been hoping for. He tendered his resignation on August 21, 2007. At the Board meeting of August 21, 2005 we determined we would use a pluralist system when replacing Board members. That means that the person with the next highest number of votes following the elections is the first offered a position on the Board when someone resigns. I contacted Nancy Brockwell, Laval, QC, and she accepted the position for the next two years.

Mr. Don Miller of the Metro Halifax Chapter was appointed as Treasurer up to the 2008 AGM. Due to health concerns he can no longer continue as our Treasurer. He did agree to continue until we had time to find a replacement. I had asked several people to help in the search for a new treasurer. Lynn Murray of Victoria BC has accepted the appointment up to August 2008. The transition of duties is underway and Don is busy sending documents to Lynn and finalizing reports. We thank Don for the excellent job he did and wish him well.

Our 10th Annual Conference and Anniversary celebration was well planned by Bev Fry, Conference Administrator and Ann Hambridge, Conference Chair. The members of the conference committee are to be congratulated for their hard work in hosting this excellent conference. The 10th Annual General Meeting was well attended and the Board of Directors will work on the recommendations and directives provided by the delegates. We thank all of those that attended the conference and for the positive feedback.

I have been informed by Judy Steeves, Atlantic Region District Support Services Representative, that the Saint John Association has a member who will celebrate his 100th birthday in

September. This, to my knowledge, is our first centenarian member. With his permission we will provide additional information in the next addition of the Connection.

As I begin this second year as your President, I confirm my commitment to the responsibilities of the position. The commitment of the Board and the continued emails and telephone calls of support and interest I receive assure me that we are on the right track. Our mission statement remains our primary goal followed by support of our Chapters and recruiting new members. The past year has had many improvements and I anticipate more to come.

Take good care of yourself and enjoy the fall season

Doug Graham—Your President

If you know of a new ostomate or one of our members who are ill, hospitalized or would just like to hear from us, please let us know. Contact Bawn Putman at 613-476-6557 or e-mail: bgputman@sympatico.ca



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.

Preventing Blood Clots After Surgery

Blood clots are formed by the process of coagulation - the blood's natural tendency to clump and plug an injured blood vessel. Blood clots are made of blood cells and fibrin strands. They serve a valuable function in wound healing and stopping the flow of blood after an injury, or surgery

Blood clots are rarely dangerous on their own. As part of the body's natural healing mechanism, clots that have formed for whatever reason are usually dissolved (lysis) and reabsorbed by the body without danger or need for intervention.

They can be dangerous, however, when they form within arteries and veins and obstruct the normal flow of blood within the body. The patient who is bedridden after surgery is at greater risk for blood clotting due to slowed blood flow. (this is one of the reasons why they made you get up and walk far sooner than you wanted to!!)

Your nurses and doctors will be checking regularly for blood clots. Let them know immediately if you have any tenderness in your legs, especially the calves.

If a blood clot is suspected, tests will be performed to confirm the diagnosis and medications ("clot busters") will be started to help reduce the size of the clot. In some cases the clot may be removed via a catheter (thrombectomy) Your doctor may prescribe other aids to prevent clotting or further damage such as:

- elastic stockings which will be removed and replaced during the day as required
- inflatable stocking or "booties" which apply alternating pressure to the legs or feet to encourage blood flow. These will also be removed and replaced as required.

The patient can help prevent clots from forming by walking the hospital halls, but if this activity is not possible, exercises performed while in bed can also help:

- tighten and release the buttocks for several seconds frequently throughout the day.
- move the feet up and down, as if working the gas pedal of your car
- pretend you are writing your name or leading an orchestra with your feet. Do this frequently throughout the day
- Change position in bed

Even if you can't leave your hospital bed for a period of time, these leg and feet exercises can help keep circulation healthy.

SOURCE: Village Total Health, March 2007: Vancouver Ostomy High-Life, May/June 2007, via Inside OMedications

From the book of Disorder in the Courts:

Attorney: This myasthenia gravis, does it affect your memory at all?

Witness: Yes

Attorney: And in what ways does it affect your memory?

Witness: I forget

Attorney: Yor forget? Can you give us an example of something you forgot?

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Medications

Medications are absorbed in different parts of the digestive tract. You need to review all your medications with your doctor and pharmacist, including birth control pills and all non-prescription medications. Most medications can be taken safely following ileostomy surgery. Exceptions include time-released or enteric-coated tablets; they may be ineffective and pass unabsorbed through the stoma into the pouch. If a pill or a part of a pill passes through the stoma into the pouch, contact your doctor or pharmacist.

Do not take stool softeners or laxatives. They can result in diarrhea, causing severe and imbalance.

Remind your doctor and tell your pharmacist about your ostomy before taking new medication and discuss concerns with them.

Certain medications, for example vitamins or antibiotics, can affect the odour, colour and consistency of ostomy drainage.

At all times carry a list of all the medications that you take. A blank medication record can be obtained from some pharmacies.

From the Book of Disorder in the Courts

Attorney: Doctor, before you performed the autopsy, did you check for a pulse?

Witness: No

Attorney: Did you check for breathing?

Witness: No

Attorney: So, then it is possible that the patient was alive when you began the autopsy?

Witness: No

Attorney: How can you be so sure, Doctor?

Witness: Because his brain was sitting on my desk in a jar.

Attorney I see, but could the patient have still been alive, nevertheless?

Witness: Yes, it is possible that he could have been alive and practicing law.

Dietary Management

Having an ileostomy may require some diet adjustments. There is no need for a special diet unless you have another medical condition. Ask for a visit with a dietician prior to discharge from the hospital who will assist you with dietary concerns and management.

Following any type of bowel surgery, there is a gradual progression in diet from clear fluids (e.g. juice, broth, Jell-O), to full fluids (e.g. milk, ice cream, cream soup), to a light diet (solid food that is low in spices and fibre), to a regular healthy diet based on *Canada's Food Guide for Healthy Eating*.

A regular diet should include a variety of foods from the following food groups:

Grain products

Vegetables and fruit

Milk products

Meat and alternatives

Everyone differs in the foods they tolerate. You may find foods that bothered you before your surgery will no longer be troublesome. Experiment with a variety of foods. Try one new food at a time so you can identify the foods that may cause you difficulty. Give foods a second and third chance before eliminating them from your diet. If you eat slowly and chew each bite well, most foods will be tolerated.



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Tough meats or high roughage (fibre) foods could cause a blockage in the bowel (refer to the section on for more information).

You may find in a few weeks you are able to tolerate foods that bothered you at first. Eat regularly – skipping meals will not stop stoma output.

Remember:

Drink plenty of fluids

Eat slowly

Chew your food well

Following ileostomy surgery, more fluid, salt and potassium are lost from the body and it is important to replace these losses. To prevent dehydration, drink at least 6 to 8 large glasses of water each day. Unless your doctor has advised you to restrict salt, take a little extra with your meals. It is also important to eat high potassium foods such as bananas, apricots, tomatoes, potatoes, and squash or drink orange juice. A more extensive list of high potassium foods can be obtained from a dietician.

The following guidelines are designed to assist you in dealing with some conditions commonly experienced by people with an ileostomy. If any of these conditions persist, contact your doctor or ET nurse.

Excessive Gas

Foods that may promote gas formation:

Dried peas and beans

Eggs

Melons

Cucumber

Peppers and spices

Beer and carbonated beverages (pop)

Onions and related vegetables

Sweet potatoes and yams

Strong cheeses such as Roquefort

Vegetables of the cabbage family – broccoli, brussels sprouts, cabbage, cauliflower, string beans and spinach

If you have a problem with excess gas, you may wish to limit your intake of gas-forming foods or eat them on occasions when gas production is not a concern to you.

To help decrease gas formation:

Eat regular meals

Chew your food well

Avoid chewing gum

Avoid use of drinking straws

Avoid talking with food in your mouth

Odour

Foods that may promote odour:

Fish

Eggs

Onions

Garlic

Cheese

Asparagus

Fried foods

Dried peas and beans

Heavily spiced foods

Vegetables of the cabbage family, including turnip

If you have problems with food-related odours, you may wish to limit your intake of these foods or eat them at times when you are less likely to be concerned about odour.

Foods that can be included in your diet to help control odour are parsley, yogourt and buttermilk. Pouch deodorants are available. If odour is a concern, consult a dietician or ET nurse for suggestions for odour control.

Diarrhea

Normally the drainage from an ileostomy varies daily from liquid to pasty, depending on your food intake, diet and activity.

Avoid natural laxatives such as caffeine, prunes, figs or licorice. Fresh fruits, salads, green

vegetables and highly spiced foods may also contribute to diarrhea. If you are experiencing diarrhea, your stool will remain liquid and increase in volume resulting in emptying your pouch more frequently than what is normal for you.

If diarrhea occurs, you must drink extra fluids (refer to the section on for more information).

If diarrhea persists for more than 24 hours or if you feel unwell, contact your doctor.

Foods that may thicken stoma output:

Yogourt
 Cheese
 Bread (white)
 Potatoes
 Tapioca
 Bananas
 Smooth, creamy peanut butter
 Rice, pasta and noodles
 Peeled apples and applesauce

Dehydration

The creation of an ileostomy and loss of colon (large bowel) function may increase the loss of fluids, salt and potassium from your body. Excessive loss of these important substances will lead to dehydration. If symptoms persist, contact your doctor immediately because you may need intravenous therapy. Dehydration may occur during warm weather, after excessive exercise, or if experiencing diarrhea, vomiting or other illness.

Symptoms of dehydration:

Dry mouth and skin
 Thirst
 Dizziness
 Confusion
 Headache
 Fatigue
 Restlessness
 Decreased urine output
 Nausea and vomiting
 Tingling feeling in hands and/or feet
 Muscle weakness and/or cramps (legs)

Treatment of dehydration:

Cola
 Tomato juice
 Orange juice
 Broth (e.g. chicken/beef)
 Commercial drinks, such as Gatorade®, Electrolyte Plus®, and Pedialyte®

Food Blockage or Obstruction

The surgical procedure used to make an ileostomy might result in a slight narrowing of the bowel near the stoma. Undigested food may become lodged in this narrowing and cause an obstruction. The stoma may swell as a result.

To avoid this potential problem:

Chew foods slowly and completely.
 Be cautious of seeds and pits.
 If you eat tough fibre foods, eat only small amounts and drink plenty of fluids. Fibrous foods include: stringy meat, corn, celery, raw pineapple, popcorn, nuts, bran, coconut, fruit membranes, beans sprouts, and meat in casings (i.e. sausage).

Symptoms of food blockage include:

Abdominal cramping or pain
 Abdominal bloating
 Irregular spurts of liquid drainage
 Increased stoma output
 Foul odour of stoma drainage
 Swollen, tender stoma
 Nausea and vomiting
 No stoma output

Treatment of blockage:

Do not eat solid food.
 Do not take a laxative.
 Remove pouching system and increase the size of the pouch opening to accommodate the swollen stoma.
 Drink as much fluid as possible if tolerated, i.e. there is no vomiting and if the stoma is still active.
 If there is NO stoma output, DO NOT DRINK FLUIDS.
 Lie down in a comfortable position • Try the knee-chest position – kneel on the bed and put your chest down or lie on your back and pull your knees towards your chest.
 Take a warm, relaxing bath or shower.
 Massage the abdomen around your stoma.

Immediately contact your doctor if:

Nausea or vomiting occurs

Stoma output stops

Signs of dehydration occur (refer to the section on for more information)

The above treatment fails to correct the signs and symptoms

It may be necessary to gently wash out (lavage) the small intestine using small amounts of normal saline and a soft catheter. Only an ET nurse, nurse or a doctor who is knowledgeable with the procedure should do this procedure.



Beware on Hal-
lowe'en as Drac-
ula will be lurking
outside your win-
dow looking for
the trick or
treats!!!!!!

This page was last updated on September 13,
2007

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Enterostomal Therapy

IF MY BODY WERE A CAR

If my body were a car, I would be thinking this time about trading it in for a newer model. I have bumps, dents and scratches in my finish and my paint job is getting dull, but that is not the worst of it. My headlights are out of focus and it is especially hard to see things up close. My traction is not as graceful as it once was. I slip, slide, skid and bump into things even in the best of weather. My whitewalls are stained with varicose veins. It takes me hours to reach my maximum speed. My fuel rate burns inefficiently. But here is the worst: almost every time I sneeze, cough or sputer either my radiator leaks or my exhaust backfires.

From the Ostomy Outlook, Oklahoma, March 2007.

CONGRATULATIONS, EARL!!!

EARL GREGORY

Our own intrepid Earl Gregory continues his winning ways as he recently won a prelim again in the mad, mad sport of school bus racing at Brighton Speedway. The photo shown is an old one from earlier in the year but is by far the best photo as it shows spirit. Does this look like a racer you would consider nudging out of the way? I think not!



Earl Gregory (#22) of Trenton celebrates his School Bus qualifying win with grandson and racer Brandon at Brighton Speedway. Brenda Whitehead photo

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From The Staff at Kelly's Belleville and Trenton Stores

Remember at Kelly's you can save **20% off Ostomy Products** on the last Thursday of every month, and **save 15% off Ostomy Products every day**
Seniors save 10% every day in Kelly's Pharmacy and Home Health Centres

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 Chapter's monthly Journals
Kelly's welcomes the opportunity to continue serving you.

Note: I discover this link while scanning the internet for articles and thought it was a good resource for everyone to have handy.

Canadian Association for Enterostomal Therapy

www.caet.ca

Canadian Cancer Society

www.cancer.ca

**Colorectal Cancer Support Group
Ottawa, Ontario**

<http://www.ccac-acc.ca>

2nd Tuesday in each month (7:00-9:00pm)

Monthly meetings to provide support and information for those living with colorectal cancer, their families, friends and caregivers. The group meets the second Tuesday of each month. Location: The Palisades, 480 Metcalfe Street, Ottawa (viewing room - 2nd floor). Free parking and light refreshments. For information, please contact (613) 745-8048 e-mail pbednarp@magma.ca

Canadian Crohn's and Colitis Foundation - CCFC
Ottawa Chapter

www.ccfcc.ca

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Canadian Continenence Foundation

www.continenence-fdn.ca

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www.charityvillage.com

Friends of Ostomates World Wide

www.fowcanada.org

International Ostomy Association

www.ostomyinternational.org

The Ostomy Resource Centre

www.ostomytoronto.com

Ottawa Hospital Regional Cancer Centre

www.ottawahospital.on.ca

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www.orcfoundation.ca

United Ostomy Association of Canada, Inc.

www.ostomycanada.ca

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The mission of the program is to facilitate the rehabilitation of Ontario residents who have long-term physical disabilities (lasting over six months) by providing financial assistance to purchase selected, basic, personalized assistive devices appropriate to their needs and essential for independent living. To be eligible, you must have a valid Ontario Health number issued in your name and have a long-term physical disability.

ADP covers over 15,000 separate pieces of equipment or supplies in the following categories; prostheses; wheelchairs/mobility aids and specialized seating systems; ostomy, and enteral feeding supplies; needles and syringes for insulin-dependent seniors; monitors and test stripes for insulin-dependent diabetics (through agreement with the Canadian Diabetes Association); hearing aids; respiratory equipment; orthoses (braces, garments and pumps); visual and communication aids.

Access to funding usually involves the assessment by health care professionals registered as authorizers with the program and the sale of equipment by vendors under contract to sell approved products at an approved price. For equipment and supplies, ADP usually pays up to 75% of an approved contribution. For oxygen, the Home Oxygen Program (HOP) pays 100% of home oxygen for persons over the age of 64 or on Home Care, social assistance or in long-term care facilities and 75% for all others.

In Ontario, people with a permanent ostomy receive \$300.00 twice a year. In Quebec there is a similar amount.