



HAPPY VALENTINE'S DAY

February, 2008

REACH OUT A HELPING HAND TO OSTOMATES AND THEIR FAMILIES

Our next meeting will be February 14th. at 7:30 p.m. Our guest speaker will be Robert Chislett from Convatec (see inside for speakers)

Our next meetings
February 14th
March 13th
April 10th

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
To mutual support of each other
And the charge You have given us
to support each other.

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 our Chapter Executive listed on the right.

Before following any onformation, suggestions and other matters pertaining to your health in general, in the Journal, it is important to consult with your doctor, ET, pharmacist or other qualified to pass medical advice.

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Gerry Putman 476-6557

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VISITATION CHAIRPERSON

Bawn Putman 476-6557

COMMUNICATIONS:

Dorothy Rilley 962-2054

EDITOR:

Bawn Putman 476-6557

Regular monthly meetings are held on the second Thursday of each month, 7:30 p.m. Rm P21 at the Loyalist College Business and Development Centre, Belleville. **July & August excepted. Please come 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.

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 & Prince Edward Counties.

Leanna Gillian R.N. BScN, E.T.

Available through VON, HNPE by referral 392-4181 or 966-3530 Access Centre for Hastings Prince Edward Counties.

Laura Rodgers R.N. BScN, E.T.

Available at Para Med Health Care Services or Belleville General Hospital

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

PRESIDENT'S MESSAGE:

Well, dear members, how do you like winter so far? Vern, you do not have to even think about it, you are probably laughing every day as you and Kathy ride around the country on your machines. All in all, the rest of the world seems to be in worst conditions then our area and that is a plus.

Though we did not have a designated speaker at the last meeting it was, in my estimation, a worthwhile meeting with a lot of suggestions. Thanks!

Among the items discussed was the making use of more media venues for notification of meeting dates, locale and times. The Intell just does not seem to really be much value anymore.

It was heartening to hear new opinions on many subjects and that is exactly why there will be a couple of new members on the executive in September as we begin our new year. Change is needed and new ideas and approaches from new personalities are like a booster shot in the arm.

In the future, hopefully, certain little jobs will be delegated to get more members involved in the whole procedure.

Another interesting suggestion was concerning the possibility of an afternoon meeting, perhaps on a weekend to enable more members to attend.

It was a good meeting and I thank those who attended and contributed their ideas.

Hang in Linda, our thoughts are with you.

Regards
Gerry Putman

Highlights of UOAC Meeting - **January 10, 2008**

Treasurer's report showed a bank balance of \$1544.11. A special donation of \$200.00 was sent to UOAC for assistance to ostomates.

41 members have paid their dues. UOAC hats are available for \$10.00. Gerry and Vern are resigning positions in June. They say it's time for a change!! Any volunteers?? February's guest speaker will be a representative from Convatec. An open discussion centred around group attendance, ideas for future meetings, trends, date and time of meetings, changes, etc. Some suggestions Included:

- * everyone should try to get a speaker for a meeting
- * distribute our monthly journal to various places
- * make some phone calls to other members
- *perhaps change the time of our meetings to afternoons.

Any further suggestions would be greatly appreciated. Moved by Gwen and seconded by Gerry that we pay \$100. for each ET nurses's registration fee. Motion carried.

Coffee and cookies closed our meeting.

Tentative Schedule for Guest Speakers **for the rest of the year:**

March - Coloplast Representative

April - Bruce Foster, MCPA Registered Physiotherapist, Certified Acupuncture Foundation of Canada

May - Jamie Pennock, Registered Yoga Teacher

June - Our Social along with the meeting.

An old man eating in a truck stop when three bikers walked in.

The first walked up to the old man, pushed his cigarette into the old man's pie and then took a seat at the counter. The second walked up to the old man, spit into the old man's milk and then he took a seat at the counter. The third walked up to the old man, turned over the old man's plate, and then he took a seat at the counter.

Without a word of protest, the old man left the diner. Shortly thereafter, one of the bikers said to the waitress, "Humph, not much of a man, was he?"

The waitress replied, "Not much of a driver either. He just backed his truck over three motorcycles."



DRUG THERAPY FOR THE OSTOMATE

John J. Wroblewski; Rph,

The most well-adjusted ostomate can run into trouble when he or she starts taking medication. The potential of side effects or adverse reaction increases as the number of medications the patient is taking goes up. Compounding the risk is that consumers today are turning to over-the-counter medication and are prescribing for themselves to offset rocketing health-care costs. A few basic principals of drug use are, therefore, important to keep in mind. A drug can't do any good unless it gets to its target organ. This simple idea is all that's behind the concept of bio-availability. In almost every case, a drug must be absorbed into the systemic circulation before it can exert a therapeutic effect. Since drugs are absorbed primarily through the intestines, ostomates can be at particular disadvantage. Many factors influence the absorption of drugs. These factors include the chemical nature of the drug, the dosage form in which it is introduced into the system, and the condition of the patient who is taking the drug. Iron for instance, and vitamin B12 are absorbed only in the upper ileum. While the chemical nature of most drugs allows absorption along a significant length of the intestinal tract, the shorter the functional intestine, the less will be absorbed. Only a very few drugs, such as alcohol, can be absorbed to any great extent through the stomach. Another chemical factor involved in bio-availability is the intrinsic solubility of the drug. Some drugs are rather insoluble in the digestive juices and absorption into the bloodstream will vary greatly, even in patients with an intact bowel. Clearly, a patient with a shortened ileum is at risk for malabsorption of any poorly absorbed drug. The dosage form, too, is a major factor in bio-availability. As a general rule, the smaller the particle size provided to the GI tract, the easier it is absorbed. True solutions have the best bio-availability by the oral route and suspensions are almost as good. Chewable tablets have a pretty good record if they are chewed well; in most cases they are better than capsules or compressed tablets. Ostomates who have had a significant portion of their intestine removed may achieve better absorption by emptying the contents of a capsule into applesauce, or crushing a compressed tablet and adding the powder to food. A word of caution though— not all tablets can safely be crushed, and not all capsules should be emptied. Generally speaking, timed release tablets should not be crushed, nor should time released capsules be emptied. The result could be 12 to 24 hours worth of medication being released all at once. Certain drugs can react chemically with foods. Tetracycline is notorious for combining with heavy metals and with ions such as calcium, which is present in milk, yogurt, ice cream and other dairy products. Enteric-coated tablets should never be crushed. The reason those tablets are coated is to prevent acid degradation in the stomach or to protect the mucosa from irritation. Enteric-coated tablets are a poor choice for ostomates. Entire tablets have been recovered intact in an ostomy bag. A patient's diet can affect the drug absorption too, either by absorption of the medication onto the food, chemical interaction, or by delaying gastric emptying time. Since many drugs are affected by acid, prolonged exposure to stomach acid may

decompose the medication. Physicians, pharmacists and especially enterostomal therapists have an important role in educating ostomy patients so they'll know what to expect and avoid in drug therapy. Ostomates owe it to themselves to be informed and alert, to minimize risks and to ask when there remains but the slightest doubt.

*Via: Ostomy Management
& EVANSVILLE OSTOMY NEWS
"The Re-Route" , January 2008*

A doctor and a lawyer were talking at a party. However, their conversation was constantly interrupted by people describing their ailments and asking for free medical advice. After an hour of this, the exasperated doctor asked the lawyer, "What do you do to stop people from asking you for legal advice when you are out of the office?" "I give it to them," replied the lawyer, " and then I send them a bill." The doctor was shocked, but agreed to give it a try. The next day, still feeling guilty, the doctor prepared the bills. When he went to place them in his mailbox, he found a bill from the lawyer.



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.

What Are Adhesions?

Adhesions are fibrous bands of scar tissue caused by the healthy response of the body to either infection - such as endometriosis and pelvic inflammatory disease - or surgery.

All of the abdominal and pelvic organs - which are most susceptible to adhesions - are wrapped together in a clear membrane, the peritoneum. When this is traumatised by either infection or by surgery, an inflammatory response is triggered which stimulates growth of fibrous scar tissue.

Normally, these fibrous bands are absorbed by a process known as fibrinolysis, so that the site continues to heal. But by cutting through this delicate membrane or allowing the tissues to become dry and sticky, the biochemical process can be crippled. This means that the fibrin bands continue to proliferate unchecked, forming attachments to nearby structures—typically causing damage such as strangling and blocking the bowel, or plugging the fallopian tubes, causing infertility.

'Think of what happens to cooked pasta if you drain it and allow it to dry out,' says Michael Parker, a colorectal surgeon at Darent Valley Hospital in Dartford. (England) 'It gets sticky and will form a clump which you will find hard to separate. That's exactly what happens when adhesions get a foothold.'

Gentle handling of the tissues during surgery, and the use of special anti-adhesion solutions and surgical barrier films during operations help prevent the occurrence of adhesions. Even though a percentage of surgery patients will go on to develop adhesions, most of these will be dormant and won't cause problems. They may not be discovered until another operation is carried out - often years later.

- *Daily Mail Health, Oct. 2007*

A man was about to tee off on the golf course when he felt a tap on his shoulder and a man handed him a card that read "I am a mute. I am not able to speak. May I play through, please.

The first man angrily gave the card back and communicated that "No, he may not play through, and that his handicap did not give him such a right. He whacked the ball onto the green and left to finish the hole

Just as he was about to put the ball into the hole he was hit on the head with a golf ball, laying him out cold. When he came to a few minutes later, he looked around and saw the mute sternly looking at him, holding up four fingers.



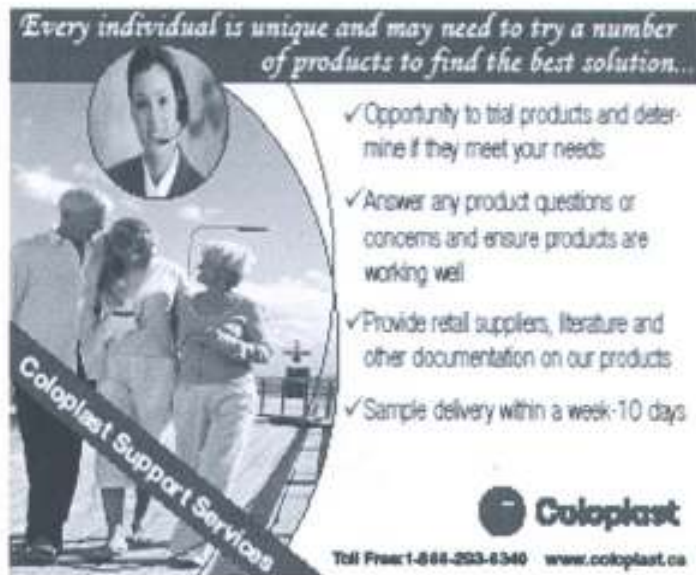
NEW YEAR'S RESOLUTION OF AN OSTOMATE

By: Rodney Crick, Editor, The "Re-Route"

1. To remember my own early days and realize that no question by a new ostomate is silly.
 2. To not begrudge the time necessary for my personal care.
 3. To keep myself neat and presentable at all times.
 4. To keep my bathroom shareable.
 5. To value the cooperation of my family.
 6. To appreciate the fact that I am one of the lucky ones.
 7. To try to do the things I want to do, but think I can't.
 8. To be patient.
 9. To live all day every day.
 10. To help others whenever I can.
 11. To urge my fellow ostomates to see people, go places, and do things.
 12. To give full credit to modern medicine.
 13. To be grateful for my present good health.
 14. To be of good cheer.
 15. To renew my pledge the first of each month.
- HAPPY NEW YEAR! May the new year bring you peace, happiness, health and prosperity. When in despair remember, that tomorrow is a new day filled with hope and opportunity. Editor

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

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SASO News

SASO Chapter Contacts

There are now twenty-five UOAC chapters/satellites with a SASO representative. Since this year's conference in Calgary, another spouse has volunteered to be his chapter's SASO contact. We welcome Ray Ramage, Saskatoon Ostomy Association, and thank him for offering to represent the spouses and significant others in his chapter.

One chapter representative has expressed a concern with difficulty in initiating a discussion at a SASO support group session. Here are three suggestions to consider:

- Check the SASO pamphlet, Partners' Support Program, for any ideas that could be used to start a discussion.
- Stories by parents, spouses and friends of someone with an ostomy have been published in Ostomy Canada. Choose one to read to the group as a starting point for discussion.
- Relate a personal experience or pose a question that someone has asked for feedback from the group.
- Have you had success in leading a discussion group? Please submit your ideas to the SASO NEWS by contacting the editor at either of the addresses below.

UOAC Conference, 2008

Next year's UOAC conference is being held in Hamilton, Ontario. The planning committee is in the process of organising an interesting program for all those attending the conference, including the SASO group. As in the past, a SASO support group session will be offered. The one in Calgary was very well attended. Also in the planning stage, is a visit to Hamilton's Waterfront parks which offer a choice of interesting activities.

Research Project

The UOAC Board of Directors has given permission to a clinical nurse, Jacqueline (Jackie) Gordon, from New Brunswick, to ask spouses or partners who live with ostomates to participate in a research project. The Board has directed that the request be published in the Connection, which is sent to all UOAC chapter presidents and newsletter editors. Check with your chapter president or newsletter editor to obtain a copy of the article, "Research Subjects Needed!". The article will explain the research project and how to get in touch with Jackie Gordon. Please give serious consideration to being part of this important project.

Stoma Ilco, Kortrijk, Belgium

Pierrette Chambert writes that the local Stoma Ilco group honored the founder and first chairperson, Sister Brigitte. The group is celebrating thirty years of support for ostomates and their families. One of the spouses in the partners group expressed her thoughts on helping the partner of an ostomate as follows:

"It is so nice what you have done for the partners. In my day, this [group] did not exist and I was alone to face all the problems. Ever since the start of Partners, I always look for articles for partners in the Ostomy-

News, because it is new and of great importance to me. Our members have been pampered for 30 years by Sister Brigitte and now the partners are also taken in to consideration."

Contributed by: Ann Ivoll, Chair, SASO Committee

Via Inside Out On-line Jan/08.

Pepto Bismol Warning

- Rodney Clark, Editor the "Re-Route"; Ileo Info, Montreal Dec/Jan 2008

The Saratoga Herald Tribune Column "People's Pharmacy" by Joe Graedon, recently contained some interesting information important to ostomates. Someone had asked a question about Pepto Bismol. This person had always considered it a helpful, harmless, household medicine for stopping diarrhea and settling a queasy stomach. Recently the reader had taken a dose for a few days of upset, and had hemorrhaged for nearly a week, until the physician asked her about the use of the pink liquid. The reader had been on Coumadin, a blood thinner, for four years. When prescribed, there was a warning about aspirin, because the combination could thin the blood too much, but nothing had been said about Pepto Bismol. The reader was wondering why the label hadn't carried such a warning.

The answer was, that the active ingredient in Pepto Bismol is bismuth subsalicylate, which acts very much like aspirin once absorbed into the body. In fact, if you were to take the full dose, as directed on the label, it would be like swallowing 8 aspirin tablets. People taking Coumadin or any other blood thinning medications aren't the only ones who should avoid Pepto Bismol. Check with your doctor if you are on gout medication, or undergoing cancer chemotherapy.

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Rob Hill
Crohn's Sufferer
Ostomate
Mountain
Climber (has
completed 6 of
the seven
summits)



The NGKG Seven Summits campaign is driven by triathlete, adventure racer, climber, mountaineer, ostomate and Crohn's sufferer Robert Hill.

Diagnosed in 1994 with Crohn's disease, Rob fought a hard battle but says "when it came down to losing my colon or losing my life, it wasn't a hard decision to make." Rob's colon had to be removed a year and a half later. "Life with an ostomy was my second chance and I was not going to waste it". Growing up with heroes like Terry Fox and Rick Hansen, "I felt that I maybe could make a difference as well."

Rob combined his love for life, sense of adventure, with a love of the outdoors, to start this NO GUTS KNOW GLORY Seven Summits campaign. "By my taking it to the extreme, I hope to show other people living with a chronic intestinal problem that it shouldn't stop you from living life."

Rob spends a large part of his time climbing, skiing and trekking in the coastal mountains of British Columbia. The rest of his time is made up of volunteer work with the Intestinal Disease Education and Awareness Society (IDEAS), Lions Bay Search and Rescue, and the UOA of Canada ostomy camp for kids. He also makes time for family, friends, working with developmentally disabled adults, and giving motivational talks about his life with Crohn's and his climbs.

Achievements of note:

- First marathon at age 8.
- Having my Dad who taught me how to climb, watch me climb my first 5.11.
- Sea2Summit, 1st adventure race 2 years almost to the date after surgery.
- 1st of the Seven Summits, Mt. Elbrus Russia, Europe's highest peak, June 2002.
- Having to turn around after reaching Camp 2, 5,900 meters on the Polish Glacier side of Aconcagua, due to what is thought to be a kidney infection.

"These moments have a special place in my heart, Thank you!"

Rob's dream is to follow in the footsteps of fellow Canadian, Pat Morrow, and accomplish another great first for the Seven Summits. Rob will be the first Crohn's sufferer and Ostomate to stand on the top of the world, Mt Everest and the rest of the Seven Summits. The Seven Summits consist of, in the order that Rob and the NO GUTS KNOW GLORY team will climb them: Europe, Russia's Mt. Elbrus; South America, Argentina's Aconcagua; Africa, Tanzania's Mt. Kilimanjaro; North America, Alaska USA's Denali; Antarctica, Vinson Massif; Oceania, Indonesia's Carstensz Pyramid; and Asia, bordering Nepal and Tibet, Everest.

In Rob's words "Although reaching the summit of each mountain is a great accomplishment and challenge, with respect, I would say that removing the social stigma attached to intestinal diseases, digestive disorders and ostomies is a far more daunting task."

Note: This article is reprinted with the permission of Rob Hill. If you would like to learn more visit:

www.ostomyathlete.com/about.htm

also: www.ideaskids.com/teens/teenostomy.html

If you would like to support Rob's latest campaign to raise funds for his charity, please donate through Canada Helps. All of the funds raised go to Rob's charity foundation and are used to provide programs for children and youth suffering from intestinal diseases. For more information on Rob's charity, check out the Intestinal Disease Education and Awareness Society website.

Everest Climb April/May 2008

Tips For Ostomates

- Use white towels, bleach is great!
- Use soaker pads or disposable blue pads at home, in hotels, visiting people.....saves having to buy the Holiday Inn a new mattress
- Laugh
- Ask questions.....there is never a question that I have been asked that I have thought was stupid!!
- You will make noises.....diet may work, blaming the dog may work, coughing may work, but I have found laughter works really well!!
- You would be very surprised to know that many people you have met or seen also have an ostomy.....you are not alone!
- It is ok to cry, be mad, scream, or be grumpy.....nobody ever blew out their birthday candles and wished for a bag to eliminate bodily waste into.
- It is ok to laugh till your belly aches, make jokes about bodily functions, have a good time, ask for a hug or smile.....these are things you may have wished for.
- Use mouthwash as a deodorant inside your bag....just don't use the same bottle to swish your mouth out.....I know, kind of gross!
- Check your skin with each appliance change. Call the E.T. Nurse if you are unsure about the skin.
- Laugh
- Contact a support group.....even if you don't think it helps you, you may help someone else!
- Accidents can happen.....ok, lets be real.....shit happens!!! I have yet to have someone be mad at me because I had to leave a restaurant to go home and clean myself up!
- Nuts may not be your friend.....be mindful of your diet and if unsure, ask!!!!
- Dance if that is what you want to do. I have no idea why a bag would stop you from doing this.....if you know, please let me know. In other words, live!!!
- If someone is kind enough to ask you for dinner and wants to know what special diet you have, say thanks and TELL them. These people care about you and being loved is a wonderful feeling!!
- Be intimate with your loved one.... if you know a reason not to be, don't tell me!
- Take extra supplies, clothes, Kleenex, bottled water while traveling
- Travel
- Most of all...LIVE

Contributed by WOA member Zerlina Zamnuik

A young man was strolling down the street. As he passed a large building with a fence around it, he heard a group of people chanting "Thirteen, thirteen, thirteen over and over again. Curious, he tried to see over the fence, but he couldn't. Then he spotted a hole in the wood. He put his eye to the hole. He just managed to spy some old people sitting in deck chairs chanting, before a finger came out of nowhere and poked him in the eye. As he staggered back, the old people started chanting, Fourteen, fourteen, fourteen.

The Good

An ostomy should look like a rose bud. It should be pink, protrude an inch or so and be circular or minimally ovoid to permit application of a leak proof device. For proper placement of the skin barrier, the stoma should be away from bony points, surgical scars and the belly button, and it should not lie in a skin fold when the patient changes positions. Finally, clothes or belts should not constrict it.

The Bad

Compromise of any of the above features results in a bad stoma, since a leak proof seal is not always obtainable. In addition to improper location or construction, narrowing (stenosis), prolapse of the stoma and peristomal hernia affect drainage and the ability to apply an adequate device. The patient has little control over the previous factors, but we patients create stomal problems for ourselves, if we gain or lose 20 or more pounds in weight, permit abdominal muscles to become flabby, or strain excessively at work or play.

Two problems peculiar to urostomies are also under control of patients. The first is encrustation of the stoma and surrounding skin by white, alkaline crystals. Urinary alkalinity can be reduced by increasing fluid intake and the use of Vitamin C, both, under medical supervision. The WOC nurse may also suggest washing the area with a dilute solution of vinegar in water. Secondly, skin around a urostomy may thicken and become wart-like, if it is constantly bathed in urine because of too large an opening in the skin barrier. The management is obviously to re-measure the stoma and apply a suitable skin barrier.

The Ugly

Ugly lesions affect the appearance of the area and cause local irritation and discomfort but they usually do not affect stomal function. Irritant dermatitis or skin excoriation occurs when intestinal contents seep under the seal or skin is stripped upon removal of the skin barrier. A WOC nurse is crucial in resolving the problem. Allergic contact dermatitis is the result of delayed sensitivity to materials in the skin barrier. It is corrected by eliminating contact between the offending agent and the skin. On occasion, local corticosteroids are prescribed.

A yeast-like fungus from the patient's own intestines, *Candida Albicans*, can flourish on the moist, warm, protected skin around the stoma. Cure generally requires the use of a micro granulated anti-fungal powder on the infected skin and keeping the area as dry as possible.

Irritation and infection of hair follicles occurs if hair is pulled out from its root. This condition, folliculitis, is prevented by removing the adhesive gently and clipping hair in the area with scissors or an electric shaver.

SOURCE: The New Outlook on-line, UOA Chicago, October 2007, via Inside Out On-line Nov 07.

CARBOHYDRATE CONFUSION

Via: Rose City Ostomy News, Tyler TX

Are you among the many confused by the latest carbohydrate debates sparked by the recent wave of low carb diets? Carbohydrates are the starches, fiber and sugar in foods converted to glucose in the body for use as the main source of energy. The National Academy of Sciences recommends both children and adults eat at least 130 grams of carbohydrates each day for brain function. Most people consume far more calories from carbohydrates than necessary, often from empty calorie sources such as sweets, chips, fries and sodas. These sources of carbohydrates pack little nutritional punch and the calories add up quickly. But is the opposite necessary? Extremely low-carb diets can compromise adequately grain, fruit and vegetable intake, which are shown to fight cancer and heart disease. Not all carbs are created equal. Don't just count your carbs, make your carbs count! The best bet for long-term weight loss is to include a variety of foods each day including whole grains, fruits, vegetables, lean meats, and low-fat dairy foods. Be conscious of portion sizes and increase physical activity. Please consult a medical professional for individual advice.

SOMETHING FOR THE NEW OSTOMATE

Via: Ostomy Outlook & GB News Review & Loraine Co. OH

Don't forget! Rome was not built in a day. If changing your appliance seems to take forever, with practice it will soon become a small part of your normal day. "Waste disposal" for you once again will become a private matter.

Do learn to take care of yourself from the start. You may not always have someone around to assist you. Do come to ostomy Meetings where you can talk to others about your problems. You'll be surprised at the ease with which you can discuss problems once you're there. Bring your family members with you. It's also important to have them understand ostomy problems and their solutions.

Tips and Tricks

Getting more wear time with a flush stoma
If you have a very flush stoma, the thin inner ring material of appliances can sometimes break down too quickly. Using a fine coating of stomahesive around the perimeter of the ring is an effective way to extend wear time with this product.

Can you leave appliances in the car if the temperature drops below freezing?

Ostomy products can be sensitive to heat and cold. There is a temperature range marked on some boxes that is 10C-30C or 50F-85F. Freezing of the product may cause the adhesive to be damaged and therefore not adhere as well. We recommend that you take your product along in a kit with you and not leave it in the car for extended periods.
(from WOA member Ion Parrish)

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Kelly's welcomes the opportunity to continue serving you.

Membership Application (for new members only)

Belleville, Quinte West & Area Chapter

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

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Websites of Interest

UOAC: www.ostomycanada.ca

FOW: www.fowcanada.org

Crohn's & Colitis Foundation:
<http://www.ccfcc.ca>

Ostomy.com - this has many different sites that you are able to access for ostomy supplies.

Editor's Note:

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 meetings. If you have any pictures you would like to see included please send them to me.

I would appreciate if you could write your story of how you got here in order to publish it. I would like stories from ostomates and SASO members.