



TRICK OR TREAT TIME

October, 2008

REACH OUT A HELPING HAND TO OSTOMATES AND THEIR FAMILIES

Our next meeting will be Oct. 9, 2008 7:30 p.m. in P24 Pioneer Building. What are your wishes for future meetings?

Our next meetings
Oct. 9, 2008
Nov. 13, 2008

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 information, 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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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.

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Available at Belleville General Hospital, 613-969-7400 Ext. 2991

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

As I sit at my computer composing my first message to our group, I realize that it is the first day of Fall and am amazed that the Summer is already gone. Where did it go anyway? All those plans, the things that in the Spring I had thought "I'll get that done in the Summer". Perhaps it had something to do with our local 4 hour droughts, but the time seemed to fly by.

I'm so pleased to be your President and hope that I will be able to satisfy the position. I have my "feelers" out for information, phoned to contact our Ostomy Suppliers, left 2 messages on Laura's answering machine at BGH. I had really hoped to hear back from Laura and to invite her to our next meeting. I will also set up a meeting with Jamie, the fellow who did yoga with us last year, if you would like. Bruce Foster the physio therapist is in Scotland right now but will ask him if you would like to have him back for another meeting.

Feel free to contact me if there is something, anything that you would like to have discussed, looked into, what ever. I will do my best to try and get it for you.

Bring your ideas of speakers or what you would like to hear and see at our meetings with you on October 9/08 at 7:30. See you there.

Regards
Maddy Swindon

This is worth doing!!

EXERCISE FOR PEOPLE OVER 50

Begin by standing on a comfortable surface where you have plenty of room at each side.

With a 5-lb. potato sack in each hand, extend your arms straight out from your sides, and hold them there as long as you can. Try to reach a full minute, and then relax.

Each day you'll find that you can hold this position for just a bit longer.

After a couple weeks, move up to 10-lb. potato sacks.

Then try 50-lb. potato sacks. Then eventually try to get to where you can lift a 100-lb. potato sack in each hand, and hold your arms straight for more than a full minute.

(I'm at this level.)

After you feel confident at that level, put a potato in each of the sacks.

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

Definitions

These fit so well they should be in a dictionary.

ADULT: A person who has stopped growing at both ends and is now growing in the middle.

BEAUTY PARLOR: A place where women curl up and dye.

CANNIBAL: Someone who is fed up with people.

CHICKENS: The only animals you eat before they are born and after they are dead.

COMMITTEE: A body that keeps minutes and wastes hours.

DUST: Mud with the juice squeezed out.

EGOTIST: Someone who is usually me-deep in conversation.

HANDKERCHIEF: Cold Storage.

INFLATION: Cutting money in half without damaging the paper.

MOSQUITO: An insect that makes you like flies better.

RAISIN: Grape with a sunburn.

SECRET: Something you tell to one person at a time.

SKELETON: A bunch of bones with the person scraped off..

TOOTHACHE: The pain that drives you to extraction.

TOMORROW: One of the greatest labor saving devices of today.

YAWN: An honest opinion openly expressed.

and MY Personal Favorite!!

WRINKLES: Something other people have, similar to my character lines

Healthy thought: Opportunity may knock only once, but temptation leans on the doorbell.



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.

Ostomy Procedures That Can Backfire

There are times when we think we are doing the right thing or taking a "logical" shortcut, but inadvertently get ourselves into trouble. Here are some instances to think about:

using alcohol to clean the skin surrounding the stoma; Alcohol is a powerful drying agent. Prolonged contact with the skin can have serious consequences.

Wrapping the drainable pouch tail around and around the clamp before closing it; This will not make the clamp work better. All it will do is spring the clamp out of shape, which will ensure that the clamp will be less likely to work for future applications.

Snapping the pouch off the face plate ring to expel gas. This procedure does not do much for odor control. It is better to hold the tail of the pouch beyond the clamp with a tissue with deodorant on it. Then hold the pouch up so that only the gas is at the clamp, open the clamp and push the gas out through the tissue with deodorant. Then use the tissue to clean out the end of the pouch and replace the clamp.

Wearing the appliance for as long as you can until it leaks; The object is to change the appliance before leakage occurs. This way your skin gets the best protection and care.

Washing pouches in the washing machine and using the same pouch for months; Eventually, the plastic of the pouch is saturated with the odor of the chemicals and no amount of washing will get rid of it. Throw the pouch away when throwing the face-plate away.

Trying every new pouch and new product you hear about; Although it is fine to experiment with new appliances, especially if you are unhappy with your equipment, you will generally get the best service from the equipment you have the most experience and practice with.

Ignoring skin problems. All skin problems are easier to treat if they are found early.

Letting the pouch get full before emptying it; Excess weight will separate a two-piece system and will put excess weight on the face plate, resulting in early failures. Empty the pouch when it is one-third full.

Not using seat belts in a car; A well-placed and adjusted seat belt should not interfere with the stoma function or damage your stoma. True, in an accident, your stoma may be damaged, but it is a lot easier to repair a stoma than a crushed skull.

It is not a good idea to try to live with a condition you can't correct yourself. When in doubt, see your friendly Enterostomal Therapist (ET) or your doctor.

HELPFUL HINTS FROM HERE AND THERE

Emotional pressures and over-fatigue can cause bowel upsets, especially when traveling. Do not allow yourself to become over-tired. For hard-to-deal-with, itchy, irritated skin due to tape burns, scar healing, pouch friction on the skin, etc., doctors often recommend a cortisone cream or ointment. Two products of this nature available without a prescription are: Cortaid or Dermolate. If you like mushrooms, remember they don't digest, so chew them well. Asparagus generates a strong odor in the urine. Yogurt, cranberry juice, and buttermilk help to combat urinary odor. Parsley is excellent in combating fecal odor, besides being a good source of potassium. Keep grape juice in the refrigerator. If you eat something that causes a blockage, just try drinking a glassful. It really works. Never wait until you've used your last appliance before ordering new ones. Keep a list of your equipment, complete with order numbers, sizes and manufacturers. Let a member of your family know where you keep the list so that they can get the necessary supplies in the event of an emergency. Use a round clothespin to roll up your tube of paste. (Works for toothpaste tubes too.) If you still have your rectum and have pain or a full feeling, you may have a collection of mucus which should be washed out. Check with your doctor regarding this. Buttermilk will soothe an irritated digestive tract and will not cause diarrhea or constipation. Colostomates should not use water that is too cold or too hot as it may cause cramps, pain or nausea. Do allow 45 minutes to one hour for a complete return of water. Arrange to sit for comfort and relaxation. Do not hurry through irrigation. Anxiety, frustration and spillage may result. Getting up tight can cause little or no return. Rounding off the square edges of a firm wafer or skin barrier will decrease the chance of the belt catching on the corners. For urostomates, if your drainage tube is clogged, try soaking it in a solution of Tide for about two hours. Then rub the tube between your fingers, insert a baby bottle brush as far as possible, pull out and rinse.

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North Central Oklahoma Ostomy Outlook May 2008: Drug Therapy For The Ostomate

by John J. Wroblewski, RPh; via *Ostomy Management*
and Evansville (IN) *Ostomy News*

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 principles 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 a 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, is absorbed in the duodenum, and vitamin B12 in the terminal 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 mal-absorption 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 be safely crushed, and not all capsules should be emptied. Generally speaking, time release tablets should not be crushed, nor should time release 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 pouch.

A patient's diet can affect the drug absorption too, either by absorption of the medication into the food, chemical interaction, or by delaying gastric emptying. 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 the slightest doubt.

Vodka, Who Knew? ... Here's the Proof

From a friend.

- To remove a bandage painlessly, saturate the bandage with vodka. It dissolves adhesives.
- To clean caulking around bathtubs and showers, fill a trigger-spray bottle with vodka, spray the caulking, let it set five minutes and wash clean. The vodka kills mildew.
- To clean your eyeglasses, simply wipe the lenses with a soft, clean cloth dampened with vodka. The alcohol in the vodka cleans the glass and kills germs.
- Using a cotton ball, apply vodka to your face as an astringent to cleanse the skin and tighten your pores.
- Add a jigger of vodka to a 12 ounce bottle of shampoo. The alcohol cleanses the scalp, removes toxins from hair and stimulates the growth of healthy hair.
- Fill a sixteen ounce trigger spray bottle with vodka and spray bees or wasps to kill them.
- To relieve a fever, use a washcloth to rub vodka on your chest and back as a liniment.
- Pour vodka over an area affected with poison ivy to remove the plant oil from your skin.

And you thought that it was only for drinking!!!

SOURCE; UOAA update, July 2008; Houston, TX.,
August 2008, via Inside Out On-line September 2008

The Risk Of Being Set in Your Ways

By Sharon Willand, RNET

Sometimes, it takes a catastrophe to shake us out of our complacency. It is easy to fall into the "ostrich syndrome." This is unfortunate, particularly when it comes to ostomy management. It is only through education that individuals grow, learn and reach their fullest potential as ostomates. While writing this column, I was reminded of several examples of individuals recently seen by our ET team.

One gentleman had a sigmoid colostomy performed many years ago and had developed a huge peristomal hernia. He irrigated his colostomy daily and had been using what now classifies as an antique set. The irrigator was a latex bag with no measuring guide to gauge the amount of solution being given. There was a hard rubber catheter with no shield present on the irrigator tubing. He had been forcing the tubing into its full twelve inch length. He poked and poked until it finally went in. All-in-all, it was a miracle that he had not perforated the herniated bowel. He had not been successful with irrigations, continually losing as much water around the catheter as he was instilling. It was difficult for him to accept an explanation of why he was flirting with danger. After all, he had ALWAYS done it this way! Only after a great deal of persuasion was he agreeable to trying a new set with a measuring guide on the irrigator and a cone in place of the catheter.

One elderly lady called the ET office in a state of panic. She was no longer able to obtain the rubber pouches she had been using for 25 years. She had been ordering through the mail from a distant state. She had no idea of any other pouch that could be substituted and also had no idea of what supplies were locally available. She was totally amazed at the new light-weight odor-proof pouches now on the market.

Another case involved a gentleman who had put up with a continued skin irritation from a cement he had been using for many years to adhere his ostomy pouch. He was obviously allergic to this preparation and would periodically have to discontinue wearing a pouch to allow his skin to heal. Had he known several years ago about the new hypoallergenic skin barriers when these became available, how much more comfortable his life could have been.

In conclusion, being an ostrich with your head in the sand is for the birds! Keep updated - read the "The Phoenix," attend ostomy support group meetings, ask your doctor, ET, and pharmacist "What's New?" You may be surprised at the improvements you will discover.

Editor's Note: "The Phoenix" is a quarterly publication of the United Ostomy Associations of America

SOURCE: Metro WA "By-Pass" & Golden Gate Chapter; The Re-Route on-line, July 2008, via Inside Out On-line Sept. 2008.

PASTE HINTS

Via: Raleigh, Via: Metro Maryland

Paste brand names available: Coloplast; ConvaTec (Stomahesive) Hollister (Premium, Hollihesive and Karaya pastes). This product is often misused and , it could be argued, misnamed, Pastes and should not be used as adhesives. The purpose of paste is to fill in any uneven areas on the skin under the wafer to make the area level, which will help to gain a good seal to the wafer. The second function of paste is as a caulking material around the base of the stoma to keep discharge from leaking at the base and getting under the wafer. All of the pastes contain alcohol and therefore will sting some when applied to irritated skin. This stinging will subside as the alcohol evaporates. If feeling in deeper depressions in the skin surface, it will be better to layer the paste, allowing 30 seconds between each application to allow the paste to set up. Caution! Be sure to use a dampened, but not quite dripping wet, washcloth, tissue, cotton balls or your fingers to tap the paste into place, or else you will have the paste all over everything within reach. At this point, paste becomes a cement which attaches to anything dry and you become frustrated. Recap the paste tube immediately after use to prevent it from drying out.

I'VE LEARNED

A few excerpts from an article by Tom Carter I've learned...that I can't choose how I feel, but I can choose what I do about it. I've learned... that one should keep his words both soft and tender, because tomorrow he may have to eat them. I've learned...that love, not time, heals all wounds.

FOOD AND YOUR OSTOMY...SOME HELPFUL HINTS

Via: Greater Cincinnati chapter

There used to be, and to some extent still are, some outdated theories about what foods ostomates should and should not eat. Mushrooms, onions and fresh vegetables were considered troublesome, along with some meat. Today, we find that the old food "taboos" don't necessarily apply. In moderation, most foods need not be avoided. If you have any questions about food and the way your body reacts to it, consult your doctor. Here are some common foods and hints on how to enjoy them without causing excessive gas, irritation or stoma blockage.

Fibrous vegetables—vegetables like celery, asparagus and broccoli have long, fibrous strands running through them. Onions can produce odors in the stool. Such strands are hard to digest and can form a "ball" behind the stoma, when eating: Celery—choose the hearts. These are tender and the fibers are not as thick as those in the outside stalks. If you must eat the other stalk, peel down the outside strands. Always chew, chew, chew and drink lots of water.

Asparagus—medium stalks are usually the most tender. Start at the tip and work down. As soon as the spear gets tough to cut, go down to the next one and you should have no blockage problems. Asparagus causes odor in the urine, which can be particularly bothersome to a urostomate. Broccoli—The same principal applies as to asparagus. Vegetables like broccoli (cauliflower and turnips) are considered "gas producers" and may require an extra trip to the restroom to relieve the pressure. Fresh fruit—in moderation can and should be included in a well-balanced diet. If you have trouble digesting oranges and grapefruit, try squeezing the juice and discarding the skin. Apples, pears and peaches are great without their skins if you find them hard to digest. Fruit is a natural cathartic. Keep this in mind when you're eating a picnic or the beach...or anywhere bathroom facilities are not readily available. Oysters, clams and mussels—Though delicious treats, mollusks can be more difficult to digest than other types of seafood and can cause a minor blockage behind the stoma. Be sure to chew them well, and avoid tough mussels the major offenders. Seafood of all kinds can cause odor in the stool. Appliance deodorants are most helpful in controlling this problem.

Nuts—The most difficult nuts are the hard ones, such as peanuts, almonds and hazelnuts. Chew them well, and be careful not to overindulge, no more than a handful at a setting. Even non-ostomates (nut-lovers) can experience discomfort after enjoying more than a reasonable share of nuts.

Meat—Most meat and poultry do not present a problem, but those with fat content or heavy casings can be somewhat more difficult for the bowel to handle. Try sausage patties instead of links or hot dogs with the skin removed. When eating fatty cuts of pork, lamb or beef, cut it into small pieces, avoid eating the gristle, chew well, and limit your intake. Corn on the cob, popcorn, dried foods and coconut—When it comes to obstruction behind the stoma, these are the major offenders. In fact, even people without ostomies can suffer major tummy aches after indulging. Chew, chew, chew and remember to limit

limit your intake. Spices and carbonation—Heavily spiced foods and sauces can act as cathartics for people and can also produce gas. Carbonated beverages are gas producers, too. One great way to get the bubbles out of the carbonated drinks is with a dash of sugar. It'll cause a frenzy of fizz and leave the beverage (safely) flat.

The Story of Adam & Eve's Pets

Adam and Eve said, 'Lord, when we were in the garden, you walked with us every day. Now we do not see you any more. We are lonesome here, and it is difficult for us to remember how much you love us.'

And God said, I will create a companion for you that will be with you and who will be a reflection of my love for you, so that you will love me even when you cannot see me. Regardless of how selfish or childish or unlovable you may be, this new companion will accept you as you are and will love you as I do, in spite of yourselves.'

And God created a new animal to be a companion for Adam and Eve.

And it was a good animal

And God was pleased.

And the new animal was pleased to be with Adam and Eve and he wagged his tail

And Adam said, 'Lord, I have already named all the animals in the Kingdom and I cannot think of a name for this new animal.'

And God said, 'I have created this new animal to be a reflection of my love for you, his name will be a reflection of my own name, and you will call him DOG.'

And Dog lived with Adam and Eve and was a companion to them and loved them.

And they were comforted

And God was pleased.

And Dog was content and wagged his tail.

After a while, it came to pass that an angel came to the Lord and said, 'Lord, Adam and Eve have become filled with pride. They strut and preen like peacocks and they believe they are worthy of adoration. Dog has indeed taught them that they are loved, but perhaps too well.'

And God said, I will create for them a companion who will be with them and who will see them as they are. The companion will remind them of their limitations, so they will know that they are not always worthy of adoration.'

And God created CAT to be a companion to Adam and Eve.

And Cat would not obey them. And when Adam and Eve gazed into Cat's eyes, they were reminded that they were not the supreme beings.

And Adam and Eve learned humility.

And they were greatly improved.

And God was pleased

And Dog was happy.

And Cat didn't give a s--- one way or other....

Tips From Here and There

The New Outlook, Chicago's North Suburban Chapter UOA

Once again winter is upon us, and you know that means a risk of the Flu. It's best to be prepared and know what to do.

For new ostomates, this could be a time of real concern and a new experience in coping, for flu not only brings on headaches, muscle aches and pains, and upset stomach. That "bogeyman" for the ostomate, diarrhea, often occurs. Whether induced by flu or other causes, diarrhea can present a serious challenge to ostomates. Vomiting must also be taken seriously because of the risk of dehydration.

The first advice for any person--ostomate or not--suffering flu is: always drink plenty of liquids and get proper rest! By all means, call your doctor if either vomiting or diarrhea symptoms are severe and continuing.

Ostomates must take special care not to take medicine for pain or a laxative without a doctor's order. That goes for antibiotics, too! Antibiotics have no effect on a virus but do kill bacteria, both friendly and unfriendly, and can change the proper balance of normal bacteria in the colon, if you still have one. Disturbing this balance can actually bring on or exacerbate diarrhea.

Your diet will change during flu, but during recovery, adopt a fiber-free diet at first, gradually moving to a regular, normal diet. Prompt attention to symptoms of colds and flu should bring to each of us a happy and hopefully healthy winter season. Now to the specific tips for each category of ostomate:

The colostomate with diarrhea would be wise not to irrigate, for nature is actually doing the job. After the diarrhea stops, the colon will be sluggish for a few days, so leave it alone a little longer. Give the colon a chance to return to normal before resuming irrigation.

Carry an extra supply of "security" pouches. Editors note: I customarily wear a closed appliance, but when diarrhea strikes, I wear a drainable bag until the siege is over. My diet during stomach flu is hot tea, ginger ale and pretzels.

Drugs or certain foods can cause constipation in colostomates recovering from flu, or at any other time, but this can be prevented by drinking plenty of fluids.

Diarrhea can present an even greater problem to the ileostomate. Besides an excess of discharge, the ileostomate will suffer loss of electrolytes and vitamins necessary to maintaining good health. You may experience thirst, slowly rising fever, weakness, mental fuzziness, and reduced urine output.

Drinking plenty of fluids will increase urine output and will not cause increased water discharge through the appliance during colds or flu. More serious results could be muscle contractions, abdominal distention, lack of alertness, and, in extreme cases, convulsions.

The ileostomate must restore electrolyte balance as soon as possible. Eliminate solid foods. Regain lost potassium by drinking tea, Gatorade, bouillon, ginger ale, and plenty of water. Regain lost sodium by eating saltine crackers or salted pretzels.

The urostomate should take special care to keep electrolytes in balance and follow the same general instructions as for persons without ostomies.

North Central Oklahoma Ostomy Outlook January 2008:

Depression and the New Ostomate

by Mark Shaffer, from Northern Virginia *The Pouch*; via Chippewa Valley (WI) *Rosebud Review*

At a recent support group meeting, a subject came up that I found intriguing. One of the participants in the rap session stated that he found himself depressed and withdrawn even though it had been a year since his surgery. He wondered how long he could expect that feeling to last and, I think, whether it would go on for the rest of his life.

Some ostomates adjust almost immediately. These folks see an ostomy as a cure for an illness that threatened their lives or restricted their activities. Others take a few months, generally feeling better about the situation as soon as they master the fine art of pouch changing and maintenance. For many, ostomy surgery begins a process that appears to be, and is, very close to the grieving process, and like any grieving process, the amount of time needed to feel emotionally whole again will vary.

It took me almost two years following my surgery before I felt like I had regained my former personality and was ready to move on with my life. So there is no magic amount of time needed to adjust to your new ostomy. Allow yourself the time you need and realize that the feelings of depression and isolation will eventually go away. If the depression is severe, don't be afraid to seek professional help.

If your isolation is caused by a lack of confidence in your appliance, seek help from an ostomy nurse. If your appliance is working fine but you still feel separated from others, seek help from other ostomates. Go to a meeting and meet others in the same situation. If you don't already have one, call your local support group and ask for an ostomy visitor who can talk to you about how he or she managed post-operative emotions. But above all, give yourself time to adjust.



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You will recognize Dale and Joan Mactaggart in these pictures from the conference



Carol Gibson at the Conference.
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Belleville, Quinte West & Area Chapter

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

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

The following information is kept strictly confidential

Please complete the following form:

Name _____ Phone _____

Address _____

City _____ Postal Code _____

E-mail (if applicable) _____

Type of surgery _____

Please make cheques of \$23.00 payable to:

**UOAC Belleville, Quinte West & Area Chapter
C/O Vernon Kemp
RR#1, Frankford, On
K0K 2C0**

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.

Medichair is the home of the Ostomy Library materials. If you are need of any materials be sure to drop in and browse through the books, pamphlets, etc. If there is something that you need just sign it out and go through it at your leisure.