



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

# SPRING IN ON THE WAY

April, 2008

REACH OUT A HELPING HAND TO OSTOMATES AND THEIR FAMILIES

**Our next meeting will be April 10th.  
at 7:30 p.m. Our guest speaker will  
be the Coloplast representative**

Our next meetings  
April 10th  
May 8th

**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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**SECRETARY:**

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Bawn Putman 476-6557

**CO-ORDINATORS:**

**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 Rogers R.N. BScN, E.T.

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.

## Message From the President

Hello All! It is now officially Spring whether you believe it or not and the Easter bunny has come and gone. Where there are patches of bare garden showing those intrepid, little Spring flowers are sprouting next to great mounds of snow. Methinks Warton Willie has a nasty streak!

Appreciation to all those who made our last meeting and watched Bruce do magic on Maddy's neck. He is a great guy to boot and a fine example to us all.

It was also a treat to see the MacTaggart clan in attendance albeit without the big guy himself. We will see him in the future I am sure. Thank you for the positive responses as to who might be attending the National Conference this summer in Hamilton. Being as it is a central location it should be very well attended nationally and be one of the largest as far as numbers go. When they are on the one coast or another it becomes financially prohibitive for those on the opposite coast.

For those who were unable to attend the last meeting, it was proposed and accepted that any paid up member of the Chapter who chooses to attend the conference will be reimbursed one half of the registration fee so do keep your receipt for same.

We welcome back Dieter Timm who has recently enjoyed what sounds like an incredible cruise down the coast of South America into Antarctic waters where he saw a berg the size of a football field and that was only above the water. Pictures, Dieter?

Several members have been touring, among them the keepers of the coffee urn but, thanks to Grace, we were able to enjoy our fill of cookies. Take a break, Grace and let me bring the cookies this meeting, OK?

Keep in mind the clinic coming up at Kelly's. Check the details elsewhere in the newsletter. Should be informative!

See you soon!

Regards  
Gerry Putman

## OSTOMY CLINIC

Robert Chislett, Convatec Representative will be sponsoring an ostomy clinic.

Where: Kelly's Pharmacy and Home Health Centre, Belleville

When: Wednesday, April 9th.

Time: 10 a.m.—2 p.m.

Laura Rogers will be joining him for the day. Call to make your appointment 613-966-4302

Visit Kelly's **CLEARANCE** section to get some excellent buys on ostomy supplies



### 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.

## Tips From Here and There

Adapted By The New Outlook

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

For people with new ostomies, this could be a time of real concern and a new experience in coping for the flu not only brings on headaches, muscle aches and pains, and upset stomach. It also brings that "bogeyman" for a person with an ostomy . . . diarrhea. Whether induced by the flu or other causes, diarrhea can present a serious challenge to a person with an ostomy. Vomiting must also be taken seriously because of the risk of dehydration.

The first advice for any person—with an ostomy or not—suffering with the flu is to always drink plenty of liquids and get proper rest! Call your doctor if either vomiting or diarrhea symptoms are severe and continuing. One test we use is to weigh ourselves. If you lose more than just a few pounds in a matter of hours, a trip to the emergency room is suggested. Upon arriving, let them know that you have an ostomy—along with any other pertinent medical history—and are dehydrated. Tell them the amount of weight you lost in the past few hours. They will probably start you on an IV of saline solution. This can be a life-threatening situation if not treated in time.

People with ostomies must take special care not to take medicine for severe pain or a laxative without a doctor's order. That especially goes for antibiotics! 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 should change during the 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 the flu should bring to each of us a happy and hopefully healthy winter season. Now to the specific tips for each category of common ostomies:

The person with a colostomy 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. One diet during stomach flu is hot tea, ginger ale and pretzels.

Carry an extra supply of "security" pouches. Many of us customarily wear a one-piece closed pouch, but when diarrhea strikes, change to a two-piece one that can be easily emptied until the siege is over.

Drugs or certain foods can cause constipation in people with colostomies recovering from the flu, or at any other time, but this often can be prevented by drinking plenty of fluids, usually between two and four quarts of water a day. Ask your doctor if it is all right for you to do this because some people

must restrict their water intake due to underlying disease; i.e., diabetes.

Diarrhea can present an even greater problem to a person with an ileostomy. Besides an excess of discharge, diarrhea will cause a person to suffer a loss of electrolytes and vitamins necessary to maintaining good health. One may experience thirst, slowly rising fever, weakness, mental fuzziness and, this symptom is important, reduced/no urine output with severe dehydration.

Drinking plenty of fluids should increase urine output and should cause increased water discharge through the stoma during colds or the flu. Results that are more serious could be muscle contractions, abdominal distention, lack of alertness and, in extreme cases, convulsions.

A person with an ileostomy 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 person with a urostomy should take special care to keep electrolytes in balance and follow the same general instructions as for people without ostomies.

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After being married for 44 years, I took a careful look at my wife one day and said, 'Honey, 44 years ago we had a cheap apartment, a cheap car, slept on a sofa bed and watched a 10-inch black and white TV, but I got to sleep every night with a hot 25-year-old gal.

Now I have a \$500,000.00 home, a \$45,000...00 car, nice big bed and plasma screen TV, but I'm sleeping with a 65-year-old woman... It seems to me that you're not holding up your side of things.'

Now my wife is a very reasonable woman. She told me to go out and find a hot 25-year-old gal, and she would make sure that I would once again be living in a cheap apartment, driving a cheap car, sleeping on a sofa bed and watching a 10-inch black and white TV.

Aren't older women great? They really know how to solve a mid-life crisis!

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## Average Person Interviews

Reno Truckee Meadows Informer

Ephraim Lazarus did a survey during which he asked if people knew what an ostomy was. Here are some of the answers he received to this question.

"I think it has to do with people who have trouble with their feet."

"I don't know what it is, but I understand those people don't have to go to the bathroom. They do it in a bag and throw it away."

"I think the former Pope had one for a while when he was shot."

"My aunt has one, but we don't talk about it"

"People that have them are members of some political party."

"These are people who have had some kind of operation and they wear a bag under their clothes. They take it off when they have to go to a party."

"I saw some of them on television recently, and they were all happy about something."

"I wouldn't want to have one, I hear it's bad."

"My neighbor has one. She goes to a party at Lutheran General Hospital every month. She says that she meets many friendly people there and they drink cranberry juice."

"I think it has something to do with farming. I heard two people with them talking about irrigation."

Ephraim says that we have quite a bit of education to do—and I think he is correct.

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### NOTE FROM A NEWFIE

Last year I replaced all the windows in my house with those expensive, double-pane, energy-efficient kind. Yesterday, I got a call from the contractor who installed them. He said that the windows had been installed a whole year ago and I hadn't paid for them yet. Helllooooo? Now just because I'm from Newfoundland doesn't mean that I am automatically stupid. So I told him just exactly what his fast-talking sales guy had told ME last year...namely, that in just ONE YEAR these windows would pay for themselves.

'Helllooooo?' (I told him). 'It's been a year!' There was only silence at the other end of the line, so I finally just hung up. He hasn't called back, probably too embarrassed about forgetting the guarantee they made me. Bet he won't underestimate a Newfoundlander anymore.

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## Colonoscopy

All the organs of the body were having a meeting, trying to decide who was the one in charge.

'I should be in charge,' said the brain, 'Because I run all the body's systems, so without me nothing would happen.'

'I should be in charge,' said the blood, 'Because I circulate oxygen all over so without me you'd all waste away.'

'I should be in charge,' said the stomach, 'Because I process food and give all of your energy.'

'I should be in charge,' said the legs, 'because I carry the body wherever it needs to go.'

'I should be in charge,' said the eyes, 'Because I allow the body to see where it goes.'

'I should be in charge,' said the rectum, 'Because I'm responsible for waste removal.'

All the other body parts laughed at the rectum And insulted him, so in a huff, he shut down tight. Within a few days, the brain had a terrible headache, the stomach was bloated, the legs got wobbly, the eyes got watery, and the blood Was toxic. They all decided that the rectum should be the boss

The Moral of the story? Even though the others do all the work,,, The ...hole is usually in charge

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](mailto:bgputman@sympatico.ca)

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## Infection with a Urostomy

Forward By *Metro Maryland*

Have you ever had a urinary infection? It can be most uncomfortable. You probably have no idea how you got it. Most urinary tract infections come from the ascending route—outside of the body—up the urethra, into the bladder, up the ureters and into the kidneys.

In the male, the length of the urethra is 6" to 8" long, and the antibacterial properties of prostatic secretion are effective barriers to urinary tract infection via this route. These two factors explain why males have a much lower incidence of urinary tract infections than do females.

The female urethra is about 1¼" long. The common onset of urinary tract infections for woman is at the time of marriage or following the initiation of sexual activity, which points the ascending infection via the urethra route to the kidneys.

Germes are all over the world, but when they are in the urinary tract, either in the conduit, ureters or kidneys, they are in an abnormal location and that causes an infection. Infection of the kidneys is the most serious long-term complication. Urine, while in the body, is normally sterile.

What causes infection to proliferate in the body? Medical science does not have one answer. Sometimes it could be similar to why do some people get more colds than others do. An obstruction, kidney stones, tumors, cysts or scar tissue can cause infections. Almost synonymous with obstructions is infection, and then too often after this comes stone formation. Once there is stone formation, the body cannot stop an infection. It creates a kind of a cycle that goes "around and around." Infection can be caused by urine being forced back to the kidney through a urinary conduit. A person can do this with a urostomy by falling asleep with the pouching system full of urine, accidentally rolling over the pouch and causing urine to be forced back into the stoma through the urinary tract with tremendous pressure. Remember that urine in the body is sterile, but once it goes into the pouch, it becomes contaminated.

### Treatment and Prevention:

1. Adequate hydration leads the list. In general, to prevent infection and to treat infection, you need a good flow of urine much like a stream. That not only dilutes the bacteria or germs in the urine but also helps wash them out—two quarts of water daily is the minimum required for the average healthy adult to maintain optimal health.

2. Antibiotic therapy: Antibiotics are used to fight infection for the short-term. Why not put a patient on a strong antibiotic and leave him/her on it indefinitely to

prevent further infection? Most antibiotics will cause some drug resistant bacteria to develop over a time. In addition, your body would be overcome with fungus—when bacteria is destroyed, fungus takes its place—which may become life threatening. There are not any antibiotics currently manufactured that should be used long-term. Studies are being done to find a particular drug for this purpose; but so far, nothing has been found that can be successfully used long-term. This is important to remember because long-term antibiotic use can cause the most serious of health conditions to result.

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I didn't know if my granddaughter had learned her colours yet so I decided to test her. I would point out something and ask what colour it was. She would tell me, and always she was correct. But it fun for me, so I continued. At last she headed for the door, saying sagely, "Grandma, I think you should try to figure out some of these yourself!"

---

Innovation in Ostomy Care

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# SASO NEWS, Winter 2008

## **UOAC Conference, 2008, Hamilton, ON**

Plans for the SASO Program at this year's conference in Hamilton are continuing to progress. A qualified counsellor has agreed to be the facilitator for the SASO Support/Rap session on Saturday afternoon. It is hoped to arrange for a speaker to give a presentation on caregivers and their needs along with the SASO General Meeting on either the Thursday or Friday.

## **2007 Maple Leaf Award**

Hopefully, everyone has read the article, *How SASO came to be* by Betty Woolridge, Metro Halifax, NS. Perhaps some of you are already aware that Betty won the 2007 Maple Leaf Award for her work with spouses and significant others in her own chapter and as a founding member and former chair of the UOAC SASO Committee. As chair of the SASO Committee, I wish to offer her congratulations on behalf of you all. Granting of this award seven years after the inception of SASO has confirmed that the spouses and significant others, as a group, are an important part within UOAC.

## **Research Project Update**

In the last SASO NEWS mention was made of a research project involving the spouses of ostomates. Jacqueline (Jackie) Gordon, a clinical nurse, is hoping to submit her proposal for approval by the beginning of April. Remember to check the April or May edition of the *Connection* for information on how to contact Jackie if you wish to be part of this research project.

## **SASO Pamphlet**

The latest draft of the pamphlet, *SASO Support Program*, has been sent to the Publications Committee for final approval. Hopefully it will soon be accepted for publication. Many hours of thoughtful work has been spent by members of the SASO Committee, both past and present, on making this pamphlet more informative than the first edition.

## **CHAPTER NEWS**

### **Moncton & District, NB**

Marie-Celine Thebeau enjoys reading the SASO NEWS and has copies available for other SASOs at chapter meetings.

### **Metro Halifax, NS**

Betty Woolridge reports that the Halifax chapter always holds a Rap Session for its members including one for the SASO group in the New Year. The SASO members of the chapter, in Betty's words "always get something out of [the session] even if it is only a little laugh when they need it the most". Whenever a new ostomate receives the chapter newsletter a copy of the SASO pamphlet is also included. Betty will be attending a UOAC cluster meeting in Moncton in early May to make a presentation on behalf of the SASO group.

### **Calgary Ostomy Society, AB**

In February, Mark Hambridge gave a short presentation to a group of nurses. During his talk he explained the meaning of 'significant other' and the goal of the SASO program to offer support and address non-medical concerns. Mark also mentioned the need for the caregiver, who is often a spouse or family member, to take care of his or her own needs. This is necessary for the SASO not to feel overwhelmed in his or her role as the primary caregiver of the ostomate.

## **SASO NEWS**

SASO NEWS is published three times a year, in the fall, winter and spring. If your chapter is involving spouses and significant others in something of interest to others SASO Chapter Contacts, please e-mail the information to [amivol@hotmail.com](mailto:amivol@hotmail.com) or write to **Ann Ivol, 31 Rialto Court, Hamilton, ON, L9C 5T5** for inclusion in the SASO NEWS.

# Living with a Colostomy, Ileostomy or Urostomy

## Ostomies and Food

Tuesday April 1<sup>st</sup>, 2008  
630pm

Second Floor Education Room 2F28

Northumberland Hills Hospital  
1000 DePalma Drive  
Cobourg, ON  
K9A 5W6

Open to all persons with an ostomy & any interested family members

**The United Ostomy Association of Canada Inc. is a volunteer based organization dedicated to assisting all persons facing life with gastro-intestinal or urinary diversions by providing emotional support, instructional and information services through the membership, the family, associated caregivers and the general public.**



Contact Karen Bruton at 905-377-7747 for further inquiries or email at [kbruton@nhh.ca](mailto:kbruton@nhh.ca)

## HELPFUL HINTS

Via: Metro MD

For Colostomies: If you use just a pad instead of an appliance, use a little K-Y Jelly over the stoma to keep things soft and lubricated. If you irrigate; allowing too much water to enter the stoma too quickly may cause a sudden evacuation of waste but leave much of the feces still in the colon, along with most of the water. Periodic evacuation may follow. This is not really diarrhea, but is simply a delayed emptying of the colon.

For Ileostomies: Usually ileostomates experience hunger more often than other people. When this happens, they should drink fruit juice or water and eat soda crackers, followed by a meal as soon as possible. If you do need to eat a snack at bedtime or during the day in order to ward off nausea, try to cut down on calories somewhere else in the daytime or you will gain weight. Never skip meals in order to lose weight. An ileostomy keeps working whether the ostomate has eaten or not.

For Urostomies: If it is necessary to have a urinalysis, remind the nurse to take the specimen directly from the stoma, not from the appliance. If you are out of Uri-Kleen, soaking your urinary pouch in straight white vinegar for thirty minutes will kill all common bacteria found in urine. Mucous in the urine is normal. The ileal conduit is made of mucous secreting intestinal tissue. It doesn't stop doing its job even though it is transporting urine.

Added Tip: If you use a two-piece system, the pouch may not be totally secured when you snap it on and could fall off when half full. Make sure the pouch is snapped to the flange securely. Start snapping it together at the bottom and work your way to the top. Give a little tug on the pouch to test its lock, but make sure you hold the faceplate/wafer so you don't break the seal.

To Our Loyal Members / Supporters

From the Ostomy Association of Greater Chicago .

We will achieve our goals only if you

1. Sit and talk to a new person at one of our meetings. New people are here to meet other people with ostomies. Smile and visit for a while.
2. Volunteer for a committee. We have a place for virtually everyone. Assist with our activities to make them better for you and our guests.
3. Run for office on our board of directors rather than waiting to see who is elected. We do make a difference.
4. Become a visitor rather than remembering how helpful your visitor was or how you did not even have one because too few were available.
5. Come to our meetings. It is better than even reading about them in the newsletter. Moreover, people with new ostomies have the opportunity actually to see people experienced living with an ostomy. We want to show them that we look, feel and smell good; have active fulfilling lives; and are grateful for our new life.
6. Write an article for *The Journal*. People just like you researched and created most of the articles. These people want to tell a message.
7. Assist with a meeting or a function. It is really a lot more fun when you do and you will be surprised how many new friends you make.
8. Offer to do a program geared toward people with ostomies for our General Meeting. You may have an idea and the people to implement it that can turn lives around.
9. Bring a new person to a meeting. If you know a person with an ostomy or considering ostomy surgery, bring him/her with you.

Our Association welcomes all well-intentioned people and admission to our meetings is free. We are a collection of individuals, not a handful of members, medical advisors or equipment suppliers. If we are to thrive and grow, it will only be because of the desire of each one of you.

I discovered this article while surfing and thought that it said everything that we have been trying to say concerning our goals as a Chapter

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## From The Staff at Kelly's Belleville and Trenton Stores

Do not forget the Ostomy clinic Wednesday, April 9th. From 10 am—2 pm Call for your appointment 613-966-4302

Remember at Kelly's you can save 10% off Ostomy Products Everyday  
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](http://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.

# Membership Application (for new members only)

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](http://www.ostomycanada.ca)

FOW: [www.fowcanada.org](http://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](mailto: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.

# CONFERENCE REGISTRATION FORM

United Ostomy Association of Canada – 2008 UOAC 11th Annual Conference

**August 14 -16, 2008**

(Hotel Registration requires a separate form) PLEASE TYPE OR PRINT

REGISTRATION NAME: \_\_\_\_\_

BADGE NAME: \_\_\_\_\_

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

CITY: \_\_\_\_\_ PROVINCE/STATE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

UOAC Chapter \_\_\_\_\_ Is this your first UOAC conference?  Yes  No

Are you a Chapter President  Yes  No

Please indicate surgery type:

Colostomy  Ileostomy  Urostomy  Continent Ostomy

Child with an Ostomy  Parent of an Ostomy Child  None Age Group:  Over 40  Under 40

Number of accompanying persons attending? \_\_\_\_\_ (other than registrant)

Name(s) of accompanying person(s). \_\_\_\_\_

Spouse:  Significant Other:  Other:

Registration Name: \_\_\_\_\_ Registration Name: \_\_\_\_\_

Badge Name: \_\_\_\_\_ Badge Name: \_\_\_\_\_

Will you be attending the Visitor Training Program? Yes  No

	QUANTITY	\$AMOUNT
Individual Registration ** (before July 1, 2008) \$140	_____	_____
Individual Registration ** (after July 1, 2008) \$150	_____	_____
One Day Registration \$60	_____	_____
Accompanying Persons Registration ** \$120	_____	_____
Coloplast Evening (Thursday, August 14)	_____	_____
NC for Registrants - \$40 for guests	_____	_____
Exhibit Hall Lunch (Friday, August 15)	_____	_____
NC for Registrants - \$15 for guests	_____	_____
ConvaTec Banquet (Friday, August 15)	_____	_____
NC for Registrants - \$50 for guests	_____	_____
Hollister Farewell Banquet (Saturday, August 16)	_____	_____
NC for Registrants - \$50 for guests	_____	_____
<b>TOTAL</b>	_____	_____

Please indicate number of meal tickets required for each evening event

\*\*Individual Registration/Accompanying Person's includes one (1) continental breakfast, one (1) lunch, and three (3) dinners.

Do you have any special dietary needs? \_\_\_\_\_ Yes  No

If yes, please

specify \_\_\_\_\_

NB: No Audio or Video Recordings are permitted during sessions. I authorize the use and reproduction by UOAC of any photographs/video/audio of

me or my guest taken/recorded during the conference.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Basic registration includes admission to all programs and the exhibit hall. Cancellation must be received by August 7, 2008, Refunds will be made after the close of the conference,

less a 10% administration fee. Registration must be received in the office no later than August 2, 2008. Any registrations after August 2, 2008 must be made at the conference.

**Note:** Visa only is accepted: You may fax your registration to (416)595-9924

Visa Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Name as it appears on Visa Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Please make cheques or money order payable to:

United Ostomy Association of Canada Inc.,  
and mail to: United Ostomy Association of  
Canada Inc., P.O. Box 825, 50 Charles Street  
East,

Toronto, ON M4Y 2N7