



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

HAPPY EASTER

March, 2010

REACH OUT A HELPING HAND TO OSTOMATES AND THEIR FAMILIES

**Our next meeting will be Thursday
April 8, 2010 at 7:30 p.m. in P24
Pioneer Building. We will have an ET night.
Bring your questions.**

Our next meetings
**April 8, 2010
May 13, 2010**

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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COMMUNICATIONS:

EDITOR:

Bawn Putman 476-6557

DSS REP

Gerry Putman 476-6557

Regular monthly meetings are held on the second Thursday of each month, 7:30 p.m. Rm P24 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

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.

PRESIDENT'S MESSAGE

Spring is sprung,
The grass is riz,
I wonder where
The birdies is?

They "is" at our feeder. All of a sudden they have started coming, all kinds and feeding in a frenzy. Makes you wonder what kind of weather we are going to be having in the near future.

We had a very upbeat, summer oriented chat with Belle Lumani, from Hollister. She helped with wear time and hints to make life a little easier. Thanks Belle you did a great job and helped everyone who had questions.

We are trying for an ET night at the next meeting. So bring you questions, concerns etc to the meeting. We will do our best to help you out.

Gerry and Bawn are hosting an Ostomy Visitation Course on Sunday April 18. This will enable more of us to be qualified to visit someone who requires support and information.

Have a Happy Easter everyone. See you April 8th.
Maddy

COMMON OSTOMY PROBLEMS AND POSSIBLE SOLUTIONS Excerpted from an article in the Huntsville, Alabama "Re-Route"

Food blockages. Symptoms may include no output from the stoma for more than 4 hours, cramping in the abdomen, nausea or vomiting and high watery output.

Solution: Drink hot tea and increase your fluid input. Take a warm bath or shower and massage your abdomen.

Have a glass of wine. This will help relax your abdominal muscles. Get down on all fours with your backside in the air. An undignified position, but it does help some people move a blockage. If the blockage persists for more than a few hours, seek medical advice from your nearest hospital.

Mucous and bleeding from the rectum. Solution: This is completely normal if your rectum is still intact, although annoying, since the mucosal lining of the rectum is still working. Try wearing a sanitary napkin to save soiling your underwear. If the bleeding is profuse, see your doctor.

Odor. Solution: Simple solutions that work for some ostomates are to place mint tic tacs or mint mouthwash into your bag. Deodorants, either taken orally or placed in your bag, are available from your ostomy supplier. DO NOT place aspirin in your bag in an attempt to eliminate odor—doing so can cause damage to your stoma.

Bleeding. Solution: First, determine if the bleeding is coming from the surface of the stoma or from internally. If it is internally, then it's wise to seek medical advice. If the bleeding is from the surface of the stoma, it should stop quite quickly. Stomas are made from

the same type of skin as the inside of your cheeks and you know how easily they bleed. Even the slightest little nick can cause it to bleed. If bleeding is profuse or doesn't stop quickly, seek medical help. Cuts to the stoma can also be caused by the wafer riding off center. Try "picture framing" the wafer with some tape to stop it from moving.

Phantom rectal pain, ie., you get the urge to go to the toilet in the "old way", even though you know you can't. Solution: This pain is because your body needs time to adjust to it's new plumbing and still thinks it needs to go to the toilet in the old way. Try going and sitting on the toilet anyway, even though you know it's pointless. A lot of people find this alleviates the pain. The good news is that over time, phantom rectal pains become less frequent and eventually disappear altogether.

Stoma is placed on or above the beltline. Solution: This is more common in men than women for some reason. DO NOT let them site your stoma on or above the beltline if at all possible. Belts will stop the stool from flowing into the pouch so try wearing trousers a size bigger than you would normally wear and wear braces or suspenders to keep them up rather than a belt. Seatbelt of cars ride right over the stoma site and are uncomfortable. Solution: Try using a clothes peg at the top of the seatbelt where it slides into the door. This will enable you to wear the seatbelt looser than normal but still protect you in case of an accident. Use a small cushion or pillow between you and the seatbelt. Remember, a broken stoma is much easier to put back together than a whole person! Stoma shows through a tight dress. Solution: Try wearing bike pants or similar lycra pants under your outfit that will smooth out the line of the bag. Empty frequently.

GRANNIES ON THE ROAD AGAIN.....

Sitting on the side of the road waiting to catch speeding drivers, a state trooper sees a car pattering along at 22 mph.. He thinks to himself, "This driver is as dangerous as a speeder!" So he turns on his lights and pulls the driver over.. Approaching the car, he notices that there are five elderly ladies - two in the front seat and three in the back, wide-eyed and white as ghosts.. The driver, obviously confused, says to him, "Officer, I don't understand. I was going the exact speed limit. What seems to be the problem?" The trooper trying to contain a chuckle, explains to her that 22 was the route number, not the speed limit. A bit embarrassed, the woman grinned and thanked the officer for pointing out her error. "But before you go, Ma'am, I have to ask, is everyone in this car OK? These women seem awfully shaken." "Oh, they'll be all right in a minute, officer. We just got off Route 127

New Sign of a Stroke

Blood Clots/Stroke - They Now Have a Fourth Indicator, the Tongue

It only takes a minute to read this...

A neurologist says that if he can get to a stroke victim within 3 hours he can totally reverse the effects of a stroke...totally. He said the trick was getting a stroke recognized, diagnosed, and then getting the patient medically cared for within 3 hours, which is tough.

RECOGNIZING A STROKE

Thank God for the sense to remember the '3' steps, STR . Read and Learn!

Sometimes symptoms of a stroke are difficult to identify. Unfortunately, the lack of awareness spells disaster. The stroke victim may suffer severe brain damage when people nearby fail to recognize the symptoms of a stroke. Now doctors say a bystander can recognize a stroke by asking three simple questions:

- *Ask the individual to SMILE.
- *Ask the person to TALK and SPEAK A SIMPLE SENTENCE (Coherently) (i.e. It is sunny out today.)
- *Ask him or her to RAISE BOTH ARMS..

If he or she has trouble with ANY ONE of these tasks, call emergency number immediately and describe the symptoms to the dispatcher.

New Sign of a Stroke ----- Stick out Your Tongue

NOTE: Another 'sign' of a stroke is this: Ask the person to 'stick' out his tongue.. If the tongue is 'crooked', if it goes to one side or the other, that is also an indication of a stroke..



HAPPY BIRTHDAY!!!!!!!

Ernest Ormshaw

Bawn Putman

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



Our Purpose

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

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

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.Hello Fellow Ostomates,

Over the last few months there has been a great deal of interest and frustration among members regarding the introduction of Full Body Scans (FBS) at airports across Canada. UOAC has received many inquiries and requests to intervene on behalf of our chapter members who are perplexed as to the impact that this method of surveillance will have on persons who have had ostomy surgery. In order to accommodate our members, I have decided to place this topic on our Board of Directors meeting agenda in March, 2010. In the interim, I have been in communication with Mr. Yves Duguay, who is the Senior Vice President of Operations, for The Canadian Air Transport Security Authority (CATSA). Mr. Duguay has provided some positive and supportive information that I want to pass on to our member chapters. He has indicated that CATSA plays an integral role in the Government of Canada's public safety and security initiative. Its mission is to protect the public by securing critical elements of the air transportation system, including the screening of passengers and their belongings. While security is CATSA's top priority, providing a high level of customer service and professionalism is also one of its main goals. It is expected that screening officers will conduct the screening of passengers and their belongings with the utmost courtesy and respect. The new FBS technology has now been deployed at airports across Canada and is currently only being used as a secondary means of screening, and is strictly voluntary. A passenger is allowed to choose a physical search in lieu of passing through the scanner. Mr Duguay outlined the following measures and actions taken by CATSA. The office of the Privacy Commissioner of Canada was consulted as part of the original pilot project design, the screening officer who examines the image does not see any passengers before, during or after the screening process, the images are deleted as soon as the review is complete, and finally the images have no passenger information content or reference.

CATSA appreciates that a physical search can be a stressful event, particularly for persons who have an ostomy. The presence of an ostomy pouch beneath a person's clothing requires that screening officers inspect the pouch to ensure that no threat objects are concealed. However, screening officers are expected to use the utmost discretion by not discussing a person's medical condition in the presence of others, and ensure the passenger's dignity is maintained by offering them the option of a private room.

Mr Duguay's recommendations are:

A person with an ostomy should divest themselves of all metallic items prior to passing the walk through metal detectors in order to reduce the likelihood of a secondary screening being required. Please note however, that any passenger may still be selected at random for a secondary search, even if they have not triggered metal detection equipment. In the event that this should happen, and the passenger does not wish to undergo a FBS, he recommends that the passenger indicate to the screening officer that she or he would like a physical search to be performed in private. The informed screening officer will then gladly

oblige.

CATSA has noted our concern and will take these into consideration as they review their procedures for passengers with special needs. CATSA, who is always looking for ways to improve its communication, has extended an invitation to UOAC in participate in their creation of a training video for its screening officers nationwide to educate them on special needs of passengers. I have communicated back to him on February 12, 2010, that we would be pleased to be involved in the creation of this video.

I was personally pleased with this response. It would appear that our concerns are being addressed with UOAC a part of that process. Although there is no perfect solution to the problems of airport security, we can relax knowing that Mr. Duguay has listened to the needs of persons who have ostomies and who will be traveling in the future.

The national office of UOAC does carry a passport that was designed by the WCET. This form can be obtained by any member chapter at no cost. It is designed to hold your medical and ostomy supply information. It does not provide any other privileges but many people feel confident that in the case of an emergency their personal information is available to medical personnel.

I hope this message will enlighten many to the reality of today while moving through airport security and its impact on persons with an ostomy who are traveling

It is my intention to bring the member chapters up to date with regards to the progress of the Ontario Survey in my April message.

Les Kehoe

Cape Breton Conference Update

If you are planning to attend the UOAC Conference in August of 2010, you will definitely want to reserve your space(s) and finalize your travel arrangements sooner rather than later. The Cape Breton Conference Committee has informed us that the Delta Hotel cannot guarantee that registrants will qualify for the Conference Rate after May 15th, 2010.

Booking now and taking advantage of the Conference Rate will save you a significant sum of money. It is crucial that everyone completes their Hotel Registration Form that is included with this edition of *UOAC Connection* and return it to the Delta Hotel as soon as possible.

One Sunday morning, the pastor noticed little Alex standing in the foyer of the church staring up at a large plaque. It was covered with names and small American flags mounted on either side of it. The six-year old had been staring at the plaque for some time, so the pastor walked up, stood beside the little boy, and said quietly, 'Good morning Alex.'

'Good morning Pastor,' he replied, still focused on the plaque. 'Pastor, what is this?' The pastor said, 'Well son, it's a memorial to all the young men and women who died in the service.' Soberly, they just stood together, staring at the large plaque. Finally, little Alex's voice, barely audible and trembling with fear asked, 'Which service, the 9:00 or the 11:00?'

Factors That Influence Ostomy Function

Quite often, patients experience a sudden reversal in normal ostomy function due to medications or treatments they are undergoing. The following information might be helpful to keep in mind.

Antibiotics - These often cause diarrhea, even in patients without an ostomy. Ostomates are no exception, and if the problem becomes severe, notify your physician immediately. In the meantime, keep Gatorade or a like drink on hand to maintain adequate electrolyte balance.

Pain Medications - These are often constipating. Extra irrigations or laxatives or stool softeners might be required for colostomates to combat the side effects of medicine. Perhaps the dosage of pain reliever can be reduced to eliminate the situation. If not, consider one of the above alternatives.

Chemotherapy - Many cancer patients have follow-up chemotherapy after surgery or as an alternative to surgery. That often produces nausea and/or vomiting. Gatorade is again good to keep on hand for Electrolyte balance.

Radiation Therapy - This often produces the same effects as chemotherapy and should be treated accordingly.

Travel - Travel can cause constipation in some patients and diarrhea in others. Be aware that these are possibilities. Altered diet when traveling accounts for some of this, plus the excitement of new surroundings. Allow sufficient time for irrigations and take along an anti-diarrhea medication. Check with your doctor if you are not familiar with what works best for you to control diarrhea.

Antacids - Those with magnesium can cause diarrhea. Perhaps you will want to ask your doctor to suggest some with aluminum rather than magnesium. Drink plenty of liquids - Tea is always a good source of potassium (so are orange juice and bananas). Coca Cola also contains some potassium. Bouillon cubes are a good source of sodium. Remember that some of the signs of electrolyte imbalance are irritability, nausea and drowsiness. Be prepared and prevent this problem when possible.

SOURCE: Metro Maryland,

via Inside Out On-line Jan/10. Via: THE

OKANAGAN MAINLINE OSTOMY ASSOCIATION
OF BRITISH COLUMBIA

AFFILIATED WITH THE UNITED

OSTOMY ASSOCIATION OF CANADA,
INC. March 2010

New Ostomy Website

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Sydney, Nova Scotia Conference

Mark these dates on your calendar: Thursday August 19, Friday August 20, and Saturday August 21, 2010. Note: Sydney Delta Hotel must be booked by May 15, 2010 to guarantee room rate of \$149.00.



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VISITATION SESSION



Date: Sunday April 18th, 2010

Time: 10 a.m. to 3 p.m.

Place: Staff Lounge at Loyalist College

You will find this room in the main building of the College to the right of the main entrance.

Instructor: Gerry Putman, DSS

The Purpose: Being a certified visitor and having a card stating such assures the attending physician, the ET and, hopefully, the new ostomate that you, as a certified visitor, will be a knowledgeable, discreet and compassionate source of encouragement and support

You need to bring paper and pen and a brown bag lunch. If you wish to have water or something to drink please bring it along with you.

If you are able to be there please let Gerry Putman know.

Phone: 1-613-476-6557

Address: 18 Ferguson Street
Picton, Ontario
K0K 2T0

E-mail: bgputman@sympatico.ca



The Disability Tax Credit and You -- Reprint, Mar/April 2008 From The Vancouver High Life March/April 2010

If you have a colostomy, ileostomy or urostomy, and regularly submit a tax return every year, you may be eligible for a tax credit. All or part of this amount may be transferred to your spouse or common law partner, or to another supporting person. The form does not come with your standard income tax package, it must be ordered separately. It is called Form #2201.

HOW DO YOU FILL OUT THIS FORM?

The first part includes a self-assessment questionnaire for the individual to complete to see if he or she is eligible. You may find you are confused by what the form means when it uses the terms 'impairment', 'disability' or 'markedly'. These terms are not well explained on the form.

IMPAIRMENT is an anatomical and/or physiological loss or damage to the body -- such as an amputation, or severe arthritis, or loss of sight. All ostomates have a degree of impairment, in that we have lost a part of our body -- rectum, bowel or bladder -- necessary for normal function, and in most cases, this is permanent.

MARKEDLY and DISABILITY refer to the degree to which an impairment alters one's daily life -- in other words what effect this has on one's ability to function. This is what your doctor will be asked to assess in Part B of the form. He or she will be required to verify the duration (how long you have had the ostomy and whether or not it is permanent) and the effects of the impairment (ostomy) on your ability to function normally. The doctor will need to certify that you are 'markedly restricted in a basic activity of daily living'. Essentially, the doctor must certify that either the patient 'needs the assistance of another person to empty and tend to their appliance on a daily basis', or that the care of the ostomy requires an 'inordinate amount of time'.

If you require assistance to manage your ostomy, or if you spend significantly more time than a normal person managing elimination, you qualify for this tax credit. Form 2201 does not provide room to expand upon these factors, therefore, we recommend that you describe your daily functions in a separate letter which your doctor will need to verify. Some examples of factors which would support your application would be:

- frequent need to change your appliance (ie more than once a day)
- difficulty in cleaning/changing/maintaining the appliance due to rheumatoid arthritis, poor eyesight or mobility issues
- the need for another person to assist you in ostomy management
- lengthy amount of time required to irrigate
- frequency and duration of accidents
- restrictions on mobility (ie confined close to home, or bathroom mapping due to high-maintenance ostomy)
- lengthy amount of time spent on changing the appliance due to special fitting and/or skin problems

- disruptions to rest and sleep due to leakage/need to clean up

- unusual number of times per day/night you need to empty the appliance

Doctors' time is at a premium these days and most will charge a fee for writing a supporting letter. (Some may charge just for ticking off the boxes in the form) And even if you have been going to the same doctor for years, you can't realistically expect them to know all the details of your management routine. You should write your own letter, in a clear and concise manner that can be efficiently read by your doctor, and let him or her verify it. You should be prepared to explain anything that he or she questions.

You can send Form T2201 at any time of the year, but it's recommended that you submit it before you file your Income tax return. If you send it in later, or at the same time, it will still be processed but this may take longer for your submission to be assessed. If you are deemed ineligible, the form will not affect the outcome of your usual tax return.

How much you get back will vary depending on your income, and when your ostomy surgery was first performed. Once you have been accepted as eligible for the DTC, you do NOT need to re-apply with your doctor again. You will be registered with Revenue Canada as eligible, and can claim the standard disability deduction on the standard income tax form.

If your ostomy is temporary, you can still apply for the Disability Tax Credit and may be eligible for the period of time that you have the ostomy until you can be reversed. Revenue Canada may review your case to ascertain that you still have the ostomy.

HOW DO YOU OBTAIN THIS FORM?

You can call toll-free at:

or order online at

www.cra-arc.gc.ca/forms/

You may be able to print the form directly from the internet, but some home printers will not reproduce this accurately.

It's safest to order them from Revenue Canada. When ordering you should ask for at least two copies, so you have a working copy for your records.

A man boarded a plane with six kids.

After they got settled in their seats a woman sitting across the aisle from him leaned over to him and asked, "Are all of those kids yours ? "

He replied, " No. I work for a condom company. These are customer complaints. "

Gee, I WISH I COULD THINK THAT QUICKLY!

HOW CAN OSTOMY SURGERY AFFECT YOU?

By: Robert H. Phillips, Ph.D., Via: Springfield MA, OAGS Newsnotes & S. Brevard Fl, Ostomy Newsletter

Each person is unique and deals with the circumstances surrounding ostomy surgery in a different way. You need to analyze your situation to determine how to best live with your illness. Because having ostomy surgery affects different people in a number of ways, you may experience some or many of the following concerns: Interference with daily activities; Interference with physical functioning; Changes in lifestyle and/or personality; Emotional reactions such as depression, anger, anxiety, helplessness, or guilt; Changes in relationships with family members; Alteration in your social life; Interference with your sleep; Feeling that you have less control. What can you do? Your ultimate goal is to take charge and live a happier life, despite having an ostomy. Here are a few strategies that can help you better handle your ostomy and improve your overall health, happiness and productivity.

1. Be a person— not a patient. Make this the foundation of your thinking. You are a person who has had ostomy surgery, not an ill person. The only time you are a patient is when you are in the doctor's office or the hospital. The way you see yourself living with an ostomy is an essential part of coping successfully.

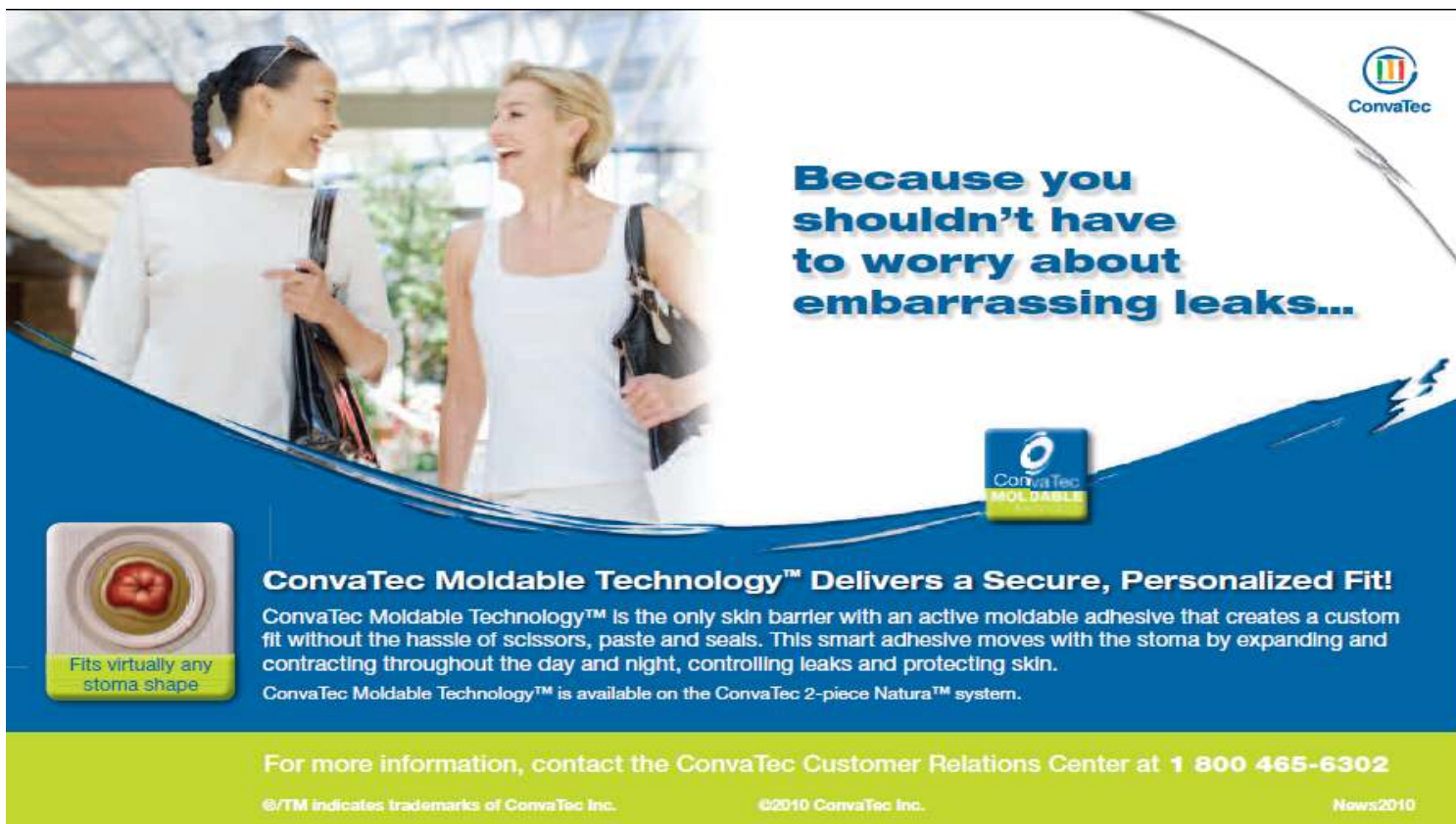
2. Understanding the unique way that your ostomy affects you and your life. Identify the ways that your ostomy causes problems for you. Are you experiencing any problems with the pouch system, leaking, odor, skin breakdown? How does having an ostomy affect others around you? Does it limit your activities?


There are many other factors that may affect you. You'll want to identify them and determine how you're going to deal with them.


3. Set overall goals for improving your life. You'll find that your efforts can include many of the following: Improving your ability to cope with a situation; Setting reasonable, realistic and achievable goals; Aiming to control your life; Improving day-to-day functioning; Improving your perspective on any problems you may be facing; Being more assertive and taking an active part in your healthcare (including dealing with medical personnel); Accepting and improving your ability to deal with the emotional consequences of your ostomy; Increasing your ability to handle negative emotions; Focusing more on your strengths and diminishing the impact of weaknesses or limitations of having an ostomy; Doing things that you like and spending less time on things you dislike; Enhancing positive relationships; Improving participation in your social network; Improving your life satisfaction and quality of life.

4. Pinpoint what you need to help improve your life. Think about all the difficulties you have living with an ostomy. Write these down on the left side of a folded piece of paper. On the right side, next to each item, write down things you can do to improve each one. Note as many alternatives that you can. Ask others for additional ideas, especially if you are not sure what to do about certain things. Keep adding to your list and plan how you will use these ideas to improve your life.

5. Anticipate the negative. There are negative things that can happen during life with an ostomy, but some of these things could happen if you didn't have an ostomy! The more you anticipate and prepare, the better you will cope. Isn't this true of us all—ostomy or not?





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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:

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RR#1, Frankford, On
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Websites of Interest

UOAC: www.ostomycanada.ca

FOW: www.fowcanada.org

Crohn's & Colitis Foundation:

VISITATION SESSION

We would like to hold a visitation session in order to train new visitors along with up dating those who are already certified. Please let Maddy know if you are interested.

Are you on Facebook? If so, join the group called "United Ostomy Association of Canada". Feel free to view or post photos from your chapter World Ostomy Day activities.

The group now has 83 members! The address is <http://www.facebook.com/group.php?gid=39109880405>

Want to join an email discussion list? Visit <http://health.groups.yahoo.com/group/uoac1/> to join, or send a blank email to uoac1subscribe@yahoo.com. We currently have 18 members. Please join us!