



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

HAPPY VALENTINE'S

February, 2009

REACH OUT A HELPING HAND TO OSTOMATES AND THEIR FAMILIES

**Our next meeting will be Thursday,
 February 12, 7:30 p.m. in P24 Pioneer
 Building. Bruce Foster will be our guest
 speaker**

Our next meetings
March 12, 2009
April 9, 2009
May 14, 2009

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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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

Happy Valentine's Day to each and everyone of you. We enjoyed a very informative, interactive meeting with Robert Chiselett from Convatec in January. He answered lots of questions and gave several suggestions to those who were present. He suggested the questionnaire that has been added to the Newsletter. Please fill it out and bring it to the February meeting so we can get your feedback and suggestions. If you have an idea on how to improve the meetings, attendance, speakers, please add those to the questionnaire. We need your input. Some suggestions were made at the last meeting to perhaps help the Chapter. One was to do a colourful folder to give to each new Ostomate listing the Chapter information, some Newsletters, contacts etc. Another is to contact the newspapers and radio stations to have our meeting time, date and place announced on the Community calendar. These are all good suggestions and one of our members is looking into the contact information so we can get some or all of it set up for the future.

Neil and I will be away at the time of the next meeting. We will be on Isla Mirada in the Florida Keys for 4 days. Gerry has graciously offered to chair the meeting in my absence.

Take care of yourselves and each other.
See you in March. Call me if you need me.
Maddy

OSTOMY CLINICS

Thursday January 29, 2009

Shoppers Home Health Care
264 Dundas Street E, Belleville
613-967-4333
1 p.m.—4 p.m.

Wednesday February 4, 2009
Kelly's Home Health Care Centre
411 bridge Street, Belleville
613-966-4302
1 p.m.—4 p.m.

Please call for an appointment.

Be sure to attend these clinics if there is any problem or concern.
Laura Rogers will be in attendance.
This is a bonus for all ostomates so be sure to take advantage of this opportunity.

Coffee Filters...who knew Lots cheaper than paper towels. **Coffee filters ..who knew! And you can by 1,000 at the Dollar Tree for almost nothing.**

COFFEE FILTERS: Not just for making coffee....

- 1. Cover bowls or dishes when cooking in the microwave. Coffee filters make excellent covers.**
- 2. Clean windows and mirrors. Coffee filters are lint-free so they'll leave windows sparkling.**
- 3. Protect China . Separate your good dishes by putting a coffee filter between each dish.**
- 4. Filter broken cork from wine. If you break the cork when opening a wine bottle, filter the wine through a coffee filter.**
- 5. Protect a cast-iron skillet. Place a coffee filter in the skillet to absorb moisture and prevent rust.**
- 6. Apply shoe polish. Ball up a lint-free coffee filter.**
- 7. Recycle frying oil. After frying, strain oil through a sieve lined with a coffee filter.**
- 8. Weigh chopped foods. Place chopped ingredients in a coffee filter on a kitchen scale.**
- 9. Hold tacos. Coffee filters make convenient wrappers for messy foods.**
- 10. Stop the soil from leaking out of a plant pot. Line a plant pot with a coffee filter to prevent the soil from going through the drainage holes.**
- 11. Prevent a Popsicle from dripping. Poke one or two holes as needed in a coffee filter.**



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.

Disability Tax Credit Form

Income tax time is coming up soon for many of us. If you have a colostomy, ileostomy or urostomy you may be eligible for a tax credit. The form required is not widely advertised and does not come with your standard income tax form, you must request form #T2201 and it will be sent to you. The DTC was instituted some years ago for individuals who have an impairment in physical or mental function that is deemed severe and prolonged.. Individuals with an ostomy are deemed to have a significant impairment in the bodily function of elimination (bowel or bladder) and are therefore eligible the same as, for example, someone with a severe visual impairment. The form is not difficult to complete and once done, you need to take it to your doctor for verification of your condition.

You are only eligible for the disability amount if a qualified practitioner (your doctor) certifies, on the form, that you have a prolonged impairment and certifies its effects, and if the income tax people approve your form. Your doctor may write his or her own letter detailing the extent of your situation, or you may write your own assessment and present it to your doctor for his or her certification. Some doctors will charge for this service.

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. If you have had your ostomy for some time, a successful DTC assessment will be prorated back to either the date on which you had your surgery, or the date when form T2201 was first instituted (if your surgery was performed many years ago). How much you get back will vary depending on your income, and when your ostomy surgery was first performed.

To obtain a copy of the Disability Tax Credit Form you can call 1-800-959-2221 and request Form #T2201. Or you can order online at www.cra.gc.ca/forms. You can request more than one copy of this form, which will be mailed to you.

This article was taken from the January 2009 UOAC Connection

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

WINTER OSTOMY CONCERNS

Via: The Greater Cincinnati Chapter & Greater Louisville Newsletter

For those of us who live in northern climates and have undergone ostomy surgeries, it is important to use caution when shoveling snow. Because we have had abdominal incisions, we are at higher risk than the general public and must protect ourselves from stoma injury. Keep in mind the following safety precautions when shoveling your way through the piles of snow that await us this winter. Because we are all different, check with your doctor to see if there are weight limitations for you to push or lift. Do a little at a time and rest in between; it does not usually have to be done all at once. Pushing snow may be easier than lifting every shovelful. Hold the handle slightly to the side of your body as you push the shovel along; that way if you were to hit an uneven part of the driveway or sidewalk, the handle would not suddenly poke into your abdomen or stoma. Drink plenty of fluids before, during and after shoveling-shoveling is strenuous exercise. Don't hold your breath while straining to lift heavy snow, breathe through the lift. Wear boots that have a good grip-not ones which may let you slip and fall. If you are not physically up to shoveling safely, hire someone to do it or ask a relative or a friend to do it for you. It is not worth injuring yourself or facing additional surgery just to get it done.

REMINDER:

Could you donate your Canadian Tire money for the purchase of plastic cups, plastic spoons, etc for coffee time.

If you can please give it to Gerry.

Thank you!

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The Flu and What to Do

The flu brings with it headaches, upset stomach, diarrhea, muscle aches and pains!!!! The advice - plenty of fluids and rest in bed - this remains sound medical advice for your general attack of the virus. But if your case of the flu includes that "bug-a-boo" diarrhea, you may find the following hints helpful.

For those with a colostomy, it is usually wise not to irrigate during this time. Your intestine is really washing itself out. After diarrhea, you have a sluggish colon for a few days, so again, "leave it alone". Start irrigation again after a few days when your colon has had a chance to return to normal.

For the ileostomate, diarrhea is a greater hazard. Along with the excess water discharge, there is a loss of electrolytes and vitamins that are necessary in maintaining good health. This loss is usually referred to as a loss of fluid which, in turn, brings a state of dehydration. ... therefore, you must restore electrolyte balance. First, eliminate all solid food. Second, obtain potassium safely and effectively from tea, bullion, and ginger ale. Third, obtain sodium from saltine crackers or salted pretzels. Fourth, drink a lot of water. Cranberry juice and orange juice also contains potassium, while bullion and tomato juice are good sources of sodium. Vomiting also brings the threat of dehydration. If it is severe and continuing, your doctor should be notified. You should know also that diarrhea may be symptomatic of partial obstruction or an acute attack of gastroenteritis. Since the treatment of these two entities is entirely different, a proper diagnosis should be made as rapidly as possible if obstruction is suspected because of localized cramping. A physician should be sought immediately. So you can see why it is so important to determine whether the diarrhea is caused (1) by obstruction or (2) gastroenteritis. If you do not know, check it out with your doctor. Do not play games. Remember, always call your physician unless you are 100% certain of what you are doing.

For urostomates-be sure to keep electrolytes in balance follow the general instructions for colostomies and ileostomies. No ostomates should take medicine for pain or a laxative without the physician's order. Do not use antibiotics for colds or flu unless the doctor orders it. In colostomy patients, drugs or certain foods can cause constipation- prevented during a cold by drinking plenty of liquids. Increased water intake in the ileostomate results in increased urine output rather than increased water discharge through the appliance. When returning to a normal diet, use fiber-free foods at first, then gradually increase to regular, normal diet. Prompt attention to the symptoms of distress of colds and flu should bring to each of you a happier and, hopefully, healthier winter.

*SOURCE: Metro Halifax News, October 2008;
Winnipeg Inside Out November 2008*

FACTORS WHICH INFLUENCE OSTOMY FUNCTION

By: Liz O'Connor, R.N., E.T. Via: Metro MD & Sterling Ostomy Assoc., Sterling, IL

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. This 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 fluids—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. Gatorade is used by athletes for electrolyte replacement. It is better served over ice. Remember that some of the signs of electrolyte imbalance are irritability, nausea and drowsiness. Be prepared and prevent this problem when possible. Keep well hydrated with adequate fluids of all types—water included

NIBBLING

By: R. D. Somer, M.A., R.D. Via: The Internet & Hemet – San Jacinto, CA

I was raised on three square meals a day, but I am noticing that I'm starting to gain weight. Should I cut down to two meals a day? No, in fact, you should eat more frequently, not less. The nibbler's diet has replaced the "three squares" diet as a better way to manage weight, cut heart disease and diabetes risk and curb cravings. A study from the University of Michigan School of Public Health found that women who divided their food intake into several little meals and snacks through the day were leaner, with less body fat, than women who ate the same amount of calories, but packed them into two or three big meals. Why, nibbling helps weight management is poorly understood; however, one theory is that dividing the same amount of calories into five or more little meals and snacks encourages the body to "burn" the food for immediate energy, rather than store it in the hips and thighs. Eating breakfast and eating at consistent times each day also helps curb hunger and prevents overeating later in the day. For example, researchers at Vanderbilt University in Nashville, Tennessee, found that women who ate breakfast had an easier time controlling cravings and consumed less fat throughout the day compared to breakfast skippers. In fact, if someone tells me he/she struggles with food cravings in the afternoon, my first question is "did you eat breakfast?" More often than not, the answer is "no". Your best bet is to establish a consistent pattern of eating where you eat every four to five hours, which in the course of a few weeks, will help reprogram your body's appetite and hunger clock. The benefits extend beyond just weight management. Nibbling, compared to gorging on big meals, helps improve cholesterol, and improves insulin sensitivity. The benefits are noticed within weeks of initiating a nibbling style of eating. The trickle-down effect on health is a lower risk of diabetes, heart disease (the number one health concern of postmenopausal men and women), and possibly even cancers of the colon and breast. But wait! Before you race to the vending machine with a license to snack, keep in mind that unplanned nibbling can make or break your weight management effort and health. The secret is not to add more snacks to your usual diet but to divide your current food intake into five or six little meals, while continuing to emphasize fiber and nutrients and de-emphasize the fat, sugar, and salt. In other words, have the oatmeal with raisins and orange juice for breakfast, but save the glass of milk and banana for the mid-morning snack. Have a sandwich, raw vegetables and tomato juice for lunch, but save the dessert of yogurt and fruit for the mid-afternoon snack. Dine on spaghetti, salad and steamed vegetables in the evening, then have a slice of French bread and a cup of nonfat cocoa for a late-night snack.

AIRPORT SECURITY OFFICIALS OPEN TO OSTOMATES

Airport screening and personal privacy issues were the focus of discussions when UOAC President Mike Woolridge and Halifax Metro Chapter member Joel Jacobson met with security officials at Halifax Stanfield International Airport in early December.

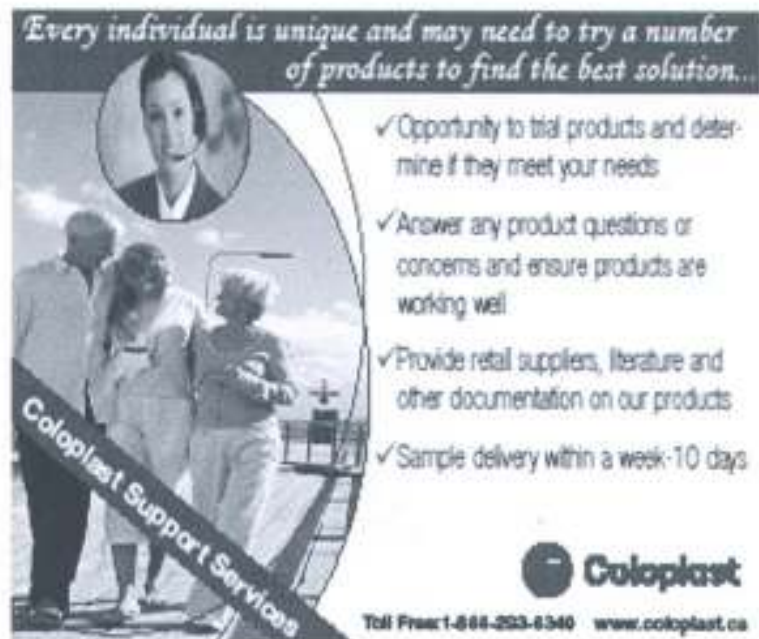
Mike and Joel explained the concerns of UOAC members country-wide regarding carrying on ostomy supplies, including all implements necessary for ostomy equipment change during flights. While sharp-nosed scissors to cut flanges seemed to be still a no-no, and recommendations by security people was to pre-cut flanges prior to packing the carry-on kit, security people were open to being more discreet about questioning and personal patting-down..

Dialogue and education are the best ways to head off potential problems no matter what business you are in.. said Mike to a group of six men and women connected with Halifax security. Our discussion is the first step in that process..

He later expressed his commitment to have UOAC members attend (and lead) training sessions at selected airports country wide to discuss our concerns with security staff and its various contractors. He also stressed UOAC leaders have to do more within our own Organization to better prepare our members who intend to travel..

A better understanding of screening requirements and personal privacy issues was achieved by both parties at this meeting.. Mike said. The message will be passed to security people across the country.

This was taking from the UOAC Connection of January 2009.



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ILEOSTOMY BLOCKAGES AND THE EMERGENCY ROOM

At a recent chapter meeting, the subject of emergency room procedures dealing with ileostomy blockages came up. Several members expressed concern that medical personell who were on duty in the ER were not entirely sure how to deal with the situation. New ostomates who experience a serious blockage may not have the experience to know what to do, either. It can be a frustrating experience at best, and at worst, a dangerous one. Blockages can be mild and resolve themselves, or they may be extremely painful and require hospitalization. You should know how to identify a blockage if you get one, what to do at home to alleviate the discomfort, and when you need to go to the hospital.

The cause of ileostomy blockage is almost always something you have eaten. Even experienced ileostomates who are wise to what is safe for them to eat can still get the occasional bout of blockage. Nuts, corn, popcorn, coconut, celery, Chinese vegetables, fruit pits, and tough cuts of meat are a few foods that may cause blockage problems. Ileostomates who chew their food poorly, eat rapidly, do not drink sufficient liquids or have dental problems will be more prone to have food blockages.

Warning signs of a blockage:

There will be minimal or no output from the stoma for several hours; the stoma and/or abdomen may appear swollen; there may be mild to severe cramping and pain in the abdomen. You may feel nauseous, or vomit.

What to do:

Apply a pouch with a larger opening if the stoma looks like it's getting pinched. Do NOT eat solid food, do NOT take laxatives or painkillers and do NOT try to put anything into your stoma. If no nausea or vomiting is present start drinking non-carbonated liquids — warm drinks such as tea are good. Try massaging your abdomen or assume a knee-to-chest position, or any position that helps relax or 'rearrange' the intestines. Soaking in a hot bath can sometimes help. Food boluses can sometimes be loosened and passed along with these simple home remedies.

If symptoms are getting worse, or if nausea and vomiting are happening, you need to go to the hospital emergency. Call your doctor if possible and have someone drive you to the hospital. Don't try to drive yourself. Take a supply of pouches and products that you normally use because you can't count on the ER to have your brands readily to hand. Write down the name of your surgeon, doctor and ET nurse to give to the ER staff. Bring any prescription medications you need to take on a regular basis. And take a copy of the above procedure card to show staff in ER. Even if they already know how to deal with a blockage, the information on the card will speed your treatment.

Your stoma area and/or abdomen may be sore for a few days after a severe blockage; this will go away. Be sure to continue drinking lots of fluids. You might also consider eating low residue 'gentle' foods for a day or two to give your guts a rest. They've been through a nasty experience!

The Canadian UOA has similar procedure cards (not available at press time) which can be ordered via:

Website: www.ostomycanada.ca/

Email: uoacan@astral.magic.ca

Toll-free: 1-888-969-9698

Ask for publication

#14 - 004, "If You Have a Food Blockage"

EMERGENCY ROOM STAFF: ILEOSTOMY OBSTRUCTION

Symptoms: No stomal output; cramping abdominal pain; nausea and vomiting; abdominal distention, stomal edema, absent or faint bowel sounds.

1. Contact the patient's surgeon or WOC/ET Nurse to obtain history and request orders.
2. Pain medication should be initiated as indicated.
3. Start IV fluids (Lactated Ringer's Solution/Normal Saline) without delay.
4. Obtain flat abdominal x-ray or CT scan to rule out volvulus and determine the site/cause of the obstruction. Check for local blockage (peristomal hernia or stomal stenosis) via digital manipulation of the stoma lumen.
5. Evaluate fluid and electrolyte balance via appropriate laboratory studies.
6. If an **ileostomy lavage** is ordered, it should be performed by a surgeon or ostomy nurse using the following guidelines:
 - Gently insert a lubricated, gloved finger into the lumen of the stoma. If a blockage is palpated, attempt to gently break it up with your finger.
 - Attach a colostomy irrigation sleeve to the patient's two-piece pouching system. Many brands of pouching systems have Tupperware®-like flanges onto which the same size diameter irrigation sleeve can be attached. If the patient is not wearing a two-piece system, remove the one-piece system and attach a colostomy irrigation sleeve to an elastic belt and place it over the stoma.
 - Working through the top of the colostomy irrigation sleeve, insert a lubricated catheter (#14-16 FR) into the lumen of the stoma until the blockage is reached. Do not force the catheter.
 - **Note:** If it is possible to insert the catheter up to six inches, the blockage is likely caused by adhesions rather than a food bolus.
 - Slowly instill 30-50 cc NS into the catheter using a bulb syringe. Remove the catheter and allow for returns into the irrigation sleeve. Repeat this procedure instilling 30-50 ccs at a time until the blockage is resolved. This can take 1-2 hours.
7. Once the blockage has been resolved, a clean, drainable pouch system should be applied. Because the stoma may be edematous, the opening in the pouch should be slightly larger than the stoma.

Hopefully you are able to read this. It is a scan of the card that they are using from the Evansville Ostomy Association. As the article stated Canada is apparently designing a similar one.

Practicing Relaxation

The ability to deeply relax and release tension from your body and mind doesn't always come naturally. For many people, it's a skill that needs to be developed and practiced several times a week or when you find yourself in a stressful situation.

To do so, find a comfortable position and focus your mind for about 10 minutes on one or more of the following:

- Put the tip of your tongue on the roof of your mouth and spend a few minutes relaxing different groups of muscles in your jaw and face.
- Place one hand over your heart and one hand on your abdomen. Close your eyes. Inhale gently and deeply through your nose to the count of six while pushing your abdomen out. Pause for a moment, then slowly exhale and repeat.
- Starting at your feet, flex small groups of muscles for a moment and then release the tension. Gradually move up your body, letting each area along the way fully relax.
- Close your eyes and picture yourself in a place of relaxation – a high mountain meadow, perhaps, or by a lake. Imagine the sights, sounds, smells and feel of this place. Done regularly, relaxation techniques may reduce stress and lower your blood pressure and heart rate. Many people find they are more productive and calmer if they use relaxation techniques on a regular basis.

• SOURCE: Mayo Clinic Health Letter, via South Brevard (FL) Ostomy Newsletter; Halton-Peel Newsletter, November 2007, via Inside Out On-line Jan/08. Via: Brantford & District Ostomy News Jan.2009

RESTORING INTIMACY

Via: The New Outlook & GB News Review

Frequently, among the first things to enter a recovering patient's mind after major surgery is, "Will I be a whole person in the eyes of my spouse?" Accepting oneself is the first step toward a happier marriage and sex life—at any time for that matter. By accepting one's self, one appears as an emotionally well-balanced and relaxed person, appealing to his or her spouse. When one has fear of rejection, fear of being unable to perform, fear of being un-loved, the fears can be self-fulfilling. A healthy mutual, emotional caring for and about each other's well being always plays the most important role in a loving relationship. Another most important ingredient is openness, a comfortable attitude that accompanies self-acceptance and invites acceptance by the spouse. If you are concerned about how your spouse will react to change in your body, that is normal. The hardest part is accepting what you cannot change, but you must for a healthy outlook. Once you manage to banish fear of rejection and the anger of "Why me?", you can work toward building emotional health and toward becoming comfortable with your new image. Your spouse may have greater emotional hang-ups than you, that may be magnified by concerns for your emotional health. Your own positive attitude goes far in rebuilding the relationship, re-kindling the "old spark".

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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.

Gatorade is used by athletes for electrolyte replacement. It is better served over ice. Remember that some of the signs of electrolyte imbalance are irritability, nausea and drowsiness.

Be prepared and prevent this problem when possible. Keep well hydrated with adequate fluids of all types—water included

Ileostomy Absorption Concerns

Due to the absence of the colon and often altered transit time through the small intestine, the type of medication taken must be carefully considered when prescribing for the person with an ileostomy. Medications in the form of coated tablets or time-release capsules may not be absorbed and therefore no benefit is received. Before the prescription is written, the patient with an ileostomy should inform the physician of his concern. If the medication required is available only in a certain form and the coating would not be destroyed by stomach juices, then the tablet may be crushed between two spoons and taken with water. This often results in an evil-tasting mixture, but absorption is ensured. However, check with your physician first. The best type of medication for the person with an ileostomy is either in the form of uncoated tablets or in liquid form. Although these are not the most palatable treatments, these dosage forms ensure that the medication prescribed will be absorbed. A pharmacist can assist in choosing the form of a Medication that will be best absorbed. After ileostomy surgery, never take laxatives. For a person who has an ileostomy, taking laxatives can cause severe fluid and electrolyte imbalance.

Via: Cleveland Ostomy Association;
Re-Route, Evansville IN Oct 2008

T'was the month after Christmas and all through the house
Nothing would fit me-not even a blouse.
The cookies I'd nibbled- the eggnog I'd taste
All the holiday parties had gone to my waist.
When I got on the scales there arose such a number
When I walked to the store (less a walk than a lumber).
I'd remember the marvelous meals I'd prepared
The gravies and sauces and beef nicely rared
The wine and the rum balls- the bread and the cheese
And the way I'd never said: No thankyou, please.
As I dressed myself in my husband's old shirt
And prepared once again to do battle with dirt.
I said to myself- as I only can
You can't spend a winter disguised as a man.
So- away the last of the sour cream dip
Get rid of the fruit cake- every cracker and chip.
Every last bit of food that I like must be banished
Till all the additional ounces have vanished.
I won't have a cookie- not even a lick
I'll want only to chew on a long celery stick
I won't have hot biscuits- or corn bread- or pie
I'll munch on a carrot and quietly cry.
I'm hungry- I'm lonesome-and life is a bore...
But isn't that what January is for?
Unable to giggle- no longer a riot
Happy New Year to all & to all a Good Diet!!!
Author unknown, received by e-mail.

Did you know that many non-living things have a gender? For example...

Web Page - Female, because it's always getting hit on.

Subway - Male, because it uses the same old lines to pick people up.

Hourglass - Female, because over time, the weight shifts to the bottom.

Hammer - Male, because it hasn't changed much over the last 5,000 years, but it's handy to have around

Remote Control - Female Ha! You thought it'd be male. But consider this. It gives a man pleasure, he'd be lost without it, and while he doesn't always know the right buttons to push, he keeps trying.



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In addition Kelly's pay the mailing costs to send out the Chapter's monthly Journals
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BELLEVILLE, QUINTE WEST & AREA CHAPTER OF UOAC SURVEY

The Executive of our Chapter would appreciate it if you would complete the following survey and return it to the next meeting or you could e-mail it back to me.

1. Are you pleased with the following and if not please give a suggestion for change.

A) Is the day of the meeting convenient? Yes No
If it is not convenient when would you like to see the meetings held?

B) Is the time of the meeting convenient? Yes No
If not, what is an appropriate time? _____

C) Do you like the venue for the meeting? Yes No
If not, could you suggest another venue. _____

2. What do you hope to get out of the meetings?

3. As speakers are always an important part of our meetings could you suggest some speakers?

Name	Contact number
_____	_____
_____	_____
_____	_____

4. Would you be willing to contact a speaker to set a meeting time?

Yes No

5. Do you have other suggestions for our meetings? These could include activities, day trips, hobbies, etc.

6. As we know there is quite a bit of talent within our group. Do you have a hobby or interest that you would like to share with us?

7. Please add any suggestions or concerns that you would like to see addressed at the meetings.

