



Watch out for Cupid!!!!

February, 2010

REACH OUT A HELPING HAND TO OSTOMATES AND THEIR FAMILIES

**Our next meeting will be Thursday
February 11, 2010 at 7:30 p.m. in P24
Pioneer Building. Come and meet Dan
Hache from Convatec.**

Our next meetings
**February 11, 2010
March 11, 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.

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.

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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.

PRESIDENT'S MESSAGE

Happy New Year to each and every one of you and your families. I sincerely hope that your Christmas and Holiday season was filled with joy and friendship.

Now that the new year is here we need to focus on helping each other and new ostomates. Gerry has prototypes a new flyer that we will be able to give to new ostomates in their package they receive at Belleville General Hospital. I am hoping to have them attached to all ostomy supplies that are packaged at Kelly's, Shoppers etc for a months time. Hoping that this will contact each ostomate in our area who may need our support.

Our meeting on Thursday night was very small, so we chatted about the flyer, the fact that Dan Hache will be at our next meeting. Dan is a new representative for Convatec, just completed his training, so please come to the February meeting with your questions and concerns. Neil and I had a coffee with Dan before Christmas and found him to be a quality person. He has resources to share with us about ostomy problems and health in general.

Gerry brought the Olympic torch that he carried on his run and Bawn was dressed in the clothing that she and the friends and family proudly wear.

Hope to see you in February
Maddy

Message from the Editor

We hope that everyone is enjoying this warm weather. It is not much good for the ice fishermen but who knows what February will bring.

At this time that are no nominees for "Unsung Hero Award" for our Chapter. If there is someone that you feel that should be recognized please send the name and the reasons why you think this person should be recognized. Please send in your names by the next meeting. You can send them to Maddy or myself.

We had a poor showing of members at the last meeting so lets try and give Dan Hache a warm welcome at the February meeting.

I have a copy of the shortened version of a thesis that was done concerning spouses of ostomates. I will bring some copies to the February meeting if you are interested.

Please note that the conference registration form and the hotel registration form are in this month's "Ostomy Canada". The conference will be held in Sydney, Nova Scotia which is a beautiful place. Think about attending and get your forms in early so you will be assured of a place.

If you are interested in the Visitation Course please let Bawn or Gerry know.

STAY AWAY FROM THE FLU: WHAT YOU CAN DO
The advice below is from an old friend who happens to be a doctor. The advice is free – make your own mind up about its relevance to you:

Thanks to media hype about H1N1, several people who trust me have either approached or called me to ask for advice. The hype in media about the utility of face masks and N95 respirators as a tool for general protection against H1N1 can't be deplored enough. Yesterday, a friend who listened wanted me to write down briefly what I advised so that he could tell others in similar words. Hence this short email to friends whom I have advised recently (and others whom I haven't yet). Please realize that this is not an official advice, especially the one about face masks or N95. Most N95 respirators are designed to filter 95% particulates of 0.3 μ , while the size of H1N1 virus is about 0.1 μ . Hence, dependence on N95 to protect against H1N1 is like protecting against rain with an umbrella made of mosquito net. Tamiflu does not kill but prevents H1N1 from further proliferation till the virus limits itself in about 1-2 weeks (its natural cycle). H1N1, like other Influenza A viruses, only infects the upper respiratory tract and proliferates (only) there. The only portals of entry are the nostrils and mouth/ throat. In a global epidemic of this nature, it's almost impossible not coming into contact with H1N1 in spite of all precautions. Contact with H1N1 is not so much of a problem as proliferation is.

While you are still healthy and not showing any symptoms of H1N1 infection, in order to prevent proliferation, aggravation of symptoms and development of secondary infections, some very simple steps - not fully highlighted in most official communications - can be practiced (instead of focusing on how to stock N95 or Tamiflu):

1. Frequent hand-washing (well highlighted in all official communications).
2. "Hands-off-the-face" approach. Resist all temptations to touch any part of face (unless you want to eat, bathe or slap).
3. Gargle twice a day with warm salt water (use Listerine if you don't trust salt). H1N1 takes 2-3 days after initial infection in the throat/ nasal cavity to proliferate and show characteristic symptoms. Simple gargling prevents proliferation. In a way, gargling with salt water has the same effect on a healthy individual that Tamiflu has on an infected one. Don't underestimate this simple, inexpensive and powerful preventative method.
4. Similar to 3 above, clean your nostrils at least once every day with warm salt water. Not everybody may be good at Jala Neti or Sutra Neti (very good Yoga asanas to clean nasal cavities), but blowing the nose hard once a day and swabbing both nostrils with cotton buds dipped in
(continues on page 7)
(with cotton buds dipped in

What is SASO?

SASO is the acronym for Spouse and Significant Others. The SASO is an abbreviated term to identify a committee of UOAC.

Who are they? They are spouses/ partners and family members of ostomates.

What do they do for ostomates if asked? They contact the spouses/partners and family members of new ostomates to help them with adjusting to living with an ostomate.

When a new ostomate is visited by a member of the UOAC (United Ostomy Association of Canada) local chapter, there is a SASO member ready and willing to visit with the spouse/partner and family upon request. This trained visitor has lived with an ostomate for quite some time and is fully certified by UOAC, having completed the UOAC Visitor's Training Program.

We do not give medical advice as this is readily available from the ET and the ostomate's Doctor.

What we do give is shared experience on how life with an ostomate is normal and rewarding. Really, a second chance at life for without this surgery our loved one would surely have died.

As with the ostomate who is partnered with another ostomate of the same gender and age group if possible, the spouse/partner or family member is partnered with the same age group. This helps the new member of the ostomate family realize that they are not alone when they have moments of frustration and confusion.

We are a group of spouses/partners and family members who are there to support the new ostomate's family. Through this family support we are helping the ostomate in his/her rehabilitation process.

All SASO members are active registered members of UOAC which recognize SASO as one of its committees.

For further information on SASO you can contact the under signed or your local UOAC chapter.

Betty Woolridge
Committee Chairperson

Or

Bawn Putman
18 Ferguson Street
Picton, On

1-613-476-6557 E-mail: bgputman@sympatico.ca

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.

HAPPY BIRTHDAY

MADDY SWINDON

GWEN AUBIN

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Hello Fellow Ostomates, (From The Connection Jan. 2010)
We have moved from the holiday festive season back to working toward the goals and objectives of the United Ostomy Association of Canada Inc. It is my intention to enlighten all our members to the present status of the Public Awareness Committee (Advocacy) of UOAC. This committee was struck last year in order for UOAC to collect and compile information to be used to assist our members with reimbursement for the ever-increasing costs of their appliances.

Some provinces have programs in place and others do not. A UOAC committee has decided to start a pilot project with the province of Ontario. The Assistive Devices Program of Ontario has a grant program in place. Each person with a permanent ostomy is eligible to receive an annual grant of \$600 to assist with the cost of appliances, issued at \$300 every six months. All persons who live in Ontario must renew his/her eligibility for this grant every two years. The costs have been increasing regularly while the grant has remained the same since 1993.

UOAC surveyed all its members requesting information on the cost and other important data. Another letter was sent to each of the retailers in Ontario with the same information and survey. The store managers were asked to place them in all orders for a period of time. UOAC feels that we captured both members of our association and non-members and received information from a wide range of Ontario residents.

To complete this project, the National Office has dedicated a person and purchased a data base programme to record the information. Presently, UOAC is entering data, which, when completed, will collate the findings to present to a professional who will further the members cause to the Government of Ontario and the Assistive Devices Program. It is the intention of UOAC to repeat the process in another province. Sample letters, surveys and a procedure has been created and will be sent to the next province that is selected. This will be repeated until all provinces have been canvassed. This is a tedious and onerous task. We all must be patient in order to retrieve and collate the correct information. The process will take some time to implement for all provinces. I hope this message will be disseminated to all so that the word will spread about the actions and status of the Public Awareness Committee (Advocacy) of UOAC. As our Calendar indicates we will have a busy January. The Chairs for all committees have to complete and send in their Action Tactical Plans. The office will process all membership dues and update the membership data base. The Camp Committee has confirmed that this year's camp will run from July 5 to July 10. Letters of sponsorship for this year's camp will be sent out. The President and Secretary will distribute information about the upcoming March meeting. The Conference Planning Committee is in full swing and will be sending letters to anticipated exhibitors, sponsors, etc. The country report for IOA will be compiled and sent this month. The Nominations and Elections Committee will send out information about the offices that will be vacant along with information about the election in August 2010.

Les Kehoe

THE DUMBEST THINGS EVER SAID...

Via: "The Pouch" Northern VA. Ch.

I'm sure these stories will bring to mind some funny things that happened to you that weren't so funny at the time.

- After my ostomy surgery, a well-meaning aunt told me not to worry. She said I was still a beautiful girl—it's not like I wore the bag on my face.

- Back when I had my ileostomy for about three years, I had to have some surgery to clear up a lingering Crohn's related infection. While I was recuperating from this surgery, my new-age nurse tried to convince me of the rejuvenating powers of enemas. The pitch was "Rejuvenation Through Elimination." This with "ileostomate" stamped on my records.

- Last year, I went for a doctor showed up with a student doctor, looked at my chart and then proceeded to tell me to drop my trousers while putting on a pair of rubber gloves. Then, he asked me to turn around and bend over. I stood there in total bewilderment and asked, "what exactly are you going to do, doc?" After telling me about the usual probing method involved, I smilingly informed him that he would have no results with this exam. Miffed, he asked, "why not?" I kindly told him, "re-look at my chart." One advantage of my ostomy is that I'm sewn up tighter than a drum back there—no one is ever going to cause me discomfort in my butt again, thank you." He slumped in a chair. Now he had the bewildered look. Needless to say, I pulled up my pants and hastily left his office. Makes you wonder, doesn't it?

- Right after I returned to work from my ileostomy surgery, I was in the lunch room eating my lunch. A co-worker who had seen me there several days in a row, looked at my lunch and said, "I want to give you some advice. If you don't eat more roughage, you'll end up getting colon cancer." I looked up at her and said, "not likely."

- I was in a grocery store at the check-out counter. I had a little gas and my pouch was sort of puffed out, but hidden under my shirt. The cashier challenged me as to what was under my shirt—assuming I may have stolen assuming I may have stolen something. I tried to explain, but her facial expression dictated I show off. So I opened my pants revealing a full pouch. The girl turned purple with embarrassment. But the little boy of the lady in the line behind me responded, "oh neat, I want one Mommy!"

- I was in class one day when as I like to call it, my carry-on-bag sort of broke—it was falling off. I went up to the teacher and asked her if I could go to the bathroom. She replied, "Can't you just hold it?" I said pathetically, "I am." Needless to say, she didn't get the joke.

- "No, we can't go to that shopping center. Karen doesn't know where all the bathrooms are."

- A co-worker said, "How much do you think a colon weighs? "I'll bet you 'd lose 7 lbs if it were removed."

Believe it or not... These are Memphis , TN 's REAL 911 Calls!

Dispatcher : 9-1-1 What is your emergency?

Caller: I heard what sounded like gunshots coming from the brown house on the corner.

Dispatcher: Do you have an address?

Caller: No, I have on a blouse and slacks, why?

Dispatcher: 9-1-1 What is your emergency?

Caller : Someone broke into my house and took a bite out of my ham and cheese sandwich .

Dispatcher : Excuse me?

Caller : I made a ham and cheese sandwich and left it on the kitchen table and when I came back from the bathroom, someone had taken a bite out of it.

Dispatcher : Was anything else taken?

Caller : No, but this has happened to me before and I'm sick and tired of it!

Dispatcher: 9-1-1 What is the nature of your emergency?

Caller: I'm trying to reach nine eleven but my phone doesn't have an eleven on it.

Dispatcher: This is nine eleven.

Caller: I thought you just said it was nine-one-one

Dispatcher: Yes, ma'am nine-one-one and nine-eleven are the same thing.

Caller: Honey, I may be old, but I'm not stupid.

My Personal Favorite!!!

Dispatcher: 9-1-1 What's the nature of your emergency?

Caller: My wife is pregnant and her contractions are only two minutes apart

Dispatcher: Is this her first child?

Caller: No, you idiot! This is her husband!

And the winner is.....

Dispatcher: 9-1-1

Caller: Yeah, I'm having trouble breathing. I'm all out of breath. Darn....I think I'm going to pass out.

Dispatcher: Sir, where are you calling from

Caller: I'm at a pay phone. North and Foster.

Dispatcher: ! Sir, an ambulance is on the way.

Are you an asthmatic?

Caller: No

Dispatcher: What were you doing before you started having trouble breathing?

Caller: Running from the Police

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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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OUR OLYMPIC HERO!!!!!!!!!!

We went to visit Vern & Cathy just before New Year's. Vern has his new hip BUT..... he also has a broken femur bone and has to stay quiet for another 6 weeks.

Take care and get better soon!

Free subscription to ConTact™



What can I eat? Should I be careful with exercise? Intimacy?

ConTact™ is ConvaTec's new lifestyle magazine for people living with an ostomy. It offers a wealth of information on issues such as nutrition, exercise, mental health, skin care, stoma care, travel and intimacy.

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PELVIC POUCH QUESTIONS

-About.Com Inflammatory Bowel Disease

Can you develop a food blockage with a pelvic pouch?

What is the difference between a food blockage and a mechanical blockage?

Yes, you can develop a food blockage in your pelvic pouch but it is not a common problem. It tends to occur when too much insoluble fibre is taken in one day, or over a period of a few days. Insoluble fibre is always a little more challenging for a pouch to deal with compared to soluble fibre. Tolerance for fibre increases as time goes on. A mechanical blockage occurs when scar tissue (which may develop around one or more loops of bowel during the healing process after surgery) causes a partial obstruction of the bowel.

Foods that Help

What are some guidelines on how to eat with a new internal pouch?

There are several foods that are generally easy to pass and may even help to create bulk and firm up stool. If a j-pouch is having a hard time with diarrhea, backing down her diet from new or untried foods and adding some of these foods may help to firm up the stool.

- Applesauce
- Bananas
- Hard-boiled eggs
- Hot breakfast cereals
- Mashed potatoes
- Oatmeal
- Peanut butter (creamy only)
- Plain pasta
- Toast (white bread or other types without seeds or nuts as tolerable)
- White rice
- Yogurt (with live cultures)

Caution Foods

After recovery and adjustment to the new "plumbing," many j-pouchers can tolerate just about anything they want to eat...within reason. There are some foods that should always be eaten with caution, preferably in small amounts, with copious amounts of water, and never at the same time as any other caution foods. The following foods are difficult to pass and may contribute to a bowel obstruction:

- corn
- mushrooms
- peanuts
- popcorn
- seeds
- nuts

Foods That May Cause Diarrhea

A j-pouch is not going to have stools that are similar in consistency to a person who has not had a colectomy, but neither should they be loose or watery. Some foods that will cause diarrhea in one person will be just fine for someone else. The following foods may cause or contribute to diarrhea:

- Alcoholic drinks
- Apple juice (or copious amounts of any fruit juice)
- Baked beans
- Broccoli
- Cabbage
- Caffeinated beverages (coffee, tea, cola)
- Dairy
- Fatty foods
- Fried foods
- Hot peppers
- Prune juice (a natural laxative)
- Spicy foods

Perianal Skin Care

After a colectomy, there will be more bile juices moving through the body and out the rectum. This can result in some significantly uncomfortable burning sensations during and after defecation. It is important to take care of the perianal skin and to eat properly to avoid irritating

it further. Foods that may cause burning stool include:

- Coconut
- Foods/drinks with citric acid (orange juice, flavored waters)
- Green or red peppers
- Hot-flavored foods
- Nuts
- Raisins
- Salsas
- Spicy foods

Ileostomates will also find that internal pouch diet guidelines are a good set of rules to follow

From The Vancouver Ostomy High Life

(continued from page 2)

warm salt water is very effective in bringing down viral population.

5. Boost your natural immunity with foods that are rich in Vitamin C (Amla and other citrus fruits). If you have to supplement with Vitamin C tablets, make sure that it also has Zinc to boost absorption.

6. Drink as much of warm liquids as you can. Drinking warm liquids has the same effect as gargling, but in the reverse direction. They wash off proliferating viruses from the throat into the stomach where they cannot survive, proliferate or do any harm.

All these are simple ways to prevent, within means of most households, and certainly much less painful than to wait in long queues outside public hospitals.

Happy Breathing!

(Evansville Ostomy Association)

OSTOMY CLINIC

Thursday, January 28, 2010

Shoppers Home Health

10 a.m.—2 p.m.

Call for an appointment:

613-967-4333

Laura Rogers will be there along with
Mary Roberts from Coloplast

Thursdays are also Seniors Day!

The Evolution and Innovation of Ostomy Products —

Gwen B. Turnbull, RN, BS

Most of us who have been in the field of enterostomal therapy for some time are familiar with an etching that appears in a 1750 surgical textbook. A middle-aged woman is peering down at her abdomen — the rags she had wrapped around her midsection removed to expose her stoma. Amazingly, this woman (who had the first colostomy of record) lived for many years with nothing more than rags or tree moss to absorb and manage her output.

As late as 1900, no manufactured appliances were available, and patients had no other recourse but to invent their own collection devices — inner tubes, tuna fish cans, and bread bags. Concoctions of vanilla and peppermint extracts, aspirin tablets, mouthwash, perfume, parsley, and bicarbonate of soda utterly failed to control odor. Omnipresent Peristomal skin problems were treated ineffectually with cornstarch, talcum powder, and aluminum paste. Most ostomy patients were relegated to their homes as social outcasts, afraid to venture out into society because of odor, a lack of security, and the fear of embarrassment. Due to the resulting decrease in the quality of life for the patient, ostomy surgery remained the “secret surgery” of last resort for many years.

It was not until the early- to mid-1950s that a cycle of innovation of ostomy pouching systems appeared in the medical device marketplace, literally transforming the life of the ostomy patient. Bulky, heavy rubber products yielded to aesthetically pleasing odor-proof plastics and other modern materials that quickly found their way to ostomy manufacturers' research benches. At about the same time, peristomal skin care made a quantum leap forward with the introduction of karaya. The “skin barrier” was born. Over the next few years, skin barriers became the impetus for startling advances, not only in ostomy care but also for incontinence and wound care. However, it was not long before karaya's limitations became evident. Watery or copious output washed karaya away. It was thermally unstable, had poor adhesion, and many patients developed allergic dermatitis or complained of burning when it was used on broken skin.

In 1965, in conjunction with recommendations by noted colorectal surgeons of the day, a material used to treat oral ulcers (Orahesive® Paste and Orahesive® Powder, developed by J.L. Chen of E. R. Squibb and Sons, Princeton, NJ) was launched in the UK for Peristomal skin care. Eight years later, Stomahesive® wafers were introduced by E.R. Squibb and gained rapid acceptance by clinicians and patients due to a decrease in allergic reactions, increased thermal stability, low moisture absorption, increased wear time, and fewer skin problems. These wafers were sandwiched between the skin and a commercially available pouching system to prevent peristomal skin breakdown.

A decade later, ostomy management took another leap forward when ConvaTec introduced a two-piece pouching system with a low-profile body-side Stomahesive® wafer incorporating a snap-lock flange. This system afforded the patient the freedom, security, and ability to remove the pouch, empty or rinse it, and reapply it without removing the body-side wafer from the skin. With this freedom and autonomy, people with a stoma gained a sense of security and were able to live more normal lives. Since that time, many versions of the flanged coupling system on two-piece pouching systems have been developed by a variety of manufacturers.

Innovative research firmly grounded in feedback from people who live with an ostomy has prompted investigation into different versions of two-piece coupling systems that take the divergent lifestyle needs of the wearer as well as discretion, flexibility, low profile, differences in manual dexterity, and comfort into consideration. The technology of repositional adhesives has found its way into ostomy care in the form of adhesive couplings on two-piece pouching systems. By replacing plastic flanges with an adhesive coupling, the profile of two-piece flanged systems can be lowered, giving patients the option of removing and applying pouches to body side wafers multiple times without removing the body side wafer. The ability to customize a pouch type to the time of day, the character of stomal output, particular clothing, or even the activity in which a patient is engaged could provide a new sense of independence and freedom, increasing self-esteem, and improving quality of life.

The variety of quality of products available today has come a long way since the first recorded colostomy 253 years ago. The past 53 years have been a time of incredible innovation and shared dedication to the ostomy patient by researchers, clinicians, and manufacturers.

Each step forward in technology, as well as advances in the operating room, has furthered the quality of life for a person with an ostomy to a higher level that could never have been imagined many years ago. It has taken an enormous investment of time, research dollars, and dedication. If past decades are a model for medical innovation, people with an ostomy can eagerly anticipate future technological advances that will positively impact the quality of their daily lives.

The Evolution and Innovation of Ostomy Products

VOLUME: 49 Issue Number: 5

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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.

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Please complete the following form:

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K0K 2C0

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!