



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

HAPPY NEW YEAR

January, 2010

REACH OUT A HELPING HAND TO OSTOMATES AND THEIR FAMILIES

**Our next meeting will be Thursday
January 14, 2010 at 7:30 p.m. in P24
Pioneer Building. Come and enjoy the
group!**

Our next meetings
**January 14, 2010
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

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.

PRESIDENT'S MESSAGE

First and foremost. Merry Christmas and Happy New Year to each and everyone of you.

Our December meeting was held at the Northway Restaurant. It was very informal and we spent time chatting with everyone. We had draws with prizes during the meal portion of the afternoon. We had a flutist play for us before the meal and after too. Many thanks to Lisa for the wonderful music of Christmas carols. We all enjoyed it.

We wish Vern well in his upcoming surgery. It's been a long time coming and I am sure that both Vern and Cathy will be happy when it's done and Vern is back home recuperating.

Our own Gerry Putman is going to be a torch carrier on Tuesday. Way to go Gerry, we are very proud of you. We have a new representative from Convatec coming to our February meeting. He is Dan Hache and will be training for his position in January. We wish him well and look forward to seeing him in February.

Bawn is gathering information on all of us. This makes it possible to send special greetings to you. If you have something coming up: ie a Birthday, special anniversary, trip etc., please let us know.

I am still working on a speaker for the January meeting. Please everyone, have Merry Christmas and a safe, happy, healthy New Year. See you at the meeting January 14, 2010.

Maddy

Message from the Editor

Gerry and I hope that 2009 was a good year and that 2010 will be even better.

If you have not sent in your dues please send them to Vern Kemp. If the dues are not paid I will not be able to send you The Journal in the future.

As the year is coming to a close I would like to propose that our Chapter recognize an unsung hero within our group. The Unsung Hero Award is presented to the individual who always work behind the scenes in any successful organization. They are also dedicated to UOAC, but do not seek the limelight. In fact – they prefer to do their work and give their support in an unobtrusive manner.

If you would like to see someone recognized please write something about them and tell why you think they should receive the first Unsung Hero Award in our Chapter. Once you have completed your submission please give it to Maddy or Bawn. You can also e-mail your entry to either as well.

If you are not at the Christmas dinner would you please send to me (snail mail or e-mail) your birthday, your spouse's birthday and your anniversary. I would like to make the newsletter more personal for all of us.

S A S O Support Group

Includes any member of the family of an Ostomate - Husband, Wife, Daughter, Son, Parent or Friend / Companion

Provides mutual support through small group meetings

Cares for the Care Giver

Addresses non-medical concerns

What to expect when the ostomate comes home

How to cope when the ostomate comes home

Addresses the What ifs

Social, Travel, Sporting activities

Group participants share fears and hopes

Learn from each others experiences

SASO helps families to enjoy a good quality of life

Dues are Due! If you have not paid your dues this will be the last newsletter that you receive. Please send your dues to:

Vern Kemp
95 Tabernacle Road
RR#1
Frankford, Ontario
K0K 2C0

Or bring to the next meeting

TOMATOES

Via: Magnolia Ostomy News, Jackson, MS

Tomatoes are the most powerful source of lycopene, a nutrient that protects your health 10 times better than vitamin C. Here's how: We eat them green, red and yellow. We dice and puree them. Now the proof is incontrovertible; the humble tomato is one of nature's most powerful medicines, thanks to its unique cocktail of disease-fighting compounds. Its benefits include: Potent cancer protection: New research suggests that women who eat the most tomatoes have up to a 45% lower risk of breast cancer! Antioxidant rich tomato products have also been shown to prevent colon, ovarian and uterine cancers. "Tomatoes are nature's number one source of the antioxidant lycopene, which appears to inhibit the rampant cell division that's needed for tumors to grow and spread," explains American Dietetic Association spokesperson Betty Nowlon, Rd. Better cholesterol levels: Eating as little as one small tomato or one to two tablespoons of tomato paste daily can lower your risk of clogged arteries by 30%, cutting your chance of having a heart attack in half, studies show. Research suggests that same daily dose could cut your artery-clogging LDL cholesterol levels an amazing 23%. "Our best guess is that tomato products help slow the absorption of cholesterol in the intestines," says University of Illinois pharmacologist Richard Van Breemen, PhD. Healthier lungs: Drink a 12-ounce glass of tomato juice every day, and you'll reduce your risk of DNA damage to lung tissues from cigarette smoke, car exhaust or other forms of air pollution by 20%, according to a recent University of North Carolina study. "The phytonutrients in tomatoes help nourish and protect delicate lung cells keeping them strong," says Nowlin. Radiant skin: German researchers say tomato sauce is a powerful sun block. In fact, eating as little as 1.3 ounces of tomato paste daily reduces sun-triggered skin damage by 40%. Not only will that lower your risk of skin cancer, it will help prevent collagen damage, so your skin stays firmer. For best results: Open a jar. To get the biggest nutrient boost, opt for cooked tomato products, such as juice or spaghetti sauce. Cooking breaks down the tomatoes tough membranes, allowing up to 2 or 3 more antioxidants to be absorbed into your blood. If you love them fresh, let color be your guide: "the redder a tomato, the more antioxidants it contains," says Nowlin.

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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I AM A STOMA!

Mary Lou Thomas, RN, ET, North Arundel Hospital via OAB Bulletin, Boston

Hi, I'm a stoma! I am great when you think about it. I must admit I have upset many people. Some people even consider me crude, rude and socially unacceptable. Well, excuse me!!

Just about everyone gets bent out of shape when their doctor says, "It may be necessary to create a stoma". Me!! They make it sound like a dirty word. Listen, it isn't the greatest for me either. I'm usually created from a piece of your intestines. I guess you know all about that. And then, just maybe you don't. So I will tell you.

Becoming a stoma wasn't my original function. No sirreeee!! I used to just lie there in your abdomen, minding my own business. Then boom!! Some surgeon decided - let's make a stoma. He had a nerve! Why?? How could he consider such a thing? Well, I guess it was because you hurt so much, because you were very sick from a disease like Ulcerative Colitis or cancer, from a trauma like that automobile accident or from a birth defect. Your surgeon knew that by putting me to work, you could be free of discomfort and problems. In truth, so you could get on with living.

If that is why I was created, then why do so many people complain about me? Did you know that I am not given to just anyone? You see, there is a lot of planning and evaluation of each human being before I am created. So I know you can say only a "chosen" million or so are lucky enough to have me. You see - my people are special. My people are not like the normal run-of-the-mill people. I must say it takes them a while to recognize that fact. And, sad to say, there are a few who never do.

It isn't easy being a stoma! Some of you just don't understand what a miracle I am! Listen, before creation, I just lay quiet and usually content in your abdomen.

Now I work! It's rather easy when fecal waste comes through because that's what I'm used to. But some character decided, why not water waste as well? We then found out that character was very wise because that works also.

You think YOU have problems adjusting! Phooey. Did you realize that I am a delicate mucus membrane? Yet I am durable but some people think I am asphalt tile. Thank God, I don't have feelings. But my friend skin does. You want complaints? Give a listen to her sometime. She really gets upset because of ulcers, fungus, irritants, barriers, etc. We are a team! And a darn good one. I'm moist, she is dry. I'm pink red, she is natural. I'm smooth, she is a little bumpy.

One of my biggest problems is my size. I am not always the same size from one human to the next. I am not always round. I don't always protrude nicely. Then why do some of you insist that my pouch opening is always the same? You need to check my

size once in a while and fit me appropriately. Your shoes fit, don't they?

Some of you complain because I'm not pretty. Well, your anus wasn't Miss America! I think I am attractive. I am red like a rose. I am always moist if I am healthy. And, I don't smell. My discharge can't help what you put in your mouth. If you care for me with thought and keep my equipment clean, that just about takes care of that.

In closing, let me say you can live a good life, a productive life. It's up to you. Believe me, I do not deserve a pedestal life. I am just part of you trying to do my job. All I ask is that you be honest about me. The doctors, special nurses, other professionals and your Ostomy Association are always ready, willing and able to help you.

Ostomy Poll

By www.ostomates.org

What is the best thing you have found about having ostomy surgery?
(Results from 148 people)

I am free from all medication and pain 23%

I'm free from looking for nearest toilet 17%

I can mostly do what I want, when I want 13%

I have freedom 14%

I'm free of my disease 10%

There is no good thing about it . . . I hate it 6%

I have only just had surgery 6%

No surgery but am contemplating it 11%

Who have you told?
(Results from 757 people)

Nobody—It is my own business 4%
Only those who need to know 20%
Only close family 5%
Only close family and friends 27%
Anyone who cares to listen 44%

UROLOGY CONCERNS

Via: The Rosebud, & G.B News Review & S. Brevard, FL.

Germs are all over the world, but when they are in the urinary tract, either in the conduit, the ureters, or the kidneys, they are in an abnormal location, and that is what causes an infection. What causes infection? Mostly, the reasons are unexplainable. Why do some people get more colds than others? Infections can be caused by obstructions, kidney stones, tumors, cysts, or scar tissues. Almost synonymous with obstruction is infection, and then too often comes stone formation. Once you have stone formation, it's hard to get rid of the infection. It's a kind of a cycle that goes around and around. Infection can be caused by urine being forced back to the kidneys through the conduit. This could happen if you fall asleep with the appliance full of urine and accidentally roll over on the pouch, causing urine to be forced back through the stoma and the urinary tract with tremendous pressure. Invariably, the urine in the appliance is contaminated. In general, to prevent and treat the infection, you need a good flow of urine, much like a stream. That not only dilutes the bacteria or germs in the urine but also helps wash them out. Two and one-half quarts of liquids daily are required for the average adult. Night drainage is a MUST. Otherwise, you run the risk of urine backing up into the kidneys which can cause irritation or infection. This is especially important for urostomates with only one kidney. It's important to be aware of the symptoms of a kidney infection: elevated temperature, chills, low back pain, cloudy urine, or decreased urine output. People with ileal conduits normally produce mucus threads in their urine which give a cloudy appearance, but bloody urine is a danger sign. You must see your doctor if any of these symptoms occur.



HAPPY BIRTHDAY TO ELLEN HUTT
WHO IS ENJOYING HER BIRTHDAY
IN SUNNY MEXICO



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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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Know the Difference between Cold and H1N1 Flu Symptoms

Symptom

	<u>Cold</u>	<u>H1N1 Flu</u>
Fever	Fever is rare with a cold .	Fever is usually present with the flu in up to 80% of all flu cases . A temperature of 100°F or higher for 3 to 4 days is associated with the flu .
Coughing	A hacking, productive (mucus- producing) cough is often present with a cold .	A non-productive (non-mucus producing) cough is usually present with the flu (sometimes referred to as dry cough) .
Aches	Slight body aches and pains can be part of a cold .	Severe aches and pains are common with the flu .
Stuffy Nose	Stuffy nose is commonly present with a cold and typically resolves spontaneously within a week .	Stuffy nose is not commonly present with the flu .
Chills	Chills are uncommon with a cold .	60% of people who have the flu experience chills .
Tiredness	Tiredness is fairly mild with a cold ..	Tiredness is moderate to severe with the flu .
Sneezing	Sneezing is commonly present with a cold .	Sneezing is not common with the flu .
Sudden Symptoms	Cold symptoms tend to develop over a few days .	The flu has a rapid onset within 3-6 hours . The flu hits hard and includes sudden symptoms like high fever, aches and pains .
Headache	A headache is fairly uncommon with a cold .	A headache is very common with the flu, present in 80% of flu cases .
Sore Throat	Sore throat is commonly present with a cold .	Sore throat is not commonly present with the flu .
Chest Discomfort	Chest discomfort is mild to moderate with a cold .	Chest discomfort is often severe with the flu .

The only way to stop the spread of diseases is to spread the awareness.

The Phases of Surgical Recovery

By Dr. Albert G. Wagoner

Each patient, along with the family, usually goes through four phases of recovery, following an accident or illness that results in loss of function of an important part of the body. Only the time required for each phase varies. Knowledge of the four phases of recovery is essential.

The Shock Phase—The period of psychological impact. Probably, you remember nothing of this phase after your operation. Nevertheless, a phase requires much of support.

The Defensive Retreat Phase—The period in which you defend yourself against the implication of the crisis. You avoid reality. Characteristic in this period is wishful thinking or denial, or repression of your actual condition. For example, a person with an ostomy believes that his/her entire colon is still there and will be connected later.

The Phase of Acknowledgment—In this period you face reality. As you give up the existing old structure, you may enter into a period, at least temporarily, of depression, apathy, agitation or bitterness and of high anxiety. You hate your stoma, yourself; you cry a lot, pity or condemn yourself. You may not eat, be unable to sleep or want to be left to die. In this phase, you need all the support that can be mustered.

The Phase of Adaptation—Now, you actively cope with the situation in a constructive manner. You adapt, during a shorter or longer period, the adjustments that are necessary. You begin to establish new structures and develop a new sense of worth, with the aid of an ET nurse and an ostomy visitor, you can learn about living with an ostomy. Aided by your physician, social workers, ostomy association and family, you go about rebuilding and altering the life that brought about the condition. Sound familiar?

Christmas party



Lisa, Vern & Cathy's daughter



Gerry's Olympic Torch Run



Gerry's family with their Red Mittens and their sweat shirts that say "Family of a Torch Bearer".

I'm a 33 year old ileostomate and while bored at work the other day, I came up with a top 10 list I think even David Letterman might be proud of (if he were an ostomate and GOT half the references). Hope you enjoy and that I don't offend anyone.

TOP 10 SIGNS YOU'VE BEEN AN ILEO/COLOSTOMATE FOR TOO LONG ...

1. You get gleeful at the ease of emptying your bag the first time after changing it.
2. (For men) You find scratching under the bag to be as natural as scratching your --- in the morning.
3. (For women) Spare bag clips make dandy hair accessories in a pinch!
4. You draw upside down smiley faces on your bag so something is smiling at you whenever you go to the bathroom.
5. You can strip your bed, change your bag and put clean sheets on while still sleeping.
6. You name your stoma and your bag and celebrate their birthday. (My bag's name is Phil, my stoma's Thpbbt and their birthday is March 24th ... I have a "Bring Your Own Bag" party every year!)
7. If someone smelt it, you can prove you hadn't "dealt" it.
8. You drink a lot of beer and/or soda just to see how quickly the bag will fill with gas.
9. You eat certain foods, like red licorice or lots of pesto, to watch your output change color.
10. When someone says "Man, I gotta take a poop", you proudly say "I'M taking a poop RIGHT NOW!"
11. You absent-mindedly feel the bottom of your bag to see if it needs emptying in front of strangers. (Yes, I've done it!)

Via: www.ostomates.org

NOW FOR SOME OSTOMY JOKES

(Please don't get offended by these - One of the greatest assets a person can have is the ability to laugh at themselves).

I found these on the alt.support.ostomy newsgroup:

Q. What do you call an ostomate with excessive gas?
A. A Pouch Puffer

Q. What statement do ostomates include on their resume?
A. Have bag. Will travel.

Q. What is an ostomates favorite punctuation mark?
A. A semi-colon.

Q. Why wouldn't the urostomates pouch stay on?
A. It was peed off.

Q. Why did the UC patient buy a dishwasher and refrigerator before surgery?
A. Because the doctor told him he'd need to get some appliances.

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In addition Kelly's pay the mailing costs to send out the Chapter's monthly Journals
Kelly's welcomes the opportunity to continue serving you.

Membership Application (for new members only)

Belleville, Quinte West & Area Chapter

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

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

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Websites of Interest

UOAC: www.ostomycanada.ca

FOW: www.fowcanada.org

Crohn's & Colitis Foundation:
<http://www.ccfcc.ca>

Ostomy.com - this has many different sites that you are able to access for ostomy supplies.

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.