



HAPPY FATHER'S DAY

June, 2009

REACH OUT A HELPING HAND TO OSTOMATES AND THEIR FAMILIES

Our next meeting will be Sunday, June 14, 2009 at 1:30 p.m. See details in The Journal. If there are questions please call one of the officers.

Our next meetings
**June 14, 2009
1:30 p.m. at Gwyn & Ray Scott's**

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.

- OFFICERS:**
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- SECRETARY:**
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- FINANCE & MEMBERSHIP:**
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- VISITATION CHAIRPERSON**
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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.

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

Hi everyone. Hope you are having a wonderful month. We have just returned from Charlotte, North Carolina's NASCAR Race. It was a great trip. We went to a dirt track on Friday night for a very "dirty" race, Saturday we had a downpour, a late start, Sunday again rain and they called the race after 234 laps. But we had fun out there with all those fans.

At the last meeting we learned of Vern and Gerry's hospital stays. Our prayers and best wishes go out to both friends and colleagues.

If you know of any illnesses or hospital stays please let us know so that a card may be sent to them.

This next meeting/gathering/food tasting/pot luck will be the last meeting until September 10. Hope that you can make it. Gwyn and her husband, Ray, have graciously opened their home for our end of the season pot luck meeting. Please plan to be at Gwyn's home for 1-1:30. Remember we are only a phone call away.

Maddy

You Have Adjusted to Your Ostomy When...

via Hemet-San Jacinto (CA) Stoma-Life

You stop spending all of your spare time in the bathroom waiting for your stoma to work so you can empty the pouch right away.

You can move about freely, without holding your appliance as though it might fall off any minute.

You make that first trip to the mailbox without taking along your ostomy supplies.

You stop grabbing your abdomen when the grocery clerk asks if you need help to the car with your bag.

You go out for the evening and realize too late that you left your emergency kit at home.

You begin to think how lucky you are to be alive instead of how unlucky you are to have an ostomy.

You attend the monthly support group meetings with an expectation of learning more about your ostomy rather than staying at home worrying about it all.

Ode to the ET Nurse

Your ET nurse is your best friend,
She treats you right from end to end.

Always the teacher, forever the nurse,
She helps you get better, never worse.

If bowel or bladder, her care's the same,
Your stoma's welfare is her aim,

To have it flow when it should flow,
And keep it's healthy rosebud glow.

She gets you right back on your feet,
She goads, cajoles you, always sweet,

While all the while she teaches you
That life's worthwhile to start anew.
"The stoma means a new beginning."
She tells you, "Now's the time for winning,
And rush to join the joyous throng,
That celebrate life's happy song."

"Visit," she says, "Go tell your story."
Please keep it simple and save the glory,
To help the patients gather hope,
And find new ways to help them cope.

But, goes your stoma on the blink,
The nurse is there, quick as a wink,
To poke it, soak it, daub it with goo,
And when she's done your stoma's like new.

To sum it all up, a friend indeed,
A shining light in time of need,
The ET nurse takes care of you,
As only your very own mother would do.

**Via Worcester OA (5/99), Cape Cod OA and
Janice Petrocchi, Orange County Chapter.**

A woman was sitting at a bar enjoying an after work cocktail with her girlfriends when Steven a tall, exceptionally handsome, extremely sexy, middle-aged man entered. He was so striking that the woman could not take her eyes off him. The young-at-heart man noticed her overly attentive stare and walked directly toward her. (As All men will.) Before she could offer her apologies for staring so rudely, he leaned over and whispered to her, 'I'll do anything, absolutely anything, that you want me to do, no matter how kinky, for \$20.00..... On one condition' Flabbergasted, the woman asked what the condition was. The man replied, 'You have to tell me what you want me to do in just three words.' The woman considered his proposition for a moment, And then slowly removed a \$20 bill from her purse, Which she pressed into the man's hand along with her address. She looked deeply into his eyes, and slowly and meaningfully said.... 'Clean my house.'
(YOU GO, GIRL!)

Leak Is A Four Letter Word

Most every ostomate will have an experience with leakage at one time or another - hopefully the situation will be rare and should not occur with frequency. The crux of the matter is how one handles it. An ostomate should always be prepared. I usually recommend that one carry simple post-operative appliances that can easily be applied, in your desk at work, in the car glove compartment, or in your purse or shirt pocket. If you feel more secure with your permanent equipment, fix a small kit with all the necessities. If and when disaster strikes, try to be calm (sometimes easier said than done), grab your emergency kit and head for the nearest bathroom. You may have to do with wet or dry paper towels, Kleenex or toilet paper -- they all help in an emergency. If leakage occurs with any frequency, something is wrong. You may need a change in appliances or manner of application. An increase or decrease in weight since surgery can create folds and valleys around your stoma, particularly while sitting. This may require a different convexity or smaller outside diameter on the faceplate. The stoma size may have shrunk. The faceplate opening should be 1/16 to 1/8" larger than the stoma - no more. If the appliance is the correct one for you, the problem may be with the application. There are several products on the market which are good. One may work better for you than another. One rule of thumb - the skin must be bone dry before you apply anything. A hair dryer on cool or a hand fan can accomplish this. Skin breakdown and irritation, particularly if it is wet and moist, can affect wearing time and cause leakage. If the leakage problem persists despite your attempts to correct it, make an appointment to see an E.T. Don't be discouraged. Help is always available. Leakage should be a rarity and not a common occurrence.

Dottie Olsen Williams, RN ET, Phoenix Chapter (via Ostomy Toronto)

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.

IRONY AT IT'S BEST:

90 people get Swine Flu and everybody wants to wear a mask. A million people have AIDS and no one wants to wear a condom.

HMMMM.....

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Urostomy Hints

Urinary appliances adhere well with cement, Stomahesive, Relia-seal and Collyseals. The urinary stoma drains continuously, the urine may be mildly irritating to the skin and may be odorous.

Often blood is noted in the appliance and its origin is not immediately clear. One source may be irritation of the stoma by uric acid crystals formed in the appliance or on the skin around the stoma (when the faceplate is too large). This may be indicated by small white crystals that have an abrasive effect on the stoma. The crystals may be readily dissolved and the bleeding relieved by bathing the stoma and surrounding area with a half-strength vinegar solution 3 to 4 times a day while the appliance is being worn. Usually the best time to change a urinary appliance is in the morning before having anything to drink. Only drainable pouches should be used on urinary stomas, **NEVER CLOSED POUCHES**. A convex faceplate may be extremely useful with a flush urinary stoma.

Two to three quarts of fluid taken daily provide adequate movement through the urinary system to prevent the increase of bacterial growth that occurs in a "slow-moving" system. Increased bacterial growth may lead to urinary tract infection. Urinary pouches allowed to get to full will leak. Connecting the pouch to a leg bag will be helpful if unable to empty often enough. Attach the strap of a leg bag loosely to allow good blood circulation.

Bedside drainage bag will prevent getting up at all hours of the night to empty the pouch. Your pouch will not hold the amount of urine that may be excreted during the night.

Drinking cranberry juice has been found helpful in deodorizing urine. There are some foods that make odor more noticeable. If there is a persistent, unpleasant odor, this could be a sign of infection and must be treated by a urologist.

Via Metro Maryland and Saskatoon OA Bulletin, 11/96

After having dug to a depth of 10 meters, scientists in new York found traces of copper wire dating back 100 years and decided that their ancestors already had a telephone network more than 100 years ago.

California scientists dug to 20 meters and the LA Times wrote: "California archaeologists found traces of 200 year old copper wire and concluded their ancestors had advanced high-tech communications networks 100 years earlier than the New Yorkers."

One week later, the Moose Jaw Times herald in Saskatchewan reported the following: " After digging as deep as 30 meters in sagebrush fields near Moose Jaw, Ole Karaluski, a self-taught archaeologist, reported that he found absolutely nothing. Ole has therefore concluded that 300 Years ago, Saskatchewan had already gone wireless."

Diets And Ostomies - What's Safe?

From Stillwater-Ponca City (OK)

DiETING holds special risks for some ostomates. Before I go into this further, let me stress that I am talking here to those with urostomies and ileostomies as well as, to a lesser extent, those with transverse and ascending colostomies. If you have a sigmoid colostomy, then you can basically do what you like with regard to diets, within reason and common sense, as your digestive system behaves as 'normal.'

Before starting any diet, it is well worth seeing one's own doctor to discuss the suitability of the preferred diet with him or her because of the problems which dieting can cause as well as any underlying other medical conditions which may make dieting or a particular diet hazardous.

Let's look at the problems in more detail. The urostomate has special requirements to avoid dehydration so, provided that the urostomate doesn't cut back on fluid intake, then they, too, can generally diet as they wish. The guide for the urostomate, remember, is at least 3 litres (about 12 glasses) of fluids per day. However, any urostomate who has short bowel syndrome because of the surgery to make the ileal conduit needs to take the same precautions as an ileostomate as set out below.

The ileostomate has lost the ileocecal valve at the end of the ileum where it joins the cecum and the colon. This valve slows down the transfer of food from the terminal ileum (the last part of the small intestine) into the cecum to allow for greater absorption of food through the ileum. With the loss of the valve, food passes through the system faster so the food is less well absorbed. In addition, the colon absorbs mineral salts such as sodium and potassium as well as water from the stool. While the ileum takes over some of this role, ileostomates still lose ten times as much sodium and potassium as a person with all or most of a colon. These factors together provide the key to the problems which some diets may cause.



Talk to your doctor, too many doctor visits open with a general statement about aches and pains, followed by silence as patients wait for a diagnosis. But good medical care depends upon teamwork, with physician and patient pro-actively talking to and listening to one another.

Physicians must often be private eyes before the healing process can begin. Body language is important, a patient's posture, facial expressions, speech patterns and even clothing can provide valuable insights to what lies behind "I don't feel well." Initial reasons given for visits to the doctor are often not the entire story. A patient sometimes suffers from underlying fears which must be dealt with by a perceptive physician. If you're worried about something that appears minor on the surface may in fact be more serious, ask the question. The doctor can understand your concerns and, in many cases, help dispel them. Here are some tips that can help you improve communications with your doctor. Write down your questions on paper beforehand; use these as a guide during your appointment. Be sure that you understand your diagnosis - the recommended treatment and the prescribed medication. Don't walk out with unanswered questions. Don't hold back family and personal medical history - for whatever reasons. If you are consulting other doctors, say so; even better, have those records sent ahead. Be specific as to medications you are currently taking - better yet - take your medication bottles with you so the physician has an accurate picture of the prescriptions and dosages. Keep a list of your medication and dosages at home. It can be invaluable in an emergency. Know what preventive tests you should get and when. Be accountable for those tests. Take the initiative following up with your doctor. If the relationship is not working, change physicians. As with other relationships, sometimes the chemistry just is not there. Two-way communications is a very important component in total patient care.

SOURCE: Mesa-East Valley Chapter & The Phoenix, & Des Moines, Iowa, via Inside Out On-line March/April 2009

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A police recruit was asked during the exam, 'What would you do if you had to arrest your own mother?' He answered, 'Call for backup.'

Three boys are in the school yard bragging about their fathers. The first boy says, 'My Dad scribbles a few words on a piece of paper, he calls it a poem, they give him \$50.'

The second boy says, 'That's nothing. My Dad scribbles a few words on piece of paper, he calls it a song, they give him \$100.'

The third boy says, 'I got you both beat. My Dad scribbles a few words on a piece of paper, he calls it a sermon, and it takes eight people to collect all the money!'

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Come in during our ostomy clinic on seniors day and with your Shoppers optimum card, you can receive 20% off your ostomy supplies.

For more information stop in at 264 Dundas St. E in Belleville or call us at 613-967-4333 and talk to one of our knowledgeable customer service representatives. Clinic dates for the spring are April 30th., May 28th and June 25th.

Attending a wedding for the first time, a little girl whispered to her mother, 'Why is the bride dressed in white?' The mother replied, 'Because white is the color of happiness, and today is the happiest day of her life.' The child thought about this for a moment then said, 'So why is the groom wearing black?'

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Observations From An Ileostomate by L. Pismenny - Winnipeg, Mb.

One time, shortly after my own surgery, and before all the security at the airports that we have now, a teenager boarded my plane with a balloon in tow. I watched with fascination as this balloon, which had been easily tucked under her seat, gradually increased in size to a point where I was afraid that it would burst and give everyone on the plane a heart attack. As we descended, the balloon returned to its original size. I was reminded of this incident as I was reading a couple of issues of a magazine that we have in our lending library. In one letter to the "Ask a Nurse" segment, an ostomate asked the following: "I will be taking my first trip in an airplane since undergoing colostomy surgery. Does the pouch 'balloon up' with the change in air pressure? If so, would it be enough to break a seal?" Her reply was that after checking with numerous ostomy nurses regarding this frequently submitted concern, that she felt this "old wives tales" needed to be put to rest. She went on to say that the good news is you really don't have to worry about this. Cabins on planes are pressurized and will not contribute air to your pouching system. In the following issue, apparently an ostomate took issue with her answer and she was then asking for further feedback from ostomates in this regard.

I can say personally, that from doing a fair amount of travelling by air, I have experienced my bag "ballooning". Whether my bag 'balloons' up due to something that I ate or didn't eat; being stressed about my travel plans; or some other reason, this situation does occur for me - an ileostomate, and for the nurse to say it was an "old wives tale" gave me great concern. I did not take pen in hand as obviously the other reader did, but it made me think that we ostomates must do more to share what works and doesn't work for us, as we're the only ones who actually experience it.

So I'm off to the races to share a few of the things (including the one above) that I have found out in my nine years as an ostomate; from my own experiences, from questions or concerns raised by other ostomates at meetings or by asking my ET nurse.

When showering without your appliance, make sure you don't use a soap or body wash that contains a lot of moisturizers. The moisturizer will interfere with a good seal when you go to put on a new appliance. Use all the moisturized soap or body wash you wish IF you are showering with the appliance on as the seal has already been created.

In some instances tomatoes, oranges, juices, and spices can break down the adhesive on your wafer. If you're having trouble with leakages, try cutting back on these things to see if there is a difference. Gradually re-introduce these things back into your diet until you find what works best for you. I can't consume a lot of oranges or spices but I can enjoy them in moderation.

I have found that wearing too tight clothing can create leakages at times, especially when you want to be at your best. It probably has to do with the fact that your effluent has nowhere to go except sideways and the pressure could break the seal. If this occurs often, you would probably be experiencing skin breakdown as well. We don't have to wear baggy clothing but maybe skin tight is not advisable.

Rinsing out your bag: I know there are two camps out there about rinsing - for and against. The ones that are against rinsing have some compelling arguments, such as; rinsing breaks down the seal; you could injure the stoma if water is too hot or cold; our colons didn't need rinsing out before we had surgery; and so on. Well, as an ileostomate, I have tried the alternate ways suggested to empty my appliance and it doesn't work. I use way more toilet paper, spend far more time attempting to clean things up (as if I want to spend more time in the washroom) and I never feel fresh and clean. So I thank my ET nurse who showed me how to rinse and flush when I was in hospital and I will happily continue to do so.

We are all different. And what works for one doesn't necessarily work for another. But we're the ones who have been through it so we're the ones who should be speaking up. Most of you may be aware of the things that I speak of, but if I have passed on something useful to at least one person that helps them, then I say good for me.

Via Inside Out On-line Mar/Apr 09.

A Few Things That You Really Need to Remember

Remember that your presence is a present to the world.

Remember that you are a unique and unrepeatable creation.

Remember to always reach for the best that is within you.

Remember that nothing wastes more energy than worry.

Remember that not getting what you want is sometimes a wonderful stroke of luck.

Remember that the longer you carry a grudge, the heavier it gets.

Remember not to take things too seriously.

Remember to laugh.

Remember that a little love goes a long way...and that a lot goes forever.

Remember that happiness is more often found in giving than getting.

Remember that life's treasures are people, not things.

Remember that miracles can still happen.

Via Inside Out On-line Mar/Apr 09.

JUNE POT LUCK

SUNDAY, JUNE 14, 2009

1:30 P.M. AT

GWYN & RAY SCOTT'S HOME

RR#1, 316 FLOUDSBRIDGE ROAD

FRANKFORD, ONTARIO

1-613-398-7578

BRING YOUR FAVOURITE POT LUCK

DIRECTIONS: From Belleville

Take the Wallbridge –Loyalist Road north to the Frankford cutoff. Turn left onto Frankford RD/County 5 through Frankford and Stockdale to the first through road. Look for the balloons on the post at the corner of Flouds Bridge road and turn left.

From west of Frankford

Take Wooler Road through Wooler. You will see the firehall and you will take the first road to the right after the firehall.



OSTOMY HINTS & TIPS

Keep grape juice in the refrigerator. If you eat something that causes a blockage, just drink a glass of the juice. It works wonders. Oatmeal added to your bath can relieve all kinds of itchy skin problems. Pour some oatmeal into a cloth bag or a piece of cheesecloth; tie it shut, then dangle it from the spigot. You can also use the saturated oatmeal pouch like a sponge. Scotch Guard sprayed on your elastic belt will keep it clean longer and also make it hold its shape better. Cepacol mouthwash has proved to be one of the most effective "odor eaters" we have ever used for all fecal output. One teaspoon in your pouch will do the job. Use a measuring spoon to measure liquid medication. The common teaspoon holds anywhere from a half to twice the proper amount. High pectin foods: applesauce, cranberries, and plums help thicken loose stools. Always wash pouches in cool water as hot water destroys odor proofing. Ileostomates experience hunger more often than other people. When this happens, they should drink fruit juice or water and eat soda crackers, followed by a meal as soon as possible. An ileostomy keeps working whether you have eaten or not, so don't skip meals to lose weight, but eat regular ones. For colostomates, if you feel that the last of the discharge hasn't been disposed of, blow your nose ten or fifteen minutes after you think you are through, before putting on your little pad and you will usually get rid of the last of the troublesome matter. Use a round clothespin to roll up your tube of paste.

NEW OSTOMATE CORNER

By: Mark Shaffer, Via: Hemet-San Jacinto, CA
One of the most daunting tasks I faced as a new ostomate was returning to the society of people outside my immediate family. Insecurity, about the reliability of my appliance, postoperative pain, a sense of being radically different, and a lack of appropriate clothing, all contributed to a feeling of isolation. When I tried to see old friends, I would catch them looking me over to see how I'd changed. Though, I later realized that this was natural, it was quite disconcerting at first. It made me feel diminished somehow. When I expressed these feelings to my UOA provided visitor, he encouraged me to go to the next ostomy association meeting. ("Encourage" doesn't quite tell the story; he insisted—going so far as to pick me up and take me there"). At that first meeting, I found people with the same condition (and many with worse ones—which made it hard for me to continue wallowing in self pity). To my surprise, these people looked and acted like everyone else I knew. They were living normal lives, working, raising children, falling in and out of love just like the rest of the world did. If there was a difference, it seemed to be that they enjoyed life more than most. And, they were all very nice people, every one of them. They were more than willing to share their experiences, discuss any topic I chose to raise and suggest practical solutions to practical problems. They gave me phone numbers and told me I could call them anytime. Some of them remain friends today. I still had adjustment problems, large and small, but I knew I could solve them and I knew there were people who would help me do so. If I was asked to give only one piece of advice to a new ostomate, it would be this: GO TO A MEETING. That one action, almost forced on me, made all the difference.

WHAT IS AN OSTOMATE?

Via: Metro MD & Indian River, FL. OA

An ostomate is someone who has been through the depths and has risen onto their feet, to stand tall and live again. They have traded their diseases for life. An ostomate is a person who can love as much or as little, be just as frustrated, or just as much of a success as before the operation. An ostomate can swim, dance love, eat, play, work, and worry, and can get just as tired, the same as before; no more or no less. An ostomate is an individual who is the same kind of person they have always been.

Gerry and I would like to thank all of you for your thoughts and prayers. Gerry is doing fine! The doctor is pleased with his progress. We hope that Verne is improving and that we will see him on June 14th.

Everyone stay well and listen to your bodies!!

Innovation in Ostomy Care

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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

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**UOAC Belleville, Quinte West & Area Chapter
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Websites of Interest

UOAC: www.ostomycanada.ca

FOW: www.fowcanada.org

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

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

Editor's Note:

If you have a suggestion of what you would like to see in the newsletter please contact me at bgputman@sympatico.ca or call 613-476-6557. You could also write your suggestions and give them to me at the meetings. If you have any pictures you would like to see included please send them to me.

I would appreciate if you could write your story of how you got here in order to publish it. I would like stories from ostomates and SASO members.