



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

HAVE A SAFE AND HAPPY SUMMER

June, 2010

REACH OUT A HELPING HAND TO OSTOMATES AND THEIR FAMILIES

Our pot luck luncheon will be at Gwyn & Ray Scott's wonderful home Sunday, June 13th. At 1:30 p.m. . Details are inside the newsletter!

Our next meetings
 Sept. 9, 2010
 Oct. 14, 2010
 Nov. 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

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VISITATION CHAIRPERSON

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

There will not be a President's message as I think Maddy and Neil are still on their trip.

Note From the Editor

Hopefully summer has come. May was not the beautiful month that we thought we would have. The weather appears to be warming so I can finish planting my garden, I hope.

Our speaker at the last meeting was Rob Travers from the Belleville Police Department. He was an excellent speaker using humour along with the serious. There was quite a bit of interaction between he and the group.

The conference in Sydney is coming soon. Gerry and I will be attending and it would be nice if others from our group were there as well. It is a great time to add on a holiday with the conference. Gerry has never been around the Cabot Trail so that is one of the things that we are looking forward to doing.

Our last meeting before summer break will be held a pot luck at Gwyn and Ray Scott's. There is more information in the newsletter which include directions to their home. We will have a silent auction as fundraiser so you can bring another man's treasure or buy something for no more than \$10. We hope to see everyone there as this is a beautiful setting and it is good to socialize with members of our group. If you have any questions please get in touch with us at 613-476-6557. I have also put in Gwyn's phone number on the page with the announcement.

Hope to see you!
Bawn

Stories are needed

Stories are needed ! Janet Paquet the Editor for Ostomy Canada would be interested in receiving your personal story to be used in the National magazine. Both from an Ostomate or a SASO's point of view. Through your personal experiences it will allow others both new Ostomates and older Ostomates insight into how you have managed your surgery to live your life today. You can contact her by phone at #905-318-6130 or Fax-905-318-3960 or Email -jpaquet3@cogeco.ca or write to her at #27-1000 Upper Paradise St. Hamilton Ontario L9B 2M9.

She would really appreciate hearing from you with your story.

Thank You

Is It Always Necessary To Use Sealant On My Skin?

You should try applying your pouch without this product a few times to see if you really need it. Some people get excellent wear time without using sealant. Others may and it improves skin health and pouch adhesion. Skin sealants such as Skin-Prep by Smith & Nephew, Skin Gel Wipes by Hollister, Allkare by ConvaTec and Bard Skincare Protective Film are available in different forms, such as small wipes, sprays or applicator bottles.

These products contain a plastering agent as their main ingredient and are used to provide a thin protective .Im on the skin surface. This .Im helps prevent injury to the surface layer of the skin during appliance removal. It also acts as a moisture barrier. For people with dry skin, the .Im actually improves appliance adhesion.

Skin sealants also contain variable amounts of isopropyl alcohol. Because of the alcohol content of the sealant, burning and stinging often occur when the sealant is applied to damaged skin. Therefore, skin barrier powder should be used rather than a skin sealant on irritated skin. It is also important to know that skin sealants may not be recommended for use under certain skin barriers. The protective agents may reduce the adherence of the barrier.

.Via: Halton Peel April Newsletter 2010

Potassium Has its Ups And Downs

The body leans heavily on potassium. It's a busy mineral. Potassium is essential for a normal heartbeat. Without it, nerves cannot send messages to muscles. Low potassium levels weakens muscles. People who take a diuretic over a period of time may show a low potassium count. Other conditions that deplete potassium are adrenal gland problems, kidney diseases and diarrhea.

Once the body has depleted its potassium reserves, the doctor almost always has to prescribe a potassium supplement. It's nearly impossible for potassium-rich foods to restore body potassium levels. Once potassium levels are replenished, then foods help keep the levels in the normal range. Bananas, extolled as a potassium gold mine, are good; but not a great source of the mineral. A baked potato tops the list. Other food sources are dried figs, yogurt, avocados, watermelon, oranges, cantaloupes, soybeans, peas, squash, spinach, tea, bouillon/broth, molasses, raisins, dates, fish and apricots. cabbage, onions, fish, spicy foods and eggs; do eat parsley and yogurt. Internal deodorants that can be taken by-mouth include bismuth subgallate tablets which help control odors by absorbing toxins. Ostomates should consult their physician before taking these tablets. Urinary ostomates should clean their pouches periodically with such agents as Uri Kleen, etc. Vinegar solutions have fallen into disfavor because they tend to damage certain manufacturer's pouches. Avoid eating asparagus and onions; do eat parsley and drink cranberry juice. Deodorants are not used because they would mask the odor which could signify the presence of an infection. With proper care of the appliance, personal hygiene and dietary precautions, odor should not be a problem for ostomates.

Via: Halton Peel April Newsletter 2010

Conference Registration Forms

There was an error on the conference registration form in the Ostomy Canada magazine concerning the address. Conference registrations should be mailed to the following address:

344 Bloor St. West, Suite 501

Toronto ON M5S 3A7

Chapter presidents: please inform your membership.

Updated forms are included in this UOA Connection and on our website.



HAPPY BIRTHDAY

June: Marlene Tompkins

July: Terry Murphy
Grace McKeown
Marcia Murphy

ANNIVERSARIES

June: Trevor & Janice Pewtner
Vernon & Cathy Kemp
Gerry & Bawn Putman

July: **50 Years for Grace & Bill McKeown**

August: Terry & Marcia Murphy

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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.JOAC CONFERENCE PROGRAMME - DRAFT 2010

Tuesday, August 17, 2010

7:00 P.M. President's Reception

Wednesday, August 18, 2010

9:00 A.M. - 5:00 P.M. Board Meeting

12:00 Noon - 8:00 P.M. Registration

7:00 P.M.-10:00 P.M. Meet & Greet

10:00 P.M. Exhibit Set-up

Thursday, August 19, 2010

6:00 A.M. - 9:00 A.M. Exhibit Set-up

9:00 A.M.- 10:30 A.M. Official Opening

Parade of flags

Opening Remarks - Introductions, Conference

Committee, Dignitaries,

Honorary Chair, President, F.O.W., C.C.S., C.C.F.C., C.A.E.

T., U.O.A.A.

10:30 A.M.- 11:00 A.M. Coffee Break

11:00 A.M. - 12:00 Noon Keynote speaker - Jackie Gordon

12:00 Noon - 1:30 P.M. Lunch On Own

1:30 P.M. - 2:45 P.M. Education - Concurrent Sessions

Homeopathy Medicine - Anita Nicholson

3:00 P.M.-5:30 P.M. Grand Opening of Exhibits

7:00 P.M. Coloplast Sponsored Evening

Friday, August 20, 2010

8:00 A.M. - 11:00 A.M. Registration .

7:30 A.M. - 9:30 A.M. Continental Breakfast with Exhibitors

9:30 A.M. - 11:00 A.M. Bertha Okun Lecture

11:00 A.M. - Noon Concurrent Sessions

Climbing Mount Everest - Rob Hill

Newsletters - Janet Paquet and Roger Ivoll

Public Awareness

12:00 Noon - 2:00 P.M. Lunch with Exhibitors (Auction and

Raffle)

2:00 P.M. Tear Down Exhibits

2:00 P.M. - 3:15 P.M. Education - Concurrent Sessions

Colo-Rectal Surgeon

Urologist

3:15 P.M.- 3:30 P.M. Coffee Break

3:30 P.M. - 4:45 P.M. Education - Concurrent Sessions

Skin Care - Bernice Grant, ET

Arthritis

Fund Raising - Mike Paquet

6:00 P.M. - 6:30 P.M. Cocktails (cash bar)

6:30 P.M. - 10:00 P.M. ConvaTec Evening

Saturday, August 21, 2010

8:00 A.M. - 9:00 A.M. Delegates' Registration to National Council

9:00 A.M. - 12:00 Noon National Council Meeting

12:00 Noon - 1:00 P.M. Lunch on own

1:00 P.M. - 2:30 P.M. Rap Sessions

Colostomy, Ileostomy, Urostomy

Chapter Presidents Meeting

2:30-P.M. - 2:45 P.M. Coffee Break

2:45 P.M. - 4:15 P.M. SASO

20/40

F.O.W. A.G.M.

2:45 P.M. - 5:00 P.M. DSS Meeting

6:00 P.M. - 6:30 P.M. Cocktails (cash bar)

6:30 P.M. Hollister Farewell Banquet

Sunday, August 22, 2010

9:00 A.M. - 12 Noon Board Meeting

YOUR URINARY OSTOMY

By Edith Lenneberg, ET: Town Karaya, Ostogram & Hemet-SanJacinto, CA; Evansville Re-Route, January 2009

The urinary ostomy requires three kinds of preventative attention: care of the stoma, care of the skin around it, and care of the kidneys. Your routine care of kidney functions includes:

1. Drinking at the very least, one quart of liquid daily like tea, coffee, juice, soup, colas, water, beer, etc. These should be decaffeinated, preferably.
2. Getting your urine tested (urinalysis) every six months.
3. Having an X-ray taken (IVPintravenous pyelogram) of the kidneys once every two years.

Observations to be made:

1. Stoma - changes in size. After initial healing is complete (about six months), measure with paper measuring gauge every six months; change to equipment with correct opening. Appearance of stoma: Does it appear different than usual, (color, shape, little white or red spots, etc.)? Look for this at each change of appliance, show to surgeon or clinic.
2. Skin - signs of irritation: Are there pink spots, tiny pimples, reaction to adhesive, etc? Look for this at each change of appliance. Learn methods of dealing with routine minor irritations, soreness or raw or infected area: Do not delay, see (your doctor immediately; white deposits or whitish appearance around the base of the stoma. Look for this at each change of appliance; drink at least 8 oz. of cranberry juice daily. Soak the appliance in water/vinegar solution (3 parts water to 1 part vinegar). If there is no improvement in two weeks, call your urologist or GU Clinic.
3. Kidneys - colour and nature of urine: Look at it every day. Is it dark? Drink more liquids. Is it gritty? Tell your urologist. Is there mucus? This is normal. Is there a persistent unpleasant odor? This is a sign of infection and must be treated by your urologist.

Frozen Crabs & the Blonde Flight Attendant

A lawyer boarded an airplane in New Orleans with a box of frozen crabs and asked a blonde flight attendant to take care of them for him. She took the box and promised to put it in the crew's refrigerator. He advised her that he was holding her personally responsible for them staying frozen, mentioning in a very haughty manner that he was a lawyer, and proceeded to rant at her about what would happen if she let them thaw out. Needless to say, she was annoyed by his behavior.

Shortly before landing in New York, she used the intercom to announce to the entire cabin, "Would the gentleman who gave me the crabs in New Orleans, please raise your hand?" Not one hand went up ... So she took them home and ate them.

Two lessons here:

1. Lawyers aren't as smart as they think they are.
2. Blondes aren't as dumb as most folks think.

No mountain too high

Clinton Shard found inspiration for fighting his disease through Rob Hill's No Guts Know Glory campaign

By CHARLIE FIDELMAN, *The Gazette* February 23, 2010

When he was barely 12 years old, Clinton Shard was sure his life was over. Cramps. Chronic diarrhea. An incurable condition. It took months to diagnose his disorder, inflammatory bowel disease - which includes Crohn's disease and ulcerative colitis - a painful condition affecting the digestive tract. The scared Vancouver boy was spending weeks in a hospital.

Shard was at his lowest point when he met Rob Hill, another IBD patient who had had his colon removed. But Hill is also an adventure athlete with a mission to climb the world's seven tallest mountain peaks, one on every continent. "He was such an inspiration," recalled Shard, now 16 and on a treatment regime that works.

When Hill heads off for Mount Everest next month - the final challenge in his No Guts Know Glory Seven Summits Campaign - Shard will be part of the trekking expedition to base camp, altitude 5,360 metres. Hill plans to continue to the top with two others.

Shard and Hill were in Montreal yesterday as part of an information event called IBD Doesn't Stop Me, held at the Montreal General Hospital to raise awareness of intestinal disease.

Canada has an estimated 252,000 cases of IBD. The incidence is in the range of 12 new cases a year per 100,000 population - among the highest in the world, said Ernest Seidman, chair of IBD research at McGill University Health Centre. Causes include genetic and environmental factors, Seidman said, noting that a McGill team headed by endocrinologist John White recently discovered that a vitamin D deficiency can contribute to Crohn's disease.

"We have children born in Canada to parents from countries where IBD is non-existent. For example, many Haitian children born here have it while their siblings born in Haiti don't," Seidman said. It's not clear yet, but vitamin D supplements may play a role in prevention, he added. Hill, who refuses to be defined by his illness, said his climb is not about medical research but about the patient taking control of his life. Not everyone with IBD needs to climb mountains, Hill said. "They only need to live their lives to the fullest."

Follow the climb at nogutsknowglory.com/robs-story



Clinton Shard, 16, and Rob Hill, 30, both have inflammatory bowel disease. The duo will be climbing to Mount Everest's base camp, and Hill plans to go on from there to the summit. They are touring to raise awareness of the disease.

Vancouver Ostomy HighLife - May / June 2010

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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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From Stillwater-Ponca City (OK) *Ostomy Outlook*
October 2007:

Hernias can develop postoperatively through any surgical incision. Incisions that are not closed tightly are more prone to hernias. Colostomies represent surgical incisions that cannot be closed tightly because to do so could result in a stricture or narrowing of the bowel opening.

Hernias of colostomies, or pericostomy hernias, can occur frequently. They can be apparent in the immediate postoperative period, or more often, develop years after the original surgery. They can be recognized as a bulge forming around the colostomy, most noticeably when the patient is standing. Good bowel function is dependent on good abdominal musculature and is especially dependent on the muscles around the colostomy site. Therefore, a colostomy hernia would give symptoms of poor colostomy functions, e.g., incomplete evacuation, difficulty in irrigation and discomfort during elimination. Most hernias will cause fewer symptoms with some external support, e.g., an abdominal binder, but the colostomy itself and whatever appliance is used will interfere with good compression. Therefore, surgical repair has to be considered for the hernia.

Since the very same problems exist at the time of repair as were present at the original surgery, e.g., inability to obtain a tight closure, the recurrence rate for this type of hernia is much higher than with other hernias. Because of the possibility that even in the best of circumstances a colostomy hernia can recur, the decision to proceed with surgery should be made only after consideration of all the factors, such as general health and nutrition, the degree of disability and the level of physical activity required.

WHAT YOU SHOULD KNOW ABOUT GENERIC DRUGS

By Sharon Williams, RNET, Via: The Triangle, Abilene TX & GB News Review

In recent years, generic drugs have become increasingly popular within the \$30 billion US prescription drug market. In fact, generic drugs now account for approximately one-third of prescriptions. So why are generic drugs becoming so popular? For one reason, in 1984, federal legislation made generic drug approval easier. Plus, patents for many of the most frequently prescribed drugs have expired, allowing for generic competition. Perhaps the biggest reason for the generic drug boom is economic. According to the FDA, generic drugs generally cost 30 to 40 percent less, and often as much as 80 percent less, than their name-brand counterparts. Usually, generics are exactly the same as their brand-name equivalents. However, some name brand manufacturers may correctly claim their products are better absorbed within the body than their generic competition—leading to quicker relief. This is particularly true with antibiotics, antihistamines and analgesics. If you're thinking about changing from a brand-name to a generic product, don't do it on your own. Some substitutions can be inappropriate. Consult your doctor for a generic equivalent. Or, tell your pharmacist you want the generic version, and ask him or her to call your doctor for approval.

TAKING CARE OF YOUR SKIN

Via: Metro MD & Hemet -San Jacinto, CA

Many people with ostomies experience some degree of skin irritation from time to time. The most common causes are leakage of effluent (active digestive enzymes or urine) onto the skin, allergic reactions to the adhesive material in a skin barrier, or improper hygiene. A few simple, preventive measures will help to keep your skin free from irritation. Cleanse, rinse, and pat your skin dry between pouch changes. Avoid using an oily soap, which can leave a film that interferes with proper adhesion of the skin barrier. Choose a skin barrier that is unlikely to cause skin irritation or cause an allergic reaction. Make sure that your skin barrier is correctly applied to prevent leakage. If your skin is uneven due to scarring, etc. such depressions may be filled with a paste.

Despite your best efforts, however, skin irritation may occur. If there is redness around the stoma—If your skin is not blistered, broken or bleeding, the redness is usually due to pressure from the skin barrier. No treatment is needed. If there is a redness, blistering or weepy skin—This is usually caused by leakage. Leakage may also cause burning, itching, or discomfort around the stoma. Remove the skin barrier, wash the area well, and put on a clean pouch, paying particular attention to the seal between skin and skin barrier.

Stomahesive Paste or Powder may be used to fill the crevices around the stoma to give added protection. If there is reddened skin with a pinpointed rash—This usually indicates Monilia, or yeast infection, similar to "diaper rash". Contact your physician for the proper medication. Following these tips will help; Do not "air the skin." Discharge from the stoma may further damage the skin, so keep your pouch on. Avoid skin creams and ointments—They can interfere with proper adhesion of the skin barrier. Do not use a heat lamp to "dry" a rash—This may burn the stoma. If your pouch is not comfortable, free from leakage, skin-friendly, odor-free, secure, longwearing, and inconspicuous—Keep looking and consult your ET nurse. .

Humour

It wasn't school John disliked it was just the principal of it.
It's better to love a short girl than not a tall.

There was once a cross-eyed teacher who couldn't control his pupils.

A grenade thrown into a kitchen in France would result in Linoleum Blownapart.

A boiled egg in the morning is hard to beat.

The one who invented the door knocker got a No-bell prize.

Old power plant workers never die they just de-generate.
With her marriage she got a new name and a dress.

The short fortune-teller who escaped from prison was a small medium at large

Some Spanish government employees are Seville servants.
He drove his expensive car into a tree and found out how the Mercedes bends.

Two peanuts were walking in a tough neighbourhood and one of them was a-salted.

When cannibals ate a missionary they got a taste of religion.

JUNE POT LUCK

SUNDAY, JUNE 13, 2010

1:30 P.M. AT

GWYN & RAY SCOTT'S HOME

RR#1, 316 FLOUDSBRIDGE ROAD

FRANKFORD, ONTARIO

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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 fire hall and you will take the first road to the right after the Fire hall.

We will be holding a silent auction that day for a fundraiser. Please bring an item or if you purchase something, no more than \$10.00

If you have any questions please call 613-476-6557



*In Loving Memory
June Harrop*



*Born June 8th, 1917
Passed April 26th, 2010*

Passed away at the Trenton Memorial Hospital on Monday April 26, 2010 in her 76th year. Beloved wife of Ian Harrop of Trenton. Loving mother of Duncan Harrop (Lori) of Castleton, Gail Brown (Donald) of Cobourg and Debbie McLellan (Paul) also of Castleton. Dear grandmother of 7 and great grandmother of 6. The family will receive friends at the Weaver Family Funeral Home - West Chapel, 170 Dundas St., Trenton on Wednesday from 2-6 pm with a private family service to follow. Cremation to follow. As expressions of sympathy donations to the Canadian Cancer Society would be appreciated by the family.

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Web Site: www.kellysdrugstore.com

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.

The following information is kept strictly confidential

Please complete the following form:

Name _____ Phone _____

Address _____

City _____ Postal Code _____

E-mail (if applicable) _____

Type of surgery _____

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Websites of Interest

UOAC: www.ostomycanada.ca

FOW: www.fowcanada.org

Crohn's & Colitis Foundation:

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@yahoogroups.com. We currently have 18 members. Please join us!