



# HERE COMES SPRING

March, 2009

REACH OUT A HELPING HAND TO OSTOMATES AND THEIR FAMILIES

**Our next meeting will be Thursday, March 12, 2009 at 7:30 p.m. in P24 Pioneer Building. Mary Roberts from Coloplast will be our guest speaker.**

Our next meetings  
**April 9, 2009**  
**May 14, 2009**

### An Ostomates Prayer

O, Lord as we have been reborn  
Let us share Your blessings  
With those Ostomates who do not know  
How good the life is You have given us

Let us vow in the years ahead  
To renew the work of our group  
As You have renewed our lives  
We thank You for those lives  
To mutual support of each other  
And the charge You have given us  
to support each other.

Those seeking assistance, a ride, information or those offering suggestions are requested to phone a member listed on the right. Ostomates or their caregivers requiring hospital or home visits should not hesitate to call any member of our Chapter Executive listed on the right.

Before following any information, suggestions and other matters pertaining to your health in general, in the Journal, it is important to consult with your doctor, ET, pharmacist or other qualified to pass medical advice.

### OFFICERS:

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Bawn Putman 476-6557

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#### VISITATION CHAIRPERSON

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#### 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.

### 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.

## Past President's Message

Forgive me, Maddy but it seemed logical as the newsletter had to go to press and I sense you will not mind, just this one time.

it was a well attended meeting and thanks to all who came and enjoyed the presentation by Bruce foster and his crew of assistants. Speaking of assistants, thanks to Weldon for his efforts to get the video system to work.

Gwyn, you are such an angel to fill in as secretary and generally assist in any way that you can.

We were again missing many familiar faces including our ETs and we all hope for a quick recovery for Earl as racing season starts soon. It is requested again that if you know of a member who is under the weather at all please contact either Maddy or Bawn so that a card may be sent, at least. The welfare of our members is important and if they feel abandoned it may be that no one knows of the problem.

Thanks to those who have already submitted the completed questionnaire on the back of the last newsletter and those who have already recycled the last newsletter it is repeated in this issue for your convenience.

It was suggested that thinking caps may be put on as to possible fundraisers. Every little bit helps, and by the way, the donations of Canadian Tire money is already up over fourteen dollars. We will also pick up our customary 50-50 draw at meetings as it is fun and a little bit goes into the coffers every time.

A great big thank you to Don Harrison. At the last meeting Don brought in many plastic cups for our coffee.

This year includes World Ostomy Day so do begin thinking of ways promote our cause and educate the public.

Regards  
Gerry Putman (for Maddy)



## **WORLD OSTOMY DAY OCTOBER 3, 2009**

### **PHOTO CONTEST**

#### **Get out your camera and participate!**

Hollister Incorporated is pleased to announce a worldwide photo contest open to every Ostomy Association around the globe.

□ **Here's why:** World Ostomy Day, October 3, 2009, is a very special day, so we're sponsoring a very special contest -- **The 2009 World Ostomy Day Photo Contest.** The Contest is a unique way to showcase talents and people and to create lasting memories in conjunction with World Ostomy Day.

□ **Theme:** The 2009 World Ostomy Day theme is "**Reaching Out.**" We know there are thousands of you who "reach out" each day -- and in every way. You live life to the fullest with your families or on vacation, during work and with your grandchildren, and while volunteering or tending to pets.

We know you're out there "reaching out" and that's the type of image we want you to capture.

□ **Winners:** 20 photos will be chosen by the judges (a professional photographer and a Hollister representative). Winners and their chapters will receive:

□ Individuals winners: a certificate of recognition

□ Winning chapters: \$250 will be paid to each International Ostomy Association (IOA) chapter represented by the 20 winning photographers

□ All chapters: a CD-ROM of the winning photos will be given to each IOA chapter

#### □ **Rules:**

□ Photographers: need not be people with ostomies

□ Images: must be of people with ostomies

□ **"Reaching Out"** □ Photos: may be digital or processed film

□ Size: any size □ Color: use color or black and white, it's your choice □ Deadline: August 1, 2009

□ How to submit: submit photos with the photographer's name, association name and location, the occasion, place, date and names of people in the photo

□ **Please note:** Submitted photographs will not be returned. Photographs will become the property of the sponsoring organization, Hollister Incorporated, and may be shown publicly.

#### **Please submit your entries by August 1, 2009 to:**

Diane Dreis

Hollister Incorporated

2000 Hollister Drive

Libertyville, IL 60048 USA

e-mail: [wod2009pc@hollister.com](mailto:wod2009pc@hollister.com)

Tel : 1.847.932.3573

## DOCTOR & PATIENT COMMUNICATION

Via: Mesa-East Valley Chapter & The Phoenix, & Des Moines, Iowa

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 test. Take the initiative in 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.

## Note from the Editor:

At the end of this Journal you will find a questionnaire. We are asking that you complete it for us as we will use your concerns and suggestions for future meetings. Once you have completed it would you please give it to Maddy or Bawn. You could also email it to me. The e-mail address is [bgputman@sympatico.ca](mailto:bgputman@sympatico.ca).

I did receive a couple of questionnaires at the last meeting and I wish to thank those that did complete it and hand it in.



### 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.

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](mailto:bgputman@sympatico.ca)

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## BATHROOM HINTS

Lynn Rowell, Editor of the Rambling Rosebud, Anne Arundel County, MD

If you have a very active ostomy with a lot of output, like me, you get to visit the "small room" rather frequently. I have found that one of the toilets in my house doesn't do a good job of flushing the waste away. In fact, the bowl fills with clean water from the tank and then the surplus is "sucked" down the toilet into the sewer. Unfortunately, a lot of the liquid waste remains and it becomes necessary to wait for the tank to fill and flush again or risk someone thinking you either didn't flush or the toilet's not working correctly. Having to flush twice is both annoying and wasteful. Also, these kinds of toilets that have a large bowl with a lot of water in it, means that as you empty, it can create quite a splash—putting in a few squares of toilet paper first prevents the waste from splashing as the pouch is emptied. Newer toilets are sold meeting water saving requirements.

Unfortunately some of them are still designed so that clean water from the tank fills up the bowl and then is sucked back out; these also may have problems removing the waste properly. Many public facilities have installed power flush toilets that require little water. They have a powerful sucking action that removes waste. Since they don't have much water in the bowl, if the output is thick, some may remain after flushing, so it's best to put down a few squares of toilet paper into the bowl before emptying the pouch. The majority of the waste, hopefully, will be on that paper, which is then pulled away when you flush. I have also found this to be helpful when using the toilet on a plane as they also use very little water. As I have encountered public restrooms minus soap, I carry a small hand sanitizer or pack of travel wipes for such occasions. A few tissues in your supply kit or some squares of toilet paper are also good for the time when you have to go, but the stall is out of paper.

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The European Commission just announced an agreement whereby English will be the official language of the European Union rather than German, which was the other possibility. As part of the negotiations, the British Government conceded that English spelling has some room for improvement and has accepted a five-year plan that would become known as "Euro-English". In the first year, "s" will replace the soft "c". Certainly, this will make the sivil servants jump with joy. The hard "c" will be dropped in favour of "k". This should klear up Konfursion, and keyboards can have one less letter.

There will be growing publik enthusiasm in the second year when the troublesome "ph" will be replaced with "f". This will make words like fotograf 20 per sent shorter. In the third year, publik akseptanse of the new spelling can be expekted to reach the stage where more komplikated changes are possible.

Governments will enkourage the removal of double letters which have always been a deterent to akurate spelling. Also all will agree that the horrible mess of the silent "e" in the language is disgrasful and it should go away. By the fourth year people will be reseptiv to steps such as replasing "th" with "z" and "w" with "v". During the fifz yer, ze unnesesary "o" can be dropd from vords kontaining "ou" and after ziz fifz yer, ve vil have a reil sensibl riten styl. Zer vil be no mor trubl or difikultis and evrivun vil find it ezi tu understand ech oza. Ze frem of a united urop vil finali kum tru. Und efter ze fifz yer, ve eil al be speking german like zey vunted in ze forst plas.

## CRANBERRIES—FOR AND AGAINST FOR UROSTOMATES

Via: Snohomish Co., WA S. Brevard FL & Hemet-San Jacinto, CA

**FOR**—The secret ingredient in cranberries that is pivotal in preventing urinary tract infections (UTIs) is concentrate tannins in the juice, called proanthocyanidins. In a Boston study published in the Journal of the AMA, cranberry juice was found to be effective in reducing the incidence of UTIs and the need for antibiotic treatments. This has important implications for persons with ostomies and continent diversions. Recurrent UTIs can be common in persons who catheterize frequently. These can be more evident if proper hand washing and cleaning of catheters is not done routinely. In addition, a large proportion of women over age 65 will experience at least one UTI per year. How does this special ingredient in cranberry juice work? The tannins from cranberries simply prevent E-coli bacteria, the main culprit in urinary infections, from adhering to cells that line the walls of the bladder and kidneys. The bacteria thus will "wash out" before infection can develop. Scientists in the Boston study believe that the routine addition of cranberry juice to dietary regimes in circumstances where UTIs have a high incidence, would be sensible.

**AGAINST**—An article from the Mayo Clinic says drinking cranberry juice to prevent recurring bladder or urinary infections is an "old folk" remedy. Does it work? Maybe—but don't count on it. A key to prevent bladder infection is blocking the growth of the bacteria that causes the infection. But scientists don't know whether a realistic amount of cranberry juice can produce enough change in urine acidity to affect bacteria. The second theory is that cranberry juice keeps bacteria from "sticking" to the bladder wall where they multiply and cause infections. This theory was confirmed in the laboratory and in mice, but results vary in humans. We do know that taking 500mg of vitamin C (ascorbic acid) twice a day along with cranberry juice cause acidity of urine. Still, if you think you have a bladder infection, don't try home remedies. See your doctor. The usual treatment is antibiotics and lots of liquids.

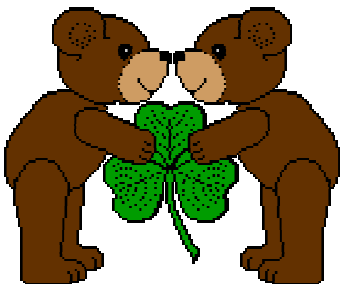
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Two doctors' offices.....Two patients limp into two different medical clinics with the same complaint. Both have trouble walking and appear to require a hip replacement. The FIRST patient is examined within the hour, is x-rayed the same day and has a time booked for surgery the following week. The SECOND sees his family doctor after waiting 3 weeks for an appointment, then waits 8 weeks to see a specialist, then gets an x-ray, which isn't reviewed for another week and finally has his surgery scheduled for 6 months from then. Why the different treatment for the two patients? The FIRST is a Golden Retriever. The SECOND is a Senior Citizen. Next time take me to a vet!

For those who have sons & those who are happy that they don't....

When you have sons, you also discover some interesting facts;

1. A king size waterbed holds enough water to fill a 200 m<sup>2</sup> house to a depth of 10 cm.
2. If you spray hair spray on dust balls and run over them with roller blades, they ignite.
3. A 3-year old boy's voice is louder than 200 adults in a crowded restaurant.
4. If you hook a dog lead over a ceiling fan, the motor is not strong enough to rotate a 20 Kg boy wearing Batman underwear and a Superman cape. It is strong enough, however, if tied to a paint can, to spread paint on all 4 walls of a 6m x 6m room.
5. You should not throw cricket balls up when the ceiling fan is on. When using a ceiling fan as a bat, you have to throw the ball up a few times before you get a hit. A ceiling fan can hit a cricket ball a long way.
6. The glass in windows (even double-glazed) doesn't stop a cricket ball that's been hit by a ceiling fan.
7. When you hear the toilet flush and the words 'uh oh', it's already too late..
8. Brake fluid mixed with bleach makes smoke, and lots of it.
9. A six-year old boy can start a fire with a flint rock, even though a 36-year old man says they can only do it in the movies.
10. Certain Lego will pass through the digestive tract of a 4- year old boy
11. Play dough and microwave should not be used in the same sentence.
12. Super glue is forever.
13. No matter how many jelly crystals you put in a swimming pool you still can't walk on water.
14. Pool filters do not like jelly crystals.
15. VCR's do not eject 'BLT' sandwiches even though TV commercials show they do.
16. Rubbish bags do not make good parachutes.
17. Marbles in petrol tanks make lots of noise when driving.
18. You probably DO NOT want to know what that smell is.
19. Always look in the oven before you turn it on; plastic toys do not like ovens.
20. The spin cycle on the washing machine does not make earthworms dizzy.
21. It will, however, make cats dizzy.
22. Cats throw up twice their body weight when dizzy.



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retailer, and they ensure that you will get great advice and most importantly the right solution for your health care needs.

That is why Shoppers Home Health Care is pleased to announce that on the last Thursday of every month, we will be sponsoring an Ostomy clinic.


From 1-4 p.m. you are invited to come to our retail location and speak privately to a knowledgeable ET nurse regarding any concerns you may have about your ostomy.

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 February 26th, March 26th. And April 30th.



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## HINTS AND TIPS

Via: Hemet-San Jacinto, CA

One cause of obstruction you don't think about is from too many "soft drinks". The gas from carbonated drinks can distend the bowel to a point that kinking can occur. The teabag is an ostomate's best friend. Tea is an anti-spasmodic and soothing to an upset stomach. It also provides fluids containing electrolytes and potassium so frequently lost from diarrhea.

Gas problems can be relieved by eating several spoonfuls of yogurt or applesauce. Much air is swallowed at night while sleeping and this will result in gas. A few swallows of club soda will help to get rid of gas bubbles. You just burp them up. The manner of eating is also a factor in relieving gas problems. If you can avoid drinking while eating, the effluent will become thicker, and liquids can be ingested before and after the meal. If one can avoid greasy foods, this may serve to lessen gas problems. Also some roughage in the form of grain cereal will move food more rapidly through the digestive tract and lessen gas formation.

Vitamin E and Fatty Soaps (Dove for Example) may be great for the skin but they can cause the appliance to fall off. Polident and Efferdent are very effective to soak your appliances: to deodorize, remove stains and clean. If it's good for your teeth, it is good for your appliance.

Does your stomach gurgle? Try eating solid food first at meals and then drink. But be sure to get enough fluids too, so you don't become dehydrated.

Eating bran muffins is a simple and delicious way for colostomies to solve a constipation problem.

If stool sticks to the pouch and is hard to rinse out, spray the pouch with PAM before applying.

When the lock is broken on the restroom door, a wad of folded tissue will sometimes hold it shut.

Carry an extra tail closure or rubber band with you in case yours "goes down the drain". It could prove critical to your entire program.

Ziploc sandwich bags are useful for disposing of used pouches and taking care of odor of used pouches.

Don't be afraid to take a shower without your appliance.

Soap cannot hurt the stoma. Just rinse well.

After bathing with the faceplate off, hold a cold compress over the peristomal area for a few seconds to close the pores before replacing the appliance.

A bit of spearmint vinegar in a glass of water calms the stomach and digestive system. It also relieves gas and adds a tangy zest to iced tea.

A good rule to follow—if it is safe to put in your mouth, it is safe to put in your pouch. Try GREEN MINT MOUTHWASH as a pouch rinse.

Trouble with itching under the tape or Stomahesive? Mix 50% white vinegar and 50% water, apply gauze sponges and soak the skin for 5 to 10 minutes when changing your appliance. Be sure the skin is washed and rinsed well to remove the vinegar before applying the new appliance. Use CERTS if nothing else is available. PEPTO-BISMOL is an effective deodorant. Take one tablet immediately after meals. Its effectiveness is lessened the longer you wait after a meal.

Eat parsley to eliminate odors.

You do not have to be a baby to discover the merits of Johnson and Johnson diaper liners. You may try them as a barrier between ostomy pouches and the skin. They come 60 to a box and cost under a dollar. (Editor's Note: I don't know how old this tip is, or if they are still available.) Don't behave as if having an ostomy makes you less of a person or some freak of nature. There are lots of us and most of us are glad to be alive! Build a support system of people to answer questions when you have a problem. Consider our ET's and your officers who are listed in this newsletter. Don't play the dangerous game of making your appliance last by over taping or putting off a change. There aren't any prizes given for the longest wear time except accidents! Don't wait until you see the bottom of your supply box before ordering more. Always count on delays in shipping, holidays, etc. when calculating what is needed.

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World Ostomy Day 2009 will be celebrated on the **3rd October 2009** and the theme will be "Reaching Out"

The aim of World Ostomy Day is to improve the rehabilitation of Ostomates worldwide by bringing to the attention of the general community and the global community the needs and aspirations of Ostomates and their families.

Activities to promote awareness may include: educational programs, seminars, support meetings and demonstrations/displays; electronic information networks, newspaper and magazine announcements/advertisements and articles. Publication of informative handout materials and brochures: audio and video announcements and films; personal visits and lobbying activities; official government proclamations and joint activities with allies agencies and professional health Associations

Once again the Coloplast Merit Award will be an integral part of World Ostomy Day. The aim of the award is to encourage the spread of enterprising initiatives of national Ostomy Associations to member Associations around the world. The award has been developed in cooperation with IOA and has been presented since 1991. There will be 3 regional contests

- Europe
- The Americas
- Asia & South Pacific

As part of WOD 2009 there will also be an *International Photographic Competition* sponsored by Hollister. The World Ostomy Day Photo Contest. The theme of this competition is to indicate that having a Stoma does not stop Ostomates leading a full and active life. For example families on vacation, during work, sporting activities, spending time with children/ grand children volunteering in community organizations. There will be 20 winners for this competition from all parts of the world.

Keep your eyes open for more details of both competitions which will be announced later this year.

Peter McQueen  
WOD 2009 Coordinator

## Spouses of New Ostomates

This article has been extracted from a UOAA (our sister organization in the USA) brochure for spouses of ostomates. Some of the information in the Education portion has been edited to reflect Canadian content.

### INTRODUCTION

The spouse of a person with an ostomy plays a vital role in the rehabilitation process. It is important to understand basic ostomy information and the psychological impact of the procedure. Spouses may experience feelings of grief, guilt and anger. These feelings are perfectly normal and will lessen in time as both parties adjust to the ostomy. You are not alone. There are many others who have experienced the same emotions and adjustments. It is estimated that nearly 750,000 people of all ages, races, backgrounds and occupations are living full, productive lives after having ostomy or continent diversion surgery. You may have a lot of questions: Can we still eat out, travel, participate in sports and live a normal life? The answer is yes, but remember everyone responds to ostomy surgery differently, so evaluate your situation accordingly.

### BASIC OSTOMY INFORMATION

Ostomy surgery is performed when a person has lost the normal function of their bowel or bladder because of birth defects, injury or disease. Ostomy surgery can have positive results for colorectal cancer, inflammatory bowel diseases such as ulcerative colitis and Crohn's. Surgery also enables some children with birth defects to live more normal lives.

Bowel diversions include: colostomy (a portion of large intestine is removed or bypassed), ileostomy (all of the large intestine is removed or bypassed) and continent diversions (an internal reservoir such as a J-pouch or continent ileostomy is constructed). Bladder diversions include: urostomy (bladder is removed or bypassed), continent urostomy and orthotopic neobladder (an internal reservoir is constructed for both).

### ROLE OF SPOUSE

Your role as a spouse is one of support and encouragement. These elements are vital to any relationship and provide a basis for an emotional recovery and acceptance of the ostomy. This lifesaving, body altering procedure can affect people in different ways.

How you react to the physical changes from surgery will be conveyed to the ostomate in many ways. Watch your body language. If you were a person who liked to cuddle before the surgery, then continue to reach out to your spouse. Couples have a tendency to "protect" each other and not be truthful about their feelings. Initiate open communications with your spouse and discuss any concerns either of you may have about the surgery (i.e., fear, anger, resentment, relief). Ask questions about changes you do not understand. It is likely that you and your spouse may have anxieties about becoming intimate. Talk to your spouse about any physical limitations, pain (if present), fears about being naked, leakage, odor and rejection. Body image is one of the major issues after ostomy surgery.

good sense of humour is an important factor that will be very beneficial during the adjustment phase. It helps you and your spouse deal with some of the unexpected events during this time. Ostomates should have instructions about self-care from an ostomy nurse prior to leaving the hospital. Be supportive in providing assistance in caring for the ostomy but remember it is their ostomy! If the ostomy patient is physically capable, do not take on the role of total caregiver. Encourage independence in taking care of the ostomy; it can be the first step toward regaining self-esteem.

### EDUCATION

Educate yourself about the services available to you and your spouse. The primary sources of information should be your physician, ostomy nurse or other Healthcare professionals. The United Ostomy Association offers valuable resources and support for ostomates nationwide: –A visit from a certified ostomy visitor can be arranged before or after surgery. In many cases, a "Spouse Visitor" can also be arranged. They can provide a positive role model for the new ostomate and their spouse. This face-to-face support can alleviate many fears.

– Attend a local support group meeting with your spouse. This will demonstrate your willingness to help them adjust to the challenges they are facing.  
– Canada has a national support network, the United Ostomy Association of Canada (UOAC) as well as local chapters and an special spousal support network; Spouses And Significant Others (SASO). Information about these and local chapters can be found at [www.ostomycanada.ca](http://www.ostomycanada.ca) or call 1-888-969-9698.

- National and regional conferences offer special sessions for spouses conducted by spouses.

– The Ostomy Canada website also offers email chat and a link to a Facebook group

### REMEMBER

The person with an ostomy has not changed, only their anatomy has. How you and your spouse accept that change will influence your quality of life. Armed with adequate information and a positive outlook, you may find that having a family member who has survived body altering surgery often leads the entire family to a greater appreciation of life.

Thanks to United Ostomy Associations of America.  
Original link: [http://www.uoaa.org/ostomy\\_info/pubs/uoaa\\_brochure\\_spouse.pdf](http://www.uoaa.org/ostomy_info/pubs/uoaa_brochure_spouse.pdf)

### Reminder

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

If you can could you please give it to Gerry.

Thank you

Skin problems thought to be due to adhesives are often due to physical skin injury. The skin consists of two layers, the dermas and epidermis. If tape is placed on the skin with tension, the constant pull on the outer layer can cause a strain on the bond with the lower layer. This can cause irritation or blister. The same effect will also take place if swelling occurs after an adhesive appliance is in place. To prevent this, gently place adhesive products on the skin without tension. In applying longer lengths of tape, apply from the center of the dressing outward to avoid stress on the ends of the tape. Damage may also be caused by rapid removal of tape. If you adhere a piece of tape to a rubber sheet, you will find the tape pops off when you stretch the sheet. The skin also has elasticity. If you pick up a corner of the tape and stretch the skin away from the adhesive, trauma is reduced substantially. While the skin can withstand immersion in water for a few hours, indefinite exposure is harmful and so the area around the stoma should be protected against moisture. Water-logged skin becomes sensitized and may eventually lead to the stoma equivalent to diaper rash. Redness may also be caused by chemical irritants trapped between the adhesive and the skin. Usually the irritant is residual soap (Ivory is a known offender), skin preps that are not completely dry, deodorants, antiseptics and other skin coatings such as lotions and sunscreens. Chemical substances from within the body may also cause irritation. Complex metabolic by-products from foods, drinks, and medications are constantly passing through the skin. Everyone has his own personal collection of allergies caused by anything that enters their digestive tracts. When these by-products are trapped under a non-porous tape, the increased concentration at the skin surface may cause a problem. Another source of irritation are pouch contents on the skin. The enzymes present with the ileostomy do not know the difference between you and a piece of steak. With a urostomy, alkaline high pH urine does the most damage. Certain fluids such as cranberry juice will lower the pH and minimize the problem. If a skin prep is used for protection, be sure to use non water-soluble type. The obvious way to eliminate or minimize chemically caused irritation is to thoroughly wash, rinse and completely dry the stoma area before tape application making sure all soap residue and other irritants are removed. In most cases, using only plain water to clean the stomal area is the best approach. The occasional use of a more porous adhesive such as Micropore will help if you have sensitive skin or if your skin needs a rest.

## PREVENTING SKIN IRRITATION

Via: Metro Maryland & So. Nv. Town Karaya

You do not have to put up with irritated skin. A properly fitting pouching system changed as needed will prevent skin irritation in most instances.

Irritation right around the stoma can be a sign of poor adhesion which permits leakage of body waste. Your skin barrier should be changed as soon as it starts to leak. The time you can wear it comfortably will vary depending on your activities. You may need to change it more frequently when you exercise strenuously or when the weather is hot and you are perspiring. Itching, redness, or rash may be caused by constantly pulling the adhesive away from the skin. It may also indicate that you are allergic to the adhesive. Report any such reaction to the doctor, nurse, or ET nurse immediately. There are several types of skin barriers available. You should be able to use at least one of these with no problem.



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## From The Staff at Kelly's Belleville and Trenton Stores

**Remember at Kelly's you can save 10% off Ostomy  
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The Journals are now archived for viewing at Kelly's  
Web Site: [www.kellysdrugstore.com](http://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.**

BELLEVILLE, QUINTE WEST & AREA CHAPTER OF UOAC SURVEY

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

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name	Contact number
_____	_____
_____	_____
_____	_____

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

Yes                      No

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_