



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

SPRING IS JUST AROUND THE CORNER

March, 2010

REACH OUT A HELPING HAND TO OSTOMATES AND THEIR FAMILIES

**Our next meeting will be Thursday
March 11, 2010 at 7:30 p.m. in P24
Pioneer Building. Come and meet Belle
Lumani from Hollister.**

Our next meetings
March 11, 2010
April 8, 2010
May 13, 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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DSS REP

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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

For those of you that attended the February 11 meeting, I think you will agree that it was very informative. Dan Hache, the new rep from Convatec did a great job of showing us the new and improved flanges and explaining how they can improve quality of life.

It looks as though our winter, here in this region, is non-existent. I feel for the folks in the east and south to DC. What a shock to have all that snow and not be able to move it. We have been going to a cabin at Coe Hill and doing some snowmobiling. The trails there are lovely but would look better if they also got a fall of snow. One good thing is that it makes travelling easier not having the snow. I worry about the wells and farmlands though. I do hope that we don't get our winter in April or May.

I heard robins today on my walk to work.....that's a good sign.

Welcome to our new member. We would love to meet you at one of the upcoming meetings. We are here for you.

One of our members has been ordering his supplies from a web page of www.well.ca. They ship free to you and the response time is really good. Also the price is more than competitive to some of the stores.

If you happen to have supplies that you are not using please bring them to the meeting and we will send them on to Friends of Ostomates Worldwide. They will be used by people who do not have a ready available supply of flanges, pouches and other supplies.

Have a great month

Maddy

Message from the Editor

Gerry and I hope that you are enjoying this wonderful weather. We are sorry that we missed the last meeting but we wanted to attend an appreciation night for the volunteers and torch bearers of the Olympic Celebrations in Picton. Gerry also was asked to help open the Athol South Marysburg School Olympics Games. It was almost as wonderful as the run on December 15th. I cried only a bit as our granddaughter was the one to introduce Gerry and she did a marvelous job.

If anyone would like to write their story and send it to me that would be helpful. This includes both ostomates and spouses, family members and care givers. If you have run across a good article, story, etc. that you feel would be a help to others please send it to me. Also pictures would be welcome. Are there any changes you would like to see in the Journal?

Congratulations go to Carol Gibson of Huntsville who is the President and spear head of the new Ostomy Chapter in her area. Carol had been a member of our group.

Is with cotton buds dipped in
Buscopan

*Pat Cimmeck, via Calgary Changing Times,
Via, Regina Ostomy News, Nov/Dec. 2009*

Recently, during a trip to the emergency room for a blockage, I came across some very helpful information. I hope that my experience will benefit someone else in the same situation.

This was not the first ileostomy blockage that I have had. After going to the emergency room and waiting for an hour, I was taken into an examining room. When the doctor came to see me, I was in a lot of discomfort with the usual symptoms, abdominal cramping, low output and dehydration.

In past experiences the emergency doctors had always offered a narcotic to relieve the pain. I had long wondered and asked why they wouldn't prescribe a tranquilizer or muscle relaxant to relieve the pain instead of a narcotic like morphine, codeine or lomotil. Narcotics slow down the motility in the bowel so it made sense to me to give something that would relax the bowel, not slow down an already sluggish or non-moving intestine. I never received an adequate answer and was always given intravenous narcotics to relieve the pain.

On this occasion, the doctor offered me an anti-spasmodic drug first instead of a narcotic. He also thought that this type of medication would be preferable to using a narcotic first. If it didn't work, there was always morphine etc. as a backup. The name of the drug, an anti-spasmodic, is called **BUSCOPAN**.

It was administered in liquid form through my IV WOW! What a difference! Within 10 minutes the cramping and pain were completely gone. I didn't have the usual drowsiness or sluggish feeling you can get with a narcotic. It didn't clear the blockage but certainly made a remarkable difference in my pain level.

I continued to receive IV fluids and three hours later another dose of the Buscopan was administered. A couple of hours later the blockage was slowly resolving and I was able to go home. Recovery time on this occasion was much faster than previous incidents, with more energy and no sluggishness or drowsiness.

You should always check with a doctor before trying a new medication as we are all different and there may be a reason why this drug would not be good for you. But, if you are ever in a similar situation, this information may save anyone with a

blockage some pain and suffering.

WHEN SHOULD YOU SEEK MEDICAL ATTENTION? ALL OSTOMIES, IF YOU HAVE:

- Cramps lasting for more than two or three hours.
- A deep cut in the stoma.
- Excessive bleeding from the stoma opening (or a modest amount of blood in the pouch in several emptyings).
- Bleeding at the junction between the stoma and the skin.
- Severe skin irritation or deep ulcers.
- Unusual change in stoma size and appearance; change to a purple-blue colour may be an indication.
- Severe watery discharge lasting for more than five to six hours.
- Severe odour lasting for more than a week.

Tips & Tricks

If you are active, perform a physical job or like to play sports, use a curved tailclip rather than the straight kind. The curved clip will fit your leg better.

If you use the 'velcro' or 'lock & roll' type pouches closures, carry a spare clip just in case. It could come in handy some day if the closure fails.

You can trim the edges or corners of your skin barrier with scissors if it's catching on your clothing (don't take off too much though, you need enough to hold the appliance on)

Do not use antiseptic or anything of that nature on the stoma if it shows spots of blood. Just dab these away with tissue. Occasional minor spotting is not a cause for alarm. Via Vancouver Highlife

Happy Birthday

Trevor Pewtner

Jerry Tompkins

Shelly Gregory

Vern Kemp



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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George Carlin's VIEWS ON AGING*

Do you realize that the only time in our lives when we like to get old is when we're kids?

If you're less than 10 years old, you're so excited about aging that you think in fractions. "How old are you?" "I'm four and a half!" You're never thirty-six and a half. You're four and a half, going on five!

That's the key. You get into your teens, now they can't hold you back.

You jump to the next number, or even a few ahead. "How old are you?" "I'm gonna be 16!" You could be 13, but hey, you're gonna be 16!

And then the greatest day of your life . . . you become 21. Even the words sound like a ceremony . . . YOU BECOME 21. . . YEAS!!!

But then you turn 30. Oooohh, what happened there? Makes you sound like bad milk. He TURNED, we had to throw him out. There's no fun now, you're just a sour-dumpling. What's wrong? What's changed?

You BECOME 21, you TURN 30, then you're PUSHING 40. Whoa! Put on the brakes, it's all slipping away. Before you know it, you REACH 50 . . . and your dreams are gone.

But wait!!! You MAKE it to 60. You didn't think you would!

So you BECOME 21, TURN 30, PUSH 40, REACH 50 and MAKE it to 60. You've built up so much speed that you HIT 70!

After that it's a day-by-day thing; you HIT Wednesday! You get into your 80s and every day is a complete cycle; you HIT lunch; you TURN 4:30; you REACH bedtime.

And it doesn't end there. Into the 90s, you start going backwards; "I was JUST 92."

Then a strange thing happens. If you make it over 100, you become a little kid again. "I'm 100 and a half!"

May you all make it to a healthy 100 and a half!!

HOW TO STAY YOUNG

1. Throw out nonessential numbers. This includes age, weight and height. Let the doctor worry about them. That is why you pay him/her.

2. Keep only cheerful friends. The grouches pull you down.

3. Keep learning. Learn more about the computer, crafts, gardening, whatever. Never let the brain idle. "An idle mind is the devil's workshop." And the devil's name is Alzheimer's.

4. Enjoy the simple things.

5. Laugh often, long and loud. Laugh until you gasp for breath.

6. The tears happen. Endure, grieve, and move on. The only person who is with us our entire life, is ourselves. Be ALIVE while you are alive.

7. Surround yourself with what you love, whether it's family, pets, keepsakes, music, plants, hobbies, whatever. Your home is your refuge. 8 Cherish your health: If it is good, preserve it. If it is unstable, improve it. If it is beyond what you can improve, get help.

9. Don't take guilt trips. Take a trip to the mall, to the next county, to a foreign country, but NOT to where the guilt is.

10. Tell the people you love that you love them, at every opportunity.

AND ALWAYS REMEMBER:

Life is not measured by the number of breaths we take, but by the moments that take our breath away.

OTTAWA UROSTOMATE SOLVES LONG DRIVE DILEMMA (from Ottawa Ostomy News, Dec. 2009)

A member of the Ottawa chapter wrote in to tell of her very long car trip on her own from Ontario to Nova Scotia. She wore a jean dress and under the skirt she attached a tube from her pouch to a large jug. (the same idea as a night jug). She was able to drive for as many as three hours without stopping to search for a restroom. She carried a large, attractive tote bag. When she did need to empty the jug, she would simply disconnect, put the jug in the tote, go to a washroom and empty her jug. No rush. No constant stops. No worries. She has even used this technique while travelling by van with family. No one minds or even cares about her jug. A big plus is being able to drink a lot of water and coffee on the road.

TENDER LOVING CARE - YOUR STOMA NEEDS IT TOO!
Via: Boston (MA) OAB BULLETIN, & S. Brevard (FL) OSTOMY NEWSLETTER

Most ostomy patients would agree that there is no substitute for TLC. That is one of the reasons that the specialty of ET nursing exists. It ensures that nurses with a special sense of caring and with special education are taking care of the ostomy patient's needs. Once you are discharged, remember that your stoma needs TLC also. A few pointers might be helpful. Generally speaking, it is good to set aside a time for giving priority to stoma care. It might be during your morning shower, after breakfast, or at bedtime. It's important to make it fit into your routine. Don't change your schedule for the stoma. Make it change for you. Having a regular time for pouch changing, etc. helps put some order into your schedule. It will also ensure that leakage or other problems can be kept to a minimum. If you know that your pouch always leaks on the fourth morning for instance, then begin changing it on the third night, if that time is convenient.

Don't be rough with your stoma. It's not unusual for it to bleed a little when washed. Just be careful not to be too brisk with the washcloth or whatever you use, as that might cause excessive irritation. Eat a well-balanced diet; following special instructions from your physician, dietician, ET, etc. Drink sufficient water and fluids unless you are medically restricted. Persons with ileostomies and colostomies should chew their food very well. Avoid eating too many hard to digest and gaseous foods at one meal. Urostomy patients need to be sure to have sufficient fluids, unless told otherwise by the doctor, as fluids help prevent infections. Rinsing the pouch daily with a solution of 1/3 white vinegar and 2/3 water helps prevent crystals from building up on the stoma, and the wash will also keep the inside of the pouch acid. Acid conditions prevent growth of bacteria. Patients can usually shower with the pouch off or on unless instructed otherwise. Water will not hurt the stoma. Peristomal skin especially needs TLC. A properly fitting pouch, changed regularly, usually accomplishes this. Never tape the pouch if it is leaking. Change it!! If you have frequent leakage and have to change too often, call your ET to make an appointment for re-evaluation. Perhaps another type of pouch would be better suited, or perhaps your stoma and peristomal skin need re-assessment. There might be some new products that will work for you. Don't hesitate to make an appointment.

TIP

If you find your stoma gurgles a lot, try this: At meals, eat the solid foods first, then take your beverages. Do not eliminate your beverages. Daily intake of fluids is needed to prevent dehydration.

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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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HOW TO PREVENT MEDICAL ERRORS

Via: Ottawa ON Ostomy News & Brevard FL Ostomy Newsletter

1. Get involved with your medical care and you will get better results.
2. Be certain your doctor knows about all the medications you are taking, including over-the-counter medicines, supplements, herbs, and prescriptions.
3. Inform your doctor of all allergies and adverse reactions to medications.
4. Make sure you can read a prescription.
5. Ask for information about your medications in terms you can understand.
6. Make sure the pharmacy gives you the medicine that was prescribed.
7. Ask questions about directions, e.g. does "four doses" mean just in daytime or around the clock?
8. Ask the pharmacist for the best device to measure liquid medication.
9. Ask for written information about side effects
10. Don't hesitate to ask hospital workers to wash their hands.
11. If you have a choice, choose a hospital and a surgeon that does a lot of the surgery you need.
12. On discharge from the hospital, be sure you understand your home treatment plan.
13. Be sure that you know and agree about what exactly will be done in your surgery.
14. Speak up if you have concerns.
15. Make sure that someone, such as your personal doctor, is in charge of your care if you have multiple health concerns.
16. Don't assume health professionals know everything you do about your care.
17. Ask a family member to speak for you when you cannot.
18. Find out if you would be better off without certain treatments or tests.
19. Don't assume that no news about a test is good news.

Be informed about your condition and treatment. An informed, involved patient is a better patient.

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

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CONTROLLING ODOR

Via: Pensacola FL Stoma-Gram

An important part of a new ostomates rehabilitation is learning to control odor; it is important to feel good about oneself and be secure in relationships with others. The ostomate can be extremely sensitive to odors and the reactions of those around him or her, especially family and friends. Colostomies tend to emit more odor than ileostomies because of the bacterial abundance in the colon. Most sigmoid and descending colostomies are routinely irrigated, so persistent odor is less of a problem than with a transverse colostomy where semi-liquid drainage tends to be rather malodorous. Ileostomates experience almost continual peristaltic waves which sweep the ileum and prevent stagnation of the intestinal contents, thereby eliminating the major cause of odor, i. e., bacterial growth.

Extreme and persistent odor from an ileostomy could be an indication of a secondary problem, such as a stricture or blockage. Urine has a characteristic odor, but a foul odor could be a sign of infection due to overgrowth of bacteria. Certain foods will affect the odor of both feces and urine. Avoiding such odor-producing foods will help. External and internal deodorants are available, but two important aspects of odor control are good personal hygiene and appliance care. For fecal ostomies, use odor proof pouches. Change the pouch immediately if a leakage occurs. Eliminate from your diet such odor producers as 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.

PLANTING TOMATOES

An elderly Italian man lived alone in the country. He Wanted to dig his tomato garden but it was very hard Work and he was old and tired.

His only son, Vincenzo, Who used to help him, was in prison. The old man wrote a letter to his son and described His predicament

Dear Vincenzo,

I'm a feeling pretty bad 'causa looks like I wona be able to planta my tomato garden dis year. Ima getting Old. Ifa you were here, my troubles she woulda be Over. I know you woulda dig DA garden of Me. Love, U Papa

A few days later he received a letter from his son.

Dear Papa, I'd do anything for you Papa, except dig up that Garden. That's where I buried the bodies. Love, Vinnie

At 4:00 a m the next morning, FBI and local police Arrived and dug up the entire area without finding any Bodies. They apologized to the old man and left. The Same day the old man received another letter from his Son.

Dear Papa,

Go ahead and plant the tomatoes now. That's the best I Could do under the circumstances. Love, Vinnie

What is shingles? What causes shingles?

Via: medicinenet.com

Shingles is a skin rash caused by the same virus that causes chickenpox. This virus is called the Varicella zoster virus (VZV) and is in the Herpes family of viruses. After an individual has chickenpox, this virus lives in the nervous system and is never fully cleared from the body. Under certain circumstances, such as emotional stress, immune deficiency (from AIDS or chemotherapy), or with cancer, the virus reactivates and causes shingles. In most cases of shingles, however, a cause for the reactivation of the virus is never found. Anyone who has ever had chickenpox is at risk for the development of shingles, although it occurs most commonly in people over the age of 60. It has been estimated that up to 1,000,000 cases of shingles occur each year in the U.S.

What are symptoms of shingles? How long does shingles last?

Before a rash is visible, the patient may notice several days to a week of burning pain and sensitive skin. When the characteristic rash is not yet apparent, it may be difficult to determine the cause of the often severe pain. Shingles rash starts as small blisters on a red base, with new blisters continuing to form for three to five days. The blisters follow the path of individual nerves that come out of the spinal cord (called a dermatomal pattern) and appear as a band- or belt-like pattern on an area of skin. The entire path of the affected nerve may be involved, or there may be areas with blisters and areas without blisters. Generally, only one nerve level is involved. In a rare case, more than one nerve will be involved. Eventually, the blisters pop, and the area starts to ooze. The affected areas will then crust over and heal. The duration of the outbreak may take three to four weeks from start to finish. On occasion, the pain will be present but the blisters may never appear. This can be a very confusing cause of local pain.

Is shingles contagious?

Yes, shingles is contagious. Shingles can be spread from an affected person to children or adults who have not had chickenpox. But instead of developing shingles, these people develop chickenpox. Once they have had chickenpox, people cannot catch shingles (or contract the virus) from someone else. Once infected, however, people have the potential to develop shingles later in life. Shingles is contagious to people that have not previously had chickenpox, as long as there are new blisters forming and old blisters healing. Similar to chickenpox, the time prior to healing or crusting of the blisters is the contagious stage of shingles. Once all of the blisters are crusted over, the virus can no longer be spread.

YOUR URINARY OSTOMY

By Edith Lenneberg, ET Via: TownKaraya, Ostogram & Hemet-San Jacinto, CA

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 (IVP intravenous 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.
3. Kidneys - nature or 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.

Via: Evansville Re-Route January 2009

Humour

An American, a Scot and a Canuk were in a terrible car accident. They were all brought to the same emergency room, but all three of them died before they arrived. Just as they were about to put the toe tag on the American, he stirred and opened his eyes. Astonished, the doctors and nurses present asked him what happened.

"Well," said the American, "I remember the crash, and then there was a beautiful light, and then the Canadian and the Scot and I were standing at the gates of heaven. St. Peter approached us and said that we were all too young to die, and that for a donation of \$100, we could return to the earth." He continued, "So of course, I pulled out my wallet and gave him the \$100, and the next thing I knew I was back here." "That's amazing!" said one of the doctors, "But what happened to the other two?" "Last I saw them," replied the American, "the Scot was haggling over the price and the Canadian was waiting for the government to pay for his." Via: January Connection 2010. Via: Brantford & District Ostomy News

PAY ATTENTION TO SIGNALS BODY SENDS TO AVOID COLORECTAL CANCER

Via: The Greater Cincinnati OH. Chapter, Excerpted Colorectal cancer...it's a killer secret!

Each year, almost 150,000 Americans are diagnosed with cancer of the colon or rectum. About 50,000 people die annually of this disease. It is the third most common cancer in our nation, second only to lung cancer in its deadliness. Most likely, someone affected by colorectal cancer lives near you. That may surprise you. Although few people discuss colon health, understanding normal bowel habits, recognizing changes and realizing when to seek help will allow us to fight this deadly disease. No one should die from embarrassment. That is why March has been designated National Colorectal Cancer Awareness Month—a time dedicated to educating people about colorectal cancer signs, symptoms, risk factors, evaluations and treatments. The first step in combating the disease is talking about it. Don't be shy about discussing bowel habits with your doctor. A change from a regular daily movement to a frequent loose, or infrequent hard movement may signal that something in the bowel needs attention. Abdominal or pelvic pain can also be a sign that an evaluation is needed. The presence of blood—red, maroon or black—is never normal and should immediately be discussed with your doctor. While something as common as hemorrhoids or a fissure may be causing the problem, your silence can be deadly. Jay Monaghan, for example, the husband of Katie Couric, delayed telling his doctor about blood in his bowel movements. When finally evaluated at the age of 42, his colorectal cancer was advanced and a cure was not possible. He died several months later. In addition to talking with your doctor, talk with your relatives, especially your immediate family, to find out if anyone has had a polyp or a cancer of the colon or rectum. Colorectal cancer does not discriminate on the basis of age or sex, and a family history of this disease increases a person's risk several times. Research has verified that colorectal cancer is passed from generation to generation through a genetic abnormality. Multiple polyp clusters in families demand screening in adolescence. A history of inflammatory bowel disease, such as ulcerative colitis and possibly Crohn's disease, also increases the risk of developing colorectal cancer. Finally, lifestyle choices such as smoking, a lack of exercise or a diet high in fat and low in fiber can increase your risk. Colonoscopy examines the large intestine, is performed in an outpatient endoscopy suite under sedation, and takes about 30-45 minutes. This procedure remains one the best means for early detection of colorectal cancer and could save your life.

The authors are Assistant Professors of Surgery at UC.

Quote:

Though no one can go back
and make a brand new start,
Anyone can start from now
and make a brand new ending.

~Carl Bard

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The Journals are now archived for viewing at Kelly's
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 _____

Please make cheques of \$23.00 payable to:

UOAC Belleville, Quinte West & Area Chapter
C/O Vernon Kemp
RR#1, Frankford, On
K0K 2C0

Websites of Interest

UOAC: www.ostomycanada.ca

FOW: www.fowcanada.org

Crohn's & Colitis Foundation:

VISITATION SESSION

We would like to hold a visitation session in order to train new visitors along with up dating those who are already certified. Please let Maddy know if you are interested.

Are you on Facebook? If so, join the group called "United Ostomy Association of Canada". Feel free to view or post photos from your chapter World Ostomy Day activities.

The group now has 83 members! The address is <http://www.facebook.com/group.php?gid=39109880405>

Want to join an email discussion list? Visit <http://health.groups.yahoo.com/group/uoac1/> to join, or send a blank email to uoac1subscribe@yahoo.com. We currently have 18 members. Please join us!