



HAPPY MOTHER'S DAY

May, 2009

REACH OUT A HELPING HAND TO OSTOMATES AND THEIR FAMILIES

Our next meeting will be Thursday, May 14, 2009 at 7:30 p.m. in P24 Pioneer Building. This will be our ET Night so please come with your questions and concerns.

Our next meetings
June, 2009
Our potluck will be
decided next meeting

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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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

Where does the time go? Seems just yesterday that I was putting together the president's message for the last journal. We had a very informational meeting to do with income tax deductions that may be beneficial to us. Special thanks to Val MacDonald from Welch LLP, for a very enlightening talk. We all like to know about ways to save money on income tax.

May 14 is our next scheduled Thursday night meeting. At that meeting we will have our ET's to chat with, Linda from Kelly's with some Ostomate clothing at reduced prices and we need to decide on what we would like to do for World Ostomy Day, Oct 3, 2009. If you have any ideas on how we can make our organization and the help we are able to give others more readily recognized by the general population, please let us know. Or better yet bring your ideas to the meeting. At this meeting we will also be cementing plans for our pot luck, at the end of this season, gathering. Hope that you can make it. We have great fun and of course consume some real great home cooking.

Thanks Bawn for the wonderful work you do with the Journals all year, also your participation in the SASO. It's very much appreciated.

Again, have a wonderful month, keep well and know that we are here for you.

Maddy

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FISH IS HEALTH INSURANCE AND MOST OF US LACK ENOUGH COVERAGE

Via: Hemet-San Jacinto, CA. Stoma-Life Newsletter

Eat fish! You've heard it before, but now the case is so compelling that you absolutely must pay attention or face overwhelming health risks. Fish's secret is its unique oil (omega-3 fatty acids), which is essential for proper cell functioning. But most of us get only 15% of the omega-3 we need.

Here's the latest research on fish oil's life-saving potential:

- Men: Drop-dead protection. More than 250,000 Americans die suddenly of heart attacks every year; half have no warning signs. Yet, eating fatty fish could stop an astonishing 80% of such deaths in men, says new Harvard research involving 22,000 male physicians. It's the first time fish oil has been found to save lives in people with no history of heart disease. Men with the highest blood omega-3 fats had the lowest risk, because fish oil prevents the irregular heartbeats that trigger instant death in heart attacks.

Women: Heart attack antidote. The more often women eat fish, the less likely they are to have a heart attack or die of a "cardiac event," says other Harvard research, tracking 85,000 female nurses. Eating fish only once a week cut heart attack risk by 29%; the figure jumped to 34% in women who ate fish five times a week.

Researchers credit the omega-3 fat in fish.

Cuts strokes. Fish was even more dramatic in preventing strokes in the nurses. Women who ate fish more than five times a week suffered half as many strokes as occasional fish eaters. Primarily, strokes are due to blood clots. Like aspirin, omega-3 oils discourage clots and have anti-inflammatory action.

Cancer block.

New French research has found that women with the highest omega-3s in breast fatty tissue were nearly 70% less apt to have breast cancer than women with the least omega-3s. In a new Swedish study, women who ate fatty fish twice a week cut their risk of endometrial cancer by 40%, compared with women who ate fatty fish less than once a month. The same Swedish investigators found prostate cancer rates were two or three times higher in non-fish eaters than in men who ate moderate or high amounts.

Brain food.

Fish eaters are less apt to be depressed, violent, suicidal and antisocial.

Probable reason: Omega-3 boosts serotonin, the brain's feel good chemical.

Eating fatty fish also may help prevent and treat Alzheimer's disease, says Canadian researcher Julie Conquer. She found low omega-3s in elderly people who were intellectually impaired or diagnosed with Alzheimer's. Fish oil is essential for fetal and infant brains; in Danish research, pregnant women who ate fish once a week cut their risk of premature delivery by a third.

Tips: fish and cooking for the greatest omega-3 benefit.

Buy the fattest fish. Try mackerel, anchovies, herring, sardines, salmon, tuna and turbot. Frozen and canned are OK, the USDA says. Eat enough. Daily, if you eat 2,000 calories, get at least 650 milligrams of omega-3, experts say.

A week's quota might be ONE of these:

- * 6-ounces fresh mackerel
- * 10 ounces canned sardines
- * 11 ounces pickled herring
- * 12 ounces fresh salmon
- * 13 ounces canned salmon
- * 14 ounces fresh tuna
- * 24 ounces canned albacore tuna

*Weigh before cooking

Cook Correctly. Deep-frying destroys the benefits. Best cooking methods: bake, broil, poach, steam, stir-fry, sauté or stew.

Cut back on bad fats. They neutralize omega-3s. Restrict trans fats (margarines, processed foods) and omega-6 fats (corn oil, regular safflower or sunflower oils, soybean oil). Use olive oil and canola oil. Get the right ratio. It's critical that the ratio of omega-3 to omega-6 be no more than 1:4. Most Americans' ratio is about 1:15.

Don't eat fish? Take fish oil capsules. If you're on medication, or taking fish oil for a specific problem, check with a doctor first. OK on your own: 800-1,000 mg of omega-3 supplements daily. Caution. Pregnant women, nursing mothers and young children should avoid eating shark, swordfish, king mackerel and tilefish, which may contain high levels of mercury.

WHAT TO DO IN CASE OF A FOOD BLOCKAGE

Via: Sharon Williams, RNET, Metro MD., & S.NV's Town K

It may happen around midnight, that severe cramping sensation coupled with cessation of ostomy flow or watery projectile flow. When the cramps strike, that memory of having consumed some problem food follows soon afterward. What is the appropriate course of action for the ostomate Food blockage is an experience that many ostomates will have at one time or another. The enzymes of the digestive tract cannot digest cellulose or foods with high fiber content. Nuts, corn, popcorn, coconut, celery, Chinese vegetables, fruit pits, and tough cuts of meat are a few foods that may cause blockage problems. Ileostomates who chew their food poorly, eat rapidly, do not drink sufficient liquids or have dental problems will be more prone to have food blockage. When food blockage occurs, a post-op pouch should be applied. The size of the opening should be a little larger than normal because the stoma may swell and with a clear post-op pouch, the action of the stoma may be observed. The next step, if no nausea or vomiting is present is to start forcing liquids ... coke, tea, or whatever liquid produces a rapid peristaltic movement is best. A few crackers may be eaten as a pusher. Sometimes a change in body position, such as assuming a knee chest position, may encourage movement of the bolus of food. Massaging of the abdomen may also produce the same effect. Diarrhea may follow the blockage and it is necessary to replace fluids. Gatorade may be used for replacement of both fluids and essential electrolytes. Cheese, bananas and peanut butter help slow the diarrhea. It is normal to have a sore spot in the abdomen following an episode of blockage. A low residue diet should be followed for one or two days to allow the intestine to rest. If nausea and/or vomiting occurs with the food blockage, it is necessary to go to the emergency room immediately.

A Few Things That You Really Need to Remember

Remember that your presence is a present to the world.

Remember that you are a unique and unrepeatable creation.

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

Remember that nothing wastes more energy than worry.

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

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

Remember not to take things too seriously.

Remember to laugh.

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

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

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

Remember that miracles can still happen.

Via Inside Out On-line Mar/Apr 09.

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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Common Ostomy Problems

Food blockages - Symptoms may include no output from the stoma for more than 4 hours, cramping in the abdomen, nausea or vomiting and high watery output.

Solution: Drink hot tea and increase your fluid input. Take a warm bath or shower and massage your abdomen. Have a glass of wine. This will help relax your abdominal muscles. Get down on all fours with your backside in the air. An undignified position, but it does help some people move a blockage. If the blockage persists for more than a few hours, seek medical advice from your nearest hospital.

Mucous and bleeding from the rectum.

Solution: This is completely normal if your rectum is still intact, although annoying, since the mucosal lining of the rectum is still working. Try wearing a sanitary napkin to save soiling your underwear. If the bleeding is profuse, see your doctor.

Odour. Solution: Simple solutions that work for some ostomates are to place mint tic tacs or mint mouthwash into your bag. Deodorants, either taken orally or placed in your bag, are available from your ostomy supplier. DO NOT place aspirin in your bag in an attempt to eliminate odour—doing so can cause damage to your stoma.

Bleeding. Solution: First, determine if the bleeding is coming from the surface of the stoma or from internally. If it is internally, then it's wise to seek medical advice. If the bleeding is from the surface of the stoma, it should stop quite quickly. Stomas are made from the same type of skin as the inside of your cheeks and you know how easily they bleed. Even the slightest little nick can cause it to bleed. If bleeding is profuse or doesn't stop quickly, seek medical help. Cuts to the stoma can also be caused by the wafer riding off center. Try "picture framing" the wafer with some tape to stop it from moving.

Phantom rectal pain, i.e., you get the urge to go to the toilet in the "old way", even though you know you can't.

Solution: This pain is because your body needs time to adjust to it's new plumbing and still thinks it needs to go to the toilet in the old way. Try going and sitting on the toilet anyway, even though you know it's pointless. A lot of people find this alleviates the pain. The good news is that over time, phantom rectal pains become less frequent and eventually disappear altogether.

Stoma is placed on or above the beltline. Solution: This is more common in men than women for some reason. DO NOT let them site your stoma on or above the beltline if at all possible. Belts will stop the stool from flowing into the pouch so try wearing trousers a size bigger than you would normally wear and wear braces or suspenders to keep them up rather than a belt.

Seatbelt of cars ride right over the stoma site and are uncomfortable. Solution: Try using a clothes peg at the top of the seatbelt where it slides into the door. This will enable you to wear the seatbelt looser than normal but still protect you in case of an accident. Use a small cushion or pillow between you and the seatbelt. Remember, a broken stoma is much easier to put back together than a whole person!

Stoma shows through a tight dress. Solution: Try wearing bike pants or similar lycra pants under your outfit that will smooth out the line of the bag. Empty frequently.

Excerpted from an article in the Huntsville, Alabama "Re-Route" and Evansville, Indiana Chapter Re-Route; Lawton-Fort Sill Newsletter

Perks of age.

Someone had to remind me, so I'm reminding you too. Don't laugh.....it is nearly all true...

Perks of reaching 50 or being over 60 and heading towards 70!

1. Kidnappers are not very interested in you.
 2. In a hostage situation you are likely to be released first.
 3. No one expects you to run--anywhere.
 4. People call at 9 pm and ask, did I wake you?
 5. People no longer view you as a hypochondriac.
 6. There is nothing left to learn the hard way.
 7. Things you buy now won't wear out.
 8. You can eat supper at 4 pm.
 9. You can live without sex but not your glasses.
 10. You get into heated arguments about pension plans.
 11. You no longer think of speed limits as a challenge.
 12. You quit trying to hold your stomach in no matter who walks into the room.
 13. You sing along with elevator music.
 14. Your eyes won't get much worse.
 15. Your investment in health insurance is finally beginning to pay off.
 16. Your joints are more accurate meteorologists than the national weather service.
 17. Your secrets are safe with your friends because they can't remember them either.
 18. Your supply of brain cells is finally down to manageable size.
 19. You can't remember who sent you this list.
- And you notice these are all in Big Print for your convenience.
- AND TRY TO ALWAYS REMEMBER ...
- Never, under any circumstances, take a sleeping pill and a laxative on the same night.

AT 5 MINUTES AND 6 SECONDS AFTER 4 A.M. ON THE 8TH OF JULY THIS YEAR THE TIME AND DATE WILL BE: 04:05:06 07/08/09

THIS WILL NOT HAPPEN AGAIN UNTIL THE YEAR 3009. . . .

(I had a deep feeling that you just needed to know this.)

STOMA FACTS

by Diane Kasner, RN, MS, ET - December 07 UOAA Update

What is involved in "inspecting" your stoma?

At each pouch change, check your stoma for color, shape and function. Watch for problems such as swelling, retraction, stenosis and prolapse.

Urostomates should be on the lookout for crystal formation of alkaline encrustation (gritty white deposits coating the stoma). Any stoma complications should be reported to your MD or ET.

Why does a stoma sometimes bleed?

Some bleeding may occur with rubbing of the stoma because the mucous membrane out of which the stoma is formed is highly vascular. This bleeding should stop quickly

Prolonged bleeding, an increased amount of bleeding, or very easy bleeding may be indicative of another problem and should be reported to your MD.

Can a stoma get cut?

Cuts or lacerations of the stoma can occur and some can be quite serious.

Since a stoma has no nerves and, therefore, no feeling, it can be cut without causing any pain.

Causes of stomal laceration include shifting of the faceplate or skin barrier, too small an opening (of the pouch), incorrect pouch application, etc. Your MD or ET should be consulted for diagnosis and treatment in any case of stomal laceration.

How should a stoma be protected?

Stomas are fairly hardy, but some common sense rules apply.

Stomas should be protected from direct physical blows: from too-tight clothing and from rigid objects (e.g., belt buckles). This is not to say that these activities should be avoided.

For example, ostomates engaged in contact sports can protect their stomas by wearing an additional binder for support.

Tips

Via Inside Out On-line Mar/Apr 09.

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.

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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 April 30th., May 28th and June 25th.

Have you ever been this tired?



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HERNIAS

A hernia is a portion of intestine that bulges out of a weakened area of the muscle wall of the abdomen. In those with an ostomy, the area around the stoma can be susceptible to hernia in some individuals.

Contributing causes of stoma hernia:

- Coughing, being overweight or having developed an infection in the wound at the time the stoma was made
- Improper lifting, lifting too heavy an object anytime after surgery (less than 5 lb for 6 to 8 weeks post-operatively is recommended)

- Engaging in strenuous sports

Hernias develop most often in ostomates around the stoma. Because a small circle of abdominal muscle was removed during surgery to bring the intestine to the surface, a weak spot was created. Lifting too heavy a load can cause the the intestine to protrude through this gap. In some individuals even sneezing, coughing or standing up can make the bowel bulge through this weak spot. The size of a hernia may increase as time goes by. Stoma hernias are rarely painful, but are usually uncomfortable and can become extremely inconvenient. They may make it difficult to attach a bag properly and sometimes their sheer size is an embarrassment as they can be seen beneath clothes.

Although it is a rare complication, the intestine can sometimes become trapped or kinked within the hernia and become obstructed. Even more seriously the intestine may then lose its blood supply, known as strangulation.

This is very painful and can require emergency surgery to untwist the intestine. Regardless of inconvenience or pain, hernias are defects in the abdominal wall and should not be ignored simply because they might not hurt. There are surgeons who advocate that small stoma hernias that are not causing any symptoms do not need any treatment.

Furthermore, if they do need treatment it should not be by operation in the first instance but by wearing a wide, firm hernia belt. This is probably true with small hernias, in people who are very elderly and infirm or people for whom an anaesthetic would be dangerous (serious heart or breathing problems, for example.) Operative repair of a stoma hernia may be necessary to improve the quality of life, prevent progressive enlargement of the hernia and make it easier to manage the stoma.

Again, do not lift anything heavy right after surgery. (under 5 lbs for the first 6 to 8 weeks) Give your muscles time to heal and introduce physical activities slowly and gently

This article was taken from the "Handbook for New Ostomy Patients" written by The Vancouver Ostomy Chapter

Have you ever been this tired?



FOW Canada Shipping Report - (May 2008 to November 2008)

By Astrid Graham, Shipping Director

Algeria

We have a new ostomate, Madame Aissaoui F., requesting support. We have sent the supplies and I have requested details and a picture.

We continue our support for Mehiris M. and Djilali M.

Bolivia

Bolivia is a country supported by FOW USA. During my visit in September, I met a number of ostomates who have special urgent needs. Since I could not make a promise in the name of FOW USA, I made up some special packages and shipped them to various ostomates. Normal regular big shipments will continue coming from the FOW USA.

Chile

Senora Pracelia San Martin Montecines, President of the Chile Ostomy Association acknowledged receiving the last shipment. They are in the process of sorting the supplies so they can be delivered to the appropriate Ostomy member. We did receive a photo of the Board of Directors thanking us for this shipment.

China

During this period we did not get a request for more supplies. The required supply depends on the number of babies they receive at the Hope Hospital.

Cuba

3 large skids full of boxes had been picked up by Manitoulin Transport for destinations in Cuba. All arrived at hospitals and I hope to receive some pictures in the future.

Nelson King, a Mason, is helping the Mason organization in Cuba. He and his wife stopped by my house and picked up 7 large boxes, which held 161 single packages. A daughter of an ostomate has contacted us if FOWC could help her father. She herself has taken out a membership and given FOWC a donation to help with the shipping costs. During our conversation and explaining the difficulties we experienced in the last two years with CUBA regulations, I learned that her father was a diplomat here in Ottawa. Because he knows the system we will try to see if in the future he could help FOWC so we can serve the Cuban Ostomy Association again. Another ostomate, Vicente A. from Havana has requested help. We have sent supplies and now await an answer that he has received them.

Jamaica

Aileen, living in Ontario is trying to find help for a friend in Jamaica. She spoke to Earle in Vancouver who referred her to me. I have spoken to her on the phone and I'm happy to report that she took out a membership in FOWC to be part of the support to her friend. We had some problems in determining the correct stoma size, but after a few tries we now have the correct size and a parcel of supplies went to Jamaica and should arrive any day now. Some of the supplies will help another ostomate from the inner city and Howard's wife will keep us informed. The Cancer Society provides some supplies but it is very infrequent.

Recently, I was diagnosed with A.A.A.D.D. -

Age Activated Attention Deficit Disorder.

This is how it manifests:

I decide to water my garden.

As I turn on the hose in the driveway,

I look over at my car and decide it needs washing.

As I start toward the garage,

I notice mail on the porch table that

I brought up from the mail box earlier.

I decide to go through the mail before I wash the car.

I lay my car keys on the table, put the junk mail in the garbage can under the table, and notice that the can is full.

So, I decide to put the bills back on the table and take out the garbage first.

But then I think, since I'm going to be near the mailbox when I take out the garbage anyway, I may as well pay the bills first.

I take my check book off the table, and see that there is only one check left.

My extra checks are in my desk in the study, so I go inside the house to my desk where I find the can of Pepsi I'd been drinking. **I'm going to look for my checks,** but first I need to push the Pepsi aside so that I don't accidentally knock it over. **The Pepsi is getting warm,** and I decide to put it in the refrigerator to keep it cold.

As I head toward the kitchen with the Pepsi, a vase of flowers on the counter catches my eye-- they need water.

I put the Pepsi on the counter and discover my reading glasses that I've been searching for all morning.

I decide I better put them back on my desk, but first I'm going to water the flowers.

I set the glasses back down on the counter, fill a container with water and suddenly spot the TV remote. Someone left it on the kitchen table.

I realize that tonight when we go to watch TV, I'll be looking for the remote, but I won't remember that it's on the kitchen table, so I decide to put it back in the den where it belongs, but first I'll water the flowers.

I pour some water in the flowers, but quite a bit of it spills on the floor.

So, I set the remote back on the table, get some towels and wipe up the spill.

Then, I head down the hall trying to remember what I was planning to do.

At the end of the day:

the car isn't washed

the bills aren't paid

there is a warm can of Pepsi sitting on the counter

the flowers don't have enough water,

there is still only 1 check in my check book,

I can't find the remote,

I can't find my glasses,

and I don't remember what I did with the car keys.

Then, when I try to figure out why nothing got done today, I'm really baffled because I know I was busy all damn day, and I'm really tired.

I realize this is a serious problem,

and I'll try to get some help for it,

Don't laugh -- if this isn't you yet, your day is coming!!

ARTHRITIS AND THE INTESTINES

Via: The Pacesetter & GB News Review

Arthritis is the most common non-intestinal condition associated with Crohn's Disease and Ulcerative Colitis.

Although most people with these diseases do not develop arthritis, three primary kinds may develop: Rheumatoid-like Arthritis: This usually involves the wrists and fingers and may improve or worsen without regard to the course of the bowel disease.

Sometimes people with this form of arthritis have an antibody in the blood called rheumatoid factor but not all people with rheumatoid-like arthritis have this antibody.

Ankylosing Spondylitis: This is a condition that involves the lower of the spine and adjacent joints. In addition to pain, it may cause stiffening of the spine, hips, neck, jaw and rib cage. Its course is independent of the underlying bowel disease. As time goes on, the condition may develop even after the bowel disease has improved or the bowel has been removed.

Large Joint Arthritis:

This usually affects the knees, ankles, hips and occasionally the elbows and shoulders. The small joints of the hands, feet and spine are usually not involved. Unlike other kinds of arthritis this form often worsens as the bowel disease worsens, and improves as the disease improves. This type of arthritis does not leave permanent joint deformities. We do not know what causes these three forms of arthritis that develop with either Crohns or UC. Many physicians have attributed the arthritis to some immunologic process that may accompany the intestinal disease but evidence for this is still lacking.

Have you ever been this tired?



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

EXERCISE: THE FINAL INGREDIENT IN OSTOMY MANAGEMENT

Adapted from the Coloplast Website, UOAA Update Sept 07

Exercise has become fashionable" -- and that has probably done more to put people off it than anything else.

If the thought of strobe lights, rowing machines and leotards gives you the shivers, then take heart. There are no end of easy, enjoyable ways to make yourself a little stronger, a little fitter. Just find the ones that are right for you.

Most of all, don't overdo it. Even light exercise is good exercise - for joints, your muscles, your lungs and for your general sense of well-being. Gently does it. To begin with, don't confuse exercise with sports. There's more to getting healthier than chasing a ball around on a football field. Walking is a great place to start.

Post-operatively, just walking to the next door neighbors or to the end of the garden is fine. When you begin to regain your strength, try to walk more - both for pleasure and as an alternative means of transport. And when you do, walk briskly - so you get slightly out of breath.

Gardening is great, too. Digging, weeding, hoeing and mowing can constitute a superb day's workout. And of course you'll have a showpiece garden to show for it.

Wait for about 3 months after surgery before beginning gardening.

You'll be surprised at how quickly you feel the benefits. After a few aches in the early days, you'll begin to feel more supple, and be able to do more without getting out of breath.

Doctor's orders - All doctors agree on the benefits of exercise - but it's a good idea to talk to your doctor before starting an exercise program, especially if you're very out of practice or if you have other health considerations, like asthma or a heart condition. Your doctor will advise you to take it easy to begin with and to enjoy yourself. And you can't get better advice than that.

Have you ever been this tired?



ILEOSTOMY AND SALT

Via: UOA Resource Library & Ostomy Support Assoc. of Ft. Worth, TX. New Directions

The salt output from an ileostomy is very high, around one teaspoon per day, as opposed to almost none in the feces of a person with an intact colon. Therefore, the proper intake of salt by the person who has an ileostomy is very important.

The body, however, seems to compensate for the salt and water loss by discharging less salt than normal through the urinary tract and through perspiration. The intake of too much salt is avoided, in that it increases ileal output. Urine output is generally less with an ileostomy. Therefore, it would be advisable for the person with an ileostomy to increase their water intake above normal so as to increase urine output. In this way, the possibility of kidney stone development can be kept to a minimum.

At The last meeting, Maddy mentioned the photo contests. If you are interested please refer to The April Journal and you will find all of the information in there.

Innovation in Ostomy Care

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Membership Application (for new members only)

Belleville, Quinte West & Area Chapter

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Websites of Interest

UOAC: www.ostomycanada.ca

FOW: www.fowcanada.org

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

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

Editor's Note:

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

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