



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

# COME AND JOIN US!

September, 2009

REACH OUT A HELPING HAND TO OSTOMATES AND THEIR FAMILIES

**Our next meeting will be Thursday  
September 10, 2009. Come and meet  
Brock Masters as he deals with exercise  
and the ostomate.**

Our next meetings  
**September 10th.  
October 8th.  
November 12th.**

**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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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

This will be a short message as we really need to get the information out to you about the change in dates for the Yard Sale. Due to a conflict of dates at Kelly's our Yard Sale has been moved to **Friday August 28.**

Seems summer has just gotten started and now we are planning our first exciting meeting on Sept 10, with Brock Masters.

I hope that you and your families have had a grand summer so far and that it continues right on till October or even later.

Please let anyone know that they are welcome to come to our meetings. We are there to help, educate and support our fellow ostomates and future possible ostomates.

Neil and I will be away for the first meeting, sorry to say. We will see you in October.

Maddy

## Message from the Editor

Gerry and I also hope that you had a good summer. We enjoyed our cabin but not as much time there as we would like. One night we were able to see a Northern Flying Squirrel which was a great experience.

**Please note the change in the date for the yard sale, it will be held Friday, August 28th.** We will need volunteers to assist us with the sale.

Hopefully you will have some things to sell and if you could have them priced and **be at Kelly's by 8 a.m.**

Our next meeting will be Thursday, September 10th and the October meeting will be held Thursday October 8th. Brock Masters will be with us for the September meeting. He will be dealing with Exercise and the Ostomate.

There will not be a Journal for the month of October. Gerry and I will be taking our dream trip for our 25th.

wedding anniversary. We will be taking a compartment on the train to Vancouver, one night in Vancouver and then taking the Glacier Bay Inside Passage cruise. We leave on September 15 and return September 30th.

We had a nice surprise the other day. Huw Brigham stopped in with some supplies for us to send to FOW. He told us that he just got back from India where he had a reversal done for his ostomy. He was in the hospital for a week and then did some touring for the next week. He looks great and appears to feel great.

Gerry was speaking with Verne and he is at home waiting the surgery for his new hip. He sounded good but a bit frustrated at the wait. We wish him all the best and hope to see him soon.

## HERBS AND THE INTESTINE

Via: Cheers & Tears, & Greater Cincinnati Chapter

Herbs have long been proclaimed nature's remedy for many of our maladies. The fact is that 40% of all prescribed drugs are based on chemicals from plants. The following are a few examples:

- \* The juice of Aloe leaves is very helpful in caring for the skin around the stoma.
- \* Bay leaves, added to slow cooking foods are said to "tone" the digestive tract. They also relieve cramps and expel wind from the stomach and bowels.
- \* Cayenne is claimed to have such benefits as easing congestion, warming your feet, and aiding digestion.
- \* Dill is an old remedy for stomach ulcers, probably because of its calming effect. But it will also reduce flatulence when used as a seasoning.
- \* Garlic has long been proclaimed to be an aid to the immune system and effective against colds, flue and bronchitis. It, also strengthens the digestive system and helps in gastro-intestinal disorders. It works better raw than cooked.
- \* Parsley is nature's finest deodorant. It is a breath freshener but also reduces odor in the stool. Chew a couple of sprigs of parsley, especially after eating Garlic.
- \* Thyme in tea is proclaimed to be a cold remedy assist.

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## HELPFUL HINTS FROM HERE AND THERE

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. 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. 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. 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.

## WHAT IS THE RIGHT WAY TO USE SKIN BARRIER PASTE

Via: [www.convatec.com](http://www.convatec.com) & Hemet-San Jacinto, CA.

There are a variety of types and brands of skin barrier pastes, so check with the manufacturer of the brand you're using for specific instructions. Skin barrier pastes are used as "caulking" to fill in the space between the stoma and the opening in the skin barrier. Skin barrier pastes are not "glue", and should not be used to keep the pouch on the abdomen. The pastes fill in gaps or uneven areas, protect the skin around the stoma, and can increase wear-time. Generally, this is the procedure you should follow if skin barrier paste has been recommended to you.

1. Remove the soiled wafer and gently clean the skin around your stoma in the usual way. Pat the skin dry.
2. Apply a bead of skin barrier paste around the stomal opening on the body side (sticky side) of the skin barrier/wafer or apply the paste to the skin immediately surrounding the stoma.
3. Let the paste air dry for about one minute.
4. Gently place the wafer over the stoma and on to the skin. Hold in place for a few minutes, allowing the warmth of your hand to mold it to your abdomen.
5. Attach your pouch to the flange on the skin barrier.

## Travel Security

### 1. What's new in Airline Security and how it affects persons with ostomies

By Heather Orsted, RN, ET, BN, MSc, Educational Consultant: Ostomy, Skin & Wound Management

I just came back from Dallas, Texas and was selected to receive a full body scan. What was very interesting was that this scan revealed my ostomy appliance to the customs officers and I was pulled aside. I immediately became concerned that they thought I was bringing more than my allotted liquid across the border since I have a urostomy!!

However it was the appliance flange that gave them concern. Apparently persons smuggling drugs often use such a patch to hold their contraband. After a short game of show and tell in a private room, I was released to go on with my travels. The customs officers were very interested and professional. So don't be surprised if you are asked a few personal questions if you have an experience with the scanner. This is a good opportunity to enlighten people about ostomies.

Safe Travels!

Ed. Note: Heather Orsted is the Vice-President of the Calgary Ostomy Society

**SOURCE: Calgary Ostomy Society, June 2009, via**

**Inside Out On-line Summer 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](mailto: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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## FACTORS WHICH INFLUENCE OSTOMY FUNCTION

Via: Metro Maryland

Quite often, patients experience a sudden reversal in normal ostomy function due to medications or treatments they are undergoing. The following information might be helpful to keep in mind.

**Antibiotics**—These often cause diarrhea, even in patients without an ostomy. Ostomates are no exception, and if the problem becomes severe, notify your physician immediately. In the meantime, keep Gatorade or a like drink on hand to maintain adequate electrolyte balance.

**Pain Medications**—These are often constipating. Extra irrigations or laxatives or stool softeners might be required for colostomates to combat the side effects of medicine. Perhaps the dosage of pain reliever can be reduced to eliminate the situation. If not, consider one of the above alternatives.

**Chemotherapy**— Many cancer patients have follow-up chemotherapy after surgery or as an alternative to surgery. That often produces nausea and/or vomiting. Gatorade is again good to keep on hand for electrolyte balance.

**Radiation Therapy**— This often produces the same effects as chemotherapy and should be treated accordingly.

**Travel**— Travel can cause constipation in some patients and diarrhea in others. Be aware that these are possibilities. Altered diet when traveling accounts for some of this, plus the excitement of new surroundings. Allow sufficient time for irrigations and take along an anti-diarrhea medication. Check with your doctor if you are not familiar with what works best for you to control diarrhea.

**Antacids**— Those with magnesium can cause diarrhea. Perhaps you will want to ask your doctor to suggest some with aluminum rather than magnesium. Drink plenty of liquids— Tea is always a good source of potassium (so are orange juice and bananas). Coca Cola also contains some potassium. Bouillon cubes are a good source of sodium. Remember that some of the signs of electrolyte imbalance are irritability, nausea and drowsiness. Be prepared and prevent this problem when possible.

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### **Save the dead rabbit**

A man was driving along the highway, and saw a rabbit hopping across the middle of the road. He swerved to avoid hitting the rabbit, but unfortunately the rabbit jumped in front of the car and was hit. The driver, being a sensitive man as well as an animal lover, pulled over to the side of the road and got out to see what had become of the rabbit. Much to his dismay, the rabbit was dead. The driver felt so awful he began to cry.

A woman driving down the highway saw the man crying on the side of the road and pulled over. She stepped out of her car and asked the man what was wrong.

"I feel terrible," he explained. "I accidentally hit this rabbit and killed it."

The woman told the man not to worry. She knew what to

This is a copy of the letter from the new president of UOAC that was in the last Connection.

Hello All,

After many years of dedicated service to UOAC, on June 9, 2009 Mike Woolridge resigned from his position as President.

On Monday June 15, 2009 I gave my permission to allow my name to stand for appointment for the position of President. The Board of Directors voted and has resulted in me being appointed to the position of President of UOAC. I want to thank all who have supported me in this function. I am requesting that your loyalties remain steadfast into the future. A full slate of directors will lighten the burden and assist with providing the best possible services to our members. The Association does not move forward without the hard work and dedication of the entire Board of Directors. Together, as a team, we will move UOAC forward. Please remember we have the best interest of the members of our member chapters at heart. It is important that someone step into the position of Vice President.

I want to thank all the member of UOAC chapters that responded to the Ontario (ADP) survey. In the first two week over one half of you have responded. The Advocacy Committee will require this information in order to achieve our objective in approaching ADP about the grant amounts for Ontario. The stats will need to be tabulated prior to the Annual General Meeting in Ottawa in August in order for a plan be formulated to be used to approach the Ministry of Health & Long Term Care in the Fall legislative session. Thank you Mike, for your guidance and leadership to UOAC. Your good work and dedication will not go unnoticed. I want to wish Mike and Bette my best wishes and good luck with any future endeavours. Les Kehoe

*Volume 15 Issue*

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do. She went to her car trunk and pulled out a spray can. She walked over to the limp, dead rabbit, and sprayed the contents of the can onto the rabbit. Miraculously, the rabbit came to life, jumped up, waved its paw at the two humans and hopped down the road. 50 feet away the rabbit stopped, turned around, waved at the two again, hopped down the road another 50 feet, turned, waved, and hopped another 50 feet. The man was astonished. He couldn't figure out what substance could be in the woman's spray can! He ran over to the woman and demanded, "What was in your spray can? What did you spray onto that rabbit?" The woman turned the can around so that the man could read the label. It said:

"'Hare Spray' Restores Life to Dead Hare. Adds Permanent Wave."

## You Can't Quit

The following is an ageless essay from an American whose indefatigable style in the face of adversity inspired millions around the globe during his struggle with cancer. I hope it will inspire you even now, for his wisdom lives on beyond his own days in this life. Although in this, he focuses on his fight against cancer, the author's can-do attitude, can be a boost to ostomates whether or not they have fought cancer, for he carried on a very active life - as a urostomate.

"The worst moment of my life was when I discovered I had cancer. I know what this dreaded disease can do to a person and what the chances of survival are. But if you think of yourself as a statistic, then you are really in trouble.

You have to believe you can win this fight. You have to gear yourself to the continuity of the struggle, knowing that there will always be days when you won't feel good. My faith and hope gets me from day to day.

Deep down, I believe in miracles. They have happened to a lot of people who were given up to die and then were restored to good health. But there are days when I get discouraged, when I start feeling sorry for myself, I tell myself, "the doctors told you this would happen. You can't do anything about it, so get on with living." If you can't get over self-pity, the games all over with. I think the biggest mistake is giving up. Adversity is an experience, not a final act. Some people look on any setback as the end. They are always looking for a benediction rather than an invocation. Most of us have had enough problems so that almost any day we could fold up and say, "I've had it!" But you can't quit. Life is a struggle. If anything is easy, it's not likely to be worthwhile. The important thing in any setback is whether you can pick yourself up. That helps me with my illness. I keep thinking, "Well, tomorrow's another day." There are many people who say, "It's all right for you to talk about tomorrow being another day, but if you knew how much pain I suffer....." I do know. Let me tell you something. When you give, you receive back a thousand fold. If you have a well and draw water from it, it fills. If you don't draw water from it, it gets stagnant. You have to learn to give yourself. I hope that I can demonstrate for others that you don't have to throw in the towel when you have something like cancer. Be grateful for every day of your life.

Be buoyant about it, and do the best you can with what you have."

The Honorable Hubert H. Humphrey

Ed. Note: The late Hubert H. Humphrey is a past Vice-President of the United States Of America.

**SOURCE: Rambling Rosebud & Indian River, Florida, via Inside Out On-line Summer 09.**

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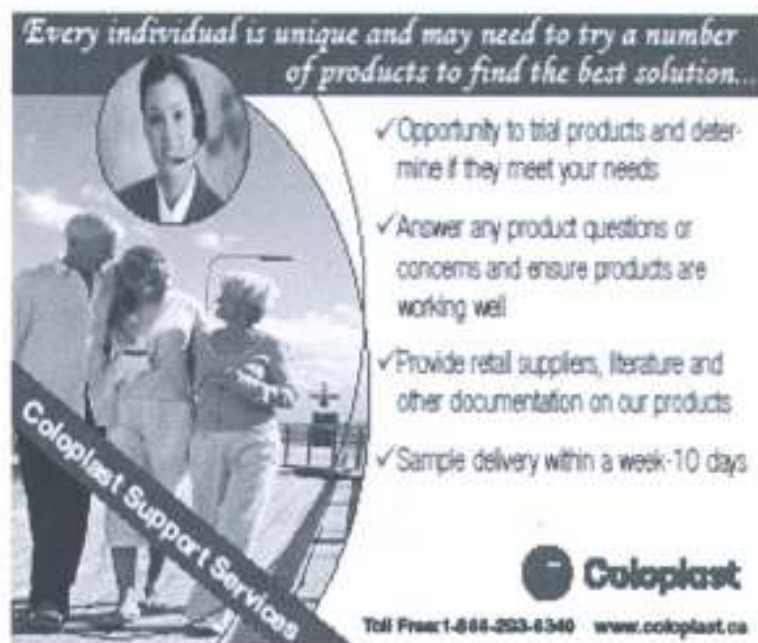
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For more information stop in at 264 Dundas St. E in Belleville or call us at 613-967-4333 and talk to one of our knowledgeable customer service representatives. Clinic dates for the spring are April 30th., May 28th and June 25th.

### Advice:

When you are alone and you think you may be having a heart attack, you can perform CPR in a way on yourself... take a very deep breath (for oxygen) and then cough vigorously - like a lengthy, deep, phlemmy one (squeezes the heart to maintain circulation and can also be used to reset heart rhythm)... repeat every 2 - 3 seconds until you can get help.



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## Stomal Complications

Complications related to the stoma may range from a minor inconvenience to a surgical emergency. Many problems can be prevented if the stoma is correctly constructed and properly placed, which involves a combination of the skills of the surgeon and ET nurse. First will be a description of the normal stoma followed by possible stomal complications. Keep in mind that all changes in your stoma should be reported to your physician or ET nurse.

**Normal:** Red or pink, moist appearance. Slight bleeding is normal with cleansing. Swelling should decrease over a period of 6-8 weeks after surgery. Movement of the stoma is normal, and it may move in and out with changes in your position. Stomas are fairly hardy, but should be protected from physical blows, tight clothing, and rigid objects. The stoma has no feeling; therefore, it can be injured without pain. Always check your stoma with each pouch change, and report any change to your physician or ET nurse.

**Change in Color (Ischemia/Necrosis):** Caused by an inadequate blood supply to the stoma. Sometimes a stoma will "pink up" as swelling decreases. If the stoma continues to darken--turns dusky blue, dark brown or black, you should report this to your physician immediately. If the stoma does not improve, surgical revision may be needed.

**Disappearing Stoma (Retraction):** This is when the stoma pulls back into the abdomen which can be caused by scarring, adhesion or weight gain. Treatment may be the use of an appliance with convexity, topical products or surgical revision.

**Protruding Stoma (Prolapse):** This is caused by weak abdominal muscles, and the bowel appears to hang out of the abdomen. Sometimes pushing the stoma back in (by someone trained) followed by use of a binder will help. Surgical revision may be needed as the stoma may lose blood supply or stop functioning.

**Bulging Around Stoma (Herniation):** This is caused by protrusion of the bowel around the stoma. It is most noticed when sitting or standing. It is associated with weak muscles or obesity. Treatment may be weight control, increase of exercise slowly, exercises to strengthen abdominal muscles, supportive binder or surgical revision.

**Narrowing of the Stoma (Stenosis/Stricture):** This can be caused by repeated dilatation's (opening the stoma with a finger), alkaline urine causing a warty growth, repeated skin breakdown resulting in scarring or a disease process. Surgical revision may be needed if narrowing is severe. If recommended, dilatation's should be done correctly and gently. An ET nurse should be consulted for recommendation regarding alkaline urine, a properly fitting appliance, or products that prevent skin damage.

by Gloria Johnson, RN, ET, Charlotte, NC; via Metro Maryland

Copyright by Stillwater-Ponca City (OK) Ostomy Outlook

## **Did you know the guy across the street has an ostomy?**

by Mark Violini

Chances are you don't even know what an ostomy is,

but you are still likely to know someone who has had the procedure. In fact, ostomies are one of the least talked about conditions in medicine, especially when you consider that over 500,000 in North America have it, yet no one speaks about it.

The reason for that is the nature of this condition. An ostomy is a surgically created opening, known as stoma, on someone's belly through which people discharge their bodily waste. A portion or the entire colon is surgically removed and the remaining intestine is brought to the abdominal wall. Ostomates are required to wear a bag over their stoma in which the stool flows. Depending on the type of ostomy, patients might have a colostomy, ileostomy or urostomy.

Since the ostomy bag is usually hidden under the person's clothing, there is no immediate way of telling that a person has an ostomy. Ostomates look just like anyone else, they have jobs just like anyone else, they participate in most of the ubiquitous activities a normal human being will do.

At this point, you would probably ask "So, what is the big deal with it then?"

Well, this very secretive character of the ostomy condition could potentially create quite a problem. Just imagine you are at a party and you meet someone you really like. You go out on a few dates and discover that things go really well between both of you. The big question pops: "How am I to tell him/her about my ostomy?" This is the kind of problem most of ostomates face quite often in their lives. I recently stumbled upon an open letter sent by an ostomate to an online magazine. Here is an abstract:

'I am a 23-year-old woman, finishing my last semester at college.... I have Crohn's disease and have had an ileostomy bag since I was 13. In other words, I have no colon and I poop into a bag on my abdomen. I almost died before this surgery was done, I was so ill..... As you can imagine, this is hard to talk about, especially with potential dating partners. I have had long periods of time when I literally could not even look at my waist in a mirror..... You would think, after 10 years, I would know what to say, but it's never gotten any easier.....'

I was so moved by this letter that I decided to do a little research about the condition on the internet. Interestingly enough, I found quite a bit of information about it. It seems like a well developed underground world. There are ostomy organizations, local support groups and even a dating site for ostomates (). This last one, I found quite interesting, since it is said to be the first and only one in North America.

So, do you know anyone with an ostomy? Chances are you do, but just don't know about it. Next time you hear about it, don't be so grossed out. Just take it as part of life or even better, as a potential life saver for you or someone you care about.

This is a collection of items compiled from the Internet and many other sources. It is just a reminder that we should not take ourselves too seriously.

Drop a clip in the toilet. It is a prudent idea to always carry a spare clip. Stand up too quickly when the clip is caught on the edge of the toilet seat. Most of us have gotten up too quickly and ended up stopped instantly in mid-air

because the clip caught on the inside edge of the toilet seat. The clip will lift the seat and you feel like a fish caught on the end of a line. Quite a bad visual, but we only do it once, or maybe twice; no, we'll make this goof our whole lives and it will surprise us every time.

This is especially a problem for a woman. Imagine being at someone's home and dropping the toilet seat loudly just before you leave the bathroom. Everyone just looks and wonders why a woman would be dropping a toilet seat.

When drying your appliance with a hair dryer, use the cool setting only. Plastic melts!

Do not have your dog jump on you when your pouch is full. The dog's nails will puncture the pouch.

Drink Power Ade Mountain Blast or Gatorade Blue Bolt before a doctor visit. It turns your output bright green. This is especially true if you have an ileostomy.

All food dye turns your stool the color of the dye, temporarily. It will surprise you the first time it happens. This includes Blue Hawaiians or red beets. Beets make you look like you are bleeding to death.

For men only: You may want to angle the pouch toward your leg. This warning is especially true if you use a drainable pouch. This will keep the clip away from your private parts. Sorry if this is a wee bit graphic for the faint of heart, but it will make you more comfortable.

For women only: The clip may bother you also. You have the same option. Also, keep the clip away from a sanitary napkin. If the clip gets caught on the pad's adhesive, the clip could be pulled off.

Put a cat on your lap. A cat's claw could cause a tear in your pouch.

If you sleep with a cat, they sometimes curl up next to it when you sleep to keep warm.

Beer may blow up your pouch with gas. This may be helpful when you need a flotation device.

Don't accidentally lean against an oven door, barbecue grill or fireplace. The pouch melts quickly.

Don't put underarm type deodorants around the pouch or barrier. It is made of either plastic or a latex material and will dissolve it.

If you want to use some type of odor control--although modern pouches are odor proof--use mild mouthwash or one of the commercially made products that will not harm your stoma or your pouch.

Many chemicals can damage an appliance.

## A GAS-TLY SUBJECT

Via: San Mateo UOA & The Ostomist", Greater Seattle Chapter, UOA

If one were to search for the most embarrassing bodily phenomenon, the passing of gas would certainly come out on top. The average person passes gas about fourteen times a day, in spite of all attempts not to. Physicians refer to the process as flatus or flatulence which only rarely requires a visit to the doctor's office.

Technically speaking, gas can pass either by way of the mouth (belching) or by way of the anus (flatulence). Each is considered unacceptable in polite society. In some societies, the belching after a meal is deemed complimentary to the cook/host. As a result of incomplete digestion, gases are formed in the alimentary canal.

Normally food is broken down into simple sugars, amino acids and fats in order to be absorbed and used by the body. However, complex sugars found in certain foods tend to resist this process and end up in the large intestine where they begin to ferment, forming carbon dioxide which works its way to the outside. While beans are notorious gas producers, eggs, cheese, cucumbers, onions, garlic, fish, dairy foods and coffee, as well as such high fiber foods as cabbage, whole wheat bread and broccoli are known to produce their ample share of gas. To avoid intestinal gas, chew food thoroughly, eat slowly and leisurely in a quiet atmosphere. Avoid washing solids down with a beverage. Don't gulp liquids. Avoid drinking from small mouth bottles or through straws. Do not lie down or sit in a slumped position immediately after eating. Learn to enjoy yogurt and parsley. Never put a pin prick in your pouch to release gas; it will also release odor. Consult your friendly appliance dealer or ostomy nurse about venting pouches; see your friendly physician about oral deodorants. Don't take bismuth sub carbonate against gas. If authorized by your doctor, Mylicontablets or Mylanta liquid can relieve excess gas.

## PUSH THE SKIN, DON'T PULL THE TAPE

Green Bay News Review

Damaging the skin around the stoma (or anywhere else), is asking for infection. When removing the pouch or wafer, don't peel your pouch away from your body; rather take hold of an edge of the adhesive section or tape. PUSH THE SKIN AWAY FROM THE TAPE. Older people and babies have thinner skin; skin can peel off by pulling the tape. Take a good look at what is happening when the tape is pulled. The tape pulls the skin upwards, dragging the skin with it until it is pulling hard enough to break loose. This can be painful. See what happens when you push the skin away from the tape. It doesn't hurt and the outer layer of skin should not tear off. Yanking fast is not the best option either; take a good look at the skin afterward. If the skin becomes damaged, digestive enzymes in the discharge will excoriate (remove) your skin quicker and deeper than if your skin is in good condition, or protected with some sort of skin preparation. The farther away from the rectal area the stoma is, the stronger the digestive enzymes in the discharge are, and the sooner your skin will become excoriated.

Learn to treat skin gently!

## TOMATOES

Via: Magnolia Ostomy News, Jackson, MS

Tomatoes are the most powerful source of lycopene, a nutrient that protects your health 10 times better than vitamin C. Here's how: We eat them green, red and yellow. We dice and puree them. Now the proof is incontrovertible; the humble tomato is one of nature's most powerful medicines, thanks to its unique cocktail of disease-fighting compounds. Its benefits include: Potent cancer protection: New research suggests that women who eat the most tomatoes have up to a 45% lower risk of breast cancer! Antioxidant rich tomato products have also been shown to prevent colon, ovarian and uterine cancers. "Tomatoes are nature's number one source of the antioxidant lycopene, which appears to inhibit the rampant cell division that's needed for tumors to grow and spread," explains American Dietetic Association spokesperson Betty Nowlin, Rd. Better cholesterol levels: Eating as little as one small tomato or one to two tablespoons of tomato paste daily can lower your risk of clogged arteries by 30%, cutting your chance of having a heart attack in half, studies show. Research suggests that same daily dose could cut your artery-clogging LDL cholesterol levels an amazing 23%. "Our best guess is that tomato products help slow the absorption of cholesterol in the intestines," says University of Illinois pharmacologist Richard Van Breemen, PhD. Healthier lungs: Drink a 12-ounce glass of tomato juice every day, and you'll reduce your risk of DNA damage to lung tissues from cigarette smoke, car exhaust or other forms of air pollution by 20%, according to a recent University of North Carolina study. "The phytonutrients in tomatoes help nourish and protect delicate lung cells keeping them strong," says Nowlin. Radiant skin: German researchers say tomato sauce is a powerful sun block. In fact, eating as little as 1.3 ounces of tomato paste daily reduces sun-triggered skin damage by 40%. Not only will that lower your risk of skin cancer, it will help prevent collagen damage, so your skin stays firmer. For best results: Open a jar. To get the biggest nutrient boost, opt for cooked tomato products, such as juice or spaghetti sauce. Cooking breaks down the tomatoes tough membranes, allowing up to 2 or 3 more antioxidants to be absorbed into your blood. If you love them fresh, let color be your guide: "the redder a tomato, the more antioxidants it contains," says Nowlin.

## Humor....

A couple drove down a country road for several miles, not saying a word. An earlier discussion had led to an argument and neither of them wanted to concede their position. As they passed a barnyard of mules, goats and pigs, the husband asked sarcastically, "Relatives of yours?" "Yep," the wife replied, "in-laws."

Communication between Pilot and Mechanic (*Remember: it takes a college degree to fly a plane but only a high school diploma to fix one. Reassurance for those of us who fly a lot.*)

After every flight, Qantas pilots fill out a form, called a "gripe sheet", which tells mechanics about problems with the aircraft. The mechanics correct the problems, document their repairs on the form and then pilots review the gripe sheets before the next flight. Never let it be said that ground crews lack a sense of humour. Here are some actual maintenance complaints submitted by Qantas pilots and the solutions recorded by maintenance engineers. By the way, Qantas is the only major airline that has never, ever, had an accident

P: Left inside main tire almost needs replacement  
S: Almost replaced left inside main tire  
P: Test flight OK, except auto-land very rough  
S: Auto-land not installed on your aircraft  
P: Something loose in cockpit  
S: Something tightened in cockpit  
P: Dead bugs on windshield  
S: Live bugs on back-order  
P: Autopilot in altitude-hold mode produces a 200 feet per minute descent  
S: Cannot reproduce problem on ground  
P: Evidence of leak on right main landing gear  
S: Evidence removed  
P: DME volume unbelievably loud  
S: DME volume set to more believable level  
P: Friction locks cause throttle levers to stick  
S: That's what friction locks are for  
P: IFF inoperative in OFF mode  
S: IFF always inoperative in OFF mode  
P: Suspected crack in windshield  
S: Suspect you're right  
P: Number 3 engine missing  
S: Engine found on right wing after brief search  
P: Aircraft handles funny (my personal favourite)  
S: Aircraft warned to straighten up, fly right and be serious  
P: Target radar hums  
S: Reprogrammed target radar with lyrics  
P: Mouse in cockpit S: Cat installed

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Websites of Interest

UOAC: [www.ostomycanada.ca](http://www.ostomycanada.ca)

FOW: [www.fowcanada.org](http://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](mailto: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.