

THE NEWSLETTER OF OSTOMY MANITOBA ASSOCIATION, Inc. (OMA)



Ostomy Manitoba
Association

Healthier / Stronger / Together

THE VICIOUS CYCLE

by Mary Lou Boyer, BSEd, RN, ET, CWOCN

Along with an appropriate pouching system, the skin around the stoma is most important for a secure ostomy appliance seal. The condition of the skin can affect not only how your pouch adheres to the skin, but also comfort level, emotional health and general well-being.

Healthy, smooth skin provides the ideal surface for a pouch, while irritated weeping skin is painful and frustrating. However, even with all attempts to keep the peristomal skin in good condition, one of the most common problems for a person with an ostomy is peristomal skin irritation.

Skin irritation can start out as a seemingly small problem, but can quickly develop into a difficult and painful situation. As it worsens, it is harder to obtain a secure appliance seal. That in turn increases chances for further leakage and increased damage to the skin.

It turns into a vicious cycle: Irritated skin that becomes raw and weepy leads to poor adhesion of the skin barrier, allowing further opportunity for leakage of stool or urine onto the skin to cause even more skin damage. If the vicious cycle is allowed to continue, it can develop into an almost uncontrollable situation.

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OMA CHAPTER MEETING
WED, JANUARY 22, 2025
IN PERSON & ZOOM
ZOOM LINK on PAGE 3

WHO WE ARE

Ostomy Manitoba Association (OMA) is a registered non-profit run by volunteers with the support of medical advisors. We provide emotional support, experienced and practical help, instructional and informational services through our membership, to the family unit, associated care givers and the general public. Our range of service and support covers Winnipeg, Manitoba and North Western Ontario.

MEMBERSHIP

Anyone with an intestinal or urinary tract diversion, or others who have an interest in OMA, such as relatives, friends and medical professionals, can become a member.

WHAT IS AN OSTOMY?

An ostomy is a surgical procedure performed when a person has lost function of the bladder or bowel. This can be due to Crohn's disease, ulcerative colitis, cancer, birth defects, injury or other disorders. The surgery allows for bodily wastes to be re-routed into a pouch through a new opening (called a stoma) created in the abdominal wall. Some of the major ostomy surgeries include colostomy, ileostomy and urostomy.

VISITING SERVICE

Upon the request of a patient, OMA will provide a visitor for ostomy patients. The visits can be pre or post operative or both. The visitor will have special training and will be chosen according to the

patient's age, gender, and type of surgery. A visit may be arranged by calling the Visitor Coordinator or the ostomy nurse (NSWOC) by asking your Doctor or nurse. There is no charge for this service.

WHAT WE OFFER

MEETINGS: Regular meetings allow our members to exchange information and experiences with each other. We also run groups for spouses and significant others (SASO) and a young person's group (Stomas R Us).

INFORMATION: We publish a newsletter, *INSIDE/OUT*, eight times a year.

EDUCATION: We promote awareness and understanding in our community.

COLLECTION OF UNUSED SUPPLIES: We ship unused supplies to developing countries through *Friends of Ostomates Worldwide (Canada)*.

OUR MEETINGS

Chapter meetings are held from September through May. There are no scheduled chapter meetings in June, July, or August. A Christmas party is held in December.

Meetings are held on the
FOURTH WEDNESDAY
of the month.

7:30 pm—9:30 pm

Manitoba POSSIBLE Bldg.
825 Sherbrook Street,
Winnipeg, MB
Rooms 202 & 203

FREE PARKING:

Enter the SMD parking lot to the south of the building just off Sherbrook and McDermott Ave.

UPCOMING EVENTS



FOURTH
Wednesdays of
the month

JANUARY 22nd

Member Panel Discussions

FEBRUARY 26th

Q & A with NSWOC

Meetings open at 7:10 pm
for random discussions
Meeting Starts at 7:30 pm

ARE YOU MOVING?

If you move, please inform us of your change of address so we can continue to send you the newsletter and Ostomy Canada magazine.

Send your change of address to:

OSTOMY MANITOBA
204—825 Sherbrook St.
Winnipeg, MB R3A 1M5

LETTERS TO THE EDITOR

The Editor, *Inside/Out*
Email: info@ostomymanitoba.ca

All submissions are welcome, may be edited and are not guaranteed to be printed.

Deadline for next issue:
Friday, February 7th

WEBSITE

Visit the OMA Web Pages:
<https://ostomymanitoba.ca>
Webmaster:
webmaster@ostomymanitoba.ca

DISCLAIMER

Articles and submissions printed in this newsletter are not necessarily endorsed by the Ostomy Manitoba Association and may not apply to everyone. It is wise to consult your Ostomy nurse or Doctor before using any information from this newsletter.

OSTOMY MANITOBA CHAPTER VOLUNTEERS

SOCIAL CONVENORS:

Fem Ann & Fred Algera 204-654-0743

RECEPTION/HOSPITALITY:

Bonnie Dyson 204 - 669-5830

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Randy Hull 204-794-4019

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Marg Pollock

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Vacant

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SASO:

Vacant

**FOWC: Friends of Ostomates
Worldwide (Canada)**

UNUSED SUPPLIES PICK UP

"NEW" 204-237-2022

Please leave a message

CHAPTER WEBSITE:

<https://ostomymanitoba.ca>

CHAPTER EMAIL:

info@ostomymanitoba.ca

Ostomy Manitoba Association is a registered non-profit charity run by volunteers. OMA was incorporated in August 1972.

BRANDON/WESTMAN OSTOMY SUPPORT GROUP:

Contact/s:

Marg Pollock 204-728-1421

OSTOMY SUPPLIES

HSC MATERIALS HANDLING
59 Pearl St., Winnipeg, MB.

**ORDERS: 204-926.6080 or
1.877.477.4773**

**E-mail: osupplies@wrha.mb.ca
Monday to Friday 8:00am to 4:00pm**

**PICK-UP: Monday to Friday
8:00am to 11:00pm**

FROM the PRESIDENT'S DESK

"A new year is a clean slate, a chance to suck in your breath, decide all is not lost and give yourself another chance." - Sarah Overstreet



The above quote is pretty much how I approach every New Year. I look for new energy and new ideas. Most of my energy and ideas come from listening to you, our members.

OMA has existed for 50 plus years now and has been quite self-reliant. We very seldom needed to fundraise, we were not supported by government grants, nor did we get assistance from our national body or manufacturers. We did very well thanks to you all. Your generous donations and yearly memberships show us that you value the support our chapter offers to new patients.

What we have had to wrestle with is finding people to step up and take on some of the work to run our chapter. We're still looking for a much needed secretary - See page 11.

Most of the current directors have taken on more than one task as it is. It is not fair to ask them to take on more. I realize that many of you have limitations, but I ask that if anyone reading this can help out or knows someone who might be willing to join this fantastic group of volunteers to contact me.

More coming next month,

Lorrie



OMA Chapter Meeting
JAN 22, 2025 7:30 PM
In Person or via Zoom

**NOTE: JANUARY 22nd is the
Fourth Wednesday of the month**

PROGRAM
MEMBER PANEL DISCUSSION

Join Zoom Meeting using and clicking on this link,
[https://us02web.zoom.us/j/88363853434?
pwd=17obEbUlaKwbCzRI8uqbPBvKt5gP9t.1](https://us02web.zoom.us/j/88363853434?pwd=17obEbUlaKwbCzRI8uqbPBvKt5gP9t.1)

Login through Zoom website:

Meeting ID: 883 638 3434 Passcode: 048841

Dial in: 204 272 7920

Meeting ID: 883 6385 3434 Passcode: 048841

(Continued from page 1)

Therefore it is important to know what can cause skin irritation, how to avoid it, and how to care for problems that occur.

There are a number of factors that can cause skin irritation. These are the most common:

1. Stool from a colostomy or ileostomy has enzymes that can “digest” and break down the skin as they do foods. Contact with the skin causes mild itching and burning at first, however it can quickly erode the skin until it is so open and raw that an ostomy pouch is difficult to adhere. The damage may be severe enough to cause bleeding and it is very painful.

2. Urine from a urostomy can damage skin as moisture soaks in, causing swelling of the skin cells and allowing bacteria to enter. Urine can deposit urine crystals that feel like fine salt, acting like sandpaper, scraping the skin surface. With prolonged exposure, urine causes wart-like thickening of the skin close to the stoma.

3. An allergic reaction to any ostomy care product in contact with the peristome skin can cause itching, redness, and weeping of the skin. There may even be blistering.

4. The peristomal skin can be injured when the pouch barrier is removed too often or too roughly. This is called “mechanical trauma”. Pulling adhesive off of the skin strips the outer layer of skin cells faster than your body can replace them, causing red, painful damaged skin that may weep fluid.

5. Rough removal can tear out hair on the peristomal skin. Pulling out hair causes folliculitis, infection of the hair follicles, and is characterized by red, sore, itching and eventually weep skin. It can also look like pus-filled or an open pimple.

6. Fungal infections or yeast infections usually look like tiny red pimples with small white tops. They can be scattered or so close together that the area is red. Severe fungal infections become very weepy. The most telling sign that the redness or tiny bumps are fungal is the constant itchiness.

Breaking the Vicious Cycle

Breaking the vicious cycle starts with figuring out what caused the problem in the very beginning. To determine the cause, it is necessary to inspect the skin and the pouch barrier that is removed with each

appliance change. It could be called “ostomy detective work”. Look at where the irritation is on the skin. Then look at the back of the pouch barrier. Compare them to see if the area of irritated skin is “mirrored” on the back of the wafer. In other words, does the wafer show signs of wearing away or have a stain from leakage across the same area where it previously adhered to the skin? Is the skin problem close to the stoma or further away from the stoma? If the irritation is close to the stoma, is it all the way around the stoma, or to one side, or below the stoma? Any of these can indicate stool or urine contact on the skin. The wafer opening size may need to be adjusted. It may be necessary to use a different pouching system, add a barrier ring or paste strip, or use a pouching system with convexity.

Next check to see if the affected area looks like the shape of any product used on the skin, such as the circular or square skin barrier, where paste or a barrier ring was applied, or where the tape portion of the pouching system comes in contact with the skin. If redness, itchiness and weepiness match the size and shape of any product, the cause may be an allergic reaction. If you have a history of allergies prior to ostomy surgery, you may be more likely to have allergies to ostomy care products. It is necessary to eliminate the offending product by using an alternate brand or protective products to prevent skin contact with problematic items. Some allergy medications can help. Check with your doctor as to whether you can take over the counter allergy medications.

Mechanical trauma related to removing the appliance too quickly can be prevented with careful pouch removal and the use of adhesive remover. Press the skin away from the barrier rather than pulling the wafer off of the skin. Adhesive removers help loosen the bond between the skin and pouch barrier without pulling the skin. Wash adhesive removers from the skin before applying the new pouch.

Avoid pulling of hair around the stoma to prevent or treat folliculitis. Keeping the area free of hair is the first step. It is best to use an electric shaver or trimmer as disposable or blade-type razors tend to cut or scrape the skin and pull on body hair. Use adhesive remover to help release pouch adhesives. Wash the skin with mild antibacterial soap and rinse thoroughly. Mild cases will clear up with careful technique. It may be necessary to use an antibacterial powder (such as Gold Bond, Columbia, or Ammens) on affected areas. When using powder, gently massage the powder into the skin, dust off excess, and pat or spray no-sting liquid skin barrier to seal the powder.

Fungal infections commonly occur under the

(Continued on page 6)

OSTOMY SUPPLY UPDATE

TO: Clients of the **Manitoba Ostomy Program**:

We want to acknowledge the challenges many of you have faced in obtaining ostomy supplies during the Canada Post strike. We understand the frustration and urgency this situation has caused and we want to assure you that we remain committed to advocating for your needs and ensuring a consistent, reliable supply of ostomy products. With the strike coming to an end on Dec. 17, 2024, we want to ensure that ordering supplies returns to a reliable and dependable state.

To ensure you receive the supplies you need, we recommend the following:

Update Contact Information: Ensure that the Supply warehouse has your most up-to-date contact details.

Order in Advance: Place your order more than 2 weeks before you need new supplies.

Request Larger quantities: Whenever possible, order three months' worth of supplies at a time.

Provide Complete Information: Ensure all required details are included when placing your order to avoid delays:

1. First and Last name
2. 9-digit Manitoba PHIN
3. Full mailing and physical address
4. Phone number
5. Material number (six-digit order number) for each item, as well as the quantity required. This is provided by your NSWOC nurse, and is also found on the packing slip in each order.

Orders can also be submitted online at <https://sharedhealthmb.ca/forms/ostomy-supply-order-form/>.

Confirm Order: To confirm your order is ready, call 204-787-1894. Please allow five business days for the order to be entered into the system before calling to inquire about status of an order.

When to contact your NSWOC nurse: If you have a health-related question, please reach out to your NSWOC nurse. If you do not know who your NSWOC is, please call the Manitoba Ostomy Program at 204-938-5757 and we will assist you.

If you have questions or concerns that have not been addressed through communication with your care team, please contact Shared Health Patient Relations at:

Shared Health Patient Relations

Phone: 204-787-2704 Fax: 204-787-1233

Email: pro@sharedhealthmb.ca

Please know that we are here to support you, and we appreciate your patience and understanding.

Sincerely,

Carisa Lux

Program Coordinator

Manitoba Ostomy Program

EDITOR'S NOTE: A copy of this update AND the 2025 MOP rural clinic schedule can be found on our website at <https://ostomymanitoba.ca>



Nicole Roy

Linda Katz



Have some applesauce at breakfast! It's an old standby that helps thicken up runny discharge.

(Continued from page 4)

pouch barrier seal where it provides a warm, dark and moist environment in which they thrive. If you have been on antibiotic therapy, it is more likely that you will be susceptible to fungal infections under the appliance. It can easily spread further than the pouch seal and can become weepy and sore in addition to the pronounced itchiness. As it progresses, it may appear as solid red patches or have a white-coated appearance.

It is treated with antifungal powder sealed with no-sting skin barrier film. As always, when using powder, gently massage the powder into the skin, dust off the excess and pat or spray no-sting liquid skin barrier to seal the powder. If the problem is persistent, prescription medication may be needed.

No matter what the reason for skin irritation, it is important to take immediate action. All too often, when the irritation is mild, it may be ignored or let go. It may be an inconvenient time, you may be busy, away from home, or decided to wait to do something about it.

Ignoring the problem will not make it go away, but it can quickly develop into a very complex problem. As with any problem, prevention is the best management; however when problems occur, don't wait. Find out what caused the irritation.

If you are having a leakage and you are not able to clear up the problem on your own, do seek help from someone knowledgeable in ostomy care.

Don't wait until it becomes difficult to break the cycle.

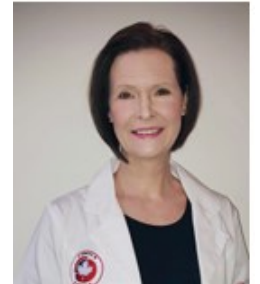
**Contact your NSWOC nurse!
NSWOC numbers are located on Page 14.**

Reprinted from Broward (FL) Ostomy Association "Broward Beacon" by Greater Seattle (WA) Ostomy "The Ostomist" via the Winnipeg Ostomy Assoc. *Inside/Out*, Jan 2015.

ASK THE NSWOC

How do sugar treats impact the ostomy?

By Karen Kinaschuk



Sugary sweets are a tempting part of everyday and particularly so during holiday seasons. While we recognize that Canada's Food Guide to Healthy eating is often quipped as a guideline to follow for everyday eating, surely there's room for a sweet or two to enjoy the finer things in life! Sugar does impact the ostomy output by contributing to watery stools / or output. Some suggestions that may balance enjoying a sugary treat while not running into too high of output include:

- Sugar can be sneaky and found in many forms. Try to limit your overall sugar intake by reducing the quantity of sugar foods throughout the day. Sugar can be white or brown, in jams, honey, hard candies, molasses, in juice and regular pop.
- Avoid sweeteners such as sorbitol and mannitol. They are often found in "diet candies", sugar free candies, gum and cough drops. These too may worsen diarrhea.
- Choose restricted lactose milk such as Lactaid or Natrel lactose free, to decrease the natural sugars in milk
- Perhaps having water while forgoing juice, pop or other fruit drinks may help balance out the day! Balance the high sugar food with other foods that help to thicken one's output. Think BRAT: Bananas, Rice, Applesauce, Toast are some foods which can thicken ostomy output. Treats such as jam on bread or crackers or banana with yogurt are good examples. □

Source: *Ostomy Saskatchewan News* - JAN/FEB 2025

Ask the ET!! - Cathy Downs RN ET, *Enterostomal Solutions Inc.*

Pancaking

One of the subjects I am often asked about is pancaking. This is where the stool collects at the opening of the appliance and doesn't drop down into the pouch. This build-up of stool works its way beneath the appliance, separating it from the skin and leading to flange failure.

Pouching Issues

There are a few things involving the pouch itself that can contribute to this issue. In some instances, the stool sticks to the sides of the pouch. To solve this, a lubricant can be added to help the stool slide down into the pouch. One can use a commercially prepared lubricant designed for ostomy appliances, or simply use Baby Oil or Mineral Oil. ***Just remember that the lubricant often has to be added and massaged around in the pouch after each bowel movement.***

If your pouch has a filter, sometimes a vacuum can occur due to too much air being released. This causes the pouch to collapse, and the sides to stick together leaving no space for the stool. One way to solve this is to cover the pouch filter with a sticker or some tape so that some air remains in the bag. If too much gas builds up, you can easily lift the tape and apply gentle pressure to the pouch to allow the gas to escape. And don't forget to remove the tape at night to prevent ballooning. You can also try adding a small piece of wadded up tissue or a cotton ball to the pouch. This tissue or cotton ball can be moistened or inserted dry and physically holds the walls apart, preventing the sides from sticking together.

Sticky Stool

The consistency of the poop can make a big difference in managing this situation, as "sticky" stools (or almost formed) tend to...well, stick! This is where changing what you eat by increasing insoluble fiber and ensuring adequate hydration come into play. This subject often causes confusion about how much is enough. ***"Adequate hydration" means drinking a lot of fluids, and these fluids should not contain alcohol or caffeine as both of these things actually dehydrate an individual.*** This doesn't mean that you can't have your tea or coffee etc. But in addition to those beverages, you should aim to drink 6-8 glasses of water or juice per day.

Insoluble fiber is the "roughage" provided by whole grains, fruits and vegetables. These are important for two reasons. First they attract and hold water within the intestine and stool, making the poop softer. Second, insoluble fibers add bulk to the stool, which in turn encourages the intestines to begin their wave-like action to move the poop out. The faster the poop moves out, the softer it is.

Some foods are known to help thin stools.

These include grape juice, prunes, fresh fruits and vegetables, green leafy vegetables, chocolate, fried foods and beer. In addition, some ostomy information forums suggest avoiding (or using in moderation) ***foods that are known to be stool "thickeners"***. These are the starchy foods such as potatoes, white rice, white pasta as well as peanut butter, marshmallows, bananas and tapioca.

These changes, particularly the addition of fiber, can take several weeks before you really notice an improvement. If you find they aren't enough, you may wish to speak with your physician about taking a mild laxative or stool softener.

Appliance Issues

This issue is a little more difficult to address, as every person has a differently shaped stoma and abdomen. Some individuals find relief by changing their appliance from a flat to a convex version. Others find that wearing an ostomy belt helps, or a guard that applies pressure to the peristomal region. These three techniques would subtly "pop out" the stoma to create a slight spout that would, in theory, direct the stool down into the pouch.

However I would urge you to use caution and seek a professional's advice prior to changing your appliance to a convexity, particularly if you have a hernia, as convex appliances can cause pressure sores if they are used improperly.

I sincerely hope that these tips can help some of you manage this sticky situation a little more effectively. And if anyone has any other ideas or tricks that have worked for them, please share!!

Source: *Ottawa Ostomy News*, Jan. 2015, via *Winnipeg Ostomy Assoc. Inside/Out* Jan.2015

***A truly happy person is
one who can enjoy the scenery
on a detour.***

Discarding Pouches Discreetly But With Dignity

via UOAA E-News November 2024 and UOAA Blog Post
By Lynn Wolfson, UOAA Director



As ostomates, we often feel self-conscious in public but deserve the same respect as anyone else. We don't want to be singled out or face discrimination because of our ostomies. However, we also have a responsibility to leave a positive impression on others and the places we visit.

Recently, while flying, I had an unusual interaction with an airline attendant. Before I entered the restroom, she approached me to ask if I needed anything. Though her inquiry seemed strange, I assured her I was fine. After I left the restroom, she asked if I had disposed of any bodily waste in the trash. I was surprised by the question and said I hadn't.

As a teacher, I saw this as an opportunity for education. I asked the flight attendant why she had asked such a personal question. She explained that she had noticed my ostomy through my clothing and that her grandmother had also had an ostomy, often discarding used bags in the trash without proper disposal. Her concern clarified her question.

While the inquiry was inappropriate, it underscored how improper ostomy hygiene can reinforce negative stereotypes. I explained that her grandmother likely had a colostomy, while I have an ileostomy with a drainable pouch. I suggested that her grandmother

should have used a disposable bag, like a grocery or Ziplock bag, to seal or knot before disposal. This practice helps reduce mess and odor and allows ostomates to discreetly dispose of their pouches.

It's important for all ostomates to follow this practice at home, in others' homes, and in public spaces. Many manufacturers provide plastic bags with the pouches for this purpose. It's crucial for us to carry or request a bag for disposing of our ostomy pouches and to knot these bags before discarding them.

For new ostomates, if you find yourself in a public restroom without disposal bags, wrap your used pouching system in toilet paper and place it in the wastebasket. To minimize odors, consider using one of the many deodorants available from ostomy supply providers. Some deodorizers are drops that can be added to the bottom of the pouch, while others are air freshener sprays. To minimize splashing when draining a pouch, try sitting backward on the toilet seat and placing toilet paper in the bowl before draining. It's worth noting that at past UOAA conferences, hotels have commented on how clean and hygienic UOAA groups are for their cleaning staff compared to the general public.

Following my experience, I've advocated with the airline to consider adding a universal sign in the lavatories to provide guidance on the proper disposal of medical supplies. It would be beneficial if airplane restrooms included bags for this purpose, which could also be used for baby diapers, sanitary napkins, and tampons.

In summary, it's crucial for us to carry or request a bag for disposing of our ostomy pouches and to knot these bags before discarding them. □

Source:

Ostomy Association of North Central Oklahoma - JAN 2025

*Give a person a fish and
you feed them for a day.*

*Teach a person to use the
internet and they won't
bother you for weeks,
months, maybe years.*



*If lawyers are disbarred and
clergymen defrocked, doesn't
it follow that electricians can
be delighted, musicians
denoted, cowboys deranged,*

*models deposed, tree surgeons debarked, and
dry cleaners depressed?*





OMA CHRISTMAS LUNCH - DEC. 8/25

Many thanks go out to Sandy Borys and her team members, Rhona & Jackie, for transforming our meeting rooms into such a festive venue for 30 members and families. The special layout made for a great welcome and easy visiting. Chase arranged to have YouTube Christmas scenery and music playing on our two huge screens to add to the atmosphere. A light lunch, games, and door prizes put smiles on everyone's faces. The collection of "tins for the bin" were dropped off at the Cheer Board the next day.

Special friends! Good weather! A great time all around!

Hints & Tips from Here, There and Everywhere!

- ★ After showering or bathing with the flange/faceplate off, hold a cold compress over the peristomal area for a few seconds to close pores before putting on a new appliance.
- ★ Do not worry about “accidents” and “problems” that may never happen. Plan ahead; keep an extra appliance change and extra clothes handy in case something does happen, but don’t worry needlessly. Life is too precious.
- ★ Remember after surgery when you were advised to “chew, chew, chew and drink, drink, drink?” It still applies; chew food carefully and never pass a water fountain without drinking.
- ★ Keep an updated list of all the ostomy supplies you use for your ostomy nurse, doctor, and family members; include the product numbers, sizes and manufacturers, as well. Keep it in a place where you can find it quickly. Make sure a family member knows where the list is.
- ★ Do not keep a “lifetime” supply of ostomy supplies on hand. Shelf life of those items may be limited.
- ★ Build a support system of people to answer questions when you have problems; include your ostomy nurse, ostomy visitor and the officers listed on the back of this newsletter.
- ★ Tea is an antispasmodic, is soothing to an upset stomach and contains potassium to replace one of the electrolytes frequently lost by ostomates.
- ★ Don’t shove parsley aside; it is one of nature’s best deodorants.
- ★ It is not necessary to use sterile supplies. The stoma and surrounding area is not sterile.
- ★ If your scissors get sticky after cutting a flange, clean the blades with rubbing alcohol.
- ★ Scotchgard sprayed on an elastic ostomy belt will keep it clean longer and help to hold its shape.
- ★ Tired of getting up at night to empty your pouch or release gas? Try using a ‘high output’ pouch with a built-in gas filter at night.
- ★ Two tablespoons of plain baking soda in water to wash around the stoma can help heal the skin and relieve itching.
- ★ Pecans, cashews and walnuts are softer and easier to digest than peanuts.
- ★ Put a piece of tape down the entire length in the centre of the pouch to reduce rustling noises.
- ★ Antihistamines in allergy medications can slow down bowel motility (spontaneous movement of the digestive track). If you become constipated while on antihistamines, your physician might suggest an alternate medication.
- ★ Tomato juice is lower in cost per cup than Gatorade, while providing as much sodium and 5 times more potassium. Orange juice is another alternative, providing the same amount of sodium and 15 times the amount of potassium.
- ★ Lengthy sitting in one place can force the pouch contents upward around the stoma and cause leakage. Getting up occasionally and moving around will help.
- ★ If you wear a two-piece snap-on appliance, make sure the pouch is securely snapped to the flange. Give a little tug on the pouch to test its ‘lock’.
- ★ Use a hand mirror for a better view of the stoma. It’s a great way to see under the stoma.
- ★ When changing your appliance, for better adherence, warm the flange and peristomal skin 30 seconds before applying the flange. Then, with gentle pressure, hold your hand over the entire appliance for about 5 minutes for an even better seal; the warmth of the hand helps with adherence also. By taking the time to do these two things, you may actually get an extra day or more wear-time from your appliance.
- ★ In an airplane or car, place the seat belt above or below the stoma. Don’t leave the belt unbuckled or excessively loose (1” maximum slack is recommended). Shields are available to protect the stoma.
- ★ When emptying your pouch, slip the clip under your watchband, into the side of your shoe or top of your sock or hose so that it doesn’t fall into the toilet or elsewhere. Carry an extra clip with you.
- ★ Some foods can change the colour of your stool. Bananas may turn it black; beets and tomatoes may turn it red; dyes in many foods (like in Jell-O, licorice, etc. may turn it red, black or green.

Healthier / Stronger / Together

*Your support
and
generosity
is greatly
appreciated!*



NEWSLETTER

Fred Algera

GENERAL

*Teresa Lau
Fred Algera
Violet Motheral
Barbara Halabut*

*Isn't it a bit unnerving
that doctors call what
they do "practice"?*

SECRETARY POSITION AVAILABLE.

Our Board of Directors is seeking a dedicated volunteer to fill the secretary position. This is a fantastic opportunity to contribute to our organization's mission and the ostomy community.

The Secretary will be responsible for taking and maintaining accurate minutes of Chapter & Board meetings and ensure they are properly filed and distributed to members and BOD as needed.

Time Commitment:

Two evenings a month: Jan/Feb/Mar/April/May/ Sept/Oct/ and Nov:

2 to 3 hours per meeting and the time needed to prepare the minutes

- Board meeting - 2nd Wed. 7:00 to 9:00pm
- Chapter meeting - 4th Wed. 7:30 to 9:30pm

Board meetings may be held via Zoom at the discretion of the President.

Note: All correspondence is the responsibility of the President

Requirements: Computer experience & comfort using WORD, email, and printing. Willingness to learn.

Position open to: all ostomates and non-ostomates.

Location: Manitoba Possible building
204 - 825 Sherbrook St.
Winnipeg, MB R3A 1M5

To apply or for more information contact:

Lorrie Pismenny

Email: pis-mel@outlook.com Tel: 204-489-2731

NOTICE:

When in doubt about a meeting cancellation during bad weather- here are the steps to follow:



- **WAIT** until after 12:00 Noon
- **CALL 237-2022**, - # found on back page.
- If there is no "CANCELLATION MESSAGE" on the machine, the meeting is still on. Use good judgement if you plan to attend.

Dehydration Can Drain Your Mind and Mood

Feeling out of sorts, but not sure why? You might be dehydrated. Two new studies found even mild dehydration comes with big consequences: altered mood, impaired memory, trouble concentrating, fatigue, headaches, anxiety. While the reasons for these symptoms are unclear, researchers at the University of Connecticut, Human Performance Laboratory noted that dehydration causes changes in electrolyte balances in the blood as well as serotonin levels and mood. How to tell if you're dehydrated? Check the color of your urine. "Anything darker than a pale, straw hue means you need to drink more," says study author Lawrence Armstrong, PhD.

Thanks to Holly St. Lifer, AARP Magazine via Ostomy Association of Middlesex County, NJ

THE FLU AND WHAT TO DO

The flu brings with it, headache, upset stomach, diarrhea, muscle aches and pains. The advice to drink plenty of fluids and rest in bed remains sound medical advice for your general attack of the virus. But if your case of the flu includes diarrhea, the following may be helpful.

For those with a colostomy, it is usually wise not to irrigate during this time. Your intestine is really washing itself out. After diarrhea, you have a sluggish colon for a few days, so “leave it alone”. Start irrigation again after a few days when your colon has had a chance to return to normal.

For those with an ileostomy, diarrhea is a greater hazard. Along with the excess water discharge, there is a loss of electrolytes and vitamins that are necessary in maintaining good health. This loss is usually referred to as a loss of fluid, which in turn, brings a state of dehydration. Therefore, you must restore electrolyte balance.

- **First**, eliminate all solid food.
- **Second**, obtain potassium safely and effectively from tea, bouillon and ginger ale.
- **Third**, obtain sodium from saltine crackers or salted pretzels.
- **Fourth**, drink a lot of fluids, including water.

Cranberry juice and orange juice also contain potassium, while bouillon and tomato juice are good sources of sodium.

Increased water intake in the ileostomy patient

results in increased urine output rather than increased water discharge through the pouch.

Vomiting also brings the threat of dehydration. If it is severe and continuing, your doctor should be notified.

You should also know that diarrhea may be symptomatic of a partial obstruction or acute gastroenteritis. Since the treatment of these two conditions is entirely different, **a proper diagnosis should be sought immediately.** It is very important to determine whether the diarrhea is caused by obstruction or gastroenteritis. If you do not know, check it out with your doctor.

Do not guess—always call your physician unless you are 100 percent certain what you are doing.

For those with a urostomy, be sure to keep electrolytes in balance. Follow the general instruction for colostomies and ileostomies.

- No ostomate should take medicine for pain or a laxative without a physician’s order.
- Do not use an antibiotic for a cough or flu unless ordered by a doctor.
- When returning to a normal diet, use fibre-free foods at first then gradually increase to a regular diet.

Prompt attention to symptoms of distress of colds and flu could bring a happier and hopefully healthier winter.

Source: [UOAA UPDATE 10/2013](#)

Greater Seattle Ostomy Assoc. “The Ostomist” - Nov. 2013

How Often Do People Empty Their Pouch?

We are often asked this by new ostomates! They want to know if they are doing it enough, or doing it too much or just doing it right.

Regardless of what kind of ostomy you have, you should empty your appliance when it becomes 1/3 full, or sooner. How often people empty depends on a variety of factors: what they eat and drink, their particular metabolism, and what their tolerance is for having any waste in the pouch.

Very generally speaking, colostomates empty 3 - 4 times a day, ileostomates 6 to 8 times a day and possibly during the night as well, and urostomates 10 to 12 times per day. If this seems like a lot, consider the number of times you go to the bathroom to urinate - use that opportunity to empty your pouch as well.

You're in there anyway, right?

One male ileostomate remarked that the biggest change his ileostomy has made in his life is that he never uses a urinal anymore. He empties his pouch every chance he gets, which means every time he urinates.

Many of us don't make special trips to the bath room just to empty a pouch, unless we have a urostomy.

Make each trip serve a dual purpose. (Could this be called multi-tasking?)

SOURCE: Vancouver Ostomy Highlife May/June 2008, via Inside Out On-line May 2008.

Ya Gotta Laugh

Stand-up comic and author Brenda Elsagher finds the lighter side of having an ostomy.

One day our whole family went to the clinic. I was having hemorrhoids examined, my husband was having a mole removed, my five-year-old son, John, was being tested for strep, and my three-year-old daughter, Jehan, was along for the ride. Some families go to the zoo. My appointment took the longest, and two hours later the doctor said, "I'm almost 100% sure you have cancer of the rectum." I was a 39-year-old mom trying to comprehend the horror of what he said while my children played at my feet. Almost immediately I told the doctor, "You have to make me well. I intend to dance at my children's weddings." Three weeks later I had my rectum removed, a hysterectomy, an appendectomy, vaginal reconstruction and a permanent colostomy. Couldn't they throw in a complimentary tummy tuck while they were at it? My children motivated me to get through the painful healing process as did the thought of my husband ending up with a better second wife. Many days I put on clothes and a smile when it was the last thing I wanted to do. From the

moment we knew where we were headed, we lined up support. One friend took calls from church friends who delivered meals every other day for five weeks. Another came over on the days my husband was at work. Many people did house cleaning and sent prayers, flowers, gift certificates and notes. My coworkers even picked up some of my work and helped run things smoothly in my absence. We talked simply but directly with our children about why Mommy couldn't hold them for a while and the reason they had to be careful around Mommy's tummy. "Colostomy" and "pouch" became as much a part of my children's vocabulary as "Fun with Dick and Jane." "My children can't remember a time when I didn't have an ostomy. When they were young, I popped in a video for them to watch in my bedroom as I spent an hour irrigating in the adjacent bathroom. Irrigation isn't for everyone who has a colostomy, but for me it became an odd blessing. As my confidence with my ostomy and my children grew, I would allow them to play in the yard while I was in the bathroom. I always kept the window open so I could talk to them below. One day I overheard a neighbor child ask, "Where is your mommy?" My son answered, "She's in

the bathroom. My mommy poops out her tummy." We all laughed hysterically. And years later as I rushed to get my kids off to school, something wasn't adjusted right. I was just about to pour their milk, when... splat! A pile of poop sat on the kitchen floor. My son looked at it and said, "Gross." Having small children while dealing with an ostomy is not only possible, but it helped me focus on something besides myself. My children see me as a busy, strict, funny, loving, crazy mom who happens to live with an ostomy. They are teenagers now and not bothered by my ostomy at all. These days they're only concerned when my wallet is empty.

[Brenda Elsagher is a national speaker, comic, and author of, *If the Battle is Over, Why am I Still in Uniform?* and, *I'd Like to Buy a Bowel Please!*

SOURCE: Secure Start a quarterly newsletter from Hollister Inc Autumn 2006; The South Fraser Connection, Nov 2007; Vancouver "Ostomy Highlife" Jan/Feb 2008; Ostomy News on-line, Okanagan Mainline Ostomy Association, January 2008, via Inside Out On-line March/April 2008. Brenda's books are available in OMA's Lending Library

PAYING YOUR MEMBERSHIP or MAKING a DONATION

e-Transfers now
available



Use *e-transfers* to make a donation towards a Memorial Gift, the Youth Camp Fund, Stoma Anniversary, General Funds, or paying memberships.

e-transfer instructions:

Email: treasurer@ostomymanitoba.ca

Message box: Be very clear to say what the transfer is for. In matters of donations please include your address so tax receipts can be issued for you.

NEW—AUTO DEPOSIT has now been set up. No need for secret questions.

STOMA ANNIVERSARY CLUB

The anniversary date of my stoma is _____ and to celebrate my second chance for healthy living, I am sending the sum of \$ _____ per year since I had my ostomy surgery.

NAME: _____

AMT. ENCLOSED: _____

Official receipts for tax purposes are issued for all donations, regardless of the amount.

My name and the number of years may be printed in the "INSIDE/OUT" newsletter. YES ___ NO ___

Clip or copy this coupon and return with your donation to:

Ostomy Manitoba Association
204-825 Sherbrook Street
Winnipeg, MB R3A 1M5

Proceeds from the Stoma Anniversary Club will continue to go towards the purchase of audio & video equipment to promote the Ostomy Manitoba Association and its programs.



Ostomy Manitoba
Association

Healthier / Stronger / Together

204 - 825 Sherbrook St.,
Winnipeg, Manitoba, Canada R3A 1M5
Phone: 204-237-2022 Email: info@ostomymanitoba.ca

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For pick-up of unused ostomy
supplies please contact the

**Ostomy Manitoba
Association**

"NEW" 204-237-2022

Leave a message and your call will be returned.

PHYSICIAN DR. C. YAFFE

OSTOMY MANITOBA ASSOCIATION MEMBERSHIP APPLICATION

Current Members—PLEASE WAIT for your green membership renewal form to arrive in the mail.

Your renewal date is printed on your membership card.

New Members: Please use this form. The following information is kept strictly CONFIDENTIAL.

Please enroll me as a new member of the Ostomy Manitoba Association.

I am enclosing the annual membership fee of **\$40.00**.

To help reduce costs please send my copies of the *Inside/Out* newsletter via email in PDF format. YES ___ NO ___

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

EMAIL: _____ YEAR of BIRTH: _____

Type of surgery: Colostomy: ___ Ileostomy: ___ Urostomy: ___ Other: _____
Spouse/Family Member: _____ N/A: _____ (Please indicate type if other)

May we welcome you by name in our newsletter? Yes ___ I'd rather not ___.

Please make cheque/money order payable to: **"Ostomy Manitoba Assoc."** and mail to:
Ostomy Manitoba Assoc. 204-825 Sherbrook St. Winnipeg, MB R3A 1M5