INSIDE OUT

MARCH 2025

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

Ostomy Manitoba Association

Healthier / Stronger / Together

OMA CHAPTER MEETING

WED, MARCH 26, 2025

IN PERSON & ZOOM

IN THIS ISSUE

Ostomy Manitoba Association MARCH Chapter Meeting

IN PERSON or ZOOM

Date: Mar 26, 2025   Time: 07:30 PM

If we have enough people joining us this evening, we plan to break off into smaller rooms for discussion groups on Zoom and In Person

Join Zoom Meeting by clicking the link ….
https://us02web.zoom.us/j/89762281905?pwd=KByMwrkpHrfU3x8CdzlJjiHQ9sVVtA.1

Login through Zoom website ….
Meeting ID: 897 6228 1905   Passcode: 287217

Dial in ….   204 272 7920

Meeting ID: 897 6228 1905   Passcode: 287217

We encourage you to bring your spouse or significant other, members of your family or a friend to our meetings. Everyone is welcome. Membership is not required.

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

zoom **FOURTH**
Wednesdays of the month

March 26th
Breakout Sessions
April 23rd
Free meal & AGM
May 28th
Wind Up

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, April 4th

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.

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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: ossupplies@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 lot of things unraveled after January 15th. That's the day I slipped on ice, fell and broke my hip. Our chapter meeting fell on the bitterly cold day of January 22nd. An executive decision to cancel the meeting was made, but the message didn't reach a portion of our members. Looking back over my 25 years serving on the board, cancellation of our meetings has only happened a handful of times. But that probably wouldn't be comforting to the very dedicated, hardy, people who did travel to MB Possible in the cold but had to turn around and go home. I apologize to the board and to you, the members, as I failed to review the *'cancel a meeting'* procedures prior to the winter season.

To add to that kerfuffle, those who decided to join the Zoom portion were not able to access the meeting due to an incorrect link. It lacked a few numbers or letters it seems. I thank Randy for managing to connect with several members who emailed, texted, or phoned him so that they were finally able to connect on Zoom with the correct link. I understand they spent about an hour catching up on ostomy concerns.

The Zoom link problem was a mystery until I started working on this edition. For some reason recently, when I copy and paste, my computer does not want to wrap the link around and fit it in the space provided. I will keep a careful eye on that for future meetings.

Then the February newsletter didn't get produced, as my brain and I were too busy trying to recover from surgery. Many of our members were informed about the lack of a February newsletter, our upcoming February chapter meeting, our guest speaker, and the (correct) link for the Zoom portion through email.

But, we have around 100 members who receive the newsletter via Canada Post who did not receive the above message. If we had a phoning committee, we would be in a situation where we would be able to contact these members. If you think you might be able to help with this, I would love to hear from you.

We're still in need of a secretary. It is a position that needs to be filled in some manner.

The board is looking at different options to make this position more workable. One suggestion is that the position could be split – one person doing the board meetings and another doing the chapter meetings. Or a few people could take on 2 to 3 months of meetings and rotate. Is there something we could tweak that would make this position workable for you? Twenty-five years ago, as a new ostomate attending meetings, the board was asking for someone to step

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Ostomy Manitoba Association
Healthier / Stronger / Together

NOTICE
ANNUAL GENERAL MEETING
In Person or via Zoom

Notice is hereby given that the Annual General Meeting of Ostomy Manitoba Association will be held on

Wednesday, April 23, 2025
beginning at 7:30 pm

The purpose of the meeting is to accept nominations for directors of the board; to accept year end reports; and to conduct any other business deemed necessary.

If you are interested in serving on the board of directors as a Member-at-Large please contact:
Fred Algera
Tel: 204-654-0743 **Email:** algera.fred@outlook.com

Nominations will be accepted from the floor.

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up and fill the same position. I wanted to know more about the running of this ostomy organization. What better way to find these things out than to jump in with both feet. It worked.

I asked some of our newer board members what prompted them to come on board. Their number one answer was *"I wanted to help"*. Could that be you too?

From a time of upsets to good news:

Randy reported at the last meeting that OMA was the recipient of a large bequest from Rosemary Gaffray. More information will be brought to the AGM in April on this exceedingly generous gift.

Work is in place to secure a bookkeeper for our finances. Thanks to Fred Algera and his connections, I believe we will be in good hands shortly. I will bring you up to date on this in the next newsletter.

Spring is just around the corner. Keep well everyone! Cheers,

Lorrie

"People living with an ostomy are eligible for the Disability Tax Credit (DTC) when a qualified practitioner certifies the DTC Application and the CRA approves it."

NOTICE! Don't Delay!

OSTOMY MANITOBA
(in conjunction with the AGM)
Chapter Meeting
Wednesday April 23rd.

We're offering a
FREE MEAL
to anyone who is able to join us
IN PERSON
prior to the meeting.

Meal: 6 pm
Meeting: 7:30pm

REGISTRATION is required to ensure we have enough food for everyone.
Registration Deadline - Friday. April 18th

To register contact Sandy Borys at:
Tel: 204-334-6868
Email: sandyborys@hotmail.com

Four Things Everyone Should Know about Ostomy Bags

from Coloplast; via UOAA E-News February 2025

You've heard the myths about ostomy bags. They're smelly. Leaky. A dreaded last resort no one would ever choose.

These myths—old, untrue, and stubborn—keep stigmas alive. They tell a story that says ostomy bags are some thing to hide. Something to be ashamed of. Something to avoid or pity. Fueling careless jokes and bleak portrayals, the myths strip away the complexity of ostomy life and reduce it to a sad, lonely struggle.

But ostomy bags are not tragedies. They are not cheap punchlines or secrets to carry in shame. For 725,000 to 1 million people in the United States alone, ostomies are lifelines—tools of survival and symbols of strength. Ostomies make it possible for people to keep living when illness, injury, or pain have tried to take that away.

It's time to change the conversation. Here are four things everyone should know about ostomy bags and the people wearing them.

Myth #1: An ostomy is a worst-case scenario.
Truth: An ostomy may save and improve lives in ways people don't often expect.

Ostomy surgery is often framed as a tragedy. Some say they'd *rather die* than have one. Others insist they could *never live like that.* Others still tilt their heads with misplaced sympathy: *I'm so sorry you have to wear that. Is it temporary?*

Underneath these comments is the unspoken belief that an ostomy is a fate so grim, it should be avoided at all costs.
But here's what people don't see: An ostomy can give life back. For so many, it means meals without pain or fear. Days without the clench of needing a bathroom now. The relief of a body no longer ruled by urgency, accidents, and the constant worry that public outings will end in embarrassment.

For those with Crohn's disease or ulcerative colitis, an ostomy may be what breaks the relentless cycle of flares, medications, and hospital stays. For those with colorectal or bladder cancer, it can be a turning point in removing disease and reclaiming the body. For these and so many other people—those with diverticulitis, traumatic injuries, congenital conditions—an ostomy can be a doorway to fully living.

This isn't about pretending that life with an ostomy is perfect. It's about telling the whole truth. Yes, an ostomy can change things. Yes, there may be moments of frustration, doubt, or grief. But for so many ostomates, there is also freedom, relief, and possibility.

And that is anything but the worst.

Myth #2: Ostomies are only for older people.
Truth: Ostomies are for anyone who needs them, from babies to the elderly.

When people hear the word *ostomy,* they may picture this: an older person in a hospital gown, frail and confined to a bed. But ostomies aren't just for old age, and they certainly aren't just for hospitals.
They are for living—for anyone whose body needs a different way forward.

Ostomies are for:

- The baby born with a condition requiring immediate intervention
- The toddler whose parents mastered ostomy bag changes before potty training •
- The child with a backpack of homework, snacks, and ostomy supplies
- The teenager balancing WOC appointments with school, friendships, and first dates

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- The new parent learning to care for a baby while relearning to care for themselves
- The professional navigating a medical curveball at the height of their career
- The grandparent chasing after grandkids, refusing to slow down
- And yes, older individuals who have lived through it all

Ostomies belong to every age and every stage of life. When we widen the lens, we find them at playgrounds and in boardrooms, at first dates and family vacations, in classrooms and grocery store aisles.

We create space for anyone with an ostomy who wonders if there's someone out there like them. We show them the truth: no matter their age, no matter where they are in life, they are not alone.

Myth #3: No one will love you with an ostomy.
Truth: Love is so much bigger than a bag.

Many ostomates fear they'll never find someone who sees beyond their ostomy bag. The questions linger between swipes, dates, and hesitant disclosures. *When do I bring it up? How will they react?* They wonder if

Myth #3: No one will love you with an ostomy.
Truth: Love is so much bigger than a bag.

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the moment they say ostomy bag, there will be an awkward pause and silent calculation that it's just *too much.*

Some wish they had fallen in love before surgery—so they wouldn't have to explain. So the love would already be there, solid and secure. So they wouldn't have to brace for the moment someone sees the bag and decides whether they can "handle it."

Even those in relationships may wrestle with doubt. *Will my partner still want me? Still find me attractive? Can I trust when they say that this doesn't change anything?*

An ostomy adds another layer to intimacy and relationships. Some potential partners do flinch. Some hesitate. Some don't know what to say, or they say the wrong thing, or they give a look that stings. (This is stigma in action.)

But love—the kind worth having—is not that fragile. It is not scared of an ostomy bag. And there's more of that love out there than people think.

People find love at every stage of their ostomy journey. Some before surgery, with partners who sit beside them in hospital rooms, proving that for *better or worse* isn't just a phrase. Others after, when they are finally well enough to show up fully in their lives—embracing a love that doesn't come despite the ostomy, but *because* of the space it created for healing and wholeness.

Bag or no bag, love is about connection—truly seeing and comfort and control because people with ostomies aren't being seen. And the partners of ostomates prove every day that it's actually not about *looking past* the bag at all. They see the bag. They honor it. Not as an obstacle, but as a mark of their partner's resilience, vulnerability, courage, and strength.

And those are qualities worth loving.

Myth #4: You can tell if someone has an ostomy bag. Truth: With the right products and care, ostomies often go unnoticed.

People with ostomies are everywhere: at work, at the gym, on dates, in line at the coffee shop. Chances are, most people have met someone with an ostomy without ever realizing it. They've stood next to them, shook their hands, shared a laugh—and never knew.

That's because ostomy bags are not what people think. They're not open or exposed. They're not constantly leaking odor or waste in public. In fact, many ostomy bags don't even resemble the crinkly, medical-looking pouches of the past. Today, there are options designed for discretion and comfort. Sight, sound, scent? All covered. Most of the time, an ostomy is invisible unless the person wearing it chooses to share.

For those who do experience leakage or complications with their ostomy, or just prefer an extra layer of discretion, there are options. A change in products or routine, a wardrobe shift—adjustments that restore meant to live in constant worry. If someone wants discretion, it can be theirs.

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The truth about ostomy myths

Ostomy myths don’t just mislead; they shape lives. They seep into conversations, assumptions, and even the way people see themselves. They chip away at confidence, making it harder for those with ostomies to fully show up in their lives. They feed fear in those facing surgery, delaying care and prolonging suffering. And for everyone else, they can reinforce the dangerous idea that some bodies are more worthy than others.

An ostomy bag doesn’t shrink a person’s worth. It doesn’t make them any less strong, less capable, or less deserving of love and respect.

Because a person with an ostomy is not their bag. No matter who they are—no matter when, how, or why they got their ostomy—they are so much more.

Editor’s note: This blog is from a UOAA digital sponsor, Coloplast. Sponsor support along with donations from readers like you help to maintain the website and free trusted resources of UOAA, a 501(c)(3) nonprofit organization

Follow Coloplast on Instagram, Facebook, and YouTube, or visit them online at https://www.coloplast.us/.

Source: *“Ostomy Outlook” of North Central Oklahoma—March 2025*

In MEMORIAM

Margaret Hurl
Jane Quark
Marilyn Hargot
Gilbert Jeannotte

We extend our sympathy to their families and friends

Wherever life plants you, bloom with grace.

- Unknown

HINTS & TIPS

(Source: Hamilton Osto-Info, January 2011)

- 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 tea bag 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 spoonsful of yogurt or applesauce. Much air is swallowed at night while sleeping and this will result in gas. A few swallows of club soda will help to get rid of gas bubbles. You just burp them up. The manner of eating is also a factor in relieving gas problems. If you can avoid drinking while eating, the effluent will become thicker, and liquids can be ingested before and after the meal. If one can avoid greasy foods, this may serve to lessen gas problems. Also some roughage in the form of grain cereal will move food more rapidly through the digestive tract and lessen gas formation.
- Vitamin E and fatty soaps (Dove for example) may be great for the skin but they can cause the appliance to fall off.
- Eating bran muffins is a simple and delicious way for colostomates to solve a constipation problem.
- Don’t be afraid to take a shower without your appliance. Soap cannot hurt the stoma. Just remember to rinse well.

Source: Ostomy Halifax Gazette—January 2016. Reprinted from WOA INSIDE/OUT March 2016

REASONS TO COME TO MEETINGS…

“We come to our local chapter meetings to take comfort in the fact that we are not alone; to bolster up our morale; to be educated in options regarding ostomy management and equipment; to receive practical hints on skin and health care, to help ourselves by helping others.”

TRAVELLING THIS SUMMER?

People with ostomies can travel just as far and wide as those without an ostomy; they just have to plan ahead and pack a little more.

Rule one is never count on being able to buy ostomy supplies at your destination. Even within Canada, availability will vary and outlets that sell supplies may be a challenge to locate. For instance, ostomates in Manitoba are covered by the Manitoba Ostomy Program—if you're not a residence, obtaining a referral for emergency supplies could be time-consuming. Other countries' coverage and availability will vary widely so NEVER rely on purchasing supplies 'on the way'.

Rule two is pack at least twice what you need. Count up how many units you use in a week and double that. I travel a lot in hot climates where the drinking water can be dodgy, so to be safe, I pack triple what I'd normally use. One good bout of diarrhea can go through supplies in a hurry. Pack extra as well if you plan on swimming a lot.

Rule three is if you are travelling by air, ALWAYS carry your supplies with you in your carry-on. Never, ever, ever pack all your gear in checked luggage! Even the most efficient airlines lose luggage from time to time. Even if it's only a short hop, don't be tempted to check your ostomy supplies because you don't want to carry extra things onto the plane. Imagine the sinking feeling of realizing the only products you have are what you are wearing and your suitcase is in another city! The one thing you shouldn't take in carry-on are scissors. Customs will confiscate them every time so either check them in your luggage or better yet, pre-cut everything you need before you leave.

Oh yeah, one last thing. It's probably not a good idea to leave flanges in a hot car for extended periods of time. They can break down if exposed to prolonged high temperatures.

That's it, you're set.

Source: *Vancouver Ostomy HighLife May/June 2016*

YOGURT CUTS DOWN ON DIARRHEA

Many people suffer from stomach upset and diarrhea while taking antibiotics. Fortunately, relief may entail a simple trip to your supermarket's dairy case. A study reported at the annual meeting of the American College of Gastroenterology followed 202 hospitalized elderly people who were taking antibiotics. Researchers found that patients who consumed two eight-ounce servings of yogurt daily for eight days reduced their incidence of diarrhea by half, compared to those who ate no yogurt.

Although the research has been divided on the yogurt phenomenon, bacteria cultures in yogurt may help replenish those in the gut that have been depleted by antibiotics. These cultures have also been found to break down the lactose in yogurt, making it more digestible for people who are lactose intolerant.

Source: *United Ostomy Associaiton, Inc., Evansville, Indiana Chapter; Re-Route June 2002, via The Pouch, Northern VA, via Niagara Ostomy Association "It's In The Bag", Nov. 2011—reprinted from the WOA Inside/Out Nov/Dec. 2012.*

A Welcome Visitor

By Alexis Wasson, Editor of Tulsa (OK)
Ostomy Life

Nine years ago, I spent my Christmas in the hospital and became an ostomate. I remember looking at the little artificial tree on the window sill. I bought if right before I checked in. I had always gone all out in decorating for the holidays, but this year it was my only sign of cheer. There had been a lot to process in such a short time. So, I stared at the little tree and wondered what, when, where, why and how. I knew absolutely nothing about being an ostomate. And when I finally went home, I knew one thing—knew Nancy.

Nancy was an ostomate who came to see me when I was hospitalized. She told me about the ostomy group and invited me to come to meetings when I was able. It took me awhile to get back on my feet and when I was finally able, I walked into the meeting room and was welcomed by a bunch of

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Care and Management of the Skin beneath your Ostomy Appliance.

Lauren Wolfe RN, BSN, CWOCN, MCISc (WH) Macdonald's Prescriptions Fairmont building (via Vancouver HighLife January 2021)

Our skin is the largest organ of the body and is composed of 2 layers. The skin acts as a barrier to harmful substances, chemicals and protects us from the environment. The outermost layer of the skin is called the epidermis. The skin is part of the immune system. When it has been compromised by foreign materials such as bacteria or allergens it will become red and inflamed. Approximately 20 - 70% of people living with an ostomy experience skin complications. These can be due to multiple reasons such as leakage, allergy, and skin stripping due to the removal of the flange. Removing the pouching system too quickly can cause skin damage such as irritant dermatitis. As we age, our skin changes and becomes thinner and more fragile, resulting in skin tears. The additions of adhesive products to assist with a pouch seal may increase the risk of skin damage and should only be used when necessary.

In order to protect the skin from harm and chemicals the NSWOC and WOCN Societies recommend using warm water to cleanse the peristomal skin and the stoma. Water is readily available and not harmful to the skin. A frequent question that stoma nurses get asked is; *Should I use alcohol wipes, antiseptics, baby wipes or flushable adult wipes for cleansing the stoma and the skin?* In reviewing the literature, it was interesting to see what the dermatologists and biochemists are saying about the use of these products on neonates and babies' skin. In 2016 Yu et al., reviewed the ingredients in multiple baby wipes and found many ingredients to cause contact dermatitis in infants.

Although, this study was evaluating baby wipes on infant skin, it is known that the skin beneath the flange is susceptible to injury due to the frequent removal of the pouching system.

Contact dermatitis is when the ingredients in a product that is applied topically, causes a reaction to the skin. A reaction may not be noticed immediately but can develop over a few days, weeks or years. Once an individual develops a contact dermatitis beneath the flange, the skin becomes red and weepy preventing the flange from adhering to the skin. When this occurs, the skin has been compromised, therefore the natural barrier protecting you from infection has been breached, allowing for bacteria to penetrate the skin.

In discussion with Dr. Greg Schultz PHD, a well-known researcher and biochemist in wound care, "Different baby wipes have substantially different formulations. Common ingredients include acetyl hydroxyethyl cellulose, a plant-based product used as a cleaning agent along with glycerin or propylene glycol that are humectants that can help other ingredients penetrate more deeply into skin. Most wipes contain a buffer like citric acid which helps with product stability and maintains the pH balance of the products. Also, preservatives like parabens can present and these chemicals can cause skin irritation" Not only may these ingredients be harmful, but some may prevent your flange from adhering and allowing you to achieve the wear time you desire.

Maintaining the skin around your ostomy and beneath your flange is extremely important. When considering which products to use, it is important to recognize that many products that are not designed for ostomy care do not have the research to support the use and may put you at risk of injury to your skin. See your ostomy nurse to discuss which products are safe t use and to help you with a skin assessment.

If you have further questions, contact the author at lau-ren@macdonaldsrx.com
References for this article available upon request.

Source: *Ostomy Saskatchewan News - March/April 2025*

Coping During the First Few Weeks

Coming home with a new ostomy can be a very stressful time. You may feel weak and uncomfortable and deeply worried about how you are going to deal with this strange new thing on your abdomen. You may be fearful about having to take care of the ostomy by yourself or resentful that you have it at all. You would not be the first to feel like this nor will you be the last. Give yourself time to recover -- you've been through a gruelling surgery and it takes time for surgical wounds to knit together. It takes time for strength and appetite to return. Most of all it takes time to learn how to live, emotionally, with an ostomy. Take it one day at a time.

Tips for the first few weeks

- **get some gentle exercise** every day, even if it's just walking around

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Ask the ET!!

Cathy Downs, RN, ET
Enterostomal Solutions Inc.

Any individual who has a fecal ostomy with an intact rectum/ anus will experience rectal discharge. Unfortunately, a lot of these individuals aren't told about this when they are discharged from the Hospital and can become quite distressed the first time this occurs.

This discharge is due to the remaining bowel attached to the rectum. One of the main jobs of the bowel is to secrete mucous to lubricate the stool on its journey through the intestines. While the bowel is very good at its job, it isn't very smart. So it doesn't realize that there is no poop coming through, and as such, it keeps secreting mucous like it always has.

Normally, when passing feces, we wouldn't really see the mucous because it would be coating the stool. But in the absence of feces, this mucous has to go somewhere, and it follows the natural progression down to the anus to be evacuated. Once at the anal sphincters, the mucous can cause the sensation of needing to have a bowel movement, or it can leak out of the rectum if the sphincter tone is poor. For some individuals who lack sensation or muscle tone, it can also dry up into a ball and cause pain.

If you experience the sensation of needing to have a bowel movement, it is best to sit on the toilet and try to bear down. For some, this is enough to expel the mucous, which varies in consistency from clear and thin (like egg whites) to a thicker, stickier creamy colour. Due to the bacteria that lives in the bowel, the mucous does have an unpleasant odour. If the mucous won't come out naturally, a glycerine suppository or enema may be required to help pass it. How often these products are used is very individual: it may be a few times a week or as little as once a month.

If the mucous leaks out due to poor sphincter tone, it can be very irritating to the anus and surrounding skin. Using a barrier cream or spray (such as Critic-Aid or Cavilon) can help to protect the skin from excess moisture and prevent breakdown. In addition, applying a few squares of gauze between the buttocks, or using a panty liner in your undergarments can absorb the mucous as it exits the body. Some individuals may be able to strengthen their sphincter tone through pelvic floor exercises, which may help to control the passage of the mucous. These may not help everyone depending on possible nerve damage, but a consultation with a Pelvic Floor Physiotherapist or your surgeon can help determine if these exercises would help you.

Source: *Ottawa Ostomy News*—April 2015. Reprinted from *WOA INSIDE/OUT - March 2016*

(Continued from page 9)

the home
- **establish regular mealtimes** like you used to have, or if you have little appetite, eat several small meals or snacks throughout the day
- **follow your nurse or surgeon's instructions** on what to eat for the first few weeks. This will emphasize soft cooked and low fibre foods. If you want to try raw fruits and vegetables after a while, introduce these in ***very*** small amounts and ***chew thoroughly.***
- **do not lift anything heavy**, ie stay under 10 pounds
- unless you are physically unable, **you should not** be asking your spouse or family to change your appliance for you. You cannot regain confidence if you're relying on others to do this basic function for you.
- **if you are having doubts or problems** caring for your ostomy, call your ostomy nurse for advice. She may be able to help you over the phone or you may need to make an appointment with her.
- **talk to someone else who has an ostomy!** Ask your ET nurse if he or she can connect you with another person who has an ostomy or diagnosis similar to your own. If your area has an ostomy chapter you can connect with one of their members. Other ostomates are more than willing to talk with you for they have experienced the same fears and frustrations you may be having.

If you have a computer, you can go online and participate in ostomy forums -- they are a wealth of information and reassurance.

Proficiency with changing your own ostomy gear doesn't happen overnight and you are going to make mistakes. It can be unnerving if an accident happens, but it's also an opportunity to learn how to avoid such things in the future.

Try not to be too hard on yourself if you make a mistake or can't remember something.

Source: Vancouver Ostomy HighLife Jan/ Feb 2016

FLUIDS and ELECTROLYTES with an OSTOMY

http://www.stomabags.com/fluids-and-electrolytes-with-anostomy.

Electrolytes are ionic mineral solutions that transmit electricity. Electrolyte balance refers to the combined levels of the different electrolytes found in the blood.

The balance of these ions in our body is key to regulate fluid amounts, blood acidity, muscle and nerve health, and all functions from oxygen distribution to fluid delivery to cells. Essentially, electrolytes are the chemicals needed to keep our bodies working.

Extraction of the large intestine impairs the body’s ability to assimilate electrolytes and nutrients. Therefore, people that have undergone ostomy diversion surgery including colostomy, ileostomy and urostomy are more inclined to suffer electrolyte deficiencies. Especially those with an ileostomy or a urostomy need to watch for persistent diarrhea, vomiting, sweating, nausea and high fever. Ostomy patients’ diets must ensure proper intake of fluids and foods containing potassium and sodium. The latter ingredient is important, but it does not require major efforts to acquire as it is present in most foods. As a note of caution, if dizziness or signs of dehydration appear, immediately drink a sports drink or an electrolyte beverage. Use sports drinks only as a boost. Electrolyte drinks may be made at home with water, salt, salt substitute for potassium, and baking soda.

Problems related to Electrolyte Imbalances.

DEHYDRATION:

Symptoms: Extreme thirst, dry mouth, nausea, decreased urine, fatigue, shortness of breath, headaches, dry eyes and abdominal cramping.
Solution: Increase ingestion of fluids (water sports drink (Gatorade), electrolyte solution (Pedialyte). Drink throughout the day at least 8-10 glasses of 8 oz. each. All liquid counts: milk, juices, and water. Abstain from surgery drinks. They may result in osmotic diarrhea and weight gain.

SODIUM DEPLETION:

Symptoms: Nausea and vomiting, headache, confusion, lethargy, fatigue, appetite loss, drowsiness, leg cramps, coldness of arms and legs, feeling of faintness.
Solution: Increase foods and beverages high in sodium, such as soups, bouillon, sports drink (Gatorade), electrolyte solution (Pedialyte). Examples of some foods high in sodium: Broth, buttermilk, canned soups, canned vegetables, cheese, soy sauce, table salt, tomato juice, pickles.

POTASSIUM DEPLETION:

Symptoms: Muscle weakness, confusion, irritability, fatigue, gas, shortness of breath, chronic diarrhea.
Solution: Increase foods and beverages high in potassium such as oranges, orange juice, bananas, and sports drinks (Gatorade), electrolyte solution (Gastrolyte, Pedialyte). Examples of some foods high in Potassium: Black-eyed peas, bananas, bouillon, chicken, fish, oranges, pinto beans, raisins, tomato or vegetable soup, veal, watermelon, yogurt.

Source: It’s In The Bag, Niagara Ostomy Assoc. Feb. 2015 via Ostomy Halifax Gazette Feb. 2015. Reprinted from WOA INSIDE/OUT 2016

ASK AN OSTOMY NURSE

Q: Why do some people have to wear an ostomy belt?

- Ostomy belts are used to support ostomy appliances and help hold them in place. Some belts are wide and also help conceal the appliance.
- Ostomates with dips and folds around their stoma may require a belt in order to maintain a longer seal than they can achieve without the belt.
- Those who require belts to keep the appliance in place must wear the belt 24/7 to prevent leaking.
- Wearing a belt that is too small or tight can cause pressure-related skin breakdown.
- It is best to have your ostomy care professional assess, measure, and fit you for a belt if one is necessary.

Source: Dr. Sally Arnold, DNP, APRN-AGPCNP-BC, CWOCN, The Christ Hospital Wound and Ostomy Care

Stoma Anniversary

Donna Love—5 years!

General Funds

Sharon Pchajek
Donald Dempster
Marlene Laycock
Jan Dowswell

In memory of Margaret Hurl
Lorrie Pismenny

In memory of Jane Quark
Lorrie Pismenny

In memory of Karoly Csontos
John Kelemen

In memory of Arthur Pohl
John Kelemen

SEPTEMBER 2024 - FEBRUARY 2025

VISITING PROGRAM REPORT

Surgeries:
Colostomy 4; Ileostomy 3; Urostomy 0;

Valued Visitors:
Jared Dmytruk, Randy Hull (2), Debbie Balzar, Bonnie Dyson, John Kelemen, Charlie Stevens

Submitted by Bonnie Dyson,
Visitor Coordinator

Thanks to all our visitors. You are the heart beat of Ostomy Manitoba!

Things I Have Learned after Years of Having an Ostomy

By Jeff Kamm

- *No matter how long you go without drinking, a urostomy will always go squirting like a fountain just as you go to put on the appliance.*
- *The one time you go anywhere without a spare, no matter how short of a trip, you will have a leak.*
- *The best way for a kid who wasn't fond of school to go home early was to have a leak and "forget" to have a spare appliance or a change of clothes.*
- *With a urostomy you can amaze your drunk friends by neatly writing in the snow, even leaving spaces between words.*
- *Driving in farm country, certain smells will always make you check for a leak.*
- *But no matter what, an ostomy doesn't limit you.*

Source: Ostomy Assoc. of the Houston Area Feb. 2015 via Winnipeg Ostomy Assoc. *Inside/Out* Feb. 2015

(Continued from page 8)

friendly folks who were just like me. I had found my niche.

This was the one place where people shared information that was pertinent to my situation. And, best of all, they were able to find humour in being an ostomate. I was no longer a restroom alien. No one in our group is a doctor. On the other hand, your doctor probably isn't an ostomate. Think about that.

Thanks to UOAA
Source: Ostomy Support Group of Northern Virginia, LLC The Pouch, March 2020.

Friends of Ostomates Worldwide (Canada)
Giving the Gift of Dignity

FRIENDS OF OSTOMATES WORLDWIDE (CANADA) 2024:

A Year of Incredible Impact

Thanks to YOU, 2024 has been the most successful year in Friends of Ostomates Worldwide Canada's history! When we set out to ship 784,000 kgs of ostomy supplies – an ambitious 20% increase over last year – we couldn't have imagined what was ahead. Because of your generosity, **we shipped over 1.1 MILLION kgs** of life-changing supplies to ostomates in Iran, Ukraine, Kenya, Cuba, and Zimbabwe. This is a record-shattering achievement and a testament to what this community can do when we come together.

After years of dedicated leadership, Lorne Aronson will be stepping down as FOWC's Chair. Lorne's passion and leadership have carried FOWC to new heights, and his impact will be felt for years to come. In January, we look forward to introducing our new Chair, Joel Goldenberg, who will guide FOWC into an exciting new chapter.

With gratitude,
The Friends of Ostomates Worldwide Canada Team
https://www.fowc.ca

Editor's Note: *After serving on the FOWC Board of Directors for almost a decade, I can attest to the great work that Lorne did. There was no one more dedicated to a cause or more hardworking all those years. His energy and persistence was the force that held FOWC together and helped make it into the successful organization that it is today!*
Best Wishes Lorne! Lorrie

> *The most dangerous phrase in the language is "We've always done it this way".*
> *- Grace Hopper*

PAYING YOUR MEMBERSHIP or MAKING a DONATION

e-Transfers now available

Interac Now Available e-Transfer

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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Friends of Ostomates Worldwide F.O.W. (Canada)

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.

MEDICAL ADVISORS

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Nurses Specializing in Wound, Ostomy & Continent Care

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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