



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



**Ostomy Manitoba**  
Association

Healthier / Stronger / Together



## Emotional Issues of Ostomy Surgery

By Mark Shaffer, UOAA UPDATE

As a new ostomate you can expect to experience a number of often conflicting emotions during the weeks and months following your surgery. Relief that the ordeal of surgery is over and that your recovery is progressing, joy because you're still alive, and perhaps hope because you feel better than you have in years and new possibilities are opening for you. These are some of the more positive feelings you will experience.

But you may also find yourself frightened and confused. It is a natural and nearly universal experience for a new ostomate to become frustrated with that new appliance and to worry about how life will change because of it. It is also common for a new ostomate to engage in a trace (or more) of self-pity (the "why me?" syndrome). These negative feelings can combine to cause introversion, depression and even a kind of immobilization where it is just too frightening to walk out the front door, and resuming your place in the world seems beyond all possibility.

First, and foremost, as a new ostomate you should try to stay

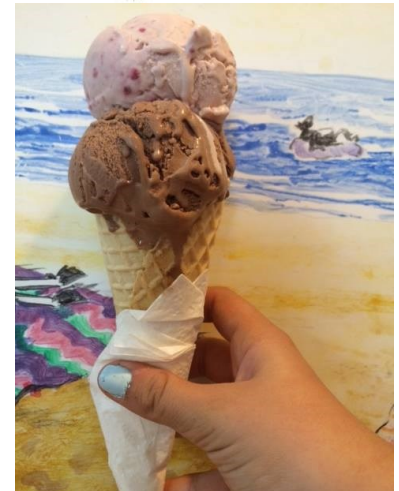
focused on the things that are positive in your life. I have yet to meet an ostomate who, given a choice between "ostomy" and "no ostomy," would choose to have the surgery. But your decision was more complicated than that and probably involved choices between life and death or between a meaningful life and a life dictated by debilitating illness. Always remember that while an ostomy might not be the kind of thing you would ask Santa for, it is invariably better than the alternatives. You are alive and nothing else (including that clumsy-clod feeling you get when you change your new appliance) is as important as that.

Second, don't ignore the negatives. Denial gets you nowhere and negative emotions will not go away simply because you ignore them or pronounce them uncontrollable. There are several ways to address these issues.

I'm a big fan of Ostomy Chapter meetings. At these meetings, you see and meet other ostomates and soon learn that we look like everyone else and lead lives that are really no different than those lived by others.

\*\*\*Literature on almost any ostomy related topic can be found in

(Continued on page 3)



### Inside this issue:

Emotional Issues of Ostomy Surgery (cont'd)	3
VISITOR TRAINING INVITE Antibiotic Side Effects	4
Seven Awkward Friendships	5
A Nures Invented That? Travelling Reminders!	6
Skin Care with Chemotherapy Controlling Odour	7
All About Hernias & More	8
All About Hernias & More (cont'd) Common Ostomy Problems	9
Calcium Supplements A Comfortable Appliance	10
VB-12 Replacement Therapy	11
Ask an Ostomy Nurse	12
A Comfortable Appliance (cont'd)	13

## 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**

**SEPTEMBER 25  
OCTOBER 23  
NOVEMBER 27**

**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](mailto:info@ostomymanitoba.ca)

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

**Deadline for next issue:  
Friday, September 6, 2024**

## WEBSITE

Visit the OMA Web Pages:  
<https://ostomymanitoba.ca>  
**Webmanager:**  
[webmaster@ostomymanitoba.ca](mailto:webmaster@ostomymanitoba.ca)

## DISCLAIMER

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

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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](mailto: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](mailto:osupplies@wrha.mb.ca)  
Monday to Friday 8:00am to 4:00pm**

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

*You are unique, so be sure to consult your doctor or ostomy nurse (NSWOC) before trying products or methods that are mentioned in this newsletter and/or on the internet.*

*(Continued from page 1) Emotional Issues*

our Ostomy Manitoba Association lending library. Past issues of our newsletter (*Inside/Out*) can be found on our website:

[www.ostomymanitoba.ca](http://www.ostomymanitoba.ca) or at our sign-in desk at chapter meetings.

You can also check out *Ostomy Canada Society's* website:

[www.ostomycanada.ca](http://www.ostomycanada.ca) for other resources.

Of course, all you have to do is Google the word "ostomy" and there are numerous sites to visit. \*\*\*

Source: The OSG of Middle Georgia's "*The Ostomy Rumble*" - June 2017

\*\*\* Editor's Note: This section has been revised to reflect our local options.

## FROM the PRESIDENT'S DESK

*Greetings!*

*I do hope you are all well and have been able to enjoy the weather these past few months.*

*It's hard to believe that September is almost upon us. I'm slowly getting into the "return to work" routine and looking forward to seeing you all again, either "in person" or on Zoom in September.*

*I sincerely hope that you find something new and of interest in these pages. I'm always interested in your personal stories and suggestions of articles. Please drop me a line if you have something in mind.*

*The next newsletter is due out in September with the date, time and Zoom link. Hopefully, sooner rather than later.*

*Till later,*

*Cheers,*

*Lorrie*



*"All progress takes place outside the  
comfort zone" - Michael John Bobak*

*A True Relationship is someone who accepts your  
past, supports your present, Loves you &  
encourages your future.*



## VISITOR TRAINING this FALL



### Become an Ostomy Visitor - An Opportunity to Give Back

When new to the game of managing an ostomy, good advice and encouragement from an experienced ostomate tends to be invaluable. Becoming a visitor for Ostomy Manitoba Assoc. (OMA) gives you an opportunity to give back by helping a new patient. Visits can be made in hospital, at an ostomate's home, or a coffee shop. Since the pandemic, all visits have been done by phone.

To be on the list of visitors you must ...

- Be well-adjusted and comfortable with your self-care,
- Become a member of OMA and attend a minimum of 2 to 3 chapter meetings per year. OMA chapter meetings are a hybrid of Zoom & In-person which will make this requirement quite easy for most.
- Attend and complete the visitor training session. Retraining is required after five years to make sure you are familiar with new surgeries and techniques.

The training presentation is provided by one or two of the Manitoba Ostomy Program NSWOCs (ostomy nurses) over a 4 hour period—usually on a Friday night with assistance of OMA board members and some experienced visitors. Workbooks are provided.

Interested in becoming an ostomy visitor or wish more information?

Forward your name, address, phone #, email address, age, and type of surgery you have to the following:

Lorrie Pismenny - Visitor Training Coordinator  
Tel: 204-489-2731 Email: pismel@mymts.net



## 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."*

## ANTIBIOTIC SIDE EFFECTS

Edited by B. Brewar,  
12/2011 UOAA Update

Many times ostomates who must take powerful antibiotics suddenly find they have itching and burning under their pouches and have poor pouch adhesions. A side effect of antibiotic therapy can be a yeast infection on the skin around the stoma. You may hear health professionals call this monilia.

At first it may appear as tiny white pimples, but in a few days it is a red rash. This is caused by the antibiotic killing some normal bacteria in the body as well as the bacteria causing the infection or illness. At the same time, you may also notice sores in your mouth.

Contact your doctor for a prescription of mycostain or nystatin powder. Put the powder directly on the irritated area. Apply a coat of silicone skin barrier such as Skin Prep or Bard Protective Skin Barrier, etc. Let this dry!!! Apply your pouching as usual. Eating foods such as yogurt or drinking buttermilk helps to replace some of the normal bacteria in the gastrointestinal tract.

Source: Green Bay Area Ostomy Support Group March/April 2012.



## Seven Awkward Friendships You Might Have if You're an Ostomate!

Friendships can be slightly different when you rock an ostomy. Don't worry—the basics haven't changed. But you'll probably experience one of these awkward relationships at some point or another, courtesy of your new appliance...

1. **The Friend Who's a Little Too Fascinated!** This guy's got a thing for bruises and scars, so naturally he's a bit fixated on the whole "intestine outside the body" concept. Also, can he please see the stoma? Now? Later? Tomorrow? The curiosity is endearing, and it's nice that he's not weird about it, but still... fending off constant questions about your body's method of dispensing waste does wear on one.
2. **The Friend Who Found Out About Your Ostomy When You Had a Leak!** The topic of ostomies just never came up. And now you're not sure if you should tell her? Never mind, she just found out! The wafer was being annoying and you had to make an adjustment and whoomp, there it is! LEAKAGE!!! NOT THE SUBTLE KIND!!! Thankfully, this friend was a total champion as you declared your immediate need for a bathroom. Furthermore, her unquestioning acceptance of your ostomy earns her big humanity points. Still, you're not sure if you will ever speak of this again.
3. **The Friend Who Can't Stop Laughing When Your Stoma Decides to be Noisy!** This friend knows about the stoma and its games - how it enjoys being chatty when you're out in public. At moments like this, locking eyes with this friend leads to laughing/crying into weird silent laughter. You're both basically nine years old.
4. **The Friend You Tell WAY TOO MUCH Information!** Possibly the same awkward friendship as the one above. You and this friend
5. **The Friend Who Tries to be Cool, but Looks Like They're Going to Pass Out When You Mention It!** This friend who gets squeamish around any mention of bodily humour and cannot handle your ostomy. He does try to stay cool, and for that you give him credit. But you notice all of the colour drains out of his face if you happen to unveil your bag, or even talk about it, so you do your best to pretend it doesn't exist when you're around him. Kind of awkward, but the power to make someone faint if you wanted is the smallest bit intoxicating.
6. **The Friend Whose Food You Keep Having to Reject!** Sorry... can't do popcorn. Thanks, though. Beets. 'Nuff said. Nope to almonds. Uncooked broccoli? Heh. Can't chance it today. Why does this friend eat nothing but fibre?
7. **The Friend Who Also Has an Ostomy!** They call our group "ostomates" for a reason, right? Wearing a bag means gaining a giant network of new mates. They might be in person, online, over the phone, via Instagram, or whatever, but these friends get you in a way that's hard to match. And the jokes... oh, the jokes. Outsiders, listen at your peril. You never imagined like taking you down this road, but it's nice to know you're not alone for the ride!

have been through everything together, so she knows the intimate details of your ostomy. If your stoma has a name, you both call it that and talk about the antics regularly. Given that you casually refer to the texture of your output while dining with this person, you probably should go out and buy her a gift immediately. Then again, you valiantly endured a relationship with her annoying ex, so maybe you're even.

Thanks to Ostomy Connection Editorial Team, 6/7/2017, via Greater Eastside Ostomy Support Group, Kirkland, WA  
Source: Ostomy Support Group of Northern Virginia, LLC  
The Pouch May 2019

I did a week's worth of cardio after walking into a spider web.

A recent study has found that women who carry a little extra weight live longer than men who mention it.

*"When opportunity knocks at the door, most people are out in the backyard looking for four-leaf clovers" - Anon.*

## IF MY BODY WERE A CAR

*If my body were a car,  
I would be thinking  
this time about  
trading it in for a  
newer model.  
I have bumps, dents  
and scratches in my  
finish and my paint  
job is getting dull, but  
that is not the worst of  
it.  
My headlights are out  
of focus and it is  
especially hard to see  
things up close.  
My traction is not as  
graceful as it once  
was.  
I slip, slide, skid and  
bump into things even  
in the best of weather.  
My whitewalls are  
stained with varicose  
veins.  
It takes me hours to  
reach my maximum  
speed.  
My fuel rate burns  
inefficiently.  
But here is the worst;  
almost every time I  
sneeze, cough or  
sputter, either my  
radiator leaks or my  
exhaust backfires.*

Source: The New Outlook,  
Chicago, March 2007



## A Nurse Invented That?

Inventiveness, Ingenuity, and Innovation in Nurses

This should surprise no one. Who else but a nurse, most likely the person responsible for cleaning the patient, would come up with a practical and sanitary method for containing fecal matter expelled from an uncovered stoma?

Before this innovation, after ostomy surgery, patients were typically sent home to fend for themselves. Available collection devices were cumbersome and unsanitary. Typically held in place by straps encircling the abdomen, these devices failed to effectively contain the fecal matter or the odor it produced. Elise Sørensen, a Danish nurse, had come across many patients with a colostomy, including her own sister who had the surgery at the age of 32. Elise was determined to find a remedy which could help the patients who encountered many problems when dealing with a colostomy.

In 1954 Elise Sørensen obtained patent on an ostomy pouch, which was very similar to the one we know today. The ostomy pouch was liquid tight, made of a thin elastic material, hermetically sealed and clung to the skin surrounding the stomal orifice. Following several refusals, Elise Sørensen contacted the plastic manufacturer Aage Louis-Hansen from Dansk Plastic Emballage to put the ostomy pouch in production. Aage Louis-Hansen's wife Johanne Louis-Hansen was also a nurse and therefore knew the problems which many of the colostomy patients were facing. She could see the potential in the ostomy pouch and convinced her husband to put them in production.

Elise Sørensen and her sister showed up at the factory and in collaboration with the foreman they began to produce the first pouches. These were hand made and then tested by Elise's sister. The result was so good that after a short while Elise asked the factory to produce more pouches. The foreman made 952 pouches, which Elise gave to colleagues and patients to try-out.

The demand grew rapidly and in 1955 Elise Sørensen and Aage-Louis Hansen signed a license agreement, which gave Elise 7 øre (approx. 2¢) for each ostomy pouch and a great deal of the production was sold abroad. In 1963 Elise was elected nurse of the year by The Danish Nurses' Organization. The company Coloplast, which has its headquarters in Humlebæk north of Copenhagen, was founded in 1957 on the basis of this ostomy pouch production. Today Coloplast is a world-wide company with more than 7000 employees.

Sources: Medscape.com/nurses, guideservicedanmark.dk; via The New Outlook, Ostomy Assoc. of Greater Chicago, Jan, Feb, Mar, 2019

Reprinted from Green Bay Area Ostomy Support Group January / February 2019

## TRAVELLING REMINDERS!

1. Make sure you take enough ostomy supplies to last the trip. Many ostomates take double the amount or more in case of unexpected problems. This is especially important if you are travelling to a hot destination as your wear time will most likely be reduced.
2. Do not pack or leave your supplies in your car. Extreme heat or cold will destroy the adhesive on your appliance.
3. Keep a copy of the product number of your supplies to be able to order new supplies in another destination if needed.
4. Ask your ET or Ostomy Association for a contact number for emergencies if travelling to another country.
5. Pack your supplies in your carry-on baggage. Cut your wafers in advance. Do not carry scissors in your carry-on.
6. Do not put anything in your pouch (such as water for rinsing) that you wouldn't put in your mouth.





## SKIN CARE and LEAKS with CHEMOTHERAPY

Source, Anonymous, *ostomistically yours@gmail.com* via *The Ostomist, Greater Seattle Ostomy Assoc. Mar/Apr. 2018*

The skin around your stoma is definitely affected by chemotherapy. It can become dry, itchy, feeling warm to the touch under the pouch and can feel much more sensitive. For this reason I was informed by all of the manufacturing companies that I called for advice (including Coloplast) to discontinue using the No-Rinse Foaming Body Wash by Coloplast that I was using when changing my pouch. I have been instructed to only use water to clean around the stoma area while going through chemotherapy treatment. I was also informed to make sure all the products I use on the skin and under my pouch/ostomy are alcohol free/no sting products. The most important suggestion I received from several professionals familiar with side effects to ostomies caused by chemotherapy was to change my pouch every 3 days during the entire course of the treatment. The consistency of my output is constantly changing due to the chemotherapy. I have also been attempting to empty my pouch more often. With a liquid output or a very thick output, you will find it can make your pouch feel heavy and can therefore, encourage leaks to occur.

Source: *Green Bay Area Support Group—May/June 2018*

### The Swollen Stoma

It can be pretty scary to have your stoma swell for any reason and not be able to get your appliance off over it for fear of doing damage. An appliance that hugs the stoma too tightly may cause it (stoma) to swell. A fall or a hard blow or a slipping appliance may cause the stoma to swell. Rather than risk further damage to the stoma by pulling the appliance off over it, fill your pouch with ice water and let it swirl around the stoma to decrease the swelling. Ease the appliance off carefully. Replace it with an appliance that has a larger opening until all swelling is gone. It is a good idea to keep a couple of appliances with larger openings around for such an emergency.



Source: MAOG, Memphis, Loraine Co. Chapter and ReRoute: Evansville, IN; South Brevard FL; Metro Halifax News, May 2007

## CONTROLLING ODOUR

An important part of a new ostomate's rehabilitation is learning to control odour; it is important to feel good about oneself and be secure in relationships with others. The ostomate can be extremely sensitive to odours and the reactions of those around him or her, especially family and friends.

Colostomies tend to emit more odour than ileostomies because of the bacterial abundance in the colon. Most sigmoid and descending colostomies are routinely irrigated, so persistent odour is less of a problem than with a transverse colostomy where semi-liquid drainage tends to be rather malodorous.

Ileostomates experience almost continual peristaltic waves which sweep the ileum and prevent stagnation of the intestinal contents, thereby eliminating the major cause of odour, i.e. bacterial growth. Extreme and persistent odour from an ileostomy could be an indication of a secondary problem, such as a stricture or blockage. Urine has a characteristic odour, but a foul odour could be a sign of infection due to overgrowth of bacteria.

Certain foods will affect the odour of both feces and urine. Avoiding such odour-producing foods will help. External and internal deodorants are available, but two important aspects of odour control are good personal hygiene and appliance care. For fecal ostomies, change the pouch immediately if a leakage occurs. Eliminate from your diet such odour producers as cabbage, onions, fish, spicy foods and eggs; do eat parsley and yogurt. Internal deodorants that can be taken by mouth include bismuth subgallate tablets which help control odours by absorbing toxins. Ostomates should consult their doctors before taking these tablets.

Urinary ostomates should clean their pouches periodically with such agents as Uri Kleen, etc. Vinegar solutions have fallen into disfavor because they tend to damage certain manufacturer's pouches. Avoid eating asparagus and onions; do eat parsley and drink cranberry juice. Deodorants are not used because they would mask the odour which could signify the presence of an infection.

With proper care of the appliance, personal hygiene and dietary precautions, odour should not be a problem for ostomates.

Source: OSTO-INFO April 2010; via S Brevard (FL) Ostomy Newsletter; Evansville Re-Route; Brampton Chapter Newsletter June 2010; Halton-Peel Newsletter June 2015; Inside/Out Summer 2015

## IN CASE YOU DIDN'T KNOW

**Parastomal hernias are the most common complication of ostomy surgery.**

It's worth noting that hernias are very common, in fact **up to 70% of ostomates will develop one**. Some studies indicate the percentage could be as high as 85%. Parastomal hernias occur when the edges of the stoma come away from the muscle, allowing abdominal contents (usually a section of bowel) to bulge out.

Read on....

## EXERCISE IS GOOD BUT HERNIAS ARE BAD

Terri Ross Ostomy Nurse at the Christ Hospital Via Greater Cincinnati

Summer is here and you may be ready for outdoor activities. Good for you! Having an ostomy does not restrict you from walking, running, or working in your yard. If you recently had abdominal surgery you will want to start slowly while you are healing. Walking outside is exhilarating but if the weather is bad join a friend and walk at the mall or gym.

Several weeks after surgery you may feel ready for planting flowers or playing golf. If your surgeon feels this is okay you may want to wear an abdominal support belt.

Some activities may require you to protect your abdomen. When your ostomy was made the surgeon anchored it through your abdominal muscle for support. Heavy lifting or straining is a risk for herniation.

Most physical activity is fine but lifting more than 10 or 15 pounds should be avoided. Ask your surgeon for their recommendation.

When exercising or playing sports wearing a support belt can protect you from a hernia. It will also provide support and protection during contact sports or activities like climbing or gardening. An ostomy nurse can help you decide which one works best and then properly fit you.

Many of us sweat with exercise. Your wafer/appliance may need to be changed more often to assure an adequate seal. It is fine to go swimming or relax in a whirlpool. Don't worry that your pouch will come off. It should be secure even when wet. If you wear one that has a tape border try rubbing some gel deodorant on the border, it will help the tape to repel water and dry faster later.

Remember to hydrate in hot weather; drink plenty of water, and have a fun active season!

## DON'T GIVE YOURSELF A HERNIA

By Adrian March, MA, PhD

**DO** remember that your protection from a hernia depends on the integrity of your principal abdominal muscle, the *rectus abdominis* (properly known as the "abs"), which runs down your front from the lower part of the rib cage to the pelvis.

**DO** ask your surgeon whether there is any medical or surgical reason why you should not exercise to strengthen your *rectus abdominis*. If you are given the all-clear undertake a proper exercise program. Gentle smooth progressive stretching will do you no harm, but don't bounce into a stretch; this is known as ballistic stretching, and should be avoided. Work through the easier exercises first, and always "Stop if it hurts!"

**DO** wear a support when undertaking heavy work if you have been advised to do so.

**DO** keep your body weight under control: being overweight is an invitation to a hernia. Work out your Body Mass Index (BMI), which equals (Weight in KG) divided by (Height in metres). If your BMI is over 25, take

(Continued on page 9)



## Common Ostomy Problems & Possible Solutions

**Food Blockages** Symptoms may include no output from the stoma for more than 4 hours, cramping in the abdomen, nausea or vomiting and high watery output. Solution: Drink hot tea and increase your fluid input. Take a warm bath or shower and massage your abdomen. Have a glass of wine. This will help relax your abdominal muscles. Get down on all fours with your backside in the air. An un-dignified position, but it does help some people move a blockage. If the blockage persists for more than a few hours, seek medical advice from your nearest hospital.

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

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

**Bleeding:** Solution: First, determine if the bleeding is coming from the surface of the stoma or from internally. If it is internally, then it's wise to seek medical advice. If the bleeding is from the surface of the stoma, it should stop quite quickly. If bleeding is profuse and doesn't stop quickly, seek medical help. Cuts to the stoma can also be caused by the wafer riding off center. Try picture framing the wafer with some tape to stop it from moving.

**Phantom rectal pain:** If you get the urge to go to the bathroom in the old way even though you know you can't... Solution: This pain is because your body needs time to adjust to its new plumbing and still thinks it needs to go to the bathroom in the old way. Try going and sitting on the toilet anyway even though you know it's pointless. A lot of people find this alleviates the pain. The good news is that over time, phantom rectal pains become less frequent and eventually disappear altogether.

Source: Metro Halifax News, April 2011, Saskatoon Ostomy Association. News May 2015

*(Continued from page 8) All About Hernias & More*

steps to reduce it.

**DO** be aware of activity which causes you to hold your breath. This increases the pressure in the abdomen and therefore places increased demands on the abdominal muscles. If you can carry on talking—or even singing if the neighbours don't mind—then there should be no problem.

**DO** be careful about lifting: consider whether what you are proposing to lift is reasonable, and think about the best way to lift it. Keep the weight as close to the body as possible, at all times, and make sure that you can keep your balance.

**DO** think carefully about moving furniture. If you can slide it, preferably with your knee, that's fine, but think twice before you bend over and heave it. If you have a problem reaching the top cupboards in the kitchen, invest in a step stool, which you can push around with your foot, and step up onto it comfortably.

**DON'T** kneel for too long when weeding the garden—try to keep moving. If you find it difficult to stand up from a kneeling position, consider using a kneeler, with support bars which you can hold to push yourself up.

**If your favourite exercise is running,**

**DO** make sure that you run on a good surface. The consequences of a stumble, on a bad surface could be serious.

If you enjoy riding, gentle hacking or basic dressage could pose no problems, but leave jumping until you can be more confident about your abdominal muscles.

**DO** think carefully about how you will mount the horse—better to use a milk crate, or even two, to start with.

Source: Greater Seattle Ostomy Association "The Ostomist" May/June 2015

*As long as there are tests, there will be prayer in public schools.*

*Laughter is the brush that sweeps away the cobwebs of the heart.*

## TAKING CALCIUM SUPPLEMENTS

For maximum benefit take your calcium supplements at bedtime, recommends Morris Notelovitz, a professor of obstetrics and gynecology at the University of Florida.



Taking calcium supplements to prevent osteoporosis, a bone-threatening disease affecting millions, has been widely advised.

Dr. Notelovitz has discovered that when the dosage is taken does make a difference in how much calcium is absorbed and used.

It is best to take calcium at bedtime because it is stored during the day and lost at night. Stored calcium in the bones is required for aid in blood clotting and heart muscle contractions. At night, when no food is being taken in, the skeleton is the only source of calcium. By taking the supplement at night, your blood level of calcium can be maintained without depriving the bones.

Calcium should not be taken on an empty stomach, Dr. Notelovitz recommends. Have a glass of milk or some yogurt first, he suggests. As well as being excellent sources of calcium themselves, the lactose in these products also helps calcium absorption.

Source: S. Broward (FL) Ostomy Newsletter, Regina Ostomy News, Vancouver Ostomy HighLife July/Aug. 2005

## HAPPINESS IS— A COMFORTABLE APPLIANCE

There is nothing more irritating than having to change your appliance before you normally do, when the faceplate loosens or springs a leak. The first thing to do is look for the reason. Sounds easy doesn't it? We should be so lucky! About the first thing to look for is the change in texture of the skin. Several things can cause that, medication, vitamin pills or menopause. Excessively oily skin can affect adhesion.

Wiping the skin around the stoma with alcohol is helpful but be careful the alcohol does not contain glycerine as this kind of alcohol will hinder adhesion. Also some soaps contain oil or

hexachlorophene (soaps with baby oil to soften skin); this must be rinsed off if you hope to attain adhesion.

With hot, humid climate, excessive perspiration will undermine the adhesion. A cotton appliance cover is great for soaking up perspiration. Also, loose clothing will help if you know you are going to be doing work that will cause excess perspiration. Be careful about using antiperspirants, they cause skin irritation.

A skin rash (contact dermatitis) is a common happening for many ostomates at one time or another. The rash can be caused by an allergy to the adhesives, the tape, skin barrier or any other product used. A change to different products helps to determine if the problem is an allergic one.

## Tips & Tricks

- People often empty their bag whenever they pee—after all, you're in there anyways, right? But peeing when you don't have to because you're in there to empty can be a bad idea. Your bladder gets accustomed to being emptied before it really needs to, which can lead to urgency issues.
- If you're blending veggies to break down the fibre and drinking your vitamins, add a few sprigs of mint to make things tastier.
- Eat four to six regular-sized marshmallows about 15 minutes before changing your appliance. There's no guarantee, but you should get enough 'clear' time to change gear. This is the only time you will get to eat marshmallows for health reasons!!
- Too much powder on the skin? If you use powder, take it easy with how much you're putting on. Just a very light dusting is enough.

Source: Vancouver Ostomy HighLife—July/Aug. 2017

Be sure to dry the area. A blow dryer, set on cool is very quick and a light bulb placed about a foot away is also useful in drying the area. If you can't get rid of the rash or any disturbed area within a reasonable time, contact your doctor or ET nurse.

A change in weight (either gain or loss) can cause a change in the contour of the abdomen which will affect adhesion. Try to stay at the same weight. Ideally, no more than ten pounds either way. Where the faceplate was once flat against the abdomen, it may now have creases for valleys under it. Stomahesive works well to fill in these valleys; there are also some pastes on the market. Karaya tends to break down when exposed to liquid over a period of time. Redistribution of

*(Continued on page 13)*

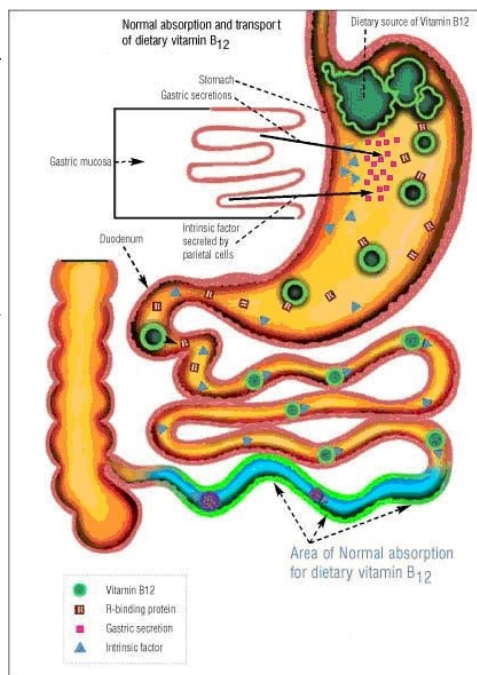
## Vitamin B-12 Replacement Therapy

By Bob Baumel, Ostomy Association of North Central Oklahoma  
UOAA Update May 2015

Vitamin B-12 is, under normal conditions, absorbed in only a small section of the terminal small intestine (ileum), raising the possibility of B-12 deficiency if that section of the ileum has been removed surgically or damaged by disease. People who may have lost that portion of their ileum include some ileostomates, people who had a failed J-pouch or Kock pouch, and some people with urinary diversions (especially continent urinary diversions) made using the terminal ileum. A condition such as Crohn's disease may have damaged the terminal ileum, even if it hasn't been removed surgically.

Vitamin B-12 is necessary for many metabolic processes, including development of red blood cells and maintains normal functioning of the nervous system. Deficiency causes anemia (reduced oxygen carrying capacity of the blood results in fatigue) and can also cause nervous system damage. It's worth noting that folic acid (another B vitamin) can correct the anemia caused by vitamin B-12, but will not correct the nerve damage caused by B-12 deficiency. So it's important to get enough vitamin B-12.

If you think you are at risk for vitamin B-12 deficiency, you can ask your doctor to check your serum (blood) B-12 level. This test can be added easily to routine blood testing. If your ability to absorb vitamin B-12 by the normal pathway involving the terminal ileum has been impaired, you can supplement the vitamin by three basic methods:



**By injection**—This method bypasses the normal gastrointestinal process of B-12 absorption by inserting it into the body by intramuscular or subcutaneous injection. B-12 injections may be self-administered in the same way that diabetic patients can give themselves insulin shots. Maintenance therapy may require only one B-12 injection per month.

**Nasally**—This method also bypasses the normal gastrointestinal absorption process, as vitamin B-12 can be absorbed through nasal mucous membranes. The nasal form of B-12 was developed first as a nasally applied gel and later a true nasal spray (brand name Nascobal®). This product is marketed by Strativa

Pharmaceuticals, who promotes it as the only FDA approved form of vitamin B-12 besides the injectable form. Nasal B-12 can be effective, but because one company has the sole rights to distribute it in the U.S.A., it can be an expensive way to get your vitamin B-12.

**Orally**—Until recently doctors believed that B-12 taken orally was useless to people who lack the normal absorption mechanism involving the terminal ileum. That opinion has changed, however, as research has revealed that even in such people, when a large dose of vitamin B-12 is taken orally, a small fraction (typically around 1%) gets absorbed by mass-action transport across the gut.

**Note:** Time Released medications should, in general, be avoided if you have an ileostomy as they may pass through your gut without getting absorbed adequately.

Source: OSG of Northern Virginia, LLC "The Pouch"

## DO COFFEE AND TEA COUNT TOWARD THE EIGHT CUPS OF WATER I SHOULD DRINK EACH DAY?

Caffeinated beverages let you retain only about 50 percent of the water in them. Milk, fruits, and vegetables are 90-99 percent water, and all count toward your daily water dose. The best way to know if you're staying hydrated is to use your thirst as a guide. But during hot and humid summer days, the better indicator is urine color. If it is cloudy and yellow,

drink more water. A clear and pale color indicates your body is getting the liquid it needs. Water also stimulates the production of saliva, which is your mouth's first defense against plaque. It is important to drink even more water as you age, since saliva output decreases with age.

Source: United Ostomy Association, Inc., Evansville, Indiana Chapter *Re-Route* May, 2002 via Ostomy Halifax Gazette—Nov. 2016.



**Ask a WOC nurse** - by Lauren Wolfe BN, BSN, CWOCN

**Q. “Why couldn't they put the stoma in a lower spot so it's easier to hide? My stoma is way too high. I don't have a big pot belly.”**

**A.** When selecting the place for your stoma there are many considerations a WOC nurse takes into account. When a stoma is placed low on the abdomen this can interfere with the ability to be active as the hipbone will be close to the flange often preventing adherence and activity without dislodging the flange. Other factors that are considered in a stoma marking are: -

1. The ability to see your stoma to ensure you can be independent in pouch changes.
2. Placement through the rectus muscle that runs down your abdomen helps to prevent a hernia.
3. Avoiding creases, wrinkles, belly buttons, folds and scars as these can lead to leakage.
4. If this is a permanent ostomy you may have a flat tummy now but as you age this may change and if your stoma is placed too low on your abdomen you will no longer be able to see your stoma as your body shape changes.
5. Men usually wear their pants low on the abdomen making a low marking difficult to pouch due to the belt holding the pants up.
6. If the person is wheelchair bound then they will not be able to see a low marking to change the appliance and will struggle with the pouch bulging when sitting.

*Reference: Journal of Wound Ostomy & Continence Nursing: May/June 2015 - Volume 42 - Issue 3 - p 249–252 doi: 10.1097/WON.000000000000119 Ostomy Care*

**“Why can't I be reversed when I still have an anus?”**

by Lauren Wolfe with help from Neal Dunwoody

There are many reasons why a person who has an ostomy and an anus cannot be reversed. The first thing to identify is why you have an ostomy and the type of surgery that you had.

General considerations:

- Post operative complications like abscess, anastomotic leak (leak where the intestine has been joined back together).
- Your Body Mass Index (BMI) is high i.e.: - you are overweight.
- Your health has changed and you are a high risk for surgery.

If you have your ostomy due to cancer possible reasons are: -

- Your surgical risk was high and therefore the surgeon elected to leave your anus in place. Removal of your anus is a long procedure which means you would spend more time under anesthetic making the surgery a higher risk. Presence of adhesions may make a reversal too risky.
- If a large portion of the intestine was removed you may be at risk for diarrhea/incontinence and you may have opted to keep your ostomy.
- If you had radiation or chemo the rectal tissue may be too fragile to allow for a reversal which may lead to complication such as incontinence.
- The tumor/cancer is too large to be removed and diverting ostomy was created. A diversion was done and now you are receiving chemo/radiation until they can remove the cancer and hopefully reverse the ostomy.
- Initially it was thought that your ostomy could be reversed but you are not well enough for the reversal surgery.

If you have your ostomy due to inflammatory bowel disease (Crohn's or Ulcerative colitis) possible reasons are:

- Your large intestine was removed but they left a small part of your colon and anus in case you elect to have a J-pouch later on.
- You are waiting for your J-pouch surgery.
- You have your J-pouch but opted to not reverse your ostomy due to life-style or problems with the J-pouch.

*References: <https://jamanetwork.com/journals/jamasurgery/fullarticle/509013> <https://www.hindawi.com/journals/grp/2015/286315/>  
Source: Vancouver Ostomy HighLife July/August 2018*

(Continued from page 10) *A Comfortable Appliance*

weight will often necessitate refitting. This may mean an entirely different appliance will be necessary.

A person with an ileostomy may notice that diet affects the length of time the appliance stays on. If the stool is of a watery consistency rather than paste-like, it may lessen the length of time the appliance stays secure. Change the appliance regularly before leaking; you may detect an itching or burning sensation beneath it. Ignoring these symptoms can lead to skin irritation.

Illness, inactivity and lying in bed can also lessen the seal security because the discharge pools around the stoma and seal more than if you were up and around.

If you have checked all these possibilities and still have a leaking faceplate, you had better see your ET at once.

Source: Sleeping Giant Ostomy Group, Thunder Bay, Ontario via Ostomy Halifax Gazette May 2013.



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



## Word of the day .. CHANGE

CHANGE does double duty as verb and noun and even adjective.

Change money, your clothes, your mind, or observe change. Truly an all-purpose word.

Ostomates encounter this word a lot. We undergo a change in our bodies, we have to change how we eat, how we eliminate just for starters. We have to face daunting changes and learn so much about how to look after the basics. Many undergo a significant change in outlook and cope with new change of outlook, a change in spirit.

These day to day changes evolve a whole new set of norms. The word is pivotal to our everyday lives. Change is invasive, it's pervasive, it's intrusive, it's good, it's bad, it's temporary, it's permanent, it's welcome, it's avoidable, we like it, we hate it, but we cannot ever seem to control it.

Some of us accept it, many of us try to deny it. But as the old saying goes. Nothing is more certain than change. It's the one constant. Becoming an Ostomate is life changing . Accepting change is key to coping.

Source: Ottawa Ostomy Newsletter—May 2017.

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