

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



Ostomy Manitoba Association

Healthier / Stronger / Together

Join us for Christmas Lunch
Sunday, Dec. 8th 12:30pm
 (light lunch catered by Ira's Deli)

Manitoba Possible Bldg.
 825 Sherbrook St. Rooms 202 & 203

Tickets: \$20 per person
Tickets must be paid in advance.



Deadline Nov. 28th. To register and arrange payment options contact:
 Vice-Pres. Sandy Borys @
 Email: sandyborys@hotmail.com or Tel: 204-793-8307

Family Members & Friends are Welcome

To keep with the Spirit of the Season please bring "a tin for the bin".

For your enjoyment

- Door Prizes
- Table games
- Xmas YouTube comedy & music presentations

Menu:

- Fancy & Deli style sandwiches
- Veggies & dip platter
- Cheese & cracker platter
- Fresh fruit platter
- Dainty & dessert tray.

Punch
 Tea & coffee



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OMA CHAPTER MEETING
WED, NOV. 27, 2024
IN PERSON & ZOOM
RAP SESSION with NSWOC (ostomy nurse)
ZOOM LINK on PAGE 4.

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**

NOVEMBER 27

Ostomy nurse Q & A

DECEMBER 8th

Christmas Lunch

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, January 3, 2025

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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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: 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

Greetings!

I could talk about our weather (unseasonably warm/no snow), our sport teams and their standings, (Way to go, Bombers & Jets!), the heart wrenching election in the USA, (concerns and fears for Canada and the world in the next four years), how many weeks before Christmas, etc., etc., but the top of my list is finding a new secretary for our group.

Claudette, our current secretary, has given us ample notice of her stepping down from this position and has gone beyond her *stepping down date* to help us out.

I could blame the pandemic for the lack of volunteers (which has been the one big concern all non-profits have experienced) but we (Ostomy MB) do have new people on board. And they have quickly stepped up to take on tasks that need to be done. We are so appreciative of this fact.

As a registered charity it is imperative that minutes be taken and preserved for all the years that Ostomy Manitoba is in operation. Not only is this Canada Revenue Agency's rule, but the minutes are also a record of our amazing history!

I can vouch for this as I attempt to digitize the paper records of the years from inception in 1972 to 2000. As I scan through the minutes, I give thanks for all the people who have put so much energy, passion, time, and work into creating a place for all Manitobans to find support and encouragement.

So, what do we do about a

new secretary?

If there is something holding anyone back from stepping up, I would love to talk to you and see if we can work around your concerns.



The board members have suggested that the position be split into months rather than years, or possibly be shared by two people. Can we talk about options?

Claudette agrees that it was a lot to take in at first, as she was introduced to behind the scenes of running a chapter. After a while, she realized a lot of the minutes are the same each meeting – just different dates and names. Since then, she just itemizes the remaining facts.

The secretary has back up, as the minutes are sent to the president for approval and changes before they're distributed.

Another item I would like to bring to your attention is the write-up in the Winnipeg Free Press on Monday, Nov. 4th. See link below.

<https://www.winnipegfreepress.com/breakingnews/2024/11/04/supportive-voices-to-allay-the-fear-reduce-the-shame>

I thank Brenda Zebrynski for submitting my name to Aaron Epp, the Free Press Business Reporter and columnist for the regular Volunteers Column.

I give full credit to Aaron for an exceptional job done in getting the word out about the work of Ostomy Manitoba. After a brief

(Continued on page 4)

(Continued from page 3)

telephone interview, and some research, Aaron wrote such a positive report about ostomies and our organization. I can't thank him enough.

In closing, as Christmas approaches and the New Year is just around the corner, Ostomy MB board of directors would love the gift of a new secretary.

Is Santa checking his list?

Cheers,

Lorrie



HEALTHIER HOLIDAY EATING!



Kelly Beard, RD,LD and Rachel Herron, Dietetic Intern from Houston Methodist San Jacinto Hospital created this presentation with their supervisor Amber Hammonds RD, LD that focused on key concepts for the holidays.

Overeating can be avoided with planning!

- Do not skip meals before the party. Eat lighter during the day. Do not attend the party hungry. Bring a low calorie/low fat dish as an option.
- Avoid appetizers as they can cause mindless eating! Appetizers are often high in fat and calories. If you eat an appetizer, choose low calorie/low fat. Avoid appetizers that are fried or have creamy sauces.
- Be reasonable! You do not have to eat everything. Pick your favourites. If you HAVE to eat one of everything, then eat smaller portions!
- Watch for satiety cues. Eat slowly. Start with small portion of the things you choose. Avoid seconds. Avoid eating until you are stuffed.
- Watch alcohol consumption. This is loaded with calories and can affect your food choices.

Cutting Calories in Recipes.

- Typical Christmas Dinner has more than 3300 calories.
- Consider these options to save calories: Remove the skin from turkey and save 100 calories.
- Replace whole milk with skim milk. 75-100 calories saved. No-calories butter spray: 25-50 calories saved. Avoid fried foods and avoid creamy dishes.
- Healthier Christmas Dinner has less than 1,200 calories!

(3 oz. turkey w/o skin; 2/3 cup cornbread & apple stuffing; 1/3 cup giblet gravy; 1 cup mashed potatoes made with skin milk; 1/2 baked sweet potato w/small pat of butter, dash of cinnamon and no calorie sweetener; 1 roll with pat of butter; 1/2 cup English peas with no-calorie spray butter; 2 slices pumpkin pie).

Reported by Cindy Barefield, RN, CWOCN
Ostomy Association of the Houston Area. November 2015

OMA Chapter Meeting Nov 27, 2024 7:30 PM In Person or via Zoom

PROGRAM: Q & A session with NSWOC Taryn.

Please forward questions for the
Ostomy Nurse to Lorrie prior to our
meeting:

Email: pis_mel@outlook.com or
Tel: 204-489-2731

Join Zoom Meeting

[https://us02web.zoom.us/j/89011044820?
pwd=MTEhDZzYrWTZ9CjMzPlg5gS4Hy
CatJ.1](https://us02web.zoom.us/j/89011044820?pwd=MTEhDZzYrWTZ9CjMzPlg5gS4HyCatJ.1)

Login through Zoom website:

Meeting ID: 890 1104 4820

Passcode: 434840

Dial In: 204 272 7920

Meeting ID: 890 1104 4820

Passcode: 434840

Randy Hull r.hull@shaw.ca
Past President Ostomy Manitoba Association



FOLLICULITIS—A HAIRY PROBLEM

This is an article about an annoying peristomal skin condition, folliculitis. This issue primarily applies to hairy men, as women seldom have much hair on their bellies. In fact, abdominal wall hair can be so strong that it can grow out through a skin barrier or waterproof barrier tape sticking straight up like blades of grass. If I had not seen this myself, I would never have believed it. Needless to say, when you remove the skin barrier and the hair is caught like this, it is going to be painful. It is like those wax jobs you see on TV.

As if the pain is not enough, this type of hair removal can cause folliculitis, which is an inflammation within the hair follicle. Removing the skin barrier in a rough manner and dry shaving can also cause folliculitis. This condition presents itself as reddened bumps on the peristomal skin. This redness may be confused with yeast infection. However, if you look carefully, the redness is only present in the hair follicle. The bump may look like a pustule. What is the solution to this hairy problem?

Many men find they must shave the peristomal skin with each change of their skin barrier. In the past, the ostomy literature has always recommended using an electric razor. I personally have never had great success with this method, although I have heard that some folks do very well with the newer small razors that were designed for trimming mustaches and

sideburns. If you use a safety razor, as we do in the hospital, be sure to apply sufficient shave cream so that this is not a dry shave. In addition, be gentle.

Most shave creams have emollients so you will need to wash the skin very lightly with a plain soap afterwards. Be sure to rinse your peristomal skin well so that no soap residue remains.

If the skin is very irritated and itchy, we have found Kenalog spray or Desonide lotion is extremely helpful. This is a steroid (cortisone) solution, which decreases the itching and irritation dramatically. Apply these lightly, and then allow drying completely prior to putting on your new skin barrier. These medications have a slightly oily base, which means your skin barrier probably will not stay on as long as you are accustomed. This procedure will relieve the itching and promote healing.

Skin heals better covered by a skin barrier than it would if aired out. Do not use any steroidal spray as part of your regular changing routine. Steroids are absorbed into your system through the skin. Moreover, steroids will thin the skin, compounding peristomal skin issues.

If there are actual pustules around each hair follicle, you may need to use an antibiotic powder such as Polysporin powder to clear the problem. All the products mentioned above require a prescription to obtain. Folliculitis is not as common a concern as skin breakdown or yeast infection, but it is very annoying when it happens.

By Kathy Dahn, RN, Riverside Health Care, Edited by B. Brewer, 12/2011 UOAA Update.

Source: Regina Ostomy News May/June 2013

What the #&*@!

In 1972 comedian George Carlin compiled his famous list of “Seven Words You Can Never Say on Television”. I won’t, or at least will not, print them in this newsletter, either. But according to a study conducted at Keele University’s School of Psychology in England, you might want to have a few ugly words at your command in case you hit your thumb with a hammer or otherwise are in acute pain.



Sixty four undergraduates were asked to submerge their hands in icy water while repeating a swear word of their choice. Later they did the experiment using

ordinary words. It turned out that swearing helped the students endure the pain and keep their hands in the water longer. The researchers explained that swearing “triggers not only an emotional response but a physical one too, which may explain why the centuries-old practice of cursing developed and still persists today.

It’s true that profane speech (“Profane” means outside the temple) has existed as long as speech itself. Every teacher from Moses to Emily Post inveighs against it. But if a swear word escapes your lips the next time you stub your toe, at least it might offer some relief. Just remember that bad words lose their punch if repeated too often.

Source: - UCal Wellness Letter, November 2009 via Ottawa Ostomy News—May 2020



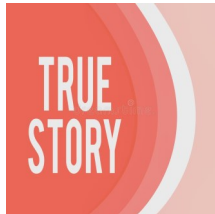
Jane Quark

Katryna Roos



Flanges, Faceplates, Barriers, Wafers? What's the difference?

There is no difference. They're all just different names for the same thing, the part of the system that sticks to your skin.



WHO WILL EAT ALL THIS FOOD?

A few years ago, I visited a gentleman in hospital after his ostomy surgery. He was recovering very well and was excited about going home. As the hospital staff said to him: "John, you are doing great. Just keep on doing what you're doing."

Two months later, I called John to invite him to our monthly meeting. His wife answered the phone and said that John had no energy and was too weak to attend. Repeated invitations got the same response. Finally, I convinced John and his wife to attend the Christmas auction and banquet.

We greeted John and his wife at the door and introduced them to a few other members. Seeing all the delicious food spread out on the banquet tables immediately caught their attention. But, they asked, where was the food for the ostomates? What would John eat?

We innocently answered that John could eat whatever he wanted. What we heard next totally shocked us. John had been blending all his food since he had left the hospital. No wonder he had been too weak to attend meetings. How could this possibly have happened?

This is the explanation. When John had left the hospital, he remembered them saying: "Just keep on doing what you're doing." And because he had recovered so well in hospital, they discharged him before he had moved on to solid food. So John felt that he had to keep on eating mushy food, which he hated. He was slowly starving himself.

It was a delight to see John fill his plate with real food and chow down. And his wife was so pleased she no longer had to prepare a special meal for him. Their special Christmas gift was a return to a normal life again. And that is what our ostomy support group is all about.

Submitted by: Ed Tummers

Source: Metro Halifax News—September 2010

Bowel Obstruction

By Marshall Sparberg, MD/February 2017
Philadelphia Ostomy Association, INC.

Obstruction of the bowel may result from a variety of complications which prevent the normal passage of intestinal contents. As the flow becomes blocked, back pressure builds up, causing the bowel to enlarge and produce pain. Since everyone swallows a lot of air which is normally passed from the bowel, continuation of the obstruction soon causes vomiting, and dehydration becomes a problem. Danger of the obstruction, other than severe discomfort, is the swelling bowel itself eventually cutting off the blood supply and

leading to the death of small intestine tissue.

An obstruction can be detected very soon after it starts in ileostomates, because the normal constant flow of intestinal wastes suddenly stops and cramping discomforts begin. Occasionally, the ileostomy works intermittently with passage of particularly foul-smelling contents. Cramping doesn't mean obstruction, but simply indicates gas or spasm in the small bowel. Often an obstruction is temporary, with a sudden cessation of cramps and the rush of intestinal wastes heralding the end of the problem. Perhaps, one-third or more of all

ileostomates have experienced some degree of intestinal obstruction, while a small proportion have required one or more operations because of obstructions.

The causes of obstructions include scar-tissue formation, stenosis (constriction) of the stoma, and food blockage. Scar tissue of adhesions can form rough cord-like bands across the bowel, narrowing it to a point where slight swellings or food particles can close off the passage entirely.

Food blockage is probably the most

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The COMMON COLD and an OSTOMY

An Anthology of Medical Sources

There is new research on the family of viruses that we regard as the common cold. Although, there is no universal cure for a cold virus, there is information about colds that will serve you and your family. People with ostomies are particularly concerned about cold and flu viruses, mostly because we are worried that a cold or flu will lead to diarrhea, dehydration or other mal conditions. We left off the citations of those who performed the research in order to make this article read better. However, if you are interested in the sources, you may research this information in medical journals. Our article is just about colds and not the flu.

It takes about 48 hours to infect you and make you sick. Researchers say that it takes about two days for a cold to embed into the lining of our cells and produce symptoms. It may be difficult to tell whether or not one has come down with the flu or with a cold. While no one can predict how an infection will progress—and sometimes even experts are fooled by colds masquerading as the flu—a rule of thumb is that cold viruses do not usually cause fever in adults. Sudden onset, fever and cough are the best predictors of influenza.

The best cold-fighting weapon may be vigorous exercise. Researchers suggest that the best way to protect ourselves from a cold is by exercises that raise our heart rate. It has been studied how the immune system and viruses are affected by exercise, and the findings are fascinating: Any exercise, however limited, reduces the probability of contracting as well as the duration and intensity of a cold. It is best to work out at least every day for over 30 minutes, usually more. This does not mean that we want to over-exert ourselves but rather, at a minimum, walk two to three miles. This will help cold-proof your immune system. Mild exercise moves the blood around the body and also moves the immune white cells around to search for infections.

We need our sleep. If we obtain fewer than seven hours of quality restful sleep, we are three times more likely to catch a cold. For instance, study participants who spent less than 92 percent of their time in bed asleep were at least five times more likely to pick up a cold virus than those who fell asleep quicker and stayed asleep longer. To obtain better sleep, never have a TV on in the bedroom at sleep time as well as

any distractions that can impede the sleep cycles.

Orange juice and vitamin C have benefits only in certain circumstances. At the first signs of a cold coming on some of us drink vitamin C rich beverages in hopes of boosting our immune system. For the majority of people, vitamin C does nothing to prevent or reduce the symptoms of a cold. But there is an exception. If one is under stress, or we are physically pushing our body hard, a daily dose of 200 mg of vitamin C may reduce the chances of catching a cold by about half. It is best to obtain vitamin C naturally with foods like oranges, citrus, papaya, broccoli, tomatoes, red peppers and kiwi.

Echinacea is believed to boost the immune system. After studying more than 1600 people, it was reported that not only did Echinacea cut the chances of catching a cold in half, but also those study participants who took it reduced the duration of their colds by about 1.4 days. It may or may not work for each of us, depending on our own personal body chemistry. Nevertheless, it may be worth a try, after all it is a natural product.

Hot drinks can help reduce the symptoms of cold viruses. It has been known anecdotally that having hot tea and hot soup usually make us feel better when we are suffering from a bad cold. It has been shown that this common knowledge has a scientific basis. Simply sipping a hot beverage can provide immediate and sustained relief from the worst cold symptoms, like coughing, sneezing, runny nose, sore throat and fatigue. Hot beverages were tested against room-temperature drinks and it was found that the warmth in a cup had soothing, feel-good properties. A bit of herbal tea with a squeeze of lemon and one teaspoon of honey has been proven to soothe sore throats.

The average person gets 200 colds in his/her lifetime. According to estimates, by our 75th birthday, we are likely to have suffered through 200 colds—that means about two years of our life are spent sneezing. Children typically get between four and eight colds per year, older people contract far fewer. Experts believe this is due to the fact that most elderly people have already been exposed to the majority of cold viruses circulating. However, a new virus can be devastating to an older person, often manifesting in upper respiratory illness.

Colds are really not that contagious. We hear so

(Continued on page 8)

(Continued from page 7) *The Common Cold and an Ostomy*

much about the dreaded rhinovirus that most people think a mere handshake with a sick person is going to send them coughing. Not true. When healthy people were put in a room with cold sufferers, it was remarkably difficult to spread the infection from one person to another. In fact, the cold virus has to have the ideal conditions when hitting our body to infect us. Colds are not very contagious, and most colds are caught at home from children and partners from prolonged and close contact. In other words, there is no need to don a mask in public—just use common sense.

Being in cold weather brings on a cold. This is not true with a big “but” attached (pardon the pun). Being outside in cold weather may actually help a cold because one would be breathing in more oxygen rich air than that being re-circulated in a building. However, if we become physically cold, this will reduce our ability to resist cold viruses. This is the reason so many people think that cold weather promotes colds. Cold temperatures have the ability to lower one’s resistance, which results in contracting a cold virus. Of course, breathing in stale inside air all day long does not help either. Do not forget to wash your hands with soap and warm water regularly.

Reprinted from Ostomy Association of Greater Chicago (IL) “The New Outlook” by Greater Seattle (WA) “The Ostomist” Sept./Oct. 2016

Tips & Tricks

- Try to minimize your intake of fats. Fats induce an increased flow of bile into the intestines and make body wastes liquid and harder to control. They also tend to produce gas. If you cut down on fats, your heart will thank you too!
- Don’t spread paste on the entire back of the barrier; this will produce poor results. Use paste sparingly to fill uneven areas around the stoma. Consider paste as a filler, not an adhesive. If your skin around the stoma is smooth, you probably don’t need paste at all.
- If you want to re-use your all-plastic two pieces pouches, use cold water and a bit of dish soap to wash them. Hot water will increase odour buildup and wear the pouch out sooner. Dish or hand soap will make the pouch smell nicer. You can’t re-use the flange part, that gets thrown away.

Tips & Tricks

UROSTOMY

TWO PIECE SYSTEMS -

Mineral crystals on the inside of the bag can sandpaper the stoma. Clean them off by soaking the bag in a vinegar solution overnight. (one part vinegar to four parts water) -

HighLife, October 1990 via Vancouver Ostomy HighLife Nov/Dec. 2014

Urostomy Care—UOAA Update 7/13

The urostomate should keep in mind that the stoma may shrink for several months following surgery, it is important that your appliance fits well so that the skin around the stoma does not become thick and white due to contact with urine.

This crust may rub against the stoma, causing bleeding. To cleanse the pouch of crystals, soak it in a solution of 1 part vinegar to 2 parts water. Several glasses of cranberry juice each day will help restore the acid level in your body and there is less crystallization.

The urinary pouch should be emptied often. There is no odour when the pouch is kept clean. The portion of the intestine (the ileum) that is used to form the “conduit” is mucous forming, so it is not unusual to see some mucous in the urine.

Before attaching the night drain, leave sufficient urine in the pouch to fill the entire length of the tube. This eliminates air bubbles which prevent the flow through the tube and causes backup problems.

Please remember that for best results, you will want to change your appliance first thing in the morning before you eat or drink anything. This may give some breathing room for a few minutes (when your stoma will not be active) to get the skin dried off and the new application in place.

If you bend over and try to be sure all the stored liquid is force out before you begin the change, it may also help give you a few minutes of inactivity to complete the change.

Source: OSG of Northern Virginia, LLC “The Pouch” Sept. 2013

A Great Lesson on Stress

A young lady confidently walked around the room with a raised glass of water while explaining stress management to an audience. Everyone knew she was going to ask the ultimate question, “half empty or half full?” She fooled them all... “How heavy is this glass of water?” she inquired with a smile.



Answers called out ranged from 8 to 20 ounces (250 to 600 grams). She replied, “The absolute weight doesn’t matter. It depends on how long I hold it.”

“If I hold it for a minute, that’s not a problem. If I hold it for an hour, I’ll have an ache in my arm. If I hold it for a day, you’ll have to call an ambulance. In each case it’s the same weight, but the longer I hold it, the heavier it becomes,” She continued, “and that’s the way it is with stress. If we carry our burdens all the time, sooner or later, as the burden becomes increasingly heavy, we won’t be able to carry on. As with the glass of water, you have to put it down for a while and rest before holding it again. When we’re refreshed, we can carry on with the burden... holding stress longer and better each time practiced.



Source: Greater Atlanta Ostomy Assoc; and North Central OK *Ostomy Outlook*, May 2013 via *Regina Ostomy News*, Nov/Dec. 2014

Resolve to be tender with the young, compassionate with the aged, sympathetic with the striving, and tolerant with the weak and wrong.... because sometime in your life you will have been all of these. "

Hmmm! Did you know?

Antihistamines in allergy medications can slow down bowel motility.

If you become constipated while on antihistamines, consult your doctor who might suggest an alternate medication.

GOT GAS??

The average person passes gas between 14 and 23 times a day. When stricken with painful bloating and gas, many folks take Pepto-Bismol or a simple antacid to coat the stomach, or probiotics to otherwise ease symptoms. But over-the-counter products that reduce gas aren’t very effective, say experts. Generally you just have to wait (wait or) let it out.

“Some people are very sensitive to even small amounts of gas,” says Dr. Dan Sadowski, VP of the Canadian Association of Gastroenterology. “Taking peppermint oil or peppermint tea are natural ways to relax the smooth-muscle component of the gut.”

Lactose intolerance is a common cause of excessive gas. If you have this condition, avoid dairy, or consume it only with a lactase-enzyme supplement, or buy dairy pre-treated with lactase.

To Avoid or Cut Down on Gas

- Chew thoroughly and eat slowly
- Don’t lie down after eating; take a 20 minute walk instead
- Avoid items such as brussel sprouts, cabbage and other cruciferous vegetables, gum, mints, candy and carbonated drinks.
- Don’t talk with your mouth full
- Don’t drink water with meals



Source: Vancouver Ostomy HighLife—Mar/Apr 2011



My AHA Moment

by Wes Richardson

When did you have your aha moment? By that I mean that moment when you realize that despite everything you've been through, that maybe, just maybe you were going to be all right.

Think about it; a surgeon had opened you up, rearranged your plumbing, brought a piece of your inside to your outside, and given you a new appendage. And now you have a pouch attached to collect stuff that used to be collected inside of you. For some people this is something totally unexpected; due to complications they come out of surgery with this new attachment. For some of us, we go into the hospital knowing what is going to happen, what we will go home with. In either case this is still pretty traumatic physically, not to mention mentally.

Now you have to learn how to change, care for, and manage this ostomy thing. You may have moments of sadness, anger, feeling sorry for yourself. Your ostomy will make embarrassing sounds in a quiet room full of people. You may, like me, spring a leak at a Gala Charity event and have to go home quickly, change, and return to the event. There will be other challenges and frustrations along the way. But somehow you keep going.

So when did you get to the point where you knew it was going to be OK, or have you gotten there yet? Mine came at the Calgary Conference in August 2007, almost exactly one year after my ileostomy surgery. There was a group session for each of the types of ostomy, and I was looking forward to learning from all these experienced people.

I was about to learn the secret to living with an ileostomy. Our session was lead by local ET, Julie Bulloch. At the beginning of the session, Julie had us go around the room and introduce ourselves, say when we had our surgery, and if we had any questions or concerns. One by one we went around the room and I was not learning any secrets; when was that going to happen I wondered? But I continued to listen to people who had their surgery recently, or some as long as 30-40 years ago. One person mentioned they were afraid to go swimming; what if they sprung a leak? Someone else went swimming everyday. One person had a problem with gas in their pouch at night. We discovered a solution to that, burping your appliance to let the gas out. I had my turn and soon we had gone around the entire room. The discussion continued and then suddenly it hit me. All of these people had gone through the same thing as me, some many years before when appliances were much more awkward to deal with than what we have now. They seemed to have adjusted, they seemed to be living active lives, and the biggest problem brought up was dealing with gas.

At that point I sat back and smiled. I had my aha moment. I knew that like everyone else who has been through it, I was going to find my way; I was going to manage just fine.

Source: Calgary Ostomy Society newsletter March 2011.

HOW TO TREAT ILEOSTOMY BLOCKAGE

Symptoms: Thin, clear, liquid output with foul odour; cramping abdominal pain near the stoma; decrease in amount of/or dark-coloured urine, abdominal and stomal swelling.

Step One: At Home:

1. Cut the opening of your pouch a little larger than normal because the stoma may swell.
2. If there is stomal output and you are not nauseated or vomiting, only consume liquids such as Coke, sports drinks, or tea.
3. Take a warm bath to relax the abdominal muscles.
4. Try several different body positions, such as a

knee-chest position, as it might help move the blockage forward.

5. Massage the abdomen and the area around the stoma as this might increase the pressure behind the blockage and help it to "pop out". Most food blockages occur just below the stoma.

Step Two: If you are still blocked, vomiting, or have no stomal output for several hours:

1. Call your doctor or ET nurse and report what is happening and what you tried at home to alleviate the problem.
2. If you cannot reach your ET nurse or doctor go to the emergency room immediately.
3. Take a change of supplies with you and a list of your medications.

Healthier / Stronger / Together

*Your support
and
generosity
is greatly
appreciated!*



STOMA ANNIVERSARY

*Norma Wilson - 61 years!!!
Lorrie Pismenny - 24 years!!
Marion Reid - 4 years!!*

YOUTH CAMP FUND

Sandy Borys

GENERAL

*Wanda Long
Wayne Hancock
Thomas J Neil
Sydney Hepworth
Meera Thadani
Marion Reid*

*The hardest arithmetic to
master is that which enables
us to count our blessings.*

—Eric



Dear ET,

I am middle aged and have had my ileostomy for over 20 years. I have not made any major changes in my diet over the past few months but I have a major increase in gas. I will wake up during the night and my pouch will be like a hard balloon. Any ideas what could be causing this or what I could do about it?

Thanks,

Gassy

Dear Gassy,

Thank you for a very valuable question regarding gas. Many people with ostomies experience gas and do not feel confident enough to ask, or they believe that it is just normal. While the production and release of gas is normal, too much air in your pouch especially during the night can interfere with a restful sleep.

You indicate that you have not made major diet changes recently. I would be asking you even more questions that could relate to an increased production of gas. Are you experiencing more gas during the day? In what season are you experiencing this challenge? Many people eat differently in the summer—more garden vegetables and often less snacking as well as drinking less water to balance what is lost. Drinking more carbonated drinks in the warm summer months may impact some people's gas production. Most often extra gas for a person with an ileostomy is related to the above.

The addition or change in medications or medical changes may impact gas production.

If the major time of day that you experience increased gas is during the night, I would suggest you try a snack close to bedtime such as a piece of toast, crackers, cheese, or digestive cookies. Often for a person with an ileostomy increased gas may be related to an empty stomach. I would suggest that before you look towards medical reasons for this extra gas you review the above as well as seasonal changes.

Medical reasons for increase in gas production may include gall bladder problems, changes in hormones with age, stomach reflux, medications and other medical changes. Once you have checked reasons for gas increases such as food, seasons, carbonated beverages, etc. and you are still unsure what may be contributing to the problem, it would be helpful to see your ET nurse as well as your family physician for a checkup.

Teri Schroeder

Source: Saskatoon Ostomy Association Bulletin, November 2014

Remembering the Small Things

Lately, I have been very tired and unable to get up any ambition to do anything around the house. I had even gone to the theatre last night and found myself terribly uninterested and let down, not able to appreciate the music, the stage effects, etc. I felt I was on the verge of being depressed, not knowing why and unable to do anything about it. Today was particularly bad, so I decided that I was not going to do anything other than eat, sleep and watch TV.

Instead, I looked at a pile of back issues of newsletters from the Chilliwack & Area Ostomy Association that I had accumulated and decided to take a look at their articles. One especially caught my eye.

We all know that water is important but I've never seen it stated in such an interesting way.

“Water – Interesting Facts”.

Regina Ostomy News via the Coquitlam Connection

- 75% of Americans are chronically dehydrated (likely applies to half the world's population).
- In 37% of Americans, the thirst mechanism is so weak that it is often mistaken for hunger. Even **mild** dehydration will slow down one's metabolism as much as 3%. One glass of water shuts down midnight hunger pangs for almost 100% of the dieters studied in a U of Washington study.
- Lack of water is the #1 trigger of daytime fatigue.
- Preliminary research indicates that 8 – 10 glasses of water a day could significantly ease back and joint pain for up to 80% of sufferers.
- A mere 2% drop in body water can trigger fuzzy, short-term memory, trouble with basic math, and difficulty focusing on the computer screen or on a printed page.
- Drinking 5 glasses of water daily decreases the risk of colon cancer by 45%, plus it can slash the risk of breast cancer by 79%, and one is 50% less likely to develop bladder cancer.

I sat there awhile and thought back on my habits this summer and realized that despite being an ileostomate, despite the high humidity we'd been experiencing and the amount of outdoor time I had accumulated, I had got out of the habit of having a glass of water by my side wherever I was and whatever I was doing.

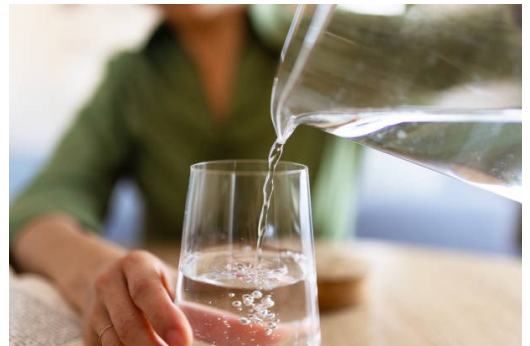
Now, drinking sufficient water has always been my #1 advice to people I have visited or talked to at meetings or elsewhere. And here I was not paying attention to the very advice that I had been spewing all over the place.

After getting up and downing several glasses of water over the duration of the day, my fatigue disappeared, the ideas started forming, my get up and go increased, I managed to dispatch many of my household chores within a matter of minutes and my doldrums disappeared.

It seems that after not getting enough water, I became fatigued, which in turn made me unhappy about not getting things accomplished or made it difficult to focus on my many activities.

Something I have learned recently is that older adults can lose the ability to know when they're thirsty. Many people, particularly older adults, don't feel thirsty until they're already dehydrated. And dehydration is a dangerous situation for all ostomates!

Thanks to the fact that I belong to an organization that has support groups run by great volunteers who put in hours to create informative newsletters and others who share their experiences I was able to turn my self around and get back on track.



In our busy lives, we need to be reminded of the small things that keep us on track. Be it reading a newsletter, attending meetings, asking questions, sharing practical hints or problem solving, our organization is there for all of us, and we're there for each other.

Now I need to get that glass of water. What about you? ☐

Nothing is more beautiful than a smile that has struggled through tears.”

- Demi Lovato

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*Wishing you all
the timeless treasures
of
Christmas...
the warmth of home,
the love of family,
and the company of
good friends*

*Claudette Dave
Mary
Donna Ross Rhona
Sandy Bonnie Randy
Fred Lorrie*

(Continued from page 6) Bowel Obstruction

common type of obstruction that is encountered by an individual with an ileostomy, particularly in a new ostomate. Fibrous foods, such as tough meat and raw vegetables must be thoroughly chewed, the only teeth in the digestive system are in the mouth. Fibrous food should be avoided initially by the new ostomate and consumed only after determined by a trial and error what foods should be avoided and how long the food should be chewed.

Obviously, indigestible items, such as pits and seeds should be avoided, because they may form the center to which particles cling, producing a large wad of material which is capable of blocking the bowel.

As with many principles of ostomy life, prevention of food obstruction is much better than treatment. In fact, the word prevention, which is the key to so many ostomy complications, should be regarded as the key to good health.

Source: Pittsburgh Ostomy Society,

**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.,
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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.

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:
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