



## INSIDE

Laugh With Brenda	1
Letters, News	3
Meat Smarts	5
Ask Your Pharmacist	6
New Patients' Corner	8
Open House	12
From the Archives	14
ET Nurses & Clinics	15

### REMAINING 2010 MEETING SCHEDULE:

**June 27**

**Guest Speaker**  
**George Woolrich**  
*(inventor of Colo-Majik Liners)*

**Sept. 19 (AGM)**

**Guest Speaker**  
**Alison McCarlie**  
*from Coloplast (re-scheduled)*

**Annual Christmas Buffet**  
**Sunday, November 28**  
**Mark your calendar now!**

**CHAPTER MEETINGS ARE HELD AT:**  
**Collingwood**  
**Neighbourhood House**  
**5288 Joyce Street**  
**Vancouver at 1:30 PM**



## Laugh with Brenda

### Barrier-Free Humor

Brenda breaks down mind barriers with laughter

*By Brenda Elsagher, Hollister SecureStart Newsletter*



If only life could be solved as easily as a stoma leak. Barriers are the hot topic in this issue, and they have always been useful in my life. I put the barrier up when I close the doors of my office so everyone at home knows I am working. Barriers are installed in our city jails to keep the nasty people away for our protection. Some barriers are meant to come down, like the Berlin Wall, the prison camps, and racism. Others are awe-inspiring, like the Great Barrier Reef in Australia.

However, some barriers are unseen, like those of fear, worry, and ignorance. The barriers that put thoughts in our heads, like "Will he ever love me with an ostomy?" "I can't play sports anymore." "Everyone will be able to tell I have an ileostomy under my clothes." "I'll never be able to go on a 3-day bike ride, walk for breast cancer, wear a bathing suit, or play with my grandchildren."

A lot of us might have felt that way before we got our life-saving surgery.

Those barriers are much more difficult to deal with than the one we put around our stoma to keep from leaking.

Living with a colostomy since 1995, I am fortunate that many people before me endured pouching systems that were less than desirable. It was only months while using the one-piece that the two-piece became popular, making it very easy to clean a pouch. Next to come along were pouches designed with filters, which work great for me. Those changes happened in a short amount of time, and the improvements never cease to amaze me.

Skin barriers have drastically improved the lives of many people living with ostomies. They secure the area around the stoma so leakage doesn't make the pouching system fail. They mold with the body and individual bodily contours. When I first got the ostomy, I used a lot of paste around my stoma. That works great for some people, but a skin

cont. page 4

## VANCOUVER CHAPTER EXECUTIVE & VOLUNTEERS

### PRESIDENT

Debra Rooney 604-683-6774

### VICE-PRESIDENT

Vacant

### SECRETARY

Joy Jones 604-926-9075

### TREASURER

Emilia Prychidko 604-874-1502

### NEWSLETTER PRODUCTION & EDITOR

Debra Rooney 604-683-6774  
email: autodraw@shaw.ca

### MEMBERSHIP COORDINATOR

Arlene McInnis  
email: amcinn@telus.net  
34 - 4055 Indian River Drive ,  
N. Vancouver BC V7G 2R7  
604-929-8208

### VISITING COORDINATOR

Debra Rooney 604- 683-6774

### VISITING COORDINATOR

#### BACKUP

Maxine Barclay 604-272-0814

### YOUTH CAMP COORDINATOR

Sandra Morris 604-921-8715

### LIBRARY, VIDEO AND DVDs

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### NOTICE OF MEETINGS/GREETERS

Cindy Hartmann 604-731-6671

Norma Primiani 604-327-5895

### CHRISTMAS PARTY COORDINATOR

Joy Jones 604-926-9075

### MEETING REFRESHMENTS

Chris Spencer

### F.O.W. COLLECTION & SHIPPING

Earl Lesk 604-327-7661

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### IMPORTANT NOTICE

*Articles and information printed in this newsletter are  
not necessarily endorsed by the United Ostomy Asso-  
ciation and may not be applicable to everybody. Please  
consult your own doctor or ET nurse for the medical  
advice that is best for you.*

## From Your President

This summer issue highlights the opening of the newly expanded clinic at Ostomy Care and Supply in New Westminster -- wow, what a difference from the old store! Spacious consultation rooms, two REAL offices, a second bathroom, and even a proper lunchroom for the staff. (I have the feeling that was the most popular addition) With greatly expanded room to stock and display ostomy products the place kind of looks like the Costco of ostomy stores now. One of the things I was also very pleased to see was a permanent custom display case for Helen Manson's archival collection of ostomy equipment. (For you newer members -- Helen was British Columbia's first ET nurse; see 'From the Archives, page 14 this issue) During her years in practice she often came across patients using home-made and sometimes bizarre solutions to ostomy management. It still boggles my mind that people actually wore things like this before alternatives came on the market. It's a startling collection, go see it if you haven't already.)



I'm off to South America in July! Machu Picu in Peru (pictured at left) and Galapagos by tour boat off Ecuador. Got all my shots well beforehand so I'm immunized against all manner of baddiwad

things -- tetanus, polio, diphtheria, hepatitis and typhoid. Maybe yellow fever, too or is that the same as typhoid? The travel clinic told me that Peru and Ecuador take these things very seriously and if you don't produce proof of immunization upon arrival you either don't get in at all or may be escorted to a back room where you are immunized on the spot. [NO THANKS!] Ostomy supplies aren't exactly readily available down there so of course I'll be taking piles of stuff. But this time, instead of returning home as I usually do with a stack of unused gear I intend to leave everything behind in the hospital in Quito on the way out of the country. Astrid Graham of FOW advised me that was probably the best route to ensure supplies would reach the patients who need them. I don't know if logistics or language will allow me to talk to any nurses or doctors at this hospital but we'll see.

Happy trails to you all, wherever you go this summer.

Debra



Crohn's and Colitis Foundation of Canada

## Heel 'n' Wheel-a-Thon

### Walk, run, in-line skate, wheelchair or cycle a distance of your choice during the month of June in support of IBD research!

The Heel 'n' Wheel-a-Thon is the Crohn's and Colitis Foundation of Canada's most energetic and fun fundraising event. Strap on your skates, hop on your bike, or lace up your walking shoes and join the thousands of Canadians in nearly 80 locations across the country who will be using their heels or wheels to raise money to find a cure for Inflammatory Bowel Disease (IBD). This year we will be hosting Heel'n'Wheel's all across BC in: Abbotsford, Surrey, Maple Ridge, Vancouver, Victoria, Nanaimo and Kamloops. For more information on the event in your area please visit [www.heelnwheelathon.ca](http://www.heelnwheelathon.ca)

To volunteer or for more details on this event please contact: [sbrown@ccfc.ca](mailto:sbrown@ccfc.ca)

### EVEREST AT LAST

*Courier, Friday June 11, 2010*

Rob Hill said he would eventually do it. And he did.

The 39-year old climber reached the peak of Mount Everest in late May after an attempt in April 2008 was cut short because of his medical condition. Hill, a former East Side resident who recently moved to Nanaimo, has Crohn's disease and requires the use of an ostomy. He told the Courier in 2008 he suffered a Crohn's flare-up but was determined some day to reach the world's highest peak. Hill, along with John Furneaux and Darrell Ainscough, took about 12 days to climb from

base camp to the summit and return to base camp. The trio's final push to the top took roughly 15 hours. They stayed at the summit for 20 minutes on what was a clear morning. Hill described the view as 'incredible'. Reaching Everest capped off an eight-year journey for Hill to climb the highest peak on each of the seven continents. He did it all to increase public knowledge of inflammatory bowel disease. "It's amazing how many people are out there dealing with these types of diseases silently. That's why I'm out there trying to make it mainstream." What's next? Hill is considering the north and south poles!!

### PRESENTATION AT DOUGLAS COLLEGE MAY 4

Lindsay Henderson and I had the pleasure of speaking to two classes of second year nursing students at Douglas College earlier this May. Presentations of this sort provide nursing students with insight into the experiences of the patients they will meet in their careers. Both classes asked probing questions, and two of the students asked to attend a patient visit at VGH the following week. The Vancouver UOA wishes to thank the Douglas College Nursing instructors for giving us this opportunity to meet and educate their students.



Deb Rooney, Instructor Esther Aneke and Lindsay Henderson



Could there be a future ET nurse in here? Second year nursing students, Douglas College

### DONATIONS AND BEQUESTS

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## MOVING !?

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cont. from page 1

barrier is an even better choice. Skin barriers are easy to work with, are less messy, and less taxing on the skin. When I was first getting used to my colostomy, I had the worst issues with skin breakdown. I couldn't get a good seal. I was trying every pouch I could get my hands on, along with paste, glue, tape, and prayers. I write about it in my first book, *If the Battle is Over, Why am I Still in Uniform?* In the beginning, when my skin was so compromised, my pouch would slide off, and I had to resecure it several times a day. I thought I would never get to leave the house again and probably die early. I couldn't think about life goals, and barely could think about my children. My life revolved around getting that pouch to stay on. Over time, I was able to find ways to make it work.

Your likelihood of finding something that works for you is much greater these days thanks to the various skin barrier choices. But first get over your barriers of negative thinking. Seek help if you need it, try something new and ask your local WOC Nurse (IOAA support group ([IOAA.org](http://IOAA.org)) or online communities like [www.C3life.com](http://www.C3life.com) for help. Other people living with ostomies are some of your best resources.



Brenda thinks some barriers would come in handy, like on the refrigerator

Now that I'm thinking about it, there are some barriers I think would come in handy, like a padlock that secures the refrigerator when my daily calorie intake is complete; invisible tape for my mouth (my husband would love that); or a force field that wards off bacteria, bullets, insults, or tax auditors. Don't let your mind put up barriers, try something new...and don't forget to lighten up in the process — you will get through this tough time.

Brenda Elsagher is a comic, national keynote speaker, and author of three books: *If the Battle is Over, Why am I Still in Uniform?*; *I'd Like to Buy a Bowel Please!*; and recently released, *Bedpan Banter*. Her books can be ordered online at [www.livingandlaughing.com](http://www.livingandlaughing.com) or by phone at 1.952.882.9882. Brenda also writes a blog on [www.C3life.com](http://www.C3life.com). Check it out!

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Chapter President

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Vancouver, BC V6Z 1X3

# Meat Smarts

## Will that be rare, medium or well done??

### Is Raw Ground Beef OK if It's Turning Brown?

*Question: I purchased some ground beef yesterday and it was a bright red color. When I opened the package today, the center was more brownish-gray. It's been refrigerated the whole time. Is it still safe?*

**Answer:** Your ground beef is probably fine. As the U.S. Department of Agriculture points out, it's common for the inside portion of packaged ground beef to become more brown or gray in color, even while the outside remains red. But that does not mean the meat has spoiled, adds the USDA. The color difference you're noticing is usually caused by the lack of oxygen penetrating below the surface layer of the meat. When ground beef goes truly bad, on the other hand, other signs of spoilage are normally present, including an off odor, a sticky or tacky feel, or a slimy appearance.

As detailed here, raw ground beef can be safely refrigerated for one to two days. For longer-term storage, you should freeze ground beef no later than two days after purchasing it

### Is it Safe to Refreeze Thawed Meat ?

*Question: I thawed some frozen steaks for dinner tonight, but now I've had a change in plans and don't have time to BBQ them. Is it okay if I refreeze them?*

**Answer:** It's fine to refreeze the steaks — as long as you thawed them in the refrigerator.

If that was the case, you can put them right back into the freezer. When you eventually thaw the steaks a second time, you may notice a decrease in quality, but they'll certainly be safe to eat, according to the United States Department of Agriculture.

If, on the other hand, you thawed the steaks in the microwave or in cold water, the USDA advises that you should cook them immediately before freezing. That's because with either method, the steaks could have at least temporarily warmed up to a temperature higher than 40°F. At that point, harmful bacteria can begin to multiply and only further cooking will destroy it; simply refreezing the steaks won't do the trick.

Finally, if you thawed the steaks on the counter or in hot water, you shouldn't eat them at all. The USDA cautions that it's dangerous to eat any meat or poultry that's been thawed under those two methods, as the outer layer of the food would have been allowed to sit between the bacteria-breeding temperatures of 40° F and 140° F for far

too long to be safe.

### Is it Safe to Eat a Burger That's Still Pink Inside?

*Question: I recently attended a barbeque at a friend's house. The hamburgers he served were still pink on the inside. I don't believe anyone got ill, but could that really be safe?*

**Answer:** Yes, a cooked burger that's pink on the inside can be safe to eat — but only if the meat's internal temperature has reached 160°F throughout.

As the U.S. Department of Agriculture points out, it's not at all unusual for hamburgers to remain pink inside after they've been safely cooked.

The only way to accurately determine whether ground beef has reached a safe internal temperature is to use a meat thermometer. If you're served a pink burger, you should always check first to see if it's reached that 160°F mark, advises the USDA.

Of course, when you're a guest at someone else's home, that can be a tricky maneuver to pull off. If you know your host doesn't use a meat thermometer when grilling, you should request your burger "well done." If you still get a pink burger after that, you might want to stick to the hot dogs.

### What About Chicken? Can I Serve BBQ chicken pink in the middle?

**Answer:** NO. There is no 'rare' or 'medium' with cooked chicken, be it in the oven, on top of the stove or BBQ. Chicken is one of the most frequent carriers of food poisoning bacteria such as salmonella and campylobacter. Play it safe -- cook your chicken thoroughly, all the way through. If raw chicken has been marinated, discard the marinade, never re-use for another dish.

**ALWAYS . . . wash your hands before and after handling any meat and WASH YOUR CUTTING BOARDS WITH VERY HOT, SOAPY WATER!!**



## ASK YOUR PHARMACIST - By Shabita Teja

Chapter member Shabita Teja was first diagnosed with ulcerative colitis in 2002, and had ileostomy surgery in 2004 which was converted to a J-pouch in 2006. She completed her pharmacy degree at UBC in 2008, and is currently working on a four-year doctoral degree program in naturopathic medicine. For more information on bridging the gap between conventional and alternative medicine, check out Shabita and her husband's website [takingmylifeback.ca](http://takingmylifeback.ca)



**Q: Dear Wellness Pharmacist: As the summer months approach, I'm wondering what I can do to limit my risk of getting dehydrated? I find that as an ostomate, I tend to get very tired very quickly in the heat. Do you have any suggestions as to what I should do?**

**A:** Summer time is a time for spending increasing hours outside in the sun, being involved in outdoor physical activity, and where your thoughts turn to gardening, picnics, barbecues, swimming and general outdoor fun!

Although the summer months are here, there is something that we ostomates have to remember – staying hydrated. Hydration is very important for ostomates much more than the average person because part of our intestine has been removed and thus our intestinal function is compromised. For the average person, about 2.5 litres of fluid are lost each day from the body via the lungs, skin, kidneys and the intestines. About 100mLs of the 2.5 litres comes from the intestines; but for ostomates, this can be far greater depending on the consistency and quantity of our output.

The first step to preventing dehydration is recognizing the risk factors and signs of it. Some risks of dehydration include being out in the full sun for an extended period of time, exerting yourself with high amounts of physical activity, high humidity, lack of air conditioning or ventilation, lack of fluid intake, and use of heavy clothing or equipment in the heat.

Early signs of dehydration include dark and odorous urine, profuse sweating and difficulty concentrating. These can progress to serious signs of dehydration including trembling, vomiting, headache, rapid breathing, pale, hot and/or dry skin, confusion, lack of appetite and dizziness. Remember if you have these symptoms and they are severe or last longer than 48 hours, call your doctor or head to the nearest emergency department immediately. There is little to compete with IV fluids as treatment when you have reached a stage of severe dehydration.

So how do we ensure that we can have a fun summer without any cases of dehydration? Here are some tips:

- Fluids, fluids, fluids! Drink fluids (about 500mL to 1L) before exercise or any type of activity and replenish with about 250mL for every 20 minutes during the activity. Don't rely on thirst as an indicator to drink as thirst can already be a sign that you are on your way to dehydration. During the summer months aim for ten glasses of

water daily and choose water, and sports drinks rich with electrolytes rather than alcohol and caffeinated beverages as these can cause increased water loss from your body.

- A useful recipe for your own sports drink is: Mix 8 ounces of water with 1 tsp lemon juice, ¼ tsp salt and 4 tsp sugar. In addition, if you want an “added twist” to your usual water consumption, drink lime water, light, unsweetened fruits juices and consume water rich fruits like watermelon and cucumber.
- As with any condition, diet always plays a big role. Choose foods that are high in potassium to restore the body's essential stores that may be depleted during dehydration. Such foods include bananas, mangoes, citrus fruits, and even lentils. Small, frequent meals of energy rich and high protein foods can be helpful as well. Prolonged diarrhea may also lead to dehydration. To reduce diarrhea, limit your dietary intake of fiber and eat white rice, applesauce, bananas, peanut butter and pasta to help bulk up the contents of your output. In the case of mild dehydration, it is best to avoid fried and spicy foods
- Lifestyle changes during the summer months can be helpful to minimize your risk of dehydration. Opt for outdoor places with lots of shade so that you are not in the direct path of the sun. If you do find yourself out in the direct sun, try to take as many breaks as possible in the shade or even in an air conditioned environment. Avoid heavy outdoor activities during peak sun hours; usually between 10am to 3pm. Wear loose clothing especially around your neck, wrist and ankles. Wearing light colored, light weight clothing with natural fibers such as cotton are a good choice.
- Other helpful hints for enjoying your summer include using waterproof tape for extra security around your pouch during activities of swimming and water sports. Change your pouch more frequently as you don't necessarily get the same wear time in the summer as you do in the other months. Your barrier can melt out faster. Fungal infections can be a common summer problem. If you experience a raised, itchy red rash on the skin around your stomach, contact your ET nurse or physician for a suitable anti fungal powder.

**Do you have a question for Shabita? Send in your questions to [shabita@takingmylifeback.ca](mailto:shabita@takingmylifeback.ca)**

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## NEW PATIENTS' CORNER



### MANAGING THE FLUSH

**OR RETRACTED STOMA** - Gloria Johnson, WOCN)  
*Silicon Valley Ostomy Support Group; London Ostomy Spring Newsletter*

The ideal stoma is one that protrudes above the skin, but this is not always possible. The surgeon may have been unable to mobilize the bowel and mesentery (membrane that attaches organs to the abdominal wall) adequately or to strip the mesentery enough without causing necrosis or death to the stoma. Some causes of stoma retraction after surgery may be weight gain, infection, malnutrition, steroids or scar tissue formation.

Stomas that are flush or retracted can lead to undermining of the pouch by waste. This continued exposure can lead to irritated and denuded skin, as well as frequent pouch changes. These problems can be very stressful and expensive.

Inability to maintain a good pouch seal is the most common indication for a product with convexity.

#### Types of Convexity:

- Shallow – For minor skin irritations and occasional leakage.
- Medium – Stoma in deep folds; severe undermining and frequent leakage.
- Deep – Used when medium convexity is not sufficient, stoma is retracted or in deep folds, or leakage is very frequent and skin is denuded.



A convex skin barrier (shown from the side that sticks to your skin)

#### Ways to Achieve Convexity:

**Convex inserts:** Inserts can be applied to a two-piece system by snapping an insert into the ring of the flange. The outer diameter must match the flange size. This can be cost-effective as this insert can be cleaned and reused.



Sample of convex insert

#### Pouches Designed with Convexity:

These are available in both one and two-piece systems. They can be shallow, medium, or deep. They come as either pre-cut, cut or cut to fit.



Convex one-piece

**Seals/Paste:** Ostomy paste such as that which comes in tubes can be applied around the wafer opening to fill up gaps. Seals can be applied around the stoma to create a 'turtle-neck' layer that acts as a protective barrier. Seals can be molded by hand into whatever shape or thickness works best for the individual.

#### Other Ways to Increase Wear Time and Prevent Leakage:

- An ostomy belt may be helpful.
- More frequent emptying (keeps contents from pulling on the barrier)



An Eakin seal

### SKIN SEALANT -- DO YOU ALWAYS NEED IT?

You should try applying your pouch without this product a few times to see if you really need it. Some people get excellent wear time without using sealant. Others may find it improves skin health and pouch adhesion. Skin sealants such as Skin-Prep by Smith & Nephew, Skin Gel Wipes by Hollister, Allkare by ConvaTec and Bard Skin-care Protective Film are available in different forms, such as small wipes, sprays or applicator bottles.

These products contain a plastering agent as their main ingredient and are used to provide a thin protective film on the skin surface. This film helps prevent injury to the surface layer of the skin during appliance removal. It also acts as a moisture barrier. For people with dry skin, the film actually improves appliance adhesion.

Skin sealants also contain variable amounts of isopropyl alcohol. Because of the alcohol content of the sealant, burning and stinging often occur when the sealant is applied to damaged skin. Therefore, skin barrier pow-

der should be used rather than a skin sealant on irritated skin. It is also important to know that skin sealants may not be recommended for use under certain skin barriers. The protective agents may reduce the adherence of the barrier.

Source: *The Right Connection & Southern; Nevada's Town Karaya; Winnipeg OA; Metro Halifax News, September, 2006.*

## How Do You Decide What Brand to Wear?

You'll be discharged from hospital wearing what your nurse has chosen for you. This will be either a one or two-piece, and most likely one of the three main brands on the North American market: ConvaTec, Coloplast or Hollister. What brand a hospital discharges you with will vary depending on your immediate post-op needs or what your nurse feels is the best fit for you at that time. (In some cases, hospitals tend to use certain brands because they have a contract with that particular company) But once you are home and healed up you may want to try other brands or systems. If you are curious about other models, or aren't happy with what you are wearing, take action! You owe it to yourself to ask questions, seek information, find what are the best products for you! What should you base your decision on? Consider the following:

### Wear Time

Whatever you buy, it should contain your output without breaking down too quickly -- high volume ostomies can break down standard pectin-based barriers faster than synthetic extended-wear barriers. How many additional products are needed to achieve a desired wear time and maintain hygiene and confidence? Lifestyle, climate, skin type, stoma shape and nature of output can influence wear time.

### Cost

Consider a product's wear time as it relates to its costs. Calculate your ostomy supply costs on a yearly total cost basis rather than a cost per change basis. You may find that a cheaper type of pouch that must be changed often or even daily costs more in the long run than the more expensive model you can wear for several days.

### Ease of Use

Is your appliance of choice easy to apply correctly, is the closure dependable, is it easy to empty?

### Aesthetics

Once the critical factors of wear time, ease of use

and cost have been addressed, aesthetics come into play. We all have little likes and dislikes about what we wear be it shirts, shoes or an ostomy bag! The look, feel, and yes, even the smell of the pouching system you choose can have an effect on how comfortable you are and how quickly you adjust. You may prefer a bag that blends in more with your skin tone (beige rather than white) or has fabric covering, or is opaque rather than clear. If you are hyper-sensitive to odor, some pouches may have a scent only you can detect. Last and probably most aesthetically important, how visible is your appliance under clothing or bathing suits? Remember, you don't have to stay with the same appliance you wore leaving hospital!

### Where to Start??

To learn about or try different brands or models, contact the manufacturers -- they are keen to have you try their products and will send free samples. Ask for product catalogues, read the promotional literature. Talk to your ET nurse, learn who your area sales reps are, attend open houses and education days when they are advertised. And talk to other ostomates!

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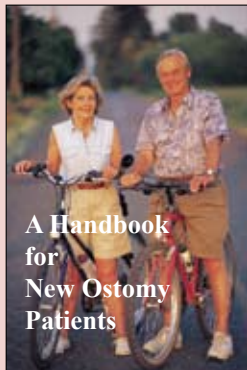
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### Nurses & Caregivers !

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### TIPS FROM THE 70's (from HighLife Hints, April 1974)

Those who find paper tape (Micropore) occasionally irritating may be helped if they rub a small amount of calamine lotion directly over the tape. Rub it through the microscopic 'pores' into the tape, until the tape feels almost dry. This should not loosen the tape, and will soothe itchy skin underneath.



### CIRCA 1973

The best time to change a urostomy appliance is early in the morning before drinking any fluid in order to prevent urine from getting on the skin. A piece of tissue around the stoma will absorb droplets. Do not drink for about two hours before changing. Before changing, stand up tall and then bend over and touch your toes. This will empty out the conduit and prevent dribbling long enough to change quickly.  
(from HighLife Hints, February 1973)



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**A**pplesauce is commonly suggested as a remedy to slow down or thicken stool. Tired of eating that stuff? Try Rice Krispies. Eating Rice Krispies dry or with a minimum of milk can sometimes settle down overactive output.



**Hints & Tips Circa 1975**  
(HighLife, March 1975)

"If you use cement, spread it thinly. To illustrate, if you were to spread it on a newspaper you should still be able to read the print."

**VISITOR REPORT**

Wow, our windows of in-hospital visiting opportunity seem to be getting shorter and shorter! My apologies to my visitors for asking you to go in on sometimes *very* little notice and a HUGE thank you to those who rearranged their schedules to help new patients. Although we cannot always get someone into a hospital in person, we can always make sure patients are phoned at home and receive support that way when they are discharged. So another thank you to my visitors who follow up on the phone. Requests for this reporting period came from Lion's Gate, VGH, St. Paul's, Richmond General and from independent calls. Many thanks to my excellent crew this round: Merv Wright, Allison Leadley, Ron Dowson, Shabita Teja, Betty Taylor and Elaine Dawn.

Colostomy	4
Ileostomy	3
Urostomy	1
Pre-op	1
TOTAL	9

# Open House at New West Ostomy Care & Supply

Year after year, Ray Gaucher, the building owner and pharmacist, and I would often joke about how the Ostomy Care Centre was growing so large that one day we would take over the pharmacy. Over time, more and more floor space was being taken over for ostomy supplies.

In the building next to the Ostomy Care and Supply Centre was a dental office. So when the dentist moved out of his office space, I discussed with Ray how the Ostomy Centre could take over the dental office and he could have his pharmacy space back. He agreed and I took over the dental office space.

Late in 2009 and for the next six months, we renovated and updated the old dental office. We expanded from one small private physical examination room in our old space to three new large and bright private physical examination rooms in the new space. We constructed an office for the ET nurses, a sample

supply room, a support stocking room, a business office for the accountant, and a lunch room for the staff. We kept our old private physical examination room, which is wheelchair accessible. Consequently, with more office space, we are able to expand our services, increase our supplies, and now specialize in support compression stockings.

Not only did we expand our floor print, we increased the number of ET nurses. There are now 5 ET nurses working Monday to Saturday to provide our clients with ostomy and continence care.

So to celebrate the new Ostomy Care and Supply Centre, we held an Open House on May 15, 2010 for all our clients, friends and family.

Thank you to those who attended our Open House and celebrated with us. To those who could not visit us, please come in any time to visit and check out your new Ostomy Care and Supply Centre!

Looking forward to seeing you!  
*Andrea (Andy) Manson, RN, BScN. ET. NCA*



Head hot dog chef Terry Manson



Helen Manson checks out the historical collection of ostomy gear she assembled during her years as an ET nurse



Deb Rooney and Donna Savage: how can the UOA help you??



Andy serves up a dog to Martha Nihls



Chapter members Myrna Granberg, Don and Cherlene Schick



Helen Manson, Ray Gaucher, and Andy Manson celebrate a job well done



Your editor hanging out with ET nurses Muriel Larson, Lisa Hegler and Laurie Cox



One of the new examination rooms



Room to move -- expanded offices and inventory!



Helen Manson's archival collection now has a permanent home

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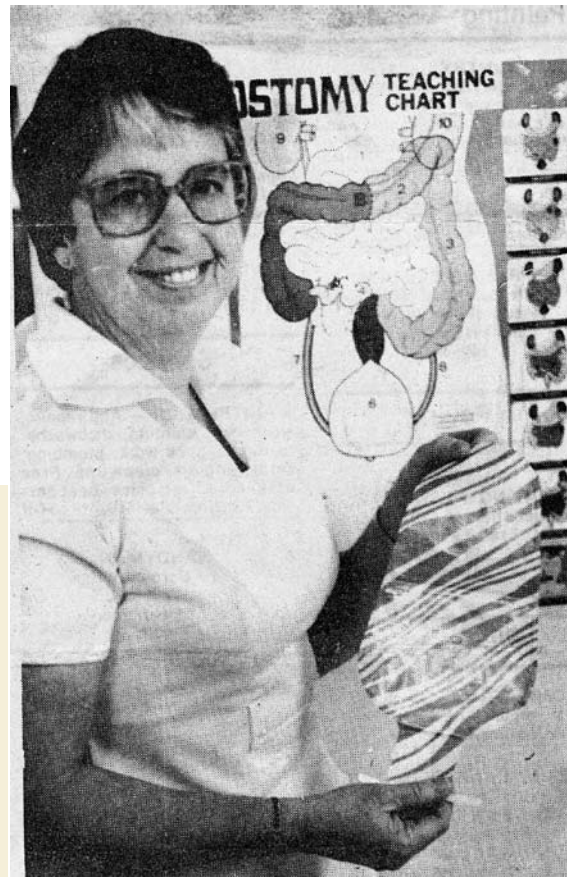
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# From the Archives . . .

The Surrey Chapter of the United Ostomy Association began in the spring of 1978 when Helen Manson, RNET, then the Enterostomal Therapist at Surrey Memorial Hospital, had many requests to start a chapter in Surrey, BC. Helen undertook to get the word out and after much effort on her part — correspondence, publicity, informing the media and lot of leg work — the Surrey Chapter was formed. Below is the original article that started things rolling in the January 4, 1978 Surrey Leader. Less than four months later, tremendous public response to the publicity about a Stoma Rehabilitation Centre at Surrey Memorial led to the decision to establish a Surrey Chapter of the UOA. The Surrey chapter provided support and information to the ostomy community for many years, before finally disbanding in the late 1990's.



Helen Manson, 1978. Catch the post-psychadelic appliance cover!!

## Openness Needed for Ostomates

by DAN PROPP Surrey Leader January 4, 1978

Mrs. Helen Manson, R. N. and enterostomal therapist is one of 1,000,000 ostomates in Canada.

Ostomates have had their colons to some extent removed or their bladders removed surgically. Their normal body waste are expelled through a new surgical opening (stoma) on the abdominal wall.

Bathroom functions are altered somewhat, and due to the delicacy of the subject, ignorance has prevailed along with many of the usual taboos and emotional hangups.

Mrs. Manson explains that with the appliances and procedures available today an ostomate can live a perfectly normal life.

"I don't consider it any more of a handicap than someone who wears glasses is handicapped," she explains. "I've been an ostomate for more than eleven years."

The only handicap that exists, explains Mrs. Manson, is that many ostomates simply do not know what appliances to use nor what procedures to follow. The end results are individuals who withdraw from their families. Sexual problems develop because of accidents that may occur.

Some ostomates have been known to commit suicide -- and many more to feel suicidal -- because of the 'shame' society has inflicted on their condition.

Others tried to devise appliances of their own, using light sockets, plastic bags, and other ingenious devices,

many of which Mrs. Manson has on display in her office. these were to be solutions to odor and frequency problems -- a last ditch attempt to thwart off the now long obsolete procedure of using dressings to absorb wastes.

"You have no idea", explains Mrs. Manson, "how many persons simply because they don't know what to use have not had a normal night's sleep for the last ten or twenty years."

The psychological problems take their toll — always having to know where the bathroom is and estimating how long it would take to make it in time.

However, with properly fitted appliances available today that are odorless, do not show or leak and are emptied at normal bathroom times there simply are no more problems.

Humor is also very important, she explains. "I always say an ostomy should not be viewed as the end of living, it's simply living with a new end."

Some of the appliances, which resemble pouches, come in different attractive patterns. Some patients have been known to put on their own appropriate designs.

There are approximately 9,000 new ostomates in Canada per year.

### CANCER PATIENTS

Open information for the general public is extremely important. Mrs. Manson suggest that there are cancer patients who simply will not allow possible life-saving surgery because of the unfounded fear of losing the dignity of normal body

functions. For these people alone the issue should be out in the open.

She mentions that at a cancer forum recently attended, members of the medical profession spoke about the importance of women examining their breasts regularly. At the end of the forum she said to one of the doctors, "Well, isn't it nice that men never have cancer."

"What do you mean?" was his reply.

The forum failed to mention that men should examine their genitals and other areas because of the 'delicacy' of the subject.

It appears that 'delicacy' may at times be injurious, both physically and emotionally.

At present the enterostomal therapist unit at Surrey Memorial Hospital does not have the facilities for an out-patient service. But this hopefully will come, says Mrs. Manson. It all depends on public response.

Today there are only 50 enterostomal therapists in Canada. Mrs. Manson is the only one in the Lower Fraser Valley. Her prime responsibility currently is to look after patients at the hospital. Anyone wishing further information can contact the Vancouver Chapter, United Ostomy Association of BC, Box 3938, Vancouver BC.

# 10 Tips for Mental Health

1. **Build confidence.** Identify your abilities and weaknesses together, accept them, build on them and do the best with what you have.
2. **Eat right, keep fit.** A balanced diet, exercise and rest can help you to reduce stress and enjoy life.
3. **Make time for family and friends.** These relationships need to be nurtured; if taken for granted they will not be there to share life's joys and sorrows.
4. **Give and accept support.** Friends and family relationships thrive when they are "put to the test."
5. **Volunteer.** Being involved in the community gives a sense of purpose and satisfaction that paid work cannot.
6. **Manage stress.** We all have stressors in our lives but learning how to deal with them when they threaten to overwhelm us will maintain our mental health.
7. **Create a meaningful budget.** Financial problems cause stress. Over-spending on our "wants" instead "needs" is often the culprit.
8. **Find strength in numbers.** Sharing a problem with others who have had similar experiences may help you find a solution and will make you feel less isolated.
9. **Identify and deal with moods.** We all need to find safe and constructive ways to express our feelings of anger, sadness, joy and fear.
10. **Learn to be at peace with yourself.** Get to know who you are, what makes you really happy, and learn to balance what you can and cannot change about yourself.

*From: Canadian Mental Health Association – National Office.*

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 Lisa Hegler, RN, ET  
 Christina Kerekes (1 day per week)

### SURREY

Elke Bauer, RN. ET

### Surrey Memorial Hospital

Tel (604) 588-3328

### LANGLEY

Katie Jensen, RN. BSN. ET  
 Ostomy Outpatient Clinic

### Langley Memorial Hospital

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I am enclosing my annual membership dues of \$30.00, which I understand is effective from the date application is received. I wish to make an additional contribution of \$ \_\_\_\_\_, to support the programs and activities of the United Ostomy Association of Canada. Vancouver Chapter members receive the Vancouver Ostomy Highlife newsletter, become members of the UOA Canada, Inc. and receive the Ostomy Canada magazine.

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