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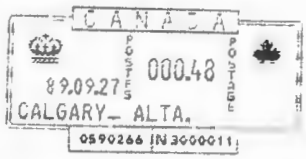
NEWSLETTER PRINTED COURTESY OF
CANADIAN CANCER SOCIETY
(Alberta Division)

Calgary Ostomy Society

C/O Canadian Cancer Society
#408, 1305 - 11 Avenue S.W.
Calgary, Alberta
T3C 3P6



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Please note the new address for our meetings:

#408, 1305 - 11th Avenue S.W.

There's plenty of parking available in the surrounding area. Retain the following map for your records:

The October meeting is Tuesday, October 10, 1989 at 7:30 pm. Please don't be late as the main door is only open until 7:45.

The October Meeting will have Clare Procyshen in attendance to discuss new products. There will also be slides from the Miami conference and short presentations by the attendees. Please plan on attending.

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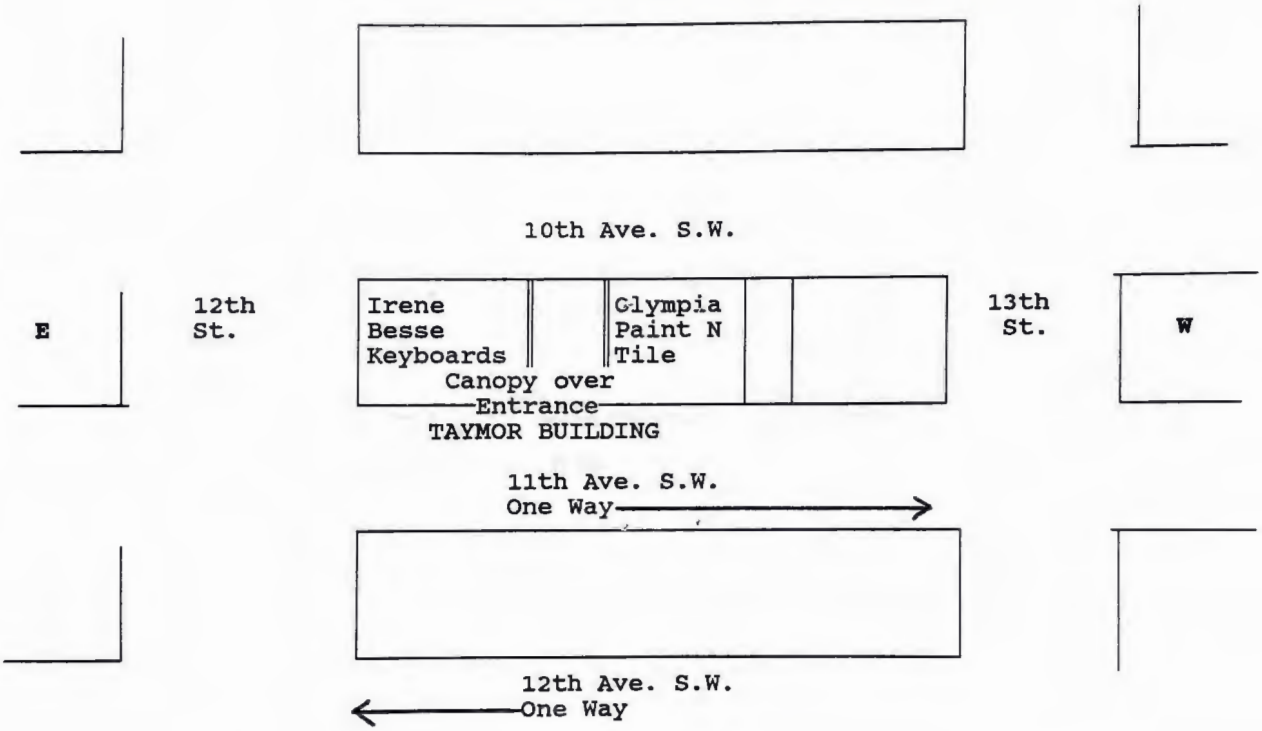
NEW MEETING LOCATION FOR CALGARY OSTOMY SOCIETY
#408 1305 - 11TH AVENUE S.W.



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Parking is permitted in Parkade except for stalls marked Irene Besse and Olympia Paint. Lots of metered parking on 11th Avenue with no charge after 6 P.M.

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SOME SIGNS OF GETTING OLD:

Everything hurts and what doesn't hurt doesn't work.
You feel like the morning after when you haven't been anywhere.
You get winded playing chess.
Your children begin to look middle-aged.
You know all the answers but nobody asks you the questions.
You look forward to a dull evening.
You turn out the lights for economic rather than romantic reasons.

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Happiness is often the result of being too busy to be miserable.

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Take at least double your usual amount of ostomy supplies on a trip. Different food and weather conditions may necessitate extra change. Include extra supplies for skin problems.

Our September meeting was well attended and our discussion proved extremely informative and educational.

Some of the items from the meeting were:

Lactate added to milk helps with gaseous problems. Another solution to this problem was Coors Lite American, however please remember everyone's situation is different and what works for one person might not work for you.

Some people make mufflers out of various tape materials and insert inside of pouch at opening to control noise.

For your information there are an estimated 34,700 ostomates in Canada.

Control top panty hose under a bathing suit helps to hold appliance in.

Hernias - no heavy lifting for 3 months after operation and ladies don't lift wet baskets of clothes.

Some blockage alleviators for Ileostomates are hot water, tea/coffee, beer and prune juice.

For colostomates try lots of fluids or metamucel.

We would like to extend our thanks to the members of the forum Al Speechley, Gord Jeffries, Giselle Sykes, Karen De Scossa, Tim Pinkerton and Al Vogt for their comments and cooperation.

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EARLY WARNING!!!

Make a note on your calendar for

THE XMAS PARTY

Friday, December 8, 1989

Further details in the next newsletter.

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Not Everyone Knows. . .

By Sharon Williams, R.N., E.T., N.J. Ostomy Assc., via Metro Maryland

The experience of having a new ostomy can be quite frightening if one does not understand what is normal in stoma appearance and ostomy function and what is not normal. Although each ostomate is uniquely individual, there are some basic generalizations which can be sited in the postoperative period.

For example, the normal, healthy stoma is bright red in appearance, resilient to the touch and may bleed slightly if rubbed when the persitomal skin is being cleansed. A marked change in stoma mucosa color or appearance should be reported to the physician or enterostomal therapist. Also, bleeding from inside the stoma, (whether urinary or fecal) should signal a call to the physician for further test.

It is normal for an individual with an ilealconduit or sigmoid conduit urinary diversion to have some mucus in the urine. Drinking sufficient amounts of water (8-10 glasses per day minimum) will help to keep the urine and mucus diluted.

It is normal for the skin surrounding the ostomy to be in the same condition as the skin on the other portions of the abdomen. Redness, rashes, urine crystal buildup, etc. are not normal and should be reported to the enterostomal therapist or physician.

In individuals with colostomies and ileostomies who still have a rectum intact, it is normal to expel some mucus through the rectum. The mucus membrane lining the rectum will continue to produce mucus, even though an individual is "re-routed". It is normal for the stoma to change slightly in shape and size due to peristalsis (contractile motion of the bowel which propels contents through the intestinal tract). However, marked swelling, prolapse, or shrinking in size of the stoma should be checked by a professional. It is normal for some colostomates and ileostomates to feel as though they still need to have a bowel movement (phantom rectal sensations) even though the rectum has been removed. The sympathetic nerves responsible for rectal control are not interrupted during surgery, and therefore the sensations are still present. Knowledge of this fact may alleviate anxiety.

In summary, get to know your stoma and what is normal for you. Only by recognizing the norm can one know when and if a problem develops. ■

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Q. *Concerning sexual activities, I would like to know how one avoids interference with the pouch and gas during intimate times?*

A. To reduce chances of interference with the pouch during sexual activity, you should first make sure it is empty. You may try wearing a support binder around your torso to hold the pouch against your body and keep it from moving around. If you are using the Sur-Fit® two-piece system, you should consider using a smaller pouch during these intimate moments. For instance, if you are regularly using the Sur-Fit® 12" drainable pouch, you could try snapping that off and replacing it with the Sur-Fit® closed-end pouch, or the mini-pouch. Naturally, the smaller pouch and the binder should be removed before retiring for the night. You will be the best judge as to which pouch to use.

My only suggestion for controlling gas would be to limit or avoid gas-producing foods. Review your present diet to find out if you are eating or drinking things that are gas producers. Highly spiced foods, carbonated beverages, and vegetables belonging to the cabbage family may cause gas.

CHANGE OF DATE

The Ostomy Visitor's Workshop for new ostomy visitors will be held **Saturday, October 21** - not October 14 as previously announced.

It will be held in the Grey Nun's Building at the Holy Cross Hospital in Conference Room I from 9:30 am - 3:30 pm.

9:30 am - 10 am	REGISTRATION and Coffee
10 am - 11 am	Dr. J. Langevin speaking on: **The Different Kinds of Ostomy Surgery and Ileo - anal Anastomosis Surgery**
11 am - Noon	Heather Orsted E.T. and Georgie Chapman E.T. speaking on: **The Care and Management of Ostomies and J pouches**
12 noon - 1 pm	LUNCH in the Cafeteria of the Holy Cross
1 pm - 3 pm	**The Art of Visiting** -Noreen Hargrave and Gisele Sykes
3 pm - 3:30 pm	Private interviews with prospective new visitors.

PARKING: In any of the parking lots at the Holy Cross - $2.00 for the day.

OR on the street - No charge for meters on Saturday.

Any experienced visitors who were unable to come to the August 31 Visitors Update are welcome to attend any part of this workshop. Please phone Noreen at 288-3325 or Gisele at 243-1560 if you plan to attend.

Urinary Ostomies

Katherine Jeter, E.T., Ed.D., via Metro Maryland

The urinary ostomy is formed by borrowing four inches from the intestine (Ileum), attaching the two ureters to that segment and bringing the end out of the abdominal wall to form a stoma. The urinary ostomy does NOT become a bladder. If urine is stored, troubles can happen. Why is it performed ? Because of a life-threatening situation, a birth defect and, of course, an injury. The male child is not sexually impaired. The older male **could** be affected.

With urinary ostomy, areas of concern are: the primary disease of defect; long-term prognosis after operation; fear of the operation; fear of post-operative pain; fear of inability to manage an appliance; fear of family rejection; sexuality; fear of inability to retain employment; and concern for social adjustment.

In choosing an appliance, we have definite criteria—one that is properly fitted around the stoma. No skin must be exposed to the effects of urine. If the urine is acid, the skin will be burned. If it is alkaline, i.e., very strong and foul smelling, a very warty looking surface will appear. This is painful, and it does create problems.

The urinary ostomate should clean all old cement off an appliance before applying a new coat. Layers of old cement provide a trap for bacteria and odor. For the ostomate particularly, cleanliness IS next to Godliness... Bacteria can travel up, thereby causing a kidney infection and also promote odor.

What goes wrong with urinary ostomates that does not go wrong with the ileostomate? "White stuff" crustations around the stoma. They not only hurt, but can squeeze the stoma. This is caused by alkaline urine. Talk with your own doctor, who may decide to prescribe medication to make the urine more acid. A smaller sized opening in the appliance may be called for. Allowing the appliance to soak for 30 minutes in vinegar will kill all of the common bacteria found in urine. UriKleen smells a lot better than vinegar, so if you don't want to smell like a salad bowl, you can use it to soak the appliance. UriKleen is a disinfectant. It helps dispel odor and disolves crustation. ■

Constipation And The Ostomate

By: Gail Kreger, B.S.R.N.E.T. Somerset Community Hospital – Johnstown, via Metro Maryland

Most often constipation is due to improper diet, lack of exercise and low fluid intake. It is easily remedied by selecting the proper foods, getting regular exercise and including an adequate amount of fluids in your diet. Other potential and more serious complications such as constrictions or hernia of the stoma and/or surrounding tissue or twisting of the bowel due to adhesions from previous surgery. Medications can also play a role. Pain killers with codeine and iron are examples.

Symptoms that indicate a need for medical attention are (1) distention or puffiness of the abdomen; (2) abdominal pain and/or cramping; (3) no passage of air or stool through the stoma for 2 or 3 days; (4) nausea and/or vomiting; (5) inability to eat; (6) changes in stoma (sudden enlargement or constriction), abnormal bleeding, discoloration (usually dark red instead of light pink) or discomfort. Check with your Enterostomal Therapist (ET Nurse) or Doctor (M.D.) if you experience any of these symptoms.

Some preventative measures you take at home are: (1) establish a daily exercise routine; (2) have a fluid intake of approximately 6-8 glasses each day (preferably water); (3) dietary measures (chew food slowly and well). Foods that have a tendency to constipate such as corn, nuts, coconut, popcorn, should be avoided. These foods can especially cause blockage in a person with an ileostomy. ■

"What's trying to touch my toes got to do with an inflamed throat?"

One of the outcomes of the Ostomy Conference held this summer in Miami was that our delegates returned home with enthusiam and new energy and ideas. One of these ideas was to enlarge the circle of public knowledge and understanding about ostomy surgery and people who have undergone this surgery. The following ideas are being investigated to get started on raising the level of public awareness.

SUGGESTIONS FOR COMBINED PUBLICITY / EDUCATION PROGRAM for CALGARY OSTOMY SOCIETY through ROGERS CABLE TV
BRIAN'S DESK PH. 261-Ø9Ø7

Proposal to include:

* Why is there a need to educate
* Who the target audience will Be
* Outline of the program
* Other pertinent ideas

Program could include:

* The aims of the Ostomy Society i.e. To facilitate the lifelong rehabilitation of each ostomate
* Information for the general population which will increase awareness, reduce fear and apprehension, include some description of symptoms and causes and be part of a conciousness raising process
* Short visual inserts of anatomy and appliances
* Short personal clips of interviews with people who are ostomates and the variety of activities, interests and lifestyles which they are able to pursue. These clips would present a cross section of ages, sexes and could include discussions on eating habits (good diet) clothing and sexuality among other topics
* Supportive persons and groups available to ostomates

The above ideas resulted from a preliminary discussion held in August 1989 and attended by Pat Cimmeck, Heather Orsted and Patty White to prepare a working paper for the Calgary Ostomy Society's consideration.

Any member who would like to contribute ideas to this effort is invited to make these suggestions known by getting in touch with Pat (273-8946) Heather (228-8191) or Patty (239-2966) as soon as possible.

Funding for this project would be open to disussion at a future meeting after initial discussions with Rogers Cable TV have taken place and costs, if any, are made known to the committee.

HELP MAKE A DIFFERENCE

Volunteers needed to participate in confidential independent study by U of C graduate student. Topic of study "Dealing with an Altered Body Image, Secondary to Cancer Diagnosis".

Please call: Heather Orsted @ 228-8191 or 239-6956.

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The Ostomy Society was saddened by the passing of Sister Margaret Lyons. Her smiling face at the Ostomy meetings will be missed.

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