



Vancouver Ostomy

HIGH *Life*

Volume 46 - Issue 5

SEPTEMBER

OCTOBER 2014

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REMAINING 2014 MEETING SCHEDULE:

September 28

(AGM)

Annual Christmas Buffet & Kids Party Sunday, Nov 30 at Cheers Restaurant, North Van



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

NOTE: In the event of severe weather conditions, please call the Collingwood hotline 604-412-3845 to check if the centre is open.

St. John's Conference 2014

Ostomates "Connect on The Rock"

The 14th Conference of the UOAC was held in St. John's Newfoundland August 31 - July 2. The conference planning committee of 13 people, headed up by Delilah Guy and Carol Wells, representing the Newfoundland and Labrador chapters, did a fine job of presenting a social and educational experience. Chapter members, guests and manufacturers from across Canada were welcomed to the 4-day event.

Things kicked off informally with a Meet & Greet July 30 at Bridie Molloy's Irish Pub in downtown St. John's where early arrivals could get a taste of Newfie Screech and dance the Newfie jig to local music. Things began in earnest the next day with Grand Opening Ceremonies beginning at 9:00 am with the parade of flags. The Keynote Address this year was "My Ostomy Experience" presented by Eli Baker, followed in quick succession by the Awards Luncheon, workshops devoted to Colostomies, Ileostomies, Urostomies, Intimacy and Sexual Health, product demos from Hollister, ConvaTec and Coloplast and the 20/40 Group. Coloplast hosted the first evening's salmon dinner and entertainment.

After the Exhibitor's Breakfast, things got going again with the By-Laws Committee Meeting, another 20/40 session and the guest speaker for the Bertha Okun Lectureship, none other than comedienne and motivational speaker, Brenda Elsagher. Many of you may remember Brenda from an Education Day hosted by New West OC&S a few years ago. Let me tell you, she's as funny as ever. A fund-raising Raffle & Auction, ably run by auctioneer Gene Zapf began the afternoon (I bought a pair of shooting mittens!! It's a Newfie thing . . .) Workshops in Pediatric Ostomy Surgery, Skin and Diabetes care with an ostomy, and Energy Management rounded out the afternoon. ConvaTec sponsored the evening's Award banquet with guest speaker Paul Riome, followed by a local music group.



Delilah Guy (Conference Administrator) and Carol Wells (Conference Chair) take a well-earned bow on the last night.

cont. page 4

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Articles and information printed in this
newsletter are not necessarily endorsed by the
United Ostomy Association 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

How did your summer go? Where did the summer go!!? As always the first thing I wish for everyone is that you experienced no serious health issues over the summer and were able to get out and enjoy the fabulous west coast weather we've been having.

At our last meeting in June we broached the topic of changing our meeting schedule. It seems that we often come into conflict with holidays or special dates (like Father's Day) with our current rotation of Feb/April/June meetings. We discussed if it might be more convenient for more people if we went to a Jan/Feb/March rotation but after a bit of discussion we elected to keep things the same. It seems that no matter what month or weekend you hold regular meetings it's going to conflict with some holiday or event so we'll keep things as they are.

In the last issue I mentioned that the Central Vancouver Island Chapter had folded earlier this year due to lack of volunteers willing to carry out the formal duties of a regular chapter. What the remaining group has been doing is dispensing with formal meetings in favour of monthly coffee gatherings. As you can see by the report on page 3, the idea has really caught on. This fall we will be pleased to invite former CVI chapter members to join us as a satellite. We hope many of these folks will want to join us with full membership in 2015.

It was my pleasure to attend the 2014 UOAC conference in St. John's, Newfoundland this year. Vice-President Joy Jones attended as well, and between the two of us we participated in quite a few workshops, networked with members from chapters and manufacturers across Canada and performed our duties as voting delegates at the AGM. The 2016 conference will be held in Winnipeg, which is good news because airfare -- always onerous to travel to nearly any city -- was especially high to get to St. John's this year. Our chapter's current conference funding structure now barely covers costs past Manitoba, so after paying for registration, shuttles and hotel, participants can be out of pocket a substantial amount of money if going as far as Newfoundland. (We don't allow any meal or beverage claims) Joy flew standby and saved the chapter quite a bit, but even so we'll need to re-visit our funding for future conference attendees to more realistically reflect costs.

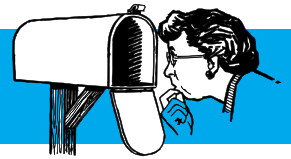
Last, it's not too early to start promoting our annual Christmas Buffet and Kid's party. Sadly, this will be the last year we can hold our event at Cheers Restaurant, (125 East 2nd Street in North Vancouver) as the family has decided it is time to close the business. Cheers has been a steadfast supporter of community groups and always given us excellent deals on our Christmas party so we're pleased to announce that the cost will stay the same: \$15.00 per person. Mark your calendars now: Sunday November 30 to come out and enjoy this last luncheon at Cheers.

And I hope to see you at the AGM Sunday September 28!

Debra



News and Announcements



MID-ISLAND OSTOMY GROUP* COFFEE BREAK NEWS !!!



Activity continues to pick up at the monthly coffee breaks. More newcomers are attending and our meeting room is rapidly filling up. An excellent sign.

As luck would have it the July meeting fell on Joe's birthday. Unknown to him, his daughter Edi and a member, Carol, sneakily combined to present him with a cake at the opening of the session. He had to endure the singing of "Happy Birthday" along with the usual best wishes and catcalls. All very nice though and much appreciated.

It was reported that two members have had their ileostomies successfully reversed and congratulations and best wishes were offered.

It was also reported that attempts had been made to contact two new urostomates but both attempts had been unsuccessful. Both were reported to be having problems and one had been sent to Victoria after suffering a heart attack. The latter's wife has asked if she can keep in touch so he can receive whatever help we can offer when he returns home. She knows she has only to phone.

Thank You cards along with her graduation photo have been received from Alliya Lawrence thanking us for the assistance we have provided her over the years. She explained how much the youth camps have meant to her, saying they have made her the person that she is today. She has passed the magic age of



18 so this year's camp was her last as a "youth" attendee. She looks forward to going to the camps as an assistant in the future. She added that she wants to attend one of our coffee breaks to share her experiences with us. Alliya now begins her university studies.

- Joe Ives

* formerly Central Vancouver Island Chapter

A LITTLE NOTE FROM A LITTLE CAMPER

Hi Sandra,

I had a great time at camp it was lots of fun and I made new friends, I loved it.

Essence

CHANGE OF NAME

At the 2014 AGM in Nova Scotia, voting delegates approved a change of name for the national organization. The United Ostomy Association of Canada (UOAC) will be *phasing in* their new name Ostomy Canada Society (OCS) over the coming year. The name change was put forth two years ago at the Toronto convention for the purpose of modernizing the name, and differentiating us more clearly from the American association (UOA). And hey, it's a whole lot easier to say!

BURSARIES NOW OFFERED BY OCS (Ostomy Canada Society)

Are you a registered nurse looking to take Enterostomal training? Are you a post-secondary student with an ostomy? Ostomy Canada Society is offering a total of 5 (five) \$1000.00 bursaries to accepted applicants. To learn more, please go to:

<http://www.ostomycanada.ca/support/bursary-program/>

MYSTERY PERSON SPOTTED ON STREETS OF ST. JOHN'S, NEWFOUNDLAND



**Who is this mystery person??
Come to the AGM September 28 and find out! (And while you're at it, learn more about the annual Stoma Stroll Awareness Walk October 4, 2014!)**



President Peter Folk and Keynote Speaker Brenda Elsagher



Paul Miese, Andy Manson and Roger Ivof share a laugh at the Visitor Workshop



"Vote for Andy!" Andy successfully ran for Director on the national board



Your editor with Anne and Roger Ivof from the Hamilton chapter



A local group, "The Punters" gave a lively performance at the windup Hollister banquet



For those who had time to explore the area after the conference, the "Rock" offered a wealth of sight seeing opportunities



Got mail? The iconic St. John's mailbox



*Lorrie Pismenny and Rosemary Gaffray, Chair and Administrator for the 2016 conference. **SEE YOU IN WINNIPEG!!***

Saturday was more of a 'business day' for Joy and I wherein we attended the AGM from 8:00 am to noon. The new name of our national organization was formally introduced, and we are to be known as 'Ostomy Canada Society'. This name change has been in the works for two years (it was presented at the 2012 conference) for several reasons. Rules governing how federal charitable organizations are structured will be changing in October so a new name made sense to go with new by-laws. It's more modern-sounding and aligns itself better with the national magazine Ostomy Canada. The new name also helps differentiate us from the United States organization (UOA) and well, it's a heck of a lot shorter to say and write! The new Board was inducted/elected (our own Andy Manson won the Directorship via ballot vote. Yay Andy!) I attended the Visitor Training Certification Course that afternoon and am pleased to announce that after 12 years I am officially a certified visitor! (Better late than never, I suppose.) Last workshops offered were on Bowel Obstruction - Diagnosis & Treatment, Effects of Chemo & Radiation on Ostomy Surgery, Spouses & Significant Others and FOW business meeting (which Joy attended). Hollister wound up the conference with a fine roast beef dinner and entertainment provided by The Punters.

The conference organizers and sponsors are to be congratulated on a wonderful job of hosting this year's event. Putting on a conference like this is a huge job involving a myriad of details big and small, and IT is a LOT of work. Well done, everyone and thank you to St. John's and Gander chapters!! ☐



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Christina



Lucy



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Muriel



Andy



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Lisa

Also:
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OSTOMY YOUTH CAMP 2014!

by Sandra Morris, Ostomy Youth Camp Coordinator,
Vancouver Chapter

The kids who went to Camp Horizon this past summer once again experienced a week of fun activities, new accomplishments, and special friendships! And this year it was a full week! In the past, the kids attended for 6 days, Monday through Saturday, but this year they arrived a day early on Sunday. So there was an extra day to get reacquainted with old friends, make new friends, and participate in activities such as white water rafting, swimming, overnight campouts, the Giant Swing, high ropes, and many more. Camp Horizon is an Easter Seals camp located near Bragg Creek, Alberta, just southwest of Calgary. For over 25 years, the UOAC has contracted with Easter Seals to provide a camp experience for kids with ostomies and related conditions. Normally there are about 65 campers in all, ranging in age from 9 to 18, who come from all across Canada. This year the numbers were much lower – only 44 children. In part, the decrease was due to campers 'aging out' – a large number turned 19 over the past year. There are likely other reasons which will be investigated and addressed before camp next summer.

This year, the Vancouver Chapter planned to sponsor 8 children to attend camp. In the end, only 6 campers attended due to unexpected illness just prior to camp. For the previous 3 summers, we arranged to sponsor up to 9 or 10 campers, but due to last minute illness sponsored 8 campers each summer. (Unfortunately,

last minute cancellations are not unexpected given the chronic nature of their medical conditions). So

our Chapter, like other sponsors across the country, sent fewer kids to camp this year, down from 8 to 6.

This past year, our campers included 5 girls and 1 boy. Three live in the Lower Mainland and three are from other parts of BC (Smithers, Chilliwack, and Vernon). In 2012 and 2013, I had the privilege of attending camp as an Adult Volunteer,

but due to family obligations was unable to attend this past year. I hope to go back next summer. It's hard work, but incredibly rewarding to witness firsthand how the children blossom within a few days of arriving at camp. The kids say they feel free to be themselves, without having to hide their health issues. The support they receive from the counsellors, ET Nurses, Adult

Volunteers and, most importantly, the other campers fuels their self-confidence and builds self-esteem. Many of the campers stay in touch

with each other throughout the year, so the support lasts long after camp ends.

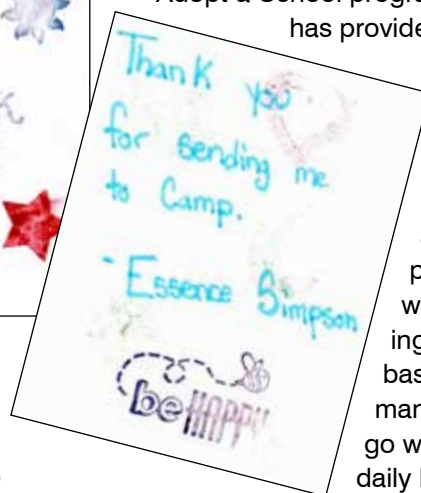
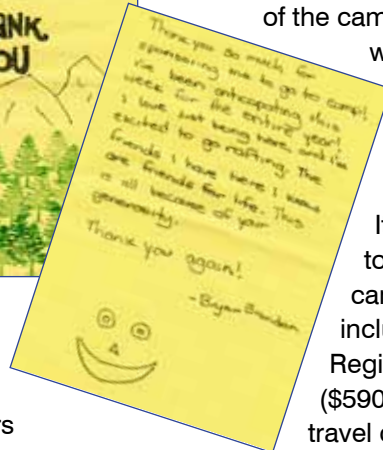
It costs over \$1,100 to send a child camp. Sponsorship includes the Camp Registration Fees (\$590 per camper) plus travel costs to and from Calgary. Usually camp-

ers fly to Calgary, where they are met by volunteers from the Calgary Chapter who drive them to camp. For the past 3 years, one of our campers has been driven to and from camp by her parents. Travel costs can vary anywhere from \$420 to over \$960, depending on where the campers are travelling from in BC.

We have been extremely fortunate for the past several years to receive a grant from the Vancouver Sun Children's Fund (VSCF) which is managed by the Vancouver Foundation. The grant covered 50% of our sponsorship costs up to a maximum of \$5,000. We have recently received a letter from the VSCF indicating their focus will be shifting, with future grants dedicated to the very important Adopt-a-School program which

has provided thousands

of public school children with breakfast and lunch programs, as well as clothing and other basics that so many children go without on a daily basis. This means that the VSCF will no longer be providing grants to fund



cont. page 9



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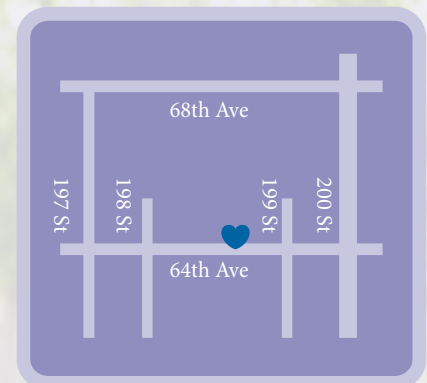
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Ask Your Pharmacist

Ask Your Pharmacist is a forum for the IBD community to ask questions of a pharmacist who also has a personal connection to IBD and to CCFC.

Shelley Stepanuik, BSP, is a community pharmacist in Smiths Falls, Ontario. Shelley is a graduate of University of Saskatchewan and has spent her entire 20+ year career helping people in the community pharmacy setting. She has been involved with CCFC since 1988, after receiving her own diagnosis of Crohn's disease.

Q: I am 34 years old and just recently received the news that I may have Crohn's disease. I have small intestinal ulcers, confirmed by a colonoscopy, and the biopsy showed chronic inflammation in the ulcers. The doctor also said I suffered from irritable bowel syndrome and that I have severe piles that bleed way too often. He prescribed Pentasa® and Proctofoam®. I still bleed way too much — do you know of any products that help with piles? I would also like to know if Pentasa® is a safe drug and whether there are any long-term and short-term side effects. I also take levothyroxine for hypothyroidism.

A: Hemorrhoids (piles) are swollen, inflamed veins in the anus and lower rectum. The key to reducing irritation, pain and bleeding from hemorrhoids is to reduce swelling and minimize strain. IBS generally presents itself with alternating constipation and diarrhea. In both situations, extra toilet time or excessive pushing may result. This puts undue strain on the hemorrhoids. It takes a lot of discipline to not push or sit longer than you absolutely have to, but it is exceedingly important to try. Proctofoam® is a localized steroid /anesthetic applied rectally. Other prescription products are available in ointments and suppositories. They contain steroids (anti-inflammatory), antibiotics, and anesthetics (to numb pain). Other ointments and suppositories on the market contain ingredients to shrink vessels, cool and/or soften the skin. There has never been one magic answer for everyone. One unique non-medicated option is a product called Anurex®. This sealed plastic applicator, about the size of a small finger, contains a cooling gel. It is put in the freezer for a couple of hours, then inserted and held in the rectum for a few minutes, providing 'cryotherapy' (or "freezing") to the area. The cooling allows blood vessels to shrink. It can be cleaned easily and reused for up to 6 months. Pharmacists can order it from their wholesalers for you. Pentasa® is a 5-ASA (mesalamine) product that has been on the market for over 15 years. There are precautions against using it in people with kidney or cardiac disease. I would ask your pharmacist for a complete

monograph to review the adverse effects that have been documented.

Q: I am taking adalimumab (Humira®) and have a really hard time giving myself a shot. I get into a big panic attack and my mood changes for the worse up until I manage to do it. Do you have any tips to help with the sting and the panic I have? I do take it out of the fridge 40 minutes before I inject, and unfortunately there is no one else to do it for me. I know this is something I have to get over, but any hints and tips would be very helpful.

A: Self-injection is not an easy procedure to get used to. Know that you are not alone in your anxiety over the process. Humira® is a drug that is known to sting, so try to focus on minimizing the pain of the injecting process. Relaxing is always the first step. Humira® is sold in two single-use formats. The auto injector "pen" punctures then plunges all in one motion as it is held on the skin for 10 seconds. The pre-filled syringe requires you to inject then push the plunger yourself, meaning you can control the rate of drug delivery. If you have only tried one type, it might be worth trying the other. Both the pen and syringe are sold with a grey needle cap cover (contains latex) which uses a 27 gauge needle. A new version with a latexfree black cap cover is forthcoming late this year, and it will have a 29 gauge needle. A higher gauge needle is finer and should hurt less. Allowing the drug to warm to room temperature will definitely minimize sting, so do continue to take the needle out of the fridge for at least 20 to 30 minutes ahead of time. New information just received from the manufacturer has indicated a single pen or syringe of Humira® could actually be kept by the patient at room temperature (under 25°C or 77°F) for up to 14 days (no longer). Always follow company instructions to prepare for injection. If using the syringe, remove the air according to manufacturer directions. Injection can be in the abdomen (at least 2 inches away from the navel) or on the front of your thighs. Some find one area more acceptable than the other. Change injection sites each time (keep a record). Avoid red, hard, tender, or bruised areas, and do not inject scars or stretch marks. Swab the skin in a circular motion with the alcohol swab, then be sure to let the alcohol totally dry before injecting. With your free hand, 'pinch an inch' of the swabbed area.

cont. next page

**Ostomy Youth Camp cont.
from page 7**



camp experiences for BC children and youth living with special challenges. I have been in touch with the Vancou-

ver Foundation to determine if there are other granting programs that may align with the goals of the Ostomy Youth Camp. I will keep our Chapter members informed about future opportunities. In the interim, on behalf of the Vancouver Chapter, our donors, and especially our campers, I want to thank the Vancouver Sun Children's Fund for their ongoing support and the opportunity they provided to sponsor so many of our campers for so many years.

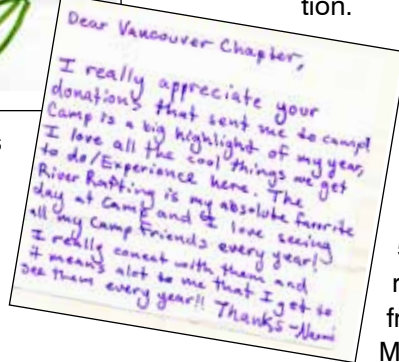
The other 50% of our funding comes from donations from our Chapter members, and their families and friends. We sincerely thank the many folks who donated to our Youth Fund over the past year. Every bit, no matter how small, helps to send more kids to camp.

There are a few donors who have helped us out for many years. We continue to receive a very generous donation from Jennifer Irvine, in memory of her sister Wendy Irvine who was one of our previous campers. Several donations were also received in memory of Phyllis Irvine.

Vancouver Chapter member Doug Crowe and his wife Daphne made a substantial donation.

And, as in past years, we received a significant donation from Lorne and Wendy Topham, the grandparents of one of our campers, Naomi Larsen.

In addition, 5 former nursing colleagues of Wendy Topham, one of whom has a daughter with an ostomy, made a large joint donation.



Finally, the Chilliwack & Area Ostomy Association continue to be huge supporters of the Youth Camp. For the 5th consecutive year, we received a major donation from this group.

Many of the campers say that camp has changed their lives. For many, it's the first time they meet other kids who are living with an ostomy or related condition. The younger kids get to see how the older ones cope and manage their lives as they become teenagers and young adults. Because it is such an invaluable experience, we believe that sponsoring kids to attend the Ostomy Youth Camp is one of the most important programs operated by the UOAC and supported by funds from the Vancouver Chapter and, for several

years, by a grant from the Vancouver Sun Children's Fund. Since we will no longer be receiving this grant, we are making a special appeal for donations. All donations, any amount, make a difference. If you would like to help to sponsor a child to attend camp in 2015, your cheque can be made out to:

UOAC Vancouver Chapter

(PLEASE NOTE ON THE MEMO LINE THAT YOUR DONATION IS FOR THE WENDY IRVINE YOUTH FUND AND INCLUDE YOUR MAILING ADDRESS TO RECEIVE A TAX RECEIPT FOR DONATIONS OF \$20 OR MORE)

Mail to:
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Box 74570 Postal Station G
Vancouver, BC V6K 4P4
THANK YOU! □

Ask Your Pharmacist, cont. from previous page

Always pinch before you inject. Squeeze this significant amount of skin on either side of the spot being injected and do not let go of it. If using the pen, place it at a 90 degree angle and flat against the injection spot. Take a slow deep breath in then press the button to start the injection. Hold it in place for 10 seconds as you breathe out slowly. Remove the pen and apply pressure with a cotton ball but do not rub. If using the syringe, take a deep breath in and with a smooth, swift, dart-like motion, puncture the skin at a 90 degree angle. Relax, breathe again, then press the plunger and inject very, very slowly till all the medicine is injected. When done, pull the needle straight and quickly out, then apply pressure with a cotton ball but do not rub. Always keep in mind that the sting from Humira® will always be less pain-producing than a flare-up of your disease. □

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Transverse (Loop) Colostomies

There are 2 types of transverse colostomies: the loop transverse colostomy and the double-barrel transverse colostomy.

The loop colostomy may look like one very large stoma, but it has 2 openings. One opening puts out stool, the other only puts out mucus. The colon normally makes small amounts of mucus to protect itself from the bowel contents. This mucus passes with the bowel movements and is usually not noticed. Despite the colostomy, the resting part of the colon keeps making mucus that will come out either through the stoma or through the rectum and anus. This is normal and expected.

A loop colostomy is in the upper abdomen, either in the middle or toward the right side of the body. This type of colostomy allows the stool to leave the body before it reaches the descending colon. Some of the reasons for performing a transverse colostomy include:

- Diverticulitis. This is inflammation of diverticula (little sacs along the colon). It can cause abscesses, scarring with stricture (abnormal narrowing), or rupture of the colon and infection in severe cases.
- Inflammatory bowel disease
- Cancer
- Obstruction (blockage)
- Injury
- Birth defects

If there are problems in the lower bowel, the affected part might need time to rest and heal. A transverse colostomy may be used to keep stool out of the area of the colon that is inflamed, infected, diseased, or newly operated on – this allows healing to take place. This type of colostomy is usually temporary. Depending on the healing process, the colostomy may be needed for

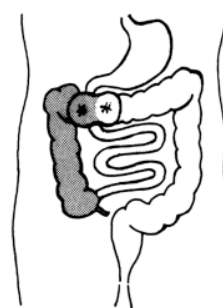


Figure 2
Loop Transverse Colostomy

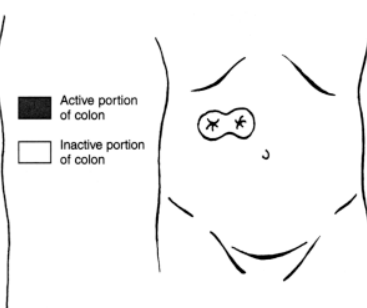


Figure 3
Loop Transverse Colostomy

a few weeks, months, or even years. If you heal over time, the colostomy is likely to be surgically reversed (closed) and you will go back to having normal bowel function.

When creating a **double-barrel colostomy**, the surgeon divides the bowel completely. Each opening is brought to the surface as a separate stoma. The 2 stomas may or may not be separated by skin. Here, too, one opening puts out stool and the other puts out only mucus (this smaller stoma is called a mucus fistula). Sometimes the end of the inactive part of the bowel is sewn closed and left inside the belly. Then there is only one stoma. The mucus from the resting portion of the bowel comes out through the rectum.

The stool that comes out of a transverse colostomy varies from person to person and even from time to time. A few transverse colostomies put out firm stool at infrequent intervals, but most of them move fairly often

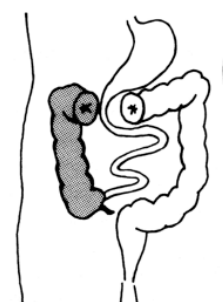


Figure 4
Double-Barrel Transverse Colostomy

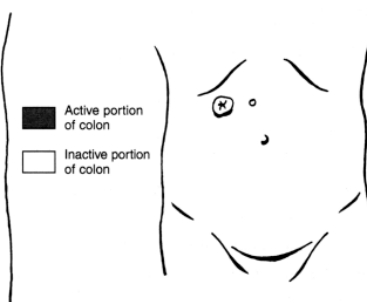


Figure 5
Double-Barrel Transverse Colostomy

and put out a soft or loose stool. It is important to know that the stool contains digestive enzymes (chemicals made by the body to break down food). These enzymes are very irritating, so the nearby skin must be protected with the correct pouching system chosen by your ET nurse. Trying to control a transverse colostomy with special diets, medicines, enemas, or irrigations usually does not work and is seldom advised.

cont. next page

Hints and Tips for Managing a Transverse (Loop) Colostomy

- Because the two ends of a loop colostomy are still partially joined, faeces can still enter the portion of the bowel that is still connected to your bottom. Therefore, you may want to sit on the toilet and have your bowels eliminate this small amount the normal way.
- If the stomas are oval and not round, you may need larger, oval shaped flanges.
- You may need to change your appliance more often due to the mucous from the non-functioning stoma breaking down the adhesive.

Skin Rashes around the Stoma

By Carla Mellon, RN, CWOCN,

Edited by Bobbie Brewer, UOAA UPDATE. Via St. Louis Ostomy Newsletter

There are several different types of rashes or skin breakdown that can occur around the stoma, under the pouch seal. Some of the more common types are:

Urinary stomas can develop skin breakdown as a result of urine being in contact with the surrounding skin for an extended period of time. This will cause the skin to develop an overgrowth of tissue (hyperplasia), which may be referred to as— urine crystals. The urine may even feel grainy in the pouch. This is very painful. Treatment begins with correcting the cause. Possible causes may include: Wrong pouch - opening size, excessive wear-time. Maybe wafer convexity is necessary to prevent leaking under the pouch seal, Maybe adding an ostomy belt would help. Vinegar soaks, 2-3 times per day, are also recommended in severe case to break up the crystals.*

Ileostomy stomas usually develop skin breakdown as a result of stool being in contact with the surrounding skin. This can happen fast. Early symptoms include burning and itching under the pouch adhesive. Again, treatment begins with elimination of the cause. Steps to eliminate leakage and/or stool undermining or pooling under the adhesive must be taken. Barrier rings, strip paste, convexity, belts, etc. are just a few of the additions to the pouching system that may be needed in order to secure a good seal. The skin also will need to be treated with a barrier powder (stomahesive, premium, karaya) and sealed with a sealant to provide a dry pouching surface for the adhesive, since the skin is likely weeping. This situation also predisposes the patient to a yeast or monilia rash, characterized by a fine bumpy red rash, usually along the edges of the redness. This must be treated with an antifungal powder. The antifungal powder can be used with the barrier powder or alone. It, too, must be covered with a sealant. Monilia/yeast rashes may also be present without

any other pouching or skin care issue. This is typical in the summer with heat and when patients have been on antibiotics.

Colostomy stomas are also subject to monilia/yeast rashes, as well as skin breakdown associated with stool being in contact with the skin. See treatment above under ileostomy stomas.

All stomas are subject to allergic reactions associated with the adhesives on the pouching system or any product (cleanser, skin-prep etc.) that you are using on your skin...even if you have been wearing the same pouch, or using this product for years. You can develop allergies to any product. The only solution is to change pouching systems/products and find one that you are not allergic to. I often use Kenalog spray (prescription) to decrease the inflammatory process and provide pain relief until the offensive agent can be identified and eliminated.

Source: Roadrunner of Albuquerque—Feb. 2012

My Colostomy Stopped Working!! What Should I Do?

We get this question surprisingly often. New colostomy patients sometimes worry if nothing has come out of the stoma for a few hours. It is normal for a colostomy to have no output for a few hours, or even longer. (Colostomies rarely produce continuous waste, if they do this suggests that you have diarrhea or IBS). Just as 'normal' people can get constipated, so can you. This can last up to 24 hours -- so long as you are not running a fever and are not in pain, just let nature take its course. If severe constipation was something you experienced often prior to surgery, you may still be prone to the same condition with a colostomy. Make sure you are drinking extra fluids and eat fruits, vegetables and other foods with fiber. If these don't help enough, you might consider stool softeners or laxatives but discuss this with your ET nurse first. Where possible, it's best to address the situation with a healthy diet and let the bowel sort itself out on its own. □

***What's a Vingar Soak?**

To help reduce urinary crystals, you can make a vinegar compress and apply it to the stoma for a few minutes when the pouch is changed. To do this, soak a bath cloth or small towel in a mixture of equal parts of water and white vinegar and hold the moist cloth on the stoma.





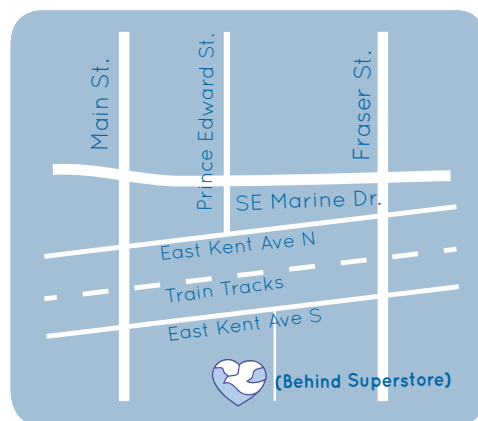
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Living with IBD -- Two Canadian Women's Stories

What if every bite of food made you double over in pain and forced you to be near a washroom at all times? Two brave women share their candid tales of living with IBD.

Two weeks after she met the man of her dreams, Joanna Val-samis headed into surgery to have her colon removed. "Imagine explaining on a first date why you've got an ileostomy bag attached to you," says the 32-year-old director at a non-profit in Toronto. "I've got a disease where it helps to have a sense of humour."

Joanna has ulcerative colitis, an incurable form of inflammatory bowel disease (IBD). One day eight years ago, her immune system turned on her body. It tore a path of destruction through her gastrointestinal tract, attacking good gut bacteria and blistering her intestinal tissue. "I thought it was just stress - but stress doesn't give you bleeding ulcers," she says. Ulcerative colitis is one of two types of IBD - the other is Crohn's disease - that can strike at any age, for no apparent reason. Although both damage the lining of the digestive system, causing inflammation, sores, bleeding and scarring, the main difference between the two is that Crohn's can affect any part of the digestive system, while ulcerative colitis targets the colon. About 300,000 Canadians have IBD. If left untreated, it can be life-threatening.

Genetics may play a role in the development of IBD, and factors like stress and processed foods can make symptoms like cramps, gas and diarrhea, worse. But it's a faulty immune system that stands out as the disease's defining cause. Armies of immune cells typically patrol the body looking for foreign intruders. They rely on intricate communication networks to determine which bacterium is friend or foe. With IBD, the wires get crossed and good gut flora look like enemies. "It's like two neighbours who used to get along but can't anymore," says Dr. Shane Devlin, program director of the University of Calgary's department of adult gastroenterology. "In this case, the ensuing damage causes incredible, often debilitating pain."

When the immune system attacks good gut bacteria, the body triggers an inflammatory response that eventually damages intestinal tissue, causing ulcers, holes in the bowel or severe blockages. And it makes things that should be pleasurable, like eating and drinking, extremely unpleasant.

Shelby Milholm, a 28-year-old adult-special-education instructor at Vancouver Island University, endured gut-wrenching symptoms that felt like stomach flu for a full year before being diagnosed with Crohn's in 2008. Initially she thought it was a bad case of nerves - the psychology graduate had just enrolled in a bachelor of education program. She was excited about her courses, but she soon found herself frantically washroom hopping across campus instead of attending classes.

Shelby visited her family doctor with an odd list of symptoms:

severely swollen joints, softball-sized welts on her shins, low energy and unexplained weight loss (over 50 pounds despite her student diet of pizza). Her doctor thought these might be lingering signs of the mono she'd had as a teen, so he prescribed antibiotics, but they only made her symptoms worse.



Unbearable cramps finally landed her in the emergency room. A colonoscopy revealed severe inflammation and large portions of diseased tissue in her colon and small intestine. "I'd never heard of Crohn's. As terrifying as it was to learn I had an incurable disease, I was relieved to finally know what was going on inside me."

Joanna also experienced her first symptoms at university. In her final year studying nutrition and nutraceutical science, the active runner started suffering from bouts of stabbing stomach pains. She tinkered with her diet, but nothing helped. "I was waitressing at the time and experiencing severe cramps, uncontrollable gas and bloody diarrhea. I had to cut back on my hours because I was worried I wouldn't make it to the washroom in time." Joanna's pain grew to the point where it hurt to even take a sip of water. "As soon as I ate or drank anything, my gut would spasm," she says. "I started to associate eating with pain." One day her cramps became so excruciating that she was rushed to the emergency room, where a colonoscopy showed bleeding ulcers lining her colon. "I was familiar with human biology because I'd been studying it, but nothing prepared me for the moment when I discovered I had an incurable disease."

What it feels like to have IBD

"Living with IBD is like being on a roller coaster," says Dr. Kevan Jacobson, head of the inflammatory bowel disease program at the University of British Columbia. "Even people with modest symptoms find their lives turned upside down. Suddenly you need to be near a washroom at all times. It changes how you think about your commute to work, going out with friends, dating, travelling, exercising or running simple errands."

From diagnosis to treatment, a person with IBD may require time off work, face multiple hospitalizations and IV transfusions, experiment with various treatments or even opt for surgery. "In severe cases, the changes a person experiences are actually on the same level as patients with some cancers," says Devlin.

After her diagnosis, Joanna worried she'd never have a social life again. "How do you go out when eating and drinking are always an issue? I loved to run and weight train, and suddenly none of that was possible." She felt isolated and alone. "I hid away at home for a while and thought my life was over," she says. "One

cont. page 16

IBD cont.



of the effects doctors never really talk about is the depression you feel as you try to navigate life with an embarrassing disease.”

Sometimes the emotional distress of IBD can take as big a toll as the physical symptoms, which could be because the gut is where we store the majority of our serotonin, the happy hormone. With more nerve cells in the intestines than in the spinal cord, the gut can actually influence mood and well-being more than the brain.

Finding the best treatment

The trouble with our insides is that they're unpredictable, and doctors are still stumped by what causes them to react the way they do. Getting the right diagnosis and finding the perfect treatment takes time because there are so many other gastrointestinal problems to rule out.

To keep her Crohn's under control, Shelby will be on two medications for the rest of her life, one to restore good lines of communication within her immune system and one to suppress her body's urge to attack itself. She tried an array of drugs before finding the right ones. The high doses of steroids her doctor first prescribed made her face swell and left her feeling exhausted, but now the inflammation is under control, apart from a few flare-ups. "I'm careful about what I eat," she says. "Shellfish and too much fibre bother me, and I avoid dairy and red meat."

Joanna was also put on steroids and experienced similar side effects. "Plus, the medication increased my appetite, which was frustrating because every time I ate, it just hurt more," she says. Eventually her body stopped responding to the drugs, and her bones grew weak (another risk of prolonged steroid use is poor calcium absorption). Joanna had just finished school and was searching for a job when her mother died. "Stress doesn't cause IBD, but it exacerbates it, and my disease quickly spread throughout my large intestine," she says. "Surgery felt like my best option." Doctors performed a J-pouch operation: They removed her entire colon, made a pouch with the end of her small intestine and connected it to her healthy rectal tissue - eliminating her need for an ileostomy bag. The surgery was a success. "To look at me now, you'd never know I'm missing a chunk of my digestive tract," says Joanna. "Some days I forget I even have a disease."

To treat flare-ups, doctors are now prescribing complementary treatments, such as active stress management, guided meditation, hypnotherapy and acupuncture. "With the gut, we're learning the value of a combined approach," says Devlin. "The mind and gut share an intimate connection. Major life events can make symptoms worse, whereas even just taking a vacation may make things better."

How talking helps

After her surgery, Joanna added yoga and meditation to her routine. As her stress melted away, many of her symptoms did too. She found connecting with people who also had IBD and openly discussing the disease also made a difference. "People don't think about their colons, and they don't want to talk about them," she

says." Sometimes the emotional distress of IBD can take as big a toll as the physical symptoms, which could be because the gut is where we store the majority of our serotonin, the happy hormone. With more nerve cells in the intestines than in the spinal cord, the gut can actually influence mood and well-being more than the brain. I was a private person, but then I was thrown into a world dominated by older male doctors, rectal exams and awkward situations. I had to change." Even when it came to dating, Joanna realized she had to be upfront and honest early in the relationship. "I remember my first date with my boyfriend. There was definitely alcohol involved, and it helped, because I had to tell him what was going on. You expect that people won't stick around, but I learned that if I'm honest and laugh about it, people can be more supportive than you think."

Shelby found relief volunteering at the Crohn's and Colitis Foundation. "It gave me the chance to meet other people just like me," she says. "I didn't feel so alone anymore." Shelby regularly contributed to its blog, the Gutsy Generation, and helped put out a book, the aptly named *Tales from the Throne*. "We're in a new era where we're openly talking about our guts," says Devlin. "I tell my patients: It's like having a headache, just somewhere else. The key to recovery is feeling confident enough to talk about what's going on inside you."

Meanwhile, Joanna has developed a greater appreciation for her body's mechanics. "Prioritizing my health helped me feel more in control," she says. "After my diagnosis, had someone told me that one day I'd have a wonderful social life and a new dog, and would soon be discussing buying a house with my boyfriend, I'd never have believed it. I'm living proof that it gets better." □

www.chatelaine.com 25/06/2014 | By Alanna Glassman

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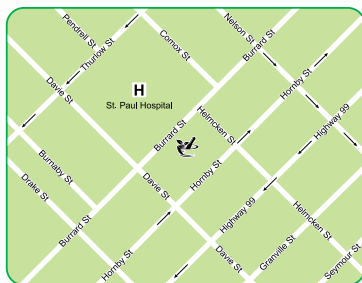
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1. What the name of the drug you're prescribing?
2. Is a less expensive generic version of this drug available?
3. How much will I be taking and how many times a day?
4. What time of day is best to take this medication?
5. Does the medication need refrigeration?
6. What side effects, if any might I experience? What should I do if they occur?
7. Is it safe to take this drug with other drugs or supplements? Can I drink alcohol while I am on this medication?
8. What do I do if I miss a dose?
9. How long will I be taking this drug?
10. Do I need to finish the entire dosage you're prescribing for me? What do I do if I feel better before that?

- Source: Great Seattle Ostomist, July/August 2014

Many thanks to the following folks who recently donated
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The Tophams
Gerard Sonnenberg
Judy Sinnott
Ian Angus



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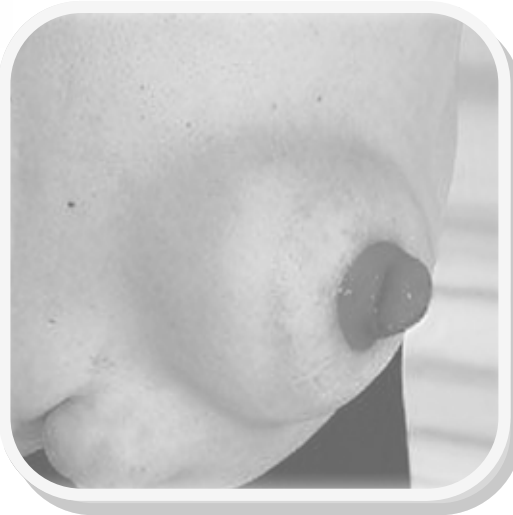
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BOOST YOUR BRAIN HEALTH

Brain health is a complex and ever evolving topic. New research is coming out daily about how the brain works, as well as how it changes as one ages. As the mean age of our population increases, the incidence of age-related dementia is increasing as well.

Dementia is a term that is often used when describing a variety of disorders affecting the brain. In 2011 there were 747,000 Canadians affected by cognitive impairment, including that from dementias. Alzheimer's disease is the most common form of dementia and accounts for 64 percent of the dementias in Canada. Healthy lifestyle choices such as exercise and proper nutrition can slow or help prevent the onset of dementia. This article will deal with three of the more popular and familiar substances that promote brain health: Omega 3 Fatty Acids (fish oils), Melatonin, and Vitamin B12. Here's a short rundown of what they do, how you can get them, and who should not be taking them:

OMEGA 3 FATTY ACIDS

What it is: Omega 3 is a type of polyunsaturated fat found in fish, walnuts, flaxseed, plant and nut oils and algae. We must obtain Omega 3 from our diet as we cannot synthesize it ourselves. The DHA (docosahexaenoic acid) and EPA (eicosapentaenoic acid) chains of Omega 3 found in fish, shellfish and algae are the most efficiently metabolized by humans.

What it does: DHA is essential for the growth and development of the brain in children and the normal functioning of the brain in adults. EPA is involved in regulating mood and behaviour. Both have been extensively studied for these effects as well as their role in modulating inflammation, immune function and cardiovascular health.

Why you might need it: Modern diets are typically low in Omega 3 fats. Sources of Omega 3 obtained from fish are increasingly unsafe to eat due to the presence of toxins such as mercury. Fish oil supplements have been processed to remove these toxins.

Who shouldn't take this: those taking blood thinning medications such as warfarin should be cautious, as well as those with an allergy to fish or shellfish.

What happens if you take too much: Doses above 3 grams per day can thin the blood and should only be taken at these doses under supervision. In general fish oils are very safe as a supplement.

MELATONIN

What it is: Melatonin is a hormone secreted by the pineal gland.

What it does: It regulates sleep-wake cycles and can be used to aid sleep. It may play a role in reducing anxiety by increasing levels of serotonin in the body. Serotonin is a chemical derived from the amino acid tryptophan and widely distributed in tissues. It acts as a neurotransmitter, constricts blood vessels at injury sites, and may affect emotional states.

Why you might need it: The brain needs sleep to function properly. Melatonin can help promote restful sleep and help you fall asleep, reduce jetlag when travelling, reduce anxiety.

Who shouldn't use this: Melatonin should not be taken by pregnant women, children and those on blood pressure medications, diabetes medications, immunosuppressants, birth control or CNS depressant medications. Caution should be



exercised in those with a seizure disorder.

Where to get it: pineapples, tomatoes, red wine, olive oil

VITAMIN B12

What it is: Vitamin B12 is a water-soluble vitamin that is absorbed from foods, mainly meats, fish and dairy.

What it does: Vitamin B12 is needed in the body for myelin synthesis of nerves, cell production and normal growth.

Why you might need it: B12 deficiency results in an inability to produce enough healthy red blood cells, gastrointestinal lesions and neurological damage, beginning with an inability to produce myelin and progressing to the degeneration of nerves. B12 deficiency is often due to malabsorption, therefore, oral supplements can lack effectiveness. Ileostomates and those with short bowel syndrome can be at heightened risk of this deficiency. B12 injections may be indicated if deficiency is severe.

Who shouldn't take this: Oral B12 is quite safe in recommended doses. Injection or intravenous methods of delivery should only be administered by a licensed health care practitioner.

What happens if you take too much: Diarrhea, itching, feelings of swelling in the body or allergic reaction can result if dosage is too high.

Where to get it: meat, fish, dairy or chewable supplements.

Brain Health cont. page 22



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Brain Health cont.

Besides taking supplements, what else can you do to promote brain health?

Remain physically active - Physical exercise is important to maintaining positive blood flow to your brain as well as enhances the omega-3's in strengthening brain cells. It can protect you from cognitive disease such as Alzheimer's or dementia because physical exercise can largely reduce the risk of heart attack, stroke, and diabetes.

Brainy diet - The third fatty acid in omega-3, ALA, is found in some vegetable oils such as soybean, canola, and flaxseed as well as walnuts. It's also found in some green vegetables such as brussels sprouts, kale, spinach, and salad green. Growing research is finding that a low cholesterol diet including the above greens and fruits may help protect brain cells.

Socialize - Because socializing uses

cognition, it can reduce stress levels. As a result, you can maintain healthy brain cell connectors. So there's some truth to Lucinda Williams' song Something About What Happens When We Talk -- your brain becomes healthier.

Workout your brain - According to a study from the University of California, Berkeley, cognitive engagement throughout your life can tremendously improve brain health as you age. Research is confirming that exercising your brain with word puzzles, spatial and logic puzzles can create new nerve cells. So get out that crossword puzzle book! □

Tips & Tricks



- Put a piece of tape down the entire length in the centre of the pouch to reduce rustling noises.

VISITOR REPORT

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colostomy	4
ileostomy	2
urostomy	1
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TOTAL:	9

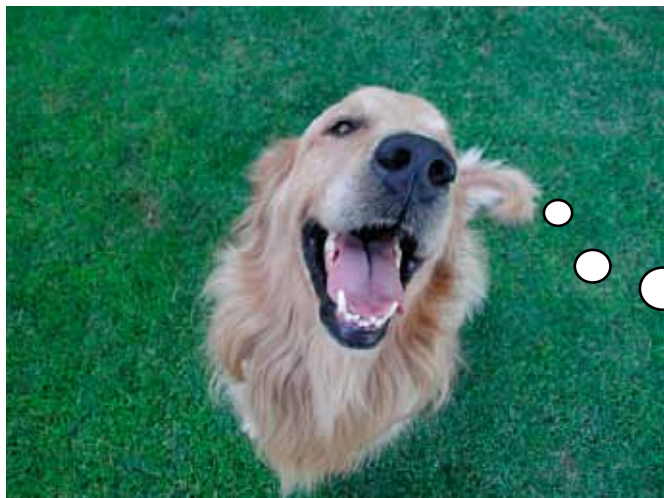
Visitors were: Carol Townsend, Sharman King, Deb Rooney, Gordon Blad and Julie Singer

Tips & Tricks

- Check your rubbing alcohol if you are cleaning skin with it. If it contains glycerin this will prevent securing a good seal of the appliance. Alcohol should only be used occasionally to degrease the skin.



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Neal Dunwoody, R.N., WOCN

Children's Hospital

Amie Nowak, BSN, RN, ET

MACDONALD'S PRESCRIPTIONS

Neal Dunwoody, RN, ET

Call for appointment

REGENCY #6

Neal Dunwoody, RN, ET

Mon, Wed, and Fri. 3:30 to 5:30

NIGHTINGALE MEDICAL SUPPLIES

Lauren Wolf RN, WOCN

Heather McMurtry RN, WOCN

Neal Dunwoody RN, B. WOCN

Ann Marie Somerville RN, WOCN

Candace Gubbles NP, WOCN, RN

Call or email info@nightingalemedical.ca to book an appointment.

Nightingale Clinics also at Richmond/White Rock

and Langley (see ads this issue)

Kristina Catafio/Katie Jensen RNs, ETs Langley

Margaret Little, RN, ET White Rock

NORTH VANCOUVER

Rosemary Hill, RN., CWOCN (Mon - Fri)

Annemarie Somerville, RN, ET (Mon/Wed)

Beth Gloyd, RN, ET

BURNABY

Misty Stephens, ET

855 West 12th Avenue

Tel (604) 875-5788

1081 Burrard Street

Tel (604) 682-2344 Local 62917

4480 Oak Street

Tel (604) 875-2345 Local 7658

2188 West Broadway

(Kitsilano)

Tel: 604-738-0733

1144 Burrard St.

(Vancouver, across from St. Paul's)

Tel: 604-688-4644

Tel 604-879-9101

Lion's Gate Hospital

Cell (604) 788-2772

Tel (604) 984-5871

(604) 984-5871

Burnaby General Hospital

(604) 4212-6174

PORT MOODY

Susan Holding, RN, BSN, ET

NEW WESTMINSTER

Heather McMurty, RN, ET

Susan Andrews, RN,

Lucy Innes, RN, ET

OSTOMY CARE & SUPPLY CENTRE

Andrea (Andy) Manson, RN, ET

Muriel Larsen, RN, ET

Christina Kerekes, RN, ET

Laurie Cox, RN, ET

Susan Holding, RN, BSN, ET

Arden Townshend RN, ET

Lisa Hegler, RN, ET (Saturdays 9 - 1)

SURREY

Kathy Neufeld, WOCN (Mon - Thurs)

Heidi Davis, RN ET (Mon, Tues)

Tanya French, RN, ET (Wed - Fri) (DeVries on mat leave)

LANGLEY

Katie Jensen, RN. BSN. ET

ABBOTSFORD

Donna Tyson, RN, ET

Paula Taylor, RN, ET

CHILLIWACK

Jacqueline Bourdages, RN WOCN

WHITE ROCK

Margaret Chalk, RN, ET

RICHMOND

Maria Torres, RN, ET

Eagle Ridge/Ridege Meadows

Tel. 604-469-3128

Royal Columbian Hospital

Tel (604) 520-4292

2004 8th Ave. New Westminister

Tel (604) 522-4265

Call to book an appointment
at the number above

Surrey Memorial Hospital

Tel (604) 588-3328

Langley Memorial Hospital

Tel (604) 534-4121

Abbotsford Regional Hospital

Tel (604) 851-4700 Ext 642213

Chilliwack General Hospital

Tel 604-795-4141

Local 614447

Peace Arch Hospital

Tel (604) 535-4500

Local 757687

Richmond General Hospital

Tel 604-244-5235

MEMBERSHIP APPLICATION

Vancouver Chapter United Ostomy Association

Membership is open to all persons interested in ostomy rehabilitation and welfare. The following information is kept strictly confidential.

Please enroll me as a ☐ new ☐ renewal member of the Vancouver Chapter of the UOA.

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.

Name _____ Phone _____

Address _____

City _____ Postal Code _____ Year of Birth _____

email (if applicable): _____

Type of surgery: ☐ Colostomy ☐ Urostomy ☐ Ileostomy ☐ Internal Pouch ☐ N/A

May we welcome you by name in our newsletter? ☐ OK ☐ I'd rather not

Additional contributions of \$20 or more are tax deductible. Please make cheque payable to the **UOA Vancouver Chapter** and mail to: Membership Coordinator, 3443 Dartmoore Place, Vancouver, BC V5S 4G1



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¹ Scott V, Raasch D, Kennedy G, Heise C. Prospective assessment and classification of stoma related skin disorders. Poster presented at: 41st Annual Wound Ostomy and Continence Nurses Society Conference; June 6-10, 2009; Orlando, Florida.

² Hoeflök J, Guy D, Allen S, St-Cry D. A prospective multicenter evaluation of a moldable stoma skin barrier. *Ostomy Wound Manage.* 2009;55(5):62-69.