



Ostomy | Société  
Canada | Canadienne des  
Society | Personnes Stomisées

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Vancouver Ostomy

# HIGH *Life*

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### 2023 Meeting Schedule TBA

If you are not on our  
regular mailing list and  
would like an invitation to  
ZOOM meetings, please  
send the editor a note at:  
[autodraw@shaw.ca](mailto:autodraw@shaw.ca)

In Person Meetings are held at  
Collingwood  
Neighbourhood House  
5288 Joyce Street  
Vancouver at 1:30 PM

It remains to be seen when we will  
resume in-person meetings on a  
regular basis. Stay tuned.

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



## Vancouver United Ostomy Association Christmas Luncheon!

**O**ur annual Christmas Luncheon will be held **SUNDAY  
DECEMBER 11** at the Holiday Inn, North Shore! Come on  
out and celebrate the holiday season with us! Masks and social  
distancing where possible are encouraged, but not mandatory.

**Turkey, vegetarian choices and more! (And Wine!!)**

Guests and partners of members are welcome but due to ongoing Covid considerations  
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all the trimmings! Door Prizes and 50/50 raffle!

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if you have reserved as we are liable for no-shows!*

PLEASE MAKE YOUR CHEQUE OUT TO:

UOA Vancouver Chapter

and mail to:

Xmas Luncheon Coordinator,

103 - 1450 East 7th Ave, Vancouver BC V5N 1R8

*If you are able to, we ask that you bring a non-perishable food item for the food bank.*

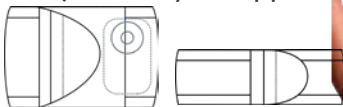


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Tuesday – Thursday

8:30 AM to 4:30 PM

Telephone will be answered by receptionist Monday and Friday

### PLEASE NOTE

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

## From Your President

Planning is well under way for the chapter's annual Christmas Luncheon **Sunday December 11** at the Holiday Inn on the North Shore -- details are on the front page of this newsletter. The Holiday Inn has put on some mighty fine spreads for past luncheons, so do come out and enjoy another one. We decided that instead of bringing a gift for the draw table, we would ask folks if they are able, to bring something to donate to the food bank.



It's membership renewal time once again! Our new membership coordinator Leslie Whatmough will be pleased to receive your cheque by mail OR!! If you are attending the Christmas Luncheon you can also pay your membership at the door in cash or by cheque. (For those of you who took out a new membership after June of 2022, you don't have to renew for 2023 -- hey that's like a free six months!!) Or, to make things even easier there is a link on the front page of our website (JOIN US / DONATE!) through which you can pay your membership -- donations of \$20 or more above the membership fee will receive a tax receipt. Our website can be found at:

**[www.uoavancouver.com](http://www.uoavancouver.com)**

Speaking of websites, have you checked out the National Office's website lately? Ostomy Canada Society has done an outstanding

job of re-designing the entire site plus the national ostomy newsletter,

'Connections'. Check them out!



**<https://www.ostomycanada.ca/>**

I wish you all a happy, joyous and most of all healthy holiday season and New Year.

*Debra*





### Unsung Hero Award -- Our Very Own Earl Lesk!

*The Unsung Hero Award is presented to individuals who work behind the scenes in any successful organization. They are also dedicated to Ostomy Canada but do not seek the limelight. In fact, they prefer to do their work and give their support in an unobtrusive manner.*

**Earl Lesk** went to his first meeting of the Vancouver Ostomy Association in 1966, which was held at the



G.F. Strong Rehab. Centre on Oak Street. There were about 20 people in attendance and Earl recalls thinking they were quite old! Earl was living in New Westminster at the time so it was quite a trek for him to get to meetings. In 1999 he dropped into a Vancouver United Ostomy Association meeting being held at the Jewish Cultural Centre, and thanks to Lottie Calli doing some strong-arming, he became the Vice-President. In 2001 Earl was part of the organizing committee that hosted Vancouver's first, and only, Canadian Ostomy Conference. Not long after Earl joined the Vancouver chapter, Ivor Williams (who was the president then) dropped off a load of donations at Earl's place

and he became the official shipper of donations. Donations still come from hospitals, drugstores, wholesalers and individuals, saving out of date products from winding up in landfill. Earl has been collecting donations and shipping them to FOWC collection centres in Calgary, Ottawa or Toronto ever since.

Earl has given co-presentations with Deb Rooney on living with an ostomy at Douglas College School of Nursing for over 10 years. Most recently he coordinated with a local supplier, Nightingale Medical, to have them ship our donations at a reduced rate. Earl may hold the chapter record for most years living with an ostomy – 62!



*Wanna rastle? Earl and grandsons*



*Donation Central -- Earl's garage*

### I RENEWED MY MEMBERSHIP -- DID YOU?



***It's that time of year again*** when we begin asking our members to renew for the coming year! Please renew before the end of December at the latest in order for us to complete membership paperwork with the national office. Can't recall if you renewed or not? Call the Membership Coordinator Leslie at 289-828-1187 and she'll look it up. ***Many thanks to those of you who have already renewed, we appreciate your continued support!***

If you have not done so already, please send your \$30.00 membership to:

**Membership Coordinator  
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Vancouver BC  
V5N 1R8**

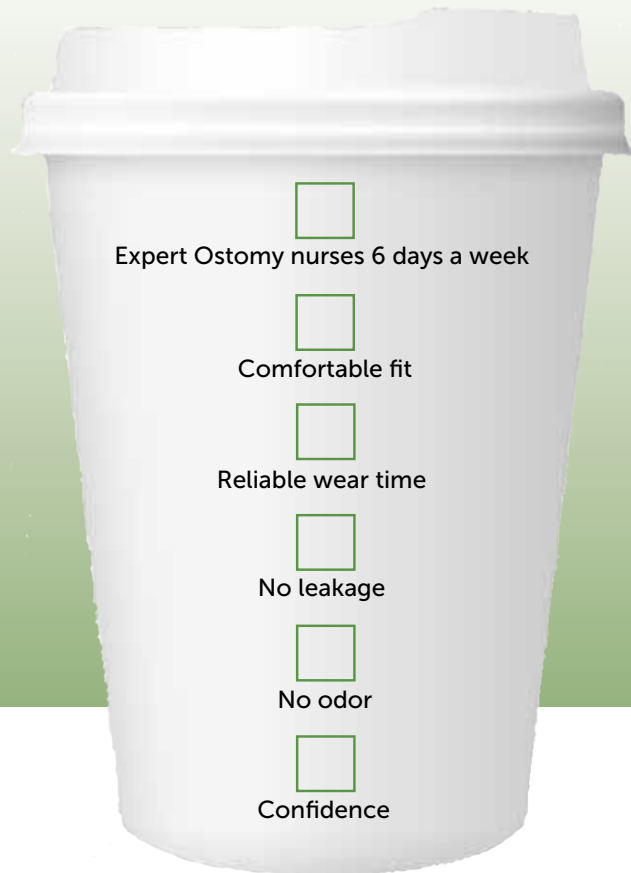
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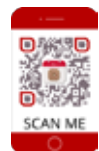
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# New Research Explains Why There's a Decline in New Ostomates

By R. S. Elvey, Ostomy Association of Greater Chicago, Member;  
(The Pouch – Ostomy Support Group of Northern Virginia, May 2022)  
(Condensed by Susie Leonard Weller)

Thanks to an increase in early testing and advanced surgical techniques, “Colorectal cancers have more hope than most cancers--and if caught early, it is curable.” says Dr. Kelly Tyler, MD, and member of UOAA’s Medical Advisory Board. In the past, a diagnosis of colon cancer or Irritable Bowel Disease (IBD) often led to surgery involving partial or complete removal of the colon, a colectomy, and the creation of an ostomy. But in today’s medical environment, if you are diagnosed with Ulcerative Colitis (UC), or Colorectal Cancer, there’s a greater possibility that you might not need to have a colectomy or a partial colon removal surgery.

For many years, the only option for survival for people with severe UC who didn’t respond to Sterapred or Prednisone was to completely remove their colon. UC patients received either permanent ileostomies or jpouches. Likewise, colon cancer surgery often resulted in portions of the colon being removed for a permanent or temporary colostomy.

However, in the last 20 years, the advance of biologic therapies\* for UC, and advanced surgical techniques for colon cancers show a paradigm shift in treatment options. \*Biological therapies use portions of the body’s natural immune system to treat a disease. These new types of therapies also protect the body from the side effects of some of the treatments. For more details visit: [https://www.medicinenet.com/biological\\_therapy/article.htm](https://www.medicinenet.com/biological_therapy/article.htm).

A recent study by George Khoudari, MD, an internist at The Cleveland Clinic, has tracked the increase of biologics being initiated earlier in the treatment of Inflammatory Bowel Disease (IBD). The study showed: the prevalence of

colectomies declined by 10.8% from 2000 to 2019. At the same time, there was an associated linear increase in the prevalence of biologic usage from 0.05% to 12.8%.”

Similar to treatment for UC, colon removal is also in decline in colorectal cancer surgery. If surgery is necessary, it can now be performed employing advanced surgical techniques that are minimally invasive, such as advanced robotic technology and laparoscopic resection surgery.

According to Dr. Tyler, advanced techniques are not only sphincter sparing, but also have fewer side effects on bladder function, bowel frequency, and sexual function. She’s

able to do minimally invasive surgeries well over 80% of the time. With sphincter sparing surgeries, doctors are preserving everything they can. As a result, the rate of those needing a colostomy is much less than it used to be, and the rate of ostomy reversal is higher. □

## What is Biological Therapy?

Biological therapy is a type of treatment that uses substances made from living organisms to treat disease. Some biological therapies stimulate or suppress the immune system to help the body fight cancer, infection, and other diseases. Other biological therapies attack specific cancer cells, which may help keep them from growing or kill them. Depending on the agent, biological therapies can be given by mouth, intravenously, or as an injection.

Types of biological therapy include immunotherapy (such as vaccines, cytokines, and some antibodies), gene therapy, and some targeted therapies. Also called biological response modifier therapy, biotherapy, and BRM therapy.

## Save the Vegetable Oil for Cooking!

Waste that collects near the top of the pouch instead of falling to the bottom is a nuisance. It’s harder to empty, more work to keep the ring clean and if allowed to become too full, can cause a bulge or leak. Colostomates with this problem sometimes apply a bit of lubricant inside the top of the pouch when they change -- baby oil, mineral oil or one of the deodorizing lubricants companies can supply such as Hollister’s



“Adapt” or Coloplast’s Brava lubricating gel. The theory is if you put a tablespoon or so inside a fresh pouch and smear it around well, the waste will slide more easily to the bottom. Some people use vegetable oil -- directly out of the bottle or in spray form. A word of caution when using vegetable oil products, however -- although they pose no hazard to your stoma or skin, they tend to hold more odour. Baby oil or ostomy lubricants are better choices, plus they won’t go rancid.

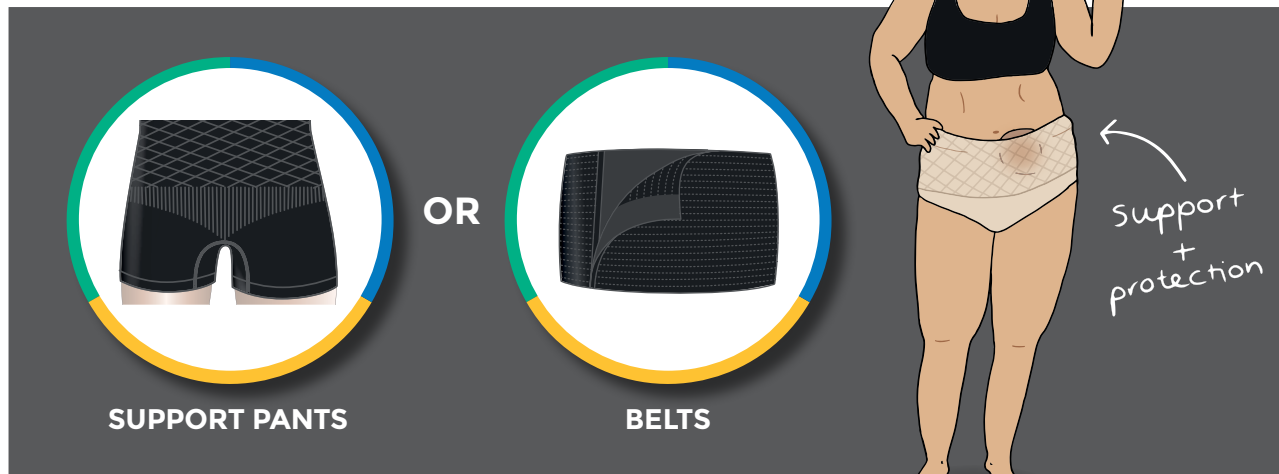


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1. Colorectal Disease © 2018 The Association of Coloproctology of Great Britain and Ireland. 20 (Suppl. 2), 5-19



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## NEW PATIENTS' CORNER



### A Primer on Ostomy Adhesives

- Neal Dumwoody RN, BN, NSWOC, WOCC(C) Lifecare Medical, Davie Pharmacy, and MacDonald's Prescription (Kitsilano)



Ostomy pouches have an adhesive wafer that stick to the skin around the stoma to keep the pouch in place and help protect the skin from urine or stool. The adhesive built into wafer barriers are designed to keep the pouch in place for days at a time. Including medical adhesives may also be used to create a stronger bond with

the skin. There are many products that are classified as adhesive but the focus here is on liquid adhesives. These are not the same as barrier wipes or sprays that are designed to form a dry breathable protective film on the skin and may help reduce friction and irritation when ostomy wafers are removed. They might promote adhesion of some ostomy products, but some companies recommend not to use them unless directed by an ostomy nurse as they may also reduce adhesion of ostomy wafers.

#### Different Types of Ostomy Adhesives:

- **Spray Adhesives:** The most well known is the Holister Adapt Medical Adhesive Spray (7730). This silicone-based product when used as directed would help create a strong contact between the skin and the wafer. However, this product is now discontinued and only available until remaining supplies run out.

- **Wipe Adhesives:** Individual wipes are small and convenient to travel with or to have as part of a spare pouching kit. While there are many products that are adhesive remover wipes, the Skin Tac Adhesive Barrier Wipes are the opposite. It is described as latex-free and hypoallergenic. They can be applied to the wafer or other ostomy products that adhere to the skin and dry (cure) in a minute or less and become sticky to touch. It can be applied to the skin but it does contain alcohol that evaporates as it dries and may be irritating to skin. It is also available as a bottled liquid with dauber built into the cap.

- **Latex-Based Adhesives:** These adhesives can create a very strong waterproof bond between the wafer and the skin and can be used with some reusable ostomy wafers. They should not be used if a person has a latex sensitivity or allergy. They also contain zinc oxide that may help reduce skin irritation. They come in a small bottle and have an integrated brush or dauber built into their cap for easier application. They can take longer to dry than other adhesive products and should be applied in a thin layer. They also contain alcohol and so may be irritating to skin. Examples of these products are Torbot Liquid Bonding Cement, Osto-Bond, and Nu-Hope Adhesive.

- **Silicone Based Adhesives:** These are an alternative to latex adhesives but can still form a strong waterproof bond between a wafer and skin. However, they don't contain zinc oxide. They also come in a small bottle with an integrated brush in the cap. Application is the same as latex adhesives and can come in alcohol and non-alcohol versions. Two examples are Uro-bond III and Uro-bond V (non-flammable).

- **Tincture of Benzoin:** This is an older product based on a type of tree sap Benzoin mixed with alcohol. In addition to its adhesive properties it is used (but not limited) to treat blisters, skin fissures, blister, canker sores and has some anti-septic properties. It is not commonly used with ostomy products compared to other adhesives.

Depending on how strong a bond is by adding one of these products, an adhesive remover may be needed to remove the appliance without irritating or damaging the skin. Talk with your NSWOC or ostomy nurse to see if these products would be right for you. □

#### TIPS & TRICKS

Some obese patients have skin folds or crease on their abdomen and it is important to keep the skin clean and dry. Excess moisture and bacteria can accumulate in the skin folds. The obese ostomate should establish a pouch change schedule that may be more often than other ostomates if necessary. At the first sign of leak-

age, it's important to change the system at once. If you are finding it difficult to maintain skin hygiene around or under the barrier, you should consult your ET nurse for products to combat this, or possibly for a change in appliance model

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## 4 Reasons Why Having an Ostomy Can Be Exhausting

### Feeling Tired All the Time after Ostomy Surgery?

Being an ostomate simply means your body works differently. In the case of a colostomy or ileostomy, you're functioning with little or no colon. That alone is truly remarkable, but before the applause, it can also be exhausting. Watch out for these four common energy zappers.

#### 1. Trips to the Bathroom

While non-ostomates probably have one bowel movement per day, you might be in the bathroom several times per day emptying your ostomy pouch. This can happen more with an ileostomy or urostomy versus a colostomy. It's unavoidable, so just know that this ongoing need can leave you feeling pooped, especially for ostomates dealing with high output. And on days where you're changing your system, don't forget that this task also takes extra time and energy.

**Quick tip: Drink fluids after each restroom trip. Rehydrating your body can help restore some lost energy.**

#### 2. Lack of Sleep

In the weeks following surgery, you may wake at least three times per night to empty the ostomy pouch. For some ostomates, it takes months for their bodies to heal or for output to slow down. Plus, if you were a stomach sleeper prior to surgery, adjusting to a side or back sleep position can be challenging. If days of broken sleep are turning into weeks or months, it's no wonder why you're feeling exhausted.

**Quick Tip: Avoid eating large meals at night and know which foods run through the system faster. Don't lean on caffeine drinks, Red Bull, etc. – take a power nap to help**

**boost your energy. Get the best quality sleep possible to reduce fatigue.**

#### 3. Nutritional Deficiencies

Lack of proper nutrients can directly affect our bodies energy levels. If we don't get enough nutrition from food, we tend to feel tired and sluggish. Vitamins, such as B-12, for ileostomy patients is highly recommended because much of your body's essential nutrients are absorbed through the large intestine and ileum, body parts that you are missing or are reduced in size.

**Quick tip: Eating healthy is important to getting proper nourishment for energy. Talk to your doctor about blood tests for deficiency of specific nutrients, such as vitamin B6, vitamin B12, folic acid, thiamine, and niacin.**



#### 4. Endless To-Do Lists

Engaging in too many daily activities—even fun activities—can sometimes leave ostomates feeling completely drained. Know your limits. Remember to reserve some energy for completing daily responsibilities. Over-scheduling yourself can equal overexhausting yourself and may leave you feeling guilty or inadequate because you can't keep up.

**Quick Tip: Ask for help. Every ostomate should have an extra set of helping hands around for times when life gets crazy busy.**

Having an ostomy comes with a huge responsibility – always taking care of yourself. This may seem like a full-time job at first, but it's an important step to creating a happier and healthier life. Remember that you're absolutely unique; learn what works best for you. ☐

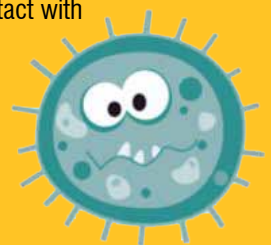
*- Insider Ostomy Newsletter, Fall 2022; Ostomy Connection: <https://ostomyconnection.com/>*

### How long can flu germs live outside the body?

If someone has the flu or a cold and coughs into his hand, and then he touches a doorknob, how long can those germs live on that doorknob?

The length of time that cold or flu germs can survive outside the body on an environmental surface, such as a doorknob, varies greatly. But the suspected range is from a few seconds to 48 hours — depending on the specific virus and the type of surface. Flu viruses tend to live longer on surfaces than cold viruses do. Also, it's generally believed that cold and

flu viruses live longer on nonporous surfaces — such as plastic, metal or wood — than they do on porous surfaces — such as fabrics, skin or paper. Although cold and flu viruses primarily spread from person-to-person contact, you can also become infected from contact with contaminated surfaces. The best way to avoid becoming infected with a cold or flu is to wash your hands frequently with soap and water or with an alcohol-based sanitizer.





## What Are Gelling Products?

Gelling products offer a novel way of minimizing some of the problems that go along with having liquid or loose stools. They are designed to gel the contents of an ostomy pouch without the need for any dietary changes to be made by the ostomate.



### How Gelling Products Are Usually Sold

You can find gelling products in a multitude of types: tablets, capsules, sachets and powders. Each have their own strengths, but they all do the same thing; I generally prefer sachets, as they are the easiest to travel with. When you buy tablets, capsules or sachets, you often get 100 or more in a package; powders will come in a container.

The price for gelling products can range between CDN\$16 a bottle (140 tablets) to nearly \$80 for 100 sachets. The good news is that most insurance companies will cover gelling products.

### How to Use Gelling Products

You add gelling products directing into your pouch each time you empty it.

Most manufacturers will suggest adding one tablet, sachet or capsule at a time, but if you feel that they aren't doing a good enough job, you are free to add more.

I've found that most gelling products will work very quickly to solidify your output, usually less than 10 minutes. I've got a cool video demonstrating how this works using the ConvaTec Diamonds sachets:

At the time of this writing (Jan 2022), I haven't used loose powdered gelling agents, but I can only assume that they will solidify output the fastest of all the types.

### Tips When Using Gelling Products

It is not recommended to use gelling products if you have a urostomy. Keep these products away from moisture! If you store your supplies in your bathroom, make sure they are either in a sealed container or airtight Ziploc bag.



Get samples before settling on one brand or type of gelling agent; some work better than others. Using a gelling product can make wearing your pouch horizontally (like with a Stealth Belt) more manageable and comfortable.

### Are Gelling Products Vegan-Friendly?

Most gelling products are free of animal ingredients, but capsules tend to be made using gelatine, so it's best to avoid those. ☐

- Source: *Vegan Ostomy*, January 2022

## Bladder Cancer Stats & Tests

By Colleen Doherty, MD, a board-certified physician; Verywell.com

The survival rate for high-grade NMIBC at 10 years is about 70 to 80 percent. This means that 10 years after diagnosis, 70 to 80 percent of people with bladder cancer will be alive. For low-grade disease, the survival rate is much higher.

This is just a statistic and does not predict an individual's risk, so try not to get too bogged down on the number. The big picture here is that the chance of recovery after a diagnosis of non-muscle invasive bladder cancer is quite favorable.

### Bladder Cancer Tends to Recur

You may be surprised to learn that about 50 percent of non-muscle invasive bladder cancers recur, meaning they come back. That being said, it can be very tricky predicting who is more likely to have their cancer recur. This is why it's important to follow up with your urologist and any tests he or she orders as advised.

### Cystoscopy Is the Gold Standard For Diagnosing and Monitoring Bladder Cancer

According to the American Urological Association, the most reliable way to check for cancer recurrence is with a cystoscopy—an instrument that a urologist uses to examine your bladder, allowing for direct visualization.

In other words, other laboratory tests like urine cytology or urine biomarkers can provide clues or help guide a doctor's plan, but they are not sufficient for predicting whether a person will have a recurrence of their cancer.

If your bladder has not been removed, plan on seeing your urologist for periodic cystoscopies, often starting within three

## DID YOU KNOW . . .

That your right lung is larger than your left? It's true -- because your heart is situated to the left of center and therefore shares space with the left lung, your right lung will be larger.  
(from *BodyWorld 3*, Vancouver)





# STEP UP 2022 FOR OSTOMY



**THANK YOU** to everyone who came to LaFarge Lake for our 4th Annual *Step Up for Ostomy Walk!* (previously called the Stoma Stroll) The weather held and an estimated 35 walkers (and six dogs) came to enjoy a leisurely walk around the lake with crossant sandwiches after.

Thanks to our sponsors **Life Care Ostomy** for organizing the event plus treats and beverages, and to **Hollister** for the T-shirts, See you next year! (photos by Deb, Judy and Soheila)



*Couldn't make it to Step Up for Ostomy but still want one of the T shirts? Free shirts available for anyone who missed the event just call 604-992-4590*

**SEE YOU NEXT YEAR!**





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# Membership and the Importance of Community

- by Chapter Member Leslie Whatmough



**I confess** that I avoided becoming a member of an Ostomy group when I had my surgery more than 20 years ago. I had Ostomy surgery as a cure for ulcerative colitis, but it has been one of the best kept secrets in my life. I did not share this information with my colleagues for fear of being seen as weak or incapable. I rarely discussed it in front of my family because I was raised to believe that body functions are private matters. My husband was my confidant. When we met I had struggled with colitis for 6 years and when I went through surgery he was my cheerleader. He was so supportive

that I never felt that I needed to confide in anyone else or to belong to a support group. I used to say that I didn't want to be identified by my limitation. In truth I was in denial, not wanting to experience the stigma associated with the life saving appliances. Then 4 years ago my husband died after a very short battle with lung cancer and 2 years later the pandemic hit. Suddenly I felt very alone.

Last year I moved to Vancouver to be close to my children and decided to reach out to the Vancouver Chapter. While I have always been independent, the isolation of the Covid Pandemic made me realize the value of community. I want to support causes that are close to my heart and speak to my values. What I have learned in the very short time that I have become involved, is that this community is a very special. I am overwhelmed with the kindness and generosity of everyone I have met. I have heard some incredible stories of complicated health conditions and multiple surgeries and I am astounded by the resilience of those members who continue to live their best lives. I realize that by keeping what I refer to as my 'dirty little secret' I inadvertently supported the stereotype that a person with health concerns is weak and incapable, when in fact the opposite is true. This revelation means for me that it is time to come out of the closet and brag how living with an Ostomy gave me my life back.

Living with an Ostomy is challenging and expensive. It can make you feel vulnerable. We live with the worry of an appliance falling off in public, what I affectionally call a 'wardrobe malfunction'. Having a sense of humour about it helps me cope. The challenges and frustrations we face are real and being able to talk openly about them is healing. This community is helping me feel braver. □

## Tips & Tricks

**Watch your weight** -- a gain or loss of 10 - 15 pounds can affect the way your appliance fits.

**Posture matters!** When you return from hospital you will be feeling sore and uncomfortable. You may be anxious about the front of your body getting bumped, or self-conscious about the stoma which can lead to a habit of hunching over to 'guard' that area. Try to



focus on keeping your head up and your back straight.

**Walking Works!** Don't lie or sit about all day. Walking helps restore lost muscle tone, gets your circulation going

and just generally perks you up. Get up and walk several times a day, even if it's just down to the corner and back.



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## TOO MUCH SUGAR CAN CONTRIBUTE TO DIARRHEA!

Sugar can be sneaky and found in many forms. Try to limit your overall sugar intake by reducing the quantity of sugar foods throughout the day. Sugar can be white or brown, in jams, honey, hard candies, molasses, in juice and regular pop.



- Avoid sweeteners such as sorbitol and mannitol. They are often found in "diet candies", sugar free candies, gum and cough drops. These two may worsen diarrhea

- Choose restricted

lactose milk such as Lactaid or Natrel lactose free, to decrease the natural sugars in milk

- Perhaps having water while forgoing juice, pop or other fruit drinks may help balance out this day
- Balance the high sugar food with other foods that help to thicken one's output. Think BRAT: Bananas, Rice, Apple-sauce and Toast are some foods which can thicken ostomy output.

## TAKING CALCIUM SUPPLEMENTS

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

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

Dr. Notelovitz has discovered that when the dosage is taken does make a difference in how much calcium is absorbed and used. It is best to take calcium at bedtime because it is stored during the day and lost at night. Stored calcium in the bones is required for aid in blood clotting and heart muscle contractions. At night, when no food is being taken in, the skeleton is the only source of calcium. By taking the supplement at night, your blood level of calcium can be maintained without depriving the bones.

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

Source: S. Brevard (FL) Ostomy Newsletter, Regina Ostomy News, May/June 2005





## THE GOOD DOCTOR Documentary: Shaping the Mission of a Medical School Through Public Input

***On August 18th, Cathy Kline, Research Coordinator at PCPE, presented a documentary at the international 2022 Towards Unity for Health (TUFH) conference in Vancouver.***

The video was produced at a public consultation organized by Patient & Community Partnership for Education on behalf of the UBC undergraduate medical program Curriculum Review Working Group. Special efforts were made to include the voices of those not normally heard by higher education decision makers. It has frank, from the heart, advice about the priority health concerns in BC and is shown to first-year medical students who are reportedly “very moved by the eloquence and authenticity of the speakers”. Key changes made from public input include a new emphasis on two-way communication and shared decision making that puts patient-centred relationships at the forefront of medical education.

Approximately 250 delegates from 50 countries attended the conference which focused on fostering equitable community-oriented health services, education, and research, with the goal of improving health locally and globally. TUFH is an international, intersectoral, and intergenerational global health conference that brings together health partners, universities, community institutions, and thought leaders from around the world.

### **The following students agreed to share their reflections about what it means to be a good doctor:**

*“From my experience, a good doctor is someone who takes the time to learn and listen to their patients. They validate the experiences of their patients without judgement. A good doctor understands the importance of humility and culturally safe care; they are continually learning and challenging their own beliefs to ensure they are doing the best for their patients. A good doctor embodies the career and puts their patients above themselves,” says first year student, Britney Szarka from the Northern Medical Program.*

*“Distinguishing a ‘bad’ doctor from a ‘passable’ or ‘okay’ one I feel is a much easier task than defining a ‘good’ one. Having adequate education and information at hand, the core clinical skills, and a basic ability to communicate are all*

*qualities that are expected of doctors, but I don’t feel completely encapsulates what a truly ‘good’ doctor is. From my personal experiences of being a patient it appears that it was the small things that gave me the perception of being treated by an excellent health care provider. Small actions such as sitting down and making eye contact at the beginning of an appointment, calling me by name, validating concerns, and demonstrating respects for all other healthcare staff contributed significantly towards making my patient experiences as positive and effective as possible, and subsequently are core aspects of what I think makes up a good doctor. A good doctor is also one that is able to provide care for their service for a long period of time. This involves a doctor knowing their own limitations and ensuring that they are taking care of themselves to the best of their ability”, says first year Vancouver-Fraser student, Peter Mittermaier.*

*“To me, the ‘Good Doctor’ is someone who puts patients’ health, safety, comfort, and wellbeing first at all times. To do this, the doctor should approach each patient with an open mind and without judgement or biases. During your lecture, I appreciated that you highlighted the importance of unlearning previous biases in order to truly accomplish this. As doctors, we commit to lifelong learning and I think that educating ourselves on different cultures and practices is just as important as learning medical school material. Furthermore, doctors should be good listeners to truly understand patients’ history and lived experiences, they should proactively think of ways to make patients more comfortable, they should continuously approach patients and their loved ones with compassion and empathy, and they should treat all staff members with respect. Beyond one-on-one interactions, I think it is also important for doctors to advocate for patients through public health initiatives and fight for positive changes in the health care system. Finally, in order to ensure that the patient gets the best possible care, it is important for doctors to also take care of themselves by striving for a balanced lifestyle and asking for support when they need it,” says first year student, Bianca Te from the Vancouver-Fraser program.*

*- UBC Patient and Community Partnership for Education*

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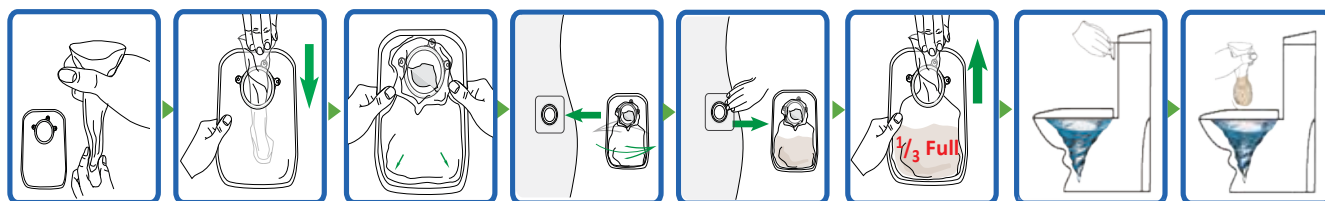
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Part way through a sentence, your mind goes blank. You search for the words but memory fails. It can be one of the longest moments of your life. If those memory lapses seem to occur more and more often, it probably isn't what you think. Forgetfulness has been associated with Alzheimer's disease, but most people remain healthy and able as they grow older. A minor decline in memory in healthy seniors is referred to as age-related memory loss (ARML). It's annoying, but ARML does not entirely disable memory.

### How Memory Works

Memory is not a single process. Declarative memory is a source of actual information that includes vocabulary and life events. (an example of declarative memory would be when you tell someone a story) About one-third of healthy older people have some difficulty with declarative memory. This ARML does not interfere with other important mental functions such as reasoning, imagination, insight and abstract thinking. NonDeclarative Memory allows us to recall skills and procedures. A person with dementia will have difficulty with both NonDeclarative and Declarative memory.

### When Not to Worry

People with ARML and those with disease such as Alzheimer's

er's or other dementias have different experiences. Normally, aging people may sometimes have trouble remembering words; doing daily activities on their own; remembering important events and conversations; and feeling as comfortable socially as they always have. In contrast, people in

the early stages of dementia may have trouble recalling familiar words; neglect their safety, hygiene and nutrition; have difficulty driving and shopping and are unable to follow directions; become lost in familiar places. If you feel that these symptoms apply to you or someone you love, consult a doctor.

### Use Your Brain

The best thing you can do for your brain is use it. A rusty memory can be salvaged. In one study, seniors who did mentally stimulating activities such as practising music and playing board games reduced their risk of dementia. Evidence also suggests that aerobic exercise sharpens memory skills. Even believing in your ability to remember things may have some effect. When seniors were given a memory performance test, those who believed they would do well on the test did better than those who thought they would do poorly.

- Oregon Ostomy Assoc & GB News Review; Indiana Re-Route; Regina Ostomy News

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## Night Time Bowel Movements After Pelvic Pouch Surgery

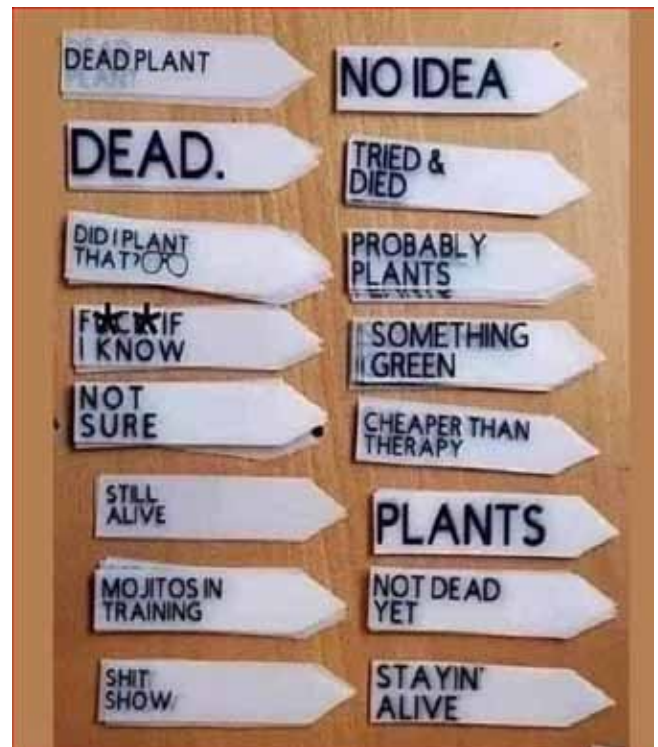
Many patients with a pelvic pouch are troubled by the need to get up frequently to move their bowels during sleep. This interruption of sleep leads to fatigue during the day and decreased satisfaction with their surgery. Even though the results will never be "perfect," there are some tips which can be followed to decrease the number of bowel movements at night.

It has become customary in our culture to eat our largest meal for supper. Furthermore, with busy work schedules, the evening meal may be taken later and later at night. For patients troubled with night time bowel movements, trying to eat their largest meal at lunchtime may help. The smaller the meal is during the evening, the less amount of waste to fill the pouch at night. Additionally, eating as early as possible will also help decrease the need to get up at night.

Some people are sensitive to certain foods which may increase the frequency of bowel movements. The usual culprits are fried/fatty foods and milk and milk products. Eliminating these foods or others which you may be sensitive to may help.

*From Stillwater-Ponca City (OK) Ostomy Outlook*

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### **COMMUNITY CARE NURSING**

(Ambulatory and Home Care). New and Existing ostomies requiring possible nursing support: self, family, care giver, GP referred.  
Vancouver Community Central Intake:  
604-263-7377  
Richmond Continuing Care: 604-278-3361  
Sea to Sky Community Health: 1-877-892-2231  
North Shore Community Health: 604-986-7111

### **Lakeside Medicine Centre**

**112A 2365 Gordon Drive, Kelowna**  
Call for appointment: 250-860-3100  
Fax: 250-860-3104 1-800-222-9002 Toll Free  
Pam Mayor NSWOC, BSN.  
Kristi Kremic NSWOC, BSN.

**NSWOC Nurses -**  
*Many of you work at  
more than one site,  
or may have changed  
worksites.  
Please help keep  
me current and send  
updates to:*

**[autodraw@shaw.ca](mailto:autodraw@shaw.ca)**

**Thank you!**

# ODD SPOT

## Fun Facts About Jeans

**Have you ever wondered why there's a teeny-tiny pocket on the right side of your jeans?**

You know, the one above the bigger pocket? The one that will hold absolutely nothing? Well you don't have to wonder any longer, because we have the definitive answer.

**As the very first company to produce blue jeans,** Levi Strauss & Co. explained the curious design decision. It turns out that the tiny pocket has an official name: the watch pocket. It's also been around for as long as jeans themselves, which dates it back to the early 1870s. When jeans were first being worn in the 19th century, this small pocket served as protection for pocket watches, a staple accessory of that day. On its blog, Levi explained the design of those early jeans, the reason for the tiny pocket and the many nicknames it's had over the years.

**The first blue jeans had four pockets** — only one in back and, in the front, two plus the small, watch pocket," the com-



pany wrote. "Originally included as protection for pocket watches, thus the name, this extra pouch has served many functions, evident in its many titles: frontier pocket, condom pocket, coin pocket, match pocket and ticket pocket, to name a few."

### More fun facts about jeans:

- Women own, on average, seven pairs of jeans, according to research.
- Jeans were originally called "waist overalls."
- The orange thread on Levi Strauss jeans is trademarked. It's a subtle feature to help make the brand recognizable and also matches the copper rivets.
- A single bale of cotton can make 225 pairs of jeans.
- The first jeans came in two styles: indigo blue and "duck," which was a brown cotton.
- Blue jeans became popular overseas when American soldiers wore jeans while off-duty.
- Limbo, a boutique in New York City, was the first place to give jeans an aged look through washing techniques.

- Simplemost

## MEMBERSHIP / RENEWAL APPLICATION

### United Ostomy Association Vancouver Chapter

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 United Ostomy Association Vancouver Chapter.

I am enclosing my annual membership dues of \$30.00. I wish to make an additional contribution of \$ \_\_\_\_\_, to support the programs and activities of the Vancouver Chapter and the national Ostomy Canada Society. Any donations of \$20 or more will receive a tax receipt.

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:

**PLEASE NOTE OUR NEW MEMBERSHIP MAILING ADDRESS:**

**Membership Coordinator**

**103 - 1450 East 7th Ave, Vancouver BC V5N 1R8**