



MARCH / APRIL  
2021

## In This Issue

<i>Zoom Into Spring</i>	1
<i>Editorial</i>	3
<i>Thoughts About my Life as an Enterostomal Therapy Nurse - By Susan Hunter</i>	4
<i>Who Will Eat All This Food</i>	9
<i>How Often do People Change Their Pouch</i>	10
<i>Kidney Stones and the Ileostomate</i>	10
<i>Abdominal Perineal Resection (APR)</i>	11
<i>Tips and Tricks for Urostomy</i>	11
<i>Membership Form</i>	12

## MEETINGS

Meetings are held on the second Tuesday of the month at 7:00 pm except for January, July and August. Currently we are not meeting face to face but by **ZOOM**. If you'd like to be part of that please contact Murray Wolfe to ensure he has your email.

## UPCOMING MEETINGS

March 9 - 7 pm Zoom with STARS

April 13 - TBA

May 11 - TBA



Murray Wolfe is inviting you to a schedule Zoom gathering on Tuesday, March 9<sup>th</sup> at 7 pm.

Topic - Ryan Gobeil will take us on a behind the scenes look at STARS Air Ambulance. STARS is a non-profit organization which provides emergency care and transport via helicopter. Ryan will also share his personal story that touched our entire province.

If you are on our email list you will receive an email from Murray with this same information.

Click on the underlined link below. It will take you directly to the meeting. It is unlikely you will need the Meeting ID or Passcode to join but if you do follow the instructions.

<https://zoom.us/j/7093178979?pwd=OGE1V0xxVUZqb1JIWVgybjRlZTZ2dz09>

Meeting ID: 709 317 8979

Passcode: 6zj3X1

**OR**

You may join by calling in the old-fashioned way by your telephone or cell phone. Pay attention to Meeting ID and Passcode.

+1 204 272 7920 Canada

Passcode: 625820

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**REGINA OSTOMY CHAPTER EXECUTIVE**

President	Murray Wolfe	550-7958
Past President	Agnes Parisloff	761-0221
Vice President	Vacant	
Secretary	Heather Bathgate	949-4664
Treasurer	Gerry Powers	586-7758
Membership Chair	Patty Gianoli	535-8251
Flowers & Cards	Agnes Parisloff	761-0221
Phoning	Gord Kosloski	789-1592
	Diane Weir-Wagg	539-7404
Host	June Crawford	543-2852
	Bill Collie	543-2647
Lunch	Brenda Frohlick	949-2352
Mailing	Brenda Frohlick	949-2352
Newsletter & website	Deb Carpentier	536-3319
	Louise Laverdiere	536-5442
Visiting Coordinator	Ruth Suderman	450-4690
SASO	Bob Fearnside	924-5993

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Lela Mileusnic, RN BScN WOCC (c)

Monica Aikman, RN, BScN WOCC (c)

Ruth Suderman, RN, BScN NSWOC

Louise Swan, RN, BScN NSWOC

Karen Kinaschuk, RN, BScN WOCC (c)

Bobbi Kish, Office Manager



*"There are no strangers here, only friends who haven't met"*

*Hans Baumann*

*Marlene Danchuk*

*Robert Pollock*

*Larry Wagner*

**MISSION STATEMENT**

The Regina & District Ostomy Chapter is a non-profit mutual support society for the benefit of people who have had, or are about to have intestinal or urinary diversion surgery.

**Our purpose is:**

- To help people with intestinal and/or urinary diversions to lead full and productive lives and to provide information and emotional support to their families and caregivers.
- To educate the public about intestinal and urinary diversion surgery.
- To provide trained visitors to those who have undergone intestinal and/or urinary diversions, including preoperative and postoperative visits or phone calls, at the request of the physician or enterostomal therapist.



*Our Deepest Sympathy*

It is with deep regret that we report the death of two of our members. We extend our most sincere sympathies to family and friends.

*Bernice Bates  
Olga Canevaro*

## Editor's Message



This spring brings much hope. Although the Covid-19 pandemic continues we now can feel more optimistic that soon the vaccine rollout will start moving very quickly. We're all very tired, tired of the cold and tired of the virus and not being able to move around as we used to, spending time with people without the threat and fear of the virus hurting us or those around us. But, we must continue to take the precautions we've been advised to take as we're not done yet. I think it's fair to say we have not been faced with a crisis like this in any of our lifetimes as the last big pandemic was the 1918 Spanish Flu which lasted close to two years.

Vaccines will be a key element in moving closer toward regaining more control of our lives and our communities. The covid-19 vaccines will be embraced by some and met with hesitation by others. I know I for one will be in that line to get whatever vaccine is being offered when it is my turn.

At our last zoom gathering in February there were 27 of us. Please consider joining us in March as we have a presentation from STARS (Shock Trauma Air Rescue Service). It's a way to see some familiar faces, or have a different view for an hour and there is no need to do anything other than listen if that's what you want. It will have been a year since we last met face to face and I think we'll be on this path for a few more months to come. There have been real positive outcomes by having to use ZOOM as this technology has allowed our members, from all over southern Saskatchewan, to join in. I think that even when we can meet in Regina in the future, the ZOOM link will continue to be utilized. Watch for your email invitation from Murray or follow the instructions on the front page.

It's that time of year again where we have to fill in our tax returns. It's quite possible that if you are living with an ostomy that you are eligible for the Disability Tax Credit (DTC). There are brochures available at the ostomy clinic, Jolly's and Medical1 if you want to read the brochure. The brochure is also on line at the Ostomy Canada website <https://www.ostomycanada.ca/dtc/>

Whether you've had your ostomy for a year or for 30 years it's never too late to apply for the DTC. The brochure is very helpful with regard to the steps to take and the language to use.

We heard from the Ostomy Canada national office that some magazines have been returned in the mail. If you have not yet received your winter edition of the Ostomy Canada magazine please let me or someone know and we'll look into it for you.

Above all else hold on to hope and look forward to a better tomorrow.

Wear that mask, wash those hands and stay safe.

Deb

### Letters to the Editor . . .

Dear Readers, our aim is to provide you with articles that inform and entertain. We're always looking for stories, tips and anecdotes about life and/or living with an ostomy. Here are some ways to contact me or connect with a larger on-line group.

Deb Carpentier  
[carpentier.deb@gmail.com](mailto:carpentier.deb@gmail.com)  
 Phone: 306-775-1869  
[www.reginaostomy.ca](http://www.reginaostomy.ca)  
[www.ostomycanada.ca](http://www.ostomycanada.ca)

#### Facebook coordinates:

Regina Ostomy Chapter group  
 Ostomy Canada Society group  
 Ostomy Canada Parents' group  
 Young Ostomates support – YOS+FG

The Colorectal Cancer Association of Canada is a support group for the estimated 22,000 Canadians annually diagnosed with colorectal cancer. Membership is free.

Info is available at their website: [www.colorectal-cancer.ca](http://www.colorectal-cancer.ca) with links to news reports, articles, and other cancer organizations in the field. Support cancer coaches are also available to talk with patients. **Or Phone 1-877-50COLON**

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## Thoughts About My Life as an Enterostomal Therapy Nurse

*(Susan Hunter is a retired ET (NSWOC) and is a member of the Regina & District Ostomy Society.)*



Being a nurse is not something I had always dreamed about. When I was in grade 12 a decision about my future had to be made. It seemed that my options were: teacher, hairstylist, secretary or nurse. I realize now that there were many other career options but back then it didn't seem that way. I picked nursing and later my career at the Pasqua Hospital began. I worked in maternity, then emergency and then I managed a team of nurses that did medical and surgical wound management for the entire hospital. In 1981 one of my many nursing mentors, Betty Hailstone, encouraged me to consider a nursing opportunity in a new program called Enterostomal Therapy. I accepted the position and went to Vancouver to complete the Nursing Education program. Little did I know that I had found the nursing specialty where I was meant to be. It was the place where I would find fulfillment and

happiness working with the greatest group of patients one could ask for, the most rewarding career I could dream of.

Nurses have many roles in healthcare. My favorite nursing role was at the bedside or in the clinic with a patient. Their courage and bravery inspired me. Their questions and concerns taught me and, in many cases, patients new found health and freedom from pain made me happy. One of the most rewarding aspects of being an Enterostomal Therapy Nurse was the connection made, on such an intimate level, with each person. We usually met under difficult circumstances, most often life changing and unexpected. The emotional support as well as the technical advice is what an ET nurse (now referred to as an NSWOC) provides. When we designed our new clinic, the goal was to create an environment that was safe for the individuals requiring our service. A safe environment meant a place where expressing a person's greatest fears, triumphs, anger, happiness, disappointment, joy, personal goals, tears and fears were encouraged and they knew were confidential and were accepted. I had the privilege, in many cases, of knowing the individual's family, their wife or husband, their Mom and Dad, their children or when they got married or when they became parents or grandparents. In several cases I saw a young patient graduate high school and move on to higher levels of education. I ached when one of my patients lost their life to disease or other reasons. I was a member of a team that worked together to achieve the best outcome for each one of our patients.

Specializing within nursing offered many benefits to me, my clients and to the health region that I worked for. I was presented with opportunities to sit on industry medical advisory boards. These boards were helpful to the companies as they learned what we, as nurses, wanted to see developed for our patients. The companies heard what our patients were saying about products and what they would like to have improved or developed. I was fortunate to sit on several boards. I was part of a board made up of nurses, like myself, from across Canada. We learned from each other, took new ideas back to our clinics and shared what worked well for us. As new products were developed we had the opportunity to trial those products and provide input from a nursing perspective as well as input from a client perspective, a win, win for all. These boards were excellent vehicles for networking and establishing valuable professional connections. It was an opportunity to build my knowledge and the network I developed provided consultations with those whose experience in certain areas was greater than my own. Many of the people I sat with on medical advisory boards are still my friends today. I value that friendship and enjoy continued contact.

I have so many memories of life as an Enterostomal Therapy Nurse. Many of the memories include my husband and our sons. The Chapter Christmas party was always a hit for the boys. I can see Ethan sitting alongside Mrs. Neald as she played Christmas carols and Drew patiently waiting for the Christmas gift he was certain to receive. Or, on a Sunday afternoon, having my sons being entertained in the clinic by Oscar, the husband of my patient, while I was in the clinic working with Oscar's wife to solve a nasty pouching problem. Then there were the invitations to patient's homes for dinner or tea or coffee while I was working at clinics out-of-town. And there were the great belly laughs with patients that only that person and I found to be so funny. Somehow my chapter mates Agnes, Deb and others always managed to book a TV appearance for us to celebrate and create awareness of stoma surgery and what that meant. There are so many stories involving so many people. I am sure you all know who you are and I appreciate you.

One of the greatest honors, for me, was to be nominated, by the Regina Chapter, for the ET Recognition Award to Ostomy Canada in 2003. As the recipient, that award has a special place in my heart and in my home. It means the world to me.

Being an ET Nurse was/is an important part of my identity. Thanks goes to those that I interacted with professionally and personally over 33 years of nursing. How lucky was I to have a career that made saying goodbye so hard. Also, how lucky am I to continue to be involved with and be a member of the Regina & District Ostomy Society.

Susan Hunter



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On a golf tour in Ireland, Tiger Woods drives his BMW into a petrol station in a remote part of the Irish countryside.

The pump attendant obviously knows nothing about golf, greets him in a typical Irish manner completely unaware of who the golfing pro is.

“Top of the mornin’ to yer, sir” says the attendant.

Tiger nods a quick “hello” and bends forward to pick up the nozzle.

As he does so, two tees fall out of his shirt pocket onto the ground.

“What are those?” asks the attendant.

“They’re called tees” replies Tiger.

“Well, what on the god’s earth are they for?” inquires the Irishman.

“They’re for resting my balls on when I’m driving”, says Tiger.

“Fookin Jaysus”, says the Irishman, “BMW thinks of everything!”



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## YOUNG OSTOMATES SUPPORT & FRIENDSHIP GROUP

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Come meet others living well with an ostomy in a relaxed setting! We do various activities that are typically followed by coffee.

2021 meetings will remain virtual until we can safely meet in person!

Zoom meetings will be offered in January, March and May with a chance to win a gift card for all attendees!

We will re-assess meeting for a socially distant BBQ in the spring & what our fall meetings will look like. Follow us on Facebook for updates!

Ostomy Canada Society | Société Canadienne des Personnes Stomisées

**OSTOMY CANADA SOCIETY**

Suite 210  
 5800 Ambler Drive  
 Mississauga, ON L4W 4J4  
 e-mail: [info1@ostomycanada.ca](mailto:info1@ostomycanada.ca)  
 Toll-free telephone number:  
 1-888-969-9698  
<http://www.ostomycanada.ca/>

**Ostomy Canada Society Mission Statement**

Ostomy Canada Society is a non-profit volunteer organization dedicated to all people with an ostomy, and their families, helping them to live life to the fullest through support, education, collaboration and advocacy.

## \* Did You Know?

People living with an ostomy are eligible for the disability tax credit when a qualified medical practitioner certifies the disability tax credit certificate and Canada Revenue Agency approves the application. See our website for details: <https://www.ostomycanada.ca/dtc>



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## WHO WILL EAT ALL THIS FOOD?

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

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

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

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

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

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



Submitted by: Ed Tummers

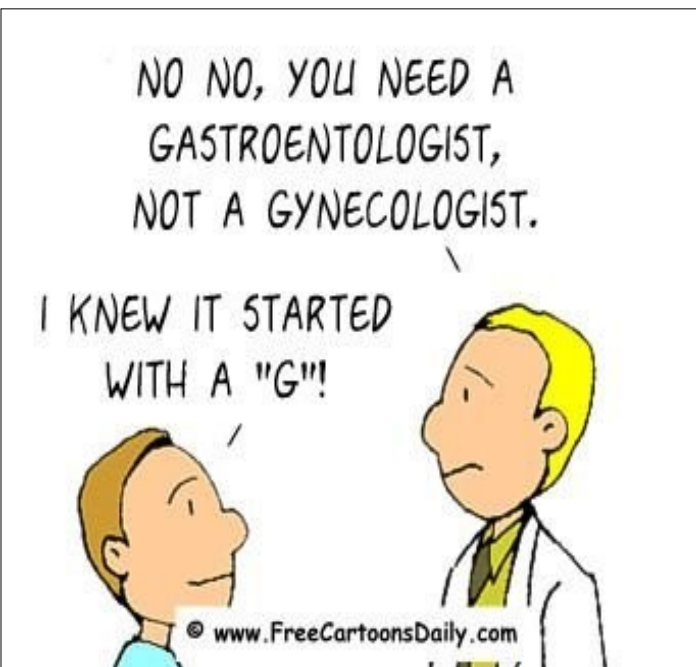
Source: Metro Halifax News—September 2010. Reprinted from WOA's Inside/Out Oct. 2012; Inside/Out Apr 2020

## HOW OFTEN DO PEOPLE CHANGE THEIR POUCH?

The majority of ileostomy and urostomy patients change their pouch as often as every day to once a week. Others (including those with a colostomy) may change the pouch as often as 3 times day or as infrequently as every two weeks. Reasons for such extreme variations in changing frequency can be:

- Personal Preference: Aesthetics, convenience, and odour control
- Skin Type: Moist or oily skin tends to decrease adhesion time.
- Amount of effluent: Profuse effluent tends to loosen the seal.
- Technique: Good technique, such as cutting the hole to the right size, proper application of paste or inserts etc. will increase wear time.
- Stoma Length: a short stoma exposes the adhesive material to moisture which decreases wear time.
- Cost: Those who have difficulty paying for supplies may delay changing to make things last longer
- Some foods could be another reason. Some people have reported adhesive breakdown when large quantities of acidic foods are consumed—tomatoes, oranges, & strawberries, etc. Spices have also been suggested as another cause of adhesive breakdown.

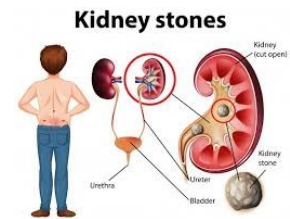
*Vancouver Ostomy HighLife – January / February 2019 ; Halifax Gazette June 2020*



## Kidney Stones and the Ileostomate

*By Jill Conwell, RNET, Corpus Christi, TX, Edited by B. Brewer, UOAA UPDATE*

Kidney stones are fairly common medical problems. They occur in about 5 percent of the population. They are more common in men with a sedentary lifestyle and in families with a history of kidney stones. The average age of first occurrence is about 40, but they can occur at any age. For ulcerative colitis patients, the incidence of developing kidney stones is about double that of the rest of the population. For **ileostomates**, the incidence is 20 times greater. There are two basic types of kidney stones; uric acid and calcium. Both may occur in ileostomates since the underlying cause is dehydration. Uric acid stones are more frequent.



One reason for this is the chronic loss of electrolytes, producing acid urine. The stones may vary in size and shape, some being as small as grains of sand, while others entirely fill the renal pelvis. They also vary in colour, texture and composition.

Symptoms during the passage of a kidney stone include bleeding due to irritation, cramping, abdominal pain, vomiting and frequent cessation of ileostomy flow. When ileostomy flow stops, distinguishing between an obstruction versus a kidney stone may be difficult since the symptoms are similar.

Treatment of most kidney stones is symptomatic and in most cases the stone passes spontaneously through the urinary tract. Medication for the spasms is usually administered. The urine should be strained in order to collect the stone for analysis.

Once the composition of the stone is determined, steps should be taken to prevent recurrence of an attack. The physician will prescribe medication or dietary modifications depending on the type of stone. The best preventative measure is to drink plenty of fluids (8 glasses) every day. If the urine appears to be concentrated, increase fluids and use a sports drink that is rich in electrolytes to replace losses.

*Source: Ostomy Support Group of Middle Georgia The Ostomy Rumble, April 2016/ Winnipeg Inside Out February 2021*

*Picture: Freepik.com*



## Abdominal Perineal Resection (APR)

This surgery is also sometimes called Abdomino Perineal Excision of the Rectum (APER) If you have had your rectum and anus removed and have a scar on your perineum (the area between the anus and scrotum or vagina) you will find it painful to sit down for several weeks at least after surgery. This is because the area is still healing. Occasionally the scar is slow to heal and may need dressings when you first go home. Even if the scar looks well healed the tissue underneath can take months to repair.

During this time you may find it easier to walk around and then lie on the couch rather than sit. Other people will find a particular chair more comfortable than others; try all the chairs at home and find the most comfortable. If it needs to be moved don't be tempted to lift it; ask for help from family or friends. If you are going somewhere and know the chairs will be hard take a cushion with you to sit on. An inflatable cushion is useful as it can be carried easily and used when needed. Note: 'donut' cushions (those with a hole in the centre) are not advised because they tend to spread the buttocks which will pull uncomfortably on the scar. You may experience perineal pain when you walk or bend because the scar feels tight. If you have had radiation or your scar was slow to heal it may also feel thickened and inflexible. Sometimes the discomfort is only noticed when you start to resume normal activities and you find it difficult to lift your leg, for example, or getting into the bath or riding a bike. Try to get into a regime of daily exercise whereby you gently lift your leg or crouch until the point of discomfort and you will find it gradually becomes easier. If you massage the area regularly with a moisture cream it may also make it feel less taut. Regular bathing or showering can be helpful in reducing discomfort and help keep the area sweat free.

*Reprinted from Colostomy Association Tidings by Greater Seattle "The Ostomate" via Ottawa Ostomy News June 2012; Brantford & District Ostomy News, November 2012, via Vancouver Ostomy Highlife, Nov/Dec 2012*



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## TIPS & TRICKS FOR UROSTOMY

*Vancouver Ostomy HighLife – January / February 2019; Halifax Gazette June 2020*

If you have a urostomy and notice uric acid crystals appearing on your stoma or the surrounding skin you may not be drinking enough water. (Uric acid crystals look like whitish residue). Although

they are relatively harmless, they can irritate the delicate tissue of the stoma if not removed. If regular shower water is not rinsing this completely off, try a mild vinegar solution (about two parts water to one part vinegar) to soak stubborn crystals off. Keep urine bacteria at a low level by drinking plenty of water. This is important to prevent the kidneys from becoming infected via the ureters. Drinking lots of water will help dilute and flush the urine. Drinking cranberry juice is also helpful in decreasing bacteria.





### REGINA AND DISTRICT OSTOMY SOCIETY MEMBERSHIP APPLICATION

Membership is open to all persons interested in supporting people with ostomy surgery and their families. As a member you can enjoy the benefits of being part of a group in Regina and Saskatchewan through newsletters, meetings, websites and social media. Members receive the Society's 5 newsletters annually, become members of Ostomy Canada Society and receive the Ostomy Canada magazine. The following information is kept strictly confidential.

- Please enrol me as a  new or  renewal member of the Regina and District Ostomy Society.
- I am enclosing my annual membership dues of \$30.00.
- I wish to make an additional donation of \$ \_\_\_\_\_, to support the program and activities of the Regina and District Ostomy Society and Ostomy Society Canada.
- Please update my contact information.

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Membership Information:  Ostomate  Supporter  Other (please specify) \_\_\_\_\_

A charitable tax receipt will be issued for all additional donations of \$20.00 or more. Please make cheque payable to: **Regina and District Ostomy Society** and mail with this form to: 7631 Discovery Road Regina, Sk S4Y 1E3

### Bequests & Donations

We are a non-profit association and welcome bequests, donations and gifts. Acknowledgement cards are sent to next-of-kin when memorial donations are received. Donations should be made payable to Regina Chapter at address listed on this page and tax receipts will be issued.

### VISITING SERVICES

We provide lay visiting service, at the request of the physician, patient or Ostomy Nurse, either pre-operative or post-operative or both. The visitor is chosen according to the patient's age, gender, and type of surgery. **A visit may be arranged by calling the Visiting Coordinator, Ruth Suderman at 306-450-4690 or emailing [sudermanruth@gmail.com](mailto:sudermanruth@gmail.com)**

### Moving? Questions? Need Information?

Regina Ostomy Chapter  
7631 Discovery Road  
Regina, Sk S4Y 1E3  
(306) 761-0221 or [reginaostomygroup@gmail.com](mailto:reginaostomygroup@gmail.com)

**PRODUCTS MENTIONED IN THIS NEWSLETTER ARE NOT NECESSARILY ENDORSED BY THE REGINA OSTOMY CHAPTER. SEE YOUR DOCTOR FIRST BEFORE TAKING ANY OF THEM!**

**Charitable Registration No.  
119114213RR0001**

### VISITING PROGRAM

January - 3 Colostomies  
February - 4 Colostomies; 1 Ileostomy