



JANUARY/  
FEBRUARY  
2022

## FEBRUARY IS HEART MONTH

*EDITOR'S NOTE: This article was taken from the UOACconnection, February 2013, which is now Ostomy Canada Connects, a publication of Ostomy Canada Society. The writer, Joel Jacobson, was the editor in 2013 and continues as Editor of Ostomy Canada Connects to this day. This article is still very relevant and I thank Joel for his message.*



It's Heart Month, time to think more of heart health than any other month, I suppose, even though we should be thinking about our heart every month of the year. Why am I, in an ostomy publication, talking about another health area? Because we all have hearts and without one, we would fail to exist.

But hearts and Ostomates have more in common than just hearts beating in the chest to keep blood flowing and the body working.



- An Ostomate's heart beats more strongly than most because of what we do for others.
- Ostomates are leaders. We seek out other ostomates who need advice, support and even comfort as they might struggle with a change of lifestyle that can be daunting and fear-inducing.
- Ostomates are resilient. We have faced challenges in our lives caused by upheaval resulting from a medical diagnosis or traumatic experience that creates the need for a bowel or urinary diversion. But we come right back and live normally, doing what we did before, almost without missing a (heart) beat.
- Ostomates are upbeat. How many times have you had an "accident", bitten the proverbial bullet after uttering a nasty word or two, made the necessary cleanup and change, gone back to whatever it was you were doing in the blink of an eye? If you're like me, you think "It could have been worse" and proceed to proceed.
- Ostomates are compassionate. We become registered visitors and share our stories so others can live well.

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## 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.



January - NO meeting

February 8 - 7:00 p.m. Zoom - TBA

March 8 - 7:00 p.m. Zoom - TBA

*Cont'd on page 4*

**REGINA OSTOMY CHAPTER EXECUTIVE**

President	Murray Wolfe	550-7958
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Secretary	Diane Weir-Wagg	539-7404
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	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
Partner & Family Support	Bob Fearnside	924-5993

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Karen Kinaschuk, RN, BScN WOCC (c)

Bobbi Kish, Office Manager

Amy Moore, Unit Assistant

**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.



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## Editor's Message



Greetings and welcome to 2022! As we reflect over the joys and challenges of the past year I suspect we all wonder if this is truly the new normal and if our lives and that our society will ever return to what seems like a more carefree time. As we learn to adjust to the new ways let's not forget that this too shall pass and we can find comfort in our friends and family.

The 2021 Step Up for Ostomy very well. People donated from across the country and we were more successful than we ever have been. That's good news because Ostomy Canada is a key focal point for all people living with an ostomy in Canada and the work always requires funds to accomplish its goals and make an impact in the community. The Regina Ostomy donation totaled over \$2000.

On January 19<sup>th</sup> there will be a National Webinar sponsored by Ostomy Canada. It's titled "Gas, Odor, bloating & how to keep your ostomy flowing" presented by Kaylem Boileau, RD MHS II WCC-CAN. You'll receive an invitation to register and a link to join the session. You have the option of joining while it's live at 4 pm local time or you can view the recording of it about a week later. Try to watch it, great information for us.

We'll continue to have Zoom meetings this winter. Although we won't meet in January there will be a gathering in February and we're arranging for one of our suppliers to come and talk to us about what products they have coming up this year. Murray Wolfe, our president, will send out an email. If you aren't on his email list don't hesitate to call him or email at [mwolfe@myaccess.ca](mailto:mwolfe@myaccess.ca) It's good to stay in touch even if it isn't an ideal situation for everyone.

If things go back to some semblance of normalcy and safety we would hope to have an education seminar later this year as well as a Visitor Training session. Stay tuned and don't hesitate to call one of the executive or committee members on this list if you have a question or comment.

As we start another year we want to thank our sponsors and advertisers and for their outstanding support and generosity throughout the year. And for all you chapter members and supporters who have donated to the Chapter or the Step Up we want to say *THANK YOU!!*

Last, and certainly not least, are our NSWOCs, wonderful nurses who specialize in wound, ostomy and continence care. Without you we would not be as well cared for.

Best wishes to everyone for a healthy and happy New Year in 2022.

*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: 306-536-3319  
[www.reginaostomy.ca](http://www.reginaostomy.ca)  
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#### **Facebook coordinates:**

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

### **Do you have questions about living with an Ostomy?**



The Regina & District group has people who have been living with an ostomy and have also had training to certify them as an Ostomy Canada Visitor. Sometimes it's just a few simple questions and at other times you may be 'working' your way through something and it's good to talk to someone who can relate to your situation personally. All you have to do is ask. We provide a visiting service, at the request of the physician, Ostomy Nurse or patient. It could be 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)**

*Cont'd from front page*

- Ostomates are open. We're willing to speak publicly, in open forums or through the media, or tell our stories in Ostomy Canada or in writing contests. We want the world to know who we are, how we've coped and how we've carried on.

Ostomates are giving. We scour for supplies to send to third-world countries through *Friends of Ostomates Worldwide Canada (FOWC)*, ensuring those without will have. It all comes down to heart, doesn't it?

Keep yours healthy this month and every month so it can continue to beat strongly and you can assist those who need, both in the ostomy community and the greater populace.

*Reprinted from WOA's INSIDE/OUT - February 2013; WOA February 2021*



### **Brenda Shares Her Latest New Year's Resolution: 22 Minutes a Day**

**W**henever the New Year rolls around, I have a hard time keeping my resolutions. My problem is that I'm curious about almost everything. For example, how does electricity work? All right, I must admit that I take some things for granted. In my teens, when my car broke down, I had a dad who was a mechanic so I didn't need to know how to fix it. I needed to know how to style my hair, apply makeup or where to get the latest cute pair of jeans or shoes. I never thought much about things that mattered like global warming, although I did have to hug a tree in high school for an assignment. However, the whole time I kept thinking about the wood ticks and spiders that might crawl on me. To me, carbon footprint meant stepping on the sheet you put in the typewriter to make a copy, Okay, this was the seventies.

I spend less time worrying about the latest fashions or working on my appearance these days, but in actuality I probably should be buying stock in wrinkle cream! Did you know that even your ear lobes get wrinkles? These days I get more out of helping others.

Whether it's preparing food for the family, running a child to college or even making a meal for a sick friend, there's always something to do. And that's all good - but at times I find I'm not taking care of myself properly. It seems like in the beginning of the year I find myself looking at all sorts of magazine articles on the perfect diet, exercise or meditation. The new year feels like a fresh start, but the enthusiasm to improve often doesn't last long enough. I get distracted.

I wish I had a remote started like my car does. It has good sense technology and turns itself off after 15 minutes. I imagine it saying, "No sense wasting gas on her." I was probably looking at Facebook or hunting down a missing shoe, and by then my car is cold and I start all over again. I'm not absentminded, but get distracted because I'm just too curious about everything.

New starts need new habits. My heart doctor said the average adult needs 150 minutes of moving or exercise a week. That doesn't sound as bad as exercising five times a week. So my New Year's resolution is to do 22 minutes of moving each day, which isn't too hard. I helped a friend reorganize her kitchen, and then cleaned my own desk. I got that 22 minutes in for sure. Today I did the treadmill, which used to be boring, but time flies by when you can watch the Golden Buzzer Moments on YouTube. It's a new day - I've got closets to clean, bathrooms to scrub, and there's always something else to do around my house that takes 22 minutes. My husband has suggestions for me if I can't think of anything. I don't think he's bothered by my wrinkled ear lobes at all. What are you going to do for 22 minutes today? Just curious...□

*Brenda Elsagher is a loud and proud member of the ostomy community and a good friend of Hollister Incorporated.*

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## Is there a connection between decreased kidney function and having an ileostomy?

By Sandra Morris, Vancouver Chapter Member, Vancouver Ostomy HighLife July / August 2017

I've had my ileostomy for almost 47 years, having had surgery for ulcerative colitis when I was 17. (You can do the math if you want to know my age! Ok, I'm 64). My kidney function started to decrease a few years ago. It would bounce around normal or just below normal until about a year ago when it significantly decreased. At the same time, my blood pressure (which had always been normal) increased. High BP is very harmful to the kidneys. I started on BP meds this past fall and I check my BP daily.

My nephrologist informed me that she has several other patients with ileostomies who have decreased kidney function. However, before we can assume there is an association between the two, we'd need to compare rates of decreased kidney function in people with ileostomies, with the general population. (Prior to retirement, I did research into demand for health services based on incidence and prevalence of various diseases, so I may investigate this as a retirement project).

My nephrologist believes the cause for my decreased kidney function is almost 50 years of likely slight dehydration since my ostomy surgery, due to decreased water absorption. Plus I've experienced other dehydration 'insults': going without water for 24 hours whenever I had a blockage (and I had many), and going without water for 12 to 18 hours prior to several surgeries (ostomy-related and for other health issues). The biggest 'insult' was probably a medication I was on about 5 years ago for suspected Crohn's which raised my blood pressure astronomically and nobody caught it for a year. (It was concluded that I didn't have Crohn's).

In order to monitor my kidney function and electrolyte levels, I currently have bloodwork done every month, including:

- Creatinine / eGFR (for kidney function)
- Magnesium (I get severe foot and leg cramps, which wake me up at night and then I end up sleep deprived. Cramping can be due to dehydration, but I've always drank a lot of water)
- Calcium (low calcium can also cause muscle cramps)
- Potassium (low potassium can also cause muscle cramps)
- Sodium (like all people with ileostomies, I've been advised to eat a lot of salt to help retain fluid, and my nephrologist thinks I should keep doing this, despite high BP)

For one year prior to discovering my reduced kidney function, I'd been receiving monthly magnesium infusions from a Naturopath. I'd heard that some of our members were doing this for muscle cramping, and these infusions resolved my muscle cramping. However, I was advised to stop the infusions by an Internist (I couldn't get in to see a Nephrologist for 6 months) as she thought the magnesium might be causing my kidney issues. At the same time, the internist recommended I increase my water consumption from what I was drinking (2 to 3 litres per day) to 4 litres per day. About a month later, my kidney function was back to just below normal. And my muscle cramping had subsided. A cure! However, this was short-lived and for the next several months my kidney function again decreased. My muscle cramping also returned and my nephrologist referred me to UBC Hospital for monthly magnesium infusions. I've had 2 magnesium infusions, and get my third one in a few weeks. The good news is, since I once again started getting magnesium infusions, not only has my muscle cramping subsided, but my kidney function has dramatically improved! I believe research is needed to determine if there is, in fact, an association between decreased kidney function and having an ileostomy. And, if so, what is the causal connection? Dehydration due to decreased water absorption? Dehydration due to increased fluid output? Low electrolyte levels due to malabsorption?

Below, I've summarized the advice from my nephrologist, and actions I'm undertaking: (Please note, this is advice for me only, and you would need to check with your doctor before making any changes to your current practices)

- Check creatinine and eGFR levels regularly (to determine kidney function)
- Drink 3 to 3.5 litres of water per day (I record it, as it's hard to keep track)
- Go to the ER when I have a blockage to get IV fluids. Do not tough it out at home! A blockage can result in no fluids for 24 hours, due to vomiting.
- Get high BP under control.
- Don't take any anti-inflammatories which are very harmful to kidneys (this includes ibuprofen, Advil, aspirin, NSAIDS, etc.) • I've been advised I can take maximum doses of Extra-Strength Tylenol. It doesn't work as well for joint pain (associated with Crohn's and ulcerative colitis) but better than nothing, as long as you have no liver issues
- I can use LivRelief cream on my knees or other joints so I can get through a day of hiking or skiing (apparently the active ingredient is not an anti-inflammatory, unlike Voltaren cream which is)

*Cont'd on next page*

Cont'd from page 6

• I've also learned from a physio how to tape my knees prior to hiking or skiing to avoid pain (really simple to do) Finally, to help my joints without meds, I started an anti-inflammatory diet, which cuts out anything that raises blood sugar (eg, sugar, too much fruit in one day, simple carbs). My joints do feel a lot better since I started this diet, but it could be because I lost about 7 lbs (!) because you basically can't eat bread, crackers, cookies, cakes, etc. – yes, I am now one of those annoying gluten-free people. But you can eat meat and fat (plus vegetables, of course) – this is not one of those “heart-healthy” diets (low fat, low protein, high carb) recommended several years ago that didn't work at all – just made people fat and hungry!

In conclusion, if you have an ileostomy, and especially if you've had it for a long time, you should ask your doctor to check your kidney function and electrolyte levels (magnesium, calcium, potassium, sodium). In the meantime, I'll try to get more information about how common decreased kidney function is for people with ileostomies, and exactly why. □

Two guys are walking through a game park & they come across a lion that has not eaten for days. The lion starts chasing the two men. They run as fast as they can and the one guy starts getting tired and decides to say a prayer, "Please turn this lion into a Christian, Lord." He looks to see if the lion is still chasing and he sees the lion on its knees. Happy to see his prayer answered, he turns around and heads towards the lion. As he comes closer to the lion, he hears the it saying a prayer: "Thank you Lord for the food I am about to receive."



**DID YOU KNOW?**



Our natural ability to know when we need water decreases with age. Dehydration is a common problem with seniors.

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- Zoom meet ups as requested
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- Ask questions, find support, or share information

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## \* Did You Know?

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*Ann Durkee-MacIsaac  
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## Moderate activity may improve overall and progression-free survival in patients with metastatic colorectal cancer (March 25/17)

A British cancer trial is the first study that demonstrates a clear association between physical activity and survival in metastatic colorectal cancer (mCRC). Patients who engaged in at least 5 hours of non-vigorous physical activity per week had a 25% reduction in mortality from any cause. Walking 4 or more hours per week was associated with a 20% improvement in mortality from any cause. In the study, it was observed that greater walking duration but not walking pace were associated with improved overall survival among patients with mCRC. These associations remained statistically significant even after adjusting for other predictors. While researchers indicate that exercise is not a substitute for chemotherapy, it can significantly improve benefits to patients with as little as 30 minutes per day. The study reinforces the fact that even a small amount of exercise can improve survival in patients, regardless of the stage of their disease.



Image from: <http://www.dailymail.co.uk/health/article-2773365/Walking-superfood-fitness-experts-say.html>



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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.
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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**

### Moving? Questions? Need Information?

Regina Ostomy Chapter

7631 Discovery Road

Regina, Sk S4Y 1E3

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**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

November & December

Colostomy - 3

Ileostomy - 1