



SEPT / OCT
2023

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MEETINGS

Meetings and gatherings are held at the hall at Community of Christ Church on Arthur and 8th. For the next few months the schedule is a bit irregular but you can find updates on the website (www.reginaostomy.ca) and will be listed in the newsletter. They will be a combination of zoom or face-to-face or a hybrid combination of both. We look forward to meeting you.

UPCOMING MEETINGS

September 23 - STEP UP for Ostomy (see poster for details)

October 10 - 7:00 pm - Dr. Chris Rediger (Urologist)

December Celebration - 2:00 - 4:00 (more info to follow in November)

Aging and Sleep

Aging is tied to numerous health concerns, including sleep difficulties. In fact, poor sleep can contribute to many of these problems, reducing quality of life in people over 65.



Why Does Aging Affect Sleep?

It's common for older adults to experience changes in the quality and duration of their sleep. Many of these changes occur due to changes in the body's internal clock. As people age, the body's circadian rhythms actually shift forward in time. This shift is called a phase advance. Many older adults experience this phase advance as getting tired earlier in the afternoon and waking up earlier in the morning. A master clock in a part of the brain called the hypothalamus is composed of about 20,000 cells that form the suprachiasmatic nucleus (SCN).

The SCN controls 24-hour daily cycles, called circadian rhythms. These circadian rhythms influence daily cycles, like when people get hungry, when the body releases certain hormones, and when a person feels sleepy or alert. As people get older, their sleep changes due to effects of an aging SCN. Deterioration in the function of the SCN can disrupt circadian rhythms, directly influencing when people feel tired and alert.

The SCN receives information from the eyes, and light is one of the most powerful cues for maintaining circadian rhythms. Unfortunately, research shows that many older people have insufficient exposure to daylight, averaging around one hour each day. Daylight exposure may be even more restricted for people who live in nursing homes as well as those with Alzheimer's disease.

Changes in production of hormones, such as melatonin and cortisol, may also play a role in disrupted sleep in older adults. As people age, the body secretes less melatonin, which is normally produced in response to darkness that helps promote sleep by co-ordinating circadian rhythms.

Stages of Sleep

After dropping off, we move through different stages of sleep, a cycle that takes the average adult about 90 minutes to complete and speeds up towards morning. The night is also punctuated by brief awakenings. Typically, people return to sleep without

Cont'd on page 4

REGINA OSTOMY CHAPTER EXECUTIVE

President	Patty Gianoli	535-8251
Past President	Murray Wolfe	550-7958
Vice President	Deb Carpentier	536-3319
Secretary	Vacant	
Treasurer	Gerry Powers	586-7758
Membership	Patty Gianoli	535-8251
Flowers & Cards	Agnes Parisloff	761-0221
Phoning	Gord Kosloski	789-1592
	Diane Weir-Wagg	539-7404
	Agnes Parisloff	761-0221
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
Partner & Family Support	Bob Fearnside	924-5993

OSTOMY & WOUND CARE

Pasqua Hospital 766-2271

Sheryl Walker, RN BScN WOCC (C) Program Coordinator

Lela Mileusnic, RN BScN WOCC (c)

Ruth Suderman, RN, BScN NSWOC

Louise Swan, RN, BScN NSWOC

Christi Tsui, RN, BScN WOCC (c)

Karen Kinaschuk, RN, BScN WOCC (c)

Alison Nachegaele, RN BScN (NSWOC in training)

Stephanie Charleson, RN, BScN (NSWOC in training)

Naseem Siddiqui, Office Manager

Ilonah Evangelista, 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.

LAWS!!!

- **Law of Mechanical Repair**—After your hands become coated with grease, your nose will begin to itch and you will have to scratch it.
- **Law of Gravity**—Any tool, nut, bolt, screw, when dropped, will roll to the least accessible place in the universe.
- **Law of Probability**—The probability of being watched is directly proportional to the stupidity of your act.
- **Law of Random Numbers**—If you dial a wrong number, you never get a busy signal; someone always answers.
- **Law of the Bath**—When the body is fully immersed in water, the telephone will ring.
- **Law of Close Encounters**—The probability of meeting someone you know INCREASES dramatically when you are dressed totally inappropriately or you are with someone you don't want to be seen with.
- **Law of the Result**—When you try to prove to someone that a machine won't work, IT WILL!
- **Law of Biomechanics**— The severity of the itch is inversely proportional to the reach.



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Vancouver Ostomy HighLife; Winnipeg Inside-Out February 2023

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President's Message



Hello friends,

How does the summer go by so fast! It must be because we are having so much fun! I hope everyone got to enjoy some sunshine and relaxation. I love putting around my yard, trying my hand at gardening and reading a good book or two.

We have been busy planning this year's Step Up event. This year it will be held earlier than usual on Saturday, September 23. This year's event will be held at Wascana Rehab Centre (2180 – 23rd Avenue, meeting room #1). Parking is available on the west side of the building. If the weather cooperates, you will be able to take a walk around our gorgeous Wascana Park or participate in a chair yoga class with our friend Marisol. What a great opportunity to bring your family, grandkids and friends for this important "fun"raising event. Following the walk, we will have a light lunch. The funds raised go to many Ostomy Canada initiatives including

advocacy (Disability Tax Credit), outreach (Visitor Training Program), Ostomy Canada Youth Camp in Alberta, Ostomy Canada Magazine and brochures and many more.

Save the Date: Our first meeting of the year will be **Tuesday, October 10** at 7 o'clock at the church hall (4710 8th Avenue). We are pleased to share that urologist Dr. Chris Rediger will be our guest speaker.

Pharmacies in small town Saskatchewan are usually the hub of the community. This year we sent every pharmacy in Saskatchewan an information package which included our brochures, Step Up and Visitor Program posters as well as our contact information. The information could be a lifeline for someone who was not aware of Ostomy Canada. We will also be sending information packages to surgeons and gastroenterologists to educate them and in turn share this with patients who could have an ostomy in the future.

Enjoy this beautiful fall weather and see you all at Step Up on September 23!

Membership

It is time once again to start collecting membership fees for 2024. Ostomy Canada requests a "donation" of \$25 or more to be an official supporter. At this time, Regina will continue with the \$30 collection with \$5 (instead of \$10) going directly to our group for our own initiatives. With your membership you will continue to receive the Regina newsletter as well as the Ostomy Canada magazine, access to webinars and electronic newsletters.

We start accepting memberships in the fall but we don't send the fees to Ostomy Canada until January. Ostomy Canada will provide you with an income tax receipt for \$25. So, if you can't remember in December if you paid your membership in September, rest assured we will contact you! Feel free to give me a call as well instead of sending another cheque.

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
 Phone: 306-536-3319
www.reginaostomy.ca
www.ostomycanada.ca

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? We can share our experiences.

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

Cont'd from front page

realising that they had ever been awake. But sometimes we might at least be more aware of it, or pulled entirely awake. Reasons range from the fairly obvious (being too hot or cold, needing the loo, having a nightmare, a crying baby) to the medical (disordered breathing such as sleep apnoea, or nocturia: excessive night-time urination).

Waking up during the night does not necessarily mean you have insomnia. It's a misconception that we sleep the night through – few people do. Waking as much as five or seven times a night is not necessarily a cause for concern – the most important thing is how you feel when you get up. In the morning, do you feel refreshed, or groggy and unable to function, 30 minutes after waking? If you find yourself waking regularly during the night, certainly flag this with your GP so they can consider any possible underlying causes.

How Does Aging Affect Sleep?

Waking up at night: Older adults spend more time in the earlier, lighter stages of sleep and less time in the later, deeper stages. These shifts may contribute to older people waking up more often during the night and having more fragmented, less restful sleep. As well, poor sleep quality in seniors can be related to the lifestyle changes that often come with aging. For example, retirement leads to less working outside of the home and possibly more napping and less of a structured sleep schedule. Other significant life changes, such as loss of independence and social isolation, can increase stress and anxiety, which can also contribute to sleep issues. And sleeping next to a partner who snores, tosses excessively or gets up numerous times per night can cause sleep problems in those who normally sleep well on their own. **Daytime napping:** Research estimates that about 25% of older adults take naps, compared with around 8% of younger adults. While some experts suggest that a short daytime nap may be beneficial, many agree that extended napping and napping later in the day can make it harder to fall asleep at bedtime and create nighttime sleep disruptions.

Longer recovery from changes in sleep schedule: Alterations in how the body regulates circadian rhythms make it more difficult for older people to adjust to sudden changes in their sleep schedules, like during daylight savings time or when experiencing jet lag.

Health Conditions and Sleep

Conditions that commonly affect sleep in older people include depression, anxiety, heart disease, diabetes, and conditions that cause discomfort and pain, such as arthritis.

The relationship between physical health and sleep is complicated by the fact that many older adults are diagnosed with more than one health condition. In fact, the 2003 National Sleep Foundation Sleep in America Poll looked at 11 common health conditions and found that 24% of people between 65 and 84 years old reported being diagnosed with four or more health conditions. Those with multiple health conditions were more likely to report getting less than six hours of sleep, having poor sleep quality, and experiencing symptoms of a sleep disorder.

Sleep issues may also be related to the side effects of medications. Almost 40% of adults over the age of 65 take five or more medications. Many over-the-counter and prescription drugs can contribute to sleep issues. For example, antihistamines and opiates may cause daytime drowsiness, while medications such as antidepressants and corticosteroids may keep older people awake and contribute to the symptoms of insomnia. The interactions of multiple medications may cause unanticipated effects on sleep.

Common Sleep Issues in Seniors

Researchers estimate that between 40% and 70% of older adults have chronic sleep issues and up to half of cases may be undiagnosed. Common sleep issues in older adults include: **Pain:** Discomfort and pain can lead to inadequate rest for some older adults. Pain and sleeplessness can become a vicious cycle, in which less sleep can lead to more pain, so it's important to talk to a doctor if pain is interfering with sleep.

Nighttime urination: Nighttime urination, also called nocturia, increases with age due to physical changes in the urinary system among other factors. This issue may affect up to 80% of older adults¹², contributing to increased sleep disruptions.

Insomnia: Having persistent difficulty in falling or staying asleep is one of the most common sleep issues in older adults.

Daytime drowsiness: Many people believe that feeling tired during the day is a normal part of getting older, but this is not the case. Around 20% of older people experience excessive daytime sleepiness, which may be a sign of an underlying health condition rather than merely old age. Excessive daytime sleepiness in older adults may be a symptom of health issues like sleep apnea, cognitive impairment, or cardiovascular issues.

Sleep Apnea: Obstructive sleep apnea can cause pauses in breathing during sleep. Sleep apnea causes fragmented sleep and can affect oxygen levels in the body, leading to headaches, daytime sleepiness, and difficulty thinking clearly.

Cont'd on Page 5

Restless Leg Syndrome: Restless leg syndrome (RLS) affects 9% to 20% of older people, while periodic limb movements of sleep (PLMS) affects 4% to 11%¹³. Both disorders can significantly impact sleep and overall quality of life.

REM sleep behavior disorder: REM sleep behavior disorder (RBD) primarily affects older people. While most people's bodies are still while they're dreaming, this disorder can cause people to act out their dreams, some- times violently.

Do Older People Need Less Sleep?

According to the National Institution on Aging, it is considered a myth⁹ that older adults require less sleep than younger individuals. Many older adults have a hard time getting the sleep they need, but that doesn't mean they need less sleep. The amount of sleep that a person needs can decrease from infancy to adulthood, but this trend appears to stop around age 60. The National Sleep Foundation guidelines¹⁰ advise that people over 65 should get seven to eight hours of sleep each night.

Sleep Tips for Seniors

Exercise! Older people who exercise regularly fall asleep faster, sleep longer, and report better quality of sleep. Even if it's just a gentle walk, you will sleep better if you move about. (Just avoid excessive physical activity be- fore bedtime.

Reduce bedroom distractions

Televisions, cellphones, and bright lights can make it more challenging to fall asleep. Keep the television in an - other room and try not to fall asleep with it turned on.

Avoid substances that discourage sleep

Substances like alcohol, tobacco, caffeine, and even large meals late in the day can make sleep more challenging. People tend to underestimate how long the effects of caffeine can last. It's best to stop consuming it by 2 or 3pm. Water intake during the day is also a factor: Even going to bed mildly dehydrated can disrupt our sleep.

People can turn to alcohol to help them fall asleep – one in 10 use it as a sleep aid – but it has a disruptive effect beyond the initial crash, causing spikes in blood sugar and cortisol levels. Diet can function in the same way, with “anti-sleep foods” that are high in sugar or cause flatulence or heartburn (such as broccoli and cabbage).

A “pro-sleep” bedtime snack is a small amount of complex carbohydrates and protein, such as wholegrain cereal with milk, or toast with peanut butter.

Keep a regular sleep schedule

Remember that aging makes it more difficult to recover

from lost sleep. Avoid sudden changes in sleep schedules. This means going to bed and waking up at the same time every day and being careful about napping too long. Develop activities such as a bath or reading before bedtime that help you relax.

Safe Sleeping for Seniors

Keep a telephone by the bed: It's important to be able to call for help from bed. Put a phone on the nightstand and, even better, keep a list of important phone numbers nearby. Be careful about keeping a cell phone nearby particularly if it receives too many notifications during the night or if there's too much temptation to look at the bright screen.

Make sure a light is within reach:

Having a light easily accessible reduces the need to stumble around in the dark when getting out of bed. This can reduce the risk of trips and falls when trying to find the light switch. Lights with motion sensors may be helpful in hallways or the bathroom.

Reduce hazards in the bedroom:

Never smoke in bed and be careful when placing objects in the bedroom that may become trip hazards, like rugs, cords, stools, and furniture.

(Vancouver Ostomy HighLife - May / June 2021)

WHO WE ARE



Ostomy Canada Society
Société Canadienne des Personnes Stomisées

Advocacy.

Awareness.

Collaboration.

Support.



We are a non-profit volunteer organization dedicated to helping people with an ostomy, & their circle of support to live life to the fullest.

Support Groups • Find An NSWOC
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Information For Those Living With An Ostomy
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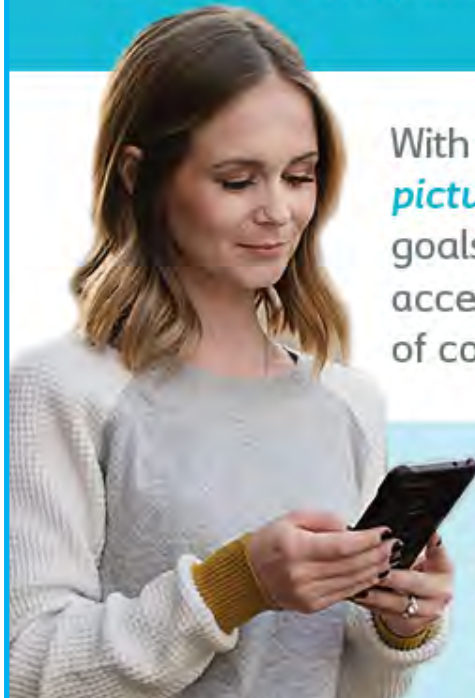
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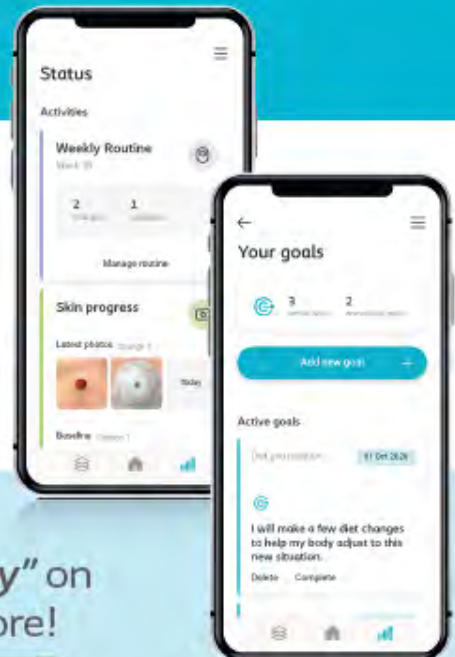
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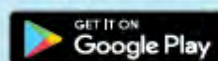
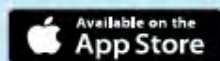
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About Being a Spouse



The Spouse’s primary role is one of support and encouragement. These elements are vital to any relationship and provide a basis for an emotional recovery and acceptance of the ostomy. This life-saving, body-altering procedure can affect people in different ways. How you react to the physical changes from surgery will be conveyed to the ostomate in many ways.

Watch your body language. If you were a person who liked to cuddle before the surgery, then continue to reach out to your spouse. Couples have a tendency to “protect” each other and not be truthful about their feelings. Initiate open communications with your spouse and discuss any concerns either of you may have about the surgery (i.e., fear, anger, resentment, relief). Ask questions about changes you do not understand. It is likely that you and your spouse may have anxieties about becoming intimate.

Talk to your spouse about any physical limitations, pain (if present), fears about being naked, leakage, odor and rejection. Body image is one of the major issues after ostomy surgery. A good sense of humour is an important factor that will be very beneficial during the adjustment phase. It helps you and your spouse deal with some of the unexpected events during this time. Ostomates should have instructions about self-care from an ostomy nurse prior to leaving the hospital.

Be supportive in providing assistance in caring for the ostomy but remember it is their ostomy! If the ostomy patient is physically capable, do not take on the role of total caregiver. Encourage independence in taking care of the ostomy, it can be the first step toward regaining self-esteem.

REMEMBER...The person with an ostomy has experienced a change in their anatomy, but they are the same person otherwise. How you and your spouse accept that change will influence your quality of life. Armed with adequate information and a positive outlook, you may find that having a family member who has survived body-altering surgery often leads the entire family to a greater appreciation of life.

ASK THE NSWOC

My pouch is not leaking, why do I have to change it?

(courtesy of Christi Tsui, Regina (SHA) Ostomy and Wound Care)



Christi Tsui

Typically, ileostomy and urostomy pouches are changed every 3-5 day; and colostomy pouches are changed every 5-7 days. Changing the ostomy appliance on a scheduled day, even if there is no leakage, is important to maintain the health of the skin surrounding the stoma. When there is leakage, the skin is exposed to stool or urine , which can cause skin breakdown.

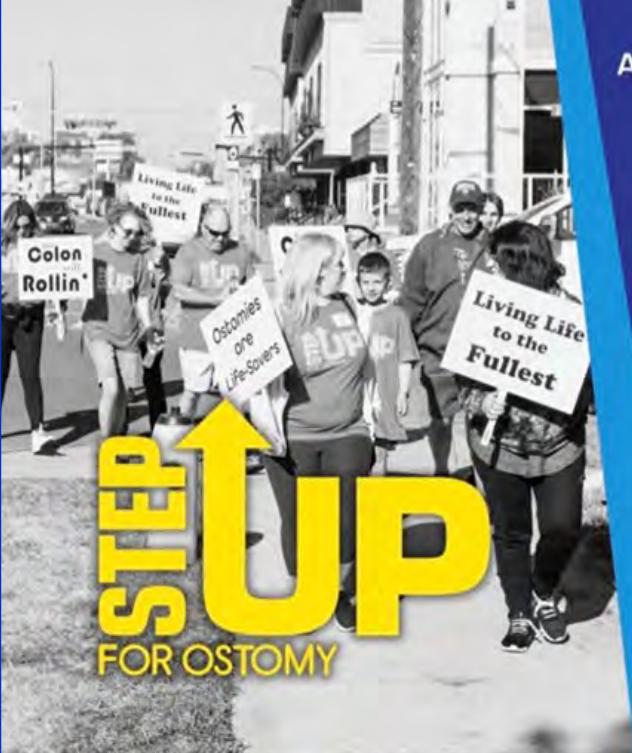
The trick is to find the day of the longest wear time before leakage happens. You can start with the average wear time mentioned above as a guide and experiment to find your scheduled change day.

Ostomy Bag Covers

If you’re needing a cover for your ostomy bag take a look at Thelma’s fibre art website. She has product on display and I believe she can customize if needed. All the proceeds go to the Grandmothers to Grandmothers Campaign of the Stephen Lewis Foundation

www.thelmasfibreart.ca
thelmasfibreart@gmail.com





A national program supporting persons with an ostomy by raising funds & awareness across Canada.

Join Us

Regina & District Ostomy Society
Wascana Rehab Centre
2180-23rd Avenue, Regina
Registration & Coffee: 9:30
Walk or Chair Yoga: 10:00
Lunch & Fellowship: 11:00

Enroll or donate at stepupforostomy.ca

Ostomy Canada Society | Société Canadienne des Personnes Stomisées

Step Up for Ostomy (SUFO), formerly known as the Stoma Stroll, is our annual fundraising and awareness event that unites Canadians living with an ostomy. Here are some of the support Ostomy Canada and Regina & District provides. We need your help to carry on these great advances, ostomies are being performed every day and people need to know there's support available.

- Visitor Program for support of people learning to live with an ostomy
- Regina Newsletter, the Ostomy Canada Magazine, Connects Newsletter
- Quarterly Webinars.
- Social media for our online support and Facebook, Twitter, and other programs in Canada.
- www.ostomycanada.ca - The continuing development of a great website.
- Advocacy - Disability Tax Credit (DTC), access to an ostomy nurse (NSWOC), Ostomy financial reimbursements by provinces, etc.
- Ostomy Canada Youth Camp in Alberta and a pilot program in 2023 in Nova Scotia.
- Financial Awards Program for students and nurses - WOC-EP and Post-Secondary.
- Support to Friends of Ostomates Worldwide Canada (FOWC).
- Liaise with National and International Ostomy groups (NSWOCC, UOAA, IOA, etc.).
- Liaise with industry supporters and the Canadian medical community.

Online donation - Just click or copy and paste the link onto your browser and it will take you to our page. From there just follow the "Donate" links https://www.justgiving.com/fundraising/regina-and-district-ostomy?utm_source=copyLink&utm_medium=fundraising&utm_content=regina-and-district-ostomy&utm_campaign=pfp-share&utm_term=4a7bef2241404be891819053edbc26e9

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- Zoom meet ups as requested
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- Annual meets up in both Saskatoon and Regina
- Ask questions, find support, or share information

Connection, support, and living well at all stages of the journey.

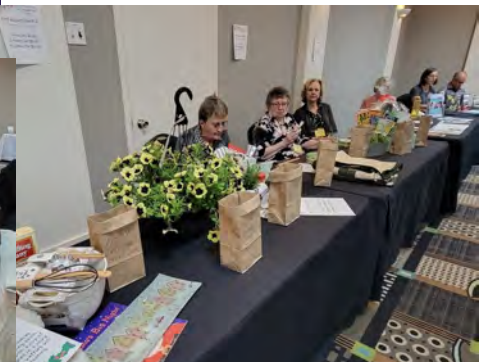
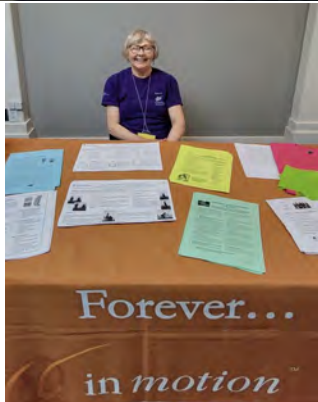
CAMP HORIZON

Another fun year at Camp Horizon for 33 young campers who are living with an ostomy. From the moment they got on the bus that transported them all to Bragg Creek from the airport there was lots of chatter, laughter and comradery. There were three campers from Saskatchewan, Callie from Moose Jaw who our group sponsored, Jordis from Saskatoon who was sponsored through the funds Saskatoon had set aside and Keegan who just moved to Saskatchewan from Manitoba this past year. Here's few photos to show what the week had to offer.



EDUCATION DAY

Thank you to everyone who attended the Education Day on May 13. Fantastic speakers educated us on a variety of subjects. Jolly's trivia was very competitive for some swag! A draw was made for a First Aid Kit courtesy of Medical 1. Our gift baskets brought in \$500 for our youth camp! What a wonderful day!





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DIETARY INFLUENCES ON STOMAS (Niagra Ostomy Association September 2014)

This is a standard list with the most common foods and side effects. As each ostomate is different, foods may react differently with each individual.

Always try new foods with caution, and in small amounts, until you know how it will affect you.

- **Foods that increase odor**
Asparagus, broccoli, brussel sprouts, cabbage, cauliflower, beans, eggs, fish, onions, some spices
- **Foods that increase gas**
Beans, beer/carbonated soda, broccoli, brussel sprouts, cabbage, cauliflower, corn, cucumbers, mushrooms, peas, radishes, spinach, dairy product
- **Foods that thicken stool**
Applesauce, bananas, cheese, boiled milk, marshmallows, pasta, creamy peanut butter, pretzels, rice, bread, tapioca, toast, yogurt, bagels
- **Foods that loosen stool**
green beans, beer, broccoli, fresh fruits, grape juice, raw vegetables, prunes/juice, spicy foods, fried foods, chocolate, spinach, leafy green vegetables, aspartame/Nutrasweet
- **High-fiberfoods that may cause blockages**
dried fruit, grapefruit, nuts, corn, raisins, celery, popcorn, coconut, seeds, coleslaw, Chinese vegetables, meats with casings, oranges



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Too Much Praise!

A Christian guy named Bill saw an ad online for a Christian horse, so he went to



check it out. The horse's owner said, "It's easy to ride him. Just say 'Praise the Lord!' to make him go and 'Amen!' to make him stop." Bill got on the horse and said, "Praise the Lord!" Sure enough, the horse started to walk. "Praise the Lord!" he said again, and the horse began to trot. "Praise the Lord! Praise the Lord!" he yelled, and the horse broke into a gallop. Bill was enjoying his ride so much that he almost didn't notice the cliff he and the horse were about to go over. Bill shouted "AMEN!" at the top of his lungs, and the horse stopped right at the edge of the cliff. Relieved, Bill said, "Phew! Praise the Lord

BEING YOUR OWN HEALTH CARE ADVOCATE

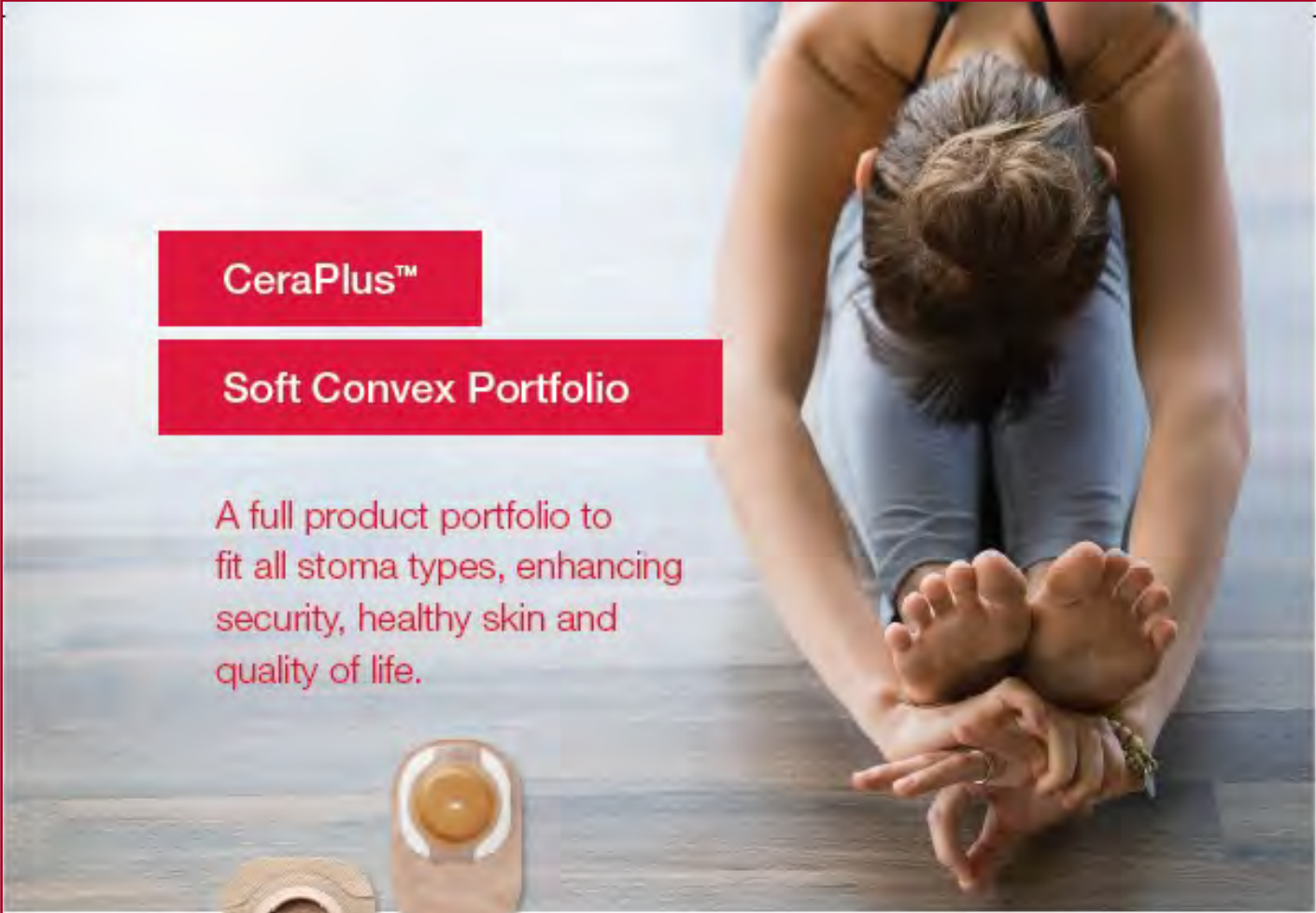
United Ostomy Association, Inc., Evansville, Indiana Chapter, Re-Route, Volume 30, Number 11, September, 2003; Niagra Ostomy Association, September 2014

Mount Sinai Hospital encourages patients to be advocates of their own health care. To help you, they offer the following suggestions:

- While you are in the hospital... Bring a paper and pen to write down your questions for your caregivers (doctors, nurses, etc.) as you think of them and ask for answers to those concerns.
- Consider keeping a journal if your health care experience is extensive, involving many health care professionals over a prolonged period of time.
- Ask caregivers for their names and titles, and write them down.
- Ask what tests and procedures are being done and why.
- Find out when your doctor's rounds will be done and have a family member or friend there to listen to the information, to ask questions, and to talk with after the team leaves.
- Before you sign any consent forms, make sure you read and understand for what you are giving consent.
- Ask questions such as, "what is the nature of the procedure"? and "who will be performing it"? Bring a list of all medications you've been taking at home.
- When it is time to go home ask about and understand the normal or abnormal side effects of your procedure. (For example, how much pain should be expected?)
- Ask for educational material on your condition, procedures and treatments.
- Ask how much you should do when you get home and what you will need help with.
- Ensure that you, your family and your caregivers make arrangements for help.
- Ask about your home care options. Find out exactly what home care arrangements have been made and ask for the contact name and phone number. If something is not covered make sure you plan for the help you need.
- Ask about your expected recovery time. Find out when you can return to work.
- If you or your loved ones do not feel you are ready to return home, state your concerns to your caregivers and ask for some time to discuss these concern in detail.
- Ask about follow-up procedures.
- Find out what future appointments you will have and with whom.
- Ask if you should have a follow-up visit scheduled with your physician.
- If you need help resolving your concerns or want to give feedback to the hospital, call and ask to speak with the hospital's patient representative.

Editor's Note: While written for Mount Sinai's patients, this is sound advice for any patient's hospital stay.

SELF ADVOCATE



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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.

Name _____ Phone _____

Address _____ City _____

Postal Code _____ Email address: _____ Year of Birth _____

Send my newsletter via: Canada Post Email _____

Type of Surgery: Colostomy Ileostomy Urostomy Other _____

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.

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 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

(306) 761-0221 or 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

May thru August

Colostomy - 1

Ileostomy - 3

Urostomy - 1