



JAN / FEB
2024

FAMILY SUPPORT WITH YOUR OSTOMY WHY IS FAMILY SUPPORT NEEDED FOR A PATIENT WITH AN OSTOMY?

- Tim Nahm, www.ostomyconnection.com (copied from *Niagra Ostomy It's in the Bag*, 3/2016)

Family support is essential for a patient who has undergone an ostomy procedure, at least in the initial stages. It is not because an ostomy would require some specialized family care, but rather due to psychological issues. Physically a patient will have minor changes but mental challenges pose a great risk to a patient. Any person, almost without exception, reacts in a negative manner when they hear the news from their doctor about the necessity of an ostomy for a particular medical reason. Most of these negative expectations are not based on anything real, but are rather a strong emotional response due to prejudice.



Photo by Freepik

As the time passes, the patient will soon realize that an ostomy hardly changes anything in their lifestyle. Patients that have an ostomy due to digestive or urinary diseases can lead absolutely normal lives, which include going to work, practicing sports and being intimate with their beloved partner. Moreover, they can eat almost anything, except for minor dietary adjustments to avoid food that causes diarrhea or gases.

Still, some people need family support and encouragement until they adapt to the new situation. Adapting to a new lifestyle is a task for the entire support structure of a family. It takes participation and understanding by all the parties affected by an ostomy procedure. In most cases new people in your life will never know until they are told. This is one of the reasons that people need to understand that a normal life is a reality for patients with ostomy.

If you live in a family with an ostomy patient, you need to constantly remind him or her how inoffensive and safe ostomy pouching systems are and how life will not change at all now that he or she has an ostomy. Actions always speak louder than words so, not only tell them everything is okay it is important to live your life as if nothing has changed. You need to emphasize that an ostomy is just a minor detail that does not change the personality and charisma of a person.

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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

January - Ostomy Canada Webinar
February - NO Meeting
March 12 - Zoom Meeting
May 4 - 50th Anniversary celebration



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 & Mailing	Brenda Frohlick	949-2352
Newsletter & website	Deb Carpentier	536-3319
	Louise Laverdiere	536-5442
Webmaster	Peter Folk	
Visiting Coordinator	Ruth Suderman	450-4690
Partner & Family Support	Bob Fearnside	924-5993

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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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)

Bobbi Kish, Office Manager

Ana Marie Solidarios, Unit Assistant

Membership Reminder



Memberships are now being collected for the 2024 year. A cheque for \$30 can be made out to Regina & District Ostomy Society, 7631 Discovery Road, Regina, Sask. S4Y 1E3 or you can e-transfer your membership to gpowers@myaccess.ca. If you have not paid your membership, Patty will be in contact with you as a reminder.



New Members

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

Joined in 2023

*William "Ross" Brown
John Brownell
Don Duperreault
Heather Junor
Russ Lekivetz
Warren Sargent*

*Rosalie Tuchscherer
Stuart Webb
Callie c/o Dayle &
Lindsay Wilcox,
Linda Wright*

President's Message



Hello Friends. I want to wish all of you a very happy, healthy and prosperous 2024.

By the time you receive this email I should be basking in the Hawaiian sun! Although we certainly can't complain about the weather this past December, I still like it a few degrees warmer!!

A special meeting for Regina Ostomy was held on Saturday, November 25. A motion was made that "The Regina & District Ostomy Society make necessary changes to stop being a formal entity and relinquish status as a chapter and non-profit organization. The group will come under the umbrella of Ostomy Canada, tentatively March 31, 2024." This was passed unanimously. As explained in earlier correspondence, Regina Ostomy will continue as before as a vibrant and active support group. The only difference is that Ostomy Canada will take over the management of our finances. The monies we have will remain in an

Ostomy Canada account designated to Regina Ostomy.

Our next meeting will be via zoom on Tuesday, March 12. Stay tuned to for more information about the guest speaker. We look forward to seeing you there!

SAVE THE DATE: Our 50th Anniversary Committee has been working very hard planning our event "Cheers to 50 years! Celebrating Advocacy, Awareness, Support." We're holding our celebration on Saturday, May 4, 2024, at the Royal Executive Hotel. This will be a fun evening event with a catered meal from Charlotte's Catering, greetings from various guests and a fantastic entertainer we will be announcing shortly. You don't want to miss out on this event. Everyone is invited to this momentous event and we mean everyone. Invite your family and friends who have been your support people throughout the months and years. They're part of this celebration too.

Looks like a great second half of the year which you won't want to miss. See you soon!

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
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 Young Ostomates support – YOS+FG

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OSTOMY VISITOR PROGRAM

Speak to a Certified Ostomy Visitor for personal support with your ileostomy, colostomy, urostomy or j-pouch. Visits are available at the hospital, in-person, phone & virtually. It could be either pre-operative or post-operative or both. At times you may just have a few questions or 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.

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

A positive attitude combined with outdoor and social activities will soon help the patient realize that you are right and that there is no need for worrying or thinking about negative things. Try to emphasize the ostomy's beneficial aspects, such as being more productive and healthy because of this medical treatment. When looking through the lens of health care you can easily justify the need and the positive result from the treatment of a medical condition. If there wasn't a treatment for the condition their lives could be much worse. Remember to be thankful for the treatment that allows life to continue with relatively little adjustments. According to leading medical experts at Mayo Clinic, only minor dietary adjustments are needed for a patient with an ostomy. There is no need for other changes in lifestyle or habits if one has an ostomy due to the safety and convenience of ostomy collection systems.

Tim Nahm is a fifteen-year veteran of utilizing the information technology industry to build digital relationships for businesses, organizations, and individuals via custom e-commerce solutions and social media. Timothy has managed, developed, and written for several national corporations and developed business-to-business and retail solutions during his fifteen-year career in the information technology industry. Timothy has been working as the Project Manager for the Information Technology Department of Express Medical Supply since January of 2002 and has recently become the Senior Writer for the Ostomy Help and Express Medical Supply corporate blogs.

Adhesions and Other Pains that Cramp Your Style

Via UOAA Update and Tucson (AZ) The Courier

An adhesion is a band of scar tissue that joins two internal surfaces of the body that are usually separate. The formation of scar tissue is the body's repair mechanism in response to tissue disturbance caused by surgery, infection, injury (trauma) or radiation. Adhesions may form spontaneously but are more common after surgery. Some people are adhesion prone, forming them more frequently and to a greater degree than others. Unfortunately, the surgical removal of adhesions can cause new adhesions to form. If adhesions interfere with normal motion of the intestine, a blockage may occur, with food, liquid or

Adhesions Cont'd

even air unable to pass the blocked area. Severe bloating, abdominal pain, vomiting and constipation may occur. In such a serious situation, call your doctor immediately.

In many cases the possibility of adhesions wrongly gets the rap for abdominal pain. A frequent cause for such pain is a spasm, of the muscles responsible for peristalsis, which propels the "bolus" or small, rounded mass of a substance which occurs (for example, when food is not chewed properly) through the intestines. A muscle spasm in the calf is referred to as a "Charlie horse." Spasm in your intestines are essentially the same thing but assume the name "irritable intestine".

Source: Ostomy Association of North Central Oklahoma "Ostomy Outlook" - October 2023 ; Winnipeg Inside Out, September-October



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An evening to forget

My husband and I were dressed and ready to go out for a lovely evening. Having been burglarized in the past, we turned on a night light and put the cat outside. When the cab arrived we walked out our front door and our rather chubby cat scooted between our legs, ran back into the house then up the stairs.

Because our cat likes to chase our budgie we really didn't want to leave them unchaperoned so my husband ran back inside to retrieve her and put her in the backyard again.

Because we didn't want the taxi driver to know our house was going to be empty all evening, I explained to him that my husband would be out momentarily as he was just bidding goodnight to my mother. A few minutes later he got into the cab all hot and bothered and said (to my growing horror and amusement) as the cab pulled away:

"Sorry it took so long but she was hiding under the bed and I had to poke her butt with a wire coat hanger to get her to come out! She tried to take off so I grabbed her by the neck and wrapped her in a blanket so she wouldn't scratch me like she did the last time. But it worked! I hauled her fat butt down the stairs, opened the door and threw her out into the backyard...and she better not crap in the garden again."



The silence in the taxi was deafening!

WHO WE ARE

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

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REGINA & DISTRICT OSTOMY SOCIETY

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SAVE THE DATE

to spend the evening with us on

Saturday, May 4, 2024

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HIGH STOMA SITING

We hear more concerns from men rather than women about stomas that are sited high on their abdomen. This may be perhaps due to the fact that men tend to be shorter through the hips than women, giving the surgeon less vertical room to choose from, and also due to how and where men put on weight. There are sometimes compelling reasons for a high stoma siting -- the deceased portion of the bowel may make it necessary to remove more of the descending and sigmoid colon, leaving the surgeon without adequate bowel length to reach a lower region. Or, the patient may carry excess weight around their stomach which would make it difficult to see the area to change the appliance, so the NSWOC may site the stoma above the spare tire. Scars from previous surgeries or a lot of skin folds in the lower quadrants can be other reasons why your stoma nurse may site the stoma higher. If you have not had your surgery yet, it's critical that your stoma be sited beforehand by a qualified NSWOC nurse. Ideally, the stoma should be sited below the line of the navel, to the left or right, depending on which type of surgery you will be having. Ask for such a siting if possible, and if your nurse advises that it be higher, ask to have the reasons explained. Stress how you prefer to wear your trousers (and belts).

Stomas that are situated level with or above the navel are more problematic to dress around. If your normal belt line falls over top or under the stoma, it can make proper drainage into the pouch more difficult, not to mention making it harder to conceal the appliance.

So how do you dress around this? You can buy your pants larger in the waist and belt more loosely, or wear suspenders if you're having trouble keeping loose-waisted pants up. You can buy the type of sports shirt meant to be worn outside pants which conceals the top of the appliance well, but lots of guys tuck their shirts in anyway. The appliance may show somewhat but this is far more apparent to the wearer than to anyone else. Vests, sweaters, hoodies and suit jackets etc. are good camouflage over a shirt. If you're feeling self-conscious about the outline of the pouch showing anywhere, bear in mind that this is far more glaring to you than to anyone else. It's also perfectly all right to wear your pants lower on the hips and just tuck the lower half of the pouch into the waist. You can tuck your shirt in over this or just let it hang out. Whatever makes you feel the most comfortable is the right choice.

FACTORS WHICH INFLUENCE OSTOMY FUNCTION

Quite often, patients experience a sudden reversal in normal ostomy function due to medications or treatments they are undergoing. The following information might be helpful to keep in mind.

Antibiotics: These often cause diarrhea, even in patients without an ostomy. Ostomates are no exception, and if the problem becomes severe, notify your physician immediately. In the meantime, keep Gatorade or a like drink on hand to maintain adequate electrolyte balance.

Pain Medications: These are often constipating. Extra irrigations or laxatives or stool softeners might be required for colostomates to combat the side effects of medicine. Perhaps the dosage of pain reliever can be reduced to eliminate the situation. If not, consider one of the above alternatives.

Chemotherapy: Many cancer patients have follow-up chemotherapy after surgery or as an alternative to surgery. That often produces nausea and/or vomiting. Gatorade is again good to keep on hand for electrolyte balance.

Radiation Therapy: This often produces the same effects as chemotherapy and should be treated accordingly.

Travel: Travel can cause constipation in some patients and diarrhea in others. Be aware that these are possibilities. Altered diet when traveling accounts for some of this, plus the excitement of new surroundings. Allow sufficient time for irrigations and take along an anti-diarrhea medication. Check with your doctor if you are not familiar with what works best for you to control diarrhea.

Antacids: Those with magnesium can cause diarrhea. Perhaps you will want to ask your doctor to suggest some with aluminum rather than magnesium.

Drink plenty of liquids: Tea is always a good source of potassium (so are orange juice and bananas). Coca Cola also contains some potassium. Bouillon cubes are a good source of sodium. Remember that some of the signs of electrolyte imbalance are irritability, nausea and drowsiness. Be prepared and prevent this problem when possible.

Via: Metro Maryland, Source: United Ostomy Association, Inc., Evansville, Indiana Chapter Re-Route, Volume 29, Number 8 May, 2002 via Niagra "It's in the Bag" April 2016



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CHRISTMAS CELEBRATIONS

2023 was a good year for Regina Ostomy. We had lots of get togethers, both in person and on zoom. In May we had our Education Day at the Royal Executive Hotel, with speakers and vendors and people from across the province. We learned new things, met new people and renewed friendships and generally had a very good day. This fall we were able to reach out more to our friends in central Saskatchewan and met up with great people in Saskatoon. We mailed out to over 400 pharmacies in the province encouraging them to help us become more visible. Step Up 2023 was a great campaign and we successfully raised over \$6000 for all the programs and outreach that Ostomy Canada does, as an organization and through its groups across the country.

All to say, it was time to have a good Christmas celebration on December 4th. There were 30 of us in attendance and we enjoyed the food, the 'colouring', the krazy kazoo, our bingo caller and great conversation.

It was a good year, thanks to all of you, our sponsors (Jolly's Medical & Athletic Supplies & Medical Physician & Health Care Supplies) and our advertisers. See you in the new year.



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Know About Blockage

By Henly C. Finch, MD, via uoachicago.org

The small and large intestines are as different in function as are the arm and leg. The primary function of the small intestine is to take nutrition from digested foods; the function of the large intestine is to absorb water out of the food residue. Consequently, there is a difference in the discharge from an ileostomy, a colostomy or a rectum. The discharge from the small intestine, which functions on liquid material and moves contents forward quickly, is liquid and soft. In the large intestine, the contents are changed from liquid to solid — through the process of absorbing water. The movement is much less rapid, and the discharge is solid or even hard.

Movement of the food mass through the small intestine is never more than a few hours. Movement through the large intestine frequently takes from 36 to 84 hours. Thus, when anything blocks the forward motion of the stream of the small intestine, an immediate chain of events is set up.

There is pain, then gripping and cramping. Later, if there is no forward motion, a backward motion of fluid occurs, involving vomiting. The most frequent cause of the onset of this chain-of-events is blockage at the ileostomy stoma.

Usually, this is precipitated by undigested food; i.e., a bean, pea, peanut, popcorn, corn kernel, pulpy-type foods, meat casings, stringy vegetables, shrimp, lobster, coconut, raw vegetables or something similar to these.

The best way to handle a blockage is not to allow it to occur in the first place. This is done primarily by chewing foods well. However, if symptoms of blockage occur, notify your doctor and follow his/her advice. As blockages may arise from other causes than undigested food particles, observe the following two cautions:

- Do not take any kind of laxative without your doctor's specific order. Any laxative may cause additional complications and pain.
- Do not take any medication for pain without your doctor's specific order. Pain medication may mask a symptom that the doctor needs to know about.

People with urostomies must be sure to take particular precautions in order to prevent blockage. Where the ileum or colon is rejoined after a segment is removed for the conduit, a stricture could occur, which is not as extendible as the normal intestines.

Keep some white grape juice and mineral oil around your home . . . just in case. Some symptoms of a blockage can be relieved with a glass of white grape

juice or a tablespoon of mineral oil. In addition, it can work wonders sometimes, even to the extent of loosening the blockage enough to pass.

Source: The Roadrunner of Albuquerque May 2012, via Winnipeg Inside Out, Oct/13

How to Treat an Ileostomy Blockage

Symptoms: Thin, clear liquid output with foul odor; cramping abdominal pain near the stoma; decrease in amount of or dark-colored urine; or abdominal and stomal swelling.

Step One: At Home:

- 1) Cut the opening of your pouch a little larger than normal, because the stoma may swell.
- 2) If there is stomal output and you are not nauseated or vomiting, only consume liquids such as sodas, sports drink, or tea.
- 3) Take a warm bath to relax the abdominal muscles.
- 4) Try several different body positions, such as a knee-chest position, as it might help move the blockage forward.
- 5) Massage the abdomen and the area around the stoma as this may increase the pressure behind the blockage and help it to pop out. Most food blockages occur just below the stoma.

Step Two: If you are still blocked, vomiting, or have no stomal output for several hours:

- 1) Call your doctor or ostomy nurse and report what is happening and what you have tried at home to alleviate the problem.
- 2) Your doctor or ostomy nurse will give you instructions (e.g., meet at the emergency room, come to the office.)
- 3) If you are told to go to the emergency room, the doctor or ostomy nurse can call in orders for your care there.

Step Three: If you cannot reach your doctor/surgeon or ostomy nurse, and there is NO OUTPUT from the stoma, go to the emergency room immediately.

Important: Take all of your pouch supplies with you to the Emergency Room (pouch, wafer, tail closure, skin barrier spray/wipe, irrigation sleeve, etc.)

Source: UOAA Patient Reference Card, UOAA Update, 3/12, via OSG of N. Virginia, "The Pouch", May 2012, via Winnipeg Inside Out, Oct/13





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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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

October - December

Colostomy - 4

Ileostomy - 3