



MARCH/  
APRIL  
2022

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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.

March 8 - NO meeting

April 12 - Coloplast NSWOC & Rep (ZOOM) meeting

May 10 - Hernia Management

June 14 - AGM and summer social



## 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 coordinating 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

*Cont'd on page 4*

**REGINA OSTOMY CHAPTER EXECUTIVE**

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Past President	Agnes Parisloff	761-0221
Vice President	Patty Gianoli	535-8251
Secretary	Diane Weir-Wagg	539-7404
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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
Partner & Family Support	Bob Fearnside	924-5993

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Monica Aikman, RN, BScN WOCC (c)

Ruth Suderman, RN, BScN NSWOC

Louise Swan, RN, BScN NSWOC

Christi Tsui, RN, BScN NSWOC

Karen Kinaschuk, RN, BScN WOCC (c)

Bobbi Kish, Office Manager

**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.



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

David Bates  
Gunvor Owens

**How Good is Your Balance? Try this Test Now**

Start by standing comfortably near the wall, holding your arms in any position you choose. Lift one foot an inch or two off the floor so that you are balancing on the other foot. Time how long you can do this before having to put the raised foot down or touch the wall for support.



If you can't stand on one leg unassisted, lightly touch the wall or hold the back of a chair with one or both hands for support. Use less support as you improve your balance. If you can hold this single leg stance for 60 seconds or more, you have excellent balance. If you can't hold it for more than 10 seconds, you could be at risk for a fall.

- the Pouch Northern Virginia / Vancouver HighLife January 2022

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## Editor's Message



Spring is just around the corner and with it comes much hope that we've rounded a corner, that the virus is waning and that we've made it through the worst of it. It's been quite a winter with more snow and wind than what we remember having in a long time.

First order of business. There will be no meeting in March but we will have a ZOOM meeting in April and if the infection numbers move downward we're hoping for a face to face as early as May. Be sure to join us in April on the zoom call as Coloplast will be joining us with one of their NSWOCs and their rep, Sandy Petryko.

On April 20<sup>th</sup> there will be another Ostomy Canada webinar, at 3 pm but it will also be available to view on the Ostomy Canada website within a week. This will be the second one this year and they have been very interesting. They are great educational sessions, so be sure to watch for it.

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. The brochure is also on line at the Ostomy Canada website <https://www.ostomycanada.ca/publications/>. 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.

You'll see at the back of this newsletter there is a letter of thanks from FOWC (Friends of Ostomates Worldwide Canada) for the donation that we, Regina Ostomy, made to this very valuable and hardworking organization. Although we have our own issues here in Canada they pale in comparison to countries where people struggle with accessing ostomy supplies. Just a few months ago our Regina Ostomy Clinic packed up supplies that are no longer eligible for distribution here and sent them for packaging and shipping to countries in dire need. So, if you have unused supplies that are no longer working for you, be sure to get them to the clinic or contact one of us to see if we can assist. Financial donations are always welcome because the cost of shipping is also very high. You can see more about FOWC and what they do at <https://fowc.ca>.

Summer is closer than we think and with that we're all hoping that the Ostomy Canada Youth Camp can start up again, after two years of being dormant because of covid-19. The exciting news is that Ostomy Canada received a generous estate gift in honour of Frank Argue who had ostomy surgery and was very sympathetic to the issues that younger ostomy patients experience. We are very grateful for this level of financial commitment from the Argue family and in recognition the Board of Directors unanimously approved a motion to rename the Camp Fund to "The Argue Family Youth Camp Fund".

### 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*

punctuated by brief awakenings. Typically, people return to sleep without 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 out- side 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 adults<sup>12</sup>, 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.

*Cont'd from page 4*

**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.

**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%.<sup>13</sup> 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 myth<sup>9</sup> 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 guidelines<sup>10</sup> 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 before bedtime.)

### **Reduce bedroom distractions**

Televisions, cellphones, and bright lights can make it more challenging to fall asleep. Keep the television in another 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.

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**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)



## SEVEN STEPS TO IMPROVE YOUR MEMORY

Source: Niagara Ostomy Association "It's in the bag" (June 2019) via Tacoma (WA) Newsletter via S. Brevard (FL) OSTOMY NEWSLETTER, Dec. 2001, via Inside Out On-line Nov/Dec 2002. / Vancouver HighLife Jan 2022

If we can preserve and maintain some kinds of memory as we age, can we do even better? Can we hope to improve? The answer from the experts is a heartening "Yes!" "Everyone can improve memory," says Danielle Lapp, a memory-training specialist at Stanford University, and author of *Nearly Total Recall*. In her training program at Stanford, Lapp has helped thousands of people to sharpen their storage and retrieval skills. Here are some memory strengthening tips from Lapp's book, and from Thomas Crook's *"How to Remember Names"*:



**Set Priorities:** Don't expect to be able to juggle six things at once," says Lapp. Get mentally organized; distinguish between what's important to remember and what isn't.

**Sharpen The Focus:** Crook suggests paying special attention to landmarks when you're doing your routine driving. "This will help you develop a more active sense of awareness," he says.

**Pause And Ponder:** You can improve the amount of written material you can recall by as much as 300% if you simply stop to think about what you've read.

**Make Associations:** Find key words, pictures, or letter combinations to help you remember. This is known as mnemonic memory. If you meet a woman named Rose, for example, remember her name by picturing the flower.

**Use Your Senses:** "When you order dishes at a restaurant," Crook writes, "note the texture, the subtle flavorings, the temperature, and the colors." In general, use as many of your senses as you can to aid in remembering.

**Do Your Exercises:** Memorize numbers that may be important to you, such as your drivers' license and Social Security numbers. When you're at a party, make it a point to remember the names of at least four of the new people you meet. When you write your shopping list, try to remember all the items without looking when you get to the market.

**Be Kind To Yourself:** Losing the car keys or forgetting the name of your bridge partner for a moment is not a sign of mental disintegration

- Ostomy Halifax Gazette Sept 2021



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**\* 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>



Ostomy Canada Society / Société Canadienne des Personnes Stomisées



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A child asked his father, "How were people born?" So his father said, "Adam and Eve made babies, then their babies became adults and made babies, and so on." The child then went to his mother, asked her the same question and she told him, "We were monkeys then we evolved to become like we are now." The child ran back to his father and said, "You lied to me!" His father replied, "No, your mom was talking about her side of the family."



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Regina & District Ostomy Society  
330—3850 Green Falls Drive  
Regina, SK  
S4V 3N5

Dear Members of the Regina & District Ostomy Society,

We wish to acknowledge and thank you for  
the recent financial donation we received from you.

Recently, FOWC adopted a new vision which we feel perfectly showcases our mission statement.

The journey this *Gift of Dignity* takes, starts with donations of supplies from manufacturers, pharmacies, hospitals, ostomy chapters and individuals, to name just a few.

The constant pleas for these supplies, coming from hospitals and ostomy groups in developing countries is heart wrenching.

Sending shipments overseas takes a lot of work. Sorting, packing, phone calls, emails, contracts filled out with reliable shippers, and jumping through hoops to get the supplies accepted by the destination country and their customs, are all part of this process.

Shipping overseas is also very costly and we don't receive any government funding. Your financial "*Gift of Dignity*" enables us to pay for the shipping to get these supplies to needy ostomates in developing countries.

Your very generous donation will benefit so many needy ostomates in other countries who have little or no access to affordable products. Thanks to you, we are able to continue our meaningful work!

**FYI:** We are in the process of posting pictures and letters of thanks on our website at <https://www.fowc.ca> from grateful ostomates and ostomy groups. We invite you to check out our four minute video which gives a quick overview of our ongoing work.

## ASK THE NSWOC

### Is it possible to exercise when one has an ostomy?

There is no better time to get back to healthy living. Digestive or bladder issues, perhaps followed by surgery, may have reduced one's overall endurance and strength. While always recommended to speak with your physician first, one can ease back into it. And seriously, let's ease back into it! No one wants to be stiff and sore or risk burn out or injury even when we are excited to get back moving! Starting with fewer and easier exercises or repetitions of movement and gradually increasing ultimately is a better plan.

Strengthening one's core is an excellent way to start and can occur post-operative even with simple awareness of standing straight and tall and taking deep breaths.

Walking is a simple activity that lets one go at their own pace, is affordable and easy to do anywhere. Check out mall walking if you are not keen on maneuvering on icy sidewalks with our Saskatchewan winters!

Swimming provides a whole body workout, while being easy on the joints. Your pouch is water resistant and well adhered especially if you've had it changed for at least one hour before going in the pool, lake or if you're really lucky, the ocean! Before diving in, it is recommended to empty your pouch and check for a good seal. Cover the filter if you have one on your pouch. Even walking laps in a pool is a great start. Patterned or high waisted swim suits for women or adding a fabric belt can help conceal the pouch which may add to one's confidence to get back enjoying the water.

Get back to the activities you enjoy or take up an activity – biking, tennis, golf and yoga – really the list is endless. If you have any concerns at all, your ostomy nurse is here to help guide you. Give us a call!



By Karen Kinaschuk

## YOU HAVE ADJUSTED TO YOUR OSTOMY WHEN ...

(via Austin TX Austi-Mate Journal; and North Central OK, Ostomy Outlook)

- You can move about freely without holding your appliance as though it might fall off at any minute
- You stop grabbing your abdomen when the grocery clerk asks you if you need help to the car with your bag.
- You begin to think how lucky you are to be alive instead of unlucky you are to have an ostomy.
- You stop spending all your spare time in the bathroom waiting for your stoma to work so you can empty the pouch right away.
- You attend the monthly ostomy group meetings to learn more about your ostomy rather than staying home worrying about it all.



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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](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

(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 & February

Colostomy - 2

Ileostomy - 1

Urostomy - 2