

BAG



SINCE 1974

November 2017



This Month's meeting: Tuesday, Nov 21st.

Joye Baetz, Registered Enterostomal Nurse.

Topic is 'Ostomy Health Care'.

See Page 4 for meeting location and dates for South Niagara.



NO MEETING **DECEMBER**

WOULD YOU LIKE TO RECEIVE THIS NEWSLETTER VIA EMAIL?

In an effort to reduce mailing costs, we would like to offer the monthly newsletter to all of our members electronically. If you have access to email, please send your request to info@niagaraostomy.com. The newsletter will be in PDF format. Most computers come equipped with the capability to read PDF files.



If you experience a problem opening the file, there will be a free PDF reader program download link attached to the newsletter.

Location:

Royal Canadian Legion Branch 350

57 Lakeport Rd, St. Cath (Port Dalhousie)

The Dalhousie Room

Doors open @ 7:00p.m.

Meeting starts @ 7:15p.m.

* Wheelchair

accessible from the back entrance off the parking lot

(Ridgeway/Pt. Colborne meeting info on Page 4)

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Presidents Message

Welcome everyone. It's hard to believe this is the last newsletter for 2017. If anyone hasn't renewed their membership yet, please do at your earliest convenience. We have to send in the membership money by Dec 31 and it makes it so much easier for Beth if she can send it all in at the same time.

Last month I told you about another PSW seminar we were doing. I had to cancel it due to an eye infection, but we will reschedule, hopefully before Christmas. Also last month's speaker had to cancel on short notice, Dr. Bill Brown on the brain and aging; he has rebooked for April.

Our Annual Ostomy Day was a success, it was very well attended and Vicky Pollack saw at least 12 people. It was a bit hectic as we squeezed several people in between the booked appointments. Overall attendance was down from previous years, but we still saw about 100 people, so it's valuable for us to host the day for our community. I think we gained 4 members too!

Our Website is under construction. It hasn't had an update in about 2 years, so it's time again. Peter Folk, past President of Ostomy Canada has taken on "Webmaster" for us. He has done a great job on it so far. Please log in to view it at www.niagaraostomy.com . There are more changes planned like pictures etc, but it's a work in pro-

gress. If you have any suggestions, please let us know.

It is with sadness that I learned of one of our members, Heather Clunis' passing in October. She was always such a cheerful happy person. I also learned today that Jim Garde, husband of Dianne Garde passed away this morning. Anyone involved in Ostomy probably knows of them.

Our November meeting Guest speaker brings us Joy Baetz, ET Nurse from the Oshawa area, hope to see you there.

Season's Greetings and Happy New Year to All!

Cheers,

John Molnar



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MENTAL AGE ASSESSMENT

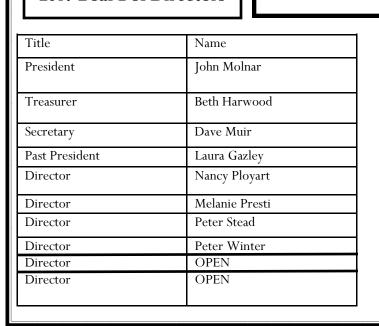
The following was developed as a mental age assessment by the School of Psychiatry at Harvard University . Take your time and see if you can read each line aloud without a mistake.

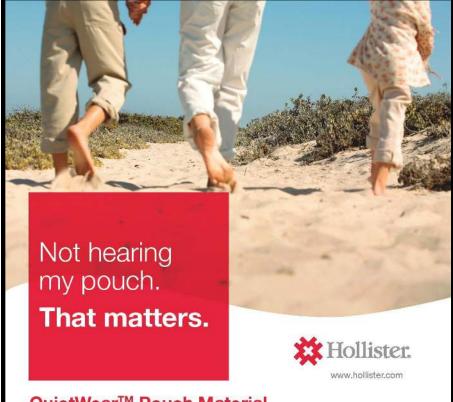
The average person over 40 years of age cannot do it!

- 1. This is this cat.
- 2. This is is cat.
- 3. This is how cat.
- 4. This is to cat.
- 5. This is keep cat.
- 6. This is an cat.
- 7. This is old cat.
- 8. This is fart cat.
- 9. This is busy cat...
- 10. This is for cat.
- 11. This is forty cat..
- 12. This is seconds cat.

Now go back and read the third word in each line from the top down.

2017 Board of Directors





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Boggio Pharmacy, 200 Catharine St,

NEW TIME!!

Port Colborne

Doors Open 6:15pm, meeting at 6:30pm

Please note that the meetings are held after business hours when the pharmacy is locked. To keep the pharmacy secure, the front door is attended by staff and unlocked only to admit attendees between 6:15 and 6:30pm. No-one else will be admitted after 6:30 because the staff are also involved in the meeting.

November 29—Baggio Pharmacist, "Hints to help Ostomates take Medications Better"

March 28, 2018—TBA May 30—TBA

WHAT IS A PROLAPSE STOMA

Via:www.badgut.org

A prolapse is a stoma that essentially telescopes out through itself, causing abnormal lengthening. The appearance of a prolapsed stoma can be distressing, and you should consider some changes to your stoma care.

Prolapse is a complication associated more with colostomies than with ileostomies, and is more frequent in those with loop colostomies, particularly loop stomas located in the transverse colon, than with end stomas. (End stomas result from a complete cut through the intestine with the end pulled through the abdominal wall, while loop stomas result when an intestinal loop is pulled through the abdominal wall and an incision made into part of the loop.)

While we don't fully understand why a prolapse



Mon-Wed • 8:30am-5pm & Thu-Fri • 8:30am-6pm

occurs, several factors could contribute to the development of a prolapsed stoma:

- •poor abdominal muscle tone,
- •weight gain/obesity,
- •pregnancy,
- •surgical technique (such as a large opening in the abdominal wall, where the bowel was brought through to create the stoma at the time of surgery),
- •increased pressure within the abdomen, such as that associated with coughing and increased fluid in the

(Continued on page 6)

CALENDAR OF EVENTS

Our Website: www.niagaraostomy.com

Our Email: info@niagaraostomy.com

2017 Dates

Nov 21:Ostomy Nurse



2018 Dates

Jan 16– open mic Feb 20-open mic Mar 20-TBA

Apr17-TBA

May 15-TBA

Telephone Numbers:

Niagara Ostomy Association: 905-321-2799

Coloplast: (866) 293-6349

ConvaTec (800) 465-6302

Hollister: (800) 263-3236

BBraun of Canada: (855) 822-7286



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905 321 2799

Anyone that would like to maintain a list of people offering/needing rides, please



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NOTICE TO READERS:...

Products and methods mentioned in this newsletter are not endorsed by the Niagara Ostomy Association and may not be relevant to everyone. Consult your doctor or ET nurse before deciding to use any of them.

Application for Membership

11							
Name:	_						
Address:	_						
Postal Code: Phone:	-						
Email:	-						
Type of Ostomy(optional):							

Dues are \$30.00 per year, renewable by December 31 of each year. Membership is open to all ostomates, family members, medical professionals, health professionals and other interested parties. Includes monthly newsletter. We do not wish to exclude anyone because of inability to pay dues. If payment of dues is a hardship, please inform the treasurer or president. They have the authority to waive individual dues. This information is kept in the strictest confidence. We will never share your email address. It will be kept strictly confidential. Completed application along with your cheque or money order (payable to Niagara Ostomy

Association) should be mailed to:

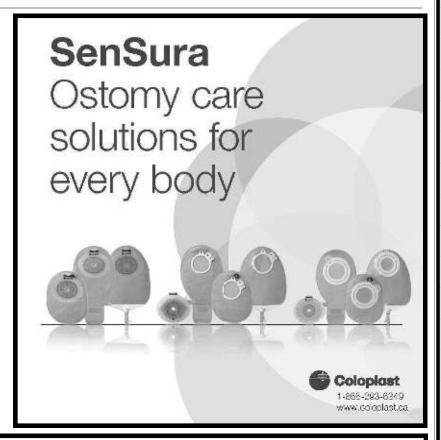
Beth Harwood, 16 Greenhill Dr., Thorold ON, L2V 1W5 (Continued from page 5—Prolapse Stoma)

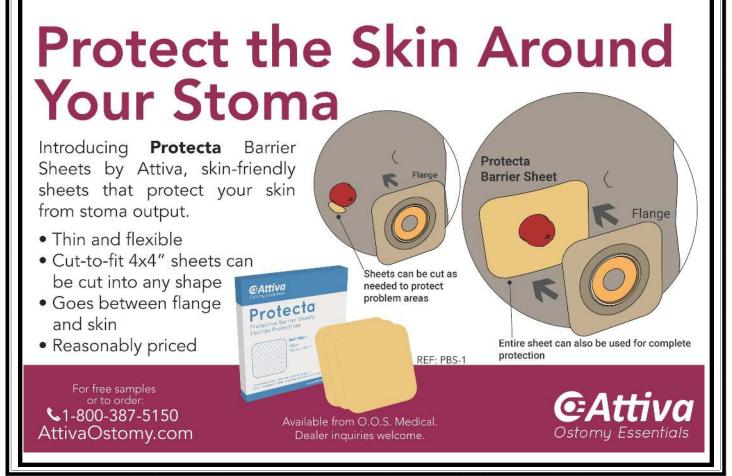
abdomen (ascites), and

•a colostomy that was brought out through the abdominal incision.

Some characteristics of a prolapse may influence your care of the stoma. A prolapse may be positional in that it could be present or absent depending on whether you are sitting, lying down, or standing. You may notice when you are standing that the prolapse is evident, but when you lie down for a while, your stoma may return to its usual size. This is called a spontaneous reduction. Sometimes the

(Continued on page 8)





ConvaTec



the other way around" Wendy

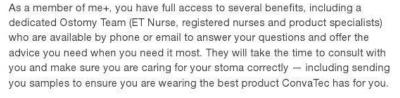




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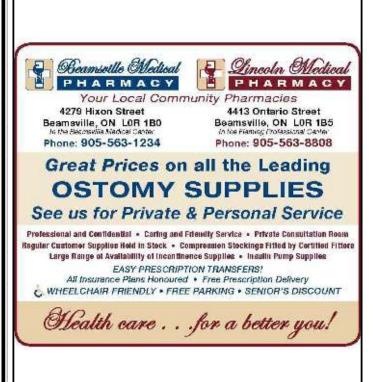
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(Continued from page 6-Prolapse Stoma)

stoma will remain prolapsed and will become swollen. It can enlarge in diameter as well as in length.

The blood supply to a prolapsed stoma can become compromised, causing a change in the colour and/or warmth of the stoma. Poor blood supply can cause a variety of changes to your stoma, from small ulcerations on the surface (called ischemic ulcers) that look like yellowywhite patches, to more significant changes in colour or temperature. The stoma can become dark red or purple, or sometimes a very pale pink, and may be cool to touch. You may also notice that your stoma does not function as well with a prolapse, potentially causing signs of an obstruction. If you notice changes to the colour and/or temperature of your stoma, or are worried that it may not be functioning normally, you should seek medical attention.

A prolapsed stoma does require some changes to your routine care. Aside from monitoring colour, temperature, and function, you may need to consider changes to the type of pouching system you are using. If the prolapse is large, you may need to consider a larger/longer pouch that will accommodate both the stoma and the usual volume of stool. You may find that you need to empty or change your pouch more often. You may also need to have an alternate flange, one that will not cause trauma to your stoma.

If your prolapse is very mobile (i.e. it slides in and out with position changes), then there is a risk of lacerating the stoma with the edge of the flange. Lacerations do not cause pain, but you may notice some bleeding on the stoma or a

(Continued on page 9)

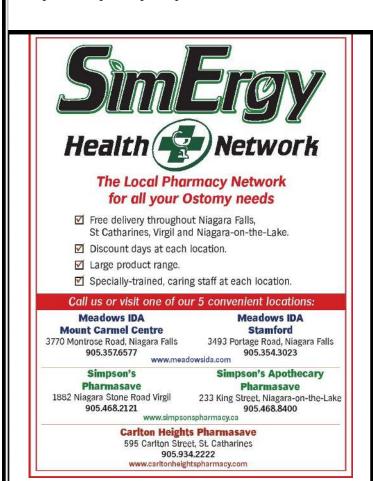
(Continued from page 8-Prolapse Stoma)

white line where the flange has been rubbing against it. You may need to adjust the opening of your flange (measure when the stoma is at its largest), or may need to switch to an alternate product such as a moldable flange that will not hurt your stoma. Your ET can help you reassess your pouching needs.

If your stoma remains prolapsed, then you will need to protect it from external trauma. The type of work you do, the activities you like to participate in, and even regular daily habits such as leaning against a counter for meal preparation, may all cause stoma bruising. Stoma guards or protectors are available and may work for you, depending on your stoma size. Prolapse belts (belts that help to keep the prolapse reduced) are commer-

cially available but generally the pressure from the prolapse is stronger than the belt, allowing the stoma to wiggle past the belt itself. Some two -piece coupling mechanisms may also cause trauma to the stoma, either by direct pressure or by rubbing against the mechanism, or by inadvertently trapping some of the stomal surface in between the pouch and the flange as they attach. A one-piece system or coupling mechanisms with lower profiles may also work for you. Again, your ET will help you to determine if your care would improve with a stoma protector, prolapse belt, or alternate pouching system.

You might find it challenging to find clothing that is comfortable, does not cause trauma to your stoma, and still helps conceal your stoma and pouch. Belts or waistbands should not rest directly across your stoma. To improve comfort, you



could try simple adjustments such as changing the rise of pants to be above or below your stoma. Other clothing details such as pleats in pants or skirts, patterned clothes, or layered styles may help to conceal any bulges.

Lastly, depending on the severity of your prolapse or the symptoms you experience, you may require a referral to a surgeon for revision (surgical repair) of your stoma. Your surgeon will discuss the potential risks and benefits of a stoma revision, and whether this is an option for you.

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PRACTICE HEALTHY HOLIDAY COOKING



Preparing favorite dishes lower in fat and calories will help promote healthy holiday eating. Incorporate some of these simplecooking tips in traditional holiday recipes to make them healthier.

- •Gravy Refrigerate the gravy to harden fat. Skim the fat off. This will save a whopping 56 gm of fat per cup.
- •Dressing Use a little less bread and add more onions, garlic, celery, and vegetables. Add fruits such as cranberries or apples. Moisten or flavor with low fat low sodium chicken or vegetable broth and applesauce.
- •Turkey Enjoy delicious, roasted turkey breast without the skin and save 11 grams of saturated fat per 3 oz serving.
- •Green Bean Casserole Cook fresh green beans with chucks of potatoes instead of cream soup. Top with almonds instead of fried onion rings.
- •Mashed Potato Use skim milk, chicken broth, garlic or garlic powder, and Parmesan cheese instead of whole milk and butter.
- •Quick Holiday Nog Four bananas, 1-1/2 cups skim milk or soymilk, 1-1/2 cups plain nonfat yogurt, 1/4 teaspoon rum extract, and ground nutmeg. Blend all ingredients except nutmeg. Puree until smooth. Top with nutmeg.



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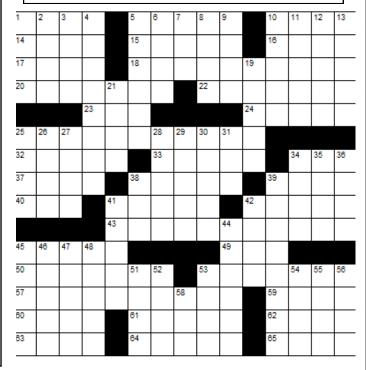
ACROSS

- 1. Platter
- 5. Fanatical
- 10. Expectoration
- 14. Smell
- 15. Lyric poem
- 16. Prong
- 17. Soft drink
- 18. Reliance
- 20. Splashed
- 22. Layer
- 23. Furrow maker
- 24. Smells
- 25. Coin collecting
- 32. Absurd
- 33. Lights
- 34. African antelope
- 37. Mob
- 38. Jewish scholar
- 39. God of love
- 40. Color
- 41. Name of a book

42. Any compound of oxygen

- 43. Velocity indicator
- 45. Electrical pioneer
- 49. Record (abbrev.)
- 50. Phonograph disks
- 53. Curved
- 57. Indecisive
- 59. Rubber wheel
- 60. Desserts
- 61. Indian antelope
- 62. If not
- 63. Stitches
- 64. Sugary
- 65. Twosome

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DOWN

- 1. Physicians
- 2. False god
- 3. Alone
- 4. Ramming
- 5. Ransom
- 6. Copied
- 7. Hit on the head
- 8. Midmonth date

- 9. Fender blemish
- 10. Place
- 11. Kind of bean

- 26. Two-toed sloth
- 27. Head of hair

- 13. Abounds

- 12. Bring upon oneself

- flexible pipe
- 25. Near

- 19. Smelter waste21. A Index

- 28. Winged
- 29. Dining room furni-
- ture 30. Insert
- 31. Consumer Price
- 34. Fortitude
- 35. Connecting point
- 36. End
- 38. Tear

- 39. Put to death
- 41. Russian emperors
- 42. Portent
- 44. The far east
- 45. Journeys
- 46. Creepy
- 47. Phillips or thumb,
- for example
- 48. Loamy deposit

- 51. Sleep in a convenient place
- 52. Shredded cabbage
- 53. Anagram of "Ties"
- 54. Greasy
- 55. Constellation bear
- 56. Sow
- 58. Employ



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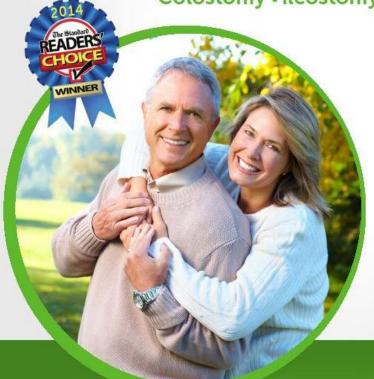
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(Continued from page 10- Healthy Holiday Cooking)

•Desserts — Make a crustless pumpkin pie. Substitute two egg whites for each whole egg in baked recipes. Replace heavy cream with evaporated skim milk in cheesecakes and cream pies. Top cakes with fresh fruit, fruit sauce, or a sprinkle of powdered sugar instead of fattening frosting.

Enjoy the holidays, plan a time for activity, incorporate healthy recipes into your holiday meals, and don't restrict yourself from enjoying your favorite holiday foods. In the long run, your mind and body will thank you.

LAUGH FOR THE DAY



A man is hiring for an accounting position, and is conducting interviews for each of the hopefuls. The first accountant walks in and starts to introduce himself.

Accountant1: I'm here for the accounting position

Boss: what's 2+2?

Accountant1: 4

Boss: get out

Sad, disappointed, and a little confused, the accountant slowly leaves the office. Then a new, fresh accountant comes in.

Accountant2: hey I'm here for the accounting position

Boss: what's 2+2?

Accountant2: 4

Boss: get out.

Just as confused as accountant1, number 2 leaves thinking that if the boss is that stupid he doesn't want to work there anyways. On the way out, a new accountant walks into the office.

Accountant3: hi, I'm here for accounting position

Boss: what's 2+2?

Accountant3: anything you want it to be.

Boss: you're hired.

HOW TO HANDLE JUNK MAIL

When you get those pre-approved letters in the mail for everything from credit cards to 2nd mortgages and junk like that, most of them come with postage paid return envelopes, right?

Well, why not get rid of some of your other junk mail and put it in these cool little envelopes! Send an ad for your local chimney cleaner to American Express. Or a pizza coupon to Citibank. If you didn't get anything else that day, then just send them their application back! Just make sure your name isn't on anything you send them. Heck, you can send it back empty if you want to just to keep 'em guessing!

Let's turn this into a chain letter! Eventually, the banks and credit card companies will begin getting all their crap back in the mail. Let's let them know what it's like to get junk mail, and best of all...THEY are paying for it! Twice!

Let's help keep our postal service busy since they say e-mail is cutting into their business, and that's why they need to increase postage again!

Send this to a friend or two or three...or fifty