



**This Month's meeting:
Tuesday, March 20th**

**Pam Glover, Hollister
Product Showcase and Samples**

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)*

INSIDE THIS ISSUE:

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.



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President's Message



Spring is just around the corner, or at least that's what the calendar says. The weather seems to think something different though.

Again, apologies for the late newsletter; I have been working in Oakville and the long days are tougher now that I'm older. When I get home I just want to lie down and do nothing.

In a week I'll be celebrating 11 years with Ostomy Surgery. Time flies, and in some ways it feels like I've always had an ostomy. My neighbor has just been diagnosed with Inflammatory Bowel Disease, he & I have had some good chats about it. Ostomy has not been mentioned to him as yet,

but I see it as a possibility in the future.

There's a visitor training session being done in Hamilton on June 2nd if anyone is interested in participating we sure would appreciate it. Visiting is one of our major missions in our community. We will be carpooling so anyone that wants more information or details, please call the chapter phone & I will fill you in. Basically you need the time and dedication to commit to becoming a visitor, and you must be well adjusted to your Ostomy. On the visiting end of things, Roger Ivol has given up the post as Chair of the Visiting Committee for Ostomy Canada, the position has been replaced by Deb Carpentier and Ann Durkee as joint Chair. I will remain on the National Committee and looking forward to working with the new Chairs.

We have once again been asked if we would like to

do the Turkstra Barbecue fundraiser s again this year. We have tentatively agreed, but once again, it means we need volunteers to assist. Not an onerous task, about 2 to 3 hrs on Fridays from 10:30 am till 1:30 PM from Long weekend in May until Labour day weekend. It would be nice if you could assist in at least one date.



As always, good health.

John Molnar,
President



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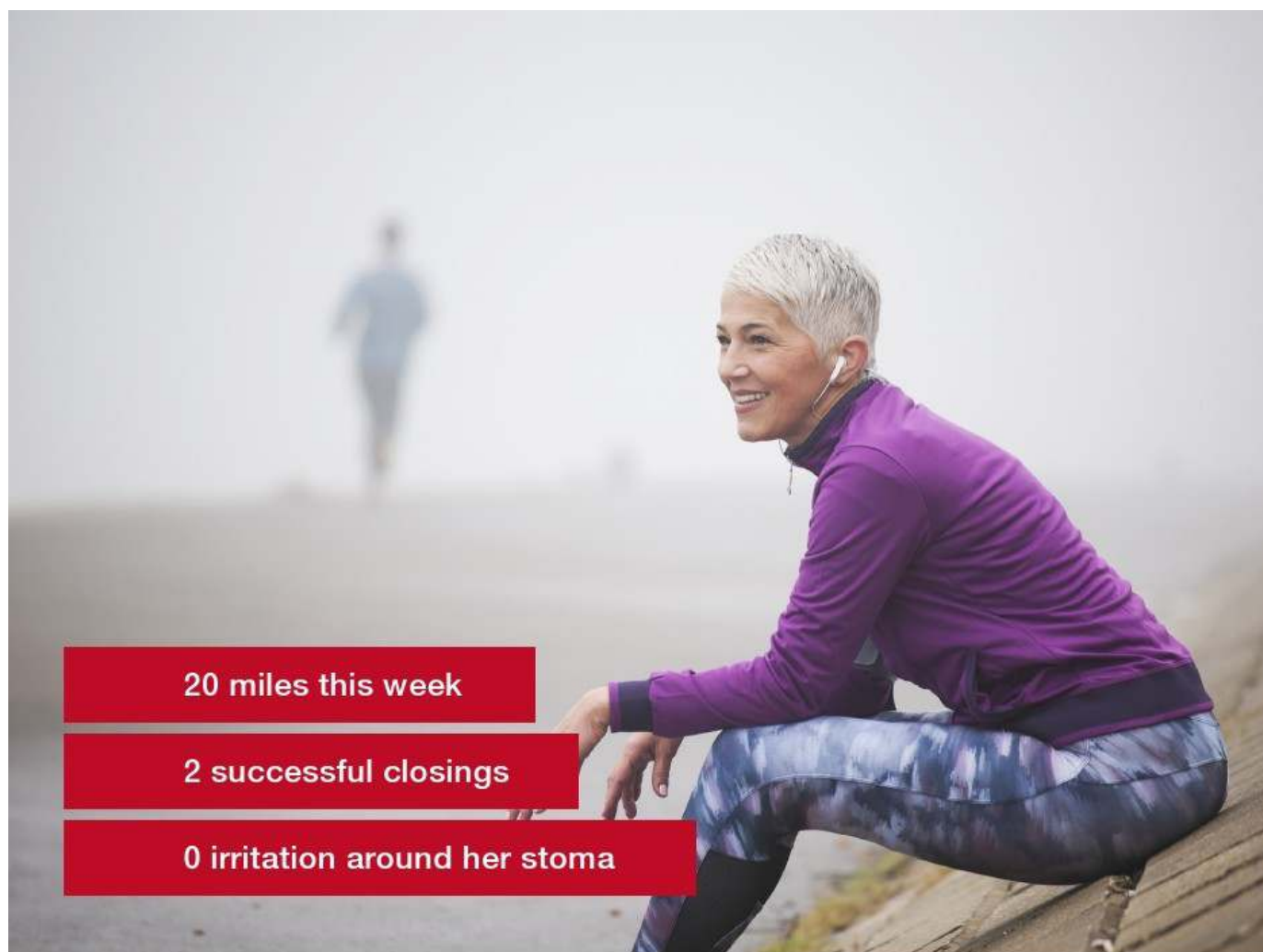
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Doors Open 6:15pm, meeting at 6:30pm

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.

March 28, 2018—Heather Penney, RD, Clinical Dietitian, Niagara Health System, Welland Hospital Site

May 30—Tracey Schenk & Jennifer Smith, Representatives of the Hamilton Niagara Haldimand Brant Local Health Integration Network (LHIN).

2017 Board of Directors

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CALENDAR OF EVENTS

Our Website: www.niagaraostomy.com

Our Email: info@niagaraostomy.com

2018 Dates

Mar 20: Hollister

Apr 17: Dietician

May 15: BB Braun

June 19: Neurosurgeon

July & August: NO MEETING

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



Car Pooling

If you need a ride or are available to pick up someone in your area for our meetings, please call us at

905 321 2799

Anyone that would like to maintain a list of people offering/need rides, please call.



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ASSOCIATION'**



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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

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

Individuals with Urostomies: Fluid Management and Infection

By Juliana Eldridge, ET/WOC Nurse Via
UOAA UPDATE

Source: *Winnipeg Ostomy Inside/Out* January 2018

People with urinary diversions no longer have a storage area, a bladder, for urine. Therefore, urine should flow from the stoma as fast as the kidneys can make it. In fact, if your urinary stoma has no drainage even after an hour, it is of serious concern. The distance from the stoma to the kidney is markedly reduced after urinary diversion surgery. Any external bacteria have a short route to the kidney. Since

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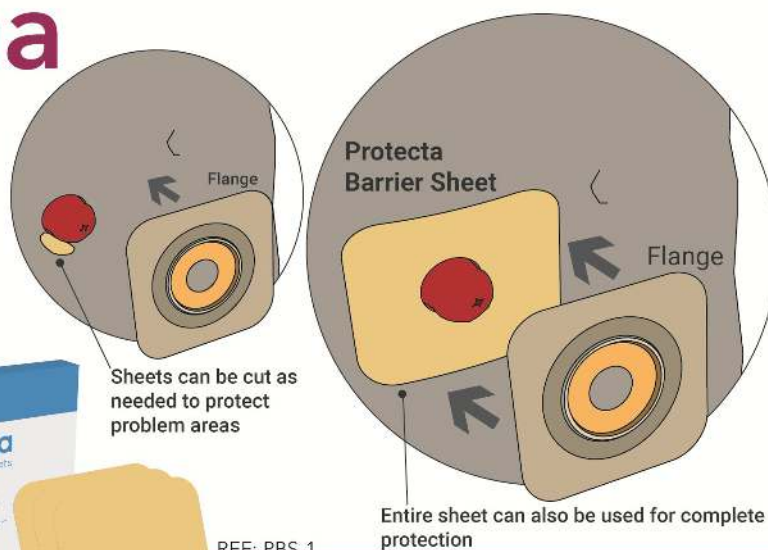


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Our in-depth online resource covers a wide variety of ostomy content and highlights real stories from others who have walked in your shoes.

Living with an ostomy can take education, resources, and support. With me+ we make sure you don't have to figure it out alone.

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or email at ConvaTec.Canada@convatec.com

(Continued from page 6)

kidney infection can occur rapidly and be devastating, prevention is essential. Wearing clean pouches and frequent emptying are vital. Equally important is adequate fluid intake, particularly fluids that acidify the urine and decrease problems of odor. In warm weather, with increased activity, or with a fever, fluids should be increased to make up for the body losses due to perspiration and increased metabolism.

Be aware of the symptoms of a kidney infection:

- *Elevated Temperature
- *Chills
- *Low back pain
- *Cloudy, bloody urine
- *Decreased urine output

All ileal conduits normally produce mucus in the urine, which gives it a cloudy appearance. Blood in the urine is a danger signal. Thirst is a good index of fluid needs.

Important: If urine is collected for urinalysis, either routine, microscopic (R&M) or for culture and sensitivity (C&S), or if you are asked to give a sterile urine specimen, be sure your doctor and nurse know a sterile specimen must be taken directly from your stoma and not from the pouch. Bacteria build up in the pouch constantly. You will always get a false positive test result.

If they are not sure how to do this, do the following:

- 1.) Remove your pouch
- 2.) Clean your stoma
- 3.) Bend over
- 4.) Catch the urine in a sterile cup

Source: UOASL *Live & Learn* Winter 2018

Further to Urostomies:

If you have a urostomy and notice uric acid crystals appearing on your stoma or the surrounding skin you may not be drinking enough water. (Uric acid crystals look like whitish residue). Although they are relatively harmless, they can irritate the delicate tissue of the stoma if not removed. If regular shower water is not rinsing this completely off, try a mild vinegar solution (about two parts water to one part vinegar) to soak stubborn crystals off.

Keep urine bacteria at a low level! This is important to prevent the kidneys from becoming infected via the ureters. Again, drinking lots of water will help dilute and flush the urine.

Source: Vancouver Ostomy HighLife—March/April 2009

IT'S TAX TIME AGAIN! WHAT YOU SHOULD KNOW ABOUT THE DISABILITY TAX CREDIT

If you have a colostomy, ileostomy or urostomy, and regularly submit a tax return every year, you may be eligible for a tax credit. All or part of this amount may be transferred to your spouse or common law partner, or to another supporting person. The form does not come with your standard income tax package, it must be ordered separately. It is called Form #2201.

HOW DO YOU FILL OUT THIS FORM?

The first part includes a self-assessment questionnaire for the individual to complete to see if he or she is eligible. You may find you are confused by what the form means when it uses the terms 'impairment', 'disability' or 'markedly'. These terms are not well explained on the form.

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(Continued from page 8)

IMPAIRMENT is an anatomical and/or physiological loss or damage to the body -- such as an amputation, or severe arthritis, or loss of sight. All ostomates have a degree of impairment, in that we have lost a part of our body -- rectum, bowel or bladder -- necessary for normal function, and in most cases, this is permanent.

MARKEDLY and **DISABILITY** refer to the degree to which an impairment alters one's daily life -- in other words what effect this has on one's ability to function. This is what your doctor will be asked to assess in Part B of the form. He or she will be required to verify the duration (how long you have had the ostomy and whether or not it is permanent) and the effects of the impairment (ostomy) on your ability to func-

tion normally. The doctor will need to certify that you are 'markedly restricted in a basic activity of daily living'.

Essentially, the doctor must certify that either the patient 'needs the assistance of another person to empty and tend to their appliance on a daily basis', or that the care of the ostomy requires an 'inordinate amount of time'. If you require assistance to manage your ostomy, or if you spend significantly more time than a normal person managing elimination, you qualify for this tax credit. Form 2201 does not provide room to expand upon these factors, therefore, we recommend that you describe your daily functions in a separate letter which your doctor will need to verify. Some examples of factors which would support your application would be:

☐ frequent need to change your appliance (ie

more than once a day)

☐ difficulty in cleaning/changing/maintaining the appliance due to rheumatoid arthritis, poor eyesight or mobility issues

☐ the need for another person to assist you in ostomy management

☐ lengthy amount of time required to irrigate

☐ frequency and duration of accidents restrictions on mobility (ie confined close to home, or bathroom mapping due to high-maintenance ostomy)



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<p>Simpson's Pharmasave 1882 Niagara Stone Road Virgil 905.468.2121 www.simpsonsparmacy.ca</p>	<p>Simpson's Apothecary Pharmasave 233 King Street, Niagara-on-the-Lake 905.468.8400</p>
<p>Carlton Heights Pharmasave 595 Carlton Street, St. Catharines 905.934.2222 www.carltonheightspharmacy.com</p>	



(Continued from page 9)

- ☐ lengthy amount of time spent on changing the appliance due to special fitting and/or skin problems
- ☐ disruptions to rest and sleep due to leakage/need to clean up
- ☐ unusual number of times per day/night you need to empty the appliance

Doctors' time is at a premium these days and most will charge a fee for writing a supporting letter. (Some may charge just for ticking off the boxes in the form). And even if you have been going to the same doctor for years, you can't realistically expect them to know all the details of your management routine. You should write your own letter, in a clear and concise manner that can be efficiently read by your doctor, and let him or her verify it. You should be prepared to explain anything that he or she questions.

You can send **Form T2201** at any time of the year, but it's recommended that you submit it before you file your income tax return. If you send it in later, or at the same time, it will still be processed but this may take longer for your submission to be assessed. If you are deemed ineligible, the form will not affect the outcome of your usual tax return. How much you get back will vary depending on your income, and when your ostomy surgery was first performed. Once you have been accepted as eligible for the DTC, you do NOT need to re

-apply with your doctor again. You will be registered with Revenue Canada as eligible, and can claim the standard disability deduction on the standard income tax form.

If your ostomy is temporary, you can still apply for the Disability Tax Credit and may be eligible for the period of time that you have the ostomy

(Continued on page 14)



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ACROSS

1. Stigma
5. Foliate
10. Food thickener
14. Relating to aircraft
15. American symbol
16. Lasso
17. Bright thought
18. A type of laurel tree
20. Deliberately impassive in manner
22. Apart
23. A Buddhist temple
24. Impudent
25. Religious scholars
32. 10 in a decade
33. To untwist
34. Unruly crowd
37. Benefit
38. Confuse
39. Overhang
40. L

41. Ascended

42. Ire

43. Digging in

45. Toots

49. "Eureka!"

50. Entering

53. Aridness

57. Mediator

59. Phone

60. Ends a prayer

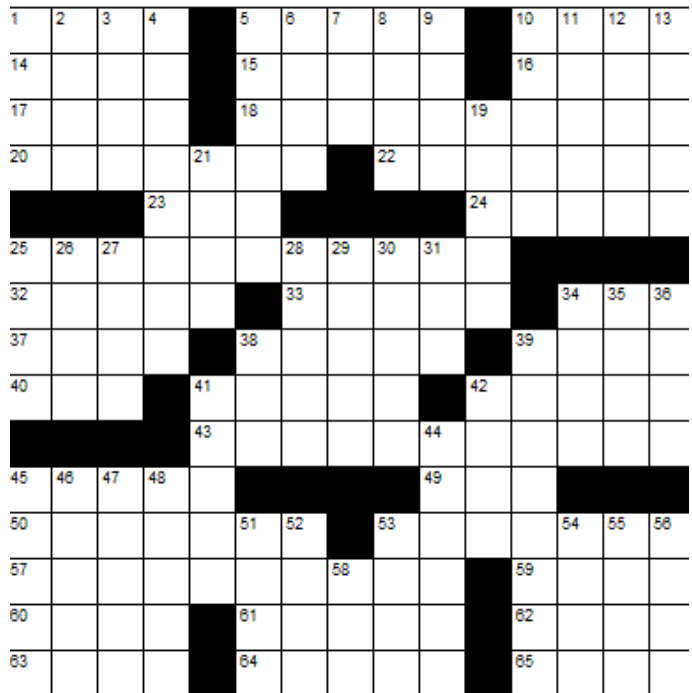
61. A cry of approval

62. Brother of Jacob

63. Stow, as cargo

64. Tendon

65. A territorial unit of Greece

CROSSWORD www.mirroreyes.com**DOWN**

1. Told
2. Formally surrender
3. District
4. Street repair
5. Smooth, in music
6. Acquire deservedly
7. Senesce
8. Parasitic insect
9. Cravings
10. Drome
11. Prods
12. French for "After"
13. Attempt again
19. Impudent girl
21. Friends
25. Sort
26. Part of a foot
27. Nobleman
28. Visitor
29. Deduce
30. Solo
31. Henpeck
34. Wise men
35. Baking appliance
36. Large mass of ice
38. Container
39. Improved
41. Adjust again
42. Sore
44. Thin
45. Twofold
46. Colonic
47. Incited
48. Lying facedown
51. Brothers and sisters
52. Indian dress
53. Bird of peace
54. Convenience
55. Shut
56. Swing around
58. Buff



Answers on
page 9

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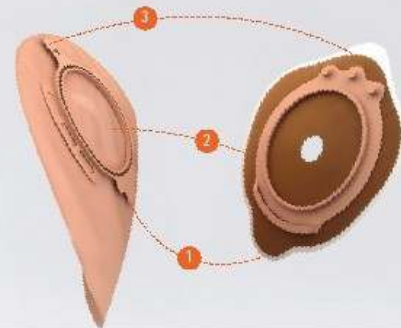
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SHARING EXPERTISE

(Continued from page 10- Disability Tax Credit)

until you can be reversed. Revenue Canada may review your case to ascertain that you still have the ostomy.



HOW DO YOU OBTAIN THIS FORM?

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1-800-959-2221

or order online at

www.cra-arc.gc.ca/forms/

1. WHY CAN'T YOU HEAR A PTERODACTYL GO TO THE BATHROOM?

Because the "P" is silent!

2. You know why you never see elephants hiding up in trees?

Because they're really good at it.

3. What is red and smells like blue paint?

Red paint.

4. A dyslexic man walks into a bra.

5. Where does the General keep his armies?

In his sleeves!

6. Why aren't koalas actual bears?

The don't meet the koalafications.

7. A bear walks into a restaurant and say's

"I want a grilllllled.....cheese."The waiter says "Whats with the pause?"

The bear replies "Whaddya mean, I'M A BEAR."

8. What do you call bears with no ears?

B

9. Why don't blind people skydive?

Because it scares the crap out of their dogs.

10. I went in to a pet shop. I said, "Can I

buy a goldfish?"The guy said, "Do you want an aquarium?"

I said, "I don't care what star sign it is."

11. What do you get when you cross a dyslexic, an insomniac, and an agnostic?

Someone who lays awake at night wondering if there is a dog.

12. A pirate walks into a bar with a steering wheel on his pants, a peg leg and a parrot on his shoulder. The bartender says, "Hey, you've got a steering wheel on your pants."

The pirate says, "Arrrrr, I know. It's driving me nuts."

13. I BOUGHT THE WORLD'S WORST THESAURUS YESTERDAY.

Not only is it terrible, it's terrible.

14. What's brown and sticky?

A stick.

15. What does a pepper do when it's angry?

It gets jalapeño face!

16. What's a foot long and slippery?

A slipper.

17. Two gold fish are in a tank.

One looks at the other and says, "You know how to drive this thing?!"

18. As a scarecrow, people say I'm outstanding in my field.

But hay, it's in my jeans.

20. A man is walking in the desert with his horse and his dog when the dog says, "I can't do this. I need water."The man says, "I didn't know dogs could talk."

The horse says, "Me neither!"

21. What is the resemblance between a green apple and a red apple?

They're both red except for the green one.

24. How did the hipster burn his mouth?

He ate the pizza before it was cool.