

IT'S IN THE BAG



SINCE 1974

October 2018



This Month's meeting: Tuesday, October 18th Speaker: TBA

Also: Turkstra Lumber, to present cheque for funds raised at BBQ

OSTOMY FAIR DAY

Mark Your Calendar!!



November 17, 2017 10 am—1 pm

Royal Canadian Legion, Dalhousie Room 57 Lakeport Road, St Catharines.

Appointments available with an Enterostomal (ET) nurse.

Call to book: (905) 321-2799 or by email at info@niagaraostomy.ca

(Wheelchair accessible from side of building)

Please call if you can help us out in any way that day.

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:

President's Message	2
CALENDAR OF EVENTS	5
APPLICATION FOR MEM-	5
BERSHIP	
HOSPITALIZATION GUIDE	6
FOR OSTOMATES	
CROSSWORD	11
BONING UP ON CALCIUM	14

Presidents Message

Welcome everyone,

As always, I hope this newsletter finds you in good health. We're into October & it's sure feeling like fall.

I'm repeating this from last month, but there have been quite a few comments, so I will copy it here again. I'm sure you're wondering why you got a reminder letter to renew your membership, with the envelope plastered with stamps. One of our members who is an avid stamp collector donated his stamps & time to lick them & put them on the envelopes. These stamps are ones that are only worth face value so he has decided to get rid of them by donating them. Thanks for the generous donation! On that note, please get your renewals in as soon as possible. Thanks to the many that have already renewed!

The Port Colborne group is back & lively as ever. The LHIN (Local Health Integrated Network) was scheduled to attend as guest speakers at the September meeting, but once again they had to cancel, so we held a rap session. It was lively and educational, for several in attendance.

We're are still looking for a new home for our meetings as the Legion has been sold for re-development. We have to be out the end of December, so our last meeting there will be the November meeting. We are welcome back after the construction, but construction is expected to be 18 months to 2 years.

Remember that Our Ostomy Fair day is being held on Saturday November 17th from 10 AM till 1 PM, at the Legion. Mark your calendars and try to attend. We will also need some help that day, if you can help us out that would be great! Anyone wishing an appointment with an NSWOC (Nurses specializing in wound, ostomy, & continence) the new name for ET nurses, please call our chapter number at 905 321 2799 to book an appointment

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newsletter messages here, so next month, (November) there will be a message from Dave, our recording secretary. I will still have a paragraph or so, if needed, to update our members on anything. I hope everyone appreciates the writings by them, I'm sure it will be informative.

It is with deepest sadness that I announce the passing of Dave's wife, Marg. She passed away peacefully with her family at her side after a long, courageous battle with cancer. Marg was always very involved with our functions helping out where ever she could and she always had a lot of great ideas. I always respected her expertise. A celebration of Marg's life is being planned for the end of October, please contact us if you would like information on date, time etc.

Hope to see you at the October Meeting.

Cheers,

B.M

John Molnar, President



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NEWTIME!!

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.

Meetings: TBA

2017 Board of Directors

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CALENDAR OF EVENTS

Our Website: www.niagaraostomy.com

Our Email: info@niagaraostomy.com

20178 Dates

Sept 18: Open Mic

Oct 16:TBA

Nov 17: Ostomy Fair

Nov 20: TBA

December: 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/needing rides, please call.



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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

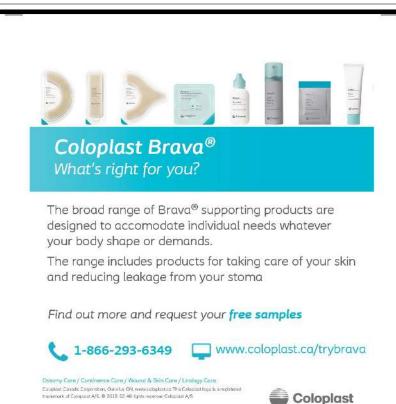
HOSPITALIZATION GUIDE-LINES FOR OSTOMY PATIENTS

From North Central Oklahoma Ostomy Outlook September 2010:

by Dr. Lindsay Bard; via Chicago (IL) The New Outlook; and Hartford (CT) The Hartford Ostomy Update

It is important for a person with an ostomy to know how he/she should be handled differently than someone without an ostomy when you need to be hospitalized. It's up to you. It is very important to communicate to medical personnel who take care of you, including every physician that

(Continued on page 8)





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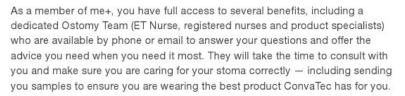
"My ostomy fits my life, not the other way around" Wendy





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education

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treats you, that you have an ostomy, and what type of ostomy you have. Here are some rules to help you cover the details:

Rule 1 – The Cardinal Rule!

If you feel something is being done or going to be done to you that might be harmful, refuse the procedure. Then explain why to the medical personnel, especially your physician. They will then decide with you if the procedure will actually be in your best interests.

Rule 2 – Supplies

assume the hospital will have the exact pouching not know how to irrigate your colostomy. system or irrigation system you use. Most hospitals have some supplies available. These are used for emergency situations.

Rule 3 – Laxatives & Irrigations

Follow the points below concerning laxatives or irrigation practices, according to which type of

ostomy you have. Medical personnel often assume all stomas are colostomies. But, of course, practices vary among the various types of ostomies.

- •A transverse colostomy cannot be managed by daily irrigations. The only colostomy that can be managed by irrigations is the descending or sigmoid colostomy. However, sigmoid or low colostomies do not have to be irrigated in order for them to function; many people with sigmoid colostomies prefer letting the stoma work as nature dictates. If you do not irrigate your colostomy, let the fact be known to your caregivers. If your physician orders your bowel cleared, irrigate your own colostomy; do not rely on others. There Bring your own supplies to the hospital. Never is a strong possibility that those caring for you will
 - •Bring your own irrigation set to the hospital.
 - •If you have an ileostomy or urinary diversion ostomy, never allow a stomal irrigation as a surgical or x-ray preparation.

Remember that laxatives or cathartics by mouth

(Continued on page 9)



(Continued from page 8)

can be troublesome for people with colostomies. For people with ileostomies, they can be disastrous—people with ileostomies should always refuse them. A person with an ileostomy will have diarrhea, may become dehydrated and go into electrolyte imbalance. The only prep needed is to stop eating and drinking by midnight the night before surgery. An IV should be started the night before surgery to prevent dehydration.

Rule 4 – X-rays

X-rays present special problems for people with ostomies, again, differently managed according to ostomy type:

•A person with a colostomy must never allow radiology technicians to introduce barium into

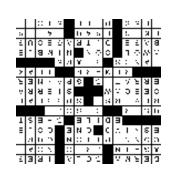
your stoma with a rectal tube. It is too large and rigid. Take your irrigation set with you to x-ray and explain to the technicians that a soft rubber or plastic catheter F#26 or 28 should be used to enter the stoma. Put a transparent pouch on before going to x-ray. Have the technician or yourself place the rubber or plastic catheter into your stoma through the clear plastic pouch. When enough barium is in your large bowel for the xray, the rubber or plastic catheter can be withdrawn and the open end of the pouch closed. The pouch will then collect the barium as it is expelled and can be emptied neatly after the procedure. Once the x-rays are completed, irrigate normally to clean the remaining barium from your colon. This will prevent having to take laxatives by mouth after the procedure.

•A person with an ileostomy may drink barium

for an x-ray procedure, but never allow anyone to put barium into your stoma.

•A person with a urostomy can have normal GI x-rays without any problems. Never allow anyone to put barium in your stoma. At times, dye may be injected through a soft plastic catheter into a urostomy for retrograde ureter and renal studies, often called an ileo-loop study. The same study may be performed on a urostomy

(Continued on page 10)





(Continued from page 9)

patient with a Kock pouch. The dye will be injected via a large syringe; this can be a very painful procedure if the dye is not injected very slowly. Even 50 mL will create a great deal of pressure in the ureters and kidneys, if injected rapidly. Remember to request that the injection be done slowly.

•For anyone who wears a twopiece pouching system: you may remove the pouch just prior to the insertion of the catheter, and replace the pouch after the procedure is completed. If you wear a one-piece pouching system, bring another with you to the x-ray department to replace the one removed for the procedure. In the event you are incapacitated, and cannot use your hands to replace your pouching system, request that a WOC nurse in the hospital be available to assist you. The WOC nurse will be able to replace the skin barrier and pouch for you before you leave the x-ray department.

Rule 5 – Instructions

Bring with you to the hospital two copies of instructions for changing your pouching system and/or irrigating your colostomy. Provide one to your nurse for your chart and keep one with your supplies at bedside. If you bring supplies that

(Continued on page 14)

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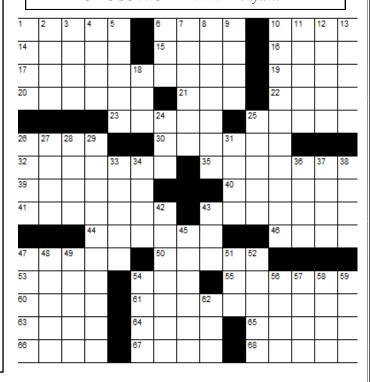
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ACROSS

- 1. Skin layer
- 6. Soft drink
- 10. Angers
- 14. Encore
- 15. Relating to urine
- 16. Ark builder
- 17. Tantrum
- 19. Medical breakthrough
- 20. Inuit
- 21. Half of a pair
- 22. Leer at
- 23. Ancient Roman magistrate
- 25. Thorax
- 26. End ____
- 30. Save
- 32. Go backwards
- 35. Dreamlike
- 39. Bangle
- 40. Mountain range
- 41. Fickle

- 43. Wrench (British)
- 44. Statement
- 46. Heavy, durable furniture boow
- 47. Territories
- 50. Backsides
- 53. Absent Without Leave
- 54. Bamboozle
- 55. Agile
- 60. Headquarters
- 61. Offensive
- 63. Anagram of "Seek"
- 64. Brother of Jacob
- 65. Corridors
- 66. Not more
- 67. Expunge
- 68. Filched

CROSSWORD www.mirroreyes.com



DOWN

- 1. Small freshwater fish
- 2. Prima donna problems
- 3. Relative status
- 4. Short skirt
- 5. Japanese cartoon art
- 6. Slice
- 7. American songbird

- 8. Queen of the jungle?
- 9. Skin disease
- vourself

- 13. Piece of paper
- tainer

- 10. Unable to express
- 11. French for "Red"
- 12. Noblemen
- 18. Detachable con-
- 24. Fury

- 25. Papal court
 - 26. Desire
 - 27. Clairvoyant
 - 28. Always
 - 29. In spite of every-
 - thing
 - 31. Astrological transi-
 - tion point
 - 33. Charges per unit
 - 34. Breaststroke

- 36. Sea eagle
- 37. Region 38. Frolic
- 42. Paint the town red
- 43. Calypso offshoot
- 45. Available to lease
- 47. Tag
- 48. Not asleep
- 49. Snouts
- 51. Ribonucleic acid

- 52. Suspires
- 54. College girl
- 56. Food from animals
- 57. Western tie
- 58. Quiet time
- 59. Being
- 62. Regret



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(Continued from page 10)

are not disposable, mark them "do not discard." Otherwise, you may lose them.

Rule 6 – Communicate!

Again, let me stress that you must communicate with the hospital personnel who take care of you. You will have a better hospital stay, and they will have an easier time treating you.

BONING UP ON CALCIUM

United Ostomy Association, Inc. Evansville, Indiana Chapter Re-Route, Volume 29, Number 9 June, 2002

Journal of American Medical Association, Vol 286

There's more to calcium than what comes from cows. The good news about the bone-thinning disease osteoporosis is that it is largely preventable through exercise, not smoking, and getting enough calcium in your diet. The amount of cal-

cium you need daily differs according to your age.

Teenagers (ages 9 to 18) require the most, 1300 mg. People over 50 should get at least 1200 mg, and adults 19 to 50 need 1,000 mg. Kids 4 to 8 should get 800 mg, and for toddlers and infants under three, 500 mg is enough. Dairy products are one of the best sources of dietary calcium. Just one cup of yogurt (415 mg), and two 8 oz glasses of nonfat milk (604 mg) meet the needs for adults under 50. An ounce of Swiss cheese has 272 mg. One cup of ice cream gives you 164 mg, and cottage cheese weighs in at 164. But what if you don't like milk and cheese or have an intolerance or allergy to dairy products? You can find calcium fixes in dark green, leafy vegetables like kale and beet and turnip greens. Each have about 100 mg for 1/2 cup cooked. Canned salmon with the bone, has 181 mg in 3 oz., and two canned sardines provide 91 mg. Black eyed peas have a generous 211 mg in a cup, and a cup of



cooked, frozen broccoli has 94 mg. One medium orange is good for 52 mg while one cup of calcium fortified orange juice has 333. Dried figs are also abundant in the bone-building mineral, with 269 mg in 10. Calciumfortified breakfast cereals are another good choice.

Make sure you get your calcium from

a variety of foods, and if you aren't getting enough in your diet, ask your doctor about taking calcium supplements.

