



This Month's meeting:
Wednesday, Feb 20th

Open Mic/Rap Session

REMINDER!!

New dates and location for our meetings!



Meeting Location: The Grantham Lions Club, 732 Niagara St, St. Catharines, ON L2M 7W7 (corner of Parnell Rd & Niagara St) in the smaller hall at the Parnell end of the building (use Parnell doors)

Meeting day & time: Third **WEDNESDAY** of each month, doors open 7:00 PM, meeting starts 7:15 PM (excluding December, July & August)

INVITATION TO START UP NIAGARA'S GUSTY GANG SOCIAL CLUB

ARE YOU BETWEEN AGE 20 TO 40 WITH AN OSTOMY... AND... interested in occasionally getting together with similar folks for social networking and personal support in a fun setting?

Then... consider being part of a group to build **Gutsy Gang Social Club (Niagara)**, especially if you have expertise in applying social media, and call Dave at 905 327-2806 for more information.

Location:

Grantham Lions Club

(in the smaller hall)

732 Niagara St, (corner Parnell & Niagara St.) St. Cath.

Use Parnell Entrance

Doors open @ 7:00p.m.

Meeting starts @ 7:15p.m.

*** fully accessible—no stairs***

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



INSIDE THIS ISSUE:

PRESIDENT'S MESSAGE 2

CALENDAR OF EVENTS / MEMBERSHIP 5

CONTROLLING ODOUR 6

ELECTROLYTES FOR ILESOSTOMATES 9

URINE SALT CRYSTAL DEPOSITS 10

CROSSWORD 11

Board of Directors

Message



I have sat on the Board of Directors for about four years. I have had my ostomy since May 2014 as a result of rectal cancer.

After my operation, I searched online to find some sort of support group to help me deal with living my new life as an ostomate. I was fortunate to find The Niagara Ostomy Association and attended my first meeting in September 2014.

After a year attending meetings, I was asked if I would be interested to fill a seat on The Board of

Directors. As a board member we have meetings once a month in addition to our monthly general meeting.

My job on the Board has been to arrange speakers for our general meetings. I try to find interesting speakers from all areas but especially the health field so our members can relate to and find information for their lives. I also help with the outreach program, contacting area hospitals to set up an information booth for a few days during the month of March to coincide with Colorectal Cancer Awareness Month.

I am also involved with participating in various local health fairs to help the public become aware and informed about our organization.



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In addition, I am a Trained Ostomy Visitor. I find this most rewarding, because as an ostomate myself, I love reaching out with support and encouragement for all new ostomates.

Melanie Presti





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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.

Meetings:

Wed, March 27th — Niagara Local Health
Integration Network

Topic: Home and community care support

Wed, May 29th — TBA

2018/19 Board of Directors

Title	Name
President	John Molnar
Treasurer	Beth Harwood
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CALENDAR OF EVENTS

Our Website: www.niagaraostomy.com

Our Email: info@niagaraostomy.com

2019 Dates

Feb 20 — Open Mic

Mar 20

Apr 17

May 15

June 19

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



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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

CONTROLLING ODOR

Via: Pensacola FL Stoma-Gram

United Ostomy Association, Inc. Evansville, Indiana Chapter, Re-Route Volume 29, Number 5
February, 2002

An important part of a new ostomate's rehabilitation is learning to control odor; it is important to feel good about oneself and be secure in relationships with others. The ostomate can be extremely sensitive to odors and the reactions of those around him or her, especially family and friends.

Colostomies tend to emit more odor than ileostomies because of the bacterial abundance in the colon. Most sigmoid and descending colostomies are routinely irrigated,

(Continued on page 8)



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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.

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(Continued from page 6)

so persistent odor is less of a problem than with a transverse colostomy where semi-liquid drainage tends to be rather malodorous.

Ileostomates experience almost continual peristaltic waves which sweep the ileum and prevent stagnation of the intestinal contents, thereby eliminating the major cause of odor, i.e., bacterial growth. Extreme and persistent odor from an ileostomy could be an indication of a secondary problem, such as a stricture or blockage.

Urine has a characteristic odor, but a foul odor could be a sign of infection due to overgrowth of bacteria.

Certain foods will affect the odor of both feces and urine. Avoiding such odor-producing foods will help. External and internal deodorants are available, but two important aspects of odor control are good personal hygiene and appliance care. For fecal ostomies, use odor proof pouches. Change the pouch immediately if a leakage occurs.

Eliminate from your diet such odor producers as cabbage,

onions, fish, spicy foods and eggs; do eat parsley and yogurt.

Internal deodorants that can be taken by mouth include bismuth subgallate tablets which help control odors by absorbing toxins. Ostomates should consult their physician before taking these tablets.

Urinary ostomates should clean their pouches periodically with such agents as Uri Kleen, etc. Vinegar solutions have fallen into disfavor because they tend to damage certain manufacturer's pouches.

Avoid eating asparagus and onions; do eat parsley and drink cranberry juice. Deodorants are not used because they would mask the odor which could signify the presence of an infection. With proper care of the appliance, personal hygiene and dietary precautions, odor should not be a problem for ostomates.

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ELECTROLYTES FOR ILEOSTOMATES

Since the normal small intestine absorbs little or no water and salt, a new ileostomate will suffer the results of the loss of these electrolytes for a period of time.

Gradually, through the miracle of the adaptation of the body to major traumas, the small bowel will begin to assume this function of the large intestine, although never to the full extent of that organ.

Because the ileostomate does not absorb maximum amounts of water and other electrolytes, he/she is more prone to dehydration than most people, especially after vomiting, diarrhea, or excessive sweating. The effect of these symptoms, unless they continue for an extended period, can probably be counteracted by "home remedies".

dies".

Shown below is a table of symptoms and the "home remedies" available to counteract them.

Dehydration

1. Marked thirst
2. Dry skin & mucous membrane
3. Decreased urine output
4. Shortness of breath
5. Fatigue
6. Abdominal cramping

Any fluid, especially Gatorade. (fluids other than water will also provide necessary electrolytes).

Potassium Depletion

1. Muscle weakness
2. Gassy, bloated feeling
3. Fatigue
4. Decreased sensation in arms and legs.

8 oz. of orange juice

Hot, strong tea

Bananas

Gatorade

(Continued on page 10)



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(Continued from page 9)

Sodium Depletion

1. Loss of appetite
2. Drowsiness
3. Abdominal cramps

8 oz. water - 1/2 tsp salt

8 oz. water - 1/2 tsp soda bicarbonate
Bouillon

Via Highland Tidings Oct/99.

URINE SALT CRYSTAL DEPOSITS

*by Lynda Allen, ET, Port Neches, TX; via
Midland-Odessa (TX) Detour; and Stillwater
-Ponca City (OK) Ostomy Outlook*

Urine salt crystal buildup around urinary stomas is one of the most difficult skin care problems I find with urostomates. Urine secretes a certain amount of salt, but whether the urine is acid or alkaline determines the amount secreted. An alkaline-based urine secretes more salt than an acid-based urine; thus, we have more salt crystal buildup when we have an alkaline urine.

How can you tell if you have urine crystals? First, they can be seen as a growth, white or light brown in color, around the base of the stoma. The stoma and the area which the growth involves is very likely to be tender and sore. Sometimes the stoma will be completely covered by the crystals and can no longer be seen.

(Continued on page 14)

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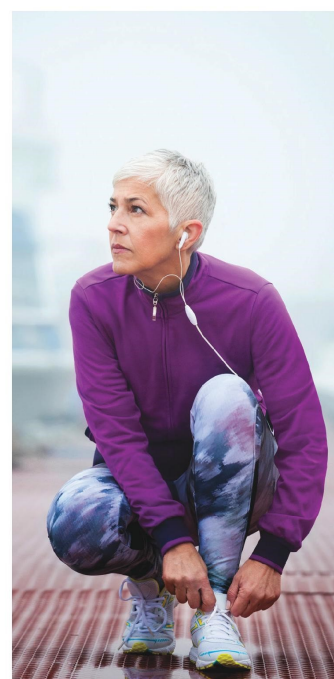
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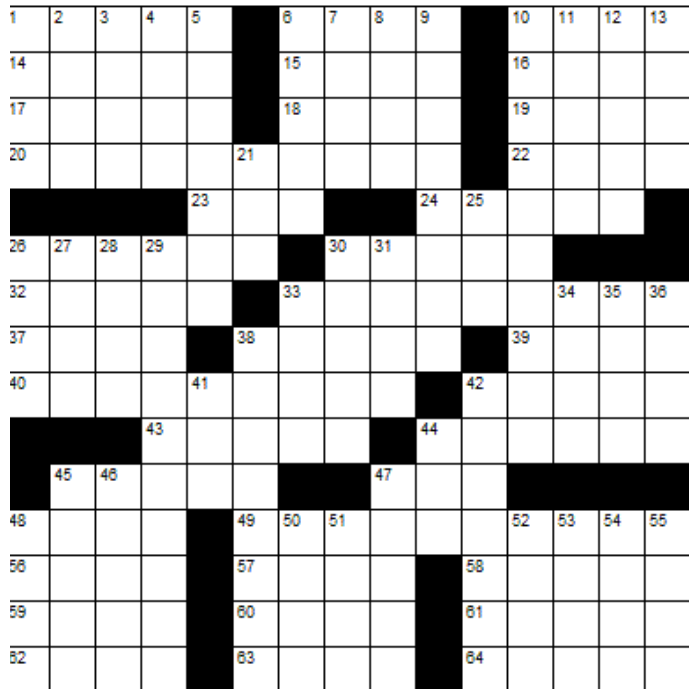


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ACROSS

1. Throw out
6. Beams
10. Austrian peaks
14. Hebrew unit of weight
15. Curved molding
16. Not hot
17. Love intensely
18. Satyr
19. Unwaking state
20. Deeply agitated
22. Catch a glimpse of
23. Card with one symbol
24. Small islands
26. Cue
30. Washing machine cycle
32. Englishman
33. Counterfeits
37. Wicked
38. Prods
39. Backside

40. Captives
42. Rock
43. More pleasant
44. The first event in a series
45. Implied
47. American Dental Association
48. Shower alternative
49. Muscle-building exercises
56. River of Spain
57. Gumbo
58. Related to tides
59. Agitate
60. Central points
61. Swelling under the skin
62. A neutral color
63. Back talk
64. Adjust again

CROSSWORD www.mirrorreyes.com**DOWN**

1. Quaint outburst
2. A Star Wars hero
3. God of love
4. A heavy open wagon
5. Medical care
6. Scoundrel
7. All excited
8. "Sure"
9. Contexts
10. Speed up
11. Not tight
12. Gauderies
13. Kill
21. Behave
25. South southeast
26. Implored
27. Rend
28. Leave out
29. Sombre
30. "Message received and understood"
31. Angers
33. No charge
34. Weightlifters pump this
35. Feudal worker
36. Clairvoyant
38. Anointings
41. 3 in Roman numerals
42. Sprinkle
44. Lyric poem
45. Small drum
46. Courtyards
47. Store
48. Large mass of ice
50. Gull-like bird
51. Spheres
52. Go on horseback
53. Midmonth date
54. Arrived
55. Thin strip

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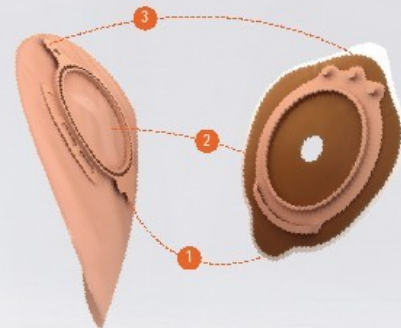
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SHARING EXPERTISE

(Continued from page 10)

What are some of the underlying factors which cause urine crystals, other than alkaline urine? In my opinion, and with most patients I have seen with this problem, two factors are usually dominant. The stoma opening in the appliance in all cases has been too large, and these patients were wearing a rubber-type appliance. These two aspects may not always stand true, but in those cases I have seen, these two factors were present. Another aspect is that some of these patients did not use a night



drainage system, thus allowing urine to remain in the appliance while they slept, continually bathing the stoma with urine; also, personal hygiene, not only of the skin area around the stoma, but the cleaning and proper care of the appliance was poorly done.

Our next question must be what to do in case you have a urine crystal buildup problem. I will list these solutions in steps:

* Determine the circumference of the stoma and purchase a new faceplate or appliance (preferably semi-disposable). The appliance should be changed every two or three days.

* Every time the appliance is changed, a vinegar and water solution should be used to bathe the stoma. Use one part vinegar to three parts water. Bathe for several minutes with a cloth. This solution may be used between changes by inserting some in the bottom of the appliance (a syringe may be used for this) and lying down for about 20 minutes to let the solution bathe the stoma.

* To keep control of the situation, change the alkaline urine to an acid urine. The easiest and most successful way is by taking ascorbic acid (vitamin C) orally. The dosage will depend on your age, but the normal adult dosage is 250 mg four times daily. Be sure to consult your physician before taking oral medication.

- If you can follow these procedures, you should have no further problem with urine crystal buildup. However, if you do begin to see them again, take action immediately before trouble starts.



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It plainly marques four my
revue



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Eye strike a key and type a word

And weight four it to say

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And eye can put the error rite,

Its rare lea ever wrong

Eye have run this poem threw it,

Eye am shore your pleased to no,

Its letter perfect awl the weigh,

My chequer tolled me sew.