



This Month's meeting:

Wednesday, May 15th

Aaron Boggio, Pharmacist;
Boggio Family of Pharmacies
Medications and Ostomy

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)

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.

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President's Message



Good Day Everyone.

I hope this newsletter finds you in health & happiness.

As mentioned in last month's newsletter, we are again doing the Turkstra BBQ's and we are looking for volunteers to help out. They are held each Friday from May 10th till August 30th, from 11:30 to 1:30. Turkstra supplies all of the food & equipment, we supply the labour & we get all the proceeds. It's a great way for us to raise some money & make ourselves known in the community. **We need help, please think about offering 3 (Or more) hours of your time** to help with this worthwhile cause. It isn't an onerous task, and we desperately need help with set up, serving & cleaning up at the end. If you enjoy the outdoors, and chatting with people, you are a perfect candidate. Do you have a youngster in school that needs volunteer hours? They might be a perfect candidate; they could get 40 plus hours of volunteer time over the sum-

mer by helping out. You can call, email, or talk to us at a meeting for more details.

We are looking for a treasurer to take over from Beth, and also some other director positions. If you think you can help out in any way, please contact me and we can have a chat.

The June meeting is our annual Strawberries & Shortcake, Open mic night. (At time of printing this, we may have a guest speaker, more details in the June newsletter), Please try to attend.

No more news on becoming incorporated, but we're fairly certain that's the direction we're heading.

Cheers,

John Molnar



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— WALT WHITMAN



GH



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0 irritation around her stoma

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SOUTH NIAGARA OSTOMY GROUP

Boggio Pharmacy, 200 Catharine St,

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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, May 29th — Peter West,
Westcare Medical and Associates

2018/19 Board of Directors

Title	Name
President	John Molnar
Treasurer	Beth Harwood
Secretary	Dave Muir
Past President	Laura Gazley
Director	Nancy Ployart
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CALENDAR OF EVENTS

Our Website: www.niagaraostomy.com

Our Email: info@niagaraostomy.com

2019 Dates

May 15: Aaron Boggio, Pharmacist

June 19: Open mic-Strawberries and Shortcake

July and August: No Meetings

September 18:TBA

October 16: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

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



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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ASSOCIATION'**



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NEWSLETTER CONTENT

Do you have an article or story that you think might be of interest to other members in this group? Or maybe you would like to share your own personal story on how you are living life with an ostomy?

Please send it to me at :

heinrichsmarlene@gmail.com and I will see if I can include it in a future newsletter. Thanks!



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Wendy



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BE SKEPTICAL ABOUT POUCH LINERS ADVERTISED AS “FLUSHABLE”

by David Sturm, Metro Maryland Ostomy Association;
via Ostomyok.org

Independent testing has raised questions about the flushability of “flushable” pouch liners used with ostomy pouches.

The growing number of appliances and accessories that have come on the market for ostomates now includes pouch liners. Many ostomates, often those with a colostomy, use a closed-end pouch that is discarded when full. A pouch liner allows multiple reuses of the pouch because only the liner and what it contains are discarded.

At least one manufacturer touts its pouch liner as biodegradable. It sounds like a new system that is both environmentally friendly and economical. But is it really?

An article by Muffy Truscott of the Regina Ostomy Chapter in Saskatchewan, Canada takes a look at research done by Eric Polsinelli, creator of the website veganostomy.ca. Polsinelli set out to test

whether pouch liners could or should be flushed down the toilet. His first question was: What are the liners made of? Pouring over the manufacturers’ websites yielded little information.

If biodegradable, the liners would presumably disintegrate in the sewer system. Polsinelli contacted an official in his municipality’s water and sewer department who told him, “A majority of flushable products are not flushable and cause maintenance issues within the collection system (plugging) and at our pumping stations (fouling impellers), as well as increasing the landfill materials screened out at our plants.” He added, “We do not recommend flushing anything other than human waste and toilet paper.”

In fact, research has shown that many so-called flushable products are disrupting operations in community water and sewer systems.

Polsinelli did his own test. He immersed a pouch liner in water to see how it held up. Many days later, it was still intact.

(continued on Page 9)

Ostomy Supplies

Speak with your Rexall Pharmacy team for information and support for your ostomy supplies. We stock great brands such as Coloplast, Hollister, and Convatec. Join us Tuesday’s for 10% off and ask about our free delivery.

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(continued from page 8-Flushable liners)

In her article, Truscott advises caution before accepting manufacturers' claims about their products. "The bottom line for us is not to stop using the liners as they're still an economical option, but to be cautious about flushing," she writes.

DIETS AND OSTOMIES - WHAT'S SAFE?

by Terry Gallagher; via Vancouver (BC) Ostomy HighLife and Metro Halifax (NS) News

From Stillwater-Ponca City (OK) Ostomy Outlook October 2004:

Dieting holds special risks for some ostomates. Before I go into this further, let me stress that I am talking here to those with urostomies and ile-

ostomies as well as, to a lesser extent, those with transverse and ascending colostomies. If you have a sigmoid colostomy, then you can basically do what you like with regard to diets, within reason and common sense, as your digestive system behaves as 'normal.'

Before starting any diet, it is well worth seeing one's own doctor to discuss the suitability of the preferred diet with him or her because of the problems which dieting can cause as well as any underlying other medical conditions which may make dieting or a particular diet hazardous.

Let's look at the problems in more detail. The urostomate has special requirements to avoid dehydration so, provided that the urostomate doesn't cut back on fluid intake, then they, too, can generally diet as they wish. The guide for the

urostomate, remember, is at least 3 litres (about 12 glasses) of fluids per day. However, any urostomate who has short bowel syndrome because of the surgery to make the ileal conduit needs to take the same precautions as an ileostomate as set out below.

The ileostomate has lost the ileocecal valve at the end of the ileum where it joins the cecum and the colon. This valve slows down the trans-

(Continued on page 10)



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(Continued from page 9-Diets and Ostomies)

fer of food from the terminal ileum (the last part of the small intestine) into the cecum to allow for greater absorption of food through the ileum. With the loss of the valve, food passes through the system faster so the food is less well absorbed. In addition, the colon absorbs mineral salts such as sodium and potassium as well as water from the stool. While the ileum takes over some of this role, ileostomates still lose ten times as much sodium and potassium as a person with all or most of a colon. These factors together provide the key to the problems which some diets may cause.

The Atkins Diet is very high in fat. Those ileostomates like me who occasionally (who am I kidding...too often is probably more accurate in my case!) eat a high fat meal know that we will have very runny output which floats because of the high fat content. It's called steatorrhea. The stool also tends to be frothy from trapped gases.

The food passes through the digestive system much faster than normal as it is lacking in fiber which gives the intestine something to 'push' against during peristalsis -- the wave-like movements of the walls of the intestine which move the food through the digestive sys-

(Continued on page 14)

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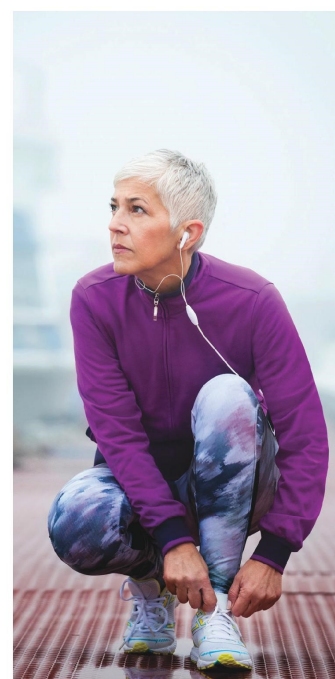
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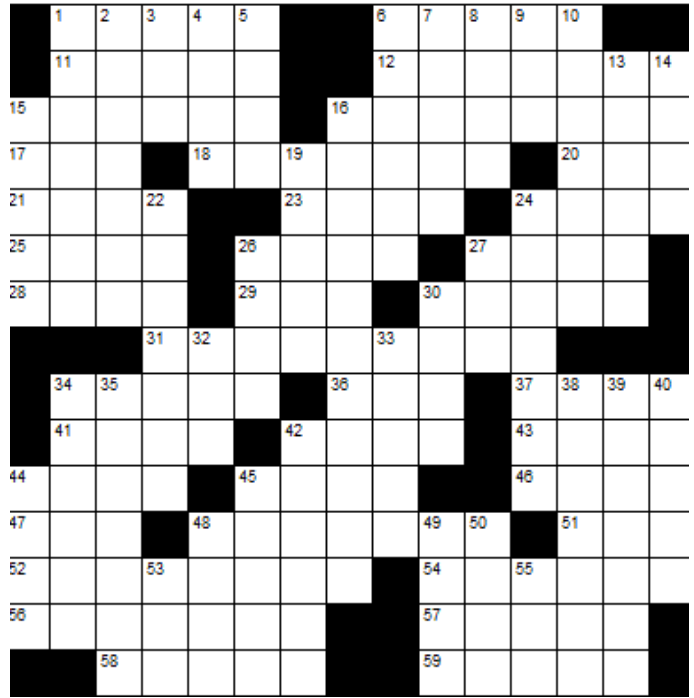
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ACROSS

- | | |
|--------------------------------|--------------------------------|
| 1. Facsimiles | 36. Buff |
| 6. Twelve | 37. Rascallions |
| 11. Pointed arch | 41. French for "State" |
| 12. Tyro | 42. Gunk |
| 15. A three-legged metal stand | 43. Sheltered spot |
| 16. A cage for fattening fowl | 44. Colorful (Scottish) |
| 17. Eastern newt | 45. Protruding part of the jaw |
| 18. Risqué | 46. Dash |
| 20. Tiny | 47. 18-wheeler |
| 21. Absorb written material | 48. Castigate |
| 23. Male offspring | 51. Donkey |
| 24. Stopper | 52. Noble-mindedness |
| 25. Anagram of "Tine" | 54. Narrate |
| 26. A ceremonial staff | 56. Relevant |
| 27. Mentor | 57. Got up |
| 28. Goulash | 58. Duck down |
| 29. Ripen | 59. Not drunk |
| 30. Listens | |
| 31. Tabular arrays of days | |
| 34. Dutch pottery city | |

DOWN

- | | | | | |
|--------------------------|------------------------------|-----------------------------|---------------------------|-------------------------|
| 1. Surrender | 7. Leaves out | 19. Habitual practice | 35. Knickknack holder | 50. Roman emperor |
| 2. Alarm | 8. Kooky | 22. A rudimentary inner toe | 38. Listlessness | 53. French for "Friend" |
| 3. 14 in Roman numerals | 9. French for "Summer" | 24. Longhand | 39. Spackle | 55. Ear of corn |
| 4. Not odd | 10. An interconnected system | 26. Kiln-dried grain | 40. Feel | |
| 5. Bristle | 13. Womb | 27. Needlefish | 42. Pursuer | |
| 6. Nymph loved by Apollo | 14. Stink | 30. Paw | 44. Naval jail | |
| | 15. Small slender gulls | 32. Astern | 45. Backbone of an animal | |
| | 16. Self-centeredness | 33. Bully | 48. Attired | |
| | | 34. Mock | 49. Historical periods | |



Answers on Page 9



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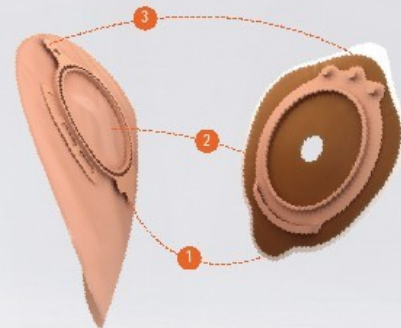
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B|BRAUN
SHARING EXPERTISE

(Continued from page 10-Diets and Ostomies)

tem -- as well as being well 'lubricated' by the high fat content. The problem with this is that the rapid passage of this fatty food means that not only are essential nutrients in terms of proteins not absorbed, but the vitamins and minerals are not absorbed either, leading to malnourishment. One vitamin which is fat soluble and can cause problems is vitamin K. Vitamin K is necessary for the production of blood clotting factors and proteins necessary for the normal calcification of bone. Because vitamin K is fat soluble, the fat malabsorption caused by its rapid passage through the ileum may result in the person becoming deficient or short on vitamin K. The very fatty liquid stool just rushes through the ileum so that little is absorbed of essential nutrients. This also overloads the pancreas and can cause problems there.

The Atkins Diet, being high fat, can produce

chronic steatorrhea in the ileostomate so that the person rapidly becomes deficient as well as lacking protein. Dehydration is also a problem as water forms an emulsion with the fatty stool and is less well absorbed. If this diet is continued, the person may suffer protein deficiencies as well as osteoporosis through the vitamin K problem mentioned above.

The recommendation from the medical profession for ileostomates and those with short bowel syndrome from their surgery (perhaps through adhesion removal) is to diet by reducing food intake of both fats and carbohydrates, especially simple carbohydrates such as sugar, while taking care to maintain hydration by drinking plenty of fluids. For example, baked potatoes are complex carbohydrates with virtually no fat. Add low fat cottage cheese and a helping of mixed salad (for me, lettuce, tomatoes, cress, beetroot, sliced peppers, etc.- you get the idea!) and you get a meal which is both low fat and low carbohydrate

and also full of fiber along the South Beach Diet lines.

The Atkins Diet isn't suitable for ileostomates as there are too many risks of malnutrition causing unhealthy weight loss produced by loss of needed body tissue and lack of vitamins and minerals, as well as the risk of dehydration. A low fat, low simple carbohydrate with reduction in complex carbohydrates diet together with plenty of fluids is the safe way to lose weight.



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