



**This Month's meeting:  
January 15th**

Open Mic

**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)*



## 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](mailto: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.

## INSIDE THIS ISSUE:

PRESIDENT'S MESSAGE 2

AVOIDING SLIPS AND FALLS ON ICE 3

APPLICATION FOR MEMBERSHIP/CALENDAR 5

SKIN IRRITATION 6

WHAT YOUR URINE COLOR SAYS ABOUT YOU 10

CROSSWORD 11

## Presidents Message



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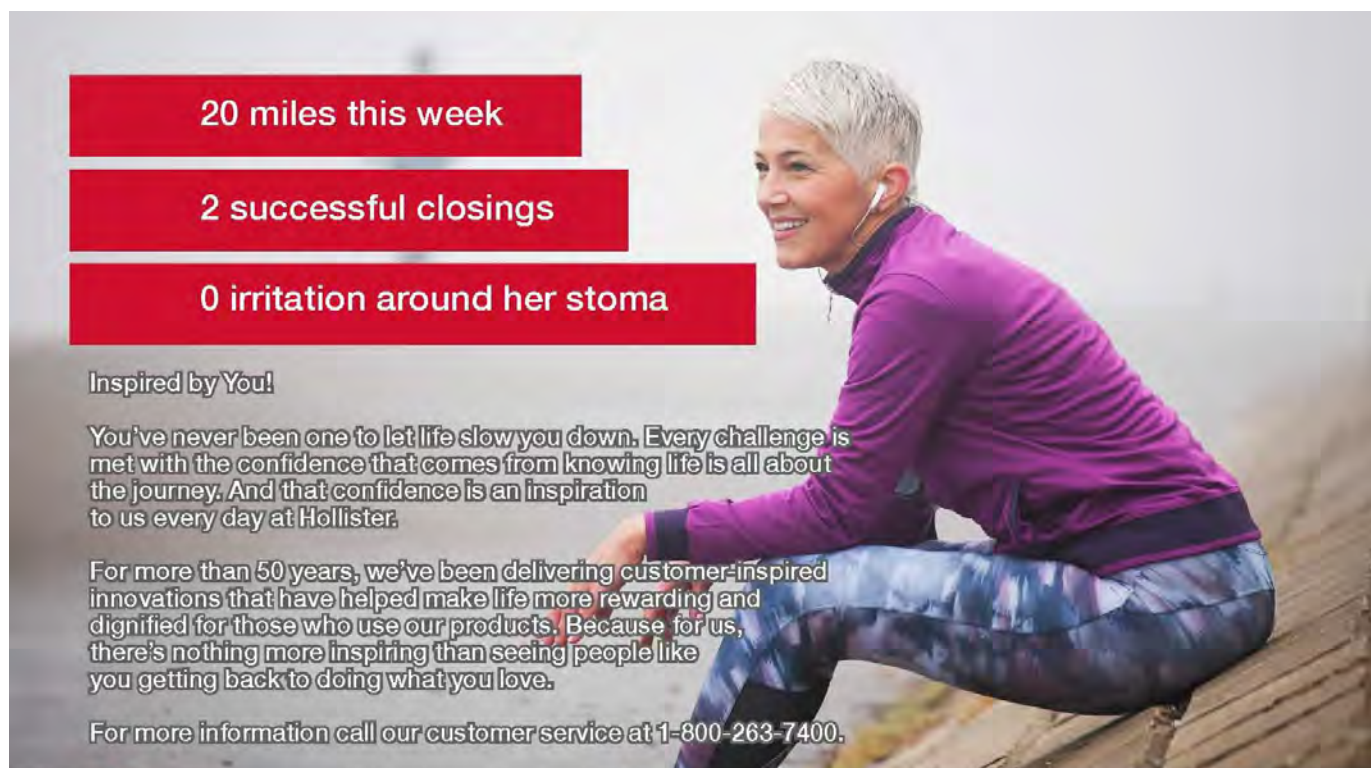
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**2 successful closings**

**0 irritation around her stoma**

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## STOMA LACERATION

*United Ostomy Association, Inc. Evansville, Indiana Chapter*

*Re-Route Volume 30, Number 11 September, 2003*

*Via: Oneonta Chapter, NY*

A laceration is a wound or irregular tear of flesh, and it could happen to your stoma. If your stoma protrudes, it can be lacerated. A stoma that protrudes is preferable because the protruding stoma empties the waste into the ostomy appliance more easily with less chance of leaking. But since the stoma extends beyond the skin level, there is the danger that it can be lacerated. Virtually all barriers manufactured today have stiff, rigid or sharp material next to the stoma that can cut it. The symptoms that may indicate that laceration has taken place are bleeding or swelling of the stoma. Since there are no sensory nerve endings in the stoma, usually pain will not be experienced. The fact that you may not feel pain does not minimize the seriousness of this condition. If not treated effectively, surgical intervention may be the end result. It is not always obvious what has caused the laceration. It cannot be cor-

rected until the cause is determined.

There are many reasons for stoma laceration, but the most common are:

Improperly centering the barrier.

Shifting of the appliance.

Cutting too small a hole in the barrier.

Whenever there is difficulty in centering the faceplate properly, enlarge the opening and protect the skin immediately surrounding the stoma with an ostomy paste.

Urostomates may need the intervention of an ET to review their special needs. Using a mirror may be helpful when centering the barrier to the skin.

Remember, the entire stoma- all of the moist bright red

*(Continued on page 6)*

## SOUTH NIAGARA OSTOMY GROUP

Boggio Pharmacy, 200 Catharine St,

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.

**March 25, 2020: Laura Thompson, Convatec**

**May 27, 2020: Les Coulter, The Ostomy Clothing Company (formerly Weir Comfees)**

### 2019 Board of Directors

Title	Name
President	John Molnar
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Past President	Laura Gazley
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Director	Melanie Presti
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## CALENDAR OF EVENTS

**Our Website:** [www.niagaraostomy.com](http://www.niagaraostomy.com)

**Our Email:** [info@niagaraostomy.com](mailto:info@niagaraostomy.com)

### 2019 Dates

Nov 20: Lori Mac-  
Cullouch, Niagara  
Health System

December: No meet-  
ing

### 2020 Dates

Jan 15

Feb 19

Mar 18

Apr 15

May 20

### Telephone Numbers:

Niagara Ostomy Association: 905-321-2799

Coloplast: (866) 293-6349

ConvaTec (800) 465-6302

Hollister: (800) 263-3236

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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:

Brenda Bagley, 66 Portmaster Dr,  
St. Catharines, ON L2N 7H7



(Continued from page 5)

tissue-must be exposed through the barrier. The newer extended wear barriers-Convatec's Durahesive and Hollister's FlexTend- are manufactured with an inner barrier material that will swell around the stoma. This material is made to actually touch the stoma as it is worn and will not harm it. The outer barrier is a plastic that may still cut the stoma if in contact with it. When the adhesive barrier washes away-like all other disposable barrier materials-the thin celluloid film remaining is capable of cutting the stoma. Positional changes like bending or even turning when sleeping can cause slip-page.

If you use an ostomy belt, it may pull the barrier either upward or downward causing the appliance to shift, thus cutting the stoma. Outer clothing-a belt, waist-band, etc.-that rides over the appliance may cause it to shift.

(Continued on page 7)

## Request your **FREE** ostomy scissors

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Ostomy Essentials

(Continued from page 6)

We have also found a number of people, in an effort to follow the application directions found in all ostomy supplies, cut the opening too small. The opening should be no smaller than 1/16 of an inch to the stoma on any disposable ostomy system. A gap of up to 1/4 of an inch, is fine for most fecal ostomates, as long as the gap is filled with a quality paste.

Never underestimate a lacerated stoma. Careful investigation should reveal the cause. The stoma will heal by itself-providing it is not too badly damaged-when the problem is corrected. Lacerations usually heal slowly-in about four to six weeks. Careful measurement and application of an ostomy appliance is always necessary. As in most things in life, an ounce of prevention is worth a pound of cure

## THE FLU... AND WHAT TO DO...

*from the BEACON and Chautauqua Co, Jamestown, NY, via Springfield (MA) OAGS Newsnotes*

The flu brings with it headaches, upset stomach, diarrhea, muscle aches and pains! Plenty of liquids and rest in bed, remains sound medical advice for your general attack of the virus. But if your case of the flu includes that "bug-a-boo" diarrhea, you may find the following hints helpful.

1. For those with a colostomy - it is usually wise not to irrigate during this time. Your intestine is really washing itself out! After diarrhea, you have a sluggish colon for a few days,

(Continued on page 8)



"There is hope and there is light. Being happy is a choice that you can make. It's your choice."  
Dana

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\*Model portrayal  
AP-018657-GA

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(Continued from page 7)

so again, leave it alone. Start irrigating again after a few days.

2. In colostomy patients drugs or certain foods can cause constipation, prevented by drinking plenty of fluids. Increased intake in the ileostomate results in increased urine output rather than through the appliance.

3. For the ileostomate - diarrhea is a greater hazard. Along with the excess water discharge, there is a loss of electrolytes and vitamins that are necessary in maintaining good health. This loss is usually referred to as a loss of fluid which in turn brings a state of dehydration, therefore you must restore the electrolyte balance. First, eliminate all solid food. Second, obtain potassium safely and effectively from tea, bouillon or ginger ale. Third, obtain sodium from saltines or salted pretzels.

Fourth, drink a lot of water. Cranberry and orange juice also contain potassium, while bouillon and tomato juice contain sodium.



4. Vomiting also brings the threat of dehydration. If it is severe and continuing, your doctor should be notified.

5. You should know also that diarrhea may be symptomatic of a partial obstruction or acute gastroenteritis. Since the treatment for these two entities is entirely different, a proper diagnosis should be made as rapidly as possible if obstruction

(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)

tion is suspected because of localized cramping. A physician should be sought immediately. So you can see why it is important to determine whether the diarrhea is caused, one, by obstruction; or two, by gastroenteritis. If you do not know, check it out with your doctor. Do not play games. Remember, always call your physician unless you are

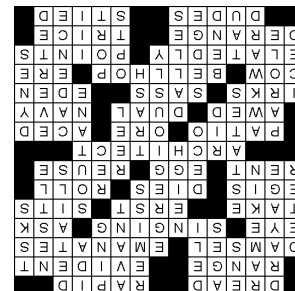
100% certain of what you are doing.

6. For the urostomate - be sure to keep electrolytes in balance; follow the general instructions for colostomies and ileostomies.

7. No ostomate should take medication for pain or a laxative without a physician's order. Do not

use antibiotics for cold or flu unless a doctor orders it.

8. For all ostomates - when returning to a normal diet, use fiber-free foods at first, then gradually increase to a regular, normal diet. Prompt attention to symptoms of distress of colds and flu should bring to each of you a happier and, hopefully, healthier winter.



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## THE INVENTION OF TOILET PAPER

*Source: from James & Thorpe Ancient Inventions; via Mesa, AZ; S. Brevard, FL; Metro Halifax News, June 1996.*

Toilet paper may seem like a modern convenience, but it actually has a long history. Excavations of public lavatories in ancient Rome suggest that people used small sponges attached to the ends of sticks, while evidence in Scotland reveals that moss was a common form of toilet paper well into medieval times.

Other archaeological sites throughout western Europe indicate that piles of straw and hay were kept next to lavatories in castles and monasteries. But it was the Chinese who invented the first toilet paper actually made from paper.

In AD 589, a Chinese Imperial Court official wrote: - Paper on which there are quotations or commentaries from the Five Classics, or the names of sages, I dare not use for toilet purposes, - proving that the concept of toilet paper was alive and well. Then, finally, in AD 1391, the Bureau of Imperial Supplies in China started producing as much as 720,000 sheets of toilet paper a year, each sheet measuring two feet by three feet. The Bureau later made another 15, - softer, perfumed sheets for use year round by the Imperial family.

---

## TOO MUCH OF A GOOD THING

*by Sharon Williams, RNET; via Northwest Arkansas Mail Pouch*

Do you need one and one half hours to change your appliance? Does your stock of ostomy supplies resemble the store front of a local pharmacy? Do you need a "road map" to remember what product goes on first, second, third, etc.? If so, you may be the victim of the "too much of a good thing" syndrome.

Occasionally an individual will come to the Stoma Clinic carrying a large sack containing a vast array of skin care products. He explains "all items are needed in order to apply my pouch." Unfortunately, the reason the individual usually seeks assistance is due to a problem with appliance adhesion, skin breakdown, or inability to afford ostomy products. One particular gentleman who comes to mind was utilizing a special skin cleaner and cream, two types of skin cement, a double-faced tape disc, a paste, AND a popular skin-barrier wafer before the pouch was applied. He had started out with a fairly simple system of ostomy management. However in his quest to achieve what he felt should be a seven-day wearing time with his appliance, he had been adding product after product. Besides the many items he was now using, he had what he described as a "closet full of products at home." After checking his abdomen, it became obvious that what he needed was a product change in the convexity of his appliance and NOT the addition of another product. He also needed a more realistic view of wearing time for his particular situation. Realistically, not

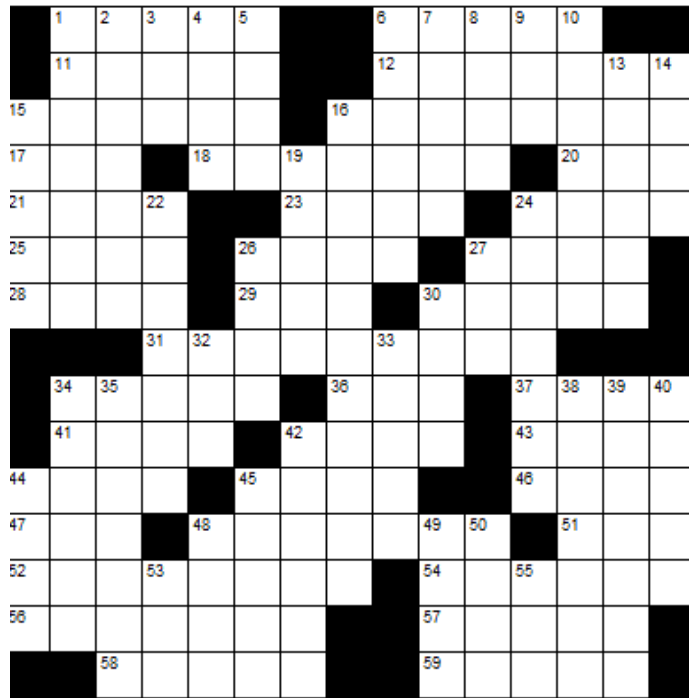
*(Continued on page 13)*

**ACROSS**

1. Great fear  
6. Speedy  
11. Cooktop  
12. Apparent  
15. Lass  
16. Emits  
17. Center of a storm  
18. Vocalizing songs  
20. Request  
21. Give and \_\_\_\_  
23. At one time (archaic)  
24. Seats oneself  
25. Auspices  
26. Perishes  
27. Somersault  
28. Lease  
29. It comes from a hen  
30. Utilize again  
31. Builder  
34. Terrace  
36. Mineral rock

37. Breezed through

41. Blown away  
42. Twofold  
43. Fleet  
44. Bothers  
45. Back talk  
46. Biblical garden  
47. Bovine  
48. Hotel attendant  
51. Before, poetically  
52. Joyfully  
54. Scoring units  
56. Perturb  
57. A very short time  
58. Guys  
59. Anagram of "Diets"

**CROSSWORD** [www.mirroreyes.com](http://www.mirroreyes.com)**DOWN**

1. Transporting goods  
2. A small fireproof dish  
3. N N N N  
4. How old we are  
5. Sandwich shop  
6. Negligent  
7. \_\_\_\_-garde  
8. Engine knock  
9. Actress Lupino  
10. Particulars  
11. Get cozy  
12. Sounds of disapproval  
13. Discourage  
14. Flagrantly  
15. Whinny  
16. Demesnes  
17. Cassock  
18. A style of design  
19. Record (abbrev.)  
20. Bobbin  
21. Disencumber  
22. Garbage  
23. Conditional release  
24. Clumsy  
25. Poetic rhythm  
26. Turned inside out  
27. Units of force  
28. Rapids  
29. Anagram of "Dice"  
30. Marsh plant  
31. Curve  
32. Chooses  
33. Harbor  
34. Letter after sigma  
35. 3 in Roman numerals



Answers on  
page 9

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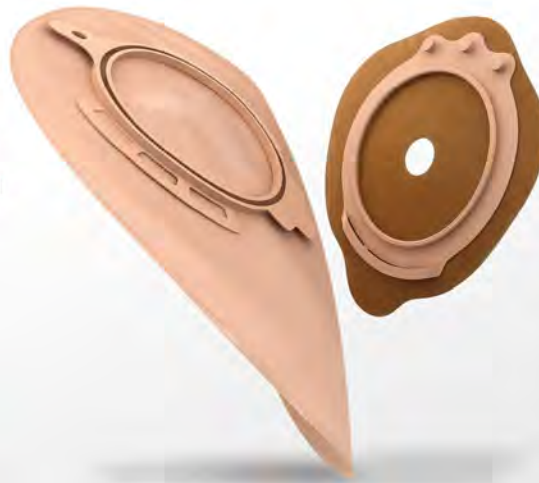
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*(Continued from page 10)*

everyone may be able to achieve a seven-day, leak-free wearing time. It is much better to anticipate leakage and establish a regular time prior to this. Here are a few hints to remember to help achieve a successful ostomy management system.

Keep it simple. Do not use extra cement, skin-care products, etc., unless absolutely necessary. Sometimes, extra products actually interfere with appliance adhesion or create skin problems. Plain water is still the best cleaning agent for skin around the stoma.

Do not continue to use therapeutic products after the problem has been solved. As an example: Kenalog spray and Mycostatin powder should

not be used routinely when changing the appliance. These products are prescribed for particular skin problems. Kenalog is usually recommended for its anti-inflammatory effects and symptomatic relief of the discomfort associated with skin irritation. However, continued and prolonged use of Kenalog after the problem is resolved may lead to "thinning" of the outer layer of skin, thus making it more susceptible to irritations. Mycostatin powder is useful for yeast infection. However, using Mycostatin after the infection clears serves no purpose.

Seek Advice. See your physician or ET Nurse if you find yourself a victim of the syndrome. They can provide assistance in selecting the most appropriate and economical ostomy-management system for your needs.



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### JOKES OF THE DAY



Police officer talks to  
a driver: Your tail  
light is broken, your tires must be ex-  
changed and your bumper hangs half-  
way down. That will be 300 dollars.

Driver: Alright, go ahead. They want  
twice as much as that at the garage.

Why did the physics teacher break up  
with the biology teacher? There was  
no chemistry.