



**Niagara Ostomy
Association**

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Ostomy Canada Society
Société Canadienne des
Personnes Stomisées

January 2021

This Month's meetings:

January 13th @ 7:00 pm: Virtual online meeting :

MELANIE TULINI

B.Braun Ostomy Supplies

Product Info Chat

**See President's message on how to sign up for
meeting**

January 20th : in-person meeting:

Postponed until further notice

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

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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Presidents Message

Happy New Year!
Let's hope 2021 is better than
2020 was. Here's hoping anyway.



I guess our face to face meetings are cancelled again, but we will be continuing with the online meetings. For the foreseeable future I can see this being our normal, I urge everyone to try getting online for them. If you need some help getting going, we'd be glad to try & help out over the telephone. Just send us an email to info@niagaraostomy.com, or telephone us at 905-321-2799. We hold them the second Wednesday of the month at 7PM, all you need are speakers to listen in, and a microphone to be able to speak. A camera is optional, however it's

nice to see friendly faces. This month's guest is Melanie Tulini from B.Braun Ostomy Supplies. She will be talking about what's new at B Braun and probably offering samples to anyone wishing to try them out.

I would like to take this opportunity to welcome Cindy Paskey and Steve Smith to our board of directors. They agreed to volunteer to help steer our group. They both have an impressive background and will be a great asset to Niagara Ostomy Association's Board of Directors. I look forward to working with them and the rest of the board in 2021 & beyond.

We have a brand new way (for us anyway) to be able to pay our memberships, or make a donation by simply doing an etransfer to payments@niagaraostomy.com. It is set up to

auto deposit into our bank account, no password is required, just be sure to note who it is from & what it is for (membership, donation etc). More information can be found here: <https://niagaraostomy.com/pay-your-membership/> Anyone that hasn't paid for 2021 membership, please do as soon as you can as we rely on our members to continue our programs.

A few members that never get thanked enough, is Marlene, she does our newsletter month after month, and Cathy who sends them out to all the snail mail recipients. Cheers to both of you!

Best Regards
John Molnar



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0 irritation around her stoma

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SALT– HOW MUCH IS ENOUGH FOR OSTOMATES

Via: Ostomy Winnipeg Inside Out, November/December 2020

In my role as a nutritionist for ostomates I am asked many questions, and recently I was asked a really good one regarding salt intake. The question was whether there are any long-term repercussions for ileostomates consuming a high salt diet in terms of heart health. The person asking the question was young with a permanent ileostomy, and was concerned that long term ingestion of salt to replace intestinal losses may impact on artery health and heart function over time.

Generally Speaking Before I address the relevance and implications of salt intake for ostomates in particular, let me provide some general information to set the scene:

- Salt is made up of 40% sodium and 60% chloride
- Both sodium and chloride are absorbed by the colon
- Water is also primarily absorbed by the colon
- Adaptation of cells in the small intestine after resection of the colon enables some absorption of sodium, chloride and water
- The kidneys regulate sodium, chloride and water concentrations in the body.

The Importance of Sodium: Salt is made up of both sodium & chloride, and has been linked to high blood pressure and an increased risk of cardiovascular events. However, sodium in salt has some very important functions in the body, such as regulating water balance and enabling muscles to contract via generation of nerve impulses.

(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.

**In-person meetings postponed until
further notice**

**Stay tuned for updates on when we can
resume**

2021 Board of Directors

Title	Name
President	John Molnar
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CALENDAR OF EVENTS

Our Website: www.niagaraostomy.com

Our Email: info@niagaraostomy.com

2021 Dates

January 13: Online—B.Braun

February 10: Online—Speaker TBA

March 10: Online—Speaker TBA

April 14: Online —Speaker 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



Car Pooling

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

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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—Salt)

Therefore it is important to ensure that sodium intake is adequate for the body's needs. Not enough sodium can have a negative impact on body function as well, and is referred to as hyponatraemia. Sodium supports water balance by directing where water is stored in the body and how much is excreted via the kidneys. Fluids in the body such as water maintain blood volume, which in turn maintains blood pressure—an important indicator of heart health. If blood volume and therefore blood pressure drop too low, signals are released in the body which stimulate the reabsorption of sodium by the kidneys. The kidneys initially filter all the sodium out of the blood, then via a precise mechanism return the exact amount of sodium to the body that it

(continued on page 7)



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(Continued from page 6—Salt)

needs for proper functioning. Water follows sodium, which in turn stimulates water reabsorption by the kidneys as well. This process then restores blood volume and blood pressure to normal. Not enough sodium in the blood has very little in the way of signs or symptoms if it is mild, so there is no immediate evidence when the sodium intake is inadequate and blood levels are becoming low.

However, if sodium intake is not increased, brain and muscle fatigue, loss of appetite, nausea and abdominal cramps may develop. More serious consequences in the way of agitation, confusion, impaired mental function and incontinence may result if sodium depletion continues, which can even progress to seizures and coma.

If the Colon is Removed: As indicated above, sodium is normally absorbed by the colon; therefore, a total colectomy resulting in permanent ileostomy leads to progressive adaptation of the small intestine to take on some of the functions of the colon, such as sodium, chloride and water absorption. However, absorption of these nutrients via adaptation in the small intestine may not be to the same extent as via normal colonic tissue, and the fluid nature of ileostomy output means that more sodium, chloride and water are lost via this process as well. Additionally, vomiting and diarrhea can lead to indiscriminate loss of sodium from the body, and tea, coffee and carbonated drinks can lead to even further sodium excretion. As I have shown, sodium is an important nutrient for good health, so it is therefore important that sodium intake by ileostomates via salt is abundant enough to

(Continued on page 8)



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(Continued from page 7-Salt)

compensate for these factors and enable appropriate functioning in the body.

Salt depletion from loose and watery output can also lead to dehydration, the signs of which include blurred vision, feeling dizzy or faint (a possible indicator of low blood pressure), fatigue, unquenchable thirst, dry mouth (indicating by the tongue sticking to the roof of the mouth, or difficulty talking because of dry mucous membranes inside the mouth), headache, pins and needles in the hands and feet, or cramps. If dehydration is not addressed and rectified, renal failure may develop. For ileostomates who are becoming dehydrated, using plain water to increase fluid intake without simultaneously increasing sodium intake can also lead to hyponatraemia. For this reason, drinking oral rehydration solutions that replace electrolytes such as sodium and chloride rather than plain water is advisable.

Ileostomates are also advised to use salt liber-

ally in their cooking and at the table, as well as consuming salty foods to ensure sodium concentrations in the body are adequate for optimal functioning.

Relevance to People with a Colostomy or Urostomy: The risk for ileostomates in particular is not consuming enough salt to compensate for intestinal losses rather than consuming too much. Colostomates and urostomates on the other hand, need to be mindful of salt intake to reduce the risk of high blood pressure and cardio-vascular events, especially later in life. The dietary guideline to limit salt intake therefore is more relevant to urostomates and also colostomates who have had only a small section of their colon removed. There is always a risk of going too far and consuming too much salt, which may also have consequences, but there is much less risk of this occurring for people with an ileostomy than those with a colostomy or urostomy. High sodium intake can lead to calcium excretion, which may

(continued on page 9)

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(continued from page 8-Salt)

affect bone mineral density over the long term. Due to its role in fluid balance, too much sodium in the blood may also cause water retention which can lead to swelling or edema and an accompanying rise in blood pressure, resulting in hypertension. A person may also be more susceptible to an increase in blood pressure of if the

person has kidney disease, diabetes, or is over 50 years of age. People who are overweight also appear to be more sensitive to the effect of salt on blood pressure.

How Much is Enough?: - So, the question is: How do you know if you are consuming the right amount of salt for your body's particular needs and circumstances? One method is monitoring blood sodium levels via a blood test, and the

other is to keep an eye on blood pressure to make sure it is not too low or becoming too high. I recommend ensuring adequate hydration, addressing kidney health to facilitate appropriate retention or excretion of sodium as needed, supporting bone mineral density, and maintaining a healthy body weight. There are many dietary and supplemental strategies that ostomates can apply to support all these health goals.

Source: Margaret Allan, Associated Nutritionist for Nutrition for Ostomates; via Regina and District Ostomy News Nov/Dec 2018



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December 28, 2020

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Dear Niagara Chapter Members,

Our President received this text from Sally Akwendo In Kenya on Monday, August 10th. *"Hello Lorne. I hope you are keeping well. Kindly let me know if there's a possibility of us getting any supplies. The need is wanting now."*

With the help of a Kenyan Canadian, who owns a shipping company, eight cartons of ostomy supplies were off to Nairobi by August 12th.

Your financial donation will greatly assist in future shipments destined to reach the very people in developing countries who rely on them.

The generosity and caring of people like you and the shipping company owner makes our work so rewarding and enables us to carry out our mission.

Your tax receipt is enclosed with our thanks.

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ACROSS

1. Radar signal
5. Long-tailed parrot
10. Sharp projections
14. Dash
15. African virus
16. Adjoin
17. To begin with
19. Doing nothing
20. Era
21. Desert plants
22. Dusk
23. Crane
25. Automaton
27. Beer
28. Sponge cakes
31. Cheerful
34. Despised
35. Bite
36. God of love
37. Enjoy
38. Despise

39. Atmosphere
40. Arbor
41. Suffered
42. Sick people in hospitals
44. Female sheep
45. Confound
46. Spackle
50. Wagered (archaic)
52. S-shaped moldings
54. Mineral rock
55. Arab chieftain
56. A respiratory disease
58. Short skirt
59. Concerning
60. A ceremonial staff
61. Epic
62. Donkeys
63. Chart or map

CROSSWORD www.mirroreyes.com**DOWN**

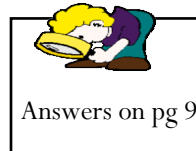
1. Wide
2. Big
3. Less friendly
4. Dowel
5. Threaten
6. Startled
7. A young male horse
8. Crocodile cousin
9. Direction

10. Prison guard
11. Belly
12. Babylonian goddess of healing
13. Flower stalk
18. In a cold manner
22. Happy
24. Whacks
26. Not under
28. Rescues

29. Anagram of "Tine"
30. Hurried
31. Pile
32. Diva's solo
33. Carrying boats overland
34. Type of shrubs or small trees
37. Male offspring
38. Hastens (archaic)

40. Tiny sphere
41. Flooded
43. A European peninsula
44. Chooses by voting
46. Tubular pasta
47. Whole
48. Genus of heath
49. Adjust again

50. Precious stones
51. Dogfish
53. "Comes and ____"
56. Bleat
57. Evil spirit



Answers on pg 9

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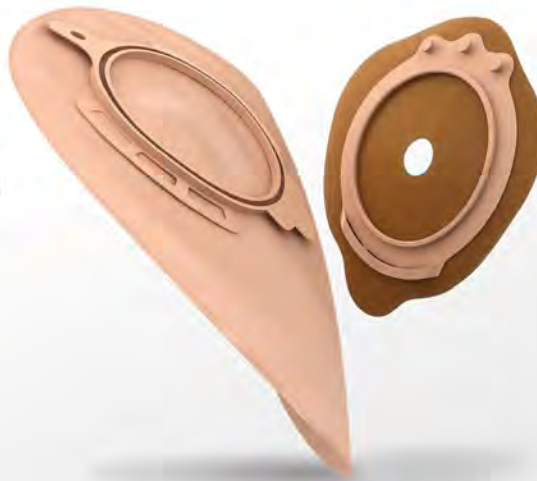
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MANAGEMENT OF A FLUSH OR RETRACTED STOMA

by Gloria Johnson, RN, BSN, CWOCN; edited by B. Brewer; via UOAA
UPDATE; and Middle Georgia Ostomy Rumble

via: ostomyok.org Ostomy Outlook 2020-09

The ideal stoma is one that protrudes above the skin, but this is not always possible and a flush (skin level) or retracted (below skin level) stoma may result. This can happen if the surgeon is unable to mobilize the bowel and mesentery adequately or to strip the mesentery enough without causing necrosis or death to the stoma. (Note: the mesentery is membranous tissue that attaches the intestine to the abdominal wall and provides the intestine's blood and nerve supply.)

Some causes of stoma retraction after surgery may be weight gain, infection, malnutrition, steroids or scar tissue formation. Stomas that are flush or retracted can lead to undermining of the

pouch by the effluent (drainage). This continued exposure can lead to irritated and denuded skin as well as frequent pouch changes. These problems can be very stressful and expensive.

The inability to maintain a pouch seal for an acceptable length of time is the more common indication for a product with convexity. Shallow Convexity may be indicated for minor skin irritations and occasional leakage; Medium Convexity may be indicated for a stoma in a deep fold, with severe undermining and frequent leakage; Deep Convexity is used when medium convexity is not sufficient, stoma retracted, in deep folds or leakage is frequent and the skin is denuded.

[Editor's note: Some of the manufacturers have also introduced barriers with Soft Convexity, which provide shallow convexity in a less rigid

(Continued on page 14)



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(Continued from page 13-Flush or Retracted Stoma)



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