

This Month's meetings:

March 10th @7:00 pm: Virtual online meeting :

Speaker: Gord Douglas, Hernia Helper Hernia Belts

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

March 17th : 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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President's Message

Welcome everyone. As always I hope everyone is staying healthy.



We've had a few glitches with our online payment system, but we should have it sorted out real soon. I just haven't had the time to go into the bank to work it out.

With Covid lock downs loosening up in Niagara, our face to face meetings are still on hold, 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@niagarostomy.com , or

telephone us @ 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 speaker is Gord Douglas from Hernia Helper Hernia Belts. He makes custom belts sized to you specifically.

We are starting a new column in our Newsletter titled, "Ask the NSWOC". Appropriate questions will be answered by Roxie Demers, NSWOC from St Elizabeth Healthcare. Your question (and the answer) may even end up in our newsletter, but rest assured no names or personally identifiable information will be published. At this time questions and answers can only be provided via email. There will be a specific email address

for asking questions, which will be published hopefully in April's newsletter.

Unfortunately it is doubtful we will be holding the Ostomy Fair again this year again due to Covid. This will be the second year in a row since its inception (2010 or so) that we haven't held it.

Best Regards,
John Molnar



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20 miles this week

2 successful closings

0 irritation around her stoma

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Have We Helped You Along the Way?



Cindy Paskey

NOA Board Member

How has the Niagara Ostomy Association made a difference in your life?

We are looking for one or two members that would be willing to be interviewed for a newspaper article. Your photo and full name (first and last) would be required and published by the paper.

If you are interested, or would like more information, please contact me, Cindy, at 905-687-3175. I'd love to hear from you.

Through this article we can help spread the word to others who would benefit from membership in our group.

KIDNEY STONES AND THE ILEOSTOMATE

*By Jill Conwell, RNET, Corpus Christi, TX, Edited by
B. Brewer, UOAA UPDATE*

Kidney stones are fairly common medical problems. They occur in about 5 percent of the population. They are more common in men with a sedentary lifestyle and in families with a history of kidney stones. The average age of first occurrence is about 40, but they can occur at any age. For ulcerative colitis patients, the incidence of developing kidney stones is about double that of the rest of the population. For ileostomates, the incidence is 20 times greater. There are two basic types of kidney stones; uric acid and calcium. Both may occur in ileostomates since the underlying cause is dehydration. Uric acid stones are

(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**

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CALENDAR OF EVENTS

Our Website: www.niagaraostomy.com

Our Email: info@niagaraostomy.com

2021 Dates

March 10: Online—Gord Douglas,
Hernia Helper Hernia Belts

April 14: Online —Speaker TBA

May 12: Online—Heather Penny, Registered Dietician

June 9: 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: 1-844-463-4305



Car Pooling

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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 3—Kidney stones)

more frequent.

One reason for this is the chronic loss of electrolytes, producing acid urine. The stones may vary in size and shape, some being as small as grains of sand, while others entirely fill the renal pelvis. They also vary in colour, texture and composition.

Symptoms during the passage of a kidney stone include bleeding due to irritation, cramping, abdominal pain, vomiting and frequent cessation of ileostomy flow. When ileostomy flow stops, distinguishing between an obstruction versus a kidney stone may be difficult since the symptoms are similar. Treatment of most kidney

(continued on page 7)



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Ostomy Essentials

(Continued from page 6—Kidney stones)

stones is symptomatic and in most cases the stone passes spontaneously through the urinary tract. Medication for the spasms is usually administered. The urine should be strained in order to collect the stone for analysis.

Once the composition of the stone is determined, steps should be taken to prevent recurrence of an attack. The physician will prescribe medication or dietary modifications depending on the type of stone. The best preventative measure is to drink plenty of fluids (8 glasses) every day. If the urine appears to be concentrated, increase fluids and use a sports drink that is rich in electrolytes to replace losses.

Source: *Inside/Out Winnipeg Ostomy Association*
February 2021 Via: *Ostomy Support Group of*
Middle Georgia The Ostomy Rumble—April 2016

SHOULD YOU USE WIPES TO CLEAN THE SKIN AROUND YOUR STOMA?

Lauren Wolfe RN, BSN, CWOCN, MCISc(WH) Macdonald's Prescriptions Fairmont building

Our skin is the largest organ of the body and is composed of 2 layers. (1) The skin acts as a barrier to harmful substances, chemicals and protects us from the environment. (1) The outermost layer of the skin is called the epidermis. (1) The skin is part of the immune system. When it has been compromised by foreign materials such as bacteria or allergens it will become red and inflamed. (1) Approximately 20-70% of people living with an

(Continued on page 8)



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AP-018657-GA

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(Continued from page 7-Wipes)

ostomy experience skin complications, these can be due to multiple reasons such as leakage, allergy, and skin-stripping due to the removal of the flange. (2) Removing the pouching system too quickly can cause skin damage such as skin stripping, exposing the skin to further injury such as irritant dermatitis. (1)(3) As we age, our skin changes and becomes thinner and more fragile skin, resulting in skin tears. The additions of adhesive products to assist with a pouch seal may increase the risk of skin damage and should only be used when necessary.

In order to protect the skin from harm and chemicals the NSWOC and WOCN Society recommend using warm water to cleanse the peristomal skin and the stoma.(1,2) Water is readily available and not harmful to the skin. A frequent question that stoma nurses get asked is; Should I use alcohol wipes, antiseptics, baby wipes or flushable adult wipes for cleansing the stoma and

the skin? In reviewing the literature, it was interesting to see what the dermatologists and biochemists are saying about the use of these products on neonates and babies' skin. In 2016 Yu et al., reviewed the ingredients in multiple baby wipes and found many ingredients to cause contact dermatitis in infants.(3) Although, this study was evaluating baby wipes on infant skin, it is known that the skin beneath the flange is susceptible to injury due to the frequent removal of the pouching system.

Contact dermatitis is when the ingredients in a product that is applied topically, causes a reaction to the skin. A reaction may not be noticed immediately but can develop over a few days, weeks or years. Once an individual develops a contact dermatitis beneath the flange, the skin becomes red and weepy preventing the flange from adhering to the skin. When this occurs, the skin has been compromised, therefore the natural barrier protecting you from infection has been breached,

(continued on page 9)

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(continued from page 8-Wipes)

allowing for bacteria to penetrate the skin. In discussion with Dr. Greg Schultz PHD, a well-known researcher and biochemist in wound care, "Different baby wipes have substantially different formulations. Common ingredients include a cetyl hydroxyethylcellulose, a plant-based product used as a cleaning agent along with glycerin

or propylene glycol that are humectants that can help other ingredients penetrate more deeply into skin. Most wipes contain a buffer like citric acid which helps with product stability and maintains the pH balance of the products. Also, preservatives like parabens can be present and these chemicals can cause skin irritation." Not only may these ingredients be harmful, but some may prevent your flange from adhering and allowing you

to achieve the wear time you desire.

Maintaining the skin around your ostomy and beneath your flange is extremely important. When considering which products to use, it is important to recognize that many products that are not designed for ostomy care do not have the research to support the use and may put you at risk of injury to your skin. See your ostomy nurse to discuss which products are safe to use and to help you with a skin assessment.

(Continued on page 10)

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(Continued from page 9-Wipes)

If you have further questions, contact the author at lauren@macdonaldsrx.com

1. *Wound Ostomy and Continence Nurses Society. Basic Ostomy Skin Care: A guide for patients and healthcare providers.* Wocn [Internet]. 2018;

(November):14. Available from: http://www.ostomy.org/uploaded/files/ostomy_info/wocn_basic_ostomy_skin_care_2012.pdf?direct=1

2. *Nurse Specialized in Wound Ostomy and Continence.*

3. Yu J De, Treat J, Chaney K, Brod B. Potential allergens in disposable diaper wipes, topical diaper preparations, and disposable diapers: under-recognized etiology of pediatric perineal dermatitis. *Dermatitis.* 2016;27(3):110–8.

Source: Vancouver Ostomy High Life September/October 2020

LAUGH OF THE DAY

A woman brought a very limp duck into a veterinary surgeon. As she laid her pet on the table, the vet pulled out his stethoscope and listened to the bird's chest.

After a moment or two, the vet shook his head and sadly said, "I'm sorry, your duck, Cuddles, has passed away." The distressed woman wailed, "Are you sure?" "Yes, I am sure. Your duck is dead," replied the vet.

"How can you be so sure?" she protested. "I mean you haven't done any testing on him or anything. He might just be in a coma or something."

(Continued on page 13)



COMING SOON! ASK THE NSWOC

We are starting a new column titled, 'Ask the NSWOC'. Questions will be answered by Roxie Demers, NSWOC.

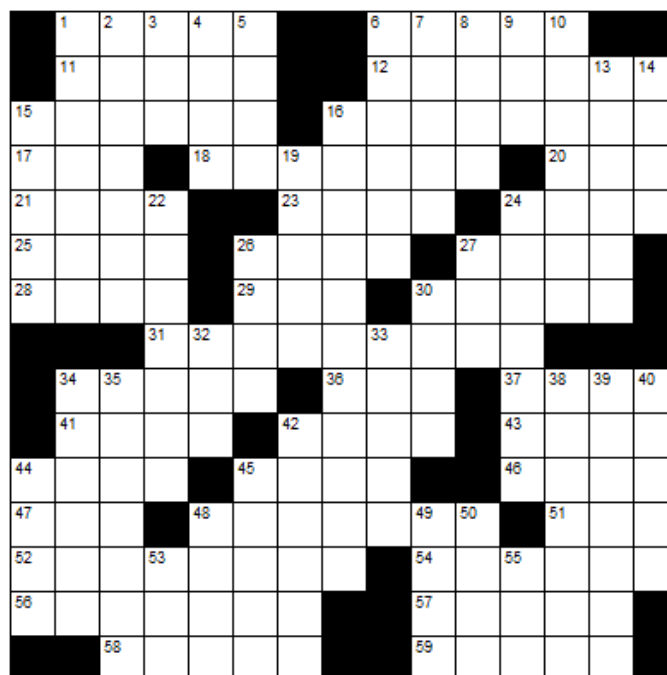
Roxie Demers, has been a nurse for 33 years. She received her certification for International Interprofessional Wound Care Course from University of Toronto in 2017/2018. She decided to continue her education and completed the NSWOC (Nurses Specialized in Wound Ostomy and Continence Canada) in 2020. She wrote the Wound Ostomy and Con-

tinence Canadian Certification (WOCC(C)) in the fall and passed. She has worked at Saint Elizabeth Health Care Hamilton for approximately a year and a half, first as a wound and ostomy nurse and now a WOCC(C).

We are in the process of setting up a specific email address for this purpose. For now, you may email your questions to info@niagaraostomy.com. Please be sure to include "Ask the NSWOC" in the subject line. Selected questions and answers will appear in upcoming newsletters. Be assured that we will never publish your name or any other identifiable information.

ACROSS

- | | |
|--------------------------|----------------------------|
| 1. Stockpile | 37. Sea eagle |
| 6. "Cheers!" | 41. Low, flat land |
| 11. Chills and fever | 42. Put away |
| 12. First | 43. A noble gas |
| 15. Putting surfaces | 44. Not false |
| 16. Spike heel | 45. Blend |
| 17. Website address | 46. Docile |
| 18. Chooses | 47. Hairpiece |
| 20. And so forth | 48. Popeye's favorite food |
| 21. Fastens | 51. Not brilliant |
| 23. Prima donna problems | 52. Breathing in |
| 24. Journey | 54. Hulled corn |
| 25. Check | 56. Swarming |
| 26. Not cool | 57. Express a thought |
| 27. Historical periods | 58. Rituals |
| 28. Backside | 59. A kind of golf club |
| 29. "___ Maria" | |
| 30. Supporting column | |
| 31. Demoted | |
| 34. Motionless | |
| 36. Era | |

CROSSWORD www.mirrorreyes.com**DOWN**

- | | | | | |
|--------------------------|-------------------------------|-------------------------------|-----------------------------------|-------------------------|
| 1. A large warship | 9. Consumed food | 26. Bulwark | 38. Interpreting written material | 53. French for "Friend" |
| 2. Eternal | 10. Genuine | 27. French for "Summer" | 39. Candidate | 55. Central |
| 3. Prompt | 13. Certify | 30. Goulash | 40. Foe | |
| 4. Female chickens | 14. A door fastener | 32. Shade tree | 42. Insect wounds | |
| 5. To be, in old Rome | 15. Minim | 33. Ancient Greek marketplace | 44. Blockhead | |
| 6. Funny television show | 16. Discriminating | 34. Place of worship | 45. Backbone | |
| 7. Intertwines | 19. Depart | 35. More difficult | 48. Narrow opening | |
| 8. Anagram of "Silo" | 22. Germless | | 49. Grub | |
| | 24. A spear with three prongs | | 50. Expect and wish | |



Answers on
page 9

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(Continued from page 10-Laugh of the Day)

The vet rolled his eyes, turned around and left the room. He returned a few minutes later with a black Labrador Retriever. As the duck's owner looked on in amazement, the dog stood on his hind legs, put his front paws on the examination table and sniffed the duck from top to bottom. He then looked up at the vet with sad eyes and shook his head.

The vet patted the dog on the head and took it out of the room. A few minutes later he returned with a cat. The cat jumped on the table and also delicately sniffed the bird from head to foot. The cat sat back on its haunches, shook its head, meowed softly and strolled out of the room.

The vet looked at the woman and said, "I'm sorry, but as I said, this is most definitely, 100% certifiably, a dead duck."

The vet turned to his computer terminal, hit a few keys and produced a bill, which he handed to the woman.. The duck's owner, still in shock, took the bill. "\$150!" she cried, "\$150 just to tell me my duck is dead!"

The vet shrugged, "I'm sorry. If you had just taken my word for it,

(Continued on page 14)



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(Continued from page 13-Laugh of the Day)



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the bill would have been \$20, but with the Lab Report and the Cat Scan, it's now \$150."

A boy asks his father, "Dad, are bugs good to eat?"

"That's disgusting. Don't talk about things like that over dinner," the dad replies.

After dinner the father asks, "Now, son, what did you want to ask me?"

"Oh, nothing," the boy says. "There was a bug in your soup, but now it's gone."