



Serving the Niagara Ostomy Community since 1974

IT'S IN THE BAG



January 2023

**Happy
New Year!**

ST. CATHARINES MEETINGS:

January 18th @7:00 pm: In-person Meeting

Speaker: Gord Douglas, Hernia Helper

Ostomy Hernia Support Belts

SOUTH NIAGARA OSTOMY GROUP

Boggio Pharmacy, 200 Catharine St, Port Colborne

In-person meetings 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***

COVID PROTOCOL FOR IN-PERSON MEETING

January 18th @ 7:00 pm

We welcome every-
one to our meetings.



However, in attempts to pro-
tect the health of every-
one, kindly wear a mask to
our meetings.

Seating that allows you to
keep apart from others while
enjoying dessert and conver-
sation will be available.

Please stay at home if you're
feeling unwell.

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Presidents Message

Here's wishing everyone a happy and healthy 2023.



There's not a whole lot to report on, but we will be deciding the date of our Ostomy fair Day at the board meeting, Jan 4/23 and it will be posted in the February newsletter once the date is confirmed with the Lions Club.

Membership Renewals... I'm still harping on that. We need your support and memberships are due December 31 of the year so please consider stepping up & sending us your dues. We depend on your support so we can do things like print the newsletter, hold our ostomy fair day, and hold meetings to help educate people living with an

ostomy.

As mentioned in past newsletters, we now have a 2 tier membership. You can join Niagara Ostomy for \$30 per year and if you wish to support Ostomy Canada you can do that with an additional \$20. New membership forms are in the newsletter and online. We now offer easy online transactions too. Visit our website @ niagaraostomy.com and scroll to the Become a Member page and follow the directions.

John Hartman, Executive director of Ostomy Canada has announced that he will not be renewing his contract at the end of March 2023. He has decided to spend more time with family and volunteering within his community. I would like to wish John well and thank him for his time with Ostomy Canada. As a result, Ostomy Canada is in the process is seeking out candidates for part

time Executive Director.

If anyone has ideas of topics or people they would like to see for guest speakers, please let us know. We're working on filling up the calendar for speakers at our meetings. Guest Speaker for January is yet to be determined.

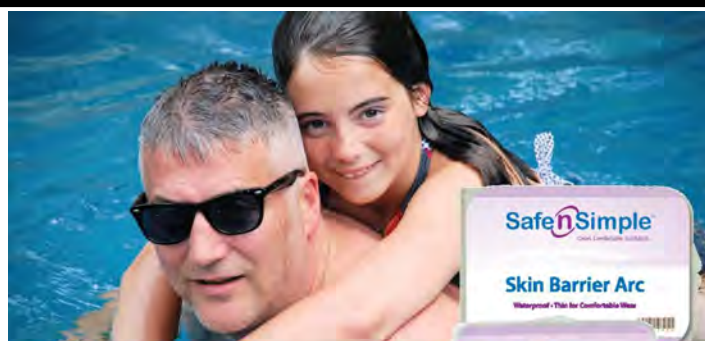
Hope you can make the meeting January 18th at the Grantham Lions Club.

All the best in 2023

Best Regards,



John Molnar



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Do you have a story you'd like to share with us for our newsletter? We'd love to hear from you about Life with your Ostomy.

Why, you might ask?

Sharing our stories, tips and helpful advice is a powerful way to let others know that living a full, active life is possible after Ostomy Surgery. Many of us have learned along the way that our best learning comes from each other! Especially now, when we aren't able to meet in person, our newsletter provides a way to connect with people and inspire others.

How did you react when you heard you were go-

ing to need Ostomy Surgery? How did you deal with it then, and how are you dealing with it now? Do you have tips and helpful advice? Where do you find your best support?

Your privacy will be maintained, if that's what you prefer. Just be sure to mention that in your submission.

To submit:

Please send an email to Marlene, our newsletter editor. She will review submissions and contact you, if necessary.

Email to: marlene.h@niagaraostomy.com

Thank you, in advance.



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 Continence Canadian Certi-

fication (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).

To submit your question, please visit our website www.niagaraostomy.com. Click on the "Support" tab. From there, scroll down and select "Ask the NSWOC". This will direct you to the form where you can send your question.



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CALENDAR OF EVENTS

Our Website: www.niagaraostomy.com

Our Email: info@niagaraostomy.com

2023 dates

January 18th	April 19th
February 15th	May 17th
March 15th	June 21st

Telephone Numbers:

Niagara Ostomy Association:
 905-321-2799 (confidential voicemail)
 Coloplast: (866) 293-6349
 ConvaTec (800) 465-6302
 Hollister: (800) 263-3236



Niagara Ostomy Association



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Anyone that would like to maintain a list of people offering/needng rides, please call.

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 NSWOC nurse before deciding to use any of them.

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Volunteers 2022

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MISSION STATEMENT:

To be of service and assistance to all people with ostomies in the
 Niagara Region.

Regular vs. Extended Wear Barriers

<https://badgut.org/information-centre/ostomies/regular-vs-extended-wear-barriers/>

Question:

I have an ileostomy, and was told that I should change my flange from my current regular barrier to an extended wear barrier. What's the difference?

Answer:

There are different types of barriers available for people with ostomies. Most ostomy product suppliers offer a range of barriers or wafers. Selecting the most appropriate barrier for your type of stoma is dependent upon the desired/required frequency of appliance changes, the characteristics of the drainage from your stoma (fecal versus urine; liquid versus formed; volume), and cost.

Ideal barriers should:

- protect the peristomal skin from feces or urine;
- provide a safe/secure seal;
- be gentle to skin during flange removal; and, provide cost effective stoma management.

Skin barriers are composed of a variety of mate-

rials, including karaya, pectin, gelatin, and other synthetic materials. Various formulations of adhesives are also used on the barriers to allow for initial tack and enduring adhesion. The exact formulation of the barriers will differ between each supply company. Despite these differences, basic principles of barrier selection will still apply.

In general, regular wear barriers have less resistance to liquid stool and urine. Shorter wear-times are expected if you are going to use a regular wear barrier for ileostomies or urostomies (usually no more than about 3-4 days). These types of barriers tend to “melt” more readily with exposure to stool and liquid (and higher volumes/frequency of urine or stool movement), allowing for unwanted peristomal skin exposure and the potential for skin irritation if left on for too long. Regular wear barriers work well for formed stool, such as that typically found with colostomies. Because there is less liquid content to the stool, and the stoma tends to function less often, a regular wear barrier will not ‘melt’ as easily and longer wear-times (up to 5-7 days) can be achieved. Tack and adhesion, while sufficient to provide a secure seal, tend to be slightly less with regular wear barriers, allowing for more

(Continued on page 7)

frequent changes if needed/desired without causing skin damage.

Extended wear barriers, on the other hand, are formulated to provide greater resistance to liquid stool and urine. Consequently, longer wear times with these products are more realistic. Some of the extended wear barriers also contain substances that absorb the moisture from the stool or urine, causing the barrier to swell or ‘puff-up’ around the stoma. This swelling action allows for a better seal and resists undermining of the stool or urine under the flange. The barrier will move with the stoma and normal peristalsis, and will not occlude or block the opening of the stoma. There also tends to be greater tack and adhesion with extended wear products. While this adhesion assists with longer wear times, care must be taken with flange removal to avoid peristomal skin damage. Extended wear barriers are an appropriate choice for people who have ileostomies or urostomies, as they will be able to consider longer wear times of up to 7 days. For those who have liquid stool with colostomies, extended wear barriers should also be considered.

Costing may also be a consideration when choosing an appropriate barrier. In general, extended wear barriers tend to be more expensive. However, consideration must be given to the fact that the frequency of the flange changes will likely be less with the use of extended wear barriers. Equally, if the peristomal skin is well protected with an extended wear product and skin irritation is avoided, you may be able to eliminate the

(Continued on page 8)

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Dana

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(Continued from page 7)

use of additional accessory products such as powders. Some product styles, such as convex flanges, may only be available as extended wear barriers.

Deciding upon the degree of 'melt-out' and the appropriate duration of your barrier's wear-time is dependent upon the condition of your peristomal skin with each appliance change, and assessing the degree of barrier melt on the back of the flange during routine changes. An ET can help you to assess both the type of barrier that is appropriate for you, as well as the recommended frequency of appliance changes.

This series of ostomy care articles is authored by Jo Hoeflok, RN, BSN, MA, CETN(C), CGN(C), who is a Registered Nurse specializing in enterostomal therapy care. The information provided is not meant to replace care by or consultation with healthcare professionals.

IBD: COMMON RED FOOD COLORING MAY CAUSE INTESTINAL INFLAMMATION, COLITIS

Source: www.medicalnewstoday.com

In a recent study, researchers investigated the effects of a commonly used food dye, "Allura Red," on intestinal inflammation and whether it could cause inflammatory bowel disease (IBD) and colitis.

Using an animal model, they found that chronic but not intermittent consumption of Allura Red induced mild intestinal inflammation in mice.

The researchers hope their findings will alert consumers to the potential harms of food dyes.

Inflammatory bowel disease (IBD) is characterized by chronic inflammation of the gastrointestinal tract. In 2017, there were around 6.8 million cases of IBD globally. In 2015, 1.3% of adults in the United States — around 3 million people — had IBD. Increasing evidence suggests that diet plays an important role in the development of IBD. Precious studies indicate that food additives like titanium dioxide, which is used to give foods an opaque, white color, alter the

(Continued on page 9)

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(Continued from page 8)

gut microbiome and intestinal function. Further research into how food additives affect intestinal health could improve public awareness and health policy around food consumption.

In a recent study, researchers assessed the effects of red food dye “Allura Red” (AR), one of the most widely used food colorants worldwide, particularly

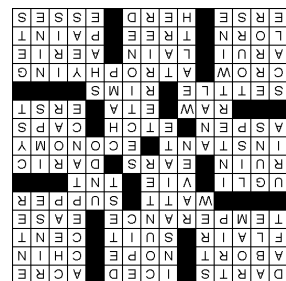
in the U.S. The study found that mice exposed to AR in early life were more susceptible to colitis, a chronic condition characterized by inflammation of the colon’s inner lining. The findings also showed that chronic exposure to AR induced mild colitis. The study findings were published in Nature Communications.

Which foods contain red dye?

Western diets that include high levels of additives, fats, red meat, and sugar alongside a low intake of fibers are known to trigger chronic intestinal inflammation. Food additives, emulsifiers, and synthetic colorants are widely used to improve the texture, preservation, and aesthetics of food. Allura Red is found in common processed foods like candies, snack food, soft drinks, dairy products, and cereals, including:

Skittles — Strawberry Fanta — Doritos Nacho Cheese Tortilla Chips — Froot Loops — Nabisco Oreo Winter Chocolate Sandwich Cookies

(Continued on page 13)



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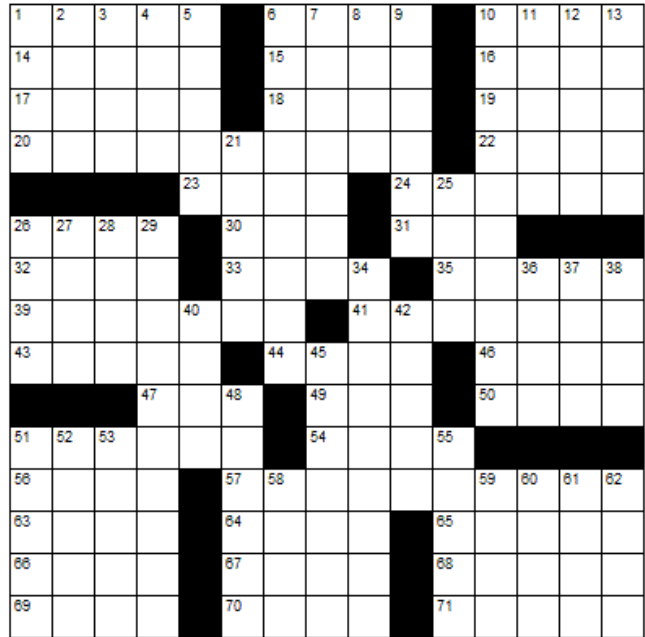
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|-------------------------|-------------------------------|-----------------------|
| ACROSS | 31. Explosive | 64. Been in bed |
| 1. Pub game | 32. Devastation | 65. Eagle's home |
| 6. Decorated, as a cake | 33. Hearing organs | 66. Forsaken |
| 10. Anagram of "Care" | 35. Old Persian coin | 67. Tall woody plant |
| 14. Cut short | 39. Blink of an eye | 68. Wall coating |
| 15. No | 41. Thriftiness | 69. Celtic language |
| 16. Lower jaw part | 43. Poplar variety | 70. A group of cattle |
| 17. Pizazz | 44. Engrave | 71. S S S |
| 18. A set of garments | 46. Hats | |
| 19. Penny | 47. Uncooked | |
| 20. Self-control | 49. Estimated time of arrival | |
| 22. Lack of difficulty | 50. Once, long ago | |
| 23. Unit of power | 51. Agree out of court | |
| 24. Light evening meal | 54. Edges | |
| 26. Type of fruit | 56. Type of black bird | |
| 30. Compete | 57. Shriveling up | |
| | 63. African sheep | |



- | | | | | | | | |
|--------------------------|-----------------|----------------|---------------|--------------|-----------------|-------------|-------------|
| DOWN | 7. Sideboard | ply to a knock | 29. Tangle | to a fault | 42. Winner | 53. Guided | part of the |
| 1. Wacky | 8. Majestic | 21. Talking | together | 45. Breed of | visits | eye | |
| 2. Capable | 9. Hate | bird of poetry | 34. Divided | dog | 55. Contour | 61. Three | |
| 3. Wander | 10. Approval | 25. Cancel | 36. Big laugh | 48. Fortune | 58. Empty | times three | |
| 4. Voyage | 11. Inexpensive | 26. Murres | 37. Little | 51. Weighing | weight | 62. Obtains | |
| 5. Scatter | 12. Washer | 27. Pistols | devils | machine | 59. Affirmative | | |
| 6. Impossible to satisfy | 13. Re-cycle | 28. A speech | 38. Vesicle | 52. Mistake | 60. Colored | | |
| | | defect | 40. Nitpicky | | | | |



Answers on
pg 9



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Our Mission

To be of service and assistance to all people living with ostomies in the Niagara Region.

To become a member or renew, please complete this form. Payment can be made electronically via our website (www.niagaraostomy.com) or by cheque mailed to:

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If payment of dues is a hardship, please email info@niagaraostomy.com or call 905-321-2799 and leave a confidential message to request a waiver of fees.

100% of your membership dollars is devoted to serving the Niagara Ostomy community via website, social media, newsletters (9/year), membership meetings, advocacy with the health care system, Ask the NSWOC service, Friendly Visitor Program, annual Ostomy Health Fair and affiliation with Ostomy Canada. Your membership is valued!

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Privacy Statement: NOA membership and Ostomy Canada information is not shared with anyone outside of the NOA and Ostomy Canada administration.

The Niagara Ostomy Association (NOA) is a volunteer driven, non-profit organization that provides practical help and emotional support to people with ostomies living in the Niagara Region of Ontario.

The materials and other information provided by NOA are for educational, communication and information purposes only and are not intended to replace or constitute legal or medical advice or treatments.

Fall 2022



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(Continued from page 9)

From other experiments, the researchers found similar effects occurred whether AR was consumed in food or water. They also investigated the effects of AR exposure in young mice. They fed 4-week-old mice either a standard chow diet or AR via diet for 4 weeks. They found that early exposure to AR induced low-grade colonic inflammation and altered the expression of genes linked to antimicrobial responses. From further tests, they found that AR did not increase colitis susceptibility in mice lacking tryptophan hydroxylase 1 (TPH1), an enzyme used to synthesize serotonin in the gut. They noted that this means that AR affects gut microbiota via the serotonergic system.

Limitations of mouse models

Dr. David Fudman, assistant professor of medicine at the Division of Digestive and Liver Diseases at the University of Texas Southwestern Medical Center, not involved in the research, spoke with Medical News Today about the study's limitations:

“The main limitation of these findings is that they were generated in mouse models of colitis, in which the colitis is triggered by exposure to a chemical. We cannot know whether the same would be found in humans with colitis. Because of this, we must be cautious in interpreting animal research data.” Still, Dr. Fudman noted that animal research is important to determine areas for further human study so that results could be used in medical care and guidance.

Implications for IBD

Lead study author Waliul Khan, Ph.D., professor at the Department of Pathology and Molecular Medicine at McMaster University in Hamilton, Ontario, Canada, said in a news release: “What we have found is striking and alarming, as this common synthetic food dye is a possible dietary trigger for IBDs. This research is a significant advance in alerting the public on the potential harms of food dyes that we

(continued on Page 14)



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consume daily.” Dr. Khan also noted the literature suggests that consuming Allura Red may have other health consequences. Allura Red could affect certain allergies, immune disorders, and behavioral problems in children, such as attention deficit hyperactivity disorder (ADHD), Dr. Khan continued.

Dr. Fudman added that there is increasing evidence that dietary exposures play a role in the development of IBD. “This data should drive further investigation on whether this food additive may play a role in IBD development in humans,” Dr. Fudman concluded.