

Regina Ostomy News



JANUARY / FEBRUARY
2017

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MEETINGS

Meetings are held on the second Tuesday of the month at 7:30 p.m., starting in September, at the Community of Christ Church, 4710 8th Avenue (corner of Arthur and 8th). No meetings are held during the months of January, July and August)

UPCOMING MEETINGS

NO meeting in January
February 14 - TBA
March - 14 - TBA
April - 11 - TBA
May - 9 - TBA
June - 13 - TBA



The COMMON COLD and an OSTOMY - An Anthology of Medical Sources



There is new research on the family of viruses that we regard as the common cold. Although, there is no universal cure for a cold virus, there is information about colds that will serve you and your family. People with ostomies are particularly concerned about cold and flu viruses, mostly because we are worried that a cold or

flu will lead to diarrhea, dehydration or other mal conditions. We left off the citations of those who performed the research in order to make this article read better. However, if you are interested in the sources, you may research this information in medical journals. Our article is just about colds and not the flu.

It takes about 48 hours to infect you and make you sick. Researchers say that it takes about two days for a cold to embed into the lining of our cells and produce symptoms. It may be difficult to tell whether or not one has come down with the flu or with a cold. While no one can predict how an infection will progress, and sometimes even experts are fooled by colds masquerading as the flu, a rule of thumb is that cold viruses do not usually cause fever in adults. Sudden onset, fever and cough are the best predictors of influenza.

The best cold-fighting weapon may be vigorous exercise. Researchers suggest that the best way to protect us from a cold is by exercises that raise our heart rate. It has been studied how the immune system and viruses are affected by exercise, and the findings are fascinating: Any exercise, however limited, reduces the probability of contracting as well as the duration and intensity of a cold. It is best to work out at least every day for over 30 minutes, usually more. This does not mean that we want to over-exert ourselves but rather, at a minimum, walk two to three miles. This will help cold proof your immune system. Mild exercise moves the blood around the body and also moves the immune white cells around to search for infections.



We need our sleep. If we obtain fewer than seven hours of quality restful sleep, we are three times more likely to catch a cold. For instance, study participants who spent less than 92

Continued on Page 4

REGINA OSTOMY CHAPTER EXECUTIVE

President	Agnes Parisloff	761-0221
Vice President	Murray Wolfe	584-2111
Secretary	Heather Bathgate	949-4664
Treasurer	Neal Holt	949-5538
Membership Chair	Susan Hunter	585-0410
Flowers & Cards	Edith Klein	266-2115
Phoning	Gord Kosloski	789-1592
	Gail Zipchian	522-8669
Host	June Crawford	543-2852
	Bill Collie	543-2647
Lunch	Brenda Frohlick	949-2352
	Gale Miller	789-5139
Mailing	Brenda Frohlick	949-2352
Newsletter & Website	Deb Carpentier	775-1869
Newsletter	Louise Laverdiere	536-5442
Visiting	Enterostomal Therapy Services	766-2271
SASO	Bob Fearnside	924-5993

ENTEROSTOMAL THERAPY
Pasqua Hospital 766-2271

Jane Wilmot, RN, BScN, ETN, Program Coordinator

Sheryl Walker, RN, BScN, CETN

Monica Aikman, RN, BScN

Ruth Suderman, RN, BSN, ETN

Arleene Arnold, RN, CETN

Lana Klein, RN, BScN, ETN

Patty Gianoli, Office Manager

IN MEMORY

It is with deep regret that we report the death of one of our members. We extend our most sincere sympathies to family and friends.

Susie Gutwin

MISSION STATEMENT

The Regina Ostomy Chapter is a non-profit mutual support society for the benefit of people who have had, or are about to have intestinal or urinary diversion surgery.

Our purpose is:

- To help people with intestinal and/or urinary diversions to lead full and productive lives and to provide information and emotional support to their families and caregivers.
- To educate the public about intestinal and urinary diversion surgery.
- To provide trained visitors to those who have undergone intestinal and/or urinary diversions, including preoperative and postoperative visits or phone calls, at the request of the physician or enterostomal therapist.

NEW MEMBERS

*There are no strangers here,
only friends who haven't met"*

Juan Asmay - Regina
Betty Anne Williamson - Indian Head

**DONATIONS**

Thanks to the following individuals who generously donated funds to the chapter:

Beverley Bell
Terry Ferguson
Gordon Hartley
Ken Powers
Lorraine Thompson
Betty Anne Williamson



Editor's Message

Happy New Year to everyone and best wishes for a healthy and harmonious 2017! This year is special, we are able to enjoy all the celebrations connected with Canada's 150th Birthday. Across the country communities will be staging and organizing special activities so be sure to take some time to enjoy.

Our Christmas party on December 13th was a fun filled evening with good food and company. We were able raise over \$500 to help another family out at Christmas with gifts and food, making their Christmas a bit more special for them. Thanks to Louise and Brenda for all the planning.

A look back over 2016 shows us we had a number of new people become members, a Spring Education Seminar in May and a successful Stoma Stroll in October. This year the Regina Chapter was the top fundraiser, the monies going to support initiatives that support other people with ostomies. And, with a bit of Internet magic we now have the ability to reach out to more people through our website (www.reginaostomy.ca) and Facebook (Regina Ostomy Chapter) pages. Take a look. All comments are welcome. In 2016 we also bid a fond farewell to two of our ETs, Lela Mileusnic and Sarah Gatin, who will be working in Infection Control.

Looking ahead into 2017 we will continue to have our regular meetings, which provide an opportunity to meet others with an ostomy. It seems I'm always learning something new in talking with others. Our dynamic ET team will have a new part time member, Ruth Suderman, joining them early in the New Year. Something to look forward to in April is that the Saskatoon Chapter is hosting a one-day workshop in Saskatoon.

Thanks to another Regina Ostomy member, I have found a website called "VO", www.veganostomy.ca which was created by a young Canadian man, who had his ostomy surgery in 2013. His website is a wealth of information on IBD, ostomies, diet, travel, tips, humour and support. One of his latest posts is about an attachment for the seat belt, a stoma protector, which would be very helpful when we aren't wearing heavy winter coats. Take a moment to visit this website. It's a good read. In future newsletters I'll pass on some other tips on places to find information. And don't forget our Regina Ostomy website, there's lots of website "links" there that you can visit as well.

Best wishes for 2017 and I hope to see you in the coming months.

Letters to the Editor . . .

Do you have a beef, a bouquet, or simply a suggestion fortotics you wish discussed or covered in the newsletter or at meetings? The meetings and newsletter are for all of us and we want them to reflect your interests. Don't hesitate to write or call me about any ideas or topics you might have in mind.

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Or call: 775-1869

The Colorectal Cancer Association of Canada is a support group for the estimated 22,000 Canadians annually diagnosed with colorectal cancer. Membership is free.

Information is available at their website:

www.colorectal-cancer.ca

with links to news reports, articles, and other cancer organizations in the field. Support cancer coaches are also available to talk with patients about concerns and about their cancer experience.

Or Phone 1-877-50COLON

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Continued from front page

percent of their time in bed asleep were at least five times more likely to pick up a cold virus than those who fell asleep quicker and stayed asleep longer. To obtain better sleep, never have a TV on in the bedroom at sleep time as well as any distractions that can impede the sleep cycles.

Orange juice and vitamin C have benefits only in certain circumstances. At the first signs of a cold coming on some of us drink vitamin C rich beverages in hopes of boosting our immune system. For the majority of people, vitamin C does nothing to prevent or reduce the symptoms of a cold. But there is an exception. If one is under stress, or we are physically pushing our body hard, a daily dose of 200 mg of vitamin C may reduce the chances of catching a cold by about half. It is best to obtain vitamin C naturally with foods like oranges, citrus, papaya, broccoli, tomatoes, red peppers and kiwi.

Echinacea is believed to boost the immune system. After studying more than 1600 people, it was reported that not only did Echinacea cut the chances of catching a cold in half, but also those study participants who took it reduced the duration of their colds by about 1.4 days. It may or may not work for each of us, depending on our own personal body chemistry. Nevertheless, it may be worth a try, after all it is a natural product.

Hot drinks can help reduce the symptoms of cold viruses. It has been known anecdotally that having hot tea and hot soup usually make us feel better when we are suffering from a bad cold. It has been shown that this common knowledge has a scientific basis. Simply sipping a hot beverage can provide immediate and sustained relief from the worst cold symptoms, like coughing, sneezing, runny nose, sore throat and fatigue. Hot beverages were tested against room-temperature drinks and it was found that the warmth in a cup had soothing, feel-good properties. A bit of herbal tea with a squeeze of lemon and one teaspoon of honey has been proven to soothe sore throats.

The average person gets 200 colds in his/her lifetime. According to estimates, by our 75th birthday, we are likely to have suffered through 200 colds—that means about two years of our life are spent sneezing. Children typically get between four and eight colds per year, older people contact far fewer. Experts believe this is due to the fact that most elderly people have already been exposed to the majority of cold viruses circulating. However, a new virus can be devastating to an older person, often manifesting in upper respiratory illness. Colds are really not that contagious. We hear so much

about the dreaded rhinovirus that most people think a mere handshake with a sick person is going to send them coughing. Not true. When healthy people were put in a room with cold sufferers, it was remarkably difficult to spread the infection from one person to another. In fact, the cold virus has to have the ideal conditions when hitting our body to infect us. Colds are not very contagious, and most colds are caught at home from children and partners from prolonged and close contact. In other words, there is no need to don a mask in public—just use common sense.

Being in cold weather brings on a cold. This is not true with a big “but” attached (pardon the pun). Being outside in cold weather may actually help a cold because one would be breathing in more oxygen rich air than that being re-circulated in a building. However, if we become physically cold, this will reduce our ability to resist cold viruses. This is the reason so many people think that cold weather promotes colds. Cold temperatures have the ability to lower one’s resistance, which results in contracting a cold virus. Of course, breathing in stale inside air all day long does not help either. Do not forget to wash your hands with soap and warm water regularly.



Reprinted from Ostomy Association of Greater Chicago (IL) “The New Outlook/Outlook” by Greater Seattle (WA) “The Ostomist” Sept./Oct. 2016 and via Winnipeg, Inside/Out October 2016



Ostomy Canada Society | Société Canadienne des Personnes Stomisées

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<http://www.ostomycanada.ca/>

Ostomy Canada Society Mission Statement

Ostomy Canada Society is a non-profit volunteer organization dedicated to all people with an ostomy, and their families, helping them to live life to the fullest through support, education, collaboration and advocacy.

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DON'T ASSUME

When you live with an ostomy, it is easy to forget that most people, including medical professionals, don't know much or anything about stomas. Even those who have heard of ostomies, assume they are all colostomies.



When a doctor ordered an abdominal scan, I discovered that it involved drinking a lot of contrast fluid in a short period of time. I told them that everything I drank came out through my ostomy very quickly and I thought there might be a problem. I was assured there shouldn't be, so I commenced drinking the contrast. Unfortunately, as I expected, it didn't take long for it to start coming into my pouch (it had a very obvious color). I went to the desk and told them that the contrast was already coming through into my pouch. The tech took me aside and after my explaining what was happening, he said, "Can't you put a plug in it (meaning the ostomy) or something?" Now anyone who has been around ostomies knows that no, you can't "put a plug in it" (believe me, there have been days when I wished I could!) but the tech hadn't come across my situation before. We were able to complete the test only with less than optimal contrast, but it did show me that just because someone works in the medical field, I shouldn't assume they know about or understand ostomies.

Sometimes a medical professional treating you for something not stoma related may forget you have an ostomy and need to be reminded. Once, during a physical, a doctor told me that as part of the exam he would do a rectal — I had to remind him that it was physically impossible for him to do that since it had been removed and that area sewn up!



Via: UOAA of Greater St Louis Chapter By Lyn Rowell, Anne Arundel County (MD) Ostomy Association, Inc. via The Pouch, OSGNV and Insights of NJ; via Northern Pouchvine (Oct/Nov 2014)

Can Green Tea Help Digestion and IBD Patients?



Technically, green tea isn't much different from other types of tea. Its distinct look and taste is a result of the way it's processed. Steaming fresh leaves of the *Camellia sinensis* plant at a very high temperature makes green tea. This process unlocks a class of powerful antioxidants called polyphenols, which account for many green tea benefits. In addition to green tea benefits for digestive health, the polyphenols found in green tea have been shown to have cancer-fighting, anti-inflammatory and anti-microbial properties. The consumption of green tea for digestive health dates back thousands of years to its earliest uses in India and China. Today, green tea retains its reputation as an aid for digestion and for IBD patients, available as a drinkable tea or an over-the-counter extract.

Possible Anti-Inflammatory Effects of Green Tea

One recent study of the polyphenols found in green tea, catechins, has uncovered evidence that anti-inflammatory effects may be a green-tea benefit. Researchers from the University of Cincinnati's College of Medicine recently looked at how a green tea catechin known as epigallocatechin-3-gallate (EGCG) may help in cases of colitis, an inflammatory disorder that disrupts digestive health. They found that EGCG might hamper the signaling pathways involved in colitis inflammation.

Additional research on ulcerative colitis and Crohn's Disease supports these findings on green-tea benefits. Green tea has been, and continues to be, studied extensively for its effects on certain types of cancer, effects which may have an indirect application to green tea for digestive health. Since IBD patients are at increased risk for colon cancer, green tea may be doubly beneficial.

Green Tea Dosing for Digestive Health

Green tea is generally considered safe in moderate amounts. In the average cup of green tea, expect a dose of 50 to 150 milligrams (mg) of polyphenols. The recommended dose is two to three cups of green tea per day (for a total of 100 to 320 mg of polyphenols, depending on the brand of tea) or 100 to 750 mg per day of a green-tea extract. An important thing to remember is that green tea contains caffeine, which can cause or worsen insomnia, anxiety, irritability and headaches. Caffeine in some people also can wreak havoc on digestive health, causing upset stomach, nausea and diarrhea. For people who are sensitive to caffeine, green-tea extracts may be an option, and can be purchased in caffeine-free form.

Studies on green-tea extracts have demonstrated similar benefits to those associated with drinking it as a tea. For example, researchers in the United Kingdom showed that green tea extracts affect the way the body breaks down food, concluding that the extracts increase fat oxidation and improve insulin sensitivity and glucose tolerance. Increased fat oxidation refers to what happens during exercise - it means that the body is doing a better job at converting stored fats into energy, which is a good thing if you're trying to lose weight. The findings on insulin and glucose suggest that green-tea extracts may help insulin work more efficiently in the body.

via UOA Of Greater St. Louis, Insights of New Jersey — Everyday Health by Sara Calabro, medically reviewed by Lindsey Marcellin, MD, MPH; via Northern Pouchvine April 2016

A Little Humor, *via The Torch, London & District Ostomy Assoc*

- Gardeners always know the ground rules.
- Some people's noses and feet are built backwards: their feet smell and their noses run. A successful diet is the triumph of mind over platter.
- What do you call cheese that is not yours? Nacho Cheese.
- When a new hive is done bees have a house swarming party.
- A music store had a small sign which read: "Bach in a Minuet".
- Long fairy tales have a tendency to dragon.
- Visitors to Cuba are usually Havana good time.
- A ditch digger is entrenched in his career.
- Police were called to a day care where a three-year-old was resisting a rest.



The Best Way to Relieve Stress



Stress can be caused by many things, from losing your job to being in noisy traffic. When you're stressed, your heart speeds up and your cholesterol and sugar levels rise. The possible results are backaches, stomach problems, increased sensitivity to pain and, of course, heart attacks. You may not be able to escape stress these days, but you can learn how to handle it better.

One good way of relieving stress is to have an active social life. Studies have shown beyond a doubt that people with many social involvements have far fewer health problems than people who are isolated. If you interact with people regularly and feel like you belong, in churches, clubs, card games, discussion groups or even work, you are much more likely to be healthy and will probably live longer.

Scientists aren't exactly sure why social contact is good for you, but they suspect that it may be due to a "buffering effect." When you are supported by concerned friends and family, life's pressures are eased. Volunteer work seems to be especially good for you. It decreases your awareness of your own problems and increases your sense of commitment, challenge and self-esteem...all positive emotions that help counteract the effects of stress.

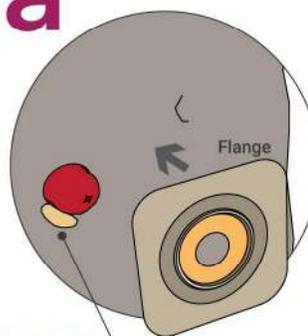


Source: <http://www.ostomyok.org/newsletter/news9806a.html> via Island Ostomy News Mar/April 2016

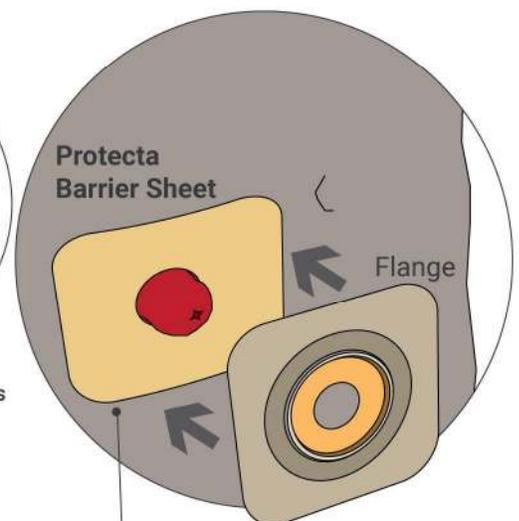
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CONTROLLING ODOR



An important part of a new ostomate's rehabilitation is learning to control odour; it is important to feel good about oneself and be secure in relationships with others. The ostomate can be extremely sensitive to odours and the reactions of those around him or her, especially family and friends.

Colostomies tend to emit more odour than ileostomies because of the bacterial abundance in the colon. Most sigmoid and descending colostomies are routinely irrigated, so persistent odour is less of a problem than with a transverse colostomy where semi-liquid drainage tends to be rather malodorous.

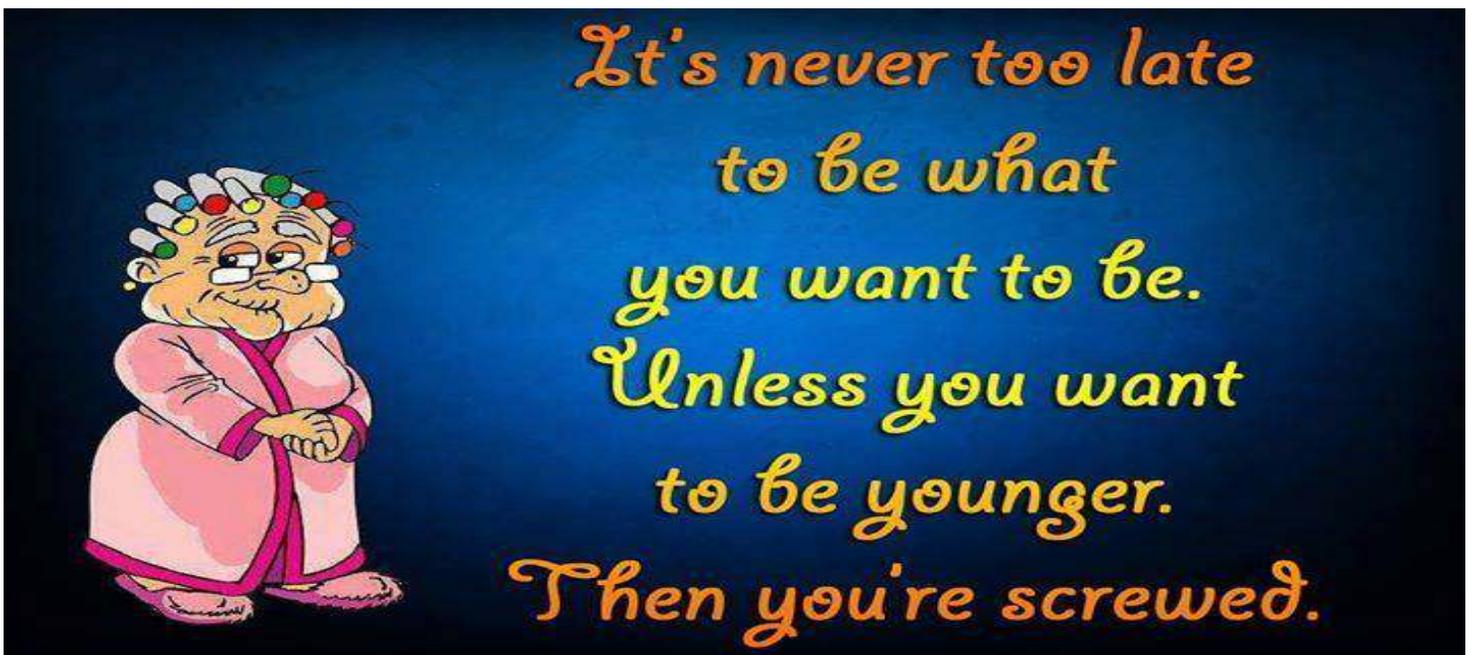
Ileostomates experience almost continual peristaltic waves which sweep the ileum and prevent stagnation of the intestinal contents, thereby eliminating the major cause of odour, i.e., bacterial growth. Extreme and persistent odour from an ileostomy could be an indication of a secondary problem, such as a stricture or blockage. Urine has a characteristic odour, but a foul odour could be a sign of infection due to overgrowth of bacteria.

Certain foods will affect the odour of both feces and urine. Avoiding such odour-producing foods will help. External and internal deodorants are available, but two important aspects of odour control are good personal hygiene and appliance care. For fecal ostomies, use odour proof pouches. Change the pouch immediately if a leakage occurs. Eliminate from your diet such odour producers as cabbage, onions, fish, spicy foods and eggs; do eat parsley and yogurt. Internal deodorants that can be taken by mouth include bismuth subgallate tablets, which help control odours by absorbing toxins. Ostomates should consult their physician before taking these tablets.

Urinary ostomates should clean their pouches periodically with such agents as Uri Kleen, etc. Vinegar solutions have fallen into disfavour because they tend to damage certain manufacturer's pouches. Avoid eating asparagus and onions; do eat parsley and drink cranberry juice. Deodorants are not used because they would mask the odour which could signify the presence of an infection.

With proper care of the appliance, personal hygiene and dietary precautions, odour should not be a problem for ostomates.

Via: OSTO-INFO April 2010; Via: S Brevard (FL) Ostomy Newsletter, Via: Evansville Re-Route; Brampton Chapter Newsletter, Jun 2010; modified from Halton-Peel June 2015



*It's never too late
to be what
you want to be.
Unless you want
to be younger.
Then you're screwed.*

NEAL HOLT, TREASURER, REGINA OSTOMY CHAPTER



I have been a member of the Regina Ostomy Chapter since 2009 and was elected treasurer in 2012. I joined the chapter understanding it as a support group for individuals with ostomies. I was diagnosed with colon cancer in March 2009 and surgery in June that year left me with a colostomy. As well as the support from members of the chapter, the staff at the Ostomy Centre have provided training, nursing care and reassurance.

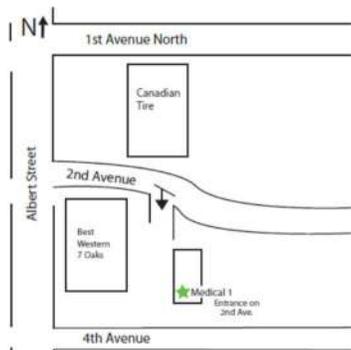
I was born in Bengough, Saskatchewan in 1936, the eldest of nine children. I spent my formative years on a farm. My elementary education was at Coney Island #556 and I completed high school at Bengough. After four years assisting on the farm, I attended university for degrees in education and later in agriculture. I taught secondary school for seven years in all: Maple Creek, Gull Lake and three years in Ghana (CUSO). After the second stay at university, I was hired by and spent twenty-one years as a scientist with Agriculture Canada.

I met Margaret when we were, as she says, ‘mature students’ at university. We have been married forty-one years – no children but we have a large extended family. We live on an acreage near Lumsden. Our goal is to preserve the residual prairie and coulee that continues to Flying Creek and the Qu’Appelle Valley. The property allows for planting trees, native grasses and gardening. I am thankful for our health care system and the support everywhere to allow me to do this.

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CHRISTMAS MEMORIES



This year, as part of our Christmas party, we collected over \$500 for our “Adopt a Family” initiative. We’ve all had times that there just wasn’t quite enough, whether that be of money, family or friends, be it because of hard times, changing plans or unexpected circumstances.

So it feels good to be able to help another family who is struggling. Thank you to the generosity of the Regina Chapter members and the work of Brenda Frohlick and Louise Laverdiere to pull it together.



And, speaking of generosity I’d like to take a moment to share a bit of Barb and Jim McMurdo’s Christmas. Barb is the generous gal who sews appliance covers for the Regina Ostomy Clinic, who then give them out to new ostomates. Jim, in his preparation for Christmas, puts together a huge village display 16 feet long, with about 500 pieces. He started 30 years ago and continues to this day, set up on display for friends and family. Their efforts and work to give to people are appreciated.



A story for the new year ...

The Broken Truth - A wonderful children’s book, *Old Turtle and the Broken Truth*, [1] tells a story of how the world came to be so fragmented when it is meant to be whole and how we might put it back together again. I invite you to read this tale as a child might, with wonder and imagination.

One night, in a far-away land that “is somehow not so far away,” a truth falls from the stars. As it falls, it breaks into two pieces; one piece blazes off through the sky and the other falls straight to the ground. One day, a man stumbles upon the gravity-drawn truth and finds carved on it the words, “You are loved.” It makes him feel good, so he keeps it and shares it with the people in his tribe. The thing sparkles and makes the people who have it feel warm and happy. It becomes their most prized possession, and they call it “The Truth.” Those who have the truth grow afraid of those who don’t have it, who are different. And those who don’t have it covet it. Soon people are fighting wars over the small truth, trying to capture it for themselves.

A little girl who is troubled by the growing violence, greed, and destruction in her once-peaceful world goes on a journey—through the Mountains of Imagining, the River of Wondering Why, and the Forest of Finding Out—to speak with Old Turtle, the wise counselor. Old Turtle tells her that the Truth is broken and missing a piece, a piece that shot off in the night sky so long ago. Together they search for it and, when they find it, the little girl puts the jagged piece in her pocket and returns to her people. She tries to explain, but no one will listen or understand. Finally, a raven flies the broken truth to the top of a tower, where the other piece has been ensconced for safety, and the rejoined pieces shine their full message: “You are loved / and so are they.” And the people begin to comprehend. And the earth begins to heal.

How to Tell Someone You Have an Ostomy

In this world of technological advances, there are all kinds of people clamouring for information about you. Here are some questions you should ask yourself when giving out personal information. "How will I benefit from certain persons having certain information? How will the person asking the questions benefit from my answers?"

Thinking back to those critical days of adjustment just after your ostomy surgery, you may only have wanted people around you that you trusted and loved. At that time, you may have needed the support of a spouse, friend or children. In order for those people to support you, they needed to know about your ostomy surgery. By sharing this information you were helped through what for some was a very difficult time. Once you were home, friends and neighbours started to call and then to visit when you felt up to it. The question arose as to "What do I tell them about my surgery?" Probably, you thought about each person and his or her relationship with you, the closeness you felt for that person and his or her relationship with you, and maybe, the sincerity of that person's concern for you. After considering these factors, you may have made a decision to tell the person about your ostomy. Based upon the reaction to your story, you made another decision, whether to tell about your ostomy to those who inquire about your health.

As your health progressed and you began to return to work, the question arose again. "Should I tell my employer about my ostomy?" Here again a couple of questions needed to be asked. "Do I need support from my employer because of my ostomy?" "How does my employer knowing about my situation help me?" This becomes situational. For example, if I work an assembly line and must take prescheduled breaks, and I'm still adjusting to emptying my pouch, I may or may not need a different schedule for breaks than those enforced. My employer needs to know that I'm not breaking the rules, but have a real need. Whether to tell someone you have an ostomy becomes a matter of who has a right to know, and how you will benefit from their knowing. To tell someone you have an ostomy becomes clearer when the benefits are weighed. Simply explain that you had some surgery for whatever reason, and it necessitated having an alternate route for emptying either your bowels or bladder. By having the surgery you were given a chance to increase the length and quality of your life. Share with the person you have decided has a right to know about your surgery, using pamphlets, newsletters and brochures available from your ET, local Ostomy Support Group or the National Association as well as other sources. Finally, educate those persons you believe have a vested interest in your well being.

Source: The "Ralph Kaye" San Antonio, TX Chapter via UOAC Newfoundland & Labrador Chapter #604 Norrard News via Winnipeg Ostomy Assoc. Inside/Out Feb. 2015



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A man buys a parrot and brings him home. But the parrot starts insulting him and gets really nasty, so the man picks up the parrot and tosses him into the freezer to teach him a lesson. He hears the bird squawking for a few minutes, but all of a sudden the parrot is quiet. The man opens the freezer door, the parrot walks out, looks up at him and says, "I apologize for offending you, and I humbly ask your forgiveness."



The man says, "Well, thank you. I forgive you."

The parrot then says, "If you don't mind my asking, what did the chicken do?"



Regina Ostomy Chapter Membership Application

You can join the Regina Chapter and enjoy the benefits of being part of a group of people in Saskatchewan and across the country through meetings, websites and social media. Our membership fee is \$30 annually, and supports many local and national initiatives. We publish a newsletter five times a year and the national Ostomy Canada magazine is published twice a year.

Please Print

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*E-Mail (preferred, to save on mailing costs)

Membership Information

Colostomy Ileostomy Urostomy
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Age: Under 18 18—40 41—59 60 +
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A charitable tax receipt will be issued for all additional contributions of \$20.00 or more
Please write on the back if needed

Please make cheques payable to:

Regina Ostomy Chapter and mail with this form to: OCS Regina Chapter 6123 Brunskill Place Regina, SK S4T 7W7

Bequests & Donations

We are a non-profit association and welcome bequests, donations and gifts. Acknowledgement cards are sent to next-of-kine when memorial donations are received. Donations should be made payable to OCS Regina Chapter at address listed on this page and tax receipts will be forwarded.

VISITING SERVICES

We provide lay visiting service, at the request of the physician, patient or enterostomal therapist, either pre-operative or post-operative or both. The visitor is chosen according to the patient’s age, gender, and type of surgery. A visit may be arranged by calling the Visiting Program at the Enterostomal Therapy Services department at 306-766-2271.

Moving? Questions? Need Information?

Regina Ostomy Chapter
6123 Brunskill Place
Regina, Sk S4T 7W7

(306) 761-0221 or reginaostomygroup@gmail.com

PRODUCTS MENTIONED IN THIS NEWSLETTER ARE NOT NECESSARILY ENDORSED BY THE REGINA OSTOMY CHAPTER. SEE YOUR DOCTOR FIRST BEFORE TAKING ANY OF THEM!

HOSPITAL VISITS

November: 1 colostomy; 1 urostomy
December: 3 colostomy; 1 ileostomy

**Charitable Registration No.
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