ET PIONEER
NORMA GILL-THOMPSON

The world’s first enterostomal therapist was Norma N. Gill-Thompson who also served as the co-founder of the Rupert B. Turnbull, Jr. School of Enterostomal Therapy Nursing at the Cleveland Clinic Foundation in Cleveland, Ohio. Norma served as the pioneer for what was to become the nursing specialty known as ET (enterostomal therapy). She was perfectly suited to serve as an ostomy leader and teacher of patients at the Cleveland Clinic because she personally endured horrible complications as a client with ulcerative colitis which eventually resulted in her requiring ileostomy surgery (Turnbull, Erwin-Toth, & Krasner 1999).

Although Norma functioned as the first enterostomal therapist, she was not actually a nurse. She was, however, a key player in the development of the first ET nurse education program which opened in 1961 (Gray & Mawyer, 2000). The focus on enterostomal education at that time involved caring for patients with urinary and fecal diversions prior to and following surgery.

It was not until the late 1970s and early 1980s that enterostomal therapists became interested and involved in skin and wound care. There was a call to broaden the role of the enterostomal therapist. In the clinical setting, ET Nurses were often being called upon to pouch and contain drainage from all types of wounds and fistulas. Often, ET Nurses had to learn about skin and wound care conditions through on-the-job training and by applying peristomal skin guidelines that they had learned while caring for ostomates (Turnbull, Erwin-Toth, & Krasner, 1999).

In order to meet the changing educational needs of enterostomal therapists, WOC (Wound, Ostomy, and Continence) Training Programs have changed over the years. The requirements for training as an ET have grown from an initial interest in ostomy care in the 1960s to the current requirement that attendees at a WOC(ET) Program have a nursing degree and a bachelor’s degree (Gray & Mawyer, 2000). Today, WOC Nurses work with patients who have stomas, fistulas, draining wounds, vascular ulcers, pressure ulcers and urinary and fecal incontinence. In 2000, there were more
**From the President**

**Chapter Secretary**

First, is there a computer literate member who will volunteer to be Secretary of our Chapter. Please do not be put off by the fact that I started as Secretary, and look at me now! Please consider it. Your Chapter needs you. If good people do not step forward we may not have a Chapter, because we are dangerously close to relying too much on too few people.

**President's Messages**

Second, is there anyone who actually reads these President’s Messages? If so, are these messages accomplishing a useful purpose, or would I be better off just practicing my golf swing? Please let me know.

**Generosity and Compassion**

Finally, last week I was the Keynote Speaker at an event in support of the Canadian Breast Cancer Foundation. The following are extracts from my speech. These extracts focus on my view of how we need to be a more generous and compassionate society. If anyone wants the full text of my speech, please let me know.

“In the remarkable book called “Seize the Day” there is a chapter titled “What Is In Your Hyphen?” That question derives from the fact that a tombstone bears the date of when a person’s life began and the date when it ended. A simple hyphen stands for the entire life that has passed. The author asks what has that person put into his or her hyphen, into his or her life? How will he or she be remembered? What we choose to do every day affects what goes into our hyphen. The last line from the book “Being Generous. The Art of Right Living” is: “In the end we all pass from this Earth. The significance of our lives will then rest in what we have creatively and lovingly contributed to others.”

I often wonder what makes some people generous, compassionate and caring and others not. After years of pondering that question, I still honestly don’t know the answer. However, I strongly believe that if we want to live in a caring and compassionate world, we have to be caring and compassionate ourselves. For some people, being caring and compassionate is natural. There is the story of Gandhi boarding a train one day. Just as he was stepping aboard, one of his shoes slipped off and landed on the track. As the train had already started to move, he was unable to retrieve it. To the utter amazement of his companions, Gandhi calmly took off his other shoe and carefully threw it back along the track so that it landed close to the first. Asked by a fellow passenger why he did so, Gandhi smiled and said, “The poor man who finds the shoe lying on the track will now have a pair he can use.”

To me, one of the most beautiful of all of Gandhi’s quotes is a mere ten words. He said, “Be the change you wish to see in the world.”

I also love the quote of Mary Ann Evans, the Victorian age author who wrote under the pen name George Eliot. She wrote: “It is never too late to be the person you might have been.” I often say that quote to myself, as it inspires me to never give up, and to then do what I may have thought at first it was too late to do. It is never too late, but sadly I know that one day it will be too late.

As a lawyer I am familiar with the phrase “Time is of the essence.” It is a phrase commonly found in contracts. It means that the parties to the contract have agreed that time is a very important element of their agreement, that obligations must be carried out in a timely manner.

I believe that in life, just as in some contracts, time is of the essence. Notwithstanding George Eliot’s famous quote, if we do not do what needs to be done in a timely manner, one day it will be too late: too late to change, too late to love, too late to be sorry, too late to help others. We have to have a sense of urgency about what is really important, just as Wesley Autrey did that day on the New York City subway platform.

I subscribe to the All That Matters philosophy of Bruce Barton. He once said: “What we think, what we say, and what we know, are all of little consequence. All that matters in life is what we do.”

Emerson also once said, “You can never do a kindness too soon, for you never know how soon it will be too late.”

My friends, let us be the change we wish to see in the world.”

Martin D. Donner, President, Vancouver B.C. Chapter

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**From the Editor**

We had another good turnout at the April 27 meeting--34 members, guests and executive were on hand to hear Rosemary Hill, ET nurse from Lion’s Gate. Rosemary addressed a number of topics including how she got into the ostomy biz, and about how her practice has evolved over the years. It was an excellent presentation and we must have her back another time! (“Rosemary Hill, back by popular demand . . .!”) By the way, thanks should be extended to Cindy Hartmann who faithfully calls as many members as she can before each meeting to remind them and also let them know who our speakers will be. Since we don’t always have speakers booked in time for publication in the newsletter, Cindy’s efforts help ensure a good turnout.

Thinking of going to Hamilton for the conference? You don’t have to take on the responsibility of being a delegate, many people go just for the fun of it, no voting required. Is it expensive? Yes -- no flight anywhere is cheap these days but if you want to meet a whole new set of like-minded folks (who, incidentally like to PARTEEEE) Hamilton’s your place. And Toronto is a short drive away, too. Roger Ivol (Hamilton chapter president)and his crew down there are a lot of fun; I met them in Calgary.

As I usually do, I try to include in each issue of HighLife a variety of topics that will engage different interest groups, of which our senior contingent is one of the largest. With this in mind, I publish articles from time to time on senior health issues not specifically ostomy-related. The “Epley Maneouvre” on page 12 is an example. The author, Marie Harding does not have an ostomy but she certainly knows plenty about hearing loss and the problems that can arise from inner ear disorders. Marie writes a regular column for the Abbeyfield Senior Centre in Port Alberni and when she isn’t writing she grows a strange assortment of plants on her balcony. She turned 90 this January, and lives independently with a cat who is the boss. Did I mention she had open heart surgery when she was 84?

I guess I should tell you something else about this writer: she’s my mom and I’m real proud of her.
THANKS FROM FOW and THANKS TO ALL OUR DONORS!!

Dear Board and Members of the Vancouver Chapter,
On behalf of Friends of Ostomates Worldwide Canada many thanks to your chapter members* (and Keir Surgical and Lion’s Gate Hospital) for the following boxes of ostomy supplies FOWC received so far this year.

Special thanks to the people sorting, packing and shipping the boxes:
- 5 boxes January 23
- 1 box January 29
- 1 box March 3
- 2 boxes March 4
- 1 box March 10

I returned from Mexico earlier in the year visiting an ostomy association and many ostomates and it is unbelievable the conditions some ostomates have to live with. Such contributions help to make the quality of life of those less fortunate ostomates in other parts of the world more manageable. Your contributions will help us in continuing our program and most importantly, help some ostomates who have no supplies. Only an ostomate knows how a donation such as yours can make life more comfortable.

Thanks again for caring.

Sincerely,
Astrid Graham
Shipping Director, FOW Canada

* and especially Earl Lesk for assembling donations and shipping them out of Vancouver and also for buying me coffee whenever I ask him to come get stuff -- Debra

DISABILITY TAX CREDIT

Hi Martin,
Thank you and the committee for bringing the “Tax Disability” to our attention. Especially to yourself Martin, and to Arlene McInnis and Debra Rooney who did so much leg work. I did apply and it sure was lovely getting some money back. Thanks a bunch for all your hard work.

With much appreciation,
Norma Primiani

YOUTH CAMP

Dear Chapter President;
With snow on the ground in many places across the country, it’s hard to believe that camp is around the corner. The new camp dates for the coming year are June 30 - July 5, 2008. Registration fees will be $500/child, the same as last year. This fee is set by the camp facility and not by UOAC. Please note that this amount is only half the actual cost of a child attending camp. The other $500 is paid for by the camp facility.

Last year’s campers will be notified to reserve their space for the camp. They can also do so by contacting the office by phone at 1-888-969-9698 or by email to uoacan@astral.magic.ca, to request an application form. If you would like to sponsor a child/children, please contact the office to request an application form.

If you have any questions, please feel free to contact me.

Sincerely,
Pat Cimmeck, Coordinator
UOAC Ostomy Youth Camp

NOTE: The Vancouver UOA subsidizes children attending Youth Camp in whole or in part depending on how many applicants we get. Parents or referring ET nurses may also contact Arlene McInnis (604-929-8208) for information regarding sponsorship.

PROMOTING THE UOAA

Dear Editor:
The United Ostomy Association of Canada Inc. is a volunteer based organization dedicated to assisting all persons facing life with an ostomy, providing emotional support, instructional and information services through the membership, the family, associated caregivers and the general public. The United Ostomy Association of Canada Inc. provides many services to those who have had or will have ostomy surgeries.

Some of the services are:
- Youth Camp
- Conferences
- Bi-Annual magazine and monthly newsletter
- Centre of resource for literature and audio visual materials
- SASO (support for spouses and significant others)
- National and International networking
- Local Chapter support through our District Support Services
- Provides a national office to assist our members
- Web site information

The association holds three Board meetings annually to provide the best services possible to its members. There are approximately sixty thousand people in Canada that have undergone ostomy surgery. We have approximately three thousand five hundred members. There are a lot of people out there who may require our services; so please spread the word that we can and will assist those who have had or will have ostomy surgery.

Methods of contact are:
- Our web site is www.ostomycanada.ca.
- Our toll free number is 1-888-969-9698
- Our email at info@ostomycanada.ca

You may also contact your local chapter at Name of contact person and/or web site address.

It is through contact that we can learn from each other and help those who are experiencing this new way of life.

Yours truly,
UOAC Membership Committee, Lynn Jamieson, Chair
Delilah Guy, Les Kehoe, Ferne Oliver Committee Members

Vancouver Ostomy HighLife - May / June 2008 3
Heather Maes had been dieting and considered herself lucky as the weight came off so easily. But she knew something was wrong after losing 30 pounds and having irregular bowel movements and rectal bleeding. She saw a doctor and was misdiagnosed with hemorrhoids and Irritable Bowel Syndrome.

After almost a year, her doctor finally referred her to a gastroenterologist who gave her a colonoscopy “for her own peace of mind.” At 28, Heather was diagnosed with stage IV rectal cancer that had spread to her lungs and part of her liver.

Heather had surgery, chemotherapy and radiation and has a permanent ostomy. Before cancer, Heather put her work before everything and believes the path she was on would have made her a person she wouldn’t like. She believes that cancer is a gift that has taught her to slow down and appreciate her children, her family and herself much more.

She writes a blog as a way to update her friends and family, and her local newspaper prints her stories as a regular column. She also speaks publicly about colorectal cancer, and feels that this is what she’s supposed to be doing with her life – talking, writing and sharing her story.

Heather’s story as told by Heather

How did I find myself in this position? ‘ha ha ha’… I hadn’t been feeling well for about a year before I was diagnosed. I was experiencing diarrhea and blood when I would, you know, GO. I decided to talk to my doctor about it, I was told that it was IBS and hemorrhoids and was told to take fiber and reduce my stress. Yeah, right! I am a single mother of 2! I don’t know what reducing stress is! There would be days when I would have no bleeding and other days where I would have massive amounts of blood. I kept going back in to see my doctor when the symptoms weren’t getting any better, but they told me that the excessive bleeding was from a rupture or a tear in a hemorrhoid. I started to feel like I was going crazy or that maybe I was a hypochondriac. It was getting close to summer time and I felt like it was time to get into shape for bikini season so I started trying to lose weight. After I got to the weight where I wanted to be and I stopped trying to lose weight I noticed that it kept coming off. I remember thinking that I must have hit the women’s jackpot and my metabolism had miraculously changed. I could eat whatever I wanted without gaining a pound.

Yeah, reality set in and I realized that very few people are that lucky. Something was wrong.

When I went back to the doctor I finally was referred to a Gastroenterologist where I was told the same thing. I worked too much and needed to reduce stress. He did say that he would do a colonoscopy and endoscopy to give me “peace of mind.” I almost didn’t do it. I didn’t want to drink the gross prep stuff but I did decide that it was better to know. Pulling the covers over your head doesn’t mean that the monster isn’t there. I sat in the prep room scared to death. I was so scared of what they were going to be doing to me. I just sat there and cried. Finally it was time and the last thing I remember is looking at the TV monitor and the room started going fuzzy. Then I was being woken up. All done! As I was recovering the doctor came to the curtain, pulled it aside and without coming in said, “We found a tumor. You have cancer.” Well, the combination of news of that magnitude and coming out of sedation had me considerably upset! I had to go home that night and face my children. What was I going to say to them and not scare them to death? They knew that I hadn’t been feeling well, so I told them, “I have good news. The doctor found out what was making me sick, and the good news is that they can make me better. But the bad news is that it is going to take awhile and I am going to be sick before I get better.” The kids took it really well. They go to a private school at our church and

continued page 11
The Ostomy Files:
Ostomy Care and Radiation Therapy
- Gwen B. Turnbull, RN, BS

Creation of a fecal or urinary diversion is common in patients diagnosed with colon, rectal, cervical, bladder, or other pelvic malignancies. Radiation therapy (RT) is one of many options available in the cancer treatment arsenal; therefore, it is not unusual for a patient with an ostomy to undergo RT. This partnering of surgical intervention and RT creates unique challenges for the patient and healthcare provider. Three issues associated with an ostomy are most directly affected by radiation therapy: the skin, the stomal mucosa, and gastrointestinal injury.

Skin Care
Radiation-induced skin reactions are caused by damage to cellular DNA. Cells exposed to lethal radiation die only when they begin their next mitotic division. This is the reason why irradiated cells with a high rate of mitotic division (such as the hair, mucosa, and skin) have higher rates of cell death. These skin reactions present in a variety of ways: erythema of different shapes; dry desquamation (dry, flaky, scaly skin) due to damage to the sweat and sebaceous glands; moist desquamation (blistering, peeling, and skin sloughing); or ulceration.

Patients should be taught to take extra skin care precautions while undergoing RT. Pouching systems should provide a secure skin barrier-to-skin seal to prevent leakage of effluent onto the vulnerable peristomal skin that subsequently can cause irritant dermatitis and/or fungal skin infections. The skin should be gently and carefully cleansed with water so treatment field (port) markers are not inadvertently removed. Vigorous rubbing, heat, and shaving of the peristomal area should also be avoided as well as other activities or actions that may cause mechanical skin damage.

Depending on the individual situation, patients may be asked to remove the pouching system during treatments. Modifications may be required in ostomy management (eg, switching from a one-piece to a two-piece system; closed-end to drainable). Patients undergoing RT should be instructed to bring a complete change of pouching supplies to each treatment session.

The use of topical products (lotions, creams, and deodorants) is usually discouraged. The radiation specialist should evaluate all products and medications (prescription and over-the-counter) before treatment. Ostomy supplies and skin care products that contain metallic components (belts, clips, rings, faceplates) or ingredients (such as zinc oxide which may be contained in tapes and ointments) should not be used. Questions regarding specific product components should be asked directly of the manufacturer.

Some oral deodorants (such as bismuth subgallate or chlorophyllin copper complex) used by ostomates should be discontinued during radiation treatment.

The overall goal is to keep the skin intact and moisturized. Cotton pouch covers may help absorb moisture, help keep the skin dry, and reduce friction on at-risk skin under an ostomy pouch. Among the skin care products appropriate for erythema are vitamin A and E ointment and aloe vera gels. The treatment goal for moist desquamation is to support epithelial recovery and avoid ulceration.

cont. next page
than 3,400 nurses functioning worldwide as WOC nurses (WOCN Nurses Society, 2002).

The following areas are just a few examples of the WOC nurse’s scope of practice:

Stoma care: It’s estimated that 70,000 ostomy surgeries are performed annually in the United States and Canada. The WOC nurse provides pre- and postoperative education, stoma site selection and discharge care.

Pressure Ulcer Prevention: New cases of pressure ulcers each year result in approximately 60,000 deaths. Many WOC nurses are involved in evaluating and treating patients with pressure ulcers.

Urinary and fecal incontinence: This is a growing problem particularly for the elderly in our country because the average life expectancy continues to rise. Urinary incontinence affects approximately 10 million Americans, and up to 50 percent of clients in nursing homes have fecal incontinence (WOCN Nurses Society, 2002).

Needless to say, the roles of the WOC nurse have dramatically expanded over the years. Some WOC Nurses specialize in only one area of practice such as urinary and fecal incontinence. Other WOC nurses are involved a little in all scopes of practice. Roles that the WOC Nurse assumes are primarily defined by the needs of the patient population served.

Norma Gill-Thompson, the pioneer of ET Nursing, died October 25, 1998, after an extended illness. She remained very involved in ET Nursing over the years and was recognized as a worldwide leader and pioneer in ostomy care. Today, individuals functioning as WOC nurses have Norma Gill-Thompson to thank for this wonderful nursing specialty.

- Silicon Valley Ostomy Support Group/
UOAA files

Canada’s first ET was Bertha Okun of Montreal. (now retired) Both Norma and Bertha were ostomates before being trained as ETs.
Medical Symbols

Ever wondered where that ‘Rx’ on your prescription came from? And what do snakes have to do with medicine?

The healing professions have symbols, insignias that can be worn on uniforms or as logos on signs. Although its origins are not medical, the most widely used symbol of all the healing arts is the caduceus, the familiar staff, commonly entwined by one or two snakes, and which originated with the Greek gods Asclepius and Hermes. This symbol, which dates back to ancient times, today is seen everywhere. The American Medical Association uses it. And in the United States Armed Forces, it is the base of the insignia for all health professions. Physicians wear a plain caduceus, nurses a caduceus with the letter N, dentists with a D, and veterinarians with a V. In fact, the caduceus is now the most widely used symbol of medicine in the United States. The Canadian Medical Association, New Zealand Medical Association, and World Health Organization all display the staff. The World Medical Association uses a modernized version of the staff. Even the animal docs are in on the act: The American Veterinary Medical Association uses the staff, overlaid with the letter V, while the Canadian Veterinary Medical Association places their staff inside the V.

Getting Creative with the Caduceus

Dentists, in their private practices, seem to use the caduceus most often, but the official symbol of dentistry is a variation on the staff of Asclepius.

In the dental design, the snake is curled around, not a stick, but an ancient Arabian cautery. This symbol is surrounded by a triangle — actually the Greek letter delta – Δ – representing the initial letter D in the word dentistry.

Chiropractic has a unique – and relatively recent – variation on the caduceus: A winged man, with arms outspread, whose modesty is preserved by a sash or ribbon that curls around him like a snake. Chiropractic dates from 1895, and the winged man, or chiropractic angel, was first used around 1928, with the emblem formally adopted by the National Chiropractic Association in 1934.

Rx

The Rx symbol, which traditionally has been part of a prescription and so written by physicians, has been adopted as a symbol of pharmacy. There are several interpretations of the origin of this symbol, and it’s not clear which one is correct. One version is that it was the symbol of Jupiter, the king of the Roman gods. But while the symbol bears some resemblance to the symbol for Jupiter, neither Jupiter nor his Grecian equivalent, Zeus, had a major role in the healing arts. William Osler, writing in 1910, may have an explanation: It’s not the god Jupiter, but the planet. He wrote, “In a cursive form it is found in mediaeval translations of the works of Ptolemy the astrologer, as the sign of the planet Jupiter. As such it was placed upon horoscopes and upon formula containing drugs made for administration to the body, so that the harmful properties of these drugs might be removed under the influence of the lucky planet.”

For the Latin ‘recipere’ for “take thou,” used before listing the ingredients of the prescription. Finally, the most intriguing interpretation is that the symbol was derived from the Egyptian Eye of Horus. Horus lost his eye in a battle with the god Seth, but the eye magically regrew, and so became a symbol of renewed health.

- Samuel D Uretsky, PharmD, “Health Care Symbols”, MedHunters

Tips & Tricks

LISTEN FOR THE ‘SNAP’!

Pouches popping off when we bend or move quickly can be a concern. The best way to avoid this is to be SURE that ring has been snapped on completely when applying the pouch. Take your time and be sure you hear and feel that ‘snap’.

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Lucky Myth 13 - Leaks

I saw a puzzling post one day on the alt.support.ostomy newsgroup. The poster asked, “other than leaks, what problems do you have?” Everyone, myself included, seems to presuppose that all ostomies leak. Well folks, I hate to burst your bag but - ALL OSTOMY APPLIANCES DO NOT LEAK! I cannot say I’ve never had an accident. I have had 4 in the nearly 2 years I’ve had my ileostomy.

Three of the four were during a brief period of madness where I decided I knew better than my ET nurses and I ordered a bunch of sample appliances to try. I’d heard all about the wonders of the two piece so I wanted some Tupperware of my own - lo and behold they leaked on me. They just aren’t built for my body shape. I also tried lightweight pouches that didn’t have convexity. Guess what - they didn’t fit me right either. If I’d stuck to what my ET prescribed I’d never have had these leaks. Now I stick with what works.

The fourth accident wasn’t due to appliance failure, but rather due to my own stupidity! I lifted a heavy suitcase, leaned it against my abdomen, and let it slide down my body onto the bed. The suitcase became hooked onto my pouch clip and snapped it open. Ostomates - it’s not a good idea to slide heavy objects down your tummy. It can lead to a messy situation.

So - all four of my accidents were of my own doing. If I’d stuck with what my very competent ET nurses told me would work for me and if I’d not been silly enough to slide a suitcase down myself, I could say with confidence - I’ve never had a leak.

BUT, what if I got a leak again? I’d deal with it. Two of the four accidents I had were at home and two were not. Actually the first one took place at Murphy’s Landing, a re-creation of a 19th century farming village, over an hour from my home. Luckily they had a bathroom with running water, but it sure wasn’t private. I had to stand before a sink in a public restroom and change my appliance in a bathroom filled with other people. AND I DID IT! I know I could do it again. So I do carry my emergency kit - but I haven’t had to use it once since I decided to stick with the appliance that was prescribed for me.

Whenever I see ostomates post about leaks the first thing I ask is: “When is the last time you were fitted by an ET nurse?” They always respond, “Never” or “Years ago.” Phone your/an ET and get a properly fitted appliance.

Myth 15 - Doctors Know

The ET is my friend. This one isn’t really a myth, but rather a description of the healthcare professional I trust more than any other: my ET (Enterostomal Therapy) nurse! GI Doctors may know when to recommend surgery and colorectal surgeons may know
Experience the Benefits

- Improved Skin Protection – Custom fit minimizes the risk of effluent coming in contact with peristomal skin.
- Simple to Use – Easy to shape – no measuring, tracing or cutting necessary!
- Adaptable – Expands and contracts along with the stoma helping to maintain a gapless fit during wear.

For more information on this product and others, call our Customer Relations Center (Registered Nurses on staff) at 1 800 465-6302, Monday through Friday, 8:00 AM to 7:00 PM (EST), or visit our Web Site at www.convatec.ca

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A unique patented Moldable Skin Barrier Technology that allows users to mold and shape their wafer with their fingers to fit intimately to the unique shape of their stoma every time.


HOW OFTEN DO PEOPLE EMPTY THEIR POUCH?

We are often asked this by new ostomates! They want to know if they are doing it enough, or doing it too much or just doing it right. Regardless of what kind of ostomy you have, you should empty your appliance when it becomes 1/3 full, or sooner. How often people empty depends on a variety of factors: what they eat and drink, their particular metabolism, and what their tolerance is for having any waste in the pouch. Very generally speaking, colostomates empty 3 - 4 times a day, ileostomates 6 to 8 times a day and possibly during the night as well, and urostomates 10 to 12 times per day. If this seems like a lot, consider the number of times you go to the bathroom to urinate -- use that opportunity to empty your pouch as well. You’re in there anyway, right? One male ileostomate remarked that the biggest change his ileostomy has made in his life is that he never uses a urinal anymore. He empties his pouch every chance he gets, which means every time he urinates. Many of us don’t make special trips to the bathroom just to empty a pouch, unless we have a urostomy. Make each trip serve a dual purpose. (Could this be called multi-tasking?)
Air fresheners: Could continuous scents hurt your lungs?

Mayo Clinic pulmonologist Edward Rosenow, M.D., and colleagues answer select questions from readers.

**Question:** Is it safe to breathe the chemicals emitted by continuous air fresheners over long periods? - No name / No state given

**Answer**
Occasional exposure to air fresheners isn’t likely to cause problems, as long as the products are used as directed. However, the chemicals in air fresheners may irritate your eyes, skin and throat. And long-term use of air fresheners may contribute to indoor pollution, which can sometimes trigger asthma and other lung problems.

If you choose to use continuous air fresheners, carefully follow the package directions. If you have asthma or other lung problems or you’re simply concerned about the chemicals emitted by air fresheners, consider other options to freshen the air in your home. Keep your home clean, and make sure your home is properly ventilated. Sprinkle baking soda in the bottom of your wastebaskets. Grind fresh lemon slices in the garbage disposal. Take out the trash promptly. Repair any leaks in the roof or basement.

**Some Natural Alternatives to Chemical Air Fresheners**

**Citrus Air Freshener:** Place a few slices of lemon, grapefruit or orange in a pot with enough water to cover. Simmer gently in the open pot (if you use aluminum pots, this will clean them too)

**Baking Soda:** Place a container of baking soda in any open container and place inside the enclosed area (closet, fridge, behind bathroom toilet)

**Plants:** Plants can absorb and neutralize air pollution, working best in an enclosed space. Aloe Vera and Potted Chrysanthemum will help to remove many toxins; English Ivy will help to remove benzene; Fig Tree and Spider Plants will help to remove formaldehyde.

**Herbs:** Basil, Thyme, Oregano, Sage, Rosemary, and Mints can be grown year-round indoors. They not only help to clean the air, but have great aromatic properties of their own. Hang dried herbs to help scent the air and even to help repel insects.

**Open a window!** Studies show that the air inside our homes is often much more polluted than the air outside. For those who love that spring scented air freshener – let some spring in from outside. An air freshener can’t ever compare with the real thing!

**Homemade Air Care Room Sprays:**

**Essential Oil Spray**

- ¼ cup of distilled water
- ¼ cup of vodka (the cheaper the better)
- 25 drops of a pure essential oil or oil blend

Combine in a spray bottle and enjoy!

**Natural Lemon Spray**

- 1 tsp. of baking soda
- 1 tsp. of lemon juice
- 2 cups of hot tap water

Dissolve ingredients completely in hot water and place in a spray bottle and enjoy!

- Rainforest Organics Natural Soap Co., Maple Ridge, BC
Miss December, cont. from page 4

the community really pulled together to help the kids and me get through this.

I began writing within the first couple of days after my diagnosis. I had always enjoyed it and it gave me a way to express the emotional chaos that I was experiencing. The next days were filled with scans, doctor’s appointments and fear. I finally got my diagnosis. It was stage IV rectal cancer with metastases to the liver. I remember not wanting to cry when the doctor was telling me. I kept telling myself, “Don’t cry. Don’t cry. Wait until he leaves.” As soon as he left I freaked out. I cried out that I was going to die.

I was set up to meet with a radiologist and he was HOT. As I waited in the room with my friend, I see this really hot, sharp dressed man walking and I leaned over to my friend and said, “Please don’t let this be my doctor.” But of course, he was, and of course, he wanted to do a rectal exam. Sigh… I never saw him again. I refused to meet with him because I was too embarrassed!

With the whirlwind of all the doctor’s appointments I had a lot of friends and family calling, wanting to know every detail about everything, so I had an idea that I should start a website that they could go to and see what my next doctor’s appointment was and what happened at the last visit. The idea grew somehow and I decided to give a no holds barred look at what I was going through. I decided to call it “The Butt Ugly Truth About Colon Cancer.” The local newspaper picked up on it and started printing it in the weekend paper. I was so shocked at the response from people. I have a lot of people write to me to share their personal stories with cancer or to lend support. It is amazing! I didn’t think that anyone would want to read about someone going through cancer, but they do.

I did 6 weeks of radiation and chemo. Somewhere along the way a scan showed that the cancer was also present in my lungs. I had surgery on July 3rd, 2006. They took out my entire rectum and part of the colon. I am now sporting a permanent colostomy. It has been a little bit of an adjustment. I have a love-hate relationship with my ostomy. I love not being tied to the bathroom anymore. I don’t have to wonder where the bathroom is all the time. The hate part is because the adjustment takes time. I have had problems with just its presence on my body. It’s hard enough to think you look good the way you are, but to add a part of your intestine sitting on the outside of your body? It makes it a little more difficult. I have also had issues with the bag leaking, but I have learned to pick up on signs that something may be wrong, and I have learned to err on the side of caution and change my bag if I suspect it may need it. Every week has gotten easier. I started chemo and in November my PET scan came back clear. I got the word that I was in remission. I continued to do treatments to try and prevent a reoccurrence. I thought that when I found out I was in remission I would be so happy, but I was surprised that this feeling of fear took over right away. I felt like cancer was an intruder, lurking outside waiting to break in. I tried counseling to get over my fears and anxiety about it coming back, but found peace through alternative medicine, hypnosis, meditation and guided imagery. I realized that while I felt like I was preparing myself for a relapse, I was giving my body permission to get sick again. I was waiting for it. I decided then, that very day, that I was going to live. I had hope for the first time since being diagnosed. I was taken off chemo in May and was scheduled to do a routine PET scan to make sure everything was still gone. My results came back, and so did the cancer. I had 7 months in remission and now it is time to go back to chemotherapy. Believing that the cancer wouldn’t come back didn’t make it so, but I will admit that it did free me from the fear that I had and enabled me to live my life without restraints for those few months and I am thankful for that.

I am single. The idea of dating or meeting new people being a survivor and an ostomate is intimidating. I realize that to me cancer does not define who I am. It is an accessory to my life, and that is all. I am not a mutant and I deserve to go after every happiness that normal, healthy people can have: life, fun and love. It has been huge to just let go and be happy. This is all of me - the whole thing - it is just me and I’m ok!

I have gotten very involved with the American Cancer Society and the Relay for Life, and was recently selected to be a Legislative Ambassador for the American Cancer Society Action Network. I have been asked on numerous occasions to speak at some of their functions and have discovered a love for public speaking. I enjoy sharing my story and will continue to do so as long as I have breath in me. I have started putting all of my journal entries together to publish them as a book.

I realize that a lot of people wonder why this has happened to them. Why me? I believe that it is pointless to wonder about these questions. We may not have control over getting cancer but we do have control over our attitude and how we are going to deal with it. There is a quote from a really cool book I like to read…the Bible. It says, “We rejoice in our sufferings because we know that suffering produces perseverance; perseverance, character and in character, hope.” I think that we all have a lot of character and tons of hope!

Editor’s Note: I know a number of you are going to be wondering: is that Heather’s appliance just above the scarf? Molly tells me it is. (!!)

Things We Have Learned Dept.

Before you criticize someone, you should walk a mile in their shoes. That way, when you criticize them, you’re a mile away and you have their shoes.

The journey of a thousand miles begins with a broken fan belt and a leaky tire.

Experience is something you don’t get until just after you need it.

It’s always darkest before dawn. So if you’re going to steal your neighbour’s newspaper, that’s the time to do it.
THE EPLEY MANOEUVRE
(or, BPPV and Me) by Marie Harding

Life is a learning experience from birth until our death and in my 90 years I have been force fed with a lot of it. Learning to cope with disabilities as they come up is part of the learning experience and my latest project is coping with a balance problem. It’s my inner ears, you see. Doctors call it “BPPV” which stands for ‘Benign Paroxysmal Positional Vertigo’. I call it extreme dizziness, to the point where you can hardly walk if it gets bad.

I’ve had my share of ear problems over the years. I was diagnosed with Meniere’s Syndrome in my 50s, [an inner ear disorder] and have coped with hearing loss over the decades to the extent that I must now wear hearing aids. These are not always the best; several years ago physiotherapists and doctors in Amsterdam (and other cities) started to do many tests where some people were cured and many others’ lives improved greatly. The light at the end of my tunnel became much brighter when I visited a physiotherapist. She was indeed able to tutor me in the necessary exercises and I felt a little better almost at once although this might have been psychological. Anyway, the good news is that after 2 or 3 weeks of the prescribed exercises, my friends do not suspect me of being a secret drinker anymore.

Oh yes, I still have balance problems but they are much less severe and I have hopes of a complete recovery. Another learning experience.

Doctors and physiotherapists caution their patients not to try the exercises on their own until proper guidance is given because these exercises can cause temporary dizziness. In my case I am now able to do them by myself at home. I feel like I have aced another senior problem.

The Epley Maneouvre is also called the Particle Repositioning or Canalith Repositioning Procedure. It was invented by Dr. John Epley. It involves sequential movement of the head into four positions, staying in each position for roughly 30 seconds.

Source: Dizziness and Balance.com; WebMD.com
See also: Don’t Shake Before Using Gerry Bellett, Vancouver Sun Published: Saturday, September 08, 2007 (Author and former CBC Radio host Arthur Black suffers from BPPV)
The 11th Annual United Ostomy Association of Canada National Conference will be held this year in Hamilton, August 14 (Thursday) - 16 (Saturday). Our chapter will be sponsoring two delegates to attend this event. To be eligible to attend as a representative of our chapter one must:

- be a member in good standing of the chapter
- have attended a majority of meetings throughout the year
- be prepared to fulfill the duties of a delegate (see next)

Responsibilities of delegates at National Conferences include attendance at various workshops, opening ceremonies and 3 banquets as well as mandatory attendance at the meeting during which UOAC officers are voted upon. You will be provided with printed materials on candidates’ credentials in order to make your voting decision. In addition, you will be asked to submit a written report about the conference to be published in the Vancouver chapter’s newsletter. (Photos are encouraged!)

Costs (excluding airfare):

Registration: $140.00 (before July 1)
150.00 (after July 1)

Single or Double Room Starting at $119.00 / night

Standard economy airfare to Hamilton will cost approximately $600 - $800 return, depending on seat sales or type of flight. Breakfasts, lunches, sightseeing and entertainment costs are the responsibility of the delegate or attendee. The Vancouver chapter will reimburse each delegate $500 upon submission of receipts after their return.

If you wish to represent our chapter in Hamilton this year, please make your wishes known in writing to our President, Martin Donner c/o the address on page 15, or via email: MDonner@blgcanada.com

UOAC National Conferences are open to all ostomates, their friends and family regardless of whether or not they are delegates.

- The New York Chronology, James Trager
Internet Addresses of Interest to Ostomates

These websites have a good deal of ostomy and related information. Several have links to other websites. Why the l-o-n-g addresses? These are the page codes that take you directly to the material listed; sometimes more generalized headings will take you all over the internet before you can locate the one that deals with ostomy subjects. To quickly access these, open our website*, go to the newsletters, and cut and paste the addresses directly from there.

* Vancouver Chapter: www.vcn.bc.ca/ostomyvr/

UOA of Canada Inc.: www.ostomycanada.ca

Di Bracken's Safari Blog
http://cblog.ostomyinternational.org/index.php?/categories/9-Past-President-Dis-Blog
Past President of the International Ostomy Association Di Bracken goes on safari! This is her on-line blog (diary) about her experiences with her ostomy while on safari

www.uncoverthecure.org
It's time to run down the street in your underwear again! Information on fundraiser run for cancers 'below the waist'

CDSI Chron's Support Club
http://health.groups.yahoo.com/group/cdscrohnsupportclub/
This internet club is for Crohn's disease patients, family members and friends. It is a great place for support, friendship and information from other Crohnies.

The Epley Maneuver -- YouTube
http://www.youtube.com/watch?v=pa6t-Bpg494
Of COURSE this is on YouTube -- what isn't! Clear and concise video on how to do the Epley manoeuver.

VISITOR REPORT

Requests for patient visits for this reporting period came from Lion's Gate and Vancouver General Hospitals, Ostomy Care & Supply Centre, and from independent inquiries.

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Many thanks to my excellent crew this round: Amy Ridout, Rebecca Glassford, Elaine Dawn, Maxine Barclay, Graham Drew, Sharman King, Martin Donner and John Jensen. Thanks again to Maxine for taking the reins during yet more of my holidays and welcome to our new visitors!

A warm welcome is extended to new members:

Gary Tapp
Donald Schick
VANCOUVER CHAPTER
CONTACT NUMBERS

PRESIDENT
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1835 McEwen Place,
North Vancouver, BC V7J 3P8

VICE-PRESIDENT
Debra Rooney 604-683-6774
(Days Only)

SECRETARY
Vacant

TREASURER
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Debra Rooney 604-683-6774
(Days only)

LIBRARY, VIDEO AND DVDs
Graham Drew 604-925-1348

NOTICE OF MEETINGS/GREETER
Cindy Hartmann 604-731-6671

CHRISTMAS PARTY COORDINATOR
Joy Jones 604-926-9075

REFRESHMENTS
Arlene McInnis

STOMA CLINICS
IN VANCOUVER / MAINLAND AREA
Pre-surgical counselling and post-operative follow-up.

VANCOUVER

Vancouver General Hospital
Deb Cutting, RN, ET. Tel (604) 875-5788
Candy Gubbles, RN, ET.

St. Paul’s Hospital
Elizabeth Yip, RN. Tel (604) 682-2344
(Anne Marie Gordon on mat leave)
Lisa Hegler, RN., ET.

Children’s Hospital
Amie Nowak, BSN., RN. Tel (604) 875-2345
Ext. 62917 Pager 54049

NORTH VANCOUVER

Lion’s Gate Hospital
Annemarie Somerville,
Rosemary Hill, RN., ET.
Tel (604) 984-5871

NEW WESTMINSTER

Royal Columbian Hospital
Lucy Lang, RN, ET.
Laurie Cox, RN, ET.

SURREY

Surrey Memorial Hospital
Elke Bauer, RN, ET. Tel (604) 588-3328

LANGLEY

Langley Memorial Hospital
Maureen Moster, RN. BSN. ET.
Tel (604) 514-6000 ext 5216

ABBOTSFORD

M.S.A. General Hospital
Sharron Fabbi, RN. ET.
Tel (604) 853-2201
Extension 7453

CHILLIWACK

Chilliwack General Hospital
Anita Jansen-Verdonk, RN.
Tel (604) 795-4141
Extension 447

WHITE ROCK

Peace Arch Hospital
Margaret Cowper RN. ET.
Tel (604) 531-5512
Local 7687

RICHMOND

Richmond General Hospital
Lauren Wolfe, RN, ET.
Tel 604-244-5235

WHITE ROCK/RICHMOND

E. T. Resources, Ltd.
Elaine Antifaeve, RN. ET. CWOCN
Tel (604) 536-4061

KEIR SURGICAL AND OSTOMY SUPPLIES
Eva Sham, WOCN
Tel 604-879-9101
Tuesdays & Thursdays 8 am to 4 pm

ET Nurses -- is your information correct? Please let the editor know if there are any staffing changes at your worksite -- thanks!
**MEMBERSHIP APPLICATION**

**Vancouver Chapter United Ostomy Association**

Membership in the UOA of Canada is open to all persons interested in ostomy rehabilitation and welfare. The following information is kept strictly confidential.

Please enroll me as a [ ] new [ ] renewal member of the Vancouver Chapter of the UOA.

I am enclosing my annual membership dues of $30.00, which I understand is effective from the date application is received. I wish to make an additional contribution of $__________, to support the programs and activities of the United Ostomy Association of Canada. Vancouver Chapter members receive the Vancouver ostomy highlife newsletter, become members of the UOA Canada, Inc. and receive the Ostomy Canada magazine.

**Name** ________________________________  **Phone** ________________________________

**Address** ________________________________

**City** ________________________________  **Postal Code** ________________________________  **Year of Birth** __________________

email (if applicable): ________________________________

Type of surgery: [ ] Colostomy  [ ] Urostomy  [ ] Ileostomy  [ ] Continent Ostomy

All additional contributions are tax deductible. Please make cheque payable to the **UOA, Vancouver Chapter** and mail to: Membership Coordinator, 34 - 4055 Indian River Drive, North Vancouver, BC V7G 2R7

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**ADVERTISERS!**

Promote your products and services in HighLife!

Your ad is seen by all chapter members in the Vancouver area, numerous affiliated chapters across Canada, ET nurses, and new patients in hospital. HighLife is published 6 times yearly. Advertising rates are:

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**DONATIONS AND BEQUESTS**

We are a non-profit volunteer association and welcome donations, bequests and gifts. Acknowledgement Cards are sent to next of kin when memorial donations are received. Tax receipts will be forwarded for all donations. Donations should be made payable and addressed to:

**UOA OF CANADA LTD.**  
**VANCOUVER, BC, CHAPTER**  
**Box 74570, Postal Station G**  
**Vancouver, BC  V6K 4P4**

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**IMPORTANT NOTICE**

Articles and information printed in this newsletter are not necessarily endorsed by the United Ostomy Association and may not be applicable to everybody. Please consult your own doctor or ET nurse for the medical advice that is best for you.

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**MOVING?**

Don’t go missing!! Please phone or send us your new address.

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