The Evolution and Innovation of Ostomy Products - Gwen B. Turnbull, RN, BS

Most of us who have been in the field of enterostomal therapy for some time are familiar with an etching that appears in a 1750 surgical textbook.2 A middle-aged woman is peering down at her abdomen — the rags she had wrapped around her midsection removed to expose her stoma. Amazingly, this woman (who had the first colostomy of record) lived for many years with nothing more than rags or tree moss to absorb and manage her output. Omnipresent peristomal skin problems were treated ineffectually with cornstarch, talcum powder, and aluminum paste.

Most ostomy patients were relegated to their homes as social outcasts, afraid to venture out into society because of odor, a lack of security, and the fear of embarrassment. Due to the resulting decrease in the quality of life for the patient, ostomy surgery remained the “secret surgery” of last resort for many years.

It was not until the early- to mid-1950s that a cycle of innovation of ostomy pouching systems appeared in the medical device marketplace, literally transforming the life of the ostomy patient. Bulky, heavy rubber products yielded to aesthetically pleasing odor-proof plastics and other modern materials that quickly found their way to ostomy manufacturers’ research benches. At about the same time, peristomal skin care made a quantum leap forward with the introduction of karaya. The “skin barrier” was born.

Over the next few years, skin barriers became the impetus for startling ad-
From Your President

Here we go for 2010 and the Olympics! I confess that although I have strongly disapproved of our taxes being spent on this spectacle when such resources might be more prudently used for things like health care, policing and low-income housing (to name a few) I am getting excited. Yes, I too have succumbed to Olympic fever. And I have TICKETS TO THE WOMEN’S GOLD MEDAL HOCKEY GAME.

Does anybody else wonder how many of the thousands upon thousands of visitors we will receive will have an ostomy? I think as cities go Vancouver is pretty ‘ostomy friendly’. That is, most places will let you use their washroom without any fuss if you need to. But when it comes to finding products, well, hm. Someone from outside North America might be scratching their heads and wondering, where do they get their supplies? Ever tried looking up ‘ostomy’ in the Yellow Pages? There aren’t many clues (much as I discovered when in Ireland years ago -- you just have to hunt down places that look like a pharmacy or clinic and start asking.) Speaking of getting supplies, how many of you depend on home delivery for your products? I’m optimistic that Olympic traffic won’t be too bad but you never know -- things could be in a real snarl. So make sure your gear is topped up before the traffic nonsense starts, eh? You’ll also want to start practising your Canadian ‘eh?’ before the visitors get here. They’ll be expecting this so you don’t want to disappoint them.

We’re holding our first meeting of 2010 a little earlier in order to [hopefully] escape Olympic road closures. I want to see lots of you out February 7 because!! -- we need to discuss changing our Christmas Luncheon venue! The Holiday Inn has been the scene of our Christmas event for a number of years now and we’ve enjoyed good turnouts. However . . . the cost to the chapter per head is getting up there. And parking is becoming a headache for many which in some cases can add up to half the cost of the luncheon ticket itself!! We want to ensure that our Christmas event remains affordable to all our members and also those who might like to bring the kiddies. We have some ideas and suggestions for next year’s event and would like to get your feedback at the February meeting so let’s see lots of you at Collingwood Feb 7.

I had the pleasure of attending Jim DeGeer & Lindsay Henderson’s presentation at BCIT in early December. Jim & Lindsay are both from the former Coquitlam chapter and have been giving talks about life with an ostomy to Level 2 nursing students at both BCIT and Douglas College for several years now. Jim invited me to come along and observe and I was very impressed with the both the talk and the class of young nurses. I believe this sort of outreach with students and their instructors is a deeply important service our chapter can provide. Nurses are the front line for care of new ostomy patients while they are in hospital and just as we all have had to learn and educate ourselves, so must new nursing students. Hearing things from ‘the horse’s mouth’ so to speak can help put a personal face on ostomy surgery that students never forget.
Letters &

QUESNEL & DISTRICT OSTOMY CHAPTER FOLDS

It’s hunting season ans we couldn’t find a new “Executive Board” to shoot at so we shot down our Chapter and the ‘Cari-booster’ [newsletter]. Yes this is the last issue, but we’re not dead yet. To those of you who still want to support other ostomates, we will still meet the 2nd Monday of every month at the Seniors Centre for a casual get together. If it falls on a holiday weekend, we’ll just skip to the next month.

A big THANK YOU to all the members who joined our Chapter and those who took on Executive positions, you did an excellent job. As for our Newsletter Editors, Rand & Anne Turner and Lisa Larsen a superb editorial effort by each of you, THANK YOU.

It has been a learning experience for all of us. We intend to continue our healthy relationship with Margaret Sadlon and her supportive staff at G.R. Baker Hospital. They certainly improved relations with our Chapter members.

A VERY MERRY CHRISTMAS AND A PROSPEROUS NEW YEAR’S IN 2010.

President Morris Turner

ACTRESS UNCOVERS FOR WOA

As part of its World Ostomy Day awareness activities, the UOAA partnered with 20 year old actor and model, Jessica Grossman, and the Intestinal Disease Education and Awareness Society to Uncover Ostomy through an Internet awareness campaign.

Jessica says, “I’ve had my ostomy for six years and every day I am thankful for how healthy I feel because of it. World Ostomy Day is the perfect time to show this publicly.”

Many ostomy patients, especially those who have had recent surgery, are reluctant to talk about the changes made to their body. Living in a society that shuns body waste discussion, ostomy patients often feel alone. Quality of life suffers as ostomy patients may be reluctant to participate in activities they previously enjoyed, like swimming or dating, for fear of adverse social reactions.

In the Uncover Ostomy campaign, Jessica exposes what may be beneath the clothes of 1 out of every 500 Americans. Her thought provoking images are already creating an online buzz with almost 1000 fans supporting the Uncover Ostomy Facebook page in the first two weeks of the campaign. A long-time performer despite a lengthy battle with Crohn’s disease, being in front of a camera was natural for Jessica.

“Most of my friends and family are using Facebook and other social networking sites to communicate with one another these days. We decided to give them something really unique to discuss,” Jessica explains. “We took some barely dressed photos with my bag completely visible. I don’t know if anyone has ever shown the ostomy in this kind of light before. A lot of people think of ostomy as an old person’s problem. It’s not.”

“Most people have no idea about what an ostomy is. Or if they do, their perception is rooted in misconceptions conveyed to them somewhere along the way. By “uncovering” her ostomy, Jess challenges the misconceptions and stigmas—and leads awareness” said Kristin Knipp, incoming UOAA president. “For the non-ostomate, this campaign is about “uncovering” the stigma that goes along with having an ostomy.

Debra
We had a good turnout at our annual Christmas Luncheon at the Holiday Inn, and thank goodness there was no snow this year! There was some fast re-shuffling of the schedule as it looked like Santa and our children might arrive at different times but it all came together. Joy Jones did a super job of picking the kids’ gifts (you know you’ve succeeded when they start playing with the games right away) and rounding up an impressive array of draws and gifts for the adults as well. Thanks to Lottie Calli for salesmanship on the raffle ticket and Lynn Goldblatt for working the door. The winners of our cash raffle were: 1st prize: Wilma XXXX, 2nd prize: Dan Koller, and 3rd prize: William George. Special thanks to Alison McCarlie for the Boston Pizza gift card, Sharman King for Book Warehouse gift cards and to xxxxx for xxxxxx. Good job and kudos to organizer Joy Jones!
Four Generations of Hamblins -- Betty Hamblin right centre

Lottie Calli -- “What did you get, Betty?”

“I’m only sitting still for this ONE picture!”

“What would you like for Christmas young man?”
“I’m thinking! I’m thinking!”

Thanks to the folks who brought a gift for the door prize table (and abject apologies if I’ve left anyone out!)

Ron Dowson, Joy Jones, Graham Drew, Betty Maxim, Arlene McInnis Betty Harrison, Joan Nicholson, Laura Robinson, Allison McCarlie, Elaine Dawn, Cindy Hartmann, Emilia Prychidko, Chris Hamblin, Lynda Young, Anne Ratelich, David Rogers, Linda Jensen, Joyce Nasu and Lottie Calli

See you next year!
### Is it the Flu or just a cold? Know your symptoms!

<table>
<thead>
<tr>
<th>Symptom</th>
<th>COLD</th>
<th>H1N1 FLU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>Fever is rare with a cold.</td>
<td>Fever is usually present with the flu in up to 80% of all flu cases. A temperature of 100°F or higher for 3 to 4 days is associated with the flu.</td>
</tr>
<tr>
<td>Coughing</td>
<td>A hacking, productive (mucus-producing) cough is often present with a cold.</td>
<td>A non-productive (non-mucus producing) cough is usually present with the flu (sometimes referred to as dry cough).</td>
</tr>
<tr>
<td>Aches</td>
<td>Slight body aches and pains can be part of a cold.</td>
<td>Severe aches and pains are common with the flu.</td>
</tr>
<tr>
<td>Stuffy Nose</td>
<td>Stuffy nose is commonly present with a cold and typically resolves spontaneously within a week.</td>
<td>Stuffy nose is not commonly present with the flu.</td>
</tr>
<tr>
<td>Chills</td>
<td>Chills are uncommon with a cold.</td>
<td>60% of people who have the flu experience chills.</td>
</tr>
<tr>
<td>Tiredness</td>
<td>Tiredness is fairly mild with a cold.</td>
<td>Tiredness is moderate to severe with the flu.</td>
</tr>
<tr>
<td>Sneezing</td>
<td>Sneezing is commonly present with a cold.</td>
<td>Sneezing is not common with the flu.</td>
</tr>
<tr>
<td>Sudden Symptoms</td>
<td>Cold symptoms tend to develop over a few days.</td>
<td>The flu has a rapid onset within 3-6 hours. The flu hits hard and includes sudden symptoms like high fever, aches and pains.</td>
</tr>
<tr>
<td>Headache</td>
<td>A headache is fairly uncommon with a cold.</td>
<td>A headache is very common with the flu, present in 80% of flu cases.</td>
</tr>
<tr>
<td>Sore Throat</td>
<td>Sore throat is commonly present with a cold.</td>
<td>Sore throat is not commonly present with the flu.</td>
</tr>
<tr>
<td>Chest Discomfort</td>
<td>Chest discomfort is mild to moderate with a cold.</td>
<td>Chest discomfort is often severe with the flu.</td>
</tr>
</tbody>
</table>
Ostomy Education: Flanges and Skin Care

On November 7 New Westminster Ostomy Care & Supply hosted another very successful Education Day. American singer, songwriter and inspirational speaker Bret Martin told of his adventures in cancerland, going through chemo and dealing with an ileostomy all at the same time. Bret was followed by Nathalie Théorêt and Jordanna Bermack who made a presentation on Flanges and Skin Care. The Hilton then served lunch after which Andy, Rob Hill and Clinton Shard gave a slideshow of their Kilimanjero Climb (‘Raising Awareness with Altitude’) An open discussion with question and answer brought the program to a close in the afternoon.

If you’ve never been to one of these education days you’re missing out! There are display booths, guest speakers, draw prizes, the lunch is excellent, and there’s always a surprise of some sort be it a singing ostomate or Andy in a Super-man suit, you just never know. Oh yeah, and it’s all FREE!

ASPIRIN FIGHTS HEART ATTACK

Bayer is making Crystal Aspirin to keep by your bedside in case of heart attack. Symptoms of heart attack may include pain in the left arm, intense pain in the chin or jaw as well as nausea, sweating and chest pain. (There can even be NO pain in the chest during a heart attack.) The majority (about 60%) of people who have a heart attack during sleep do not wake up. If pain symptomatic of a heart attack wakes you up, immediately start dissolving two aspirins in your mouth (under the tongue) and help swallow them with a bit of water. NEXT: phone 911 and tell them you are experiencing a heart attack and that you have taken two aspirin. Unlock the front door or stay near the phone to buzz help into an apartment. Sit down in a chair or on the floor where you can be easily found, DO NOT lie down. Call a family member or friend and let them know what is happening.
PELVIC POUCH QUESTIONS
-About.Com Inflammatory Bowel Disease

Can you develop a food blockage with a pelvic pouch? What is the difference between a food blockage and a mechanical blockage?

Yes, you can develop a food blockage in your pelvic pouch but it is not a common problem. It tends to occur when too much insoluble fibre is taken in one day, or over a period of a few days. Insoluble fibre is always a little more challenging for a pouch to deal with compared to soluble fibre. Tolerance for fibre increases as time goes on.

A mechanical blockage occurs when scar tissue, which may develop around one or more loops of bowel during the healing process after surgery causes a partial obstruction of the bowel.

Foods that Help
What are some guidelines on how to eat with a new internal pouch?

There are several foods that are generally easy to pass and may even help to create bulk and firm up stool. If a j-poucher is having a hard time with diarrhea, backing down her diet from new or untried foods and adding some of these foods may help to firm up the stool.

- Applesauce
- Bananas
- Hard-boiled eggs
- Hot breakfast cereals
- Mashed potatoes
- Oatmeal
- Peanut butter (creamy only)
- Plain pasta
- Toast (white bread or other types without seeds or nuts as tolerable)
- White rice
- Yogurt (with live cultures)

Caution Foods
After recovery and adjustment to the new “plumbing,” many j-pouchers can tolerate just about anything they want to eat…within reason. There are some foods that should always be eaten with caution, preferably in small amounts, with copious amounts of water, and never at the same time as any other caution foods. The following foods are difficult to pass and may contribute to a bowel obstruction:

- corn
- mushrooms
- peanuts
- popcorn
- seeds
- nuts

Foods That May Cause Diarrhea
A j-poucher is not going to have stools that are similar in consistency to a person who has not had a colectomy, but neither should they be loose or watery. Some foods that will cause diarrhea in one person will be just fine for someone else. The following foods may cause or contribute to diarrhea:

- Alcoholic drinks
- Apple juice (or copious amounts of any fruit juice)
- Baked beans
- Broccoli
- Cabbage
- Caffeinated beverages (coffee, tea, cola)
- Dairy
- Fatty foods
- Fried foods
- Hot peppers
- Prune juice (a natural laxative)
- Spicy foods

Perianal Skin Care
After a colectomy, there will be more bile juices moving through the body and out the rectum. This can result in some significantly uncomfortable burning sensations during and after defecation. It is important to take care of the perianal skin and to eat properly to avoid irritating it further. Foods that may cause burning stool include:

- Coconut
- Foods/drinks with citric acid (orange juice, flavored waters)
- Green or red peppers
- Hot-flavored foods
- Nuts
- Raisins
- Salsas
- Spicy foods

Ileostomates will find that internal pouch diet guidelines are a good set of rules to follow as well!
WHEN SHOULD YOU SEEK MEDICAL ATTENTION?

IF YOU HAVE:

- Cramps lasting for more than two or three hours.
- A deep cut in the stoma.
- Excessive bleeding from the stoma opening (or a modest amount of blood in the pouch in several emptyings).
- Bleeding at the junction between the stoma and the skin.
- Severe skin irritation or deep ulcers.
- Unusual change in stoma size and appearance; change to a purple-blue colour may be an indication.
- Severe watery discharge lasting for more than five to six hours.
- Severe odour lasting for more than a week.

CRAZY COLON

From time to time, everybody experiences episodes when the guts decide to be a major pain in the arse for seemingly no reason. Foods or beverages that usually caused no problem before suddenly give you gas or the runs, or output is suddenly unusually high. Irrigators may get late returns or a sulky bowel that won’t accept water -- there’s all kinds of fun crabby intestines can get up to. If this happens to you, think back on what you ate in the last 24 hours, what did you drink, were you eating at someone’s home or a restaurant? Did you do something you don’t usually do like chew gum, travel to a different climate or eat much later (or earlier) than you usually do? Did you have an emotional upset? Seemingly unconnected things can and do have an effect on our guts. If you cannot think of anything that might have made your innards act up, don’t push the panic button. Just stay the course, stick to your routine and let your guts sort themselves out. They usually find their previous equilibrium after a few days. If your colon’s behaviour is unusual and lasting for weeks at a time however, it might be wise to have this checked out by your doctor to rule out a medical cause.

Tips & Tricks

If you are active, perform a physical job or like to play sports, use a curved tailclip rather than the straight kind. The curved clip will fit your leg better.

If you use the ‘velcro closure’ pouches, carry a spare clip just in case. It could come in handy some day if the velcro closure fails.

You can trim the edges or corners of your skin barrier if it’s catching on your clothing (don’t take off too much though, you need enough to hold the appliance on)

Do not use antiseptic or anything of that nature on the stoma if it shows spots of blood. Just dab these away with tissue. Occasional minor spotting is not a cause for alarm.
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Elaine Antifaev, RN, ET, CWOCN

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Ostomates Educate Nurses in Training
Lindsay Henderson and Jim DeGeer (former Coquitlam chapter members) gave a lively and very well received talk on life with an ostomy to a large class of Level 2 nursing students at BCIT. The pair have been giving such presentations at BCIT and Douglas College for several years with the aim of adding to new nurses’ knowledge of the ostomy patients they will one day care for. Jim says the talks have already paid off – “I had to go to the hospital a while back and one of the nurses said ‘Mr. DeGeer? I was at BCIT when you gave your talk!’

Lindsay and Jim explain the art of changing a flange

OTTAWA UROSTOMATE SOLVES LONG DRIVE DILEMMA (from Ottawa Ostomy News, Dec. 2009)
A member of the Ottawa chapter wrote in to tell of her very long car trip on her own from Ontario to Nova Scotia. She wore a jean dress and under the skirt she attached a tube from her pouch to a large jug. (the same idea as a night jug). She was able to drive for as many as three hours without stopping to search for a restroom. She carried a large, attractive tote bag. When she did need to empty the jug, she would simply disconnect, put the jug in the tote, go to a washroom and empty her jug. No rush. No constant stops. No worries. She has even used this technique while travelling by van with family. No one minds or even cares about her jug. a big plus is being able to drink a lot of water and coffee on the road.
Would You be Willing to Help a Nursing Student Learn About What it Means to be Living With a Long Term Health Challenge? January – April, 2010

In the second semester of the nursing program at Kwantlen Polytechnic University, we want students to learn about the experiences of members of the community and their families who are living with long term physical or mental health challenge. These challenges can include any condition that is long term and results in having to make adjustments in the life of the family. Examples of conditions include the following and many others: Arthritis, chronic pain, diabetes, epilepsy, MS, Cerebral Palsy, Down Syndrome, renal failure, cancer, strokes...

The student would want to learn about how you and your family have adapted to this health challenge and about supports that are available to help you manage day-to-day activities. We welcome families with children, adults, or older adults. Hearing about experiences of others provides students with opportunities to compare with their classroom learning what it means to live with and manage a chronic health challenge. The experience helps the student develop their understanding of the experience of patients and the role a nurse may play in our society.

We would like the student to visit you and your family three-four times, for approximately one hour each visits, between January - April, 2010. During this time students will dialogue with you and your family and not be performing any physical assessments or provide care. If you are unable to continue at any time, you may decide to stop having the student visit.

Being a resource for a nursing student involves a willingness to share your time and your experiences with the student. We assure you that all information shared will be kept confidential. If you would be willing to have a nursing student visit, please fax or phone me to give your name, address and phone number. Thank you for considering this request.

Patricia (Trish) Toth, Clinical Placement Assistant
Kwantlen University College
12666 – 72nd Avenue
Surrey, British Columbia V3W 2M8
Phone: 604-599-2963
Fax: 604-599-2360
E-mail: patricia.toth@kwantlen.ca
In 1965, in conjunction with recommendations by noted colorectal surgeons of the day, a material used to treat oral ulcers (Orahesive® Paste and Orahesive® Powder, developed by J.L. Chen of E. R. Squibb and Sons, Princeton, NJ) was launched in the UK for peristomal skin care. Eight years later, Stomahesive® wafers were introduced by E.R. Squibb and gained rapid acceptance by clinicians and patients due to a decrease in allergic reactions, increased thermal stability, low moisture absorption, increased wear time, and fewer skin problems. These wafers were sandwiched between the skin and a commercially available pouching system to prevent peristomal skin breakdown.

A decade later, ostomy management took another leap forward when ConvaTec, a Bristol-Myers Squibb Company, introduced a two-piece pouching system with a low-profile body-side Stomahesive® wafer incorporating a snap-lock flange. This system afforded the patient the freedom, security, and ability to remove the pouch, empty or rinse it, and reapply it without removing the body-side wafer from the skin. With this freedom and autonomy, people with a stoma gained a sense of security and were able to live more normal lives. Since that time, many versions of the flanged coupling system on two-piece pouching systems have been developed by a variety of manufacturers.

Innovative research firmly grounded in feedback from people who live with an ostomy has prompted investigation into different versions of two-piece coupling systems that take the divergent lifestyle needs of the wearer as well as discretion, flexibility, low profile, differences in manual dexterity, and comfort into consideration. The technology of repositional adhesives has found its way into ostomy care in the form of adhesive couplings on two-piece pouching systems. By replacing plastic flanges with an adhesive coupling, the profile of two-piece flanged systems can be lowered, giving patients the option of removing and applying pouches to body side wafers multiple times without removing the body side wafer. The ability to customize a pouch type to the time of day, the character of stomal output, particular clothing, or even the activity in which a patient is engaged could provide a new sense of independence and freedom, increasing self-esteem, and improving quality of life.

The variety of quality of products available today has come a long way since the first recorded colostomy 253 years ago. The past 53 years have been a time of incredible innovation and shared dedication to the ostomy patient by researchers, clinicians, and manufacturers. Each step forward in technology, as well as advances in the operating room, has furthered the quality of life for a person with an ostomy to a higher level that could never have been imagined many years ago. It has taken an enormous investment of time, research dollars, and dedication. If past decades are a model for medical innovation, people with an ostomy can eagerly anticipate future technological advances that will positively impact the quality of their daily lives.

The Evolution and Innovation of Ostomy Products
VOLUME: 49 Issue Number: 5
The Ostomy Files is made possible through the support of ConvaTec, A Bristol-Myers Squibb Company, Princeton, NJ.

“Conscience is what you show when people are looking. Character is what you show when they are not.”
VISITOR REPORT

It’s been a busy fall for the Visitor Program! More and more of our patient referrals are coming in with a small window of opportunity to see the patient—sometimes only a day or two before their discharge or surgery. A big extra thank you to my volunteers for getting to the hospitals or calling on short notice! Referrals for this reporting period came from St. Paul’s, Lion’s Gate, Vancouver General, Peace Arch and from independent inquiries.

Colostomy 6
Ileostomy 2
Urostomy 4
Double Ostomy 1
Pre-op 2
Other 2
TOTAL 17

Many thanks to my excellent crew this round: Larry Ma, Lloyd Bray, Maxine Barclay, Earl Lesk, Sandra Morris, Evelyn Zacklin, Ron Dowson, Graham Drew and Sharman King.

THANK YOU TO
Shirley Kelleher
for your kind donation to the chapter!

In France, at a fairly large conference, Prime Minister Steven Harper was asked by a French cabinet minister if Canadian involvement in Afghanistan was just an example of “empire building”.

Mr. Harper answered by saying, ‘Over the years, Canada has sent many of its fine young men and women into great peril to fight for freedom beyond our borders. The only amount of land we have ever asked for in return is enough to bury those that did not return.’

A warm welcome is extended to new chapter member

DAVID HUNTER

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Use with 2-piece Pouch and Wafer
From the Archives . . . the BC Enterostomal Therapists Seminar, February 1978, Fashion Show by members of the U.O.A.

Recognize anybody here? Archival collection of the United Ostomy Association back in its early days in British Columbia when we were still a part of the American Association. Thanks to Lottie Calli who preserved this record.

Coordinator Lottie Calli

Fashion Show -- Joyce Nasu and Ron Mann

And from the February 1987 issue of HighLife
Editor Lottie Calli’s message

With computers on the horizon, HighLife was still being produced by hand. Production methods varied over time but for many years the entire publication was typed and pasted up page by page, then taken to the printers. HighLife came out every month then, too.

The newsletter has had a number of editors but none has held the position longer than Lottie -- a record 15 years.

Happy Valentine

P.S. The above Valentine was COMPUTER generated!

Your Editors

Our apologies Miggi Dehling for spelling your name incorrectly in the last HIGHLIFE. Please forgive our "typo".

From Your Editorial Staff
## STOMA CLINICS
### IN VANCOUVER / MAINLAND AREA
Pre-surgical counselling and post-operative follow-up.

**VANCOUVER**
- **Vancouver General Hospital**
  - Deb Cutting, RN, ET.
  - Laura Jean DeVries, RN, ET.
  - 855 West 12th Avenue
  - Tel (604) 875-5788
- **St. Paul’s Hospital**
  - Neal Dunwoody, RN, WOCN
  - Christina Kerekes, RN, ET.
  - 1081 Burrard Street
  - Tel (604) 682-2344
  - Ext. 62917 Pager 54049
- **Children’s Hospital**
  - Amie Nowak, BSN, RN. ET.
  - 4480 Oak Street
  - Tel (604) 875-2345
  - Local 7658

**NORTH VANCOUVER**
- **Annemarie Somerville,**
  - Royal Columbian Hospital
  - 231 East 15th Ave., N. Vancouver
  - Tel (604) 984-5871
- **Rosemary Hill,**
  - 855 West 12th Avenue
  - Tel (604) 875-5788

**NEW WESTMINSTER**
- **Heather McMurty,**
  - Royal Columbian Hospital
  - 520-4292
  - Tel (604) 520-4292
- **Susan Andrews,**
  - 855 West 12th Avenue
  - Tel (604) 875-5788
- **Laurie Cox,**
  - 855 West 12th Avenue
  - Tel (604) 875-5788
- **Lucy Innes,**
  - 855 West 12th Avenue
  - Tel (604) 875-5788
- **Ostomy Care and Supply Centre**
  - Andrea (Andy) Manson, RN, ET.
  - Muriel Larsen, RN, ET.
  - Lisa Hegler, RN, ET.
  - Tel (604) 522-4265
  - Christina Kerekes (1 day per week)

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

### LANGLEY
- **Langley Memorial Hospital**
  - Katie Jensen, RN. BSN. ET.
  - Ostomy Outpatient Clinic
  - Tel (604) 534-4121 Local 7422

### ABBOTSFORD
- **Abbotsford Regional Hospital**
  - Sharon Fabbri, RN. ET.
  - Maureen Clarke, RN. BSN. ET.
  - Extension 642213 (Clarke)
  - 646154 (Fabbri)

### CHILLIWACK
- **Chilliwack General Hospital**
  - TBA
  - 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 Antifaev, RN. ET. CWOCN
  - Tel (604) 536-4061

### KEIR SURGICAL AND OSTOMY SUPPLIES
- Tel 604-879-9101
  - Lauren Wolfe -- by appointment only, please call Keir to book

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**THANK YOU to the ET nurses who have let me know of staffing changes at their worksite! Keep those updates comin’!**
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