Meet Your ET Nurses

Arden Townshend,
BSN, RN, ET

New West Ostomy Care & Supply

My path to ET nursing has been a series of happy circumstances. I took nursing as a stepping stone to medicine but quickly realized that nursing was where my heart was. I attended the University of Northern BC in Prince George (which I thought was just past Hope!) because it was the school that offered me the earliest entrance; although it was not my ideal climate, after finishing school I realized the education I had received in the North was excellent.

After graduating with a Bachelor’s of Science in Nursing, I started working in the Downtown Eastside doing primary and community care. Working with people with mental health issues, addictions, HIV, homelessness and poverty was wonderfully challenging and interesting. I was part of a team that included family physicians, specialists, pharmacists, social workers, dieticians and counselors, to name only a few. We were the first stop for emergencies, provided ongoing care and education for people with chronic conditions, and worked to develop strong relationships with people who often had not had good experiences with health care in the past. As part of the rainbow of roles the nurses played, we also performed complex wound care. It was amazing to see wounds heal when everything the textbook said prevented wound healing was a part of the person’s life. This is where I first started thinking about doing the ET course.

I spent a number of years working with people who have spinal cord injuries and brain injuries, supporting them to live successfully at home and, also working with those who are not able to live independently. Many people with spinal cord injuries or mobility-limiting conditions develop wounds, and again I found myself fascinated by the body’s ability to regenerate.

Again by happenstance, I was fortunate enough to have the opportunity to teach Resident Care Aides/Health Care Assistants at Vancouver Community College; in this role I found a love of teaching, and immense pride in watching my students show the caring, dedication and skill I feel are the foundations for nursing practice.

In 2011 I decided to take the Canadian Association of Enterostomal Therapy (CAET) ET education program to increase my knowledge of wound care, but
OSTOMY EDUCATION DAY 2016

Saturday, October 1st

WHERE

Hilton Metrotown
6083 McKay Ave, Burnaby BC
Accessible by Skytrain - Metrotown Pay parking underground

WHAT TO EXPECT

8:30 – 9:15 Registration and Vendor Displays

9:15 – 9:30 Introductions

9:30 – 10:30 Stoma Creation with Dr. Elena Vikis

10:30 – 11:45 Clothing with Eric from VeganOstomy.ca

11:45 – 1:00 Lunch and Vendor Displays

1:00 – 2:00 Travel with an Ostomy: Travel Insurance and Canadian Air Transport Safety Authority (CATSA)

REGISTER

Please register by September 28, 2016

604.522.4265

nurses@myostomycare.com

myostomycare.com/registration

Come for the session that interests you, or stay for the whole day!
From Your President

Thanks very much to Vice-President Joy Jones for leading the June 26 meeting! I was away on Vancouver Island and missed what was reported to be a lively general discussion. There were about 25 people in attendance which included one very new ostomy surgery patient. This young woman was a student who feared that an ostomy would prevent her from diving and pursuing her studies in marine biology. The group and nurses were more than happy to reassure her that diving and swimming would certainly be possible. A HUGE thank you goes to our panel of ET nurses: Arden Townshend, Lauren Wolfe, Neal Dunwoody, AnneMarie Somerville, Rosemary Hill and Ruth Featherstone. We sure appreciate you taking time out from your jobs and families to speak at our meetings. Your knowledge and compassion changes lives. Thanks to Joy for supplying photos of some of the discussions.

This type of meeting has been so successful we’re going to make it a regular event. (We should call it something. How about “Rap With the Rockstars”, for rockstars our ET nurses surely are) We do apologise for not having coffee and treats on hand at this meeting – Dave and Judy from Lancaster had prior commitments and we could not scramble replacement coffee provisions quickly enough.

Some of you may have noticed that I use the words ‘pouch’ and ‘bag’ interchangeably when referring to ostomy products. I’ve never cared for the penchant of re-naming the obvious. (think: “Personal Flotation Device” for “Life Jacket”, “Hydrate” for “Drink”, “Sanitation Engineer” for “Janitor”, or “Market Correction” for “Housing Prices Just Took a Dive” (OK, I took some liberties with that last one, but you get the drift.) Personally, I’ve always thought that the term ‘pouch’ is a bit of a misnomer – it brings to mind something kangaroos have. I suppose it could be counter-argued that a pouch is something you put stuff into which is certainly true for all of us, but let’s press on.

It’s been debated that the word ‘bag’ has negative connotations and ‘pouch’ is less objectionable. Both terms refer to something that performs the same function but I suspect objections to the word ‘bag’ began a long time ago when having an ostomy was a shameful thing one kept secret. “He has to wear a bag” came with looks of compassion and silent thanks that it wasn’t you wearing the contraption. There’s still a lot of that sentiment around but the stigma has lessened to a certain degree, thanks in part to public education and in a large part to those people with ostomies who go public with their situation. I’m not ashamed and I’ve never kept the fact that I have a colostomy a secret. It’s certainly not a topic one brings up at every opportunity but if asked, I’m not dodging the question.

My main objection to the word pouch is I find it rather patronizing. I don’t need a cuter name to accept my reality. I’ll continue to use ‘pouch’ because people are familiar with it but I’m not afraid of the word ‘bag’ and I think it’s time we re-claimed it for our own.

That’s it for our meetings until our fall AGM. Stay well and have a great summer everyone!
That is the theme of the 2016 Ostomy Canada Society national conference in Winnipeg in August. One of the main events at the conference will be the annual general meeting of the National Council of Ostomy Canada Society on Saturday August 20 where your delegates will conduct the business of the Society.

The Past. The way in which Ostomy Canada makes decisions was inherited from the former United Ostomy Associations of America, of which most of our affiliated Chapters were members. Last year in Burlington, when we examined the effectiveness of National Council and its decisionmaking process, we all agreed that it was not working well and needed to be fixed.

The Present. The current system of having each Chapter appoint a delegate, and gathering about 40 delegates together once a year to vote at these meetings just doesn’t seem that important anymore. And, as we all know, it is getting harder to find volunteers who are interested in the business of governing. So the member Chapters passed a Special Resolution telling the Board of Directors to propose a new governing body for Ostomy Canada. The proposal was accepted in January and then our President, Ann Ivol, hosted a series of information sessions for all Chapter Presidents to concentrate their efforts on helping people with an ostomy in their local communities.

The Future. So what will the proposed new governing body look like? Under the current system, Directors are not members of Ostomy Canada and are not entitled to vote. The proposal is to make the Directors members of Ostomy Canada and give them the right to vote. The participating Chapters suggested that: National Council should transfer its authority to govern to the Board of Directors. This has several advantages, among them:

- Simplicity: It eliminates an entire level of decision-making.
- Cost: The annual general meeting may be held electronically, so Chapters will no longer have the expense of sending delegates to the annual general meeting.
- Effectiveness: Because the Directors meet regularly throughout the year, they will be better informed when they arrive at the annual general meeting to vote.
- Program Delivery: It satisfies the desire of Chapter Presidents to concentrate their efforts on helping people with an ostomy in their local communities.
- Policy-making: Chapters will continue to have a role in nominating Directors.

Your delegates are invited to attend the information session scheduled the day before the annual general meeting to ask any final questions before the vote. Celebrate the Journey.

**NIGHTINGALE MEDICAL PLEASED TO ANNOUNCE NEW MANAGER OF CLINICAL RESOURCES POSITION May 30, 2016**

Nightingale Medical is pleased to announce that Lauren Wolfe BSN, WOCN, ET has accepted the newly created position of Manager of Clinical Resources.

Lauren’s diverse experience: spinal cord injuries, intensive care, team leader, clinical leader, on to positions with acute and home & community care (as a WOCN), make her uniquely qualified to lead our team of Wound Ostomy, Continence Nurses and Nurse Continent Advisors (NCA). Her strong leadership skills have seen her overcome challenges at every level with progressive and preventative wound care and ostomy solutions. As a patient advocate, she’s been passionate about patient centered care and has repeatedly demonstrated that she’s capable of working collaboratively with physicians and multidisciplinary staff. She will be working closely with patients and their medical team to assist in ostomy care, wound care, compression stocking fitting, and continence. Additionally, she aspires to introduce foot care services in the near future.

She has been the recipient of a College of Registered Nurses of B.C. (CRNBC) Award for Nursing Excellence (2011). Most recently she was published by the prestigious Journal of Would Ostomy and Continence Nursing (2016).

**FRASER VALLEY OSTOMY PEER SUPPORT GROUP**

Hello All,

Thanks to many of you for coming out on June 14 to our most well-attended FVO meeting yet!

A few people inquired about the Stoma Stroll in the fall. There is no team put together as yet for the Lower Mainland, but if anyone would like to form a team we can definitely do it!

When would you like to have our next meeting? We could do mid-August, or, if many people will be away for summer vacation, we could also look at the end of September.

Let me know your preference and I’ll book the room again.

Hope you are all well and enjoying the beginning of our summer!

Kind regards,
Lara Mercer

For information on the FVOSG, contact Laura at nursemercerc@shaw.ca
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6 Vancouver Ostomy HighLife - July/August 2016

The Vancouver Chapter thanks Nightingale Medical Supplies for their very large donation of supplies this May. On behalf of all the individuals in developing countries who benefit from this company’s generosity we extend a HUGE thanks. Your generous donations are so very much appreciated.

TOWNSEND, cont. from front page

was pleasantly surprised to find I enjoyed both the ostomy and continence sections greatly. The course was informative, but I realized we had only scratched the surface of these complex areas of care. After completing the course, I was generously offered the opportunity to learn more about ostomy care at the Ostomy Care and Supply Centre. I feel so lucky to be learning alongside practitioners with such amazing depth and breadth of experience, and to be a part of a clinic and team that is unique in BC.

Thanks to the following folks for their kind donation to the Youth Camp:

Daphne & Doug Crowe
Barbara M. Brown
Ken & Ellen Putnam

Donations gratefully received in memory of Maria Donatelli from:

Charles & Shirley Perry
Margaret Norman
Bob & Lynn Scarow
Jo-Ann Knuttila

(Grand Chapter of BC & Yukon Order of the Eastern Star)

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**NEW PATIENTS’ CORNER**

**All Kinds of Questions**

**My butt hurts -- is this normal? What can I do?**

Those who have had the anus and sphincter removed will have an incision back there that can cause discomfort when sitting. This can last for weeks or even months even after the incision is fully healed but it will go away in time. In the meantime, you may want to get a foam cushion to sit on until things settle down. It’s not advisable to use a ‘donut’ cushion -- this can spread the buttocks which will put a strain on the incision. You don’t want to risk accidentally pulling the incision apart. A better option would be one of those ‘egg crate’ foams. Get up and move around if sitting is hurting you, or, if you are required to sit for a period of time for some reason, just shift from side to side. Pain or discomfort when sitting will go away eventually, how long will vary from person to person. [Editor’s Note: mine took about 4 months].

It’s also common to experience phantom sensations of needing to ‘go’. If this is getting to be a distraction, try sitting on the toilet like you used to. Take a magazine or your tablet in with you and do a little reading for a few minutes. The act of sitting like this can trick the body into thinking it’s done its job and the feeling will subside. Another oddity that some people experience is having dreams at night that you need to go. Such dreams are harmless and will eventually go away.

**Can I sleep on my stomach?**

Technically, one can sleep in any position they choose when they have a stoma, including on their stomach. The sleeping position will not damage the stoma in any way. However, clients with an ileostomy or urostomy may experience issues due to the compression of the pouch. Such ostomies are much more active than a colostomy and continue to output overnight as well. If an individual is sleeping on their stomach, it stands to reason that the pouch will be flattened beneath them and therefore not able to collect the output. This can lead to leaks, which are most unpleasant. Some individuals have reported success using pillows to help prop up one hip or support one side so that they can still sleep on their stomach while leaving space for the effluent to collect in the pouch.

**I have a urostomy and was told to drink cranberry juice. What is the purpose of this? I hate cranberry juice! Is there anything else I could drink instead?**

Cranberry juice helps prevent urinary tract infections. This kind of juice is metabolized by your body into hippuric acid, which is excreted by your kidneys to make your urine more acidic. It’s harder for bacteria to grow in an acidic environment than an alkaline one, hence, urinary tract infections are less likely to occur if your urine is acidic. Cranberries, prunes and plums are the only fruits that are metabolized into hippuric acid. Another way to acidify your urine is to take vitamin C tablets by mouth. Excess vitamin C is not stored in the body but excreted in the urine. A maintenance dose of oral vitamin C is 2000 - 4000 mg perday. There are differing opinions on the effectiveness of vitamin C therapy, so you might want to check with your doctor or urologist for their advice on this. Or, if it’s less distasteful to you than cranberry juice, drink prune juice.

**How do I keep my flange on if I’m sweating a lot?**

For the most part, appliances are designed to withstand perspiration and all activities that you may want to partake in. During the really hot summer weather, many find that the additional perspiration can reduce the wear time by about a day, but nothing horribly significant. If you enjoy swimming and are in the water for prolonged periods, the outer edges of the flange may start to lift. This decreases the sense of security, but on its own won’t lead to flange failure. There are different products that you can use that extend the outer edges of the flange. These include “flange extender” strips. And there is also the Flange Seal Rings (Ostomy Essentials) made of a clear film worn on top of the flange. (Note: These come in two different sizes, small and large. IF you are using a square flange, you need to use the large size so that there is sufficient overlap onto the skin)

Others may prefer to simply tape along the outer edges using wa-terproof tape to ‘picture frame’ their appliance. Any of these options will help with outer edge adhesion issues, although the flange extender/seal rings are the gentlest on the skin. In regards to cycling, I have not heard of any issues of “losing” the flange. However, I have had clients who wish to use a product for extra support while cycling. For some, this is as simple as applying an ostomy belt to the loops on the flange/pouch to provide support at 3 and 9 o’clock and help hold the flange securely to your abdomen (particularly useful if you have
folds/creases in this area when you are seated or leaning forward). In regards to cycling, I have not heard of any issues of “losing” the flange. However, I have had clients who wish to use a product for extra support while cycling. For some, this is as simple as applying an ostomy belt to the loops on the flange/pouch to provide support at 3 and 9 o’clock and help hold the flange securely to your abdomen (particularly useful if you have folds/creases in this area when you are seated or leaning forward). For cycling and running, I have had clients purchase a Stealth Belt to provide additional support—this is a lycra belt that completely encases the flange in a zippered compartment and holds it snugly against the body. They are ordered online and are custom made for you, coming in a variety of colours and patterns. To wear the standard belt, the pouch is angled side-ways within the belt, or folded to fit within the compartment.

**Can the Stoma Get Infected from Faeces?**
Many new ostomy patients worry about bacteria. Those with colostomies and ileostomies sometimes ask if their stomas will become infected from the discharge of stool. Good heavens, no! The stoma is accustomed to the normal bacteria in the intestine. You need to keep the skin around the area clean and be careful of adjacent wounds. Keep the fecal drainage away from the incision. But don’t worry about the ostomy becoming infected from the normal discharge...our bodies are accustomed to certain bacteria.

**Can You Still Have Sex with an Ostomy?**
Yup. See page 18.

**Bags are so expensive! Can I re-use them?**
If the bag is all plastic with no filter, you can wash and re-use it. This only works with two-piece systems, mind you. You cannot re-use a barrier once it’s been removed. We know barriers are very expensive but don’t try to re-use one -- it will almost certainly fall off or leak. If you want to wash the two-piece bag, any soap will do but use cold water. Cold water will help decrease the odor that the plastic will eventually acquire. If you do elect to re-use bags by washing them, do it by hand. Washing machines can damage the seams. It’s best to do this sort of hand-washing under the bathtub faucet because the drain is larger.

**Is there a ‘cheapest’ ostomy products brand? Like no-name or something like that?**
Well, no. There’s no such thing as ‘President’s Choice’ when it comes to ostomy products. You can call and get prices from suppliers for specific model types that are comparable and you may find some cost a little less than others. The problem is, buying the cheapest ostomy supplies you can find is a terrible idea. They may all look kind of the same but as any experienced person who has lived with an ostomy can tell you, there are differences between brands, which can mean the difference between being clean, comfortable and confident, and being distressed and at risk for complications. There’s no point saving a few dollars if a product leaks, or makes you itch, or causes other problems for your lifestyle. Choose your ostomy products based on how well they do the job, not on how much they cost. The price difference isn’t great enough to take the risk.

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**Tips & Tricks**

- Don’t try to wear your bag “just one more day” because you have heard somebody else bragging they can get two weeks out of it. If it is itching, **TAKE IT OFF!** Your skin will pay for it if you don’t. When your tape or adhesive starts to bubble or turn up, it is coming loose, so change it NOW. Paper tape can be made more waterproof by covering it with Skin Prep after it’s in place. Also, please take note that a camera bag, diaper bag, or an insulated six-pack bag is an excellent way to carry appliances and equipment needed when traveling. The six-pack carrier is especially good as it keeps everything from getting too hot if you are traveling by car. Keep your extra pouches handy so you can change without delay. Quick changes will prevent discomfort and skin damage.

- Do not spread paste on the entire back of a barrier—it will produce less than satisfactory results. Use paste only sparingly to fill uneven areas and around the stoma. Paste is a great filler if used correctly.

- For urostomates, if your drainage tube is clogged, try soaking it in a solution of Tide for about two hours. Then rub the tube between your fingers, insert a baby bottle brush as far as possible, pull out and rinse.

- If you like to do active summer sports, consider using an ostomy support garment to help keep your gear in place. A ‘StealthBelt’ model is pictured at right. Ask your local supplier what is available for you to try on.

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Many people with an ileostomy must be very careful about eating too much fibre due to the risk of blockages. Getting enough nutrients from fruits and vegetables can be a problem if your system is prone to blockages. If you are afraid to eat produce and concerned about your nutrition levels, you might consider juicing. Once considered the domain of ‘out there’ health nuts, the process of grinding fruits and vegetables into drinkable juice has gained in popularity to the extent that juice bars and exotic bottled juice can be seen everywhere these days. Juicing might be a way for you to get nutrients you’re missing.

**Juicer Basics**
There are two common types of juicer. Juice extractors, also known as centrifugal juicers and auger-style juicers, also known as masticating juicers. There are pros and cons to both types, so the decision is mostly a matter of price and personal preference.

**Auger-Style**
Auger-style juicers, sometimes referred to as masticating or cold-press juicers, crush and mash the produce. They’re typically more expensive, and can also take some getting used to as the augers can jam when grinding tough fruits and veggies. For this reason, most have a reverse button. Auger style is perhaps not the best choice for ileostomates as it tends to leave more fibre pulp in the juice.

**Juice Extractors**
Sometimes called centrifugal juicers, these types use a rapidly whirling disk to cut fruit or vegetables into tiny pieces that are then spun to separate the juice from the pulp. The juice is then strained and flows into a cup. Some extractors, especially those that require full dismantling, can be difficult to clean. In general, extractors tend to remove more fiber from your juice than an auger model.

Incorporating juicing into your daily lifestyle can make a substantial contribution to your nutrition, but it requires a bit of commitment. You need to carefully consider if you’re willing to put the extra effort into cleaning and storing the gadget, as well as purchasing enough produce to make the juice. Ask around if any friends or relatives have a juicer they’re willing to loan you for a day or two and see how you like using the machine. To see if you are actually going to like the juice, go to a local juice bar and try some of the different combinations. (Be prepared for a rather breathtaking price at some of these places).

Do some research and pick a juicer model that you will stay with. There are many juicers on the market with prices that vary from high end ($500 and up) to low (under $100). The following three models tested well in their price range but there are literally dozens more on the market. Of course with anything you buy, you usually get what you pay for but some are better than others. Things to look for are: quality of build, ease of use and cleaning, noise levels, how much space it takes up and of course, quality of the juice.

<table>
<thead>
<tr>
<th>Juicer Model</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breville JE98XL Juice Fountain Plus 850-Watt Juice Extractor</td>
<td>$167.75</td>
</tr>
<tr>
<td>Power Juicer Deluxe SSMT1000</td>
<td>$117.00</td>
</tr>
</tbody>
</table>

If you are looking for a juicer that can double as a food processor, this is not the one for you. This is a good choice for anyone who wants to incorporate more fruit and vegetables into their diet but cannot get motivated to eat half a plate of them at every meal or invest $3,000 in a triturating juicer.

**Breville JE98XL Juice Fountain Plus 850-Watt Juice Extractor**
- sturdy metal construction
- centrifugal juicer
- lowest amount of pulp of all units in our juicer reviews
- works well on tough vegetables like beets and carrots
- works well on citrus fruits
- easier to clean than many other models
- most parts can go in the dishwasher
- relatively quiet (less noise than a hairdryer)
- relatively compact

**Power Juicer Deluxe SSMT1000**
- made the most juice of the units tested.
- slows down on some produce like apples and beets, requires more effort to push hard produce through
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- harder to clean, but most parts will go in the dishwasher
- low noise levels
- virtually pulp-free juice
- takes up more space than other models

A relatively long cleaning time and the slowdown on apples and other hard produce are the only major qualms with the Power Juicer Deluxe. It gets a lot out of fruits and vegetables, yielding the highest level of juice from the exact same amount of raw produce tried on other machines, and it does so more quietly than the other units in this price range.

Fusion Juicer MT1020-1
$70.00
- easy to assemble
- small pulp container has to be emptied often
- quiet and compact
- attractive design that comes in several colors
- mostly plastic construction

- harder to clean and dry
- comes with a small, separate smoothie maker called Fusion Booster. (you can make a quick blender-style juice and take it on the go in the same container you used to blend it)

The Fusion Juicer is a relatively small juicer that is quiet and attractive. Depending on how often you use it or the type of produce you want to juice, it may not last as long as more robust models.

For inspiration, check out the documentary ‘Fat, Sick and Nearly Dead’. This film follows Australian Joe Cross, 100lbs overweight and suffering from a debilitating autoimmune disease, as he regains control of his health.

Source: http://juicers-review.top10reviews.com/

Tips & Tricks
• If you are allergic to or dislike air fresheners or incense, try lighting a plain candle in the bathroom. It’s remarkable how much odour this can dispell.
• Using scissors to round off the square edges of a firm wafer or skin barrier can decrease the chance of a belt catching on the corners.
UNWANTED BAGGAGE
A Resource Guide for Ostomy Patients and Those Who Share Their Lives
by Elizabeth and Phillip Prosser

One in every two hundred and fifty people face life with an ostomy bag (pouch). Until now, there has been a lack of information written by people with personal experience of this life-changing condition. This book provides over four hundred pages packed with detailed information on resources, help with appliance choices and many solutions to life with a bag (pouch). From the latest in applicable benefits to travelling with a bag. From such things as intimacy to dealing with paediatric ostomates, workplace and school’s legal obligations, specialised clothing, coping with depression and body image - every imaginable topic is covered. Three hundred websites and contact details are listed. The author’s husband, Philip has also contributed essential information for Careers. This is a “Must-Have” addition for any colostomate, ileostomate or urostomate, those new to life with a bag, their families and careers.

THE OSTOMY BOOK:
Living Comfortably With Colostomies, Ileostomies and Urostomies
By Barbara Dorr Mullen and Kerry Anne McGinn, RN, BSN, OCN (June 1, 2008)

This invaluable reference discusses every aspect of an ostomy—a surgical procedure that creates an alternative opening in the body for waste discharge from the kidney, colon, intestines, or bladder—from the first shock of diagnosis through surgery and rehabilitation. The coauthor’s moving and motivational story of her colostomy experience is blended with information on the latest surgical techniques and equipment, providing prospective ostomy patients with both the medical and emotional know-how to confidently approach the surgery. This revised edition also contains up-to-date material on virtual colonoscopies and travel regulations related to ostomy pouches, as well as essential facts on how to safely handle sex, pregnancy, and sports after an ostomy.

LIVING WELL WITH AN OSTOMY
By Elizabeth Rayson (July 17, 2012)

Recommended by livestrong.com and ostomates.org this second edition printing is a comprehensive and easy-to-understand guide that covers the practical aspects of ostomy care. You will learn how to cope with the significant changes to your body that affect everything from traveling, dressing, playing sports, eating favorite foods and enjoying romantic and sexual relationships. And you will also easily related to the personal narratives that illuminate many of the challenges people with ostomies face. Living Well With an Ostomy covers basic information about various types of ostomies, what to expect from ostomy surgery, as well as psycho/social issues that may surface as a result of ostomy surgery, including those unique to certain groups, such as children, young adults, military personnel with combat injuries, and seniors. This book also includes new information on homeopathic and natural remedies for dealing with the ongoing care of an ostomy, and a substantial resources section that contains a host of references and links to additional sources.

“We don’t seem to be able to check crime, so why not legalize it and then tax it out of business.”
- Will Rogers
Paul Newman founded the Hole in the Wall Gang Camp for children stricken with cancer, AIDS, and blood diseases. One afternoon, he and his wife, Joanne Woodward, stopped by to have lunch with the kids. A counsellor at a nearby table, suspecting the young patients wouldn’t know Newman was a famous movie star, explained, “That’s the man who made this camp possible. Maybe you’ve seen his picture on his salad dressing bottle?”

Blank stares.

“Well, you’ve probably seen his face on his lemonade carton.”

An eight-year-old girl perked up. “How long was he missing?”

Best before dates and expiry dates: things you may not know

People often confuse best before dates and expiry dates


Steak, eggs, canned soup — all kinds of fridge and pantry staples have a best before date on the packaging. People often confuse best before dates with expiration dates, but the two labels tell consumers very different things.

“It’s confusing,” says Ellie Topp, a professional home economist. “[The best before] date has nothing to do with the safety of the food. It has everything to do with the taste of the food.”

Here are five things you may not know about expiration and best before dates.

1. Only 5 types of products have expiration dates

Expiration dates tell consumers the last day a product is safe to consume. A food should never be consumed after the expiry date.

The Canadian Food Inspection Agency mandates that only five types of products need to be labelled with an expiration date:

- Baby formula and other human milk substitutes.
- Nutritional supplements.
- Meal replacements.
- Pharmacist-sold foods for very low-energy diets.
- Formulated liquid diets.

Best before dates are found on foods that will only stay fresh for 90 days or less. Some foods may be consumed even if their best before date has passed, unlike an expiry date.

2. Best before dates guarantee freshness

An unopened, properly stored product’s best before date tells a consumer how long that food will keep its flavour and nutritional value. It doesn’t have anything to do with a food’s safety, says Topp.

A farm-fresh egg will stay together in ‘a nice, little package’ when someone tries to fry or poach it. An egg past its best before date is more likely to spread or have the yolk break. But it’s still safe to eat,” she says. “as long as it’s not cracked.”

The manufacturer’s nutritional claims may no longer apply after a best before date or if the product isn’t properly stored, says Cathy Paroschy Harris, a dietitian and spokeswoman for Dietitians of Canada. Orange juice may not provide as much Vitamin C and milk less riboflavin past the best before date.

Other items may have compromised taste, but still be safe to eat. Ketchups and salsas may be more acidic, dry pasta may break when cooked, and cookies at the back of the pantry may just taste bad. It’s generally the taste, not safety that suffers.

However, foods must be properly stored according to package instructions to avoid turning mouldy or sour before their best before date.

3. Opened packages negate best before date

The best before date no longer applies if a package is opened or if the food is frozen, according to Health Canada. Once a sealed product is exposed to air it can be cross-contaminated, says Brenda Watson, the Canadian Partnership for Consumer Food Safety Education’s executive director. Watson recommends people purchase food with a short fridge life, like opened milk or cottage cheese, in quantities they’re likely to consume quickly.

If a food is properly frozen two days before its best before date, says Paroschy Harris, it should be edible for another two days at the start of the thawing process.

4. Some foods to keep an eye out for

Even though some food remains edible — just less tasty and nutritionally dense — after its best before date, that doesn’t mean all food is safe to eat when that date passes. Health Canada does not recommend eating anything after the best before date. Generally, if the food changes colour or appearance, or develops a bad smell, it is no longer safe to eat. Dented, leaking or bulging cans should be discarded.

“When in doubt throw it out,” says Topp.

She’s most cautious about cured meats, saying she would only keep deli meats, like baloney, a few days after purchase.

Hungry snackers should throw away mouldy cheese, breads, yogurts and other foods. Topp says people used to feel comfortable scraping mould off the top of food and continuing to eat it. Nowadays, that’s not considered acceptable, as mould is believed to contaminate food beyond what’s visible to the human eye, she says.

Once a sealed food product has been opened, the best before date can no longer be relied on, and consumers need to use their own judgment.

Healthy people are unlikely to suffer any consequences if they fry up a steak one day past its best before date. But people shouldn’t toy with the best before date on foods that contain lots of pathogens. That includes whole, fresh meats — like chicken, steak or ground beef — and dairy.

“It’s like playing roulette,” she says. “You’re putting yourself at risk.”

A best before date and proper food handling go hand-in-hand, and even lower-risk foods can become problematic if not handled properly.
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Cool products

**One Pass Ostomy Draining Device**
The innovative and durable OPODD™ is a compact, lightweight device which is very convenient to carry and use. This medical device is a dual roller, hinged device which includes a locking mechanism at one end that allows the Ostomate to secure the dual rollers totally across the width of the pouch. This combined hinged and locking system permits the dual rollers to pass over the entire pouch with ease and removes practically all of the contents in one pass.

The device is only eight inches long and takes up less space than two ballpoint pens and can easily be carried in a pocket or purse.

to determine if the Stomico Ostomy Pliers are compatible with your brand or type.

**I have a one-piece system, can I use the pliers?**
Yes, you can cut stoma openings in some one-piece systems. Refer to #1 above.

**How do I use Stomico Ostomy Pliers?**
Simply measure, punch and attach the skin barrier.

**Will Stomico products assist all types of ostomates?**
Yes, colostomy, urostomy and ileostomy patients can use this product.

**Can You Name These Places in British Columbia?**

1. former queen
2. fishy appendage
3. to woo a joint
4. 2000 lb monarch
5. pursue
6. sea drops
7. between faith and charity
8. horse drawn buggy
9. century home
10. big utensils
11. award
12. Massachusetts tavern
13. open pasture
14. path
15. blockade
16. coloured stone
17. noisy dog town
18. costello’s chevy
19. transparent fluid
20. cool hit
21. money river
22. mineral creek
23. tough limb
24. devil’s entrance
25. bee’s bum
26. bill’s pond
27. ice cream bar
28. chocolate dessert
29. set fire to water
30. over cook a honeymaker
31. shelter for a panel truck
32. gritty saliva
33. recent preacher here from the east
34. feline’s cove
35. aware cove
36. attack a large animal
37. premier’s foot
38. famous mom in rocking chair
39. Dickens’ character
40. admiral of the fleet
41. cat’s rug
42. soup stream
43. rugged harbour
44. ringer’s cove
45. balcony
46. achy last digit
47. coloured water
48. automotive shaft circles
49. stretched shores
50. royal twin boys
51. kootenay fortress
52. loving cove
53. this fort will rust
54. a lot of talking here
55. all that glitters is not
56. quality returns
57. a sense of purpose
58. a row of tall trees
59. radioactive hot water
60. 2000 lb shield
61. left side of canteloupe
62. lady at forge
63. bob’s financial institution
64. fuzzy joint

**Will the disc cut through the adhesive cover?**
No. While the cutting discs are sharp, they are designed to cut through the wafer material, not the adhesive cover. Place the cutting edge against the wafer material, not the adhesive cover.

Stomico’s ostomy pliers and changeable cutting discs measure between 17mm and 43mm. 

**Stomico Ostomy Wafer Pliers**
If cutting your own ostomy wafers, or cutting them for a spouse or parent is getting to be a chore, try an ostomy wafer plier.

**Will Stomico pliers work with my brand or type of wafer or appliance?**
Stomico works with most brands and types. Consult your ET nurse.
So You Have an Ostomy

Individuals with ostomies have proven that they can achieve anything they desire. An ostomy alone is not a deterrent to any activities you are otherwise capable of and that includes your social life.

Whether a person desires companionship, active participation in sex, or a serious romance leading to marriage, how one’s surgery will be accepted by a potential partner or friend is a normal concern.

Body image is the way we see ourselves in the mirror and like to imagine our appearance. Although the change seems so great to oneself, most others do not see the ostomy as changing in any major way the person they love. Harmony within oneself precedes harmony in a relationship.

Sharing the News

Whom. You can choose whom you want to tell. Sexual partners will naturally have to be told because, covered or uncovered, the stoma or pouch will be apparent during intimate moments. You should tell a prospective marriage partner, because being open and honest is important to the success of any marriage. In addition, the reaction to your disclosure gives a good indication of the person’s feelings about the whole you.

When. You can pick your time to tell but it seems better to tell early in a relationship. This not only relieves your anxiety, but also if there is an adverse reaction the letdown is not as harsh as it might be later. Most people prefer to tell at a time when there is a calm and understanding mood with their partner. Do not wait until “discovery is imminent.”

What. When you explain the surgery, do it clearly and confidently, with self-assurance. Start with a simple explanation. You need not be too detailed and technical at this point. Emphasize that this type of surgery was necessary and that managing your ostomy does not interfere with your activities and enjoyment of life.

Rejection. People do not fall in love with, or like, everyone they date. Nearly every would-be lover gets his or her share of romantic rejection. Individuals with ostomies are no exception. When you experience rejection your ostomy may seem to be the only reason for rejection; however, chances are it is really only a convenient excuse. Be sure it is rejection and not misunderstanding. Allow enough time for him, or her, to think it through.

Preparing For Sex

Just as you attend to personal hygiene when anticipating intimacy, ostomy hygiene is also important. Of course, good ostomy hygiene should always be practiced:

- The covering for regulated or continent ostomies should always be clean and neat.
- The pouch for other ostomies should be clean, neat and fastened securely. The pouch should be odor free and preferably opaque. If transparent, use a pouch cover.
- Unless sex is absolutely spontaneous, the pouch should be emptied beforehand.

During intimacies, especially the first encounters after surgery or with a new partner, your partner may have a fear of hurting your stoma or dislodging your pouch or covering. Intercourse will not harm the ostomy nor will most positions disturb the pouch or covering.

Women can accomplish covering the pouch or stoma area by wearing a sexy shorty nightgown or crotch-less panties. Some men wear cummerbund type coverings, which encircles the midsection and the pouch can be tucked up out of the way. A pouch cover can be worn. There are many products available that can be purchased or you can make your own covering.

Physical Sexual Limitations

A physical impairment that affects genital sexual relations can occur with ostomy surgery, but people to whom this happens must realize there are ways for them to enjoy sex, intimacy and marriage.

Extensive surgery in women may cause a physical impairment resulting in painful intercourse the first few times after surgery to remove the rectum. A decrease in clitoral feeling and possible inorgasm may occur.

Male potency can be affected by ostomy surgery because necessary surgical procedures may interfere with the nerve pathways that control the male’s ability to have an erection or to ejaculate. Every male with an ostomy should consider psychological factors before jumping to conclusions that an erectile problem is physically caused.

Any man or woman who has...
Your Independence, Our Solutions

- Colostomy
- Ileostomy
- Urostomy

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Bob is smart.

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Bob sees the Ostomy Nurses at the Ostomy Care and Supply Centre.

BE SMART LIKE BOB!!!
Useful Ostomy Products for Intimacy

**Mini-Pouches and Caps** – Mini-pouches are far smaller closed pouches perfect for special occasions when an ostomy appliance is needed that stays out of the way and is far less noticeable than standard or large pouches. Sizes vary but generally speaking they are about half the size of a standard bag. Some manufacturers also make stoma caps, which are even smaller. Caps won’t hold much so you don’t wear them long. They sometimes come as a two-piece unit which you can snap onto your existing flange. Caps are probably best suited for colostomies rather than urostomies or ileostomies. Even smaller yet are patches, which are most suitable for irrigated colostomies. You can also use **Pouch Covers** or **Ostomy Undergarments** which are designed to cover or conceal your appliance. The images below are just a small sample of the many choices you have -- check online or with your local suppliers.

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**Places in BC - Answers**

1. Victoria 33. New Westminster
2. Salmon Arm 34. Lions Bay
3. Courtenay 35. Alert Bay
4. Princeton 36. Sicamous
5. Chase 37. Vanderhoof
6. Ocean Falls 38. Whistler
7. Hope 39. Oliver
8. Surrey 40. Nelson
9. 100 Mile House 41. Kitimat
10. Boston Forks 42. Campbell River
11. Merritt 43. Rock Bay
12. Boston Bar 44. Horseshoe Bay
13. Field 45. Terrace
14. Trail 46. Sorrento
15. Barrier 47. Blue River
17. Barkerville 49. Long Beach
18. Abbotsford 50. Prince George Prince Rupert
19. Clearwater 51. Castlegar
20. Chilliwack 52. Honeymoon Bay
21. Cache Creek 53. Fort Steele
22. Gold River 54. Yahk
23. Armstrong 55. Golden
24. Hell’s Gate 56. Qualicum
25. Fanny Bay 57. Mission
26. Williams Lake 58. Aldergrove
27. Revelstoke 59. Radium Hot Springs
28. Nanaimo 60. Creston
29. Burns Lake 61. Port Melon
30. Burnaby 62. Ladysmith
31. Vancouver 63. Robert’s Bank
32. Sandspit 64. Fernie

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**Doubts or questions about sexual function after an operation should discuss the matter with a medical professional.**

**Additional Concerns**

Ostomy surgery knows no demographic bounds. It also happens to people who are homosexual. The same concerns and anxieties are present in gay or lesbian relationships. Apply the same principles for coping with telling, rejection, and preparing for sex.

Since the closing of the anus may present a sexual impairment for some individuals with an ileostomy or colostomy, modifications for sexual fulfillment are necessary. The fact that a person is homosexual should be confided to the physician or surgeon if it is at all possible.

**Seek Professional Advice**

Any sexual difficulty should be addressed by medical professionals, first the ostomy surgeon and/or the WOC(ET) or ostomy nurse. Referrals may be made to gynecologist, urologist, therapist or counselor.

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Convatec caps -- model at right can be used with two piece flange.

Coloplast mini, and cap

Hollister cap and mini

Patches, (Ampatch brand)

Undergarments (Joeis) and pouch covers (C&S)
PHARMACARE COVERAGE OF OSTOMY SUPPLIES

BC Pharmacare covers a portion of ostomy supplies; how much you can claim will vary depending on your income. (Those who have extended benefits through Blue Cross, SunLife etc will have additional coverage for ostomy supplies.) Please note that only items purchased from authorized PharmaCare providers are eligible, if they meet the Ostomy Program criteria.*

NOTE!! Items purchased through online suppliers are not eligible for coverage.

All pouches and flanges are covered by Pharmacare, as well as some related products. However, some products one would think are covered are not. See the listing at right.

Not sure about a product or your coverage? Health Insurance BC administers the Ministry of Health’s PharmaCare program on behalf of the Medical Beneficiary & Pharmaceutical Services Division. Health Insurance BC can answer your questions about both the Medical Services Plan (MSP) and PharmaCare. Contact them:

By Phone
From the Lower Mainland, call 604 683-7151
From the rest of B.C., call toll-free 1 800 663-7100
For questions about PharmaCare, Customer Service Representatives are available:
Monday to Friday, 8 a.m. to 8 p.m. (except statutory holidays)
Saturday 8 a.m. to 4 p.m. (except statutory holidays)
Reminder: You can register for Fair PharmaCare 24 hours a day, 7 days a week if you meet the eligibility requirements for online registration.

By Mail:
Fair PharmaCare plan enquiries
Fair PharmaCare Administration
PO Box 9655 Stn Prov Govt
Victoria BC V8W 9P2

All other PharmaCare enquiries:
PharmaCare
PO Box 9655 Stn Prov Govt
Victoria BC V8W 9P2

*criteria is that the claiment must have had surgery resulting in a colostomy, ileostomy or urostomy. Ostomy products are only to be used for the management of these conditions.

Non-benefit items

The following items are not benefits. [you can’t claim them] Please note: Exclusion of a product from this list does not imply it is a benefit product. [if a product is not listed here, that doesn’t necessarily mean you can claim it]

• Catheters—for any use, including o for management of any medical or post-surgical condition o all products for management of Continent Urostomies—catheters, absorbent pads
• All products for the management of nephrostomy tubes, feeding tubes, other drainage tubes, wound drainage—such as Hollister Drain Tube Attachment Device, urinary drainage collection equipment
• All products for management of urinary incontinence—catheters, condoms, drainage containment equipment, diapering systems, incontinence pads, tubing and adapters
• Cotton covers for pouches or night drainage bottles
• Pouch Liners—such as Colo Majic
• Stoma hole cutters
• Ostomy support belts—such as Nu Hope
• Skin protectants—such as Marathon Skin Protectant
• Creams—such as Sween Cream, Chiron Cream, BAZA cream
• Cleansers—such as Uni-Wash, ConvaTec AloeVesta products
• Lubricants—such as KY Jelly, Hollister Stoma Lubricant
• Tapes (other than paper-type)—such as Waterproof tape, Elastoplast, Brava Elastic Barrier Strps, Brave Elastic Tapes StraightTransparent dressings—such as Opsite, Tegaderm
• Room deodorants—such as M9
• In-pouch deodorants—such as Uri-Kleen, M9, Banish
• Hydrocolloid dressings—such as DuoDerm, Restore, Tegaderm
• Instruments—such as scissors, dressing sets
• Alcohol swabs, sterile and unsterile gauze

Only items purchased from authorized PharmaCare providers are eligible, if they meet the Ostomy Program criteria. Items purchased through online suppliers are not eligible for coverage.

The Ostomy Program does not provide coverage for any items, even if they are shown as a benefit, when the product is not used for the purposes stated. Non-benefits uses include products used for management of a catheter, diabetes, insulin pumps, wound care, ineligible types of ostomy (e.g., a cecostomy, nephrostomy tubes), feeding tubes or urinary incontinence.

- BC PharmaCare, PharmaCare Ostomy Benefits February 2016
HOSPITALS WITH ET NURSES - LOWER MAINLAND
Not all hospitals offer out-patient clinics - call for information

ABBOTSFORD REGIONAL HOSPITAL
Abbotsford
Donna Tyson, RN, ET
Tel (604) 851-4700  Ext 642213
Paula Taylor, RN, ET

BURNABY GENERAL
Burnaby General Hospital
Misty Stephens, RN, ET
(604) 421-2-6174

CHILDREN’S HOSPITAL
Vancouver
Amie Nowak, BSN, RN, ET
4480 Oak Street
Tel (604) 875-2345  Local 7658

CHILLIWACK GENERAL HOSPITAL
Chilliwack
Jacqueline Bourdages, RN
Tel 604-795-4141
Local 614447

EAGLE RIDGE HOSPITAL
Port Moody
Amber Gagnier RN, BSN, CWOCN (Tues, Fri)
T 604-469-3082
Pg 604-450-6980

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604-536-4061
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604-427-1988
Katie Jensen, RN, ET
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OSTOMY CARE & SUPPLY CENTRE
2004 8th Ave. New Westminster
Andrea (Andy) Manson, RN, ET
Tel (604) 522-4265
Christina Kerekes, RN, ET
Laurie Cox, RN, ET
Arden Townshend RN, ET
Lisa Hegler, RN, ET (Saturdays 9 - 1)
Ruth Feathersone, RN
Website: http://www.myostomycare.com/

REGENCY #6
Vancouver
Marie Chan, WOCN
1144 Burrard St.
Call for appointment
(across from St. Paul’s)
Mon, Wed, and Fri. 3:30 to 5:30
Tel: 604-688-4644

ET Nurses - have you or any of your colleagues moved to a different worksite?
Do you see any errors or omissions here?
Let the editor know so she can keep our listings up to date at autodraw@shaw.ca

VISITOR REPORT
For this reporting period there were:
colostomy 3
Other 3
TOTAL 6

Thanks to Deb Rooney, Jim Wilkie and Maxine Barclay

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Vancouver Ostomy HighLife  July / August 2016  23
MEMBERSHIP / RENEWAL APPLICATION

United Ostomy Association Vancouver Chapter

Membership 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 United Ostomy Association Vancouver Chapter.

I am enclosing my annual membership dues of $30.00. I wish to make an additional contribution of $__________, to support the programs and activities of the Vancouver Chapter and the national Ostomy Canada Society. Any donations of $20 or more will receive a tax receipt.

Name ___________________________________________________ Phone _______________________

Address _______________________________________________________________________________

City  __________________________________   Postal Code _________________   Year of Birth ________

e-mail (if applicable): ____________________________________________________________________

Type of surgery:  _____ Colostomy  _____Urostomy  _____ Ileostomy  ____ Internal Pouch  _____ N/A

May we welcome you by name in our newsletter?    ____ OK     ____ I’d rather not

Additional contributions of $20 or more are tax deductible. Please make cheque payable to the UOA Vancouver Chapter and mail to: Membership Coordinator, 3443 Dartmoor Place, Vancouver BC V5S 4G1