JOIN US FOR THE

UOA ANNUAL CHRISTMAS PARTY!

Sunday, November 30, 2008
at the Holiday Inn
711 West Broadway, Vancouver, BC

Doors Open: 12:00 Noon
Lunch Buffet 12:45

Families and guests of ostomates welcome! Come out and enjoy a traditional turkey buffet with all the trimmings, wine, prizes and gifts!

ADMISSION

Members                          $20.00
Guests      20.00
Children and Youth under 18   FREE

This year’s event will include a GRAND PRIZE DRAW of a trip for two on the Whistler Mountaineer! See page 11 for details. The winner must be present at the Christmas Party to claim!

Please make your reservations no later than Sunday, November 23 by contacting Joy Jones at 604-926-9075

Please make your cheque out to UOA Vancouver Chapter and mail to:
Joy Jones
3908 Sharon Place
West Vancouver, BC   V7T 4T6

RAFFLE TICKETS for CASH PRIZES of $75, $50 and $25 are included in this newsletter. Six for $5, or one for $1. Complete these and mail them, along with your cheque, to Joy Jones. We’ve had many out of town CASH winners in past years. If you are able to, we ask that you bring a small gift for the door prizes. All donations will be acknowledged in the January issue of HighLife.
In the Spring of this year, Sandy and I were browsing in second-hand book stores. I came across an early copy (no, not an original) of Charles Darwin’s On the Origin of Species. That sparked my inquisitive nature to find out more about the man who had such a profound influence in changing the way the so-called “modern and educated” world thought of our origin.

Among the many writings of Darwin, perhaps his most famous quote is the one I have set out above. If there ever was a quote that should be the credo, the inspiration or the guiding light for ostomates, in my view, that is it.

The phrase “survival of the fittest” is commonly attributed to Darwin, but that term was actually coined by Herbert Spencer. However, “fittest” in that context refers to those most capable of adapting to changed circumstances. As ostomates, we know that mere survival is not enough. We are capable of not just surviving, but of thriving regardless of the adversities we face. We have proved that, and we continue to prove that everyday.

In his most recent book, Real Life, Dr. Phil McGraw describes how we can prepare for the Seven Most Challenging Days of our Lives. Dr. Phil says there is no reality, only perception. He said the purpose of his book was to help us understand that it is not what happens to us that makes us feel the way we do. Rather, it is the way we choose to respond. As James Allan wrote in “As a Man Thinketh”: “Circumstances do not make a man, they reveal him.”

For the two or three of you who do read my column regularly, you will note a common theme. Five years ago when I was told I had cancer and would require a colostomy, I was devastated. I was devastated not because I had cancer. I was devastated because if I lived, I would have a colostomy for the rest of my life.

Shortly after my diagnosis, I wrote to my law partners that I would not only survive, but I would thrive. That bravado was really for me, not them. However, I wanted to make that boast come true. Auguste Rodin once wrote that: “Nothing is a waste of time if you use the experience wisely”. Michel de Montaigne said: “The value of life lies not in the length of days, but in the use we make of them....” I have tried to find the positive in being an ostomate. In addition to the precious gift of at least five more years of life, I have found many other positives including many new friends, an appreciation of what many others far less fortunate than me endure on a daily basis and a realization of how truly fortunate I am.

It is said that the writer and philosopher Henry David Thoreau would intentionally lie in bed a few minutes every morning just to reflect upon, and to remind himself, how good life was. I have always maintained that life is an attitude, and we get to choose whatever attitude we want. In my view, no where is that freedom of choice made more clear than the words written by Victor Frankl in his book Mans Searching for Meaning. Frankl wrote:

“We who lived in concentration camps can remember the men who walked through the huts comforting others, giving away their last pieces of bread. They may have been few in number, but they offer sufficient proof that everything can be taken from a person but one thing: the last human freedom, which is to choose one’s attitude in any given set of circumstances.”

We, who have survived a debilitating disease or illness that is often fatal, have an obligation to those less fortunate than ourselves and to those who follow us. George Bernard Shaw wrote in his play “Man and Superman”:

“This is the true joy of life, being used for a purpose recognized by yourself as a mighty one...instead of [being] a feverish selfish clod of ailments and grievances complaining that the world will not devote itself to making you happy....Life is no brief candle to me. It is a sort of splendid torch which I’ve got hold of for the moment, and I want to make it burn as brightly as possible before handing it on to future generations.”

That torch, of which Shaw spoke, we now hold. It represents the hope of all those facing ostomy surgery or similar personal challenges. It is up to us to show that having an ostomy need not mean that we are somehow less than our former selves. While it may take some time to adapt, once we have done so, let us embrace life with greater gusto than ever before. The key for us is not just to cope, but to celebrate life every day.

I wish you all a very happy, safe and enjoyable Holiday Season.

Martin Donner,
President
Very early Wednesday morning, September 3, UOAC Past President Doug Graham and Astrid Graham, President of FOWC, left their home in Ottawa to drive to Montreal for a plane to Bolivia. Also making the trip from Toronto was Di Bracken, President of the International Ostomy Association (IOA), for an IOA Regional meeting in the city of Santa Cruz. They expected to return home the following Wednesday, September 10.

Doug’s interest is as President of IOA’s North & Central America & Caribbean Region, and Astrid’s, because of contact with the Bolivian ostomy group earlier. Although the group was receiving supplies through FOW USA, she wanted to assess the situation herself and was also taking ostomy supplies with her.

It was around fifteen years ago that Maria Siefl had first visited Bolivia, publicized the plight of ostomates and saw the formation of the first group. Not only are they still thriving but have a small office and a picture of Maria on the wall. The FOW supplies are well regulated and ostomates who can’t afford the appliances come to the office on their particular day where they are given three appliances.

Before Astrid gave out her supplies she requested that she be allowed to visit their homes just to see for herself the living conditions. She found the poverty almost staggering but said somehow the people were very clean, pleasant and very grateful for the donations. As representatives from the surrounding countries were at the meeting she was able to meet with each one and learn first hand just what services they need from FOWC and FOW USA.

In the meantime, there was political unrest starting to take place. Astrid sent me an email Tuesday that Santa Cruz is in a lot of trouble, on the brink of a civil war and an email Tuesday that Santa Cruz is in a lot of trouble, on the brink of a civil war and an email Tuesday that Santa Cruz is in a lot of trouble, on the brink of a civil war and an email Tuesday that Santa Cruz is in a lot of trouble, on the brink of a civil war and an email Tuesday that Santa Cruz is in a lot of trouble, on the brink of a civil war and an email Tuesday that Santa Cruz is in a lot of trouble, on the brink of a civil war. They were rescheduled for tomorrow, but who knows? We are very lucky that we have nice people helping us here. Five are left, 3 from Canada, one India and one Mexico.’

Di Bracken’s plane was leaving much earlier than Astrid and Doug and she learned at the airport that no planes were flying north (North America) but a plane was going to Argentina. She called them to hurry down immediately. Still in bed, they threw their clothes in suitcases, got their Bolivian friend to get them through the blockade and got one of the last two seats on the huge plane. After a twelve hour wait in the airport in Buenos Aires, the three of them got a flight to New York and finally, home.

- Patrick J. Thompson, President Metro Halifax Chapter

**Message from the New President UOAC, Mike Woolridge**

My name is Mike Woolridge of Metro Halifax Chapter and I was elected as your President at the 2008 Hamilton Conference. I want to than you all for this honour and I look forward to an exciting and interesting two year term of office.

I would also like to welcome all returning elected representatives and thank them for their support. I also want to welcome Janet Paquet and Peter Folk to the Board and then Dianne Lowe of the Grande Prairie Chapter and David Page of the Winnipeg Chapter for their contributions to the UOAC Board. Dave elected not to return to the Board this year due to medical reasons. Last but by no means least, I wish to thank outgoing Past President Pat Cimmeck of Calgary. I think that Pat has been on our Board of Directors since UOAC’s inception in 1998. She has served as Secretary, President and in other capacities for 11 years. Pat has agreed to stay on as our Youth Camp Coordinator/Advisor. Thanks Pat!!

At Hamilton the decision was made that UOAC would go to a Bi-Annual Conference system. Conferences will be held on alternate years 2010, 2012, 2014 etc. On odd years, 2009, 2011, 2013 etc localized mini Conferences/Cluster Meetings will be held.

The next UOAC main Conference will be held at Sydney, Cape Breton, Nova Scotia in 2010. Details to follow.

There is a lot of planning to be done to ensure that this program is properly put in place. To this end Past President Doug Graham has agreed to take on this program as a priority. Watch for details in Ostomy Canada as they become available.

In closing I wish to once again thank you all for the honour of being your President and I look forward to working with all of you for the betterment of our Association and ostomates everywhere.

Until next time,
Mike Woolridge
Dispelling Common Myths About the Flu Shot

Myth 1: Aches, pains and fever are underrated
A good flu can incapacitate you with weakness and pain all over and will often include a good fever as your body tries to fight the infection. Bring on the misery – sheesh....

Myth 2: Influenza vaccine causes the flu
The vaccine contains a dead virus - as in dead as a doornail - not a live one. It cannot cause the flu. For a day or two, some people experience sensitivity in the arm where they got the shot and perhaps a minor fever, but no one gets the flu from a flu shot. So slam the door shut on that myth.

Myth 3: I got the flu shot last year and still got the flu
You may have become sick, but it was likely not an influenza virus, but rather another type of respiratory virus that often circulate in the fall and winter - a doppelganger bug, masquerading as flu.

Myth 4: Influenza vaccine can cause serious side effects
Aside from the aforementioned sore arm, most people have no side effects after a flu shot. Allergic reactions are rare and are usually due to an allergy to eggs since flu vaccines contain egg protein.

Myth 5: Thimerosal causes adverse health effects
Some people claim thimerosal, a preservative in flu vaccinations that prevents bacterial or fungal contamination and contains trace amounts of mercury, causes adverse health effects, but clinical evidence doesn’t support this claim. The amount of thimerosal you receive in your annual flu vaccination is miniscule— about the same amount found in a small can of tuna. Say yes to Chicken of the Sea but no to chickening out.

But seriously folks, the dangers of influenza are absolutely real and those at highest risk might be the people closest to you. They include the elderly and people with weakened immune systems. Protect yourself, your family and those you care about by getting the flu (vaccine) shot. It is safe, it protects you and the people around you and it works.

This article was written by Dr. Paul Martiquet, the Medical Health Officer for Rural Vancouver Coastal Health including Powell River, the Sunshine Coast, Sea-to-Sky, Bella Bella and Bella Coola.

From the Editor
How did I get on page four?! Wait a minute, I’m the editor. I put me here!

Well, just for this issue. It’s been a busy fall with three events -- the Hollister reception, Andy’s Education Day and the upcoming Christmas Party/Luncheon. We’re staying with the same format for the luncheon this year, with some changes we think you’ll like, most notably NO PRICE INCREASE! Actually, admission cost has gone down for guests and been eliminated for kids under 18.

(Almost sounds too good to be true, sort of like all the election promises we’ve been hearing in the news for the last two months on BOTH sides of the border) Christmas Party Coordinator Joy Jones has obtained a GREAT grand prize draw -- see page 11. See you on November 30!

By the way, in case any of you are wondering how Hollister got your address to invite you to the cocktail reception — they didn’t. Our mailing list is kept strictly private and never given out. The nice folks at Hollister asked how many members we have and mailed me the correct number of stamped, ready-to-go invitations and I did the rest.

Debra
Hollister 50th Anniversary
Cocktail Reception
Marriott Hotel Richmond, October 22

Approximately 100 people attended a cocktail reception held at the Marriott Hotel in Richmond the evening of October 22 to celebrate Hollister’s 50th anniversary. Hollister is hosting celebration nights for chapters across Canada as a way of showing appreciation to their many clients. A video presentation was followed by Scott Holloway, President of Hollister Ltd., who gave a short speech of welcome and promise of Hollister’s ongoing dedication to products and service to the ostomy community. There were a large number of ET nurses in attendance, plus some familiar faces from past UOA conferences. It was also nice to see some chapter members turn out who don’t often come to meetings! Those assembled enjoyed some excellent libations and a great spread of food. Many thanks and well done to Hollister Ltd. and to Hollister Marketing Coordinator Canada Shelly Lindt for organizing this evening of recognition.
I am a cancer survivor. I was diagnosed with bladder cancer at about six months old. I was not expected to survive. I underwent three surgeries including a radical cystectomy - removal of my bladder - as well as full radiation and chemotherapy cycle treatments. This was between 1976-78; medical technology and drug therapies were not as advanced as today, my survival was unique. When I went into remission, my ureturs were connected to my bowels. This effectively made me incontinent and also caused some lasting damage to my bowels due to the acidic nature of the urine passing through them over a prolonged period of time. My incontinence also made it impossible to hide my differences from the children I went to school with during my developing years. I endured a significant amount of teasing because of this. When I was ten, I chose to have ostomy surgery: this would later prove to be one of the best decisions of my life. I had surgery on January 28, 1986 - which also happened to be the day of the first Space Shuttle disaster. I was in the hospital for four weeks recovering. When I returned to school I had an adjustment period but within one year of surgery I had new energy levels and a taste for sport that had never existed prior. I played rugby and ran cross-country; later in high school I sailed competitively.

My family moved to a new neighborhood and I changed schools in seventh grade. At this point in my life I chose to hide my differences from the children around me. I was mostly successful at this, but I had very low self-esteem as a result of my experiences in life thus far. Shortly after my ostomy surgery I attended a national camp for children with ostomies and this became an annual opportunity to expose myself and feel accepted. I dreamt of being completely open with my ostomy and medical past until my early twenties and then I discovered the confidence necessary to do so.

My participation in the running community helped me to develop this confidence. I was actively training for marathons in my early twenties and when people I trained with discovered my history, they often exclaimed their admiration for my participation. At this stage of my athletic career I was participating and not competing. When I had run three marathons I decided to look for a new challenge. I chose Ironman. I had been a fan of watching the NBC Network’s coverage of the Ironman World Championships for several years and when Peter Reid won it in 1998, I was hooked.

But my health wouldn’t cooperate. I had two very challenging years filled with multiple bowel obstructions and kidney infections that left me with little energy to embark on any serious training plans. By 2002, I had gained enough control of the problems through attention to diet and my emotional wellbeing to enter into my first sprint distance triathlon. When I finished I knew that I would complete Ironman by the time I was thirty.

I have been competitive in the sport of triathlon for three seasons now and have made some remarkable gains in the sport. I am a strong swimmer in my age group, often in the lead pack going into the first transition. I also have competitive run speed over distance. My biking fitness is fast improving and I am confident that through proper training and time, I will prove to be very competitive within my sport.

I am proud of my sporting achievements; but I am most proud of the fact that I am a survivor. I have survived cancer; I have survived a difficult childhood; I continue to manage complicated ongoing health issues; most importantly, I live a balanced lifestyle that includes healthy doses of education, sport and community participation. I am a motivated and goal-oriented individual. I want to see my communities grow around me. I want to make a positive contribution to those communities in an effort to effect positive change. The most important lesson I have learned through my life experiences is that I am in charge of my attitude and by making it positive I can achieve any goal I desire; I would love to spread this outlook to everyone I meet.

You could say I am passionate.

- Source: South Fraser Connection, May 2008

For more about John see: http://www.ostomyathlete.com
Ignore ‘organic’ labels on fish. The term is meaningless when it comes to seafood, since the USDA has not set standards as it has for other certified organic foods. There’s no guarantee that farmed fish was raised on organic food or that antibiotics and synthetic pesticides were not used—and ‘organic’ doesn’t mean that either farmed or wild fish contain fewer contaminants. Setting organic standards for seafood is problematic because it’s impossible to control the environment and feeding of wild fish.

Source: Health; Aviation Medical Bulletin; Metro Halifax News, October 2008.
Spouses and families need the same support during the hospitalization phase and recovery at home as the ostomate. They need to be included in the teaching of ostomy care, and to feel they are still wanted and needed. Children should have the surgery explained to them so mom and dad will seem the same and love them all the more. They will not think anything of it if explained in a simple, understanding way. Make it clear that an ostomate is little different from someone who has to take insulin or wear a prosthesis. Spouses should also have the opportunity to speak with other spouses in the same circumstances. Ostomy meetings and ostomy spouse visitors can help greatly.

EDITOR’S NOTE: If you would like to speak with another spouse regarding how best to support your spouse/partner and how to cope, please contact the Visitor Program at 604-683-6774. We would be happy to put you in touch with someone who understands your concerns.

Q: When a colostomate gets a blockage from eating too much food, should a laxative such as prune juice be taken? Should heat be applied? Would it be a good idea to irrigate?

Answer: When a colostomate gets a blockage, in most cases, it is due to constipation caused by eating constipating foods, a lack of physical activity, or use of pain medications. It is quite OK for a colostomate to take a mild laxative. The use of prune juice is an excellent suggestion. Foods with fiber, like bran, make the stools less constipating. For a person who has not irrigated, the other methods should be tried first. Ileostomates should take NOTE: Treatment for blockage for persons with an ileostomy is different from the above. AVOID laxatives, DO NOT irrigate, and consult with your ET nurse about the best procedures for you to take.

Source: The Tomy Tabloid, Editor: Charlotte Allen, RNC, BSN, CETN; Evansville Web Site; Metro Halifax News, October 2008

Q: Do you think it is a good idea to rinse out my colostomy bag when I empty it?

Answer: I usually teach my patients the proper procedure for rinsing out your pouch when emptying it, but then leave it up to you if you want to continue to rinse it or not. By proper procedure, I mean rinsing the pouch up to the level of the bottom of the stoma. I find sometimes people rinse the pouch too vigorously and cause the adhesive seal around the stoma to loosen from inside the pouch by introducing water at the seal. Some people feel more comfortable using an opaque colored pouch and not having to worry about rinsing it at all. Again, I think it is a personal preference with what you are most comfortable with. Many people get along just fine without ever rinsing the pouch.

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Much has been said and written about the ostomate who has to undergo ostomy surgery, his/her recovery from the surgery and what is so important, recovery emotionally. But what about the spouse and children? They must suffer in their own way. In the hospital, doctors and nurses hurry around seeing to the ostomate’s physical needs, the ostomy visitor sees to the emotional needs. Who is there for the family?

Spouses also suffer. They are the ones who have to put up with outbursts of anger, despair and depression. They work with us giving love and support and have to go home to an empty house and wonder — “What next?” There is usually no one to help them through their anxious days of worry and uncertainty. “How will my loved one accept me? After all, I’m not the one to have an ostomy. Will he or she change or be the same? After the ostomate comes home from hospital, the family and spouse have to put up with inconveniences such as pieces of skin barrier stuck to the bathroom floor, cement spilled on a favourite brush or comb, irrigating tubing hanging in the bathroom, learning to leave the bathroom free at that certain time of day, making extra pit stops when travelling. And on the spouses’ end, “What about our sexual life? Will it be the same? Will it be worse, better or maybe none at all?”

EDITOR’S NOTE: If you would like to speak with another spouse regarding how best to support your spouse/partner and how to cope, please contact the Visitor Program at 604-683-6774. We would be happy to put you in touch with someone who understands your concerns.

QUESTIONS & ANSWERS - Charlotte Allen, RNC, BSN, CETN

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Tips & Tricks

Soaking your appliances in Polident or Efferdent is an effective way to deodorize and clean your re-useable components.

‘Fatty’ soaps like Dove or those that contain vitamin E may be good for the skin but they can cause your appliance to fall off.
Tips & Tricks

Watch your weight -- a gain or loss of 10 - 15 pounds can affect the way your appliance fits.

Posture matters! When you return from hospital you will be feeling sore and uncomfortable. You may be anxious about the front of your body getting bumped, or self-conscious about the stoma which can lead to a habit of hunching over to ‘guard’ that area. Try to focus on keeping your head up and your back straight.

Walking Works! Don’t lie or sit about all day. Walking helps restore lost muscle tone, gets your circulation going and just generally perks you up. Get up and walk several times a day, even if it’s just down to the corner and back.
Ostomy Education Day
Hilton Vancouver Metrotown, November 1, 2008

The Ostomy Education Day was a huge success. A crowd of approximately 175 people heard presentations given by Dr. Bojm (surgeon at Royal Columbian Hospital) on hernia care, causes, prevention and surgical solutions. This was followed by physiotherapist Martha Nihls who presented a talk on how to strengthen abdominal muscles. Andy Manson, as ‘Super Ab Girl’ assisted Martha in demonstrating proper posture techniques. (“How do I stuff a middle-aged body into a suit designed for a 10 year old boy??”) Thanks again to the fabulous crew at Ostomy Care & Supply for another excellent education day. (Great lunch, too!)
Glacier Dome Experience

- Assigned seating and fully reclining seats in our custom designed single level Glacier Dome coach
- Panoramic view through full-length dome windows
- Access to the Heritage Observation Car
- Travelling in the morning from Vancouver, you will enjoy coffee service and fresh fruit plate followed by a choice between a delectable continental breakfast or a hot entrée
- Travelling south from Whistler to Vancouver, you will enjoy Afternoon Tea including sandwiches, warm scones, strawberries, Devon cream, petit fours and a variety of specialty teas
- Meals are provided at your seat with fine china and linen service
- Onboard complimentary beverages served at your seat
- Outstanding service and interpretive commentary provided by our knowledgeable and friendly Onboard Attendants
- Transfers to and from the Station locations in Vancouver and Whistler

Whistler Mountaineer

Travel by train to Whistler from Vancouver BC

Onboard the Whistler Mountaineer train you’ll experience the BC coast like never before! These Canadian train tours will treat you to spectacular scenery and impeccable service from a unique perspective. This exceptional and inspiring three-hour rail journey between Vancouver and Whistler, British Columbia is the grand draw prize at this year’s UOAC Vancouver Christmas Party and Luncheon!

All chapter members, their friends and family are eligible for this two-person free pass on the Whistler Mountaineer! Winner must be present at the Christmas luncheon to claim this prize! valued at $600!
THE LIGHTER SIDE OF COLONOScopies

I
called my friend Andy Sable, a gastro-enteritis, to make an appointment for a colonoscopy. A few days later, in his office, Andy showed me a color diagram of the colon, a lengthy organ that appears to go all over the place, at one point passing briefly through Minneapolis. Then Andy explained the colonoscopy procedure to me in a thorough, reassuring and patient manner. I nodded thoughtfully, but I didn’t really hear anything he said, because my brain was shrieking, quote, ‘HE’S GOING TO STICK A TUBE 17,000 FEET UP YOUR BEHIND!’

I left Andy’s office with some written instructions, and a prescription for a product called ‘MoviPrep,’ which comes in a box large enough to hold a microwave oven. I will discuss MoviPrep in detail later; for now suffice it to say that we must never allow it to fall into the hands of America’s enemies.

I spent the next several days productively sitting around being nervous. Then, on the day before my colonoscopy, I began my preparation. In accordance with my instructions, I didn’t eat any solid food that day; all I had was chicken broth, which is basically water, only with less flavor. Then, in the evening, I took the MoviPrep. You mix two packets of powder together in a one-liter plastic jug, then you fill it with lukewarm water. (For those unfamiliar with the metric system, a liter is about 32 gallons.) Then you have to drink the whole jug. This takes about an hour, because MoviPrep tastes - and here I am being kind - like a mixture of goat spit and urinal cleanser, with just a hint of lemon.

The instructions for MoviPrep, clearly written by somebody with a great sense of humor, state that after you drink it, ‘a loose watery bowel movement may result.’ This is kind of like saying that after you jump off your roof, you may experience contact with the ground.

MoviPrep is a nuclear laxative. I don’t want to be too graphic, here, but: Have you ever seen a space-shuttle launch? This is pretty much the MoviPrep experience, with you as the shuttle. There are times when you wish the commode had a seat belt. You spend several hours pretty much confined to the bathroom, spurting violently. You eliminate everything. And then, when you figure you must be totally empty, you have to drink another liter of MoviPrep, at which point, as far as I can tell, your bowels travel into the future and start eliminating food that you have not even eaten yet.

After an action-packed evening, I finally got to sleep. The next morning my wife drove me to the clinic. I was very nervous. Not only was I worried about the procedure, but I had been experiencing occasional return bouts of MoviPrep spurting. I was thinking, ‘What if I spurt on Andy?’ How do you apologize to a friend for something like that? Flowers would not be enough.

At the clinic I had to sign many forms acknowledging that I understood and totally agreed with whatever the heck the forms said. Then they led me to a room full of other colonoscopy people, where I went inside a little curtained space and took off my clothes and put on one of those hospital garments designed by sadist perverts, the kind that, when you put it on, makes you feel even more naked than when you are actually naked.

Then a nurse named Eddie put a little needle in a vein in my left hand. Ordinarily I would have fainted, but Eddie was very good, and I was already lying down. Eddie also told me that some people put vodka in their MoviPrep. At first I was ticked off that I hadn’t thought of this, but then I pondered what would happen if you got yourself too tipsy to make it to the bathroom, so you were staggering around in full Fire Hose Mode. You would have no choice but to burn your house.

When everything was ready, Eddie wheeled me into the procedure room, where Andy was waiting with a nurse and anesthesiologist. I did not see the 17,000-foot tube, but I knew Andy had it hidden around there somewhere. I was seriously nervous at this point. Andy had me roll over on my left side, and the anesthesiologist began hooking something up to the needle in my hand. There was music playing in the room, and I realized that the song was ‘Dancing Queen’ by ABBA I remarked to Andy that, of all the songs that could be playing during this particular procedure, ‘Dancing Queen’ has to be the least appropriate.

‘You want me to turn it up?’ said Andy, from somewhere behind me. ‘Ha ha,’ I said. And then it was time, the moment I had been dreading for more than a decade. If you are squeamish, prepare yourself, because I am going to tell you, in explicit detail, exactly what it was like.

I have no idea. Really. I slept through it. One moment, ABBA was yelling ‘Dancing Queen, Feel the beat of the tambourine,’ and the next moment, I was back in the other room, waking up in a very mellow mood. Andy was looking down at me and asking me how I felt. I felt excellent. I felt even more excellent when Andy told me that it was all over, and that my colon had passed with flying colors. I have never been prouder of an internal organ.

ABOUT THE WRITER - Dave Barry is a Pulitzer Prize-winning humor columnist for the Miami Herald.

2009 VANCOUVER UOA CHAPTER MEETING SCHEDULE:

February 22
- Guest Speaker Mike Arab of Convatec will be demonstrating new products
- Deb Rooney will give tips on applying for the Disability Tax Credit

April 26
June 28
Sept 13 (AGM)

All meetings are held on Sundays at:
Collingwood Neighbourhood House
5288 Joyce Street
Vancouver at 1:30
MEMORY LAPSES

Part way through a sentence, your mind goes blank. You search for the words but memory fails. It can be one of the longest moments of your life. If those memory lapses seem to occur more and more often, it probably isn’t what you think. Forgetfulness has been associated with Alzheimer’s disease, but most people remain healthy and able as they grow older. A mild decline in memory in healthy seniors is referred to as age-related memory loss (ARML). It’s annoying, but ARML does not entirely disable memory.

How Memory Works:
Memory is not a single process. Declarative memory is a source of actual information that includes vocabulary and life events. (an example of declarative memory would be when you tell someone a story) About one-third of healthy older people have some difficulty with declarative memory. This ARML does not interfere with other important mental actions such as reasoning, imagination, insight and abstract thinking. Non-Declarative Memory allows us to recall skills and procedures. A person with dementia will have difficulty with both Non-Declarative and Declarative memory.

When Not to Worry
People with ARML and those with disease such as Alzheimer’s or other dementias have different experiences. Normally, aging people may sometimes have trouble remembering words; doing daily activities on their own; remembering important events and conversations; and feeling as comfortable socially as they always have. In contrast, people in the early stages of dementia may have trouble recalling familiar words; neglect their safety, hygiene and nutrition; have difficulty driving and shopping and are unable to follow directions; become lost in familiar places. If you feel that these symptoms apply to you or someone you love, consult a doctor.

Use Your Brain
The best thing you can do for your brain is use it. A rusty memory can be salvaged. In one study, seniors who did mentally stimulating activities such as practising music and playing board games reduced their risk of dementia. Evidence also suggests that aerobic exercise sharpens memory skills. Even believing in your ability to remember things may have some effect. When seniors were given a memory performance test, those who believed they would do well on the test did better than those who thought they would do poorly.

- Oregon Ostomy Assoc & GB News Review; Indiana Re-Route; Regina Ostomy News
Ostomy Clinic & Supply Centre

Services

- Clinic visits by appointment with specialized E.T. Nursing Care. Hours of operation for clinic visits are Tuesday, Wednesday and Thursday, 11 am to 5 pm.

- Pre-operative teaching and stoma site marking
- Post-operative instruction and supplies for caring for your ostomy
- Assessments and fittings for pouching systems
- Information and care for various ostomies
- Skin care

Supplies

- All brands of ostomy supplies and products
- Expert product information
- Fittings for support belts
- Pharmanet billing

Phone: 604-536-4061
toll-free: 1-877-ET NURSE fax: 604-536-4018
                    (1-877-386-8773) email: etr@infoserve.net

Elaine Antifaev, RN, ET, CWOCN
E • T • RESOURCES LTD
1 - 1381 George Street White Rock, BC V4B 4A1
(corner of Thrift and George)

VISITOR REPORT
Requests for patient visits for this reporting period came from Vancouver General, Lion’s Gate and St. Paul’s Hospitals as well as from independent inquiries.

Colostomy 6
Ileostomy 5
Urostomy 5
Pre-op 1
Other 2

TOTAL 19 (CHAPTER RECORD)

Many thanks to my excellent crew this round: Sandra Morris, Mandy Brossard, Maxine Barclay, Rebecca Glassford, Graham Drew, Sharman King, Arlene McInnis, Martin Donner, Elaine Dawn and Betty Taylor.

A warm welcome is extended to new member
Mark Dupont

Many thanks for your kind donation to the chapter:

Myron and Lorna Donner
Mrs. Willy Plantinga
Paris Tomei

Case #1: Gordon B. who claimed he never received a renewal form...

Case #2: Marsha N. said she “just forgot”

Well, Marsha didn’t forget! She was watching the US election!!

The next day Marsha’s cat had 18 kittens!!

Stories about people who didn’t renew their membership!!!

Gordon’s mother told him “he’d have to start paying rent.”

I swear, I never let her out of my sight! This has to be some kind of record, Marsha.

But True

Horrible
VANCOUVER CHAPTER

CONTACT NUMBERS

PRESIDENT
Martin Donner 604-988-3959
1835 McEwen Place,
North Vancouver, BC V7J 3P8

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

SECRETARY
Vacant

TREASURER
Emilia Prychidko 604-874-1502

NEWSLETTER PRODUCTION & EDITOR
Debra Rooney (days only)
affect: autodraw@shaw.ca

MEMBERSHIP COORDINATOR
Arlene McInnis email: amcinn@telus.net
34 - 4055 Indian River Drive, N. Vancouver BC V7G 2R7
Tel: 604-929-8208

VISITING COORDINATOR
Debra Rooney 604-683-6774
(Days Only)

LIBRARY, VIDEO AND DVDs
Graham Drew 604-874-1502

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

CHRISTMAS PARTY COORDINATOR
Joy Jones 604-926-9075

MEETING REFRESHMENTS
Chris Spencer

STOMA CLINICS

IN VANCOUVER / MAINLAND AREA

Pre-surgical counselling and post-operative follow-up.

VANCOUVER

Vancouver General Hospital 855 West 12th Avenue
Deb Cutting, RN, ET Tel (604) 875-5788
Lavra Jean Van Veen, RN, WOCN

St. Paul’s Hospital 1081 Burrard Street
Lisa Hegler, RN, ET Tel (604) 682-2344
Neal Dunwoody, RN, WOCN Ext. 62917 Pager 54049

Children’s Hospital
Amie Nowak is on maternity leave until January
Tel (604) 875-2345
Local 7658

NORTH VANCOUVER

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

NEW WESTMINSTER

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

Ostomy Care and Supply Centre
Andrea (Andy) Manson, RN, ET.
Muriel Larsen, RN, ET.

SURREY

Surrey Memorial Hospital
Elke Bauer is on maternity leave
Tel (604) 588-3328

LANGLEY

Langley Memorial Hospital
Maureen Moser, 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 Antifaeva, RN, ET.
CWOCN
Tel (604) 536-4061

KEIR SURGICAL AND OSTOMY SUPPLIES
Eva Sham, WOCN
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

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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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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If you wish to place a new ad, or upgrade an existing one, please contact the editor, autodraw@shaw.ca. Electronic artwork can be received as well as hard copy and photo images.

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

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.

MOVING?

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

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