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OSTOMY TORONTO

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Issue 53-11-10

Take time to "smell the roses"

By Frances Goodman Pellatt

There is good stress – such as the excitement of planning your wedding - and bad stress – losing your job, illness, dealing with aging parents - but no matter which type, we all respond differently. Some people handle stress by becoming anxious, getting angry or experiencing sleep deprivation; others thrive on it and complete their tasks well.

According to the literature, there are three levels of stress: 1) immediate – resulting in the body reacting with increased heart rate and breathing, and a nervous stomach; 2) continued – experiencing fatigue, anxiety;

(continued on pages 13)

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Next Monthly Meeting:

"Programs and Services in Home Care"

Thursday November 18: DOORS OPEN AT 7:00 PM MEETING STARTS AT 7:30PM See p. 4 for location and map

Also, join us for our **Holiday Celebration on December 16th!**

This year our holiday party will be located at a restaurant:

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OUR MISSION

A service based organization of caring volunteers, dedicated to assisting all persons with ostomies as a result of gastrointestinal or urinary diversions. Ostomy Toronto provides emotional support, experienced practical help, and education to the family unit, caregivers, and the general public.

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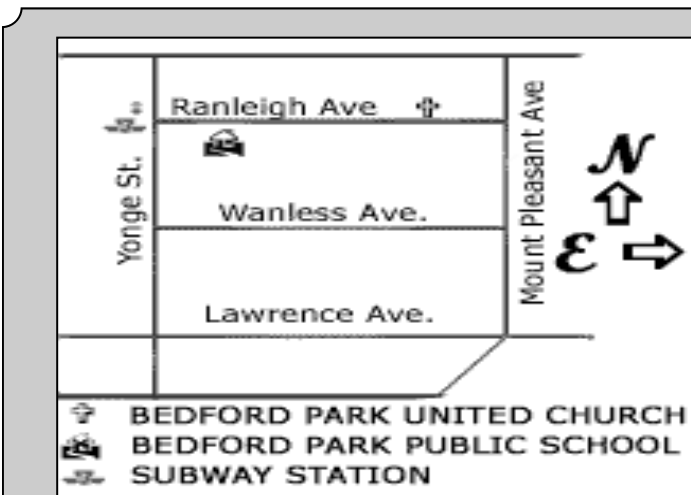
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Ostomy Toronto is a chapter member of UOAC

Next Monthly Meeting November 18th:
Programs and Services in Home Care

Our guest speaker this evening is an Enterostomal Nurse, Leslie Heath, who has worked in home care for many years. She will be discussing all of the programs and services available for people who are looking for additional care and support after stomal surgery. Leslie Heath's passion for working with clients living with wounds and ostomies has been a part of her career since its beginning 20 years ago. After graduating from Ryerson University in 1990, she started working on a general surgery floor at the Wellesley Hospital. She then moved to the community in 1997 to work for Saint Elizabeth Health Care as a visiting nurse. After a brief hiatus in 2000, while life took her family to England for two years, she returned to Saint Elizabeth in 2002. In an effort to utilize and advance her nursing expertise she took on a position of Wound Ostomy Resource Nurse in 2005. This entailed continuous self education culminating in the successful completion of her Enterostomal Therapy Nursing course from The Cleveland Clinic in 2009. Leslie is a member of the Canadian Association of Enterostomal Therapists, the Canadian Association of Wound Care, the Ontario Wound Interest Group, and has been and is interested in becoming a regular member of Our Ostomy Toronto Rap sessions.



Meeting Location
 Bedford Park United Church
 100 Ranleigh Avenue
 Toronto, ON
Meeting Time
 3rd Thursday of each month



The Editors



Lorne Aronson

We are planning to hold the holiday (December) meeting at a restaurant. I urge you to bring your spouse/significant other/relative and friends to this holiday function! To plan properly we need to know your intention. Please let the office know by December 1st by calling 416-596-7718 or emailing info@ostomytoronto.com Come join us in some frivolity and fine food! The cost per person is \$20 plus cash bar. One important item I would like you to remember for the December Holiday Party is to **bring an unwrapped gift for a child!** We have been doing this for over 15 years and all the gifts/toys are donated directly to the Hospital for Sick Children, ward 5b (the Ostomy Ward).

This month's guest columnist is Alison Atkins, a teen who attended Horizon Summer Camp this past July. She has many wonderful things to say about her experience. Take some time to read her column on page 21 of this issue.

Also, I am excited to announce that I have been asked to participate as a member of the Program Advisory Board to advise in the strategic development of the newly developed Rachel M. Flood Program for Ostomy and Wound Care at Mt. Sinai Hospital, an educational program for E.T. nurses and care givers. This is a great honour for me to be able to have an impact on the care that is given to future patients facing ostomy surgery and/or who require wound care.



Joey Friend





From the President's Desk

I hope that you are all well and that you are preparing yourself for winter and whatever kind of weather mother nature is going to send our way. I am pleased to see that there has been a positive response to our appeal; please remember that you will get an income tax receipt for your donation. One of our members sent me the following information that I thought would be of interest to you. As you read it, I would ask that you keep in mind that the Board of Directors, who are responsible for the organization of Ostomy Toronto, receive no salary. We are all volunteers. Ostomy Toronto does have one paid employee, our Resource Centre Manager, Carol Rodda, is a paid employee working three days a week – Tuesday, Wednesday and Thursday.

UNICEF - CEO, receives \$1,200,000 per year, plus an expense account. Only pennies from the actual donations goes to the



UNICEF cause (less than \$0.14 per dollar of income).

President and CEO of the American Red Cross...Salary for the year ending in 2009 was \$651,957 plus expenses. About \$0.39 goes to related charity causes.

President of the United Way receives a \$375,000 base salary (U.S. funds), plus many numerous expense benefits. About \$0.51 per dollar of income goes to charity causes.

World Vision President (Canada) receives \$300,000 base salary, plus a business expense account. About \$0.52 of earned income per dollar is available for charity causes.

Of the sixty some odd "charities" we looked at, the lowest paid (President/C.E.O/Commissioner)





President's Message Cont'd

heading up a charity group is right here in Canada . We found, believe it or not, it was none other than The Salvation Army's Commissioner who receives a salary of only \$13,000 per year (plus housing) for managing this \$2 Billion dollar organization. Which means about \$0.93 per dollar earned, is readily available and goes back out to local charity causes. Truly amazing...and well done "Sally Anne"

No further comment is necessary... "Think Twice" before you give to your charity of choice as to which one really does the best for the most - or the least for the most, for that matter. All this information is available online so if you have a spare hour to surf the net – it's amazing what you can find out. As I mentioned our Resource Centre Coordinator is paid a minimal salary and covered from other sources. Your donations go 100% towards the services provided by Ostomy Toronto.

Just to let you know that I am going to miss the next couple of

meetings. For the November meeting I will be in Frankfurt attending the International Ostomy Association World Meeting where important proposals are being discussed to change the present Constitution. I will let you know what happens in my December message. I will also miss the Holiday Party as I am going to spend Christmas in Australia with my brother. I am going to be away a couple of months visiting "ostomy friends" that I have made over the many years while I have worked internationally. I will send my January message from Australia.

Please take very good care of yourselves and be careful as the colder weather approaches. With Regards,

Dí





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*Harbison P et al. *ColonySkinStudy: a study of peristomal skin disorders in patients with permanent stomas*. *BJR* 2009; 15 (16): 954-62
** *BJR* 2009 paper, "Factors affecting peristomal skin conditions - results from the Danish sub-study", 2009



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Nine Reasons for Ostomy Pouch Leakage

Printed With Permission From UOAA UPDATE 12/09

Poor Adherence to Peristomal Skin – Make sure that your peristomal skin is “bone dry” before applying your pouch. Hold a warm hand over the pouch and stoma for 30-60 seconds after application to warm it and assure a good initial seal.

Wrong Size Pouch Opening – If the size of your stoma has changed (due to postoperative shrinkage or change in body weight) and you have not remeasured and adapted the opening accordingly, undermining of the wafer and leakage may be the result.

Folds or Creases – If folds or creases develop in the skin and leakage always occurs along the crease, wafer pieces or ostomy paste can be used to build up the area. Consult your WOCN nurse for proper methods.

Peristomal Skin Irritation – Pouches will not stick well to irritated skin. So practice meticulous skin care in order to avoid irritated or denuded skin. If any of these problems develop, consult your WOCN nurse or physician at once so that the problem can be nipped in the bud.

Improper Pouch Angle – If the pouch does not hang vertically, the weight of its contents can exert an uneven, twisting pull on the wafer. Ostomates must find an optimal angle for their own individual body configurations.

Too Infrequent Emptying – Pouches should be emptied before they become half full. If they are allowed to overfill, weight of the effluent may break the seal and cause leakage.

Extremely High Temperatures – Wafer meltout may cause leakage in warm weather. Try more frequent pouch changes or change wafer material.

Pouch Wear and Tear – Disposable wafers do wear out. If you are stretching your wearing time, leakage may be due to the wafer wearing out. Change your pouching system more frequently.

Improperly Stored Appliances or Aging Materials – Store your ostomy supplies in a cool dry place; humidity may affect your pouch adhesive. Also, pouches won't store forever. Ask your vendor what the shelf life is for your supplies and keep some extra pouches on hand.

As always, consult your ET nurse if the problem persists!



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Take time to "smell the roses"—cont'd

and 3) ongoing – causing insomnia and personality changes. Stress is an automatic reaction when the body cannot produce the energy it needs to function properly. The ongoing strain can cause dysfunction and breakdown of the body and the ability to deal with everyday events.

There are many methods that are easily available to help reduce stress. At work, prioritizing tasks can alleviate the anxiety of meeting deadlines. Exercise, eating well, getting enough sleep or seeking professional help are other ways of dealing with tension and pressures in our lives. Whether it is positive or negative, everyone needs some way of de-stressing; of calming themselves in order to cope with what is happening in their lives. Smokers may light up a cigarette to give themselves the time to relax before responding or taking action. Some individuals may turn to drugs, while others may find yoga and meditation helpful. Many peo-

ple believe in the calming effects of rubbing a lucky charm or an amulet, such as crystals or sea-hearts (large pod-like seeds found on the beaches of Jamaica), or looking to nature – seeking energy and strength from flora and fauna.

Robert Internoscia, author of *À chacun son arbre* – a wilderness survival guide for the soul and the heart – talks about our chakras: “energy centers along the spine, beginning at the base of the spinal column and moving upward to the top of the skull.”

The literature explains that the word “chakra” comes from the Sanskrit word meaning “wheel” – and that this wheel of energy is continuously revolving and rotating. There are seven chakras: the root chakra (tailbone/pubic area); the sacral chakra (the belly), the solar plexus chakra (the navel area), the heart chakra, the throat chakra, the third eye chakra (pineal gland, located in the forehead that secretes melatonin), and



Take time to “smell the roses”—cont’d

the crown chakra (the head/the center of spirituality).

Internoscia, like many spiritualists and clairvoyants believes that if the chakras are not aligned (balanced), then our basic life force will be slowed down; we will feel listless, tired, depressed, which may even affect us physically with disease. His book talks about “the energy that emerges from trees, the messages they transmit to us and the daily support they offer.” He expands on the notion that the energy that comes from certain trees can affect the different chakras. He further explains that each of these centers (chakras) can be energized by specific trees.

The late Edgar Cayce, father of the modern-day holistic health movement believed “all healing comes from within. Our bodies have the inherent ability and inclination to be healthy. Therapeutic interventions work best by assisting the processes of innate healing.”

According to Cayce certain trees had healing powers for the human body. For example touching or hugging the Maple tree could help relieve the pain of arthritis; the Poplar tree will help you to let go of problems and situations; the Spruce tree can help relieve smokers’ sore throats; while the Pine tree – the most powerful in our northern forests, according to Cayce – is a perfect choice to help develop self confidence and make long range plans.

George Washington Carver, who devoted his life to understanding nature and the many uses for the simplest of plants, said, “I love to think of nature as an unlimited broadcasting station through which God speaks to us every hour, if we will only tune in.”

Osho, a religious guru, urges us to “Look at the trees, at the birds, at the clouds, at the stars... and if you have eyes you will be able to see that the whole exis-

Take time to “smell the roses”—cont’d

tence is joyful. Everything is simply happy. Trees are happy, for no reason; they are not going to become prime minister or president. They are not going to become rich and never will have any bank balance. Look at the flowers – for no reason. It is simply unbelievable how happy flowers are.”

Even if you do not believe in any of the above, next time you have the opportunity to be in the mountains or in one of the many beautiful natural parks in and

around your city, take the time “to smell the roses”. Take a moment to appreciate nature; the wonderment of growth and rebirth of the different flowers and trees that nature has to offer.

Published in The Canadian Jewish News, Montreal and Toronto issues, October 14, 2010. Frances Goodman Pellatt is a freelance writer. She can be contacted by e-mail at: efpy@videotron.ca

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Ostomy Toronto's Patient Visitation Program

Do you need reassurance and emotional support relating to your upcoming or recent ostomy surgery?

Ostomy Toronto has a very active visiting program. We provide patients with the option of a telephone, electronic or face-to-face visit by a qualified visitor. Our Patient Visitation Program also provides support for family members, spouses/partners, and parents of individuals living with

ostomies. O.T. encourages friends and family members as well to seek support, as they can have an integral part in the patient's recovery process and can provide emotional and educational assistance.

The Visiting Coordinator, Di Bracken, can be reached by email at dib@ostomytoronto.com or 416-596-7718. If possible, the coordinator will match the patient with a visitor of the same approximate age, gender and type of surgery.

ATTENTION: OSTOMATES IN BARRIE AND SURROUNDING AREA! A NEW CHAPTER IN BARRIE?!

Hi! My name is Julie Reimer, I live in Barrie and have had an ileostomy for four and a half years. I think it would be great to have an ostomy chapter right here in Barrie. I suspect that there are others who agree and would also be interested in establishing a new UOAC chapter. If that includes you, or someone you know, please give me a call at 705-734-2937 or email me at juliereimer@live.com.

Editor's Note

Please DO NOT follow any medical or stoma management advice appearing in this Newsletter without consulting with your personal physician or Enterostomal Nurse first.

O.O.S. Medical Holiday Food Drive

Did you know that close to 800,000 people in Canada rely on food banks each month, 37% of whom are children?

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India Abroad July 30 2010

by Ajit Jain

Dr Khursheed Nawarajee Jeejeebhoy, a gastroenterologist at St. Michal's Hospital Toronto is this year's recipient of the Canadian Association of Physicians of Indian Heritage gold medal. The medal was presented at the annual CAPIH meeting in Ottawa, July 1.

"Every year, CAPIH gives a medal to a physician of Indian heritage for outstanding achievements" said Dr. K Gowda, President, CAPIH.

"Dr. Jeejeebhoy was awarded for his outstanding achievements as a gastroenterologist"

Jeejeebhoy who was born in Rangoon and went to medical school in Tamil Nadu, came to Canada in 1968. He's a member of a number of medical societies and a recipient of innumerable awards, distinctions and leaderships', Gowda read from the award citation. "He has written extensively on gastroenterology. Dr. Jeejeebhoy is one of the finest gastroenterologists of his time.

"I am honored to receive the gold medal" Jeejeebhoy told *India Abroad*. "I was very surprised and gratified they selected me...It is a bit of luck too."

"I am a specialist in diseases that affect the bowl, the colon, and the pancreras",he added. " I also do a little but of research on the liver, but most of my work is related to the gut. Because the gut nourishes people my research has also largely been relating to nutrition. My two areas of interests are gastroenterology and nutrition."

As per its custom of awarding the silver medal to either a medical student, or an intern, CAPIH this year chose Ritsseh Ram, a medical student at the University of Calgary.



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Looking Back on the Horizon
By: Alison Atkins

I have always been very comfortable with my ostomy and will tell anyone that will listen about it. Most people I've met have been incredibly supportive and haven't made me feel like my ostomy is gross or it makes me any less of a human being. However, when I told my best friend's mum I was considering keeping my ostomy, she said, "But you're such a pretty girl..." This is someone I considered a second mother and has my best interests at heart. Did my ostomy make me any less pretty? No, I knew that wasn't the case. She just didn't understand, and

most people didn't. That's why I had to keep fighting the stigmatism and talking about my health problems to spread the word.

Most people I talk to have no idea what an ostomy is or even what IBD is. That's why it was so great to be at Camp Horizon, where everyone already knew about it so you never had to explain why you needed a bathroom urgently or why you couldn't eat particular foods.

We arrived at camp, tired but full of excitement about what we were walking into. I was a little nervous because I had only met one of my fellow campers once beforehand. The flight had been a long one and we had spent it talking and annoying our fellow flyers. I was already getting closer to the kids on my flight but how would I get along with everyone else at camp? I didn't have to worry. When we stepped out of the car, the fresh mountain air hit us and we lined up to get our free Hollister water bottles or our "third arms" as the counselors called them. One of the volunteers



who was handing them out was Jessica Grossman, the woman who had helped me so much with my image of what an ostomy meant. We had talked for over a year, though this was the first time I had ever met her.

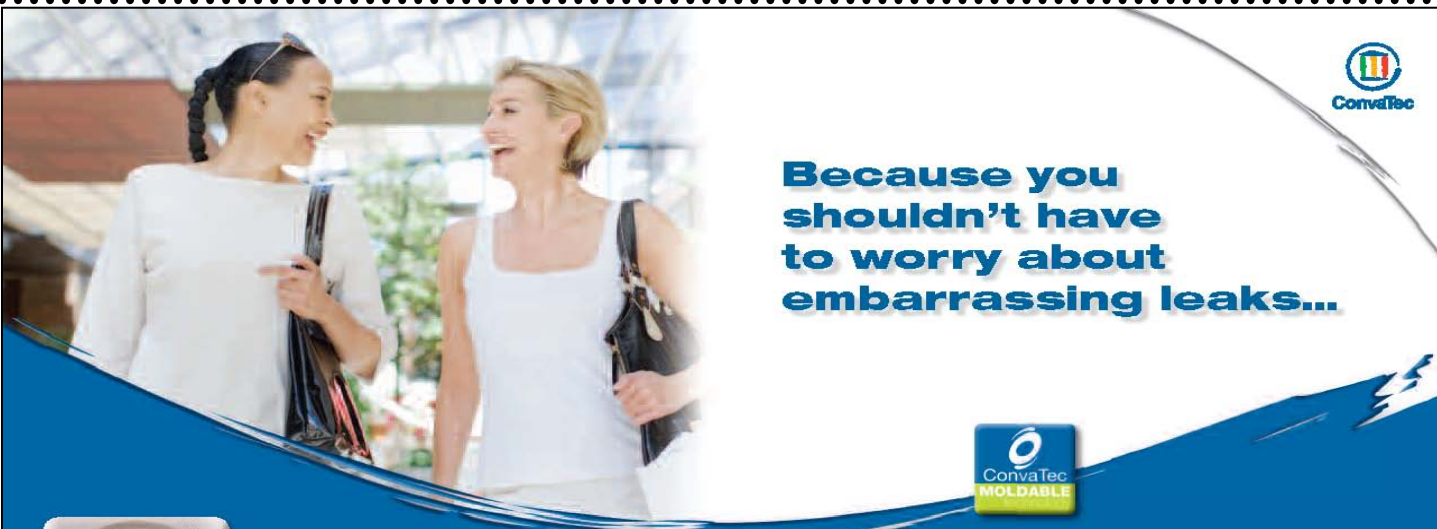
Right away we started activities, our first was the Giant Swing. Each person is raised 50 feet in the air by his or her teammates, attached to a harness and when you reached the top, you have to pull a lever. It took a lot of upper body strength and I'm a little embarrassed to say that they had to keep lowering me because I was too weak. Eventually I did manage it and I dropped. It was a great rush, like doing the first drop of a roller coaster. Some other really great activities we did were rock climbing, white water rafting and a high ropes course. These activities helped to show us that no matter our health problems, we could do anything we set our minds to.

All the adventures we had were great but the best thing about camp was the people we got

to meet. About half way through the week we had something called Magic Circle. We met up with another team in a large circle and took turns talking about how we felt about our ostomies, life, camp or anything we felt like. It became very emotional but it truly was magical. We drew strength from each other's stories and got new perspectives on life. My ostomy was a choice, so I was always very happy with it. Many ostomates there never had that option.

Camp veterans mentioned how they live for that one week at camp. At first I didn't really understand why but leaving camp and all the friends I had made was incredibly hard. Words can't describe how amazing Camp Horizon was and how much it did for me. I consider most of them my family and I am so appreciative of everything they have helped me through.





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