

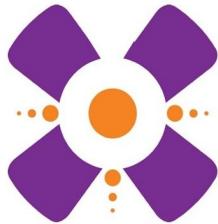


IN & OUT



FEBRUARY 2026

THE NEWSLETTER OF OSTOMY MANITOBA ASSOCIATION, Inc. (OMA)



**Ostomy Manitoba
Association**

Healthier / Stronger / Together

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UROSTOMY FLUID and INFECTION

By Juliana Eldridge, WOC nurse

People with urinary diversions of a urostomy no longer have a storage area, a bladder, for urine. Therefore, urine should flow from the stoma as fast as the kidneys can make it. In fact, if ones' urinary stoma has no drainage after even an hour, it is of serious concern. The distance from the stoma to the kidney is markedly reduced after urinary diversion surgery. Any external bacteria have a short route to the kidney. Since kidney infection can occur rapidly and be devastating, prevention is essential. Wearing clean pouches and frequent emptying are vital. Equally important is adequate fluid intake, particularly fluids that acidify the urine and decrease problems of odour. In warm weather, with increased activity, or with a

(Continued on page 3)



*Chocolate comes from cocoa
which comes from a tree.
That makes it a plant.
Therefore, chocolate
counts as a salad.
The End!*

Ostomy Manitoba Association (OMA) is a registered charity run by volunteers with the support of medical advisors. Through our members, we offer emotional support, experienced and practical guidance, and educational resources to families, caregivers, and the public. Our services and assistance extend throughout Manitoba and Northwestern Ontario.



**Ostomy Manitoba
Association**

Healthier / Stronger / Together

IN-PERSON MEETINGS

Regular chapter meetings are held from September through May. There are no scheduled chapter meetings in June, July, or August. A Christmas party is usually held in December.

**Meetings are held on the
FOURTH WEDNESDAY
of the month.**

7:30 pm—9:30 pm

Manitoba POSSIBLE Bldg.

**825 Sherbrook Street,
Winnipeg, MB
Rooms 202 & 203**

FREE PARKING:

Enter the SMD parking lot to the south of the building just off Sherbrook and McDermott Ave.

ONLINE MEETINGS



Zoom is offered as an option at all our chapter meetings for those who are not able to attend in person for whatever reason.

Link is found in this newsletter as well as on our website at -
<https://ostomymanitoba.ca>

Meetings open at 7:10 pm for random discussions among attendees.

Meeting Starts at 7:30 pm

OSTOMY VISITOR PROGRAM

Get The Support You Need!

Speak to a Certified Ostomy Visitor for personal support with your ileostomy, colostomy, or urostomy. Visits are available in hospital, in-person, phone & virtually. It could be either pre-operative or post-operative or both.

At times you may just have a few questions or at other times you may be 'working' your way through something and it's good to talk to someone who can relate to your situation personally.

The visitor will be chosen according to age, gender, and type of surgery. All you have to do is ask.

A visit may be arranged by calling our Visiting Coordinator, Bonnie Dyson at 204-669-5830.

ARE YOU MOVING?

If you move, please inform us of your change of address so we can continue to send you the newsletter.

Send your change of address to:

**OSTOMY MANITOBA
204—825 Sherbrook St.
Winnipeg, MB R3A 1M5**

DISCLAIMER Articles and submissions printed in this newsletter are not necessarily endorsed by *Ostomy Manitoba Association* and may not apply to everyone. It is wise to consult your Ostomy nurse (NSWOC) or Doctor before using any information from this newsletter.

NOTICE:

**When in
doubt about
a meeting
cancellation
during
inclement weather- here are
the steps to follow:**



- **WAIT until after 12:00 Noon**
- **CALL 237-2022, - # found on back page.**
- **If there is no "CANCELLATION MESSAGE" on the machine, the meeting is still on. Use good judgement if you plan to attend.**

LETTERS TO THE EDITOR

The Editor, *Inside/Out*
Email: pis_mel@outlook.com

Inside/Out is published eight times a year.

All submissions are welcome, may be edited and are not guaranteed to be printed.

**Deadline for next issue:
Friday, Mar. 6th**

WEBSITE

Visit the OMA Web Pages:

<https://ostomymanitoba.ca>

Webmaster:
webmaster@ostomymanitoba.ca

FROM the PRESIDENT'S DESK

Are ostomy appliances becoming a new fashion statement? Join us on Wed, Feb. 25th at 7:30pm to find out.



We will be joined by Tiffany Scowen of Coloplast to introduce some changes to their SenSura Mio Click pouches. Tiffany will also be introducing Coloplast's "black" pouches. Tiffany says *black is such an amazing colour because it can empower, it can be discrete, it can be sexy and so much more.* A few members are really excited to try out the new design & colour.

The board is looking for someone who travels back & forth to Brandon occassionaly. We are hoping someone might have room to pick up donations of unused ostomy supplies and bring them back to Winnipeg. See Page 9.

Our move to 1680 Notre Dame has been delayed (why am I surprised) due to construction. As a result I don't have much to report at this time. Stay tuned.

We have found a storage unit in the Garden City Community Centre for the collection of our donations of unused ostomy supplies which has taken a lot of stress off us all.

In the meantime board members have been busy downsizing our office at Sherbrook. They are doing an amazing job!

Upcoming Meetings

March 25th - Q & A with Tammy Landry (NSWOC)

It makes for a much better session if a few of you would forward me some questions ahead of time. This provides Tammy an opportunity to prepare an answer that benefits all attending.

April 22nd: Pizza night / AGM / Breakout Sessions

May 27th - Wind-Up (TBD)

Cheers,

Lorrie

OMA Chapter Meeting

DATE: **Feb 25, 2026,**
TIME: **07:30 PM**

IN PERSON or via ZOOM

COPOPLAST Presentation
Tiffany Scowen introduces

Black pouches' launch & more

Join Zoom Meeting Link

[https://us02web.zoom.us/j/84078679829?
pwd=tNyghaGqBV48GgIXuBcLxn2dQlKPs4.1](https://us02web.zoom.us/j/84078679829?pwd=tNyghaGqBV48GgIXuBcLxn2dQlKPs4.1)

Login via Zoom website

Meeting ID: 840 7867 9829
Passcode: 949441

**Dial in using 204-272-7920, then use the same ID and
Passcode**

**Should you encounter difficulty joining the meeting via Zoom either
TEXT or CALL Randy at 204-794-4019 this evening.**

(Continued from page 1)

fever, fluids should be increased to make up for body losses due to perspiration and increased metabolism.

It is important to be aware of the symptoms of a kidney infection: Elevated temperature; chills; low back pain; cloudy, bloody urine; decreased urine output. fever, fluids should be increased to make up for body losses due to perspiration and increased metabolism.

All ileal conduits normally produce mucus in the urine, which gives it a cloudy appearance. Blood in the urine is a danger signal. Thirst is a good index of fluid needs.

NOTE: If one is asked to give a urine specimen, be sure your doctor and nurse know a sterile specimen must be taken directly from the stoma and not from the pouch. Bacteria build up in the pouch constantly. One will always get a false positive test result if the sample is taken from the pouch instead of the stoma.

If they are not sure how to do this, do the following:

**1. Remove the pouch 2. Clean the stoma 3. Bend over
4. Catch the urine in a sterile cup.**

Source: The Ostomy Assoc. of Greater Chicago "The New Outlook"

OSTOMY MANITOBA CHAPTER VOLUNTEERS

SOCIAL CONVENORS:

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Rhona Recksiedler 204 - 257-8680

RECEPTION/HOSPITALITY:

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Bonnie Dyson 204 - 669-5830

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Marg Pollock

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SASO:

Vacant

FOWC: Friends of Ostomates Worldwide (Canada)

UNUSED SUPPLIES PICK UP

“NEW” 204-237-2022

Please leave a message

CHAPTER WEBSITE:

<https://ostomymanitoba.ca>

CHAPTER EMAIL:

info@ostomymanitoba.ca

Ostomy Manitoba Association is a registered non-profit charity run by volunteers. OMA was incorporated in August 1972.

BRANDON/WESTMAN OSTOMY SUPPORT GROUP:

Contact/s:

Marg Pollock 204-728-1421

OSTOMY SUPPLIES

HSC MATERIALS HANDLING
59 Pearl St. , Winnipeg, MB.

**ORDERS: 204-926.6080 or
1.877.477.4773**

**E-mail: osssupplies@wrha.mb.ca
Monday to Friday 8:00am to 4:00pm**

**PICK-UP: Monday to Friday
8:00am to 11:00pm**

SWIMMING ... BACK IN THE POOL!

Edited by B. Brewer, UOAA Update 7/2012

Swimming is an excellent exercise and activity you can enjoy with family and friends. So, why are so many of us afraid to get back into the water? Here are some issues and solutions.



I'm afraid that my pouch will leak or come off while I'm in the pool.

This is by far everyone's number one concern. The thing to remember is that your pouching system is designed to be leak-free and waterproof, and your wafer adhesive gets stronger in water. If your seal is strong and intact, strap on your swim fins and jump in. Check out these tips.

- Don't go swimming immediately after you have put on a new pouching system.
- Make sure your pouch is empty.
- Picture-framing your wafer with water-proof tape really, really isn't necessary, but may give you the extra confidence you need.
- Avoid wearing pouches with filters in the pool. Water may get into the pouch through the filter. Filters may become ineffective after they are wet.

I'm concerned that people will be able to see my pouching system under my swimsuit.

Dark coloured suits with a busy pattern will camouflage your pouch better than light colours like white or yellow, which can become almost transparent when wet. Consider the following tips:

- Women, choose a swimsuit with a small well-placed ruffle or skirt.
- Men, choose a swimsuit with a higher waist or longer legs. Add a lycra or spandex undergarment. Consider a tank top to cover any scars and/or a waist high stoma placement.
- Colostomates who irrigate may wish to wear a small, non-drainable pouch.

I'm embarrassed about changing into/out of my swimsuit in the locker room and people noticing my ostomy pouch.

If you are a little modest, try to find a spot that is out of the way or a time that it is less crowded.

Some tips to follow:

- You may wish to change and towel off in a convenient bathroom stall.
- Put on a dry, oversized shirt as a cover-up while you change.
- A dry suit is easier to take off than a wet one. Relax by the side of

(Continued on page 5)

(Continued from page 4) Swimming - Back in the Pool!

the pool with a good book or a talkative friend before heading for the locker room.

- Wear your swimsuit under jogging suit/sweatpants and don't worry about changing at all.

What about using the hot tub or Jacuzzi? What about snorkeling or scuba diving?

Go ahead. Again, if your pouch seal is good and your pouch is empty you should have no problem with your ostomy.

General Tips.

- Take it slow the first time out. Save those strenuous swims and dives until later.
- Always leave a little air in pouch, to permit stoma drainage to fall down into the pouch.
- When sun bathing, take a magazine or book to the beach or pool. Lay it open over your pouch to protect your pouching system (wafer) from the heat of the sun.
- To build confidence, test your pouching system in the bathtub and soak for a few minutes.
- Don't talk about your ostomy surgery at the community pool. If asked, talk in private.

Source: Broward County, FL "The Broward Beacon" via Okanagan Ostomy News—Sept. 2012



Welcome New Members

Marli Lerner

Annette Quirk



Shared health
Soins communs
Manitoba

**Manitoba Ostomy
Program (MOP)**

Editor's Note: Below is a reminder from MOP Program Coordinator, Carisa Lux RN, BN NSWOC regarding questions raised at the January Chapter meeting about placing ostomy supply orders.

To ensure you receive the supplies you need, we recommend the following:

1. **Update Contact Information:** Ensure that the Supply warehouse has your most up-to-date contact details.
2. **Order in Advance:** Place your order more than 2 weeks before you need new supplies.
3. **Request Larger quantities:** Whenever possible, order three months' worth of supplies at a time.
4. **Provide Complete Information:** Ensure all required details are included when placing your order to avoid delays:
 - a. First and Last name
 - b. 9-digit Manitoba PHIN
 - c. Full mailing and physical address
 - d. Phone number
 - e. Material number (six-digit order number) for each item, as well as the quantity required. This is provided by your NSWOC nurse, and is also found on the packing slip in each order.

Orders can also be submitted online at <https://sharedhealthmb.ca/forms/ostomy-supply-order-form/>.

- a. **Confirm Order:** To confirm your order is ready, call 204-787-1894. Please allow five business days for the order to be entered into the system before calling to inquire about status of an order.

When to contact your NSWOC nurse: If you have a health-related question, please reach out to your NSWOC nurse. If you do not know who your NSWOC is, please call the Manitoba Ostomy Program at 204-787-0612 and we will assist you.

Recent changes within the warehouse, shifts between Canada Post and courier services, and backorders from vendors could affect processing time. As a result it is especially important to follow the two-week ordering timeframe (above) to help ensure supplies are available when needed.

Five Reasons You Might Want to See a Dietician

Ostomy Ottawa News, November 2025

A dietitian can help address many health concerns to help you feel better and live a more balanced life. These are five signs why you might want to book an appointment.

Five signs that you may want to see a dietitian:

1. Lack of energy

New clients often report that they're experiencing low energy. Lethargic afternoon slumps may have something to do with your food intake. When you eat, what you eat, and vitamin deficiencies can also contribute to a lack of energy.

2. Dramatic change in your health

Have you experienced a drastic change in your health, like changes in your mood or energy levels? This could also be a good reason why you should see a dietitian. The dietitian also sees clients that are changing their diet patterns, such as going vegan or vegetarian. They help ensure the client is managing the transition well and still getting the nutrients they need.



3. Digestive concerns

If you're experiencing excessive bloating, gas or discomfort, you may also want to see a dietitian. A dietitian can review these types of digestive concerns before they get worse. They can look at what and how you're eating, then suggest ways to alleviate the discomfort you feel.

4. Weight challenges



The dietitian also sees clients that are struggling to maintain a healthy weight. Some individuals may feel nervous or worried about being put on restrictive regimens, but it's usually not as rigid as people think. They think

the dietitian will tell them they can never eat their favourite foods again. But dieticians don't practice that way. Most dieticians figure out what's best for you, and how to balance what you like with healthy choices.

5. A desire to understand or improve your relationship with food

Emotional or stress eating is another issue that comes up often with clients. Dieticians help people understand their relationship with food and develop better habits. Talking to a dietitian about emotional eating early on can help prevent it from becoming a more serious issue.

What should you expect when you see a dietitian?

Every dietitian operates a little differently. Typically, the first appointment with a new client is spent learning more about them. The dietitian asks lots of questions to get the full idea of what is going on. The dietitian learns about their health status, current habits, lifestyle and nutritional intake. There are questions about stress levels and mental health because everything is connected. The dietitian will go through some basic nutrition education with the client and by the end of the appointment there will be some small tailor-made goals based on the client's needs.

What are the benefits of seeing a dietitian?

Talking to a real human and a professional is a relief for a lot of people. If you go online, you're going to find every single answer for every single question. Talking to someone can be a lot easier and less stressful. Dieticians encourage individuals to learn more about themselves and their bodies and help them understand their relationship with food and how it affects their health. The goal is to help clients feel better, more confident and live more balanced lives.



Source: (edited) by Andrea Yu (interview with Registered Dietician Rebecca Minshall, via Lumino Health, November 4, 2021, via Stratford Ostomy News, October 2024, via Vancouver Ostomy HighLife Jan/Dec 2026

“Happiness is letting go of what you think your life is supposed to look like and celebrating it for everything that it is.”

– Mandy Hale, author

OSTOMATES ARE AT HIGH RISK FOR PERISTOMAL HERNIAS

(E. Pletzer, Okanogan Ostomy News)

I have deliberately put an “alarming” title on this article because our risk for acquiring a peristomal hernia is alarmingly high. Research indicates that 20 - 50% of ostomies develop a peristomal hernia during their lifetime. Anecdotal reports from medical practitioners indicate that 100% of ostomates will develop a peristomal hernia in their lifetime. 100% - that is very alarming.

I have been an ileostomate since May 2009, but it wasn’t until January 2013, that our local ET nurses, Karen King and Monical Rooks, provided education at our Kamloops ostomy group meeting that I was at high risk for developing a peristomal hernia. The risks were reinforced for me because half of the 12 people in the room had a peristomal hernia or had previously undergone surgical repair for complications of a peristomal hernia.

What is a peristomal hernia?

A peristomal hernia is a protrusion of the intestine through the abdominal muscle wall which results in a swelling or a bulge in the area of the stoma. The abdominal muscle is weakened when the surgeon pulls the bowel through that muscle layer to stabilize and create the stoma. The abdominal muscle can also be weakened by pregnancy, previous abdominal surgeries, advancing age and other factors. Factors that increase the risk of peristomal hernia include: steroid therapy, poor nutrition, post-op wound infection, strenuous activity too soon after post-op, age, smoking, history of hernias, previous hernia

repair, coughing, being overweight, constipation and straining, chemotherapy, etc.

How long does it take to develop a peristomal hernia?

The incidence of developing a peristomal hernia is highest in the first year post-op, however, it can happen anytime. Onset can be gradual or sudden (like after a sneeze). Once a peristomal hernia is present, it will often enlarge over time.

Signs and symptoms of a peristomal hernia include:

- A swelling or bulge of the abdomen around the hernia. It may become smaller when you are lying down and larger when you are standing.
- A dull ache around the abdomen particularly when standing
- Back discomfort.

Some complications are: The bowel which is protruding through the abdominal muscle wall may become kinked. This can create an intestinal blockage causing intense pain and requiring immediate medical attention. Stoma size may increase as the hernia enlarges and ostomy appliances may no longer fit properly due to contour changes around the stoma.

Prevention:

- Avoid lifting for 6 - 8 weeks post-op.
- Gradually resume activities and include exercises to strengthen abdominal core muscles.
- Avoid activities that increase intra-abdominal pressure such as lifting more than 10 pounds, coughing and sneezing and

bearing down (as in constipation). When coughing and sneezing are unavoidable, brace the abdomen with your hands or a pillow.

- Maintain a healthy weight.
- Wear a support belt during strenuous activities.

Surgical repair of peristomal hernias is generally avoided due to the high recurrence rate of hernias post-op. Also, repeated abdominal surgeries can cause multiple issues including weakened abdominal muscles and scarring, which then increase the incidence of herniation. Further surgical repair may not be an option if advanced age and/or other medical conditions prohbit



elective surgery. It is important for ostomates to be knowledgeable about the risks related to their ostomy surgery. However, it is not always possible for ostomates to truly comprehend the post-op risks outlined by the surgeon pre-operatively. Unfortunately some family physicians are not aware of the high risk for peristomal hernias; hence, they do not reinforce the preventative measures that can be utilized by ostomates. Consequently, as ostomates, we need to take responsibility for undertaking the preventative measures that may reduce our risk for peristomal hernias.

Source: via Saskatoon Ostomy Assoc. Bulletin, January 2013

FOOD CHART: The question of whether or not to eat certain foods is a matter of a person's own individual needs, tastes, and problems. The following chart will provide you with some useful information on a wide variety of foods.

| | | | |
|--|--|---|---|
| Gas Producing Foods | Red Jell-O Iron pills Licorice Red food dye | Diarrhea Control Foods | Whole wheat bread |
| Cabbage Beans Turnips Cucumbers Radishes Milk Carbonated beverages Chewing gum Nuts Beer Alcoholic beverages | Colon Irritants Raw vegetables Green leafy vegetables Spices Beer Alcoholic beverages Whole grain wheat Bran cereals | Stoma Obstructive Foods (Eat with caution) Nuts Seeds Popcorn Corn Coconuts Lobster, Shrimp, Crab Fibrous foods | Odor Control Foods Tomato juice Orange juice Cranberry juice Parsley Yogurt Buttermilk |
| Bulk Forming Foods | | Foods That Alleviate Constipation | |
| Bran Corn Lettuce Noodles Raw fruit | Odor Producing Foods Fish Onions Peanut butter Strong cheese Cabbage Garlic Baked beans Asparagus Cod liver oil Some multi-vitamins | Increased fluid intake Fresh fruit Cooked fruit Cooked vegetables Raw fruit | |
| Foods That Cause Change in Color | | | <i>Source: Dallas Area Ostomate News Via Gettysburg/Hanover 3/94 via The Winnipeg Ostomy Association's INSIDE/OUT February 2013</i> |
| Strawberries Beets Blueberries | | | |

TEN QUESTIONS TO ASK YOUR DOCTOR OR PHARMACIST ABOUT A NEW PRESCRIPTION

1. What's the name of the drug you're prescribing?
2. Is a less expensive generic version of this drug available?
3. How much will I be taking and how many times a day?
4. What time of day is best to take the medication? Should it be taken with food or without?
5. Does the medication need refrigeration?
6. What side effects, if any, might I experience? What should I do if they occur?
7. Is it safe to take this drug with other drugs or supplements? Can I drink alcohol while I am on

this medication?

8. What do I do if I miss a dose?
9. How long will I be taking this drug?
10. Do I need to finish the entire dosage you're prescribing for me? What do I do if I feel better before that?

Prescription drugs are life-savers but only if they're used correctly.

In the US, nearly half of all medications aren't taken as directed.

Fourteen percent of prescriptions never get filled;
13 percent are filled but never used;
29 percent are filled but not finished.

Source: The Ostomist, Great Seattle Assoc. via Springfield's (MO) Ostomy Family Newsletter SE Arizona - Summer

REASONS TO COME TO MEETINGS...

“We come to our local chapter meetings to take comfort in the fact that we are not alone; to bolster up our morale; to be educated in options regarding ostomy management and equipment; to receive practical hints on skin and health care, to help ourselves by helping others.”



General Funds

Rosemary Gaffray's Estate (#2)

Annette Quirk

**In Memory of Stan Sparks
(former WOA President)**

Donna Love

Eugene Clune

**Your support and generosity
is greatly appreciated !**

HELP NEEDED

We are looking for a volunteer with a large enough vehicle to pick up donations of unused ostomy supplies in Brandon and deliver them to our storage unit in Winnipeg. Perhaps someone who is making that trip in the first place. We anticipate a trip at your convenience 3 to 4 times a year.



For more information please contact:
Ross Bingham at 204-889-9554

RECTAL DISCHARGE - A CAUSE FOR CONCERN?

Source: Vancouver Ostomy HighLife newsletter—Sept/Oct 2019

In some cases, a person will have a stoma but will also still have their rectum, although the rectum will not be used to hold stool. The stool leaves the body through the stoma and doesn't ever enter the rectum. Sometimes there can still be discharge from the bottom, where the rectum and anus are, even though there's a stoma. How often there is a need to empty discharge out of the rectum, and why, will vary from person to person. In many cases, this is a normal, expected occurrence, and is nothing to be worried about. However, if the discharge from the bottom is bloody or smelly it should be discussed with a doctor.

Why the Rectum Might Have Discharge

The rectum is living tissue, and it will continue to produce mucus even though it is not "hooked up" to anything, and stool is not currently passing through it. Mucus is a part of normal stool, although it is not usually present in a great enough quantity for it to be visible. In the absence of any stool, the mucus passing through the rectum becomes readily apparent. Mucus might be relieved out of the rectum by sitting on the toilet and passing it as one would pass stool.

What to Do About Leaks

Some people find that the mucus could leak out of the rectum at times, especially if it tends to be of a watery consistency. Some gauze or a sanitary napkin is worn in the undergarments may help to catch unexpected leaks. It may also help with leaks to periodically sit on the toilet to try to expel the mucus, even before feeling the need to pass it.

If It Seems Like Something is Wrong

Some people find that the mucus, particularly bothersome, has a foul odour, or is green in colour, it may need to be investigated by a physician. Call your doctor if you find that you are experiencing any pain or other symptoms connected with the rectum or the passing of mucus. Seeing blood mixed in with the mucus may not be the result of serious problem, but it should still be discussed with a doctor.

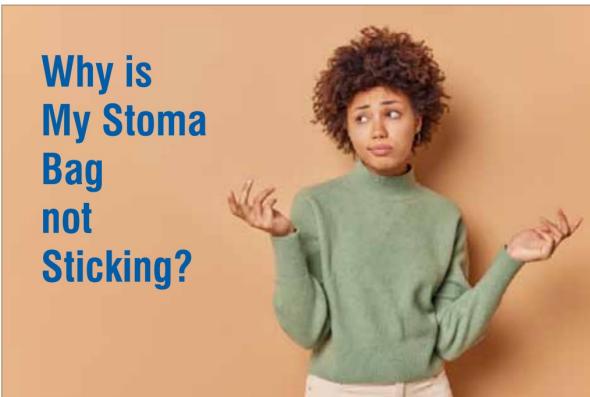
A Word From Verywell

In some cases, the surgical team may forget to mention that there could be discharge from the bottom after ostomy surgery. Feeling the urge to sit on the toilet when one has a stoma can be confusing but it is a normal occurrence. The natural tissues connected to the rectum will continue making bacteria and other substances. Normally these fluids leave the body in stool, but in the case of a diversion such as an ostomy, they will need to leave on their own. It may be difficult to contain these fluids at time, because they are not mixed with stool. Having leaks does not necessarily mean that if the ostomy is reversed, stool will leak out, because stool is different than a buildup of mucus and other fluids.

Source: Ostomy Halifax Gazette - January 2022

Why is My Stoma Bag not Sticking?

FreePic Photo



One of the most common issues faced by ostomates is their stoma bag not sticking to their skin. This can lead to leakage, skin irritation, frequent pouch changes and, ultimately, stress. This can make your life with a stoma much more challenging. Your stoma appliance should fit securely around your stoma and stay in place, no matter your body shape, and not stop you from taking part in your usual activities.

There are many reasons that your stoma bag may not stick to your skin and keeps coming off. The baseplate (also known as the flange or water) of your stoma bag has a sticky adhesive on it, which should attach securely to your peristomal skin (the skin surrounding your stoma). This should allow your stoma to fit snugly inside the bag and for all output to fall into the bag.

However, some ostomates find that their stoma baseplate won't stick to their skin at all, or the edges lift soon after application. This could be because:

- You are not using the right stoma products
- You have an active lifestyle that causes the stoma bag to lift
- Sweat or water from swimming or washing has caused the bag to come loose
- Your stoma appliance is not suited to your body shape (i.e. dips, folds, hernia)
- Your peristomal skin was not prepared properly before applying the stoma bag
- Your peristomal skin is damaged
- The adhesive on the baseplate is not the right temperature (too hot or too cold)
- Your stoma bag is faulty
- You are experiencing stoma problems like ballooning or pancaking

This could lead to leakage which worsens the issue. So, it's important to tackle the issue of your stoma bag

not sticking to your skin sooner rather than later.

If your stoma bag keeps coming off, let's explore a step-by-step guide on how you can avoid these problems and make your stoma bag stick better to your skin.

1. Try stoma flange extenders

Probably the simplest way to solve the problem of your stoma bag not sticking would be to try stoma flange extenders, as they are designed to secure stoma appliances to the skin. These are applied to the edges of the baseplate, increasing the adhesive area so it feels more secure and is less likely to lift during movement. This can help you to get longer wear time out of your stoma appliance, reducing stress and enabling you to live your life to the full. Make sure you opt for a skin-friendly, flexible option.

2. Prepare your skin

It's vital that you prepare your peristomal skin properly before applying your new stoma bag. Here is our step-by-step guide to preparing your skin before changing your stoma bag:

- Remove hairs from around the stoma to prevent the adhesive on the bag from pulling on them and causing pain/inflammation.
- Clean the skin gently, avoid any irritants (perfumed soaps, lotions, wipes containing alcohol, moisturizers, etc.) and do not scrub.
- Ensure the skin is completely dry before replacing your pouch.

You may want to use a barrier film wipe or spray to protect the skin from irritants and enhance the adhesion of the next appliance. Change your bag as soon as possible if it has leaked.

3. Pay attention to your skin

Following the steps above should ensure you avoid peristomal skin irritation, but always monitor it. Skin that is irritated or damaged will cause your stoma appliance not to stick properly. This can then cause rubbing and/or leakage, which in turn causes more skin irritation, resulting in a vicious cycle.

If you notice any irritation to your peristomal skin, it's important to treat it before it worsens, such as by using a barrier film.

You must also remove your bag using an adhesive remover and strike a balance between changing your

(Continued on page 11)

(Continued from page 10)

bag often enough to check your skin, but not too frequently that it becomes irritated.

4. Prepare your appliance

It's also possible that you are not preparing your stoma appliance properly which is causing it to come off. Adhesives stick better when they are warm, so we recommend warming the baseplate up in your hands before applying it. On the other hand, extreme heat can cause stoma products to degrade. If you live in a warm climate or your stoma bags have been kept in a warm environment, (for example, a hot car), this could also affect the adhesion. Storing them in a temperature –controlled environment, like a cool box, will help.

Also, ensure you cut the baseplate so that it fits snugly around your stoma. None of your peristomal skin should be exposed. Your stoma will change size and shape over time, especially if you have recently had surgery, so be sure to remeasure it. Your stoma nurse can help with this if you are unsure.

To make your stoma bag stick, hold your hands over the baseplate when applying the pouch and gently press on it for 30—60 seconds to help it bond to the skin. Leave it in place for about an hour before going swimming, to allow it to properly adhere to your skin.

5. Try a different stoma bag

If you have followed all the above steps and your stoma bag still won't stick, the problem could lie with the type of stoma bag you are using. It may not be suited to your lifestyle, your skin may be reacting to it or you may even have a faulty batch. Certain brands or types of bags simply do not work for some ostomates with no apparent rhyme or reason.

Luckily, there are many, many options available. Your stoma nurse can help you ensure you are using the right stoma pouching system to suit your needs. For example, you may benefit from a 2-piece system or a convex bag. You can request free samples of products from most manufacturers to test which combination of products works best for your stoma and your lifestyle.

Conclusion

You do not have to put up with your stoma bag not sticking and coming off. Follow these steps and speak to your stoma care specialist (NSWOC) to solve the problem before it escalates.

Ottawa Ostomy News Nov 2025 Via: StoCare.co.uk/blog

Source: Vancouver Ostomy HighLife Jan/Dec 2026

Things I Have Learned after Years of Having a Urostomy

By Jeff Kamm

- *No matter how long you go without drinking, a urostomy will always go squirting like a fountain just as you go to put on the appliance.*
- *The one time you go anywhere without a spare, no matter how short of a trip, you will have a leak.*
- *The best way for a kid who wasn't fond of school to go home early was to have a leak and "forget" to have a spare appliance or a change of clothes.*
- *With a urostomy you can amaze your drunk friends by neatly writing in the snow, even leaving spaces between words.*
- *Driving in farm country, certain smells will always make you check for a leak.*
- *But no matter what, an ostomy doesn't limit you.*

Source: Ostomy Assoc. of the Houston Area Feb. 2015 via Winnipeg Ostomy Assoc. Inside/Out Feb. 2015

CONTROLLING LEG CRAMPS

If you have been jolted awake by a leg cramp, you know how sudden and intense the pain can be. Several factors, including dehydration, the use of diuretics or overuse of your muscles can trigger leg cramps, which usually occur during rest or sleep.

For relief, straighten your leg and point your toes upward while you gently rub the cramp to help the muscle to relax. For a calf cramp, stand up and put your weight on the cramp, keeping both legs straight and lean forward at the waist. Use a cold pack to relax tense muscles. Use a warm towel or heating pad later if pain or tenderness persists.

To prevent cramps, stretch daily. Before bed, stand 2 - 3 feet from the wall, placing your hands on the wall. Keep your heels on the floor. Lean toward the wall and bend one knee, hold ten seconds, straighten your leg. Repeat with the other knee. Stretch each leg 5 to 10 times.

Drink 6 to 8 cups of water daily. Fluids help your muscles contract and relax. Try not to sleep with your toes pointed (as people tend to do when sleeping on their back or stomach). Sleep on your side, don't tuck your sheets and blankets too tightly as they can bend your toes down.

Your doctor may prescribe a muscle relaxant for frequent leg cramps.

Source: Mayo Clinic Health Letter; S. Nevada's Town Karaya, Snohomish, Metro Ostomy Ottawa News, Metro Halifax News, Ottawa Ostomy News Nov. 2023

DISABILITY TAX CREDIT(DTC):

Here are some of the points discussed at our January chapter meeting.

If you haven't applied for this credit, it is not too late. CRA will go back 10 years retroactively and adjust your returns for those past years if applicable.

To have CRA adjust previous tax returns, fill out Part A, Page 2, Item #3, YES or NO

It's best not to file during taxation season.

Personal Disability Tax Credit for 2025: \$10,138. Found on line 31600 of your 2025 tax return (in Step 5 of your T1).

Direct links to CRA form, brochure, & webinar below:

Disability Tax Credit Form T2201 [T2201 Disability Tax Credit Certificate - Canada.ca](#)

The form is 16 pages long but you do not have to fill out all the pages - only the ones relating to your condition.

Your doctor or nurse practitioner fills out Section B - Elimination . It is recommended that you provide the doctor with a copy of the OCS DTC brochure for help with the wording in this section. See below.

OCS Disability Tax Credit brochure [Brochure-DTC_brochure_Dec2021_English-final.pdf](#)

This brochure offers wording that is acceptable by CRA. Keep it simple and short. Wording is also offered for the doctor or nurse practitioner to use at your suggestion.

If your ostomy is permanent make sure that your doctor indicates this on his/her report

OCS DTC Webinar [Disability Tax Credit \(DTC\) - Ostomy Canada Society](#)

The July 2023 webinar can be accessed via this link. It takes you through the individual steps with explanations along the way.

NB: Copy your completed DTC form for your records. To avoid having the original sitting on your doctor's desk for an unknown length of time, forward the original document to the correct taxation office yourself.

If you are denied the credit, the letter should indicate the reason/s. Have these details updated and/or corrected and reapply. Talk to a board member if not sure what to do. Board members" numbers are listed on Page 14 of this newsletter. □

SITTING DOWN

By Rosemary Watt, RNET,
Stanford University

"Sitting down" doesn't seem like an important topic of discussion, but many ostomates have problems because their lifestyle involves "sitting down" much of the time. They may be secretaries or business executives, salesmen who spend a lot of time driving cars, and ostomates who are paraplegics who spend their waking hours in wheelchairs. Going to a movie involves sitting for several hours.



pouch must be straightened out when seated. Men can do this by putting a hand in the trouser pocket. Women have a somewhat difficult time, but can straighten the leg on the appliance side and adjust the pouch while they appear to be smoothing a skirt or straightening the leg of a pant suit.

An appliance belt that fits correctly may be too tight when seated, since we increase our girth when sitting. The belt may need to be loosened slightly before sitting for a long period of time.

Trouser belts may fit too tightly over an appliance when seated and prevent stool or urine from entering the pouch. The belt tightness can be tested when seated by inserting a finger under the belt or trouser.

*Reprinted from Ostomy Association of Long Beach (CA)
"Phoenix Reborn" via Evansville (IN) "Re-Route by Greater Seattle (WA) "The Ostomist".*

An appliance capacity may be decreased by 50% or even more when the sitting position is assumed. The



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PAYING YOUR MEMBERSHIP or MAKING a DONATION

e-Transfers now available

Use **e-transfers** to make a donation towards a Memorial Gift, the Youth Camp Fund, Stoma Anniversary, General Funds, or paying memberships.



e-transfer instructions:

Email: treasurer@ostomymanitoba.ca

Message box:

- **Be very clear to say what the transfer is for.**
- **In matters of donations please include your address so tax receipts can be issued for you.**

NEW—**AUTO DEPOSIT** has now been set up. No need for secret questions.

STOMA ANNIVERSARY CLUB

The anniversary date of my stoma is _____ and to celebrate my second chance for healthy living, I am sending the sum of \$_____ per year since I had my ostomy surgery.

NAME: _____

AMT. ENCLOSED: _____

Official receipts for tax purposes are issued for all donations, regardless of the amount.

My name and the number of years may be printed in the "INSIDE/OUT" newsletter. YES NO

Clip or copy this coupon and return with your donation to:

Ostomy Manitoba Association
204-825 Sherbrook Street
Winnipeg, MB R3A 1M5

Proceeds from the Stoma Anniversary Club are now being directed towards enhancing our website, purchasing equipment to support the work of our volunteers in finance, membership, communications and updating ostomy brochures, etc. to promote Ostomy Manitoba Association and its programs on an ongoing basis.



Ostomy Manitoba
Association
Healthier / Stronger / Together

204 - 825 Sherbrook St.,
Winnipeg, Manitoba, Canada R3A 1M5
Phone: 204-237-2022 Email: info@ostomymanitoba.ca

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For pick-up of unused ostomy supplies please contact the
Ostomy Manitoba Association
“NEW” 204-237-2022

Leave a message and your call will be returned.

PHYSICIAN DR. C. YAFFE

OSTOMY MANITOBA ASSOCIATION MEMBERSHIP APPLICATION

Current Members—PLEASE WAIT for your **green membership renewal form** to arrive in the mail.
Your renewal date is printed on your membership card.

New Members: Please use this form. The following information is kept strictly CONFIDENTIAL.

Please enroll me as a new member of the Ostomy Manitoba Association.

I am enclosing the annual membership fee of **\$40.00**.

To help reduce costs please send my copies of the **Inside/Out** newsletter via email in PDF format. YES NO

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

EMAIL: _____ YEAR of BIRTH: _____

Type of surgery: Colostomy: _____ Ileostomy: _____ Urostomy: _____ Other: _____
Spouse/Family Member: _____ N/A: _____ (Please indicate type if other)

May we welcome you by name in our newsletter? Yes I'd rather not .



Please make cheque/money order payable to: **“Ostomy Manitoba Assoc.”** and mail to:
Ostomy Manitoba Assoc. 204-825 Sherbrook St. Winnipeg, MB R3A 1M5