



INSIDE OUT

SEPTEMBER 2023

THE NEWSLETTER OF THE OSTOMY MANITOBA ASSOCIATION, Inc.



Ostomy Manitoba
Association

Healthier / Stronger / Together



FROM THE PRESIDENT'S DESK

I do hope that you all have had an enjoyable summer, and have stayed healthy. As we go into fall, I'm concerned about the rising virus numbers. Covid decimated businesses, schools, families in so many ways previously. I believe, from what I read in the news, that the work of non-profits, who are largely created to support the health and welfare of our communities, has been greatly affected as well. And that's the way it has been in our group. It has been near impossible to find the volunteers and the energy to get to where we were before Covid.

I was heartened however, at our recent Board meeting, when we talked about our focus and vision going forward now that we are celebrating a new name and all that goes with it. The ideas and energy were quite palpable to say the least.

We have a great need to find someone who is comfortable with the QuickBooks program. Randy is handling the bill paying, bank deposits, etc. in the interim, but this information needs to be inputted so that financial statements can be produced and the bank statements reconciled. Work is being done to put our membership list on Excel as opposed to the Access Data base that it is contained on currently. Hopefully we will find someone willing to keep this list up to date once we have all the information updated.

We talked about making strides and reaching more ostomates - especially the provincial people. We came up with some ideas and will likely present our thoughts at this month's chapter meeting. I am probably the most familiar with our membership as I work with it when preparing mailing labels and the email list to get the newsletter out to everybody on a monthly basis. I haven't done an actual count but I have noticed that our membership seems to be split 50/50 between Winnipeggers and our provincial people. That means we may need to look at the whole membership list in a different way.



(Continued on page 5)

Inside this Issue

Meeting Notice & Zoom Link	Page 3
WE HAVE A NEW NAME	Page 4
Writing Cheques	Page 4
PREZ's Desk (cont'd)	Page 5
NEW NAME (cont'd)	Page 5
About Being a Spouse	Page 6
SELF ADVOCATE	Page 7
AI Scam Calls	Page 8
Youth Camp	Page 9
7 Unexpected Benefits	Page 10
7 Unexpected Benefits (cont')	Page 11
AI Scam Calls (cont'd)	Page 11
MEDICATION RULES	Page 12
BLAST from the PAST	Page 13

WHO WE ARE

The **Ostomy Manitoba Association, Inc. (OMA)** is a non-profit registered charity run by volunteers with the support of medical advisors. We provide emotional support, experienced and practical help, instructional and informational services through our membership, to the family unit, associated care givers and the general public. Our range of service and support covers Winnipeg, Manitoba and North Western Ontario.

MEMBERSHIP

Anyone with an intestinal or urinary tract diversion, or others who have an interest in the **Ostomy Manitoba Association** such as relatives, friends and medical professionals, can become a member.

WHAT IS AN OSTOMY?

An ostomy is a surgical procedure performed when a person has lost function of the bladder or bowel. This can be due to Crohn's disease, ulcerative colitis, cancer, birth defects, injury or other disorders. The surgery allows for bodily wastes to be re-routed into a pouch through a new opening (called a stoma) created in the abdominal wall. Some of the major ostomy surgeries include colostomy, ileostomy and urostomy.

VISITING SERVICE

Upon the request of a patient, the **Ostomy Manitoba Association** will provide a visitor for ostomy patients. The visits can be pre or post operative or both. The visitor will have special training and will

be chosen according to the patient's age, gender, and type of surgery. A visit may be arranged by calling the Visitor Coordinator or the ostomy nurse (NSWOC) by asking your Doctor or nurse. There is no charge for this service.

WHAT WE OFFER

MEETINGS: Regular meetings allow our members to exchange information and experiences with each other. We also run groups for spouses and significant others (SASO) and a young person's group (Stomas R Us).

INFORMATION: We publish a newsletter, **INSIDE/OUT**, eight times a year.

EDUCATION: We promote awareness and understanding in our community.

COLLECTION OF UNUSED SUPPLIES: We ship unused supplies to developing countries through *Friends of Ostomates Worldwide (Canada)*.

OUR MEETINGS

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

UPCOMING EVENTS



**FOURTH
Wednesdays
of the month**

**SEPTEMBER 27
OCTOBER 25
NOVEMBER 22**

**Meetings open at 7:10 pm
for random discussions
Meeting Starts at 7:30 pm**

ARE YOU MOVING?

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

Send your change of address to:

**Ostomy Manitoba Assoc.
204 - 825 Sherbrook St.
Winnipeg, MB R3A 1M5**

LETTERS TO THE EDITOR

The Editor, *Inside/Out*
204-825 Sherbrook St.
Winnipeg, MB R3A 0M5
Email: woainfo@mts.net

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

**Deadline for next issue:
Friday, October 6, 2023**

WEBSITE

Visit the **Ostomy Manitoba Assoc.**
Web Pages:

<https://ostomymanitoba.ca/>

Webmaster:

webmaster@ostomy-manitoba.ca

DISCLAIMER

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

WINNIPEG OSTOMY CHAPTER VOLUNTEERS

SOCIAL CONVENORS:

Fem Ann & Fred Algera 204-654-0743

RECEPTION/HOSPITALITY:

Bonnie Dyson 204 - 669-5830

PUBLIC RELATIONS:

Randy Hull 204-794-4019

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vacant

LIBRARY/TAPES:

Ursula Kelemen 204-338-3763

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Vacant

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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:

waoainfo@mts.net

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

BRANDON/WESTMAN OSTOMY SUPPORT GROUP:

Contacts:

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: osupplies@wrha.mb.ca
Monday to Friday 8:00am to 4:00pm**

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

Ostomy Manitoba Association Monthly Chapter Mtg

DATE: Sep 27, 2023

TIME: 7:30 PM

PLACE: IN PERSON

MB Possible bldg.

825 Sherbrook St. Rooms 202 & 203

or

Via ZOOM

Instant access by clicking on link here...

[https://us02web.zoom.us/j/82352984687?](https://us02web.zoom.us/j/82352984687?pwd=N0dmWEhib0lkSzIHaG9JWmN5TnBMUT09)

[pwd=N0dmWEhib0lkSzIHaG9JWmN5TnBMUT09](https://us02web.zoom.us/j/82352984687?pwd=N0dmWEhib0lkSzIHaG9JWmN5TnBMUT09)

**Login into Zoom website and use the following ID and
Passcode...**

Meeting ID: 823 5298 4687

Passcode: 171801

**Dial in by phone using this number and meeting ID and
Passcode...**

204 272 7920 Canada

Meeting ID: 823 5298 4687

Passcode: 171801

ASK THE NSWOC

My pouch is not leaking, why do I have to change it?

(Courtesy of Christi Tsui, Regina (SHA) Ostomy and Wound Care)

Typically, ileostomy and urostomy pouches are changed every 3 - 5 days; and colostomy pouches are changed every 5 - 7 days. Changing the ostomy appliance on a scheduled day, even if there is no leakage, is important to maintain the health of the skin surrounding the stoma. When there is leakage, the skin is exposed to stool or urine, which can cause skin breakdown.

The trick is to find the day of the longest wear time before leakage happens. You can start with the average wear time mentioned above as a guide and experiment to find your scheduled change day.

IT'S OFFICIAL! WE HAVE A NEW NAME!

As of July 28, 2023 we are now known as:
OSTOMY MANITOBA ASSOCIATION

At our April 26, 2023 meeting, the motion to adopt the name Ostomy Manitoba Association was accepted unanimously. The large number of in-person and proxy votes received confirmed the resounding acceptance of this move.

As pointed out in letters sent out to members prior to our AGM, the rationale for this move was:

Considerations for selecting the change of name included:

- Keep it simple – no more than two or three words - OSTOMY
- Make it inclusive – include the entire province - MANITOBA
- Show that we are a group of like-minded people – ASSOCIATION
- The new name should be relevant and withstand another 50 years.

The rationale behind this change was as follows:

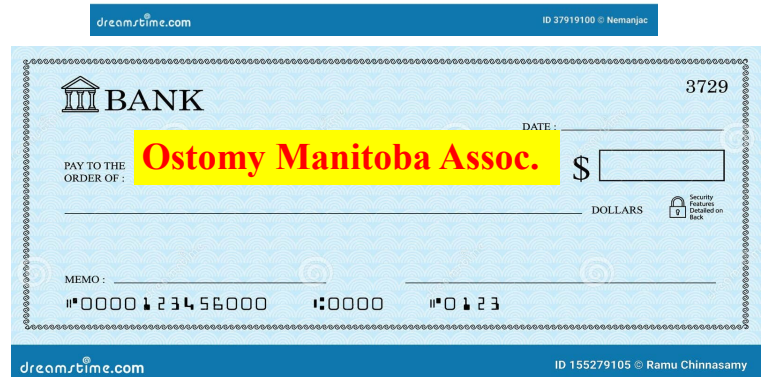
- The current ostomy support group is the only group in Manitoba despite attempts in the past to form other groups.
- Many people outside of the Winnipeg area have taken out memberships which indicates there is a need for a support group for the whole province.
- We are all bundled under the Manitoba Ostomy Program (MOP) and need to work together to protect this unique and valuable program.
- Many ostomy groups use the word Ostomy first, followed by the name of their group, for example Ostomy Canada, Ostomy Halifax, etc. This would indicate that we are part of a larger and national support organization.

TAG LINE:

Following a contest looking for suggestions to create a tag line, two peoples' ideas were combined to read:

HEALTHIER/STRONGER/TOGETHER

Healthier: Doctors and other medical professionals acknowledge the fact that attending a support group following surgery is instrumental in a faster emotional recovery, acceptance and



Effective September 1, 2023 when writing cheques for membership and/or donations, please be advised that our banking institution will only accept cheques made out to **Ostomy Manitoba Assoc.**

e-Transfers now available

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



e-transfer instructions:

Email: treasurer@ostomy-winnipeg.ca

Message box: Be very clear to say what the transfer is for.

Security Question: What is the middle word of WOA?

Answer: Ostomy (note: first letter "O" is upper)

The faults of others are like the headlights of an approaching car – they always seem more glaring than our own.

(Continued on page 5)

(Continued from page 4)

rehabilitation of the patient—thus the word Healthier.

Stronger: More people advocating for the same cause creates awareness, knowledge, and understanding of the issues of living with an ostomy. An exchange of ideas often brings about improved treatments, better products, more access to information, support, and resources for all ostomates - thus the word “stronger”.

Together: Greater numbers give us a strong voice when looking for improvements; Knowing that there are others who are willing to exchange information and experiences. gives new patients a sense of hope and belonging.

Logo:

The board was determined to maintain the look of our previous logo which was created for us several years ago.

With that in mind, we kept the same colours of purple and orange.

We maintained the 4 purple bumps which were originally meant to be butterfly wings suggesting health and new life and which formed the letters “W” and “A”. But we took out the small bump which was originally the top of the letter “A”. So now we have the four purple bumps remaining which signify that Ostomy Manitoba’s aim is to reach out to all ostomates in the four corners of the province. We kept the circle in the middle that emphasizes the first letter of “O”stomy. A flange and/or a stoma can still be identified at the centre of the logo.

The three sets of diminishing orange dots signify the work we do and should really have everyone stop for a moment and realize the importance of our chapter’s work.

1. The largest three dots indicate the three main functions of our chapter; **Visitation Program / Support Group / Newsletter**
2. The middle three dots indicate who we support: **Colostomates / Ileostomates / Urostomates**
3. The smallest three dots represent our other important functions: **Youth Camp / FOWC / Ostomy Canada**

Changing the name and keeping the colours has worked well along with our new tag line.

(Continued from page 1)

I welcome new board members Marg Pollock from Brandon and Sandy Borys from Winnipeg. Both these members will be assigned tasks at the board level as needed. In the meantime, they will act as liaisons between you, the members, and the board as a whole. If you feel uncomfortable bringing up an issue at a meeting or in making a call to one of the officers on the board, these are the people who will listen to your concerns and bring them forth on your behalf without you being identified. I know they are up to the task. They are both willing to jump in with both feet and are anxious to do more for the benefit of ostomates in Manitoba.

Now that we have a new name and more responsibilities, the board has more work to do. The main task is creating a new brochure. This will assist us in identifying the direction of our group for the future. We talked about making it eye catching and informative. Then we discussed how we would distribute this brochure and to whom. We will be looking for input from you at our meetings.

We have some ideas for presenters and guest speakers. Once we have them confirmed we will be sure to let you know. We know that breakout sessions are very popular and it is our intent to hold as many as is possible. Depending on attendance, we likely will try to get a breakout session going this month - in person and on Zoom.

It has been a long time since we were actively coming together in person. We miss you and we hope you miss us. Please make an effort to show up in person at a meeting before the snow flies and we’re all stuck at home again. I urge you to get on Zoom if nothing else. There is a great vibe when we see your many smiling faces on that screen.

Now I will get off my soap box and let you peruse the rest of the newsletter.

Cheers,

Lorrie

P.S. I wish to remind you once again - with the new name change comes a very important change at our banking institution. Please remember to address any cheques you write when paying your memberships and/or donations to **OSTOMY MANITOBA ASSOC.**

About Being a Spouse

The spouse's primary role is one of support and encouragement. These elements are vital to any relationship and provide a basis for an emotional recovery and acceptance of the ostomy. This life-saving, body-altering procedure can affect people in different ways. How you react to the physical changes from surgery will be conveyed to the ostomy in many ways.



Watch your body language. If you were a person who liked to cuddle before the surgery, then continue to reach out to your spouse. Couples have a tendency to "protect" each other and not be truthful about their feelings. Initiate open communications with your spouse and discuss any concerns either of you may have about the surgery (i.e., fear, anger, resentment, relief). Ask questions about changes you do not understand. It is likely that you and your spouse may have anxieties about becoming intimate.

Talk to your spouse about any physical limitations, pain (if present), fears about being naked, leakage, odour, and rejection. Body image is one of the major issues after ostomy surgery.

A good sense of humour is an important factor that will be very beneficial during the adjustment phase. It helps you and your spouse deal with some of the unexpected events during this time.

Ostomates should have instructions about self-care from an ostomy nurse prior to leaving the hospital.

Be supportive in providing assistance in caring for the ostomy but remember it is their ostomy! If the ostomy patient is physically capable, do not take on the role of total caregiver. Encourage independence in taking care of the ostomy, it can be the first step toward regaining self-esteem.

REMEMBER...The person with the ostomy has experienced a change in their anatomy, but they are the same person otherwise. How you and your spouse accept that change will influence your quality of life. Armed with adequate information and a positive outlook, you may find that having a family member who has survived body-altering surgery often leads the entire family to a greater appreciation of life.

Source: Regina & District Ostomy News Sept/Oct 2023



Q. My ileostomy runs like water, and I have to wake up in the night to empty. Is this normal?

A. Anyone who's had an ileostomy knows there can be a real variety in stool consistency, especially at the beginning. However, it is important to thicken things up. An "applesauce" or "toothpaste" consistency is the goal. If stools are too watery, the body doesn't have time to absorb important things your body needs. Your food, your fluids or even your medications might just go flying by, kind of like they were shooting down a waterslide! This can be a serious problem. You might become dehydrated, feeling weak, tired or dizzy, or have dry mouth. Also, your appliance may not be lasting as long as it should. If your stools are liquid, it may be time to reach out to your local Ostomy Nurse for some advice. There are foods and medications that can help to get things back on track!

Q. Can I drink alcohol with my ostomy?

A. This may depend on what type of ostomy you have. With a colostomy, you may be able to return to the foods and drinks you enjoyed before your surgery, especially if your doctor says it's okay. With an ileostomy, things may work a little differently now. Bubbly beer could cause gas. Hard alcohols may be absorbed differently. Cocktails that are high in sugar could make stools watery. Also, if you are already having liquid stools, alcohol could make you even more dehydrated. That said, life with an ostomy is meant to be lived. If raising a glass to the newly married couple or having the odd "cold one" on the back deck feels right to you, Cheers!

Source: Vancouver Ostomy HighLife July/August 2023

Change is inevitable, except from a vending machine.

SELF ADVOCATE

BEING YOUR OWN HEALTH CARE ADVOCATE

*United Ostomy Association, Inc., Evansville, Indiana Chapter, Re-Route, September 2023,
Niagara Ostomy Association September 2014*

Mount Sinai Hospital encourages patients to be advocates of their own health care. To help you, they offer the following suggestions:

- While you are in the hospital... Bring a paper and pen to write down your questions for your caregivers (doctors, nurses, etc.) as you think of them and ask for answers to those concerns.
- Consider keeping a journal if your health care experience is extensive, involving many health care professionals over a prolonged period of time.
- Ask caregivers for their names and titles, and write them down.
- Ask what tests and procedures are being done and why.
- Find out when your doctor's rounds will be done and have a family member or friend there to listen to the information, to ask questions, and to talk with after the team leaves.
- Before you sign any consent forms, make sure you read and understand for what you are giving consent.
- Ask questions such as, "what is the nature of the procedure"? And "who will be performing it"? Bring a list of all medications you have been taking at home.
- When it is time to go home ask about and understand the normal or abnormal side effects of your procedure. (For example, how much pain should be expected?)
- Ask for educational material on your condition, procedures and treatments.
- Ask how much you should do when you get home and what you will need help with.
- Ensure that you, your family and your caregivers make arrangements for help.
- Ask about your home care options. Find out exactly what home care arrangements have been made and ask for the contact name and phone number. If something is not covered make sure you plan for the help you need.
- Ask about your expected recovery time. Find out when you can return to work.
- If you or your loved ones do not feel you are ready to return home, state your concerns to your caregivers and ask for some time to discuss these concerns in detail.
- Ask about follow-up procedures.
- Find out what future appointments you will have and with whom.
- Ask if you should have a follow-up visit scheduled with your physician.
- If you need help resolving your concerns or want to give feedback to the hospital, call and ask to speak with the hospital's patient representative.

Editor's Note: While written for Mount Sinai's patients, this is sound advice for any patient's hospital stay.

Source: *Regina & District Ostomy News* Sept/Oct. 2023

STAYING SAFE IN AN INCREASINGLY TECH WORLD

AI scam calls imitating familiar voices are a growing problem - here's how they work

The conversation, UK edition, University of East Anglia

Scam calls using AI to mimic voices of people you might know are being used to exploit unsuspecting members of the public. These calls use what's known as generative AI, which refers to systems capable of creating text, such as video, based on prompts from the user.

Deeptakes have gained notoriety over the last few years with a number of high-profile incidents, such as actress Emma Watson's likeness being used in a series of suggestive adverts that appeared on Facebook and Instagram.

There was also the widely shared - and debunked - video from 2022 in which Ukrainian president Volodymyr Zelensky appeared to tell Ukrainians to "lay down arms".

Now, the technology to create an audio deeptake, a realistic copy of a person's voice, is becoming increasingly common. To create a realistic copy of someone's voice you need data to train the algorithm. This means having lots of audio recordings of your intended target's voice. The more examples of the person's voice that you can feed into the algorithms, the better and more convincing the eventual copy will be.

Our mission is to share knowledge and inform decisions. Many of us already share details of our daily lives on the internet. This means the audio data required to create a realistic copy of a voice could be readily available on social media. But what happens once a copy is out there? What is the worst that could happen? A deeptake algorithm could enable anyone in possession of the data to make "you" say whatever they want. In practice, this can be as simple as writing out some text and getting the computer to say it out loud in what sounds like your voice.

Major challenges

This capability risks increasing the prevalence of audio misinformation and disinformation. It can be used to try to influence international or national public opinion, as seen with the "videos" of Zelensky. But the ubiquity and availability of these technologies poses significant challenges at a local level too - particularly in the growing trend of "AI scam calls". Many people will have received a scam or phishing

call that tells us, for example, that our computer has been compromised and we must immediately log in, potentially giving the caller access to our data.

Audio spectrogram.

Real versus deeptake voices can be distinguished from their spectrogram or voiceprint. It is often very easy to spot that this is a hoax, especially when the caller is making requests that someone form a legitimate organization would not. However, now imagine that the voice on the other end of the phone is not just a stranger, but sounds exactly like a friend or loved one. This injects a whole new level of complexity and panic, for the unlucky recipient.

A recent story reported by CNN highlights an incident where a mother received a call from an unknown number. When she answered the phone, it was her daughter. The daughter had been allegedly kidnapped and was phoning her mother to pass on a ransom demand.

In fact, the girl was safe and sound. The scammers had made a deeptake of her voice. This is not an isolated incident, with variations of the scam including a supposed car accident, where the victim calls their family for money to help them out after a crash.

Old trick using new tech

This is not a new scam in itself, the term "virtual kidnapping scam" has been around for several years. It can take many forms but a common approach is to trick victims into paying a ransom to free a loved one they believe is being threatened.

The scammer tries to establish unquestioning compliance in order to get the victim to pay a quick ransom before the deception is discovered. However, the dawn of powerful and available AI technologies has upped the ante significantly - and made things more personal. It is one thing to hang up on an anonymous caller, but it takes real confidence in your judgement to hang up on a call from someone sounding just like your child or partner.

There is software that can be used to identify deeptakes, and will create a visual representation of the audio called a spectrogram. When you are listening to the call it might seem impossible to tell it apart from the real person, but voices can be distinguished when spectrograms are analysed side-by-

(Continued on page 11)





Your camp donation dollars at work!

Here is a group picture of campers who attended Ostomy Canada's Youth Camp in Bragg Creek, AB this summer. Below is an excellent report from Lisa Gausman, Ostomy Youth Camp Administrator. Lisa has forwarded me pictures of the individual campers who were sponsored by our chapter. Watch for more pictures and information in our October newsletter.

*Photo courtesy of
S & C Currie Photography*

Hi Sponsoring Chapters,

Camp was an amazing week! the weather was great, the airport days went as smoothly as possible, the bus they all shared from the airport to camp was filled with chatter and laughter, the time at camp from greeting friends from past years to meeting people who would soon become new friends was heart-warming to watch, the activities that the kids push themselves out of their comfort zones to explore their capabilities and then feel powerful and confident once they achieve the high ropes course fills everyone with strength and power. There is also a water fight, a hike and even the Giant Swing fills every age with nervous butterflies building in their stomachs until the moment they yell, "Ok, 3, 2, 1!"

Our Ostomy Canada programming is one of a kind and includes the special sharing circle called magic circle, as well as the intimacy talk with the 15 and older teens, and then the one-on-one moments that the kids share with mentors who all have ostomies themselves. Our mentors are hand-chosen from their applications because we all have an ostomy so we have walked the walk and can talk the talk about our experiences. No other camp in Canada has this special programming, nor their own NSWOCs who so generously give up vacation time in order to come and be available to help mentor our kids along their journey and to leave camp more independent then when they arrived. Please enjoy these photos.

If you are wondering about specific kids who your chapter sponsored, please let me know and I can take some time to find photos of those joyful faces for you.

Lisa, Ostomy Youth Camp Administrator

7 Unexpected Benefits to Having an Ostomy

By Allison Rosen, University of Texas, MD Anderson Cancer Center, via Triangle Newsletter; and Inland NW *"Insider"*

The first few years after my stage II colorectal cancer diagnosis were pretty rough. I was in and out of the hospital with infections, chained to the toilet by bowel issues, and crippled by social anxiety. This is not how I envisioned my life going at age 32.

I was one of those people who really, REALLY did not want a permanent ostomy. I resisted the idea of getting one for a long time because, in my mind, there was still such a negative stigma attached to it. After multiple surgeries, hospital stays and sepsis infections, though, I finally gave in and let my doctor create a permanent ileostomy for me in 2016.

I was surprised by how dramatically my life changed for the better once I had an ostomy. It took some time to accept my body's changes and the new way it functioned. But once I did, it opened my eyes to all the things I could do that I hadn't been able to do before. I finally started to live again.

Here are seven unexpected benefits of having an ostomy.

1. I'll never hold up the bathroom line again.

Before my ostomy, I always used to have to sit in the aisle on an airplane, so I could get to the restroom quickly. I was also very aware of the beverage cart's location and got stressed and worried whenever it blocked my path. Colorectal cancer is more than a physical disease, it impacted me mentally too. My anxiety was high all the time. Now, I can sit by the window, admire the view, and just relax and enjoy the flight.

I also never have to worry about being caught short when I'm out with my friends. I can eat, drink, and laugh at the movies, ballet, symphony or on road trips - and not have to worry where the restroom is (unless I have to pee!). Because ostomy pouches are always "on" I could be sitting just about anywhere "going to the bathroom," and no one would be the wiser.

That also means I'm one of the quickest people in and out of the bathroom. It only takes me a minute to empty my pouch. I don't even have to sit on the toilet

seat!

2. Goodbye, hours spent on the toilet.

My stool is collected in a pouch outside my abdomen, without any conscious effort on my part. So, I no longer spend hours on the toilet because I'm constipated or have diarrhea.

I did have to figure out my diet early on and adjust what I ate to normalize my output. But even when that's looser than I'd like it to be, I still don't feel any sense of urgency. I just empty my pouch more frequently, increase my fiber intake and use an over-the-counter anti-diarrheal medication until things settle down.

2. Gas is no longer an issue.

The first few months after my surgery, I noticed it would sometimes make little random noises. I had no control over when and where this happened. Because of my ostomy's location though, it was easy to pass it off as my stomach growling because I was hungry.

Now it hardly ever makes a sound. It also has a filter to release gas odorlessly. So I don't have to worry about making excuses or embarrassing myself. And since I don't pass gas in the usual way, I can't be blamed for a smelly room either. You'll just have to admit it was you or - or blame the dog.

4. Outdoor adventures, ostomy style.

I recently took my dream trip to South Africa with a dozen women from all over the United States. Together we explored Cape Town and the Winelands district, went on a safari in the Gondwana Game Reserve and climbed Table Mountain. I saw penguins and zebras just feet away from me in the wild. It was my dream trip that finally became a reality.

I never would've felt comfortable doing any of that without my ostomy. When you're high up in the mountains or way out on the savannah, you have to make do with what you have and "pop a squat" if you need to go to the bathroom. Like most people, my fellow travelers had to pull down their pants and underwear and risk getting bitten by insects and inadvertently exposing themselves while they did their business. I just inched my waistband aside and emptied my pouch.

(Continued on page 11)

(Continued from page 10)

5. My childhood dream of looking like a doll became a reality.

Growing up, I played with dolls a lot and always wanted to look like one in particular. Little did I know that once I was an adult, I actually would resemble her, at least in one way.

My entire large intestine, rectum, and anus had to be removed to treat my colorectal cancer, so the place where my anus used to be is now sewn up. I have what is known as a “Barbie butt” in the ostomy community.

6. There is a whole community of ‘ostomates’ out there.

I was very hesitant to tell the first guy I dated seriously after the ostomy that I had one. But I finally did when I knew things were going to get physical. It turned out that my boyfriend’s grandfather had had one, too, so he knew exactly what it was and wasn’t bothered by it at all. I had no idea how common ostomies were.

I was astonished to discover how supportive strangers could be. To help break the stigma of ostomies, I finally built up the courage to post a picture and video of myself on social media with my ostomy pouch showing. The feedback was amazingly positive. Millions of people viewed the video, and hundreds of thousands commented. Many were fellow “ostomates” or knew someone who was.

Having an ostomy is not glamorous. But sharing it so

openly was liberating. It made me realize that there’s a whole community of people out there like me, and many have become friends who ‘get it.’

7. I have a new excuse to accessorize!

It’s sort of a tradition in the ostomy community to give your ostomy a name since it’s your constant companion and will never leave you. When I went on a surfing trip with a group of cancer survivors, they helped me accept my ostomy and name it “Fill.” after I described its function. Right now, he’s got a pouch cover on that says “✓UR:” (check your colon). It’s my way of building awareness around colorectal cancer prevention.

The pouches themselves are usually pretty plain—either white or tan. But you can dress them up any way you want - by hiding them under bright colourful covers as I do, decorating them with glue and sequins, or even painting them with your own designs. I see mine now as another excuse to accessorize.

Making peace with my ostomy.

I’ll be the first to admit that it’s not easy to come to terms with having an ostomy. Accidents can happen, especially in the beginning, when you’re still figuring out what works for you. But with the help and support of your care team, ostomy nurses, ostomy supply companies and other ostomates, you can deal with the challenges just like I did - **one day at a time.**

Source: *Ostomy Outlook*, Ostomy Association of North Central Oklahoma Sept. 2023

(Continued from page 8)

-side. At least one group has offered detection software for download, though such solutions may still require some technical knowledge to use.

Most people will not be able to generate spectrograms so what can you do when you are not certain what you are hearing is the real thing? As with any other form of media you might come across: be skeptical.

If you receive a call from a loved one out of the blue and they ask you for money or make requests that seem out of character, call them back or send them a text to confirm you really are talking to them.

As the capabilities of AI expand, the lines between reality and fiction will increasingly blur. And it is not likely that we will be able to put the technology back in the box. This means more people will need to become more cautious. □

Source: *Vancouver Ostomy HighLife* - July/August 2023

....THOUGHTS TO PONDER

#1

- *Weak things united become strong.*
- *Excellence is not skill; it is an attitude.*
- *Challenges make you discover things about yourself that you never really knew.*
- *Nothing is a waste of time if you use experience wisely.*
- *Life can be one satisfaction after another if we let it.*
- *Our best preparation for tomorrow is the proper use of today.*
- *Learn to enjoy the little things*

.....there are so many of them.

Medication Rules for Summer

Texas A & M - Medical Record

Via Chicago

(Editor's note: While summer is almost over, these tips apply year round).

A pharmacist gives some helpful tips about how to properly store and keep medications in summer. When temperatures soar, we know we are at risk for heat stroke and dehydration. However, not many people know that high temperatures can impact their medications too. "Each medication has an ideal storage temperature," say Merlyn Joseph, PharmD, clinical assistant professor of pharmacy practice at the Texas A & M Irma Lerma Rangel College of Pharmacy. "Patients should pay close attention to their medications, especially in the summer heat," Avoid keeping medications in hot or humid places. Most medications can break down in hot or humid conditions, which cause them to lose effectiveness. "Best practice is to keep your medications in a cool, dry place. Avoid keeping medications in the bathroom and kitchen," Joseph said. Carry what medication you need for your trip, plus a few extra dosages. "If you keep a first-aid kit in your car with emergency inhalers or other medications, then you need to be aware how quickly they can expire when exposed to high temperatures on a regular basis," Joseph said. "It is better to carry medications you need in an emergency on your person instead of keeping them in the glove compartment."

If you are carrying your medications in summer, take what you need for that day or trip. It may be good to pack medications for a few extra days, in case of travel delays. This practice limits the medications' exposure to temperatures outside your home. Similarly, if you know you are going to be in really hot weather with medications that need to stay cool, like insulin, then take a cooler with you. Pack your medications into a carry-on bag. If you are flying on a plane, the same rule applies: bring enough medications for your trip and a few extra days, in case of flight delays. Another important thing to remember when you travel with medications is to pack them in a carry-on bag. The airline may lose your checked bag, and replacing medications when you are on vacation can prove to be difficult. Plus, you cannot control how long your checked bags sit outside waiting to get loaded onto the plane. If you carry your medications with you at all times, then you can have better control over their exposure to the heat. "Another travelling trick is to take the original pill bottle with you." Joseph explained. "If any questions come up about your medications, then you can prove you are

supposed to have those pills."

Pay attention to your medications' specific rules. Most medications have to be stored at room temperature in a dry place. However, sometimes medications have special rules. Especially if you are starting a new medication, it is important to ask the pharmacist about different temperature requirements and expiration dates.

Nitroglycerin. In addition to keeping this medication away from heat, patients need to keep it out of the sunlight. For this reason, pharmacists give nitroglycerin to patients in an amber-coloured bottle to decrease the amount of light that can reach it. Keep the medication in the original bottle. If nitroglycerin is exposed to light or leaves the protection of the amber-coloured bottle, the medicine declines rapidly and becomes ineffective.

Insulin and other injections. Patients need to refrigerate insulin in order to maintain its efficacy to the expiration date. As a result, many people store their insulin in the fridge until they are ready to use it. After you start using an insulin vial or syringe, they are typically kept at room temperature. Document the date that it was first used, as the new expiration date is based off this date. Insulin breaks down in heat, so when patients need to take insulin out of the house, it's a good idea to pack a small, easy-to-transport cooler to keep the medication cool.

Inhalers and contraceptives. Patients often overlook their inhalers when they think of medications. Joseph says it is important to keep track of when you first used each inhaler to determine its expiration date. Similarly, patients need to keep track of how many dosages are left. Make sure you order your replacement before all the doses run out. Additionally, hormonal vaginal rings or barrier methods of birth control like condoms can become less effective when exposed to extreme temperatures.

Liquid antibiotics and other solutions. Patients may need to refrigerate any liquid antibiotics, otherwise they lose effectiveness. "While many liquid solutions need to remain cold, others do well at room temperatures," Joseph said.

"A common mistake people make is they assume their medications do not expire or they forget when they first opened the bottle," Joseph said. "Medications do expire and if exposed to heat, medications expire even quicker than the listed date on the bottle." Expiration dates of multi-use inhalers or vials are commonly dependent on the date they were first opened and used.

"If you are unsure, and/or have specific questions, ask your pharmacist."

A BLAST from the PAST

Ostomy Manitoba Assoc.
(formerly the Winnipeg
Ostomy Association)
Celebrating *World Ostomy
Day (WOD)* on October 7,
2006 at Assiniboine Park.

Featured attendance
draws, games, Ostomy
Manufacturers,
Enterostomal Nurses,
Stephen Fletcher,
members, families &
friends along with great
food and a lot of fun

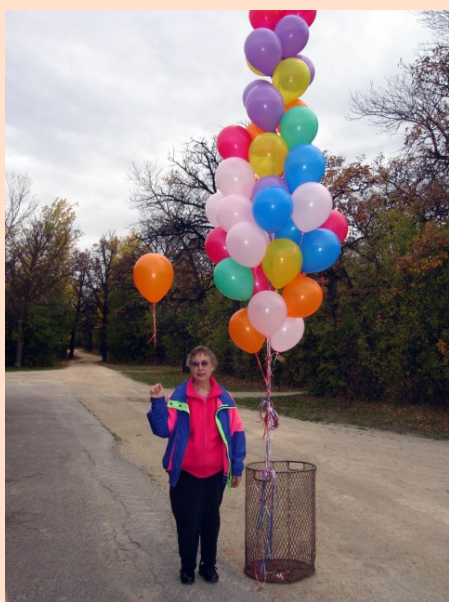


Fun Fact: You can't have a party without balloons and we had balloons!

Members socialized as they helped blow up the helium balloons, tied them and got them ready for our great group picture.

Our hope was to have a 'cloud' of balloons over our heads and release them into the air. And we had permission from air traffic control to do so. However,

some members were concerned that the Beluga whales in Churchill might ingest the remnants of the balloons once they returned to the ground. So we faked it and made sure there were no remnants left around to harm our environment or the beluga whales.





Ostomy Manitoba
Association

Healthier / Stronger / Together

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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.

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:
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