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

INSIDE/OUT

SUMMER 2026

Ostomy Manitoba Association

Healthier / Stronger / Together

"If we were meant to stay in one place, we'd have roots instead of feet" – Rachel Wolchin

We're on the move! Watch for updates in our September newsletter.

In this issue

NEXT CHAPTER MEETING IS:

WED, September 23rd

(4th Wednesday of the month – not the last Wednesday)

In person & Zoom

7:30 pm to 9:30pm

Zoom link will be available in the September *INSIDE/OUT* and on our website: https://ostomymanitoba.ca

OSTOMY MANITOBA-SPONSORED YOUTH LOOKING FORWARD TO THEIR CAMP EXPERIENCE IN ALBERTA!

There was excitement in the air on Sunday, July 12, when Randy Hull and Lorrie Pismenny arrived at the airport at 7:45 a.m. to send off six youth sponsored by Ostomy Manitoba as they began their journey to Ostomy Canada Society's Youth Camp in beautiful Bragg Creek, Alberta.

For five of the campers, this was a much-anticipated return to a place filled with friendship, confidence-building, and unforgettable memories. For one eager first-time camper, it marked the beginning of an exciting new adventure. At OMA, we know that once young people experience this special camp, they often cannot wait to go back year after year. Ostomy camp welcomes youth ages 9 to 18.

A heartfelt thank-you goes out to everyone who supports Ostomy Manitoba's Youth Camp Fund. Your generosity helps open the door to this meaningful and life-enriching opportunity for young people.

Watch for our September issue, where we will share more highlights and hear directly from these young campers about their memorable camp experiences.

Ostomy Manitoba Association
Healthier / Stronger / Together

***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.**

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

"NEW" address*

Ostomy Manitoba Assoc.
Unit 2 – 1680 Notre Dame
Winnipeg, MB R3H 1H6

FREE PARKING:

***Manitoba Possible Bldg**

zoom

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

Zoom links are found in this newsletter as well as on our website at -
https://ostomymanitoba.ca

Meetings open at 7:10 pm for meet & greet among attendees. Meeting starts at 7:30 pm

OSTOMY VISITOR PROGRAM

Get The Support You Need

Connect with a Certified Ostomy Visitor for personal support with your ileostomy, colostomy, or urostomy. Visits are available in person, by phone, or virtually, before or after surgery—or both.

Sometimes you may have only a few questions; other times, you may be working through a concern and benefit from speaking with someone who personally understands your experience.

Visitors are matched based on age, gender, and type of surgery. All you need to do is ask.

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

You are not alone!

Letters to 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, Sept. 4th

WEBSITE

Visit the OMA Web pages at:
www.ostomymanitoba.ca

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 Assoc.
Unit 2-1680 Notre Dame
Winnipeg, MB R3H 1H6

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.

OSTOMY MANITOBA CHAPTER VOLUNTEERS

SOCIAL CONVENORS:
Sandy Borys 204 - 793-8307
Rhona Recksiedler 204 - 257-8680
RECEPTION/HOSPITALITY:
Donna Suggitt 204 - 694-7660
Bonnie Dyson 204 - 669-5830
PUBLIC RELATIONS:
Randy Hull 204-794-4019
MEMBERSHIP CHAIR:
Thelma Sures 204-799-4075
LIBRARY:
Ursula Kelemen 204-338-3763
CARDS:
Sandy Borys 204-793-8307

NEWSLETTER:
Editor: Lorrie Pismenny 204-489-2731
Mailing: Jan Dowswell
WEBMASTER:
Leslie McKendry-Smith

VISITOR TRAINING:
Lorrie Pismenny 204-489-2731
SASO: Vacant

FOWC: Friends of Ostomates Worldwide (Canada)
UNUSED SUPPLIES PICK UP
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 & Ostomy Supplies Donations Drop Off:
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: ossupplies@wrha.mb.ca
Monday to Friday 8:00am to 4:00pm

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

WE'VE GOT MAIL !

Hi Lorrie

RE: OMA 2025 Year End Reports - via email.

It's great to see OMA in such good shape financially and with so many highly dedicated volunteers. Here's to another good year.

Barry M.

****

To: Lorrie Pismenny <pis_mel@outlook.com>

Subject: I enjoy reading your newsletter thank you very pouch

Dear President Lorrie how are you?
I enjoy reading your excellent informative inside / out OMA newsletter
If you so desire and to help you reduce the costs of mailing to my Canada Post mailbox, you can just send me an email and I will read your friendly Manitoba OMA newsletter on your website
I would love to volunteer some day unfortunately I am constantly on 24 hour call and I work evenings all week
Thank yall for an excellent newsletter and great teamwork

Please have a nice safe day
Best Regards
Terry W.
O.M.A....Offering More Advice
(Nice story about the BEST friend ...
Live long and prosper

****

Subject: Cheque Received – Thank You for Supporting Youth Camp 2026 – via email.

Hi Randy,

*A heartfelt thank you to the **Ostomy Manitoba Association Inc.** for your generous support of **Youth Camp 2026**. We are truly grateful for your continued commitment to supporting our Youth Camp year after year. Your generosity makes a meaningful difference for the children from Manitoba attending camp and helps create an unforgettable experience for all our campers.*

Kind regards,
Wilma Kohler (Mon – Thu)
National Operations Manager, Ostomy Canada Society

April 26, 2026
OMA visitors were presented with a
Certificate of Appreciation,
along with cookies, name tags & pens
for a job well done.

Cookies, baked and decorated by board secretary's daughter, Alessia Guzzi

Lorrie Pismenny – President, with Jared Dmytruk - (OMA's youngest visitor) and Norma Wilson - (OMA's longest serving visitor). *FYI*. Norma has had her ostomy for 63 years.

"We are pleased to recognize *his/her* ***remarkable contributions as a Certified, Trained, Visitor and the profound difference*** *she/ he* ***has made in the lives of patients navigating their ostomy journey.***

He/she's ***dedication and compassion has left a lasting impact, convincing new patients that a happy and productive life is indeed possible after their ostomy surgery.***

Special thanks for a job well done and for being " The heartbeat of Ostomy Manitoba".

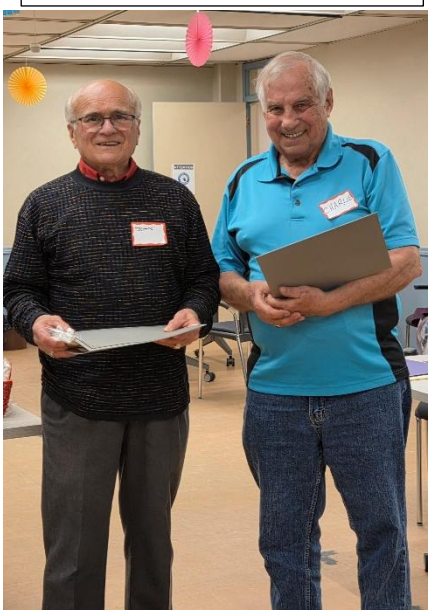
Thank you to Bonnie Dyson, serving over seven years as Visitor Coordinator, board member, and an OMA Trained Visitor

Missing: Paula Sturrey, Don Dempster, Georgette Dobush, Lena Harder, Debbie Balzar, Katryna Loewen, Jan Dowswell, Evhan Uzwyshyn, Rosanna Guzzi

Right -

OMA trained visitors, & FOWC team members
John Kelemen
Charlie Stevens

- Left
OMA trained visitors, & long-time board members
Donna Suggitt,
Randy Hull,
& Fred Algera



Scientists identify trigger of Crohn's scarring, research suggests

- MSN News – Lucinda Cameron

Research suggests scientists have identified what drives the development of scar tissue in the intestines of people with Crohn's disease.

Scientists found clusters of immune cells in the gut which may be stimulating nearby cells to generate excess scar tissue, known as fibrosis. It is hoped the discovery, detailed in a new study, could help develop treatments to prevent or slow the development of fibrosis, a serious complication of Crohn's disease.

Crohn's is a long-term, inflammatory condition affecting the digestive tract and, over time, ongoing inflammation can lead to fibrosis, where excess collagen builds up in the bowel wall. This scarring can cause the intestine to narrow and become blocked, meaning that surgery is needed. The University of Edinburgh-led research team hope the latest findings could help pinpoint therapeutic targets that could be explored to interrupt the scarring process and develop treatments specifically aimed at fibrosis.

Dr Shahida Din, consultant gastroenterologist at NHS Lothian and honorary senior clinical lecturer at the University of Edinburgh, said: "Fibrosis remains one of the most challenging complications of Crohn's disease because current treatments primarily target inflammation rather than the scarring itself.

"Understanding the cellular signalling pathways that link immune activity to collagen production could help guide the development of therapies aimed at preventing or slowing fibrosis."

The research team analysed intestinal tissue samples from Crohn's disease patients with fibrosis, focusing on the ileum – the final part of the small intestine where the disease most commonly develops.

The researchers used archived intestinal tissue samples to examine structural changes across the different layers of the bowel wall.
They found significantly increased fibrosis and immune cell infiltration in Crohn's disease tissue compared with normal tissue.
The submucosa – a deeper layer of the bowel wall – had particularly high levels of scarring, indicating it may play an important role in the early stages of fibrosis.
Researchers next analysed fresh intestinal tissue samples, using a cutting-edge technique to study gene activity in individual cells, known as single-cell RNA sequencing.
They identified a link between clusters of immune cells, known as Crohn's lymphoid aggregates, and groups of endothelial cells, which normally line blood vessels.
Scientists found that the endothelial cells appeared to form distinctive structures surrounding the Crohn's lymphoid aggregates.
Further analysis revealed signaling interactions between these clusters and nearby cells responsible for producing collagen, suggesting they may actively promote fibrosis.

Dr. Michael Glinka, research fellow at the University of Edinburg, said: "Our findings highlight previously unrecognized interactions between immune cells, endothelial cells and collagen-producing cells in Crohn's disease.

"By combining traditional pathology with single-cell transcriptomics, we were able to confirm these changes using two independent approaches and uncover biological signalling pathways that may provide new therapeutic targets."

The research is published in The Journal of Pathology. It was conducted by a UK-wide collaboration of researchers and clinicians and was supported by funding from the

... Continued Page 6

... *Continued from Page* 5

Leona M and Harry B Helmsley Charitable Trust. Catharine Winsor, director of service, research and evidence at the charity Crohn's & Colitis UK, said: "People who live with Crohn's often tell us how much fibrosis and scarring can affect their lives, yet it's something current treatments don't address.

"This early research is really exciting because it helps us to understand what drives that scarring and where new treatments could make a difference.

"It brings real hope that, in the future, we might be able to treat not just inflammation, but the lasting damage Crohn's can cause. ❑

Source: Vancouver *Ostomy HighLife* May / June 2026

Graphic by macrovector_official on Freepik

FROM the PRESIDENT'S DESK

Dear Members,

By the time you read this, our campers will have returned home. Watch for their stories and pictures from camp in our September issue.

Here's a short update on our move.

We have officially left 825 Sherbrook St., about a month later than planned. Our new home on Notre Dame looks really impressive—even if it isn't quite ready yet!

Thank you to all the board members who worked so hard to sort through and downsize 26 years of belongings, packed everything, and placed it in storage for now.

At Notre Dame, although we won't have an office per se, we will have a small space for storing files, etc.

We have also booked rooms for our chapter and board meetings—whew! That was my biggest concern.

Mail forwarding through Canada Post has been arranged and is now in effect.

More to come in the September newsletter. Enjoy the rest of your summer everyone!

Lorrie

UROSTOMY TIPS and HACKS

Mucus is a never-ending part of urostomy life and even impacts those with neobladders and Indiana pouches.

The piece of intestine used to create our urinary diversions still acts like a typical intestine, so it creates mucus. The amount varies widely from person to person. Even things like diet, medications, and hydration levels can change mucus output day-to-day. Good water intake will keep your ileal conduit well flushed and will keep the mucus thin, so it doesn't clog your pouch outlet.

The second tip is a little sneakier – vitamin C! I don't think any of us ostomates understand the exact science, but we all agree vitamin C reduces mucus output. This can be achieved via supplements, but simple orange juice or snacking on oranges works just as well. I notice a huge difference if I've missed out on my daily dose of vitamin C. Try adding a glass of juice to your morning or a vitamin C supplement at night. – Ostomy Hacks, Brittany Tellekamp.

Source: Vancouver Ostomy HighLife May / June 2026

WHY DO SOME PEOPLE GET MORE LEAKS THAN OTHERS?

Any time two or more ostomates get together to compare notes, their experiences will always vary! Why do some people rarely get leaks, and others get several in a month? Reasons vary but the most common are:

Your stoma may be too short. Most surgeons will try to give you a stoma of reasonable length – not too long, not to short. But despite their best efforts, the healing process is not always 100% predictable, or the surgeon may not have had much remaining length of bowel to work with. Ideally, the stoma should protrude a half inch to an inch from your body. If it is shorter than this, it will be difficult for waste of any type to exit the body and fall cleanly into the bag.

Wrong type of flange for your stoma type. Stomas that are too short or flush with the skin should have a convex flange. This is a faceplate that is formed in such a manner that when applied, it gently pushes the peristomal skin down, giving your stoma more of a chance to expel waste into the bag rather than under the flange.

Lumpy tummy. Many of us have lumps, bumps, cellulite, stretch marks, old scars, pot bellies, dimples, and hair, plus we gain and lose weight. All that can add up to quite a challenge for the best of products. A flange sticks best to an even, flat surface, so if you have an irregular tummy, you may need to even it out with paste, or if things still don't stick, consider Eakin seals.

Men need to carefully shave abdominal hair around the stoma. Abdominal hair, if too coarse or thick, can interfere with flange adhesion. Electric shavers or razors can both work – try what you use on your face first. If that doesn't get things smooth enough, switch to the other method. It goes without saying that you must protect the stoma from sharp blades. An empty toilet paper roll is ideal for this purpose.

Stoma Placement. Some stomas are more challenging to manage than others. Sometimes the placement of the stoma is in a difficult spot, i.e., too low or too high where clothing interferes. Sometimes they are placed too close to folds of skin, navel, or other irregular abdomen areas. Ostomies should be sited by a qualified NSWOC nurse prior to surgery, but sometimes this is not possible.
Surgeries may be done on an emergency basis (i.e., rupture, serious injury to the bowels), or the patient may not have had access to NSWOC personnel in their area. A poorly placed stoma will require more care and vigilance to avoid leaks.

Consider using an ostomy belt. An ostomy belt, especially if used in combination with a convex flange, can really help. It should be tight enough to make the flange sit a little more snugly to your body, but not so tight you're uncomfortable and always thinking about it.

Are you emptying often enough? Just emptying more frequently is often the easiest and most simple solution. Weight on the flange can increase the risk of a leak. Empty before your pouch is a third full, or sooner if you can. Put it this way – you have to urinate multiple times during the day (and possibly at night if you're like me). Empty your pouch when you pee. You're in there anyway, why not?

How active are you? You will want to rest and sleep when you get home after surgery. It stands to reason that a lot of lying down will increase the chance of waste staying near the top of the bag and getting under the flange. As you become physically active again, some positions that involve bending or twisting can cause a flange or bag to loosen or pop off. Consider using paste or Eakin seals under the flange, tape around the outer edges, or an ostomy belt.

... Continued Page 8

... Continued from Page 7

Is your changing technique correct? You may forget what you learned in the hospital, misunderstand, or think you have it down pat and get careless. Or you may have been in hospital with no NSWOC staff and minimal post-op ostomy training. It's wise to see a qualified NSWOC a few weeks after your surgery to review appliance management and correct any poor techniques you may have fallen into.

EDUCATE YOURSELF ABOUT PRODUCTS! There are many different brands and models out there – you don't have to stay with the same brand and model you were discharged with! Go online. Ask your NSWOC. Ask another ostomate. Learn what else is out there that might work better for you! Some brands fit some patients better than others. Don't put up with an appliance model that isn't right for you. ❑

Source: *Vancouver Ostomy HighLife – July / August 2024; Ottawa Ostomy Nov. 202; Saskatchewan Ostomy News May / June 2026*

****

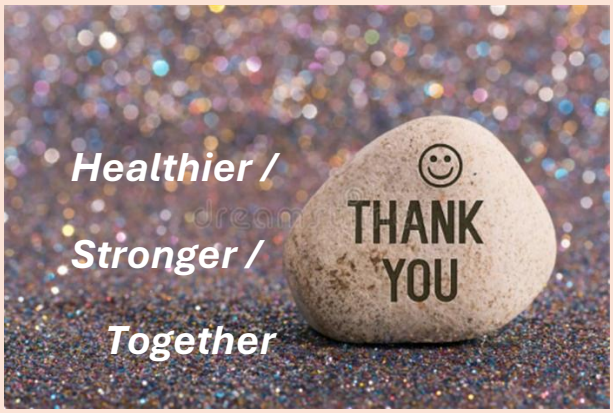
Inspiring Quotes that will Give You a Push in Life

Listen and silent are spelled with the same letters. Think about it.

Listen Not all arguments need an answer. Sometimes, victory lies in walking away from a pointless conversation. We often misunderstand the meaning of life – the real meaning lies in the ability to understand and not just reply.

Sometimes you need to talk to a three-year-old just so you can understand life again.

Mingle with the Young
We adults might be practical and rational, but we often misinterpret the simplicity of life. In such situations, just try talking to a toddler and you will be bewildered at the careless and happy life of that little soul.



Camp Fund

Sharon Pchajek
Norman & Brenda Zebrynski
Linda & Elliot Katz
Jeff Friesen

General Funds

Charles Stevens
Georgette Dobush
Doris Perrault
John Kelemen
Babara Bater
Elmer Brandt
Yvonne Roeland

In Memory of Dave Kauchuk

John Kelemen

Your support and generosity is gratefully appreciated!

"Perseverance is not a long race; it is many short races, one after another." Walter Elliot

HINTS for SUMMER & TRAVEL

Do not expect to get the same pouch wear time as you did in the fall, winter or spring. If your wafer or ring skin barrier melts out faster, change the pouch more frequently. If wear times are very poor, have your NSWOC nurse recommend a different skin barrier. If plastic against your skin is uncomfortable or causes a heat rash, purchase or sew a pouch cover. If you are wearing a two-piece system and are participating in very active sports, use a 10" strip of 2" or 3" waterproof tape to secure the pouch and barrier. For extra security during swimming and water sports, use waterproof or "pink" tape to fix your pouch.

Monilia is a common summer problem. This raised, itchy, red rash on the peristomal skin is uncomfortable and keeps the pouch from holding well. If you suspect a monilial rash, contact your physician as soon as possible for a prescription for anti-monilial powder.

All methods of travel are available to you. Many people with ostomies travel widely, from camping trips to cruises to plane excursions around the world. Since you should prepare for travel, here are some suggestions: Take along enough supplies to last the entire trip plus several extras. **They may not be easy to obtain from where you are going.** Even if you do not expect to change your appliance, take along everything you need to do so. Leave home fully prepared. Find out if and where supplies are available for a long trip. A local ostomy chapter can be helpful.
Try to get the name/names of any Ostomy Chapters in your travel itinerary. You can always make contact with someone who can find a doctor or ostomy supplies. Ostomates are friendly and most helpful.

Never pack ostomy supplies in your checked luggage in case your luggage is delayed or lost. Pack them in your hand luggage and take them with you. Even when travelling by car, keep this in mind. Never keep your supplies in the car where excessive heat can damage appliances and dry out cement, etc.

Be sure to drink plenty of fluids so that you will not get dehydrated or constipated.
Be extra cautious about food and water in other countries since a case of traveller's diarrhea can be more serious for you. Be prepared for digestive upsets by checking with your doctor for recommended medications to take with you.
To fight dehydration due to excessive heat, diarrhea or vomiting, carry a small immersion heater and tea bags or instant bouillon cubes. These can quickly replace lost electrolytes (potassium and salt.)

Carry some type of emergency medical information on your person. Provide cautions and pertinent information in the event of unexpected hospitalizations.

Source: Metro Maryland; The Re-Route, Evansville, IN, via INSIDE/OUT Summer 2013

* *

Friends of Ostomates Worldwide (Canada)
Giving the Gift of Dignity

Donate – Don't Throw Them Out!

Ostomy Manitoba volunteers collect donations of unused ostomy supplies, which are then sorted, packed, and sent to FOWC's central depot in St. Catharines, Ontario. From there, FOWC ships pallets of supplies overseas to support people who cannot afford them or who live in areas where ostomy supplies are unavailable.

To have donations of supplies picked up please call and leave a message at:
Ostomy Manitoba Association
204-237-2022

For more information check out website Friends of Ostomates Worldwide (Canada) \| empowering ostomates worldwide

Daily Living with an Ostomy

Every Individual is Unique so Don't Put Restrictions on Yourself Based on Others

By Lisa Febre, courtesy of UOAA April E-News

The morning after my colectomy, the first question I had for my surgeon was "can I still go do yoga?" My surgeon had a good-natured and amused response: "Please give yourself two weeks to recover from this surgery, and then you can do all the yoga you want." He also told me that with my specific colostomy, in two weeks I could get back to my regular diet with no restrictions. (I've since learned those with an ileostomy have different considerations).

Sure enough, two weeks later, once I was sufficiently recovered, I was living out his predictions. I was back on the yoga mat, twisting myself into pretzels, lifting into tricky arm balances, and standing on my head. I was outdoors hiking and running. For the first week after surgery, I was following a soft-solids diet, and by the second week I was eating whatever I wanted. By the end of the month, I was even eating Ruben sandwiches with sauerkraut!

I knew no boundaries because I had none.

It wasn't until I joined a support group on social media that I noticed people were questioning things I was taking for granted like taking a shower, exercising, wearing pants, and eating vegetables. Are there eating restrictions for ostomates? Was it possible some people were told they could not exercise with their ostomy? The answer is …yes …ish.

Showering with an Ostomy

I was given a temporary colostomy in December 2021 after being diagnosed with Stage 4c colon cancer at age 47. There is no way around it: this is a major shock to both body and mind. But all I could think about was getting into the shower to wash off the five days of sweat and grime that had built up on my body during my hospital stay. I stripped down, with my new Hollister two-piece system hanging from me, and stepped into the shower. I didn't think about the bag at all, I just showered like I normally did. When I was done, I dried myself and the bag off with a towel, and … that was it. I did this every single day without a second thought.

I would laugh at myself and say: it's just poop, it's not nuclear waste!

Weeks later, I was surprised to learn people commenting online were wrapping up their colostomy bags with layers of plastic wrap and were trying desperately to keep their abdomens out of the water. Wait …are we not supposed to get the bags wet? That didn't sound right to me. The barrier has to be taken off with adhesive removal wipes or sprays, and even then, it can be difficult to separate it from your skin. The durable plastic receptacle bag is meant to hold all kinds of bodily fluids; it seems obvious that it should be able to handle a little soap and water. The customer service reps at both Hollister and Coloplast concurred: they specifically told me that their products are meant to be used while showering, bathing, and even swimming, with no extra accessories. Again, because no one told me I couldn't, I was already doing these things. It was heartbreaking to see so many of my fellow ostomates avoiding basic hygiene for fear of doing it with the bag on.

It seems like the solution might be to shower without the appliance. There tends to be even more fear surrounding this practice of naked showers. Again, this was something that I had already done without asking for permission. One day I was changing my appliance, decided it would be a great time to shower, and just jumped in. The soap on my newly exposed skin felt fantastic, my stoma looked to be enjoying the water running down my belly. Naked showers were soothing and necessary for my peace of mind. I always felt the cleanest when I showered without my appliance. The skin under the barrier stayed healthy and the adhesives worked much better. Always close at hand was a disposable plastic cup filled ¼ up with water

… Continued Page 11

... Continued from page 10

which I used to catch any "visitors" that might erupt form my exposed stoma during my showers. I would laugh at myself and say: it's just poop, it's not nuclear waste!

Exercising with an Ostomy

This is something you absolutely must talk to your doctor about. I can't give you proper advice since everyone has a different risk value for a parastomal hernia (that's when your intestines try to push their way through the incision around the stoma). Although 50% of people with a stoma will get a parastomal hernia, that doesn't mean you are going to get one. Your surgeon will assess your risk. I had almost no risk of one of these hernias because I was fit and active before the surgery; there was a low likelihood that my incision site would fail while I had the stoma. I was told I could begin exercising again 2 weeks post-op. Alternately, when I had my reversal surgery 10 months later, my surgeon said there is a slightly higher risk of a hernia at the closure site and wanted me to wait 8 weeks before lifting anything over 10 pounds, and that included doing yoga.

Even within one person, my risks were different for each surgery. This is why you have to have a clear assessment from your doctor and follow their directions. Some people may still develop a hernia despite following their surgeon's directions. It's important to question and clarify but ultimately listen to your doctor – and not just people online, this gives you the best chance for success.

Dressing with and Ostomy

This is a tricky one for ostomates because everyone's stoma is in a slightly different spot. I was able to wear jeans and form-fitting clothing because the location of my stoma made that possible. Someone else may have their stoma exactly where the rigid waistband of their favourite jeans falls, which can be an issue. Your clothing isn't necessarily going to hurt the stoma, but you do need to save room for when your stoma has output. For some, tight-fitting clothing can restrict the bag, forcing the output backward toward your skin and under the barrier.

Dressing is definitely not a one-size-fits-all situation, so unfortunately no one can really give someone else game-changing advice. Be ready to experiment but always wear clothing that makes you feel good. It was important to me to wear jeans, so I bought new jeans with a lower waistband that fell just under my stoma. Many other women invest in maternity pants. But I never leave the house feeling frumpy. My colostomy was not in charge of my fashion sense, I was!

Eating with an Ostomy

Everyone has a unique reason for having an ostomy. In my case, I had my colostomy because of cancer; I had no pre-existing intestinal issues or dietary restrictions. If you are like me and could eat whatever you wanted to before, chances are high that your doctor will tell you that you can go back to that way of eating after your surgery. But some people, who come to a colostomy or ileostomy through ulcerative colitis or Crohn's Disease (or other gastrointestinal disease), may already have restrictions that they still need to take into consideration. An ostomy does not always magically erase your special diet for IBD.

The general rule is however you are before your colostomy is how you can eat now.

It does not rule you: it is not the most important thing about you, and it does not define your life.

I am a vegan and I had no trouble eating any vegetables with my colostomy. UOAA's trusted Eating with an Ostomy Guide provides info including a standard chart of foods to avoid at first with an ileostomy or colostomy – whether that is because they create stinky output, excess gas, diarrhea, constipation, or could cause blockages. Speak with your doctor and surgeon if you are unsure how to handle building your new diet. If you're introducing new vegetables (or any kind of food) into your post-colostomy diet,

... Continued Page 12

... Continued from Page 11

just try a little bit and see what happens! If your doctor says it's okay, don't be afraid to try eating the old things you love, and maybe be inspired to try some new things as well. A good practice for all is to chew thoroughly and stay hydrated.

Stay Positive with an Ostomy

Some people wonder how they can ever find something positive in something so scary as an ostomy, but it can be done. You don't need to do it in big grand gestures or sweeping alterations in your character. Just try one little switch when the opportunity comes up. It isn't about skipping down the street singing the praises of your ostomy, it's about finding moments when you can see the silver lining. I thought is was sort of fun to have something so unique on my body. Very few people ever get to have this close relationship with their intestines, so instead of feeling sorry for myself, I decided to call myself "lucky" for learning so much about how my digestive tract works.

Maybe most important of all, my ostomy led me to a UOAA support group where I met some wonderful people. I have made new friends who I would never have met without my ostomy. That is something to be very thankful for.

Spend some time every day when you force yourself to not think about your ostomy. Even if it's just 20 seconds, it is important to learn to push this thing into the background of your life. It does not rule you, it is not the most important thing about you, and it does not define your life. Stay Positive! One day, one hour, sometimes one minute at a time, but you can do this.

Learn to Take Care of Your Ostomy

Our emotional recovery depends on regaining independence. I was only 47 when I received my ostomy. I am too young to rely on others to take care of me. I laughed when the home health aide arrived and started treating me like I was 80. I was not going to lie down and become helpless. I was going to be an active participant in my own health and recovery.

Learning how to care for yourself makes you feel like a Superhero!

If you suddenly find yourself having to depend on someone else to maintain your appliance, you will feel even more out of control and worried that something will go wrong – leaks happen to the best of us, and at the most unexpected times. If you have to wait until your nurse can come to your house, or until your partner gets home from work, you will feel more helpless with each passing day. Paranoid that something terrible will happen if you get a leak while you're alone, you may not leave the house to run errands, you may say no to social gatherings, and you may not want to go back to work.

Learning to care for yourself makes you feel like a Superhero! I had a cool little zipper bag that fit in my purse containing a precut barrier, 2 extra bags, 2-3 adhesive remover wipes, 2-3 skin prep wipes, a disposable bag, and a travel-size PooPourri Spray. Knowing I had all the supplies I needed to do a quick bag change in a strange bathroom gave me immense peace of mind. I could change the whole system in less than 5 minutes, all by myself.

And if you need a little smile while you fumble around your first bag change alone, just repeat my favourite mantra out loud: I got this whole thing in a bag!

Lisa Febre is the author of *"Round the Twist: Facing the Abdominable,* "a memoir about her diagnosis and treatment of Stage-4c Colon Cancer, which hist bookshelves in September 2023. She had a descending colostomy for 10-months.

Source: Ostomy Association of the Houston Area – May 2023

Handle every stressful situation like a dog.

Pee on it and walk away!

WATER – NO STATS! JUST COMMON SENSE?

I promise I will not bore you with oodles of stats. The following is what I have learned from my personal experience and from all the articles on dehydration which I have read all these years.

I am an ileostomate, and due to the frequency of having to empty my pouch, I have to be aware of the amount of fluids I am losing each time I do so.

You need to drink water **BEFORE** you feel thirsty.
A well-known fact about dehydration is **that if you feel thirsty – you're already dehydrated.**

Some people don't like drinking water. The internet is full of suggestions for alternate ideas like tea, fruits, sugarless drinks, etc.

It is better to sip water over time rather than gulping a huge amount of water in one sitting.

I don't like carrying a big water bottle. But during my daily work, I spend a lot of time in front of a computer. I find I unconsciously grab that bottle sitting on my desk for a sip. I usually find that after one or two hours I have consumed the whole thing without thinking about it.

The same goes for sitting through a long business meeting or even watching TV. That bottle, in reaching distance, is somewhat like mindlessly eating a bowl of potato chips.

I feel so much better the next day, after I have replenished the fluids I've flushed down the toilet during the day. ❑

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 name and address so tax receipts can be issued for you.

Treasurer's request: If paying membership **and** making a donation, please make two separate transfers.

AUTO DEPOSIT has been set up. No need for secret questions.

STOMA ANNIVERSARY CLUB
Celebrating My Stoma Anniversary

My stoma anniversary date is _____.
(surgery date)
In gratitude for the life-saving surgery that gave me a second chance at a healthy life, I am making this donation to celebrate this special milestone.

NAME: _____

AMT. ENCLOSED: _____

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
Unit 2 – 1680 Notre Dame Ave.
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

Unit 2 – 1680 Notre Dame Avenue
Winnipeg, MB R3H 1H6
Phone: 204-237-2022 **Email:** info@ostomymanitoba.ca
Website: https://ostomymanitoba.ca

BOARD of DIRECTORS

President	Lorrie Pismenny	204-489-2731
Vice-President	Sandy Borys	204-793-8307
Treasurer	Randy Hull	204-794-4019
Secretary	Rosanna Guzzi	204-996-9098
Visiting Coordinator	Bonnie Dyson	204-669-5830
Membership Chair	Thelma Sures	204-794-4075
FOWC Coordinator	Russ Bingham	204-889-9554
Newsletter Editor	Lorrie Pismenny	204-489-2731
Member-at-Large	Fred Algera	204-654-0743
Member-at-Large	Donna Suggitt	204-694-7660
Member-at-Large	Dave Pedden	204-792-7231
Past President	Randy Hull	204-794-4019

MEDICAL ADVISOR – PHYSICIAN
DR. C. YAFFE

MEDICAL ADVISORS
NSWOC NURSES
Nurses Specializing in Wound, Ostomy, Continent care

Carisa Lux	**MOP**	**204-787-0612**
Tammy Landry	**MOP**	**204-787-0612**
Rhonda Loeppky	**MOP**	**204-787-0612**
Taryn Naherniak	**STB**	**204-237-2566**
Ashley Craig	**STB**	**204-237-2566**
Stacy Abrahamson	**STB**	**204-237-2566**
Tamara Perkinson	**STB**	**204-237-2566**
Tina Rutledge	**HSC**	**204-787-3537**
Lawrence Cuevas	**HSC**	**204-787-3537**
Chesley Lewis	**BDN**	**204-578-4205**

For more information regarding calls or appointments with the nurses, check out the *Manitoba Ostomy Program* page on our website at https://ostomymanitoba.ca

OSTOMY MANITOBA ASSOCIATION MEMBERSHIP APPLICATION

Current Members—PLEASE WAIT for your green membership renewal form to arrive in the mail.

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: _____
Are you Spouse or Family Member? _____ (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. Unit 2 – 1680 Notre Dame Ave. Winnipeg, MB R3H 1H6