# INSIDE OUT

SUMMER 2025

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


Ostomy Manitoba Association

Healthier / Stronger / Together

## Why do Some People with Ostomies Name their Stoma?

From Coloplast via UOAA Blog Post May 27, 2023

Stella, Betty Poop, Homer the Stoma.

To some, stoma names may seem silly or childish. A stoma is not a pet, after all. Not a car or childhood stuffed animal. People don't typically name their liver or spleen - so why, then, would anyone name a stoma/

For many people with ostomies, naming their stoma isn't just a quirky custom; it's a meaningful practice. It's not about trivializing a potentially life-saving surgery or minimizing the complexity of ostomy life. Rather, it's a tool for healing. Naming may be a way to reclaim agency in moments of powerlessness, to bring levity to something heavy, and to create connection - with yourself and others - amid profound change.

### Naming your stoma as a coping strategy

Seeing your stoma for the first time may be a deeply jarring experience. That small section of intestine or urinary tract, visible through your abdominal wall, can trigger a range of emotions: shock, grief, maybe even a sense of bodily betrayal. Your stoma may feel like a glaring marker of surgery, illness, or loss - a visible reminder of all you've been through or what makes you feel different.

Adapting to an ostomy is a deeply personal journey,

*(Continued on page 5)*


Photo Courtesy of Neil Longmuir

### IN THIS ISSUE



***We encourage you to bring your spouse or significant other, members of your family or a friend to our meetings. Everyone is welcome. Membership is not required.***

## WHO WE ARE

*Ostomy Manitoba Association (OMA)* is a registered non-profit 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 OMA, 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, OMA 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

zoom

**FOURTH**
**Wednesdays of the month**

**SEPT. 24, 2025**
**Presentation - CHHA**
***Canadian Hard of Hearing Association***
**Zoom link will be in September's newsletter**

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

## LETTERS TO THE EDITOR

The Editor, ***Inside/Out***
Email: info@ostomymanitoba.ca

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

**Deadline for next issue:**
**Friday, June 20th**

## WEBSITE

Visit the OMA Web Pages:
**https://ostomymanitoba.ca**
**Webmaster:**
webmaster@ostomymanitoba.ca

## DISCLAIMER

## OSTOMY MANITOBA CHAPTER VOLUNTEERS

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

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

## FROM the PRESIDENT'S DESK

Greetings all!

For the first time in my 25 years on the OMA board, I am sending out a plea for donations. Donations towards our Youth Camp fund to be exact.

This summer OMA was able to send 5 young people to Ostomy camp. From the reports coming in, they had a terrific time and look forward to going again.

However, Randy reports that the huge costs of registration and airfare have drained our Youth Camp fund despite the sizeable bequest of a former member earmarked for just this purpose and your ongoing donations.

I will be featuring campers and their letters of thanks for our sponsorship in future newsletters. For starters, I direct your attention to page 8 to read about Emily's time at camp this year.

Our chapter is in a stable financial situation at the moment but there are some important decisions in the future that your board will need to address before we can even think about dipping into those funds.

I do hope that you will consider this request very carefully and donate if you are able.

Make out cheques to Ostomy Manitoba Association and mark YOUTH CAMP in the memo space. All donations will receive a tax receipt.

**E-transfers** are welcome too! Instructions for using *e*-transfers can be found on Page 11. ***Just remember to note in the Message box that it is a donation for the Youth Camp. We do need you to include your name and address as well for the tax receipt.***

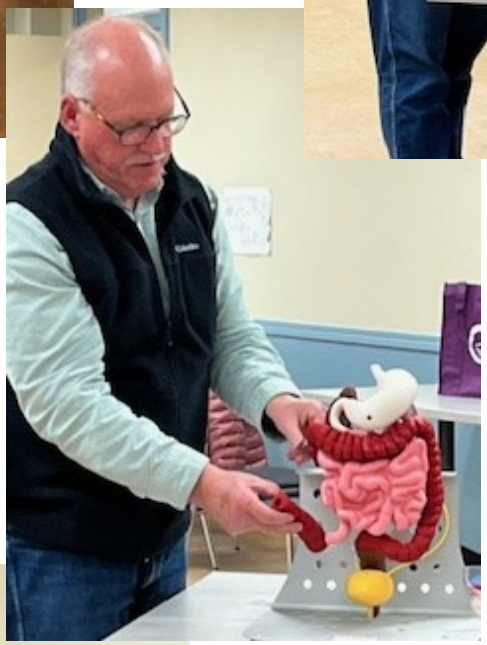
If you have any questions or concerns please contact me at 204-489-2731 or email: **pis_mel@outlook.com.**

On another note: Please read the letter from the President of Toronto Ostomy outlining his vacation and dealing with dehydration - Page 10. Jim has been an ostomate for many years. He's not a newbie. Dehydration hits a lot of us without warning until we end up in hospital. We don't recognize the symptoms as being so serious. Randy Hull has shared his experience with dehydration many times at meetings. He cautions when this happens you **cannot rehydrate yourself—you need medical attention.** Pay attention to your output. It is the best warning sign.

Till next month, keep well, be safe,

Cheers,

*Lorrie*



*Excellent job Randy! Thank you!*

*Following our April dinner and AGM, Randy Hull and "Hildy" did a presentation on the three common types of ostomy surgeries. Randy had done his homework and this was one of the best demonstrations that I have seen using our medical training model (Hildy). Randy demonstrated the digestive and urinary tracts related to ostomies (stomas). With the help of different examples of stomas and skin surfaces included in the kit, Randy went through the steps that a surgeon would take in forming the three types of ostomies and their placement.*

*To eliminate the need to put body parts back together after demonstrating each type of surgery, Randy planned a natural progression. He started with the urostomy and worked his way up to the colostomy and finally to the ileostomy. Body parts from the anus/rectum, bladder, colon, small intestine and stomach were all on display.*

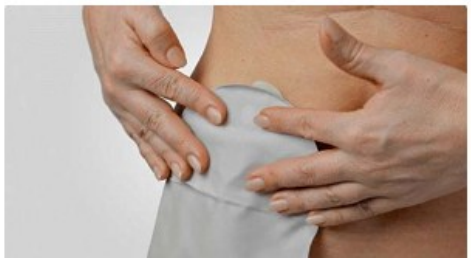
(Continued from page 1)
shaped by physical, psychological, and social factors. For many, the experience goes far beyond ordering ostomy supplies or managing pouch changes. It touches self-image, identity, and the core questions we ask in moments of significant change: *Who am I now? What does this mean for my life?*

While there's no single path through this process, research shows that how you relate to your stoma matters. How you view it, speak about, and ultimately integrate it into your life could play a pivotal role in emotional and psychological adaptation.

## One surprising but potentially powerful tool in the process? Naming your stoma.

In a 2018 survey by ostomy care nurses Jane Cook and Jackie Hatton, 75% of respondents who named their stoma said it helped them cope with the aftermath of surgery. As one participant explained, naming their stoma helped it "become part of [them]" - less foreign, more personal.

In this way, naming may be an act of reclamation, a powerful gesture when you have a new body part stitched into place, a system rerouted and reimagined. New language - pancaking, flange, peristomal skin - comes with new routines and instructions. When so much is out of your control, naming your stoma might be one thing you get to choose. It's one way to say: *I didn't choose all this, but I can choose how meet it.*



## The role of humour and connection in adapting to ostomy life

Naming a stoma isn't just about finding agency or control; it may also bring humour, creativity, and connection into an experience that is often heavy.

Many people with ostomies choose names that reflect the "personality" of their stoma. Maybe it's *Sassy Sasha,* if it has a flair for dramatic entrances. Great Gassy, if it's mysterious but persistent. Or *Mildred*, if it's all business. With a name, suddenly the stoma isn't just a surgical site. It's *Oscar*, having a bad day and making sure everyone knows it. It's *Lola*, the life of the party when you're trying to focus. It's *Hank*, sneaking up at the most inopportune moment. These names may transform the stoma from something clinical into something human, giving you language to talk about it, joke about it, even roll your eyes at it.

As playful as many stoma names are, it's not just about cracking jokes for the sake of it. Research suggests that humour may be a valuable coping strategy for some people with ostomies, helping to promote acceptance and psychological resilience. With a little wit, the stoma may shift from a source of shame or discomfort into a character in the story of healing: sometimes annoying, sometimes funny, but no longer invisible or feared.

This reframe may also help break down the stigma surrounding ostomies by encouraging open communication. In one study, a survey participant shared how their family shouts, "Shut up, Lily!" when their stoma acts up, turning what might otherwise be an isolating experience into shared laughter. What once felt unspeakable becomes something everyone can talk about - a starting point for connection and support.

## Respecting personal choice: Not everyone names their stoma

While naming a stoma can be a meaningful part of the healing process for some, it's not for everyone - and that's okay. Choosing *not* to name a stoma can be just as intentional as a name *Rosie* or *Winnie the "Poo."* In fact, some people with ostomies say that naming can create a sense of separation they don't want. They don't see their stoma as something "other", something that needs to be softened or humanized. The stoma is simply "my stoma." No need for nicknames of extra narrative - it just *is*.

Interestingly, for those who do choose to name their stoma, that relationship may change over time. Some ostomates who initially name their stoma eventually stop using the name. For them, what began as a coping mechanism may be less necessary as the stoma

(Continued on page 6)

(Continued from page 5)
becomes just another part of their body. As the name fades, so does the need to frame the stoma as anything other than a part of moving forward.

### Living with an ostomy: Your story, your terms

What naming offers isn't a right or wrong way to "do" life with a stoma. It simply offers space for choice, connection, and self-expression. Some stoma names will stick. Others won't. Some may only be whispered in private, while others are worn like a badge of resilience or pride.

What matters most isn't whether you call your stoma *Stanley* or *Scooby-Poo* or nothing at all. It's that you get to choose. That even after illness and surgery - even after everything - you get to choose how your story goes.

### References

Cook, J., & Hatton, J. (2018). Giving a stoma a name: A mixed-methods study of naming habits and attitudes among ostomates. *Gastrointestinal Nursing,* 16(7). https://doi.org/10.12968/gasn.2018.16.7.28

Jayarajah, U., & Samarasekera, D. N. (2017). Psychological Adaptation to Alteration of Body Image among Stoma Patients: A Descriptive Study. *Indian journal of psychological medicine,* 39(1), 63–68. https://doi.org/10.4103/0253-7176.198944

Simpson, E., Pourshahidi, K., Davis, J., Slevin, M., Lawther, R., O'Connor, G., Porrett, T., Marley, J., & Gill, C. (2023). Living with and without an intestinal stoma: Factors that promote psychological well-being and self care: A cross-sectional study. *Nursing open,* 10(12 7811–7825. https://doi.org/10.1002/nop2.2030

Source: *Ostomy Outlook,* Ostomy Association of North Carolina, Oklahoma June 2025
This blog is from a UOAA digital sponsor, Coloplast in the USA. Sponsor support along with donations from readers help to maintain the website and trusted resources of UOAA, a 501 (c ) (3) nonprofit organization.

## HAPPINESS IS— A COMFORTABLE APPLIANCE

There is nothing more irritating than having to change your appliance before you normally do, when the faceplate loosens or springs a leak. The first thing to do is look for the reason. Sounds easy doesn't it? We should be so lucky!
About the first thing to look for is the change in texture of the skin. Several things can cause that, medication, vitamin pills or menopause.
Excessively oily skin can affect adhesion. Wiping the skin around the stoma with alcohol is helpful but be careful the alcohol does not contain glycerin as this kind of alcohol will hinder adhesion. Also some soaps contain oil or hexachlorophene (soaps with baby oil to soften skin); this must be rinsed off if you hope to attain adhesion.
With hot, humid climate, excessive perspiration will undermine the adhesion. A cotton appliance cover is great for soaking up perspiration. Also, loose clothing will help if you know you are going to be doing work that will cause excess perspiration. Be careful about using antiperspirants, they cause skin irritation.
A skin rash (contact dermatitis) is a common happening for many ostomates at one time or another. The rash can be caused by an allergy to the adhesives, the tape, skin barrier or any other product used. A change to different products helps to determine if the problem is an allergic one. Be sure to dry the area. A blow dryer, set on cool is very quick and a light bulb placed about a foot away is also useful in drying the area. If you can't get rid of the rash or any disturbed area within a reasonable time, contact your doctor or ET nurse.
A change in weight (either gain or loss) can cause a change in the contour of the abdomen which will affect adhesion. Try to stay at the same weight. Ideally, no more than ten pounds either way.
Where the faceplate was once flat against the abdomen, it may now have creases for valleys under it. Stomahesive works well to fill in these valleys; there are also some pastes on the market. Karaya tends to break down when exposed to liquid over a period of time.
Redistribution of weight will often necessitate refitting. This may mean an entirely different appliance will be necessary.
A person with an ileostomy may notice that diet affects the length of time the appliance stays on. If the stool is of a watery consistency rather than paste-like, it may lessen the length of time the appliance stays secure.
Change the appliance regularly before leaking; you may detect an itching or burning sensation beneath it. Ignoring these symptoms can lead to skin irritation.
Illness, inactivity and lying in bed can also lessen the seal security because the discharge pools around the stoma and seal more than if you were up and around.
If you have checked all these possibilities and still have a leaking faceplate, you had better see your ET at once.
*Source: Sleeping Giant Ostomy Group, Thunder Bay, Ontario via Ostomy Halifax Gazette May 2013 Reprinted from Winnipeg's INSIDE/OUT Summer 2013*

*MARCH 2025 - JUNE 2025*

## VISITING PROGRAM REPORT

**Surgeries:**
Colostomy 9; Ileostomy 3; Urostomy 0;

**Valued Visitors:**
Marg Pollock (x3), Jared Dmytruk, Norma Wilson, Bonnie Dyson (x6), Katryna Loewen

Submitted by Bonnie Dyson,
Visitor Coordinator

***Thanks to all our visitors. You are the heart beat of Ostomy Manitoba!***

## Ileostomy Helpful Hints

Via West TX & Sterling IL.

Don't go without eating. Nausea is the result. Even at bedtime you can have soda crackers and milk. It's a long time until breakfast.

Don't worry if your stool changes colour at times. This can be due to the foods you eat. Bananas will turn stool almost black. Tomatoes and beets will colour it red. Some medication affects colour.

When ill with a virus and diarrhea, eat pretzels. They are a food which can be kept down and salt is good for your liquid.

Source: Ostomy Assoc. of the Houston Area July 2016

## ELECTROLYTES and WHY WE NEED THEM

Edited by B. Brewer, UOAA Update

Everyone needs to be aware of the fact they need electrolytes in their life. If you have ever noticed football players slugging down Gatorade or some other concoction when they return to the bench, it's because they need to replace the electrolytes they lost with their perspiration.

For the ostomates, particularly those with an ileostomy, replacing electrolytes is very important. The purpose of your colon is to store the food waste and return the liquid portion of the stool to the body. When you no longer have a colon, that liquid is lost directly into your pouch and is gone forever from your body. With that liquid, you lose a good portion of your electrolytes. But, what are electrolytes, and what specifically do they do for us?

According to Tabor's Encyclopedia Medic Dictionary, Electrolytes are: 1) A solution which is a conductor of electricity or; 2) A substance which, in a solution, conducts an electrical current and is decomposed by a passage of any electrical current. Every muscle we move is activated by our nervous system. And throughout our nervous system, each of our nerve cells (neurons) is connected to each other by means of electrical impulse, or synapse. Electrolytes, largely made up of sodium and potassium, are what give the synapse the spark to function. Each time we move a muscle, we use up a small portion of our sodium and potassium - ergo, our electrolytes. When we lose those electrolytes, we also lose our zip and vigor. For everyone, after excessive perspiration in the summer or prolonged exercise, we can become dehydrated and lose our electrolytes in the process. For the ileostomate though, just doing what comes naturally will cost them their capacity to spark.

You can tell when you are becoming dehydrated by a decrease in urine volume, dark orange urine, overly dry skin, marked thirst, abdominal cramps, exhaustion, weakness and/or shortness of breath. The answer? Drink a lot of fruit juice, Gatorade, Gastrolyte, soda pop, water, bouillon or tomato juice.

Source: The Ostomy Support Group of Middle Georgia's The Ostomy Rumble April 2016

## 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."*


Janet Paquette (Camp Administrator) & Emily Quill

## *Hello My name is Emily Quill*

Thank you for letting me join Ostomy camp. I really liked Ostomy Camp because it was fun, awsome and it was so cool that I would love to go next year please.

Some of the things that I enjoy were the giant swing, zip line thing, boating, camp fires, s'mores and singing.

I made new friends to there names are Caitlyn, Violet, Apollo, Macey and Piper.

My favourite games to play with them is cheese touch, tag and hide and seek.

When I grow up I hope to be a camp counselor to help little kids at camp and like you did for me at camp.

I enjoyed going to camp this year!

*Dear Randy & Lorrie,*

*Emily is the most loving and kind soul. She is so warm … we will welcome her back with open arms next year!*

*Lisa Gausman - Ostomy Youth Camp Administrator.*

*Dear Randy & Lorrie,*

*I'm so happy to let you know that Emily had the most wonderful time at camp! She made so many new friends and connections. She cant wait to tell you all about it. Thank you again to all of you for making this happen for Emily, it truly was a life changing experience for her.*

*Cheryl Rondeau (mother)*

*Hello Ostomy Manitoba Association Team,*

*My name is Cherisse, I'm Emily's big (foster) sister, and I had the joy of driving her out to Ostomy Camp this year.*

*I wanted to send a personal thank you to each of you for covering the cost and expenses of Emily's camp experience. This opportunity was truly life changing for her, and we are so deeply grateful.*

*Emily, while outgoing, curious, and wonderfully talkative, has struggled with school and friendships due to her ADHD. She's often told us, "I have no friends because I'm weird." So, you can imagine how full my heart was when we arrived to pick her up and saw a big group of girls cheering for her, and genuinely sad to see her go.*

*To see Emily finally embraced for who she is, quirks and all, was the greatest gift we could have asked for. The first thing she said was, "I missed you!" And the second was "I made friends!! And they're just like me!!" with the brightest, beaming smile. I couldn't help but tear up. We've waited so long to hear those words.*

*I've helped care for Emily as her Medical Respite Support Worker through her CFS agency since she was just three months old. This was such a proud big sister moment … and it was made possible by you.*

*Emily hasn't stopped talking about her new friends, the fun activities, the memories she made, and how much she hopes to return next year. She's come home more confident in herself and her Ostomy, and it's been wonderful to see.*

*From the bottom of my heart, thank you. The work you do and the gift of camp you give kids is nothing short of amazing. We're already hoping Emily will be back for Camp 2026 to continue building those amazing friendships, connections, and her self-esteem.*

*With heartfelt thanks,*

*Cherisse Rondeau*

BLADDER CANCER CANADA / CANCER DE LA VESSIE CANADA

# CANADA WALKS FOR BLADDER CANCER

Presented by EMD SERONO


Bladder cancer continues to impact thousands of Canadians, with 37 people being diagnosed every day. This year, approximately 13,400 people will hear the words "You have bladder cancer." **By joining the Walk, you directly impact the lives of Canadians affected by bladder cancer.**

**Register now at BCCwalk.ca**

## WALK WITH US!

DATE: **Sunday, September 21, 2025**

LOCATION: **Assiniboine Park - Site #18, 2 Pavilion Crescent, Winnipeg, MB**

**HAVE QUESTIONS?**

Contact us at **1-866-674-8889** or **walk@bladdercancercanada.org**

# THE DANGERS of DEHYDRATION

I was hoping to be reporting back on the great holiday my wife Sue and I had but that would be a lie… We left for Cuba April 5 for 10 days, but 3 days into our trip I started to get sick. At first I thought I had a partial bowel blockage, so I increased my steroids and started to drink more as my ostomy was high output. By the end of the week I had become seriously dehydrated but wasn't sure how since I was drinking so much. I later learned that since I was only drinking bottled water, I was flushing all of my electrolytes out which caused me to become extremely weak. It was at this point that I had to be rushed to the hospital. We arrived home (at the time of writing this),

I'm sharing this as I didn't realize how easy it was to get dehydrated while drinking water - you still need to add electrolytes to that water, especially while in a high output situation. I also didn't know how deadly it can be till it happened to myself.

I encourage everyone to find some type of electrolyte drink or powder mix and keep extra on hand. If you're leaving Canada on vacation, be sure to pack some of the small powder sachets in your carry on to add to water as you travel.
I'm glad to be home. I'm still very weak, but I'm getting better by the day. I do apologize for missing our April meeting but I was still in hospital at the time. I want to thank everyone for all the messages, prayers and love our way - it was greatly appreciated.

Thanks for your support,
Jim

Jim Fitzgerald, President Toronto Ostomy

*Source: Vancouver Ostomy HighLife - July/August 2025 from their "We've Got Mail" column.*

***Text Message:***

***Wife: Windows frozen***
***Husband: Pour lukewarm water on and try to open.***
***Wife: Computer really messed up now!***

## HOW FIBRE AFFECTS AN ILEOSTOMY

*SOURCE: The Courier, Tucson Ostomy Support Group, Kay L. Peck, Dietitian, Napa Valley, CA via Live& Learn , St. Louis*

Whether or not to include fibre, and to what extent, should be based on the person's tolerance of foods. The small intestine has a remarkable capacity to adapt. Digested food in the small intestine is quite watery, and after it moves into the large intestine, a good portion of the water is reabsorbed into the body. Most fibre is indigestible material from plants that acts like a sponge, soaking up water and increasing the bulk of the intestinal contents as they move through the system more quickly.

In a person with a colon, fibre is essential to preventing constipation and keeping the person "regular." This is the main function of fibre. Another theory about fibre is that it promotes mucosal growth, thus keeping intestines healthier, promoting gut function. Usually a person without a colon, i.e., with an ileostomy, doesn't have a problem with constipation. It is virtually impossible. They may have mostly watery stools.

Again, over time a person may adapt, especially if the last section of the small bowel - the ileum - is still intact. Consuming too much fibre or insoluble fibre may aggravate a person's diarrhea or watery stools. If this is the case for you, LIMITING insoluble fibre such as bran, popcorn hulls, seeds, nuts, skin, stringy membrane parts of fruits and vegetables may be helpful. However, another type of fibre - soluble - may be beneficial to someone with an ileostomy.

The function of soluble fibre is to make the intestinal contents thicker and can actually prevent diarrhea. This fibre is found in oatmeal, barley, dried beans, peas, Metamucil and the pulp of some fruits and vegetables.

Just a side note - I worked with a woman years ago who had short bowel syndrome. All of her colon and a significant part of her small bowel had been removed. She found that adding pectin - Certo, which is used to make jam and jelly to her daily diet helped her minimize diarrhea. She also added a little applesauce every day. ❑

*Source: Vancouver Ostomy HighLife—July/August 2025.*

## Tips & Tricks

- People often empty their bag whenever they pee—after all, you're in there anyways, right? But peeing when you don't have to because you're in there to empty can be a bad idea. Your bladder gets accustomed to being emptied before it really needs to, which can lead to urgency issues.
- If you're blending veggies to break down the fibre and drinking your vitamins, add a few sprigs of mint to make things tastier.
- Eat four to six regular-sized marshmallows about 15 minutes before changing your appliance. There's no guarantee, but you should get enough 'clear' time to change gear. This is the only time you will get to eat marshmallows for health reasons!!
- Too much powder on the skin? If you use powder, take it easy with how much you're putting on. Just a very light dusting is enough.

*Source: Vancouver Ostomy HighLife—July/Aug. 2017 2017*

## OSTOMY FUN FACTS:

Via Omaha, NE Newsletter, January 2025

- "Stoma" comes from a Greek word which means "opening or mouth"
- There are approximately 13.5 million people worldwide with a stoma
- The global gender split for stoma patients is roughly 55% male 45% female
- A colostomy is the most common type of stoma, by a small %, followed by ileostomy
- Each stoma has its own unique size & shape
- Each stoma has its own personality
- Stomas can save lives
- Stomas have no nerve endings, contact your doctor/ ostomy nurse if you have concerns
- A stoma is formed to help, not hinder
- Your activities might have a small change with an ostomy
- The clothing you are wearing might change slightly with an ostomy
- Some people name their ostomy
- No one needs to know
- People cannot guess that you have a stoma

## 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**

## BOARD of DIRECTORS

| | | |
|---|---|---|
| **President** | Lorrie Pismenny | 204-489-2731 |
| **Vice-President** | Sandy Borys | 204-793-8307 |
| **Treasurer** | Randy Hull | 204-794-4019 |
| **Secretary** | Vacant | |
| **Visiting Coordinator** | Bonnie Dyson | 204-669-5830 |
| **Membership Chair** | Marg Pollock | 1-204-728-1421 |
| **Newsletter Editor** | Lorrie Pismenny | 204-489-2731 |
| **Member-at-Large** | Fred Algera | 204-654-0743 |
| **FOWC Coordinator** | Ross Bingham | 204-889-9554 |
| **Member-at-Large** | Donna Suggitt | 204-694-7660 |
| **Member-at-Large** | Dave Pedden | 204-792-7231 |
| **Member-at-Large** | Rhona Recksiedler | 204-257-8680 |
| **Member-at-Large** | Michelle Budiwski | |
| **Past President** | Randy Hull | 204-794-4018 |

Friends of Ostomates Worldwide F.O.W. (Canada)

***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.***

## MEDICAL ADVISORS

**NSWOC NURSES**
**Nurses Specializing in Wound, Ostomy & Continent Care**

| | | | |
|---|---|---|---|
| Carisa Lux | RN,BN,NSWOCC | MOP | 204-938-5757 |
| Tammy Landry | BN, NSWOC | MOP | 204-938-5757 |
| Rhonda Loeppky | RN, BN, NSWOC | MOP | 204-938-5757 |
| Taryn Naherniak | RN, BN. NSWOC | STB | 204-237-2566 |
| Ashley Craig | BN, NSWOC | STB | 204-237-2566 |
| Stacy Abrahamson | RN, BN, NSWOC | STB | 204-237-2566 |
| Tamara Perkinson | BN, NSWOC | STB | 204-237-2566 |
| Tina Rutledge | RN, BN, WOCC(C) | HSC | 204-787-3537 |
| Lawrence Cuevas | BN, NSWOC | HSC | 204-787-3537 |
| Chelsey Lewis | RN, NSWOC | Bran-don | 204-578-4205 |

**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**