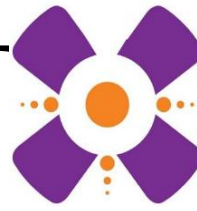


INSIDE/OUT

OCTOBER 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

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CHAPTER MEETING IS: WED, October 28th

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

In person & Zoom

7:30 pm to 9:30pm

Zoom link and Meeting Notice on Page 6

in this issue of **INSIDE/OUT** and on our website:

<https://ostomymanitoba.ca>

Reminder WE'VE MOVED!

UNIT 2
1680 NOTRE DAME
WINNIPEG, MB
R3H 1H6



MANITOBA POSSIBLE building
Free and Accessible Parking

MORE OSTOMY CAMP 2026!

Page 5



Photo courtesy of S & C Currie Photography

MARK YOUR CALENDARS!

**SATURDAY,
DEC. 5TH
1PM TO 3PM**



YOU ARE INVITED! TO A DESSERT PARTY

At our new Notre Dame home.
More details available in the
November newsletter

Letter from a Camp Mentor

Hi everyone,
My name is Bailey. I've been a Mentor at Ostomy Youth Camp since the summer of 2024, but before that, I was just a person trying to figure out how to live in this body.

I was diagnosed with Ulcerative Colitis on February 24th, 2019, through the emergency department at VGH, at 23 years old and three weeks later, on April 7th, I woke up from surgery with a temporary end ileostomy and a life that looked nothing like the one I had a month before. I remember how alone that felt, like no one my age could possibly understand what I was carrying. That's why camp means so much to me now.

We spend five days together with the kids at Easter Seals Camp Horizon in Alberta, and every year, there's a moment I watch for.

(Continued on Page 5)



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 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**



Give the Gift of Dignity

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 (voice mail)**

Or drop off at:

**Diamond Athletic Medical
Supplies Inc.**

75 Poseidon Way
Winnipeg MB R3M 3E4

*For more information check out website
[Friends of Ostomates Worldwide \(Canada\)](http://www.friends-of-ostomates.com) | [empowering ostomates](http://www.empowering-ostomates.com)*



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

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LIBRARY:

Ursula Kelemen 204-338-3763

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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: osupplies@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 !



Lorrie.... Well, you have done it again in producing a wonderful read in your latest newsletter. I love gaining new insights regarding the information provided. I was particularly impressed with the young gentleman Sebastian Piper and his goal to make life much easier for ostomates. I was surprised and happy to hear from Barry Miller as it has been a long time. Glad to learn he reads your very informative newsletters. Thank you always for all the time and effort you put into producing such a GREAT read.

- Bonnie
via email

To: info@ostomymanitoba.ca

Subject: Preparing for colonoscopy

Hello

My husband had ostomy surgery in September 2025. The surgery was successful and my husband is functioning very well with his colostomy bag. Shortly, he will be undergoing a colonoscopy, as part of the routine one-year follow-up.

We are seeking info / **advice on what to expect** during the prepping for the colonoscopy:

- how messy might it be?
- how quickly might the pouch fill?
- his ostomy nurse recommended he wear his regular pouch for first half of preparation (for thick stool) and provided a pouch with a tap to drain (for liquid) towards end of prepping.
- can you recommend any videos illustrating/discussing the PREPARATION process?

Any info you can offer, will be greatly appreciated. Thank you.

C. MacKenzie

Editor's Note: Please see **Page 6** for a follow-up on this excellent question.

FIND the SUPPORT YOU NEED

Need support with your ostomy, ileostomy, colostomy, or urostomy?

Connect with a Certified Ostomy Visitor for personal, practical support before surgery, after surgery, or both. Visits are available in person, by phone, or online.

Whether you have a few questions, want to talk through a concern, or simply need reassurance from someone who has been there, a Certified Ostomy Visitor can help you feel more prepared, informed, and supported.

While reassurance from doctors, nurses, and others is valuable, nothing compares to hearing from a positive, well-adjusted person who is living with an ostomy.

Your visitor is part of your rehabilitation team, working alongside your physician, nurse, NSWOC, and other supports to help you move forward with confidence.

Trained visitors are at the heart of the organization. They come from many backgrounds, ages, and life experiences, but they share one powerful connection: each has had ostomy surgery and now lives a full, active, and meaningful life.

We do our best to match visitors by age, gender, and type of surgery so the conversation feels comfortable and relevant. Just ask to be connected.

To arrange a visit, **call**
Visiting Coordinator
Bonnie Dyson at 204-669-5830.

Support is only a conversation away

From the President's Desk



Our September meeting began with a bit of anxiety on my part about the unknown but ended overwhelmingly well. Sam Unrau, MB Possible Program Director, quickly recognized our need for the Community Kitchen, opened the adjoining wall, and completed the evening.

With visitors from Threads of Hope, strong attendance, and four first-timers, we were off to a great start!

I'm excited about future meetings. The whole combination of Community Kitchen and meeting rooms will provide easy access for coffee breaks and socializing, while the extra space is ideal for breakout sessions and more.

Manitoba Possible is eager to come out and capture some photos of the chapter meeting to show how the community comes together. If all things work out, their photographer will be joining us this month. I look forward to greeting you all while the weather is still cooperating and excitement grows.

As this Thanksgiving season is soon coming to an end, I am reminded of the work that Manitoba Possible is doing to make us feel very welcome in our new home. I'm grateful for the support that your Board of Directors offers and the great work they do all year. Special thanks go out to all you members who sustain OMA through your ongoing memberships, and those whose generous donations keep our organization running.

A recent surge of committed new members is bringing new hope for a great future.

I am truly grateful!

Cheers,

Lorrie

(continued from Page 1)

It usually happens two or three days in, once the younger campers have settled and stopped feeling like they need to hide anything. Someone will pull out their supplies, just to show another kid. Then another joins in. Pouches, bag covers, all of it laid out like it's nothing, because for the first time in their lives, it is nothing. Nobody stares. Nobody asks the wrong question. I've seen a camper go from checking who's watching to just grabbing their supplies and walk by others like it's the most normal thing in the world, and I think about what it would have meant to have that at their age.

That's the thing about this camp. These kids carry so much, some more visibly than others, and yet they show up for each other with a kind of patience and understanding I don't think most adults ever learn. They don't need it explained. They just know. Being a mentor means I get to be the person I needed back in 2019, But more than that, I get to watch these kids become that person for each other, year after year. That's what keeps bringing me back.

Thank you for letting me part of this.
Bailey

Source: *Vancouver Ostomy HighLife* September / October 2026

OSTOMY CANADA YOUTH CAMP 2026 – IT TOOK A VILLAGE

Co-authored by Lisa Gausman, retired administrator, and Janet Paquet, current administrator.

Sometimes, it truly does take a village, and Ostomy Canada Youth Camp 2026 was a wonderful example of that.

OMA Editor's Note: *I have known Lisa and Janet personally for many years. They are among the most hardworking, committed, and passionate people I know.*

As ostomates themselves, Lisa and Janet have taken on many roles in support of people living with ostomies but so much of their energy goes into OCS Youth Camp and their campers.

I encourage you to check out the link below to follow Lisa's and Janet's story, as they explain the work of the camp village through pictures, letters, and more.

[Ostomy Canada Youth Camp 2026 – It Took a Village - Ostomy Canada Society](#)

And then - they produced a 15-minute video (link below) that you must watch to get a feel of the camp, the campers, and the camp's true value!

[Finding Belonging: The Magic of Ostomy Canada Youth Camp - YouTube](#)

Abdominal Changes with an Ostomy

by Arthur Clark, CWOCA

When you had your ostomy surgery, the surgeon was allowed, according to your own personal physiology, only so much moveable bowel in the construction of your stoma. Once that piece of bowel was pulled through your abdominal wall, it was tacked down on the inside of the abdominal wall and on the outside of the skin.

That length of bowel will remain constant throughout your life. Therefore, if the wall of your abdomen thickens, i.e., with fatty tissue, the length of the bowel used for your stoma will not change to accommodate your increased girth. One result is that when you sit or stand, the changed position causes the abdominal wall to shift forward and down. The stoma segment prevents the peristomal

skin from shifting as much as the rest of the abdomen.

This limited movement results in a "skin well" around the stoma when you sit or stand. Skin adjacent to the stoma becomes quite mobile, being pulled down and then flattened by your changing positions. This may cause problems with your pouching system not adhering well or spring leaks.

Two solutions work quite well. One, adjust your weight to return your abdomen to its shape at the time of surgery. This would include doing exercises to firm your body as well as lose weight. Another common solution is to change to a convex pouching system. I have found that a skin barrier with a convex surface (which pushes

(Continued on Page 7)

Preparing for a Colonoscopy

- how messy might it be?
- how quickly might the pouch fill?

My husband had his colonoscopy recently. The procedure went well and he is fine.

I would like to share my husband's experience **preparing for his first colonoscopy with a colostomy pouch.** It is exactly the type of info we were looking for prior to the colonoscopy. Perhaps it can help someone in the future.

1. My husband's Ostomy Nurse had recommended he wear his regular pouch for first half of preparation (for thick stool) and provided a pouch with a tap to drain (for liquid) to use towards end of prepping.

2. During the first half of prepping for the colonoscopy (evening before), my husband did not realize **how quickly the pouch would fill or how heavy it would be.**

- He had to use two hands to cradle the pouch on his first trip to the bathroom.

-He prepared to empty the pouch as normal, but did not take into consideration the **weight and volume of stool.**

-He **did not lean forward far enough over the toilet,** and the stool splashed up, out and all over the toilet, floor and close-by bathtub!

- Needless to say, he subsequently took up a more appropriate, 'forward' stance over the toilet.

- We also covered the floor with newspapers and towels, which caught most of any further splashing and made for easier clean-up.

3. For the second half of the preparation (next morning), my husband used the pouch with the drain for the liquid and it worked really well, with no problems.

C. MacKenzie
Winnipeg, MB
Via email to info@ostomymanitoba.ca

OMA Chapter Meeting

Wed. October 28th

Time: 07:30 pm

In person or via Zoom

Program

Show & Tell Demo

Breakout Sessions

Other - TBA

Join Zoom Meeting Link

<https://us02web.zoom.us/j/8218579342?pwd=Th2uFTQQu5Jqa2fSoF1bayGYWMo0mw.1>

Via Zoom website use ID and Passcode below,

Meeting ID: 821 8457 9342

Passcode: 586586

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

THE SWOLLEN STOMA

It can be pretty scary to have your stoma swollen for any reason and not be able to get your appliance off over it for fear of doing damage. An appliance that hugs the stoma too tightly may cause it (stoma) to swell. A fall or a hard blow or slipping appliance may cause the stoma to swell.

Rather than risk further damage to the stoma by pulling the appliance off over it, try filling your pouch with ice water and letting it swirl around the stoma to decrease the swelling.

Ease the appliance off carefully. Replace it with an appliance that has a larger opening until all swelling is gone.

It is a good idea to keep a couple of appliances with larger openings around for such emergencies. ☐

Bacteria and Your Pouch

Patients having ostomy surgery sometimes worry about bacteria. Those with colostomies and ileostomies ask if their stomas will become infected with the discharge of stool. This is a myth! The stoma is accustomed to the normal bacteria in the intestine. Just keep the skin around the area clean and keep fecal matter off any adjacent healing incisions. The stoma itself will not be affected by fecal discharge; nature has designed the intestine to handle waste without ill effect.

The urinary ostomy patient is more likely to be susceptible to infection than the other types of ostomies. Urine is usually sterile, but it is important to keep the urinary pouch very clean. On days that it isn't changed, the pouch should be rinsed with a solution of 1/3 white vinegar to 2/3 tap water. This can be allowed to run over the stoma and will also help prevent crystals. The vinegar produces an acid environment in your pouch. Bacteria cannot multiply as readily in an acid condition.

Your night drainage system should be cleansed daily. White vinegar and water can be used for this too. You can use other cleaning solutions but vinegar and water is the simplest. If the drainage bag develops sediment that cannot be removed by cleaning, it should be discarded.

Drinking plenty of fluids is important for all ostomates, but especially for the urostomy patient. Many urologists also prescribe vitamin C to help keep the urine acid less susceptible to infection. (Check with your doctor first, as some persons have reasons that would be exceptions to this). Cranberry juice helps to keep urine acidic.

Source: *Vancouver Ostomy HighLife* Sept/Oct 2026

"A good friend is a connection to life – a tie to the past, a road to the future, the key to sanity in a totally insane world."
– Lois Wyse

UROSTOMY TIPS and TRICKS

If it is difficult sleeping with straps controlling your night drainage tube, use the catheter leg strap and position it so that the tube runs down the inside of the right leg, and you can roll over and sleep much more comfortably.

It may help to insert 2 oz. of a vinegar-water solution (1/2 cup white vinegar to 1 quart water), through the outlet valve of your emptied appliance twice daily. Do this in the morning and once at bedtime. Lie down for 20 minutes to allow the solution to "bathe" the affected area.

A urostomate can have normal GI X-ray without a problem but never allow anyone to put barium in your stoma. For some procedures, dye may be injected through a **soft** plastic catheter into a urostomy for retrograde ureter and renal studies (called a *ilcoloop** study). The dye will be injected via a large syringe which can be painful if done too quickly. Even 50cc (about 1/4 cup), injected rapidly, can cause pressure. Remember to request that the injection be done very slowly!

Source: *Vancouver Ostomy HighLife* Sept/Oct 2026

Editor's note: *I could not find anything called an "ilcoloop" as stated in this article. I did find the terminology "loopogram" which appears to refer to the same type of study listed in this article.*

As stated in our disclaimer, "It is wise to consult your Ostomy nurse (NSWOC) or Doctor before using any information from this newsletter". The caution re: too rapid of injection is likely quite valid.

(Continued from Page 5) Abdominal Changes

the skin back and holds it stable, relative to the stoma), works much better than the highly flexible flat barriers.

The moral of the story is that if you have abdominal changes due to weight gain, you have viable choices to continue a high quality of life. You just need to implement some changes. Your ostomy nurse can help you with these issues.

Thanks to *Rosebud Review*, Chippewa Valley Ostomy Association Eau Claire, WI



*Yvonne Sharples
Mark Steadman
Tony Kitzky
Justin Merduza
Laurie Massey
Annette Syrotiuk*

SOME ILEOSTOMY DON'TS

Don't fast. Fasting can lead to serious electrolyte imbalances, even when adequate fluid intake is maintained. Don't limit fluid intake. Ileostomates are always slightly dehydrated due to the constant outflow of fluids, so maintaining fluid intake at all times is a must.

Be cautious about giving blood. A constant state of dehydration places enormous stress on the kidneys when blood is given. Serious damage can occur. Giving blood is not recommended practice for ileostomates, but if you want to do it, consult your own doctor first.

Don't eliminate salt from your diet. Because salt is also lost with the fluid outflow, even those with high blood pressure should not eliminate salt altogether. Consult your doctor for your recommended salt intake when physical problems are a consideration.

Don't put anything in your stoma. Don't allow anything to be put in your stoma without your own doctor's personal supervision. Doctors have sometimes incorrectly given routine orders in hospitals – for enemas, for example. Question any procedure that intrudes on the stoma, including suppositories.

Don't take any medication unless you know it will dissolve quickly and be fully absorbed. Before filling new prescriptions, be sure to ask your pharmacist whether or not it will dissolve in the stomach quickly. Coated and time-released medications will not be absorbed and will pass through your system without benefit.

If in doubt, purchase only six pills and try them before getting the rest of the prescription. Women should be especially alert when taking birth control or estrogen replacement medications.

Don't take any B12 product for granted.

Have your doctor check your B12 level whenever you have a blood test taken. Some ileostomates with short bowels may require B12 injections when they do not absorb enough of the vitamin.

Reprinted from Broward (FL) Ostomy Assoc.
"Broward Beacon"

Meetings

Can any of you relate??

Taken from Shaz's Ostomy Pages:

"Picture yourself in the boardroom, surrounded by executive types in their suits, ties and somber attitudes. All is going fine until there is a quiet moment during the meeting when everyone is contemplating a major point made by one of the executives, when out of the blue, the little beggar on your abdomen decides to sing an aria. Ostomies do make noise. This is a fact. I have never figured out how ostomies time their vocal outbursts to occur during a 30 second lapse in an important business meeting. Happens every time. (Hey, you never know, maybe what they're saying makes more sense than the others in attendance at the meeting. I'll have to contemplate that one.)

Just for information purposes only, I checked with Midas Muffler, and they don't make any kind of muffler for this kind of system."



Janice (aka) "The Lady from Glad"

Source: Ottawa Ostomy News



**We could
use a few
extra
hands!**

For many years, board members have taken on extra duties to ensure our meetings and programs benefit and support ostomates across Manitoba. Much of this work happens before and after meetings. Please consider showing your appreciation by helping lighten their workload.

Our new home offers many conveniences and inviting spaces, but it also brings added responsibilities. After meetings, tables and chairs must be returned to their original positions, tables and kitchen appliances must be cleaned and put away, and the lights must be turned off. We also need someone to allow access to the building before meetings.

Volunteers could help by:

- Setting up and taking down tables and chairs
- Preparing coffee and assisting with setup and cleanup.
- Welcoming members at the door.
- Joining a Christmas party committee to help make the event festive and memorable.
- Taking photographs for the newsletter.

In most cases, volunteers helping with setup would arrive around 6:50 p.m. Those assisting with takedown or cleanup would stay for about 15 to 20 minutes after the meeting ends. Instructions for all tasks would be provided.

Lorrie and Sandy would be pleased to hear from anyone interested in one of these roles or answer any questions you may have. With enough volunteers, the commitment would be manageable and offer a chance to help build the chapter while socializing. Are there other ways your skills or experience could help?

Contact Lorrie at:

Email: pis_mel@outlook.com or Tel: 204-489-2731

Contact Sandy at:

Email: sandyborys@hotmail.com Tel: 204-793-8307



Youth Camp Fund

Rosanna Guzzi

Sandy Borys

Wayne Hancock

Wanda Long

In Memory of Wayne Spencer

John Webb

Sharon Phair

Lorrie Pismenny

Stoma Anniversary

Norma Wilson – 63 years!!!

Barbara Halabut – 60 years!!!

Wanda Long – 46 years !!!

General Funds

Linda Katz

Susan Luhowy

Debra Parrish

Violet Motheral

Carol Ann Simpson

*Your support and generosity are
gratefully appreciated!*

*“The trouble is that by the time you can
read a girl like a book, your library
card has expired.” -Milton Berle*

Developing a Sense of Well-Being After Ostomy Surgery

By Sue Bergman, PhD, Owensboro (KY) OA
Via Austin (TX) Austi-Mate

Some people see illness as being opportunity. It is hard to believe that such a negative experience as a severe illness could have positive aspects. Betty Rolling, author of *First You Cry*, is quoted as saying, “Although cancer was the worst thing that ever happened to me, it was also the best. Cancer enriched my life and made me wiser, happier. Although I would do everything possible to avoid getting cancer again, I am glad I had it”. People in this position re-evaluate their priorities and tend to take less for granted.

Rose Bird, Chief Justice of the California Supreme Court, has spoken on the positive effects of her breast cancer, quoted in a Los Angeles Times article in 1983: “In a peculiar way, death can teach you what life is all about. It is a painful lesson and a difficult journey, but I am personally grateful that I was made to travel this path at a relatively early age. For I have learned much about myself, much about what I want out of life, and much about how precious life and people are.”

When we go through a dramatic change like ostomy surgery, after the initial adjustment, we have to explore what parts of our old selves we still have, what parts we have gained, and what old dreams we can still hold on to. Somehow, life goes on, no matter what happens to us. Any crisis requires that we develop a new form of self-discovery and a reorganizing of all the pieces of our lives. This changes our relationships with others. We now have to make new rules for ourselves – a very new and difficult thing to do! The old sense of security – the old walls’ now have to be rebuilt.

One might feel very much alone in this new situation. If you were able to cope well with life’s setbacks before, you might be fortunate to experience a relatively good adjustment. A network of friends and concerned relatives is also very helpful to successful rehabilitation. But, if you feel all alone, it can be a tremendously difficult uphill and bumpy battle. Grief can show up as anger and fear, and the healing process might be a slow, tedious journey. People do best when things go smoothly and big changes are few and far between. Much more adjustment is needed for large-scale changes.

Life is so often a series of challenges, some of which are capable of giving us renewed strength and renewed personal growth. If we are able to overcome problems without being overwhelmed by them, we can move on and at times even become stronger. In the words of Leo Buscaglio: “Don’t ever believe that you are going to be peaceful – life is not like that. When you are changing all the time, you’ve got to keep adjusting to the change ... Once you are involved in the process of becoming, there is no stopping.” □

Cholesterol

-Metro Halifax News, Nova Scotia

People with ileostomies often have lower cholesterol than people in the general population. That’s because the last part of the small intestine, the terminal ileum, is where the bile acids are absorbed. Bile acids are made in the liver and help in the digestion of fatty foods. After the terminal ileum is removed during surgery, the body is unable to absorb the bile acids. Consequently, fatty foods, rich in cholesterol, are not broken down and used by the body, resulting in lower levels of cholesterol.

Source: The Ostomy Rumble publication of the Ostomy Support Group of Middle G



Somebody to Love by Barbara Skoglund of Maplewood, MN

Ostomy Myths Series (Printed in the UOA Chicago newsletter. The New Outlook, Feb. 2013,

We (UOA Chicago) thought that our members would like to read an updated version of this classic article on ostomy surgery. This article is a frank exposition written by a young woman who suffered from ulcerative colitis and was then cured when she had her colon removed and was given a permanent ileostomy. People with other types of ostomies will find this article fascinating with many applications relating generally to life with an ostomy.

“It was the best Christmas gift I ever gave myself!”

As an ulcerative colitis patient for more than 14 years, I became so ill that my colon had to be removed. I was so afraid of having an ostomy that I postponed treatment and nearly died. Knowing my feelings about ostomies, my doctor performed a rarely done straight ileoanal anastomosis. He could not build a J-pouch for me. My body would not qualify.

I lived three years of hell with that “straight shot” and had an ileostomy in December 1996. It was the best Christmas gift I ever gave myself! I had many misconceptions about living with an ostomy, and I frequently encounter others with those same misconceptions. After one person too many told me that it would be better to be dead than to live like me, I decided to start my life.

A couple of times during my single days, I placed personal ads as a way to find potential mates. Before I would write my ad, I would sit down and list all the qualities I was looking for in a mate. I wanted a partner who was smart and funny, someone who shared my values, etc. Nowhere on the list did it mention that my partner must not have an ostomy. I used to think that no one out there would be interested in me if I had an ostomy. I was convinced that people with ostomies sat home, smelled badly, wore baggy clothes, and were lonely and friendless. You would think I would still harbour this myth since my first fiancé took a walk when I had my temporary ileostomy while my ileoanal anastomosis was healing. To tell the truth, it was pretty clear that we did not split over how I went to the bathroom. We split because we were not right for each other.

“Research shows that people with ostomies have fewer divorces than the population in general!”

I have since found my soul mate and life partner. He could not care less how I go to the toilet. What he cares about is that I am healthy. You see, he loves me regardless of my possession of a butt hole or not. Consider this question: do single people with ostomies have a more difficult time with dating? The true answer is that some do and some do not. Many are very confident and date like any other self-assured person. I have found that those who do not date are too afraid to get out there and try. It is all in their head and not on their tummy. Yes, I would not be surprised if an ostomy challenged someone’s casual exploits – you know what I mean. However, if you are interested in finding a life partner who loves you, the possession of an ostomy will not stop you. Realistically, some people prefer to marry college graduates, some prefer a mate of the same religion, some prefer black people, some white people, some want someone younger, some the same age. In America, you should choose the person you want. Do not settle.

However, he/she has a choice to pick you or not also, regardless of you having an ostomy or not. Many people use an ostomy as an excuse for failed relationships. It is rarely true. Research shows that people with ostomies have fewer divorces than the population in general! If anything, an ostomy may be a good test of what a potential mate is really interested in. I never think to myself, “Will you still need me when I’m 64?” I know my husband is with me forever.

Source: Green Bay Area Ostomy Support Group

PROTECTING YOURSELF FROM STOMA INJURIES



Stomas are surprisingly hard organs, but they can be injured if you are careless or if you play contact sports. Everyday activities don't usually pose any danger to your stoma, nor do most sports, but common sense is required before you resume previous physical activity. It goes without saying that you need to give yourself time after surgery to heal and recover, and when you do resume physical activities you enjoyed before, you can't jump back in at the same level you left. Work slowly back into former routines.

Stomas will show spots of blood if accidentally scratched while you are performing a change, but this is minor and should stop in a minute or so. More serious damage can occur with incorrect pouching techniques, tight belts, external blunt force (like getting hit with a ball or foot) or just being clumsy and bumping into something hard. Rigid objects like belt buckles overtop or too close to the stoma can hurt it too. An injury usually looks like bleeding from the stoma surface and should stop after a short time. There could be bruising of the skin around the stoma if you were hit hard. If the stoma has been given such a hard knock that the parastomal skin has separated from the stoma itself, you need to go to emergency at once.

Tips to avoid or treat an injured stoma

1) Avoid activities with a lot of friction and impact.

Combat sports (martial arts, sports that may involve body contact) are not completely out of the question – professional footballers have played in the NFL with an ostomy. Weight lifting and strenuous exercise are possible, but should be discussed with your doctor and/or Ostomy nurse before you resume these activities. (We recommend including an

NSWOC's opinion in this matter because they are far more likely to fully understand the risks of ostomy injury than a GP.) Strenuous exercise is more likely to cause a hernia, which is a whole other kind of situation you want to avoid.

2) Be sure you're using your ostomy products correctly.

Using your products incorrectly increases the risk of injury. Are you cutting the hole too small, is the wafer off centered? Is your barrier too rigid for your lifestyle? Irregular shaped stomas can be harder to fit and can be more prone to getting pinched or crowded by the barrier. If you have questions about how to use your ostomy supplies or a new product, ask your NSWOC for instructions.

3) Consider ostomy protectors.

You can buy ostomy protectors that you use over a stoma to protect both your stoma and the appliance. These are similar in function to an athletic cup that men and boys wear when playing rough sports where external force is possible. Another option for protecting the stoma are seatbelt protectors that help cushion the stoma when you're riding in a car.

4) Keep the area clean

If you do experience an injury, keep the stoma and the area around it clean. Plain warm water and mild soap are best, but you can also irrigate (rinse) the area with a saline solution. You can purchase this or make it yourself. Pat completely dry with a sterile pad or tissue. Using disinfectants or antibacterial products on the parastomal skin is something you should discuss with your NSWOC.

While most injuries can heal on their own, if a cut isn't closing, or if you are seeing blood in the pouch, it's best to see your NSWOC as soon as possible.

5) Homemade Saline Solution

1 cup water, 1 tsp salt. Bring water to boil and boil for 10 minutes. Mix salt into water, stir until dissolved. Let cool. ☐

Source: Vancouver Ostomy HighLife

Historic Sites of Manitoba: Winnie-the-Bear Statue
(Assiniboine Park, Winnipeg)

Located in [Assiniboine Park](#) in [Winnipeg](#), a bronze statue shows First World War Lieutenant [Harry Colebourn](#) playing with a black bear cub, Winnie, named after Colebourn's adopted home town. Winnie went overseas with Colebourn and ended up at the London Zoo, where author A. A. Milne incorporated her into his famous Winnie-the-Pooh books.

Saskatchewan-based sculptor William Harold Epp (1930-1995) made the sculpture and it was dedicated on 6 August 1992. An apple on its base commemorates the role of lawyer [William Richard Appleby](#) in having it made.

Winnie the Bear now has a new home inside the Nature Playground at Assiniboine Park.

Winnie-the-Pooh is a 1926 children's book by English author A. A. Milne and English illustrator E. H. Shepard. [Wikipedia](#)

A century old this month!



**Credit: Assiniboine Park Conservancy
Winnipeg Manitoba**

**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:

mail: 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 coupo 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>

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

NewMembers: 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