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

INSIDE/OUT

NOV / DEC 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

In this issue

ZOOM LINK for NOV	3
From Prez Desk	4
Contrast Exams & Output	5
Urinary Tract Stones	5
A Real Headache for Men	6
Know About Blockage	6
Ostomy Wound Care	7
What to Drink with Drugs	7
7 Steps to Improve Your Memory	8
Know about Blockage cont'd	8
How to Treat A Blockage	9
Meeting Cancellations	9
Ostomy Backfires	10
Donations & Cheque deadline	10
Allergy or Fungal Infection?	11
Feeling Overwhelmed?	11
Outside/Looking In	12
My Ostomy Care & Family	12
MB Possible Invite	13

CHAPTER MEETING IS:
WED, November 25th
In person & Zoom
7:30 pm to 9:30pm

Zoom link and Meeting Notice on Page 3 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

Ostomy Manitoba Christmas
Dessert Party

SAT, DEC. 5TH
1pm - 3pm

TICKETS
$5.OO per PERSON**

Family Members & Friends are Welcome



DOOR PRIZES

JOIN US AT OUR NEW LOCATION
UNIT 2 –
1680 NOTRE DAME AVE.
Manitoba Possible Bldg.

To keep with the Spirit of the Season please bring "a tin for the bin".

TICKETS: Available at the Nov. 26th Chapter Meeting

****To ensure there is enough food for everyone registration is required. To register contact...**
Vice-Pres. Sandy Borys @
Email: sandyborys@hotmail.com or **Tel:** 204-793-8307
Registration Deadline: Nov. 28th

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

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

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) | empowering ostomates



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:
January 8, 2027

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.

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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

November

OMA Chapter Meeting

WED. NOV. 25, 2026
TIME: 07:30 PM

IN PERSON or via ZOOM

PROGRAM



with Special Guest
NSWOC,
Rhonda Loeppky

Join Zoom Meeting Link
https://us02web.zoom.us/j/83864059966?pwd=bkg048Cqf0muUCR5veJk4sZdc6IHMZ.1

Via Zoom website use ID and Passcode below,
Meeting ID: 838 6405 9966
Passcode: 432914
Dial in using 204-272-7920, then use the same ID and Passcode above.

Randy Hull
r.hull@shaw.ca

NOTE

You are invited to send in your questions or concerns prior to the meeting. You will not be identified unless you choose to do so yourself. Questions sent in prior to the meeting will be addressed first.

Send your questions to Lorrie by phone: 204-489-2731 or email: pis_mel@outlook.com

FIND the SUPPORT YOU NEED

Personal support. Practical guidance. Real understanding.
Before or after surgery, connect with a Certified Ostomy Visitor – in person, by phone, or online

Have questions or concerns?
A Certified Ostomy Visitor can help you feel prepared, informed, and supported.

Talk with someone who understands. Hearing from a person living well with an ostomy can offer reassurance and hope.

Move forward with confidence.
Your visitor works alongside your rehabilitation team to support your recovery journey.

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

Support is only a conversation away

Accept the fact that some days you're the pigeon and some days you're the statue.

Always keep your words soft and sweet, just in case you have to eat them.

When everything is coming your way, you're likely in the wrong lane.

From the President's Desk



Our last chapter meeting is on November 25th, and our guest will be NSWOC Rhonda Loeppky. This is your chance to ask Rhonda the question that has been on your mind. No question is too trivial: even a common one may get an answer that offers a fresh perspective, and it often prompts further questions that benefit us all. To help Rhonda prepare, I will be collecting questions ahead of the meeting. With advance notice, she can do some research and give fuller answers that we can all learn from.

Also on November 25th, Manitoba Possible is hosting an Open House at our new location from 2 to 6 pm (see Page 13). If you haven't made it to our last two chapter meetings, this is a good chance to find the building and parking in daylight. Whether or not you have joined us on chapter nights, it's a great opportunity to go behind the scenes and see the depth of work Manitoba Possible does in this 'state of the art' building. It is very impressive.

And last, but definitely not least, the Board of Directors invite you to our Christmas Dessert Party on Sat. Dec. 5th from 1 – 3pm. (see Page 1) We hope you and your family & friends will join us for a couple of hours before the holiday season gets too busy. This is a chance to mingle, socialize and perhaps take home a door prize.

Don't forget to send me your questions.

On behalf of your Ostomy Manitoba Board of Directors, I wish you …

The gift of love. The gift of peace.
The gift of happiness.
May all these and more be
yours during this holiday season.

Lorrie



CONTRAST EXAMS and the HIGH OUTPUT OSTOMY

By Lyn Rowell

For an ileostomate with a high-volume output, medical tests that involve drinking contrast solutions may be a little difficult. Even an ultrasound that requires a full bladder may need a little extra planning. If your ostomy output is fluid and must be emptied frequently, talk to your doctor prior to the test. Normally, the body adjusts within a year or two of surgery so the time between ingesting food or drink and the time it comes out of your body (transit time) slows down; however, some individuals may find that their intestinal tract continues to process what goes in quite quickly.

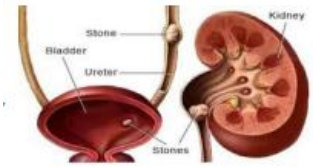
If you are having an ultrasound that requires a full bladder, you are instructed to drink a certain amount of liquid within a certain time. I have found to have the required full bladder, I (an ileostomate) must start drinking fluids earlier than they state and at a slower rate, so that my body has a chance to absorb the water, If I follow routine instructions, it just runs right through to the pouch. I also find that taking an anti-diarrhea medicine helps.

If your exam requires drinking contrast, talk with your doctor prior to the appointment about how to slow down the digestive tract. I once was given a large amount of contract to drink, which I did, but more ended up in the pouch than in my system. Thankfully, there was enough in my system to do the exam. But it's wise to talk to your doctor ahead of time. Do not expect the technician during the exam to understand your situation. I was once asked, "Couldn't you plug it or something?" Ah, if only!

NOTE: Check with your doctor or ostomy nurse. Remember that everybody reacts differently.

Reprinted from North Central Oklahoma, "Ostomy Outlook" via Green Bay (WI) Newsletter, Chippewa Valley (WI) "Rosebud Review" by Greater Seattle (WA) "The Ostomist" Mar/Apr 2017

URINARY TRACT STONES



Urinary tract stones, particularly kidney stones, have been known for many, many years. The disease manifests primarily in adulthood, although its occurrence in children is not unknown.

Three times as many males suffer from the malady as females. The pain associated with the disease, the result of passing the stones, is recognized to be the most severe known.

Heredity is one factor that contributes to the disease. If one member of a family has stones, most likely another family member will develop stones. Age is also a contributing factor, with males in the fifth decade of life being at the highest risk.

Summer time is the peak season for kidney stones because outdoor activity leads to perspiration which, in turn, may result in dehydration. Replacement of lost fluids with such liquids as iced tea or soft drinks does not adequately correct the dehydration or the tendency to form kidney stones.

Urostomates are at high risk of developing infections of the urinary tract and of kidney stones. Ileostomates are also at risk of developing kidney stones because they have difficulty with absorbing liquids and are thus subject to dehydration and consequently stones. The currently preferred treatment for the majority of patients suffering from urinary tract stones employs shock waves, which break up the stones rapidly and with a minimum of discomfort. Usually, one day in hospital is all that is required.

In the future, we may see advances in medicine which will prevent the formation of urinary tract stones. Our best defense remains drinking an adequate amount of fluids, and the best being water.

Credit: Short Circuit: 2014 Cedar Rapids/Iowa City Area Ostomy Support Group #171, Inc.- Northern Pouchvine, Oct 2014 via Regina Ostomy News Nov/Dec 2015

STOMA POSITION …

A REAL HEADACHE for MEN



Where is your stoma? Does it sit high up on your body? Is it different than other people's you know?

Apparently, there are many more concerns from men rather than women about stomas that are sited high on their abdomen. This may be perhaps due to the fact that men tend to be shorter through the hips than women, giving the surgeon less vertical room to choose from, and also due to how and where men put on weight. Other reasons are due to the deceased portion of the bowel may make it necessary to remove more of the descending and sigmoid colon, so the surgeon has inadequate bowel length to reach a lower region. Scars from previous surgeries or a lot of skin folds in the lower quadrants can be other reasons for stomas placed higher up.

It's critical that your stoma site be determined beforehand by a qualified NSWOC nurse. Ideally, it should be sited below the line of the navel, to the left or right, depending on which type of surgery you will be having. It's important to explain how you wear your pants too and belt preferences. Stomas that are situated level with or above the navel are more problematic to dress. If your normal belt line falls over top or under the stoma, it can affect proper drainage into the pouch.

It's also harder to conceal the appliance. A real headache for some men! It's advisable, if you have a colostomy, to use lubricant inside the pouch to help feces slide to the bottom. Ostomy manufacturers make a number of products designed for this purpose; some include deodorants. Hollister's Adapt Lubricating Gel is one example. Also, good old baby oil works well too.

Tips for dress include buying pants sized larger or wear suspenders if you're having trouble keeping



loose-waisted pants up. You can buy the sports shirt meant to be worn outside pants to hide your bag. The appliance may show a little, but this is far more apparent to the wearer than to anyone else. Vests, sweaters and suit jackets are good camouflage over a shirt. If you're feeling self-conscious about the outline of the pouch showing keep in mind that you are often more aware than other people around you. It's also perfectly all right to wear your pants lower on the hips and just tuck the lower half of the pouch into the waist. You can tuck your shirt in over this or just let it hand out.

Source: Ottawa Ostomy Newsletter – Nov. 2016

Know About Blockage

By Henly C. Finch, MD, via uoachicago.org

The small and large intestines are as different in function as are the arm and leg. The primary function of the small intestine is to take nutrition from digested foods; the function of the large intestine is to absorb water out of the food residue. Consequently, there is a difference in the discharge from an ileostomy, a colostomy or a rectum. The discharge from the small intestine, which functions on liquid material and moves contents forward quickly, is liquid and soft. In the large intestine, the contents are changed from liquid to solid – through the process of absorbing water. The movement is much less rapid, and the discharge is solid or even hard.

Movement of the food mass through the small intestine is never more than a few hours. Movement through the large intestine frequently takes from 36 to 84 hours. Thus, when anything blocks the forward motion of the stream of the small intestine, an immediate chain of events is set up.

(continued on Page 8)

OSTOMY WOUND CARE POINTERS

Here are some pointers to consider in dealing with slow-healing and chronic wounds after ostomy surgery.

Beware of some medications like anti-inflammatories that interfere with your body's capacity to heal. Have your physician approve all your medications. Besides the issues related to your ostomy, be sure to warn him or her of any other medical conditions.

Eat a diet that includes a good mixture of proteins to help regenerate and repair tissue, and daily portions of fresh fruits and vegetables to obtain good levels of vitamin C to produce collagen and to deliver other key elements like vitamin A, copper and zinc. Those with an ileostomy should be aware of, and avoid, possible blockages when choosing fresh fruits and vegetables.

If maintaining your wound covered with dressings, these must be changes regularly; consult your wound specialist for how often. Warm temperatures promote wound healing while low temperatures retard it. Keep the area around the stoma clean and dry.

Stay away from antiseptics when dealing with chronic wounds as these products deter proliferation of healing cells.

Exercise (gently!) whenever possible to increase your blood flow as this tends to speed recovery. Tailor your physical activity so as not to tax an open wound; too much activity can re-open it or impede healing. Gentle walking is good but check with your ostomy professional before embarking on any exercise routine.

Don't drink or smoke.

Source: Vancouver Ostomy Highlife – July/Aug 2014

Q. Flanges, Faceplates, Barriers, Wafers? What's the difference?

A. There is no difference. They're all just different names for the same thing, the part of the system that sticks to your skin.

WHAT TO DRINK WITH DRUGS

UOAA UPDATE, Oct. 2007, N Central OK Ostomy Outlook



How many times have you received a prescription with the instructions to "take as needed" or "take before meals"? Pretty vague, but many people do not stop to question further, assuming the medication will work, no matter what they swallow it with.

Acidic drinks, such as fruit juice or soda pop, may chemically destroy certain kinds of antibiotics, including penicillin, ampicillin or erythromycin. Citrus fruit juices may reduce the effect of antidepressants, antihistamines or major tranquillizers by speeding up their urinary excretion.



Milk can interfere with a number of medicines. The laxative Ducolax, for example, has a coating designed to ensure the drug will dissolve slowly within the intestine. But if the medication is taken with milk, which is alkaline, it may dissolve prematurely within the stomach, lose its cathartic action and irritate the sensitive stomach lining. Milk can also block the action of tetracycline. If a doctor fails to warn his or her patient not to take this antibiotic within an hour of any dairy products, they might be puzzled to hear the infection that was being treated has not disappeared.

Even something as simple as tea, hot or cold, may cause problems. A women given a mineral supplement to treat iron deficiency anemia would probably be surprised to learn that the tannin in tea can undo the benefits of her iron pills.

To play it safe, you can always rely on GOOD OLD WATER! Water will not interact with drugs or reduce their effectiveness.



Source: Ottawa Ostomy Newsletter – Oct. 2016

Seven Steps to Improve Your Memory



If we can preserve and maintain some kinds of memory as we age, can we do even better? Can we hope to improve? The answer from experts is a heartening "Yes!" "Everyone can improve memory," says Danielle Lapp, a memory-training specialist at Stanford University, and author of Nearly Total Recall. In her training program at Stanford, Lapp has helped thousands of people to sharpen their storage and retrieval skills. Here are some memory-strengthening tips from Lapp's book, and from Thomas Crook's *How to Remember Names:*

Set Priorities: "Don't expect to be able to juggle six things at once," says Lapp. Get mentally organized; distinguish between what's important to remember and what isn't;
Sharpen The Focus: Crook suggests paying special attention to landmarks when you're doing your routine driving. "This will help you develop a more active sense of awareness," he says.
Pause and Ponder: You can improve the amount of written material you can recall by as much as 300% if you simply stop to think about what you've read.
Make Associations: Find key words, pictures, or letter combination to help you remember. This is known as mnemonic memory. If you meet a woman named Rose, for example, remember her name by picturing the flower.
Use Your Senses: "When you order a dish at a restaurant," Crook writes, "note the texture, the subtle flavourings, the temperature, and the colours." In general, use as many of your senses as you can to aid in remembering.
Do Your Exercises: Memorize numbers that may be important to you, such as your driver's license and Social Security numbers. When you're at a party, make it a point to remember the names of at least four of the new people you meet. When you write your shopping list, try to remember all the items without looking when you get to the market.
Be Kind To Yourself: Losing the car keys or forgetting the name of your bridge partner for a moment is not a sign of mental disintegration.

Source: From Tacoma (WA) Newsletter, via S. Bevard (FL)Ostomy Newsletter, Dec. 2001

Continued from Page 6

There is pain, then gripping and cramping. Later, if there is no forward motion, a backward motion of fluid occurs, involving vomiting. The most frequent cause of the onset of this chain-of-events is blockage at the ileostomy stoma.

Usually, this is precipitated by undigested food; i.e., a bean, pea, peanut, popcorn, corn kernel, pulpy-type foods, meat casings, stringy vegetables, shrimp, lobster, coconut, raw vegetables or something similar to these.

The best way to handle a blockage is not to allow it to occur in the first place. This is done primarily by chewing foods well. However, if symptoms of blockage occur, notify your doctor and follow his/her advice. As blockages may arise from other causes than undigested food particles, observe the following two cautions:

Do not take any kind of laxative without your doctor's specific order. Any laxative may cause additional complications and pain.

Do not take any medication for pain without your doctor's specific order. Pain medication may mask a symptom that the doctor needs to know about.

People with urostomies must be sure to take particular precautions in order to prevent blockage. Where the ileum or colon is rejoined after a segment is removed for the conduit, a stricture could occur, which is not as extendible as the normal intestines.

Keep some white grape juice and mineral oil around your home … just in case. Some symptoms of a blockage can be relieved with a glass of white grape juice or a tablespoon of mineral oil. In addition, it can work wonders sometimes, even to the extent of loosening the blockage enough to pass.

Source: The Roadrunner of Albuquerque May 2012 via Regina & District Ostomy News Jan/Feb 2024

How to Treat an Ileostomy Blockage

Symptoms: Thin, clear liquid output with foul odour, cramping abdominal pain near the stoma; decrease in amount of/or dark-coloured urine; or abdominal and stomal swelling.

Step One: At Home:

1. Cut the opening of your pouch a little larger than normal, because the stoma may swell.
2. If there is stomal output and you are not nauseated or vomiting, only consume liquids such as sodas, sports drink, or tea.
3. Take a warm bath to relax the abdominal muscles.
4. Try several different body positions, such as a knee-chest position, as it might help move the blockage forward.
5. Massage the abdomen and the area around the stoma as this may increase the pressure behind the blockage and help it to pop out. Most food blockages occur just below the stoma.

Step Two: If you are still blocked, vomiting, or have no stomal output for several hours:

1. Call your doctor or ostomy nurse and report what is happening and what you have tried at home to alleviate the problem.
2. Your doctor or ostomy nurse will give you instructions (e.g., meet at the emergency room, come to the office.)
3. If you are told to go to the emergency room, the doctor or ostomy nurse can call in orders for your care there.

Step Three: If you cannot reach your doctor/surgeon or ostomy nurse, and there is NO OUTPUT from the stoma, go to the emergency room immediately.

Important: Take all of your pouch supplies with you to the Emergency Room (pouch, wafer, tail closure, skin barrier, spray/wipe, irrigation sleeve, etc.)

Source: UOAA Update March 2012 via Regina & District Ostomy News Jan/Feb 2024



Youth Camp Fund

Rhona & Les Recksiedler
Betty & Bernard Bakker
Karen McGregor
Ken & Gwen Clarke

In Memory of Wayne Spencer

Linda & Rocky Spencer

General Funds

Violet Motheral
Meera Thadani

Your support and generosity are gratefully appreciated!



INCLEMENT WEATHER ON A MEETING NIGHT

Should the weather be so bad that we need to cancel our meeting – here are the steps to follow:

1. **WAIT** until after 12:00 Noon
2. **CALL** 204-237-2022, (our voice mail # found on the back page)
3. MEETING Cancelled – **IF** there is a **"CANCELLATION MESSAGE"** On the machine

Ostomy Procedures That Can Backfire

There are times when we think we are doing the right thing or take a "logical" shortcut but inadvertently get ourselves in trouble. As is said, the "road to hell is paved with good intentions." Here are some instances to think about.

Using alcohol to clean the skin around the stoma:
Alcohol is a powerful drying agent. Prolonged contact with the skin can have serious consequences.

Wrapping the drainable pouch tail around and around the clamp before closing it:
This will not make the clamp work better. All it will do is spring the clamp out of shape, which will ensure that the clamp will not work for future applications, and which will make the releasing of excess gas more difficult.

Snapping the pouch off the face plate ring to expel gas:
This procedure does not do much for odour control. It is better to hold the tail of the pouch beyond the clamp with a tissue with deodorant on it. Then hold the pouch up so that only gas is at the clamp, open the clamp and allow the gas to pass through the tissue with the deodorant. Then use the tissue to clean out the end of the pouch and replace the clamp.

Washing pouches and using the same pouch for months:
Eventually, the plastic of the pouch is saturated with the chemical odours and the plastic breaks down. No amount of washing will get rid of it. Throw the pouch away after every change.

Washing pouches and using the same pouch for months:
Eventually, the plastic of the pouch is saturated with the chemical odours and the plastic breaks down. No amount of washing will get rid of it. Throw the pouch away after every change.

Insisting on trying every new pouch and new product you hear about:
Although it is fine to experiment with new appliances, especially if you are unhappy with your usual equipment, you generally get the best service from the equipment with which you have the most experience and practice.

Ignoring skin problems:
All the skin problems are easier to treat if they are found early.

Letting the pouch get full before emptying it:
Excess weight will separate a 2-piece system and will put excess weight on the faceplate, resulting in early failures. Empty the pouch when it is about one-third to one-half full.

Not using seat belts in a car:
A well-placed and adjusted seat belt should not interfere with the stoma function or damage your stoma. True in an accident your stoma may be damaged, but it is a lot easier to repair a stoma than a crushed skull.

It is not a good idea to try to live with a condition that you cannot correct yourself: When in doubt, see your Ostomy Nurse or your doctor.

Source: *Ostomy Toronto June/99*

The holiday season is here, and another year is nearly over.
As you plan your year-end givings, your Board of Directors wish to remind you that *Ostomy Manitoba* is a registered charity, and we gratefully welcome all donations.

To have your donation deposited by year-end for tax purposes, **please ensure our office receives your cheque or bank draft by December 10th.**
E-transfers are the easiest option and are accepted through to December 31st.



ALLERGY or FUNGAL INFECTION?

By Mary Ann Brooks, CWOCN, Singapore

Do you have a red itchy rash around your stoma when you remove an old wafer? You may have developed an allergy to new products or new adhesives, preservatives or artificial colours in the products.

Most allergic reactions occur on the second exposure to an allergen. But people can develop a new allergy to products that never bothered them before.

An allergic action would exactly match the area that was covered by the wafer. The skin may be dry or weepy, itchy and/or splotchy. Hives may develop. Generally, the rash would respond to the use of Benadryl if it were an allergy. You should try a different wafer and maybe some hydrocortisone cream and see if the rash resolves.

But maybe the rash is really a fungal infection. Fungal infections are most common in the summer months. The symptoms are similar. The red itchy rash under the wafer may look like the allergic reaction described above.

Fungal infections are caused by the overgrowth of any number of fungal spores that are in our environment every day. If you have fungus on one part of your body for instance, it can easily be transferred to the peristomal area. Athlete's Foot is a fairly common example of a fungal infection. Ringworm is another. When fungal spores land on your skin, they usually don't harm us. But, if you give them a nice warm, dark area like under your ostomy wafer, they may start to grow and multiply.

A fungal rash will generally be about the same size as the wafer, but it may grow outside the boundaries of the wafer. It may also occur under the pouch part of the appliance or extend out even further into the skin folds of the groin area. A fungal rash may have small red dots around the periphery of the central rash area.

This rash will not improve with a different type of pouch or wafer. Fungal infections will not respond to Benadryl! They may improve a little with a hydrocortisone cream but won't go away entirely. What you will need is an antifungal powder. If it is a fungal rash, it should respond well to the powder. It is important to continue to use the powder after the rash is gone for a full two weeks to prevent it from coming right back.

These rashes may look alike, but they have different causes and different treatment.

If you ever have a question or concern about your stoma or your peristomal skin, make an appointment to see your ostomy nurse.

Source: OSG of Northern Virginia, LLC, The Pouch, Sept. 2013

Do You Sometimes Feel Overwhelmed, Stressed Out, or Even Feel Discouraged?

Here's a healthy way to perk up your mood: Get an instant lift by just looking through old photos. Researchers put several common coping strategies to the test and found that flipping through personal photos improved volunteers' moods better than eating chocolate, watching TV or even listening to music. Whereas some of these strategies elevated moods by a measly 1%, browsing through photos gave people an 11% boost in happiness. Store some of your happiest snapshots on your phone or place some around your home or work so that, whenever you're having a hard day, you can look at them and feel instantly better.



Source: Cleveland Clinic Wellness publication, 2013

ON THE OUTSIDE, LOOKING IN

I recently travelled out of town to another ostomy meeting. My life-long friend came along to keep me company on the long ride that day. My friend is not an ostomate and I was unsure whether she would want to sit through the meeting. However, she was made to feel welcome by the group and decided to do so.

It was a small gathering, but a very new patient and her husband had joined us with a lot of questions. As usual, ostomates have much to share and the evening flew by as the discussions included leakages, (what else would we ever talk about), diet, blockages, sitting/or not sitting on the toilet, emptying our pouches, odour, etc., etc. Some of the discussions tended to be very graphic but where else can you feel that comfortable and at ease about your ostomy than with other ostomates?

At one point during this meeting, as we were discussing who and how to share our stories with, I told the story of my attending an Ostomy Canada conference in Hamilton. Again, as I was travelling on my own, I invited my sister to join me. At one of the lunches, as we stood around those tall food tables, conversation among absolute strangers inevitably led to descriptive comparisons and talk of our illnesses, surgeries and living with a bag. Looking across the table, I saw my sister's eyes get bigger and bigger.

Later that day she told me that, initially, she found it rather disturbing that we were all absorbed in these less than favourable table topics without a thought for anyone else eating at that time. She went on to say that she finally realized that this was the actual reason for the conference – a time for sharing with others in the same boat. *"Ostomy IS a dinner topic – for ostomates" she said.*

I have a very wise sister.

Following the meeting that night, my friend and I returned to the motel for the night. I must explain at this point that I love to talk about anything, especially to do with ostomies – all the time.

However, my friend does not have a lot to say at the best of times. And she very seldom offers an opinion … without being pushed. But as we walked through the door of our motel room, she said without any prompting, *"Well … that was very interesting! You have always been very open about your ostomy, but I've never heard you go into that much detail. I learned a lot tonight. And everybody has gone through sooo much and everyone's situation was sooo different. But the biggest thing I noticed is that they all had such positive attitudes despite all the things they had to deal with."*

I have a very wise friend as well. ❑

Should My Family Help with Care of My Ostomy?

Not if you are able to care for yourself. Make yours a "do it yourself" family. I am sure any normal person would not ask a member of the family to help with the elimination process. Why should you? Unless, of course, you are not physically able to care for yourself.

Too many ostomates never like to view their stomas, so use the well-known crutch of "I can't do it myself," and for years have had someone come in and perform daily tasks of personal hygiene that could have been done without any problems or aid from another person. This ostomate is handicapped indeed, mentally, not physically. If you cannot tolerate your own body, how can you expect someone else to tolerate you? Be independent and lead a normal life. Having an ostomy does not mean a life of being unable to function as a whole person.

A family member should be aware of your needs and care in case of illness or stress. Help can then be given if it is necessary. Including family members in teaching care of the ostomy is part of the ostomy nurse function.

Courtesy of the Ostomy Outlook & Tucson, AZ Courier Jan. 2014



April 2026 – October 2026

VISITING PROGRAM REPORT

Surgeries:

Colo, 1 Ileo, 2 Uro, 1

Valued Visitors:

Georgette Dobush, Paula Sturrey, Bonnie Dyson, Jared Dmytruk



Thanks to all our valued visitors. You are the heartbeat of Ostomy Manitoba!

Report submitted by
Bonnie Dyson – Visitor Coordinator

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: _____

M 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