



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

**OMA CHAPTER MEETING**  
**WED, APRIL 23, 2025**  
 IN PERSON & ZOOM  
 Zoom Link on Page 4



**OMA CHAPTER MEETING**  
**WED, MAY 28, 2025**  
 IN PERSON & ZOOM  
 Zoom Link on Page 7

**NOTICE! Don't Delay!**  
**OSTOMY MANITOBA**  
**CHAPTER MEETING & AGM**  
**Wednesday, April 23rd.**

We're offering a **FREE MEAL**




to anyone who is able to join us **IN PERSON** prior to the meeting.



**Meal: 6 pm**  
**Meeting: 7:30pm**

**REGISTRATION** is required to ensure we have enough food for everyone.  
**Registration Deadline - Thursday, April 17th**

To register contact Sandy Borys at:  
**Tel: 204-334-6868**  
**Email: sandyborys@hotmail.com**

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**Editor's Note:** This April/May issue of the INSIDE/OUT is our last until Summer. Please make note of the dates and links for our May 28th meeting in the following pages.

## 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



**FOURTH  
Wednesdays of  
the month**

**April 23rd  
Free meal & AGM  
Hildy Presentation**

**May 28th  
Wind Up  
TBD**

**Meetings open at 7:10 pm  
for random discussions**

## 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](mailto: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](mailto:webmaster@ostomymanitoba.ca)

## DISCLAIMER

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

## OSTOMY MANITOBA CHAPTER VOLUNTEERS

### SOCIAL CONVENORS:

Fem Ann & Fred Algera 204-654-0743

### RECEPTION/HOSPITALITY:

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### PUBLIC RELATIONS:

Randy Hull 204-794-4019

### MEMBERSHIP CHAIR:

Marg Pollock

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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](mailto: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](mailto: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

### STOP!

Did you notice we have included **TWO MEETING NOTICES & ZOOM LINKS** in this issue?



This is the last newsletter issue before Summer but we will be holding meetings this month (April) and next month (May). Don't mix up the two notices. If you mislay your copy of *INSIDE/OUT* The links can be found on our website <https://ostomymanitoba.ca>

Please note that our meetings fall on the FOURTH Wednesday of each month. **Which is the 23rd of April this month.**

The "free meal" option offered on April 23rd definitely does not bar any of you from attending the meeting per usual, starting at 7:30pm on Zoom and in person. You won't want to miss the "Hildy" presentation this evening. Something new and interesting for sure.

Year-end reports for 2024 from the President, Treasurer, & Visiting Coordinator will be available at the AGM. These reports will give you a glimpse of all the great work done by your Board of Directors as they work behind the scenes for the benefit of OMA and you, our members.

If you are not able to attend the AGM and wish a copy of these reports, please contact me at the following:

Tel: 204-489-2731 or Email: [pis\\_mel@outlook.com](mailto:pis_mel@outlook.com).

I will make arrangements to have them emailed or put in Canada Post for you.

Since the last newsletter, I've worked hard to make sure that the Zoom links are copied correctly.

There were still gremlins at work though. Almost 10% of our Canada Post members' newsletters were returned due to insufficient postage. Randy checked with the post office and it was determined that they were correctly stamped. The post office re-stamped and re-posted them. However, that resulted in a tenth of our members not receiving their newsletter in a timely fashion.

Our search for a secretary is still ongoing. Because of our meetings being held via Zoom, we have the interesting option of having AI provide us with a meeting report (It's not a recording). It is quite scary to read these reports and realize that it's getting somewhat better every time we meet. Will we be forced to go this route in the future? Something to think about.

Here's looking for sunny days and warmer weather!

Keep well,

*Lorrie*



## NOTICE ANNUAL GENERAL MEETING In Person or via Zoom

Notice is hereby given that the Annual General Meeting of Ostomy Manitoba Association will be held on

**Wednesday, April 23, 2025  
beginning at 7:30 pm**

The purpose of the meeting is to accept nominations for directors of the board; to accept year end reports; and to conduct any other business deemed necessary.

If you are interested in serving on the board of directors as a Member-at-Large please contact:

**Fred Algera**

**Tel:** 204-654-0743

**Email:** algera.fred@outlook.com

Nominations will be accepted from the floor.

### Psst ....Did You Know ....

*That the TV remote control encourages couch potatoes to exercise their options while broadening their base?*



**OSTOMY  
MANITOBA  
ASSOCIATION**

## APRIL CHAPTER MEETING & AGM

**DATE:** WED. APRIL 23, 2025  
**TIME:** 07:30 PM  
**PLACE:** IN PERSON or via ZOOM

### PROGRAM

Business meeting & AGM reports

Presentation by Randy Hull  
*Hildy, Guts & All!*  
*See Page 5*

Join Zoom Meeting direct link login...

<https://us02web.zoom.us/j/89452568681?pwd=5mnIW9pXrXbH5sDBuc20nQS4FuhcVI.1>

Login via Zoom website....

Meeting ID: 894 5256 8681 Passcode: 993994

Dial into the meeting.... 204 2727920

Meeting ID: 894 5256 8681 Passcode: 993994

### What you should expect at our AGM.

- Time: A half hour or so - depending on reports and questions.
- There will be NO arm wrestling to get you to join Ostomy Manitoba's Board of Directors.
- All ten of the current Directors have indicated that they will serve for another year so there will be no need for elections.



- That being said, we do have room for more directors and we welcome any interested members to put their names forward. We are looking for fresh ideas. Please consider stepping into a "member-at-large position, learn about the "ins and outs" of our organization.
- You will get copies of year end reports from the President, Treasurer, and Visitor Coordinator, along with minutes from the 2024 AGM - with a chance to ask questions concerning these documents.

Since our bylaws were updated as of 2019, the membership elects directors - not officers. The officers are then appointed by the board of directors according to their expertise and willingness to take on the responsibilities of officer positions.

- And, there will be an educational program lead by "Hildy" & Randy. See Page 5.

Don't let the AGM keep you away. It's just another business meeting with a few more reports. You don't know what you might miss.

## HILDY A Bit of History

Meet “Hildy”, Otto Ostomy’s twin sister, adopted by Ostomy MB in 2018.

Otto was first introduced to OMA members at a chapter meeting by MOP Coordinator Mary Robertson (NSWOC), who gave a fascinating presentation of Otto’s functions for all in attendance.



*“Otto Ostomy” refers to a medical training model, specifically the “Otto Ostomy™ Advanced Model,” used to teach and demonstrate anatomy related to ostomies (stomas) and the digestive and urinary tracts, including different types of stomas and their placement.*

Shortly after Mary’s presentation, Ostomy MB received one of its largest bequests at the time from Hildegard Buhle’s estate. Hildegard was the wife of long time OMA member Ernest Buhle (deceased).

In our letter of thanks, along with a tax receipt to the solicitors handling the estate, we wrote in part,

*...The cheque arrived just at the time when the board was seriously looking at our finances. You can imagine the number of ideas that jumped out as to how to make use of such a generous figure. Needless to say, a lot of thought and due diligence will go into our final decision making.*

The board felt it was important that we recognized Hildegard’s generosity and we wanted to have something concrete to remember her by. We used part of the money to purchase “Hildy” and the remainder went into GICs which provided us with some well needed funds for the chapter’s sustainability.

And so Hildy was born. Don’t miss April’s meeting as Randy will demonstrate some stomas and surgeries with Hildy’s help.

As members become adept at doing presentations of the different types of ostomies, we hope to do a lot of education in malls and at seminars as well as at chapter meetings. If we get really good, we may even take “Hildy” on road trips.

## 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 that 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 contrast 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.

## 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 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 vitamin B-12 product for granted. Have your doctor check your B-12 level whenever you have a blood test taken. Some ileostomates with short bowels may require B-12 injections when they do not absorb enough of the vitamin.

Reprinted from Broward (FL) Ostomy Assoc. "Broward Beacon", Live and Learn via *Ostomy Spotlight*, UOAA Oshgosh (WI) Chapter & Chambersburg Good News Helper by Greater Seattle (WA) "The Ostomist" March/ April 2015

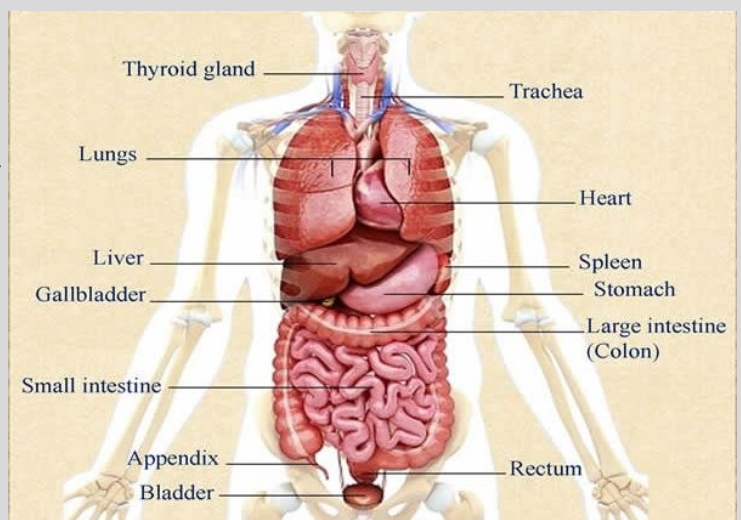
## SYMMETRICAL versus LOPSIDED

On the outside, humans are even, balanced, graceful, symmetrical—nicely streamlined for a long swim. But, how about on the inside?

We are lopsided, or asymmetric is more like it, says Lewis Held, Jr. in *Quirks of Human Anatomy*. We have a spleen on the left but not the right; our left lung has two lobes, but the right lung has three; our heart and stomach are shifted left of centre, our liver to the right and our intestines meander throughout our abdominal cavity.

In fact, our intestines are about ten times the length of our torso and to pack such a firehose into the body cavity requires that it deviate from the midline. Still unclear is why our gut doesn't just coil haphazardly instead of its twists and turns normally culminating in a clockwise colon (ascending right, crossing and descending left).

The epitome of asymmetric complexity must be the head, arising through pretzel-like contortions of an initially symmetric tube. Our most dangerous asymmetry is found inside the heart where we have only one, unilateral pacemaker. "We would be better off if we had a back-up pacemaker on the other side that could take over in the event of a heart attack," says Held.





## Ostomy Manitoba "MAY" Chapter Meeting

Date: May 28, 2025

Time: 07:30 PM

In Person or via Zoom

### PROGRAM

Presentation by CHHA  
Canadian Hard of Hearing Association

Join Zoom Meeting direct link to login....MAY MEETING

<https://us02web.zoom.us/j/82549871325?pwd=xwEb65SIXYkfJzLGINz8wayhmRzgG3.1>

Login via Zoom website... Meeting ID: 825 4987 1325 Passcode: 338878

Dial by your location.... 204 272 7920  
Meeting ID: 825 4987 1325 Passcode: 338878

### 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."*

*The best way to forget all your troubles is to wear tight shoes.*

*If you can smile when things go wrong, you have someone in mind to blame.*

## 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 springing 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 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 via *By Word of Mouth*, Kankakee Ostomy Association, Kankakee, IL.  
Source: OSG of Northern Virginia, *The Pouch* Oct. 2014

*To make winter pass fast—*

*Get a loan due in the spring*

## Fructose May Cause Gas and Stomach Discomfort

From [PreventDisease.com](http://PreventDisease.com). January 7, 2013



(HealthScoutNews) - Fructose, the simple sugar found in honey, fruits and some soft drinks, may be to blame for unexplained stomach ailments such as cramps, gas and diarrhea.

This sugar is the main sweetener used in Western diets, say a group of researchers at the University of Kansas Medical Center, but some people lack the ability to absorb fructose properly. The researchers believe the dietetic ingredient is responsible for a host of common gastrointestinal complaints, so they are urging doctors to use fructose breath tests as a diagnostic tool for unexplained abdominal maladies.

Their study suggests that fructose malabsorption affects a significant number of healthy adults. Gastric woes arise when the fructose travels down the digestive tract into the colon, where some bacteria use the sugar as a food source and consequently flourish. In the process, hydrogen gas is released and may cause pain, bloating and diarrhea.

During their research, the investigators fed their subjects 25 grams of fructose - the equivalent of a 12-ounce can of soda sweetened with high fructose corn syrup - and then gathered breath samples. Testing revealed an abnormal level of hydrogen gas in almost half of the participants. On another occasion, after the subjects had dined on 50 grams of fructose, about three-quarters of them exhaled high levels of hydrogen. If the sugar was digested normally, the gas would be absent from their breath.

“When given levels of fructose commonly consumed in the Western diet, a significant number of our subjects had both objective and subjective evidence of fructose malabsorption, meaning that the breath analysis showed hydrogen in excess of 20 parts per million, and they had symptoms like gas and diarrhea...” says Peter Beyer of the University of Kansas Medical Centers’ Dietetics and Nutrition Department. He believes physicians should add breath analysis for fructose intolerance to their diagnostic test reservoir. “If a patient is found to be fructose intolerant and symptomatic, the doctor may recommend a low-fructose diet,” says Beyer. “But in severe cases, antibiotic therapy may be required to provide relief.”

Source: *The Triangle*, Pittsburgh Ostomy Society via *The Pouch* Nov. 2013. Reprinted from Winnipeg Ostomy Association’s *Inside/Out* 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 of 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 also 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 ice 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 defence 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.



## Dietary Guidelines for an Ostomate



Source: OSTOMY MANITOBA ASSOCIATION

### **INSIDE OUT**

January 2024

Editor's Note: This is a valuable list which makes managing an ostomy much easier for new patients. As a long time ostomate, it's good to have a reminder once in awhile too!

<b>Foods that Increase Odor</b>	<b>Foods that Increase Gas</b>	<b>Foods that Thicken Stool</b>	<b>Foods that Loosen Stool</b>	<b>High-Fibre Foods that May Cause Blockages</b>
Asparagas	Beans	Applesauce	Green Beans	Dried Fruit
Broccoli	Beer/Carbonated soda	Bananas	Beer	Grapefruit
Brussel Sprouts	Broccoli	Cheese	Broccoli	Nuts
Cabbage	Brussel Sprouts	Boiled Milk	Fresh Fruits	Corn
Cauliflower	Cauliflower	Marshmallows	Grape Juice	Raisins
Beans	Corn	Pasta	Raw Vegetables	Celery
Eggs	Cucumbers	Creamy Peanut Butter	Prunes/Juice	Popcorn
Fish	Mushrooms	Pretzels	Spicy Foods	Coconut
Onions	Peas	Rice	Fried Foods	Seeds
Some Spices	Radishes	Bread	Chocolate	Coleslaw
	Spinach	Tapioca	Spinach	Chinese Vegetables
	Dairy Products	Toast	Leafy Green Vegetables	Meat with Casing
		Yogurt	Aspartame	Oranges
		Bagels	NutraSweet	

## STRESS and INTESTINAL GAS

Berrien Co. Cancer Service Ostomy Newsletter and Grand Rapids Promoter

Stress is the cause of one of the most common gastrointestinal complaints. Flatulence occurs in people during stressful situations. While under stress, breathing is deeper and one sighs more, encouraging a greater than normal intake of air. Dr. Richter, a gastroenterologist at Massachusetts General Hospital, states that the average person belches about 14 times a day. The person with flatulence problems does not belch more often. However, they may experience the sensation of needing to belch and get little relief from doing so.

### Here are some ways to relieve gas:

1. Avoid heavy fatty meals, especially during stressful situations.
2. Reduce the quantity of food consumed at one setting. Eat small low-fat meals about every three hours.
3. Avoid drinking beverages out of cans or bottles. Avoid drinking through a straw.
4. Avoid food and beverage you personally cannot tolerate.
5. Avoid any practice that caused intake of air, such as chewing gum, smoking, blending food that contain a lot of air.
6. Drink at least 8 glasses of water a day.
7. With the advice of your doctor and ostomy nurse, experiment with foods in your diet to achieve adequate bowel regularity.
8. Avoid eating too many fiber foods at one meal. Gradually add fiber food in your diet to prevent excessive intestinal gas.
9. Avoid skipping meals. An empty bowel encourages small gassy stool. Poor digestion can often exaggerate the symptoms associated with flatulence. Digestion enzymes help to reduce the gas in food assimilation and chemical digestion.

Food coats the stomach and helps prevent gastric juices and acids from destroying the enzyme action.

Source: Regina and District Ostomy News Nov/Dec 2021

### Help Others Help You! Ostomy and Continent Diversion Personal Health Preparedness via UOAA Blog Post, April 2, 2025



#### WHY A MEDICAL ALERT ID MATTERS

By Ellyn Mantell with Jeanine Gleba UOAA Advocacy Manager

It's a fact; ostomies and continent diversions save lives. Most people are very private about having a fecal or urinary diversion and only share information with people to whom they are most close. Living with a diversion is often considered an "invisible disability." The concern is, what would happen with these individuals if they were in an accident,

unconscious or unable to speak for them selves? They would be unable to notify an emergency responder of the unique needs of the diversion. For example, a Kock pouch is an internal pouch/reservoir that has a stoma that needs to be catheterized throughout the day to empty it. If an emergency responder were not aware of this need, it could result in over filling of the reservoir and damage to the reservoir.

There is a simple non-verbal way of communicating health issues and medical conditions in emergencies that deserves attention and should be considered. According to the **Centers for Disease and Control Prevention (CDC)**, for personal health preparedness "help others help you" by wearing a medical alert ID bracelet or necklace engraved with important information for emergency responders and healthcare providers. By wearing a form of medical identification people living with an ostomy or continent diversion can effectively advocate for their health and safety protection when they are unable to speak up for themselves. It provides peace of mind should the

(Continued on page 11)

## Soluble vs Insoluble fibre: What's the Difference?

If you have an ileostomy, should you eat fibre? How much? What kinds are safest? The intestine has a remarkable capacity to adapt.

Matter/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 the plants that acts like a sponge, soaking up water and increasing the bulk of the intestinal contents making matter move through the system more quickly. In a person with an intact colon, fibre is essential to preventing constipation and keeping a person "regular". This is the main function of fibre.

A person without a large intestine (ileostomy) doesn't have a problem with constipation, and will have loose or watery stool. (Some ileostomates report that over time, their stool becomes less watery as the small bowel adapts and 'makes up' for the loss of the large intestine.) This is especially possible if the last section of the small bowel (ileum) is still intact.

However, consuming too much "insoluble" fibre may cause a blockage. Avoid or limit your intake of insoluble fibre such as bran, popcorn, seeds, nuts,

skin/seeds/ stringy membrane parts of the fruits and vegetables.

However, another type of fibre (soluble) may be beneficial to the ileostomate. It may seem like a contradiction, but the function of soluble fibre is to make intestinal contents "thicker" and can actually help prevent diarrhea. This fibre is found in oatmeal, barley, dried beans, peas, Metamucil and in the pulp of fruits and vegetables. Most foods have a combination of both types of fibre, but the above examples show the differences.

Adding pectin (Certo, used to make jam and jelly) to one's daily diet can help to minimize diarrhea. Add it to applesauce. How much of any of this stuff the individual ileostomate can safely eat is, unfortunately, often determined by trial and error (and sometimes, despite knowing better, having just o-n-e more taste of those nuts!)

Pay attention to how much, and how fast, your are eating any kind of fibre. It might seem silly to measure one's intake of certain things by the bite, but it's best to be ultra-cautious as you resume eating after surgery.

Add vegetables and fruits in very small amounts. Chew your chow carefully and thoroughly. Try not to learn your limits the hard way.

Source: Vancouver Ostomy HighLife May / June 2012

*(Continued from page 11)*  
worst case scenario happen.

A real life example shared with UOAA may explain the efficacy of saving time in an emergency situation. An ileostomate was crossing the street and hit by a car. He was not terribly injured, but the force of hitting the ground caused his pouch to explode, causing the first responders to assume his abdomen had been perforated. They spent valuable time cutting clothing to find the cause of the seepage, an unnecessary waste of what could have been life-saving time. Had this gentleman been wearing a medical alert bracelet or dog tag necklace, he would have been assessed differently, and certainly more quickly.

Wearing a medical alert ID is far more effective than carrying a card in one's wallet or handbag, or counting on another person to provide vital information. If there is an accident or incident, one may be thrown from a

car, their wallet lost or removed, or one may be separated from a person who can advocate. Additionally, a family member or friend may also be incapacitated in some way, or in shock, unable to provide this lifesaving information.

It is suggested by paramedics that a medical alert bracelet be worn on the left wrist, since that is where they reach first for a pulse. A medical icon in red is an attention grabber, but whatever form of ID you choose be sure it includes the **universal medical alert symbol**. Include as much information as possible and be specific. If there are medical instructions, spell them out. A sample inscription might say: Continent Urostomy Catheterize every 4-6 hours with a 1 4Fr. Catheter.

If there are other medical conditions, state them for emergency responders. Include such information as

*(Continued on page 12)*



### Youth Camp

**Barbara Bater**

### Stoma Anniversaries

**Maria Seidl - 25 years!!!**  
**Norm Zebrynski - 7 years !!!**

### General Funds

**Elizabeth McDonald**  
**Wayne & Beverley Spencer**  
**Doris Perrault**  
**Bob Bolton**  
**Elmer Brandt**  
**Yvonne Roeland**  
**Teresa Lau**

*(Continued from page 11)*

diabetes, allergies. This is no time to be vague. Include a cell phone number of a family member if there is room, and **DO NOT FORGET TO ADD YOUR NAME TO THE FIRST LINE!**

The most notable and recognized medical alert IDs are from the companies **Medic Alert Foundation** and **American Medical ID**. These companies can also keep on record more specific details of your medical history and current care with QR codes and ID cards in addition to the wearable ID.

For those who simply don't like the look and style of the standard medical alert bracelet there are many more **fashionable forms** of ID. Other medical alert jewelry may be found on websites such as **Lauren's Hope**, and **Meridian Medical/Ostomy Supply Company** sells a specific bracelet for ostomies. Although first responders tend to look for medical alert bracelets, for those who don't want to wear jewelry, there are other types of IDs available including: Apple Watch slides, dog tags, and cell phone tags. Your ostomy nurse, primary care physician's office and most pharmacies can also provide guidance.

Some people may be uncomfortable wearing something that tells others they have an ostomy or continent diversion. Don't let stigma stop you from being emergency-prepared! Consider if you would wear medical alert identification if you had life-threatening allergies. When it comes to one's health, it should never be associated with shame. Ostomies and medical alert IDs go hand in hand saving lives.

*Disclaimer: UOAA does not endorse particular products, manufacturers, or suppliers.*

Source: Ostomy Association of North Central Oklahoma - *Ostomy Outlook* - April 2025

As we grow up, we realize it is less important to have lots of friends and more important to have real ones. *Amanda McRae*

***"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



## Setting Goals *after* Ostomy Surgery

In the weeks, months, and even years following ostomy surgery, you may find that your recovery timeline may not move as fast as you had hoped. For some, getting back into the swim of things can move more quickly than for others. Everyone's ostomy journey is unique.

For Linda Pasto, living with an ostomy since 2008, she had always dreamed of completing a 5K race at Disney World. Nine years post-surgery, she finally got the courage to sign up to run the Disney Princess 5K in February 2017 with her granddaughter, Savana.

"To be able to complete this race with my granddaughter, Savana, was a dream come true. I

never thought I would be able to enjoy my grandkids when I was sick.

Linda crossed the finish line hand-in-hand with Savana and tears in her eyes.

### *Here are a few tips for setting goals for resuming physical activity after surgery:*

- Start slowly and go at your own pace. Maybe your first goal is simply running an errand on your own.
- If you exercise, your abdominal muscles will need some time to heal from your surgery. Your healthcare professional can tell you when and how to start exercising again.
- Choose an activity you enjoy and that fits into your schedule at least three times a week, for a minimum of 30-60 minutes per session.
- For the best experience, empty your pouch before you are active. Also, ensure your wafer has been on for at least an hour prior to getting wet or beginning any activity that will cause you to perspire.
- Celebrate your accomplishments no matter how big or small.
- Always check with your physician to ensure it's safe to resume activity.

Source: ConvaTec via Nightingale Medical Supplies Spring newsletter 2018.

## 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](mailto: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 will continue to go towards the purchase of audio & video equipment to promote the Ostomy Manitoba Association and its programs.



**Ostomy Manitoba**  
Association

Healthier / Stronger / Together

204 - 825 Sherbrook St.,  
Winnipeg, Manitoba, Canada R3A 1M5  
Phone: 204-237-2022 Email: [info@ostomymanitoba.ca](mailto:info@ostomymanitoba.ca)

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PHYSICIAN DR. C. YAFFE



For pick-up of unused ostomy  
supplies please contact the

**Ostomy Manitoba  
Association**

**"NEW" 204-237-2022**

Leave a message and your call will be returned.

### OSTOMY MANITOBA ASSOCIATION MEMBERSHIP APPLICATION

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

Your renewal date is printed on your membership card.

**New Members: Please use this form.** The following information is kept strictly CONFIDENTIAL.

**Please enroll me** as a new member of the Ostomy Manitoba Association.

I am enclosing the annual membership fee of **\$40.00**.

To help reduce costs please send my copies of the *Inside/Out* newsletter via email in PDF format. YES \_\_\_ NO \_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ YEAR of BIRTH: \_\_\_\_\_

Type of surgery: Colostomy: \_\_\_ Ileostomy: \_\_\_ Urostomy: \_\_\_ Other: \_\_\_\_\_  
Spouse/Family Member: \_\_\_\_\_ N/A: \_\_\_\_\_ (Please indicate type if other)

May we welcome you by name in our newsletter? Yes \_\_\_ I'd rather not \_\_\_.

Please make cheque/money order payable to: **"Ostomy Manitoba Assoc."** and mail to:  
**Ostomy Manitoba Assoc. 204-825 Sherbrook St. Winnipeg, MB R3A 1M5**