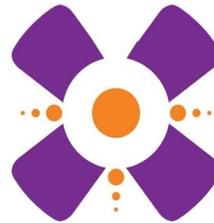




THE NEWSLETTER OF OSTOMY MANITOBA ASSOCIATION, Inc. (OMA)



Photo Courtesy Neil Longmuir



Ostomy Manitoba Association

Healthier / Stronger / Together

FACTORS WHICH INFLUENCE OSTOMY FUNCTION

Quite often, patients experience a sudden reversal in normal ostomy function due to medications or treatments they are undergoing. The following information might be helpful to keep in mind.

Antibiotics: These often cause diarrhea, even in patients without an ostomy. Ostomates are no exception, and if the problem becomes severe, notify your physician immediately. In the meantime, keep Gatorade or a like drink on hand to maintain adequate electrolyte balance.

Pain Medications: These are often constipating. Extra irrigations or laxatives or stool softeners might be required for colostomates to combat the side effects of medicine. Perhaps the dosage of pain reliever can be reduced to eliminate the situation. If not, consider one of the above alternatives.

Chemotherapy: Many cancer patients have follow-up chemotherapy after surgery or as an alternative to surgery. That often produces nausea and/or vomiting. Gatorade is again good to keep on hand for electrolyte balance.

Radiation Therapy: This often produces the same effects as chemotherapy and should be treated accordingly.

Travel: Travel can cause constipation in some patients and diarrhea in others. Be aware that these are possibilities. Altered diet when travelling accounts for some of this, plus the excitement of new

(Continued on page 3)

Happy St. Patrick's Day

IN THIS ISSUE

From the President's Desk	
February Chapter Meeting - ZOOM Link	
Factors Which Influence Ostomy Function (cont'd)	3
We've Got Mail!	
Notice Annual General Meeting - April 22nd	4
Class of 2027 U of M College of Dentistry Camp Donation	5
Rossana Guzzi - Profile	6
Common Nutritional Deficiencies in Ostomates	7
Signs of Vit B12 Deficiency to Look Out For	8
Hernia Prevention Tips From An Athlete Living With a Stoma	9
Hernia Prevention Tips from an Athlete (cont'd)	
Common Convex Ostomy Skin Barrier Myths	10
Common Convex Skin Barrier Myths (cont'd)	
Improvising - Or Fixing a Leak in a Hurry	11
Top 10 Foods for a Good Night's Sleep	
Hints & Tips	12
Coloplast's New Colour	13

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.



**Ostomy Manitoba
Association**

Healthier / Stronger / Together

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

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.

ONLINE MEETINGS

 **Zoom is offered as an option at all our chapter meetings for those who are not able to attend in person for whatever reason.**

**Link is found in this newsletter as well as on our website at -
<https://ostomymanitoba.ca>**

**Meetings open at 7:10 pm for random discussions among attendees.
Meeting Starts at 7:30 pm**

OSTOMY VISITOR PROGRAM

Get The Support You Need!

Speak to a Certified Ostomy Visitor for personal support with your ileostomy, colostomy, or urostomy. Visits are available in-person, phone & virtually. It could be either pre-operative or post-operative or both.

At times you may just have a few questions or at other times you may be ‘working’ your way through something and it’s good to talk to someone who can relate to your situation personally.

The visitor will be chosen according to age, gender, and type of surgery. All you have to do is ask.

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

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

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.

NOTICE:

When in doubt about a meeting cancellation during inclement weather- here are the steps to follow:



- **WAIT** until after 12:00 Noon
- **CALL** 237-2022, - # found on back page.
- **If there is no “CANCELLATION MESSAGE” on the machine, the meeting is still on. Use good judgement if you plan to attend.**

LETTERS TO THE EDITOR

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, Mar. 27th

WEBSITE

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

From the President's Desk

Greetings!



It seems that “black” is the “in” colour these days! Coloplast’s representative Tiffany Skowen’s presentation of their new black *SenSura Mio* ostomy pouch at the chapter meeting last month had many members lining up to place an order. Who knew that an ostomy bag could become a fashion item?

The Manitoba Ostomy Program (MOP) recently distributed 41 letters to the parents or guardians of youth between the ages of 9 and 18 with ostomies and/or bowel or bladder conditions. These communications were sent on our behalf to inform families about available sponsorships for their children to attend the *Ostomy Canada Society’s Youth Camp* in Bragg Creek, AB this summer.

In 2025, OMA sponsored five youth who now all wish to return. Their first camp showed them they're not alone in the world. More information to be found in future newsletters.

Our AGM is on April 25th and will be brief. We have three board positions available and hope for volunteers to fill them—no elections are anticipated. Board members gain insight into our chapter’s operations. Please consider participating.

**We’re offering a
FREE PIZZA DINNER
to anyone who is able to join us
IN PERSON prior to the AGM.**

Registration is required, please contact:

- **Sandy Borys** at the following:
- **Tel:** 204-334-6868
- **Email:** sandyborys@hotmail.com

Thank you to those who volunteered for ostomy donation pick-ups in Brandon. Ross now has a contact list as needed. Marg is stepping down from the board but will continue accepting donations in Brandon. What a great response all around!

All for now!

Cheers, *Lorrie*

OMA CHAPTER MEETING

Date: Mar 25, 2026

Time: 7:30 PM

ZOOM & IN PERSON

Guest Presenter

**Tammy Landry - NSWOC
Q & A**

Zoom Meeting Link

[https://us02web.zoom.us/j/89675369527?
pwd=OcMo5vXW9anlx3HpTbbo3d3KyrUliX.1](https://us02web.zoom.us/j/89675369527?pwd=OcMo5vXW9anlx3HpTbbo3d3KyrUliX.1)

Login via Zoom website,

Meeting ID: 896 7536 9527

Passcode: 110212

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

Should you encounter difficulty joining the meeting via Zoom either TEXT or CALL Randy at 204-794-4019 this evening.

(Continued from page 1) Factors Which Influence Ostomy Function

surroundings. Allow sufficient time for irrigations and take along an anti-diarrhea medication. Check with your doctor if you are not familiar with what works best for you to control diarrhea.

Antacids: Those with magnesium can cause diarrhea. Perhaps you will want to ask your doctor to suggest some with aluminum rather than magnesium.

Drink plenty of liquids: Tea is always a good source of potassium (so are orange juice and bananas). Coca Cola also contains some potassium. Boullion cubes are a good source of sodium. Remember that some of the signs of electrolyte imbalance are irritability, nausea and drowsiness. Be prepared and prevent this problem when possible.

Via: Metro Maryland, Source: United Ostomy Association, Inc., Evansville, Indiana Chapter Re-Route, Volume 29, Number 8, May 2002 via Niagara “It’s in the Bag” April 2016 & Regina and District News Jan/ Feb 2024

OSTOMY MANITOBA CHAPTER VOLUNTEERS

SOCIAL CONVENORS:

Sandy Borys 204 - 793-8307
Rhona Recksiedler 204 - 257-8680

RECEPTION/HOSPITALITY:

Donna Suggitt 204 - 694-7660
Bonnie Dyson 204 - 669-5830

PUBLIC RELATIONS:

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MEMBERSHIP CHAIR:

Marg Pollock

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Ursula Kelemen 204 - 338-3763

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SASO:

Vacant

**FOWC: Friends of Ostomates
Worldwide (Canada)**

UNUSED SUPPLIES PICK UP

“NEW” 204-237-2022

Please leave a message

CHAPTER WEBSITE:

<https://ostomymanitoba.ca>

CHAPTER EMAIL:

info@ostomymanitoba.ca

Ostomy Manitoba Association is a registered non-profit charity run by volunteers. OMA was incorporated in August 1972.

BRANDON/WESTMAN OSTOMY SUPPORT GROUP:

Contact/s:

Marg Pollock 204-728-1421

OSTOMY SUPPLIES

HSC MATERIALS HANDLING
59 Pearl St., Winnipeg, MB.

ORDERS: 204-926.6080 or
1.877.477.4773

E-mail: 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,

As always, I enjoyed reading your newsletter - especially article about problems with the pouch not adhering properly... those leaks are stressful!

I put masking tape on top of the original tape if I am travelling. Has worked well so far!

I admire the way you keep our Ostomy info up to date! So important!

Warm regards, Joan H.

Hi Lorrie, this is a really informative newsletter! I enjoyed reading it, as a lot of it applied to my own personal experiences! Once I started reading it, I couldn't walk away until I got through the whole thing! Thank you for doing such a fabulous job on the newsletters. I like the articles you provided because they are informative, appropriate, and from reliable sources.

Regards,

Rosanna G.

More “We’ve Got Mail” - Page 5



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 22, 2026
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

Note: Nominations will be accepted from the floor.

Dr. Gerald Niznick College of Dentistry
University of Manitoba
Winnipeg, MB, Canada

Ostomy Manitoba Association
204-825 Sherbrook Street
Winnipeg, MB, Canada
R3A 1M5

Dear Members of the Ostomy Manitoba Association,

On behalf of the Class of 2027 at the Dr. Gerald Niznick College of Dentistry, University of Manitoba, we are pleased to present a donation in the amount of \$1,000 to the Ostomy Manitoba Association. Each year, our third-year dental students organize a Valentine's Candy Gram initiative with the purpose of raising funds in support of local charitable organizations throughout Manitoba. Through this initiative, we were grateful for the opportunity to connect with your association and to learn more about the meaningful and impactful work your organization provides within the community.

While our contribution may be modest, it is our sincere hope that this donation will assist in supporting programs such as providing ostomy youth with the opportunity to attend camp and participate in enriching community experiences. We are truly thankful for the opportunity to give back to our community and to support the important services carried out by your organization.

Please accept this contribution as a reflection of our respect and appreciation for the vital role the Ostomy Manitoba Association plays in improving the lives of individuals and families across Manitoba.



Sincerely,
Class of 2027



Focusing on Rosanna Guzzi

Hi, I'm Rosanna Guzzi and I am honored to serve on the Board of Directors as Secretary for the Ostomy Manitoba Association.

I was born and raised in Winnipeg, Manitoba, and have proudly called this city home my entire life. I worked as an educator for over 35 years — a career that was not only my profession, but my passion and my purpose.

In September 2021, my life changed dramatically when I was diagnosed with endometrial adenocarcinoma.

After my diagnosis, everything shifted. My health was challenged, my career was taken from me, and the future I had carefully planned was suddenly uncertain. My strength and resilience were tested in ways I never imagined.

The oncologist discovered a tumor in my pelvis pressing against my otherwise healthy colon. Removing the tumor came at a price. Along with it, a portion of my colon had to be removed, resulting in a permanent colostomy. Surgery was followed by multiple rounds of radiation and chemotherapy. While lifesaving, these treatments led to ongoing and permanent health complications.

Adjusting to life with a colostomy and accepting that I now live with an invisible disability and other long term side effects has not been easy. For many months, I struggled to accept my new body and the unexpected complications that followed — including regular emergency room visits, repeated blockages, additional surgeries, and extended hospital stays.

I have not yet been able to return to work and accepting that reality has been one of the most difficult parts of this journey. I never imagined that cancer would require me to completely redefine my outlook on life. Over time, however, I have come to understand that while we cannot always control the path we are given, we can choose how we walk it. This journey has taught me the importance of balance — something our bodies not only need but deeply desire. I have learned to shift from an “all in” mindset to one that prioritizes health, meaningful relationships, and the things that truly matter.

Throughout it all, I have been deeply grateful. I was blessed with an exceptionally skilled and compassionate medical team who continue to care for and support me. I am surrounded by unwavering love and encouragement from my family and dear friends, who have stood beside me from day one. Their strength has become my strength.



When I needed peer support, I found it through the Ostomy Manitoba Association. Within this community, I found understanding, compassion, and reassurance from people who truly know what it means to live with an ostomy.

Although this journey is ongoing, I move forward with gratitude, resilience, and hope. It is my privilege to serve on the OMA board, to give back, and to help ensure others navigating life with an ostomy do not feel alone.



Common Nutritional Deficiencies in Ostomates

Because portions of the large and/or small intestine have been removed, ostomy surgery can alter how your body absorbs nutrients. Transit time can become much faster, giving your bowel less time to absorb the nutrients you need. Consulting with your doctor and a dietician can help pinpoint where you may be lacking in some of the following vitamins and minerals.

B12

Vitamin B12 is primarily absorbed in the small intestine. Therefore, if you've undergone an ostomy that required the removal of a portion of the small intestine, it can lead to a deficiency. Even people without ostomies can have B12 deficiencies, so it's common regardless of your situation. Symptoms of a deficiency may include weakness, fatigue, and tingling in the hands and feet. If low B12 levels continue for too long, they can result in anemia, which may lead to nerve and/or brain damage.

Folic Acid

Some ostomates may need to take medications that curb inflammation, but this can also impair your body's natural ability to absorb folic acid. A deficiency here can result in issues with the intestinal lining, which isn't ideal if you already have an ostomy. Unfortunately, folic acid can be difficult to monitor and may be mistaken for a B12 deficiency.

Potassium

Potassium deficiencies are also common in some ostomates, especially those who have undergone an ileostomy. This is due to the salt: potassium ratio that maintains balance in your intestines. However, an ileostomy can lead to sodium and water depletion, which then changes the ratio, thus causing a potassium deficiency. Signs of this may include muscle weakness, a shortness of breath, general feelings of fatigue, gassy or bloated feelings, and a decreased sensation in your arms or legs.

Other nutrients

Those with an ostomy can also become deficient in iron, calcium, vitamin B1, vitamin B9, magnesium, zinc, vitamin D, and vitamin K.

Yikes!! How can I avoid all these deficiencies?

- First, it's extremely important to stay hydrated, especially if you have an ileostomy. Make it a habit to carry a water bottle with you everywhere and sip often. (Your kids will find you the coolest design).
- Consider asking your doctor for blood tests to monitor vitamin and nutrient levels.
- Consider working with a registered dietician.
- Focus on eating balanced macronutrients. What are macronutrients? These are things like carbohydrates, proteins and fats.
- Focus on eating foods with essential micronutrients. What are micronutrients? These are the essential vitamins and minerals you need. Micronutrients are essential vitamins and minerals that fuel the body. Try to avoid processed foods and instead focus on foods that are rich in essential micronutrients, such as fruits, vegetables, whole grains, lean proteins, and low-fat dairy products.
- Consider eating microbiome foods. What is a microbiome food? Examples are fermented foods such as yogurt, kefir, kimche and sauerkraut. If you dislike these, or if they disagree with you, you can also consider taking either a prebiotic, or a combination of both. Again, your doctor or a dietician can recommend which might benefit you the most.

And Last ...

CHEW YOUR FOOD THOROUGHLY!! This simple but often overlooked habit can help prevent bloating and gas, and help your shortened digestive tract absorb the nutrients you need. Chewing food an extra amount of time can help break things into smaller particles, making it easier to digest, improving nutrient absorption, and reducing the risk of digestive symptoms. ☐

Source: Vancouver Ostomy HighLife January/February 2026

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."

SIGNS of VITAMIN B12 DEFICIENCY to LOOK OUT FOR

You may not have given much thought to vitamin B12, but it turns out this nutrient is quite important since it helps to keep our body's nerve and blood cells healthy.



B12 can also prevent a type of anemia called megaloblastic anemia that makes people feel tired and weak. Vitamin B12 is produced by certain microorganisms and is found almost exclusively in animal-based products: fish, meat, dairy and eggs. Normally, B12 is readily absorbed in the terminal ileum (the last part of the small intestine and first part of the colon). However, it also must combine with an intrinsic factor, a protein produced in the stomach.

For ileostomates who have all of their colon removed and part of their terminal ileum removed, the main concern is whether or not vitamin B12 is being adequately absorbed.

In urostomates, roughly 6-8 inches of terminal ileum is removed and used as conduit for urine when a urostomy is created.

And when a continent urostomy is formed, even more of the small intestine and terminal ileum are used which could result in B12 deficiency.

The ileum is usually not involved in colostomy surgery, however colostomates should confirm with their doctor exactly what portion of their colon was removed.

Here are nine signs of vitamin B12 deficiency that all ostomates should look out for:

1. Extreme Fatigue You need B12 to make red blood cells, which help carry oxygen through your body. Not having enough B12 can lead to anemia, which means your body does not have enough red blood cells to do its job.

2. Pins & Needles Sensation A condition called paresthesia is the sensation of uncomfortable tingling or prickling, usually felt in the arms, legs, hands or feet. Experiencing pins and needles could be a sign of vitamin B12 or vitamin B9 deficiency.

3. Forgetfulness If left untreated, B12 deficiency can lead to symptoms such as confusion and poor memory. The good news is that this nutrient is one of the easiest vitamin supplements to take (when you don't forget to take it) in the right form and dosages.

4. Altered Taste The tiny red bumps on your tongue are known as papillae, or what we commonly call the "taste buds." The loss of papillae could be from a B12 deficiency, causing your tongue to become smooth and red which in turn affects the taste of food.

5. Depression, Moodiness & Irritability Serotonin is an important mood-regulating neurotransmitter that plays a vital role in good mental health. Certain nutritional factors can impact your brain's ability to produce serotonin, including a lack of vitamin B12.

6. Vision Problems Not enough B12 in the body can affect the optic nerve and also block the blood vessels in the retina. Blurred vision, extreme sensitivity to light, and spotting are common problems experienced by those with vitamin B12 deficiency.

7. Appetite Loss You might not get your regular hunger pangs or hardly want to eat anything at all. Lack of hunger or finding food tasteless is an important sign of vitamin B12 deficiency.

8. Ringing in the Ears Tinnitus is a condition where a person hears a ringing, buzzing or whistling sound in the ears. The use of vitamin B12 may be able to get to the root of this cause and eliminate it.

9. Mouth Ulcers Mouth ulcers (also known as canker sores) are painful sores that appear in the mouth, often on the inside of the cheeks. These sores could be caused by vitamin B12 deficiency.

Unfortunately, signs of a vitamin B12 deficiency can take years to show up, and diagnosing it can be complex. If any of the symptoms above sound familiar, ask your doctor to run a blood test to check your levels. Ostomates may find that Vitamin B12 Dermal Patches are a great alternative to taking oral supplements or injections. □

Source: Ottawa Ostomy News, Jan/Feb 2022/Vancouver Ostomy HighLife March/April 2022, via Stratford Ostomy News, June 2025 Ostomy & Saskatchewan News Mar/Apr 2026



Camp Fund

Class of 2027 at the Dr. Gerald Niznick College of Dentistry, University of Manitoba,

Donna Suggitt

Stoma Anniversary

Donna Suggitt - 10 years!

Your support and generosity is greatly appreciated !

...Food for Thought ...

Middle age is having a choice between two temptations and choosing the one that will get you home earlier.

Most people are willing to strive for success if they can start from the top and then move up.

Something everyone in the world is doing at the same time is growing older.

Hernia Prevention Tips From an Athlete Living With a Stoma

Collin Jarvis, an ileostomate and athlete, shares his tips for getting back to exercise, re-building your abdominal core, and helping prevent parastomal hernias.

Learn how to get active, re-build your core strength, and help prevent a hernia. My name is Collin Jarvis, and I've had an ileostomy since 2014. When I had surgery I was in college and competed as a track and field athlete, so it was important for me to understand how to avoid getting a hernia when I returned to intense physical exercise. In this article, I'll be sharing some things that people living with an ostomy can do to help prevent parastomal hernias.

Tip #1—Get active again as soon as you can

Make sure to get moving as quickly as possible after your ostomy surgery but be safe about your approach. Talk with your clinicians about what level of activity is appropriate for where you are in your recovery process. Getting active after surgery is one of the best things you can do to re-strengthen your abdominal wall and lower the chances of developing a hernia. In most cases, this starts with going on daily walks. You can progress from there as your incisions heal and the swelling from surgery subsides.

Tip #2—Understand the purpose of hernia support belts and support garments.

It's not certain whether a hernia support belt will keep a new hernia from forming, but it may help one manage an existing hernia. It's important to be aware of this so that you don't return to physical activity and core restrengthening believing that a hernia belt will prevent a parastomal hernia.

Often the biggest barriers to getting active again after stoma surgery are challenges related to leakage, comfort, or appearance - all of which can be addressed by wearing a support garment. In my personal experience and as someone who has spoken to thousands of other ostomates, I've found that the additional security of support garments - such as ostomy wraps and underwear - can make the experience of getting active much more comfortable and less intimidating. Since we know that getting active again after surgery is one of the best ways to prevent a hernia. I believe that wearing an ostomy support garment can help facilitate the return to physical activity.

Tip #3 - Re-build your abdominal core strength and use functional movement

Some of us who have had ostomy surgery will come out of the hospital with a weak core, bad posture, and, as a result, poor functional movement patterns. This can be due to a

(Continued on page 10)

(Continued from page 9) Hernia Prevention Tips from an Athlete...

wide range of reasons, including a compromised abdominal wall from the surgery, prolonged sitting in hospital beds, chronic pain, atrophied muscles, and even our psychological state. Each one of these things directly influences our posture and how we move, and these are two of the most important things we can work on to prevent a hernia (of any kind) from forming.

My suggestion is to start by safely rebuilding your abdominal core strength, and improving your mobility and flexibility. Your abdominal muscles are the foundation for all movement and, by nature of having abdominal surgery, will be a primary point of focus for your post-operative recovery.

Check with your physician to make sure it's OK to start this process, and ask about safe and targeted exercises you can try.

Once you've built up the foundational core strength that you need to perform normal daily activities, my next recommendation is to contact a physical therapist (PT) and ask them about "functional movement patterns for hernia prevention." Most PTs have a wealth of knowledge on this subject and can teach you how to move in safe and functional ways. Typical rehabilitation and programming for functional movement patterns include both muscle restrengthening and mobility/flexibility exercises. Combine these strategies to help avoid hernias and live an active life.

Preventing a parastomal hernia from forming is a multifaceted but achievable goal. While there is no single thing you can do to avoid getting a hernia, combining the strategies of safely returning to physical activity and working with a PT to ensure that you're moving in a safe, functional, and mobile way will be your best bet for living a healthy and comfortable life with your ostomy.

Via: Hollister & Russell, Sarah "Parastomal hernia and physical activity. Are patients getting the right advice?" British journal of nursing (Mark Allen Publishing) vol. 26,17 (2017): S12 S18 & Vancouver Ostomy HighLife January / February 2026

Common Convex Ostomy Skin Barrier Myths

By: Terri Cobb, BSN, RN, CWON, Via UOAA and Cincinnati Ohio

A convex ostomy skin barrier can help prevent output leakage and skin issues. Unfortunately, some misconceptions about convexity may keep people with ostomies from using it. A convex pouching system refers to the shape of the back of the ostomy barrier - the side that goes against your skin. A convex skin barrier is not flat, rather it is curved or dome shaped. Using an integrated convex skin barrier is often referred to as "adding convexity" to a pouching system. This convexity provides a gentle push on the belly, allowing the stoma to protrude up and outward. This can help output go directly into the pouch and not under the skin barrier (which can cause a leak). Common reasons for using convexity are to prevent leakage and related skin issues, and to avoid having to change the pouching system more frequently. If your pouching routine or body weight has changed, chances are it's time to consider using convexity.

Myth: All convexity is the same:

Convexity should be chosen and customized based on your specific stoma and body shape. There are two main types of convexity: soft and firm. Soft convexity is flexible and conforms to your body as you move. Firm convexity is rigid and provides firm support around your stoma to help it stick out. In most cases, soft convex skin barriers are used on firmer abdomens, and firm convex barriers work best on softer abdomens. Someone may have had a bad experience with convexity, only to learn that it was the wrong type for their stoma, body shape, or output. It's important to know that the convex skin barrier opening needs to be close to the stoma in order to help the stoma protrude. This will also help reduce the possibility of leakage.

Myth: A convex skin barrier is uncomfortable or even painful

If your convex skin barrier is causing pain or discomfort, you are not wearing the right type of convexity. Based on your needs, and with guidance from a healthcare professional, consider trying some of the many convex barrier options available and see if they make a difference. The importance of addressing leakage should outweigh the fear of

(Continued on page 11)

(Continued from page 10) *Common Convex Ostomy Skin Barrier Myths*

trying something different. Use the health of the skin around your stoma as a barometer. If your skin looks good, and you are not leaking, you'll know you're using the right type of ostomy skin barrier for a good fit.

Myth: I have to wait to use convexity

You don't need to wait a certain amount of time before using a convexity skin barrier. Each person is different. Some may need to add convexity immediately after surgery, while others may not need to add it at all. There is no concrete rule, and it depends on the type of stoma you have and how well it protrudes. If your belly is soft enough, you can start right away. Again, it's important to prevent leakage while keeping the skin around your stoma healthy and trying convexity could help accomplish both goals.

Myth: If my stoma is level with my skin, I need a convex skin barrier

In most cases this is true, but choosing a type of convexity can depend on your stoma output. There are always exceptions and everyone has different experiences. For example, someone who has a colostomy with formed stool and regular bowel habits may not need to use convexity, even if their stoma is flush to the skin. That's because formed stool is unlikely to leak underneath the skin barrier. On the other hand, more liquid output can increase the chances of leakage. Consider trying a convex ostomy skin barrier to see if it will help prevent leakage and skin issues, and increase your pouching system wear time (i.e. how long you can wear your skin barrier before it fails). Convex skin barriers come in both pre-cut and cut-to-fit options and are covered by most insurance plans. An ostomy nurse can help determine which type of convexity is right for you and when you should use it.

Source: United Ostomy Association of Greater St. Louis *Live & Learn - Fall 2025*

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

**Improvising ...
Or Fixing a Leak in a Hurry**

Via: UOAA Update

If you happened to spring a leak, especially when away from home, it can be a cause of panic. Being prepared can help you keep your cool. Wearing a pouch cover can provide extra protection. One person noted that when they had a leak near the seal, he was able to stuff several folded tissues between the pouch and the cover. This absorbed the leakage and kept him going for 90 minutes until he was able to get back home and change.

Also, a pouch cover has the advantage of soaking up perspiration on a hot day. Perspiration can quickly undermine the best adhesives. A good ostomy powder can help soak up moisture too. Lacking this, corn starch or baby powder is equally effective. When out of the house some people carry Band-Aids with them which can be used to mend a small tear in the pouch. Some say that it works so well, they forget about the makeshift repair until their regular time to change pouches!

You may want to keep individually packaged alcohol wipes or towelettes. They are easily carried and are great helpers in cleaning up an emergency.

Best of all though, take precautions to try to avoid having an emergency.

Source: United Ostomy Association of Greater St. Louise Live & Learn - Fall 2025

St. Patrick's Day Facts

- March 17th is when St. Patrick died.
- St. Patrick wasn't Irish.
- St. Patrick used the Shamrock to preach about the Trinity.
- St. Patrick's was a dry holiday in Ireland until 1970
- Your odds of finding a four-leaf clover are: About 1 in 10,000.
- If you don't wear green on St. Patrick's Day, you will get pinched.
- The most popular traditional St. Patrick's Day dish is corned beef & cabbage.
- The meaning for each of the leaves of the clover: The first is for hope, the second for faith, the third for love and the fourth for luck.

*“May your blessings outnumber
the shamrocks that grow,
And may trouble avoid you
wherever you go.”*

Top 10 Foods For a Good Night's Sleep



NOA Newsletter editor's note: As ostomates, it is important for us to maintain a healthy lifestyle, which includes a restful night's sleep. Be sure to follow your doctor's instructions as to what foods you should/should not eat).

The secret to getting a solid 7 to 8 hours? About 90 minutes before you want to nod off, head for the kitchen and make yourself a sleepy-time snack. Keep it light (around 200 calories), so you don't overload your digestive system. And include one or two foods from the list below. All help to relax tense muscles, quiet buzzing minds, and/or get calming, sleep-inducing hormones -- serotonin and melatonin -- flowing. Yawning yet?

1. Bananas - They're practically a sleeping pill in a peel. In addition to a bit of soothing melatonin and serotonin, bananas contain magnesium, a muscle relaxant.

2. Chamomile tea - Chamomile is a staple of bedtime tea blends because of its mild sedating effect, which makes it the perfect natural antidote for restless minds and bodies.

3. Warm milk - It's not a myth. Milk has some tryptophan, an amino acid that has a sedative-like effect, and calcium, which helps the brain use tryptophan. Plus, there's the psychological throwback to infancy, when a warm bottle meant "relax, everything's fine."

4. Honey - Drizzle a little in your warm milk or herb tea. Lots of sugar is stimulating, but a little glucose tells your

brain to turn off orexin, a recently discovered neurotransmitter that's linked to alertness.

5. Potatoes - A small baked spud won't overwhelm your gastrointestinal tract as it clears away acids that can interfere with yawn-inducing tryptophan. To up the soothing effect, mash the potato with warm milk.

6. Oatmeal - Oats are a rich source of sleep-inviting melatonin, and a small bowl of warm cereal with a splash of maple syrup is cozy – and if you've got the munchies, it's filling, too.

7. Almonds - A handful of these heart-healthy nuts can send you snoozing because they contain both tryptophan and a nice dose of muscle relaxing magnesium.

8. Flaxseeds - When life goes awry, and feeling down is keeping you up, try sprinkling 2 tablespoons of these healthy little seeds on your bedtime oatmeal. They're rich in omega-3 fatty acids, a natural mood lifter.

9. Whole-wheat bread - A slice of toast with your tea and honey will release insulin, which helps tryptophan get to your brain, where it's converted to serotonin and quietly murmurs "time to sleep."

10. Turkey - It's the best-known source of tryptophan, credited with all those Thanksgiving naps. But that's actually modern folklore. Tryptophan works when your stomach's basically empty rather than overstuffed and when there are some carbs around rather than tons of protein. But put a lean slice or two on some whole wheat bread midevening and you've got one of the best sleep inducers in your kitchen.

<http://www.realage.com/insomnia-and-sleep-problems/top-10-foods-for-a-good-nights-sleep>, via *Niagara It's in the Bag*, May 2013

HINTS & TIPS

(Source: Hamilton Osto-Info, January 2011)

- One cause of obstruction you don't think about is from too many "soft drinks". The gas from carbonated drinks can distend the bowel to a point that kinking can occur.
- The tea bag is an ostomate's best friend. Tea is an anti-spasmodic and soothing to an upset stomach. It also provides fluids containing electrolytes and potassium so frequently lost from diarrhea.
- Gas problems can be relieved

by eating several spoonfuls of yogurt or applesauce. Much air is swallowed at night while sleeping and this will result in gas. A few swallows of club soda will help to get rid of gas bubbles. You just burp them up.

- The manner of eating is also a factor in relieving gas problems. If you can avoid drinking while eating, the effluent will become thicker, and liquids can be ingested before and after the meal. If one can avoid greasy foods, this may serve to lessen gas problems. Also some roughage in the form of grain cereal will move food more

rapidly through the digestive tract and lessen gas formation.

- Vitamin E and fatty soaps (Dove for example) may be great for the skin but they can cause the appliance to fall off.
- Eating bran muffins is a simple and delicious way for colostomates to solve a constipation problem.
- Don't be afraid to take a shower without your appliance. Soap cannot hurt the stoma. Just remember to rinse well.

Source: Ostomy Halifax Gazette—January 2016.



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Use *e-transfers* to make a donation towards a Memorial Gift, the Youth Camp Fund, Stoma Anniversary, General Funds, or paying memberships.



e-transfer instructions:

Email: treasurer@ostomymanitoba.ca

Message box:

- **Be very clear to say what the transfer is for.**
- **In matters of donations please include your address so tax receipts can be issued for you.**

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

STOMA ANNIVERSARY CLUB

The anniversary date of my stoma is _____ and to celebrate my second chance for healthy living, I am sending the sum of \$ _____ per year since I had my ostomy surgery.

NAME: _____

AMT. ENCLOSED: _____

Official receipts for tax purposes are issued for all donations, regardless of the amount.

My name and the number of years may be printed in the "INSIDE/OUT" newsletter. YES ___ NO ___

Clip or copy this coupon and return with your donation to:

Ostomy Manitoba Association
204-825 Sherbrook Street
Winnipeg, MB R3A 1M5

Proceeds from the Stoma Anniversary Club are now being directed towards enhancing our website, purchasing equipment to support the work of our volunteers in finance, membership, communications and updating ostomy brochures, etc. to promote Ostomy Manitoba Association and its programs on an ongoing basis.



Ostomy Manitoba Association
Healthier / Stronger / Together

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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.

PHYSICIAN DR. C. YAFFE

OSTOMY MANITOBA ASSOCIATION MEMBERSHIP APPLICATION

Current Members—PLEASE WAIT for your green membership renewal form to arrive in the mail.
Your renewal date is printed on your membership card.

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

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

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

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

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

EMAIL: _____ YEAR of BIRTH: _____

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

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

Please make cheque/money order payable to: **"Ostomy Manitoba Assoc."** and mail to:
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