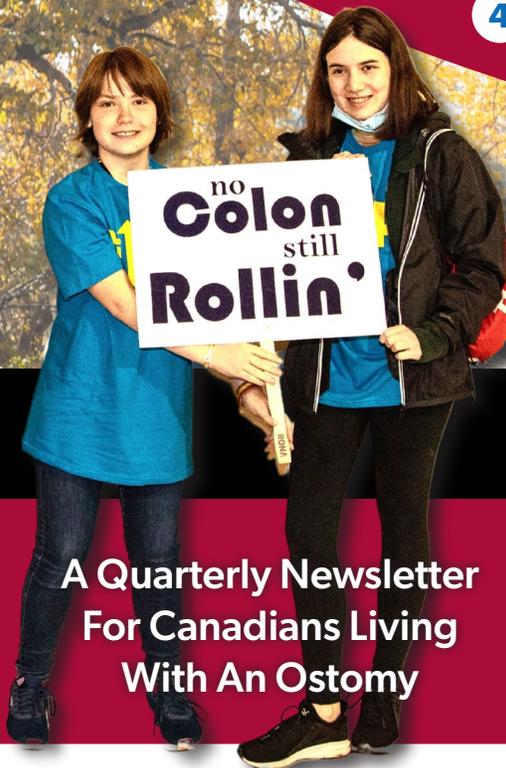


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# OSTOMY CANADA

A Quarterly Newsletter  
For Canadians Living  
With An Ostomy

# Connects

Fall 2022

## What's Up?

With John Hartman  
& Ann Durkee-MacIsaac

Have you ever come across a thing called writer's block? Or go into the kitchen (or any room for that matter) and ask what I came here for? Some might think it is a sign of age or other thoughtful things in our head at the time, yet sometimes you DO draw a blank. Or have you ever asked yourself an open question only to answer that same question aloud? (LOL). It happens all the time – like now!

As we sit down and craft our message for the Fall Connects Newsletter, many things run through our heads. Did the Board and AGM on September 16 and 17 achieve our objectives? (Yes). Did I sign up for Step Up for Ostomy or donate to anyone through the main page ([www.stepupforostomy.ca](http://www.stepupforostomy.ca))? (Yes, and I hope so). Did we hit the mark from the fantastic pool of nominations for the OCS Awards? (Yes). Is the online Visitors Training Program on track and ready for delivery? (Sort of but not until late fall - as we go through testing, interviews and the like).

With our 60th Anniversary ending in a few months – did we strike the right balance of recognition, Ambassadors, and stories? (Stay tuned for the Winter Edition of our Magazine). Does Ostomy Canada ask for ideas, stories, input, and ideations from a broad cross-section of people? (We hope so, yet your feedback is always appreciated and input welcomed). Will the Toronto Maple Leafs win the Stanley Cup this year? (Come on, let's get serious and stop daydreaming). Is OCS doing all it can to help support, advocate, collaborate and educate like their Mission states? (That is a question for our readers to answer).

So, as you read this Edition of Connects – there may be a few things missing. Kind of like forgetting why we went into the kitchen. We know the answer to that question – we miss a wonderful soul, passionate person, outstanding volunteer, fantastic human, and editor extraordinaire named Joel Jacobson. (You bet; that is why we are drawing a few blanks these days). ■

## Helping to Live Life to the Fullest!

# AWARD RECIPIENTS

A detailed and more wholesome article will appear in the Winter Edition of our Magazine; however, we wanted to let you know this year's recipients. We are fortunate to have wonderful people committed to our Mission across the country. Ostomy Canada recognized the following individuals at our AGM on September 17, 2022.

## Unsung Heroes

- Blanca Baquero – Ostomy Annapolis Valley/Ostomy Halifax Society
- Betty Robertson – Comox Valley Ostomy Peer Support Group
- Deb Rooney – UOA Vancouver Chapter
- Jo-Ann Tremblay – Medical Lifestyle Advisory Team

## NSWOC Recognition Award

- Denise Nicholson, Moncton Ostomy Chapter
- Sheryl Walker, Regina and District Ostomy Society

## Maple Leaf Award

- Ed Tummers, Ostomy Halifax Society

## Chairs Award

- Ian MacNeil, National Board Member, Ottawa.

## In 2023 the dates to remember are:

- Promote Awards Manual/Nominations: January to April 2023
- Nominations deadline: May 1, 2023
- Selection Period by Committee: June 15, 2023
- Announcements made: Ostomy Canada AGM 9/23
- Unsung Heroes: October 2022-July 2023

**Note:** This past year, Ostomy Canada unveiled its completely revised Awards Manual ([www.ostomycanada.ca/our-awards/](http://www.ostomycanada.ca/our-awards/)). Our goal was to streamline the information, nomination process, forms, selection, and announcement of Award recipients. ■



Fiona

## OSTOMY CANADA youth camp

### 1 Of 32 Incredible Stories Of Appreciation & Impact

Hi, I'm Fiona, and I'm 12 years old. For the past four years, I've been dealing with Ulcerative Colitis. I have had nine hospital stays, eight scopes, and one blood transfusion. I have missed a lot of school and fun activities with my friends. After trying every medication, surgery was the only option left. So, 14 weeks ago, I got an ileostomy. At first, it was not very fun, but after eight weeks, I felt better than I had in years. But I also felt alone. None of my friends knew anything about ostomies, so I wanted to meet someone who understood everything.

I was so excited for camp, to meet so many people with ostomies, and to be able to do fun stuff that I hadn't done for years. At first, I was nervous when I got to camp, but it turned out to be the best thing I have ever done. My whole cabin became close (although strange as it was because of a glove named Jeff - lol). During every free block in our cabin, we could not stop laughing. All the older kids were very nice to the first-time campers, and by the end, it felt like we were all one big family. I am going back next year. The second I left, I just wanted to go back. Why do we have to wait a whole year?

Thank you to everyone for making it the best week of my life! I cannot wait to see everyone again next year! ■

# The Rewards Of Being An OSTOMY VISITOR

by Ed Tummers

Shortly after joining Ostomy Halifax, I was invited to become an Ostomy Visitor. The trained visitor is the heartbeat of our organization. Visitors come in various sizes, shapes, ages, and sex. We come from different walks of life, but we all have the common bond of having undergone ostomy surgery. We are now living productive and happy lives.

My large intestine was removed almost 15 years earlier. With my ulcerative colitis cured, I was living life to the fullest with my artificial bowel.

Not long after my visitor certification, I was called by the Chapter Visiting Coordinator to visit a gentleman in the hospital who was about my age and who also had an ileostomy. I was so excited about my first visit, and I was all set to put into practice what I had learned in the course.

But as soon as I walked into the room and introduced myself to the patient, the visit quickly took an unexpected turn. Those of you who know Joel Jacobson will be able to guess what happened. Joel was a journalist for the Halifax Herald and wrote a regular column called "The Bright Spot." Joel's mission in life was to find the good in everybody and share their story with the world. For the next hour, Joel and I joked and laughed as we got to know each other. So much for the rule on keeping the visits short so as not to tire the patient.

Despite being in the hospital, Joel wrote the following "Bright Spot," sharing his experience with ostomy surgery with his readers. From then on, Joel wore his bag proudly with no hint of stigma. A few months later, while promoting our upcoming ostomy conference on local TV, he proudly told the reporter, "one big advantage of living with an ostomy is I can talk with you and poop at the same time." That was vintage Joel.

Joel was my first ostomy visit, and I was the first person



Ed and Joel on New Year's Eve 2021. Joel was a die-hard New York Yankees fan. His son, Jason, was a Boston Red Sox fan. To keep the rivalry alive in Jason's absence, Ed would wear the Boston hat.

with an ostomy he met. From then on, we became good friends, sharing life's joys and heartaches, always with a smile. Joel passed away on August 18, 2022. He will be sorely missed.

Despite assurances from doctors, nurses and others concerned with the patient's complete recovery, there is no substitute for the visual proof received through a visit from cheerful and well-adjusted people living with an ostomy. The visitor is a member of the rehabilitation team, which consists of the physician, the nurse specialized in ostomy care (NSWOC), and the volunteer visitor.

Due to public health protocols throughout the pandemic, volunteers have been restricted entry into our hospitals. We can be hopeful that, very soon, hospital visits will resume. Due to the nature of our ostomy visitor certification process, all our Visitors will need to be recertified. Ostomy Canada will publish a revised Visitor Training Manual, allowing online certification. We will also be recruiting new Ostomy Visitors. Stay tuned for the next training opportunity. It could change your life. ■

His life will  
continue to inspire  
**Joel Jacobson**

December 16, 1940  
to August 18, 2022

*For many people, Joel was the voice, and written word of our Ostomy Connects newsletter. He had a keen eye for editing and a sharp sense of wit and humour, and this loss, like so many others, was felt deep within our community. Given Joel's significant and long-term role with Connects and OCS – we thought it appropriate to share with permission his obituary as written himself. This is Joel's final Editorial submission.*

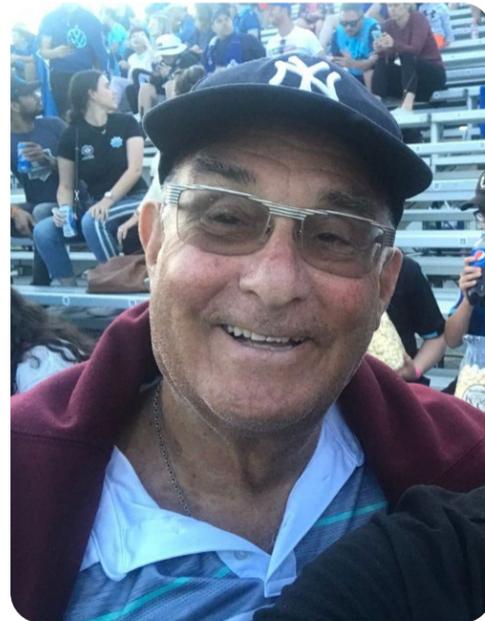
**Age 81 of Halifax.** On August 18, 2022, Joel passed away peacefully in Oxford, England, with his loving wife, Cathy and children, Jason and Debra, by his side. Born in Halifax on December 16, 1940, he was the son of the late Samuel S. and Ruby (Zwerling) Jacobson. He attended Sir Charles Tupper, Cornwallis Junior and Queen Elizabeth High Schools, then earned a Bachelor of Commerce degree at Dalhousie University (1963) and a Master of Science in Journalism at Boston University (1964). After a 12-year retail business career at the family department store, Kline's Limited, he worked as marketing and public relations director at Sport Nova Scotia, Dalplex and the Nova Scotia Voyageurs. He joined the Halifax Herald Limited in 1984. He worked as a sportswriter, City Hall reporter, editorial writer, and business editor before beginning the very popular Bright Spot column in 1992, of which he wrote 2,339 stories of everyday people. In 2001, he started a Sunday Great Kids column, writing another 300-plus articles about wonderful young people in Nova Scotia. During his time with the Herald, he served on the company's Rainbow Haven Board and Pension Investment Advisory committee. He also represented the Herald at many public functions as a speaker and in schools as a mentor. He retired from the Herald in March 2009 but continued to work as a freelance writer, speaker and emcee until his passing. Open and genuine, rarely speaking a bad word about anyone or anything, he lightened a room when he walked in with his smile, glad hand and a kind word. An avid sports fan, he was devoted to the New York Yankees and would watch or listen to almost any athletic event. He had a positive outlook on life, using that, plus a constant smile and corny jokes, to overcome colorectal cancer and live happily with an ileostomy.

Joel loved life, was an avid reader, watched too much television, relished classical music, expressed disdain

for rap music and enjoyed good food with good company. He had pride in his time with the Herald slo-pitch team for which he pitched and, in later years after hip surgery, coached to a zillion Metro Media League championships.

Joel is survived by his loving and loved wife of 48 years and best friend, Cathy; son, Jason (Jessica); grandchildren, Samantha and Kyle Jacobson, Toronto; daughter, Debra (Ian Mattingley); grandchildren, Olivia and AJ Mattingley, Wantage, England; nephew, Charles Jacobson (Kim Jacobson), Melbourne, Australia; plus, several cousins.

Joel lived his life to the fullest. He was community-minded and a willing volunteer, traits he gleaned from his parents. Joel served as president or chairman of the following organizations and events: Dalhousie University, Alumni Association 1980-81, Halifax Progress Club 1977-78, Co-founder (1973) and chair, Canadian Progress Club Kings Meadow Sports Celebrity Dinner 1973-1976. He served on the boards of Beth Israel Synagogue, Nova Scotia Special Olympics, Abilities Foundation of Nova Scotia, United Ostomy Association of Canada, Camp Kadimah, Nova Scotia Rehabilitation Centre Foundation, and Rainbow Haven Opportunities Fund.



Joel was chair of the Central Region selection committee, Nova Scotia Sport Hall of Fame, coordinator of Induction Night for the Nova Scotia Sport Hall of Fame from its first date in 1980 to date, media chair, CIS Basketball Championships for 20 years, organizing committee, 2002 national conference in Halifax, United Ostomy Association of Canada; Danny Gallivan Cystic Fibrosis golf tournament committee and banquet emcee for more than 20 years, Pan American Wheel chair Games, Communications Chair 1982, Mayor's Advisory Committee on Community and Race Relations of City of Halifax, Honorary chair of Big Brothers-Big Sisters-Dartmouth Halifax Bowl for Kids Sake, Secretary, program chair of Metro Halifax Chapter, United Ostomy Association of Canada, Chair, Halifax chapter UOAC 35th anniversary celebration, Chair, World Ostomy Day Canadian kick off, 2009, Editor, national newsletter, United Ostomy Association of Canada, Atlantic Canada correspondent Canadian Jewish News (Toronto-based publication), major contributor, Shalom Magazine, Atlantic Jewish Council; Volunteer emcee, Provincial Volunteer Awards, Recreation Nova Scotia; emcee Dalhousie Sport Hall of Fame Inductions and emcee of many community events.

He received many awards and distinctions for his volunteer and career work, including the Gordon Archibald Award for community service from Dalhousie University Alumni Association, 2005, James Ellery Award, American Hockey League Print Journalist of the Year, 1987, Nova Scotia Sport Hall of Fame Volunteer of the Year Award, 1990 and 2004, Nova Scotia Special Olympics Volunteer of the Year Award, 1991, Easter Seals March of Dimes National Award, June 1997, Volunteer Award named after him (2001) for commitment to CIS Basketball Championships, Peter Gzowski Literacy Award of Merit, 2002, presented by ABC CANADA Literacy Foundation, President's Award, Nova Scotia Special Olympics, 2002, Community award as Paul Harris Fellow, Halifax Rotary Club, 2002, Queens Golden Jubilee Medal, 2003, Burleigh Wile Outstanding Service Award, Halifax chapter, UOAC 2009, Community Award, J.L. IIsley High School, June 2009. Donations may be made to the Halifax Chapter, Ostomy Canada Society, Nova Scotia Sport Hall of Fame, or Beth Israel Synagogue. ■

## NEED SOME SUPPORT?



Speak to a Certified  
Ostomy Visitor!

[www.ostomycanada.ca](http://www.ostomycanada.ca)

**STEP UP**  
FOR OSTOMY

It's not too late!  
Help us reach  
our goal of  
\$100,000

**DONATE**

## Pacific — Andy Manson

There has been renewed energy on the west coast, with Groups reaching out to connect with their members and support new members.

We have been in discussion with two new Groups – the BC J-pouch Group and BC continent urinary pouch Group - who may be interested in joining the Ostomy Canada Society since we have a more casual peer support group structure and benefits on a national level.

Summer is usually a quiet time for Group meetings. This is not the case for Comox and Victoria, who met during the summer (virtually), providing support to people who just had ostomy surgery and their usual members.

**Comox** - people are still hesitant to meet indoors, so no final decision has been made about meetings in the fall/winter. They continue receiving inquiries from the local NSWOC or the Ostomy Canada website.

**Victoria** - this group met during the summer with good attendance and speakers. They continue to meet face-to-face monthly.

**Vancouver** - this group held no meetings during the summer. They will have their first meeting and AGM via Zoom in September. They continue to support referrals from local NSWOCs for visitors. They will be participating in the local Step Up in October and are participating in an Education Day sponsored by a local health region. They have submitted an *Unsung Hero* recognition, and their 20-50 group will soon follow suit.

**Kamloops** - regrettably, has folded as the leader wanted to step down and could not find a replacement. The leader has graciously offered to pass on Ostomy Canada information to people who requested to be on her email list.

As Regional Administrator, I do an email update to BC groups relying on pertinent updates and requests from Ostomy Canada's national office. I frequently speak to individuals across the Province, monitor the Facebook page for people in BC, and have questions to direct to the Medical Lifestyle Advisory Team or have general inquiries of support.

Going forward, I am looking for a person for succession as my term will conclude in 2 years (2024).

## Prairies — Deb Carpentier

This past year, as we all have been learning to live with COVID-19, activity has been somewhat less as we continue to practice a level of caution. As with individuals, different groups experienced different levels of engagement and caution, the ebb and flow changing with the days.

As one group President claimed, "In hindsight, it was a year of just maintaining chapter business," which I believe expresses a few group's thoughts.

**Calgary** - this chapter actually saw increased engagement in their Step Up campaign last fall and in using the many resources at their fingertips to initiate a few webinars as part of their meeting process. Calgary is a 'depot' for gathering and shipping ostomy supplies for FOWC.

**Edmonton** - Although we saw the closure of the Edmonton Ostomy Society Chapter in the summer of 2021, a Peer Support Group was initiated in the spring of 2022 under the leadership of Anne Le, an NSWOC in the Edmonton area. There's hope that more of the Edmonton ostomy community will join as time goes by.

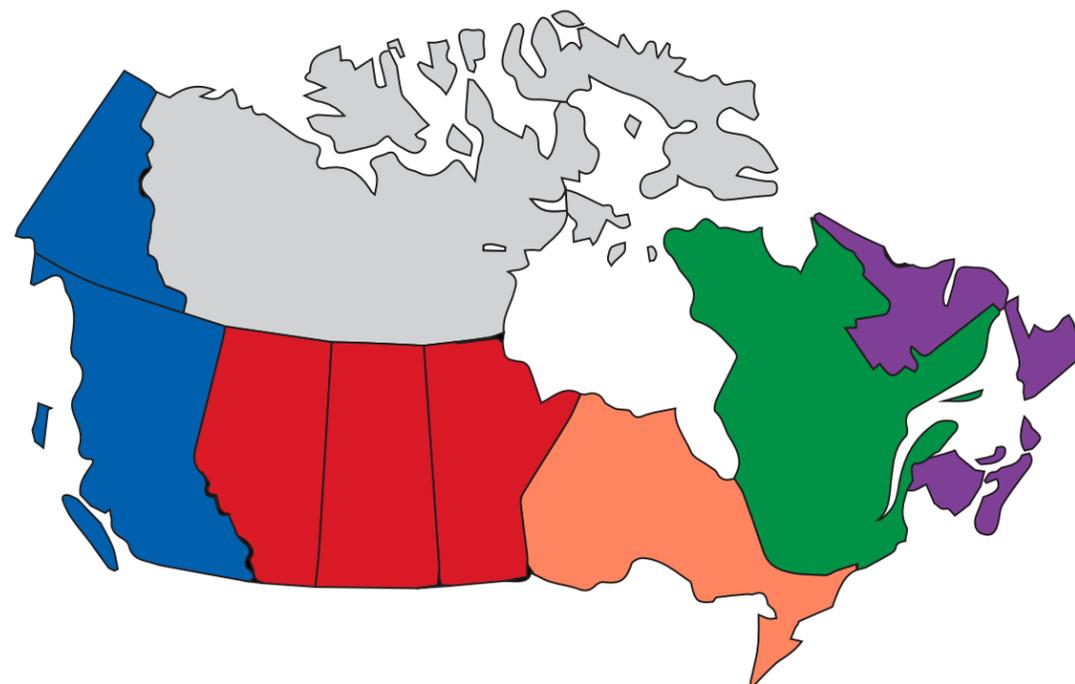
**Peace District** - this group continues, although primarily through email and working at keeping materials available at supplier and hospital locations.

**Saskatoon** - this chapter is currently transitioning into a Peer Support Group, maintaining a website and newsletter.

**Regina** - this chapter continues to maintain their membership numbers and has had a fairly good presence at zoom meetings throughout the year, with plans for a more active 2022-23 season.

**Winnipeg** - This year is this chapter's 50th Anniversary as an ostomy support group. Although there were very big plans for lively celebrations, they have had to scale back and continue to plan for a celebratory lunch gathering in December. They remain a prominent location for packing and distributing supplies for FOWC.

The following regional reports for 2021 to 2022 were submitted at our recent Board Meetings and Annual General Meeting held September 16 and 17, 2022.



## Ontario — Ian MacNeil & Janet Paquet

This past year has been a challenging year in Ontario. With COVID still taking center stage, most Chapters & PSGs continued to hold virtual meetings during last fall and winter. With the lifting of many mandates, some groups have recently started to hold limited in-person meetings before taking their traditional summer break. Two years of online meetings have taken a toll on memberships due to some not having an online comfort level or presence. Three groups are either on hold or closed due to a lack of leadership (Simcoe County, Kingston, and Collingwood). Other groups may be in jeopardy due to not having a succession plan. Niagara Ostomy Association has decided to rejoin Ostomy Canada after stepping away for the past two years.

Previously having Co-Regional Administrators, there was some inconsistent messaging and follow-up. Steps are being taken to ensure this will not be an issue in the future, as Janet and Ian meet more frequently to share strategies, updates, and actions. Adding to the challenge, there was little feedback on some requests for action. Several misconceptions regarding shared services among certain groups hampered participation. This has been addressed.

Of note, Ontario positively responded to inquiries regarding Chapters and PSG requiring operating funds for the upcoming fiscal year. Three groups accepted the offer of assistance, and several others expressed their appreciation for being asked. One PSG (Halton Peel) used funds as seed money to host a fundraising golf tournament which raised an additional \$1600 for the Ostomy Canada Youth Camp. We also had several individuals from across the province donate a significant amount of time to research annual ostomy product costs and develop a strategy to request an Ontario ADP grant adjustment. (This is an ongoing project, as there were ministerial changes in June due to provincial elections).

There has been very little response to the 60th-anniversary recognition at this time. Another reminder will go out to keep it top of mind when groups return from summer hiatus.

Ontario held two regional meetings, which were poorly attended. Those that did attend were quite forthcoming on issues we discussed. A third meeting was cancelled due to technical challenges.

One of our goals in the coming year is to fine-tune and streamline our communication approach to improve engagement, seek solutions to local concerns and encourage more inter Chapter resource sharing.

## Québec — Real Lamarche

Une année de haut et de bas

Au niveau provincial nous avons réussi à tenir des rencontres en présentiel

- Octobre 2021 un congrès à Saint-Hyacinthe suivi par plus de 120 personnes en présentiel et plus de 30 personnes en ligne avec les exposants, trois conférences et des ateliers avec les stomothérapeutes
- Novembre 2021 « Journée vivre avec une stomie » Sept-Îles Baie-Comeau
- Mai 2022 « Journée vivre avec une stomie » St-Jérôme
- Mai 2022 « Journée vivre avec une stomie » Iles de la Madeleine

Nos journées avec une stomie se déroulent normalement dans les régions où il n'existe pas d'associations régionales et sont normalement composées de kiosques des fabricants et des détaillants suivies d'une conférence et d'une période d'information sur différents sujets reliés aux personnes stomisées.

Notre guide pour les Personnes stomisées (GPS) est très populaire auprès des nouvelles personnes stomisées et sont souvent distribués auprès des établissements de soins pour personnes stomisées.

Au niveau des associations régionales la vie a repris son rythme normal avec différentes options de rencontre soit en ligne mais de plus en plus en présentiel – le dilemme pour plusieurs associations est de recruter des bénévoles afin d'assurer la continuité des diverses activités; on va devoir essayer de trouver des solutions de recrutement.

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A year of ups and downs

At the provincial level, we have managed to hold face-to-face meetings

1. October 2021, a congress in Saint-Hyacinthe attended by more than 120 people face-to-face and more than 30 people online with exhibitors, three conferences and workshops with ET nurses
2. November 2021 Day living with an ostomy Sept-Îles / Baie-Comeau
3. May 2022 Day Living with an ostomy St-Jérôme
4. May 2022 Day living with an ostomy Magdalen Islands

Our 'ostomy education days' typically occur in regions with no regional associations. They are generally composed of manufacturer's and retailer's booths followed by a conference and an information period on various topics related to ostomy patients.

Our Ostomy Guide (GPS) is popular with new ostomy patients and is often distributed to ostomy care facilities.

At the level of Regional associations, life has resumed its normal rhythm with different options for meeting either online or more and more face-to-face. The dilemma for many associations is recruiting volunteers to ensure the continuity of various activities; we will have to find recruitment solutions.

## Atlantic — Joan Peddle

As I sit here on a beautiful sunny day in early September, I am grateful to be involved in Ostomy Canada as the Atlantic Regional Director.

The past year has been one of staying in touch with the many Chapters and Peer Support Groups in our region with four provinces. Emails and phone calls continued throughout the year, and each time I reached out, the members were always upbeat, pushing forward through the pandemic and looking forward to seeing members face to face again.

Some areas have resumed in-person meetings and are planning events for the Step Up for Ostomy campaign. I do hear a general sense of COVID fatigue among members. Still, we continue to encourage people to join and benefit from all Ostomy Canada offers.

Halifax is planning a 50th-anniversary gathering later this fall, and I hope other areas are planning to celebrate too.

The death of Joel Jacobson was difficult for Ostomy Halifax, and all will miss him. Joel significantly impacted several national programs, including Connects and the Step Up for Ostomy/Stoma Stroll campaigns. Each person in our region is essential to us, and we strive to maintain our members and add new ones to the fold.

Our NSWOCs continue to be challenged with their workloads. We continue to advocate on their behalf and attempt to make our politicians aware of the need for increased numbers and assist with the cost of Ostomy products for those without coverage.

We have a strong team moving forward as Ostomy Canada, and I look forward to serving our Atlantic Region and the Board. ■

## Physical Rehabilitation After Surgery



Have you ever wondered what you should be doing to fill your time as you recover from ostomy surgery? After my first surgery at the age of seventeen, and even after my third surgery at the age of twenty-three, I spent most of my time lounging around my parent's house, waiting for the day that I would be cleared by my surgeon to return to "normal" activity. My parents would coax me out of the house to go on one walk a day, but I spent all my time watching television and YouTube videos and sleeping.

Fast forward to age 30, I had my sixth major abdominal surgery. By this point, I had been working as an Occupational Therapist in a hospital setting for six years. For six years, I have been helping other individuals recover and rehabilitate from major illnesses and injuries. I had also spent years recreating in the mountains and enjoying a highly active lifestyle. So, when I learned that I needed a stoma revision, I knew that my recovery would look very different from my previous surgeries. I knew that to improve my recovery time, decrease my risk for complications, and return to the mountains, I had to put in more work. For those who are less familiar with the rehabilitation professions, "Occupational Therapists enable people of all ages to live life to its fullest by helping them promote health, and prevent — or live better with — injury, illness, or disability" [1] and "Physical therapists [PTs] are movement experts who improve quality of life through prescribed exercise, hands-on-care, and patient education" [2]. Although I am an OT, seeking out my own rehab professional to work with was the best thing I could have done.

I already knew a lot of the basics of how to rehab myself, but having someone else to who I would be accountable and to who I could bounce ideas off of was a bonus. I knew from my training as an OT that one 30-minute therapy session before abdominal surgery reduces the risk of complications by 50%. So, the first thing I did was set up an appointment with a pelvic health therapist prior to my surgery. I found a local pelvic health PT to work with, although both OTs and PTs may specialize in pelvic health. I sought out a pelvic health therapist because of her specialty training in digestive and urinary systems and the interaction between the abdomen and pelvic floor. In my time working as an OT and in my time spent working with many PTs, I have learned that there are fundamental areas that ostomates should be targeting after surgeries to improve their outcomes. Working with a therapist in the following areas can be quite beneficial:

**Therapeutic Breathwork** — Breath is necessary for life. If you are not breathing correctly, you will not be getting back up on your feet and recovering from surgery soon. Breathing properly can also help decrease the pressure in your abdomen (i.e., intra-abdominal pressure), which reduces your risk for peristomal hernia and other complications.

**Mobility Training:** Focusing on walking in a strategic manner following surgery can also set you up for success in the long run. Not only is walking good for building up your endurance again, but it is a great way to begin gently engaging your core.

**Core Recovery:** After surgery, your abdomen can be very tender. But it is important to begin exercising to coordinate your abdominal muscles again and gain strength so that you will be less likely to injure yourself in the future.

**Functional Daily Activities:** Finally, as you go about your day-to-day routine, some tasks will feel more difficult than they used to. For example, bending to put on your socks can be painful and pull at your incision. Working with a therapist on strategies to increase your independence and return to the daily activities you enjoy is invaluable. I am lucky that I decided to become an Occupational Therapist. It has enabled me to empower myself with knowledge about the human body and recover from surgery. But you do not have to be a therapist to have a positive recovery experience and lead a fulfilling life. If you are feeling stuck, seek out a rehabilitation professional. You deserve quality care and support to feel confident and strong after surgery. ■

By Charlotte, an ostomate and Occupational Therapist (OT); Courtesy of Coloplast / The Pouch, Northern Virginia/Vancouver High Life January 2022.

# Unsung Heroes

A big thanks to  
the good ol' boys!



## Earl Lesk

- Vancouver United Ostomy Association

In 1966, Earl went to his first meeting of the Vancouver Ostomy Association, which was held at the GF Strong Rehabilitation Centre on Oak Street. There were about 20 people in attendance, and Earl recalls they were quite old! Earl was living in New Westminster then, so it was quite a trek for him to get to meetings.

In 1999 he dropped into a Vancouver United Ostomy Association meeting being held at the Jewish Cultural Centre, and thanks to Lottie Calli doing some strong-arming, he became the Vice-President.

In 2001 Earl was part of the organizing committee that hosted Vancouver's first and only Canadian Ostomy Conference. Not long after Earl joined the Vancouver Chapter, Ivor Williams (who was the President then) dropped off a load of donations at Earl's place, and he became the official shipper of donations. Donations still come from hospitals, drugstores, wholesalers and individuals, saving out-of-date products from winding up in landfills. Earl has been collecting donations and shipping them to FOWC collection centres in Calgary, Ottawa or Toronto ever since.

Earl has given co-presentations with Deb Rooney on living with an ostomy at Douglas College School of Nursing for over ten years. He recently coordinated with a local supplier, Nightingale Medical, to have them ship our donations at a reduced rate. Earl may hold the chapter record for most years living with an ostomy – 62!

## Bill Collie - Regina & District Ostomy Association

What makes someone special to those around them? We all love those people who are always willing to step up and step in to help, a willingness to contribute under any circumstance. This type of person is a person other people tell nice stories about. Most times, those people do not even know they are unique. Here is our story in Regina.

Over the past ten years, Regina & District Ostomy Association has had a member who's been adding a bit of humour here and there, encouraging people as part of his everyday conversation and always being willing to go out of his way to help.

Bill Collie is in his ninth decade and has been living his life fully with his urostomy for the past ten years. He has never declined a request to visit someone and goes with an open ear and encouraging words. He has quite a wacky sense of humour that you can pull out on occasion, dressing up and taking on a character or as an orator or poet. Bill's the guy who quietly takes on the small tasks, helping make things come together.

How did this man get to be the way he is now? It all started in the small town of Hamiota, Manitoba; born to a farm family, the youngest of four with three sisters ahead of him. It was common and expected for everyone to help, pitch in, and get involved. Bill started singing at 14, singing for the families of the men who did not come back from the war front in Europe and continued singing with the church choir until he moved away. You had to make your own entertainment back in the forties, and Bill was part of a young people's group who travelled around, entertaining the small communities and having

a lot of fun. Whether singing, acting, or volunteering, some of that activity happened by being 'voluntold,' an excellent method to get people going and engaged and making a difference.

Bill, his wife Joan, and two children lived in Hamiota until 1968, when they moved to Regina. A new city, a new job, new friends, and a life, except they kept to their habits like curling, dancing, music, community volunteering, entertaining at long-term care homes, church choir, fundraising activities like Dinner Theatre, Easter egg building, cooking projects and bake-offs. At work, you could hear Bill coming by his whistling tunes. He started his work in the city as a cleaner and retired as the building superintendent. Over the years, Bill served as a director of various organizations, including a credit union, school board and advisory boards. People knew they could rely on Bill and Joan, and until Covid hit in 2020, they lived their lives having fun and contributing time and talents along the way.



Cancer interrupted life for a while in 2011 and 2012. After Bill's surgery in 2012, he was so pleased to have had an "ostomy visitor" who raised his spirits that he knew 'visiting' was something he wanted to do too. He has only accolades for his physicians, nurses, and those who supported him. Bill joined Regina & District Ostomy Association and never looked back - singing, orating, acting, helping, encouraging and being a part of something that made a difference in people's lives. He is the guy that other people tell stories about.

Thanks, Bill, for a life well lived. We are so glad that you came into our lives. ■

## ODD SPOT: THINGS YOU NEVER KNEW ABOUT . . . MANURE!

In the 16th and 17th centuries, everything for export had to be transported by ship. It was also before the invention of commercial fertilizers, so large shipments of manure were quite common. It was shipped dry because, in dry form, it weighed a lot less than when wet. But once water (at sea) hit it, not only did it become heavier, but the fermentation process began again, of which a by-product was methane gas. As the stuff was stored below decks in bundles, you can see what could (and did) happen. Methane began to build up below decks, and the first time someone came below at night with a lantern, BOOM! Several ships were destroyed in this manner before it was determined just what was happening.

After that, the bundles of manure were always stamped with the instruction 'Stow high in transit' on them, which meant for the sailors to stow it high enough off the lower decks so that any water that came into the hold would not touch this "volatile" cargo and start the production of methane. The instruction was naturally shortened to the stamp 'S.H.I.T.', (Stow High In Transit). So its origins are that it was never really meant to be a swear word. You probably didn't know the true history of this word. Neither did I. I always thought it was a golfing term.

Thank you, UOA Vancouver, for sharing – Fall 2022. ■



# STEP UP

FOR OSTOMY

## 2022 CAMPAIGN

### THANK YOU'S



Calgary Youth Campers

Well, that was a bit better than 2021!! (At least this year, many weren't wearing masks.) The Step Up for Ostomy campaign in 2022 was an outstanding success. We had events in cities and towns across Canada (see photos), and we heard stories of others simply stepping it up in their Chapter/Support Group. By the looks of some blue skies in many cities, we were able to raise awareness during our walks, hikes, runs and even 60 holes of golf on October 1, 2022. We would be remiss if we didn't give a special shout-out to our national sponsors and those Chapters and Support Groups that contributed at several levels, from Silver (\$1000) to our 60th Anniversary contribution. (Please see [justgiving.com/fundraising/nationalsponsors2022](http://justgiving.com/fundraising/nationalsponsors2022)). There are too many volunteers from across Canada, including the National Planning Committee, to list – so we will simply say thank you to all! We will continue to raise funds ([www.stepupforostomy.ca](http://www.stepupforostomy.ca)) until after our Fall Appeal. Thank you to everyone who donated to further enhancement of our work – advocating, supporting, collaborating and awareness building.



Calgary Awareness Walk



Vancouver Ostomy Event



Vancouver Awareness Walk



Regina Ostomy Event



Regina Yoga Session



Calgary Ostomy Event



Ottawa Ostomy Event



Richard Olley's Fundraiser - 60 Holes Golf Oakville/Halton Peel Ostomy

# burping your ostomy

by Eric Polsinelli  
VeganOstomy.ca

## What Does It Mean To Burp An Ostomy Bag?



“Burping” means to manually remove gas from an ostomy pouch either through the outlet on the bottom or by a small gap between the flange on a two-piece appliance. “But shouldn’t the filter on an ostomy pouch already do that?” In an ideal world, yes. Unfortunately, we don’t live in a perfect world! Most find that the filter on their appliance tends to either not work at all or clog up quickly and stops working soon after. When this happens, gas builds up in the bag, which can cause “ballooning,” leading to leaks and/or a very noticeable bulge under clothing. If you have a ballooned pouch, you often have to visit the bathroom and empty the appliance, even when it has no output. This can be annoying and time-consuming, which is why burping your appliance may be a great little shortcut to use.

### A Few Warnings

Like most shortcuts, burping an appliance isn’t without risks. I’ll highlight some important ones below.

**Smell.** There’s no escaping this one, although some pouch deodorants can help. When you release gas from your ostomy pouch, it’s pretty much like farting out in the open. There will be an odour, often quite strong, so be mindful of where you do this. I recommend heading for a bathroom.

**Projectile poop!** When the velocity of gas escaping your pouch meets with a soiled bag, you can sometimes get poop splatter. I’m being serious. If you plan to burp your appliance and it’s really full of gas, take toilet paper and place it right on top of where you’re opening the coupling to catch anything that flies out.

**Messy coupling.** You may not get a leak, but opening up the coupling of your two-piece appliance may cause stool to get between the plastic rings of both your bag and wafer. Sometimes this can lead to odours or even stain your clothes.

**Leaks.** Burping your appliance may cause output to escape your bag. If done correctly, this should never happen.

**Full pouch ejection!** Some two-piece systems work better than others, and the ones that don’t work well with burping often cause this catastrophic failure. If your two-piece coupling uses stiff plastic (i.e. Coloplast Sensura Click or Sensura Mio), then you won’t be able to easily open just a small crack for gas to escape. I would strongly recommend against burping if you’re using an appliance like that.

### How to Burp an Ostomy Bag?

There are two main techniques for burping an ostomy bag, which I will explain below:

#### Two-Piece with Mechanical Coupling



My preferred burping method involves a two-piece system with a mechanical coupling. The Hollister New Image two-piece is one of the best for this, but you can experiment with other brands to see which works best for you. The idea is to just slightly open the top part of your two-piece coupling enough to allow gas to escape. This works best while standing, and you can also apply gentle pressure to your pouch to help move the gas along. If you plan to do this while on your back, I would highly suggest making sure that no output has collected around your stoma, or you’ll have a leak.

*Tip: I do not recommend using this technique with adhesive coupling systems as they are more prone to getting leaks and the adhesive weakens every time you reapply it. An example of an adhesive coupling system would be the Cymed 2pc.*

#### One-Piece Systems



While this technique is geared towards those who don’t wear two-piece systems, it can also be used when the two-piece system isn’t ideal (i.e. adhesive coupling or stiff plastic coupling). In this technique, you may apply gentle pressure to your pouch to direct gas outwards but use caution as this may cause stool to escape. Once that’s done, you can close the outlet and stand back up right.

#### Bonus: Osto EZ-Vent

If neither technique works for you, but you still want to burp your appliance, I would suggest looking into the Osto EZ-Vent.



The Osto EZ-Vent is a product that you can apply to just about any ostomy appliance and it allows you to vent gas easily.

*Source: www.veganostomy.ca/how-to-burp-an-ostomy-bag/#What\_Does\_it\_Mean\_to\_Burp\_an\_Ostomy\_Bag bag to release gas. Via Oakville/Peel-Halton Ostomy Group, September 2022. ■*



Webinar

## OSTOMY SKIN ISSUES

Preventing & managing ostomy skin complications

Guest Speaker:  
Tarik Alam, NSWOC

October 19, 2022  
5 pm ET | 2 pm PT

RSVP: [ostomycanada.ca/webinars](https://ostomycanada.ca/webinars)

### Ostomy Canada Webinars

You can visit our website to see dates, times, and topics and register for any Webinar at:  
[www.ostomycanada.ca/webinars](https://www.ostomycanada.ca/webinars)

### Webinar Dates 2023

- January 18, 2023 - Disability Tax Credit (DTC – What, Where and How to Apply)
- April 23, 2023 - Topic TBD
- October 18, 2023 - Topic TBD

### Partner With Ostomy Canada

Ostomy Canada is interested in partnering with other like-minded organizations to potentially co-host a webinar or support topics that might be appropriate for our Chapters and Groups. We will release more information in the future.

# why some people get MORE LEAKS THAN OTHERS

## Your stoma may be too short.

Most surgeons will try to give you a stoma of reasonable length -- not too long, not too short. But despite their best efforts, the healing process is not always 100% predictable. Ideally, the stoma should protrude a half inch to an inch from your body. If it is shorter than this, it will be difficult for waste of any type to exit the body and fall cleanly into the bag.

Stomas that are too short or flush with the skin should have a convex flange. This is a faceplate that is formed in such a manner that when applied, it gently pushes the peristomal skin down, giving your stoma more of a chance to expel waste into the bag rather than under the flange. Lumpy tummy. Many of us have lumps, bumps, cellulite, stretch marks, old scars, pot bellies, dimples, and hair, plus we gain weight and lose weight. All that can add up to quite a challenge for the best of products. A flange sticks best to an even, flat surface, so if you have an irregular tummy, you may need to even it out with paste, or if things still don't stick, consider Eakin seals. Men need to carefully shave abdominal hair around the stoma. Some stomas are more challenging to manage than others. Sometimes the placement of the stoma is in a difficult spot, i.e., too low for an overweight patient to properly see or too high where clothing interferes. Sometimes they are placed too close to folds of skin, navel, or other irregular abdomen areas.

Ostomies should be sited by a qualified Enterostomal (ET) nurse prior to surgery, but sometimes this is not possible. Surgeries may be done on an emergency basis

(i.e., rupture, serious injury to the bowels), or the patient may not have had access to ET (NSWOC) personnel in their area. A poorly placed stoma will require more care and vigilance to avoid leaks. Consider using an ostomy belt. Are you emptying often enough? Weight on the flange can increase the risk of a leak. Empty before your pouch is a third full, or sooner if you can. How active are you? You will want to rest and sleep when you get home after surgery. It stands to reason that a lot of lying down will increase the chances of waste staying near the top of the bag and getting under the flange. As you become physically active again, some positions that involve bending or twisting can cause a flange or bag to loosen or pop off. Consider using paste or Eakin seals under the flange, tape around the outer edges, or an ostomy belt.

## Is your changing technique correct?

You can forget what you learned in the hospital, misunderstand, or think you have it down pat and get careless. Or you may have been in a hospital with no ET staff and minimal post-op ostomy training. It's wise to see a qualified NSWOC a few weeks after your surgery to review appliance management and correct any poor techniques you may have fallen into. EDUCATE YOURSELF ABOUT PRODUCTS! There are many different brands and models out there - you don't have to stay with the same brand and model you were discharged with! Some brands fit some patients better than others. Don't put up with an appliance model that isn't right for you.

Source: Vancouver High Life, Sept/Oct. 2018. ■

# ileostomy don'ts

**Do not 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.

**Do not 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 other physical problems are a consideration.

**Do not put anything into your stoma.** Don't allow anything to be put into 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 upon 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 consult with your pharmacist whether or not the medication will dissolve in the stomach quickly.

Coated and time-release 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.

Source: The Austi-Mate Journal March/April 2019. Modified from: Live and Learn. ■

## Give the Gift of Dignity



For over 35 years, Friends of Ostomates Worldwide Canada (FOWC) has free ostomy supplies to more than 52 countries. Recently, we have sent supplies to ostomates in Kenya, Ukraine, and Iran where ostomy supplies are scarce and expensive. Local groups redistribute these precious supplies to those in need.



FOWC's goal is to raise funds to enable us to ship these supplies. Just one shipment to Kenya was \$8,500.

This man was referred to Stoma World by a social worker in Kenyatta National Hospital. He used plastic bags until received ostomy products by FOWC.



"We need help!" a quote from Iranian Ostomy Society. For the past three years, FOWC has provided supplies to the neediest in Iran, including children, through the Iranian Ostomy Society.



You can help by mailing a cheque payable to: Friends of Ostomates Worldwide Canada PO Box 158, Pine Falls, MB ROE 1M0.



Online donations are accepted through [www.fowc.ca](http://www.fowc.ca).



## Hospital Chart Bloopers

1. The patient refused autopsy.
2. The patient has no previous history of suicides.
3. Patient has left white blood cells at another hospital.
4. Patient has chest pains if she lies on her left side for over a year.
5. On the second day, the knee was better, and on the third day, it disappeared.
6. The patient is tearful and crying constantly. She also appears to be depressed.
7. Discharge status: Alive, but without permission.
8. Patient had waffles for breakfast and anorexia for lunch.
9. While in ER, she was examined, X-rated and sent home.
10. The skin was moist and dry.
11. The patient has been depressed since she started seeing me in 1993.
12. Occasional, constant, infrequent headaches.
13. Patient was alert and unresponsive.

# WHO WE ARE

Advocacy.

Awareness.

Collaboration.

Support.



Ostomy  
Canada  
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Canadienne des  
Personnes Stomisées



Ostomy Canada Society Inc. is a non-profit volunteer organization dedicated to all people with an ostomy, and their families, helping them to live life to the fullest through support, education, collaboration, and advocacy.

Support Groups • Find An NSWOC • Ostomy Visitor Program • Volunteer  
Ostomy Canada Magazine • Publications • Ostomy Canada Youth Camp • Donate  
Educational Ostomy Webinars • Disability Tax Credit • Financial Resources

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Tax receipts are issued for donations of \$25 or more.

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