Have any of you got a “Bucket List?” Things we want to do before we kick the bucket!! Well we did, and our wonderful children and their spouses got together for our 45th Wedding Anniversary, to give us one of our list this year. A cruise to Alaska!!

Did you think you couldn’t do something like that on oxygen? Think again, with a wonderful US based group called “SeaPuffers” you can and you will have a qualified RT on the trip with you. All arrangements for oxygen are made for you from the departure point and from there on you just relax and enjoy.

Our cruise left from the port of Seattle and as we live on Vancouver Island, we were able to take a ferry from Victoria to Seattle. We were met by our two RT’s Holly and Celeste who took us to our “overnight” hotel where our “interim” oxygen supply was waiting for us.

The next day our group [14 in all] met early to discuss departure and boarding arrangements. Limousines had been arranged to drop us at a specific point on the dock where wheel chairs were made available to speed up our boarding. From there we were taken by escorts through a separate gate to complete boarding procedures and then straight onto the ship to the restaurant to wait for our cabins to be ready. After a sumptuous lunch we were directed to our cabin and again our oxygen supply for the trip had been delivered and was all ready for us.

Now we are ready for 7 days of fun and cosseting. Travelling on Holland America’s Westerdam was a great choice as the service everywhere on the ship was excellent. Our group had elected fixed dining which gave us all an opportunity to visit at the end of the day and exchange experiences. The food was wonderful, even better than we expected. Although you have 4 courses at each meal, the portions were small, of excellent quality and beautifully presented so you don’t feel overwhelmed.

Our first two days we cruised the outside passage ending with a trip into Glacier Bay, as Chris said “Worth the trip all by itself!” Awe inspiring scenery and fascinating to see the “makeup” of the glaciers with their generations of layers.

Next day we docked in Juneau, one of five cruise ships in harbour that day. Chris and I had elected to split up for different shore excursions. He went off on a Whale watching and wildlife excursion and I headed of to a “musher camp” to experience a dry dog sled run and learn about the training and preparation for races such as the Iditarod.

One of our guides had just “qualified” for the Iditarod in 2010. At 58 years of age she started a whole new career just a few years ago. Made a trip to Alaska, fell in love with the musher life, sold up and moved from Pennsylvania to Juneau, Alaska and now has her own kennels, “Shameless Huskies”. We had an exciting ride on the dog sled as our team was raring to go and oh my can they run. It was a good thing we were strapped in and I can certainly see why they had us sign a lengthy “waiver” beforehand!! We also got to cuddle 3 week old husky puppies and they warned us that they count them before you leave!! Good thing or one of them might have accidentally crawled into my purse!
Next stop was Sitka, our favourite as it was not as “touristy”, very attractive and a variety of interesting shops. Many with a strong Russian influence, such as the famous nesting dolls and beautifully decorated eggs. We also went on a semi-submersible boat to see underwater life which was really fascinating. When we got out into the bay, a couple over divers went down to search for examples of sea life to bring to the glass bottom windows for us to see. Unbelievable just how many different creatures make up this undersea world!!

Our next port of call was Ketchican and as we just had the morning there we elected to take a horse-drawn trolley tour of the area. Apparently this town averages 4 days per month without rain and we were lucky enough to hit one of them.

Anyone heard of “Bubble Net Feeding?” I hadn’t. Apparently it is very rare indeed to see it as only about 7% of the Hump Back Whales in the world know how to do this as it is a “learned” skill. With a female whales the co-ordinator [naturally!] the whales take different water levels from low to high depth and circle, blowing bubbles, creating a large ring around a school of herring. The herring apparently will not cross through bubbles. The circling whales gradually decrease the circle until they have a huge central stock of herring, at which point all the team surge forward with open mouths and scoop up huge mouthfuls of herring. Chris’ group were able to see this being done by 19 whales and were able to watch it for over an hour. Their tour guide was almost speechless with excitement. She let them know that a marine biologist had stayed in the area for four months last year to see this phenomenon but with no luck. She told the group, “Don’t ever go whale watching again as you will never see anything like it in your life!!”

Homes there are built into the mountainside and many have wooden steps which seem to go for miles to get up to their front door. One home apparently has 400 steps up. Our driver commented that you would probably only forget your car keys once if you lived there!!

Back on the ship and homeward bound. Time to relax and enjoy the company and share experiences with our fellow travellers. On the second and last day of our cruise we all got together in a meeting room with our Respiratory Therapists, Celeste and Holly who had many great tips and new equipment to share with us. I t was also great for all those on oxygen to share experiences and tips for problems they have experienced.

You can just see one of the husky pups up in the front. They take them out on all kinds of tourist excursions as a part of their “socialisation”.

I cannot say enough about our great RT’s/ Tour guides, Celeste and Holly. The organization that goes into making a trip like this so seamless for COPDers entails a lot of work and these two ladies also have full time jobs at a hospital in Florida!! They work 12 hour shifts and somehow manage to juggle time to do these cruises in between. If you decide you would like to take advantage of this fantastic service check out upcoming trips on [www.SeaPuffers.com](http://www.SeaPuffers.com).

Celeste Belyea, RN, RRT, AE-C is also the Editor of the Pulmonary Paper in the U. S.
Could you give us a little background information about yourself?


My first husband's job relocated us from CT to Colorado in 1977. My occupations included various office jobs, but longest was as Aquatics Director at YMCA's in CT & CO [around all those smelly chemicals when managing pools]. At home I did continuous home renovations including refinishing chemicals, drywall and saw dust. Also sewing, rototilling- large veg gardens I did smoke 3-7 cigarettes per day with stops as long as 2-4 years [around pregnancies] widowed in 1995 and married another widower in 1998, then age 60. He taught me to fly a Cessna 172-what fun! Except I would get so sleepy when we got up above 8500 ft. That was a warning my O2 was low, but I didn't know anything about COPD and oximeters at the time.

When were you first diagnosed with COPD?

Valentine's Day, Feb. 14, 2003. Almost 65. Wham, no warning, they thought it was high blood pressure at first. All I was doing was baking cookies and standing a long time over a hot oven, and my blood pressure started spiking over 200/117 and heart rate way high for that activity. When did you start using oxygen?

Oxygen was prescribed immediately after a treadmill stress test. I have a low normal fev1 (the doctor called it an anomaly and showed me my CT scan with much scarring in the lower lungs. It seems all my swimming helped increase my lung size above normal for good lung capacity and strong breathe control. Thus 53% volume for me is larger than for smaller lungs.

You have said that you are borderline mild/moderate COPD; yet you use oxygen. Could you explain that to our readers?

My FEV1/FVC [2003 was 74%/108%] the ratio of these 2 numbers is 53% indicating mild to moderate obstruction. Along with a ventilation perfusion mismatch, my 'DLCO'=diffusion, was in the mid 50% range. Diffusion is my main problem along with the V/Q mismatch. At sea level I can sit without extra O2 and be 98%... Moving is different, requiring more oxygen, but less than at altitude. My numbers after 6 years are better now, partly because I found medicines that work for me > Spiriva, Qvar. Meds and of course exercising as much as possible. Everyone MUST find the medications that work for them.

Living at 5500 ft altitude (more than a mile high) with lower diffusion is a challenge and supplemental oxygen is needed more/sooner than at sea level. Diffusion DLCO, which is as found in the FULL PFT [Pulmonary Function Test] is the transfer of oxygen taken into the lungs with a breath, and moving it into the blood/circulatory system. With an oximeter to measure my blood oxygen saturation level, here at altitude, if I stand up and walk for a minute without supplemental oxygen my sats will drop rapidly to 82% which slows me down, and 72% or lower if I keep moving especially up hill or stairs.. I insist upon maintaining my O2 sats above 95%, why not be 98% which is normal for me at sea level. It enables me to have more energy to exercise longer, harder, faster, and to recover more rapidly. This is of course not professional advice, just my observations. My doctors tell me to titrate my oxygen flow to keep me comfortable thus I do. This was proven in some research done by Richard Casburi, MD on normal persons and patients.

How did you arrive at the decision to go with TTO [Trans Tracheal Oxygen]?

I decided to give it a shot. And am I ever glad I did. Wish I had done it right away rather than wait more than 3 years. My ears and nose and cheeks were sore, and my need for supplemental oxygen was increasing. I had rehabbed so well in pulmonary rehab, that my exertion level 'demanded' higher flows of oxygen in order to do what I wanted to do, move faster and longer. I didn't want to carry around a big heavy O2 tank. TTO often decreases ones oxygen flow needs. It worked for me reducing my oxygen needs in half. Thus, with the TTO, I continue to use smaller portable oxygen tanks for daily general use, and I can blow my nose, dress & bathe all without removing a cannula.
Was it difficult to arrange?

Living near Denver, right near the Transtracheal Systems Company, and knowing their VP, John Goodman from COPD meetings, it might not have been too difficult, but I needed his help to "educate" my insurer, Kaiser Permanente, to allow me to go out of their system to have the newer Fast Tract procedure they did not do. It was quite a 'battle'. They now offer it routinely before the older modified seldinger method.

Is it a costly procedure and does medical insurance provide coverage for it?

Medicare covers the cost, and some insurance companies do too, but you have to convince some insurers that it isn't for cosmetic reasons. I think the billing for hospitalization was over $8,000. I had to pay a co-pay to Kaiser. Otherwise it would ALL be covered with Medicare. I'm not sure about co-pay with them. It certainly wasn't cosmetic with me, I still stick out like a sore thumb at my long walks because I am pushing a baby jogger stroller full of high flow oxygen tanks. For slow shorter walks I can get away with smaller portables that aren't noticed as much.

How does the altitude where you live affect you?

For each rise of 1000 feet in altitude I must increase my oxygen flow. The highest I have walked, pushing a baby stroller full of O2 tanks up hill, was at 10,600 up to 10,880 feet. I required 22 Liters to keep my sats near 90%. That was hard work, once I turned down hill I only needed 16 liters. One CAN move at higher elevations but should be aware it takes a LOT more oxygen because of the decrease in atmospheric pressure as you ascend higher and higher. I split the oxygen between my TTO and a Cannula (8L + 8L) in order to get maximum benefit and less forceful flow discomfort. For slow walking as in shopping I can get by with 3-4 liters at 5500 ft. Exertion and incline and altitude each factor in to the flow you will need.

How do you manage to stay in such great shape?

With old fashioned determination. I was in wretched shape in 2003, sleeping almost all day, getting weaker and weaker. I just thought I was getting old, body weak, walking slowly for very short periods. Diagnosis and pulmonary rehab is what turned me around, and, I continued to try to improve year after year because an RRT told me "I was going to ultimately suffocate unless I began exercising to hold the progress of COPD at bay". She made a lot of new patient's cry with that, instead, I took up her challenge and I am so glad I did. The exercise keeps my breathing muscles working, and along with that long walks with PLB (pursed lip breathing) dramatically get rid of the dead air. Even if my legs ache afterward, my lungs feel terrific.

How long have you been doing marathons and did you start doing them before or after being diagnosed with COPD?

I probably never walked more than 3 continuous miles before diagnosis, nor did I compete in athletic events before COPD diagnosis. [except for a couple of times around age 34, when I entered a couple of swim meets.] Last Saturday I completed my 10th HALF marathon since 2003 - walking of course. I can not seem to run, but I can walk a brisk 15 minute mile. I schedule a few Half Marathons each year to keep me going and living. I walk to live & live to walk. you might want to insert breathe for walk.

Will you be walking on Nov. 18th, World COPD day this year?

Yes I will if there are any scheduled events near me. If not, I shall certainly walk on my own to celebrate the day.

Are there any good tips or words of advice you would like to give our readers?

Most important, is to develop an attitude = I CAN TRY. -Next = keep moving any which way you can, whether in bed, on a chair, pushing a stroller, or bracing against some support. -Train your brain to like some activity and do it starting at your own level, don't compare to your past or anyone else. Keep it fun by changing your moves. -Increase in small bits to stronger muscles and improved endurance. Be patient with yourself and realize this reconditioning may take a long time.

I took a year to build up to an hour then kept going. After years, my achievement may look amazing, but anyone at mild to moderate stage - barring other physical limitations, can do it, it is possible- Mike McBride with half my lung power finished the FULL Boston Marathon...all 26.2 miles.

Editor's Note:

Transtracheal oxygen therapy [TTO] is a superior method of delivering oxygen directly into the lungs by a small, flexible catheter which passes from the lower neck into the trachea or windpipe. Most patients can have the small catheter installed in 15 to 20 minutes with only local anesthesia and without being hospitalized. The procedure is safe, causes little discomfort, and for many individuals is more effective in getting oxygen into the blood than nasal prongs. More oxygen in the blood means more activity, more energy and better health for most patients. At the time of writing we believe that TTOs are not done out of the hospital setting in Canada.
COPD Friendly Cleaning Tips

Laundry Lowdown

Washing the Washer -
To keep your washer clean and fresh smelling, every so often let the tub fill with water and add cups of white vinegar. Let the washer sit at that position for an hour, restart and allow it to go through its rinse and wash cycle.

Whiter Than White -
To whiten your white socks and underwear, try boiling them in water, to which you have added a few slices of lemon or some lemon juice.

Lint-Free Laundry -
Add 1/2 cup of white vinegar to the rinse cycle. Sometimes a rubber dish-washing glove is useful for removing lint after the fact.

Softening The Load -
Instead of buying expensive and usually high odour fabric softener sheets, simply throw a 1/2 cup of baking soda into the washer with your laundry detergent. It works pretty well.

Washing Non Colourfast Garments -
To help prevent colours running when washing new clothes, try adding about a 1/4 cup of salt to the laundry detergent when you put it in your washer.

Damage Control -
It’s a good idea to turn all your clothes inside out when laundering. Not only will any washer damage be kept on the inside, but it will also extend the life of your clothes by reducing washing wear and tear.

Remember low or no odour and non-toxic products are kinder to lungs.

Member Discounts
COPD Canada Patient Network
www.copdcanada.ca

GREAT Product & Prices!!
and
a 10% Discount!!!
For COPD Canada Patient Network Members
From: FaCT Canada
Finger Pulse Oximeters

Jameson Medical, Inc.
Special pricing for COPD Canada Patient Network Members
Oxygen Concentrators, Summit Stairlift, Quick Test Liter Meters ..
http://www.jamesonmedical.com/COPD-CA.htm

Medonyx “gelfast” Hand Disinfectant offers a substantial discount to our members.

10% OFF OxyView Frames
www.oxyview.com

Rose’s Home Medical Specialties
Rose’s offers our members a minimum of 10% OFF such items as Accapella Vibratory PEP therapy system.
Check her store via http://stores.shop.ebay.ca/Roses-Home-Medical-Specialtys and then contact her direct at rose@rmosmedspec.com
Dear Lord,

So far today, am I doing all right.

I have not gossiped, lost my temper, been greedy, grumpy, nasty, selfish, or self-indulgent. I have not whined, complained, cursed, or eaten any chocolate. I have charged nothing on my credit card.

But I will be getting out of bed in a minute, and I think that I will really need your help then.

Laughter The Best Medicine!!

Healthy Eating - Chocolate is a bronchodilator and it makes you feel good!!

5 MINUTE CHOCOLATE MUG CAKE

You Will Need:

4 TBSP of Flour
4 TBSP of Sugar
2 TBSP. of Cocoa
1 Egg
3 TBSP of Milk
3 TBSP Canola Oil
3 TBSP Chocolate Chips (Optional)
A Small Splash of Vanilla Extract
1 Large Coffee Mug

Add dry ingredients to the mug and mix well. Add the egg and mix thoroughly. Pour in the milk and oil and mix well. Add chocolate chips (if using) Add the Vanilla and mix again. Put the mug in the microwave and cook for 3 minutes (Based on a 1000 watt oven)

The cake will rise over the top of the mug but don't worry. Allow to cool a little while and tip out onto a plate if you wish. EAT & Enjoy! (This will also serve 2 if you want to share)
ACROSS/UP/DOWN/OVERLAPS/ “QUOTES” from our forum.

CHRONIC CAREGIVER OBSTRUCTIVE THROAT PULMONARY STRENGTH DISEASE BREATH CARE
BACKFENCE BRONCHITIS BENEFIT EMPHYSEMA NETWORK EXERCISE ADVOCATE SPIROMETRY
EDUCATE COPD CANADA PATIENT NETWORK BRONCHODILATOR LETTER WRITING CAMPAIGN SOB
SYMPTOMS UNDERSTANDING LOVE “LEAVE THE LIGHT ON” “POST PROOFS” “DIRE REAR” “POO”
“PIP PIP CHEERIO” “BIG RED” PURSED LIP BREATHING NEWSLETTER OXYGEN RESPIROLOGIST
DIAPHRAGM WALK MOVE ACTIVE OVER THE BACK FENCE ROGUES GALLERY RECIPE
BOX BREATHWORKS
News & Views

Mark Your Calendars!!

Mark your Calendars for November 18th !!!

AND COPD Canada Patient Network’s 2nd LUNGevity Walk!

LOTS of Great Prizes!!

Personal Challenge Walk... The Competition? Yourself !!!

And More Being Added!

Additional information will be made available on the Network’s Website and in your Member AIRMails in October!

Not a Member Yet? Why Not Sign Up?

COPD Canada Patient Network
www.copdcanada.ca

Watch for more information and “downloadable” sign-up forms on our website.

Don’t forget to let us know what you are planning so that we include you in “What’s happening” across the country and round the world.

Let’s make this really “Huge” this year!!!!
Dear Readers,
My thanks to those who had suggestions and made contributions to this quarter’s newsletter. It is so much appreciated! To Roxlyn Cole, who so graciously agreed to do an interview for us and to Heather Dawson for all the hard work she put into the Word Puzzle, a very special thank you. To Diane who suggested articles on Chronic Disease Management, it is the works for our next issue! A big subject folks and one I have only just begun to research.
New in this edition is the first in a series of excerpts from our website for those who may not have online access readily available.
As always keep those suggestions coming as your input helps tremendously.

This is YOUR newsletter.

e-mail all suggestions or comments to: gwen@copdcanada.ca

Sincerely,

Gwen

Have you hugged someone today?
About COPD Canada Patient Network (a Registered Charitable Organization)
is made up of COPDer's across Canada. We are also very proud and pleased that a number of
International individuals have chosen to join us.; all in the name of COPD.

Our Mission (abbreviated form)
Our mandate/mission is to educate the individual patient and the general public, and assist those who have been, or will be, diagnosed with COPD including their families & support/care givers.

To further promote awareness of Chronic Obstructive Pulmonary Disease through various channels, avenues and methods; to advocate for better "everything" as it pertains to this disease, to push for earlier testing, and to link/network current COPDer's in Canada.

Foreword & History of COPD Canada: There are many excellent sites on the internet pertaining to COPD. However; with the exception of the Canadian Lung Association and the Canadian Thoracic Society, there's limited information addressing COPD here in Canada. Especially FOR COPD patients. Recognizing a need for information pertinent to this country, and for those living with the disease within same, this site was built.

This website was originally developed and launched In November 2006 for World COPD Day. Privately funded, built and maintained by a patient with severe COPD, in less than a year......things started to change tremendously.

After the launch of the site, Canadian COPDer's soon began coming together, sharing information, writing letters, learning, educating and promoting COPD Awareness. It was then decided a more "unified" and "collective" voice was necessary.

In October 2007 COPD Canada incorporated as a not for profit corporation and became COPD Canada Patient Network. In May 2008 it received Charitable Status retroactive to January 1, 2008. We are 100% reliant on donations to operate.

Companies, organizations, individuals; domestically and internationally, all have used, and continue to benefit, from this "patient" oriented website.

Together we CAN !!.....C are, A dvocate, N etwork

Remember: YOU ARE NOT ALONE!

We are a federally incorporated, tax deductible health charity. Our Registration number with Canada Revenue is 84111 2212 RR0001 under the name of COPD Canada Patient Network.
All of us are volunteers; we have no paid positions nor do we issue honorariums.
COPD Canada Patient Network Membership Form
Please fill in and mail to:

COPD Canada Patient Network
Attn: Dave Raymer
3047 Old Sambro Rd
Williamswood, NS B3V 1E6 Canada

E Mail Contact@copdcanada.ca or Membership@copdcanada.ca Ph: 902-477-1507

WebSite www.copdcanada.ca

There's no Dues or Fees. Membership is FREE.
Currently, and as time progresses, we make/have certain things available to Members. This may be in the form of educational/information CD's (DVD's), booklets, brochures, discounts and or coupons, newsletters and more.

Current Discounts For Members: 10% OFF Oxyview Glasses, a Substantial Discount from gelfast (hand hygiene), Finger Pulse Oximeters, flow meters, acapellas and more! (for additional discounts and info please see our website at (www.copdcanada.ca)

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Please Note: All information gathered/received will be held in the strictest of confidence and WILL NOT be shared with anyone at any time (with the exception of your name (only) if the event a supplier wants to verify your membership) Your personal information will NEVER be shared or compromised.

Once we receive your application, a welcoming note will be emailed to you with additional information along with your Membership Number, the most recent Monthly “Airmail” and Newsletter.

"Together" We CAN!!! Care, Advocate, Network