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PRESIDENT’S MESSAGE

The Ostomy Australia Journal is published three times a year, in April, August and December, and provided free to every member of an Australian ostomy association. This year there was no August edition due to a change of editor for the journal but we are now back and under the direction of our new editor, Ms Rebecca Herberne.

Bec hail from Western Australia and volunteers at the Western Australia Ostomy Association (WAOA). She is also the editor of WAOA’s newsletter. I would like to welcome Bec to the role and wish her every success. I am sure that Bec will put her own personal stamp on the journal over the coming issues.

In October the Australian Council of Stoma Associations (ACSA) held its annual general meeting and annual conference for member associations in Perth. It was well supported, with representatives from 16 of Australia’s 21 stoma associations attending the two-day event. Delegates appreciated the opportunity to discuss issues affecting the Stoma Appliance Scheme, along with the operational effectiveness of those associations and other matters of the day.

The theme of the conference was “Yesterday, today and tomorrow”, which was very appropriate as this year WAOA celebrated its 50th Anniversary. Professor Kerilyn Carville spoke to ‘Yesterday and Today’ and recounted the history of bowel surgery and types of appliances available to early ostomates. I am sure delegates were very thankful that medical procedures and products have improved since those days. I don’t think the saying ‘Life was simpler back then’ applies to ostomates. We today and tomorrow’, which was very appropriate as this year WAOA celebrated its 50th Anniversary. Professor Kerilyn Carville spoke to ‘Yesterday and Today’ and recounted the history of bowel surgery and types of appliances available to early ostomates. I am sure delegates were very thankful that medical procedures and products have improved since those days. I don’t think the saying ‘Life was simpler back then’ applies to ostomates. We today and tomorrow’, which was very appropriate as this year WAOA celebrated its 50th Anniversary. Professor Kerilyn Carville spoke to ‘Yesterday and Today’ and recounted the history of bowel surgery and types of appliances available to early ostomates. I am sure delegates were very thankful that medical procedures and products have improved since those days. I don’t think the saying ‘Life was simpler back then’ applies to ostomates. We

is published every three months, in April, August and December. I congratulate WAOA for organising the conference. It was wonderful that so many associations could come together and celebrate this special occasion with them.

Recently the Department of Health sought feedback from ostomates and other stakeholders on the operational effectiveness of the Stoma Appliance Scheme. This feedback will influence potential improvements to the scheme that would ensure ostomates continue to have access to products and support services they need to manage their stomas.

It is likely that some ostomates did not get the opportunity to provide feedback, as the department’s original consultation period was just three weeks. It was only after ACSA raised concerns that this would not give associations enough time to get the word out to members that the consultation period was increased to six weeks, even though ACSA requested even longer.

The department received more than 3000 responses and the feedback is currently being analysed. Considering the difficulties that associations had in telling ostomates about the consultation, this is an excellent result. ACSA is looking forward to learning the results of the consultation and working with the department to improve the operations of the scheme.

Considering the department’s heightened interest in the scheme, it is worth remembering that the scheme operates to ensure that ostomates have access to the appliances they need. This places an obligation on every ostomate to obtain only the supplies that he or she requires, not the maximum quantities available.

I would like to thank everyone for their generosity and caring, and as we spend time with friends and family, to do our best to look after each other.

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It is the season for reflection on the year past and of hope for the year ahead, and I encourage you all to take a few minutes to think about this. We really have so much to be thankful for—our health care system, supported by dedicated stomal therapy nurses, is excellent and the Stoma Appliance Scheme is considered one of the best in the world.

To the staff and volunteers at all the associations throughout Australia, thank you for the important role you continue to play in supporting the Australian ostomate community.

May your year end on a joyful note and make way for a bright New Year.

David Munro

PRESIDENT

Letters to the editor

Dear Editor,

Firstly, thank you for an informative and interesting magazine. I’m hoping you can help me.

I’ve been an ostomate for two-and-a-half years and going along very well. I belong to Peninsula Ostomy Association and they are a wonderful team.

My question is—a couple of months after surgery, when I would shower before a bag change, quite often I would have a leak while drying or preparing to put the new bag on. This is annoying. I asked a company if there was a product to wear temporarily after showering to avoid this problem but they replied that there was no such product.

I invented my own product (pictured above) using one of my colostomy bags cut out to fit a plastic disposable medicine cup attached by a stoma belt when I’d finished showering.

This has been a great help avoiding unpleasant leaks while drying and preparing to put the new bag on.

Is there no such product available?

Many ostomates must endure this problem and I was surprised something isn’t available.

Many thanks again for a great magazine.

Philip Stammers, VIC

Dear Editor,

I offer one or two tips from my experience to people using urine drainage bags.

I’ve been a urostomate for 32 years and for the last few years have settled into a simple procedure.

Equipment from the Cancer Council:

- Waters, urostomy pouches, urine drainage bags.

Own supply: Vinegar and dispenser bottle, Sorbolene, plastic tubing to connect the bags, kitty litter tray.

My supplier provides two lengths (4 cm each) of plastic tube in each carton of day bags. These I have found to be useless as they are too short, so I have bought a length of suitable plastic tubing from the hardware store and cut off suitable lengths as I need them. I have written to the company about this, suggesting that one piece of tubing of twice the length would be useful, but there has been no action. Other than this, I have been pleased with their products.

Connecting pouch and bag:

About an 8 cm length of tubing is suitable. Cut the ends at an angle of about 45 degrees to the length of the tube. This makes it easier to slide on and off the outlet of the urostomy pouch.

In the mornings, I empty the contents of the urine drainage bag into the toilet, then give a few squirts of cheap vinegar and some tap water into the bag. Then I leave it in the bathroom until the evening.

Just before going to bed, I empty the contents of the drainage bag into the toilet.

Lying on my back on the bed, I attach the urine drainage bag to the outlet of the urostomy pouch using a smear of Sorbolene as a lubricant on the joint.

I place the drainage bag flat in the kitty litter tray on the floor, positioning it so that the lead in tube is vertical and there are no kinks and the bag is flat, with no folds. I then turn over and go soundly to sleep.

With these steps, I’ve had very few accidents.

Jack Oliver, NT

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Ostomates invited to ‘pay it forward’

By Rebecca Herbener

Ostomates and stoma associations should do everything they could to protect the stoma appliance scheme (SAS) by strengthening existing relationships between the Commonwealth Department of Health, Medicare, ostomy product suppliers and stomal therapy nurses, Dr Jenny Prentice said when officially opening the Australian Council of Stoma Associations’ annual conference in Perth in October.

The conference was held in conjunction with celebrations for WA Ostomy Association’s (WAOA) 50-year anniversary, and had as its theme ‘Yesterday, today and tomorrow’. Dr Jenny Prentice, a stomal therapy nurse for 37 years and a renowned wound care specialist, told delegates to the two-day conference that Australian ostomates were privileged to have access to the stoma appliances and accessories that they required for the cost of the SAS access fee.

Dr Jenny Prentice said when opening the conference that Australian ostomates had been privileged to have access to the stoma appliances and accessories that they required for the cost of the SAS access fee.

Jenny spoke on the need to ‘pay it forward’—a phrase describing how the beneficiary of a good deed repays the kindness by extending it to others positively affect as many people as possible, rather than just repaying the original benefactor. Jenny has seen first-hand the support that stoma associations and their volunteers provide to members, and believes the volunteers of Australian ostomy associations peer-support model this ideal. She said she had heard many stories from people going through their ostomy journey that highlighted the gratitude, support and guidance they received from ostomy volunteers who helped them adjust to living with a stoma.

“We wish to ensure that ostomates in Australia continue to have access to the best appliances to augment the ostomate’s quality of life,” she said. Jenny spoke about the differences between the Australian SAS and the access available to ostomates in other countries. She noted that in some countries, products had to be paid for individually or in line with medical insurance allowances. Some countries required ongoing prescriptions and, in others, there was simply little or no access to products.

It was important that associations and ostomates did everything they could to protect the SAS and ostomy product allocations, she said. They could do this by ensuring that returned stock was kept to an acceptable and minimal level.

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Supplies that are returned to associations are unusable—they cannot be reused—and so are a cost to associations and taxpayers. With approximately 46,300 ostomates in Australia and upwards of 3,700 items on the SAS list, it is essential that returned stock is kept to acceptable and minimal levels. However, sending these products overseas proves they met the requirements of the regulations. This would allow them to continue to provide supplies to international ostomates.

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Update on SAMS rollout

In the past few years three ostomy associations have transitioned to using the Stoma Appliance Management System (SAMS) owned by ACSA. The system is designed to manage distribution of products available under the SAS and to allow associations to better manage member supply orders and provide analysis on product usage.

ACSA will provide support to any association that wishes to use SAMS. David Munro, the ACSA President, told delegates that SAMS would be available to associations through a hosted environment which will allow associations to use the technology and its benefits without incurring some of the larger costs that might have been required if they had had to upgrade their IT infrastructure to support the system.

The hosted environment might use a public provider such as Amazon Web Services (AWS) or Microsoft Azure, or a private environment hosted in a local datacentre. Once a decision is made about the appropriate hosting environment, an implementation plan would be developed, he said. Delegates noted the message from the ACSA President, David Munro, and the Vice-president, Erin Goodwin.

Improving communications between associations and suppliers

Ostomy NSW (ONL) delegates Stephen Grange and Stephen Lardner presented delegates with two draft service-level agreements (SLAs) they had prepared, one to cover relations between ACSA and stoma associations and another between associations and product suppliers. The SLAs are an initiative of ONL, which has argued that working relationships between ACSA, associations and suppliers should be strengthened.

The draft SLAs are seen as a step towards ensuring clear and measurable guidelines that detail the obligations and expectations of each party in the relationship. In doing so, they would provide an opportunity to improve customer relationships and ensure the business relationships were as successful as possible.

The ONL delegates asked conference attendees to provide feedback so that the drafts could be further developed to be ready for the agreements to be approved at the ACSA Conference 2020. The agreements are intended to be base documents that can be customised for each association.

Yesterday, today and tomorrow

In line with the conference theme of ‘yesterday today and tomorrow’, Professor Kerlyn Carville, of Silver Chain and Curtin University’s School of Nursing and Midwifery, took us through the fascinating history of the development of ostomy care to its current practice and products.

Medical knowledge as well as the still recent drive to ‘holistic’ care (treating the whole person and not just the illness or its symptoms) and the fast-paced technological changes show a bright future for treatment and care.

WAGAs’ stoma therapy nurse, Tania Norman, spoke about her work developing the STN clinic at WAGA, including the introduction of a regional care program, nurse education outreach and her hopes for the future of ostomate support in WA.

Awards for service and achievement

Four awards were handed out by the ACSA President, David Munro, and the Vice-president, Erin Goodwin.

Dave Patterson (Wide Bay Ostomates) was the recipient of the 2019 ACSA Distinguished Service Award. David has been involved with his association since 2004, when he began volunteering. He has been instrumental in key projects that have literally built the association to its current level and has worked tirelessly to improve the lives of local ostomates through the introduction of an STN clinic at the association and a new Ostomy One On One program which connects people who are scheduled for stoma surgery with an existing ostomate.

The prestigious award is made for exceptional service at a local, national or international level, and is intended to recognise exemplary or transformative leadership in the ostomy community, service, innovations or achievements which have advanced the physical or social wellbeing of ostomates locally, nationally or internationally; or outstanding service to the national ostomy community over many years.

Three deserving recipients received the Professional Achievement Award for their outstanding efforts in supporting ostomates.

Lorrie Gray (WAGA) has been the Program Coordinator, Stomal Therapy Nursing Education Program, for the WA branch of the Australian Association of Stomal Therapy Nurses since 1980. Lorrie has been a volunteer at WAGA since 2009 and a member of the management committee since 2012. Lorrie shows empathy and patience with ostomates, long-term and new, and finds time to visit nursing homes and to assist in teaching in regional hospitals when accompanying the association’s STN on her country visits, as well as supporting and coordinating member support groups throughout WA.

Tom Flood (ONL) has given service at every level in his time at the association. Tom has manned the front counter, edited
the newsletter, been secretary then vice-president, and served as president of the board of directors since 1998. One of Tom’s mottos is “don’t let problems mar being a useful person”. Tom says that he loves being part of a team bringing peace of mind to others through support, reassurance and the provision of information.

Val Macey (Ileostomy Association of SA) became a member of the IASA in March 1985 and has a reputation for being caring and empathetic. Being a “people person” and recognising the need for support options, Val has been involved in setting up the monthly member support meetings and also coordinates the association’s Australia Fund activities to send products to overseas ostomates who have little or no access to supplies.

SAS costs and revenue shortfall

For the past year ACSA has been in discussions with the Department of Health over the funding model for associations with regard to the delivery of products available through the scheme.

The president, David Munro, provided associations with an update of communications with the department about the financial pressures being experienced by associations with respect to their SAS operations.

There are some 46,300 members regularly being issued ostomy products from the pool of approximately 3,700 items listed in the SAS Schedule. Currently, revenue generated by associations through the handling fee and the SAS access fee is an average $110 per member per year, which is less than the cost of delivering SAS activities.

David said the department had been taking an active interest in association operations over recent months and had visited Queensland Stoma Association Ltd, Ostomy Association of Melbourne (OAM), Colostomy Association of Victoria and ACT and Districts Ostomy Association to gain an understanding of how associations operate and the issues they face. Hermoine Agne from OAM shared her experience of the visit by departmental representatives.

David confirmed that some 2,000 responses had been received to the Stoma Appliance Scheme Stakeholders Survey and said a summary of the responses was expected to be available on the department’s website shortly.

Ostomy Support Bears WA

Lorrie Gray introduced delegates to Ostomy Support Bears WA, an initiative of ostomate Kelly Moss. ‘I believe these bears have raised awareness and helped reduce any stigma attached to having an ostomy’. Lorrie said.

Kelly Moss, an ostomate for 20 years, set up Ostomy Support Bears WA after she received an ostomate teddy bear two years ago and decided that it was a great idea for people, especially children.

Kelly put out a call on social media and now has help from five women who help attach the stoma and removable ostomy bags to teddy bears bought from local stores. Kelly is appreciative of the support given by Omnigon, Hollister and Dansac in the supply neonatal bags for the bears.

Every bear is completely child-safe and has its own name. The bears are donated to children’s hospitals and cost $20 to purchase.

They are great educational tools and anyone struggling with having a stoma will benefit from owning a bear. For the recipient, the bear brings comfort. It is a great companion, super cute, and can help people come to terms with their new life with a stoma.

From small beginnings in Western Australia, Kelly has sold bears throughout Australia, the USA, Canada, United Kingdom and South Africa.

Kelly only works on donations and the $20 charged covers the cost of the bear, so no profit is made: everything goes back into buying or making new bears.

Continued from page 10

Getting in shape for the future

By Amber Smart

After successful treatment for bowel cancer, Amber Smart is looking for ways to create a device that will make stomas less obvious.

This is the story of how I came to get my stoma—and about the supplies that are available for young people to use. I would like to design my own stoma plug and I hope someone can point me in the right direction to go about this.

I live on the Central Coast of NSW, I am 37 years old, and live with my husband and my two boys aged 10 and 8.

Back in 2015 I was diagnosed with stage 3 bowel cancer. They found a 4 cm tumour in my anal cavity.

Because of the size of the tumour, I was constantly in pain and bleeding and was unable to go to the toilet normally, so the first thing they did was book me in to get my temporary stoma.

After 25 rounds of radiation and chemo, the tumour had shrunk enough and the doctors were able to operate. I had my bowel removed, along with lymph nodes, as well as some muscle and part of my tailbone.

When I woke from my operation I was told that the operation had been successful but that, unfortunately, they had had to remove more muscle than they had anticipated. As a result my stoma would become permanent.

I had a further course of chemo to make sure they got everything, and October 2018 I was 12 months cancer free!

I love my stoma and am very grateful for it, but it was hard getting used to. Being so young, you think, “I can never wear a bikini again”. You look at other girls with perfect bodies and you feel a bit down. But I realize as soon as those thoughts enter my head that I’m being silly. I am so lucky to have gotten through my cancer battle, and all I have to show for it is a couple of scars and a little stoma. No-one would ever know to look at me.

I irradiate regularly now, and have worked out what foods work for me and what work against me. Most of the time I feel like I have a handle on things, but like any human being I overindulge every now and again with one glass of red wine too many, or too many slices of pizza. Then my tummy will start to gurgle and I can lose control and have a blow-out. Then I will get really upset because I am not in control. As long as I am in control of my stoma I am happy.

I use a combination of a small bag, a mini bag and a plug. But I would love to be able to design a plug that blends in to my skin better. I love the plug but why can’t it blend – be more aesthetically pleasing? Why can’t we have different colours for different skin tones? I would love the opportunity to create my own plug for young women who would still like to wear that bikini, who have come to terms with their stoma, and are not afraid to show it off, but just want something that looks a little bit nicer. I have the ideas to create such a plug, but I don’t know where to start. I’d be glad to hear from someone who can give me advice on how I go about designing my own plug.
On Sunday 17 November, Young Ostomates United celebrated 30 years of friendship, support, stories and activities shared over those three decades.

In November 1989, ostomate Anne Maree and I, a stomal therapy nurse at the Preston and Northcote Community Hospital (PANCH), decided to set up a support group for young ostomates aged between 14 and 40. We placed an advert in the Preston Times and at the ileostomy and colostomy associations in Melbourne inviting young ostomates to an afternoon gathering at PANCH on 20 November 1989. To our amazement 13 people with a variety of stomas arrived, all eager to meet other young ostomates. This was the start of a long journey of support and friendship.

In February 1990 the first official meeting of the group named Young Ostomates United (YOU) was held and a constitution developed. Those early years were busy, regular meetings were held either at private homes, picnics or at PANCH. In October 1991 YOU held its first weekend away at Rutherglen, Victoria, at the request of one of our country members who later became president of YOU and in 1992 booklets relevant to YOU were compiled, Problems and Practical Solutions, Thoughts of YOU and later a Just for YOU Journal, produced biannually, thanks to Susan, one of our long-time members.

A counselling and visiting service was established, at the request of country and interstate ostomates. Weekends away at Ballarat, Bendigo and Eagle Point were followed by visits to both Canberra and Sydney to launch YOU interstate, and many day trips to Geelong, due to the number of young ostomates in the Geelong area. In 1994 sixteen members drove in convoy to Adelaide for the eighth International Ostomy Association World Conference. Later that year members of YOU took part in the Video ‘A Beginning not an End’.

Every June during Stomal Therapy Week a combined meeting was held at PANCH with the PANCH Ostomy Support Group. Wonderful friendships were forged between these two groups. Displays were held in Melbourne’s Bourke Street Mall in conjunction with the Colostomy and Ileostomy Associations of Victoria.

In 1998 thanks to funding from the Royal Children’s Hospital, YOU arranged a weekend away at Phillip Island. As well as having fun we wanted to help a young ostomate feel comfortable on a sleepover.

Over the years members of YOU have represented Australia at overseas youth forums and I have presented papers at stomal therapy conferences worldwide on the benefits of a support group and in 1993 I was awarded an Advance Australia Award for service in support of ostomates.

In February 2000 thanks to the help of one of our committee members, the YOU Constitution was revised and the group became incorporated enabling it to obtain funding from the Victorian Health Department. With the closure of PANCH, meetings are now held at the Nurses Memorial Centre.

In addition, we hold annual educational meetings with appropriate guest speakers.

This year we updated our website (www.youinc.org.au) making it mobile compatible. Helen, our long time secretary, runs the YOU Inc Facebook Page which currently has over 400 members. We believe these technologies where ostomates and their carers can ask for support and advice at times of need, are the way of the future and to this end we are investigating podcasts.

So many members have contributed to the success of YOU over the past 30 years—too many to name. Companies have supported our group and speakers have donated their time and expertise. Most of all the members of YOU Inc have formed a community whose members have willingly shared their personal journeys to help fellow ostomates.

By Lilian Leonard
## The same purpose’ of use rule

The same purpose rule means the maximum amount of a scheme funded product you can be issued by your association can be affected by other ‘same purpose’ products you may have requested within the same time period.

When supplies are requested from within one sub-group listed on the schedule, and the products are intended for the same purpose, the supplied amount is restricted to the maximum limit for that type of product.

### Ordering supplies within one sub-group listed on the schedule:

When supplies are requested from within one sub-group listed on the schedule, and the products are intended for the same purpose, the supplied amount is restricted to the maximum limit for that type of product.

### Ordering supplies from more than one group listed on the schedule:

When supplies are requested from more than one sub-group listed on the schedule, and the products are intended for the same purpose, the supplied amount is restricted to the maximum limit for that type of product.

## S#@t Happens....

Jodie Nelson is an Accredited Life Coach, mindset specialist, motivational speaker and executive leadership coach who specialises in chronic disease management and effective communication strategies for patients, medical professionals and supporters.

One of the most common questions I’m asked by new or potential ostomates is, “What happens if your bag bursts?”

Each time the question is asked it takes me back 17 years to my first week with an ileostomy.

Back in the day, keyhole surgeries were rare and laparotomies were the norm. This meant the usual stay in hospital was anywhere from 10 days through to three weeks. Thankfully this has changed considerably but on the other hand it leaves very little time for an ostomate to adjust to their new body.

So many questions are not answered. To be fair, as a patient all you’re really thinking is “When can I go home?”

My stay after surgery was three weeks on the dot. Whilst I was in hospital, I had awesome nurses who would let me sleep through the night and empty my bag for me. I had a problem as I wasn’t aware when it was time to empty through the night. Pretty weird right? Another problem was when my body decided to dump one litre in one hit.

As I was young and appearance was everything, I chose a mini appliance. Though they felt like they were barely there and they looked like they were barely there, they weren’t as forgiving when you had a high functioning stoma.

When I think back, this is where s#@t happened for the first time. Lol. Sitting in the hospital toilet the night before release, I became a problem solver. With an overfull bag ready to blow like Mount Vesuvius, I tried to do the impossible, flush my bag into a jug just as I was taught.

Unfortunately for me, when I was unrolling the spout, it slipped out of my hand, my bag exploded and splashed my poo all over the back of the toilet door, up to the roof of the cubicle and finally all over my face. OMG! I’m sure by now you have the visual, in my head it was so much worse.

I sat there for a minute thinking; now, how am I going to get out of this cubicle, back to my room that I shared with three men, to grab fresh clothes, a new bag and all the stuff that goes along with it as well as getting back to the bathroom to clean the cubicle, shower and change? I knew one thing for sure and that was I wasn’t about to walk back into my room, naked and pretend like nothing had happened.

I also didn’t want a nurse to have to clean up after me because I thought I showed any incompetence, I wouldn’t be allowed home.

### WHEN S#@T HAPPENS

**Remember to:**
- Stop
- Breathe
- Think of something funny and wiggle your toes

While sitting in the cubicle I decided right there and then to be a ‘Master Problem Solver’.

I unravelled the toilet paper from the roll and wrapped myself up like a Mummy. I walked casually past the nurses station back into my room, pulled the curtains around me, found a towel, wiped myself down, grabbed some fresh clothes, popped them on leaving my stoma hanging out, wrapped the towel around my waist, grabbed a new bag and headed back past the nurses’ station to the bathroom.

I managed to clean the toilet, shower, change my bag (which I had never done on my own); and walked back past the nurses’ station and jumped back into bed.

It was as though I had become the invisible man. Not one nurse had realised I had actually left my bed in the first place. Talk about winning.

The next day I was released and that was the first time of many that s#@t had happened. The best way to handle the situation is with humour and an open mind. If you panic, you starve your brain of oxygen and then you will be unable to be the problem solver you need to be.

Remember to breathe. Four deep breaths in through the nose and out through your mouth. By breathing deeply and slowly, you will feed your brain the oxygen it requires to think clearly.

Think of something funny and finally, wiggle your toes. These simple exercises will lessen your anxiety and help you to figure out your next step.

With the end goal in mind and work backwards to find your solution. Often this will only take you a minute to figure out but if it doesn’t, that’s okay. You will find a way out and you won’t be a prisoner to your own poo.

Learning to be a ‘Master Problem Solver’ is now a badge I wear proudly, be a prisoner to your own poo. You will find a way out and you won’t be a prisoner to your own poo.

Learning to be a ‘Master Problem Solver’ is now a badge I wear proudly, and if you don’t already, in time you will too.
FEEL MORE SECURE AND CONFIDENT TO GET ON WITH LIFE, thanks to eakin dot® 2-piece soft convex.

**KJ’S STORY**

“...I spend a lot of my spare time looking after and driving classic cars so need to be able to manage my stoma easily. I’ve had an ileostomy since 1978 due to ulcerative colitis. After 40 years on a different brand I'm changing to eakin dot® soft convex.

I regularly get 5 days wear time with no leaks or skin problems. It feels softer and more comfortable to wear and it sticks really well and moulds to my hernia. I’d recommend it."

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BRING IT ON...

...SOFT, FLEXIBLE, SECURE
Detouring into mental health

Margaret Allan advises both ostomates and the public on diet and health-related matters. She is the director of the consultancy Nutrition For Ostomates. To contact her or read more nutrition articles supporting the health of ostomates, go to www.nutritionforostomates.com.au.

I am a nutritionist and in this column I usually write about nutrition for ostomates. This topic is very important for the general health of ostomates and is a particular passion of mine. However, on this occasion I am going to digress from this topic to focus on another subject that is, in my opinion, equally important for ostomates and is a particular passion of mine. However, on this occasion I am going to digress from this topic to focus on another subject that is, in my opinion, equally important for the general public.

This ‘other’ subject is mental health. Mental health concerns such as stress, depression and anxiety appear to be far more prevalent in today’s society than previously thought. They can also affect anyone at any time, and may do so for a variety of reasons. The onset can be slow and insidious or quick and obvious. Either way, the impact on the individual and their loved ones can be significant.

Fortunately, discussion of mental health issues and the focus on the prominence of mental health problems in society has increased in recent years. This is a very positive step. Change begins with awareness and progress is made with action.

The impact of stomal surgery on mental health

Stomal surgery can be a large and life-changing operation with many possible pitfalls, and the outcome for individuals can vary depending on many factors. The process of undergoing and then recovering from stomal surgery can momentarily take the light out of life. Afterwards, it may be necessary to make major adjustments, both physically and mentally.

I was recently talking with a group of ostomates at a support group meeting. One man said that he hadn’t had any major issues with diet since his surgery, but had found that his mental health was more severely affected. This is completely understandable. Stomal surgery can affect body image and self-confidence in ways that other surgeries do not. There can be significant psychological adjustments to make after the physical healing is complete. It is important to become comfortable with the new sense of self in order to live a full and happy life as an ostomate.

However, at times it can seem as if you are being thrown a massive curve ball and are being challenged in a deep and profound way. You can feel overwhelmed and insecure about many things, such as how to cope with the new circumstances, what your life is going to be like from now on, and what the future holds. There can be a lot of uncertainty.

But these feeling don’t have to be permanent. Over time you can learn to cope, you can make the adjustments you need and you can find your way through the maze of uncertainty towards a way of life that is full of meaning and purpose. There are many support services and facilities you can use to help you with this process, such as:

- your local doctor
- your stoma therapy nurse
- a counsellor or psychologist
- your family and friends
- ostomy support groups

However, if you cannot access these services easily, or if they have not helped you in the way you desire, then another option is now available to you.

A new service supporting ostomates’ mental health

I am a holistic practitioner, which means that I always endeavour to treat the whole person. For many years now I have been practising as a nutritionist and supporting ostomates and others in their desire for greater physical health and nutritional diversity. However, like the man at the support group, I have also been aware that addressing mental health is also part of the journey towards having a healthy and fulfilling life.

Recently I trained in a process that supports mental health and has the capacity to address fears, phobias, stress, anxiety and depression. I took this extra training because I could see it has the capacity to support ostomates in their journey towards greater health and self-acceptance after stomal surgery. I could see that it has the capacity to help ostomates adjust to their new way of life and experience greater certainty and freedom.

The process is called MAP and is carried out during a consultation...
which can be conducted online. The mind needs to be prepared for the sessions, so pre-training is required, which is completed by watching a video and listening to an audio session.

Mindful meditations are then used during the sessions which create a gentle, relaxed environment. You are asked to focus on the issue that is causing you concern, and a series of instructions are given to your subconscious mind to help clear and neutralise negative emotions around the issue. The progress and degree of success of the method are measured by you during the session.

A second type of meditation is also used to re-wire your brain over time towards more satisfaction and happiness.

This process helps the brain to focus on comfort and success rather than dwell in doubts and fears. Those things can have a negative impact on the process of adapting to the new circumstances after stomal surgery and can sabotage successful adjustment to life as an ostomate. This new approach can help an ostomate to work through their emotions and move forward in their life with more confidence and ease. It is most beneficial to have a series of sessions to provide the opportunity for deeper clearing of negative emotions and create greater momentum towards future goals. Self-help strategies are also provided so you can continue the process between sessions.

This offers an opportunity to address any fears and emotions you may have regarding becoming an ostomate, using a new approach based on recent breakthroughs in neuroscience. It can also be used to resolve issues not connected to your stoma. It is a private, painless and gentle technique that was developed by two psychologists and helps to create greater mental ease. You are awake and in control of the process the entire time and can measure the results for yourself. Sessions can be conducted from the comfort and seclusion of your own home and are available to ostomates both within Australia and overseas. It is a powerful, positive process that can change your life.

If you wish to find out more about this service, how it works and whether it is suitable for you, you can contact me for a free 20-minute conversation via my website. We can discuss what you would like to address and how you would like your life to change. The past can’t be altered but the future can be fashioned. This is a chance to fashion your future more in the way you desire.

Wishing you good health and happy days,
Margaret

Is minimising odour and ballooning in your ostomy pouch important to you?

The Hollister AF300 filter uses advanced filter technology to increase both airflow and deodorisation.

The filter design also means there is no need for stickers to cover the filter whilst showering or swimming!

Hollister closed and drainable pouches come fitted with the AF300 Filter.

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www.hollister.com.au


Port Augusta and Beyond Ostomy Support

By Audrey Christophersen

Members of the Port Augusta and Beyond Ostomy Support group at their first meeting

A new ostomates’ support group started in Port Augusta, South Australia, in May this year. Nine ostomates met, joined by two spouses and the STN Jenni Edwards from the Port Pirie Hospital. Jenni leads the Port Pirie Ostomy Support group, and as Port Augusta was lacking a group, it was decided that we would form our own group. Genny Collinson popped in to offer her support as the continence nurse. Port Augusta does not have its own STN at the moment.

The meeting decided on a venue for the next meeting, which was held on 24 September in the St Augustine’s Church Library in Church St, Port Augusta. We hope to meet monthly at this stage but that will depend on the interest and the support by those who feel the need. The September meeting chose a name for the group, so now we are called ‘Port Augusta and Beyond Ostomy Support’.

We hope that our get-togethers will also assist and reassure ostomates in surrounding localities, such as Quorn, Hawker, Wilmington and other towns in the Flinders’ Ranges, and that they may benefit by their association with us.

Advice and encouragement are sorely needed when sudden changes to our internal plumbing have been forced upon us and we might be feeling so alone. What next is going to change in our lives and how can we compensate to bring back some normality to our lives?

Meetings will be held every fourth Tuesday of the month at 1.30 pm. For those interested, Genny Collinson may be contacted at 08 8668 7706 or you may email Genny at genny.collinson@sa.gov.au. A warm welcome awaits you whether you are a long-time ostomate or you are a comparative newbie.
Travelling with a stoma

By Kerry Kimbey

Many new ostomates wonder if their situation means that they will have to lead stay-at-home lives. However with experience, good advice, time and careful planning, people can have the confidence to keep exploring the world.

At the Illawarra Ostomy Day in June 2019, Kerry Kimbey talked about what she had learned on her travels at home and abroad.

I’m a Science/Maths teacher who retired with bowel cancer back in 2012. I am now a “blonde nomad” and committed traveller, in Australia and overseas.

My husband and I have been on long flights and we’ve also done several cruises. These are a few suggestions that I’ve collected along the way.

Here are 12 suggestions for long-haul flights:

Medical services: Australia has reciprocal health care agreements with 11 other countries, which means that we can get help with costs for medical care, including emergencies and treatment that can’t wait. The level of cover is not the same for all countries but you can find the information by looking up the Australian Council of Stoma Associations (ACSA) website: www.australianstoma.com.au/resources/travelling-overseas/

The countries are: Belgium, Finland, Ireland, Italy, Malta, the Netherlands, New Zealand, Norway, Slovenia, Sweden and the United Kingdom.

You still definitely need to have travel insurance. You also need to take your Medicare card, as it may be needed to access overseas services.

Scanning: When you go through security, it seems to be “luck of the draw” whether you just go through the metal-detector, or have a whole body scan. It may depend on the airport.

A colostomy bag certainly won’t show up in a metal detector, but it will show up in a whole-body scanner—just look at the screen and you can see the scan. You don’t need a medical certificate to go through security. However, if you find yourself in the line for a whole-body scan, it may help to let the screening officer know that you have a bag.

You can have this conversation in private if you wish and you won’t be required to expose your bag.

In May we went to New York and had plenty of metal detector scans (also in museums and other institutions), but just one whole body scan for the whole trip. Sure enough, my bag showed up clearly. The woman asked me what it was, I told her—it’s not a bad idea to carry a doctor’s letter or travel certificate for clearing customs. ACSA has a good one (www.australianstoma.com.au/wp-content/uploads/ACSA-Travel-Certificate-2019.pdf) that clearly explains your personal details and your doctor’s contact details. It advises security staff on how a search should be conducted to preserve the dignity of the person. The ACSA certificate is in all major languages.

Ostomy suppliers overseas: Before I leave, I search for an ostomy association in each country, and even a major hospital near to where we’ll be staying. I email the details to myself, just in case, then I can access it anywhere.

Ostomy supplies: Always take enough supplies to cover the worst-case scenario, such as getting stuck somewhere for an extra period of time.
What if a skin barrier could help keep skin naturally healthy?

NovaLife TRE ostomy skin barriers
Takes skin protection to another level. Three to be exact.

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Continued from page 26

I have seen many clients who have problems with their bowel. I wonder if it is hereditary or if it is something that you can do something about.

I am a very active person. I do lap swimming, go to the gym, do weight training and lots of walking. I have no regrets.

I still need to come to terms with having a bag. I am not sure if I will ever. The problem I had was called a mega colon.

A mega colon is an abnormal dilation of the colon. The dilation is often accompanied by a paralysis of the peristaltic movements of the bowel.

The reason I have written this story is to make people realise that no matter what happens in life, don’t just give up. Make sure that you enjoy life.

‘Mega’ problems?
Focus on the good stuff

By Jacquelyn Kovaevic

Hi, my name is Jacquelyn and I am 60 years old. I am very active and in really good health, despite having an ileostomy. I do believe I am lucky because I haven’t had bowel cancer or any other diseases.

But all my life I had problems with my bowel. Constipation was my biggest issue at first. Being young, I really believed my condition was normal. You never talked about these issues years ago.

When I first met my husband at the age of 23, I started to have serious problems. My bowel motions just stopped. I saw a specialist; he had no answers. Finally, about four months later, the problem was gone. I was OK.

When I was 26 this mysterious problem started again, and as the years went by my abdomen started to increase in size from bloating, I couldn’t wear jeans, dresses or skirts. The only type of clothing I could wear were track pants. Yuk. One day at work, someone asked me if I was pregnant.

I had seen numerous specialists, all in vain. I finally went back to the first specialist, the one I had seen years earlier. At this stage I was depressed and desperate. I asked was it possible to have my colon removed. On my 31st birthday I had a sub-total colectomy procedure. This procedure removed three quarters of my colon and then joined the rest of it to my rectum. I spent ten days in hospital. When I returned home, I was able to look after my 18-month-old and the six-month-old twins with the help of my supportive husband.

My problems never really went away but my bloated abdomen did.

About 25 years later I suffered a prolapse of the rectum. This was repaired but I had inconvenience of the bowel. It was extremely embarrassing. I didn’t want to go out and I had no idea what to eat.

I was increasingly depressed and my symptoms were causing me grief. I was sent to another specialist in June 2015 who did an X-ray with a dye contrast after giving me a drug to relax the digestive track. My next appointment, which had been scheduled for November, was pushed back to early the following year as the specialist was going on holidays. I went to my local doctor who made some phone calls only to be told my test results were OK and they couldn’t find any problems.

Two days later I received a phone call from the specialist who did my prolapse repair. He wanted to see me. He explained that the X-ray from six months earlier showed no sinister problems (thank God for that). It showed that organs like the liver and stomach were healthy but I noticed that half of the X-ray was dark. The doctor explained the dark area was the problem. The small portion of colon I had was about the size of a football.

The only solution was to remove the colon and have an ileostomy. I had this procedure about four years ago. It wasn’t without its problems. I lost nine kilos and I had problems with leakages. Eventually I found the right products to use, and that has helped me. I feel much better and people have said how well I look.

I am a very active person. I do lap swimming, go to the gym, do weight training and lots of walking. I have no regrets.

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The week I won’t forget
By Jacqueline Davies

Gosh! Where to start? After I received the November 2018 issue of Ostomy Australia, I left it on the dining room table to read later. My husband read it from front to back. He got to page 37 and brought it out to me and said I must submit my story for others to read.

The week I won’t forget is the week I won’t forget.

Sunday 29 October 2017. It all started rather innocently; a bit of red skin, a bit of pain—but I am tough.

Fast-forward to Tuesday 7 November 2017.

I awake to hear the Melbourne Cup being run.

Wait! What? How did that happen? I had just woken up in ICU.

So what had happened? Piecing the story together was a journey in itself.

After I got into the ambulance—something I do remember—I was taken to the Childers Hospital. I don’t remember arriving there, despite it being only a ten-minute trip.

I was in the Childers Hospital and in a pretty bad way. My husband, Alan, rang my daughter, Michelle—she had driven up from Brisbane, about a three-hour drive—on Monday, 30 October. I don’t remember Michelle coming in to see me or speak to me. Michelle told me later that I could have doubled for Bart Simpson, I was so yellow. The rest of that day, according to the Childers nurses, I was having good moments and bad moments.

On Tuesday, the doctors thought I was going into surgery for the urgency required. I was immediately wheeled off to meet the Westpac rescue helicopter for my trip to Royal Brisbane and Women’s Hospital. No sightseeing this trip.

As they drove home, their minds in turmoil, it was decided that Michelle would drive straight down to Brisbane that night so that I would have someone with me. Alan would have to organise care for the dogs and ensure the house was secure before coming down the next day.

According to the hospital records, when I arrived in Brisbane I was operated on again. The surgeon rang Alan at approximately 3 am to let him know that I had survived the second surgery and that my prospects were looking a lot better.

‘What was it?’ I hear you ask. It was necrotising fasciitis on the backside, near the rectal area.

I had nine operations in total over the next two weeks, to ensure all the affected tissue had been removed. When it was clear all the diseased tissue was gone, it was time to start the healing process.

The medical team used a vacuum-pack bandage system on my wounds to progress the healing rapidly. Back in the ward for the first time I was introduced to Nigel (no friends), my new friend for the next 12 months—a loop stoma that would be reversed, I was reassured. Being a pragmatic person I figured that ‘having a stoma helped save my life’, so I would deal with it—and it was only for 12 months.

The Royal Flying Doctor Service transferred me back to Bundaberg Hospital, where I stayed for the weekend. Then there was another ambulance trip back to Childers Hospital, which completed the circle of my unplanned travel. I was in Childers Hospital until 5 January 2018. Almost two long months had passed since I went for my original ambulance ride. It would take another two months at home before I was completely healed. Just in time to go on a cruise on the Queen Mary.

My tenth operation in the saga (my reversal) was scheduled to take place almost 12 months from the time of my original surgery, but the surgeon just wanted to make sure everything was OK, as there was a lot of scaring and the possibility of other damage. Off to the specialist to have the diagnostic tests done on my sphincter muscle. When I went back to have my follow-up appointment I was given two options: one, keep Nigel for life, or two, have the reversal and if it worked, then be back in 10 years to get re-acquainted. So as I write this (18 months after my first surgery), Nigel has settled down for the night and tomorrow we will do what we will do for the rest of my life. Main thing is, I have my life to live.

I just want to finish this story with a big thank you to all the staff at the RBWH and Childers Hospital for their dedication. I would also like to thank the Wide Bay Ostomates in Bundaberg who have been strength to me for the past 18 months.

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Looking ahead to a future with ‘twins’  By Sylvia Riedel

In March 2016, twins were ‘born’ to my husband, Allen, then 69—aosta twins Col and Uri.

After six months from diagnosis, several hospital visits, seven weeks of chemo tablets and radiation, a wonderful team from a Brisbane hospital operated to remove most of his colon, bladder and prostate, and provided him with the two stomas.

His recovery from this major operation was very quick (home within three weeks) due to excellent care and feeding by the dietician during his chemo treatment. The Cancer Council provided great dietician and nurses set us up to come home to North Queensland.

The September 2019 Convatec Great Comebacks Awards recognised WA man William Cusack and NSW stomal therapy nurse, Julia Kittscha for their unwavering spirit, resilience and determination in living with a stoma, and supporting those with a stoma.

William is this year’s recipient of the Great Comebacks Award. Having faced and overcome immense challenges with illness throughout his life, William was thought to be one of the youngest Australians ever to be diagnosed with Crohn’s disease.

Julia, a stomal therapy nurse with the Illawarra Shoalhaven Local Health District, has been awarded the Stomal Therapy Nurse Great Comebacks Award for her uniting commitment and support of ostomates and dedication to stoma therapy.

Our finalists have all shown an unwavering resilience against adversity and we’re thrilled to be celebrating their Great Comebacks with them,” said Erin Goodwin of the Great Comebacks Steering Committee.

“Living with a stoma is very confronting and it’s encouraging and inspiring to see what can be achieved during such difficult times.”

Great Comebacks encourages people who have had ostomy surgery or are living with a stoma to share their stories, and in doing so, inspire others who are facing the same challenges. This unique program celebrates the success and effort of the individuals and health care professionals who have gone above and beyond to help ostomates gain their optimal quality of life.

“Convatec is delighted to be celebrating and sharing the achievements of our 2019 Great Comebacks,” declared Bruce Moncrieff, Acting Vice President, General Manager, Convatec Australia. “Each of our finalists has shown astounding determination and we are most humbled by their incredible achievements and stories of strength.”
We’re still here

Regrettably, Cavilon® No Sting Barrier Film wipes will not be available on the Australian Storma Appliance Service Book from 1 July 2018. However access to the Cavilon Spray Bottle remains unchanged. The spray bottle delivers the same gentle, no-sting, alcohol free formulation you trust, in a convenient pump spray bottle.

Not all barrier films are created equal. Choose Cavilon No Sting Barrier Film spray bottle from 1st July.

AUSTRALIAN CAPITAL TERRITORY

WODEN VALLEY

Hellenic Club
2nd Thursday, each month
10am – 12pm
Contact/RVP: Clare Jacobs 0400 092 190

NEW SOUTH WALES

ALBURY/WODONGA BORDER DISTRICT

Meets: 10:00 am on the second Tuesday of each month Feb to Dec. Venue: Hilltop Accommodation Centre, 600 Keene Street, East Albury NSW. Contact: Alex Watson 0429 578 365

BATHURST

Contact: Meets on the first Tuesday of the month, June, September & December at Bathurst District Council. Contact: Louise Linke (02) 6305 5076

BROKEN HILL

Meet: Every 3rd month as required. Venue: Broken Hill Hospital Conference Room. Contact: Tamara (08) 8000 1333

CENTRAL COAST

Meet: 1st Thursday of the month from 3:00 pm on the third Wednesday in Feb, May, Aug and Nov at a different venue each meeting. For further information, please contact the Stomal Therapy Service on (02) 4320 3323

COFFS HARBOUR

Meets: 2.00pm to 3.30pm 2016 meeting dates to be advised. Venue: Sawtell RSL Club, First Avenue, Sawtell. Ostomates & friends welcome Contact: Mandy Hawkins STN (02) 6656 7804

EUROBDALON REGION

Meets first Sunday of Feb & Apr - Jun - Aug - Oct - Dec, 11am - 12noon Venue: Leigh Court, Moruya Hospital. Phone: Betty (02) 4476 2476

FAR NORTH COAST

Meet at Lismore Workers Club 225 - 231 Keen St. Lismore. 11.30am - 2.00pm 1st Saturday March, July, December. Contact: Marie (02) 6686 7248

GRAFTON & DISTRICT

Meets: Second Thursday of each month from 9.00am to 11.30am Contact: Anne (02) 6641 8300

GRiffINTH & DISTRICT

Griffith and the surrounding areas (100km radius including Leeton, Coomealla, Yenda, Hilston, Hanwood, Cooma/Lealana) Enquiries: Barry (02) 69853267 or 0429 635 267 Email: ann.bl@bigpond.com Karen: 0434 765 399

HASTINGS MACLEAY

Meet: The Old Hospital at 10am to 12noon on the third Wednesday in Feb - Apr - Jun - Aug - Oct - Dec. Inquiries: Neel 0427 856 630 or Ginny 0410 637 060

ILLAWARRA

Meets: 10am to noon, April, June, October and December (Christmas Party). Venue: Figtree Private Hospital, 1 Sutherland Place, Figtree. For further information contact Helen Richards CNC STN (02) 4286 1109 or Julia Kitchka CNC (Wollongong Hospital) (0414 427 174)

MANNING/GREAT LAKES

Meet: 10.00 am to 12 noon on first Wednesday in Feb - Apr - Jun - Aug - Oct - Dec. Venue: Skills for Life Building, 5-6 Elizabeth Ave, Terrigal NSW (wheelchair accessible) Website: www.mglmotostyc.co.cc Contact: Karia MacTaggart on (02) 6592 9469

NEWCASTLE DISTRICT

Meet: 1st Thursday on the Saturday in Feb - May - Aug (AGM) – Nov. Venue: Hamilton Wesley Fellowship Hall, 150 Beaumont St, Hamilton. Enquiries: Geoff (02) 4981 1799 or Lynda 0425 209 030 or Manre (02) 4971 4391

ORANGE & DISTRICT

Meet: Mar - June - Sept - Dec from 12 noon. Venue: 15 Oliver St, Orange, NSW. Contact: Louise: (02) 6330 5676 and Joanne (02) 6362 6184

SHOALHAVEN

Meet: Feb, May, June, August, November 2019 at 2pm. Venue: Ulladulla Community Centre, 5-7 Lawrence Ave, Ulladulla. Contact: Brenda on (02) 4424 6300

SYDNEY - LIVERPOOL / CAMPELLTOWN AREA

Meets: Thursdays from 1.00pm to 3.00pm in the Heritage Auditorium at Camden Hospital (Menangle Road, Camden). For further information, please contact: Diane or Lu (02) 8738 4308

SYDNEY - PENRITH AREA


SYDNEY - NORTHERN AREA

Meet: First Wed. 10.00 am - 11.30 am monthly in the Jacaranda Lodge, Sydney Adventist Hospital, 185 Fox Valley Rd, Wahroonga. Contact: Ian Forsey STN (02) 9407 9061

TWEED-BYRON

Meets 3rd Tuesday of March, June, Sept., 2nd Tuesday in Dec., noon to 2pm. Contact: Tweed Sports Club, 4 Minjungbal Dr, Tweed Heads South. Contact: Lisa Clare STN (07) 5539 7740

WAGGA & DISTRICT

Meets: First Wednesday of each month from 10.30am to 11.00am. Venue: Men’s Shed, 11 Ackworth Ave, Wagga Wagga. Enquiries: David (02) 6971 3346 or 0428 116 084 Zac (02) 6922 4312

VICTORIA

BANKSTON & DISTRICT

Available for people to talk and for home visits in the local area. Contact: David and Natasha Leaver (03) 5762 1109 or (07) 4786 8222 or Natasha Leaver (07) 4786 8222 or 0407 691 160

BERRAYNSIDE & DISTRICT

Contact: Mandy Hawkins STN (03) 5561 1159 or Terry on (03) 5562 5093

WARRNAMBOOL & DISTRICT

Meets at 10.30 am on the second Friday in month in Feb - Apr - Jun - Aug - Oct - Dec. Venue: The Seminar Room, SWIN Community Centre, Kenning Street, Warrnambool. Contact: Heather on (03) 5561 1159 or Terry on (03) 5562 5093

Warrnambool Ostomy rooms (Friday) (03) 5563 1446

WESTERN AUSTRALIA

ALBANY

Meets at Albany Hospital conference room, 9.30am to 11am on the first Friday every three months. For details, contact Terry (08) 9647 4701 or 0429 502 530

PERTH (WAOSA)

Venue: Guildford Road, Mt Lawley. New members support orientation session: Second Saturday of every month, 12noon-1pm. Weekend general support group: Second Saturday of every month, 1pm-3pm.

QUEENSLAND

BEENLEIGH

Meets 1st Wednesday of each month at Beenleigh Community Centre, 18-18 MT Warren Blvd. Meet: Logan Hospital Stomatherapy Unit, (07) 329 9107

BOYNE

Meets 1st Thursday of each month at Boyne Hospital, 10.30am. Contact: Natasha Leaver (07) 4786 8222 or Valerie McDonald (07) 4697 160

LOGAN

Meets 1st Wednesday of each month at Logan Hospital Stomatherapy Unit, (07) 329 9107

BOWEN

Meet the first Wednesday of each month at Bowen Hospital, 10.30am. Contact: Natasha Leaver (07) 4786 8222 or Valerie McDonald (0407 691 160)

MELBOURNE

Colostomy Association of Victoria. Meets the first Wednesday of each month from February to December. Venue: Australian Prestate Centre, Level 8, 14-20 Blackwood Street, North Melbourne. Website: www.cavdata.org.au Contact: Colle Hunter 0437 070 657 Tue. and Wed.

MILDURA

Meet: Every third month Venue: Mildura Base Hospital Conference Room. Contact: Tamra (03) 5022 3333 or Norma (0409 252 547)

SOUTH GIPPSLAND

Socials held on the first Tuesday of each month at 2:00 pm. Contact Thea on 0447 942 406 for more information.

SNYRASIA / RIVERSLAND

Venue: Casula Cancer Support Enquiries: Norma Murphy 0409 252 547

NEWCASTLE DISTRICT

Contact: Graeme Pitts, Benalla Community Health, 4-12 Clarke St., Wangaratta, Benalla, Aug., Dec., Benalla Community Health, 45 Coster St., Benalla, Feb., June, Oct. Contact: Graeme Potts, 65 Main St, Benalla. Contact: Graeme on (03) 5762 7221 or 0407 240 943. Email: david.nestor2@bigpond.com or graub44@gmail.com

BAILINGA / WANGARRATTA

Meets: 2.00pm on the third Monday of each month. Venue: Wangaratta: Northart East, 4-12 Clarke St, Wangaratta, 4-12 Clarke St, Wangaratta, 4-12 Clarke St, Wangaratta, 4-12 Clarke St, Wangaratta, 4-12 Clarke St, Wangaratta. Enquiries: Yvonne (03) 5762 5093 or Terry on (03) 5562 5093

Warrnambool Ostomy rooms (Friday) (03) 5563 1446
MACKAY
Meets at 2.00 pm on the fourth Friday of every odd-numbered month (Jan - Mar - May - Jul - Sep - Nov).
Venue: Meeting Room, Mackay Mater Hospital.
Contact: Graham Stabler for further information on 0428 776 258 or email: grahamstabler@bigpond.com

SOUTH BURNETT
Meet second Tue. each month at 10am.
Venue: Nanango Community Health Centre, Brisbane St. Nanango. QLD
Contact: Anne Davoren
Phone: (07) 4171 6750

SUNSHINE COAST
Sunshine Coast Stoma Support Group meets at Maroochy RSL Events Centre, Memorial Avenue (off First Avenue), Maroochydore, second Monday of every month, commencing 10am.
Enquiries:
Laurie Grimmel: (07) 5445 9008
Lindylou: (07) 5430 7301
Rita: (07) 4550 2474
Janelle Robinson: 0409 762 457
sid.and.laurie@gmail.com
Laurie.Wilshire@bigpond.com
Contact: Graham Stabler for further information.

TOOWOOMBA
Insideout Toowoomba Stoma Support. These stoma mates would love to hear from you: ring for a chat or send an email.
Enquiries:
Margaret Brabrook (07) 4645 1697
emby1936@gmail.com

NORTH & NORTH-WEST
North: Meets at Cancer Support Centre, Howick St., Launceston, on first Monday of March, June, Sept and Dec.
North-West: Meets Ulverstone Senior Citizens’ Club, King Edward Street, Ulverstone, 10am-noon, on the second Wednesday of March, June, Sept and Dec. New and present members welcome.
Contact: Adrian Kok on 0498 196 059

SOUTHERN TASMANIA
Meet at Ostomy Tasmania Office, Amenities Building, St Johns Park, New Town, 10am-noon on first Wednesday of March, June, Sept, Dec. New and existing members welcome.
Further information:
Adrian Kok: 0498 196 059

SOUTH AUSTRALIA

CENTRAL
Meet: Third Tuesday of Jan, March, May, July, Sept, Nov.
When: 2pm.
Where: Leonstown Assoc Centre, 73 Roebuck St, Mile End.
Information: (08) 8234 2678

FLEURIEU
Meet: 10.00 am until 12 noon at the Flinders Rural School, Bay Road, Victor Harbour.
Please contact Sue McKay STN for further information on 0412 692 418

PORT AUGUSTA AND BEYOND
Meet: Fourth Tuesday of every month in the Library/Bookshop behind St Augustine’s Anglican Church, Church St. Port August.
Please contact Secretary Anne Wensley for more information.

SOUTHERN
Meet: First Wednesday of Feb, April, June, Aug, Oct, Dec.
When: 2pm.
Where: Elizabeth House, 112 Elizabeth Rd, Christie Downs.
Information: Val: (08) 8381 1646

NORTHERN TERRITORY

DARWIN
Meet: 5.30-6.30 pm on the first Tuesday of every month.
Where: Cancer Council NT, 2/25 Vanderlin Drive, Wanguri NT 0810
Contact: Marie Purdey: (08) 8944 1800

YOUNG OSTOMATES UNITED (YOU)
Tel: Helen (03) 9796 6623
Email: helshae@hotmail.com
Facebook: Young Ostomates United

BOWEL GROUP FOR KIDS INC
Tel: (02) 4659 6067 or 0431 857 188
Email: enquiries@bgk.org.au
Web: www.bkg.org.au

PARENTERAL NUTRITION DOWN UNDER
Secretary on (02) 9987 1978
Email: contactpndu@gmail.com
Web: www.parentral-nutrition-down-under.webs.com

MITROFANOFF SUPPORT AUSTRALIA
PO Box 256, South Melbourne, Victoria 3205
Email: info@mitrofanoffaustralia.org.au
Web: www.mitrofanoffaustralia.org.au

YOUNG OSTOMATES UNITED (YOU)
Tel: Helen (03) 9796 6623
Email: helshae@hotmail.com
Facebook: Young Ostomates United

BOWEL GROUP FOR KIDS INC
Tel: (02) 4659 6067 or 0431 857 188
Email: enquiries@bgk.org.au
Web: www.bkg.org.au

PARENTERAL NUTRITION DOWN UNDER
Secretary on (02) 9987 1978
Email: contactpndu@gmail.com
Web: www.parentral-nutrition-down-under.webs.com

MITROFANOFF SUPPORT AUSTRALIA
PO Box 256, South Melbourne, Victoria 3205
Email: info@mitrofanoffaustralia.org.au
Web: www.mitrofanoffaustralia.org.au

Stoma Appliance Scheme Product Suppliers

AinsCorp
PO Box 572, Niddrie, Victoria 3042
Toll Free Number: 1300 784 737
Email: service@ainscorp.com.au
Website: www.ainscorp.com.au

Dansac
PO Box 375, Box Hill, Victoria 3128
Phone: 1800 880 851
Email: priority@dansec.com.au
Website: www.dansec.com.au

Coloplast
PO Box 240 Mt Waverley Vic 3149
Freecall: 1800 653 317
Email: au.care@coloplast.com.au
Website: www.coloplast.com.au

Convatec
PO Box 63, Mulgrave, Victoria 3170
Freecall: 1800 335 276
Email: connection.au@convatec.com
Website: www.convatec.com.au

Sutherland Medical
PO Box 1194, Huntingdale, Victoria 3166
Phone: 1300 664 027
Fax: 1300 664 028
Website: www.sutherlandmedical.com.au

Future Environmental Services
PO Box 319, Blairgowrie, Victoria 3942
Phone: +61 3 5985 2828
Email: health@futenv.com.au
Website: www.futenv.com.au

Hollister
PO Box 375, Box Hill, Victoria 3128
Freecall: 1800 880 851
Email: priority@hollister.com.au
Website: www.hollister.com/anz/

Nice Pak Products
Free call: 1800 506 750
Email: healthcare@nicepak.com.au
Website: www.nicepak.com.au

Omnigon Pty Ltd
PO Box 5013, Burnley, Victoria 3121
Freecall: 1800 819 274
Email: info@omnigon.com.au
Website: www.omnigon.com.au

3M
Locked Bag 19, North Ryde NSW 1670
Phone: 136 136
Website: www.3m.com.au

Statina Healthcare Australia
3/30 Leighton Place, Hornsby, NSW 2077
Toll Free Number: 1300 365 404
Email: sales@statina.com.au
Website: www.statina.com.au

Dedicated to Stoma Care