IN THIS ISSUE:

A mindset for success
PAGE 18

A wider role for STNs
PAGE 14
I am pleased to report that the Stoma Appliance Scheme (SAS) continues to operate efficiently and effectively. The dedicated teams in our 22 associations continue to support their members by delivering the products available under the scheme whilst also providing personal support to new ostomates.

Adjusting to life with a stoma is a confronting and challenging journey into the unknown for new ostomates. Those of us who have had a stoma for a long time have generally made peace with our stomas and lead very normal lives. As an example, I play golf on Saturdays with the same extended group of about eight mates. In mid last year one of our group dropped out and I asked his closest friend where he was. I told him I had been diagnosed with bowel cancer and was about to undergo surgery that would result in a stoma. I told the close friend that I would be happy to have a chat with him, as I had a stoma. The close friend then said it was not necessary as he had also had a stoma and had been supporting our mate since he got his diagnosis. Our mate has since been reversed and we expect him back on the course in the near future.

This issue of the need to support new ostomates was also brought home to me at around the same time when a close family member was diagnosed with a permanent stoma. He too has received excellent clinical support from the stoma therapists and doctors involved. I was thankful that I was in a position to provide support from both a practical and personal level and to help him on the journey of acceptance and adjustment to life with a stoma.

The reason I raise these issues is that I have been involved in the stoma movement since 1960. When I first joined an association the Stoma Appliance Scheme did not exist and associations existed purely to provide mutual support and advice to fellow ostomates. The establishment of the scheme in 1975 saw the distribution of supplies added to the role of associations. In the period since 1975 the SAS has expanded to include more than 3500 items and support around 45,000 members through 22 associations.

The amount of effort required in associations to distribute product has increased enormously in recent years. One of the challenges for associations, particularly the larger ones, is to continue to deliver product to members and also provide the mutual support that was the basis for initially establishing associations back in the 1950s and ‘60s. In our technological age, social media has become a powerful vehicle to reach out to ostomates without being limited by geographic restrictions. Social media is being used to great effect by several associations and may be a way for other associations to engage with their members.

From recent personal experience, one of the best ways to support new ostomates is to engage in personal conversations that allow them to express their concerns and discuss the challenges with someone who has been there. Perhaps it is time to take a leaf out of the LifeLine organisation and establish a Stomaline for those new ostomates who can’t get to an association or support group to initiate that personal contact.

I would welcome feedback from new ostomates on their views on whether easier access to one-on-one discussions with more experienced ostomates would ease their journey.

Geoff Rhodes  PRESIDENT

---

**We’re still here**

Regrettfully, Cavilon® No Sting Barrier Film wipes will not be available on the Australian Stoma Appliance Scheme from 1st 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 from 1st July.

---

**Letters to the editor**

Dear Editor,

I’ve had a stoma a while now but would like to suggest that, every now and again, a visit to your stoma nurse is essential. I was struggling because I had problems with a sticking baseplate. I was using extenders but they were not quite right, as I required too many. A stoma nurse showed me a different brand and—wow! They were much better. I’ve decided not to be brand loyal and currently am using three different brands for different purposes—all providing what I consider is best protection.

I would actually be interested in the cost of all items as I’d like to use the least-cost items for my needs. Every person has different needs and challenges and I’d never deny someone a product, but maybe the list of prices could be published so that people could make informed decisions about costs.

Bronwyn Kelleher, VIC

---

**Your say – Letters to the editor**

Dear Editor,

I have been contacted by a man who has an elderly father who is almost blind. His father, in his mid-nineties, has recently had a colostomy and also has arthritis in his fingers. In an effort to keep his father as independent as possible, the son, Ben, has designed a device for assisting the placement of a two-piece pouch on to its baseplate.

The son is asking how many visually impaired ostomates have the same difficulty and whether this device, if manufactured and made available, would be useful for our aging population in which macular degeneration is an issue.

I have no idea how many people are affected by poor eyesight in Australia, but I recognise that there are likely to be a significant number. The device might also assist sighted ostomates who have other issues in correctly placing their pouch.

To date the son has not carried out any market research to determine likely requirements before deciding to go ahead...
to patent or manufacture his device, but is very keen to be contacted by STNs or ostomates to discuss the idea. He has contacted two suppliers of ostomy products in Australia and at the time of writing was awaiting their response. People needing further information can contact benphome@iinet.net.au.

Lorrie Gray, WA

Dear Editor,

We all know it can be difficult to find comfortable pants when you have a stoma. After trying countless pairs of pants, many of which seemed perfect for at least a couple of hours, I have found some that work for me. I wear these to work every day, and often on the weekend as well. These Stretch Twill Pull-on pants can be ordered online.

Anne Kelly, NSW

Dear Editor,

As a dual ostomate, I have long had issues with disposal of so many bags and pads. Thanks to a gift-giving grandmother, I learned of a product that is perfect for disposal, not of nappies as intended, but for all those smelly used bags. I have ‘discovered’ a Timmee Tippee Sangenic bin. In a word, it is brilliant. A neat and efficient disposal system so no more smelly bathroom; I just had to share this discovery. Google it and I believe you will be as surprised and pleased as I have been.

Elizabeth Mosely, QLD

Dear Editor,

I have been a ileostomate since June 2016 and attend the local monthly ostomy meetings which are most informative, both from the group leader and other ostomate friends who share their hands-on tips.

My confidence grew over the months after surgery and I decided to have a holiday in Japan, armed with instructions to photograph special toilets. What a revelation!

Apart from being a beautiful country with the friendliest people, they also have ostomy toilets just for us. Around 90 per cent of all public amenity blocks have this facility, which is installed at a height to enable us to stand and empty our pouches without having to half undress. The photographs on this page show one of the facilities and the identifying logo.

Val Padley, QLD

Editor’s note: Travellers who need emergency supplies may be able to get something suitable from a hospital. They will also find that the nearest local stoma association may be able to help, and supplier companies are also able to provide supplies in case of urgent need. Contact details are published in this journal.

Preserving Confidence.
One strip at a time.

Helen, colostomy since 2007

Dansac X-tra Strips

For those seeking extra protection around the edge of their ostomy skin barrier, Dansac X-tra Strips are a skin-friendly natural option. Designed to easily fit uneven body shapes and contours, they provide enhanced comfort and security—while helping prolong wear time. More than just leak prevention, Dansac X-tra Strips deliver the added confidence and reassurance you deserve.

Get your sample of Dansac X-tra Strips today by calling our friendly Customer Engagement team on 1800 220 972 or visiting dansac.com.au.

Top: A well-equipped ostomy toilet in Japan and, below, a sign indicating an ostomy toilet.

X-tra Strips conveniently surround your wafer for extra security.
After three years of battling bowel cancer I have become bosom buddies with two new friends. Their names are Col and Uri. I truly treasure their friendship and do everything in my power to maintain an excellent and positive relationship.

But to go back a few years. After a tumour was discovered on the outside of my rectum there was a rapid process to get me into a surgical theatre to get the ‘thing’ out. That surgery left me with a shortened large bowel and a temporary friend named Ili. The relationship with Ili was short-lived but in the time that we were friends I learnt to respect his opinion on all things related to food. Ili didn’t like spicy things, broccoli, cabbage, baked beans and fruit with tough skins. He always let me know when I sneaked one of the ‘banned substances’.

Ili was very vocal when he felt like making a statement. In fact he could be quite embarrassing when he voiced an opinion in crowded places.

After 14 weeks or so Ili and I parted company as friends and I have to say I wasn’t too worried about the separation. However, ending that friendship started a two-year period of constantly battling issues with what was left of my lower bowel. In fact at times I felt sorry that Ili and I were no longer buddies.

Almost two years to the day of my bowel surgery my surgeon ordered a CT scan of the pelvic area to make sure all was good on the cancer front. Alas, it was not a good result, with very obvious signs that I had a recurrence of the cancer on my tailbone.

The speed of the surgeon’s staff was mind-boggling. In the space of three days I had an MRI, saw a radiation oncologist and had a biopsy taken of the cancer. This all arranged just a few days before Christmas.

I was referred to a specialist colorectal surgeon who operated on complicated cancers. I also asked to have my radiation and medical oncology appointments at Nowra. Next I underwent six weeks of radiation and oral chemotherapy. The radiation was a nightmare but the oral chemo, even though it was a heavy dose, caused very few problems.

So with the radiation and chemo completed I was given three months for my body to recover before undergoing radical surgery at Royal Prince Alfred hospital. Recovery from the radiation was uncomfortable because of the short-term damage that the treatment had caused. Virtually no bowel control at all, resulting in the need to wear Depends for a couple of months.

On the 31 July I entered hospital to have a pelvic exenteration procedure: 14 hours in surgery with a team of many surgeons got the job done. What followed was a three-week stay at RPA that can be best described as painful. Not painful from a body point of view but rather the chaos that was all around, day and night, in a very busy inner-city public hospital.

After 20 days of incarceration I was discharged. After overnighting at my daughter’s I was on my way home. It took almost three weeks before my appetite returned and in that time my weight dropped to 77kg, down from 86kg when I went into hospital.

That’s all well and good, but what about Col and Uri?

By David Wright

Introducing our technically brilliant, naturally better convex appliances

- Five-sided Flexifit® wafer is designed to bend and flex with movement for more security
- Unique skin barrier provides greater adhesion, absorption and helps prevent leakage
- Infused with natural Aloe Vera to help prevent sore skin
- A wide range of closed and drainable bags are available

For free samples call Toll Free 1300 784 737 (NZ 0800 100 146) or visit www.ainscorp.com.au
With my bowel and bladder removed there was a need to replace the function these organs performed. That's where I found my new friends, Col and Uri. These two guys are helping me get through each day by conducting essential voiding activities. Col has the dirty job while Uri is the busy boy day and night.

So, let me introduce the boys one at a time.

Firstly, meet Col. Col is an extrovert. He is a very vocal person who always has an opinion on the right things for me to eat and drink. He is not averse to interrupting other conversations with his opinion. He can either comment loudly or be quite softly spoken. Col can be quite embarrassing when lecturing at length in public places.

I definitely value Col's input as it generally can lead to an outpouring of politician speeches (you know what I mean). Col's biggest shortcoming is his love of all things ballooning. He plays with balloons whenever he likes. Unfortunately, he seems to save his playtime for when I'm trying to sleep.

Uri, on the other hand, is the introvert. He doesn't make his presence felt in the same way as Col. That said, Uri is very active and goes about his business with a constant, and sometimes annoying, efficiency.

Col, on the other hand, is a little more labour-intensive when it comes to the process of pushing the waste out. Then a sectioned fold-up valve closes the exit via a Velcro tab. Gas is a constant problem for Col due to inappropriate food or drink intake. His clothing has a gas release functionality which is very slow-working. His host's gas production is exceptional, so Col has an ongoing requirement for the manual release of pent-up gases.

Col and Uri both have a clean-up and clothing change every two days. Showering is done with appliances on (they are waterproof) as both the boys are unpredictable and unclothed voiding is not appreciated. Cleaning Uri is always first, as he is the most prone to sickness (infection). Removing, cleaning and reclothing takes about 10 minutes. Col's removal, clean-up and reclothing takes a little less than that of Uri.

Col and Uri both have formal wear, courtesy of my daughter. The boys definitely are sensitive and a positive attitude to their needs goes a long way in keeping them happy. I have found that including them in conversations with my family and friends helps everyone around me appreciate the boys as much as I do. Don't be ashamed or negative about them, be proud of the work they do for you.
Ceramide
The new ‘buzzword’ in stoma skin care

We are lucky in Australia to be blessed with a wide variety of stoma products, but sometimes the choice can be confusing and navigating new products a little daunting - even for Stomal Therapy Nurses! However, keeping abreast of new developments is important, as improvements in skin barriers and pouches may mean discovering products that better support healthy skin around the stoma, achieve a better fit, or are easier to use than those of the past.

You may have heard of the new buzzword ingredient ‘ceramide’ in ostomy products - but what exactly is it?

Found in the skin’s vulnerable outer layer, ceramides are naturally occurring, waxy lipid molecules that help skin to retain its vital hydration and structure. A major component of healthy skin, ceramides lock skin cells together to form an impenetrable protective barrier from the rigours of everyday life. Time and environmental exposure depletes the natural ceramide levels in skin – compromising the protective barrier and making it more susceptible to factors which leave skin feeling dry, itchy, irritated, and sensitive.

 Whilst about half of those living with a stoma will report peristomal skin issues at some point in their lives, skin problems don’t have to be a normal part of living with a stoma. Maintaining skin integrity from the start is the key to maintaining both healthy peristomal skin and comfort, and avoiding the damage that can lead to a breakdown in skin integrity, pain, and infection.

 Hollister Incorporated is the manufacturer that has brought ceramide-infused skin barriers to Australia, under the brand CeraPlus. A recently published clinical trial showed that peristomal skin complications were significantly more likely to resolve with the use of CeraPlus (treatment 53% vs. control 29%).

Further, significantly more CeraPlus users were very satisfied with the barrier’s overall performance, prevention of leakage, and prevention of itching (75% vs. 55.2%).

If you have been suffering from peristomal skin issues, or simply want to prevent them from occurring and support healthy skin with every barrier change, ceramide infused products may be worth looking into. With robust clinical evidence to support its use in ostomy, ceramide may be much more than a buzzword after all!

Reference:

“Ceramide infused products help lock moisture in the skin, keep irritants out, and strengthen the skin’s natural barrier to keep it healthy”

Welland Medical

From July 1st 2018, 3M Cavilon No Sting Barrier Film wipes will no longer be available on the Stoma Appliance Scheme.

Omnigon continues their support of ostomates by retaining WBF Welland Barrier Film Wipes on the Stoma Appliance Scheme.

3M users - Switch to Welland Barrier Film NOW!

For free samples contact our Customer Service Team
AU 1800 819 274 | info@omnigon.com.au
Clinical review, an expanding role for STNs

By Andrea Farrugia

Andrea Farrugia in her OAM office

Andrea Farrugia is the Clinical Nurse Consultant, Stomal Therapy, at Ostomy Association of Melbourne. This article is based on a presentation at the ACSA Conference in Melbourne in October 2017.

Stomal therapy has been my dream job, but it’s safe to say that it is a specialty that you have to have a genuine interest in and be passionate about.

I have been fortunate to work exclusively in stomal therapy for the past 27 years both in public and private hospitals, and also at the Colostomy Association of Victoria for 13 years and then the Ostomy Association of Melbourne for the past nine years.

Stomal therapy and treatment has changed greatly over the years—nowadays it seems that refined surgical techniques, improved treatment options offering better outcomes, more sophisticated stoma appliances and wound care products become available every year. Wise choices are needed to select the most suitable products for comfort, security and discretion, and to reduce waste and costs.

But how does the person with a stoma, the end user, choose from the many products available? STNs are there to help you to decide. Beyond guidance with initial decisions, ongoing reviews can help to maintain health and a sense of wellbeing.

As a new ostomate’s condition improves after surgery, they start to understand what they are dealing with. They might then be ready to make decisions about managing their stoma and selecting products they want to try. For me, an STN working at an ostomy association, this is an exciting time to guide and help the person with a stoma make choices that will lead to them becoming more confident and taking charge of their life.

With so many products available, good decisions are not always easy. Many colleagues and ostomates are concerned that choice can be confusing. People can order inappropriate products, leading to further cost and distress.

Ostomates can be given ample information and have an opportunity to look at care strategies in discussion with their STN. People should not be told which products to use, but should be active participants, decision-makers in their ongoing stoma management. Regular review with a STN can prevent difficulties and increase comfort and confidence in daily life. Reviews can equip a person with a stoma with the skills to manage their condition successfully.

Ideally, someone with a stoma should see their hospital-based STN for ongoing review after discharge, building on the rapport and trust established with the therapeutic relationship, but this might not be possible, for various reasons—distance and accessibility, cost or limitations on outpatient reviews.

A limited number of visits from a community STN through district nursing may be available after discharge, but not always. Then what? Where do people go if they cannot return to their hospital STN?

This shows the need for STN clinics to be established in stoma associations.

In the April 2016 issue of Ostomy Australia, ACSA president Geoff Rhodes called on ACSA, the Australian Association of Stomal Therapy Nurses (AASTN) and the Commonwealth Department of Health to explore setting up a co-ordinated, comprehensive support system for ostomates. He has repeated the call subsequently.

Ostomy associations across Australia recognised many years ago that their members needed reliable access to STN review. Some have employed or contracted STNs to provide a clinic to meet this need, or may have an agreement with their local hospital.

But the task is large. At September 2017 the AASTN had more than 470 qualified members, plus 21 student members, to serve some 46,000 ostomates around Australia recognised many years ago that their members needed reliable access to STN review. Some have employed or contracted STNs to provide a clinic to meet this need, or may have an agreement with their local hospital.

But the task is large. At September 2017 the AASTN had more than 470 qualified members, plus 21 student members, to serve some 46,000 ostomates around
Others believe the nurse is so busy trying to solve problems and manage stoma management difficulties and complications of their initial disease and become fatalistic. So the benefits of a stoma therapy nurse are many: to alleviate suffering, to build confidence and self-care, to increase independence, and to contain costs by reducing product use and waste. We need to ensure that people with stomas feel comfortable to come for check-ups each year, or more often if they are having difficulties. Increased awareness, education, and the availability of stoma therapy nurse services will hopefully encourage more people to access these services rather than suffer in silence.

We can see that people with stomas need access to regular reviews—what of members in nursing homes? Unless they can be accompanied and are mobile enough to be brought to a clinic, they will have little to no hope of accessing stoma therapy review.

Ostomates in nursing homes can be the most vulnerable in our community. They often rely on personal carers who have limited experience or training in stoma care. How do we tackle the frequent requests to STNs and ostomy associations from nursing homes for education and patient review?

I recently asked STN colleagues for their thoughts on handling these situations. Though there are no easy answers, some suggested a visiting STN service to provide clinical review in nursing homes. It would include ordering of products and staff education.

But the idea raises important questions: who should administer and pay for this service? How would it be co-ordinated with the nursing homes, assuming their administrations and ostomates’ families consented? If staff education was offered, what form would it take? Would the staff require onsite education specific to their residents’ needs, supported with written and or web-based programs and resources?

The challenge is to find a solution. It is in our best interests to come up with ideas and develop strategies as a priority.

One advance that would benefit ostomates and STNs alike is the availability of universal patient records. A standardised computer program available to all STNs working at associations could record patient histories, upload clinical images, and collect statistics and data. Records could be held in a professional format while ensuring privacy and security.

It could help STNs to keep track of members accessing the clinic service, record particular difficulties and conditions, and include a format to enable professional letters for referrals or information for colleagues and medical staff.

Having a stoma should not mean a life of sore skin and discomfort. People with stomas should not put up with leakage, skin problems or loss of confidence. Regular review with a stoma therapy nurse or at the first sign of trouble can nip problems in the bud. All people with stomas, across all parts of our Australian community, should have access to stoma therapy advice and review to stop suffering and improve quality of life.

How does a support group thrive for two decades? It’s important to give people who attend the kind of information they want and the activities they enjoy; but so too does a certain informality. ‘We don’t call it a meeting,’ says Marj Noy ‘We call it a get-together.’

Marj and her husband, Frank, have been co-ordinating the activities of the Rockhampton Ostomy Support Group since April 1998, when 32 people from the city and the surrounding region on Queensland’s central coast met for the first time at the Community Health Centre.

The group grew out of an open day for local ostomates when then national president Gerry Barry talked about the national stoma scheme and mentioned that in southern Queensland, support groups had been set up to provide forums where ostomates could meet, share experiences and hear about new products and techniques.

To Marj and Frank, that seemed like a good idea. How do we get started? she asked. All you need to is get a co-ordinator, Gerry replied. ‘All the people that were at the open day said—you work out a time, advertise it, and we’ll all come,’ Marj recalls. The Noys did, and have been co-ordinating ever since.

The group has no office-bearers or committee, though there have been plenty of helpers over the years. STN Enid Vaughan was a foundation member and still attends, though now retired. So too does Shirley Hewerdine, the current stoma therapist at Rockhampton Base Hospital. Sometimes company representatives make the trip to Rocky, sometimes there’s a video, and there’s always a raffle to raise enough cash to cover the makings for afternoon tea. Everyone brings a plate. The health centre comes free of charge.

‘We all like to have a bit of a matter over tea on a Saturday afternoon,’ Marj says. ‘We have lovely afternoons, with lots of laughs.’

Numbers have fluctuated over the years, and attendance is now around 25. But, Marj says, at nearly every get-together someone new comes along. ‘Frank and I have had a lot of pleasure being co-ordinators for all this time, and met many wonderful people. It’s been an eye-opener to me, and we’ve made many friends.’

Still, at 84 and 86 years of age, Marj conceives that co-ordinating is ‘starting to get a bit much for us’. It might be time for someone else to step up—though, Marj says, and Frank would still lend a hand.

The Rockhampton group meets at 1.20pm on the third Saturday in February, May, August and November, and there’s a Christmas get-together as well. The next get-together is on 19 May.
Creating a mindset for success

By Jodie Nelson

Creating a mindset for success is a new feature by Jodie Nelson, 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. Jodie is a proud long-term ostomate who volunteers with the Queensland Stoma Association support group and is passionate about helping ostomates and their families to accept and embrace their ‘new normal’.

When you are chronically ill you have to work longer and harder than everyone else to make up for your weaknesses. Your only support was throughout the awkward years.

I have a few major surgeries, all with varying results. If I’m being honest, most difficulties after surgery were due to my poor mindset and my health before the surgery. I was generally in a state of shock and fearful of what lay ahead. Some of the questions occupying my mind were—how much pain was I going to be in when I woke up? How long would I be in hospital? Sometimes it was ‘I can’t do this again!’ Why can’t I be someone else? All the while I felt guilty and, to some extent, like a burden to my family.

I felt guilty and to some extent like a burden.

I often say if there was a perfect age to have the surgery, it would have been the age I was, 28. You can’t be with you every single day.

After a year in and out of hospital with adhesions and bowel obstructions, it was time to operate. Initially I cried and thought the worst. My surgeon said he would operate on an even higher dose of prednisone. I stopped going to the toilet and I had lost enough weight and became ‘normal’ again. It was many years before I realised how detrimental this mindset would be to my health. When you are chronically ill you do everything in your power to be ‘normal’.

I had to give up hairdressing and took a job in an office at a transport company. Nightmare number two! Oh, congratulations Jodie, we are going to offer you a position as long as you pass our medical. Are you kidding me? Off I go to the doctor and I have to be honest and tell him I have IBD. Thankfully I passed my medical and then I was on my way! That was, until a couple of months later, when I collapsed at work and was hospitalised. Oh, great, I was thinking, now I have to tell my employer about my disease and discuss poo. How embarrassing! I was scared he would fire me on the spot. He didn’t, but, again, due to my mindset, I decided I had to work longer and harder than everyone else to make up for my disease, because who knew when I’d have to go back to hospital and have time off?

This was another poor decision for my health. I allowed my negative thinking to govern how I lived. I felt guilty and to some extent like a burden.

All that changed last year with my latest surgery. After a year in and out of hospital with adhesions and bowel obstructions, it was time to operate. Initially I cried and thought the worst. My surgeon said he would operate the following day.

Later that night my surgeon returned and I asked him for some time. Time to get my head right, time for him to prepare. Thankfully, he agreed. For me, this was the first time I had taken control of my own health. This was also the first time I hadn’t seen myself as a victim. This time I knew the outcome would be different. This time it was

Jodie

Jodie Nelson provides personal counselling and can be contacted via her website, www.thechangingme.com.au; on Facebook – The Changing Me; or on 0407 888 588.
You are not alone. We are here to listen.

We know that you may have many questions about your ostomy. Our dedicated team with over 35 years experience in supporting ostomates is here to help you find answers.

- Discreet support over phone or email
- Lifestyle and product advice
- No appointment necessary
- We’ll let you know when you should consult your nurse

No question is too trivial. Speak to one of our friendly advisers today.

Call 1800 531 823  |  aucare@coloplast.com

Did you know?

3 out of 10 people with a stoma will develop a hernia.

Do not let this be you, call your association today for your allowance.

I had colostomy surgery 16 years ago for stage 3 bowel cancer, and after a difficult 12 months of getting used to the colostomy bag, chemotherapy and radiation therapy, severe depression due to early menopause and a gradual return to work, I’ve been thoroughly enjoying life.

I use drainable bags for work and holidays as they can be emptied instead of changed, and consequently result in less rubbish to dispose of as well as saving time—I just use closed bags at night. I packed additional supplies in my carry-on luggage on our trip to Vietnam but didn’t need them. I take an acidophilus capsule every night before dinner (good for reducing wind and important for office work!) and was able to find some capsules to take overseas that didn’t need refrigeration.

Now that I’m a medium-term owner of a colostomy, I hope to do a lot more travelling and stay as fit as possible. I love swimming, and have asked the personal trainer at my local gym for exercises that ensure my stomach muscles stay strong and reduce the risk of a hernia.

Editor’s note: Ostomates who plan to travel may find it useful to seek advice from their doctor or stomal therapist. Readers who wish to contact contributors who are experienced travellers can write to Ostomy Australia, PO Box 3378, Weston Creek, ACT 2611, or email journal@australianstoma.com.au.

You are not alone. We are here to listen.

We know that you may have many questions about your ostomy. Our dedicated team with over 35 years experience in supporting ostomates is here to help you find answers.

- Discreet support over phone or email
- Lifestyle and product advice
- No appointment necessary
- We’ll let you know when you should consult your nurse

No question is too trivial. Speak to one of our friendly advisers today.

Call 1800 531 823  |  aucare@coloplast.com

Did you know?

3 out of 10 people with a stoma will develop a hernia.

Do not let this be you, call your association today for your allowance.

I had colostomy surgery 16 years ago for stage 3 bowel cancer, and after a difficult 12 months of getting used to the colostomy bag, chemotherapy and radiation therapy, severe depression due to early menopause and a gradual return to work, I’ve been thoroughly enjoying life.

I use drainable bags for work and holidays as they can be emptied instead of changed, and consequently result in less rubbish to dispose of as well as saving time—I just use closed bags at night. I packed additional supplies in my carry-on luggage on our trip to Vietnam but didn’t need them. I take an acidophilus capsule every night before dinner (good for reducing wind and important for office work!) and was able to find some capsules to take overseas that didn’t need refrigeration.

Now that I’m a medium-term owner of a colostomy, I hope to do a lot more travelling and stay as fit as possible. I love swimming, and have asked the personal trainer at my local gym for exercises that ensure my stomach muscles stay strong and reduce the risk of a hernia.

Editor’s note: Ostomates who plan to travel may find it useful to seek advice from their doctor or stomal therapist. Readers who wish to contact contributors who are experienced travellers can write to Ostomy Australia, PO Box 3378, Weston Creek, ACT 2611, or email journal@australianstoma.com.au.
The rise of ostomy associations

In the November 2017 issue of Ostomy Australia, ACSA Administration Officer Kylie McGrory looked at the evolution of the Stoma Appliance Scheme. In this, the second of three articles, she shows how the scheme has influenced the development of stoma associations.

The first article in this series covered the origins of the Australian Stoma Appliance Scheme (SAS) and touched on the crucial role that advocacy by our pioneers in Australian stoma associations played in helping to secure Commonwealth Government support for what is today recognised as one of the most effective ostomy appliance schemes in the world.

But how did those associations come into being, and how has the growth of the scheme since 1975 influenced their evolution from volunteer support groups to the professional support organisations we have today?

Seventy years ago, the post-surgical experience of many ostomates was vastly different from what it is today. While improved surgical procedures in the early 20th century had seen ostomy surgery become routine, post-surgical care for ostomates was almost non-existent. Stomal therapy nursing had not yet evolved and there was a general lack of knowledge among health care professionals about the common problems experienced by people with a stoma. Consequently, the quality of life for many ostomates was adversely affected by stoma-related problems.

The concept of ostomy peer support groups emerged in the mid-20th century. During the early 1950s, ostomates recognised the importance of sharing their experiences with new ostomates and so began to form peer support groups. The first officially recognised ostomy support group was formed at Mt Sinai Hospital in New York, USA, and named the ‘QT Alumni’ after the Q (men’s) and T (women’s) wards which housed patients after ostomy surgery at the hospital. This was followed by the formation of the Ileostomy Association of Great Britain and Ireland in 1955.Australia was not too far behind. Early in 1957, Dr Edward

Continued page 24
Swallowable sensor developed by researchers at RMIT University in Melbourne could introduce far-reaching changes to the way that gastrointestinal disorders are detected and diagnosed.

In trials the sensor capsule has already revealed bodily mechanisms that had not been seen before, including a potentially new immune system, RMIT University said when announcing the development of the sensor in January.

The sensor has been developed by a research team led by Professor Kourosh Kalantar-zadeh. It is about the size of a vitamin tablet and detects and transmits the data to an external receiver, including mobile phones.

Because the sensor capsule is easily swallowed and passes naturally through the digestive tract, it holds out the prospect of reducing the need for invasive procedures like colonoscopies. The first human trials were carried out in collaboration with researchers from Monash University.

Professor Kalantar-zadeh said the trials had shown that the human stomach uses oxidising chemicals to break down and fight foreign compounds that were staying in the stomach longer than usual. ‘This could represent a gastric protection system against foreign bodies,’ he said. ‘Such an immune mechanism has never been reported before.’

Trials had also shown that the colon may contain oxygen. The trials showed high concentrations of oxygen under rich high-fibre diets, Professor Kalantar-zadeh said. ‘This contradicts the old belief that the colon is always oxygen-free. This new information could help us better understand how debilitating diseases like colon cancer occur.’

Those taking part in the trials were on low and high-fibre diets. The capsule accurately recorded the beginning of food fermentation, showing its potential to clinically monitor digestion and gut health. The sensor is now being prepared for further trials and commercialisation.

The researchers say the sensors are a potential diagnostic tool for many disorders, from nutrient malabsorption to colon cancer.

**Continued from page 22**

Stuart Reginald Hughes, a well-known and highly respected surgeon, learned that support groups had been formed in the USA and UK and, recognising the intrinsic benefit that a peer support group would offer to his patients, facilitated the inaugural meeting of the first Australian ostomy support group, QT Australia (Victoria Division), on 18 May 1957. It is now the Ileostomy Association of Victoria.

Other states quickly followed and divisions of QT Australia formed in New South Wales (1958), South Australia (1959) and Queensland (1960). Within a few years QT groups could also be found in Tasmania (1963), Western Australia (1966), the ACT (1971) and the Northern Territory (1964). Together these voluntary groups played an important role in helping the recovery and rehabilitation of people with a stoma. They were often called upon to provide visiting services to hospitals and communities and, in some instances, to give advice to student doctors, student nurses and outpatient clinics about stoma care and appliances.

One role that the support groups—or associations as we now know them—assumed in the early years was to act as ‘buying groups’ for ostomy equipment for members. Few appliances were available in the early days and were limited to items such as rubber bags, rubber flanges, surgical cement, karaya powder, deodorising agents and a small number of other pharmaceutical preparations. Until 1962, members had to purchase all ostomy-related preparations and appliances. However, changes to the National Health Act in June 1962 enabled the Minister for Health, Senator Harrie Wade, to make special arrangements to provide an adequate pharmaceutical service to certain classes of people. Stoma associations were then given authority to provide members with a small range of subsidised pharmaceutical items for ‘the treatment of conditions associated with colostomy or ileostomy operations and the management of a stoma’.

In November 1971 the Commonwealth Government announced that it would negotiate a fixed wholesale price with manufacturers for stoma-related products supplied to associations, and reimburse associations to the value of the supplies. These changes effectively established the relationship that still existstoday between the Australian Council of Stoma Associations Inc (ACSA), Australian stoma associations, stoma product manufacturers and the Commonwealth Government.

On 17 September 1974 the then Federal Treasurer, Frank Crean, announced in his budget speech that “… it is intended to introduce legislation in 1974-75 to authorise the supply, without charge, of stoma appliances to all persons in the community who need them”. Although, under the existing arrangement, the Commonwealth supplied associations with subsidised pharmaceutical items for members, they did not automatically qualify as distribution points under the new scheme. Instead they were invited to participate in the scheme by application. The Stoma Appliance Scheme finally began on 1 October, 1975, with 11 Australian associations approved as distribution centres for government-subsidised ostomy appliances and pharmaceutical preparations in return for a 2.5 per cent handling fee that had been negotiated by the Australian and New Zealand Council of Stoma Associations Inc.

In the August issue: the growth of professionalism.

---

**Sensor you swallow a potential game-changer**

**Ceramides – A Revolution in**

**Stoma Skin Care**

---

CeraPlus, the first and only range of barrier products in Australia to be infused with the power of skin protective Ceramides.

A naturally occurring component of healthy skin, Ceramides lock skin cells together to form a protective barrier that helps skin retain its vital hydration and structure.

Ceramides don’t just soothe the sensitive and irritated skin around the stoma, but help the skin to maintain its normal function and assist in preventing issues from occurring.

CeraPlus Ceramide infused skin barriers can help:
- Prevent water loss that can lead to skin damage
- Protect the skin’s integrity
- Maintain healthy peristomal skin
- Reduce itching

Order a FREE CeraPlus sample today.

---

**CeraPlus Ceramide infused skin barriers can help:**
- Prevent water loss that can lead to skin damage
- Protect the skin’s integrity
- Maintain healthy peristomal skin
- Reduce itching

---

**Order a FREE CeraPlus sample today.**
Are you consuming enough Vitamin C?

As temperatures fall, nutritionist Margaret Allan looks at the importance of ostomates maintaining their vitamin C intake.

As winter approaches, the chance of developing snuffles or catching a cold or the ‘flu increases. As a nutritionist, my thoughts turn to the nutrients that can defend against infection and help the body to stay healthy. Vitamin C, also known as ascorbic acid, is one of the first that comes to mind. It plays a major role in protecting the body against illness and mobilises the immune system against viruses and bacteria.

However, vitamin C is a tricky nutrient for many ostomates to consume in sufficient quantities for optimal health. Humans cannot make vitamin C, so it must be supplied by diet. This is where the challenge for many ostomates begins. Many foods that are considered good sources of vitamin C can be difficult for ileostomates or colostomates to eat in sufficient quantities to ensure maximum wellbeing.

Vitamin C is water-soluble, which means it is not stored in the body for any length of time and is easily and regularly excreted. Therefore it needs to be consumed regularly and adequately to avoid deficiency developing. For ostomates, the possibility of developing a nutrient deficiency is quite high. However, these are not the only challenges.

Vitamin C in food

Vitamin C is found in a range of fruits and vegetables, the highest concentrations being in blackcurrant juice, orange juice, red and green chillies, red and green capsicum, Brussel sprouts and broccoli. It is found to a moderate extent in cabbage, cauliflower, grapefruit and grapefruit juice, pawpaw, oranges, strawberries, lemons and cantaloupe. Most meats, legumes, breads and milk products are poor sources of vitamin C.

General dietary guidelines recommend five to six serves of vegetables and two serves of fruit per day, sufficient to meet most healthy people’s vitamin C needs. It is hard to meet vitamin C requirements without this quantity of these foods in the diet. Vegetables may be a more useful source because they are more often available throughout the year. However, many foods containing vitamin C are not suitable for ostomates to eat frequently or abundantly due to increased output or the risk of blockage. A limited ability to consume foods containing vitamin C will therefore affect someone’s vitamin C status.

Vitamin C content is also strongly influenced by such factors as time of year, mode of transportation, storage time and conditions, and cooking techniques. Vitamin C is sensitive to light and heat, and methods of storing and cooking can harm nutrient content. Storing or cooking food for extended periods can reduce vitamin C status, with up to 90 per cent of vitamin C being lost during these processes. Cooking at a high temperature or in water is also detrimental. Steaming vegetables for shorter periods is better for retaining vitamin C content than boiling in water for long periods, as less of the vitamin will leach out. Food that is cut or bruised will have a lower vitamin C content than whole, fresh food.

Vitamin C requirements

Some people need more vitamin C daily than standard dietary guidelines recommend. Higher consumption is suggested for people experiencing both acute and chronic inflammatory conditions (such as Inflammatory Bowel Disease, diverticulitis, and arthritis); people under extreme physical and/or mental stress, especially over a long period of time; those who have had major surgery, or who have an infection or diarrhoea, and smokers.

Vitamin C deficiency is also more likely to occur in people who frequently experience low appetite, are restricted or limited in their diet, or have a condition that interferes with the vitamin’s absorption. Deficiency is also likely when someone is taking certain medications, has a malignancy or chronic disease such as diabetes, or is advanced in age.

Many ostomates meet more than one of the above criteria, which can complicate vitamin C status beyond issues related to food. For example, when low intake...
of vitamin C-rich foods and extended storing or cooking processes are combined with illness, poor absorption and ageing, the likelihood of deficiency is much higher. Deficiency is more common in the elderly, especially those in nursing homes, as well as among people with poor diets and diseases such as diabetes mellitus and cancer that increase the use and turnover of the nutrient. Vitamin C deficiency can lead to death if left untreated.

**Indications of vitamin C deficiency**

Screening for vitamin C deficiency is not part of routine blood tests, so clinical signs and symptoms are used more often. Subclinical vitamin C deficiency is much more common than is generally recognised, especially because the first symptom of deficiency is fatigue—a nonspecific and common complaint. Deficiency can develop quickly and easily, and early signs include weakness, fatigue and lassitude, muscular weakness, easy bruising, swollen gums, poor wound healing and the breakdown of previously healthy wounds, poor appetite, weight loss, irritability, listlessness, joint swelling and tenderness, anaemia, and frequent urination.

I frequently see many of these indicators of vitamin C deficiency amongst my ostomate clients.

Although vitamin C is important to defend ostomates against infection and illness during colder weather, its benefits are not just confined to winter. It has many other purposes and performs numerous other beneficial functions. I will discuss these in the August issue of Ostomy Australia.

Wishing you good health and happy days,

Margaret

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](http://www.nutritionforostomates.com.au).

In our August issue: The importance of vitamin C for ostomates.

---

**Key points:**

- Vitamin C is an essential nutrient that defends the body against illness and infection.
- Vitamin C must be supplied by the diet.
- It is difficult for many ostomates to consume enough dietary vitamin C to meet their health needs.
- The potential for ostomates to develop a vitamin C deficiency is quite high.
- Supplemental vitamin C is beneficial but care is required in selection.

---

**Omnigon - The last pouch choice you will ever make**

Omnigon has anticipated the changing body needs and has every shape and curve covered!

Choosing a closed pouch for your colostomy is generally a life-time choice. Unfortunately the body changes shape with time and the pouch you choose may struggle with the new body shape.

If you suffer from occasional leakage, odour, ballooning, skin irritation or discomfort, your pouch needs reviewing.

Omnigon has a superior range of one-piece closed pouches across three major options to meet every colostomate’s body shape need.

- Superior skin protective barriers
- Superior cosmetic appearance & comfort
- Superior filters

Call our qualified Customer Service Team on 1800 819 274 for assistance with pouch selection and samples.

---

**Unusually our body & stoma shape changes over time…**

Omnigon has has a superior range of one-piece closed pouches across three major options to meet every colostomate’s body shape need.

- Superior skin protective barriers
- Superior cosmetic appearance & comfort
- Superior filters

Call our qualified Customer Service Team on 1800 819 274 for assistance with pouch selection and samples.

---

**Crohn’s, Colitis seeking new CEO**

Crohn’s and Colitis Australia has embarked on a search for a new chief executive officer, following the resignation of long-serving CEO Francesca Manglaviti.

Beata Koropatwa, the chair of CCA, paid tribute in a statement to Manglaviti’s ‘critical role in the development and success of the organisation’, the peak body that represents more than 85,000 Australians with Crohn’s disease or ulcerative colitis. She had provided ‘inspiring leadership’ since taking up the leadership role in 2006. She finished formal duties with CCA at the end of April.

Koropatwa said CCA’s priority now was to find the best individual to fill the CEO role while maintaining a stable and effective organisation.

‘Francesca has helped educate, lead and inspire staff, members and board directors and at all times engaged them on the journey of CCA’s growth,’ Koropatwa said.

The board recognised that Manglaviti had ‘transformative’ for the organisation, she said, ‘taking it from a paper newsletter and support line to the professional, respected, collaborative and engaged peak representative body it is today, and the sought-out voice of not just patients but also health professionals, industry and government’.

‘Francesca has helped educate, lead and inspire staff, members and board directors and at all times engaged them on the journey of CCA’s growth,’ Koropatwa said.

Beata Koropatwa, the chair of CCA, paid tribute in a statement to Manglaviti’s ‘critical role in the development and success of the organisation’, the peak body that represents more than 85,000 Australians with Crohn’s disease or ulcerative colitis.

Francesca Manglaviti.

Beata Koropatwa, the chair of CCA, paid tribute in a statement to Manglaviti’s ‘critical role in the development and success of the organisation’, the peak body that represents more than 85,000 Australians with Crohn’s disease or ulcerative colitis.

The board recognised that Manglaviti had ‘transformative’ for the organisation, she said, ‘taking it from a paper newsletter and support line to the professional, respected, collaborative and engaged peak representative body it is today, and the sought-out voice of not just patients but also health professionals, industry and government’.

‘Francesca has helped educate, lead and inspire staff, members and board directors and at all times engaged them on the journey of CCA’s growth,’ Koropatwa said.

- Superior skin protective barriers
- Superior cosmetic appearance & comfort
- Superior filters

Call our qualified Customer Service Team on 1800 819 274 for assistance with pouch selection and samples.
An unexpected change for the better

A little over a year ago Helen Searle chose to become an ostomate—a decision, she writes, which has improved her quality of life.

My path to becoming an ostomate began in 2003 when I opted to have an operation to fix bladder and bowel incontinence. I had suffered since giving birth naturally to my sons in the early 1980s. They were 4.28kg and 4.38kg, the second being breach. They were big boys and they came two weeks early.

I had not realised how inconvenient the condition was until I started getting up early to walk with my neighbour to lose weight. We live on a country road with very little traffic at 5.30-6.00am, but I was having to excuse myself to find a clump of trees or scrub to squat behind, as I could not hold on until I returned home. Sometimes this was not possible and found myself having accidents and trying not to let on. It was very embarrassing.

I didn’t want this to control my life, and my GP arranged for tests and a referral to a specialist in Sydney. This involved several flights to Sydney for appointments before surgery and a 10-day stay in hospital after surgery. The specialists worked together to repair the bladder incontinence at the same time as the sphincter tear, which involved cutting out the torn muscles and stitching the good anal muscles back together. I was only home for two days when an infection meant another flight to Sydney for emergency surgery—but the infection had done so much damage that the wound had to be left open and dressed daily to heal from the inside out. After I returned home the district nurses visited me for weeks. They were great, though it was not a pleasant experience for either of us. The wound eventually healed but I was left with a horseshoe-shaped anal passage that would not allow the muscles to close sufficiently to stop leakage. I felt I was worse off than before.

I took medication to firm up my bowel movements and gain more control, and watched what I ate—but this did not always help, and again found myself not leaving the house until I had been to the toilet a couple of times in the morning. When I had to leave early I got up hours earlier than normal, hoping to use my bowels before leaving. Yes, accidents happened and I always wore a pad. My life was being controlled by my bowels.

My biggest fear was being a little old lady in a nursing home messing herself and people not understanding that it was out of my control, so I decided to investigate again what could be done. I was told I could have another operation and hope it was successful, because if there were further complications I could end up with a ‘bag’—which was not what I wanted. I was told about a new device that would stimulate the muscles to close the anal passage but I could not see this helping, so I decided to live with what I had been dealt.

Then in 2010, after I found lumps under my right arm, I was diagnosed with Hodgkin’s lymphoma. I underwent six months of chemotherapy and radiotherapy without abnormal side effects. Life returned to normal, apart from the incontinence. In 2014 I was diagnosed with uterine cancer, requiring a complete hysterectomy and radiotherapy. Surgery went well and life returned to normal again, though incontinence was still a problem.

In June 2015 my husband and
I decided to take a river cruise from Budapest to Amsterdam with friends, leaving Australia late July 2016 and returning mid August. We were all excited, as it was to be a major trip for all of us. We had never done anything like it before.

Then in April 2016 I felt a lump on the top of my left breast. I was diagnosed with breast cancer that had moved into the lymph nodes. My heart sank. Why me? I thought—three different types of cancer in six years. The trip had been planned for 12 months and I said to the doctors, ‘I don’t care what happens, but I am going to Europe’.

In May 2016 the lump and lymph nodes were removed and recovery from surgery went well. Knowing I was determined to make the trip, the doctors let me have radiotherapy first and chemotherapy after I returned. Radiotherapy finished on a Friday and we flew out the following Wednesday. We had a fantastic cruise. We flew back into Australia on 9 August and I started the first of four rounds of chemotherapy the next day. I was not concerned, as I had breezed through chemo treatment six years earlier.

But about five days after the first chemo treatment I started to suffer with diarrhoea. The medication I had taken previously didn’t seem to help. On day seven, a Wednesday, I went into Macksville hospital, this time prepared for a stay at Coffs Harbour. My temperature and diarrhoea were real concerns. I was diagnosed with Clostridium difficile (C diff), an infection that severely inflames the bowel. By Friday I began having bad abdominal pain as well as diarrhoea.

On Saturday morning a CT scan found that I had a perforated bowel and needed emergency surgery. If you don’t have surgery you will die, I was told, and that I would need a stoma bag to allow the bowel to recover. If all went well it could be reversed after six months. I was devastated, but with love and support from family, friends, and a great medical team I left hospital after four weeks.

The goal now was to recover and have the stoma reversed as soon as possible. You don’t have surgery you will die, I was told, and that I would need a stoma bag to allow the bowel to recover. If all went well it could be reversed after six months. I was devastated, but with love and support from family, friends, and a great medical team I left hospital after four weeks.

Three weeks later, after the second round of treatment, the situation recurred, although the diarrhoea was worse. My temperature was high and my white blood cell was nil due to the chemo, so I was sent to Coffs Harbour hospital where I stayed for four days.

Hence I was not looking forward to the third round of chemo, and sure enough by day five I again had side effects, but worse than before. I was sick of being sick. On day seven, a Wednesday, I went into Macksville hospital, this time prepared for a stay at Coffs Harbour. My temperature and diarrhoea were real concerns. I was diagnosed with Clostridium difficile (C diff), an infection that severely inflames the bowel. By Friday I began having bad abdominal pain as well as diarrhoea.

On Saturday morning a CT scan found that I had a perforated bowel and needed emergency surgery. If you don’t have surgery you will die, I was told, and that I would need a stoma bag to allow the bowel to recover. If all went well it could be reversed after six months. I was devastated, but with love and support from family, friends, and a great medical team I left hospital after four weeks.

The goal now was to recover and have the stoma reversed as soon as possible. You don’t have surgery you will die, I was told, and that I would need a stoma bag to allow the bowel to recover. If all went well it could be reversed after six months. I was devastated, but with love and support from family, friends, and a great medical team I left hospital after four weeks.

The goal now was to recover and have the stoma reversed as soon as possible. You don’t have surgery you will die, I was told, and that I would need a stoma bag to allow the bowel to recover. If all went well it could be reversed after six months. I was devastated, but with love and support from family, friends, and a great medical team I left hospital after four weeks.

I cancelled the operation. The surgeon said he fully understood my decision, and that maybe this could be another avenue that patients with incontinence might consider. I have returned to office work three days a week and babysit my granddaughter, born in August 2016, on one day, or more if needed. I still have to remember I am not the person I was years ago, especially when I go to lift heavy things, or stretch or bend for long periods of time. But a stoma has improved my quality of life, due to the freedom of not worrying about where the toilet is.

Eakin Cohesive – The world’s best selling stoma seal stops leakage and protects your skin

1. Forms an extra protective barrier against the skin to stop leakage and maintain healthy skin
2. Absorbs moisture and forms a protective gel that prevents harmful enzymes from damaging your skin
3. The protective gel soothes sore, irritated skin and assists in healing

Does your current stoma seal give you the best protection from leakage and sore skin?

If your seal doesn’t form a protective gel, it probably won’t!
While there was still no cure for inflammatory bowel disease (IBD), newly available drugs and new approaches to treatment have made it easier to manage the condition, Dr Emily Wright, a senior specialist in gastroenterology at St Vincent’s Public Hospital, Melbourne, told the Young Ostomates United seminar in February.

Inflammatory bowel disease (IBD) includes the conditions Crohn’s disease and ulcerative colitis, disabling inflammatory conditions that affect the gastrointestinal tract. IBD is associated with increased rates of hospitalisation, surgery and a reduced quality of life, Dr Wright said.

However, the recent Pharmaceutical Benefits Scheme (PBS) approval of two new biological drugs (Vedolizumab and Ustekinumab), in addition to biological drug therapies (Infliximab and Adalimumab), reserved for the treatment of moderate to severe IBD, had broadened the therapeutic options available to gastroenterologists and patients, leading to more treatment options and an increased change of response to therapy over time.

Anti-TNF drugs, the first biological drugs available in Australia, have been in use for more than 10 years and had revolutionised the management of IBD, Dr Wright said. Most patients responded to these drugs initially, although some would lose response over time, she said. This remained a problem. Infliximab was now listed on the PBS for the treatment of severe acute ulcerative colitis and had reduced the risk of colectomy in the short term. Although some anti-TNF drugs were used in patients with ulcerative colitis, there were no problems. Infliximab was now listed on the PBS for the treatment of moderate to severe IBD, had broadened the therapeutic options available to gastroenterologists and patients, leading to more treatment options and an increased change of response to therapy over time.

Several novel treatments might also help people with IBD, Dr Wright said. They included microbial manipulation, which prevents infection and enhances the body’s ability to repair tissue damaged by immunosuppression. Dr Wright said it was well tolerated and could help people with IBD who have different gut bacteria from healthy people.

Microbiotics have not been found to offer any symptomatic benefit to IBD patients, and the use of probiotics remains controversial with the probable exception of poutchees—that is, inflammation of the surgically created ileal pouch that is, inflammation of the surgically created ileal pouch. The test should be performed by GPs who were concerned about the possibility of IBD in patients with gastrointestinal symptoms.
SOUTHERN TASMANIA
Meet: Second Tuesday of Jan, March, May, July, Sept, Nov.
When: 2pm.
Where: Ileostomy Assoc Centre, 73 Roebuck St, Mile End.
Information: (08) 8234 2678

SOUTHERN
Meet: Third Tuesday of Jan, March, May, July, Sept, Nov.
When: 2pm.
Where: Flinders Rural School, Bay Road, Victor Harbour.
Please contact Sue McKay STN for further information on 0412 692 418

YOUTH GROUP
Doris Steyer,
Telephone: (02) 4296 5354

NEW SOUTH WALES

TOOWOOMBA
Insideout Toowoomba Stoma Support Group.
Contact Margaret Brabrook,
emby1936@gmail.com,
(07) 4635 1697, or Leanne Wilshire,
leanne.wilshire@bigpond.com
or (07) 4630 0629

WIDE BAY
Meets from 1.00pm to 3.00pm on the third Thursday each month at Wide Bay Ostomates, 88a Crofton Street, Bundaberg West.
For information please contact Heather James: 0406 472 486 or leave a message on (07) 4152 4715

TASMANIA
“SEMI COLONS” - a support group for men and women affected by colorectal cancer with or without ostomies. Meets in Hobart on the third Thursday of every month, from 2pm to 4pm.
Enquiries: Cynthia Taafe, Senior Officer Support Services, Cancer Council Tasmania, on (03) 6169 1915

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 Glenorchy RSL Club, Main Road, Glenorchy, 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: Ileostomy Assoc Centre, 73 Roebuck St, Mile End.
Information: (08) 8234 2678

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

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: 5.00-6.00pm on the first Tuesday of every month.
Where: Cancer Council NT, 2/25 Vanderlin Drive, Wanguri NT
Contact: Marg Lavery: (08) 8381 1646

FUTURE ENVIRONMENTAL SERVICES

Future Environmental Services
PO Box 319, Blagowrie, 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 335 911
Email: customerservice@hollister.com.au
Website: www.hollister.com.au

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

Omniqon Pty Ltd
PO Box 5013, Burnley, Victoria 3123
Freecall: 1800 819 274
Email: info@omniqon.com.au
Website: www.omniqon.com.au

3M Australia
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

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

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