



A beginning ... not an end

Life after ostomy surgery

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An information book for new ostomates

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Disclaimer

This booklet is not a substitute for an informed discussion between a patient and his or her medical advisers. Products and methods mentioned may not be relevant to everyone. It is essential to consult your doctor or stomal therapy nurse before using products or following advice given in this booklet. ACSA and its officers do not accept any responsibility for any use to which products, materials or advice may be put.

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A BEGINNING ...

Welcome. If you are a new ostomate, or about to become one, you are about to begin another chapter of your life. There will be new things to learn and do, people to meet and opportunities for personal growth that you didn't think possible.

For most people reading this, there will be an ending of sorts as well as a beginning. Perhaps it will be an end to pain or suffering, perhaps an end to disease, infection, or obstruction. Whatever it may be, we welcome you to the beginning of a new way of life, one that offers you the possibility of improved health and wellbeing.

This booklet aims to provide important practical information about managing your stoma. It explains the help and support that is available before and after surgery, explains the system that ensures that ostomates—people with stomas—receive the support they need, looks at special needs, and tells you how you can order the products you need. There are directories of ostomy associations, companies that produce ostomy-related products, and ostomy-related support groups and organisations.

Be aware, however, that this booklet contains only general information and is not a substitute for informed discussion with your medical adviser. It is essential that you discuss the benefits and risks associated with ostomy surgery with your surgeon before you submit to any surgical procedure.

Becoming an ostomate will raise many questions about wellbeing and personal management. Jot down your thoughts and questions as soon as you think of them, so that you can raise them when you next speak to your medical adviser, stomal therapy nurse (STN) or ostomy support visitor.

Whether you have or will have a stoma, always remember that you are not on your own. There are around 40,000 ostomates in Australia and more than three million in the world. All have successfully learned and adapted to their new way of life.

You can, too.

What is a stoma?

The term stoma is used to describe a surgically created opening that allows the body to rid itself of waste matter. This is usually necessary when someone has lost normal bowel or bladder function through disease, injury, birth defect or other causes. A stoma is usually created by bringing a small

end-section of bowel through the abdominal wall to allow waste to be passed, usually into a bag or pouch, until it can be disposed of.

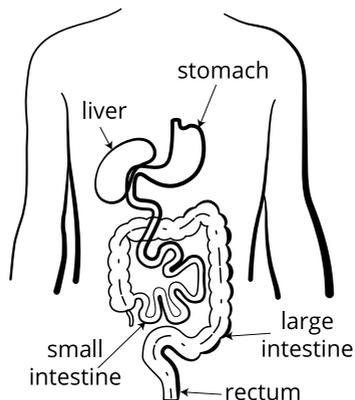
People who have a stoma are called ostomates. Usually ostomates are able to:

- lead fulfilling lives
- have rewarding careers
- have children
- be physically active
- wear what they like (with a few exceptions)
- eat what they want (with a few exceptions)
- travel
- lead active social lives.

The digestive tract

The digestive tract runs from the mouth to the anus and is a group of organs that convert food into energy and nutrients to feed the body. When food is eaten, it passes through the hollow organs of the system—including the oesophagus, stomach, small intestine, large intestine and rectum—to the anus, where it is discharged as faeces. Along the way, enzymes are added which break down the food into a form that our bodies can absorb and use. Nutrients are digested and absorbed in the small bowel (the small intestine). If the large bowel needs to be removed, the normal digestive process is essentially unchanged.

Digestive system

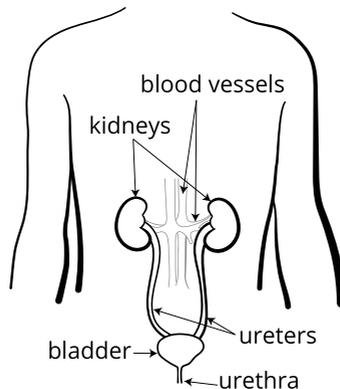


The urinary tract

The urinary tract is the body's means of filtering wastes and extra fluid from the bloodstream and removing them from the body. They are passed as urine.

The main parts of the urinary tract are the kidneys, the ureters and the bladder. The kidneys, located just below the rib cage, continually filter the blood to produce about one to two litres of urine each day. The ureters are muscular tubes that carry urine from the kidneys to the bladder, where it is stored until the person urinates. A normal bladder can hold 1.5 to 2 cups of urine. When someone urinates, the contents of the bladder empty through the urethra, which is located at the bottom of the bladder.

Renal (urinary) system



Stoma types

There are three main types of stoma: colostomy, ileostomy and urostomy.

Colostomy

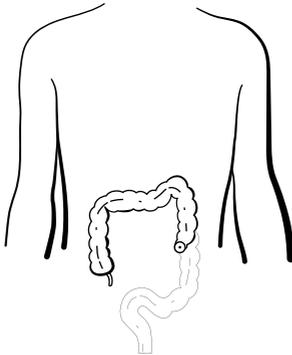
A colostomy is a stoma of the colon or large bowel. A small protrusion of bowel is brought out through the abdominal wall and secured to the outer skin to form an exit for waste matter. The placement of the stoma will depend on whether it is fashioned from the transverse colon or from the descending or sigmoid colon.

The stoma is usually round in shape, pinkish-red in colour and moist—similar to the lining in your mouth. The most common condition requiring a colostomy is colon or rectal cancer.

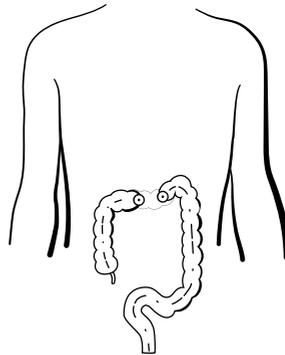
Because there is no muscle control of stoma activity, a pouch is worn to collect faecal waste. Pouches are discreet, easily managed, and can be replaced as required.

New techniques may offer alternatives to wearing a pouch. Your stomal therapy nurse can tell you if these are suitable.

Sigmoid colostomy



Transverse colostomy



Managing a colostomy

In most cases a pouch (which may also be called an appliance or bag) is worn over the stoma to collect bodily waste. Appliances are available as single units that incorporate the pouch and its adhesive base, or as 'two-piece' arrangements that allow replaceable pouches to be fixed to a 'flange' or baseplate.

Both drainable and non-drainable pouches are available.

Self-irrigation or natural elimination can sometimes be used to manage a colostomy, if your medical condition permits.

Diet and deodorants can control wind and odour.

It may take a little time for you to find the appliances that best suit your needs. Medical professionals can help with this.

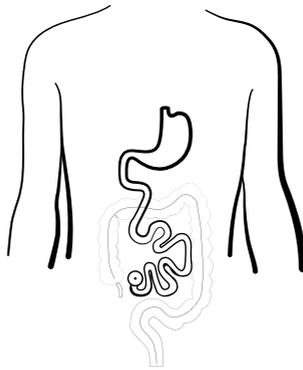
Ileostomy

An ileostomy is the open end of the healthy ileum (small intestine) brought to the surface of the abdomen and secured there to form an exit for waste matter. With ileostomies, surgery often involves removal of the colon and rectum.

Ileostomy discharge will vary from being quite liquid at first to mostly semi-solid as time goes on.

The most common conditions needing ileostomy formation are ulcerative colitis, Crohn's disease, polyps in the colon or rectum, cancer in the colon or rectum, and other, rarer causes

Ileostomy



Managing an ileostomy

With standard ileostomies, an external drainable pouch is used.

With continent ileostomies, waste is stored in a surgically-created pouch inside the body. A tube (catheter) is used to empty the pouch.

With ileoanal reservoirs, waste is passed by natural elimination.

Special care must be given to protecting the skin.

It is important for ileostomates to eat regularly and drink lots of fluid to keep electrolytes in balance. Diet will affect the quantity and character of output.

Urostomy

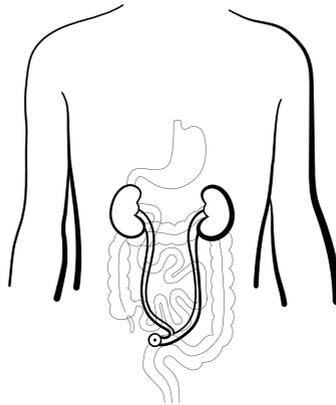
When the bladder is removed or is unable to store urine, a urine diversion is necessary. This may be in the form of an ileal conduit (non-continent diversion) or an Indiana Pouch (continent diversion).

An ileal conduit is formed from a small section of small intestine (ileum) into which the ureters carrying urine from the kidneys are connected. A stoma is formed by taking the conduit through the abdominal wall. An appliance must be worn continually.

An Indiana Pouch is formed from a section of the large bowel (colon) into which the ureters are implanted. A small section of the ileum is used to conduct urine to the stoma. The procedure involves using a valve to prevent urine leaking. A catheter is used to drain the Indiana Pouch. No appliance is normally necessary.

The most common condition needing urostomy formation is bladder cancer.

Urostomy



Managing a urostomy

For continent urostomies, urine is stored in a surgically created pouch inside the body. The pouch is emptied with a catheter.

An external pouch is used for all other types.

Temporary stomas

Many stomas created today are temporary. This means that, in time, the stoma is reversed (that is, it is removed) and normal bowel and/or bladder function is restored.

While they are in place, temporary stomas need to be managed like permanent stomas. Like all other Australian ostomates, temporary ostomates must be registered with a stoma association so that they can receive ostomy-related appliances, products and services for the duration.

SUPPLIES AND SUPPORT: HOW THE SYSTEM WORKS

The products and services that ostomates use are provided by the Australian Government under the national Stoma Appliance Scheme, and made available through one of the 22 stoma associations around Australia. An ostomate must be a member of an association to be eligible to receive supplies—but membership is virtually automatic.

Most supplies are issued free of charge, but ostomates must pay a modest annual fee to their association. The 22 associations are represented by a national body, the Australian Council of Stoma Associations (ACSA).

The Stoma Appliance Scheme

The Stoma Appliance Scheme (SAS) is an Australian Government program that helps eligible people to access a range of subsidised stoma-related products. The scheme began on 1 October 1975 and is administered by the Department of Health and the Department of Human Services.

For a product to be available under the SAS, the manufacturer or supplier must first apply to list it on the stoma appliance schedule. To be considered, the product must be registered on the Australian Register of Therapeutic Goods (where relevant) and must fulfil a clinical need. Applications are considered by the Stoma Products Assessment Panel (SPAP), an independent technical advice panel made up of clinical and economic experts, a consumer representative, and non-voting industry and ACSA representatives.

This process is designed to ensure that the products that are available are safe, clinically effective, and offer value for money.

Stoma associations

The 22 stoma associations located around Australia serve around 40,000 ostomates. One of these associations will issue your supplies and be a valuable source of advice and support.

The associations are non-government, voluntary, self-help organisations that distribute stoma appliances and provide information, encouragement and emotional support to members about living with a stoma.

In some areas there are several associations, and you are free to belong to any one of them—but only one. Although mostly based in capital cities, associations serve both country and city members over the counter, by phone, fax,

email and by mail. If you do not want to collect your supplies in person, you can arrange to have them delivered.

Volunteers at the associations are usually ostomates themselves, so they are well-placed to provide understanding and support.

Local associations:

- order, acquire and distribute ostomy-related products within the guidelines of the Australian Stoma Appliance Scheme;
- can provide encouragement and emotional support;
- may provide a visitor service on request;
- provide ostomy-related information;
- usually offer social activities;
- liaise between members and the national association (ACSA);
- liaise, for the benefit of their members, with STNs and stoma product suppliers; and
- hold regular meetings.

Becoming a member

In most cases, your stomal therapy nurse will help you to join your nearest or most convenient stoma association while you are still in hospital. Your STN will order your initial supplies at this time. If you wish to join another association, you can arrange a transfer or contact an association listed at the back of this booklet.

New members must produce their Medicare card and pay the association the compulsory national uniform annual fee—currently \$60, or \$50 for concessional members. When registered, ostomates are given an official Stoma Appliance Entitlement Card that allows them to receive SAS products at no cost.

Obtaining ostomy products

Your STN will ensure that you have adequate supplies while you are in hospital after surgery, but when you leave hospital you will get regular supplies from your stoma association.

Your association will be your supply point for appliances and other ostomy products for as long as you require them. Each association has its own methods of ordering and distribution, and you will need to familiarise yourself with your association's procedures. These are usually quite straightforward.

Once you have done so, you will find that obtaining your appliances will become routine.

The Commonwealth Department of Health gives each association a schedule of stoma appliances and related items. There is no charge for an item if it is listed in the stoma appliance schedule, but if you want an item that isn't on the schedule you will need to pay full cost.

Australian ostomates are fortunate to have a Commonwealth government-sponsored scheme that regularly provides every association member with a wide range of government-funded supplies that are adequate for their needs. The choice of appliances is extensive and constantly updated.

Eligibility

Under the Stoma Appliance Scheme most ostomy appliances and related items are available to all Australian residents who have had stomal surgery and hold an official Stoma Appliance Entitlement Card.

When registering with an association, new members must produce their Medicare card and pay the association the compulsory national uniform annual fee. They will then be issued with the official entitlement card supplied by Medicare Australia and an entitlement number. This allows the member to receive items available under the scheme at no cost. Ostomy products supplied under the scheme cannot be obtained without an entitlement number.

How associations obtain supplies

Associations participating in the Stoma Appliance Scheme purchase ostomy appliances and related items from the product companies. The ostomy associations claim reimbursement from Medicare Australia.

What will it cost me?

All associations charge a membership fee which includes the compulsory national uniform annual fee. This fee helps to meet associations' running costs. When people choose to have their supplies delivered, associations charge a small fee to cover postage and handling costs.

The value of the average yearly order per person is around \$1,500, yet members pay only the membership fee and, where appropriate, a sum for postage. The only other cost a member might incur is for the purchase of items not included on the scheme. The cost of these items is usually small. Altogether, Australia's ostomates are fortunate to enjoy such a generous scheme.

Limits and allowances

There are limits on the number of items to which members are entitled. Your association can provide only the maximum quantity allowed by the Department of Health unless you obtain a certificate for additional supplies. This certificate must:

- be signed by either your medical practitioner or stomal therapy nurse;
- clearly state the condition necessitating the extra supply; and
- be renewed every six months, if necessary.

This arrangement ensures that members do not use more items than they need. It helps to contain the cost of the scheme and ensure that it remains sustainable. The general rule is—order what you need, and no more.

Holiday supplies

It is usually possible to obtain supplies in advance when you are going on holiday.

Within Australia, members can obtain emergency supplies from a participating ostomy association simply by presenting their entitlement card. When travelling, ensure you have a copy of the directory of associations, located at the back of this booklet.

If you are travelling overseas, it is advisable to ask your association for a list of overseas associations in countries you might visit.

The Australian Council of Stoma Associations (ACSA)

Australia's 22 associations are represented nationally by the federal body, the Australian Council of Stoma Associations Incorporated (ACSA).

ACSA exists to promote the general welfare of ostomates of all types. It liaises with government departments, product suppliers, and relevant clinical and professional groups on behalf of stoma associations.

ACSA is governed by a national council, made up of delegates from stoma associations around Australia. The council meets annually to discuss matters of interest, set policy and resolve problems. Council meetings are held in each state and the ACT, in rotation. Observers are encouraged to attend these meetings and to participate in workshops and social events.

Between council meetings, ACSA affairs are in the hands of a small executive, supported by an administration officer.

***Ostomy Australia* journal**

Ostomy Australia is ACSA's official journal. It is supplied to members through their association. The journal is published three times a year. It is a quality information medium for ostomates and is recognised as a leading journal in its field, both nationally and internationally. *Ostomy Australia* provides up-to-date information on developments within the ostomy movement, provides a means for ostomates to make contact with other ostomates, and keeps members up-to-date with product developments.

The International Ostomy Association (IOA)

ACSA is also a member of the International Ostomy Association (IOA), which is similarly dedicated to improving the quality of life of ostomates worldwide.

WHO CAN HELP ME?

People who can help with your new beginning, your journey to recovery and wellbeing, are:

- YOU
- your family and friends
- your doctors
- stomal therapy nurses
- stoma associations
- ostomate support visitors
- product companies
- special needs groups
- parents of young ostomates
- cancer societies.

YOU

You are the most important person in your recovery and rehabilitation. Be kind to, and patient with, yourself.

While you are recovering after surgery you might have mixed emotions—sometimes relief, sometimes apprehension—and you may at times feel tearful and angry. There may be feelings of ‘not being able to cope’ or ‘being out of control’. These are all normal reactions. Talking it through with your partner, a family member, a close friend, a stomal therapy nurse or ward nurse may help. Some people benefit from quiet times when they can reflect alone.

Recognise that there is much to learn and that there are many adjustments and adaptations to make.

You may need to:

- adjust to the loss of all, or part, of a vital organ. It is common to experience feelings of grief and sadness;
- adjust to the changed process of eliminating body waste;
- learn to manage the stoma;
- adjust to gradually regaining physical and emotional wellbeing;
- learn to feel secure in relationships—with your partner, family members, friends and the general public.

It will help if you realise that all your responses to this new situation are valid. Be kind to yourself and ask others to be kind and patient with you.

Your family and friends

Your partner, close family members and concerned friends can help your recovery by:

- also recognising that there is a lot for you to learn and adjust to;
- accepting that all your reactions to your new situation are valid;
- demonstrating their kindness and care, and insisting that others (including medical staff) be kind, encouraging, optimistic and helpful, and show understanding and compassion;
- encouraging you to be independent in managing your stoma;
- encouraging you to seek professional help if you feel you need it.

Your doctors

Your surgeon, general practitioner and other specialists, such as an oncologist, can provide you with information and answer questions, both before and after surgery.

Stomal therapy nurses

A stomal therapy nurse (STN) is a medical professional who has been trained to cater to ostomates' specific needs. Your STN can provide assistance before and after surgery, and ongoing care and advice throughout the years ahead.

Stoma associations

Stoma associations are non-government, voluntary, self-help organisations that distribute stoma appliances and provide information, encouragement and emotional support to members. Many associations depend heavily on volunteers—when you are feeling stronger, you might consider joining the team of volunteers at your local association.

Among other activities, stoma associations:

- order and distribute ostomy-related products within the guidelines of the Stoma Appliance Scheme;
- can provide encouragement and emotional support to ostomates;
- may provide a visitor service on request;
- provide ostomy-related information;
- offer social activities;

- often liaise, for the benefit of their members, with STNs and product suppliers; and
- hold regular meetings.

Local meetings

Stoma associations are a wonderful source of information. Regular meetings offer people the chance to meet other ostomates, exchange experiences, listen to guest speakers and learn how other ostomates manage their stomas in everyday living.

Sometimes medical professionals and product company representatives attend these meetings. Take advantage of their presence to discuss any problems that you may be experiencing.

Regional meetings

Several associations hold regular regional/country seminars, enabling country members to meet and talk to medical professionals, other ostomates, and to see trade displays of the companies' latest products.

Support groups

Many associations also have support groups—this is often the case where ostomates in remote locations band together and form a support group under the auspices of the nearest or most convenient association.

Ostomy support visitors

Many new ostomates find that their morale and recovery is boosted by talking to a successfully rehabilitated ostomate, one who is confident and obviously physically and emotionally well. These one-on-one encounters can be inspirational.

Associations will try to ensure that your ostomy support visitor is suitable—that is, will be the same sex, of similar age, have the same type of stoma and can answer most, if not all, of your questions.

Your STN may be able to arrange an ostomy support visitor while you are in hospital, or your association may be able to make arrangements once you are home. This support extends to parents of young ostomates. Please approach your local association or STN for contact details.

Product companies

You will discover that the companies that supply your appliances and other ostomy-related items are also interested in helping their clients. Companies have their own 'help-lines' (see the Directory). Company representatives regularly visit associations and attend their meetings, where they are available to answer questions and provide product assistance.

Special needs groups

Special needs groups exist in some areas for younger ostomates (teens to 40s), and for parents of children and babies with stomas. No matter what your special need, through your association or STN you will be able to find someone with whom you can share experiences.

Parents of young ostomates

Parents of very young ostomates have different needs to those of teenaged or senior ostomates. Parents of a child with a stoma may need special help to learn how to:

- cope with having a child with a stoma;
- manage their child's stoma;
- help their child learn to manage their stoma;
- approach their child's teachers;
- help their child to learn how to approach teachers;
- manage their own feelings; and
- help their child to learn how to manage their feelings.

There are special support groups designed specifically to address the needs of parents of children with stomas (such as Nidkids). Ask your stomal therapy nurse or association.

Cancer societies

ACSA recognises that there are many more aspects to ostomate rehabilitation than just care of the stoma and that ostomates who have had, or still have, cancer may need to deal with a range of other considerations and concerns. The many cancer societies and councils are well equipped with information and activities that can help.

Guidelines and problems

You will become more confident and adept at managing your stoma. It will be made easier by following a few simple guidelines. But problems may arise that you will need to discuss with medical professionals.

Points to remember

- When disposing of your used appliances, first empty the contents of your pouch into the toilet bowl, then place the empty used pouch in a separate plastic rubbish bag. Seal and discard it with normal rubbish.
- Never flush a pouch, wipes or other stoma items down the toilet.
- When ordering supplies, ask only for what you need (a reserve of one month is recommended), tell your association as soon as possible if you change your address, if your stoma has been reversed, or if the ostomate has passed away.
- Visit your stomal therapy nurse for a check-up at least every two years (children should visit annually).
- Store your appliances in a cool, dry place.
- Please do not waste or hoard appliances.

Hernias

One common problem for ostomates is the development of parastomal hernias. These hernias often occur around a stoma because the underlying muscle has been weakened.

The risk of hernias can be minimised by using support belts, which are available through your association. Ostomates are warned against using belts that have circular holes cut in them to allow the pouch to sit outside the support belt. While these appliances can be found on the internet, they are not available through the Stoma Appliance Scheme. The pressure placed around the stoma from these modified products can result in a prolapse, where the intestine is forced out through the stoma. They do not help to support or prevent a parastomal hernia.

Ostomates who need advice on preventing, managing or repairing a hernia should talk to their stomal therapy nurse or surgeon.

AN OSTOMATE'S GUIDE TO FOOD

Here are some general guidelines about what some foods and beverages can do to stoma output. Different foods and beverages will affect output, though this may vary depending on the type of stoma. Remember too that everyone's metabolism is different. It is essential to introduce new foods gradually, chew all food well and have adequate fluid intake. Ask your stomal therapy nurse if you have questions, or whether you should follow a special diet.

Food that can obstruct

These need to be chewed thoroughly. Apple skins, raw cabbage, celery, Chinese vegetables, citrus fruits, coconut, coleslaw, corn kernels, dried fruit, frankfurters, grape skins, mushrooms, nuts, peas, pineapple, popcorn, potato skins, sausage skins, seeds, tomato skins.

Food and drink that can increase output

Alcohol, beef, bran cereals, broccoli, cooked cabbage, fresh fruit (but not bananas), grape juice, leafy greens, licorice, milk, prunes and juice, raisins, spicy foods, raw vegetables.

Food and drink that can thicken output

Applesauce, stewed apples, bananas, white bread, buttermilk, cheese, marshmallows, boiled milk, noodles, pasta, creamy peanut butter, pretzels, white rice, tapioca, toast, yoghurt.

Food and drink that can produce wind

Alcohol, beans, broccoli, brussel sprouts, cabbage, carbonated drink, cauliflower, corn, cucumber, dairy products, meringues, mushrooms, nuts, onions, peas, radishes, soy, spinach, whips.

Food and drink that can cause odour

Asparagus, baked beans, broccoli, brussel sprouts, cabbage, cauliflower, strong cheese, eggs, fish, garlic, mustard, onions, peanut butter, spices.

Food and drink that can help to control odour

Buttermilk, cranberry juice, orange juice, parsley, tomato juice, yoghurt.

Food and drink that can help with constipation

Warm/hot beverages, cooked fruits, cooked vegetables, fresh fruits, fruit juices, water.

QUESTIONS & ANSWERS

Q. Do I need a special diet?

A. Your association, STNs and hospital dietitians can provide information on diet and nutrition. As individuals, we have different reactions to food. You may be on a bland diet for a period after surgery. Gradually you will be able to manage most foods. It may be several weeks before your appetite returns, especially if you have been unwell for a time. Initially, try eating small appetising meals at regular intervals and gradually introduce new foods.

All foods, but especially nuts and seeds, should be chewed thoroughly because they can cause blockage. Blockages can also be caused by eating coconut, popcorn, some vegetables and some fruit. A blockage may cause colic pain, which is usually temporary. If pain persists or becomes more than a discomfort, seek medical advice without delay.

Some foods (such as baked beans, turnips, brussel sprouts, onions, cabbage and carbonated drinks) may cause flatulence. A laxative effect can occur from consuming beer, wine, chocolate and some fruits, in which case you will have to empty your pouch more frequently. Foods such as eggs, asparagus and fish can cause strong odours.

You might need to modify your diet. There is no reason why ostomates should not enjoy eating in restaurants or with friends without unpleasant side-effects. Just remember, everything in moderation.

If you are concerned that some foods might have an adverse effect, seek dietary advice.

Q. Will I need special clothes?

A. Minor modifications may need to be made to what you choose to wear. Most people do not need to change the type of clothing they wear. Comfortable clothes to suit your lifestyle are best. Avoid wearing anything tight, such as trouser belts, directly over your stoma. No-one will know that you are an ostomate unless you tell them. Today's lightweight appliances also play a major part in allowing ostomates to dress as they please.

Q. Whom should I tell?

A. It's up to you. Some ostomates choose to 'go public' but many prefer not to do so. The decision is yours. Talk it over with your partner, your family and your STN and then do what you feel and believe is right for you.

Q. What about love, friendship and sex?

A. The most important thing is to love, respect and be kind to yourself. Realise that you are always a lovable and worthy person, no matter what happens to your body. Communicate love and respect to others.

As regards sex, most people with stomas can, and do, enjoy healthy sex lives. Have faith in yourself, be positive, and communicate openly with those close to you. Keep your sense of humour and always practise good hygiene so that you can be clean and confident.

Remember that your body has undergone a major change and that it takes time to heal. While surgery can cause sexual difficulties, they can also be linked to anxiety, fear of failure or concern about your partner's feelings.

Information booklets and brochures on the subject are available from your STN and your association.

Q. Will my family life suffer?

A. Most ostomates are able to enjoy happy, healthy family lives with the support of family and partners. Any change can be difficult to adapt to. Open communication and mutual support within your family circle can help in adapting. Some partners do experience difficulty in adapting to the new situation but, in the main, relationships not only survive, they grow stronger.

Q. What help is available for people close to me?

A. Just as you (the ostomate) need assistance to adapt to the change, so will your family and friends. Partners and other family members are welcome to attend local stoma association meetings and functions to meet other partners and to learn about the strategies that have worked for them. Association staff and STNs are very aware that partners may also require help.

Q. What about pregnancy?

A. Special care may be required during pregnancy. You need to ask questions and make sure that your medical professionals understand your situation. You may need to discuss the method of delivery with your obstetrician. You can also find support from your STN should you need advice on changing the type of stoma appliance as your body changes with pregnancy.

Oral contraceptives may not be fully effective because they may not be absorbed completely. You might want to discuss methods of contraception with your GP.

Q. Will I be able to work?

A. Yes, you can usually return to normal activities. You are likely to need a suitable period of convalescence before undertaking housework, or returning to employment. Begin gradually and seek advice from your surgeon, doctor or STN.

Being an ostomate should not preclude you from any employment. If you encounter any problems at work because of your changed condition, seek advice from your surgeon, doctor or STN. You may also need to consult the medical officer or occupational health person at your workplace.

Q. Will I be able to travel?

A. You can travel wherever you like. Just remember to:

- take plenty of ostomy supplies (pouches, etc.);
- keep supplies for about a week with you (in your hand luggage) on the plane, train, bus or in the car;
- when flying, make sure there are no scissors or sharp objects in your carry-on luggage;
- obtain a list of medical professionals and ostomy associations at your destination;
- review your travel insurance policy to satisfy yourself that existing medical conditions and your stoma are not excluded (some stomas come into this category); and
- take steps to prevent or cope with the onset of diarrhoea.

Q. Will I be able to exercise and play sport?

A. You should be able to do most of what you did before surgery. Definitely consult your GP before you begin.

- Choose an activity that you enjoy.
- Start slowly and build up gradually.
- Be careful when lifting heavy objects. You may be predisposed to hernias of the stoma, especially during the first year after surgery.
- Be careful when participating in body contact sports. For those who are concerned, a stoma guard is available—see your association.

IN CONCLUSION

For many ostomates, surgery has ended much or all of their illness. Most ostomates have taken advantage of their new beginning, have learnt new ways of doing and thinking and now enjoy a better level of health and wellbeing. We hope you will too. Don't hesitate to contact your local ostomy association or any of the support groups. Ask for your copy of *Ostomy Australia*. Most of all, when you need advice or have concerns . . . ASK!

Remember: YOU ARE NOT ALONE.

DIRECTORY

Details are correct at time of printing but are subject to change.

STOMA ASSOCIATIONS

ACT

ACT & Districts Stoma Assn. Inc.

Second floor, City Health Centre,
corner Moore & Alinga Sts, Can-
berra City ACT 2601
PO Box 1260, Canberra City ACT
2601
Tel/Fax: (02) 6205 1055
Email: [Stoma@ACTStoma.onmicro-
soft.com](mailto:Stoma@ACTStoma.onmicro-soft.com)
Web: www.actstoma.org.au

NEW SOUTH WALES

NSW Stoma Ltd.

Unit 5, 7-29 Bridge Road, Stanmore,
NSW 2048
PO Box 164, Camperdown, NSW
1450
Telephone: 1300 OSTOMY or (02)
9565 4315
Fax: (02) 9565 4317
Email: info@NSWstoma.com.au
Web: NSWstoma.com.au

Ostomy NSW Ltd.

Unit 6, 555 Princes Highway,
Kirrawee, NSW 2232
PO Box 3068, Kirrawee, NSW 2232
Telephone: (02) 9542 1300
Fax: (02) 9542 1400
Email: orders@ostomynsw.org.au
Web: www.ostomynsw.org.au

NORTHERN TERRITORY

Cancer Council of the Northern Territory Inc.

Unit 2, Casi House, 25 Vanderlin Dr,
Casuarina, NT 0810
PO Box 42719, Casuarina, NT 0811
Telephone: (08) 8944 1800
Fax: (08) 8927 4990
Email: ostomy@cancernt.org.au
Web: <http://nt.cancer.org.au/>

QUEENSLAND

Gold Coast Ostomy Assn. Inc.

8 Dunkirk Close, Arundel, QLD
4214
PO Box 703, Labrador, QLD 4215
Telephone: (07) 5594 7633
Fax: (07) 5571 7481
Email: gcoa@bigpond.com

North Queensland Ostomy Assn. Inc.

Shop 4, 52 French Street, Pimlico,
QLD 4812
PO Box 1017, Hyde Park, Castle-
town, QLD 4812
Tel/fax: (07) 4775 2303
Email: nqostomy@bigpond.com

Queensland Ostomy Assn. Inc.

22 Beaudesert Rd, Moorooka, QLD
4105
PO Box 198, Moorooka, QLD 4105
Telephone: (07) 3848 7178
Facsimile: (07) 3848 0561
Email: admin@qldostomy.org.au
Web: www.qldostomy.org

Queensland Stoma Assn. Inc.

Unit 1, Accent Place, 10 Valente
 Close, Chermside, QLD 4032
 PO Box 370, Chermside, QLD 4032
 Telephone: (07) 3359 7570
 Fax: (07) 3350 1882
 Email: admin@qldstoma.asn.au
 Web: www.qldstoma.asn.au

Toowoomba & South West Ostomy Assn. Inc.

Education Centre, Blue Care
 Garden Settlement, 256 Stenner
 Street, Toowoomba, QLD 4350
 PO Box 7314, Toowoomba MC,
 QLD 4352
 Telephone: (07) 4636 9701
 Fax: (07) 4636 9702
 Email: bob.schull@bigpond.com

Wide Bay Ostomates Assn. Inc.

88a Crofton Street, Bundaberg West,
 QLD 4670
 PO Box 3350 Bundaberg QLD 4670
 Telephone: (07) 4152 4715
 Fax: (07) 4153 5460
 Email: wbestomy@bigpond.com

SOUTH AUSTRALIA**Ostomy Assn. of South Australia Inc.**

1 Keele Place, Kidman Park, SA
 5025
 Telephone: (08) 8235 2727
 Fax: (08) 8355 1073
 Email: colosa@colostomysa.org.au
 Web: www.colostomysa.org.au

Ileostomy Assn. of SA Inc.

73 Roebuck Street, Mile End, SA
 5031
 PO Box 79, Torrensville SA 5031
 Telephone: (08) 8234 2678
 Fax: (08) 8234 2985
 Email: info@ileosa.org.au

TASMANIA**Ostomy Tasmania Inc.**

Amenities Building, St Johns Park,
 St Johns Avenue, Newtown, TAS
 7008
 PO Box 280, Moonah, TAS 7009
 Telephone: (03) 6228 0799
 Fax: (03) 6228 0744
 Email: admin@ostomytas.com.au
 Web: www.ostomytas.com.au

VICTORIA**Bendigo & District Ostomy Assn. Inc.**

43-45 Kinross Street, Bendigo, VIC
 3550
 PO Box 404, Golden Square, VIC
 3555
 Telephone: (03) 5441 7520
 Fax: (03) 5442 9660
 Email: benost@netcon.net.au
 Web: www.bendigo-ostomy.org.au

Colostomy Assn. of Victoria

Suite 221, 2nd Floor, Lift 3, Block
 Arcade, 98 Elizabeth Street,
 Melbourne, VIC 3000
 Telephone: (03) 9650 1666
 Fax: (03) 9650 4123
 Email: info@colovic.org.au
 Web: www.colovic.org.au

Geelong Ostomy Assn. Inc.

6 Lewalan Street, Grovedale, VIC
3216
PO Box 1069, Grovedale Vic 3216
Telephone: (03) 5243 3664
Fax: (03) 5243 6335
Email: goinc@geelongostomy.com.
au
Web: www.geelongostomy.com.au

Ileostomy Assn. of Victoria Inc.

Suite 322, 3rd Floor, The Block,
98-100 Elizabeth Street, Melbourne
VIC 3000
PO Box 32, Flinders Lane, VIC 8009
Telephone: (03) 9650 9040
Fax: (03) 9650 1723
Email: ileovic@onestream.com.au
Web: www.ileostomyvic.org.au

Ostomy Assn. of Melbourne Inc.

Burwood Industrial Park, Unit 14,
25-37 Huntingdale Rd, Burwood,
VIC 3125
Telephone: (03) 9888 8523
Fax: (03) 9888 8094
Email: enquiries@oam.org.au
Web: www.oam.org.au

Peninsula Ostomy Assn. Inc.

12 Allenby Street, Frankston, VIC
3199
Telephone: (03) 9783 6473
Facsimile: (03) 9781 4866
Email: poainc1@bigpond.com

Victorian Children's Ostomy Assn.

Equipment Distribution Centre,
Royal Children's Hospital, Level
Basement 2 (green lifts), Flemington
Road, Parkville VIC 3052
Telephone: (03) 9345 5325
Fax: (03) 9347 9499

Warrnambool & District Ostomy Assn.

279 Koroit Road, Warrnambool,
VIC 3280
Telephone: (03) 5563 1446
Fax: (03) 5563 4353
Email: warrnamboolostomy@swh.
net.au

WESTERN AUSTRALIA**Western Australian Ostomy Assn. Inc.**

15 Guildford Road, Mt Lawley, WA
6050
P.O. Box 706, Mt Lawley WA 6050
Telephone: (08) 9272 1833
Fax: (08) 9271 4605
Email: waostomy@waostomy.asn.au

OTHER RESOURCES**Australian Council of Stoma Associations (ACSA)**

Web: www.australianstoma.com.au
Email: feedback@australianstoma.
com.au

International Ostomy Association (IOA)

Web: www.ostomyinternational.org

Young Ostomates United (YOU)

Web: www.youinc.org.au
Facebook: Young Ostomates United

Crohns & Colitis Australia

Telephone: (03) 9815 1266
Helpline: 1800 138 029
Email: info@crohnsandcolitis.com.au
Web: www.crohnsandcolitis.com.au

Colorectal Surgical Society of Australia and New Zealand

Suite 6, 9 Church Street, Hawthorn, VIC 3122
Telephone: (03) 9853 8013
Fax: (03) 9853 9013
Email: secretariat@cssanz.org
Web: www.cssanz.org

Mitrofanoff Support Australia

PO Box 256, South Melbourne, VIC 3205
Email: info@mitrofanoffaustralia.org.au
Web: www.mitrofanoffaustralia.org.au

Parenteral Nutrition Down Under

128 Rainbow Street, Randwick, NSW 2031
Telephone: (02) 9340 7215
Web: <https://pndu.org/>

PRODUCT COMPANIES

AinsCorp

PO Box 572, Niddrie, VIC 3042
Toll free: 1300 784 737
Email: service@ainscorp.com.au
Web: www.ainscorp.com.au

Coloplast

PO Box 240, Mt Waverley, VIC 3149
Freecall: 1800 653 317
Email: au.care@coloplast.com
Web: www.coloplast.com.au

ConvaTec

PO Box 63, Mulgrave, VIC 3170
Freecall: 1800 335 276
Email: connection.au@convatec.com
Web: www.convatec.com.au

Dansac

PO Box 375, Box Hill, VIC 3128
Phone: 1800 331 766
Email: customerservice@dansac.com.au
Web: www.dansac.com.au

Hollister

PO Box 375, Box Hill, VIC 3128
Freecall: 1800 335 911
Email: customerservice@hollister.com.au
Web: www.hollister.com.au/en-au/

Omnigon

PO Box 5013, Burnley, VIC 3132
Freecall: 1800 819 274
Email: info@omnigon.com.au
Web: www.omnigon.com.au

Sutherland Medical

PO Box 1194, Huntingdale, VIC 3166
Phone: 1300 664 027
Web: www.sutherlandmedical.com.au

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