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IN THIS ISSUE:

Management of peristomal hair, page 8

Diving with an ileostomy, page 10

Greetings from PNG, page 16

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Welcome	4
Tribute to an ACSA superstar By David Munro	6
Management of peristomal hair, By Monica Stankiewicz, Stomal Therapy Nurse	8
Diving with an ileostomy	10
A surprising Tuesday By Bob Cooper	14
A very close friend, By The Gutless Wonder	14
7 years on, greetings from PNG Stoma Association, By Janet Yaki	16
Sex and intimacy, By Jan Fields	22
All I wanted for Christmas was my two-piece appliance, By Charles Kingston	24
Celebrating World Ostomy Day 2021, By Carol Quest	31
Keeping our YOU community connected and supported	32
National Directory of Ostomy Associations	34
National Directory of Ostomy Support Groups	35
Directory of Stoma Appliance Scheme Product Suppliers	36

Index to Advertisers

Ainscorp	7, 15, 25
Coloplast	3, 17
ConvaTec	30
Dansac	9
Hollister	23
Omnigon	5, 18-19, 33
Smith+Nephew	27
Sutherland Medical	26
3M	29

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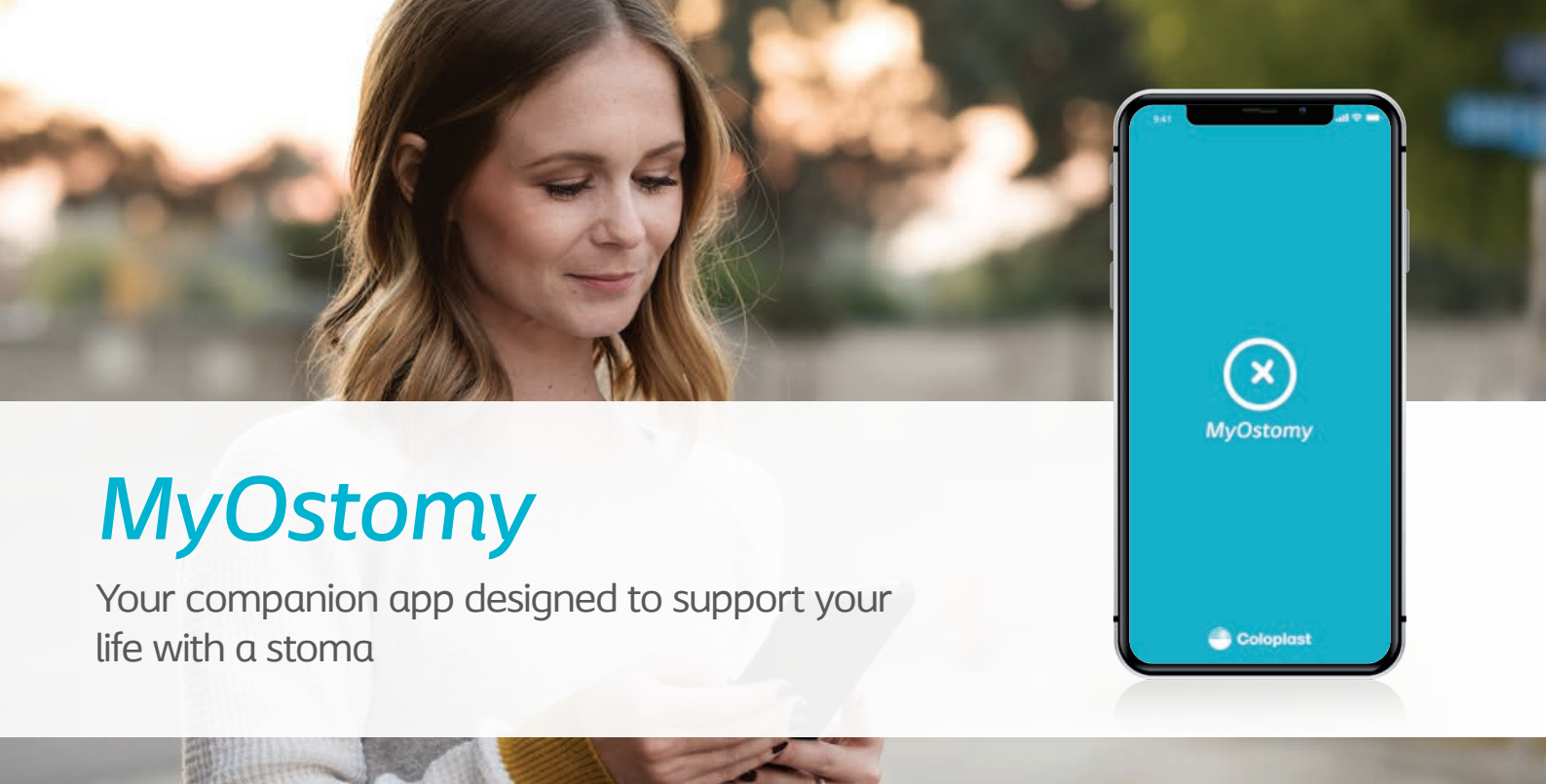
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Welcome

In the last edition of *Ostomy Australia*, the President outlined how the Commonwealth Department of Health conducted a Request for Expression of Interest for education and the distribution of stoma supplies. This caused much concern about the possibility of the Stoma Appliance Scheme being privatised. Within a few days of the previous *Ostomy Australia* journal going to press, the Department announced that no future tender process is planned for the Scheme and there is no change to the existing Scheme arrangements.

The substantial changes initiated by Services Australia has now been fully implemented through the great efforts of many people in the associations and here at ACSA. These changes relate to the information that associations need to collect and provide to the Department of Health to support claiming and reporting of Stoma Appliance Scheme orders.

Most associations have now moved to the SAMS system which manages ordering and member maintenance for associations. This software will continue to be developed to be a safe, secure and reliable system to manage your orders. These changes were made with minimum disruption to order processing and delivery, which was a great achievement.

The main issue associations face with the COVID epidemic are with delivery delays attributable to Australia Post's coping with COVID restrictions and an increase in the use of parcel post. ACSA was able to negotiate with Australia Post to ensure that your supplies were delivered with minimum delay. Compliance with COVID working arrangements required associations to perform certain functions from home and have staff distancing at association headquarters. This has, in some cases, reduced efficiency and increased costs. Stoma associations are managing this well and ostomates have reinforced this via their responses to the recent ACSA survey which gave positive feedback on the service ostomates are receiving from their associations generally, as well as their handling of the COVID pandemic.

Our ACSA administrator, Kylie McGrory, left ACSA as its Administration Officer in October. To say that she will be sorely missed is an understatement. Kylie's knowledge, professionalism and kindness knows no bounds. All associations have benefited from her wisdom as have various members of the executive over her 14-year tenure. She has always been supportive of all the stoma associations and everyone in our sector recognises and appreciates her knowledge and commitment to

ostomates. This includes the government for whom Kylie has been the go-to person over the years.

During October Allen Nash, our President, resigned after taking the helm in 2020. Allen tackled the Department of Health Expression of Interest and started the strategic planning process for ACSA. He also put together the survey which saw an above average response.

At our annual general meeting in November David Munro stepped down as Vice President, having served as a member of the ACSA Executive for the last seven years as both President and Vice-President. His commitment to ACSA and all things stoma has been incredible, particularly as during his term he maintained a very heavy workload in his day job while also serving on the committee of Queensland Stoma Association.

There will be a full report of the AGM in the April edition of the journal next year but if you would like to know more before then, please contact ACSA Secretary David Swift at acsasec@australianstoma.com.au.

In the meantime, we would like to wish everyone a healthy and peaceful Christmas season.

From the ACSA Executive •



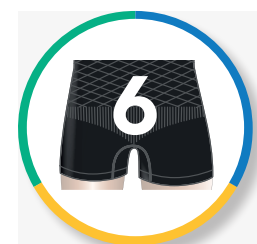
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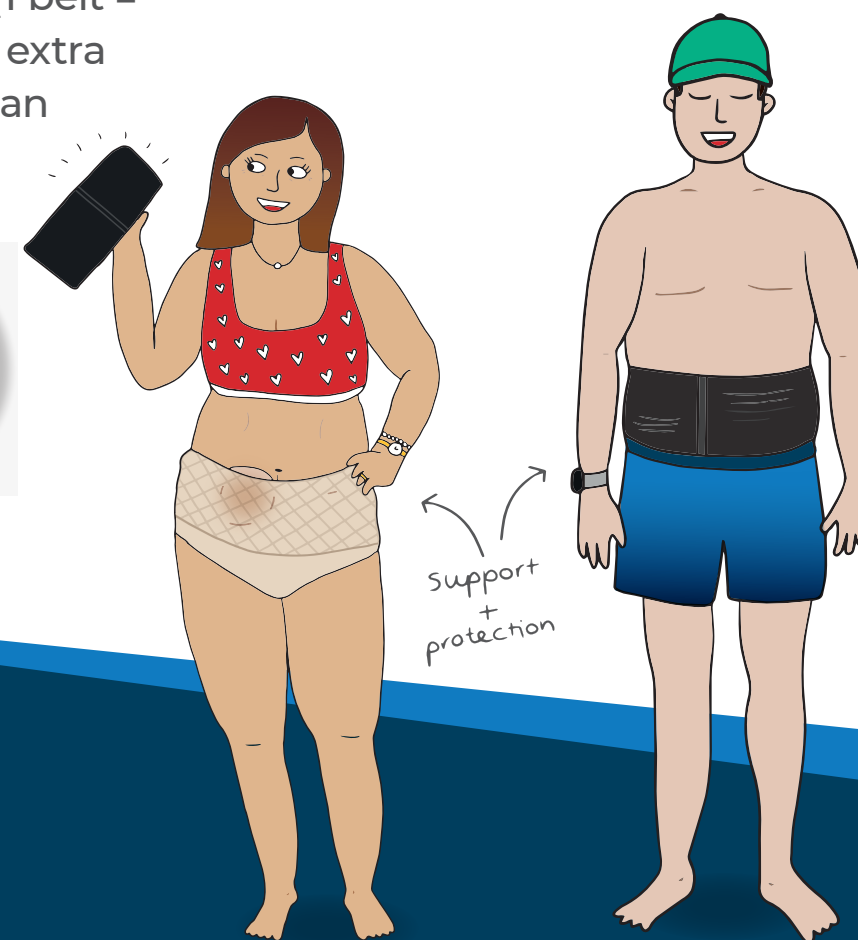
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1: Colorectal Disease * 2018 The Association of Coloproctology of Great Britain and Ireland. 20 (Suppl. 2), 5-19.

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Tribute to an ACSA superstar By David Munro



For the past 14 years ACSA has been blessed to have a dedicated, focused and motivating Administration Officer supporting the ACSA Executive and it was with much sadness I report that Kylie McGrory retired from this role in October.

In those 14 years Kylie has been the one constant for ACSA. She has admirably supported five Presidents along with many others filling the various Executive Committee roles. In that time she had her work cut out, training us all in the art of dealing with government departments, suppliers and the member associations. For many of us we really didn't have a clue as to what our position entailed, but fortunately for us, Kylie was always at the end of the phone and in no time, we would have the answer to our many queries.

Although Kylie is not an ostomate herself a close family member is, and it was through this association that she quickly became an employee of Queensland Stoma Association (QSA) in August 2000 after an initial stint as a volunteer. With her business acumen along with dedication and devotion to

ostomy it was no surprise that she became Assistant Manager when Donagh Bird became Manager of QSA in 2002 and then replaced her as Manager in 2004. If running an association did not take enough of her time, in 2007 Kylie was also appointed as the ACSA Administration Officer. Her interest in the role may, in some small part, have been due to gentle persuasion by the president of QSA, Gerry Barry who just so happened to also be the ACSA President at the time.

How she managed both these roles for all these years just goes to show what a superstar she is.

For associations Kylie has been the reassuring voice at the end of the phone. She is a human encyclopedia as far as the Stoma Appliance Scheme is concerned so no question was beyond her. Kylie has also been a fixture at association conferences for many years. She was always willing to chat to any of the attendees and even though it was very hard to 'grab her', she was always ready to help with any queries.

Over the years Kylie has expanded her role into areas where she saw a need. Whether it was implementing the ACSA website or writing a regular column in the *Ostomy Australia Journal* she has always been willing to impart her knowledge and educate ostomates in the Stoma Appliance Scheme.

ACSA is proud to have the Governor-General of the Commonwealth of Australia, His Excellency General the Honourable David Hurley AC DSC (Retd) as our Patron and it was through this patronage that ACSA President, Dr Allen Nash was able to present Kylie with the Governor-General's Medal earlier this year for her service to ACSA and ostomy.

Kylie is a real lady, always bubbly and friendly and always willing to work with you.

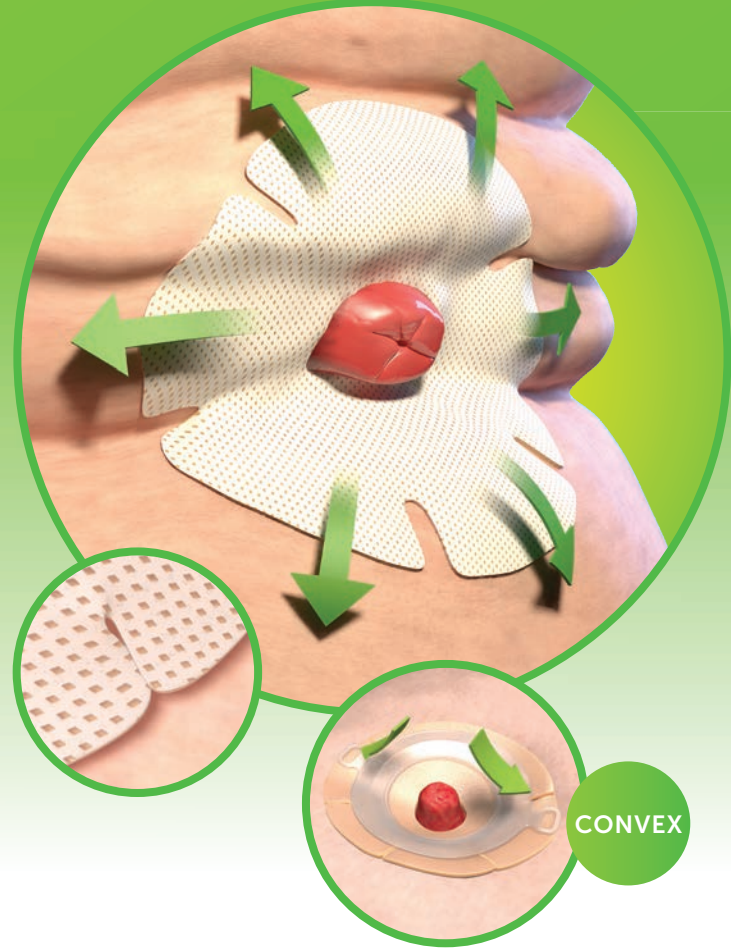
It is ACSA's loss (and QSA's gain) that Kylie is retiring from her position as ACSA Administration Officer.

The Executive past and present have been privileged to work with her for the past 14 years and we wish her well. ●



ACSA President awards Kylie with the Governor-General's Medal for her service to ostomy

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Management of peristomal hair

By Monica Stankiewicz, Stomal Therapy Nurse

Peristomal hair can be a nuisance. The more of it, the more difficult it can be for the appliance to adhere, leading to leakage issues. Furthermore, removal of the appliance when adhered to hair can cause pain and increase the risk of developing infected hair follicles (folliculitis) or ingrown hair.

Removal of the hair is imperative to negate these issues. There are many types of hair removal options. Some more favourable than others. Let's explore the options.

1. Shaving with a razor

When using a razor it is important to shave with the grain (the direction the hair grows).

I always suggest a soap free cleanser and water to provide a lather to aid shaving. This will help to minimise any skin irritation and decrease the risk of an allergic or irritant dermatitis.

Any soap free cleanser featuring the Eczema Association of Australasia Inc "eaa" logo (shown above) is best, as these products have been deemed the safest to use to help promote a healthy skin barrier function and do not contain abrasive soaps, perfumes, or preservatives.

Don't forget to rinse the razor after each swipe, so you can visualise your stoma, prevent trauma and maintain good skin/hair hygiene.

The downside of shaving includes the frequency of which it needs to be done and skin irritation. Folliculitis can also result from shaving.

2. Hair clippers / trimmers

Using hair clippers can also be helpful, however it may be a challenge to get the hair short enough for a desired outcome.

3. Light amplification by stimulated emission of radiation, known as laser treatment

For a more permanent effect, including a reduction in the time spent shaving or clipping, laser hair removal can be very effective. Treatment is targeted at the hair follicle, resulting in the hair falling out. Regrowth of the hair is reduced overtime with multiple treatments.

Common laser treatments for peristomal skin include Alexandrite laser or Neodymium-doped yttrium aluminium garnet laser. Alexandrite laser is more effective in lighter skin tones, whereas Neodymium-doped yttrium aluminium garnet laser is more effective in darker skin tones. Light hair can be difficult to treat, with laser therapy more effective on darker hair/follicles.

Side effects of laser treatment can include redness (erythema), burns, bacterial infections and pigment changes. I suggest finding a skilled clinician who is registered to manage and treat people with medical grade lasers.

There are other options for hair removal, although less favoured. These treatments should be used with caution, although there are risks to any treatment.

4. Electrolysis may cause tissue damage.

5. Hair depilatory removal creams may cause chemical burns to the peristomal skin and/or stoma mucosa.

6. Waxing can lead to epidermal stripping, which may be made worse with the application and removal of your appliance.

Protecting your skin after removal of your hair will prevent skin trauma or irritation. Again the use of soap free cleansers (approved by the Eczema Association Australasia Inc) to keep your skin hydrated and the consideration of barrier films for skin protection. Stoma hydrocolloid seals can also be used when trauma has occurred to aid wound healing.

I would suggest connecting with your stomal therapist to discuss hair removal options and skin management options prior to changing what you currently do.

**Monica is a Wound Management, Stomal Therapy and Dermatology Nurse Practitioner for Community and Oral Health, Metro North, Queensland Health.* ●

Patch testing

When trying new products it is best to do a patch test prior to use to avoid potential allergic reactions. Patch testing can be done at home, choose an area of skin somewhere that you can comfortably leave alone for up to 24 hours, inner wrist or forearm are good options.

Wash and clean the patch of skin. If there is a reaction, you will want to be sure that it's from the new product you are trying. Apply a small amount of the product to the patch of skin you've chosen and cover the area with a bandaid. Wait for about 24 hours before removing the bandaid, If you experience a reaction like burning or itching, you should remove the bandaid and wash the affected area right away.

If you haven't had a reaction to the product then it should be ok to use in more sensitive areas.

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Diving with an ileostomy

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Swimming, even with the ileostomy was a joy. I was careful with my appliances and found that with a good seal, water and swimming were a breeze.



I began my ostomy journey in 2012. As a paraplegic, I was already using a catheter to urinate, but in that year, I lost my bowel control. Being in a wheelchair, I found it very difficult to deal with, I was overweight and had severe reflux problems. After consulting a surgeon and my spinal team, I decided to have both a gastric bypass to lose weight, and an ileostomy to control my bowel movements.

After surgery, my problems began, while I drastically lost weight, with the ileostomy, I was unable to provide my body with enough nutrients to keep my weight stable. During a period of almost three years, I struggled just to fuel my body. In 2014, my kidneys collapsed, and I spent several days in ICU. The struggle just to stay alive had been too much and I had made the decision to 'leave' this world. Medical intervention and renal bypass saved my life, but I was left with little strength or energy to continue. The mental and physical struggle was immense and eventually I had to come to terms with the fact that I still had 'life' and it had to be led.

Eventually, I came to terms with my body and its strengths and weaknesses, and I discovered that I had a life which I could use to help others in any way I could. I volunteered at the school where I had previously taught and began to tutor struggling students. I had done lots of hydrotherapy and had regained my love of the water. Swimming, even with

the ileostomy was a joy. I was careful with my appliances and found that with a good seal, water and swimming were a breeze.

In 2018, I was funded through friends and family to fulfill a lifetime dream of diving on the Ningaloo Reef. SCUBA diving had been part of my pre illness life, and I was unsure whether I still had enough physical ability to go through the rigors of diving.

With my dear friends, we managed the flight from Melbourne to Perth. (I had to make a toilet break midflight and this was a first for both me and the flight crew who helped). Flying is a little like diving in reverse, the increased air pressure meant that my ileostomy was very active in air. What would happen under water?

The staff at the dive school in Exmouth were a young, vibrant lot who were willing to take me on. I did my initial refresher course in the Exmouth pool and found that with practice, raising and lowering myself with my breathing and buoyancy vest became second nature again. The difference between the pool and the ocean in both depth and movement was vast though.

One of the staff from *Dive Ningaloo* came along to be my dive buddy, leaving the rest of the participants in the dive expedition free from the restraint of me and my 'special needs'.

I was both nervous and excited. The initial destination for our dive had

“

The next day, my friends and I were booked to dive with the whale sharks, the world’s biggest fish.



A school of glass fish

to be changed, but I didn’t mind, I just wanted to see if I could dive again.

It was brilliant, Ningaloo is a UNESCO World Heritage area and rivals The Great Barrier Reef. Ningaloo Reef is renowned for its beauty and its proximity to Exmouth. It is also a place where a little-known small sea creature called nudibranch is found. To my great delight, we saw giant cod, sweetlips, spangled emperor fish clown fish, octopus and so many glass fish. We even swam through a school of slender bulls eye fish so thick that

we couldn’t see where the school began or ended. It was brilliant. The team were so helpful in getting me on and off the dive ship and helping me to get warm once out of the water.

The next day, my friends and I were booked to dive with the whale sharks, the world’s biggest fish. An easterly wind made the going quite rough and while the sharks were easily spotted, getting to them and into the water with them was a mammoth task for fully abled bodied swimmers. Unfortunately, I was unable to get into the water as it was just too rough and too dangerous for myself or the staff from *Ningaloo Blue Dive* to get in. The crew were so upset, and while I was devastated, I couldn’t allow my feelings to show as I didn’t want to further upset them or the rest of the participants. I had 12 months to try another tour to see if, in calmer weather, I could dive with the whale sharks.

My friends Rob and Georgina were due back in New Zealand two days later and so our little trip was to come to an end. I had gone all the way to Exmouth, and just couldn’t give up, so I opted to stay an extra couple of days by myself. I found a B&B which could accommodate my wheelchair and my special needs, I had a hire car and four more days to try to swim with the whale sharks.

I rebooked with *Ningaloo Blue Dive* and because I had the time, I also booked to go for another dive with *Dive Ningaloo*.

The second dive was even better, I was more confident that my ileostomy would be ok and that *Mt Vesuvius* (my stoma) wouldn’t make its presence felt.

I was right, and the joy of that second dive was only slightly less because we had to dive the same reef we had dived previously because the visibility elsewhere was poor. Again,

the joy of spotting numerous Nudibranchs, and clown fish.

My second day trying to dive with the whale sharks loomed, I was both scared and excited, I was alone, my friends had left and so there was no one to help me with getting my wetsuit on and off, fetching things or helping me get to food and drinks. The team at *Ningaloo Blue* had asked the owner of the fishing and diving store to come with us to help me and he was such a kind and lovely man. He gave me all the help I needed without being overly patronising (as a disabled person [1 of the 15] it is difficult to be seen as just another person without being either restricted or elevated to ‘inspiration’ status. But that’s another story).

The weather was good, before our swim with the sharks, we snorkeled the reef and saw brilliant corals, anemones and fish. After lunch on the boat, we motored to where the whale sharks were, and the rest of the

participants dived with the whale sharks. Then it was my turn. After the snorkel, I was wet and cold shivering both with the temperature and with the anticipation of final achieving my goal.

I was helped into the water. Because I was so cold, I found it difficult to move in the water, I couldn’t straighten out and the video shows me hunched up in the water being ‘guided’ towards the whale shark. Oh my, he was amazing, so huge and brilliant blue with white spots (each whale shark can be identified by the unique pattern of spots on it’s skin). The first whale shark I saw was a juvenile and still so very blue, he was adorable, such a baby, but over three meters in length.

We got back on the boat and moved further on to a different whale shark. A big five-metre-long whale shark, we swam alongside it for ages as he gently cruised along gathering krill in his huge mouth. Amazing, I had



Damselfish in the Ningaloo Reef

done it. I had swum with the whale sharks. I was so chuffed, almost in tears, I didn’t know whether to laugh or cry. It was one of the most difficult and fulfilling adventures of my 53 years of life.

So, even though you have a disability, or an ostomy, anything can be overcome, so get out and live your best life. ●

Sitting in the oncologist's office on Tuesday morning I did not expect to hear the words 'we will have to remove your bladder'.

And then to hear from his assistant following this news that I had better have a good dinner tonight as I was going into hospital for surgery on Thursday, so I could eat nothing on Wednesday evening.

Surgery went well and I was greeted by one of my ex-students on entering the ward with 'Oh, hello. I did not expect to see you here. You never had a day off in the two years you taught me'.

The shoe was on the other foot as I became a very tentative and nervous patient with a 12cm scar below my belly button. She and the other staff did a great job looking after me, and I was soon home to convalesce.

Friends took me to and from chemotherapy and I was making slow and cautious progress. Some food had the metallic taste they talk about and after a few weeks I was brave enough to walk a hundred metres down the street.

I felt great comfort talking with other ostomates at the bi-monthly meetings organised by Helen and Tricia in the Illawarra region. Many fellow 'bag wearers' had travelled and spoke of the efficiency of the system to be able to order in advance all bags and items needed.

That first year was an adventure with so many unknowns being tried.

- Swimming with board shorts and a wetshirt proved no problem. I still haven't sewn buttons on my boardshorts to firmly attach my wetshirt when body surfing, but I have enjoyed swimming on many days.
- Sailing my boat has continued to be great with a crew who understand that I must go below a little more frequently to empty the bag. In fact, they enjoy their time steering and being in control.

I have tried a few ideas put forward by others and recommend these.

- A couple of years back, the stoma magazine showed a photo of a thin breadboard which was hinged and had hooks to hold the night bag. I made one of these and it travels everywhere in my weekend bag. Most useful when it can be tucked under the mattress and firmly hold the bag.
- I have my little funnel for bag washouts which is most convenient. It fits perfectly in the top of the tube.
- I have used a bulldog clip to hold the tube at the top of the mattress to give me some slack in the tube lying on the bed. This makes rolling over and general moving about much easier.
- I found a plastic paint brush clip in a hardware store which is even better, and fully plastic to replace the bulldog clip.
- A tall slender plastic cereal box with two bolts to support the night bag has proven beneficial as well. It acts as an emergency receptacle next to the bed, just in case.

- Having retired and being able to assist friends and doing significant home improvements I found wearing a nail bag to be most uncomfortable. I have found connecting straps, a bit like the old fashioned braces, to my nail bag has enabled me to carry tools and screws/nails easily with a loose belt and all of the weight being on my shoulders. I saw some of the Barnyard Builders lads with a similar system on their nail bags on TV one evening.

After having my bladder removed and facing those early days with fear and trepidation, I am four years, this month, down the track. I have retired, I enjoy my sailing and swimming. I have recently painted my house inside and out – a great activity during Covid lockdowns and self-isolation. My nail bag has been a constant companion as I remodel a granny flat at the rear of the block.

I am appreciative of the skill of my surgeon and really value the support and optimism shown to me by nursing staff during my first visit to hospital. I was hesitant but have grown in confidence and have adjusted a few things to make my life easier with a bag. Yes, it was a momentous Tuesday morning back in May 2017.

I have recently attended the support group at The Adventist Hospital at Wahroonga and been warmly welcomed by fellow members of the bag club.

PS. It has given me great confidence and knowledge reading the articles in the Ostomy Magazine. •

A VERY CLOSE FRIEND

By The Gutless Wonder

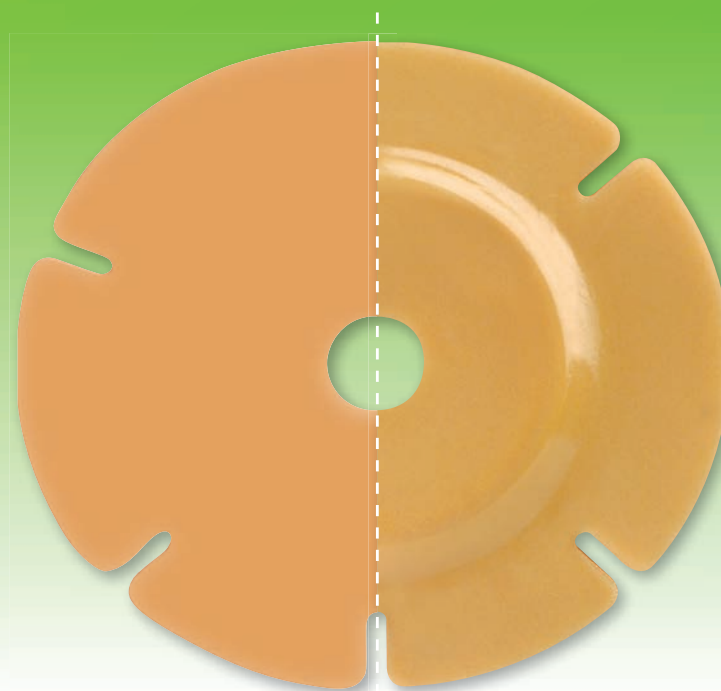
He may arrive suddenly, but soon he's our friend,
Sometimes he'll stay with us right up to the end.
Perhaps he's just temporary, but he saves us from
the strife
Or a serious illness, one that could have cut short
our life.

We soon get to know him, usually give him a name,
Many are amusing, no two are the same.
My stoma is called Jerry, not as smart as some
But I also refer to him as my "tummy bum".

Many names are quite novel, but none of them silly,
A clever one I recall is Millie the Illy.
One of my favourites is "Winne the Pooh",
And I recently met Henry, a friend quite new.

Whatever we call him, to us he will bind,
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7 years on, Greetings from PNG Stoma Association

By Janet Yaki, Founder and Interim President of PNGSA



Janet meeting Nurses in Fiji who help ostomates



First, I'd like to thank the editors for sending me the *Australian Ostomy Journal* magazine. It gives me a lot of useful information and ideas. Thank you.

Secondly my congratulations on the appointment of the new President of ACSA which I learned in the last issue I received.

Yesterday my stoma, whom I named Rose turned 12. It's because of Rose that I have met a lot of you.

The clouds were grey then, but the skies cleared and the sun shone through, like the saying 'There's light at the end of the tunnel'. You were the sun in my life after Rose.

Because of Rose I founded the Papua New Guinea (PNG) Stoma Association. I thought I was the first to have a stoma in PNG but I discovered I was not alone. There were many others using shopping plastic bags, diapers and other countless items to manage our stomas.

God opened my eyes to see the need of ostomates in PNG.

Late Norman Kelly was my first contact. He shared ideas on how to start an association. Later he invited me to attend the Gold Coast Ostomy Association (GCOA) AGM and the ACSA Conference in 2014.

After my presentation at the conference, so many kind-hearted people responded with donations of

Continued page 21



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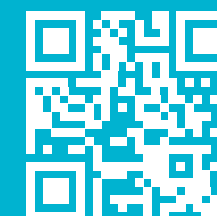
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“

Because of [my stoma] I founded the Papua New Guinea (PNG) Stoma Association. I thought I was the first to have a stoma in PNG but I discovered I was not alone. There were many others using shopping plastic bags, diapers and other countless items to manage our stomas.

Janet In Tatana Village with local ostomate

Continued from page 16

stoma appliances from associations all around Australia. You helped me, and others, remove the plastic shopping bags, diapers, empty rice packets, lengths of materials and other items we wrapped around our waists to do the job of a colostomy or paediatric stoma bags.

You made my mates here feel more comfortable and put a smile on their faces. They had their dignity back as human beings. In a third world country where the services are not adequately provided, you changed our lives. The world becomes a better place to live in with such kind-hearted people.

I'd like to take this opportunity to thank the management and staff of GCOA back in 2014 who in their meeting decided to support PNG Stoma Association.

A special thanks to the late Norman Kelly who visited and saw for himself exactly what I do to help the less fortunate in my country.

Thank you GCOA for the assistance you gave during my visit there in 2014 and the following years. I also thank the Wide Bay and Western Australian Ostomy Associations for their assistance towards our cause.

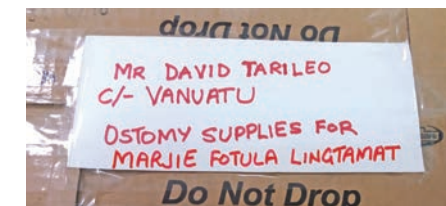
Thank you to the STN's who invited me to special sessions and demonstrated on the application of Ostomy appliances. It was a world of knowledge I learned. Not forgetting the different companies and their marketing personal who were very helpful in explaining their different products. Thank you.

'Out of my brokenness, God uses me to make another person whole'.

Rose is the reason I continue to return God's Favour for my healing.

God bless you all,

Janet ●



Can you produce *Ostomy Australia*?

Ostomy Australia is looking for an editor. With the current editor retiring in April, the national journal for Australia's ostomates is seeking someone to lead the publication into the future. This is an opportunity to contribute to the enjoyment, knowledge and wellbeing of ostomates around Australia.

There are three parts to the job—accepting and editing contributions from members and regular contributors, liaising with advertisers, and covering the administrative tasks involved with producing *Ostomy Australia* three times a year, as well as managing its national distribution.

This arrangement could change. ACSA knows the current set-up is complex and would consider appointing extra hands—perhaps an editor who would be responsible for producing the journal and maintaining its quality, and someone with administrative skills to oversee advertising and look after financial and other matters. The division of duties would be determined by negotiation.

Ostomy Australia was first published in 1992 has developed high editorial, design and production standards. Work is concentrated around three production periods (March-April, July-August and October-November).

The editor is a volunteer but receives an honorarium of \$1500 per issue and has relevant expenses reimbursed. The position, as structured, would suit someone with experience in journalism, publishing or public relations. It might also be suitable for someone with a background in administration, teaching, project management or IT.

The editor's role is to ensure that *Ostomy Australia* is produced on time. The person will also maintain the journal's quality and relevance, assess and accept contributions, edit them for clarity, sense, and grammar, plan the journal to allocate appropriate space to editorial material and advertisements, and work with the graphic designer to prepare journal for printing.

The advertising role involves liaising with advertisers and receiving advertisements.

Administrative duties include preparing estimates of annual income and expenditure, reporting to the ACSA executive and national conference, and organising reprints of the booklet *A Beginning not an End*.

Is this a job for you? The answer is 'yes' if you have a sound knowledge of written English, good self-management skills, and the ability to work constructively with advertisers, designers and printers, and associations. A knowledge of print-production processes would be useful.

If you want to contribute to Australian ostomy, please contact the ACSA Secretary at:

acsasec@australianstoma.com.au
or journal@australianstoma.com.au

Sex and intimacy

By Jan Fields, Community Stomal Therapy Nurse, Queensland



If you were sexually active prior to your surgery and this is important to you, then there is no reason you cannot be sexually active after your surgery. Of course, it is always best to discuss with your Surgeon or Stomal Therapy Nurse (STN) when returning to a full sex life, remembering the physical healing of your body may mean some limitations for a short time.

Depending on why you have needed a stoma and what surgery has been done your doctors may have already talked to you about what this means for you, but if not, then ask to speak to your doctor specifically about this. You may find talking with your STN also helpful, they are good listeners and may offer you the reassurance you need, with some helpful advice thrown in. It is very normal to be anxious about sex now that you have a stoma.

If you are in a relationship, try to be open and honest with your partner about how you are feeling. They may be as nervous as you are about the stoma, the pouch and how sex is going to go, but talking about your feelings together will help. The desire for sex, the physical arousal and the body's abilities may be different for a while or may have changed entirely, but do remember that touching, kissing and cuddling are all ways to feel intimate and connected to your partner. Seek help if you are really struggling, by talking with your GP.

If you are not in a relationship and are ready to start dating again after your surgery, you will know when the time is right to share details once you are comfortable to do so. When someone really cares about you, the fact you have a stoma should not matter.

If you are part of the LGBTQIA community, please talk to your doctor or STN openly, sharing your situation and feelings will help discussion around your specific needs. If you are a gay male and have had surgery that includes removal of your anus, please be aware that penetrating your stoma with anything is likely to cause significant damage.

If you normally use contraception, these will need to be continued after your surgery, as having a stoma will not affect your fertility. If you are female, you have an ileostomy and normally use the contraceptive pill, it is important to discuss this with your doctor or family planning clinic. Absorption of some medications can be affected when you have an ileostomy.

To feel relaxed and comfortable in the lead up to sex, some tips include:

- Change or empty your pouch prior; be happy that it is secure.
- A smaller pouch may be a possibility, depending on the type of stoma you have.
- If you wear black underwear, consider wearing a black pouch to match.
- If you have an ileostomy, it may be best to not eat a big meal prior, so your stoma is less active.

- If you have a colostomy, deodorisers in the pouch may be helpful if you find gas an issue. Your STN may offer you some advice.

There are some products on the market that may be worn to make your pouch more discreet, such as lingerie, waistbands or pouch covers. There are links below for some sites to check out if you are interested in these products.

Australian websites

- www.etsy.com.au
- www.ostomateactive.com.au
- www.insideoutostomy.life
- www.knightwear.com.au

Overseas websites

- www.stealthbelt.com
- www.pouchwear.com
- www.comfizz.com
- www.vblush.com

Lastly, please be sure to implement your usual pre-surgery relaxation techniques that may have included massage, candles, music and perhaps even a glass of wine. For good measure, tap into your curiosity and sense of humour before you go ahead and enjoy yourself.

Source: <https://omnigonconnect.com.au/> •



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All I wanted for Christmas was my two-piece appliance

By Charles Kingston



And a good book perhaps, given that family and friends were mostly social distancing last year even at holiday times.

Now for those people – for most people in fact - the title of this mini memoir would be weird, or at least meaningless. But for you, who read this wonderful ostomy magazine, you know better. We need our reliable appliances, not just to celebrate Christmas, alone or together when we can, but hail our peace of mind throughout the year because of them.

Before I go on and try and wax entertainingly about our often less than humorous conditions let me add my thanks to those doctors, nurses, stoma specialists and hard workers at stoma associations in Australia and the appliance companies for their precious gifts throughout the years. You all deserve medals. Will a mounted and framed – and clean – ostomy bag suffice? Closed and captioned of course.

Having read with much personal interest the numerous 'testimonials' to

an ostomate's life in this publication over many years, I reckon my own quarter century of such is worth celebrating also. In print.

Yes, that's right. It's been over 25 years since I had 'IT' done. 'It' of course being the permanent acquisition of an appliance. And it's notable – well for me anyway – that for the first 24 years of that I had felt unable to travel overseas. Specifically, to go home, which for me is California. Luckily, given what 2020 wrought, I dared the deal, though not without considerable trepidation, and at Christmas 2019 made it pay off. Fully seven weeks of renewing relationships with distanced family and lifelong friends, all the while conscious of my sometimes less than cooperative innards, was a challenge.

And yes, sadly my stoma did, as we say 'play up' at times, especially near the end of the trip when I had to spend three days in an American hospital. Like the bills for that, I did overdo it, but that's another story we needn't go into further here. Apart from being thankful I'm now also an Australian citizen, and a

long-time grateful reader of *Ostomy Australia*. Good onya coppers.

My point in mentioning my overseas trip is that amongst all the people I was able to meet again after decades of distance, only one – that's right – only one, and not a family member either – was really interested enough to want to know more. Believe me, he got a 24-year ileostomate's now considerable confidence that, though not a medico, I know what I'm talking about.

We all do don't we. Cause we live with our stomas daily. And without those reliable appliances, without the near constant awareness that at any time something embarrassing or worse might occur, even with the most otherwise reliable ones, our lives are, by circumstance, different from others.

So yes friends, my old mate from university days got the full lesson on what I use and why and what can go wrong. Fortunately for him nothing did, but even if it had I long ago ceased worrying much about it. If I have an accident, well, I have an accident. Deal with it folks. Disabled? Well yes. Though you can't usually see it. Better put this way: I simply have a condition that I had no choice over and my ability to get around requires some understanding on your part.

MY POTTED (POTTY?) HISTORY

My first entry into the stoma world was meant to be temporary. 'We'll reconnect you once it's safe to do so,' I was told. I'd entered hospital – Sydney's Royal Prince Alfred Hospital (RPA) – on emergency after what seemed an extraordinarily long ambulance ride over the mountains from Bathurst. What I didn't realise was how permanent that imminent excision was going to be. As I lay there on that emergency room gurney, separated from other patients by nothing but flimsy flapping sheets, my first consulting doctor peered down at me. All I wanted then was to relieve myself of the pain in my guts.

Continued page 27

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Continued from page 24

'Have you ever been a smoker?' he asked. It was a standard question, though it was usually asked in less urgent circumstances. I understood though that it was required so I gave him my honest answer. I had been a pipe smoker, which meant I hadn't inhaled but that, when my wife had given up her cigarettes roughly two years before, I had followed suit and quit as well.

'Well,' he responded, peering even more penetratingly into my confused eyes 'I've been doing some research and there's some evidence to suggest that giving up smoking exacerbates the condition you have'. I knew what 'exacerbate' meant. What I didn't appreciate was him telling me that then.

Anyway, once freed from that ordeal, the next three weeks were both more enlightening and more enervating. Though I didn't realize it until too late, my insides were more infected with ulcerative colitis than first assumed.

I first shared a room the nurses had affectionately labelled 'Bluey's Room'. I wrote about my experiences in this



room in a four-page dialogue styled poem. Bluey and I shared stories about all manner of subjects and listened to the cricket. *I'd be happy to send it to you if you contact me through this magazine.* Bluey's real name was Fred. When he died, at age 96, right beside me in that eponymous room, I was sad, but at age 55 myself, I never dreamed I might be next.

A few days later I nearly was, collapsing on the floor in what was now no longer Bluey's Room, only mine. Sue - the first of many nurses who would help me over the next two months to

restore my life to some semblance of normality, albeit a partially disabled one, told me later she could hear the thud from halfway down the hallway.

As I was to learn eventually, after 10 semi-hallucinatory days in intensive care, I had been haemorrhaging. I recalled then that I had noticed pinkish colouring in my 'temporary' bag the day after Bluey had died, but, as it was a weekend and the doctor wasn't coming again until Monday, I ignored it. Such is the stupidity of silence with things we think about but do nothing about.

Continued page 28

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References: 1. Weber, B.B., "Timely Tips on Adhesive Tape", tape. NURSING91, October 1991, pp: 52-53. 2. Wilburn, W., "The Effects of Removing Tape From Unprotected Skin and From Skin Protected by Skin Prep Protective Dressing", University of Alabama, Mobile, 1985. 3. North American Science Assc., ACUTE ORALTOXICITY STUDY, June, 1991. Smith & Nephew Pty Ltd (Australia) www.smith-nephew.com/australia. Smith & Nephew Ltd (New Zealand) www.smith-nephew.com/new-zealand.
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Continued from page 27

Anyway, I could write reams about what it was like those ten days in ICU, but in fairness to you I won't. Suffice to say that over the next two plus months and though in a different wing of that same hospital, what had been affectionately 'Bluey's Room' transformed into mine. Complete with regular paper runs. Not mind you, the dailies, though I did wait for those too, but blank paper. To write on. In fact, 20 years later, when I rang to thank again the then head STN for all she had taught me two decades before, she remembered that as well as the sometimes too loud sounds of ABC FM Classical echoing in the corridor. And

why not? What else can one do when flat on one's back and unable to move any part of one's body except one's head and hands.

WHAT I LEARNED FROM OTHERS AND FROM MY STOMA SELF

First, a dedication:

To my gastro-intestinal surgeon who saved my life,

To my stoma specialist – in 'Funny Girl' musical hall parlance, 'she taught me everything I know'. About stoma care that is.

To Sue, the nurse who found me dying on the floor one day.

To Dave who, months later, quietly but forever taught me to recognize what I didn't think I'd ever do again – stand up and walk tall and

To that other Dave whom I met recently in Wagga Wagga, upon a much more recent hospitalisation, who was good enough not only to visit me, a stranger (well, for the first five minutes anyway) but to tell me one of those stories. A lesson in utmost practicality. About what I hope you're asking?

Something very basic, very close to all of us. That is, what it feels like to have a stoma on permanently. Especially what it feels like when it fills up! You see years ago at a regional stoma information session Dave had quietly asked if stoma nurses had ever worn a bag. The answer – then – was no. Thanks to Dave's initiative, the answer now is yes. It's part of their training.

So, to all of them and to all of you who DO know what you're talking about, my life, as long as it lasts, thanks.

But here, to conclude where I first started thinking about writing this, are some observations I've made during this, my 'second lifetime', as an ostomate.

1. Not everyone involved in the medical profession is aware of the difference between an ileostomy and a colostomy. I learned that the hard way, no thanks to the ultrasound technician who, despite my telling her to be careful of the stoma protrusion on my right side, nevertheless probed and pressured that side equally to the other, resulting less

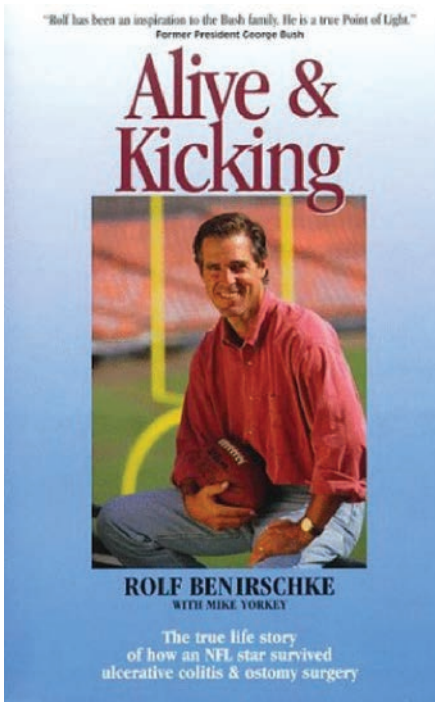
than ten minutes later in a dangerous urinary blockage. It was followed by hospitalisation and a subsequent misdiagnosis by a doctor which landed me in a psychiatric hospital for three weeks.

Now that experience is another story altogether.

2. Nearly no one (my loyal friend referenced earlier a notable exception) wants to know about it – not really. Funny isn't it. Most people are willing to talk detail – and others listen, sometimes with real interest – about their heart surgery or joint replacement or their common cold (COVID is in a totally different league of course) but talk about excrement. Our own. Oh, my goodness no. One of the best ads I remember is that of the bowel cancer organisation which starts with the hostess at her dinner table announcing she was going to collect a poo sample for a bowel cancer check. The embarrassed looks from her dinner guests tell it all but, true to intent, she boldly moves on, promising to send her own vial of poo to the experts for testing the next day.

3. A lot of people DO know about it. Including I read over 40,000 of us in Australia alone. As well as those dedicated specialists in stoma care and administration of same. Trust them. Ask questions. And read.

It's not my place or purpose here to tell you what sources of information are



available to us, but I must mention one book amongst the several that I read while in hospital back then. Consumed with my own uncertain future, immersed in memories of my own past, I was buoyed from 10,000 miles away by two bits of advice from my one and only – and elder – brother in California. 'It's better than the alternative', he would say regularly over the international phone waves.

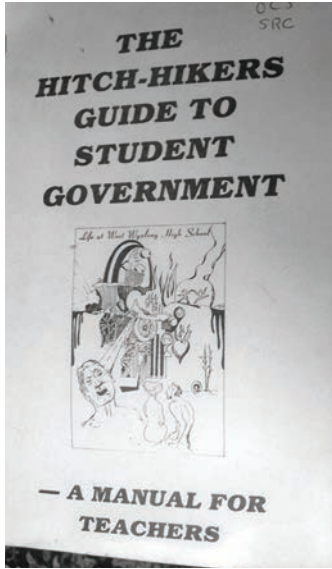
He also told me to read former USA gridiron football player Rolf Benirschke's book called Alive and Kicking. It was published in 1996 when, as Wikipedia says, his almost-famous quote: 'It's not what you become, it's what you overcome' was first observed.

The following website link is recommended if you want to learn more <https://www.healthcentral.com/article/nfl-player-rolf-benirschke-ostomy-awareness>

'Having ulcerative colitis (UC) in the '70s almost prevented Rolf Benirschke from going on to become the all-time scoring leader of the San Diego Chargers — as much for the hospitalization it caused as for the

cultural taboo around the pouch attached at his abdomen, there for bodily waste to pass through, called an ostomy.'

Unlike my pre-World Wide Web situation 25 years ago, it's much easier now to find information, though I maintain, and I hope I will always retain that the personal touch, as given to me so endearingly and professionally then, is still better. ●



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1. Maria Teresa Szewczyk, MD, PhD; Grazyna Majewska, RN, ETN; Mary V. Cabral, MS, FNP-BC, CWO-CN-AP; and Karin Holzel-Piontek, RN; The Effects of Using a Moldable Skin Barrier on Peristomal Skin Condition in Persons with an Ostomy: Results of a Prospective, Observational, Multinational Study, Ostomy Wound Management 2014;60(12):16–26. 2. Consumer sampling survey, N=61, ConvaTec Inc, February 2021, data on file.



Celebrating World Ostomy Day 2021 together (though apart)

By Carol Quast, Chairperson, committee, World Ostomy Day Event (and Director, NSW Stoma Ltd)

Every three years ostomy organisations around the world celebrate World Ostomy Day on 2 October which has been internationally declared as World Ostomy Day.

During one of our NSW Stoma Board meetings, a possible World Ostomy Day event was discussed and the board decided we needed to commemorate this event here in Australia and raise awareness and educate ostomates, their carers and families. We felt strongly that this should be an Australia wide event, free and open to all members around Australia. We wanted to acknowledge that we are part of a wider community and that the need to support each other is important.

We put together a sub-committee and then called out to all ostomy associations in Australia to join and help organise an event to celebrate and support ostomates Australia wide.

Our organising committee had representatives from each state and I want to thank them all for their support and contribution, especially Mary Egan, Renee Constantin (NSW Stoma) and Stephen Lardner (Ostomy NSW Limited) who organised so much more behind the scenes.

What eventuated was a free, fun and informative webinar. ConvaTec, Coloplast, Hollister, Dansac and Omnigon sponsored the event which allowed us to make this special event happen. We wish to thank each of these companies who made the day so successful in reaching out to our wider community.

We had 418 registrations for the day and 251 active participants (not including the presenters). What a wonderful turn out!

We engaged Luke Escombe, musician, singer, songwriter, entertainer, comedian and Ambassador for Crohn's and Colitis Australia as our MC for the

webinar. His comments, songs and entertainment on the day struck a wonderful balance of wit, comedy and ethos.

Our program:

Dr Allen Nash, president of ACSA gave a short opening address and shared results from the ACSA Members Survey at the end.

We were delighted to have four experts in their fields address subjects that are always important and close to the heart of many ostomates.

We wanted to acknowledge that we are part of a wider community and that the need to support each other is important.

Thank you to:

- Ann Marie Lyons, Clinical Nurse Specialist, Stomal Therapy Nurse 'The A-Z of Living with a Stoma'
- Margaret Allan – Nutritionist, from Nutrition for Ostomates 'Hydration: The benefits for ALL ostomates'
- Dr Vicki Patton – Stomal Therapy Nurse 'Why I should see a Stoma Nurse'
- Anna Minchin – Exercise Physiologist – from Balanced Bodies Lifestyle Clinic 'Exercising with a Stoma'

At the end we gave away ten \$100 visa lucky door prizes to participants and those have already been posted off to the lucky winners.

A few comments from the zoom chat and emails:

Happy world ostomy day everyone. It's our day to shine!

Thanks to the organisers for the informative webinar

Hey hey hey, good job Luke

So good! Congratulations everyone! Fabulous day!!

Great presentation learnt lots, you're fantastic Luke

Support is amazing.

Thanks for such a good webinar. It's so lovely to hear from people with lived experience. I'm studying a Master of Public Health so it's exciting to see survey data.

I did indeed enjoy the webinar. There was lots of advice even persuasion regarding drinking lots of water and what you can still do with a Stoma. I particularly liked the presentation of the ECU research by Vicki Paton from which I learnt a lot about what other people use to keep their bag in place etc. Also, the comedian Luke gave an entertaining but balanced presentation.

Thank you for organising a great program. Hello from Australian Association of Stomal Therapy Nurses Executive.

What a success! The webinar exceeded our expectations and the feedback was so positive, thank you all for attending.

We have published the whole two-hour event where you can watch it if you missed out or watch it all again if you wish. It is available online at <https://vimeo.com/641016776> or you can access it via the QR code below.



Keep safe,
Carol ●

Keeping our YOU community connected and supported

By Bonnie Crowe



Helen Ebzery and Dave Sutton in Canada, representing YOU

stomas, and we are very keen to get your stories and experiences to share with others. For every male that shares his story, you are helping so many more who are too shy to speak and ask for help.

YOU would like to give a huge thank you to Ros, our Treasurer. Ros has been incredible in this role. We are sad to see her step away but will always be thankful for the generous donation of her time – the most valuable thing someone can give. Helen and Bonnie will take over this role.

If you are interested in joining the YOU committee, please get in touch with Helen at helshae@hotmail.com.

Ostomates Uganda

Since 2018, YOU have supported an international organisation, Ostomates Uganda, which is a volunteer run not-for-profit charity in Uganda.

There are no reliable health statistics regarding Ugandan Ostomates. The perception of bowel disease is that it is shameful, and this attitude has led to vulnerable people in communities suffering neglect and poor health care. Many ostomates do not have access to sanitary products, and make do with plastic bags, old clothes and used newspapers to manage their stomas.

Ostomates Uganda seeks to provide holistic care and support to ostomates, educate on stoma care and advocate to the wider Ugandan community and local health authorities to change their attitudes and approaches to stoma patients.

Ostomates Uganda run four major program themes:

- Securing and Distribution of the colostomy bags for ostomates.
- Providing mental health and social support to the ostomates and their caregivers.
- Health education, awareness and community advocacy for ostomates.
- Supporting young ostomates with education opportunities.

YOU have supported this program since 2018, and with assistance from the Australia Fund have recently been able to send a shipment of bags to Uganda to support this vital work.

If you are interested to hear more about this work, please reach out to Helen and YOU.

World Ostomy Day

World Ostomy Day was on 2 October this year. Our members celebrated by sharing photos online of their stomas and sharing stories of how their stomas have changed their lives for the better. In particular, our members Helen and Dave shared their memories from their trip to Canada in 1998 where they attended the World Ostomy Conference and represented YOU. Sharing stories like this reminds us all that stomas are amazing. And so are the ostomates they have helped.

Upcoming education day

YOU will hopefully hold another education day in November to discuss hernias (tentatively scheduled for 6 November, depending on restrictions). The session will be available online, but we hope to see as many ostomates in person as possible to meet and greet, and to enjoy the trade stands with new products.

As always, please reach out to YOU if you would like any further information. We love new members and look forward to hopefully seeing some old and new faces at our next get together.

Please keep your eyes on the Facebook page for upcoming events and contact Helen on helshae@hotmail.com



Ostomy supplies arriving in Uganda

eakin Cohesive® seals

A small change has a powerful impact, every day



Hi, my name is Robyn!

I'm a mummy of 2 and I've had a stoma for two years as a result of Crohn's disease. For a little while it put a stop to my life. I was probably about a year into my journey when I was introduced to the eakin **Cohesive**® seals and *they've been amazing*. They stretch, they don't lose how sticky they are, they fill gaps.

For me it's *not just a little bit of a change*, it has been a *life change*.

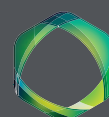


Add an eakin **Cohesive**® seal to your regular routine to prevent leaks and give you the confidence to live your life, **every day**.

Make a **#SmallButPowerful** change today by calling **1800 819 274** to order your **free samples**

Care Solutions

eakin®



OMNIGON

AU 1800 819 274 info@omnigon.com.au
 Search for Omnigon www.omnigon.com.au

National Directory of Ostomy Associations

Covid-19 notice
To protect staff, ostomates and the wider community many associations have stopped all in person services. Please make sure to check with your association to find out how they are operating.

AUSTRALIAN CAPITAL TERRITORY

ACT & DISTRICTS STOMA ASSOCIATION

W: actstoma.net.au
E: stoma@actstoma.net.au
T: (02) 5124 4888
A: Floor 2, 1 Moore Street Canberra ACT 2600

Open: First and second week of each month on Monday, Tuesday, Wednesday 10:00am to 1:00pm

NEW SOUTH WALES

NSW STOMA LIMITED

W: nswstoma.org.au
E: info@nswstoma.org.au
T: 1300 678 669
or (02) 9565 4315
A: Unit 5, 7-29 Bridge Road Stanmore NSW 2018
Open: Monday to Thursday 8:00am to 4:00pm, Friday 8:00am to 2:00pm

OSTOMY NSW LTD

W: ostomynsw.org.au
E: orders@ostomynsw.org.au
T: (02) 9542 1300
F: (02) 9542 1400
A: Ground Floor, 20-22 Yalgar Rd Kirrawee NSW 2232
Open: Monday to Thursday 9:00am to 2:00pm

NORTHERN TERRITORY

CANCER COUNCIL NORTHERN TERRITORY

W: nt.cancer.org.au
E: ostomy@cancernrt.org.au
P: (08) 8944 1800
F: (08) 8927 4990
A: Unit 2, 25 Vanderlin Drive Casuarina NT 0811
Open: Monday to Thursday 8:30am to 2:00pm

QUEENSLAND

GOLD COAST OSTOMY ASSOCIATION

W: goldcoastostomy.com.au
E: gcoa@bigpond.com
T: (07) 5594 7633
F: (07) 5571 7481
A: 8 Dunkirk Close Arundel QLD 4214
Open: Tuesday and Thursday 9:00am to 3:00pm

NORTH QUEENSLAND OSTOMY ASSOCIATION

E: admin@nqostomy.org.au
T: (07) 4775 2303
F: (07) 4725 9418
A: 13 Castlemaine Street Kirwan QLD 4812
Open: Monday and Thursday 8:00am to 4:00pm, Wednesday 8:00am to 12:00 noon

QUEENSLAND OSTOMY ASSOCIATION

W: qldostomy.org.au
E: admin@qldostomy.org.au
T: (07) 3848 7178
F: (07) 3848 0561
A: 22 Beaudesert Road Moorooka QLD 4105
Open: Tuesday and Thursday 9:00am to 3:30pm

QUEENSLAND STOMA ASSOCIATION

W: qldstoma.asn.au
E: admin@qldstoma.asn.au
T: (07) 3359 7570
F: (07) 3350 1882
A: Unit 1, 10 Valente Close Chermside QLD 4032
Open: Monday to Thursday 8:30am to 2:30pm

TOOWOOMBA & SOUTH-WEST OSTOMY ASSN INC.

E: bob.schull@bigpond.com
T: (07) 4636 9701
F: (07) 4636 9702
A: Education Centre, Blue Care Garden Settlement, 256 Stenner Street Toowoomba QLD 4350
Open: Tuesday 9:00am to 3:30pm

WIDE BAY OSTOMATES ASSOCIATION

W: wboa.org.au
E: wbostomy@bigpond.com
T: (07) 4152 4715
F: (07) 4153 5460
A: 88a Crofton Street Bundaberg West QLD 4670
Open: Tuesday, Wednesday, Thursday 8:30am to 3:00pm

SOUTH AUSTRALIA

ILEOSTOMY ASSOCIATION OF SOUTH AUSTRALIA

W: ileosa.org.au
E: orders@ileosa.org.au
T: (08) 8234 2678
F: (08) 8234 2985
A: 73 Roebuck Street Mile End SA 5031
Open: Monday, Tuesday, Wednesday and Friday 10:00am to 2:00pm

OSTOMY ASSOCIATION OF SOUTH AUSTRALIA

W: colostomysa.org.au
E: orders@colostomysa.org.au
T: (08) 8235 2727
F: (08) 8355 1073
A: 1 Keele Place Kidman Park SA 5025
Open: Monday to Thursday 10:30am to 2:30pm

TASMANIA

OSTOMY TASMANIA

W: ostomytas.com.au
E: admin@ostomytas.com.au
T: (03) 6228 0799
F: (03) 6228 0744
A: Amenities Building, St. Johns Park, St. Johns Avenue, New Town TAS 7008
P: PO Box 280 Moonah Tasmania 7009
Open: Monday 9:00am to 3:00pm
Tuesday to Friday 9:00am to 1:00pm
by appointment

VICTORIA

BENDIGO AND DISTRICT OSTOMY ASSOCIATION INC

T: (03) 5441 7520
F: (03) 5442 9660
A: 43-45 Kinross Street Bendigo VIC 3550
P: The Secretary, PO Box 404 Golden Square VIC 3555
Open: Tuesday, Wednesday and Thursday 10:00am to 2:00pm.
Second Tuesday of each month from 9:00am to 3:00pm

COLOSTOMY ASSOCIATION OF VICTORIA

W: colovic.org.au
E: info@colovic.org.au
P: (03) 9650 1666
F: (03) 9650 4123
A: Suite 221 – Level 2, Block Arcade, 98 Elizabeth Street Melbourne VIC 3000
Open: Weekdays 9:00am to 2:00pm

GEELONG OSTOMY

W: geelongostomy.com.au
E: goinc@geelongostomy.com.au
T: (03) 5243 3664
F: (03) 5201 0844
A: 6 Lewalan Street Grovedale VIC 3216
Open: Monday, Wednesday, Friday 9:30am to 2:30pm

OSTOMY ASSOCIATION OF MELBOURNE

W: oam.org.au
E: enquiries@oam.org.au
T: (03) 9888 8523
F: (03) 9888 8094
A: Unit 14, 25-37 Huntingdale Rd Burwood VIC 3125
Open: Tuesday to Friday 9:00am to 4:00pm

PENINSULA OSTOMY ASSOCIATION

W: penost.com.au
E: poainc1@bigpond.com
T: (03) 9783 6473
F: (03) 9781 4866
A: 12 Allenby Street Frankston VIC 3199
Open: Monday, Thursday 10:00am to 3:00pm

VICTORIAN CHILDREN'S OSTOMY ASSOCIATION

W: rch.org.au/edc
E: edc@rch.org.au
T: (03) 9345 5325
F: (03) 9345 9499
A: Equipment Distribution Centre, Royal Children's Hospital, Basement 2 (green lifts), 50 Flemington Road Parkville VIC 3052

WARRNAMBOOL & DISTRICT OSTOMY ASSOCIATION

E: warrnamboolostomy@swh.net.au
T: (03) 5563 1446
F: (03) 5563 4353
A: 279 Koroit Street Warrnambool VIC 3280
Open: Friday 12:00 noon to 4:00pm

WESTERN AUSTRALIA

WESTERN AUSTRALIAN OSTOMY ASSOCIATION

W: waostomy.org.au
E: info@waostomy.org.au
T: (08) 9272 1833
F: (08) 9271 4605
A: 15 Guildford Road Mount Lawley WA 6050
Open: Monday to Friday 9:00am to 4:00pm, Tuesday 6:30am to 4:00pm.
Fourth Saturday of each month 9:00am to 1:00pm

National Directory of Ostomy Support Groups

Covid-19 notice
Many support groups have paused due to COVID-19. Please contact the organiser before planning a trip to the meeting venue.

AUSTRALIAN CAPITAL TERRITORY

ACT STOMA SUPPORT GROUP

10am to 12noon, second Tuesday of each month (excluding January) at Level 2, 1 Moore Street Canberra (old stoma association rooms). RSVP required – Clare 0400921901 or geoff 0416206871 or aucldo@coloplast.com

NEW SOUTH WALES

ALBURY/WODONGA BORDER DISTRICT

10am on the second Tuesday of the month (except January).
Venue: Hilltop Accommodation Centre, 600 Keene Street, East Albury NSW
Contact: Alex Watson 0428 578 385

BANKSTOWN AREA

A stoma support group hosted by Bankstown Hospital STNs for you and your family – everyone welcome.
10am to 12noon on 3 March, 5 May, 7 July, 1 September, 3 November.
Revesby Workers Club, 2B Brett St, Revesby (close to public transport and lots of free parking).
Contact: Bankstown Hospital STN or Clare Jacobs on 0400 921 901 or aucldo@coloplast.com.
Please RSVP for catering purposes.

BATHURST

First Tuesday of March, June, September & December at Daffodil Cottage
Contact: Louise Linke (02) 6330 5676

BEAT BLADDER CANCER

7pm to 8:30pm, last Tuesday of the month from at Macquarie University Hospital, 3 Technology Place, Macquarie University.
Contact: Adam Lynch, 0421 626 016

BOWRAL STOMA SUPPORT GROUP

1pm to 2:30pm, second Friday in March, June, September, and December.
Bowral Bowling Club, 40 Shepherd St, Bowral.
Contact Lu Wang & Erin Wagner Stomal Therapists, Liverpool Hospital (02) 87384308 or Clare Jacobs 0400 921 901 / aucldo@coloplast.com.
Everyone is welcome.
Please RSVP 1 week prior.

BROKEN HILL

Meet every third month or as required.
Venue: Broken Hill Hospital Conference Room.
Contact: Tarnra (08) 8080 1333

CENTRAL COAST

1:30pm to 3:30pm on third Wednesday in Feb, May, Aug and Nov at a different venue each meeting.
For further information, phone the Stomal Therapy Service on (02) 4320 3323

COFFS HARBOUR

2pm to 3:30pm
Venue: Sawtell RSL Club, First Avenue, Sawtell.
Ostomates & friends welcome.
Contact Mandy Hawkins STN on (02) 6656 7804

EUROBODALLA REGION

11am on first Sunday of Feb, Apr, Jun, Aug, Oct, Dec.
Venue: Laughter Room, Moruya Hospital.
Phone: Betty (02) 4476 2746

FAR NORTH COAST

11:30am to 2pm. First Saturday of March, July, December.
Meet at Lismore Workers Club 225, 231 Keen St. Lismore.
Contact: Marie: (02) 6686 7248

GOULBURN COMMUNITY STOMA SERVICE

9am to 3pm. Dates to be confirmed.
Address: Goulburn Workers Club, 1 McKell Place, Goulburn, (02) 4821 3355
The STN is Kelly Taylor RN STN 0402 250 475 e. kelly@communitystomaservice.com
Kelly will provide individual consultations by appointment.

GRAFTON & DISTRICT

9am to 11:30am, first Thursday of each month
Contact: Anne: (02) 6641 8200

GRIFFITH & DISTRICT

Griffith and the surrounding areas (100km radius including Leeton, Coleambally, Yenda, Hillston, Hanwood, Coleambally)
Enquiries: Barry (02) 6963 5267 or 0429 635 267
Email: ann.bar@bigpond.com
Karan: 0434 785 309

HASTINGS MACLEAY

10am to 12noon, third Wednesday in Feb, Apr, Jun, Aug, Oct, Dec.
The Old Hospital
Inquiries: Neil 0427 856 630 or Glennie 0410 637 060

ILLAWARRA OSTOMY INFORMATION GROUP

10am to 12noon on 10 Feb, 14 April, 9 June, 11 August, 13 Oct, 15 Dec (Christmas luncheon. Venue to be advised).
Education Room, Figtree Private Hospital, 1 Suttor Place, Figtree.
Contact Helen Richards CNC STN Wollongong Private Hospital phone: 042861109 or Julia Kittscha CNC STN Wollongong Hospital mob: 0414421021 office: 042551594 julia.kittscha@health.nsw.gov.au

LIVERPOOL AREA SUPPORT GROUP

Meet from 1pm to 3pm. Dates to be determined.
Cabra Vale Diggers Club, 1 Bartley St Canley Vale 2166.
Contact: Erin or Lu on (02) 8738 4308

MANNING/GREAT LAKES

10am to 12noon, first Wednesday in Feb, Apr, Jun, Aug, Oct, Dec.
Venue: Skills for Life Building, 5-9 Elizabeth Ave.
Taree NSW (wheelchair accessible)
Web: www.mglostomy.co.cc
Contact: Karla MacTaggart on (02) 6592 9469

NEWCASTLE DISTRICT

1:30pm on the last Saturday in Feb, May, Aug (AGM), Nov.
Venue: Hamilton Wesley Fellowship Hall,

150 Beaumont St. Hamilton.
Enquiries: Geoff (02) 4981 1799 or Lynda 0425 209 030 or Maree (02) 4971 4351

ORANGE & DISTRICT

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

SHOALHAVEN SUPPORT GROUP

From 2pm on 24 Feb, 25 Aug, 24 Nov at Nowra Showground Pavilion and 30 June and 18 Dec at Ulladulla Civic Centre.
Contact Brenda Christiansen STN CNC. Ph. 02 44246300 or email brenda.christiansen@health.nsw.gov.au

ST GEORGE AREA

10am to 12noon, third Tuesday of each month (except December / January).
Ramsgate RSL Club, Ramsgate Road and Chuter Avenue, Sans Souci NSW 2219. (Close to public transport and free parking).
Contact: Your STN or Clare Jacobs 0400 921 901 or aucldo@coloplast.com.
Please RSVP for catering purposes.

SYDNEY - LIVERPOOL / CAMPBELLTOWN AREA

Meets: 1:30pm to 3:30pm on Thursday's 17 June, 30 September and 16 December in the Campbelltown Catholic Club, 20/22 Camden Rd, Campbelltown NSW 2219. For further information, contact: Erin or Lu on (02) 8738 4308, or Bernadette 0412 222 566

SYDNEY - PENRITH AREA

Nepean Educational Support Group meets 2pm-3:30pm on 26 Feb, 23 April, 25 June, 3 Sept, 26 Nov. 63 Derby St, Penrith (University of Sydney Medical School)
Family and friends are most welcome.
Contact Naomi Houston on 4734 1245
Access: The building is opposite Nepean Hospital's Emergency Department. Enter via the side path to the Clinical School's Outpatient waiting room. Please wait until 2:00 pm when you will be directed to the meeting room.
Car Parking: Either on the street or in the multi-story car park on Somerset Street, Kingswood (free for pensioners for the first 3 hours)

SYDNEY - NORTHERN AREA

10am – 11:30am, first Wednesday of the month in the Jacaranda Lodge, Sydney Adventist Hospital, 185 Fox Valley Rd. Wahroonga.
Contact: San Cancer Support Centre (02) 9487 9061

SOUTH WEST SYDNEY STOMA SUPPORT GROUP

Meet from 1pm to 3pm.
Dates to be confirmed.
Camden Hospital, Heritage Auditorium, 61 Menangle Road Camden.
Contact: Erin or Lu on (02) 8738 4308

TWEED-BYRON

12noon to 2pm, third Tuesday of March, June, Sept. 2nd Tuesday in Dec.
Venue: South Tweed Sports Club, 4 Minjungbal Dr., Tweed Heads South
Contact: Lisa Clare STN (07) 5506 7540.

WAGGA & DISTRICT

10am to 11am on first Wednesday of each month.
Venue: The Men's Shed, 11 Ashmont Ave, Wagga Wagga
Enquiries: David (02) 6971 3346 or 0428 116 084 Baz (02) 6922 4132

NORTHERN TERRITORY

DARWIN

5:30pm to 6:30pm, first Tuesday of every month. Where: Cancer Council NT, 2/25 Vanderlin Drive, Wanguri NT 0810
Contact: Marie Purdey: (08) 8944 1800

QUEENSLAND

BEENLEIGH

9:30am to 10:30am, first Monday of Feb, April, June, Aug Oct, Dec (Christmas Function). Logan Hospital, Room 1E. Cnr Loganlea and Armstrong Road, Meadowbrook 4131
Ph: Leeanne Johnson STN (07) 3299 9107

BOWEN

10am to 12noon, first Monday of every month at the Bowen PCYC

INSIDEOUT TOOWOOMBA

These stoma mates would love to hear from you: ring for a chat or send an email. Margaret Brabrook (07) 4635 1697, emby1936@gmail.com; Leanne Wilshire (07) 4630 0629, leanne.wilshire@bigpond.com; Laurel Czyski, 0413 805 809

ST ANDREWS HOSPITAL TOOWOOMBA OSTOMY SUPPORT GROUP

Meet the first Wednesday of every month between 12-1pm in Conference Room 2 at St Andrews Hospital, Toowoomba. 280 North Street, Toowoomba, QLD, 4350. Enquiries: Emily Day,(07) 46463029 and email: daye@sath.org.au

MACKAY

2pm on the fourth Friday of Jan, Mar, May, Jul, Sep, Nov.
Venue: St. Ambrose Anglican Church Hall, Glenpark Street, North Mackay.
Contact: Graham Stabler for further information on 0428 776 258 or email: grahamstabler@bigpond.com

SOUTH BURNETT

10am, second Tuesday of each month.
Venue: Nanango Community Health Centre, Brisbane St. Nanango. QLD
Contact: Anne Davoren
Phone: (07) 4171 6750

SUNSHINE COAST

Sunshine Coast Stoma Support Group meets at Maroochy RSL Events Centre, Memorial Avenue (off First Avenue), Maroochydhore, second Monday of every month, commencing 10am.
Enquiries: Laurie Grimwade: (07) 5445 9008 sid.and.laurie@gmail.com Janelle Robinson: 0409 762 457 candjrobinson@bigpond.com Kathy Himstedt: (07) 5445 9270 greg.kath1@bigpond.com

WIDE BAY (Bundy Osto Mates)

10am to 12noon on the third Friday of each month at Wide Bay Ostomates, 88a Crofton Street, Bundaberg West. Please contact Wide Bay Ostomates (07) 4152 4715

SOUTH AUSTRALIA

CENTRAL

Meet from 2pm on the third Tuesday of January, March, May, July, September, and November at the Ileostomy Association, 73 Roebuck Street Mile End. Contact 8234 2678 or speak with Val Macey 8381 1646 or Maureen O'Donnell 0434 051 375

FLEURIEU

Meet from 10am to 12noon on Mondays 3 monthly – usually March June, September, and December at Grosvenor Hotel Function Room, Victor Harbor. Contact Lyn Sandford STN on 0421 000 960.

SOUTHERN

Meet from 2pm on first Wednesday of February, April, June, August, October, and December at Elizabeth House, 112 Elizabeth Road Christie Downs. Contact Lyn Sandford STN on 0421 000 960 or Sharmaine Peterson STN on 0438 853 082.

PORT AUGUSTA AND BEYOND

Meet from 1:30pm on fourth Tuesday of every month at Library/Book shop behind St Augustine's Anglican Church, Church Street Port Augusta. Contact Anne Wensley 0429 422 942 or Terry Smith 0488 069 943

PORT PIRIE

Meet from 1pm to 2:30pm on third Tuesday of each month at Pt Pirie Lions Club Hall, cnr Federation Rd & Hallam St, Port Pirie. Contact Jenni Edwards STN on 08 8638 4536.

YORKE PENINSULA

Meet from 1:30pm on third Wednesday of February, April, June, August, October and December at Senior Citizen's Hall, Verran Terrace, Moonta (next to Bowling Club). Contact Helen Colliver on 0419 839 869.

MT GAMBIER

A new Support Group has just started in Mt Gambier. Details about when and where are still being finalised. Check the IASA Website for further updates or contact Julie Little STN or Eve Maywald STN on 87211478.

NARACOORTE

Details about when and where are still being obtained

TASMANIA

'SEMI COLONS'

2pm to 4pm, third Friday of each month. Southern Cancer Support Centre, 15 Princes Street, Sandy Bay Contact Marg, Cancer Council Tasmania (03) 6169 1900

TASMANIA SUPPORT GROUP MEETINGS

10am to 12noon, March, June, September & November

NORTH - Cancer Support Centre, 69 Howick Street, Launceston

NORTH-WEST – Ulverstone Senior Citizens Club, 16 King Edwards Street, Ulverstone

SOUTH – Southern Cancer Support Centre, 15 Princes Street Sandy Bay

Contact Adrian Kok on 0498 196 059 for dates

VICTORIA

BAIRNSDALE & DISTRICT

Available for people to talk to and for home visits in the local area.

Contacts: Janine: 0418 854 562

Derelle: 0448 458 997

Email: bdosg@hotmail.com

BALLARAT & DISTRICT OSTOMY SUPPORT GROUP

2pm, second Wednesday of each month Venue: Barkly Restaurant, cnr Barkly St and Main Road.

Contact: Graeme on 0400 979 742

or David Nestor on (03) 5339 4054

Emails: david.nestor2@bigpond.com

or graob44@gmail.com

BENALLA / WANGARATTA

2pm on the third Monday of each second month. Venues: Wangaratta: North-East Health, 4-12 Clarke St., Wangaratta, April, Aug., Dec. Benalla Community Health, 45 Coster St., Benalla, Feb, June, Oct.

Contact: Graeme Pitts, (03) 5762 1721 or 0407 240 943.

Email: mgpwang@gmail.com

COLOSTOMY ASSOCIATION OF VICTORIA STOMAL SUPPORT GROUP

CAV offers support to all clients.

We offer 30 minute consultations with a qualified STN, by appointment, two or three days per week.

MILDURA

Meet: Every second month Venue:

Mildura Base Hospital Conference room

1 Contact: Vicky (03) 5022 3333

or Norma 0409 252 545

SOUTH GIPPSLAND

Socials held on the first Tuesday of each month at 2pm. Please contact Helen

Lugettho on 0499 624 999 for more

information.

SUNRAYSIA / RIVERLAND

Venue: Sunraysia Cancer Centre

Enquiries: Norma Murphy 0409 252 545

WARRNAMBOOL & DISTRICT

10:30am, second Friday Feb, Apr, Jun, Aug, Oct, Dec. Venue: The Seminar Room, SWHC Community Centre, Korroit Street, Warrnambool

Contacts: Heather on (03) 5561 1159

or Terry on (03) 5562 5093

Warrnambool Ostomy rooms (Fridays)

(03) 5563 1446

WESTERN AUSTRALIA

ALBANY

1:30pm to 3:00pm, first Friday of March, June, September and December.

Albany Hospice, 30 Warden Ave,

Spencer Park

Contact Gerry 0498 666 525

MANDURAH

5:30pm to 7pm, first Wednesday of each month. Training Room 3, Peel Health Campus, 110 Lake Road Mandurah

Contact: Lorrie Gray on 9272 1833

or info@waostomy.org.au

PERTH

12noon to 1pm (New Members) and 1pm to 3pm (General support), fourth Saturday of each month. WA Ostomy, 15 Guildford Road, Mount Lawley.

Contact: Lorrie Gray on 9272 1833

or info@waostomy.org.au

NORTHERN SUBURBS SUPPORT GROUP

3pm to 5pm, second Saturday of each month. Various locations.

Contact: d.carrybrown@me.com

or call 9272 1833

KUNUNURRA SUPPORT GROUP

4.45pm, second Wednesday of each month at Wayfinder, 167 Coolibah Drive, KUNUNURRA WA 6753. For more

information, please contact Jasmine

0422 730 417, or email

jasmine.schubert@ekjp.org.au

BOWEL GROUP FOR KIDS INC

Tel: 0458 596 185

Email: enquiries@bgk.org.au

Web: www.bgk.org.au

YOUNG OSTOMATES

UNITED (YOU)

Tel: Helen (03) 9796 6623

Email: helshae@hotmail.com

Web: www.youinc.org.au

Facebook: Young Ostomates United

PARENTERAL NUTRITION DOWN UNDER

Tel: 0417 996 641

Email: contactpndu@gmail.com

Web: www.pndu.org

Stoma Appliance Scheme Product Suppliers



AinsCorp

PO Box 572, Niddrie, Victoria 3042

Toll Free Number: 1300 784 737

Email: service@ainscorp.com.au

Website: www.ainscorp.com.au



Dansac

PO Box 375, Box Hill, Victoria 3128

Phone: 1800 880 851

Email: priority@dansac.com.au

Website: www.dansac.com.au



Coloplast

PO Box 240 Mt Waverley Vic 3149

Freecall: 1800 653 317

Email: au.care@coloplast.com

Website: www.coloplast.com.au



ConvaTec

PO Box 63, Mulgrave, Victoria 3170

Freecall: 1800 335 276

Email: connection.au@convatec.com

Website: www.convatec.com.au



Sutherland Medical

Unit 2, 195 Chesterville Road Moorabbin Vic 3189

Phone: 1300 664 027

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