

Ostomy

A U S T R A L I A

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National Directory of Stoma Associations

Please contact your association (from the list below) for all ostomy issues relating to membership, appliance supply and/or Ostomy Australia journal distribution.

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Telephone/Fax: (02) 6205 1055
Website: www.actstoma.org.au
Operating hours:
1st & 2nd week of each month Mon, Tues, Wed. 10.00am - 1.00pm
Office Manager: Lindsay Foster
Email: actstoma@alphalink.com.au
Secretary: Carole Forsyth

NORTHERN TERRITORY

CANCER COUNCIL OF THE NORTHERN TERRITORY INC.

Unit 2 Casi House
25 Vanderlin Drive, Casuarina
Phone: 08 8927 4888
Fax: 08 8927 4990
Email: ostomy@cancernt.org.au
Web: www.cancercouncilnt.com.au

WESTERN AUSTRALIA

WA OSTOMY ASSN INC.

15 Guildford Road,
Mount Lawley 6050
Telephone: (08) 9272 1833
Fax: (08) 9271 4605
Email: waostomy@waostomy.asn.au
Operating hours:
Mon, Tues, Thurs 9.00am - 3.30pm
Secretary: Jess Whitehouse
Appliance Pick-up:
Tues & Thurs 9.00am - 1.00pm

NEW SOUTH WALES

COLOSTOMY ASSN OF NSW INC.

5/7 - 29 Bridge Road,
Stanmore 2048
Telephone: (02) 9565 4315
Fax: (02) 9565 4317
Operating hours:
Mon to Thurs 9.00am - 4.00pm
Friday 9.00am - 2.00pm
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Secretary: Norma Toohey
Telephone: (02) 9565 4315
Email: ostomy@iinet.net.au
Website:
www.ColostomyNSW.com.au

OSTOMY NSW LTD

Unit 6, 555 Princes Highway
Kirrawee NSW 2232
Postal Address: PO Box 3068
Kirrawee DC NSW 2232
Operating hours: Mon to Thurs
9.00am to 2.00pm
Telephone: (02) 9542 1300
Fax: (02) 9542 1400
Email: orders@ostomynsw.org.au
Website: www.ostomynsw.org.au

QUEENSLAND

GOLD COAST OSTOMY ASSN INC.

PO Box 703 Labrador 4215
8 Dunkirk Close, Arundel 4214
Telephone: (07) 5594 7633
Fax: (07) 5571 7481
Email: gcoa@bigpond.com
Operating hours:
Tue & Thur 9.00am - 3.00pm
Office Manager: Norm Kelly

NTH QLD OSTOMY ASSN INC.

Shop 4, 52 French Street, Pimlico
Telephone/Fax: (07) 4775 2303
Fax only Mondays & Thursdays
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Hyde Park, Castletown 4812
Operating hours:
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Thursday 9.00am to 3.00pm
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QLD COLOSTOMY ASSN INC.

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Fax: (07) 3350 1882
Website: qldstoma.asn.au
Operating hours:
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Emergency No: (07) 3359 7570
PO Box 370, Chermside 4032
Email: admin@qldstoma.asn.au

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WIDE BAY OSTOMATES ASSN INC.

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Order Collection: Tue & Thurs ONLY
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SOUTH AUSTRALIA

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Tues-Wed-Thurs-10.30am-2.30pm.
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ILEOSTOMY ASSN OF SA INC.

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OSTOMY TASMANIA INC

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Website: www.geelongostomy.com.au
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Please take this advice into account when responding to company promotions and competitions.

From The Editorial Desk

Thank you for the great response with your letters, helpful hints and stories, as well as the three articles from Ostomy Associations, all helping to ensure that the *Ostomy AUSTRALIA* journal continues to be a useful resource for Australian ostomates.

In this issue our regular TINY TOTS CORNER section features the Gastronomaut® Ostomy hand-puppets. Introduced by Kylie McGrory (Qld Stoma Association) at the ACSA National Conference held during October last year, each of these hand-puppets has their own stoma with a miniature drainable ostomy bag attached. Stomal Therapy Nurses in the UK, USA and more recently Australia, are using these puppets to help child ostomates (and their parents) through scary procedures by demonstrating on the hand-puppet before the child undergoes the procedure. Queensland Stoma Association, Colostomy Association of SA (CASA) and Colostomy Association of NSW (CA NSW) each donated sets of these Gastronomaut® puppets to a number of hospitals recently.

The main medical item of this issue is a positive article on the somewhat "taboo" subject of erectile dysfunction following stoma surgery. This article, "Erectile Dysfunction following Ostomical Surgery" written by Liz Prosser, was originally published in the UOAA's (United Ostomy Associations of America Inc.) journal "The Phoenix". Though confronting to some, this article hopefully may be helpful to some of our readers.

Thank you to Harry Ashton for another good "Smile-A-While" short-story, "Barbara, the Bag-Lady" for sharing her experiences in "getting her Mojo back" and Brian Hunter for providing his thoughts on "Managing your Ostomy Stocks (or running a lean inventory)". Thanks also to Vera Cavanagh for her article "Steve's Story", relating life from an ostomate partner's perspective.

In the Your Say / In Your Own Write section there is a suggestion that the front-cover of our journal should better reflect the resilience, achievements and enthusiasm of ostomates – babies and children who are not only cute but brave and resilient; young adults who are coping with rigorous daily routines; older adults who are out there making the most of life. I think this is a promising idea and invite readers to send in their digital photos along with a narrative around the subject of the photo. Photos must be high-resolution JPEG files and preferably in portrait aspect (i.e. vertical format). Please note that we are unable to use hard-copy photos as scanning does not deliver images with sufficient clarity and sharpness for the front-cover. Written permission from all people shown in the photos should also be provided.

This issue's "In The Kitchen" column provides easy to prepare recipes for Zucchini Soup, Fish and Chips (with Mushy Peas) and a Lemon Delicious dessert. Thanks again Diana. If you would like to share a favourite recipe (suitable for people who have

a stoma), please send it in with a digital picture or two if possible.

Our regular "Ask Kylie" column explains who decides what products are suitable to list on the Stoma Appliance Scheme, why a product manufacturer or supplier may discontinue a product, and why we have to pay an annual membership fee to an Ostomy Association.



The "Ask Carmen" column answers reader questions on whether to tattoo the outer adhesive line onto your stomach, and the use of cranberry or urinary antiseptics to assist in preventing urinary tract infections. Please send your "Ask Carmen" letters and questions as early as possible as missing the journal cut-off date by as little as a week means your letter won't be published until the subsequent issue (i.e. four months later).

Please keep sending in your stories and helpful suggestions for our upcoming Journals. Remember that all contributions must include your name and address. However, if you do not wish your name published, please say so in your letter, and only your initials and State will be printed in the journal. Also note that an electronic copy of this journal is available to non-ostomates via the ACSA and other internet websites.

Please ensure that your contributions do not specifically name any doctors and nurses, unless they have agreed in writing to his/her name being published. Just refer to them as 'my surgeon' or 'my doctor'. Similarly, try to avoid specific use of an appliance company's name when it may suggest advertising in articles and letters.

You may also notice that a few minor layout changes have been made in this issue, with the National Directory of Stoma Associations information shifting to page 2 (from the inside rear page) where I feel it best reflects that the *Ostomy AUSTRALIA* journal exists for the members of all 22 Ostomy Associations within Australia. This change may also help to better direct a few ostomy supply requests, advice of deceased members, etc to the correct Ostomy Association. The National Directory of Support Groups page remains easily located at the rear of the journal (inside of the back cover).

Take care and stay healthy.

Kim Lyell EDITOR

*"Volunteers are unpaid,
not because they are
worthless, but because they
are priceless treasures"*

ANONYMOUS

Help! *Ostomy AUSTRALIA* needs your stories, experiences, helpful hints, etc

Please send your submissions via Email, Word or PDF documents to ostomy-oz@three.com.au

Hard copy submissions may be posted to:

The Editor, *Ostomy AUSTRALIA*, PO Box 195. Frenchs Forest. NSW 1640

A Carefully Managed Balance

In the last issue of *Ostomy AUSTRALIA* I focussed on the challenges that Associations face in providing adequate levels of support to their members, and in this issue I would like to continue the focus on support by outlining the challenges Associations face in fulfilling their obligations to their members.

It is widely recognised throughout the world that Australian Ostomy Associations provide the highest level of support facilities for their Ostomate members. The reason for this excellence is based to a large extent on the fact that Associations are able to supply an extensive range of appliances and associated products which are funded by the Australian Government under the Stoma Appliance Scheme (SAS). The supply of appliances is critical to the welfare of members so most of our resources and efforts are directed towards ensuring that the needs of everyone in this regard are met as fully as possible. In addition Associations are able to provide member assistance by way of information, encouragement and emotional support in conjunction with the supply of appliances. Experience has shown that being able to provide both aspects of support at the one time is the best way of helping members and this occurs as far as I am aware only in Australia. In all other countries these functions are separate because appliances are either supplied through distribution centres or commercial firms. However because of the importance of the timely supply of appliances and the demands this places on the time and effort by Associations, it is important to maintain a balanced approach so that the other support activities are not overshadowed.

The way to achieve a balanced approach is to continually improve the efficiency of all aspects of our operations so there is sufficient time for less immediate needs to be met. Because the tasks involved in supplying appliances is so great, it is here that the greatest improvements in efficiency can be made. Recognising this fact, Associations have moved to adopt modern business practises to manage this work. This need for business efficiency may seem surprising for Associations such as ours, but keep in mind that Australia-wide there are more than 39,000 Ostomates who order appliances on average nine times a year, which equates to an annual total in excess of 350,000 (of which half are mail orders). All these orders must be individually assembled from a range of over 2,000 different products. The annual cost for the appliances supplied under SAS is in excess of \$75 million. Apart from the work involved, Associations must also hold a high level of capital because they must order and pay for all of these goods in the first instance. Government funding is only provided by way of reimbursement after the Associations have supplied the appliances to members. It is unlikely there are any businesses in the world that would supply such a wide range

of items to so many customers at a cost of \$75M per year. So it can be seen that to keep up with the costs and work involved we must constantly try to improve our efficiency.

We must adopt modern and efficient processing methods and continually refine them along the way. We also have to make sure we do not lose sight of the fact that we must do so in a way which meets our ultimate objective of providing the level of support that members need. There has to be a carefully managed balance between efficiency of our operations and providing the level of help that is needed. This can be done by taking positive steps to help and encourage members, particularly our new ones, to come to grips with their appliance needs as soon as possible. This involves members being aware of the items they need, how much they will need for the next order period and the importance of building up and keeping a one-month supply in reserve. Associations therefore have to provide education programs and advice to make sure members are able to understand what they have to do when placing orders. If this is done members can be supplied as part of the day-to-day operations of Associations. All Associations are happy to respond to special orders when this is needed but members also need to play their part in keeping special requests, changes and enquiries to a minimum. The system only works because most orders are processed with a minimal need for change or the necessity to contact members with queries. You can imagine the problems that would occur if a majority of our members rang up each month with an enquiry or to be asked for their order to be sent urgently.

It is understandable that new members, who are just learning to live with their stoma, will often have changes and will need urgent processing of their orders when they are first discharged from hospital. Each Association's activities are geared to manage these early problems; however, new members can assist by becoming efficient in their ordering practices as soon as possible. Our Stomal Therapy Nurses can also assist in this regard by placing early orders for patients who are about to be discharged and keeping changes to a minimum.

It will help if everyone understands that when we save time and resources by improving efficiency in the supply of appliances we are better able to carry out our other important role in providing care, comfort and personal support to members to help them adjust to living with a stoma.

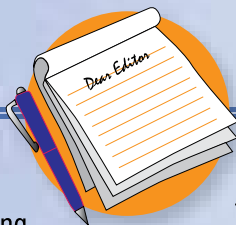
For now, keep well and be involved.

Peter McQueen PRESIDENT



A handwritten signature in blue ink, which appears to read 'Peter McQueen'.

Letters to the Editor



Dear Editor,

I would advise that my husband and I have been travelling on and off around Australia for many years and in 2001 left the Gold Coast for a 13-month odyssey around Australia.

Prior to leaving I built up a month's supply of requirements and then ordered a further 2-month's supply through the Gold Coast Ostomy Association, which I collected prior to leaving. At this time I also paid postage in advance for use further down the track. Ordering 2-month's supply at once is allowed when travelling either here or overseas.

From then on while on the road, when I sent an order I marked it 'HOLD UNTIL ADVISED WHERE TO POST'. When I knew 2 weeks in advance where we would be stopping I rang the Gold Coast Ostomy Association and advised them where I wished my supplies to be posted (e.g. "C/- Post Office, Wherever"). I didn't have any problems whatsoever.

Post Offices should hold mail for a month after receiving it prior to returning it to the sender if it has not been collected. This was never necessary.

This procedure has worked well for me since 2001 whether we are on the road for 3-months or 9-months.

I hope this advice may help other travellers.

Pat Linfoot QLD

Dear Editor,

I am writing to let your readers know of a very useful book and diet I found.

I had been very sick with the E.Coli bug and took courses of antibiotics which worked for a week before I got sick again and had to go back onto more antibiotics. I did some research myself and found a book called "The pH Miracle" by Dr Robert O. Young and Shelly Redford Young. It is based on an alkaline diet which has worked wonders for me. After nine months of being sick from the E.Coli bug I am now well and have been for four months.

It took me a lot of hunting and research of my own to find out about an alkaline diet. The GP wasn't much help to me and just suggested I take pain-killers to make me feel better and to stay on antibiotics.

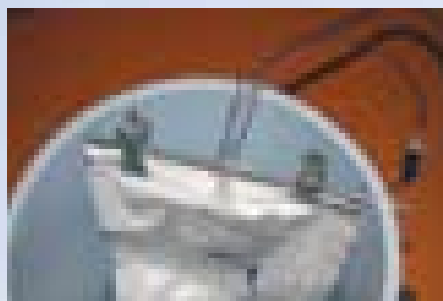
I think this information may be beneficial to some of your readers who also have this common problem.

Garry Collins NSW

Dear Editor,

May I contribute my hanger and bucket modification (nicknamed "Bucky") which supports my night drainage bag. It has helped me to avoid earlier mishaps since getting my stoma some 18-months ago following bladder removal. Maybe it has been done already, but here goes again.

Just get a Metal Skirt hanger (with clips as pictured), drill two



holes (make sure it is a tight fit) in a good quality plastic bucket ensuring that the hook of the hanger will "clip" over the rim of the bucket so as to prevent the hanger's shaft

from turning. When fitting the bag make sure that the hose is between the hanger shaft and the bucket so as to keep it straight and to avoid "kinking".

I've found this very practical and simple to achieve, and hope that other ostomates may find it a solution for them too. It's very stable, can be shifted about easily, the hose does not get constricted, and it is easy to build.

Tom Klein VIC

ONE DAY AT A TIME

There are two days in every week about which we should not worry.

Two days which should be kept free from fear and apprehension.

One of these days is yesterday, with its mistakes and cares, its faults and blunders, its aches and pains.

Yesterday has passed forever beyond our control.

All the money in the world cannot bring back yesterday.

We cannot undo a single act we performed.

We cannot erase a single word we said. Yesterday is gone.

The other day we should not worry about is tomorrow.

With its possible adversities, its burdens, its large promise and poor performance.

Tomorrow is also beyond our immediate control.

Tomorrow's sun will rise, either in splendour or behind a mask of clouds, but it will rise.

Until it does, we have no stake in tomorrow, for it is yet unborn.

This just leaves only one day . . . Today. Any person can fight the battles of just one day.

It is only when you and I add the burdens of those two awful eternities - yesterday and tomorrow - that we break down.

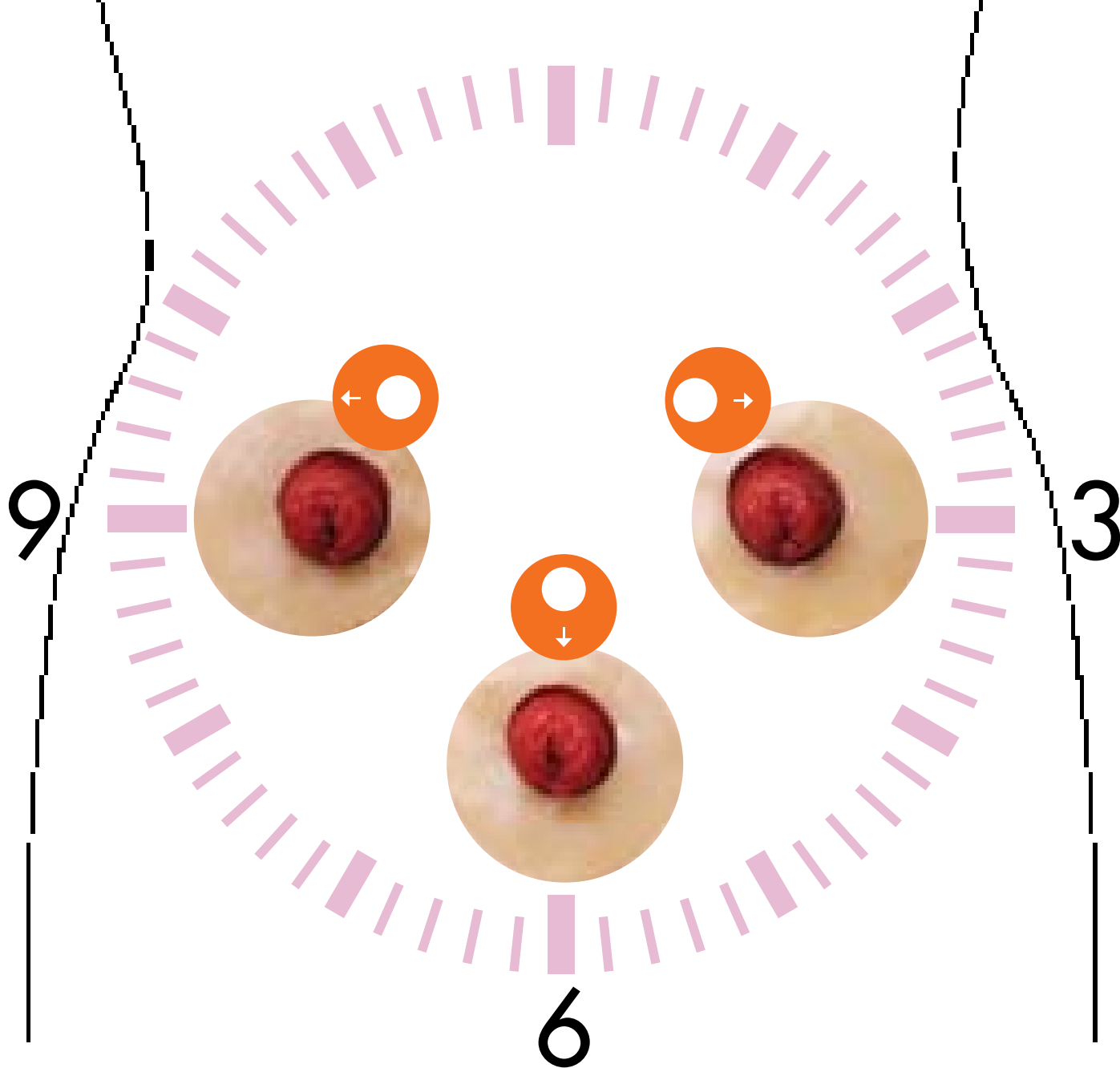
It is not the experience of today that drives people mad.

It is the remorse or bitterness for something which happened yesterday, and the dread of what tomorrow may bring.

Let us therefore live but one day at a time.



AUTHOR UNKNOWN



Tired of fussing and breaking up seals to fill a crease or stop a leak?

Imagine your abdomen is the face of a clock...

...and you normally need to break up your seal to level out a skin fold, crease, dip or scar. Introducing the new "Around the Clock" seal concept from Dansac, designed to provide more protective seal material in one particular area. The extra material can be oriented wherever you need it the most – 3 o'clock, 6 o'clock, 9 o'clock or anytime in between!

Simply place the seal over your stoma, positioning the wider part where you need the extra protection. Dansac Seals are easy to stretch, are erosion resistant and can be shaped again and again without losing adhesive ability.

Please call Customer Service on **1800 119 231** to request samples of the uniquely shaped Dansac Seal that offers you "Around the Clock" protection.

dansac 
Dedicated to Stoma Care

A Helping Hand for Children with a Stoma

Children worldwide are diagnosed every day with conditions that even their parents may find difficult to comprehend. Many are confronted with parents or grandparents experiencing a variety of medical conditions that affect daily living. Most children don't understand disease or illness or the associated investigations, procedures and treatments, and are often scared by what is going on around them. Children often find 'Doctor-speak', frightening and studies have found that the best way to communicate with children, especially about difficult subjects is often through other children.

At the ACSA National Conference in October last year, Kylie McGrory (Qld Stoma Association) introduced us to the Gastronomaut® puppets.

These fun Ostomy hand-puppets were developed by PHILIP and ELIZABETH PROSSER, authors of "Unwanted Baggage", a resource book for all ostomates.

Each of the puppets has their own stoma with a miniature drainable ostomy bag attached. Stomal Therapy Nurses in the UK, USA and more recently Australia, are using the puppets to help child ostomates (and their parents) through scary procedures by demonstrating on the puppet before the child undergoes the procedure.

The Gastronomauts are not superheroes, although their gifts have been slightly exaggerated – we are, after all entering the wonderful world of a child's imagination. A Gastronomaut will be a friend to whom a child can talk and someone to hold onto in unfamiliar surroundings (hospitals, doctors' offices, MRI equipment, etc). Their aim is to bring understanding, fun and imagination into the lives of youngsters to help them overcome their fears and anxieties.

They can also be used as a communication tool between a child and an adult, particularly when talking to strangers, medical staff, new teachers, etc. A constant little friend in time of need.

For more information on the puppets & videos or the book "Unwanted Baggage" visit www.thebowelmovement.co.uk



Colostomy Association of SA welcomes the GASTRONAUT PUPPETS

The Colostomy Association of SA (CASA) has approximately 13 young ostomate members under 12 years of age, with another 1 or 2 joining each month. Thankfully many of the new kiddie members have temporary stomas but none the less they still have to endure many horrid procedures.

As a result of Kylie's presentation at the ACSA National Conference, arrangements were made by CASA for a set of puppets to be donated to the Adelaide Women's and Children's Hospital (AWCH) at their November meeting.



Sally undergoing a Sigmoidoscopy

Dr Russell (Call me Rusty) Chartwell is a "rodded" puppet (although the rod can be removed). He is an expert in Bellybuttonology!

Simon is the youngest puppet. He has a heart of gold and Mother Nature is his friend. He rejoices in the world & especially all the animals around him. (not shown)

Lucy is athletic and keeps the others on their toes. She is very interested in diet and jumping!

Sally is the oldest, yet she is clever beyond her years. She uses her brain to solve a myriad of problems.

Max is the tallest Gastronomaut. He is the protector but although he is strong and bold, he prefers to use words to explain problems away



Sally, Simon, Max & Lucy

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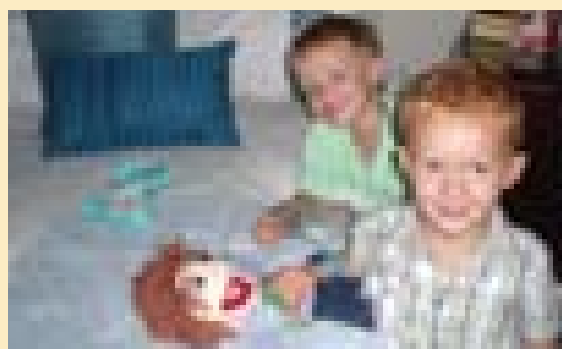


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In addition to the puppet set presented to the AWCH, CASA has also had the pleasure of presenting individual puppets (Simon and Sally) to two youngsters.



Puppet Simon was used to calm young Harry (4 years old) during his stay at AWCH just prior to Christmas. STN Lisa included Simon in all procedures with Simon going first and then a calmer Harry undergoing the procedure.

Harry became so attached to Simon that Lisa allowed him to sleep with Simon. There were many tears when Harry left Simon behind so CASA decided to play Father Christmas. Unfortunately Harry had left with his family for Queensland before we could arrange a reunion.

Harry's Mum reports that "Harry was over the moon to receive Simon, showing him off to everyone in the family and very proud to show him to his big brother, Lachlan. Thank you so much for sending him to us, it has made doing the catheters a lot easier. Only one adult at a time has to do it now as Harry is being very brave showing Simon how he doesn't cry anymore while having the catheter put in the stoma. We are still lying on the bed doing it. But just today Harry said Simon wants to do his wee into the toilet now, so maybe we will be able to move into the toilet soon, standing up. Very exciting!"

Likewise we have recently sent Sally to Hailie, a 4-year-old ostomate who also was much calmer through procedures when Sally was there to comfort.

CASA is now looking at a project to provide a Gastronomaut to every child ostomate member and future members under 9 years of age.

...and the **GASTRONAUT PUPPETS** have arrived in **NEW SOUTH WALES**

A child is going to go through, or may have endured, traumatic surgery to create an ostomy. They certainly deserve a little something special after this operation.



During November 2011, the committee of the Colostomy Association of NSW (CA of NSW) were very pleased to donate sets of these five ostomate hand-puppets to a number of NSW hospitals for their use with children with stomas.

Stomal Therapy nursing recipients to-date are Mandy Hawkins (Coffs Harbour Hospital), Therese Chand (Westmead Children's Hospital), Jill Fairhall (John Hunter Hospital and Newcastle Private Hospital), Carol Stott and Lisa Graaf (Prince of Wales Hospital and Sydney Children's Hospital - Randwick) and Debbie Day (Gosford District Hospital).

A further set was purchased for use by Sister Anne-Marie Lyons during her fortnightly clinic at the CA of NSW's Stanmore office.

CA of NSW is also pleased to advise that the association will provide one hand-puppet to each child ostomate under 10 years of age when they join CA of NSW. Their puppet will be sent with their Membership pack, along with a personalised Certificate of 'Bravery Under Surgery'. CA of NSW now carries both the "Max" and "Sally" hand puppets as "in-stock" items.



Above: **Jill Fairhall** STN and **Kim Lyell** (CA of NSW)
John Hunter Hospital and Newcastle Private Hospital

CA of NSW is also happy to send a laminated "Bravery Under Surgery" certificate to any child ostomate within NSW. Just mail or fax us, or send an email (ostomy@iinet.net.au) with the word "Gastronaut Certificate" in the subject line. You can provide the child's first (and/or last) name, the name of the hospital in which the operation took place, a doctor's name and the date of the operation.

Any additional information such as the name of a parent or relative who requested the certificate can easily be added. The certificate is signed by the Ostomy puppets.

Our hope is that these hand-puppets and certificates will assist children to better understand and cope with their ostomy.

The CA of NSW Committee welcomes applications from any other NSW-based hospitals and Stomal Therapists who would be able to utilise a set of these ostomate hand-puppets in their work with children with stomas. ★



Above: **Therese Chand** STN
Westmead Children's Hospital

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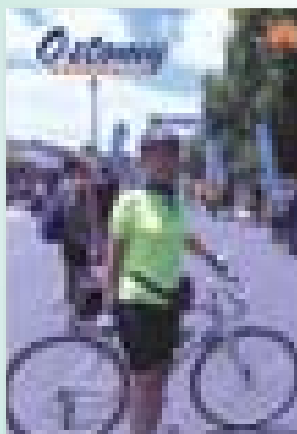
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Got it Covered?

Submitted by Julie M. Lyons-Vague

Aren't all ostomates potential front cover people for our wonderful *Ostomy AUSTRALIA* magazine? Well I think we should be! I'm over floral front covers and I'd like to see ostomates being celebrated for the achievements that we have made, with the front cover of our magazine reflecting our resilience and enthusiasm.



There are plenty of gorgeous ostomates out there who deserve to be featured on our front cover – babies and children that are not only cute but brave and resilient; young adults who are coping with rigorous daily routines; older adults who look great and are out there making the most of life. You all spur me on to try my best to really experience and enjoy my life.

This is a mock up front cover that I made using a photo of myself from the 2011 finish line of the Great Victorian Bike Ride. I joined 3,500 able-bodied cyclists, most who rode the whole nine days from Swan Hill to Castlemaine. My three-day effort, from Boort to Castlemaine, consisted of 160kms.

Maybe a photo of a group of ostomates is a less terrifying idea than an individual effort. I definitely don't need myself on the front cover but I'd like to initiate a change of ostomates' perceptions. A photo competition could provide a reserve of photos.

What do others think?

Travel

Submitted by David Graham

Now that I have been living with a colostomy for almost 14 years I feel I can pass on a few tips to people who wish to travel, especially overseas.

Having travelled overseas I find the best sure-fire way of having peace of mind is firstly carry your supplies between the two of you (if you are lucky enough to have a partner) and always in your hand luggage, never be parted from your supplies! Next thing is try and have more supplies than you might need (just in case).

On the subject of travel insurance I was rejected by two companies as being a bad risk, but eventually was insured by Australian Pensioners Insurance, albeit at a higher premium. This information I hope will be of use to Georgie Johnson. (Georgie's Story – *Ostomy AUSTRALIA* December 2011 issue)

After speaking to my surgeon regarding my bowel cancer he informed me mine is now not classed as a pre-existing condition as I have gone well over the 5 year mark and any further bowel cancer will be regarded as new.

A colostomy needn't stop you travelling, it just makes it more of a challenge.

Remember to inform customs or immigration officials who want to pat you down about your condition.

Happy travelling.

From Despair to Shock Success

Submitted by Janice Woodhouse, QLD

After my husband had been operated on for bowel cancer on 8th December 2011, and having to deal with a temporary ileostomy, I was not prepared for the despair and frustration he went through, not just for the incredible pain and stress, but more so for the immeasurable effort we both put in trying to get the flange and bag to stay on for more than a day.

Leakage occurred day and night. Various seals and many other items were trialled but without success. The two-piece bags were being changed up to three times a day instead of being able to just change the flange every three days. My husband's skin around the stoma was becoming increasingly red raw and very sore. The stoma was pointing downwards at 6 o'clock which made it even more difficult, and his tummy was very uneven.

We applied for many samples and tried many combinations for a month. At times we were up at 11pm, and again at 4am changing all the apparatus. After five weeks of trying very hard to keep our cool, I decided it was time to have him admitted back into hospital under our private health cover which was agreed upon by his stoma nurse.

On the morning we were advised there was a bed for him we packed hurriedly, changed his bag and flange and proceeded to the hospital. Little did we know we had hit upon a winning successful combination that very morning. After four days in hospital under observation and amazement from the nursing staff and his wonderful stoma nurse, he was discharged. The only thing changed was his medication by way of Gastro Stop three times a day to slow down and thicken the discharge.

The winning combination was simply this:

Two Aloe Vera boomerang-shaped strips were cut in half. I put them directly onto and covering all the red raw skin right around the stoma believing that the Aloe Vera would heal his skin, and at the same time stop any leakage coming in contact with the skin.

Then we switched to a one-piece bag, which immediately stuck fast to the boomerangs, which are usually placed on the outer side of the flange or bag just to keep it in place.

In four days my husband's skin was completely healed and his feeling of wellbeing and security has made him into a different person, all for the better. Now he changes his bag when he wishes to, not because of leakages.

We felt we should share the above to assist any other people suffering from leakages.

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STEVE'S STORY

By Vera Cavanagh, QLD

Being the partner of an ostomate (for over three years) who is now the President of an ostomy association, I felt an obligation to assist any "newly created" ostomy partners through their own emotional turmoil.

It seems that partners can often feel isolated, hurt, bewildered, put-upon, denied and generally outcast from family, friends and community because of the:

- a) ostomate's self-focus
- b) perceived problems in socialising
- c) physical reality of a sexual relationship

Perhaps certain emotions and constraints I had experienced were universal issues, and my revelations could maybe heal a rift or help some drift back to a more understanding and loving union.

I initially thought that I would interview partners of known ostomates to gather information that might assist the partners of new ostomates generally. But then I thought - No, you're being very high and mighty and condescending, thinking anyone would:

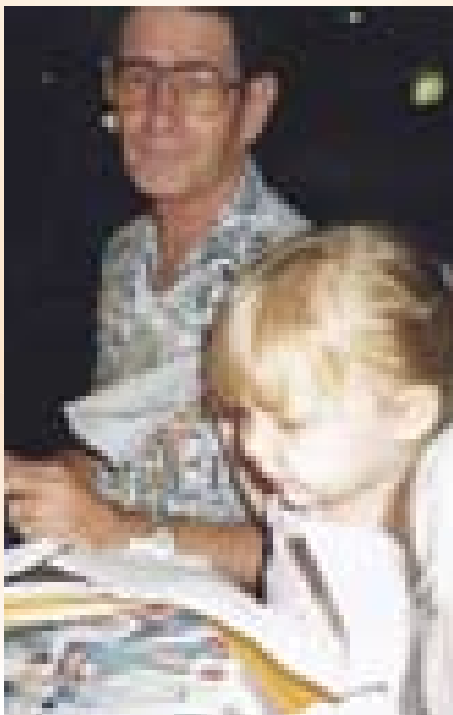
1. be interested
2. divulge private thoughts
3. consider that they had any solutions

So instead of gathering other people's "cure-alls" (which was always going to be awkward and unwieldy), I have taken the easy way out and offer Steve's story instead!

Health aspects have always had priority in my own family history, the raising of our girls (now adults with their own families) and presently, in our "more mature" state, it is imperative.

In 1970, after a three-day ship-board meeting and 10-month courtship, we arrived back in New Zealand to wed (he had been on his way to South Africa and I was returning to my family in Sydney after a trek around NZ). My family had sold up and were heading back to the United Kingdom with my paternal Grandmother who had visited over the previous 10 months. We married in Wellington on the day the ship carrying my family arrived and we headed off to England with the family on the same ship.

We returned to NZ and both got jobs in Auckland (Steve in his printing trade



Steve (before his liver transplant) and Grace (now 10)

and me in a travel company) – we were embarking on the great voyage of married life – being poor but being adventurous, inventive and industrious. He was 21 and I was 23, and we thought we were invincible until he became aware that he was needing to visit the toilet a lot. He entered nine different doctor's rooms before we realised that we were not going to get any answers. We decided to make our permanent home in Christchurch and visited the local doctor in the suburb of our new flat. This doctor was reluctant to take on any new patients, but when Steve mentioned that we had been trying to get pregnant he relented and pronounced us new parents! He arranged for Steve to visit the Big House of Stone where he sat over a bucket with only a "hospital gown" between he and the comings and goings of a busy infirmary. Sometime later it was deduced that Steve had **Ulcerative Colitis** and there was no cure, only medications to make it manageable, and eventually a liver transplant would be inevitable.

A swathe of tablets, nightly self-administered enemas and grim determination became the routine. The first shut-down on our coupledness. A realignment of our relationship. I was not allowed to help.

The arrival of daughter Ruth, and four years later Sally, highlighted the need

to have family support – though we had a saviour in a wonderful 86-year-old neighbour who as a farmer's wife had had six children of her own. We sold our home and landed back in Sydney where my family had returned.

Our doctor introduced Steve to a specialist who had his clinic at the Seventh Day Adventist Hospital in Wahroonga where treatment of the same tablets and enemas was continued.

Having family get-togethers was good for all of us (Steve's family was fragmented so we never had contact). The girls went to school and developed friendships, etc and we went on family camping holidays and a trip to Brisbane. My father had been in Brisbane for a time during the war and was befriended by a local family. He was most taken by the profusion of flowering trees and had wanted to immigrate to this region when the war was over. We made Brisbane our home in 1980.

Steve's gastroenterologist monitored him diligently, removing the enemas from the routine and changing the concoction of medications. He was "innovative" in the words of a nutritionist whom Steve had visited.

This new era also required six-monthly visits with annual colonoscopies. **Primary sclerosing cholangitis (PSC)** was diagnosed, requiring a total of 16 tablets in the morning and 16 slightly different tablets at night.

We found out later that patients with PSC have an average life span of eight years. Sixteen years later Steve's gastroenterologist arranged for an extra procedure, which confirmed that the cells concerned were on the brink of changing. An appointment was made to meet with a liver transplant surgeon on my 2004 birthday.

"You don't present as a man with liver problems." was the transplant surgeon's initial comment. "Let's have a look". Steve was under the wing now of a different set of angels - The Liver Transplant Program.

Preliminary meetings / Review Board / tests of all sorts / meetings with potential recipients all indicated a long waiting list. The fact that Steve's blood type is an uncommon AB pointed to an expected lengthy wait. Nevertheless the testing continued but before completing these we received a totally unexpected phone call

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on the evening of 4th September 2004 to proceed to the Princess Alexandra Hospital Emergency.

I left him at 6:00am as he was wheeled into surgery - they would call me when his surgery was completed. I went to bed with the phone beside me and at 10:00am the shrill sound of my phone woke me in a panic. It was the plumber wanting to know the height under the floor of our house! (We had sold our house of 18 years two weeks before we learned that Steve was to see the transplant surgeon and planned to build our own house. It was in the hands of the real estate office Wednesday and sold on the Saturday). As owner-builders we were again on a new path of discovery.

Needless to say I did not get back to sleep but neither did I hear from the hospital! Both girls were urging me to phone and by about 7:30pm I finally got through to the Intensive Care Unit and was told I could visit.

The male Intensive Care Nurse informed me that Steve was doing well – pointing out that normally there were about seven or eight machines but in this instance there was only three. He was in intensive care for two days and was walking on the second day. He had a room to himself where Sally had placed pictures, photos and words of encouragement around the walls. He was home within the week and walking down the street solo after going to “Bloods” [blood tests] every day. He also made friends with a young bubbly recipient whom he met whilst waiting his turn with the doctors. “Bloods” visits lessened to one a week, then monthly, six monthly and now annually.

“Thanks Giving” occasions are very emotional, sobering, enlightening and uplifting. Gratitude to the donor families makes for a very humbling existence and you constantly strive to honour their sacrifice.

Less than three months later we started building our house. December is not a good time to be physically out in the elements, and because anti-rejection formulations reduce the body's natural immune system, Steve was covered with heavy clothing, thick white sunscreen and huge felt hat. He looked dreadful – a walking scarecrow comes to mind as a description. Those around us now rarely see him without his eye-protecting “Beaudesert Gates & Steel” cap to filter the sun's rays.

“You've had the big one now this is a

piece of cake.” was how the anaesthetist greeted Steve at the Mater Private Hospital in July 2008. A permanent ileostomy and stoma was created by those ingenious and dedicated people who populate the wards. Once again Steve's gastroenterologist was the initiator - we so admire that man for his tenacity!

Upon release from hospital we went directly to the **Queensland Colostomy Association (QCA)** at Moorooka to pick up the ostomy supplies organised by our Stomal Therapy Nurse. Steve joined the association and arranged for postal deliveries.

In December 2008, with a desire to learn more, Steve attended QCA as a volunteer.



Steve (after liver transplant) and Tiarna (first granddaughter – now aged 11). Tiarna also helps at QCA during school holidays

The first week packing for one day and from then on two days a week learning about stomas, ostomates and the general operation of the association. He became a committee member in 2009 and was elected President upon the death of Norm Dillman in August 2010. I had helped Steve build some of the shelving which we installed in the warehouse and then I also started visiting the association with him.

We attended the 2010 Australian Council of Stoma Associations (ACSA) annual conference in Melbourne as observers and came away with lots of information about the dealings and activities of the various ACSA schemes. To learn of the plight of babies and their families; the aid which is assigned to less fortunate



QCA warehouse and packing area.

and poorer communities overseas; the fiscal problems associated with an ageing and increasingly less-fit population and meeting the elders of the other ostomy associations reinforced our compulsion to continue volunteering.

Steve's tenure as President of Queensland Colostomy Association has seen:

- ✓ re-modelling of the premises to enable safe and easy exit, wheel-chair access plus light and airy working spaces;
- ✓ easy flow-through storage and office equipment;
- ✓ installation of new computers;
- ✓ introduction of new ostomy software; and
- ✓ establishment of QCA's Web Site - www.qldcolostomy.org

Our Stomal Therapy Nurse also loves the new dedicated room with its modern automated hospital-bed and facilities.

Yes, I am proud of what Steve has achieved, but it also would not be possible without the effort of those who have gone before and those who are still “going”. Our deep appreciation and admiration to our present team – namely **Bernadette** who dispenses information freely and has guided me through many situations; **Keith** who taught me to pack so that contents arrive safely and securely and is the epitome of a stately gentleman with a keen wit and memory; **Pam** who travels a similar distance to us but does it by public transport and is always there when we need her diligence and work ethic; **Mary** and **Asger** who do our ordering; and the others that I should mention but am conscious of the time and space.

Thanks also to **Kylie** from Queensland Stoma Association who is Steve's new “best-est” mate and took the time and effort to come to Moorooka to show us the workings of the new computer software and who continues to smooth our way.

Of course acknowledgement must also be given to the suppliers and their magnanimous representatives - Paula, David, Jane, Merrin, Donna and Carol.

Volunteering at the Association has more than anything helped me in understanding the reality of our lives now.

The families of our stoma association personnel share experiences, both personal and professional, and you can be assured that they **strive beyond a reasonable effort to give YOU exceptional service.** ■

Seal it with a hug.

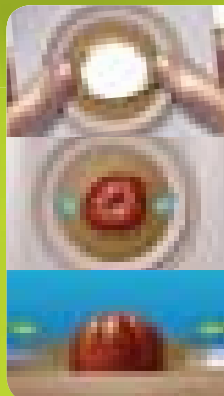


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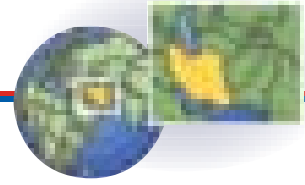
¹ Scott V, Raasch D, Kennedy G, Heise C. Prospective assessment and classification of stoma related skin disorders. Poster presented at: 41st Annual Wound Ostomy and Continence Nurses Society Conference; June 6-10, 2009; Orlando, Florida.

² Hoeflok J, Guy D, Allen S, St-Cry D. A prospective multicenter evaluation of a moldable stoma skin barrier. *Ostomy Wound Manage.* 2009;55(5):62-69.

* U.S. Patent No. 6,840,924 B2

ASPOA Meeting in IRAN

By Peter McQueen, ACSA President



In October 2011, I had the good fortune to represent Australia at the first meeting of the Asia South Pacific Ostomy Association (ASPOA) which was held in Tehran, Iran.

It was not without some trepidation and soul searching that I went to Tehran, but after realising that at least two Stomal Therapy Nurses from Australia had been there before me, how could I not go. However, on arrival at the conference venue, the Olympic Hotel, I wondered what I had let myself in for. My credit card was useless as international credit cards are not accepted anywhere in Iran. This also meant that I couldn't even access cash from any bank. To make matters worse I could not use my mobile phone (I felt very isolated indeed). I was lucky that a fellow delegate from New Zealand was able to come to the fore and help me out. Be aware of this if you are ever contemplating visiting Iran, take plenty of US dollars as even travellers cheques are useless. It seems ironic that the most sought after currency is the US dollar even though their administration always seems to be at loggerheads with the US leadership.

This was the first regional conference of the International Ostomy Association (IOA) organised in a Middle-Eastern country. The Iran Ostomy Society (IOS) is the sole member of ASPOA from the countries of central Asia and had originally been chosen to host a meeting in 2008. After a resolution at the IOA World Council Meeting in 2010 that South Pacific members Australia and New Zealand would merge with the Asian region, the delegates of the newly formed Regional Association (ASPOA) agreed that the planned Iran conference would go ahead.

As part of the conference a comprehensive scientific program was included with many nurses attending. Many subjects were addressed including, the role of IOA in the Ostomy World, present status of Asian Ostomates, Nutrition and Ostomy, Sexual Complications of Ostomates, Side-effects of Chemotherapy, Continent Ostomy, Irrigation and many more. The nurses

attending the full scientific program were given credits towards their ongoing educational program. It is widely recognised that the best way to improve the well-being of Ostomates in Iran is to have better qualified health professionals looking after their needs. The IOS has been, and continues to be, the main catalyst for the education of Ostomy-care nurses in Iran. As yet there is not a WCET recognised Stomal Therapy course in Iran, but there is widespread support amongst health professionals that this issue needs to be addressed.

The IOS was founded by Professor Vafai, a prominent colorectal surgeon in Tehran. He became involved after being urged by Elizabeth English of Australia to establish an Association that would improve the well-being of Ostomates in Iran. Professor Vafai is still very much involved and, along with other colorectal surgeons and physicians, is a part of the management of the society. They have made tremendous progress in only ten years and are keen to become a leader in Ostomate welfare within central Asia. The Iranian health system offers no support to Ostomates in Iran; appliances have to be purchased at prices comparable in most western countries, which becomes a major impost on family expenses. It was widely recognised that the Stoma Appliance Scheme (SAS) in Australia is the gold standard and it is the IOS ambition to reach that level of governmental support.

Not knowing what to expect I was pleasantly surprised after spending a week there. I was impressed by the Iranian hospitality, how honest and helpful the people were. It showed that it doesn't matter where you come from as our aspirations are very similar (safety, housing and good health). It is far from a third world country with a population of almost 80 million. Tehran is a mega city with over 13 million inhabitants; with that number you can imagine the traffic chaos. I will never complain about our traffic again. ■

*Zayandeh River in Isfahan,
Isfahan Province, Iran*



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By: Elizabeth and Philip Prosser. **Authors:** Unwanted Baggage - a resource Guide to Ostomical Life. **Website:** www.thebowelmovement.co.uk

To date, according to the British Medical Association, there has been little published research describing the experiences of erectile dysfunction in men with colorectal cancer and Ostomised patients who have also undergone full rectal surgery.

Fact: Physical and emotional causes can result in Erectile Dysfunction in post-operative Ostomates.

Fact: There are solutions.

Fiction: You have to live with it.

Erectile Dysfunction, or ED, is a sensitive and embarrassing topic – it can affect every man at some point in their lives and many post-operative patients (whatever the operation) may be subject to this as a temporary set-back. While ED is not exclusive to post-operative ostomy patients, a recent study (conducted by a British team attached to the West Midlands Health Trust - a major UK health board) has proven to be pioneering inasmuch it included one-on-one interviews, specifically to investigate the incidence of erectile dysfunction in ostomy patients and the effects upon their partners. The sampling included a range of ethnicities, ages and socio-economic backgrounds and relationship status. This provided results on dysfunction, impact on self-perception and relationships, information and treatments. All participants had been sexually active prior to surgery and were content with their intimate lives to that point.

Whilst we examined over 60 separate studies, interviews and published papers on the subject, the conclusions of this newer study, while in agreement with the overall conclusions, provided a deeper insight into the problems facing post-operative ostomical men. None of the subjects, had any discussion about sexual behaviour before or after surgery with their consultants, GPs or colorectal nurses, with one exception, a homosexual male who had been advised by an active "Gay Pride" Group to "Ask the Question". Emerging from surgery over the initial recovery period, none of them asked any questions about intimacy until they experienced problems. A startling 70% of all participants in this study reported ED three months after surgery. 10% were not in a relationship and subsequently of those that became intimately involved (7%), 5% reported ED. 20% reported little or no problem (or may have been too embarrassed to admit to it).

One study, published in Wound Management (Gwen Turnbull RN) highlighted that erectile dysfunction has to be seen in conjunction with the other factors affecting body image after ostomical surgery. Society places values on beauty, body, sexuality, cleanliness and self-control. Ostomical surgery makes changes to the body that are not only visible to the patient, but also to the sexual partner. The feelings of the person with a stoma, and how intimate partners cope with those changes can alter sexual desire as well as sexual activity. The most educated, devoted people have genuine problems in making these adjustments. A healthy man or woman confronted by his newly "ostomical" partner may also suffer from both a degree of ED or a lack of sexual desire in the case of a woman, for these very reasons. It can intimidate intimacy and make the bedroom a testing ground where each partner puts acceptance on the line.

All the studies, papers and articles that we read agreed that participants recorded a reduction or in the most radical, a total discontinuation in sexual relationships. Blame was cast upon physical changes caused by surgery and psychological problems by both parties, e.g. "Not feeling attractive". Depending upon the depth of the prior relationship, the healthy partner often takes on the role of caregiver to the ostomate, helping with the most intimate and private bodily functions. This new role makes it difficult for both partners to feel "like lovers again". Patients are afraid of being hurt by pressure on the stoma, while healthy partners may be terrified of hurting. Same-sex-partners reported the same issues. If these same ostomy patients and their partners had been lucky enough to know in advance the details and possible results of ostomical surgery on their intimate lives, they would have been better prepared to face the consequences, seek further advice and take action.

Patient's (who took part in the West Midlands study) comments included:

- *"As soon as I was well enough, I found nothing was sort of working"*
- *"I think the harder I tried, the worse it got, you know."*
- *"I got very depressed because as a man you do feel a failure I guess, not a man, or unmanly, it becomes a vicious circle."*
- *"Well, at first I put it down to old age to be quite honest at 71 you can't expect the full drama!"*
- *"I think I'd like to feel like a complete man again, I imagine how women feel after a breast op, they don't feel a complete woman I would imagine – it is like that."*
- *"It only hits you after. I'm useless. It's only for peeing now."*
- *"We enjoyed a good sexual relationship. It's not the same, You can sense, it hasn't broken down yet, I suspect it will."*

Many of the studies found a common factor inasmuch as those interviewed were reluctant to seek help. It is a very private matter; and many, many people found it embarrassing to admit their problems or seek advice from professionals and gave reasons why they did not seek answers. Many believed it was too trifling to bother a doctor with; a patient with a female doctor believed it would cause her embarrassment; others did not understand the help available within the healthcare systems.

Because sexual function and interaction is one important aspect of the quality of life, the follow up appointment after surgery is an opportunity for the healthcare professional to assess whether or not a patient has been experiencing sexual problems. It is also on this occasion, if it is not raised by the doctor, that the patient should take the initiative and opportunity to bring the subject up. A simple "Do you have any problems or concerns with regard to sexual issues?" or "I need to ask you about my current sexual problem."

If you recognise you have a problem, then this is half the solution, the other half is communication. In our book, "Unwanted Baggage", we have discussed communication in relationships covering both

the emotional and intimate changes that take place in almost every relationship involving an ostomy. From our own in-depth studies, many ostomate men experience erectile problems. These may be caused because intimacy is attempted too soon after surgery. There are no hard and fast guidelines as to when to resume sexual relations. (It is comparative with the "6 week rule" after childbirth; for some it is too soon, for others they are eager before). Don't allow a throwaway remark such as "You should be able to resume normal relationships after ... weeks". This becomes an unintentional, implanted idea. If you are unable to "perform" after this specified timeline has elapsed, it implies you are not functioning properly and therefore not normal.

When your body is ready, you may begin to feel some reaction. It may have been some time before surgery that you may have felt like being physically intimate anyway – now you do, but your body may want to take it slowly. Your partner has similarly abstained – she or he may also want some time to adjust.

You should talk about intimacy and plan your encounter making allowances for your new prosthetic.

Rule 1: Do not try to make love for at least 3 hours after your last meal.

Rule 2. Empty the pouch.

If you wish to cover the pouch, there are some very sexy pouch covers available, or you could wear a belly band or long tee-shirt. There are also small pouches designed for intimacy available from most manufacturers.

Imagine you have met your partner for the first time – did you rush into bed? Perhaps not. Begin again as you did then with kisses, cuddles and build up slowly to your regular routine. Positioning is essential, especially soon after surgery – this may require some experimentation – but that can be fun too. If there is a problem, it is easy to say, but try and laugh about it as your body may not be ready to cooperate with what your mind wants! Give it a few more days, wait for the right mood and try again. It is important for both partners to understand failure and acknowledge that it should not be permanent whatever the cause. In the interim, intimate play can show your partner that it is not a lack of desire on your part that has caused the problem, and will serve to reassure emotional bonding and relieve sexual tension. It is of the utmost importance that your partner does not feel that this hiccup is caused by a lack of desire toward them.

After a few unsuccessful attempts then you should seek professional help. There are a number of minor reasons why ED is happening:

- post-operative surgery – you may need more time to allow full recovery;
- medications themselves can cause ED - read the small print and ask your doctor to change or recommend an alternative (sleeping tablets, blood pressure tablets and sedatives are the worst culprits).

In the first instance, your doctor may suggest counselling. This is a good idea, as it will allow you and your partner to talk together with a third party and in return, receive both counsel and reassurance.

Your doctor, having read your medical notes, may also suggest using Sildenafil Citrate (trade names: Viagra, Cialis and Levitra) which can be prescribed if problems are proven to be of a psychological

nature. All three of the well-known drugs used for treating ED work by blocking an enzyme called PDE5, an enzyme that stops erections by destroying nitric oxide in the tissues of the penis. These drugs are very successful and make a huge difference in the treatment of erection problems. However, none of them, Viagra included, will increase libido, so if you have no pre-existing desire, then an erection is not going to magically appear and enable you to have sex. Viagra, Cialis and Levitra enable you to develop an erection when you are aroused and when you are getting sexual stimulation.

In some cases, the exact surgery performed may have caused sexual impairment of a genuine physical nature. When the rectum is removed (in an ileostomy or colostomy surgery), it is very near to the nerve system attached to the genitals. These delicate nerves may have been bruised (in which case, time will heal) or they may be damaged in which case a medical solution can be advised. In the case of a Urostomy, the nerves to the prostate gland may suffer in the same way. It is important to discover the exact nature of the damage before any treatment can begin.

Once determined, there are a number of options open. The sooner these are begun the better the outcomes. The Memorial Sloan Kettering Cancer Center in New York conducted a specific study to investigate whether early treatment was beneficial in cases of nerve damage to the genital or prostate nerves. The conclusions were that the earlier treatment was begun, the better the outcomes. They referred to pharmacological treatments (injections to the penis) alone and resulted in successful outcomes for early treatment within a two to seven month period. Patients who delayed treatment took longer to see positive results.

In addition or in place of pharmacological treatments, is the vacuum pump method. Vacuum therapy is a simple device that uses vacuum pressure to accelerate blood flow to the penis. After placing a supplied cylinder to the penis, a pump forces air out of the cylinder. The suction created increases blood flow, resulting in an erection. Once an erection is achieved, a maintaining ring is placed at the base of the penis to keep it erect for full intercourse. After the ring is removed, the penis will return to its normal flaccid state. There will be a decrease in the force of the ejaculation as the constriction band traps the ejaculate or semen at the time of orgasm. This is not dangerous and usually does not cause pain. Generally, this does not interfere with the pleasure of a climax or orgasm.

However, spontaneity goes out the window as pharmacological, stimulation tablets or the vacuum pump require careful planning. This brings our circle back to communication. We have talked to many ostomates, both male and female, most in long term relationships. They have all admitted to a degree of ED, disregarding the sex of the ostomate, most have learned to take a step back and talk long and hard about intimacy and plan ahead. Spontaneity is not impossible but even having to empty a bag stops time for a minute or two. Setting the mood can help, with music, low lighting and candles. A romantic atmosphere can allow a small visit to the bathroom and intimacy can thrive. Many ostomates even report an increase in sexual activity as it is the first time they have had to confront the topic in many years of marriage and enjoyed new experimentation in the bedroom.

Earlier, we quoted a gentleman of 71 (who ultimately sought counselling). Age is not an issue when it comes to sexual desire. Indeed, history has shown us that Picasso fathered a child in his 90's

Continued page 24

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1. Porrett T, Nováková S, Schmitz K, Klimekova E, Aaes H. Leakage and ostomy appliances: results from a large-scale, open-label study in clinical practice. Gastrointestinal Nursing March 2011;9(2);9-13 (Suppl).

Ostomy Care
Urology & Continence Care
Wound & Skin Care



Coloplast develops products and services that make life easier for people with very personal and private medical conditions. Working closely with the people who use our products, we create solutions that are sensitive to their special needs. We call this intimate healthcare. Our business includes ostomy care, urology and continence care and wound and skin care. We operate globally and employ more than 7,000 people.

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and he is certainly not alone. There is an old joke: There are two bulls in a field, an old bull and a young one. The younger bull turns to the other and says: "Let's run down the field and make love to a cow!" The old bull, slowly chewing the cud turns to him and says "No, let's walk down there slowly and make love to them all."

REFERENCES: This article includes references to the following primary sources. We spoke at length to Mr. Subramonian and Annette Leyland on the results of a recent study on men who had undergone colorectal surgery and its effect on erectile dysfunction that was completed by a West Midlands team in the UK. The team was led by Kesavapilla Subramonian (Consultant urologist) and Annette Leyland (Colorectal Nurse Practitioner) but involved colorectal surgeons, gastroenterologist consultants and professional and lay advisors on aftercare for ostomy patients. The Study was commissioned by the Department Institute for Health Research (ref:13245) and approved by the Warwickshire Research Ethics Committee. The results were collated and verified by Q.S. International, an independent data analysis corporation. All participants agreed to the subsequent publication of their individual comments and were chosen to form a cross section of age, ethnicity, type of relationship and socio-economic background. The results study was approved for publication and reference by the British Medical Association (BMJ ref: 2011:343:d5824). In addition the following material was researched thoroughly and we talked to several of the authors below and to others. Additional cross references include:

- S. Payne - "Not an Equal Opportunity Disease" - a sex and gender base review of colorectal cancers in men and women;

- R. Ellis, A. Smith, S. Warmington, T. Ismail - "The Prevalence of erectile dysfunction in post-treatment of colorectal cancers" (Med:2010;7:1488-96);
- B.J. Davidson. A.L. So, S.L. Goldberg - "Quality of Life, Sexual Function and Decisional Regret at 1 year after surgical Ostomical Treatment" - An article that appeared in Medline Web of Science;
- M.E. Galbraith, F. Crighton - "Alterations of sexual function in men with colorectal cancers" (Seminar: Oncology Nursing 2008;24:102-14);
- A. Hordern - "Intimacy and sexuality after cancer: A critical review of the literature" (Cancer Nurse 2008;31:E9-17);
- J. Tomlinson, D. Wright - "Impact of sexual dysfunction with Sildenafil";
- I. Lindsey, B. George, N. Mortensen, Department of Colorectal Surgery, John Radcliffe Hospital, Oxford UK - "Randomized, double-blind, placebo-controlled trial of sildenafil (Viagra) for erectile dysfunction after rectal excision for cancer and inflammatory bowel disease";
- M.R. Symms, S.M. Rawl, C.S. Wendell, S.J. Coons - "Sexual Health and Quality of Life among Male Veterans with intestinal ostomies";
- Indiana University, Division of Gastroenterology/Hepatology - "Treatment of Sexual Problems in People with colorectal cancers" (National Cancer Institute 20/11/2011).

Statistics are based on those provided by the East Midlands Health Trust which showed that colorectal cancers and other surgeries involving rectal excision affects 38,000 men in the UK annually (total population of the UK - 60 million), 75% of which were found to suffer erectile dysfunction after surgery. 60% of men affected were extremely distressed by erectile dysfunction. ■

Smile A'While

In years gone by I attended a factory where we manufactured colourful blinds and awnings which we advertised in newspapers and on radio. As the enquires came in we had contractors who would measure and sell them, being paid according to their results. But I noticed enquiries coming from an area approximately a one hour drive away north of Sydney, which because of its distance was not being attended by our contractors. So I decided to take the trip on a weekend with my wife and maybe include a bushland picnic.

Our first call turned out to be a large top-class home and we drove up a long red gravel driveway to be greeted by a Great Dane dog who put his massive head in the car for a pat but that was the only sociable greeting we were to have because the rest was quite business like and when I received the order I could feel that I would lose it if I had the hide to ask for a deposit.

Our next call was a few miles away and we rattled our way up a very rough unpaved road until we came upon a little old weatherboard house crying for a coat of paint. I said to my wife "If you'll turn the car around I'll be back in a minute because this one is a dead loss" and I hurried along a little track to the front veranda where I used a big old fashioned steel door-knocker. Soon a little old grey-haired lady appeared and when she saw the pattern book in my hand she said "Oh, please come in". I got a surprise to step down from the wooden veranda to a floor which was made of packed earth with a hard surface which was even shiny as though it had been polished. She led me to the kitchen where she sat me down to the wooden kitchen table, which had a lamp sitting on the middle of it, where I noticed in one corner

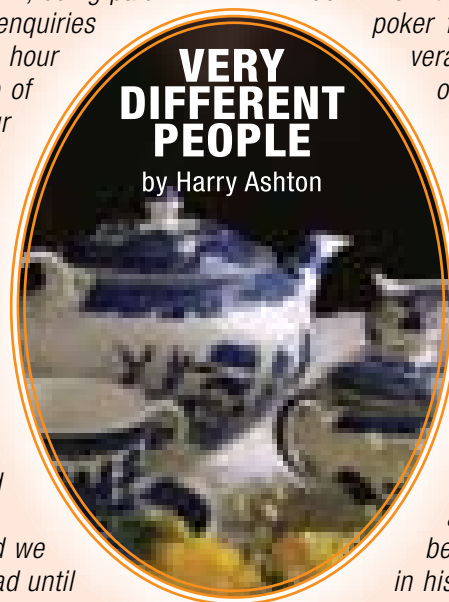
an old fashioned fuel-stove and on the other corner something new which was a Silent Knight refrigerator which I knew would be run on kerosene. The lady then said "I will have to fetch dad down from the top paddock" and with that she took a steel poker from the stove and walked out on the back veranda where an old brake-drum was hanging on a rope from the ceiling. She gave that some savage hits with the poker and a few minutes later dad appeared wearing a tattered old suit, which I imagined he may have been married in about 40 years ago, and with a wide brimmed farmer's hat and a beard about 6-inches long.

"We need straight drop lines" he said "right from the ceiling to the floor all along the northern and eastern verandas". So I measured quickly not expecting the sale and finally said to him "Look I'm very sorry but I can't do any better than supply all these for 80 pounds" (this would probably be \$1,000 today) where upon dad put his hand in his pocket saying "You might as well have it as the tax-man". He then counted out the 80 pounds and although I told him that all I needed was a deposit he said "No, the deal is done". So I measured again carefully because I'd only measured very roughly at the beginning.

Mum then called "Tea is ready" and when we went into the kitchen I was surprised to see that mum had already been out to the car and invited my wife in and between them they had settled on the pattern for the blinds. So then we enjoyed cups of tea and homemade scones and enjoyed one another's company for at least half an hour. As we drove away we both felt that our second customers seemed very much happier than the first ones.

VERY DIFFERENT PEOPLE

by Harry Ashton



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1. Who decides what products are suitable to list on the Stoma Appliance Scheme?

When the manufacturer or supplier of an ostomy related product wants to make that product available to Australian Ostomates through the Australian Stoma Appliance Scheme, they must submit an application to list the product with the Stoma Products Assessment Panel (SPAP). The SPAP is an independent committee made up of individuals with expertise in current clinical practice (e.g. stomal therapy nurses); individuals with expertise in reviewing and interpreting clinical evidence; an individual with expertise in reviewing economic analyses and evaluation of health gain; a consumer representative and an independent chair.

The role of the SPAP is to provide advice to the Australian Department of Health and Ageing about which stoma-related products are suitable for listing on the Stoma Appliance Scheme (SAS) schedule. The panel meets twice-yearly to discuss and assess applications. When determining the suitability of a product for inclusion in the scheme, the SPAP takes into consideration the comparative clinical function and effectiveness of the product, its comparative cost effectiveness and its safety.

2. I have received my products today and have found a note on one of my boxes to say that my product is being discontinued. I have used this product for years and it is the only one that suits me. Why is the Department of Health and Ageing taking it off the Stoma Appliance Scheme?

The decision to remove a product from the Stoma Appliance scheme is not made by the Department of Health and Ageing. It is a decision made by the product manufacturer or supplier themselves, usually for commercial reasons in response to global demand.

As products with new technology come onto the scheme, the demand for older, less advanced products decreases rendering them not cost-effective to continue to produce. In most cases, the decision to remove a product from the scheme will only be made once the product has been superseded by a comparative product. Most suppliers will give users of the product plenty of notice of the discontinuance so that they can find a

suitable alternative. In your case, it is suggested that you either contact your product supplier or Stomal Therapy Nurse to discuss what alternative products are available. Suppliers will be more than happy to send you a few samples of their product to try.

3. I was led to believe that the Stoma Appliance Scheme was free to Australians and yet my Association charges me an annual membership fee? Do I need to pay this or can I get my stoma products somewhere else?

The Australian Stoma Appliance Scheme (SAS) is one of the most generous schemes in the world providing approximately \$80 million each year to nearly 40,000 eligible persons. It is also one of the most unique schemes in the world in that everyone who obtains stoma related products under the scheme must do so through one of the 22 national Stoma Associations.

Each association purchases stoma and related products on behalf of its registered scheme participants (members) and then submits a claim for reimbursement for the cost of the products from Medicare once a member's product order has been completed.

Upon receipt of the claim, Medicare will remit back to that association the cost of the products supplied plus a small rebate of 2.6% to assist with the administrative costs incurred by the association with respect to its Stoma Appliance Scheme activities.

The Department of Health and Ageing through its Operational Guidelines for Stoma Associations (May 2009) has recognised that this rebate does not fully meet the costs incurred by associations and therefore requires that participants in the Scheme pay a national uniform annual amount (Annual Stoma Scheme Access Fee) to the association where he or she normally obtains their stoma products. Currently, this national uniform amount is \$45 which may be reduced to \$35 on presentation of a valid Commonwealth concession card.

Please send your "Ask Kylie" questions via email to feedback@australianstoma.com.au

Alternatively, hard copy submissions may be sent to The Editor, *Ostomy AUSTRALIA*, PO Box 195, Frenchs Forest. NSW 1640

AASTN President's Report

Submitted by Elaine Lambie - President AASTN - (Australian Association of Stomal Therapy Nurses)



By the time you receive this journal, the year will be well underway.

The AASTN have the World Council of Enterostomal Therapists (WCET) Congress from 19th to 23rd April, which is to be held in Adelaide. It is a wonderful opportunity for us to have international Speakers and Delegates here, to learn and share together. I was part of the group who read the abstracts submitted and am amazed at the diverse

topics and cultures presented. It will be very interesting to see the completed program.

Sharmaine Peterson, our past President, was the recipient of the Bi-Annual Travel Grant offered by the AASTN. Sharmaine used this to attend the Asian Pacific Enterostomal Therapy Nurses Association and Coloproctology Congress which was held in Bangkok, Thailand during December 2011.

Our AASTN website continues to encourage Stomal Therapy Nurses (STNs) to organize and participate in Stomal Therapy Week, which is to be held in June. This is a time for us to consider and promote the positive aspects of a stoma. I know you will support the activities your STNs organize.

If you have an idea or an educational topic you would like to know more about, please talk to your STN.

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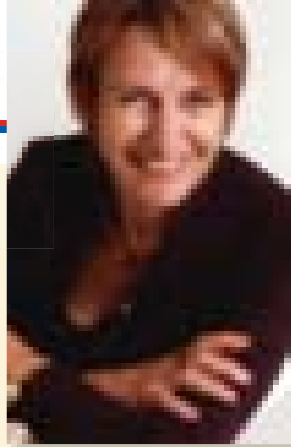


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Dear Carmen,

When one ages, difficulty with sight, dementia, arthritis and other medical problems, how does a nurse/carer correctly position a one-piece bag over a stoma?

I was considering having the outer adhesive line circumference tattooed on to my stomach.

Would that assist, or does the body and stoma alter?

B.E.T. Victoria

Dear B.E.T

Please do not get your body tattooed.

It must be frustrating for you if you are no longer able to care for your own stoma needs.

It should be simple for anyone, but especially a carer/nurse, to correctly apply a one-piece stoma bag over a stoma.

The most important thing is that the one-piece stoma bag has the correct aperture for the stoma. Then if the carer/nurse folds the bag in half they can easily position the bottom-half of the stoma opening under the stoma and then manipulate the bag up over the stoma.

Please see if you can get a stomal therapy nurse to teach the carer to correctly apply it or at least assess that the appliance you are using is the most suitable for you in these circumstances.

I am afraid if you get a tattoo and then need a different appliance you won't be able to adjust the marks. It is more important to have the skin around the stoma protected than that the edges of the bag are in the same place each application.

Sincerely,
Carmen



Dear Carman,

Over many years I have read of people's problems with urinary tract infection (UTI) and your advice to them, at no time have you suggested or advised them to ask the doctor to prescribe HIPREX.

I am 86-years-old, have had cancer in the bladder and had my operation at Gosford Hospital in August 1991. Shortly after and for about 18 months I had numerous infections in the urinary tract which was treated with antibiotics each time. I told my surgeon of my problem, who advised that once the antibiotics had cleared my infections I should then take one tablet, twice a day, of Hiprex.

I have NOT had one infection in the urinary tract from that time.

It must be noted that Hiprex is not an antibiotic to treat an infection, but to keep bacteria away from the urinary tract and hence keep it healthy.

I also change my wafer every three days and the bag every day. I use just plain running water

and good quality kitchen paper towels to clean the stoma and skin around it.

Svante Malmberg, NSW

Dear Svante

Thank you for your letter.

Actually I have advised people that urinary antiseptic could assist in preventing UTIS. Hiprex is a urinary antiseptic and as such can do this. As you say the infection needs to be treated first. Unfortunately many people do not have the same wonderful results that you have had.

Sincerely,
Carmen



Dear Carman,

I read with interest and sympathy of Lynn's predicament with urinary tract infections (UTI). [August 2011 issue of *Ostomy AUSTRALIA*]

Has Lynn asked her doctor/specialist about cranberry?

I, too, had problems in that area. My last attack was in November 2010, when I was hospitalised, again. On her rounds, a doctor suggested that I drink cranberry juice, just a small glass each day. I did and next time I visited the specialist he asked how the infections were going. I told him of the local doctor's suggestion. He was thrilled to bits that this had been recommended to me but he suggested tablets/capsules instead of the juice, which is much easier when travelling.

I have not had an infection since November 2010.

Agnes Reichstein Loxton, SA

Dear Agnes

It is great that you have had no urinary tract infections since commencing on cranberry juice. Certainly pills can be easier to consume. Cranberry effects the mucus lining of the urinary tract and alters the pH which can have an antibacterial effect.

Sincerely,
Carmen





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Have Bag. Will Travel (and find my Mojo)

Barbara, the Bag Lady, Northam, Western Australia

In 2007 I almost fell off the perch. Twice in fact. Emergency surgery, intensive care, drips, transfusions, support systems, acquired haemophilia, deep vein thrombosis, and more — resulting in the life-saving addition of two bags (ileostomy and colostomy) and over the following months, the loss of my front crown teeth, body and head hair and a drop in weight to 45 kilos.

I was recovering, literally, from near death and at the time I really didn't have the wherewithal to know or care at all about whether I would recover or not. Eventually, I was attached to a vacuum pump to drain the large, angry wound of 90+ staples and I then needed to learn again to talk, swallow, shower myself, eat and walk, hold a pen and write, and eventually, to shop (push the trolley and carry the shopping), drive the car, house clean, wash and hang out the clothes — and all of the myriad standard activities that are involved in living each day.

Returning to "normal" took me two years. But while, over that time, I moved from bed to wheelchair, discarded the vacuum pump and the ileostomy, and gradually regained my strength — even to the point in 2010 of achieving a 12-month project contract and returning to part-time work with the local TAFE, the real problem I faced was that I'd completely lost my mojo.

So ... what to do about it? One of the internet gurus says...

"[If you've lost your mojo]...do something adventurous. Shake your life up a bit. Do something that is totally out of character or unexpected. Book a trip to an interesting, exciting destination. Go white-water rafting. Tell someone you care about how you really feel. Be spontaneous. Do something that you've always wanted to do".

Well, quite remarkably, in spite of not having had any advice about this from any one at all, that's pretty much how it happened.

For some time and under a considerable amount of his coercion, David (husband) convinced me we should take a trip. For me it was ... like where to? How? When? I was so unconvinced that this would be at all manageable for me. How would I cope with "my bag"? What would I do about finding a toilet when needed?

We'd travelled extensively in our younger years of working in New Guinea. This was where our daughter grew up and learned to travel with us — backpacking throughout Japan, Europe, and South East Asia but things were different now. Now I resisted all of David's suggestions. But he kept coming back with solutions until finally, I began to bow under the pressure. It seemed that perhaps, there was a slim possibility available for us to travel. And what was that? By taking a cruise!

What? A cruise? Yes, a travelling home — bed and breakfast, lunch and dinner and all of the comforts of home that go with

it. In particular, a readily available toilet either in our own stateroom or nearby to any of the on-board facilities. And the opportunity to step ashore — or not — depending on interest and confidence of braving the outside world.

So away we went! For 46 days no less and to a heap of places we'd not reached before. Certainly not ever reached on a cruise-ship. Here's what my first blog entry had to say:

Mojo? Like what?

- ✓ Self-confidence, self-assuredness. As in basis for belief in one's self in a situation.
- ✓ Ability to bounce back from a debilitating trauma and negative attitude. As in "He lost his mojo when she dumped him but he's got his mojo back now".
- ✓ The word "mojo" derives from an African language and relates to magic and spells to generate luck and power. In today's language, the word still refers to a source of vigour, energy, sexual potency and power. An entire Austin Powers movie was devoted to his lost mojo and his desperate search to find it. He ultimately discovers his mojo is within, and that he had access to it all along. Groovy baby.
- ✓ If you are feeling depleted, overwhelmed, stressed-out, frumpy, tired, bored or lethargic, you may have lost your mojo.
- ✓ Once you lose it, it is really hard to find the motivation to reclaim it. But you can't remain in that mojo-less place for too long, or your lost mojo might mushroom into a full-blown depression. Just making some small life changes can release the magic of your mojo so that you can begin to feel more energy and enthusiasm about yourself and all that is beautiful.

"So here I am on the high seas. It's day three and I'm only just gathering my bearings from being scooped up by taxi, taken the 100+ Ks down the highway in terror by driver, Wayne; processed on dockside and dropped into an alien environment. Not only does it sway and rock but this floating city is home to another 1948 residents (and 900 staff) who fill the passageways, lifts, reading room, food stalls, bars and coffee stops. (Like Chicken Man, they're everywhere.) Where I sit now is by far the best spot — a tiny space that is to be our home for the remaining 43 days, doesn't allow much room to manoeuvre but opens out onto a small but comfortable deck.

Now, at close to 10am, the air is warm, the sea is smooth and the fresh air coming in from the open deck helps to clear the mind of cobwebs. And I should now take a look at the day's events to see what might draw my interest. Will it be the "Fruit and Vegetable Carving Demonstration" at 11am, the "Poolside Melodies with Indigo" at 11.15 (weather permitting it says, so it's definitely on); or the "Basketball Tournament" at 1pm? Oh dear, time does run away and look what I've already missed: the "Knitter and Natters Get-Together" at 9am; "Arts and Crafts Vintage Journal Making" at 9.45am and "Goofy Golf" at 10am. Ah-ha ... I've spotted my choice — the "Sushi Lunch Buffet, Horizon Court, Deck 14". That'll just suit me and my appetite a treat.

But then, daughter has just emailed soft words of encouragement — along the lines of, "Hey Mum, don't be such an old whatever". So maybe I do need to "Learn to Rhumba", enter the "Scrapheap Challenge Shipbuilding Competition", bet on the "Live Wooden Dicey Horse Racing" (whatever that is), or try some "Karaoke Madness". Certainly the "Non-surgical facelift" (on special only today for \$131) and "Inch Loss made Easy with Ionithermie" seem to have the most relevance. If not now, then more than likely after another 6 weeks of eating and drinking my way around the Indian Ocean.

And the sea breeze
clears the cobwebs

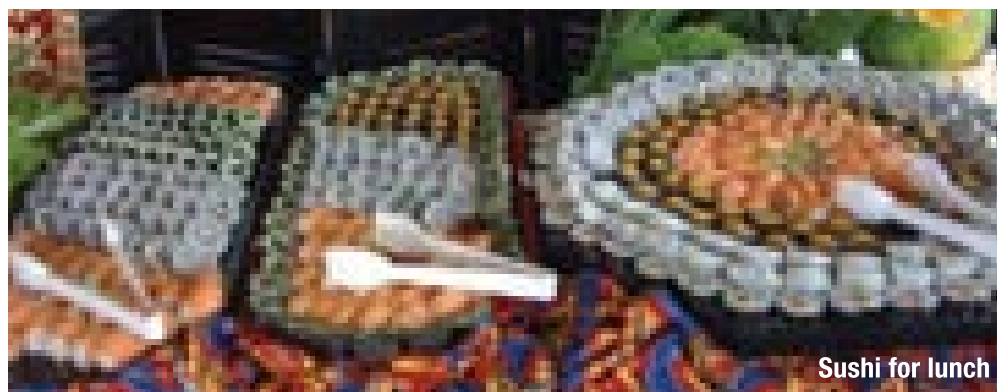


So, I've made up my mind about the best R & R for me and it's off to the pokies I go! Can't do too much damage as I've exactly 30 minutes before catching up with David who's off playing cards (bridge). Be in touch later...

...Well, the sushi and sashimi were great — I mean, just really great. With wasabi made to kill and crunch those nasal passages and heaps of pickled ginger and seaweed just yum. All washed down with a baby bottle of warmed Japanese sake that convinced us both that a 20-minute catnap was well in order.

And then, David back to the afternoon card group (that had turned out to be 500 rather than bridge) while I took daughter's admonishment to heart and headed off to the Vista Lounge on Deck 7 for some intellectual stimulation with the "Scholarship@Sea: the Haka". So now I know all about how the Maori came to the Land of the Long White Cloud and the cultural events from which the various hakas arose. But don't ask me to tell you about it as I did have a little zizz in the middle of it somewhere (blame the sake). Seems like it's scheduled for same time same place tomorrow if I want to get up and make a spectacle of myself by doing the All Black's Haka (which I did!).

So some non-intellectual stimulation then being needed, I changed a \$20 note into dollar coins and once again, tried my luck on the pokies. After almost an hour, I used all of my will power to walk away having invested my \$20 and collected \$26 worth of winnings.



Sushi for lunch

So what's left for the day? Well it's either another snooze or the Afternoon Team Quiz in the Vista Lounge, Deck 7. Tough choice. But I'm hearing the gentle words of my daughter again so it's a quick scrub up and off to stretch the brain a tad more. But then, the lure of some fresh air at the Riviera Bar, deck 12 mid-ship — overlooking the swimming pool — proved to be a bit stronger than the "Afternoon Team Quiz" in the Vista Lounge, deck 7. But one flat beer and the hot and humid outdoors sent us scurrying for the cool and fun comfort of "Charlie's Bar" for a cool glass or two of wine before dinner.

As usual, food, service and company are all excellent. Our evening meal remains in a set seating arrangement of 4 and we have been most fortunate in finding good company with the other couple, Chris and Pamela.

Dinner over, but with the building guilt of the broken, self-made promises to become a much better, really scatty and happy cruisin' chick, I tell David that we're heading off to the final performance of "Magician and Illusionist, Scott Davies" and arrive at the Vista Lounge, deck 7 (aft), just in time for his final act. Audience member helps him on with the straight jacket — four buckles down the back, one each at the end of two sleeves which are then crossed over his chest and buckled at the back — all done in just under two minutes.



Goa, India

The test (of course) is for this Houdini to get out of the jacket in less time than it took to put on. And yes, you guessed it — he did! Much clapping and cheering, bowing, running off stage and back again and more bowing, and that's the end of the show.

So still being on the guilt-purging run and sufficiently hyped by this amazing feat to look for more, it's a dash to the Princess

Theatre (still deck 7 but at the forward end) for the final performance of the "...one woman party...a big bundle of fun, comedy vocalist, Toni Stevens". Well, um, yes. Lots of audience participation, male-put-down jokes and some good gutsy singing. Well, David can't wait to be released from this and at the show's end we find ourselves in the Wheelhouse Bar just across from the theatre exit. Here we discover "Indigo" a 5-piece, fingerprint group with a great female vocalist who punch out recognisable hits of 60's, 70's and 80's. A little bit of "the Carpenters", some of the notable country and western hits, and (thank heavens) just a snip of Neil Diamond. The small dance floor is taken up by the nimble-footed (or is that nimble-footed?) who sway, swing and swirl as good as any professionals in true ballroom dancing fashion. And then out of the blue, the vocalist spots some notable talent in the audience. (You know, just how they do in the movies.) And she is an Irish dancer who, invited on to the dance floor, stands with rod like posture, arms with clenched fists held straight down and tightly to each side, then takes off with the most athletic and positively exhausting leaps and leg gymnastics to the full throttle of a Cobber's-style, Irish jig. Crowd clap and cheer and call for more but talent has politely collapsed back at table with a well-earned drink.

So, it's way past our bed times and I'm picking up speed. Can I hold out until 10.15 for the "Karaoke" in the Shooting Stars area, deck 7 mid-ship?

I'm afraid not. Enough of the steep learning curve in one day for this cruisin' chick. Perhaps tomorrow? "

And so on it went for around another 40 days and 40 nights. Something biblical

in this or simply a comfortable environment in which I was being gently forced to participate? By getting to meals and daily events, I estimate having walked 1 to 2 kilometres a day without any effort at all. Initially, I used the lifts between floors and after the first two weeks I found the stairs a much quicker and easy option. Going ashore added at least another couple of kilometres and in such glorious spots such as Reunion Island, Mauritius and Mahe (the Seychelles) the lure to walk and graze and take in the local ether made a further 3, 4 or 5 kilometres a joy. Landing back in Fremantle, I can tell you that I was physically and mentally fitter than I could ever believe.

Without even knowing that I needed to be looking, I had found my mojo. Groovy baby!

With it, I was geared up and ready to keep going. Next stop Borneo. But then, that's another story. ♦



Seychelles: Barbara takes a rest half-way up the hill to visit the giant tortoises

Greetings, once again, but this time for the year 2012.

Wow, where are the years going? We are still here and enjoying life and looking forward to another year of getting together and enjoying each other's company and helping to solve each other's problems as they arise and that's a real bonus for us all.

We have had some interesting speakers over the time that we have been going, some who have presented us with new ideas and others who have presented us with solutions to some of our problems. I hope that we can still obtain some other interesting ones this year as well.

Thanks are due to those firms that donated gifts for our various meetings, especially at our Christmas meeting. Before I get ahead of myself I should let you know about our meeting dates for this year, when and where!

I have teed up our meetings for the rest of the 2012 year as follows:

February 20th

Delatite Community Health Service,
45 Coster St., **Benalla**

April 16th

Wangaratta Masonic Centre,
101 Appin St., **Wangaratta**

June 18th

Delatite Community Health Service,
45 Coster St., **Benalla**

August 20th

Wangaratta Masonic Centre,
101 Appin St., **Wangaratta**

October 15th

Delatite Community Health Service,
45 Coster St., **Benalla**

December 17th

Wangaratta Masonic Centre,
101 Appin St., **Wangaratta**

All meetings are held on Mondays and will commence at 2.00pm.

As you can see, we are again alternating between Wangaratta and Benalla so that everyone has the opportunity of attending as many meetings as possible and I hope that this suits us all. If you have any other thoughts on speakers for any of our meetings, please feel free to give them to me and I will be only too happy to contact them on your behalf.

You will also notice that our meetings are later in each month, so that we avoid those annoying public holidays that seem to come up on a Monday.

There has been some discussion between Lynne Nicholson and some of the suppliers to have another information night sometime in May of this year, so keep that in mind and put a tentative note in your diaries for some time about the first week of that month.

I can't think of any more news at this stage, so I will leave you for the time being and look forward to seeing you at our next meeting.

Kind regards to all, Rex and Margaret Nankervis, VIC. Phone: (03) 5762 2080 Email: rexmarn@bigpond.com

Bulletin Board

Ostomy Awareness Walkathon 2012

Please join us on our Ostomy Awareness Walkathon along the beautiful Broadwater at Labrador. Choose from either a 1.5km and 3km walk starting at Quota Park. The walks are along flat, well-maintained, traffic-free footpaths which offer fantastic views. The Walkathon is suitable for walkers of all ages and fitness levels. There will be BBQ afterwards and rehydration available. Participants will be supporting the Cancer Council and Crohn's & Colitis Australia (CCA).

When: Sunday 8th July 2012
8:00am start

Starts from: Quota Park
Marine Parade
Biggera Waters
Gold Coast, QLD

Distance: 1.5km and 3km options

Cost: \$5 per person registration fee
Donations welcome

Contact: Nichola
Phone: (07) 5529-1920
0415 377 081

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Tickets available from the venue or phone

(02) 4935 1300

E: newcastlesboweloftheball@hotmail.com

Saturday 2nd June 2012

**Venue – Wests Leagues Club
Hobart St, New Lambton
Newcastle, NSW**

**Time - 6.30pm till 11.30pm
Dress - Black Tie Glamour**

**\$120 per person
*\$1100 for table of ten**

**~Includes a 3 course meal, 5 hour
beverage package including beer, wine,
spirits & soft drinks and Entertainment.**

The night will be an uplifting and celebratory event designed to raise community awareness; raise much needed funds and reduce the stigma surrounding bowel disease and other related illnesses.

All proceeds from the event will go to
Crohn's & Colitis Australia (CCA)



The one
hug whose
memory stays
with you.



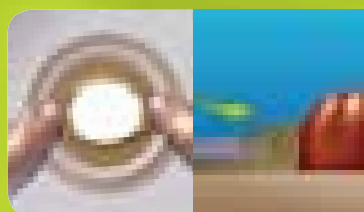
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WORRIED ABOUT SOMEONE NOTICING YOUR POUCH?

You aren't alone.

Appliance discretion is more than just product concealment; it is also the ability to unobtrusively function during daily activities. Pouch visibility is a key component of discretion as ostomates may be concerned that the ostomy pouch is apparent to others. A recent study of 4,097 North American, United Kingdom and Italian ostomates¹ indicates that as many as 56% of ostomates occasionally or always will worry about the pouch being noticeable to others (Table 1).

From childhood we are taught and rewarded to control bowel and bladder functions. When faced with the reality of a stoma, many ostomates have a long and difficult journey ahead to overcome the stigma of non-control so rigidly enforced in early life. It is not uncommon for someone who has undergone ostomy surgery to be self-conscious of the fact that they are an ostomate; to have lost control of a bodily function, and to worry that this will be revealed to others if it is noticed that they are

wearing a pouch. As stated, approximately 56% of ostomates occasionally, or more often worry about this issue, with more than 19% always worrying about it. The impact of this for the ostomate is found by associating this concern with quality of life issues that could be affected when discretion is compromised, e.g. the possibility of increased social isolation.

When the issue of the pouch being noticed under clothing is associated with the quality of life issue of social isolation² a statistically significant correlation is found. The isolation attributes that are most closely aligned with appliance concealment.

Thus, as the worry about others noticing the pouch under clothing increases, there is a statistically significant associated decrease in social connectivity. Confirmation of this can be found when the ostomates are further queried as to how important the issue of appliance concealment is to them. The data from the Ostomy

Comprehensive Health and Life Assessment is conclusive. Over 88% of the ostomates in the study stated that an appliance, easily concealed under their clothing, is important to them (Table 2). From this, it is easy to see that an ostomy appliance designed to be easily concealed is an integral component of discretion; a sought after quality of life necessity for the ostomate.

Based on the findings in this study, the new generation of NovaLife ostomy products were constructed to offer the ostomate improved product discretion and product function. The redesigned pouch has lower headspace, an off-centred starter hole and a very efficient filter. The product intention is to improve discretion and comfort as well as enable the ostomate greater freedom to choose clothes and activities that reflect their lifestyle.

For more information on NovaLife, please call Dansac on 1800 220 972

Table 1: How often do you worry about people noticing the pouch under your clothing?					
	Never		Occasionally		Always
	1	2	3	4	5
Number	1240	528	1086	383	780
%	30.87	13.14	27.04	9.53	19.42

Table 2: If an ostomy appliance is easily concealed under clothing, how important is this to you?			
	Frequency	%	Cumulative
Very important	1347	60.73	
Important	613	27.64	88.37
Neither important nor unimportant	173	7.80	7.80
Unimportant	58	2.61	
Very unimportant	27	1.22	3.83



¹ Dansac Ostomy Comprehensive Health and Life Assessment, Dansac A/S Fredensborg, Denmark.
² Hawthorne G. Measuring Social Isolation in older adults, development and initial validation of the Friendship Scale, Soc Indic Res, 2006:521-548.

"I now wear exactly what I want to wear, and my style is no different to what it had been without a stoma."

Mariam, colostomy since 2006, Student

NEW

Dansac Novalife Pouches
1 and 2 piece closed

Ultimate Discretion

Losing confidence in your appearance while worrying about the visibility of your pouch is a concerning issue for many - like Mariam who soon after surgery in 2006, started wearing baggy clothes to hide her pouch. Dansac listened carefully to the feedback from people like Mariam to make a pouch that has pushed the limits of design, creating a pouch that is as discreet as possible.

Introducing to Australia the NEW Novalife Closed pouches with an innovative **off-centre starter hole**. The **off-centre starter hole** is placed as high as possible—off centre and towards the top of the oval shaped barrier. This means the pouch sits much lower and therefore more discreetly and comfortably, allowing you to get on with wearing exactly what you want to wear.

Call Customer Service on **1800 119 105** to try the new Novalife 1 and 2 piece closed pouches for yourself.



Managing your Ostomy Stocks (or running a lean inventory)

by Brian Hunter, QLD

My story begins in March 1998 with a left-side colostomy. Hospital post-op nursing introduced me to a two-piece system, so I began my journey with adhesive flanges and clip-on bags. Like most ostomates, the next two years was a trial and error experiment as I sought to find the best results. Some solutions came from the equipment, some came from change in lifestyle and diet.

Let me pause here for a moment to praise the ostomy suppliers for their free-trial services. Without their help, the business of trialling a wide range of options would be expensive and wasteful. Their 1800 helpdesks and courteous staff were a wonderful support at this time.

There comes a time of course when you exhaust the trial options: when you come to realise that certain methods and devices will suit you best: that you should limit the list of stock items you need to keep. In the meantime of course, you have accumulated a wide range of equipment. So how to decide what to stock? What to keep?

My purpose here is not to dictate what you should do in this regard: I cannot do that: we all have different stomas; different needs. My purpose is nevertheless to remind us all that over-stocking of ostomy gear is wasteful. If we are truly grateful for the generous government scheme and the volunteer distribution network which makes our life possible, then we owe it to all the system stakeholders to be economical, even frugal, in our system usage. My purpose here is simply to relate my own approach to this question.

So: just how was I to measure my needs against the available supply. Just how was I to reduce the shelf-space needed for my own ostomy storage?

It seemed to me I should first analyse what my needs really were. And that is the central purpose of this little article: to examine needs and to arrange stock levels accordingly. The following is my analysis. It may not suit you, but it may prompt you to review your own solutions. And it only deals with a colostomy: I know nothing of the trials of Ileostomates and Urostomates. I can only guess at your problems.

I might add also that, whereas two-piece systems were generally superior for me in 1997, constant product improvement changed all that. Thirteen years after my surgery, I now prefer one-piece bags and in the rest of this article it is the one-piece systems I deal with. Why one-piece? Quite apart from the obvious mechanical difference, I found a higher level of hygiene achievable. Of course this will differ with stoma shape etc, but I found I was never able, at the time of bag change, to totally clean the mounting flange (of the two-piece); i.e. it seemed to me the base flange was always soiled, regardless of bag condition or frequency of bag changes. This is probably just a matter of personal standards; not of hygiene, but of cleanliness phobias. I am not an obsessive person, but when I clean myself I need to FEEL clean, if only for an hour or two. This is particularly so when I prepare for bed. I know it's a fruitless exercise, because, in a sense, humans can never be truly clean. I nevertheless have these perceptions of cleanliness, and I guess this drives the outcome.

So let's get down to the matter of needs analysis. In this process, I will not discuss ancillary consumables (skin conditioners, cleansers, powders, creams, etc) but will deal only with the pouches or bags.

FIRST NEED: I established my first need to be for a 'quick fix'. What's this? This is the need for a bag which is easy to apply and easy to remove. Because of this, it will not always be a very secure bag, but that is not its primary purpose. Its purpose is quick application and quick removal, preferably without solvents and with no skin irritation or damage. Let me give some examples:

1 ✓

Scenario 1 - You are about to leave for the airport. There is a long-haul flight of, say seven hours ahead. It's 9am. The taxi is due at 10am. You have showered and changed but the stoma is still working; it just won't settle down. The solution is to step out of the shower, fit a 'quick fix', have your breakfast, and, just before the taxi arrives, you change to a secure, long-life bag.

2 ✓

Scenario 2 - At 8am you are admitted to a pre-op hospital ward with the stoma slowing down, but still working. The solution is to wear the quick-fix bag to the hospital and before you are transferred to the operating theatre, you change to a secure long-life bag. If you time this right, you should hopefully present to the surgeon with an empty, long-life bag, secure enough for the rigours of surgery.

3 ✓

I could go on, but you get the point: its 'easy-on' and 'easy-off', preferably without solvents. These are also useful when you are at home, because it matters not if you have a flange failure: you can immediately step into your own bathroom and fix it.

4 ✓

SECOND NEED: My second need is for a general-purpose 'work horse': a bag with better flange security but one that is still easy on the skin; i.e. reasonably easy to remove, albeit with solvents. In my case this means I move to a convexity product, because I have a flush (partially retracted) stoma. This is a bag you can wear in confidence; e.g. you can wear it sleeping, shopping, driving, etc. You might call this a 'medium security' bag.

5 ✓

THIRD NEED: My third need is for a maximum security, long-life bag: one that is guaranteed never to embarrass, never to fail. The flange on this bag will of course have stronger adhesion, and will of course be more difficult to remove. You will wear this bag when dining out, when travelling, playing sport. You will wear it to special events: to weddings and funerals: it's the bag for those occasions where you cannot accept failure. It will also have superior gas filters.

FOURTH NEED: The fourth need is for those (hopefully rare) days when your digestive tract is in rebellion; those days when you are ill; when you know you are in trouble; when you know you cannot trust your stoma to behave. For these days, you will need a special bag. Let's call it your emergency bag or your 'diarrhoea bag'. This will of course be a secure but drainable bag. If you are very ill, there may be times when this bag is not sufficient. In such (hopefully very rare) cases, you might be better with the next one (the irrigation sleeve).

FIFTH NEED: If you've had a close call with cancer (many of us

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have) then chances are you will from time to time be faced with a colonoscopy. So how do you face the bowel prep process? You can either spend a wretched day (or night) kneeling over a bucket or a toilet, or you can get some special gear. What special gear? The answer is irrigation sleeves. Let me explain.

A few years ago I was an irrigator. Irrigators use an irrigation sleeve attached to the body with a belted pressure plate. It's a two-piece system. The sleeve is a tube long enough to reach from the stoma into a toilet bowl (with the user seated or standing). The stoma end has a rigid clip-on flange which attaches to

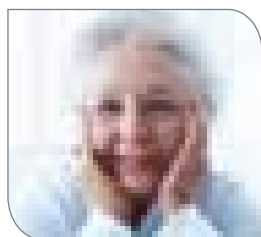
the circular pressure plate. This plate is held fast against the peristomal skin with a belt. During the discharge process, you can walk around with the outer end of the sleeve pinned up at waist level. When you need to empty the sleeve, the outer end is simply lowered into the toilet bowl.

So there you have it, I have listed five basic needs for bag types. The estimated usage rates will of course not be uniform. If your health (and diet) are reasonable, the need for number four will be unusual, and the use of number five will be rare.

With this knowledge I can strip my stock down to just four bags and an irrigation sleeve. Better still, the only regular re-orders are for the first three bag types and my regular storage shelves have only to accommodate these.

I should add a couple of provisos. The primary theme of this article is to run a lean inventory: to eliminate waste. We should nevertheless always be acutely aware of our prime asset: the continued good health of our peristomal skin. Running lean should never be at the expense of skin condition. You must preserve the integrity of this area at all costs. It must also be remembered that some of us (e.g. patients in remote locations) will need to keep some emergency stocks. This too, will need to be taken into account.

I should perhaps finish with a further comment about the irrigation sleeves. Under the present stoma appliance scheme these are only available to irrigators. If you are not one of these, how do you get help? Maybe your local stoma association can hold emergency stocks for this purpose? The need is very rare and volume very small. Remember, in each case, the patient only needs one sleeve (not a box), one belt, and one pressure plate. Another solution is for the hospital to issue this gear; i.e. when the hospital issues the bowel prep (laxative) medicine kit, they could also include an irrigation sleeve kit. Maybe this needs referral to ASCA for consideration. As the incidence of colonoscopies is likely to increase, this matter needs some consideration. ■



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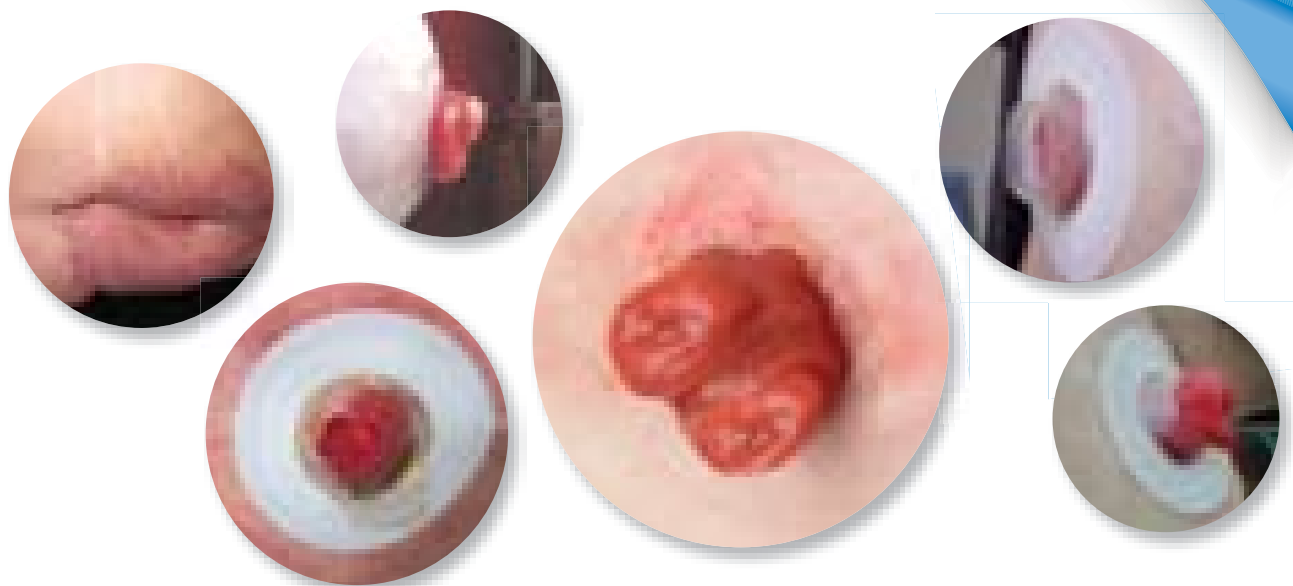
Also assists in the management of
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Ostomy Patients can obtain further information regarding
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Use only as directed. If symptoms persist consult your healthcare professional. ASMI 18359-1110



TWO
NEW SIZES

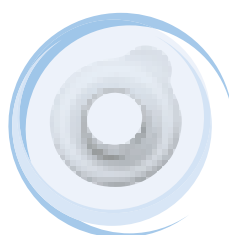


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Anne Trimmer, Chief Executive Officer Medical Technology Association of Australia (MTAA)

As an ostomate you will be familiar with the products that medical technology companies supply. These products help you manage your condition and improve your quality of life.

Appropriate selection of medical technology products to meet an individual patient's needs and circumstances is a decision rightly made by the treating healthcare professional, for example a GP or stomal therapy nurse. Patients expect healthcare professionals to make these decisions based on the qualities of the product and their suitability for them as the patient, not on the basis of any incentives offered to the healthcare professional by the manufacturer or supplier of the product. The Medical Technology Association of Australia (MTAA) Code of Practice supports this expectation by providing an ethical framework for medical technology companies to work within in their dealings with both healthcare professionals and consumers.

About the MTAA Code

MTAA is the national association representing companies in the medical technology industry. The MTAA Code of Practice is an industry code for medical technology companies including suppliers of stoma products. The Code of Practice is not legislation. Compliance with the Code of Practice is binding for members of MTAA while non-member companies are encouraged to observe the MTAA Code as an industry code. The Code was first introduced in 2001 and has evolved significantly since then. It is currently in its 7th edition.

The Code encourages ethical dealings by industry with healthcare professionals and consumers. In doing so, it recognises the unique relationship between the medical technology industry and healthcare professionals. In the medical technology sector, clinicians are intrinsic to the product development cycle. They provide relevant and often critical feedback to companies on product performance. They may also act as advisors and collaborators in product development. These relationships are appropriate, and often essential for the benefit of the patients who use the medical technology. However, the relationships must be transparent and ethical. The Code provides a framework for medical technology companies to follow in their interactions with healthcare professionals and consumers.

What industry can and can't do

The Code acknowledges that the medical technology industry needs to train and educate healthcare professionals about the appropriate



use of products, including discussions about product features and performance. The Code permits such training but requires that it is conducted in a clinical, educational or other setting that supports effective learning.

The Code also allows companies to provide hospitality to healthcare professionals in limited circumstances – by sponsorship of hospitality at a third party conference or as incidental to the bona-fide presentation of educational material or commercial information. The hospitality must be modest in value, not include any entertainment, and take place in a setting conducive to the scientific, educational or business discussions.

Where a legitimate need is identified a company may retain a healthcare professional on contract as a consultant to provide advice, research or consulting services, or to serve on an advisory board. The Code requires that any compensation paid to a consultant is consistent with fair market value for the services provided, selection is based on the qualifications and expertise of the consultant and not on volume or value of business generated, and the arrangements are well-documented.

A company may occasionally provide a gift to a healthcare professional for the benefit of patients or which serves a genuine educational function, provided the gift is of minimal value. Non-educational gifts of any type - including all branded promotional items – are prohibited, regardless of value.

Companies can also run competitions for healthcare professionals (such as at conference trade stands). The competition must be based on medical knowledge only and all prizes must be of minimal value and directly relevant to the practice of medicine.

The Code also addresses advertising to healthcare professionals and requires that any claims made are supported by balanced and credible evidence and are not misleading.

Industry interactions with consumers

The MTAA Code recognises and supports relationships between the medical technology industry and health consumer organisations, e.g. Australian Council of Stoma Associations. The Code also allows companies to make educational grants to support the education of consumers or the general public about important healthcare topics.

The Code also allows companies to run competitions for consumers. However, the Code prohibits companies from making it a condition of entry into the competition that a consumer use or purchase a specific product.

Questions or complaints about the MTAA Code

A consumer or healthcare professional who believes that a medical technology company has breached the provisions of the MTAA Code of Practice can make a complaint to the Code Complaints Committee. A consumer or healthcare professional who is considering making a complaint is encouraged to raise his or her concerns with the company first as it may have been an isolated activity that offends the company's own code of conduct. However, such an approach is not mandatory for a consumer or healthcare professional. Consumers or healthcare professionals who wish to lodge a complaint can also apply to have their name withheld from the company concerned and from public release.

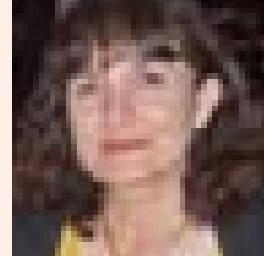
Complaints about possible Code breaches are considered by an independent committee, chaired by a legally qualified person, which includes a consumer representative, a healthcare professional representative and an industry representative. A breach of the Code can result in significant financial penalties. In addition, the findings are made public on the MTAA website and in the MTAA Annual Report.

Industry practice has changed considerably as a result of the development of the Code. Companies have responded by developing internal compliance codes, committing their staff to participate in training on the Code and being subject to monitoring of their activities by an independent Code Monitoring Committee.

Further information and a copy of the Code are available from the MTAA website at www.mtaa.org.au. A list of MTAA member companies bound by the Code is also available from the website. ■

In The Kitchen *with Diana Hayes*

Photography by William T. Page



In this issue we have three light and tasty courses: soup, main course and dessert.

Onions are not used in any of my savoury recipes. They are replaced with Asafoetida Powder. This is also called Hing powder. It is a type of fennel. It adds an onion-type flavour to food without the windy effects of onions. It can be purchased on the internet or in Asian shops. When you first open it you may be put off by the pungent aroma. This is not how it tastes in cooking. Use of $\frac{1}{4}$ to $\frac{1}{2}$ of a teaspoon replaces one onion.



Zucchini Soup

Serves one

- **1 small zucchini (sliced thinly)**
- **1 potato (peeled and chopped)**
- **1 $\frac{1}{2}$ cups vegetable broth or stock**
- **$\frac{1}{4}$ teaspoon Asafoetida Powder**
- **1 tablespoon olive oil**

In a small saucepan sauté the Asafoetida Powder in olive oil and then add the sliced zucchini. Cook on lowest heat for ten minutes stirring with a wooden spoon as required. It will start to caramelise. Stir to deglaze the bottom of the saucepan. Add the potatoes and stock. Cook until the potato is tender. Allow to cool.

Blend until a soup consistency.

Serve with crusty bread.



Fish and Chips (and Mushy Peas)

Per person:

- **300g Australian-caught white fish fillets**
- **1 potato**
- **Olive oil**
- **$\frac{1}{2}$ cup frozen Australian peas cooked and drained**
- **$\frac{1}{4}$ teaspoon Asafoetida Powder**

In a lightly oiled pan, sauté the fish fillets on both sides. Keep the cooked fish warm in the oven.

Peel the potato and slice it into long even-sized chips. Place potato in a small saucepan and cover the potato with cold water. Bring to the boil and simmer for ten minutes. Drain well and allow to dry. Shallow fry the chips in a frying pan using fresh heated olive oil. Turn to cook thoroughly until nicely browned. Drain onto a plate lined with kitchen paper towels. They will be crispy on the outside and soft on the inside.

Using a mortar and pestle, crush the peas until mushy. This will take a few minutes.

In a small saucepan sauté the Asafoetida Powder in 2 teaspoons olive oil and then stir in the mushy peas. Heat through. Place in a small serving dish to accompany the fish and chips.

Serve with salad made from tender rocket leaves.



Lemon Delicious

- **Zest of one lemon (using a special citrus zester is best for this job)**
- **Juice of one lemon (strained)**
- **2 tablespoons plain flour (sieved)**
- **$\frac{1}{2}$ teaspoon baking powder**
- **3 egg yolks**
- **3 egg whites**
- **1 cup skim milk**
- **$\frac{1}{4}$ cup raw sugar (set aside 1 tablespoon of sugar for the egg whites)**
- **Olive oil spray**

Set oven temperature to 180°C fan forced.

In a Mixmaster beat the egg yolks and raw sugar until well combined and creamy. Add the lemon zest, juice, milk, flour and baking powder.

In a clean bowl beat the egg whites and 1 tablespoon of raw sugar until white and able to form soft peaks. Gently fold this into the batter.

Place 4 small ramekin dishes into a large oven dish. Add water to the large dish until it reaches half way up the ramekin dishes. Spray the insides of the ramekin dishes with olive oil spray.

Divide the batter evenly into the 4 dishes.

Bake for 30 minutes until lightly browned, then rest in the warm oven (turned off) for a further 5 minutes.

Serve hot or cold with yoghurt or ice-cream.

CAUTION: Ostomates who also have Crohn's Disease should note that some recipes may contain wheat and/or dairy products which may be detrimental to your health.

Everything you ever wanted to know about wearing a bag but were too afraid to ask

Whether you've been wearing a bag for two-minutes or ten years you've probably got questions you would love to have answered, and the idea of hearing from and connecting with others just like you is probably quite appealing.

Welcome to Ostomates.com.au - with an active Forum for instant communications and support, a Knowledge Centre that's growing all the time, plus regular inspiring stories, you'll feel right at home.



Ostomates.com.au

An Initiative of Coloplast Pty Ltd

National Directory of Ostomy Support Groups

NEW SOUTH WALES

BROKEN HILL OSTOMY SUPPORT

Meet: Every 3rd month or as required
Venue: Broken Hill Hospital
Conference Room
Contact: Tandra 08 8080 1333

CENTRAL COAST OSTOMY SUPPORT

Meet: 2.00pm to 4.00pm mid-month
15th Feb - 16th May - 15th Aug - 21st Nov
Meet at a different venue each month.
For further information, phone the
Stomal Therapy Service on
02 4320 3323

COFFS HARBOUR OSTOMY SUPPORT

Meets 2:00pm to 3:30 pm
Club Coffs, West High Street, Coffs
Harbour.
9th Feb - 12th Apr - 14th Jun - 9th Aug
- 11th Oct - 13th Dec
Ostomates & friends welcome.
Contact Mandy Hawkins STN on
02 6656 7804

EUROBODALLA REGION OSTOMY SUPPORT

Meet first Sunday in Feb, April, June,
Aug, Oct, Dec. 11am
Venue: Laughter Room, Moruya
Hospital.
Phone: Betty 02 4476 2746

FAR NORTH COAST OSTOMY

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

FAR SOUTH COAST OSTOMY SUPPORT

Bega & Surrounding Areas
Meets second Sunday of Feb - Apr -
Jun - Aug - Oct - Dec at 11.00 am at a
different venue each time. Flyers are
sent to ostomates 10 days beforehand.
Inquiries:
Eileen. Phone: 02 6492 2530
Geraldine. Phone: 02 6492 2366

GRAFTON OSTOMY SUPPORT

Meet: first Thursday of each month
from 9.00am to 11.30am
Venue: Community Health Centre,
175 Queen Street, Grafton.
Contact: Anne: 02 6640 2298

GRIFFITH & DISTRICT OSTOMY SUPPORT

Griffith and the surrounding areas
(100km radius including Leeton,
Coleambally, Yenda, Hillston,
Hanwood, Coleambally)
Enquiries: Barry 02 69635267 or
0429 635 267
email: ann.bar@bigpond.com
Karan: 0434 785 309

HASTINGS MACLEAY OSTOMY SUPPORT

Meet: The Old Hospital in Room 4 at
10am to 12noon on Wed. 15th Feb -
18th Apr - 20th Jun - 15th Aug - 17th
Oct - 19th Dec
Inquiries: Keith (President)
(02) 6583 3970 or
Barbara (Secretary) (02) 65824206

ILLAWARRA OSTOMY SUPPORT

Meet: 10.00am to 12 noon on
Wed. 15th Feb - 4th Apr - 13th
Jun - 15th Aug - 17th Oct - 12th Dec
(Christmas lunch)
Venue: Education Room, Figtree
Private Hospital, Suttor Place, Figtree
2525
Contact: Helen Richards STN
Monday only: 02 4225 5046

MANNING/GREAT LAKES OSTOMY SUPPORT

Meet: 10.30 am - First Wednesday in
Feb - May - Aug - Nov
Venue: Aquatic Club, Macquarie St,
Taree NSW
Contact: Judy Kelly: 02 6592 9469

NEWCASTLE DISTRICT OSTOMY SUPPORT

Meet at 1.30pm on Saturday 25th
Feb - 30th May - 25th Aug (AGM) -
24th Nov
Venue: Hamilton Wesley Fellowship
Hall, 150 Beaumont St. Hamilton.
Enquiries: Geoff 02 4981 1799 or
Maree 02 4971 4351

ORANGE & DISTRICT OSTOMY SUPPORT

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

PENRITH OSTOMY EDUCATIONAL SUPPORT

Meet: at 2.00pm on 24th Feb - 27th
Apr - 15th Jun - 24th Aug - 26th Oct
Tresillian Lecture Room, Tresillian,
Penrith (end of Barber Ave
next to Nepean Private Hospital off
Northern Rd). Parking Barber Ave or
within Hospital grounds.
Enquiries: Naomi Houston (Stomal
Therapist) 02 4734 3118

SHOALHAVEN OSTOMATES SUPPORT

Meet at 2:00pm on Monday 27th Feb -
14th May - 13th Aug - 19th Nov
Venue: Nowra Community Health
Centre, 5 - 7 Lawrence Avenue, Nowra.
Contact: Margaret or
Tracey on 02 4424 6300

ST.GEORGE/SOUTH EAST SYDNEY OSTOMY SUPPORT

Meet: 11.00am first Wed. each month
Feb through to Dec
Community Centre, Premier Street.
Kogarah
Contacts: June: 02 9311 0201
Allan: 02 9556 3268

SYDNEY SOUTH-WEST AREA OSTOMY SUPPORT

Meet: Saturdays 3pm - 5pm on
3rd Mar - 18th Aug - 19th May
and 6pm-7pm on 17th Nov (followed
by Christmas Dinner)
The Macarthur Room, Revesby
Workers Club, 2b Brett St. Revesby
(closest parking at front of Club)
Contact: Ann-Maree McDonald STN
Phone: 02 9722 7196

SYDNEY NORTHERN AREA STOMAL INFORMATION

Meet: first Wed. 10.00am - 11.30am
monthly in the Jacaranda Lodge,
Sydney Adventist Hospital,
185 Fox Valley Rd. Wairoonga. NSW
Contact: Nerolie: 02 9487 9061

WAGGA & DISTRICT OSTOMATES SUPPORT

Meetings on first Monday of the
month from 10am to 12 noon. Venue:
Horizon Club, Yathong St, Wagga
Wagga (located rear of Yathong
Lodge, Wagga Wagga Base Hospital)
Enquiries: David (02) 6971 3346 or
Baz (02) 6922 4132

VICTORIA

BAIRNSDALE & DISTRICT OSTOMY SUPPORT

Meet: Second Tuesday of March,
June, Sept, Dec.
Venue: Bairnsdale Neighbourhood
House, 27 Dalmahoy St, Bairnsdale,
VIC
Contacts: Janine: 03 5156 0933
Derelle: 0448 458 997
Email: bdosg@hotmail.com

BENALLA / WANGARATTA OSTOMY SUPPORT

Meetings held Mondays at 2.00pm:
20 Feb - 18 Jun - 15 Oct at Delatite
Community Health Service, 45 Coster
St, Benalla
16 Apr - 20 Aug - 17 Dec at
Wangaratta Masonic Centre, 101
Appin St, Wangaratta
Contact: Rex Nankervis
(03) 5762 2080
Email: rexmar@bigpond.com

OSTWEST SUPPORT

Meetings held third Monday of the
month in February, May, August and
November.
7-9 pm at Melton Health, 195 - 209
Barries Road, Melton VIC 3337
Contacts: Jenny Brown
(03) 9746 9121
Tricia Young (03) 9743 5868 or
0416 128 069
Cheryl Prendergast (STN): 9747 7600
(Tuesday and Fridays, every second
Wednesday).

MILDURA OSTOMY SUPPORT

Meet: Every third month
Venue: Mildura Base Hospital
Conference Room
Contact: Tandra 03 5022 3333
or Norma 0409 252 545

NORTHERN OSTOMY SUPPORT

A Melbourne based Support Group
with a welcome to all with a stoma.
Venue: Darebin RSL Function Room,
Preston. Contacts: Peter: (03) 9460
1125 and Krys: (03) 9431 2779 STN
Email enquiry
genevieve.cahir@nh.org.au

WESTERN AUSTRALIA

ALBANY OSTOMY SUPPORT

Meet at Albany District Hospital
Conference Room
At 9.30 - 11.00am. third Friday every
three months
For details: Terry: 08 98474701

BUNBURY OSTOMY SUPPORT

Meets: 1.00pm second Monday of
every second month. Feb - April -
June - Aug - Oct - Dec
Venue: Cancer Council Meeting
Room, Plaza Street, Bunbury.
Contacts: Kevin Jones: 08 97959229
Fiona: 08 97216797

GERALDTON SUPPORT

Meets: 2.30pm last Saturday every
second month
Venue: Bluff Point CWA Rooms
Contact: Dawn Hall: 08 9921 8533

MANDURAH/ROCKINGHAM OSTOMY SUPPORT

Meet third Friday of each second
month from Jan.
Meetings are held at different locations
each time normally over a barbecue
lunch. Visitors welcome.
Contact: Keith. Phone: 08 9592 1645
Bethwyn. Phone: 0439 927 491

QUEENSLAND

BEENLEIGH OSTOMY SUPPORT

Meets last Monday of Month, Feb to
Nov.
Beenleigh Community Health Centre
10 - 18 Mt. Warren Bvd. Mount Warren
Park QLD. and at Logan Central
Community Health Centre Corner
Wemby & Ewing Rds
Meets second Monday of each month
10am - 12noon both venues
Contact: Ros Adamson or Pat Miers
3827 9811or Clarrie Bond 3287 2041

BRISBANE OSTOMATE SUPPORT VISITOR SERVICE

Operated in the Greater Brisbane Area
by Qld Colostomy Assn and Qld Stoma
Association
Phone: 07 3359 6500
Website: qldstoma.asn.au/bosvs.htm
Operating hours: 7 days, 8am to 8pm

MACKAY OSTOMY SUPPORT

Meets at Community Health Rooms
Nelson Street, Mackay
At 2pm on the second Friday every
second month
Feb - April - June - Aug - Oct - Dec
Contact: Fay: Phone 07 4942 5135
Gerry: Phone 07 4956 3409

REDCLIFFE STOMA SUPPORT

Meets first Tuesday each month
at 10.00am in the Shillam Room,
Redcliffe Cultural Centre - off car park
Irene Street, Redcliffe.
Enquiries:
Dorothy Douglas 07 5486 4743

ROCKHAMPTON OSTOMY SUPPORT

Meet: 1.30pm third Sat, Feb - May -
Aug - Nov.
Venue: Community Health Centre,
Bolsover St. Rockhampton
Contact: Frank & Marge Noy
Phone: 07 4928 5248

SOUTH BURNETT OSTOMY SUPPORT

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

SUNSHINE COAST OSTOMY SUPPORT

Meets at Headland Bowls Club,
Syd Lingard Drive, Buderim
third Monday each month at 10am
Enquiries:
Winifred Preston: (07) 5476 6313
presto70@bigpond.net.au
Don Lindsay: (07) 5477 0864
lindsaymar@optusnet.com.au

TASMANIA

NORTHERN OSTOMY SUPPORT

Meet for lunch at midday on the first
Tuesday in March, June, Sept, & Dec.
Venue: Launceston City South
Football Club Function Room,
Highgate Street, Youngtown
(off Hobart Road, Launceston).
Contact: Anthony Widdowson
(03) 6344 9579 or email:
acwiddowson@bigpond.com

SOUTH AUSTRALIA

CENTRAL SUPPORT

Meet: third Tuesday of Jan, March,
May, July, Sept, Nov. When: 7.45pm.
Where: Ileostomy Assoc Centre, 73
Roebuck St, Mile End.
Information: Val: (08) 8381 1646

SOUTHERN SUPPORT

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

YOUNG OSTOMATES UNITED

Helen - (03) 9796 6623,
Website: www.vicnet.net.au/~youngc
Email: helshae@hotmail.com

YOUTH GROUP

Doris Steyer,
Telephone: (02) 4296 5354

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Itchy skin	<input type="checkbox"/>	<input type="checkbox"/>
Irritated skin	<input type="checkbox"/>	<input type="checkbox"/>
"Weepy" skin	<input type="checkbox"/>	<input type="checkbox"/>

If you ticked YES for any of the above, please contact
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