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Are parastomal hernias preventable?

Bagging a new life

Getting bigger and better at YOU

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Publication of an advertisement in *Ostomy Australia* does not constitute an endorsement of any products mentioned therein by the journal, ACSA, any stoma association, or any government department connected with the Stoma Appliance Scheme.

Readers are strongly advised to obtain appropriate professional advice before using any products advertised.

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If readers do not wish to be contacted further, they are advised to tell the company this. Most companies have said they will comply with such requests. This advice should be taken into account when responding to company promotions.

Complaints: Consumers who are concerned about the way in which stoma appliances are advertised are entitled to lodge a complaint with the Therapeutic Goods Administration. Such complaints should be addressed to the TGA Complaints Resolution Panel, PO Box 764, North Sydney, NSW 2059.

President's message



Welcome

By Allen Nash

Hello Members,
My name is Allen and I was voted into the role of President to the Australian Council of Stoma Associations Inc (ACSA) at the last Annual General Meeting. As an ostomate, member of NSW Stoma and member of their Board, I have been a long time supporter of ACSA and look forward to being part of this ostomate community-focused team.

I would like to begin my first President's Message by thanking

Robert Barsing, Rosemary Quick and Erin Goodwin. These hard working members of the ACSA committee have stepped down after years of tireless effort.

The most significant matter that occurred last year that affects all ostomates and stoma associations is the expression of interest put out by the Federal Health Department to canvas proposals for alternative methods of running the Stoma Appliance Scheme.

Currently the Scheme is run by the 21 voluntary and ostomate run associations across the country. This structure has a huge advantage for ostomates as the distribution of products and related support is totally focused on supporting ostomates and not in maximising profits. Having contact with all ostomates improves the ability to provide information and support. Most importantly, they deal with ostomates with care and compassion. The quality of the support provided by the Australian stoma associations has been evidenced by feedback surveys undertaken by many associations.

Our system of distribution of products and support is one of the best in the world as other countries, who predominately separate the stoma support associations from the distribution of products, are experiencing great difficulty in contacting all ostomates to provide the support and information they need. This difficulty in communication means many ostomates miss out on vital information necessary to manage their stomas.

There is a real danger that if the Health Department proceeds to tender for the Stoma Appliance Scheme it may be privatised which will invariably lead to the reduction of services and support to ostomates and a loss of the good working relationship between associations and ostomates.

The future is uncertain while this potential for a tender process hangs over us, however, we need to soldier on and provide the best support we can. To that end we are asking all ostomates to complete a survey to help identify how the stoma appliance scheme is working.

Many of the stoma associations are moving towards providing online services such as appliance ordering and membership renewal. Ostomates will be accessing the associations websites more and this gives a great opportunity to provide support and education through those websites.

There is also room in the future for possible further cooperation between associations in the development of educational material for their websites to maximise the support and information available to ostomates. It is recognised that many of the ostomate community have limited or no access to the internet so we will always need to have a multimedia approach to information provision and support.

As the new President of ACSA, I look forward to working through the changes that we face with the other members of the ACSA committee and to keep working with Government to ensure the Stoma Appliance Scheme works well for all ostomates. ●

WE NEED YOUR FEEDBACK

We want to understand your experience as an ostomate.

We are requesting you to complete a brief survey to help us understand how well the Stoma Appliance Scheme is working for you.

The survey results will be used to better understand ostomate education and product supply needs. The results will also inform our dealings with the Federal Department of Health in supporting submissions for improvements to the Scheme.

The survey is 16 questions long and will take 5-10 minutes to complete.

The survey can be found as a leaflet in this journal or you can get it from your association.

If possible, we ask that you complete the survey online. You can type this link into your internet browser **https://www.surveymonkey.com/r/ACSA2021** or access it on your mobile phone using this **QR code**.

Please return your printed surveys (using the supplied reply paid envelope) to:

ACSA Survey, PO Box 348, Annandale NSW 2038

Thank you in advance for completing this survey. We appreciate your time.



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peristomal skin itching?

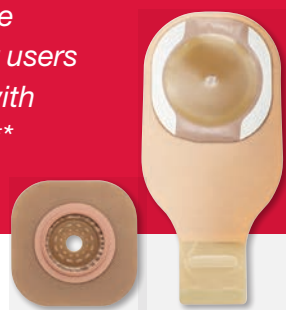
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** As compared to Hollister non-ceramide skin barriers. Colwell J, Pittman J, Raizman R, Salvadalena G. A Randomized Controlled Trial Determining
Variances in Ostomy Skin Conditions and the Economic Impact (ADVOCATE Trial). J Wound Ostomy Continence Nurse. 2018;45(1):37-42

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Your say

Letters to the editor

Dear Editor,

I am seeking information as to where I could find a two-piece
swimsuit that is suitable to accommodate my ostomy pouch?

It has been 18 years since swimming was the norm for me.
I thought this year, I may venture into the water again, but I
have found nothing anything remotely decent in the shops or
online.

I thought others might know of a contact or supplier?

Thanks

Elizabeth Kay, QLD

Dear Editor,

I am a 70 year old woman living in a small country town
in NSW.

In 1971 I had a subtotal colectomy at the Cabrini Hospital in
Melbourne. I was 22 at the time and weighed 7st 7lb
(approximately 47 kilograms).

It was daunting for me at the time, but I had and still have a
wonderful support network with my family and friends. In 1996
I got ill again and had the rest of my bowel removed which
resulted in a stoma.

This year on 27 August, I will have had my stoma for
24 years.

It used to leak sometimes, which was annoying and
embarrassing, especially if I was out.

A few years ago, I went to an op shop and bought some
baby bibs. I have found these very good protection for my
clothes and you can wash and reuse them.

The most important thing I have found, is to explain how to
change and clean the area around the stoma to your family
because if you have a fall and hurt your hand or arm, they will
know what to do when your bag needs changing.

Thank you for the great ostomy magazine which I have
found very interesting reading.

Betty, NSW

Dear Editor,

I am writing in response to Anonymous (April 2020 edition)

Anonymous, you have effectively had your stoma
destroyed by what I can only describe as a butcher.

I suggest that no surgeon can correct it as you have been
advised. I suggest that you find the story of a woman who
lived with a stoma before appliances existed. It was
published in this magazine some years ago. Adopting some
of her solutions could mitigate many of your problems.

I would start by adapting a night drainage bag for
permanent use. Then I would find the best fitting appliance
and pack it in to place using some of the various additional
seals available. The result would be an appliance that is

always empty because as soon as your urine reached your
stoma it would immediately be drained into the bag on your
leg during the day and on the floor at night. I would wear a
big napkin held in place by a stoma belt or elastic pants.

You may find that the appliance people will help.

It sounds like the stoma is unable to provide a base for any
appliance. My idea ensures that there's little chance of any
pressure build-up around what remains of your stoma and
the remote bag acts rather like a vacuum pump. In fact
adding a vacuum pump to the bag would be a very good idea.

This is an engineering solution to a stoma problem.

Graeme Everingham

*Ostomy Australia do not endorse this as medical advice. Always
consult with your surgeon, specialist, stoma nurse and/or your GP*



Pictured above: Annette (wearing glasses) after winning the Moreton
league individual winner and runner up awards.

Dear Editor,

I'm 56 years old and have had my stoma for over 15 years.
I have had 10 bowel operation over the last eight years and
am now the best and healthiest I have ever been. I am playing
tennis again and for the first time I won the Moreton league
individual winner and runner up in the season competition. My
teammates are great, they let me take time out if my bag fills
and for the first time in a long time I feel there is nothing I can't do.

Annette Russell

Dear Editor,

I was surprised to read Davis Paterson's letter in your
December 2020 issue, because there is an easy remedy.

For those of you who are irrigators, you will know that there
is a ready appliance for colonoscopy prep discharge, the
irrigation sleeve.

For those who are not irrigators, you should request your
association for special supply of an irrigation sleeve (complete
with pressure plate and belt).

This is the only safe and sensible way to deal with the task.

Brian Hunter, QLD

Dear Editor,

I am responding to David Paterson in QLD, who has had
trouble accessing advice from a rural and remote area.

David I'm so sorry you haven't been able to get help easily;
it would be extremely difficult to do a bowel prep without
drainable bags.

Continued page 7

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Continued from page 5

I hope that you can reach your nearest stomal therapy nurse or your association at least by phone and ask them if you need a medical certificate from the stomal therapy nurse to get a pack of drainable bags. You may also be able to get one or two samples of drainable bags from suppliers, so you can see which ones you like or are most comfortable for you.

I assume that drainable bags are more expensive, but on the other hand you often only need one per day for general use, rather than two or three closed bags, which saves money and reduces the amount of plastic going to landfill.

I know that colonoscopies are important, particularly after a diagnosis of bowel cancer, so I agree with you that the bowel prep should be as stress free as possible!

Best wishes and hope you can keep enjoying life.

Anne Kelly, NSW

Dear Editor,

I write as a pretty new ostomate. When I was diagnosed and started looking at the pending situation, I saw a somewhat changed and bothersome life.

The whole procedure was over in a few weeks. Diagnosis, preadmission, scans, blood tests, the lot. The stomal therapy nurse gave me some clues on bag management. It didn't seem so big after all.

A few months experience and its little trouble. I've done most normal things and travelled overseas. Colonoscopy prep is even better than before. Changing or emptying the bag isn't much trouble. Changing the baseplate is bit more effort, but as that is about once a week, it's not so much a pain - I remove the baseplate and get in the shower.

As an RFS volunteer during the recent bushfire excitement I often spent over 12 hours in the smoke and heat. I had no troubles with the bag though there was a close call. On inspection at home in the shower the baseplate was nearly unstuck (too much sweat?) but there were no accidents.

I told the rest of the crew about 'the bag' 12 months earlier and the subject rarely comes up. Sometimes getting through or over fences with a hose is affected by the bag but generally I just get on with it. The loose yellow coat works well.

Things may be different, but we don't have to let it get in life's way.

Doug

GRATITUDE

By The Gutless Wonder

What an amazing group of people
Are all these ostomates,
Young and old, brave and bold,
And even living in different states.

I'm sure, like me, they'd all like to say
To our volunteers a very big Thank You,
For without their generous service to us
Whatever would we do?

We look forward to receiving our Journal
Which we always like to read,
With its interesting stories and support for us
Often in desperate times of need.

Our Ostomy journal unites us,
It creates a special bond today
Among the many thousands of us
Who must live this special way.

To find you're not the only one
When the experience may appear to us unfair,
This close relationship between us all
Is so wonderful and quite rare.

NEW ARRANGEMENTS

By C Geoff Smiley

It should be like the time of origins
when the purpose of our parts was determined.
But no, the shock of urinating
from my stomach,
the plastic bag stuck to me,
a permanent part of me,
was not predetermined.
The routine of a lifetime,
my inherited perfect outlet has gone.
Although that had been a trouble of late;
with its intermittent flow and frequency.
I now have an instrument
that turns on with a tap.
intrusive but effective;
its strong flow never to be constricted
by an aging prostate.

Many who do not have my device
say "it is better than the alternative"
That is true but still
I am surprised every time
I see the red opening in my body
and go through the ritual
of changing its alien cover
and feel its plastic restrictions.
I long for the carefree times of the past,
when I evacuated with uncaring ease
and assumed it would never end.

Ordering requirements have changed

By Kylie McGrory, ACSA Administration Officer

Your ostomy appliances are ordered and paid for by your association who then seeks reimbursement for the cost of those products from the Australian Government agency Services Australia (formerly the Department of Human Services).

Previously the only information about you that your association needed to send to Services Australia when seeking a reimbursement claim was your Stoma Appliance Scheme (SAS) entitlement number (the unique identifier issued to all new SAS participants).

This year the amount of information about you that Services Australia requires to support each claim for reimbursement has increased significantly and claims submitted by an association which do not include all the required information may be rejected without reimbursement of the cost of the products supplied. This could generate additional work for our already resource stretched associations as they work to correct and resubmit rejected claims.

To avoid the chances of this happening, associations have been actively checking, collecting and updating all active members information over the past few months to help ensure that all reimbursement claims are valid when submitted.

This is an enormous job for the associations, particularly the larger ones who have thousands of members and

process over 10,000 individual reimbursement claims each month.

Associations have reported that most members have been very supportive and happy to provide requested information, but there has been instances where the associations' requests to update membership information have been met with hostility and aggression. This type of behaviour is unacceptable.

ADDITIONAL MEMBER INFORMATION NEEDED BY YOUR ASSOCIATION

The additional information required by Services Australia in order to process a reimbursement claims include your:

- name, as it appears on your Medicare card
- date of birth
- Medicare card number
- position on the Medicare card
- DVA file number, for members who are eligible for support through the Department of Veterans Affairs Rehabilitation Appliance Program.

Associations are also required to disclose if the participant is a visitor to Australia and receiving support under a Reciprocal Health Care Agreement and if they are a citizen of New Zealand or the Republic of Ireland, their passport number.

APPLICATIONS FOR ADDITIONAL STOMA SUPPLIES

If you need stoma supplies above the standard allowance appearing in the Stoma Appliance Scheme Schedule, make sure that you have obtained and submitted a completed Application

Kylie's desk



for Additional Stoma Supplies (form PB050).

The only version of the PB050 form now accepted by an association is the (Sept 2020) version appearing on the Services Australia website (<https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/pb050>), identifiable by 'PB050.2009' appearing in the bottom left hand corner of each form page.

Requests for additional stoma supplies which are not submitted on the current form will be rejected by Services Australia. Similarly, requests for additional supplies which are submitted on the correct form but where the form is incomplete are required to be rejected.

Services Australia also now requires that any claims for ostomy products issued under an application for Additional Stoma Supplies (Form PB050) include the reason for the additional supply e.g.:

- clinical need
- holiday issue (international travel)
- remote issue
- Norfolk Island resident issue

Depending on the reason for the application, additional information such as the authorising Stomal Therapy Nurse or Medical Practitioners name and Australian Health Practitioner Registration Authority (AHPRA)

Continued page 10



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number or holiday information may also be required.

Please contact your association to find out what information is needed to be submitted with your Application for Additional Stoma Supplies.

HOW YOU CAN HELP

Every Stoma Appliance Scheme participant can help to ensure their associations reimbursement claims are successful:

- 1. Make sure that your association has your current Medicare information. This includes your 10 digit Medicare number, your position on the Medicare card and your Medicare card expiry date (month and year).
- 2. If your association's order form requests your Medicare information, make sure that this is correctly recorded in full on every order form

Every Stoma Appliance Scheme participant can help to ensure their associations reimbursement claims are successful

- 3. If you receive a new Medicare card, please let your association know as your card number changes with each new card issue. Please also make sure that any order form templates used by you are updated with the new Medicare card information.

- 4. Ensure you are submitting the correct application for Additional Stoma Supplies (form PB050), identifiable by 'PB050.2009' appearing in the bottom left hand corner of each form page. Requests for additional stoma supplies which are not submitted on the current form version will be rejected. Similarly, requests for additional supplies which are submitted on the correct form but where the form is incomplete will be rejected.

Moving forward, an association will not be able to continue to supply products through the Stoma Appliance Scheme to any member whose information is incomplete or incorrect because of the risk of claim rejection. It is in the best interest of every SAS participant to make sure the information held by their association is correct and current.



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*Coloplast, Review, Global Ostomy Life Study, 2020





Being a parent, you are always told that the only thing that matters is that your children are happy and healthy. Unfortunately for my parents, from the age of 12, I was neither and wouldn't be for a long time. I was diagnosed with Crohn's disease at 12 years old and went through a long period of trialing many different treatments and experienced a variety of

symptoms. Some of which included: colonoscopies, blood tests, MRI scans, a long list of medications, infusions, restricted diets, nasal gastric tubes, hyperbaric treatment, and eventually an ileostomy and many surgeries. I am now 27 years old and have never felt more confidence in myself and my ability to advocate for others.

My story begins with a hard battle of crohns symptoms before I was eventually diagnosed. My diagnosis came after my mother fought many doctors to investigate my symptoms further. My pain tolerance has always been high from an early age and my mother's determination meant that I was able to start treatment relatively early. Navigating my way through high school was really challenging, particularly when faced with teachers who forgot empathy training from their how to be a bad

teacher handbook. As a result of my symptoms, attending school and eventually university meant that I was unable to attend classes in the traditional sense. I was fortunate to be able to complete my university degree by distance which as anyone with Crohn's disease would understand, brought a lot of relief. At this time, there was still a lot of stigma attached to Crohn's disease as it is not often noticeable and has earned the label of an 'invisible disease'. With this, brought more challenges, one of which I describe as being the 'you don't look that sick' syndrome.

Empathy sounds like a simple concept and its something that everyone who is living with Crohn's disease needs by the bucket load. Now lets be clear, this is not an opportunity to have a pity party, but an

understanding that our lives are different and we don't have any control over that. This is something I still struggle with, with some of the people in my life. We all have that one friend, who thinks that they can cure our disease with diet or a magic pill, right?

The next chapter in my story is the one with all of the surgeries. At 27 years of age and 17 surgeries and countless procedures under my belt, I feel aged beyond my years. Having Crohn's disease has forced me to grow up quicker than I knew how. At 23 years old I was daunted with the prospect of having a permanent ileostomy. At the time, this was my worst case scenario. My few fries short of a happy meal. Prior to the surgery, I was told, I may never have children, I would need more surgery and I would never be able to reverse the ileostomy. Did this information scare the absolute hell out of me? Yep. The risks were clearly outlined but the rewards, well, I would soon find out.

Being young, I was honestly more concerned with how I would look, what clothes I could no longer wear, how this would effect my dating life and making sure that nobody found out. In 2018, I had my proctocolectomy surgery which resulted in a permanant stoma. In the days following, some of the things I learnt:

- privacy is a forbidden fruit after you have a stoma
- trust your instincts – nobody understands your body the way that you do
- don't try to be a hero by returning to work too soon after surgery
- before your stoma surgery eat a whole lot of salad and vegetables because you will miss them
- do your own research (knowledge is power)
- get a second opinion
- surround yourself with a team.

Some of these lessons were harder than others. Following my proctocolectomy, 16 surgeries followed in the next 18 months. This included four surgeries to correct four separate twisted bowels, several bowel obstructions and many others to correct the complications from the original surgery. Getting a second opinion saved my life.

The other thing I credit to having saved my life, is my team. My team are

made up of a number of family and medical geniuses. I don't use that term lightly, with one of my former surgeons repeatedly reminding me that he is 'not god' as if I thought this to be true. Surgeons are not god, but in my completely unbiased opinion, they are pretty close. I credit my ability to completely and utterly kick butt at being healthy to my surgeons and the best gastroentrologist and GP you could ask for. I also surround myself with a psychologist and a dietician who provide constant support. But, before you think that I have forgotten a significant group of people, my theory has always been, save the best for last. My main team are my family, my mother, father and sister. Surrounding myself with my family provides me with constant support, strength beyond measure and acceptance for who I am, Crohn's and all. To my family who have spent the last two years on Christmas in hospital with me, more hours than I can possibly count waiting in hospital rooms and caring for me when I was unable to care for myself, I am beyond grateful. And most of all, to my mother, without whom I could not achieve my health, happiness or survival.

The purpose of this article is not to showcase the pain or hardship I have been through, we have all been through this. My purpose and my voice are being used to show you the joy life can bring, even with an ileostomy and a chronic illness. Having lived with a illieostomy bag for over two years now,



I can honestly say this was the best decision of my life. I enjoy advocating for people living with chronic illness or an ileostomy by educationg and breaking down the stigma. Whilst, my journey still has a long way to go, with further surgeries already scheduled, I know that I have all that I need to face what life will bring for me. Since my surgeries, I practice regular mindfulness and advocate this to others to bring a bit of joy into your life. For the first time in many years, I am able to live a 'normal' life, whatever that is.

It is important to remember that everyones journey is unique. Having a chronic illness does not have to be your worst case scenario or define who you are. To anyone on a similar path, use this as an opportunity to do your research, gather up your team and if they are not showing empathy – then throw them in the bin like I did to my colon (and maybe you will too).



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Are parastomal hernias preventable?

By Monica Stankiewicz

used for stoma formation (with colostomies at higher risk of parastomal hernia formation).

IS PREVENTION ACHIEVABLE?

You may remember advice given to you by your STN about strategies to prevent parastomal hernias once you left the hospital.

Our panel did not find evidence to conclusively determine whether parastomal hernias are preventable through the interventions we suggest as STN's. Despite this, our group still felt that recommendations can be made to minimise the risk of occurrence.

These include:

- holding the abdomen during coughing
- avoidance of heavy lifting
- weight management / weight reduction to decrease intra-abdominal pressure.

Pelvic tilting

1. Lie on your back on a firm surface with knees bent and feet flat on the bed
2. Pull your tummy in, tilt your bottom upwards slightly while pressing the middle of your back into the bed and hold for two seconds
3. Let go slowly
4. Repeat ten times daily

Knee rolling

1. Lie on your back on a firm surface with knees bent and feet flat on the bed
2. Pull your tummy in and, keeping your knees together, slowly roll them from side to side
3. Repeat ten times

Abdominal sit ups

1. Lie on your back on a firm surface with knees bent and feet flat on the bed
2. Place your hands on the front of your thighs and pull your tummy in
3. Lift your head off the pillow
4. Hold for three seconds, then slowly return to starting position
5. Repeat ten times daily

Whilst hernia support garments are available the evidence supporting their use as a parastomal hernia prevention measure is lacking. We were also unable to find information regarding the strength of each type of garment (belt or support pants). However, respondents to surveys regarding support garment use, stated they were used for comfort and intimacy.

There was some research conducted by Thompson and Trainor (2007) and North (2014) which identified exercise programs as a suggested way to decrease parastomal hernia rates. The abdominal exercises involve pelvic tilt, knee rolling and sit ups (see image). It is recommended that these are undertaken with supervision from a physiotherapist or exercise physiologist to ensure the correct technique and prevent harm.

Our panel found very little research around preventing parastomal hernias from a nursing perspective. Whilst we cannot conclusively say which interventions are the most effective, we strongly suggest speaking with your STN, physiotherapist/exercise physiologist, dietician and doctor about ways to minimise your risk.

ACCESS TO SPECIALIST TEAMS

It is really important to engage your STN throughout any review process, as they are the experts in assisting you with hernia prevention and management.

I would like to thank the following STN's: Fiona (Lee) Gavegan (Westmead Hospital), Margaret Reid (Lyell McEwin Hospital & Modbury Hospital), Wendy Sanson (Box Hill Hospital), Dr Vicki Patton (The Royal Prince Alfred) and Paris Purnell (Hollister Incorporated).

Monica is a Wound Management, Stomal Therapy and Dermatology Nurse Practitioner* for Community and Oral Health, Metro North, Queensland Health and can see ostomates with any skin or general concerns, through a referral from a GP.

Your GP can refer you through Central Patient Intake (Via e-referral CCI-Portal icon) OR fax the referral to 1300 364 952. Attention to: Nurse Practitioner Wound-Stoma Community and Oral Health.

The cost of attending the service is covered by Queensland Health (therefore there is no out of pocket fees for the ostomate); appliances are covered on the PBS stoma appliance scheme.

*A Nurse Practitioner is a Registered Nurse with the experience and expertise to diagnose and treat people of all ages with a variety of acute or chronic health conditions. Nurse Practitioners have completed additional university study at Master's degree level and are the most senior clinical nurses in our health care system' (Australian College of Nurse Practitioners, 2020)

WHAT IS A PARASTOMAL HERNIA?

A parastomal hernia is a bulging of the skin around the stoma. The abdominal muscles have been weakened due to surgery and this allows for hernia formation. A parastomal hernia may be a benign and cosmetic issue only. However, it can also cause other health complications, such as:

- bowel obstruction (blocked in the bowel/intestine)
- incarceration (hernia contents cannot be reduced usually due to adhesions)
- strangulation (herniated bowel/intestines have decreased blood supply) or
- bowel perforation (a hole passes from the inside of the bowel/ intestines in a cavity allowing contents to move into previously uncontaminated space).

Parastomal hernias can lead to pain/discomfort, nausea, vomiting and gastrointestinal or urinary issues. Parastomal hernia will alter ones stoma (size, spout) and may lead to issues with appliance adherence, skin integrity concerns or leakage concerns.

PREVALENCE AND RISK FACTORS

In the literature, parastomal hernia prevalence is reported as high as 80%. Potential patient risk factors include: increasing age, obesity, abdominal distention, not protecting ones abdomen immediately post-operatively, chronic cough.

Other risk factors relating to the surgery include: emergency versus elective surgery, placement of the stoma on the abdomen including whether it is placed in the abdominal rectus muscle or not, whether surgical mesh has been used or not, the size of the surgical incision and the part of the bowel

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Share how you became an ostomate, a specific experience or how this has impacted your lifestyle.

Are you detoxifying effectively?

By Margaret Allan

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

The health focus for ostomates is generally on either the digestive or urinary systems as these are the parts of the body usually impacted by stoma surgery. Often there is little emphasis placed on the health and function of other organs unless there is a direct need. But when it comes to the general health of ostomates, it can be beneficial to consider other organs such as the liver.

Today we are exposed to more toxic chemicals than our predecessors. Air, water and food can be sources of toxic exposure and we also generate toxins within the body through normal metabolic processes. For greatest wellbeing, it is important that detoxification capacity meets or exceeds toxic exposure or ingestion.

LET'S TALK ABOUT THE LIVER

The liver is the second largest organ of the body and is one of the major detoxifying organs of the body, along with the skin, lungs and the urinary and digestive systems.

In detoxification, the liver alters chemicals, foreign molecules and internal compounds to make them less active or less toxic. Alcohol, medications and hormones are all metabolised in this way preventing excessive accumulation of these substances in the body and potential adverse effects.

The liver is a very metabolically active organ, meaning that it performs hundreds of functions every day, and it requires a lot of nutrition to perform these functions. A varied diet is important for a healthy functioning liver.

The most important nutrients for effective liver detoxification are:

- green leafy vegetables. Including broccoli, cauliflower, brussel sprouts, cabbage and kale
- B vitamins. Sourced from whole grains, meat, fish, liver, dairy products, eggs, nuts and seeds
- amino acids. Sourced from protein foods such as meat, fish, eggs, dairy foods, nuts, seeds and legumes as well as many grains.

If many of the above foods cannot be eaten regularly or in sufficient quantities, then liver detoxification processes may be affected.

COMMON SYMPTOMS OF REDUCED LIVER FUNCTION

Indications that your liver is not functioning optimally, and therefore not able to rid your body of toxins adequately, include:

- fatigue and sluggishness
- poor sleep and waking unrefreshed
- recurring headaches
- nausea
- loss of appetite
- adverse reactions to coffee, paint and petrol fumes, medications and other chemicals

Nutrition for Ostomates



- abdominal issues such as bloating
- mood imbalances such as irritability and grumpiness
- brain fog
- hormonal imbalances
- recurrent infections
- skin issues.

THE PRIMARY WAYS IN WHICH DETOXIFICATION CAN BE COMPROMISED IN OSTOMATES

The principal mechanisms through which detoxification can be compromised in ostomates include:

- low nutrient intake

Continued page 20



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For useful educational resources visit www.dansac.com.au/livingwithastoma

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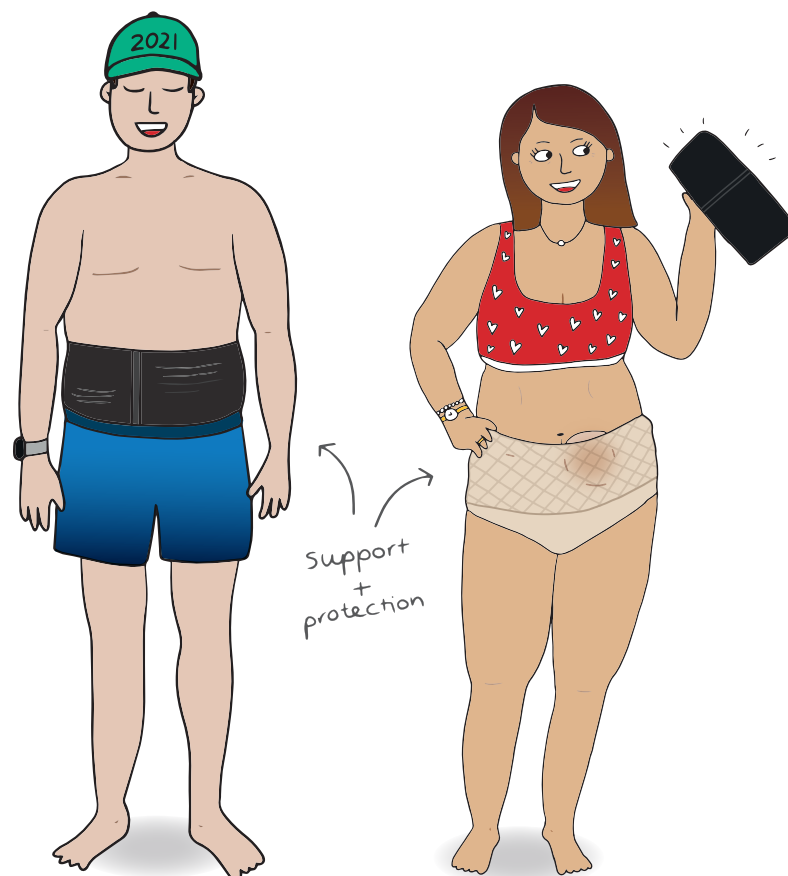
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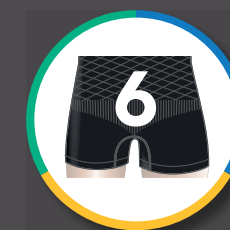
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¹: Colorectal Disease © 2018 The Association of Coloproctology of Great Britain and Ireland. 20 (Suppl. 2), 5–19. ²: Thompson JM. A summary on parastomal hernias, February 2009. ³: Thompson MJ. Parastomal hernia: incidence, prevention and treatment strategies, British Journal of Nursing, 2008 (STOMA CARE SUPPLEMENT); 17 (2), 16–20

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Diamond Plus Briefs

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Diamond Plus
Support Waistband

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colours

RATING 4. INTERMEDIATE

Wear during daily activities
(housework, shopping, golfing)

Support a more developed hernia



Support Briefs
for Her

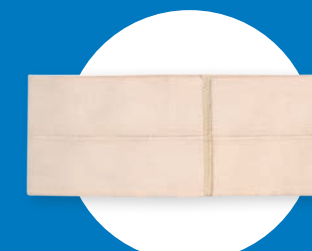


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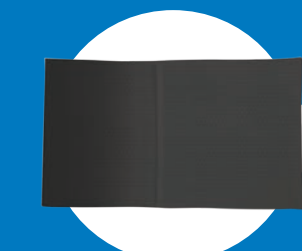
RATING 5. FIRM

Wear during active work or sports

Support a more developed hernia



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Continued from page 16

- reduced potential for the elimination of toxins
- poor hydration
- A combination of these factors.

Stomal surgery may necessitate the need to reduce the intake of particular foods, including those that facilitate detoxification such as nuts, seeds and green leafy vegetables which are good sources of B vitamins. A low intake of these nutrients over time may reduce the ability of the liver to perform its detoxifying functions effectively.

In addition, broccoli, cauliflower, brussel sprouts and cabbage, which support detoxification, have the potential to create excessive wind in the intestinal tract, making consumption in large quantities problematic for people with an ileostomy or colostomy. Their fibre content may be an issue too.

Too much fibre in the diet can increase the risk of a blockage for some people after stomal surgery.

A diet that routinely lacks fibre can increase the incidence and likelihood of constipation in those with a colostomy or urostomy. In general terms, the use of fibre in the diet is a common strategy to combat constipation as fibre facilitates the passage of faecal material through the digestive tract.

People with a colostomy or urostomy who experience infrequent bowel motions may find it beneficial from a lifestyle perspective to have infrequent output or bowel motions; but this is not desirable from the perspective of detoxification. Toxins may not be eliminated from the body in a timely manner which, over time, could lead to a situation of systemic 'pollution'.

Fluid is an important component of detoxification, and chronic dehydration is a common issue amongst ostomates. For people with an ileostomy, it can be hard to replenish the fluids lost through the stoma. Aging and other issues can also reduce the desire and impetus to drink fluids in other ostomates. Inadequate fluid intake has the potential to promote constipation and reduce urinary flow, both of which can enable the build-up of toxins in the body.

GENERAL STRATEGIES TO MAXIMISE DETOXIFICATION

Increasing detoxification capacity within the body involves some simple steps that will be supportive of overall health as well as the elimination of toxins.

Eating a range of foods that are fresh, wholesome and include many of

the nutrients that assist liver function will increase the likelihood of good detoxification. If you feel that you cannot increase your dietary intake any further to incorporate these foods, then taking a supplement that supports liver function may be an easy and satisfactory alternative.

Fluid is an important part of any diet, and good hydration is essential for all ostomates. Ensuring you are well hydrated and able to eliminate toxins through the digestive and urinary systems in an adequate and timely manner will reduce the likelihood of a build-up of toxins in your body and enhance general wellbeing. Good hydration is important for people with an urostomy to flush the urinary system and prevent the occurrence of urinary tract infections, to rehydrate those with an ileostomy and ease the passage of output in the case of a colostomy.

A little squeeze of lemon juice added to a glass of warm water can be a refreshing and beneficial way to start the day as it provides gentle stimulation to the liver and helps to flush out toxins.

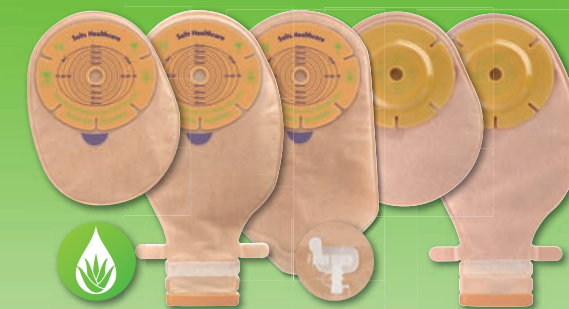
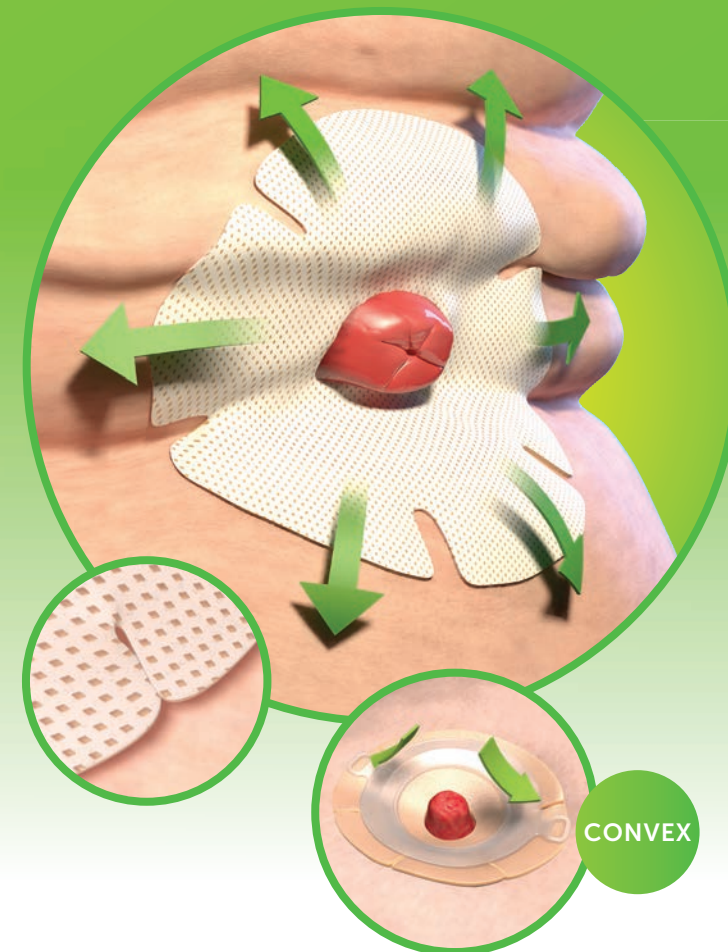
In addition to food and fluid, toxins can be removed from the body through exercise. The skin and lungs also act as channels of elimination that help the body to remove wastes and reduce toxic burden. Daily exercise that is appropriate for your circumstances will assist general detoxification and be worthwhile in many ways.

If you are experiencing symptoms of poor liver function and reduced detoxification and are concerned about your ability to rectify the situation on your own, please contact me for a consultation. Together we can work through strategies to increase the range of foods and fluids you can consume in a safe and appropriate manner or discuss potential supplementation options to enhance your detoxification capacity.

Wishing you good health and happy days,

Margaret •

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The Australian Council of Stoma Associations Inc (ACSA) held its Annual General Meeting (AGM) on Friday 27 November 2020. Originally planned to be held in Tasmania the COVID-19 travel restrictions saw ACSA hold its AGM online as a virtual meeting for the first time with 17 of Australia's 21 stoma associations represented.

ACSA Administration Officer, Kylie McGrory, Ostomy Australia Journal Editor Rebecca Herbener and Australia Fund Chairperson Gerry Barry were also in attendance with the ACSA committee.

The meeting focussed on the business of the day with association members accepting the President report, annual finance report, the administrative reports provided by ACSA, and appointing new ACSA committee members and officers.

STOMAL PRODUCT ASSESSMENT PANEL

At the AGM it was announced that Ms Hermione Agee of the Ostomy Association of Melbourne (OAM) was accepted as the ACSA representative to the Stoma Product Assessment Panel (SPAP) for 2020 to 2022.

The Panel is an independent technical advice panel appointed by the Department of Health that assesses applications from suppliers of stoma-related products who want to add a product to the Stoma Appliance Scheme (SAS) Schedule.

Hermione replaces Mr Geoff Rhodes who resigned as the non-voting ACSA representative of the Panel.

THE AUSTRALIA FUND

Nominations were called during the meeting to appoint a new Chair for the Australia Fund. A nomination was made to reappoint the current Chair, Gerry Barry of Queensland Stoma Association Ltd (QSA). The nomination was unanimously accepted.

The Australia Fund is a grants program which supports association based overseas aids projects. These projects involve the dispatch of obsolete, overstocked and returned stock from associations as well as

donations from hospitals and supply companies to countries having trouble obtaining basic ostomy supplies.

ELECTION OF OFFICER BEARERS

All positions of the ACSA Committee were declared vacant at the meeting. Nominations were received from:

Allen Nash	President
David Munro	Vice President
Rick Chapman	Treasurer
David Swift	Secretary

All nominations were accepted.

The incoming Committee members were congratulated on behalf of the Committee and the associations.

Outgoing office bearers Rosemary Quick, Robert Barsing and Erin Goodwin were acknowledged and thanked for their outstanding contribution over many years to ACSA's work.

MEET OUR NEW COMMITTEE

Elections held at the AGM have brought some fresh faces to the ACSA Committee. Here's a chance to learn a little more about our new Committee.



President – Dr Allen Nash

Dr Allen Nash has a particular interest in ensuring that people experiencing cancer and its aftereffects are well supported. Allen has extensive skills in financial management and governance. He has worked with boards and CEOs in advising on strategic issues. Allen also has extensive experience working with Not for Profits.

In addition to his role as ACSA President, Allen is the current President of NSW Stoma Ltd and of the Asia South Pacific Ostomy Association (ASPOA).



Vice President – David Munro

David Munro has held the President position on the ACSA Committee since 2014 however this year he's nominated for the Vice President role instead. David has been involved with the QLD Stoma Association Inc for over 30 years both as an ostomate and in more recent years as a member of the QLD Stoma Association Ltd Executive committee. David has extensive knowledge of the Australian ostomy community and the Stoma Appliance Scheme with a background in Information Technology.



Secretary – David Swift

David has been an ostomate since 2016 when he joined the Ileostomy

Continued page 24



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Association of South Australia (IASA). After several years as a volunteer, David was elected as Secretary of IASA in 2019. In his role there David focussed on improving overall governance, technology, constitution

and membership data analysis.

David has a professional background in infrastructure engineering, multi-functional IT systems, business and service transformation, and national product approvals. David has worked at international, national and state levels in both public and private sectors.

Treasurer – vacant position

Rick Chapman who was appointed Treasurer at the AGM had to resign soon after for personal reasons. The Treasurer position is currently vacant.

•

Getting bigger and better at YOU

By Bonnie Crowe



Lilian proudly wearing her OAM medal

Despite the perils and challenges of 2020, the Young Ostomates United (YOU) Group in Melbourne, Victoria, were still able to make it a banger of a year. The group was able to reach more people than ever through live-streamed events, strong engagement in our Facebook group, meetings via Zoom and maintaining connections between members.

ANNUAL GENERAL MEETING

YOU held its AGM via Zoom on 10 October 2020 – a first for the group with only minor technical issues. The meeting was productive, with some key outcomes being:

- membership brochure to be refreshed with new content and more targeted information

- setting goals for information days and events for 2021
- welcoming new committee members
- reaching 451 members in our Facebook group (latest count is 474 members) show our membership is growing and different needs for members are emerging.

CHRISTMAS CATCH UP

On Saturday 5 December 2020 the YOU Group got together for a COVID safe Christmas picnic at Blackburn Lake. It was a lovely opportunity to catch up with old and new friends after such a challenging time. Many of our members had a rough year with work and health issues, and it was great to sit together and connect over a sweet snack. There were friends, family, new babies and tasty food. Some puppies joined in on the fun too. Some members who attended made a big trip to take part, and YOU are incredibly thankful for those who were able to make the journey.

LILIAN'S ORDER OF AUSTRALIA MEDAL AND CEREMONY

Lilian Leonard is the founder of YOU and is still an active and valued member of the group. On 15 December 2020, Lilian was awarded an Order of Australia medal for services to community health. This medal is incredibly well deserved; Lilian's contribution to community health through her role as a Stomal Therapy Nurse and later through her advocacy for stoma care and care of people with stomas is inspiring and passionate.

The ceremony was held at Government House Victoria, where she and four guests waited in the

magnificent Ballroom before moving into the formal Drawing Room for the Investiture. Lilian was joined by her husband Colin and son Rich, her sister Evelyne from Canberra, and Anne from YOU. COVID-19 restrictions meant that the Investiture was a more intimate affair than other years, but no less special.

One of the Governors Equerries read out Lilian's Citation as they were presented to the Governor of Victoria Linda Dessau and her husband Tony. Lilian's guests were introduced, and Evelyne had the honour of hooking the medal onto a special pin Lilian was wearing.

Following the applause and official photos, the Governor chatted informally about the reason for the medal. She had certainly researched Lilian's contribution; she patted her lower abdomen stating how important support was for surgeries relating to bowel and bladder. Lilian told her that although retired she was still very involved with the private closed Facebook page. The Governor agreed with Lilian on the benefits of social media when used respectfully and positively.

Leaving the Drawing Room, Lilian was presented with two boxes. One box contained five different medals and ribbons e.g., evening wear, lapels pin, bow tie etc. and another a blue velvet folder (box) with the official decree from HM Queen Elizabeth II.

Lilian would like to thank so many past and present members of Young Ostomates United and PANCH Ostomy Support Group who have made this award possible.

Continued page 26

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PLANS FOR 2021

YOU has big plans for 2021. The Group is planning an information session with a dietitian to discuss healthy eating with stomas, as well as a stoma nurse to discuss peristomal hernias and how to best manage them. More information about this will be available soon via the YOU Facebook page or by contacting Helen (see details below).

More catch ups are in the works, both face to face and online. We are hoping to hold semi-regular Zoom sessions for groups with particular needs, such as parents of kids with stomas, pregnancy and stomas, men's issues and anything else raised by our group members.

The Group will continue to engage online via Facebook and Twitter and are always welcoming of new members and new ideas on how the group can best serve the community. The group is incredibly lucky to have role models like Lilian helping support people with stomas and their families.



If you would like further information on YOU or would like to become a member, please contact Helen Ebzery (secretary) at youincsecretary@gmail.com or helshae@hotmail.com.

Facebook - www.facebook.com/groups/youinc (please note this is a closed Facebook page to protect the privacy of our members. Send a membership request and we will get back to you soon). •

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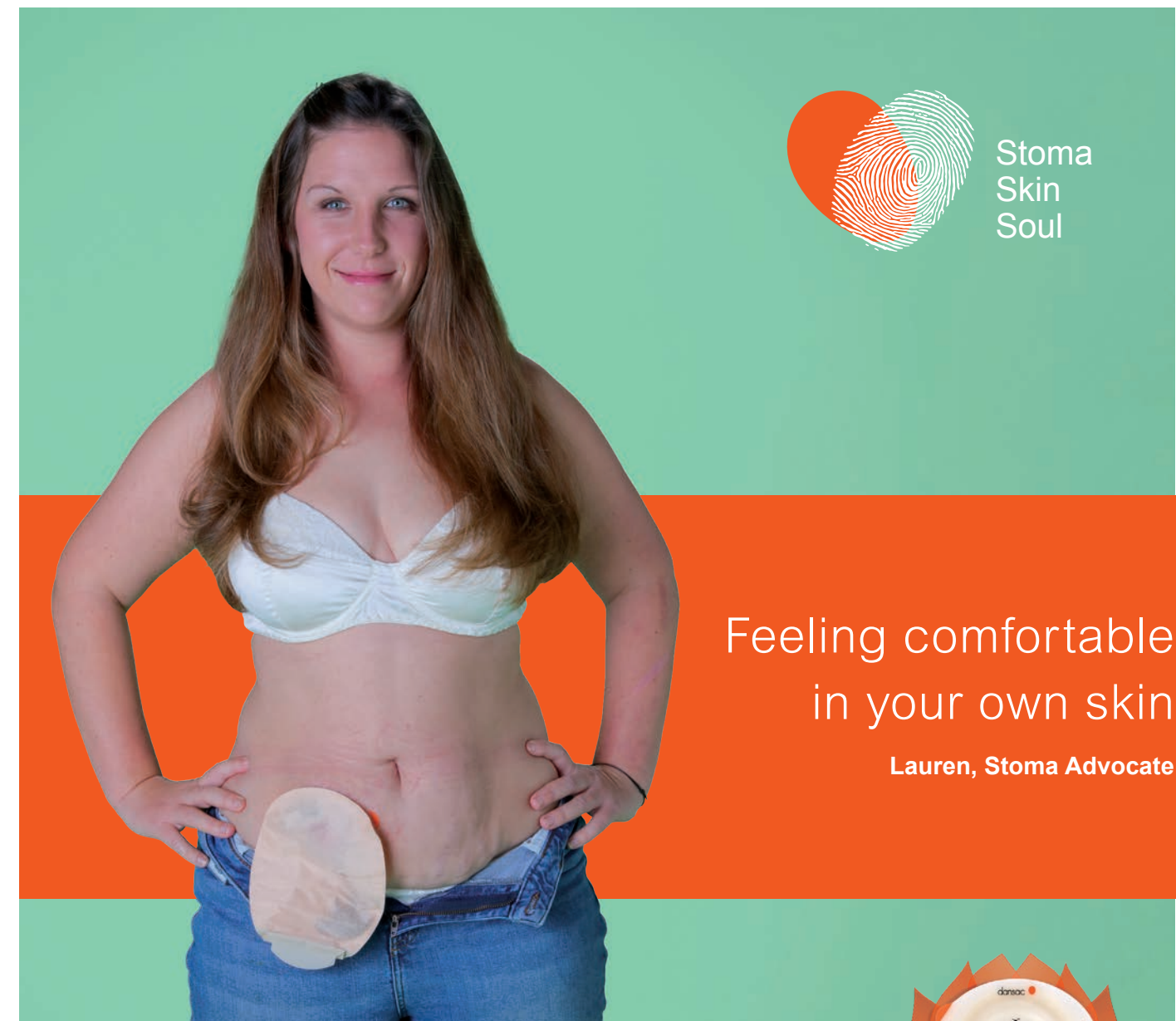


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Lauren, Stoma Advocate

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My story of trial and error

A.F. Wingrave

I had my ostomy operation 11 months ago and the thing I found that I urgently needed the day after my operation was a catalogue with pictures of all the items that are available for using the bag.

The first few weeks were absolute chaos. I was using between four and six bags a day due to leaks all the time. The nurses in the hospital only had a vague idea as to how the bags were to be fitted and only had one style anyway. Once I arrived home, I had an ostomy nurse come to help sort out the problems. Over about three to four months she helped me get leaflets and samples of all equipment that was available.

My belly button is awfully close to the stoma about 4mm and very deep and my stoma is on my bend point so when I sit, they both squash up.

To try to stop leaks into my belly button because the bag flange would not follow the deep curve in and out of the belly button, I decided to fill it. I tried plaster of Paris, roof silicone, chewing gum, play dough, chopped up seal rings, and finally sealer paste. None of these worked. I finally found that wiping the area with Savlon Antiseptic Cream and inserting a cotton wool ball and

then covering the area with a very thin plastic sheet that I bought as a roll and cut into 6cm x 7cm pieces fixed that problem.

The next problem was the bags. The ones I was given had a separate base in which the bag clipped in. This type would last about one or two days when the bag popped out of the o-ring seal. I tried gluing the bag to the base which worked for a bit longer but still no good.

I tried the bags with the one piece base; these were better but too stiff to bend when I sit which pulled the base for my skin. I then tried a lot of other bags. Some of these had drain valves/taps that would clog up and not empty.

I found using round seals over the stoma before fixing the bag on top produces a small lake on the stoma when lying down and a small puddle at the bottom of the stoma when standing. This caused leaks and sore skin as the liquid must fill the puddle before it can reach the lip of the bag and run into it. By not using this seal and selecting a bag with a very thin base this puddle cannot form and the seal is much wider, so it takes longer to leak.

I was told that most people change their bag once a day or at most every two days. I did not like that idea and

after a lot of trial and error I now need to change my bag every seven days (it will last nine days at a pinch) even though the bags are only guaranteed for 72 hours.

Another problem was with the night bag; I found that with all the night bags that I have tried, they all work for about a quarter of a litre draining from the side bag, then the night bag swells up and stops anything further running in. I found that somehow, I produce a small amount of pressure that shuts off the non-return valve in the night bag, which then allows the side bag to fill and leak.

I don't use a night bag now; I have built a small frame that holds a two litre milk bottle and the pipe from the side bag runs through the milk bottle top into the bottle. The top has a small vent hole in it to allow the air to escape as the liquid flows into the bottle. A small drop of Dettol in the bottle first stops any odour. The frame is designed so that it is very stable whether empty or full so that it does not tip over.

I don't have any leaks or problems with my stoma now. You just need understanding of what is going on and finding out what is available then trying different equipment until you get the set up that suits you. •

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Mike, SenSura Mio Convex user



SenSura® Mio



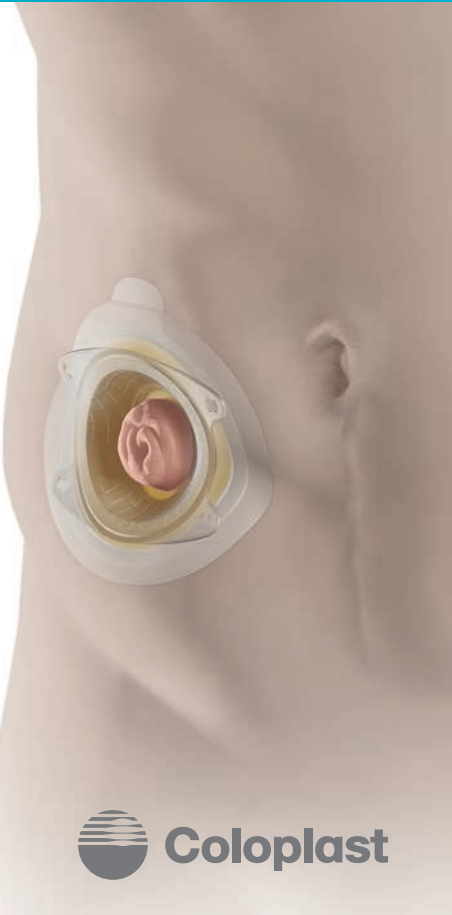
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Colostomy Irrigation: A method of bowel management

By Pat & Jan, STNs QLD

WHAT IS IT EXACTLY?

Colostomy irrigation (or washout) is a process done at home which allows you to empty your bowel regularly, and at a predictable time each day. The frequency of irrigation can vary from daily to every 2-3 days, as each person will develop a routine for complete success. The desired outcome is that after emptying the bowel of faeces, there may be a period of time, 24-48 hours usually, where your stoma is inactive. It can help you regain control through bowel re training, and often reduces the effects of gas and odour. This process may mean that you do not need to wear a pouch, but can cover the stoma with a small cap or plug in between the washouts. It can help improve quality of life and provide a new sense of freedom.

AM I SUITABLE?

It is important to know that colostomy irrigation is not suitable for all people with a colostomy, it depends on many things. If you are suitable, it would not be considered safe until well after you recover from your surgery. Before you go any further, it is necessary for you to discuss with your surgeon and your Stomal Therapy Nurse (STN) if this option is suitable for you. There are some medical conditions and circumstances that could exclude you from the option of learning irrigation. The irrigating process is definitely NOT suitable for people with an ileostomy.

HOW DO I DO IT?

The process for irrigating involves administering lukewarm tap water (tepid water) into the colon via the colostomy stoma, (bottled water is used in areas where tap water is not fit for human consumption). Special equipment is needed, which is available through the Stoma Appliance Scheme (SAS), after a mandatory certificate is completed. Your STN will help you complete the certificate after your surgeon has approved your suitability and the STN has given you the necessary information and education. Once the stoma association has received your certificate, the equipment can be

ordered, just the same as you order your usual stoma supplies.

WHAT EQUIPMENT DO I NEED?

A basic irrigation kit consists of a irrigation reservoir with a two litre capacity, connecting tubing with a safe flow control valve, adhesive or coupling irrigation sleeves, pouch closures, belt and face plate for sleeves, cone tipped irrigator, lubricant and equipment for cleaning materials.

BASIC IRRIGATION EQUIPMENT

- A: Irrigation Bag
- B: Belt
- C: Stoma Cap
- D: Irrigation Sleeve
- E: Pressure Plate
- F: Cone.



HOW DOES IT WORK?

The purpose of the irrigation is to clear the colon of all faecal content as you sit on the toilet. An irrigation sleeve is attached to a plate that surrounds your stoma, with a stoma belt attached to keep it in place. After the water is instilled through the stoma, using a soft cone, the colon will swell with the influx of water, stimulating waves of peristalsis that causes your colon to empty faeces out of your stoma through the irrigating sleeves and into the toilet.

Evacuation occurs over the first 15 minutes during which time the plastic irrigation sleeve directs output into the toilet. Once the initial evacuation has stopped, the end of the sleeve is cleaned and clamped, allowing freedom of movement if desired. After another 30 minutes or so, the remaining evacuation of stool should be complete. Some people may choose to sit in the toilet for 45 minutes to one hour until the colon has emptied, others may choose to

attend to other activities while they wait. Other diversions such as reading a book or listening to music may be used to pass the time while the irrigation is in progress. Some ostomates may find having a drink of water or a meal prior to the washout, assists with stimulating the colon to empty.

Full evacuation of the faeces may take up to 1 hour, so it is important you have uninterrupted access to a bathroom for the time needed. The process, while easy to learn, can take some time to feel fully comfortable with, and routines will become established over the first few weeks. The best results are often obtained if the irrigations are done around the same time of the day, so the colon is used to being emptied at that time. The best time of the day for you will depend on when you have the time and feel the most comfortable.

SOME COMMENTS FROM SOME WHO HAVE LEARNED THE COLOSTOMY IRRIGATION PROCESS

'I underwent this training with a stoma nurse over a couple of hours and have never looked back. I have only been irrigating for the past four months but am looking forward to irrigating for the remainder of my life. It is awesome, it's better than being normal, I irrigate every three days at night time so I'm freer than ever. It's now the opposite when I'm out, friends look for a toilet... I don't'.

'I know you have heard the term, better than sliced bread or a cold tinny, well irrigating is better'.

If you wish to learn more about colostomy irrigation scan the QR code below or type this link into your internet browser (<https://www.youtube.com/watch?v=h-qUhcHFsg>) which will direct you to a video.



Source: <https://omnigonconnect.com.au/advice/colostomy-irrigation/>

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WORD SEARCH

In the December 2020 journal Carol from Victoria commented on the creative names people name their various add-ons. For a bit of fun, please enjoy this word-search made up of peoples names for their stomas from past editions of the journal. The names are either horizontal or vertical.

W	I	N	N	I	E	T	H	E	P	O	O	H
I	C	I	E	A	V	C	O	L	I	N	K	O
N	T	A	F	F	Y	D	I	B	S	K	L	R
S	J	E	U	S	B	P	E	T	A	L	W	L
O	E	G	S	A	C	E	U	L	L	E	R	D
M	R	S	T	O	M	A	S	H	E	O	B	T
E	E	K	E	J	L	R	U	A	V	H	O	N
I	M	I	V	C	O	L	A	N	D	U	R	I
M	I	P	E	L	E	N	X	N	R	A	I	P
B	A	P	T	A	P	I	N	A	T	S	S	A
T	H	Y	H	N	F	R	E	D	I	T	L	D
H	A	R	E	C	H	A	R	L	I	E	T	O
E	T	Z	S	Y	G	I	N	D	E	L	W	H
T	H	E	T	I	M	K	L	E	M	L	O	G
W	O	M	O	R	C	O	L	T	R	A	N	E
I	R	T	M	R	D	I	G	B	Y	M	I	O
N	S	E	A	K	L	I	H	R	A	T	G	R
S	P	O	N	G	E	B	O	B	O	P	E	G
A	G	T	U	M	M	Y	B	U	M	R	L	E

- BORIS

CHARLIE

CLANCY

COLIN

COLTRANE

COL AND URI
- FRED

GEORGE

HANNA

IPAD

JEREMIAH

LEO
- MR DIGBY

MR STOMA

NIGEL

PEARL

PETAL

SKIPPY
- SPONGEBOB

STELLA

STEVE THE STOMA

TAFFY

THE TWINS

THOR
- TUMMY BUM

WINNIE THE POOH

WINSOME



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National Directory of Ostomy Associations

Covid-19 notice

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

AUSTRALIAN CAPITAL TERRITORY

ACT & DISTRICTS STOMA ASSOCIATION
W: actstoma.net.au
E: stoma@actstoma.net.au
T: (02) 5124 4888
A: Floor 2, 1 Moore Street Canberra ACT 2600
Open: First and second week of each month on Monday, Tuesday, Wednesday 10:00am to 1:00pm

NEW SOUTH WALES

NSW STOMA LIMITED
W: nswstoma.org.au
E: info@nswstoma.org.au
T: 1300 Ostomy or (02) 9565 4317
A: Unit 5, 7-29 Bridge Road Stanmore NSW 2018
Open: Monday to Thursday 8:00am to 4:00pm, Friday 8:00am to 2:00pm

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

NORTHERN TERRITORY

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

QUEENSLAND

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

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

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

QUEENSLAND STOMA ASSOCIATION
W: qldstoma.asn.au
E: admin@qldstoma.asn.au
T: (07) 3359 7570
F: (07) 3350 1882
A: Unit 1, 10 Valente Close Chermside QLD 4032
Open: Monday to Thursday 8:30am to 2:30pm, last Saturday of each month 8:30am to 12:30pm

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

WIDE BAY OSTOMATES ASSOCIATION
W: wboa.org.au
E: wbostomy@bigpond.com
T: (07) 4152 4715
F: (07) 4153 5460
A: 88a Crofton Street Bundaberg West QLD 4670
Open: Tuesday, Wednesday, Thursday 8:30am to 3.00pm

SOUTH AUSTRALIA

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

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

TASMANIA

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

VICTORIA

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

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

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

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

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

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

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

WESTERN AUSTRALIA

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

National Directory of Ostomy Support Groups

Covid-19 notice

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

AUSTRALIAN CAPITAL TERRITORY

CANBERRA ACT SUPPORT GROUP
10am to 12noon, second Tuesday of every month. Venue to be confirmed. Contact your Stomal Therapy Nurse or Clare Jacobs on 0400 921 901 or aucldo@coloplast.com. Everyone is welcome. Please RSVP for catering purposes.

NEW SOUTH WALES

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

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

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

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

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

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

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

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

EUROBODALLA REGION
11am on first Sunday of Feb, Apr, Jun, Aug, Oct, Dec. Venue: Laughter Room, Moruya Hospital. Phone: Betty (02) 4476 2746
FAR NORTH COAST
11:30am to 2pm. First Saturday of March, July, December. Meet at Lismore Workers Club 225, 231 Keen St. Lismore. Contact: Marie: (02) 6686 7248

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

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

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

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

ILLAWARRA OSTOMY INFORMATION GROUP 2021
10am to 12noon on 10 Feb, 14 April, 9 June, 11 August, 13 Oct, 15 Dec (Christmas luncheon. Venue to be advised). Education Room, Figtree Private Hospital, 1 Suttor Place, Figtree. Contact Helen Richards CNC STN Wollongong Private Hospital phone: 042861109 or Julia Kittscha CNC STN Wollongong Hospital mob: 0414421021 office: 042551594 julia.kittscha@health.nsw.gov.au

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

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

NEWCASTLE DISTRICT
1:30pm on the last Saturday in Feb, May, Aug (AGM), Nov.

Venue: Hamilton Wesley Fellowship Hall, 150 Beaumont St. Hamilton. Enquiries: Geoff (02) 4981 1799 or Lynda 0425 209 030 or Maree (02) 4971 4351
ORANGE & DISTRICT
From 12noon, Mar, June, Sept, Dec. Venue: 15 Olver St, Orange, NSW Contacts: Louise: (02) 6330 5676 and Joanne: (02) 6362 6184

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

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

SYDNEY - LIVERPOOL / CAMPBELLTOWN AREA
Meets: Thursdays from 1pm to 3pm in the Heritage Auditorium at Camden Hospital (Menangle Road, Camden). For further information, please contact: Diane or Lu (STNs) on (02) 8738 4308

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

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

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

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

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

NORTHERN TERRITORY

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

QUEENSLAND

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

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

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

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

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

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

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

SOUTH AUSTRALIA

CENTRAL
2pm, third Tuesday of Jan, March, May, July, Sept, Nov. Ileostomy Assoc Centre, 73 Roebuck St, Mile End. Information: (08) 8234 2678 or speak with Val Macey (08) 8381 1646

FLEURIEU
10am to 12noon, first Monday of March, June, September, December Flinders Rural Health, Bay road, Victor Harbour Contact: Lyn Sandford STN on 0421 000 960 or lynsandford09@gmail.com

PORT AUGUSTA AND BEYOND

1:30pm on fourth Tuesday of each month in the Library/Bookshop behind St Augustine's Anglican Church, Church St. Port Augusta. Please contact Anne Wensley for more information on 0429 422 942

PORT PIRIE

1pm to 2:30pm, third Tuesday of each month at GP Plus Medical Centre, 50 Gertrude Street, Port Pirie. Contact STN Jenni Edwards (08) 8638 4536

SOUTHERN

2pm, first Wednesday of Feb, April, June, Aug, Oct, Dec.
Where: Elizabeth House, 112 Elizabeth Rd, Christie Downs.
Information:
Lyn Sandford STN 0421 000 960 or
Sharmaine Peterson STN 0438 853 082

YORKE PENINSULA

1:30pm, third Wednesday of Feb, April, June, Aug, Oct, Dec.
Initial venue Moonta Aged Care Activity Room, Majors Rd, Moonta. Venue may change to accommodate distant ostomates. Contact Helen Colliver on 0419 839 869

TASMANIA

'SEMI COLONS'

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

TASMANIA SUPPORT GROUP MEETINGS

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

NORTH - Cancer Support Centre, 69 Howick Street, Launceston

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

SOUTH - Ostomy Tasmania Office, New Town

Contact Adrian Kok on 0498 196 059 for dates

VICTORIA

BAIRNSDALE & DISTRICT

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

Contacts: Janine: 0418 854 562

Derelle: 0448 458 997

Email: bdosg@hotmail.com

BALLARAT & DISTRICT OSTOMY SUPPORT GROUP

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

Contact: Graeme on 0400 979 742 or David Nestor on (03) 5339 4054
Emails: david.nestor2@bigpond.com or graob44@gmail.com

BENALLA / WANGARATTA

2pm on the third Monday of each second month.

Venues: Wangaratta: North-East Health, 4-12 Clarke St., Wangaratta, April, Aug., Dec. Benalla Community Health, 45 Coster St., Benalla, Feb, June, Oct.

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

Email: mgpwang@gmail.com

COLOSTOMY ASSOCIATION OF VICTORIA STOMAL SUPPORT GROUP

CAV offers support to all clients. We offer 30 minute consultations with a qualified STN, by appointment, two or three days per week.

MILDURA

Meet: Every second month Venue: Mildura Base Hospital Conference room 1
Contact: Vicky (03) 5022 3333 or Norma 0409 252 545

SOUTH GIPPSLAND

Socials held on the first Tuesday of each month at 2pm.
Please contact Helen Lugettho on 0499 624 999 for more information.

SUNRAYSIA / RIVERLAND

Venue: Sunraysia Cancer Centre
Enquiries: Norma Murphy 0409 252 545

WARRNAMBOOL & DISTRICT

10:30am, second Friday Feb, Apr, Jun, Aug, Oct, Dec.

Venue: The Seminar Room, SWHC Community Centre, Koroi Street, Warrnambool

Contacts: Heather on (03) 5561 1159 or Terry on (03) 5562 5093

Warrnambool Ostomy rooms (Fridays) (03) 5563 1446

WESTERN AUSTRALIA

ALBANY

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

Albany Hospice, 30 Warden Ave, Spencer Park
Contact Gerry 0498 666 525

MANDURAH

5:30pm to 7pm, first Wednesday of each month.

Training Room 3, Peel Health Campus 110 Lake Road Mandurah

Contact: Lorrie Gray on 9272 1833 or info@waostomy.org.au

PERTH

12noon to 1pm (New Members) and 1pm to 3pm (General support), fourth Saturday of each month.

WA Ostomy, 15 Guildford Road, Mount Lawley.

Contact: Lorrie Gray on 9272 1833 or info@waostomy.org.au

NORTHERN SUBURBS SUPPORT GROUP

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

Contact: d.carrybrown@me.com or call 9272 1833

BOWEL GROUP FOR KIDS INC

Tel: 0458596185

Email: enquiries@bgk.org.au

Web: www.bgk.org.au

YOUNG OSTOMATES UNITED (YOU)

Tel: Helen (03) 9796 6623

Email: helshae@hotmail.com

Web: www.youinc.org.au

Facebook: Young Ostomates United

PARENTERAL NUTRITION DOWN UNDER

Tel: 0417 996 641

Email: contactpndu@gmail.com

Web: www.pndu.org

Stoma Appliance Scheme Product Suppliers



AinsCorp

PO Box 572, Niddrie, Victoria 3042

Toll Free Number: 1300 784 737

Email: service@ainscorp.com.au

Website: www.ainscorp.com.au



Dansac

PO Box 375, Box Hill, Victoria 3128

Phone: 1800 880 851

Email: priority@dansac.com.au

Website: www.dansac.com.au



Coloplast

PO Box 240 Mt Waverley Vic 3149

Freecall: 1800 653 317

Email: au.care@coloplast.com

Website: www.coloplast.com.au



ConvaTec

PO Box 63, Mulgrave, Victoria 3170

Freecall: 1800 335 276

Email: connection.au@convatec.com

Website: www.convatec.com.au



Sutherland Medical

Unit 2, 195 Chesterville Road Moorabbin Vic 3189

Phone: 1300 664 027

Email: orders@sutherlandmedical.com.au

Website: www.sutherlandmedical.com.au



Future Environmental Services

PO Box 319, Blairgowrie, Victoria 3942

Phone: +61 3 5985 2828

Email: health@futenv.com.au

Website: www.futenv.com.au



Hollister

PO Box 375, Box Hill, Victoria 3128

Freecall: 1800 880 851

Email: priority@hollister.com.au

Website: www.hollister.com.au/



Nice Pak Products

Free call: 1800 506 750

Email: healthcare@nicepak.com.au

Web: www.nicepak.com.au



Omnigon Pty Ltd

PO Box 5013, Burnley, Victoria 3121

Freecall: 1800 819 274

Email: info@omnigon.com.au

Website: www.omnigon.com.au



3M Australia

Locked Bag 19, North Ryde NSW 1670

Phone: 136 136

Website: www.3m.com.au



Statina Healthcare Australia

3/30 Leighton Place, Hornsby, NSW 2077

Toll Free Number: 1300 365 404

Email: sales@statina.com.au

Website: www.statina.com.au