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Ian Samuel OAM – President
Ian Scholes – Vice-president
Adam Keam – Treasurer
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By Noella Buchanan

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The other side of Ulcerative Colitis

By John Huthmaker

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Welcome

Executive message
By Ian Samuel OAM

It is an honour to be able to address you for the first time as President of ACSA (Australian Council of Stoma Associations Inc).

I took on the role of ACSA Treasurer in March 2021 and held that position until the Annual General Meeting 2021 (AGM2021) in November last year when I was voted in as President.

I have been an ostomate since 1982 when I had my first Ileostomy.

I am a long-term member of the Ostomy Association of Melbourne and its predecessor the Cabrini Ileostomy and Colostomy Association where I have held many roles on their management committee.

As an ostomate I know how vital it is to provide seamless service to our members and in my time as President of ACSA I would like to see the development of SAMS (SAMS stands for Stoma Appliance Management System. It is the national wide computer program managing members orders) and good governance of ACSA and its 21 member associations.

When you receive your copy of the journal we will be well into this year. It has been a turbulent time for everyone as COVID continues to impact our lives. Not to be outdone, nature is making itself known with catastrophic floods and fires throughout Australia. It has never been a more important time to look after ourselves and each other and I want to thank the associations and their teams, made up mostly of volunteers, for continuing to show up and do their best under challenging circumstances.

These times have caused a great deal of stress and uncertainty. To that end, because we know that health and wellness is holistic and individual, and not just stoma related, we would like to add a wellness column to our regular

journal contributors. If you are someone with the expertise to contribute, please let us know at journal@australianstoma.com.au.

This year the team are already hard at work to ensure your association's services and supplies are not disrupted and members appliances continue to be delivered.

The executive has been liaising with Australia Post to ensure that it keeps to its published delivery schedule. We have received assurances that despite the problems caused by COVID and freight disruptions, your supplies will turn up when expected.

We are in contact with the supplier companies to make sure that associations are made aware of delays in deliveries to associations. With all of this, we urge all ostomates to ensure you keep an adequate supply of stoma products for your needs. Also, we suggest that you be prepared to take a suitable alternative product if there is a breakdown in the supply chain.

Associations are all working together to advise and support each other and learn from each other to ensure minimal disruptions to member services, all associations are providing a pickup or delivery service that best suits their members needs and in a way that works to ensure everyone's safety.

Our team continue to develop SAMS which enables associations to receive orders, process them, order the supplies from the companies and at the end of each month send Services Australia the list of products dispensed to members for reimbursement under the Stoma Appliance Scheme. This program is continually being updated and refined to make the life of those who work in our associations easier.

Annual General Meeting 2021

ACSA held its AGM2021 on 30 November 2021.

For the second year, COVID saw ACSA hold its AGM online as a virtual meeting.

ACSA administration officers Kylie McGrory and Hermione Agee, *Ostomy Australia* journal editor Rebecca Herbener and Australia Fund Chairperson Gerry Barry were in attendance with the ACSA committee and 16 member associations.

The meeting focussed on the business of the day with association members accepting the president's report, annual finance report and the administrative reports provided by committee members as well as the appointment of new committee members.

The new ACSA Executive consists of myself, Ian Samuel OAM as President.

Ian Scholes as Vice President.

Ian is a member of the Colostomy Association of Victoria and currently is its president.

Adam Keam as Treasurer.

Adam is a member of Ostomy Association of New South Wales Ltd.

David Swift who is continuing in his role as Secretary for the second year. David is a member of the Ileostomy Association of South Australia.

Farewell and thank you to David Munro

At the AGM2021 we farewellled David Munro who served on the ACSA committee for seven years in both the President and Vice President positions.

Elected as Vice President in October 2014, David was already well versed in ACSA and association issues through his role at Queensland Stoma Association. David served in the position of Vice President until October 2018 when he was elected President.

David then served as ACSA President for two years, until 2020,

Continued page 6

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Continued from page 4

when he resigned his role but was kind enough to return to his role of Vice President to assist with the transition of a new ACSA committee before finally retiring at the AGM2021.

During his term David managed the 2019 ACSA business case to the federal Department of Health for an increase in the 2.75% administrative fee paid to associations for the operation of the Stoma Appliance Scheme.

David provided executive support and leadership for the SAMS development and configuration committee which was led by Geoff Rhodes from 2014 to 2020.

David also represented the interests of Australian ostomates as ACSA representative to the international ASPOA (Asia and South Pacific Ostomy Association) Congress held in Seoul, South Korea in 2017.

In 2020 David took responsibility and led a team in the preparation of the ACSA's submission for the Expression of Interest process initiated by the Department of Health for the future operation of the Stoma Appliance Scheme. Although not officially acknowledged by the Department of Health, the ACSA submission was successful in practical terms for the continued operation of the Stoma Appliance Scheme when the Department advised that it had discontinued further consideration of changes to the present operation of the Stoma Appliance Scheme by ACSA and our member associations.

David guided ACSA and the associations though what can only be considered the most difficult period of the Stoma Appliance Scheme's 50-year history. This was not an easy job and I

firmly believe that David's calm manner and cool head were instrumental in achieving a positive outcome for the associations and, through them, the 47,000 Australian ostomates.

David has been a great friend and resource to many of us. He is continuing his work for the stoma community through his volunteer role with the Queensland Stoma Association.

Welcome to our new Executive Officer

This year we also welcome Hermione Agee who has taken on the Executive Officer role at ACSA following the retirement of long-term team member, Kylie McGrory. I am delighted to have Hermione onboard; her experience and knowledge of the Stoma Appliance Scheme is legendary.

“As an ostomate I know how vital it is to provide seamless service to our members.”

A former ostomate and association volunteer herself, Hermione has been working in ostomy since 2014. Currently the General Manager at the Ostomy Association of Melbourne she is also ACSA's National Appliance Officer and works with the SAMS development team on the operational and business practice aspects of the software.

Hermione has recently been renewed in her appointment as the ACSA representative to the SPAP (Stoma Product Assessment Panel). 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 Schedule.

Ostomy Australia welcomes a new editor

You may have read in the last edition of *Ostomy Australia* that our editor

Rebecca Herbener has resigned. With this being her last edition of *Ostomy Australia* as editor, we would like to thank Rebecca for her dedication and expertise in editing our journal.

I would like to welcome our new editor Amanda Haines who will take up her role with the August edition. Amanda is a professional journalist having worked for Fairfax Newspapers in their regional newspapers. We wish her well and success in her new role.

2021 Ostomate Survey

As many of you know, last year ACSA conducted a wide-ranging survey which was put together by our immediate past President Allen Nash. The number of respondents was well above the number that is normal for this type of survey and we want to thank all those who spent time to complete the survey.

One of the main things that the survey found was that *Ostomy Australia* and association newsletters and bulletins are important to a very large percentage of the membership. It also showed the importance that you place in stomal therapy nurses providing information and support.

Celebrating 30 years of Ostomy Australia

The ACSA Journal; *Ostomy Australia* was first published in 1992 through the sponsorship of ConvaTec Australia. Throughout the last 30 years, the journal has been published three times per year and provided for free to every member of an Australian ostomy association.

We're thrilled to reach this milestone and I want to thank all our editors, regular contributors, supporters and readers of this journal and we hope to continue to provide Australian ostomates relevant health and wellbeing advice as well as practical support through our journal for another 30 years.

You can view previous editions of the journal on our website at <https://australianstoma.com.au/resources/ostomy-australia/>

Until next time
Ian Samuel OAM
for the ACSA Executive ●

Your say

Letters to the editor

Dear Editor,

I have had a colostomy since 2016 after enjoying all the fun of being diagnosed with colorectal cancer. Before the diagnosis I was a mad keen scuba diver, my question is, can I still do this? I realise that I will have to use a different weight setup, i.e., a weight vest, and I know that the bags are waterproof. My main concern is the pressure experienced during this activity. I understand that the bag will expand during ascent, plus maybe a few other problems. Have any other ostomates conducted this activity after being bagged? Thank you for your consideration on this question and any advice that is helpful. I am still physically fit enough to pass a diving medical.

Campbell Smith, QLD

Dear Editor,

I find living with a colostomy bag creates difficulties at times but the one most annoying is the inability of the bags to vent. They all have vents, but I have not found one that works.

Is there a brand of bag that works or is there some way of making the vents effectively work?

Darryl Stevenson, NSW

Dear Editor,

When reading Elizabeth Kay's letter on swimwear I wondered if she wears her pouch hanging down her leg? I have seen a lot of men with pouches hanging outside their clothes. I have had my ostomy pouch for 45 years and I have been able to buy swimwear from the start from any swim wear shop, including Myer, Target and Kmart. I tuck my pouch up as I do on a normal day and wear waist undies that hold the pouch in place so any clothes can be worn. I had a girl come to my home to see how I managed my bag, she had a long dress on to hide her bag. I had shorts on, and she couldn't believe I had a bag. She had the bag hanging down her leg and she didn't think to tuck her pouch up and wear full length undies. We have travelled several times overseas and I've never had any problems. We have just had a holiday on The Ghan and we had a great time and no problems changing bags on a moving train.

Living in QLD you need a swimsuit and I'm sure you will be back in the water soon

L.C. Haddoch, QLD

Dear Editor,

I have been a urostomate for almost 18 years. I have been very lucky and I have not encountered any significant problems. However, I have made an observation concerning changing my baseplate.

I recently changed products and am very happy with them, but I was occasionally experiencing some leaks. Now I know we all have these from time to time, but they seemed to be happening more frequently. I couldn't understand why. My stoma hadn't changed, I sought advice and tried various seals but it was still happening, the last time causing a wet bed. That hadn't happened to me for ages. After that episode I always examined my baseplate before attaching my night drain just to make sure all was well. This time I saw a leak was imminent so decided to change the baseplate before going to bed. When I got into bed, I lay on my back with my hand firmly covering the baseplate, not for very long, maybe five minutes or so but the next day I noticed that there was absolutely no sign of a leakage. So now, when it's time to change my baseplate, I always do it just before bed and lay with my hand firmly over it. I haven't suffered any leakages since.

It sounds silly, but for me, it really works. There must have been a reason why it was happening, but I have no idea what that reason was. Anyway I thought I would share my story with you.

Vivien Causon, VIC

Dear Editor,

When reading your last edition, it occurred to me that as a group we are using and disposing of a lot of plastic if the rule of three or so changes a day is applied. My thoughts were through your platform to have the manufacturing companies look at making these bags biodegradable in line with green planet practices. From what I have read plant-based containers can be used instead of nylon/plastic that will go to landfill. The only drawbacks I see are storage longevity before use and any cost factors.

At the moment I am using the supplied plastic pouch and putting it in a disposable bag which seems a little bit of a contradiction. Perhaps by raising this issue we can as a group feed it back to the suppliers to see if they can investigate the possibilities.

Mike Aucott

Dear Editor,

I read your President's Message in the latest *Ostomy Australia* magazine and I was deeply concerned in what it seems the Federal Government is proposing. Am I correct to understand that Canberra is proposing to try and fix an unbroken and amazingly successfully working machine (ACSA) run by caring and empathetic individuals with their own proposal?

If this is so, how can we (your organisation's fortunate and so well cared for members) ensure that this stupid proposal doesn't get considered? I certainly hope that what I may have read into your message may have been my misunderstanding? Thank you to you and ACSA.

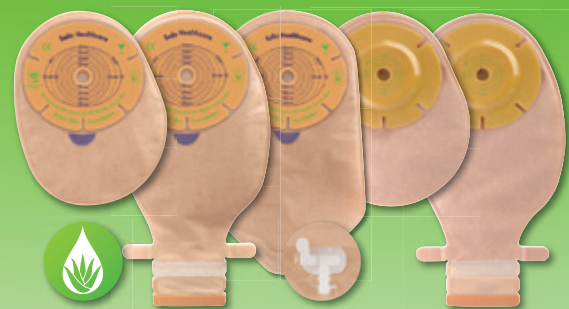
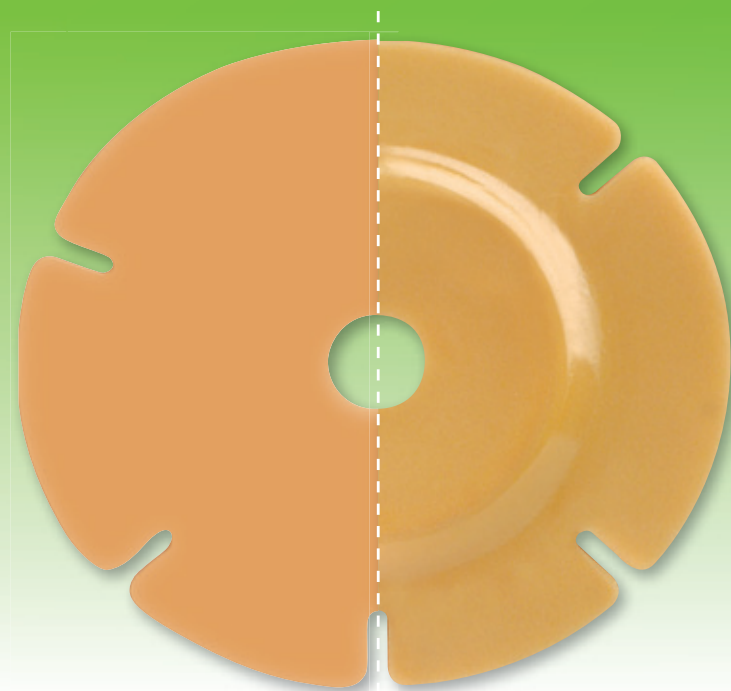
Peter McIntosh, QLD

From the editor:

Dear Peter,

In October 2020, the Federal Government called for Expressions of Interest for the provision of product distribution, education and support services for the Stoma Appliance Scheme.

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In the August 2021 edition of Ostomy Australia (page 5), our President wrote that the most significant matter that occurred in the last quarter that affects all ostomates is the Federal Health Department's request for Expressions of Interest for operating the Stoma Appliance Scheme. We are delighted to report that, since the August 2021 edition of Ostomy Australia was printed, the Health Department has announced that 'At this time, no future tender process is planned for the program and there is no change to the existing program arrangements'.

Dear Editor,

My husband has a colostomy due to bowel cancer. When he goes to the toilet to empty his stoma bag, it tends to splatter as he is 6 feet tall and cannot kneel to get closer to the toilet bowl.

Is there any way to prevent the splattering, perhaps an apparatus or technique?

I don't mind cleaning up after him, however he is getting more embarrassed by the splattering.

Your advice will be much appreciated.

R.S.

From the editor:

Dear R.S.

The splashing is a common question for new ostomates. Here are a few suggestions you might try:

Drop four or five sheets of toilet paper on top of the water in the toilet bowl.

If capable of sitting on the toilet, sit well back on toilet seat and drain the pouch.

Sit on a bathroom stool facing the bowl which lets the poo slide down the bowl to the water or try sitting on the toilet the wrong way around.

Empty into an ice cream container (or similar) and then into the toilet.

Write to us:

Did something resonate with you in these letters or this edition of the journal? Let us know. Send your stories and letters to the Editor, PO BOX 267, Gosnells WA 6990 or email: journal@australianstoma.com.au. We reserve the right to edit all content provided.

Disclaimer:

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POETRY SLAM

JERRY

By The Gutless Wonder

I have a little friend, my stoma,
Jeramiah is his name,
He lives upon my abdomen
And sometimes he can be a pain.

When I suffered ulcerative colitis
He was born from an ileostomy,
At that time I was so terribly ill
And underwent a proctocolectomy.

Jerry's very independent
He does whatever he wishes,
He can misbehave in a moment
And has created for me many issues.

I'm so grateful for all these years
Being free of the pain and strife,
For Jerry is now my closest friend
And, most importantly, he saved my life!

AN ODE TO DAISY

By Pamela O'Doherty

I've got a little stoma
I thought 'I'll call her Daisy'
Sometimes she's sweet as apple pie
Sometimes she drives me crazy
When first we became acquainted
I thought it rather odd
To see this strange protuberance
Emerging from my bod.

My stoma nurse said 'do not fret
you'll soon be quite amazed.
You'll manage this so perfectly.'
I thought she must be crazed.

As time went by, I learned new words
Like 'pancaking' and 'leaking' and such.
They weren't about my cooking
I didn't like them much.

I use a lot of kill odour stuff
As I move around my house
You have to adjust yourself
And use a lot of nous.

Now Daise and I are lifelong friends
We rub along together
Through thick and thin, and rain and shine
No matter what the weather.

Daise! I sometimes say, 'you've given me lots
of strife
but I wouldn't be without you girl.
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Are parastomal hernias preventable?

Looking at an exercise program which may assist preventing parastomal hernia

By Monica Stankiewicz, Stomal Therapy Nurse



In June 2021, *Ostomy Australia* published my article on 'are parastomal hernias preventable?' Since then, a group of my colleagues and I have been fortunate to receive a research grant to enable us to look at an exercise program which may prevent parastomal hernia. In the next edition of *Ostomy Australia*, we will be asking for ostomates to share their experience with us in an online survey (paper survey will be available on request).

So, let's revisit what was discussed in June 2021.

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

Is prevention achievable?

Strategies to minimise one's risk of developing parastomal hernia include: holding the abdomen during coughing, avoidance of heavy lifting, weight management/ weight reduction to decrease intra-abdominal pressure.

Other factors that may reduce one's risk to developing parastomal hernia include: support garments and core abdominal exercises.

Core abdominal exercise – so what and why?

It is the core abdominal exercises that have really interested us especially as there is so little research in this area. The research that was conducted nearly two decades ago is helpful but out of date. Since then, recent studies have explored which exercise will strengthen which muscle. But we still don't know its effect on preventing parastomal hernia. We know that a parastomal hernia can develop due to weakened abdominal muscles post-operatively, further compounded with the fact a hole has been made in the abdomen and left open to allow the stoma to function. So, it makes sense to us, that strengthening these muscles would reduce parastomal hernia development.

We hope you can assist us to improve the care we give you as a person living with a stoma by completing our upcoming survey. This survey will also help to guide the interventional part of the study.

Access to specialist teams

If you are concerned about your stoma, parastomal hernia development and complications it is important to engage your STN, physiotherapist/exercise physiologist, dietician and doctor about ways to minimise your risk.

Monica is a Nurse Practitioner working in Queensland Health, Metro North Health Service ●

Life hacks

for night bag equipment problems

By Peter Eades

I have encountered a few problems with the equipment I was supplied commencing the unfortunate use of a stoma bag. It's clear to me those who make the equipment do not use it.

How I solved my problems

Night bag hose too short

I had to cut a tap from a stoma bag and grind off all excess plastic to achieve a round end which I fitted to a hose of another night bag then I extended the length by double. This allowed me to move in bed without pulling the bag over.

I had requested a male fitting to do this job only to receive a female one. Of which I now have dozens. I also wrote to Liberty Medical from which I've received a phone call or two, no contact with the manufacturers on male fittings. One of these could also be used to

close off the night bag during the day preventing smell.

Night bag hanger

I ditched the plastic hanger and replaced it with a metal trouser hanger with clips on it. I did have to cut it shorter to solve the problem.

Night bag stand

The bag stand was scrapped and replaced with a tall plastic bucket from my bulk clothes washing powder. It won't tip over and if that has happened and I didn't turn the night bag tap off, all the mess is contained in the bucket and not on the carpet. Easy to fix.

I only change my bag every two weeks but approximately three months ago, I noticed that my stoma was below the surface of the surrounding skin, and the skin was growing over the stoma and making the stoma from 25mm

diameter going down to approximately 10mm diameter. This made the system leak as the fluid started to puddle on top of the skin. I have seen a specialist and he said that they would raise the stoma so that it is above the skin level, remove the dead skin that is covering most of the stoma and as a bonus they will alter my belly button so that it is flat next to the stoma.

This is supposed to happen at the end of March but due to the COVID-19 virus, it is a bit delayed. By having these two modification surgeries, I will only need one bag and two extension wings every two weeks, which will save Medicare quite a few bob over the year, every year, and save me and my wife a lot of hassle doing bag changes, as this is a set up that will happen every two weeks for life. ●

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

By Associate Professor Teresa Mitchell-Paterson

Associate Professor Teresa Mitchell-Paterson advises ostomates and the public on healthy food and nutritional habits. She is the bowel care nutritionist for Bowel Cancer Australia, a nutrition lecturer at Torrens University and works in private practice. To contact her by email please contact teresa@thebourkestreetclinic.com.au. To find low or high fibre recipe visit <https://www.bowelcanceraustralia.org/> and access the support tab to find recipes.

Teresa is currently working toward completing her PhD about stomas and fibre and will be recruiting volunteer participants in a study later in the year.

In writing this article I share my professional and personal experience and knowledge of life with an ostomy. My father had a colostomy, and my experience with ostomy patients is both personal and professional. I find that there is a great appreciation from the stoma community from the sharing of healthy stoma recipes, research findings and personal stories.

Most ostomy (ileostomy and colostomy) patients usually negotiate the complexities of trying to figure out what is the best diet to avoid a high output stoma at some point in their recovery or life journey. A high output stoma requires frequent bag changes and reaches large volumes of output (>1,600mls of fluid per 24-hour period) resulting in multiple bag changes. I watched my father struggle with his stoma diet for many years. He was not given any dietary advice post his stoma insertion and, consequently, had several stoma misfortunes such as overflow, adhesion concerns and stoma bag odour issues.

In some cases, a low fibre diet is advised for high output stomas for a short time, usually after surgery to counter high faecal output. High faecal output is a major issue for stoma patients as it may cause the bag to

overflow, causing a loss of confidence in the ability to interact with others or anxiousness when leaving the safety of home. A low fibre diet can often assist in settling a high output stoma. High output often occurs after surgery when the digestive system is healing and readjusting and, as it does this, faecal matter may flow too quickly. Whilst high flow is not everyone's reality, it is a very common occurrence. There are, of course, fortunate people that have not had to change their diet after stoma insertion and therefore may not require a low fibre diet.

Those that have had high output, may have been given a low fibre diet by the hospital dietician or stomal therapy nurse. When I talk with patients regarding this diet, they often state it is 'bland and boring'. Since becoming a nutritionist I have been very interested in helping ostomates make the most of their diet and particularly in increasing the fun and nutritional aspects of a low fibre diet. A low fibre diet can be isolating because it often requires separate family meals and creates issues concerning dining out meal options.

The low fibre diet is very similar to the diet given to people three days before having a colonoscopy. It has been my experience that people with a high output stoma can benefit from a low fibre diet (in most cases) to slow output down.

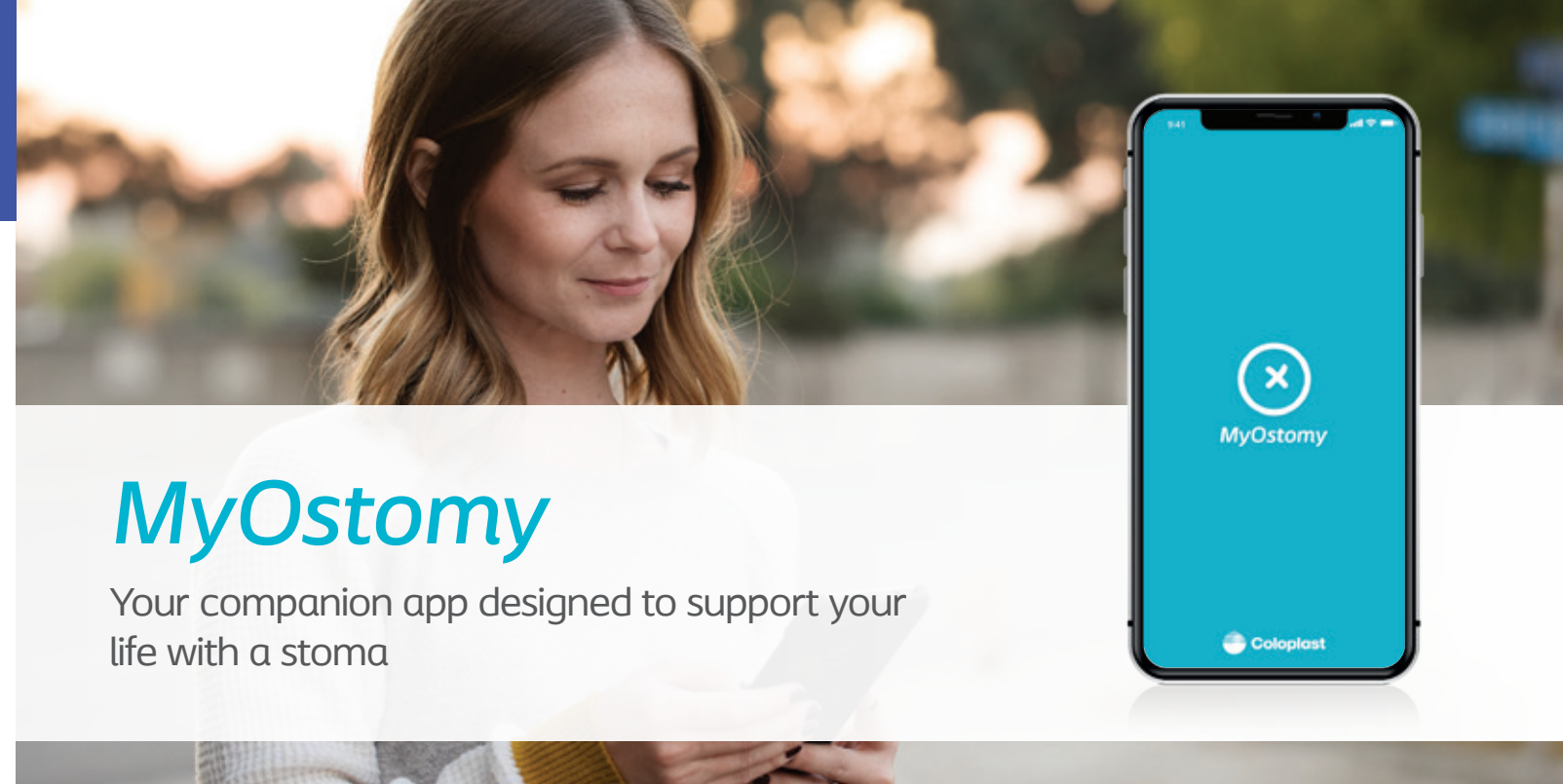
In managing high output, large volumes of fluid can be lost. Ensuring adequate fluid intake with electrolytes and discussing medication with your health professional is always a good starting point. In addition to these vital interventions, ostomates may be advised to follow a low fibre diet. A low fibre diet is typically a diet that has less than 10 grams of fibre per day and it is based on white bread, white rice, protein sources such as meat, chicken, and fish, and a limited amount of cooked and peeled fruit and vegetables.

The low fibre diet can also be called a soft diet, a low residue diet, or a BRAT diet (bread, rice, apple and toast).

This type of diet seems counterintuitive for the provision of a rich variety of nutrients, vitamins and fibre for a healthy digestive system and a healthy life. A diet that is low in fibre, nutrients and vitamins for a prolonged period may alter blood glucose levels, change the bacterial flora in the remaining bowel, and lead to other negative health conditions. There are many healthy low fibre options to replace white bread and white rice. As an example, white rice, if it is cooked and then cooled, produces a resistant starch that is not a type of fibre but is resistant to breakdown in the bowel. This is very beneficial as resistant starch can help to balance blood glucose levels, influence healthy gut bacteria, and lower the risk of some gastric cancers. Other resistant starches that are low in fibre are green banana powder and oats. Many delicious healthy recipes can be made with these ingredients, or they can be added to smoothies.

Finding options for a variety of better tasting, healthy low fibre diets is something I enjoy. On the 'no' list for some ostomates are onions and garlic because of their odour and gas production. Onions and garlic contain fructose and fructans that can cause bloating in some people. However, discussions with many ostomates suggest that powdered onion and garlic oil are a good substitute. The other option to gain onion type flavours are a small amount of chopped fresh or dried chives or a pinch of the Indian herb asafoetida. The science behind these observations is that powdered onion has less fibre and reduced fructose which are the nutrient components responsible for wind and bloat. Fructose is not released in oil, so garlic oil provides the taste without the after effect. Chives and the Indian herb

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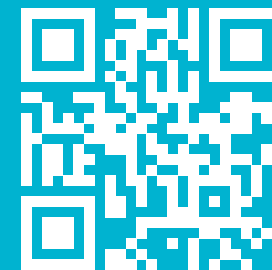
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asafoetida have little to no fructose content and are unlikely to cause bloating and odour. For people who enjoy the added flavours from these vegetables, a little can go a long way to increase the taste sensation of a dish.

NOTE: if you are taking medications for health conditions, please check with your health professional to ensure the low fibre diet is suitable for you.

The following recipe is one that will suit the entire family it is tasty and suitable as a low fibre option for ostomates and as an addition to picnics, meals or as a snack.

I hope you enjoy this recipe and if you would like to be involved in the research study on the low fibre diet and ostomy experiences stay tuned for the recruitment call out later this year. ●

MUFFINS

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Ingredients [Makes 6 muffins]

- 2 large free range eggs
- ¼ cup of Cobram garlic infused olive oil®
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- 1 flat teaspoon of baking powder
- ¾ cup of Greek yoghurt
- 1 cup of white self-raising flour
- ⅔ cup of green banana flour
- ⅓ cup of minute oats
- ½ cup of crumbled feta
- 1 tablespoon of fresh finely chopped chives
- Pinch of salt

Method

Preheat the oven to 180 degrees Celsius.
In a large bowl thoroughly whisk together the liquids: eggs, yoghurt and oil.
In a separate bowl mix together the dry ingredients: oats, baking powder, salt, banana flour, self-raising flour and chopped chives.
Gently blend the dry ingredients into the liquid ingredients to avoid lumps.
When thoroughly blended, add the crumbled feta.
Oil a muffin tin and spoon the ingredients into the muffin tray and bake for 40-50 minutes until golden and the muffin bounces back after touch.



By Noella Buchanan



No one knows how it really starts, internally that is, but as events evolved for me, it goes somewhat like this:
2019, a green clad nurse nudges a plastic mug of tea in my hand although I am barely awake following my snap anaesthesia for my routine colonoscopy. Its only luke warm because I might nod off again, I think sleepily when not one, but two surgeons, still in their blue attire, seat themselves on either side of me in the tea drinking recovery room. ‘Strange’ I think lamely, ‘there are two of them’. The doctor does not beat about the bush and confidently tells me that the haemorrhoids I thought I had, are in fact stage three colon rectal cancer and

that I should expect surgery, the fashioning of a permanent stoma, a bit of radiation and chemo and hopefully no metastasis, ‘but that’s not certain’ he quips and is off, he says, on a holiday. I was his last verdict of the day. The nurse stands still beside me, and I allow myself a little cry before I politely refuse a second cup of lukewarm brew and drive home.
When I wake again, this time after six hours of surgery I sneak a look under the blankets, and yep, there she is, clad in a bag, just where the kind stoma nurse had marked the spot with my one and only, now vanished, tattoo. I am now officially a human marsupial, the wearer of a pouch, an ostomate, which sounds rather like a new exotic species on earth. And there and then I decide that my pouch life will not stop me from doing what I intended to do with this, my only life on planet earth. It also turns out that I needed neither chemotherapy nor radiation, that we found the bugger early while he was established at a mere stage one.
2021 and we get on famously, my stoma and I. It’s like training a reluctant circus donkey, she had kicked and bucked and undermined me for two years, but we always make peace and start to understand one another.
Eight months ago, I started irrigation, which is possibly only for us colostomy

owners and denied to the ileostomies, I am extremely sorry to say. Irrigation did not come easy. There is a reason why the waste deposit system in just about any animal, including the human one is at their far end. Watching said waste products slide through a see-through sleeve is not for the faint hearted and no amount of new age spritzes make the experience less confronting. It was a matter of toughening up and refusing to bend to the pressures of the senses. In goes the 500ml of warm water via a plastic pouch suspended above head height to work with gravity, via a rubbery tube. Let sit for a bit like a home-made pizza dough on the rise and a process called ‘peristalsis’ (the involuntary constriction and relaxation of the muscles of the intestine, creating wave-like movements that push the contents of the canal forward) ensures that all waste is expelled in a spectacular and explosive fashion and safely deposited in the toilet bowl via said see-through sleeve.
Once conquered, I decided that together we can reap the benefits of relative freedom this process provides and venture into the great outdoors.
Having been a triathlete and competing again three months after surgery, I was of reasonable fitness, my core intact, my upper body strength questionable, but all in all I qualified,

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“
Emboldened,
I made my plans and
got the gear ready.”



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according to the website, to embark on an eight-day, seven-night white water expedition into the Tasmanian wilderness, to raft one of the last wild rivers in the world – the Franklin River. To make sure, I rang the tour operator and asked how the whole toilet thing is handled in the deep depth of a national heritage park and learned that all participants had to deposit their waste in a bag and carry it all out, all eight days' worth. It made me laugh out loud, at last I was on the front foot here, 'bumpoopers' who need to use an aluminium ammunition box with a tight fitting lid, called 'the groover' (because the rim would leave a groove in ones backside from sitting on it, but today they just use it to deposit their little parcels), the tour guide was delighted with my 'extraordinary' way to deposit my contribution and assured me that river guides talk about poo all the time, 'we just love it', she said.

Emboldened, I made my plans and got the gear ready. I bought a wee little kettle you can fold up. The plan was to use it for the 500ml of warm water which will go into a bag, strung on a bouncy old stocking from a nearby low branch of a tree in the rainforest. I got nine clear plastic sleeves ready but realized the additional liquid might be a problem in terms of cartage in the 'groover'.

I found a product online which promised to solidify just about any liquid, so I taped the bottom of each sleeve shut with tough electrical tape, bunged the 'Zorb' powder in after it arrived via courier, bless the internet, and tested the whole thing on a sunny day in my garden. 'Al Fresco irrigation' in the sunshine. It went well

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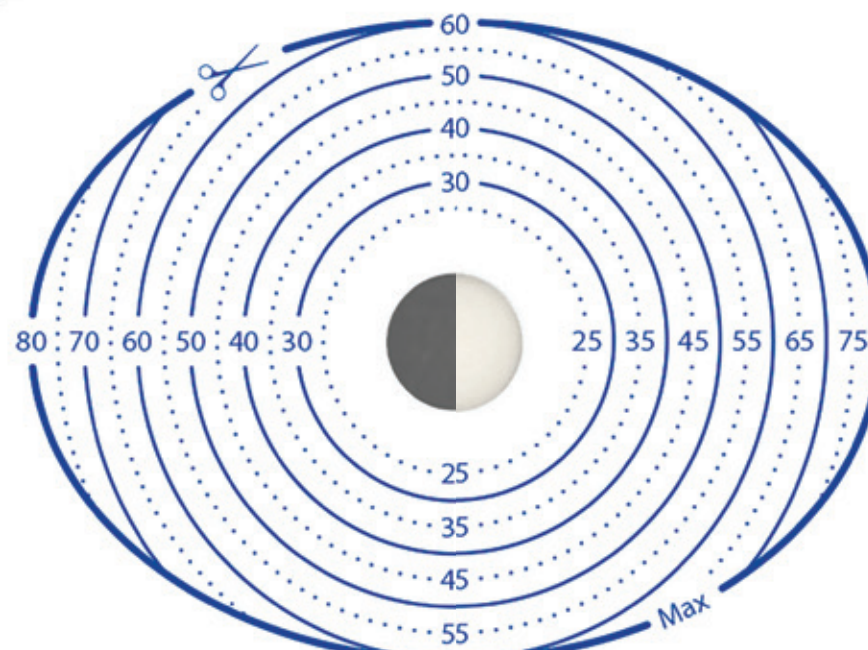
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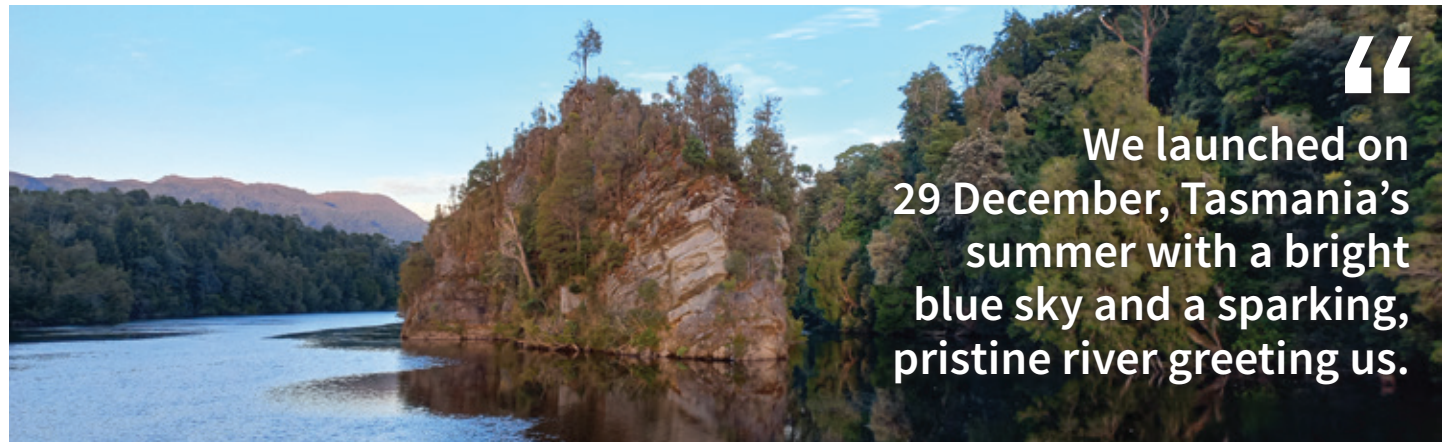


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“ We launched on 29 December, Tasmania’s summer with a bright blue sky and a sparking, pristine river greeting us.



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and I learned a lot: you cannot forget a single thing and walk back into the house three times. You need to be prepared that the neighbour pops in just then for a cup of (hot) tea and you absolutely need to sit there until its done, because like it or not, stoma is always right. Stoma wins. Stoma is boss. Not you, put that out of your mind right now.

I bought a funky travel bag with lots of little pockets, originally designed for one’s technical needs like charger cables, but where I was headed there is no internet or mobile signal, so the wee pockets held adhesive remover, calamine lotion, sleeves, wipes and disinfectant spray. I was ready!

Day 1 saw four perfect strangers and a river guide travel five hours by van to the launch site in the heart of the Southwest National Park on my island home Tasmania, on the most Southern

side of mainland Australia. We launched on 29 December, Tasmania’s summer with a bright blue sky and a sparking, pristine river greeting us.

Water levels are low even though we had torrential rain for weeks on end and just happened to bypass the entire west coast. My new found crew which all flew in from the mainland and I knew no one, quickly settled into rhythmic synchronised paddling with our guide making up the rear and steering the red rubber dinghy with all our gear strapped on. The day wears on and we scramble more out of the craft than gliding in it, pulling it over shallow rocks and half submerged rocks, but we make camp by 5pm with the promise of a cooked dinner, warm socks and yet more tea. The only problem is that the second craft is carrying all our belongings, and we theirs. The crew in raft two, as it turns out, lovely people, the whole boat load, never conquer the synchronised paddle techniques right to the end of

day eight, which means we are shivering for over two hours waiting on the river’s edge, wet socks and empty tummies.

First irrigation in the wild is a complete disaster. The sleeve just slips off its sticky attachment, suddenly not sticky anymore, while 500ml of warm river water, mingled with whatever was now on the move from my remaining colon, wanting to make its hasty exit, as it does when pushed into a peristaltic reaction. We were told not to deposit any waste onto the forest floor, but there is no saving the world tonight, neither is the rescue of the first set of warm clothing a possibility, can’t wash clothes in the very river we drink from.

Day 2 is a mammoth day, 10 hours on the river which wrinkles the skin on our permanently wet feet and first cuts and bruises appear on hands and legs. I had thought I would paddle like a woman possessed over rapidly flowing rapids, but water levels slow our process and collectively we heave and push and pull the fully loaded craft over rocks and boulders. I use muscles I did not know I had and I inwardly slap myself on the back with proud recognition for not having foregone my core exercises and Pilates sessions. Camp each night is made wherever the river allows a little beach to form or the rainforest has flat and accessible pockets for us to roll out a mat and sleeping bag. We all sleep under the stars, no tent and hoping it won’t rain. It’s the done thing apparently, I do usually take a tent, its Tasmania after all, famous for having four seasons in a single day. Irrigation that night is another disaster. Stuff rolls off slippery rocks and that sleeve slipped right off again, second set of thermals soiled. Tears threaten, until I tell myself very sternly as

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“Camp each night is made wherever the river allows a little beach to form or the rainforest has flat and accessible pockets for us to roll out a mat and sleeping bag.”



Continued from page 22

my mother probably would, to get real. There are five days to go and I have to get a handle on it. I simply cannot waste another pair of thermals. Many wipes later all clothing is in an acceptable condition, a whiff of eucalyptus oil following my every step.

Day 3 is a monster effort that even sees our guide with 50 trips down this river under his PFD (personal floatation device or life jacket) a little worried. It's called the 'Gulch' he tells us and we do this thing I thought was not remotely humanly possible – we make a bridge with one fully loaded raft and pull the other over the top of it, to get through a series of huge boulders, effectively blocking the water and river flow. The manoeuvre takes us three hours and

the guide is full of praise, we worked well in a team, but there are more obstacles to come.

It is another 10 hours in and on the water and we make camp just before dark. The mood is still ecstatic, although none of us had read about these epic portages on the website or any reviews, expectations of wild water rafting now firmly on the backburner. What keeps us all going is the problem solving we have to do at any time, the teamwork and the majestic place we are in. Rainforest and ancient rock formations glide by, the water so clear and clean we dip (our shared) 'COVID cup' over the side to drink the delicious stuff, straight from the source. We are all in awe.

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“It was an incredible adventure and good luck always plays a part.”

Continued from page 22

Irrigation success! Just take your time, have all things handy as if I were in my tiny ensuite bathroom. ‘Zorb’ delivers what it promised on the label and I deliver my package to the groover.

My pouch from the previous day holds all night and day, secure under a wetsuit and I marvel at the strength of that adhesive. I am proud as punch that my efforts are rewarded, my stoma is behaving as she should under these circumstances to get us both to the end of this trip.

Day 4 starts with a portaging through a canyon that can only be paddled through when water levels are extremely high. For us it involves ‘lining’ the raft through and dragging it sidelong, fully loaded over the cliff face to the other side.

One punter gets diarrhoea and I realize if that happens to me we are all in trouble. My special waterproof case with all my bits and pieces travels on top of the entire load, but is fastened with several straps and it’s not like I can call out ‘pull over on the kerb driver, will you please’ at any given moment

Irrigation success! I find this quaint place with a view, take my time, have my kettle filled and wander off. I had told my fellow travellers that I am an ostomate and will need a bit of space and time (30 minutes tops) to do what they do to eliminate my personal waste products. Australians are very polite and no one asked what that actually means and apart from the GP and the physio in the other raft, they probably have not the faintest idea what I am talking about, but no one asks and that’s fine, I don’t ask them how they manage without a toilet bowl either.

Day 5 is a breeze, we find some fast-flowing water and there are the expected whoops of delight, the throwing of bodies from right to left to avoid a rock or two and back again. We are all grinners.

All meals are cooked by the guide a fact that caused me some anxieties. Although I am lucky (and it’s amazing how we humble on our cancer and stoma journey and celebrate the little things we can do, previously taken for granted), I can eat just about anything. The guide turns out to be a marvellous wilderness cook and has gone out of his way to feed me, the only vegan on

board. He pulls out steaks on day five and a veggie burger for me, has fresh camemberts and different crackers every day. In the mornings he whips up bacon and eggs and fresh croissants with real coffee and five different tea bags to choose from, while I get poached tofu on bagels. It’s a marvel!

Irrigation success and I feel like a pro. I will have plenty of spare bags left. Stay calm and trust the process.

Day 6 has a death-defying cliff face we need to manoeuvre through and a real rock-climbing section to get us all around said cliff and safely back in the rafts.

The calm sections of the river are a treat, although wearing on the arms with constant paddling, so we swap sides quite a bit. The river is spectacular, with mirror images in the flat water, waterfalls with moss covered rocks, a sea eagle follows us out of the canyon every day, Huon pine – the worlds oldest and slowest growing tree, now under complete protection, lines the river in abundance.

Day 7 has a last log to clear mid-stream before we head out of the canyon and move along a much more open landscape.

By midday we meet with the Gordon, a river which fell victim to the Tasmanian hydro-electric scheme and operates with a dam further upstream. Our Franklin River was threatened with the same scheme but was saved in a spectacular protest action with their fearless leader Bob Brown in the 1980’s and is now protected under the Wild river National park and Heritage listing.

We pull onto a small island wedged between the two rivers meeting and the guide cracks open two cold bottles of champagne. We toast on a successful journey and he (now) tells us that this very trip was the longest and hardest he had ever spent on the river. I grin a grin from ear to ear and give myself quietly another nod. We done good; we did!

We pull into the last camp spot of the trip early afternoon, a jetty where the yacht *Stormbreaker* will pick us and the gear up and ferry us the six hours out into the ocean harbour of Strahan the next day. This camp spot will be used by another rafting party which trailed us a

day behind, so space is tight, the ‘groover’ is packed, the rafts deflated, no access to rubbish bins and I can’t dump my plastic sleeve into the composting toilet onsite. So irrigation is out and I have the predictable leak in the dead of night and change by torchlight, lucky the sleeping bag escapes the mess and I woke early enough to avoid complete disaster, now on my very last set of clothing for the trip home.

Day 8 is a beautiful sunny day spent on the very cosy *Stormbreaker* which sets sail at 5am. The water in the Gordon River so clear, the calm trip a perfect ending to our adventure.

Last words of wisdom – why was this mission a success? There is a formula of thinking we use in triathlon, tried and tested, which applies to all ventures a little out of our comfort zone:

It was an incredible adventure and good luck always plays a part.

Control only what is in your power to control.

Trust the process and prepare as well as you can.

Roll with the punches for the rest.

Wishing you all happy and safe adventures! ●



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The otherside of Ulcerative Colitis

By John Huthmaker



“
For the first time, I was finally living a normal adult life and I really indulged to the fullest.”



I was always an active person in my younger years. I enjoyed dirt bikes, snowboarding, surfing, and other extreme sports. I even took up flying aeroplanes.

One day, at the age of 21, I woke up in the middle of the night with a severe pain in my abdomen. This started to become a common problem for me. But the doctors I went to at the time passed it off as irritable bowel syndrome. Since multiple doctors didn't bother to get to the root of the problem, I learned to live with it. When I was roughly 24 or 25 I knew I was very ill. I had my blood drawn and was told that my haemoglobin was at 2.0. The doctors couldn't understand how I was even still alive. Turns out that I had a severe case of Ulcerative Colitis (UC). Many blood transfusions ensued. I was put on several medications, and after about nine months, the doctors were able to quiet the beast.

For the first time, I was finally living a normal adult life and I really indulged to the fullest. I completed my pilot's license. I spent some time in Mexico, and just lived life. But the beast was only sleeping. I met a wonderful woman, and we began dating. As things got serious, I let her know that I had had this medical problem in the past but had no way to know if/when it would ever return. At this point, my career was also really kicking into high gear.

Continued page 30





“
When I called my doctor
to tell him about my
skin issue, he said that
it was only a one in a
million chance to get PG.”

Continued from page 29

I'm a computer engineer by trade and had always excelled in every avenue I've pursued in the IT space.

Unfortunately UC wasn't yet done with me. One day at the age of 30, I developed a pain that I recognised. The beast was coming out of its deep slumber. Over the course of two weeks, I went from perfectly healthy, to the worst I'd ever been. I again had to go through the rounds of explaining to doctors the severity of the situation, and none taking it seriously. Six months later, my colon ruptured. I was told at the hospital that I only had a 3% chance of survival. I believe that my will to live is what brought me out on the other side. Since life is a comedy, I was in the middle of buying a condo with my new wife. We closed escrow the day after surgery, but I couldn't visit my new home for a couple of weeks.

The original plan was to go through the J-Pouch series in three parts. Once the second phase was done though, my

body just would not heal. I also developed a case of pyoderma gangrenosum (PG). When I called my doctor to tell him about my skin issue, he said that it was only a one in a million chance to get PG, and again, he didn't believe me. But after I went to see him, he thought otherwise. My research over the years though has showed me that PG isn't that uncommon in cases like mine. Eventually a fistula developed due to the deteriorating j-pouch. And more surgeries ensued.

When I first received my ostomy appliance, I asked a friend of mine how long it took for him to get used to having one. He had gotten into a severe car accident and had to wear one temporarily for a year. He said something I'll never forget; and really devastated me. He said 'I never got used to it'. It took me over a year, and five or six surgeries before I finally realized that my ostomy was never going away. Having had so many complications, I finally made the choice to remove my loop, remove the j-pouch,

and turn it in to a permanent ostomy. I knew it was going to be the only way to truly get better. I also went on a quest to find the perfect appliance (something I suggest everyone does). Roughly three years after my colon ruptured, I was essentially the healthiest I'd ever been. And I was the happiest I'd ever been because UC was no longer in control of my life.

I've since gone on to do so many things, it's hard to list them all. Careerwise, I went on to earn CCIE Collaboration. I went from individual contributor to IT Director, to Senior Engineer at a significant VAR, to Principal Engineer (the highest level of engineering you can achieve). I'm now a partner at Digital Syndicate, where we are actively developing on the Cardano Blockchain.

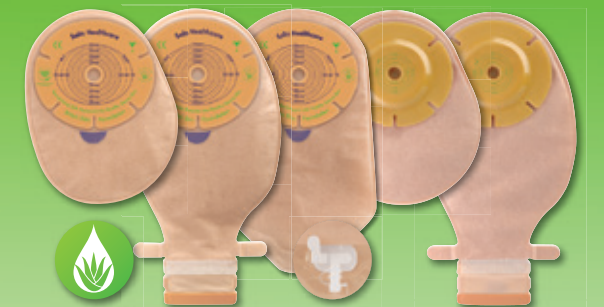
More importantly, I've gone on to live life to the fullest. I got in to Scuba Diving, and went all the way through to Rescue Diver, and part of the way through Divemaster. I eventually gave up on scuba because I couldn't dedicate enough time to it. But at the time I took up Scuba, I couldn't find any useful information about diving with an ostomy. I decided to do it anyways and found that it wasn't a problem at all. One of my favourite dives was the Corsair in Honolulu. It was really a sight to be seen.

Beyond that, post ostomy I've gone on to earn an instrument rating in aviation, travelled around the Arctic Circle during winter, skydived,

Continued page 32



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paraglided, surfed. I've travelled around the world a few times. Some for work, some for pleasure.

I feel like I've done more things than the average person who has never had any major medical complication. In 2021 I began a serious workout regimen with F45 (coincidentally a corporation born out of Australia). I try to go three times a week. I also launched the Cardano Budz project with my business partner. We're going to be launching our second edition on New Year's, and then moving towards a handheld style game in the first or second quarter of 2022.

If anyone feels that having an ostomy will hold you back in life; I'm living proof that it won't. ●



YOU member thrives By Bonnie Crowe

Young Ostomates United (YOU) Inc was formed in October 1989 in Victoria to encourage support and friendship between young people with a stoma, their families and friends and to provide resource material to ostomates.

This month, YOU member, Amber has kindly shared her story with us.

In 1997 I was diagnosed with a condition called neuronal intestinal dysplasia and had a colostomy formed shortly after the diagnosis. I was only eight years old at the time so it was very easy to adapt to life with a stoma, I also felt a lot better and had a better quality of life for having the surgery done.

Fast forward to September 2016 and I was planning to catch up with one of my friends. When he arrived, our destination changed to the emergency room rather than a café as in the interim I had started to have a bowel obstruction. He sat with me the whole time while I was in emergency and visited me in hospital every day for the next week. Shortly after my hospital trip we started dating and we got married in June 2018.

In September 2018 I fell pregnant

with our first baby. I had a good pregnancy with DJ my son. He grew on the right side of my tummy and my stoma is on the left side, so I was very lucky it didn't impact the stoma much at all I didn't even have to change appliances. The extra blood circulation that you get during pregnancy did my tummy wonders and the granulomas that usually reside around my stoma completely disappeared. When I fell pregnant in January 2020 my tummy was unaffected again as my daughter Ariana grew on the right side of my tummy as well, I like to think that they both knew to go to that side. I did suffer bowel obstruction while I was five months pregnant with Ariana and being hospitalised at that time was a challenge as the nurses were not sure what drugs they could give me to alleviate the pain due to being pregnant.

I was lucky with both births I had with my children my stoma did not impact my planning or having the births that I wanted. I just made sure to change my colostomy before I had the epidural put in.

DJ my son is turning three soon and my daughter is 17 months old. DJ has never taken any notice of my tummy but

Ariana my daughter likes to look at the bag on my tummy and is always poking feeling mine and her father's stomachs I call her my little colorectal surgeon.

I'm used to coping with my tummy and having the kids while working three days a week. I find these days I never pack colostomy bags for myself when I go out, my minds always too preoccupied with getting the kids organised and into the car.

I hope that any women that are ostomates that are thinking about having babies don't get too worried about the process. Make sure you have supports in place with your medical team and be open about what your expectations are. Having a stoma is there to improve your quality of life after all.

We are so proud of Amber and what she has achieved, and we are forever thankful for her positive and supportive attitude, and contribution to the ostomate community.

If you would like further information about YOU please contact Helen Ebzery (YOU Secretary) on helshae@hotmail.com or reach out on our Facebook page. ●

How much do I know about hernias?

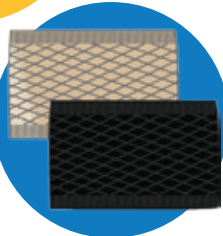
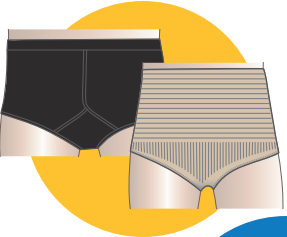
MINI HERNIA QUIZ

- 1. Can I get a parastomal hernia?
 - A) Yes - I could develop a hernia any time, because my surgery created a weak area in my abdominal muscles¹
 - B) No - I have abs of steel!
- 2. What are some risk factors?
 - A) Children and the over-70 years
 - B) Smokers
 - C) Caregivers of a young family
 - D) People with a high BMI
 - E) All of the above¹
- 3. Can I do anything to help prevent a hernia?
 - A) No - I feel helpless
 - B) Yes - According to research, core muscle exercises and support garments may help¹
- 4. Where can I get support garments?
 - A) 6 support pants or 3 support belts are available free from my Association each year
 - B) Buy from Omnigon Customer Service
 - C) All of the above

References: 1. ASCN UK Guideline: parastomal hernias, British Journal of Nursing, 2017, (Stoma Supplement) Vol26, No22



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ANSWERS: 1. A 2. E 3. B 4. C

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Patients opinions on a stomal therapy service

By Jane Roe STN

We are three part time Stomal Therapy Nurses (STN) who are based at Caboolture Hospital in sunny Queensland. We work across three facilities including a large regional hospital, a small rural facility, and a prison health service.

Last year we asked our patients what they thought of our service and if / where we could improve. Happily, our patients were keen to tell us what they thought. We asked several questions which had a yes or no answer, but we also had a section for comments to be made and this is what our patients told us.

Patients who saw us before their surgery said it was reassuring 'comforting', 'my wife tells me they were very helpful, kind and patient' and that they 'explained the operation'. Whilst we try and see all patients before their surgery this isn't always possible, especially if it is emergency surgery. We mostly see patients at the time of booking for their surgery and we know this can be a difficult time where they may be shocked at their diagnosis and worried about the future. We have yet to meet anyone who tells us that having a stoma is on their bucket list.

We start education about stoma care as soon as possible after surgery but we begin slowly and build on this day by day. We use both hands-on practice with visual prompts and written material which has information about diet, skin care, ordering supplies, travel and handy hints and tips. We were very happy that 96% of our patients found the handbook helpful. Our patients told us that they found our education; 'Very helpful', 'STN's came several times to help and watch me try to do it', 'Very thorough', 'easy to follow instructions', 'Information was repeated until we understood', 'Caring attitude, easy explanations, questions were treated respectfully, answers easy to interpret', 'good that they come and show you and let you try', 'I was very well informed as to how to manage this quite life changing experience', 'helpful', 'caring', 'dedicated', 'professional' and 'understanding'.

We also give education and support for family members too if our patients want that. Comments about the benefits of allowing loved ones to be present for education, showed it was reassuring to have a second person to help remember information once they got home. 'If I forgot, my daughter would remember it' and 'it helped to have a family member watching and learning'. Whilst having a family member present for education can be very helpful, we are very careful to make sure that the family member isn't overwhelmed or feels that stoma care will be their responsibility – our aim is that all our patients can manage their own stoma before discharge home – sometimes this is within a few days, other times it takes longer, everyone is different.

The one-to-one learning was really valued by our patients. We take time to chat and explain about the operation, the type of stoma the patient has and the types of products they can chose from. The type of product is guided by us, but the decision is made by the patient. We collect all the equipment needed and a blue plastic bowl for it to be kept in the patient's locker. Patients commented that the one-on-one education and practical demonstration was 'most important', 'very good', 'excellent', 'very helpful', 'STN's were extremely patient in practical demonstrations and continued to do this until I felt comfortable to change the bag myself' and 'good idea to give the patient the blue bowl and let them think what they need first, then what next etc.'

Daily to twice daily one-to-one education sessions are provided for our patients as we believe repetition really helps learning. 'STN's go way beyond the call of duty', 'my confidence grew gradually', 'advice and encouragement were given at all times'.

It is really important to us that our patients feel they are listened to and we were so pleased that in this survey we had a 100% positive response with comments such as 'STN's are always there for you, very easy to talk to',

'sometimes I would ask the same question over and over and every time they listened and were supportive', 'could not do enough to help me understand' 'nothing was too much trouble', 'never made me feel they were invading my privacy', 'so approachable'.

We see patients in our clinic two weeks after they have gone home and then more appointments are made as needed. This is to check for complications, re-measure the size of the stoma and arrange pre-cut appliances if we can and reinforce hernia prevention. It is well known that some patients will put up with leakage and skin irritation as an expected part of life with a stoma so we encourage our patients to get in touch with us even if it is just a phone call.

Having an STN clinic room available Monday to Friday is great for our service. However, we are aware that during busy periods we are sometimes unable to answer the phone and comments about our availability varied from 'always available', 'always got back to me', 'no problems', 'available to see me even without an appointment' to 'often busy or at meetings' and 'not the nurse's fault but phoned twice and no answer, no opportunity to leave a message'.

Of the problems patients told us about, leakage and sore skin was one of the main issues. This in turn led to social isolation with 51% telling us that it was 'was self-isolating', 'difficult to leave home', 'very uncomfortable to go out', 'lack of confidence meeting people', 'not wanting to leave the house', 'knowing when to change it' and 'worrying about smell'. Although some patients indicated the lack of confidence was mild or fleeting such as 'to a degree' and 'at first, not now'. Hernia and odour were reported by 29% of participants equally as the third most experienced problem, followed by dehydration, bloating, flatus and stoma retraction.

It's well known that having a stoma can affect intimate relationships and in fact that's what 29% of our patients told

us. These results remind us as STNs to talk to our patients about intimate relationships and to do this we need to build a good rapport. Establishing a good relationship also helps with talking about mental health as just under half of our patients told us they experienced altered mood as one of the most difficult things about adjusting to life with a stoma. Comments included 'depression', 'altered mood-very depressed at times', 'general mindset', 'life changing experience', 'at first it was difficult mentally'. A few of our patients described to us the impact having a stoma had on their lives 'I had to change my job as a food handler, to a forklift driver, which decreased my pay'. Another patient sadly tried to take her own life but following mental health support this lovely patient is now happy, managing her stoma well and loving life.

We don't have a local stoma support group and we asked our patients if they would like one. The overwhelming response was yes so that's something

we want to look at starting. One of our patients has even volunteered to be a support and ostomate resource person for anyone who may be struggling and has offered to be an active group member if a local support group was created – exciting news.

So, what have we learnt?

Some patients may benefit from more follow up from us to avoid and reduce the incidence of both physical and psychosocial stoma related complications. We plan to schedule a follow up phone call at three to six months post discharge to touch base with our patients and see if they need any support. The link between stoma leakage and social isolation can't be underestimated. Addressing this may help in decreasing the amount of anxiety and fear about leaving the house and help patients to stay socially active.

Leakage and sore skin were the two most experienced stoma related

complications, but depression and social isolation were frequently mentioned. We plan to use social work department to assist patients and help them on their journey to adjustment to life with a stoma.

Our patients told us that sometimes the phones are unanswered, and they can't leave a message. We plan in the short term to have an answerphone and in the longer term to have administrative support to try and avoid our patients feeling unsupported at a time when they are most vulnerable and seeking help.

With thanks to

Our patients for taking the time to reply to our questionnaire, for their honesty and their trust.

The ostomy company representatives who help us to deliver care to our patients – we really value your support.

The ostomy associations and their volunteers for their tireless work. ●

When was the last time you saw your Stomal Therapy Nurse?

Do you...

- 👉 experience frequent skin irritation (pain, burning, bleeding or itching)?
- 👉 get frustrated with your current ostomy solution?
- 👉 experience leakage around your stoma?

If you answered yes to any of those questions, there may be other solutions that can help you manage your ostomy better!

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5 minutes with a volunteer champion



Meet Jenny Spencer who volunteers at QLD Stoma Association Ltd (QSA).

A little bit about Jenny

I am originally from NSW but moved to Brisbane in the early 1980's after getting married. After moving to Brisbane, my husband and I bought our first house and I worked with School Vacation Care and did some domestic cleaning.

My interests include golf, sewing, painting and crocheting. I am pretty good with my hands and will have a go at most crafts. In addition to my volunteering activities with QSA, I also travel to Toowoomba one day each week to teach painting to NDIS clients.

What drew you to volunteer for your association?

I had stoma surgery and became a member of the QLD Colostomy Association at Moorooka (Now QLD Ostomy Association) in 1990. In 1991, QCA needed help with their new computerised claiming system (JANT) so I offered assistance and worked with them for about two years. In 1993 my husband and I received the amazing news that we had been successful with

our application to adopt a child and so my time with QCA came to an end. When our son was 3-4 years old, I offered my services to QSA and have been a regular volunteer ever since, meeting many wonderful people and forging some incredible friendships along the way. Even after 25 years, I still love volunteering with QSA and enjoy helping wherever I can.

What have you enjoyed most about volunteering at your association?

Having been with QSA for over 25 years, I have met many wonderful people. I enjoy speaking with members and hope that by sharing my own experiences as an ostomate, I can help demystify ostomy a little so that our members can navigate their own stoma journey with confidence. I am also now a director of the QSA Board and hope that my experiences as a volunteer can add value to the board's decision making and direction. In 2021 I was honoured with Life Membership of QSA which I was humbled to receive.

What is the most important thing you have learned through volunteering with your association?

The most important thing I have learnt through volunteering is the value of peer support. A welcoming face and a sense of humour can make all the difference to a new ostomate. I love to let new members know that there is life after having ostomy surgery. I have also learnt that teaching people to 'own' their stoma can be very empowering.

How has volunteer work had an impact on your life?

Volunteering is an essential part of my life now and I really look forward to my volunteering days with QSA. Every day is different. Some are trickier than others but each day is fulfilling and rewarding.

What motivates you to stay involved?

Knowing that, through my volunteering activities with QSA, I am helping to make a positive difference to the lives of other people following ostomy surgery. My stoma is part of who I am now and if I can make another person's stoma journey a little easier by providing them with peer support, then I am happy.

National Directory of Ostomy Associations

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

AUSTRALIAN CAPITAL TERRITORY

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

NEW SOUTH WALES

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

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

NORTHERN TERRITORY

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

QUEENSLAND

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

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

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

QUEENSLAND STOMA ASSOCIATION
W: qldstoma.asn.au
E: admin@qldstoma.asn.au
T: (07) 3359 7570
F: (07) 3350 1882
A: Unit 1, 10 Valente Close Chermside QLD 4032
Open: Mondays 9:00am to 2:30pm and Tuesdays & Thursdays 9:00am to 3:00pm

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

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

SOUTH AUSTRALIA

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

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

TASMANIA

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

VICTORIA

BENDIGO AND DISTRICT OSTOMY ASSOCIATION INC
T: (03) 5441 7520
F: (03) 5442 9660
A: 43-45 Kinross Street Bendigo VIC 3550
P: The Secretary, PO Box 404 Golden Square VIC 3555
Open: Tuesday, Wednesday, Thursday 10:00am to 1:00pm

COLOSTOMY ASSOCIATION OF VICTORIA
W: colovic.org.au
E: info@colovic.org.au
P: (03) 9650 1666
F: (03) 9650 4123
A: Suite 221 – Level 2, Block Arcade, 98 Elizabeth Street Melbourne VIC 3000
Open: Weekdays 9:00am to 2:00pm STN 10:00am to 2:00pm on Monday and Wednesday

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: info@penost.com.au
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. ACT Stoma Association. Contact your STN or Clare Jacobs on 0400 921 901 or aucldo@coloplast.com. Please RSVP for catering purposes.

NEW SOUTH WALES

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

BANKSTOWN AREA
10am to 12noon on 6 April, 1 June, 3 August, 5 October and 7 December. 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 and December at Daffodil Cottage. Contact: Louise Linke (02) 6330 5676.

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

BOWRAL STOMA SUPPORT GROUP
1pm to 2:30pm, 1 March, 7 June, 6 September and 6 December. Bowral Bowling Club, 40 Shepherd St, Bowral. Contact Lu Wang & Erin Wagner Stomal Therapists at Liverpool Hospital (02) 87384308 or Clare Jacobs 0400 921 901 or aucldo@coloplast.com. Please RSVP 1 week prior.

BROKEN HILL
Meet every third month or as required. Broken Hill Hospital Conference Room. Contact Tarndra (08) 8080 1300.

CENTRAL COAST
1:30pm to 3:30pm on third Wednesday in February, May, August and November. Different venues each meeting. Contact the Stomal Therapy Service on (02) 4320 3323.

COFFS HARBOUR
2pm to 3:30pm. Every second month at Sawtell RSL Club, First Avenue, Sawtell. Contact Mandy Hawkins STN on (02) 6656 7804.

CONTINENT URINARY DIVERSION SUPPORT GROUP
Meet on the last Saturday afternoon of the month in February, June and October in Sydney CBD. We all have had internal urinary pouches formed using bowel and usually using an Indiana Pouch which we catheterise 4-to-6 times a day. We meet in a space at the Bowlers' Club in Sydney or at 99 On York, the receptionist at the club usually knows where we will be meeting on that day. Contact Sandra Burgess (02) 9913 3287.

EUROBODALLA REGION
11am on first Sunday of February, April, June, August, October and December. Laughter Room, Moruya Hospital. Contact Betty (02) 4476 2746.

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

GOULBURN
10am to 12noon on Wednesday 29 June, 23 November
Goulburn Workers Club, 1 McKell Place, Goulburn NSW 2580
Contact Clare Jacobs 0400 921 901 or aucldo@coloplast.com .

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

GRIFFITH & DISTRICT
Contact Barry (02) 6963 5267 or 0429 635 267 or email ann.bar@bigpond.com or Karan: 0434 785 309

HASTINGS MACLEAY
10am to 12noon, third Wednesday in February, April, June, August, October and December. The Old Hospital. Contact Neil 0427 856 630 or Glennie 0410 637 060

ILLAWARRA OSTOMY INFORMATION GROUP
10am to 12noon 16 February, 13 April, 15 June, 10 August, 12 October and 14 December. Education Room, Figtree Private Hospital, 1 Suttor Place Figtree NSW 2525. Contact Helen Richards CNC STN Wollongong Private Hospital on 4286 1109 or richardsh@ramsayhealth.com.au or Julia Kittscha CNC STN Wollongong Hospital mob: 0414421021 office: 4255 1594 or julia.kittscha@health.nsw.gov.au.

LIVERPOOL AREA SUPPORT GROUP
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
12noon to 2pm, third Tuesday in February, April, June, August, October and December. Skills for Life Building, 5-9 Elizabeth Ave. Taree NSW (wheelchair accessible). Contact Karla MacTaggart on (02) 6592 9469.

NEWCASTLE DISTRICT
1:30pm. Last Saturday in February, May, August and November. Hamilton Wesley Fellowship Hall, 150 Beaumont St. Hamilton. Contact Geoff (02) 4981 1799, Lynda 0425 209 030, Maree (02) 4971 4351.

ORANGE & DISTRICT
12noon, March, June, September and December. Venue: 15 Oliver St, Orange NSW. Contact Louise (02) 6330 5676 or Joanne (02) 6362 6184.

SHOALHAVEN SUPPORT GROUP
2pm on 24 February, 25 August, 24 November at Nowra Showground Pavilion and 30 June and 18 December at Ulladulla Civic Centre. Contact Brenda Christiansen STN CNC (02) 4424 6300 or 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. (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
1pm to 3pm on Thursdays. Heritage Auditorium at Camden Hospital, Menangle Road, Camden. Contact: Diane or Lu (STNs) on (02) 8738 4308

SYDNEY - PENRITH AREA
2pm-3:30pm, 29 April, 24 June, 26 August and 4 November. 63 Derby St, Penrith (University of Sydney Medical School). Contact Naomi Houston on (02) 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 2:00pm 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
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, September. second Tuesday in December. 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. The Men's Shed, 11 Ashmont Ave, Wagga Wagga. Contact David (02) 6971 3346 or 0428 116 084 or Baz (02) 6922 4132

NORTHERN TERRITORY

DARWIN
5:30pm to 6:30pm, first Tuesday of every month. 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 February, April, June, August, October

and December (Christmas Function) Logan Hospital, Room 1E. Cnr Loganlea and Armstrong Road, Meadowbrook 4131. Contact Leeanne Johnson STN (07) 3299 9107.

BOWEN
10am on the first Wednesday of every month. Bowen Hospital, Bowen. Contact Natasha Leaver Natasha.leaver@health.qld.gov.au

INSIDEOUT TOOWOOMBA
Contact 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 January, March, May, July, September and November. 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 STOMA SUPPORT GROUP
10am on second Monday of every month at Maroochy RSL Events Centre, Memorial Avenue (off First Avenue), Maroochydore. Contact Laurie Grimwade (07) 5445 9008 sid.and.laurie@gmail. com; Janelle Robinson 0409 762 457 candjrobinson@bigpond.com or 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

BAROSSA
Either 2pm to 4pm or 7pm to 9pm on the third Monday of February, April, June, August, October and December at Vine Inn, Hoopman Room 14 - 22 Murray Street, Nuriootpa 5355. Contact Barb 0417 068 177

CENTRAL
2pm to 4pm on the third Tuesday of the month. Hilton RSL, 147 Sir Donald Bradman Drive, Hilton 5033. Contact Maureen O Donnell 0434 051 375 and Jo Kassebaum 0408 223 352

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

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

PORT AUGUSTA AND BEYOND

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

PORT PIRIE

1pm to 2:30pm on third Tuesday of each month at Pt Pirie Lions Club Hall, cnr Federation Rd & Hallam St, Port Pirie. Contact Jenni Edwards STN on 08 8638 4536 or 0481 484 347.

YORKE PENINSULA

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

SOUTH EAST STOMA SUPPORT GROUP

10:30 to 12:30 on Thursday in February, April, June, August, October and November. St Martin's Church, Edward St, Mt Gambier 5290 OR Coonawarra Soldiers Hall 11 Memorial Drive Coonawarra 5263. Please phone to check date AND venue. Contact Barbara Wardley 0415 477 978 or Leeanne Paterson 0418 733 111.

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 and 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 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 BAG BUDDIES

2pm, second Wednesday of each month. Venue: BRICCC (Ballarat base Hospital) use the Sturt St. entrance.

Contact Graeme on 0400 979 742 or grarob44@gmail.com or David on 0400 393 897 or david.nestor2@bigpond.com

BENALLA / WANGARATTA

2pm on Monday 11 April. Masonic Hall Appin Street, Wangaratta.

2pm on Monday 20 June. Benalla Bowls Club, 24 Arundel St, Benalla

10am to 2:30pm on Saturday 20 August. Masonic Hall Appin Street Wangaratta

SUPPLIERS DAY - 2pm on Monday 17 October. Benalla Bowls Club, 24 Arundel St Benalla.

2pm Monday 12 December. Masonic Hall Appin Street Wangaratta.

Contact Graeme Pitts (03) 5762 1721 or 0407 240 943 or 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 at Mildura Base Hospital Conference room 1. Contact: Vicky (03) 5022 3333 or Norma 0409 252 545

SOUTH GIPPSLAND

Meet on the first Tuesday of each month at 2pm. Contact Helen Lugettho on 0499 624 999.

SUNRAYSIA / RIVERLAND

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

WARRNAMBOOL & DISTRICT

10:30am, second Friday February, April, June, August, October and December. Venue: The Seminar Room, SWHC Community Centre, Koroit 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 first Friday of each quarter. Free Reformed Church Meeting Room North Road, Albany. Contact: Gerry 0498 666 525

ESPERANCE

Contact Len (08) 9075 9099

GERALDTON, KALGOORLIE AND KUNUNURRA

Contact WA Ostomy Association on (08) 9272 1833 or info@waostomy.org.au

MANDURAH

5:30pm to 7:00pm first Wednesday of every month. Greenfields Family and Community Centre, 2 Waldron Boulevard, Greenfields (Cnr Murdoch Drive)

PERTH

New Members' Support Group: 12noon to 1:30pm fourth Saturday of every month at WA Ostomy Association, 15 Guildford Road Mount Lawley.

PERTH YOUNG OSTOMATES' SUPPORT

Request to join via Facebook <https://www.facebook.com/groups/365461825146299>

WEST OSSIE GUTTSY KIDS

Babies to 15-Year-old with stomas and their parents. Request to join via Facebook <https://www.facebook.com/groups/381866953308120>

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

Secretary on (02) 9987 1978
Email: contactpndu@gmail.com
Web: www.parenteral-nutrition-downunder.webs.com

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/anz/



Nice Pak Products

Free call: 1800 506 750
Email: healthcare@nicepak.com.au
Website: www.nicepak.com.au



Omnigon Pty Ltd

PO Box 5013, Burnley, Victoria 3121
Freecall: 1800 819 274
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Website: www.omnigon.com.au



3M Australia

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Phone: 136 136
Website: www.3m.com.au



Smith + Nephew

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Medline Australia

2 Fairview Place Marsden Park NSW 2765
Phone: 1800 110 511
Email: au.customers@medline.com
Website: www.medline.com.au