

Ostomy

A U S T R A L I A

Volume 24
Number 3
December 2015

Print Post Approved
PP 100008088
ISSN 1329-959X



National Directory of Ostomy Associations

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ACSA wishes to acknowledge the valuable
contributions of the previous Editors of our
Ostomy AUSTRALIA journal; Barbara Callcott,
Judy Lopez and Noel Dillon.

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directly associated with *Ostomy AUSTRALIA*
Only Email, Word or PDF documents, and hard
copy submissions accepted.

Published by:

Australian Council of Stoma Associations Inc.
Website: www.australianstoma.com.au
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Printed by:

Graphic Print Group
Graphic House, 10 - 14 Kingston Avenue,
Richmond. SA 5033
Phone: (08) 8443 8011 Fax: (08) 8234 0226

Graphic Design by:

Joe Kraus Design
Phone: 0437 582 167

Advertising Enquiries to: The Editor

The Editor Advertising & Copy Deadlines:

Issue Copy and Advertising
April 1st February
August 1st June
December 1st October

Cover Picture: North Head, Sydney

Picture: Kim Lyell

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The ACSA Journal "*Ostomy AUSTRALIA*" was established in 1992 through the inaugural sponsorship of ConvaTec Australia. The journal is published three times per year and is available free to every member of an Australian Ostomy Association.

All contributions must include your name and address for publication. If you do not wish your name published, please say so in your letter, and only your initials will be printed. Please also note that an electronic copy of this journal is available to non-Ostomates on our and other internet websites. The editor and publisher take no responsibility for any information contained in 'Letters to the Editor' and 'Your Say / In Your Own Write' and specifically disclaim all liability. Concerning any medical information contained in this publication, the reader is strongly advised to first obtain appropriate medical advice before implementation.

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If you do not wish to receive future advertising, we suggest that when you respond to any advertisement, you tell the company you do not wish to receive future advertising. Most of the companies have assured us that they will comply with your request. If you do have any problems, contact the company concerned or advise the Editor of *Ostomy AUSTRALIA*.

Please take this advice into account when responding to company promotions and competitions.

Consumers of stoma appliances are entitled to lodge a complaint with the Therapeutic Goods Administration if they have concerns regarding the way in which appliances are advertised. Any such complaints should be directed to TGA Complaints Resolution Panel, PO Box 764, North Sydney NSW 2059.

President's Message

I am writing this message a couple of days after the conclusion of the 2015 ACSA Conference. I would like to congratulate the South Australian organising committee on providing a fantastic venue at Glenelg and superb organisation. The Conference ran smoothly despite the President demonstrating that he was definitely on "L" plates chairing his first Conference. Luke Escombe, an Ostomate and ambassador for Crohn's and Colitis Australia, provided an inspiring opening address and brilliant entertainment at the Conference dinner on Saturday night.

The Conference considered a number of issues during the two days and the major discussion centred on the areas I identified in my August President's Message. These are:

- The Government's decision to run a pilot tender for a subset of products supplied under the Stoma Appliance Scheme;
- Universal access for Ostomates to stomal therapy services; and
- Progress on implementation of the new Stomal Appliance Management System.

All of these items are indicative of the changes impacting the ostomy movement within Australia. Governments are facing increasing pressure from expanding health budgets at both Federal and State levels. This has forced Governments to prioritise services and seek cost savings. The Ostomate community, if it is to retain the level of support we currently enjoy, must ensure we are prudent in our use of our Government funded ostomy appliances. We must also look outside the current health service providers to ensure that all Ostomates have ready access to stomal therapy services.

Lynda Hurley, Director Product Schemes Section in the Department of Health, addressed the Conference and provided as much information on the tender process as Government tender probity rules will allow. Council members also had the opportunity to raise concerns on issues that might arise as an outcome of the tender.

The ACSA Executive was invited to engage with the Department shortly after the tender was announced in the May 2015 Budget. Because of probity issues this ongoing engagement is being conducted under a confidentiality agreement. It was gratifying to note that all of the concerns raised by Council members had been previously presented to the Department by the ACSA Executive as well as other concerns that were not raised at the Conference. The Executive will continue to work with the Department throughout the tender process and will keep members informed within the constraints of the confidentiality and probity arrangements.

The Council agreed that universal access to stomal

therapy services is an important and ongoing issue for all Ostomates. Council has therefore established a subcommittee to canvas associations on the current initiatives being developed to improve access to Stomal Therapy Nurses. That subcommittee is chaired by ACSA Vice President David Munro and will develop options for delivering improved stomal therapy services. The objective is to identify a model for delivering these services alongside existing services that are provided through the various State health systems. The chosen model must deliver a sustainable clinical service which can be accessed by all Ostomates irrespective of their geographic location. The proposed service must also be able to provide services at the Ostomates' place of residence if required.

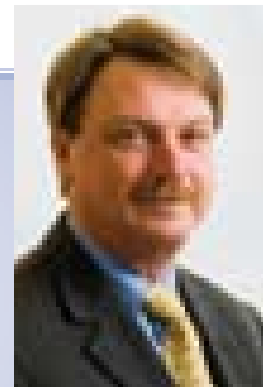
Progress on development of the Stoma Appliance Management System (SAMS) has not been as rapid as I would have liked but is in line with what is expected for a system of this type. The system has been installed and extensively tested at the Ostomy Association of Melbourne (OAM). That testing has identified a number of areas that require modification to ensure the system can meet all associations' requirements. A meeting of the ACSA Strategic Directions Committee, which has oversight of the SAMS development, approved the proposed changes and the developer will be tasked to make these changes. The Committee expects that SAMS will be fully operation at OAM in January 2016. Other associations will then implement the system over the next two years.

The ostomy movement is engaged in an unprecedented period of change. Change brings with it both challenges and opportunities. The objective of the ACSA Executive is to address these challenges so that they cause minimum disruption to Ostomates. Our objective is to also embrace the opportunities as they occur and ensure that Ostomates receive the best possible services.

When I first joined what became the Ileostomy Association of NSW in 1960, we were a group of individuals who got together to provide mutual support. As a nine-year-old I remember how the members helped my parents and I come to grips with using the relatively primitive ostomy appliances. More importantly they demonstrated by example that having a stoma was no impediment to living a fulfilling life.

Fifty-five years later we have the knowledge, resources, technology and capability to provide that support far more effectively. Our challenge is to ensure that we make the most of the opportunities available to us.

Geoff Rhodes PRESIDENT



Letters to the Editor

Dear Editor

Thank you for a most informative journal.

I had to write to you straight away, after reading the August 2015 issue where Carmen mentioned (on page 26) a stool thickener. As I had never heard of this product I was keen to find out more.

My association supplied me with a box of Eakin® Perform™ containing sixty sachets (product code 839020). Perform turns stoma output into a gel which minimises the risk of leakage, especially at night.

I have had a colostomy since 2004 and wish that I had found this product years ago, as last night I slept right through for the first time in over twelve months.

Why isn't this product advertised more?

M.E., VIC

Dear Editor

Regarding Colin Thornton's letter ("X" Marks the Spot, Your Say, in Your Own Write, August 2015 issue), I too have a stoma uncomfortably close to my trouser belt line.

My solution is also to buy trousers with an oversize waist, but find that braces are far more comfortable than a belt. The advantage is that my trousers hang perfectly straight without bunching at the waistline and don't exert any pressure on my appliance.

I normally don't flaunt my braces in public, however at my advanced age I could get away with it! In the colder weather I simply cover up with a jacket and in the milder weather a smart vest. In the hotter weather I wear the braces over a singlet (no worse than bra straps, I imagine) and cover up with an over-shirt. I have also shortened some of my over-shirts to make them smarter looking.

After creating this degree of comfort I would not go back to relying on a belt.

If you want to be daring, rather than covering up you can purchase some designer braces and really make a fashion statement.

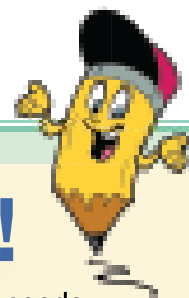
Barry Osborne, VIC

Dear Editor

I often find the "Tips and Helpful Hints" from other Ostomates very useful and the August 2015 issue was particularly good.

A special thank you to J.H. from Queensland, for their solution on keeping ostomy bags dry in the shower, which I tried straight away. Brilliant!

Rosemary Seam, NSW



Help!

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

Please send your submission in MS-Word or PDF document format via email to:

Journal@AustralianStoma.com.au

Hard copy submissions may be posted to:

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

Please ensure that your contribution does not specifically name any doctors or nurses, unless they have agreed in writing to his/her name being published, refer to them as 'my surgeon' or 'my doctor'.

Similarly, try to avoid specific use of an appliance company's name when it may suggest advertising in articles and letters.

Remember, all contributions must include your name and address. However, if you do not wish your name published, please say so in your letter, and only your initials and State will be printed in the journal.



**Electronic copies of this journal and
several earlier issues are available to
Ostomates and others via the ACSA website
and internet search engines.**

Like to be on the front cover of this journal?

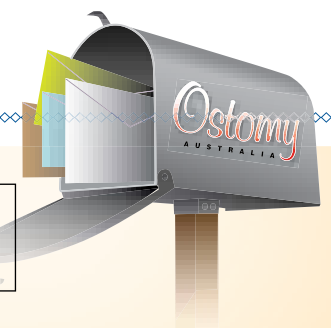
We are keen for the front-cover of our journal to better reflect the resilience, achievements and enthusiasm of Australian Ostomates – babies and children who are not only cute but brave and resilient; young adults who are coping with rigorous daily routines; older adults who are out there making the most of life.

**Readers are invited to send in their
digital photos along with an article relating to
the photo subject.**

Photographs must be high-resolution JPEG files and preferably in portrait aspect (i.e. vertical format).

We are unable to use hard-copy photos as scanning does not deliver images with sufficient clarity and sharpness for the front cover.

Written permission from all people shown in the photos should also be provided.



Ostomy AUSTRALIA does not endorse the contents of readers' letters nor do we vouch for the accuracy of any claims made in those letters. Readers should not rely on any such claims in the absence of medical advice and should consult with their treating doctors prior to embarking on any course of treatment.

Reflections after Fifty Years with an Ileostomy

Submitted by: Ray Garske, QLD

I reached the fifty year milestone with my ileostomy on 10 June 2015, having acquired it via a total colectomy in Royal Brisbane Hospital in 1965. That surgery at age twenty-four followed some five years on the medical treadmill dealing with Crohn's Disease.

Every day since then has been a blessing, although a few of those days have been momentarily less blessed than others as Crohn's reared its ugly head again.

Looking back over the years, there is much to be thankful for but I think there were also a couple of things to be concerned about.

When I joined the Queensland Stoma Association (then known as QT Australia - Qld Division) in 1965, it had only a couple of dozen members (now over 2,500). Back then you had to buy reusable rubber ileostomy bags (disposable plastic bags now) and there were no such people as specialist Stomal Therapy Nurses in the hospitals (as there are now). That brief comparison doesn't anywhere near cover the whole story of the major advances in looking after people with a stoma over the last fifty years, but when you repeat it for the twenty-two associations around Australia then you will quickly get the idea.

Fifty-plus years of life with an ileostomy has seen me change from a single person aged twenty-four to a husband aged seventy-four, married for forty-six years to a wonderful wife, Eugenie. We have raised our three children and are now grandparents to nine.

I originally started out on reusable rubber bags and didn't switch to the plastic drainable bags until (I think from memory) the early 1990s.

Since switching, I am quite happy with my current ileostomy equipment, which comprises two-piece plastic drainable bags (non-convexity) fitted with lugs for an elastic retaining belt, with a plastic clip closure rather than Velcro and no filter. I use a cohesive "slim seal" under it all, tape the flange edges with five centimetre Micropore tape, and everything stays like that until I change the lot every few days. Life is good!

The concern I alluded to earlier derives from the fact that I am told by my supplying association that there is no other equipment choice for me among the thousands of approved stoma appliance scheme

items. What I need for a happy ileostomy life is a bag with no filter, no Velcro and equipped with belt lugs. The brand I use is the only one that meets my requirements.

What made me enquire about alternative equipment options a couple of years ago was an impression on my part that the quality of the brand I use had deteriorated. That deterioration appears to have been thankfully arrested but it made me wonder why there are not more appliance choices for ileostomy people like me.

The speculative opinion I have reached is that two features of plastic ostomy bags, the Velcro closures and filters, while appropriate for other stoma types, are not appropriate for ileostomies. The assumption seems to have been made by the suppliers that if Velcro closures and filters are appropriate for other stomas such as colostomies they should also be right for ileostomies. I take issue with that assumption.

Filters: Ileostomies produce output which is occasionally quite liquid and ileostomy bags can need emptying up to half a dozen times daily. These more liquid contents usually mean that the filters quickly become useless and the frequency of emptying means that gas filters aren't really necessary for ileostomies anyway.

Velcro closures: Those same two features – more liquid contents and more frequent emptying – also mean that Velcro closures aren't appropriate on drainable bags for ileostomies. For Velcro closures to be successful and odour-free the wearer needs to be meticulous in keeping the closure clean when emptying and this is not easy, particularly if like me you want to wear the bag and its closure for a few days. I have been told by an experienced Ileostomate acquaintance who has tried most of them, that very liquid bag contents will eventually always find a way through a Velcro closure.

I understand that ileostomies comprise somewhere near half of all members of the Australian ostomy associations so if you agree with me that some of the equipment available under the Stoma Appliance Scheme has features that are not really needed for ileostomies, then it is a significant issue.

I base these reflections on my personal fifty year experience with an ileostomy and readily accept that not everyone will see it my way. We all have



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different experiences and views, but I hope that my raising these matters might eventually result in an improvement in the range and suitability of equipment available for ileostomies.

Oh, about my belt lugs – I forgot to mention that I've used an elastic retaining belt for fifty years because of the extra support it gives. No way would I consider using one of those broad retaining belts that restricts the flow of bowel output out of my stoma.

Notwithstanding all these thoughts, I hope this contribution will be seen as a positive one because that's how I feel about Australia's Stoma Appliance Scheme – positive and lucky. I am also very thankful to my own association and its band of helpful and cheerful volunteers. I hope you are also.

Simple!

Submitted by: **Don Cameron, NSW**

I have been reading the *Ostomy AUSTRALIA* journal for a very long time and remain amazed at the amount of work some people put into the maintenance of their ostomy. I had an ileostomy operation thirty-nine years ago and wear a one-piece drainable appliance.

I have always been a great believer in the KISS principle (keep it simple) and try to spend no more than five minutes every second day on my ileostomy. Apart from the appliance itself, I only use three tissues, a sandwich bag and a piece of Micropore tape to effect the bag changeover.

I change every second day irrespective of whether I think it needs to or not. I remove the appliance and place it into the sandwich bag, do a quick clean of the stoma with a tissue and then wash the area with a face washer under the shower. I dry the stoma area and put the second tissue on. When I am dry I replace that tissue with another, then warm the appliance by holding it against my chest before applying it. I then wrap up the sandwich bag and seal it with the Micropore tape.

I also have a small kitchen container with a lid that I take on holidays. This contains tissues, sandwich bags and appliances. One appliance for every two days plus some surplus as a contingency.

I would like to add that I played field-hockey for seventeen years after my surgery and still walk and play golf today. I do not need special creams etc to clean the area, or any pads or special clothing. The less fuss the better and I look on the bright side: I never have to sit on a public toilet seat again!

As the meerkat in the advert says: "SIMPLE".

Showering isn't a Problem for Me

Submitted by: **Trevor Brotherson, NSW**

I lost my bowel in 2002 and fortunately had a wonderful doctor and a brilliant Stomal Therapy Nurse who guided me through those early days. I knew I had to learn quickly so I asked a thousand questions and talked to anyone who could help me.

With the help of my wonderful partner, I then worked out the way I would go about showering and keeping myself clean and tidy.

I change the base-plate each Monday and Thursday and my ostomy bag as required. I generally shower on a Monday and Thursday in winter and more often in summer.

My procedure: After rising early, I remove the bag and base-plate before stepping into the shower, where I wash my whole body and the area around my stoma. Sometimes it will excrete faeces but this does not happen very often and is quickly washed away. This is when my partner then comes to my aid. While I am still in the shower she quickly hands me all that I need. First my adhesive wipe, next the base-plate, then finally my ostomy bag and I am out of the shower clean and dried. The whole operation is over and done in thirty minutes.

What Type of Kidney Stone?

Submitted by: **Terry, VIC**

I have been following the discussion in recent journal issues on kidney stones and would like to share my own experience with these little rascals.

I have had a permanent ileostomy for the last forty-two years. I first had a stoma for twelve months in 1948 but lost most of my colon when they did the reconnection. Kidney stone problems started about ten years later, but luckily they were mostly small gravel and only now and again would a larger stone form and stick with all the associated pain.

My GP and Urologist at the time managed this with pain-killers (Pethidine) both in tablet form and injections. I carried the tablets with me as I would go to work in the morning and could be off to remote parts of the country for my work.

Luckily for me I changed medical clinics on my wife's advice and chose her doctor, a surgeon who also did general GP work.

The first episode of kidney stone blockage that occurred after this led to him asking lots of questions and I told him that I could tell within an hour of when I

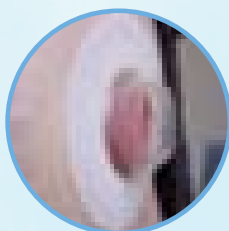


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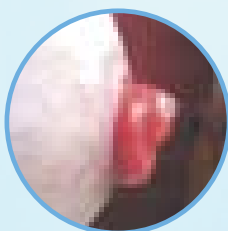
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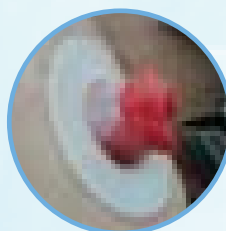
Flat/short stomas



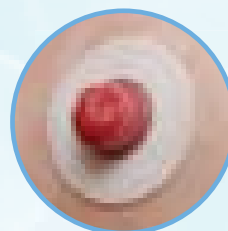
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Oval stomas



Urostomies



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would pass gravel (such as doing things that caused me to perspire heavily). The doctor explained to me that there are two types of kidney stones; Calcium and Uric Acid. If they are Uric Acid based then gout medications can control them but Calcium based stones are not treatable and need to be removed by surgery. He asked me to save a sample of the stone, which he had tested and found that they were Uric Acid based stones. The upshot of this was that he prescribed gout medication: Allopurinol 100mg.

I take a half tablet in the colder weather and increase this to one tablet when the warmer weather arrives or if I am going to do things that will cause me to perspire a great deal.

I have not had any kidney gravel or stones for over twenty years and the Allopurinol is the only prescription medication I take. Perhaps this may also be a solution for some other Ostomates who are having problems with kidney stones.

Determined To Determine My Own Future

Submitted by: Duncan Cole, QLD



Duncan and his wife visiting a Buddhist temple in Fujian

I was a couple of years into my colostomy and I guess still coming to terms with my adjusted lifestyle. I had decided to finish my Master's degree full time, as I had anticipated a fairly sedate life in academia until my retirement, ten years hence.

What I had not anticipated was a chance meeting at the University bar. A young man approached my table as I was sitting by myself and asked if I minded him sitting there. He was half way through his first year of teaching English in China and had returned to get some qualification originals. He offered some glimpses of life in China. I had been to Hong Kong with the Navy during the Vietnam War, so my interest was piqued.

His conversation must have soundly resonated with my preferred lifestyle, because six weeks later I was standing at Beijing airport waiting for a "lift" to my new home and career. It was a rickety old bus, which took us to a coach station, where we piled all my gear into the last available seats of a rickety old coach. Then two hours of battling Beijing traffic to our destination.

That was the beginning of what has probably been the biggest adventure of my life (so far). In China during the last ten years I have taught at one private High School and three different Universities and Colleges. If everything goes well in the next few weeks, I will be teaching in a different part of China next semester. So far I have lived and worked in Dalian (far north China), Fujian (far south China), Beijing and Nanjing. To say that the country and its people are wonderful would be selling it short. The diversity inside this big country is hard to comprehend, with more than ten languages and dialects. Han is the main ethnic group and there are many minorities. You can experience a tropical environment in the south or a sub-Arctic one in the far north.

While there I have met and become friends with many ex-pats from all over the world. If the conversation drifts in that direction, I mention carrying a "bag" and they are always amazed because I am so active. I am the lead guitarist and singer in a band that performs at several bars and restaurants in Nanjing, and a solid core of we ex-pats are like family.

There have been a couple of occasions when I have had to 'make do' with appliances improvised from local content, when my supplies have not arrived. I just treat it all as part of the great experience that this life is. Of course there is the occasional mishap (read disaster), when the bag explodes because of bad management after a big banquet, or too much Tsing Tao beer. But better to be looking at an accident, than not to be able to see it at all.

I met a beautiful woman very early in my time in

Is this what we want to leave for our grandchildren?

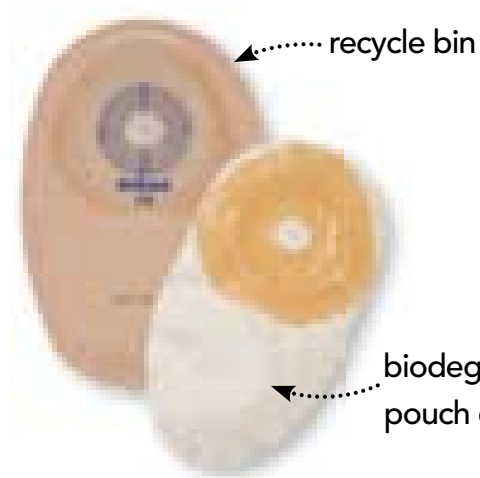


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Northern China and we were married within six weeks. She is now living in Brisbane. Her daughter, who came to Australia eight years ago, has recently graduated from Sydney University with a Master's degree, and has also become an Australian citizen.

I do not thank the colostomy for any of this, I just appreciate that it forced me to re-assess my options. I think it prompted me not to be risk-averse with my remaining tenure on this planet earth. I still have South America to tick, after which I can say that I have visited or lived in every continent on earth, including Antarctica.

I have lived life to the full, both before and since the colostomy, and I will continue to do so. I thank all of the people and institutions that have facilitated this; the hospitals, doctors, surgeon, nursing staff and indeed the Ostomy associations, without which our lives as Ostomates would be far less comfortable and convenient.

Hunter's Hernia History

Submitted by: **Brian Hunter, QLD**

Over the years I have several times written about hernias. This common curse of Ostomates is of necessity a recurring theme. I do not write as an expert: I simply relate another chapter in my own experience.

My story began in 1998 when removal of a colorectal tumour resulted in a left-side colostomy.

Contrary to normal expectations, my left side remained stable but I soon became aware of a growing hernia on the right side which grew to football dimensions. In 2003 this was surgically corrected with a mesh implant, the hospital describing it as "a large incisional hernia".

After this, the right side stabilised but the left side began to show the usual parastomal bulging. This was very gradual, and as it increased I began to use support-belts.

Medical advice over the years led me to believe that continued enlargement of this hernia was inevitable, but surgical correction might not be a permanent fix. I therefore learned to live with it (and to continually adjust my clothing waist size). Alas, despite a frugal diet, I lost all hope of a trim waist and began to increasingly depend on support-belts.

Eventually the parastomal hernia reached the same football dimensions as I had experienced in 2003, but I put off further surgery because I still did not believe it would be a permanent solution.

So I just learned to live with it, to accept my bulging waist and to submit to a constant support-belt regime.

How long did this last? Just how long can one procrastinate?

The following is extracted from a report on my condition, as written in June 2014:

"Since November 2012 intermittent events of discomfort began to occur. These events comprise hardening of the centre of the abdomen with an accompanying dull burning pain. On these occasions the patient lies down until the (hard) prolapse retracts. As the prolapse subsides there is often some gurgling from the intestine. The patient now believes this dull abdominal pain, accompanied by a hardening of the abdomen, could be a precursor to possible intestinal strangulation.

In May 2014, four (4) of these events occurred (roughly at weekly intervals) two of which were precipitated by walking to a local shop (about 1,000 meters each way)."

Things were coming to a head and one night in July 2014 my body suddenly objected. As I was watching television that night I suffered intense abdominal pain together with hardness of the abdomen, elevated temperature, burping and foul breath. I realised that I had an obstruction but resisted the urge to dial 000.

Over the next five days, this event recurred twice. Yes, it seems that after sixteen years the enlarged hernia had allowed some kinks and bends in my plumbing to produce intermittent strangulation.

The body was telling me that time was up: sixteen years was as far as I could go. When I finally decided on action, the surgeon proposed prompt surgery and this was arranged immediately.

So what happens now? Things are looking up. My waist is looking pretty good: I can fit into all my old clothes and I have stopped wearing support-belts.

Is this the end of the hernia story? I doubt it. It's just another chapter. In the meantime I'm just happy to be trim of waist and free of pain.

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Report on the 2015 ACSA Annual Conference

The 2015 Conference of the Australian Council of Stoma Associations (ACSA) embracing the 15th Annual General Meeting and 46th General Meeting was held at the Stamford Grand Hotel in Glenelg on 16 and 17 October, followed by a social outing on Sunday. Delegates and observers from nineteen of the twenty-two national ostomy associations attended.

The Conference was officially opened on Friday morning by **Luke Escombe**, an Ambassador for Crohn's and Colitis Australia. Luke described how his failing health over a long period and the imminent birth of his son ultimately led to him getting a stoma, and how much it has improved his life since.

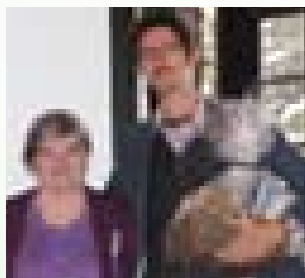
ACSA President **Geoff Rhodes** initially provided an overview of the ACSA Executive activities over the past year. He also reported that ACSA had completed the purchase of ONL's TOMAS computer software, with ACSA's version now renamed SAMS. The initial SAMS implementation is now underway at Ostomy Association of Melbourne and once live there, implementation at other Associations will be undertaken over a two year period. The new SAMS system aims to support the current and future requirements of all twenty-two Associations.

Lynda Hurley of the Department of Health spoke on the Stoma Appliance Scheme (SAS) and advised that eighty-seven million dollars had been spent during the 2014/2015 tax year, with over 42,500 people accessing the Scheme which covers 420 products and 2,000+ variants of these products.

Our final guest speaker on the first day, **Dr Jimmy Eteuati FRACS** (Colorectal Surgeon), described the many advances in miniaturised and robotic medical technology and processes now being used during abdominal surgery.

On Saturday morning, **Janelle Solomon**, an International Ambassador for Mitrofanoff Support Australia, provided a very interesting talk on the daily struggles of family and friends of patients who have had a Mitrofanoff procedure.

Dr Kim Chilman-Blair, founder of Medikidz and CEO of Medicine X, provided an overview of their current work to translate complicated 'doctor speak' into entertaining and engaging language, so that every person regardless of age, gender, culture and condition, can have access to medical information they can understand (www.medicinex.com).



Ruth Horne (OASA) with
Luke Escombe

Another interesting presentation was given by **Kimberley Douglas**, a nutritionist who also directs a charitable volunteer organisation named Corporate Orphan, which oversees the collection and donation of nutritional and medical supplies, shipping these to thirty-nine overseas orphanages.

The final part of the Conference saw **Robert Barsing** (Wide Bay Ostomates Association) appointed as Acting ACSA Treasurer, replacing **Peter Lopez** who has retired after twelve years as ACSA Treasurer. Robert will hold this position until the next scheduled elections.



Retiring Treasurer -
Peter Lopez

In closing the Conference, Geoff Rhodes thanked South Australia for all their effort in hosting the 2015 Conference, and all Delegates and Observers for their contributions.

Interspersed across the Conference's business agenda, several enjoyable social activities offered opportunities for Delegates, observers and company representatives for a further exchange of views and ideas.

The "Conference Welcome" function of drinks and finger-food on Thursday evening was a great opportunity to catch up with old friends and meet new-comers to the annual ACSA event.

The traditional Saturday evening Conference Dinner provided a great meal along with an excellent comedy/music act delivered by Luke Escombe.

The Conference Dinner concluded with the annual ACSA Award presentations, with Merit Awards being presented to **Jess Whitehouse** (WAOA), **Bruce Harvey** (OASA) and **Kathleen Allen** (CAVic) for their extensive service contributions. Wendy Taylor also presented the annual Editorial Award to **Luke Escombe**. A very surprised and well-deserved recipient, **Warren Rayment** (GCOA), was then awarded with ACSA's Distinguished Service Award for his outstanding service and contribution to the welfare of Ostomates over many years.

Sunday saw over forty of us bus up to Mount Lofty to view the spectacular panorama of Adelaide and the Gulf St Vincent coast. This was followed by a short drive to Hahndorf for lunch and some time to explore this historic old town. Our Adelaide Hills tour was completed with a visit to The Cedars, the family home and studio of one of Australia's great artists – Hans Heyson. After a slow trip back it was time for our final farewells until next year's Conference.

The next AGM and General Meeting of Council, to be hosted by the ACT and Districts Stoma Association, will be held on **21 and 22 October 2016** at the Rex Hotel in **Canberra**. ●



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Back in March 2011 my life changed and my special best friend, "Pearl", became very much a part of my life. There I was in a hospital bed for the first time in my sixty-three years, now with a stoma just three weeks after going to the local doctor with a problem going to the toilet.

What is a stoma? I had no idea and no time to research because everything had happened so quickly.

The operation went well thanks to my marvellous surgeon and I was soon experiencing a different way of expelling waste from my body. Luckily I had a team of wonderful people rallying around to help me adjust. I think my husband, John, took things pretty hard but he did name my stoma "Pearl" because she was so dainty and cute! Truth be known he was just trying to make me feel better, and now "Pearl" was very much a member of our family.

My life has always been very active and I was determined that I would still continue doing the things that I love.

Unfortunately this meant that I didn't give my wound long enough to heal before I "got on with it" and I developed a parastomal hernia. I urge everyone to take the time to allow proper healing because a hernia is no fun.

That year we went on various holidays and "Pearl" and I coped rather well we thought.

We headed off to Darwin for a special wedding three months after the operation and I amazed myself with how we could adapt. I found I could even change my bag under a sarong with no one any the wiser.

Macquarie Island was spectacular, a once in a lifetime experience but with very limited toilet facilities. It was only a one day visit and yes, "Pearl" decided to play up. She was not popular!

We had a few mishaps along the way but it was all part of the learning process. We were not so popular when an eruption occurred as our international flight was taking off and I couldn't get to the bathroom. We also made quite a considerable mess of a pristine white



Gaye on Macquarie Island relaxing with the penguins

bathroom in Dubai. Lunch (in a corporate box no less) at the races was cut short one day when "Pearl" decided to make her presence known (and I couldn't blame the dog that time).

Then there were all those times when she decided that I needed a shower at three in the morning!

All my friends and family are very aware of "Pearl". She cannot be ignored but I am enjoying life and can put up with her tantrums even though she has no sense of timing.

Over the last four years "Pearl" and I have travelled extensively and coped with the challenges of primitive toilet facilities and occasional mishaps but I am alive, thanks to her and a certain amount of ingenuity on my part.

Families cope with the inconvenience of baby's nappies, so what is the difference? Nappy sacks, baby wipes and flushables are all part of the package. "Pearl" has definitely challenged me but we are still best of friends.

Now four years on I have decided to take everyone's advice and irrigate. My surgeon and Stomal Therapy Nurse (STN) have been suggesting this all along but my mind could not come to grips with the process. After my last colonoscopy something clicked. Maybe it was that I did not enjoy the purging process this time or whether it was

that my surgeon said it is a lot easier if you irrigate. Whatever it was, my mind slipped into gear and I decided it was now time.

I don't know why I had this mental block about irrigation (maybe it was the invasive nature of it), but last week I made the trip down to see the STN to learn about irrigation. What on earth had I been worried about? "Pearl" enjoyed the experience and I now had control. We were both happy! This was to be the next stage of "Pearl" and I living in this intimate relationship.

Time marches on and I am now three weeks into my new irrigating regime. I am mostly thrilled as it is so much cleaner and more organised though I haven't perfected the process yet. I can't say everything has gone according to plan but we are getting there. When I commented to my step-daughter that I had had a few confronting days when things didn't go right and I was feeling depressed, she immediately reminded me of our conversation four years ago when I first met "Pearl" and everything had worked out in the end. That conversation got me back on track and we shall succeed in this new process as well.

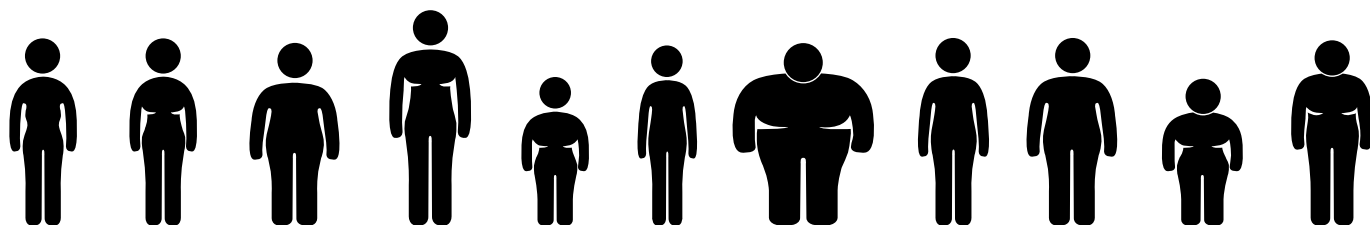
Irrigation gives me so much more freedom now and there are none of those unexpected surprises. There are no more smelly, full bags to hide under my best outfit. I am now the boss of the pack, not "Pearl". I just have to learn to give myself and "Pearl" the time and patience needed to complete her regime every second day and not try to hurry her. I have to give us time, but I believe the benefits will be huge for both of us.

There is no holding us back now; we are ready to take on the world and without excess baggage!

I would like to send massive hugs, kisses and thanks to my wonderful surgeon and STN. You both know who you are and are very much appreciated and loved..

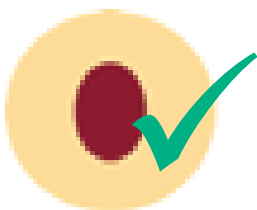
"Pearl", I have been angry with you, laughed with you, been frustrated with you and cried with you, but you are still my special best friend and without you I cannot live. ●

People come in different shapes and sizes and so do stomas!



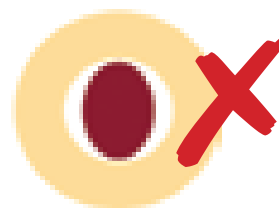
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Have Bag, Will Travel

Submitted by: **Laura Zappulla, NSW**

Symptoms, Diagnosis and Letting Go of Dreams

Not long after my thirtieth birthday, the first symptoms appeared. I remember clearly the first time I noticed blood in the toilet bowl. November 2009. I didn't think much of it at the time, but I thought I'd better see my GP. Some pro-biotics, stool samples and antibiotics later, with no improvement it was off to a specialist. Little did I know how big a role this man would play in the next four years of my life!

After a colonoscopy and banding for suspected haemorrhoids, I was told that I had Crohn's Disease, a form of inflammatory bowel disease (IBD), and an illness which I knew nothing about. Even the fact that it was chronic didn't really register with me at first.

My doctors advised that my Crohn's was only mild and with treatment my plans to live and work in London with my partner, Michael, could probably go ahead. The first year was manageable. Gradually though, my symptoms worsened. I started having sudden urges to go to the toilet, the blood and mucus increased, and I was losing weight rapidly. We remained hopeful right up until a few weeks before our planned departure. I'd even resigned and

What is Osteopenia?

Osteopenia means lower than normal peak bone mineral density (BMD). BMD is a measurement of the level of minerals in the bones, which indicates how dense and strong they are. If your BMD is low compared to normal peak BMD, you are said to have osteopenia.

started packing. I think deep down I knew that our trip wouldn't be going ahead, but I didn't want to let go of our dream and allow the disease to win.

On the date of our intended departure, instead of sitting excitedly on a plane awaiting a new life in London, I was in hospital having a colonoscopy. Days later I was admitted with the worst flare up I had experienced.

Years of Pain and Struggle

I continued to experience repeated flares. Some periods were better than others, but I never went into "remission". I lost almost twenty kilograms in weight, was rushing to the bathroom in excess of twenty times a day and could barely hold down a part-time job. My life was put on hold as I struggled to do the normal everyday things I had always taken for granted. As anyone with an understanding of IBD knows, it can be a daily battle just to get out of bed, leave the house and live a normal life. The symptoms take over and can be extremely debilitating.

I tried every medication available for Crohn's including some less common ones. At first, some of the medications did improve my symptoms, but this was always short lived. I yo-yoed up and down from 1mg to 50mg of Prednisone and had all the associated fun side-effects. After a while even the steroids stopped helping. Worst were the nightly enemas I struggled to hold in because the perianal inflammation was so severe.

Complications and side effects were rampant: fistulas, abscesses, osteopenia, achy joints, oral thrush and shingles due to my suppressed immune system. After my first hospitalisation,

I experienced a DVT resulting in a pulmonary embolism which could very easily have killed me.

I tried Chinese herbs, acupuncture and several different diets. I attended and later facilitated a support group for Crohn's and Colitis Australia, which really helped me through the early days. I saw psychologists and a hypnotherapist who were extremely helpful in teaching me coping mechanisms for my symptoms and anxiety, but it seemed no matter what I tried, my Crohn's just got worse. Even a temporary loop ileostomy to rest my bowel and give the inflammation a chance to heal didn't work.

At my last colonoscopy, my gastroenterologist couldn't even get a clear picture from the scope. As soon as the blood was wiped away, more would appear.

On more than one occasion during these last few years I told myself my worldwide travels had come to an end. I had actually 99% resigned myself to this. Thank goodness for that 1% that still held hope!

Decision Made! Time for Surgery

In September 2013, I made the decision. I'd had enough. I was sick of feeling sick, the pain, anxiety and the daily struggle. I'd grappled over the decision for months. Should I keep fighting? Was I being weak? Was it really even a decision? It felt like I had run out of options.

A week later, I was back in the familiar surroundings of hospital ready to have it all removed! It was a huge decision. There was no turning back from this one: a panproctocolectomy with a permanent end ileostomy. I knew what living with a temporary ostomy was like, but this was something I would have for the rest of my life, until I was old (and quite possibly senile). After six hours on the operating table, I woke up heavily sedated, minus a few major body parts and with the addition of a nifty little ostomy bag!

A New ME

Weird as it sounds, I almost immediately felt as if all the badness was gone! Within a week I was back home and on the road to recovery. Six weeks later I was at work, gaining weight, taking less medication than I had in years, eating all my favourite foods again, and getting out and about with a feeling of freedom that I had forgotten was possible. Of course, having a stoma was a huge thing to get used to and wasn't without its challenges, but compared to how sick I'd been and what my life had been like, I was just so grateful to be feeling healthy again.

A few months after surgery and with the green light from my doctors, it was time to revive our dreams and embark on the trip of a life time. Not working, just travelling and living life!

There was so much to organise for our ten-month holiday! As well as all the normal things there were the added considerations of travelling with Crohn's and an ostomy: stoma supplies, medication, doctors' letters, insurance. We got it all sorted and

What is a Panproctocolectomy?

Panproctocolectomy is the removal of the entire colon, rectum and anal canal. This type of stoma is permanent.

a few days before leaving even managed to get engaged! It was a huge shock to me as Michael proposed after seventeen years together. I said "Yes" of course!

At last the day arrived. Over four years since being diagnosed, three years later than originally anticipated and just over six months since having major surgery – it was real! Holding my fiancé's hand, I breathed a huge sigh and shed a few tears as we took off from Sydney.

Have Bag, Will Travel

So Michael and I - and my new ileostomy - were off on our adventure. There was a small part of me that held some trepidation about leaving Australia. I'd relied so heavily on my family, close friends and doctors for support, guidance and strength for what seemed like such a long time, but after how far we had come, I knew we'd be okay.

Although I was worried to begin with, for me, travelling with an ostomy really had no significant issues. In some ways it was a benefit! Pre-departure planning, arranging and carrying supplies, emptying and changing the bag in foreign places, eating different foods, organising blood tests, all took some patience and stamina but it was ultimately smooth sailing (or smooth pooping). While there may be challenges along the way, they are nothing worse than anything else we have overcome and are well worth it to experience the joy of travelling!

I really wanted to share my story, raise awareness and reduce the stigmas around IBD and ostomies, so I joined the #GetYourBellyOut campaign and got my belly and bag out for photos all around the world; even on my wedding day!

I am so grateful to be at the stage I am now. There is no way that I could have made the trip as I was prior to surgery. I am also very fortunate that I have not had any issues with my stoma and have adapted to being an Ostomate very well, and this may not be the case for everyone.

I try to acknowledge my thanks every day. I'm so blessed to have had this adventure; ten months travelling through three continents and seventeen countries, experiencing incredible things, people and places.

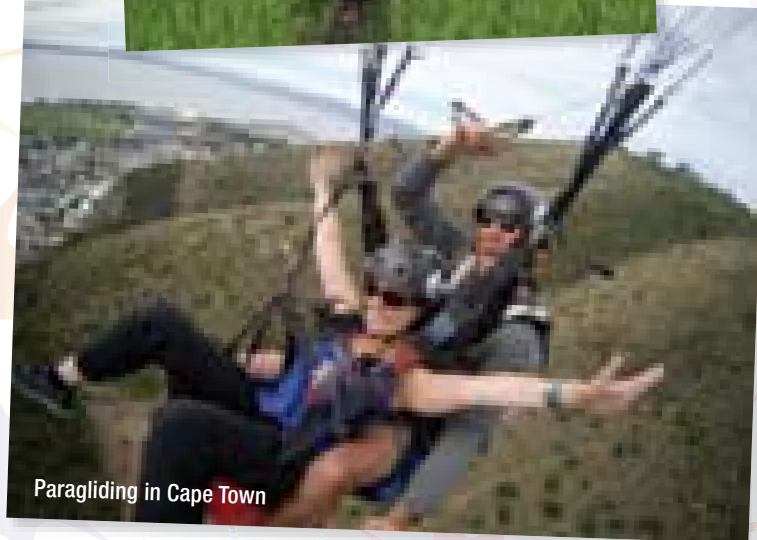
I hope my story helps and inspires others who may be struggling with their ostomies and shows that there is life after a stoma. For me, so far, it has given me my life back and enabled me to fulfil some lifelong dreams that for a long time I feared would never be possible.

If you are interested in reading more about my experiences including the specifics and practicalities of travelling with an ostomy, please check out my websites/blog: **stomalicious.wordpress.com** and **www.facebook.com/stomalicious** ●

Belly out in Pisa



Mother's Day in hospital



Our Wedding Day



Paragliding in Cape Town

Sensura® Mio
Convex

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COMING SOON

Why should more security mean less flexibility?

Coming soon - a convex that doesn't compromise

Convex appliances have traditionally had stiff baseplates that felt restrictive and uncomfortable when bending or stretching. Sensura® Mio Convex has an adaptive convex with unique integrated flexlines that provide a new level of flexibility and comfort - without any compromise on security!

The new Sensura® Mio Convexity coming soon

- 3 types of convexity available - soft, shallow and deep.
- 1 and 2 piece couplings available.
- All stoma types: colostomy, ileostomy and urostomy.

Phone 1800 653 317 to register for samples
www.coloplast.com/TryConvex



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PRODUCTS
AVAILABLE

Leakage Prevention

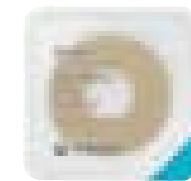
Brava™ Elastic Tape

Stretches as you move to keep the baseplate secured in place.



Brava™ Mouldable Ring

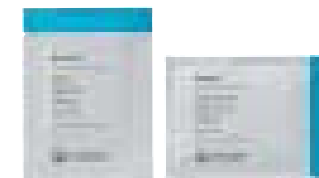
Dual action to support leakage reduction. Shapes and protects.



Skin Care

Brava™ Sting Free Adhesive removers and skin barriers

Sting free skin protection from output and adhesive removal.



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www.coloplast.com.au/brava



Diagnosed with Crohn's Disease at the age of sixteen, I have had many years to get used to living with what can be an extremely debilitating disease. My journey with Crohn's has been a varied one and one that has led me down the path of support and fundraising in the hope that one day we can find a cure for Inflammatory Bowel Disease.

I know what it is like to grow up as a teenager with a medical condition that requires many hospitalisations and the taking of many, and often experimental, medications; to live with a condition that is invisible to others and yet can have such an impact on health and the ability to participate in daily activities. The difficulty of studying and then working when all you want to do is crawl under the covers for a while is also familiar. I did not travel in my youth as there was no guarantee that I would not become sick overseas and become stranded in a country far from home. I surrounded myself with family and good friends who knew my story and were supportive of my condition. I was honest with my work colleagues who were then more understanding on those days when I did not function at my best. I joined a theatre group and a local gym so that I could keep busy even when feeling miserable.

After many years of poor health and a couple of minor surgeries, I had a total colectomy at the age of twenty-nine, just three months after our wedding. Another surgery later and I was drug free and off back-packing overseas with my husband and permanent ileostomy. I was put in touch with Young Ostomates United Inc. (YOU) who provided me with so much support and information exactly when I needed it most. After a few years, I joined the YOU committee and helped to organise functions and update their patient resources. It was so rewarding to give back to the group that had given me so much support and to also know that I was helping others. The camaraderie of the YOU committee was also very rewarding and something I treasure to this day.

The drastic surgery had improved my health, so despite always saying I did not want children, we decided to give it a go. While I was still pregnant I

was asked by my gastroenterologist to help start a fundraising group to raise funds for research into a cure for Crohn's Disease and Ulcerative Colitis. The Gutsy Group Inc. was born just before our son. Almost three years later we had another baby boy. Both boys were born via caesarean and were healthy babies. Life was good. I went back to work and for a while juggled both the YOU and Gutsy Group commitments. Eventually, as The Gutsy Group grew and we held two functions a year, I resigned from YOU but to this day I stay connected.

The Gutsy Group has already raised close to \$500,000 solely for research into funding a cure for Crohn's Disease and Ulcerative Colitis. Monies are raised largely by our fundraising events but also by donors who contribute throughout the year. We also now have an annual grants program to which researchers apply and one exceptional project is chosen and awarded a sum of money annually to continue research

into IBD. Some of the studies we have supported have received international recognition.

I remain committed to The Gutsy Group and organisations such as YOU because IBD has not finished with me yet. My mother was diagnosed with late onset Crohn's in her late sixties. Then in 2010, our oldest son was diagnosed with ulcerative Colitis at the age of ten. He had a colectomy almost immediately which was then transformed into a j-pouch. He had become so sick so quickly that there was no other option. It was a sad time, but five years later he is a strapping sixteen-year-old who plays rugby and rows for his school. He is a testament to a positive attitude and tenacity.

A few months ago, a bout of food poisoning prompted me to have a review. The Crohn's is back and I need to commence medications again. Not exactly what I had planned for this stage of my life, but it is what it is. The fight against IBD continues and will be won.

To donate to The Gutsy Group go to:
www.thegutsygroup.com.au

To find support after stoma surgery go to:
www.youinc.org.au

My Journey with IBD and Formation of the Gutsy Group

Submitted by: **Jane Pannacio**



NEW

Change your life with the latest 1- and 2-piece convex appliances

NOW AVAILABLE WITH ALOE EXTRACTS

The Salts range of 1- and 2-piece convex appliances features **the latest technology**. These new appliances provide **greater adhesion, absorption and mouldability** and can significantly help to improve your chances of **stopping leaks and sore skin**.



Confidence
Natural Soft Convex

- Soft convex insert for flexibility and comfort
- Stickier, stronger adhesive for added security
- Infused with extracts of Aloe Vera to help soothe and protect skin
- Improved filter system (*drainable*) to help prevent 'ballooning'



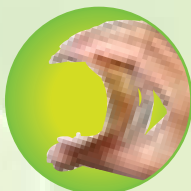
Harmony Duo
convex with Flexifit® & Aloe

- Stronger, stickier hydrocolloid for extra security
- Infused with extracts of Aloe Vera to help soothe and protect skin
- Easy to apply, with intelligent wafer locator
- A wide range of closed and drainable pouches is available



17%

higher adhesion*



5X
MORE

resilient to breakdown*

FOR FREE SAMPLES call TOLL FREE 1300 784 737 (NZ 0800 100 146)
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*Compared to our standard hydrocolloid. Data on file at Salts Healthcare Ltd.



Recognising Salts research
into healthy stoma skin



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1. I have developed quite a large hernia and my Stomal Therapy Nurse recommended that I should wear a hernia belt to help stop the hernia from getting any worse. However, when I placed a request for a belt with my association it was declined because I had already received six pairs of support pants earlier this year. When do I become eligible for a new supply? Does the entitlement reset at the end of a financial year or at the end of a calendar year?

The maximum entitlement of support garments that a member can obtain through the Stoma Appliance Scheme is three (3) full units of support garments per calendar year. Therefore your allowance will reset in January 2016.

Please remember that, as support garments are subject to an R2 restriction, no authority for an increase in the standard allocation can be granted in any circumstances even when an additional garment is considered to be necessary following Stomal Therapist review. If you need the belt before January, you may need to consider purchasing it through your association.

.....

2. My barrier spray of choice has an “annual” Stoma Appliance Scheme allowance rather than a “monthly” Stoma Appliance Scheme allowance. The annual allowance of my preferred product is six cans of barrier spray which has already been issued to me for 2015. My problem is that I now want to use barrier wipes in place of the barrier spray but apparently I can’t access any more barrier products for the rest of the year because, as stated by my association, I have “reached my annual allowance of barrier products”. How is that so when one product is a wipe and the other is a spray? Aren’t they completely different things?

When issuing products through the Stoma Appliance Scheme, an association essentially needs to consider three things:

- the maximum Scheme allocation for the product,
- whether the product is subject to a restriction, and
- the purpose of the product within the context of other products which have been or are being issued.

In cases where more than one type of product is being requested (or has been requested previously

in the case of items with an annual entitlement limit) and the products requested are intended for the same purpose, then the supplied amount is restricted to the maximum limit for that type of product calculated on a pro-rata basis.

A good example of this is where a member requests both two-piece closed pouches and two-piece drainable pouches in his/her monthly supply. Although appearing in separate Stoma Appliance Scheme groups, these products have the same purpose (ie. to catch output from the stoma) so the issuing of these needs to be managed in such a way as to ensure that it does not exceed the member’s maximum monthly allowance through the Stoma Appliance Scheme.

As the usual maximum allowance of two-piece closed pouches is ninety (90) per month and the maximum allowance of two-piece drainable pouches is sixty (60) per month, it may be appropriate to issue sixty closed pouches (two-thirds of the monthly allowance) and twenty (20) drainable pouches (one-third of the monthly allowance). Similarly, an issue of thirty (30) closed pouches (one-third) and forty (40) drainable pouches (two-thirds) would keep the member within their Scheme maximum allowance.

In your situation, the barrier spray and the barrier wipes have the same purpose. Because one (the spray) has an annual Scheme allowance per calendar year, the association must consider your barrier spray issue for the calendar year to date when assessing your entitlement to further barrier products (wipes) during the calendar year.

As you have already received your full annual allowance of barrier spray this calendar year, no more Scheme-funded barrier products can be issued to you until January 2016. If you need more before January, you may need to consider purchasing it through your association.

.....

3. I like to use the Dansac Travel Tissue Pack wipes, which are available through the Stoma Appliance Scheme, to clean around my stoma as I find them to be much softer than the Individual Wipes with Skin Lotion. The only problem is that the

Scheme allowance of five packs of ten (50) tissues per month is not enough as I use three each day. I visited my GP who gave me an Application for Additional Stoma Supplies authority form for an extra five packs per month but my association has rejected the request, telling me that the Scheme's monthly allowance of the Dansac Travel Tissue Packs cannot be increased, even by GP authority. Is this true and, if so, why?

As most registrants of the Stoma Appliance Scheme will know, stoma associations can only issue up to the maximum quantity of Stoma Appliance Scheme listed products as determined by the Department of Health.

At times, listed products may be subject to a quantity "restriction" and associations must always consider if a restriction applies when issuing any item through the Stoma Appliance Scheme.

The Stoma Appliance Scheme states that the Dansac Travel Tissue Packs are subject to an "R2" restriction. An R2 restriction means that no authority for an increase in the standard allocation of the R2 restricted product can be granted in any circumstances, even if it is considered necessary following a Stomal Therapist or GP review. Other Stoma Appliance Scheme listed products with an R2 restriction are the support garments such as support pants, waistbands and hernia support belts, and the Ainscorp Salts SecuPlast Hydro Tape.

Of course, although you cannot be granted an increase in the Stoma Appliance Scheme allocation of Dansac Travel Tissue Packs, you may be able to purchase additional packs through your association. Further information about purchasing additional Scheme-listed products should be requested from the association where you normally obtain your ostomy supplies. ●

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

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

Because everyone should have beautiful, comfortable underwear



Your underwear doesn't have to feel like a medical garment anymore!

4MeUnderwear is a range of underwear designed by ostomates for ostomates – no pockets or pouches, just regular underwear to make you look and feel great.

Designed in Australia from premium quality fabrics to ensure comfort, support, and the perfect fit.

4MeUnderwear comes in a number of styles for both males and females and to suit all appliance sizes and shapes – we're about giving you the choice you deserve.

Superior underwear at affordable prices.

Belly bands available too!

To order or see our complete range, please visit our online store www.4meunderwear.com.au or call 1300 000 4me for a brochure



AASTN Patient Education Pamphlets

Want to know more? Need more information?

The Australian Association of Stomal Therapy Nurses Inc. (or **AASTN**), is the professional organisation of Stomal Therapy Nurses within Australia, which aims to promote, develop and maintain optimum professional standards in relation to Stomal Therapy nursing.

The **AASTN's Education and Professional Development Subcommittee** has developed a series of **Patient Education Pamphlets** for use by Stomal Therapy Nurses in the education

of Ostomates and others. While copyright belongs to the AASTN, they do kindly permit these pamphlets to be accessed and downloaded from their website **www.stomaltherapy.com**

Please note that the AASTN website is not able to respond to medical enquiries.

Below is a list of the AASTN Patient Education Pamphlets which are currently available:

These Patient Education Pamphlets are an excellent source of information for both new and long-term Ostomates. Most have

been translated into Greek, Italian, Macedonian, Vietnamese and Chinese and are also available for downloading from the Royal District Nursing Service website.

The information in these brochures have been developed as a general guide only.

Please see your nearest Stomal Therapy Nurse for a professional consultation. Any concerns need to be discussed with your Stomal Therapy Nurse or doctor.

Reprinted on the page opposite is one example of these informative AASTN pamphlets.



Patient Education Pamphlets

- ◆ Anal discharge following stoma formation
- ◆ Antegrade Continence Enema
- ◆ Mitrofanoff Stoma Management
- ◆ Caring for your child's stoma
- ◆ Caring for your colostomy
- ◆ Caring for your ileostomy
- ◆ Caring for your stoma - a guide for teens
- ◆ Caring for your urostomy
- ◆ Eating and drinking for the person with a colostomy
- ◆ Eating and drinking for the person with an ileostomy
- ◆ Food fluid and electrolyte balance for the person with an ileostomy
- ◆ Handy hints for the person with a stoma
- ◆ Peri-anal skin care
- ◆ Stomal Therapy Nursing
- ◆ A guide to preventing constipation
- ◆ Healthy bowel habits for all
- ◆ Managing your stoma supplies
- ◆ Prevention and management of a parastomal hernia

www.stomaltherapy.com/patient_education_pamphlets.php

MANAGING YOUR STOMA SUPPLIES

Prepared as a guide by the:

**Australian Association of Stomal Therapy Nurses Inc.
Education & Professional Development Subcommittee**

Developed March 2014

Level IV Evidence (Expert Opinion)

Now that you have a stoma:

While in hospital your Stomal Therapy Nurse (STN) will have:

- Helped you choose the most appropriate pouch and accessories for managing your type of stoma.
- Taught you to care for your stoma.
- Organised initial supplies for use in hospital and for when you first go home.
- Provided information about the Stoma Appliance Scheme which funds the cost of your supplies.
- Discussed supplies and equipment care with you.
- Joined you to an Ostomy Association – this membership is essential as it is the Association that distributes a monthly pouch and accessory supply to financial members.
 - Note that neither doctors' surgeries nor pharmacies stock stoma supplies.

Once you leave hospital you or your carer will be responsible for ordering your supplies. To do this you will need to:

- Pay a small **annual** membership fee set by the Federal Government and administered by your Ostomy Association.
- Complete and submit a monthly Order Form (obtained from the Association) with your current details and listing the products you need.
- Indicate, **for each product you need** the:
 - Reference number (identified on the box or product itself [NOT the batch number]).
 - Number of items required.
- Identify whether the supplies are to be posted to you (a set postage fee will need to be paid) or collected from the Association directly, by you or your nominee.
- Submit your order by post, fax or email.

If you go back into hospital for any reason, take your supplies with you as they are unique to your stoma care.

A need for any additional supplies requires an *Additional Supply Certificate* (valid for six months). This is authorised by a STN or Doctor. A review of your stoma management will be required if a Certificate is to be ongoing.

Storage of supplies

- Keep regularly used products together in a carry kit or box.
- Check all supplies regularly.
- It is expected that you will keep a month's supply on hand to reduce the concern about "running out". **DON'T STOCKPILE BEYOND THIS AMOUNT.**
- Store supplies in a cool place, out of direct sunlight.

- Develop a "change kit" for when you are out of the house. Remember to rotate the stock in this kit and don't leave it in a hot vehicle.

Points to consider before ordering

- Most supplies are funded through the Stoma Appliance Scheme. The Stoma Appliance Scheme is unique to Australia and costly - many countries offer no support to Ostomates.
- A set amount of each type of product is available monthly. This amount has been identified as the **optimum** number required for effective management each month. Many members manage their stomas with much less than this optimal number. **ONLY ORDER WHAT IS NEEDED EACH MONTH.**
- Only one product from each category of products that **have the same purpose** can be supplied each month.
- Some products are used with each change, others infrequently.
- You DO NOT have to order all products each month.
- Check with your Association about when to submit your order – some have a specific date for the following month, but generally it should be when your supplies are getting low and considering the time it takes to receive them.
- Normally only one month's supply can be ordered at a time.
- Don't over order products in case you need to change them as you recover and your stoma and abdomen change over time.
- If you are having problems, seek an STN appointment before your next order – the management may need to be changed.
- If you have to change products or have your stoma closed, return unused supplies to the Association [*unopened items only*].

Going on holiday

- If your usual monthly order is enough, no change.
- An Association can provide a holiday supply (if on a protracted absence from home) which consists of two (2) months' supply.
- You may also be able to obtain supplies from other Australian state Associations - ask.
- If flying, pre-cut baseplates (if applicable) and pack scissors in your checked luggage.
- Divide supplies between cabin baggage and checked luggage in the event of delays / loss.
- Carry a Travel Card (request from your Association).

Stoma review

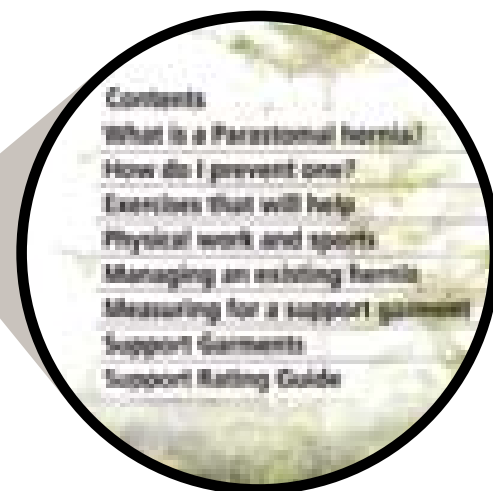
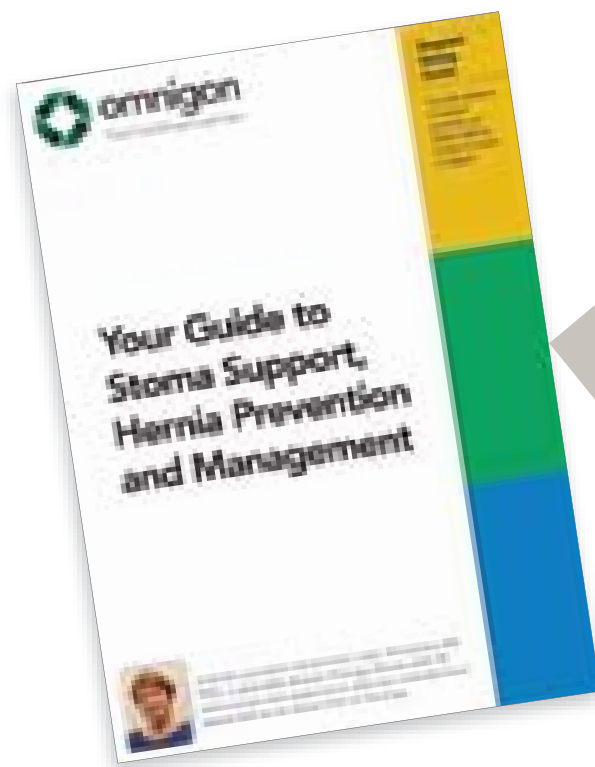
Review of your stoma and stoma care by a Stomal Therapy Nurse should be conducted:

- within 2-6 weeks after discharge from hospital.
- at any time if problems occur.
- at least every 1-2 years.

Did you know?

3 out of 10 people with a stoma will develop a hernia¹

Ensure you have the right security with one of Omnigon's scientifically² tested support pants and belts.



Reduce your risk of developing a hernia by following practical advice, together with regular use of a comfortable, well fitted support garment.

¹: Data on file Omnigon 2012 ²: A review of 16,470 on the American United Ostomy Association Register revealed 30% incidence over all types of stomas. (Gray et al, 2005)



Diamond Plus Boxers & Briefs

- Advanced seamless technology
- Extra support with diamond double panel



Men's Support Pants

- Firm yet flexible support
- Available in standard and high waist



Diamond Plus Waistband

- Seamless circular knit which moves with the body
- Discreet and comfortable support

Support Rating
3
MODERATE



Support Briefs for Her

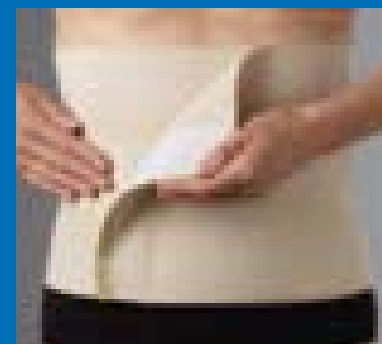
- Comfort of pants with the benefit of a belt
- Discreet yet very supportive



Isoflex

- Excellent support for all activities
- Cotton based fabric provides an even balance of comfort and support

Support Rating
4
INTERMEDIATE



Total Control

- Infinite adjustment for the correct support
- Slimline belt with firm support



KoolKnit

- Aerated fabric-perfect for active people
- Moulds to the body to provide firm support

Support Rating
5
FIRM

For advice on Support Garments and for your FREE copy of "Your Guide to Stoma Support, Hernia Prevention".

Contact our Customer Service Team **1800 819 274**
or samples@omnigon.com.au | www.omnigon.com.au

Keep Ostomy Bags and Wipes out of the Pipes!

According to Sydney Water, 75% of sewer blockages involve flushed wet wipes.

Flushed wet wipes and ostomy bags can block pipes, which can lead to sewage overflows into homes or creeks. No one wants this!

Like water utilities around the world, Australia has an increasing issue with wet wipes in our sewerage systems. Sydney Water advised in their August-October 2015 Newsletter that they are currently removing 500 tonnes of wet wipe products from sewers each year. That's the weight equivalent of four blue whales!

You may also have recently read about the fifteen-ton "fatberg" in a London sewer main. That's the size of a bus. A double-decker bus. This clog was largely made up of congealed cooking fat and baby wipes. Whatever British sewer workers are paid, it's not enough.

Just as disposable diapers are now considered a necessity, wet wipes have become essentials in the average parent's arsenal. But the popularity of these one-time-use items isn't limited to infant backsides.

Special-use wipes are being marketed to women, pet owners, computer users, those who suffer from haemorrhoids ... and yes, we Ostomates as well.

Antibacterial wipes are available to clean just about every surface, from grimy floors to bathroom mirrors. Soldiers use wet wipes in desert climates for personal hygiene and to remove camouflage makeup. Travelers find them handy for freshening up on long trips. Hikers and backpackers carry them on treks where water is scarce.

We are hooked on the convenience of these pre-moistened squares. But here is the problem: A lot of them end up down the toilet, and none are flushable no matter what the packaging states. Well,



they flush just fine, but the cloth-like products don't disintegrate the way toilet paper does. That's where it starts to cost local utilities and you money.

Consumer Reports (USA) notes that companies currently advertise their wipes with terms like "safe for sewers and septic" or promise that the product will "break up like toilet paper". But this is simply not the case.

While clogs can develop from any number of items, plumbers will now tell you that one of the most common causes of clogs today are moistened wipes. These wipes simply do not disintegrate as they move through your plumbing system. While one or two may move through the pipes, when you send multiple wipes down over time, the clogging begins.

To illustrate this point, Consumer Reports did a "disintegration test" (see box at right) on three brands of flushable wipes and found that after thirty minutes of simulated swirling (just like a toilet bowl) the wipe was still intact. The wipe showed no signs of even beginning to break down. By comparison, toilet paper began to break down in eight seconds.

Simply keeping wet wipes and ostomy bags out of the sewer system could prevent all of these problems and save water utilities - and, ultimately, the public - a significant amount of money.

If you are a fan of flushable wipes, it may be time to rethink your actions. You say that you've been flushing them

for years with no problem? Then you've been very lucky. But one day you could find yourself with a nice sewage backup in the drain or your bathtub.

So please keep your used ostomy bags and wet wipes out of the pipes, unless you like paying plumbers and/or cleaning up after sewage backups. Even a non-bus-sized clog can ruin your day.

No matter what the packaging says, flushable wipes are not flushable.

Think twice about flushing wet wipes

Which wipes disintegrate most easily, and which don't.

You don't want a flushable wipe that's wimpy, because ... well, it needs to do the job. But you also need a wipe that's weak enough to fall apart when flushed.

The four tested products were all strong enough to stand up to everyday use based on the force required to push a metal ball through layers of wipes. When we put them in a stand mixer filled with water and pushed the slowest speed (more churning than your waste pipe will provide), it took at least 10 minutes to break each into small pieces. That means you may not want to flush "flushable" wipes.

After we let intact wipes sit in water overnight, we saw differences. The Charmin and the Equate stayed in one piece, but the Cottonelle and the Scott disintegrated easily.

Bottom line: Treating soiled wipes like disposable diapers and tossing them in a lined wastebasket will definitely keep your drain and sewer pipes clear.

© Consumer Reports (USA) 27 December 2013

What can YOU do to help?

Please help to keep our waste water systems working and dispose of the following items in your household garbage collection service after use:

- | | | | | |
|----------------|---------------|-------------------|------------------|-----------|
| ■ Ostomy bags | ■ Rags | ■ Wet wipes | ■ Sanitary items | ■ Nappies |
| ■ Dental floss | ■ Cotton buds | ■ Cigarette butts | ■ Fats and oils | |

Only human waste and toilet paper should ever be flushed.

Vale, Gertrude May Keating (Gertie)

27 March 1916 - 29 December 2014

Submitted by: **Warren Rayment**

President, Gold Coast Ostomy Association

Gertrude, a Life Member of Gold Coast Ostomy Association and lovingly known as Gertie, became a permanent Ostomate in 1951 at the age of thirty-five after a lengthy battle with ulcerative colitis. A colourful and vibrant lady, the presence of an appliance in no way inhibited her post-operative years. Gertie was a living testimony to the old adage that a quality life can still be enjoyed with a stoma.

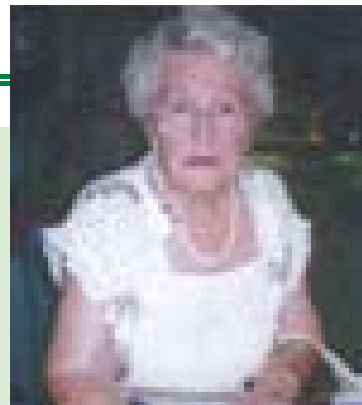
Born in Melbourne, her fondest pleasure was visiting Port Phillip Bay to collect mussels with her dad. Early life was tough, forcing Gertie to leave school at an early age to help mum care for her brothers and sisters. A colourful existence embraced work at Flemington Racecourse and her passions of carpet bowls, singing and dancing. Her fine singing voice constantly filled peoples' lives with happy tunes.

Twice married, Gertie and husband Ted moved to Queensland in 1977 to be near their son and daughter. Ted's death in 1982 did not arrest her vibrant and busy lifestyle. She participated in Meals on Wheels, was active in the Country Women's Association (CWA) and a member of the Gold Coast choir. When she hit her eighties, Gertie decided it was time to venture further afield with multiple cruises in Asia and visits to Singapore.

In 2007, deteriorating health forced Gertie into Ozanam Villas nursing home at Burleigh Heads here on the Coast. Slowed just a little, she derived much pleasure from card playing, bingo on Thursday evenings and frequent visits to the nearby shopping centre for morning tea with her son and daughter.

Gertie displayed much courage and perseverance in negotiating life with a stoma in the testing fifties and sixties when conditions were far removed from today's sophisticated appliances and professional nursing help. A loyal and dedicated member of our Association, we had no hesitation in conferring her with Life Membership.

Gertie is sadly missed.



Corsinel®

- The strong upper part of Corsinel underwear supports the hernia
- Comfortable to wear and supportive fit
- Designed as regular underwear
- Easy to put on
- Available in low and high waist
- Re-establishes a normal body profile
- Latex free

Lace Briefs and Boxers - now available on the Stoma Appliance Scheme! 3 FREE pairs per year

Optimal balance between compression and comfort

Corsinel has been developed especially to support a parastomal bulge which has appeared in connection with a stoma.

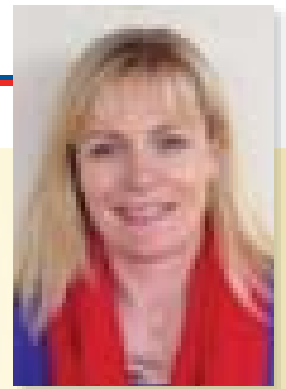
The upper part of Corsinel underwear supports the hernia and makes the user look good. The lower part is made from a softer material making the garment easier to apply and take off. The combination of the two kinds of material makes Corsinel more comfortable and makes it stay in place.

Regular Briefs also available on the SAS or for purchase online at www.statina.com.au



AASTN President's Report

Submitted by **Kirsti Dixon** - AASTN National President (Australian Association of Stomal Therapy Nurses)



Hello everyone. We have just had our national AASTN Conference with over eight-hundred delegates from Australia and Asia attending. A huge congratulations to all those who have been involved in this Conference. For those of you that aren't aware, this is a truly national Conference with all States and Territories being involved under the guidance of the very talented Helen Nodrum.

The Conference program was certainly jam-packed and I have really developed new ideas and innovations in Stomal Therapy. Of course there is also the social element of being able to catch up with those that you only get to see every two years, to make new friends and contacts, and of course getting to see the new products and innovations on the market.

This will be my final report for the *Ostomy AUSTRALIA* journal, and I say this with much sadness.

When Elaine Lambie first approached me in Adelaide, I thought *"I can't do that, I am a rural nurse with few connections, surrounded by so many knowledgeable people. I don't have enough experience to hold that title and I have a young family. What's more it is a National President."* I had been a president of the local netball club for ten years, but that's netball, not a national association of professionals.

Fast forward to Hobart and I had by then been convinced by my cohort (you know who you are!) that I could, in fact, do this. That it was achievable and I would have lots of support. What they failed to tell me, and it wasn't until Hobart that I realised, I'd actually be in the position for two and a half years instead of the standard two years. Let me tell you now though, that I wouldn't change a thing.

Sometime before I was corralled into this position, I saw a psychic (there may be many of you that are

sceptics, but I am open to many things), who knew nothing of me beforehand. She told me she could see me on a big educational stage and that I would be in charge of many people. Well since then, in addition to having this AASTN role, I had my first role as a clinical nurse educator, then became the lead educator on the Sister Alison Bush Mobile Simulation Centre traveling around the Southern NSW Health District.

I relieved as the Nurse Unit Manager at our hospital and I am now the Nurse Manager (or in old terms, the Deputy Director of Nursing) at Cooma Hospital. If someone had told me that at Adelaide I would have laughed at him or her.

The AASTN has had a huge part in boosting my confidence and helping me to achieve my goals and dreams.

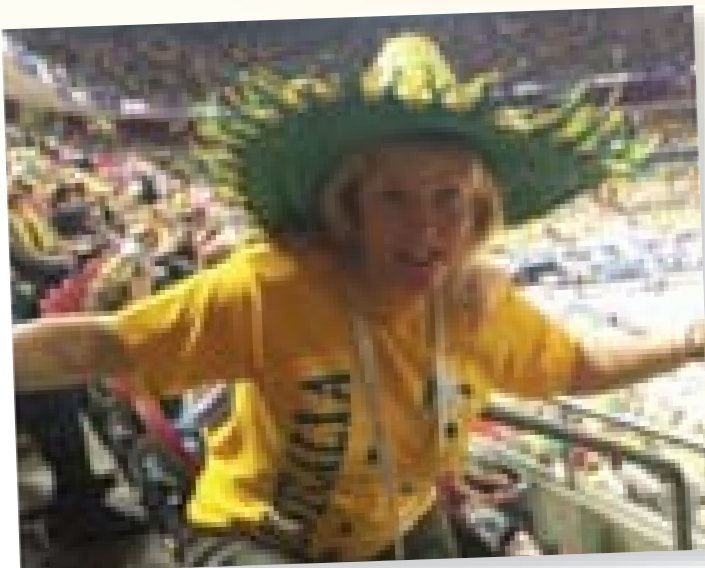
The current Committee and those that left us last year have achieved so much. We are a small band of people who give our time throughout the year, performing our numerous duties as Secretary, Vice-President, Treasurer, Editor, Editor's Assistant, Education Committee Chair, Web Coordinator, Membership Coordinator or General Member. We have worked well together, been through many professional and personal highs and lows, and each one is like family to me.

The National Executive have worked closely with the Education Committee, a team of dedicated clinicians who are the hub behind the AASTN and are to be congratulated on their achievements in the last few years. They put in many hours of time behind the scenes to ensure, for example, that our Clinical Standards are developed.

Without this team of dedicated people we would not have the AASTN as it is today. They are dedicated professionals intent on ensuring that we shine and I thank them all for their time and commitment to the AASTN.

Not to be forgotten are all those that I have called upon for their expertise (those past Presidents, Members with lots of historical data stored in their heads, and my local AASTN in the ACT) to bounce ideas off. You have all had faith in me to lead the AASTN and we have done it well. It has been a whole team effort from everyone in the membership and I thank you from the bottom of my heart for entrusting me to this privileged position.

PS: This picture is a fun shot at the recent world netball series grand final!



ConvaTec Introduces the Great Comebacks® Program to Australia and New Zealand



The Great Comebacks® Program began in 1984 in the United States with the support of ConvaTec. It was designed to raise awareness of quality of life issues for people living with Crohn's disease, ulcerative colitis, colorectal cancer or other diseases that can lead to ostomy surgery. Today the Great Comebacks® community has spread far beyond its original borders, raising awareness around the globe through inspirational individuals who have chosen to share their stories and offer hope to others facing these diseases and transitioning to life after surgery.

ConvaTec is proud to bring the Great Comebacks® Program to Australia and New Zealand, enabling Australian and New Zealanders to share their stories, inspire others and help raise awareness for people

living with serious intestinal diseases or an ostomy.

Great Comebacks® Awards Program Australia and New Zealand

Each year several people who have shared their stories and inspired others are eligible to receive the Great Comebacks® awards. Anyone who has overcome the challenges of living with serious intestinal diseases and ostomy surgery can share their story.

Friends, family members and healthcare professionals can also nominate someone for an award. These awards are presented to the recipients at an annual national event.

Closing date for the 2017 Great Comebacks® Australia and New Zealand Awards is 30 September 2016. Stories submitted after this

date will be considered for the 2018 awards.

Great Comebacks® Award – One recipient from Australia and New Zealand is recognised annually, culminating in a national ceremony the following year where the national recipient is honoured and named.

Stomal Therapy Nurse Great Comebacks® Award – Recognising the important role that nurses play in helping patients come back after ostomy surgery, each year the program also honours a Stomal Therapy Nurse from Australia or New Zealand who has been instrumental in helping an Ostomate achieve their "Great Comeback".

To be considered for a Great Comebacks® Award, share your story at www.greatcomebacks.com.au ●



Do you have an inspiring story you want to share with others to help make a difference?

ConvaTec is proud to launch the Great Comebacks® Awards Program to Australia and New Zealand for 2016.

The Great Comebacks® program enables people living with Crohn's disease, ulcerative colitis, colorectal cancer or an ostomy to share their story to inspire others who are facing these diseases or transitioning into life after surgery.

Each year several people who have shared their stories and inspired others are selected to receive the Great Comebacks® awards. This includes people living with intestinal disease or an ostomy as well as stomal therapy nurses.

Share your inspiring story with us and this could be you!

Applications for the Great Comebacks® Australia & New Zealand Awards close 30th September 2016

Share your story now!

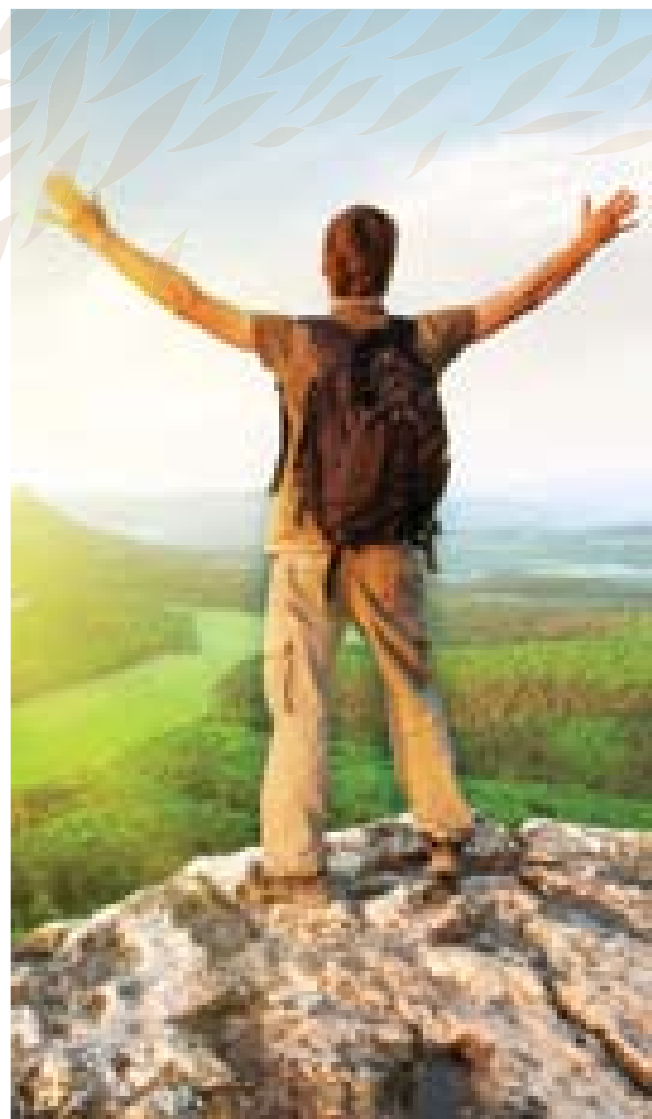
www.greatcomebacks.com.au

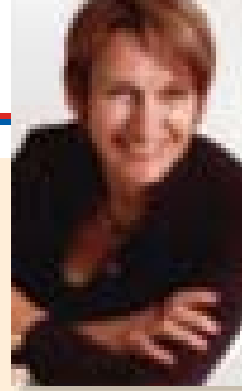
or call 1800 335 276 for more information

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The Skin around your Stoma

Some people like to be called Ostomates and some don't. The people who don't, see it as a label like 'diabetic' and not as a 'person who has diabetes'. Anyway, that aside I have something I would like to say to each of you.

I have just been to the fortieth Australian Association of Stomal Therapy Nurses (AASTN) Conference in Melbourne, which was a wonderful occasion. We only have a Conference every two years now, so it is a great opportunity for Stomal Therapy Nurses to meet with their colleagues and friends, hear topical papers, visit the trade displays and generally absorb many aspects of our very special nursing field.

A recurring topic in both the industry stands and the papers presented was 'peristomal skin'. This is the area from the stoma all the way out to the edge of the adhesive barrier that sticks to the skin around your stoma.

There was discussion around how many people put up with redness, soreness, wetness, spots, lumps, growths, etc around their stomas, thinking that this is 'normal'.

It is not normal. It is not how it should be.

The purpose of the stoma appliance, that is the bag or bag and baseplate, is to totally protect the skin from stoma output and from

anything else that may be harming it.

The skin around the stoma should be virtually the same as the skin anywhere else on your abdomen. If it is not, or if you experience itching, soreness, redness, spots, lumps, bumps, etc please make time to see a Stomal Therapy Nurse and look at ways of stopping this and achieving perfect peristomal skin.

I know that many of you when you do experience skin problems go to Dr Google or look at the adverts in this journal and phone for samples from the various companies. This is fine, however each of your stomas and your peristomal skin is as unique as you are.

Please, if your skin is not perfect this is not how it should be. Please take time to phone or see your local Stomal Therapy Nurse or write to me at the Ostomy Australia journal and we can work together to identify the problem and hopefully solve it.

Sincerely, Carmen

NEED MORE HELP?

Please send any questions or concerns you might have to Carmen, our journal's Stomal Therapy Nurse.

Bulletin Board

CHANGE OF MEETING VENUE

Warrnambool Ostomates Support Group

New Venue: The Seminar Room, SWHC Community Centre, Koroit Street, Warrnambool
Meeting Day: Second Friday of even-numbered months
Meeting Time: From 10.30am
Enquires: Heather on (03) 5561 1159 or Terry on (03) 5562 5093 Warrnambool Ostomy rooms (Fridays) (03) 5563 1446

OTHER OSTOMY SUPPORT GROUPS NEWS

Ostwest Support Group

After twelve years as leaders of the **Ostwest Support Group**, Jenny and Tricia are stepping down.

We would like to thank our wonderful supporters over the years - Djerriwarrh Health Services, Melton Council, Northern Ostomy Group, Young Ostomates United, ostomy supply companies and the *Ostomy AUSTRALIA* journal.

We would also like to give a big thank you to all our members who have inspired us to keep going over the years. We wish you well in the future.

Please note that the following Ostomy Support Groups have also closed recently:

Sydney - South West Area
 Sydney - St. George / South East Area
 Bunbury, WA

Smile A'While

To My Friend Winnie

Submitted by: **Joyce Law, QLD**



My little friend is having a birthday,
 he has stuck to me like glue.
 I felt he deserved a title,
 so I named him 'Winnie the Pooh'.

Close relationships often have problems,
 we have had our disasters and leaks.
 Young Winnie has developed bad habits,
 after a meal, he bubbles and squeaks.

I must admit he is not attractive,
 I have to hide him from public view.
 But he often puffs up with pride,
 and there is not a lot I can do.

Doctors discussed a medical solution,
 how Winnie and I could separate.
 But now that we are physically bonded,
 major surgery, I would not contemplate.

So Winnie and I will stay close together,
 through all the medical highs and lows.
 No one can come between us,
 and our secrets we will never disclose. ●

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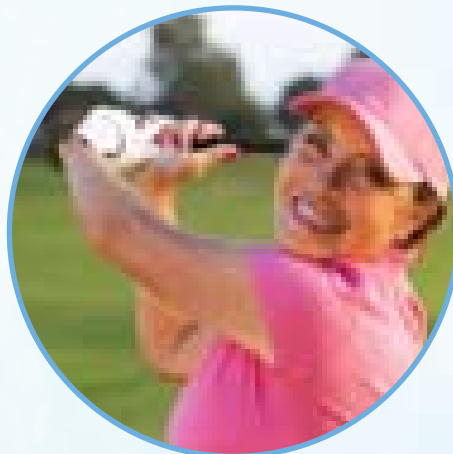
ENJOY EXTRA SECURITY THIS SUMMER

The warmer weather can make us all more active. SecuPlast® Hydro security strips, with skin-friendly Aloe extracts, provide a reliable, effective way to secure your pouch and help prevent leaks.

**So you can feel comfortable and confident,
whatever you're doing this summer.**



*Positioning SecuPlast® Hydro strips around your skin
barrier will assist with adhesion during activity.*

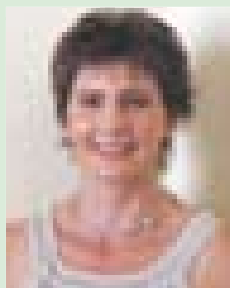


FOR FREE SAMPLES call **TOLL FREE 1300 784 737 (NZ 0800 100 146)**
or visit **www.ainscorp.com.au**



Nutrition for Ostomates

Submitted by: **Margaret Allan**, VIC



Margaret Allan is a qualified Nutritionist. She advises Ostomates and the general public on diet and health-related matters.

Margaret is based in Melbourne and is available for clinical or Skype consultations by

appointment. She can be contacted via email on: margaret@foodfirst.com.au

In this article Margaret discusses Vitamin D and its importance for Ostomates.

There has been a lot of focus on vitamin D in recent years, and with good reason. It is a vitamin that provides many health benefits to humans, but vitamin D deficiency has also emerged as a significant public health issue in Australia.

It is estimated that more than 30% of Australian adults have inadequate vitamin D status.

Part of the reason for this is that the number of foods naturally containing significant amounts of vitamin D is very limited. It is primarily found in animal foods such as fatty fish (salmon, herring, mackerel and sardines), liver, meat, eggs, butter, cheese and milk.

However, these foods only provide small amounts of vitamin D. Most adults are likely to obtain only 5-10% of their vitamin D requirements from food, and a vegan diet in particular cannot meet a person's vitamin D needs.



The good news is that humans are not totally reliant on food sources to gain adequate amounts of vitamin D, as we have the capacity to synthesise the nutrient ourselves.

This capacity to synthesise is very beneficial for Ostomates in particular. Due to a variety of reasons, absorption of adequate amounts of nutrients is an issue for many Ostomates, and so having a nutrient that is not dependent on food sources or intestinal absorption is positive.

The other reason for inadequate vitamin D status in Australia is the very successful public health campaigns recommending that Australians avoid too much sun exposure in order to reduce their risk of skin cancer.

The synthesis of vitamin D depends on ultraviolet rays from the sun shining on a cholesterol precursor in the skin. This creates a previtamin molecule, which works its way slowly into the body. The previtamin molecule must then become activated, which occurs through the action of the liver and kidneys.

Exposure of skin to sunlight accounts for more than 80% of the vitamin D in the body, but the skin exposure must occur when the sun is overhead. Short periods of sun exposure are more effective at raising vitamin D levels than long periods of sun



exposure. It should also be noted that a Sun Protection Factor (SPF) of eight or higher significantly reduces vitamin D synthesis. Vitamin D stores from summer synthesis alone are not generally sufficient to meet a person's winter needs, and many people become vitamin D deficient during the winter months. Interestingly, the sun imposes no risk of vitamin D toxicity, as prolonged exposure to sunlight degrades the cholesterol precursor in the skin, preventing its conversion to the active vitamin.

Vitamin D has many valuable functions in the body, and its effects are widespread. Vitamin D receptors have been found in cardiac tissue, muscle tissue, the pancreas, the brain, the skin and throughout the immune system. The nervous system and reproductive organs are also target tissues of vitamin D.

The primary function of vitamin D is to raise blood concentrations of important bone minerals such as calcium and phosphorous. However, vitamin D has also been shown to help maintain muscle strength, having a particularly positive effect on skeletal muscle, and to enhance the immune system's response to both bacterial and viral agents. Vitamin D also reduces expression of autoimmune conditions such as Multiple Sclerosis, Crohn's Disease, Rheumatoid Arthritis and Type-1 Diabetes. It also demonstrates an inverse relationship with cancers of the breast, prostate, colon and skin. Therefore, a higher vitamin D status is thought to reduce the incidence and severity of these illnesses.

Some people are at greater risk of developing a vitamin D deficiency than others. The elderly, sick, debilitated and disabled with lack of access to sunshine are especially vulnerable, as well as those who are well but spend little time outdoors. Elderly people in particular do not always habitually consume foods containing vitamin D, such as fatty fish and milk, and also tend to have inadequate exposure to sunlight to synthesise the vitamin. With advancing age they are also less efficient at synthesising vitamin D on the occasions that they are exposed to the sun because their skin, liver and kidneys lose their capacity to make and activate the vitamin. A Tasmanian study revealed that 85% of people aged sixty years were vitamin D deficient.

People with malabsorption issues are also at risk of vitamin D deficiency, which is the case for many Ileostomates in particular. Vitamin D is a fat-soluble vitamin, and therefore requires a fat-functioning digestive system for it to be absorbed from food. This includes adequate production of bile from the liver and digestive enzymes from the pancreas. Any diseases or issues that affect the ability of these organs to perform their functions will affect absorption of vitamin D from food, including those with chronic kidney failure.

Another group of people at risk of vitamin D deficiency are those with dark skin, as the pigments in dark skin reduce vitamin D synthesis. It can take up to six times longer for a person with dark skin to produce the same amount of vitamin D as a person

with light skin. Another factor that can lead to deficiency of the vitamin is obesity, as the vitamin becomes trapped in the fat cells and is therefore not available to the body. Infants who are breast fed by vitamin D deficient mothers are also at risk of deficiency themselves.

Symptoms for vitamin D deficiency include muscle aches and weakness, pain in the lower back, pelvis and legs, and disorders of calcium metabolism such as osteoporosis and osteoarthritis. Observational studies have also indicated a correlation between low vitamin D status and:

- neurological issues such as schizophrenia;
- mental health conditions such as depression;
- respiratory illnesses such as asthma;
- diseases of the cardiovascular system (for example, high blood pressure and stroke);
- infectious diseases such as urinary tract infections;
- autoimmune diseases such as Multiple Sclerosis, Crohn's Disease, Type -1 Diabetes and Rheumatoid Arthritis;
- cancers of the breast, prostate, colon and pancreas.



As I stated earlier, the impact of the vitamin in the body is widespread!

It is therefore important for Ostomates to ensure that their vitamin D status is adequate in order to support their ongoing

good general health, especially if the reason for them becoming an Ostomate is cancer or Crohn's Disease. In the case of Urostomates, poor immunity and repeated urinary tract infections can be an issue and this may be reflective of a low vitamin D level. Many Ostomates also experience mental health issues such as depression, which could correlate to having poor vitamin D status.

Adequate sun exposure is a critical step in the synthesis of vitamin D, and The Cancer Council has developed a useful brochure titled "**How Much Sun Is Enough?**" which is freely accessible on the internet. It provides guidance on how much sun exposure is appropriate in different regions of Australia. The trick is to get enough sun exposure at the right time of the day to synthesise sufficient vitamin D, but not enough to increase the risk of skin cancer.

Generally, in Australia, the recommendation is for moderately fair-skinned people to walk with arms exposed for **six to seven minutes mid-morning or mid-afternoon in summer**, and with as much bare skin exposed as feasible for seven to forty minutes (depending on latitude) at noon in winter, on most days. This is considered likely to be helpful in maintaining adequate vitamin D levels in the body. However, if vitamin D status is compromised by any of the issues discussed above, then supplementation may be necessary.

So, as the warmer weather approaches, enjoy the summer sun in order to synthesise some valuable vitamin D. Just do so safely and appropriately. Moderation is the key!

Wishing you good health and happy days, *Margaret.* ●

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National Directory of Ostomy Support Groups

NEW SOUTH WALES

ALBURY/WODONGA BORDER DISTRICT

Meets: 10.00am on the second Tuesday of each month Feb to Dec.
Venue: Hilltop Accommodation Centre,

600 Keene Street, East Albury NSW
Contact: Alex Watson 0428 578 385

BATHURST

Meet on the first Tuesday of March, June, September & December at Daffodil Cottage

Contact: Louise Linke
(02) 6330 5676

BROKEN HILL

Meet: Every 3rd month or as required.

Venue: Broken Hill Hospital Conference Room.

Contact: Tarndra (08) 8080 1333

CENTRAL COAST

Meet: 1.30pm to 3.30pm on the third Wednesday in Feb, May, Aug and Nov at a different venue each meeting. For further information, phone the Stomal Therapy Service on (02) 4320 3323

COFFS HARBOUR

Meets 2:00pm to 3:30pm
2015: 12 Feb - 9 Apr - 11 Jun - 13 Aug - 8 Oct - 10 Dec
Venue: Sawtell RSL Club, First Avenue, Sawtell.
Ostomates & friends welcome.
Contact Mandy Hawkins STN on (02) 6656 7804

EUROBODALLA REGION

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

FAR NORTH COAST

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

FAR SOUTH COAST

Bega & Surrounding Areas
Meets second Sunday of Feb - Apr - Jun - Aug - Oct - Dec at 11.00am at a different venue each time. Flyers are sent to Ostomates 10 days beforehand.

Inquiries:
Eileen. Phone: (02) 6492 2530
Geraldine. Phone: (02) 6492 2366

GRAFTON & DISTRICT

Meets first Thursday of each month from 9.00am to 11.30am
Contact: Anne: (02) 6641 8200

GRIFFITH & DISTRICT

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

HASTINGS MACLEAY

Meet: The Old Hospital at 10am to 12noon on the third Wednesday in Feb - Apr - Jun - Aug - Oct - Dec.
Inquiries: Neil 0427 856 630 or Jenny (02) 6586 0270

ILLAWARRA

Meet: 10.00am to 12 noon on Wednesdays 17 Feb - 13 Apr - 15 Jun - 17 Aug - 19 Oct - 14 Dec in the Education Room, Figtree Private Hospital, 1 Suttor Place, Figtree 2525.

(Xmas luncheon venue to be advised)
For further information contact Helen Richards CNC STN (Wollongong Private Hospital) on (02) 4225 5046 (Mondays only) or Julia Kittscha CNC STN (Wollongong Hospital) on 0414 421 021

MANNING/GREAT LAKES

Meet: 10.00 am to 12 noon on first Wednesday in Feb - Apr - Jun - Aug - Oct - Dec.

Venue: Skills for Life Building, 5-9 Elizabeth Ave. Taree NSW (wheelchair accessible)
Website: www.mglostomy.co.cc
Contact: Karla MacTaggart on (02) 6592 9469

NEWCASTLE DISTRICT

Meet at 1.30pm on last Saturday in Feb - May - Aug (AGM) - Nov.
Venue: Hamilton Wesley Fellowship Hall, 150 Beaumont St. Hamilton.
Enquiries: Geoff (02) 4981 1799 or Eleanor (02) 4997 5141 or Maree (02) 4971 4351

ORANGE & DISTRICT

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

SHOALHAVEN

Meet: 2.00pm on 2 Feb - 11 May -17 Aug - 16 Nov
Venue: Nowra Community Health Centre, 5-7 Lawrence Ave, Nowra.
Contact: Margaret or Tracey on (02) 4424 6300

SYDNEY - LIVERPOOL / CAMPBELLTOWN AREA

Meets Thursdays from 1.00pm to 3.00pm in the Heritage Auditorium at Camden Hospital (Menangle Road, Camden).

2015 meeting dates to be advised. For further information, please contact: Diane or Lu (STNs) on (02) 8738 4308

SYDNEY - PENRITH AREA

Meets: 27 Feb - 24 Apr - 26 Jun - 8 Sep - 6 Nov commencing 2.00pm.
Venue: Learning and Development Centre at Nepean Hospital, located behind the multistorey car park in Somerset Street. Entrance via the rear side door.
Enquiries: Naomi Houston (Stomal Therapist) (02) 4734 1245

SYDNEY - NORTHERN AREA

Meet: First Wed. 10.00am - 11.30am monthly in the Jacaranda Lodge, Sydney Adventist Hospital, 185 Fox Valley Rd. Wahroonga.
Contact: San Cancer Support Centre (02) 9487 9061

TWEED

Meets: third Tuesday of March, June, September and December from 12 to 2pm.

Venue: South Tweed Sports Club.
Contact: Jane Bright on 0409 671 162

WAGGA & DISTRICT

Meets: first Wednesday of each month from 10:00am to 11:00am.
Venue: The Men's Shed, 11 Ashmont Ave, Wagga Wagga
Enquiries: David (02) 6971 3346 or 0428 116 084
Baz (02) 6922 4132

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

BENALLA / WANGARATTA

Meets 2.00pm on the third Monday of each second month.
Venues: Wangaratta Masonic Centre, 99 Appin St. Wangaratta in Apr - Aug - Dec and Benalla Masonic Centre, Cnr Benalla St. & Walker St, Benalla in Feb - Jun - Oct.
Contact: Rex Nankervis
(03) 5762 2080
Email: rexarn@bigpond.com

MILDURA

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

MOUNT WAVERLEY

Our support/social group meets bi-monthly on the fourth Wednesday; alternately at Mount Waverley Youth Centre or at a local restaurant for a luncheon.
Contact: Ron Butler on 0403 163 327 or crocote@gmail.com

NORTHERN

A Melbourne based Support Group with a welcome to all with a stoma.
Venue: Darebin RSL Function Room, Preston.

Contacts: Peter: (03) 9460 1125 and Krys: (03) 9431 2779
STN Email enquiry: genevieve.cahir@nh.org.au

SOUTH GIPPSLAND

Socials held on the first Tuesday of each month at 2:00 pm. Please contact Thea on (03) 5655 2628 for more information.

SUNRAYSLIA / RIVERLAND

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

WARRNAMBOOL & DISTRICT

Meets at 10.30am on the second Friday of the month in Feb - Apr - Jun - Aug - Oct - Dec.
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) 5563 1446

WESTERN AUSTRALIA

ALBANY

Meets in the Albany District Hospital Conference Room at 9.30 - 11.00am on the third Friday every three months.
For details: Terry: (08) 98474701

GERALDTON

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

MANDURAH / ROCKINGHAM

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

PERTH (WAOA)

Venue: 19 Guildford Road, Mt Lawley
Weekends: third Saturday of every month 11-1 pm.
General: fourth Tuesday of every month 2-4pm.
New Members: second Tuesday of every month 2-4pm.

QUEENSLAND

BEENLEIGH

Meets 10am - 12noon on last Monday of the month from Feb to Nov at Beenleigh Community Health Centre,
10 -18 Mt. Warren Blvd. Mount Warren Park QLD.
Contact: Pat Miers (07) 3827 9811

BRISBANE

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

GOLD COAST

Supporting Ostomates Needs Group. Meet every three months at various venues.
Private and Confidential,
C/- PO Box 703, Labrador, QLD 4215
Phone: 0429 126 163
Email: gcsong@live.com.au
Facebook: www.facebook.com/goldcoastostomysupport

LOGAN

Meets 10am - 12noon on third Monday of each month at Logan Central Community Health Centre Corner Wembly & Ewing Roads
Contact: Pat Miers (07) 3827 9811

MACKAY

Meets at 2.00 pm on the fourth Friday of every odd-numbered month (Jan - Mar - May - Jul - Sep - Nov).
Venue: Gordon White Library on Phillip Street, Mt Pleasant.
Contact: Graham Stabler for further information on 0428 776 258 or email
grahamstabler@bigpond.com

REDCLIFFE

Meets first Tuesday each month at 10.00am in the Shillam Room, Redcliffe Cultural Centre - off car park Irene Street, Redcliffe.
Enquiries: Dorothy Douglas (07) 5495 1335

ROCKHAMPTON

Meet: 1.30pm third Saturday, Feb - May - Aug - Nov.
Venue: Community Health Centre, Bolsover St. Rockhampton
Contact: Frank & Marge Noy
Phone: (07) 4921 0728

SOUTH BURNETT

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

SUNSHINE COAST

Meets at the Small Meeting Room, Library Support Building, Cotton Tree, Maroochydore on the second Monday of every month from February 2016, commencing at 10am.
Enquiries:
Winifred Preston (07) 5476 6313 or presto1849@hotmail.com
Evan Fuller (07) 5447 7158 or eful@bigpond.com
Laurie Grimwade (07) 54459008 or sid.and.laurie@gmail.com

WIDE BAY

Meets from 1.00pm to 3.00pm on the third Thursday each month at Wide Bay Ostomates, 88a Crofton Street, Bundaberg West.
For information please contact Heather James: 0406 472 486 or leave a message on (07) 4152 4715

TASMANIA

"SEMI COLONS" - a support group for men and women impacted by Colorectal cancer. Meets in Hobart on the third Thursday of every month, from 2.00pm to 3.30pm.
Enquiries: Cynthia Taafe, Senior Officer Support Services, Cancer Council Tasmania on (03) 6212 5715

NORTH & NORTH-WEST

North: Meets 10.00 am on the first Monday of Mar - Jun - Sep - Dec at the Cancer Support Centre, 69 Howick Street, Launceston.

North-West: Meets 10.00 am on the

second Monday of Mar - Jun - Sep - Dec at the Ulverstone Senior Citizens Club, 16 Edwards Street.
Contact: Adrian Kok
(03) 6326 4664

SOUTH AUSTRALIA

CENTRAL

Meet: Third Tuesday of Jan, March, May, July, Sept, Nov.
When: 2pm.
Where: Ileostomy Assoc Centre, 73 Roebuck St, Mile End.
Information: Val: (08) 8381 1646

FLEURIEU

2015 meeting dates to be advised.
Meet: 10.00am until 12 noon at the Flinders Rural School, Bay Road, Victor Harbor.
Please contact Sue McKay STN for further information on 0412 692 418

SOUTHERN

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

NORTHERN TERRITORY

DARWIN

Meet: 5.00-6.00pm on the first Tuesday of every month.
Where: Cancer Council NT, 2/25 Vanderlin Drive, Wanguri NT 0810
Contact: Marg Lavery:
(08) 8944 1800

YOUTH GROUP

Doris Steyer,
Telephone: (02) 4296 5354

YOUNG OSTOMATES UNITED (YOU)

Tel: Helen (03) 9796 6623
Web: www.youinc.org.au
Email: helshae@hotmail.com
Facebook:
Young Ostomates United

BOWEL GROUP FOR KIDS INC

Tel: (02) 4659 6067 or 0431 857 188
Email: enquiries@bgk.org.au
Web: www.bgk.org.au

PARENTERAL NUTRITION DOWN UNDER

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

MITROFANOFF SUPPORT AUSTRALIA

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

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 575, Port Melbourne, Victoria 3207
Phone: 1800 331 766
Email: customerservice@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



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

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Freecall: 1800 335 911
Email: customerservice@hollister.com.au
Website: www.hollister.com/anz/



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Web: www.nicepak.com.au



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NovaLife Soft Convex



EasiView™ Viewing Option

