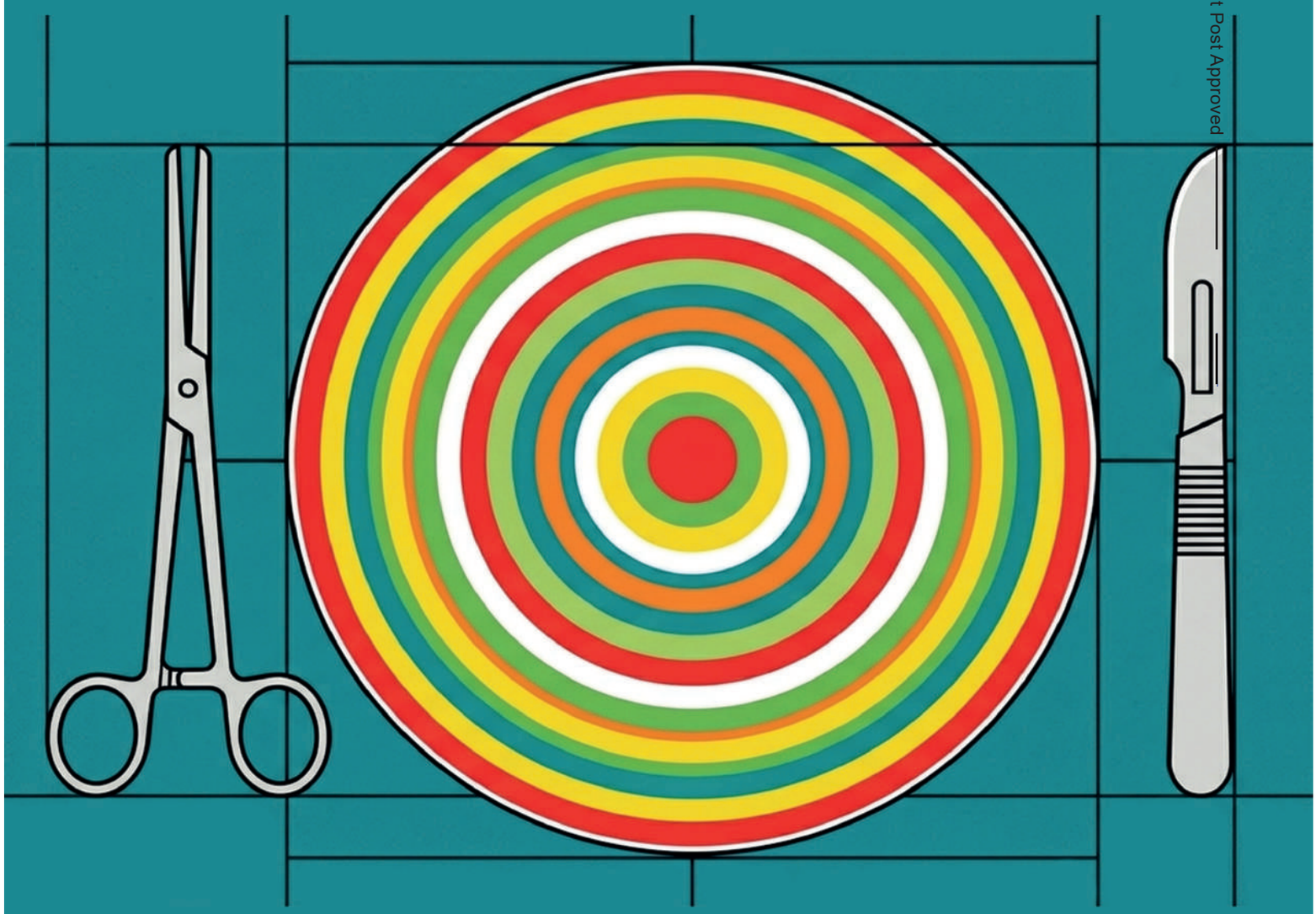
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Editor
Amanda Haines

Correspondence and contributions
journal@australianstoma.com.au

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Executive members
David Swift – President
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In this issue of your *Ostomy Australia*

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P9 A zebra's tale

P13 Vale Tom Flood

P16 A surgeon speaks

P21 Nutrition for winter

P23 News of the World

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Executive matters

by **Lorrie Gray**
ACSA Vice-President



Executive committee looks to the future

WITH no outcome of the Federal Government's review of the Stoma Appliance Scheme (SAS) distribution processes, the members of the ACSA Executive Committee have been busy reviewing our own processes in order to be able to consolidate our preferred way of working.

Several meetings have been held with the new department staff and there is a definite feeling of them wanting to collaborate with ACSA for mutual benefits.

In addition, and as a means of ensuring all associations are represented, ACSA president David and executive officer Hermione have conducted a series of interviews with association staff.

Although time-consuming, these have yielded a huge amount of information on which the executive can base planning decisions.

An overview of the main themes was presented to the associations in the April quarterly meeting.

High level priorities included:

1. Postage fees applied by Australia Post, couriers and potentially suppliers in the (then) global fuel crisis which could impact on postage costs for members, but there will be need for review in the future once things settle.

2. Cybersecurity.

3. Uncertainty about any future changes, so there was a strong focus on establishing a productive relationship with the Department of Health to build a common vision for an ostomate-centric future-focused model. Then work together to make it happen.

4. Creation of deliverables in IT, robust governance, financial viability, shared learning, technology and association interactions.

As a result of these interviews and in line with the request to associations for additional support of the executive functioning, a leadership support team has been established.

The initial meeting of the hand-picked members and the executive was held on July 23 in Melbourne.

The two teams will work towards assessing options and creating plans to achieve the many outcomes identified within those interviews.

> ***...there is a definite feeling of wanting to collaborate with ACSA for mutual benefits.***

Raising awareness

Stomal Therapy Week, Anna's Walk, Bowel Cancer Awareness Month and Dry July have all been held, raising awareness of their various positions and activities – did you get involved in any of them? I walked in Perth's Anna's Walk and did an interview on a local radio station during Stomal Therapy Week.

I'm sure many of you sent messages to your STN in appreciation too, thank you.

Ongoing airport work

The work being done with airport education of security staff would appear to have been primarily successful, as the number of complaints received has dropped significantly.

However, if you wish to provide feedback, both good or bad, please do so.

Things change and we can't help unless we know if things are not right – as with stoma management, delivery issues or anything else, speak up.

There is ongoing work to improve the visibility and quality of disabled toilets at airports as a spin-off from that initial work.

Comments about 'toilets I have known' are also useful.

The other work done is a review of the booklet, *A New Beginning*.

This has been reprinted and will be available from your association again – it has been out of print, so you may not have received one, so please ask for a copy.

It is designed for new members and any feedback about its relevance and usefulness would be appreciated, either via this Journal or directly to me: acsavp@australianstoma.org.au

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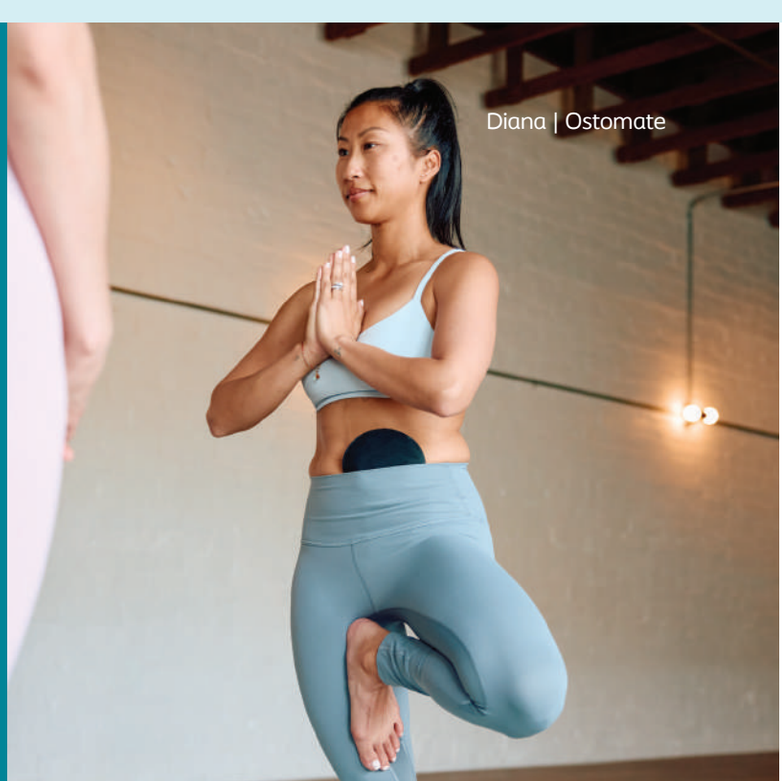


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Ask Wendy

By **Wendy Pearson**
Clinical nurse consultant



The quiet work of intimate carers

WHEN someone wakes up with a new stoma, their world shifts overnight.

What we talk about less often is how the world also shifts for the person standing beside them – the partner, parent, child, or close friend who becomes their 'intimate carer'.

It's a role that isn't formally chosen but is quietly grown into through love, necessity, and the simple desire to help.

In the early weeks after surgery, carers often describe feeling unsure.

How much help will they need?

What if I do something wrong?

How do I support them without taking over?

Where do I turn to for help if I need it?

These questions are common, and in my experience the first six to eight weeks is when carers shoulder the greatest load.

Stoma care can be physically demanding.

The intimate carer may be helping with appliance changes, managing appointments, organising supplies, or supporting someone who is too fatigued or unwell to manage alone.

One intimate carer told me she felt exhausted from being involved in every single aspect of her partner's stoma care.

It can be a lot to take on, yet the physical work is only part of the story.

Some carers speak about how helping with stoma care has brought them closer to their loved one.

Maybe this is because of the intimacy of the task and being trusted to help with something so personal can deepen emotional connection.

One husband described to me a feeling of being more bonded to his wife, wanting to spend more time with her, and seeing their cancer journey as something they were fighting together.

For others, the role can feel confronting or clinical, especially when taken on out of necessity rather than choice.

Both experiences are valid.

Caring for an ostomate is deeply individual, shaped by relationship dynamics, cultural expectations, and personal comfort with intimacy.

What intimate carers consistently need is reassurance: that their feelings are normal, that support is available, and that they are not expected to carry the burden alone. Practical help matters too.

Talking to your stomal therapy nurse (STN), cancer nurse, or GP about psychosocial support can make a real difference.

It's also important to establish clear expectations.

Carers are allowed to say no, to set boundaries, and to ask for help when something feels uncomfortable or overwhelming.

Establishing a therapeutic relationship with your STN can be invaluable, as we often have lots of practical advice to help reduce the carer burden.

Engaging with your STN for hands-on education can ease improve your confidence which can then ease anxiety.

For example, our service offers individualised photo care plans, which many carers find helpful as a step-by-step prompt during the early recovery period.

We also advise to keep a stoma kit ready for outings.

Your STN can support you while you learn how to order supplies as we are familiar with the Stoma Appliance Scheme so can advise you regarding quantities and products.

In the beginning, consider practising appliance changes together, and planning short, manageable social outings to rebuild confidence.

Carers Australia (carersaustralia.com.au) is also another good resource.

These small practical strategies can also lighten the load.

Another helpful way to reduce awkwardness for both the ostomate and intimate carer when the stoma needs attending to is to consider giving the stoma a name.

Naming the stoma can turn a potentially awkward moment into something lighter and more manageable.

It allows the ostomate and the intimate carer to use a discreet code name when you need to bring it up in public or around friends and family.

Instead of saying, "I need to attend to my stoma bag," you might simply say, "I think Charlie needs some attention."

It creates a gentle "if you know, you know" scenario.

It is private, respectful, and often a in my experience, can also be a little humorous. Some couples find that naming the stoma helps normalise it within their relationship, making it feel less clinical and more like just another part of life they navigate together.

For carers, it can also soften the emotional load by adding a touch of personality and playfulness to a task that can otherwise feel confronting.

When carers feel informed and included, they are better able to help their loved one navigate practical challenges such as shopping centres, social events, travel, and returning to work, as well as emotional challenges like adjusting to the ostomate's changed body image, managing potential changes in sexual intimacy, and coping with ongoing cancer surveillance.

Caring for an ostomate is not just a task; it's a relationship journey.

And while every journey looks different, one truth remains constant: carers matter. Their wellbeing, confidence, and emotional safety are essential parts of the ostomate's recovery.

Do you have a question for Wendy?

Send an email to journal@australianstoma.com

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Your say

Letters to the editor

We welcome letters to the editor from all readers, on all subjects. Tell us what you think! Letters must be accompanied with your name and address – this is not for publication but is required.

Opinions expressed do not necessarily reflect the views of the editorial staff or publishers of *Ostomy Australia.*

Email correspondence to journal@australianstoma.com.au

No scissors allowed

IN reply to Adrian (*OA*, April, 2026), I had my scissors taken at Adelaide Airport, even though they were plainly for cutting the holes in my baseplate,

No amount of talking did any good.

Luckily I always have at least six baseplates already cut when I am flying to Broken Hill.

Colin G, email

Inconsistent service

I AGREE with Colin's comment (*OA*, April, 2026), that Melbourne Airport has improved its attitude to ostomates in recent months when doing security checks, and I thank the airport for that.

However, the experience is not consistent across Australian airports.

Given a combination of bad communication skills and poor level training, one can still be humiliated by staff at Canberra and Sydney airports and regional airports, such as Armidale.

This is despite being proactive and wearing the Hidden Disability lanyard.

Very few, if any, staff have heard of a stoma or understand why we wear the lanyard.

Being called out loudly and escorted to a room by staff is embarrassing and separation from one's carry-on bag, which contains our wallet, phone, and stoma appliances, raises a security risk.

I still feel quite anxious about air travel.

There is still a long way to go until we are treated with appropriate dignity.

Damian, NSW

Surgery improvement

IN response to Darrell's letter in the last issue:

Darrell, I had a large peristomal hernia which for various reasons, I put up with.

Having finally had it repaired a year ago, I was surprised by how much this improved my comfort and posture.

I recommend a surgical robotic repair.

Elizabeth, email

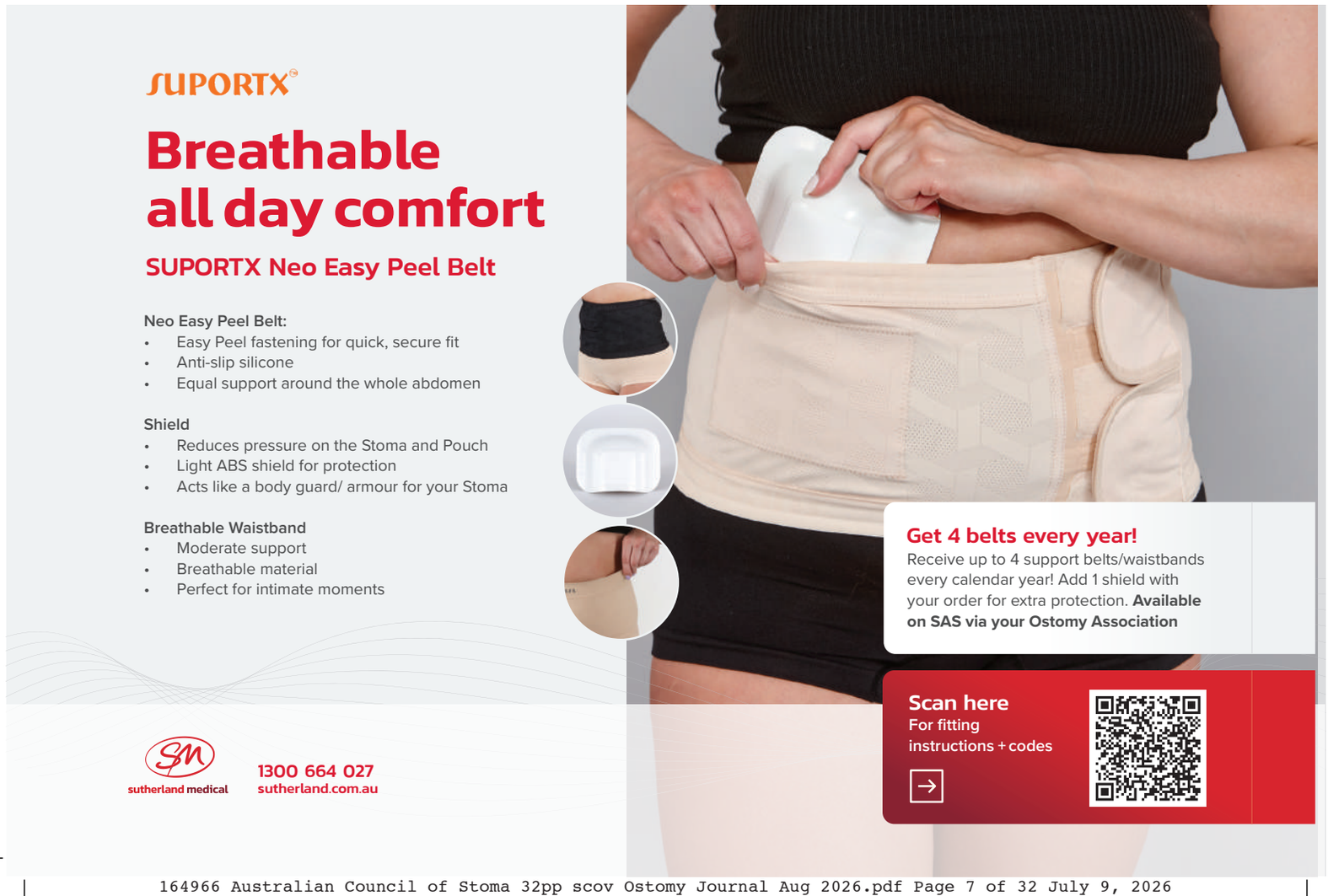
Gasbag problem

THREE years ago I started having problems with bag leakage but eventually through many trials eventually found the right bag.

I also have a common problem we have with bags that are suppose to filter and expel gas that simply don't do it. I even resorted to punching a small hole in the bag but it still did not fix the problem.

Does anyone recommend a bag I and perhaps many others can trial for gas removal?

Darryl, NSW



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When a zebra walks into a surgeon's office

by **Nicole Joy**

EARLY in their training, doctors are taught: "When you hear hoofbeats, think horses, not zebras."

It means they should first consider the most common diagnoses before rare ones. And ultimately, that is sound advice.

But what happens if you are a zebra?

I can tell you; it takes a very long time to be diagnosed, and the journey is often accompanied by a significant amount of medical gaslighting.

I have a connective tissue disorder called Ehlers-Danlos syndrome (EDS).

The EDS Society uses the zebra as its symbol because when doctors hear the wide range of symptoms we experience, they do, in fact, need to consider zebras.

My whole life, I have lived with a myriad of symptoms: joint pain, headaches and migraines, muscular and skeletal pain, dizziness, allergies, hives, nausea, bladder issues, and bowel issues.

Because these symptoms appear vague and unrelated, no doctor was able to connect the dots for many years.

One of the hallmark signs of EDS is hypermobility.

As a child, I struggled to hold a pen or pencil properly.

I was terrified of the monkey bars, unable to understand why other children weren't worried about their shoulders "ripping out" of their bodies.

Not all of it was negative though.

When I started ballet, my flexibility was praised.

Numerous teachers were delighted by my "banana feet" or as they're affectionately called in Australia, "Sydney Harbour Bridge feet."

EDS has affected me in many ways, but its most severe impact has been on my bowel function.

Because the connective tissue throughout my body is overly flexible, my lifelong constipation gradually stretched my large bowel over many years.

Eventually, it became so elongated and looped that it could no longer function.

In 2023, my surgeon proposed a total colectomy with ileorectal anastomosis (removing my large bowel and connecting the small bowel directly to the rectum).

At the time, neither of us fully appreciated that removing my large bowel alone would not resolve my ongoing pain, distension, or inability to empty my bowels properly.

> ***"There are many different paths that can lead to becoming an ostomate.***



No more long faces: Nicole Joy is happy with her new ileostomy life.

While the colectomy sounded promising in theory, EDS was also affecting my rectum.

I had already undergone surgery in 2020 to repair a rectocele (rectal prolapse) and an enterocele (small bowel prolapse).

Unfortunately, due to the extreme stretchiness of my tissues, the rectal prolapse returned.

Later in 2023, and again in 2025, I underwent two more rectal prolapse surgeries in attempts to restore function.

Despite no longer having a large bowel, I continued to feel constipated, distended, and in significant pain.

Each day, I had to take the equivalent of a mini colonoscopy preparation just to liquefy my output enough for it to exit my body.

What I didn't yet know was that the remaining source of the problem was my dysfunctional rectum.

It's important to note that until just weeks before my total colectomy, we didn't know I had EDS or what was truly wrong with my "plumbing," for that matter.

Over the course of this journey, I took copious amounts of laxatives each day.

I saw multiple gastroenterologists and colorectal surgeons.

I underwent five colonoscopies, five laparoscopies, three rectal surgeries, a total colectomy, multiple elimination diets, multiple medication trials, and five defecography studies, as well as two sets of rectal Botox injections – all in search of answers or symptom relief.

In the meantime, my days were consumed by appointments and the constant management of my symptoms.

This included multiple daily self-administered irrigation enemas that were painful and time-consuming.

I would typically spend a minimum of six hours per day within five metres of a toilet.

By mid-2025, following my third rectal prolapse surgery, my surgeon told me that an ileostomy was likely the only remaining option to potentially regain some quality of life.

However, he could not guarantee improvement, as he couldn't definitively identify the reason for my ongoing symptoms.

He also gently suggested that the issue might be sensory, or possibly even psychological, rather than mechanical.

I decided to seek another opinion.

During this time, EDS continued to affect other parts of my body.

I required knee surgery, bladder investigations, and experienced multiple cracked teeth from stress-related clenching.

People with EDS are already more prone to this due to weaker dental structures, so the additional clenching certainly did not help.

I knew of only one colorectal surgeon in my city who claimed experience with EDS, but after reviewing my case, he deemed it too complex.

After this rejection, things felt hopeless. I decided to change tactics.

Instead of searching for a colorectal surgeon with EDS experience, I began searching for a colorectal surgeon experienced in managing complex cases.

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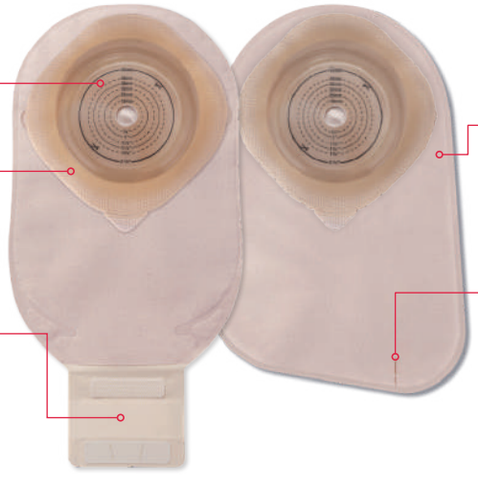
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... and walks out with an ileostomy

From page 9

That's how I found my current surgeon. He listened carefully to my history and symptoms, ordered a new defecography study (my first since my most recent prolapse surgery) and performed a sigmoidoscopy.

What he discovered was confronting but clarifying: my rectum was so heavily scarred from previous surgeries that it was no longer dynamic or functional.

The defecography showed that despite surgery just three months earlier, I still had two forms of prolapse, one of them being a grade 4 prolapse.

It became clear that my rectum was no longer a viable outlet for stool.

Two weeks later, I underwent ileostomy surgery.

While the first few days were painful, as any surgery is, I felt better and significantly more comfortable than I had on any single day in the previous five years.

I knew almost immediately that this had been the right decision.

My surgeon had also flagged early on that I would most likely require a completion proctectomy, meaning the removal of my rectal stump and anus.

Like other ostomates who still have their rectum, I was producing rectal mucus that needed to be passed periodically. However, with a grade 4 prolapse and a rigid, scarred rectum, passing it was nearly impossible and extremely painful.

So, three months after my ileostomy surgery, I underwent a proctectomy.

The recovery was tough, but the results were worth it. Finally, I was completely symptom-free.

As you might imagine, years of pain, uncertainty, and not knowing why my body wasn't functioning took a severe toll on my mental health.

I owe an enormous debt of gratitude to my skilled and compassionate psychologist, who not only supported me emotionally but also recognised the signs of EDS in my story and guided me towards a diagnosis.

Without her insight and care, I may not be here sharing my story with you today.

It is "easy" to retell my story now that the investigation and surgical phases are over, but for most of this time, we didn't know what was wrong with me let alone have any real hope that there could be an effective treatment for my symptoms.

Although my quality of life has improved dramatically due to my ileostomy, there are still challenges.

These include maintaining adequate hydration and finding ostomy appliances that my fragile, reactive EDS skin can tolerate.

I am still adjusting, and still physically quite weak from all that I have experienced over the past five years.

However, I am incredibly hopeful about the future.

An ileostomy, proctectomy, and total colectomy have given me the opportunity to reclaim my life.

I look forward to returning to ballet, travelling, and enjoying meaningful time with family and friends.

These surgeries have freed me from a housebound existence and a life dominated by chronic intestinal pain and for that, I am deeply grateful.

At the same time, as many of you will understand, this does not take away from the fact that it remains a significant and ongoing life adjustment.

I hope that by sharing my story, I have helped raise awareness of EDS and highlighted that there are many different paths that can lead someone to becoming an ostomate.

If you or someone you love experiences hypermobility alongside chronic pain or unexplained symptoms, I encourage you to explore the Ehlers-Danlos Society website (www.ehlers-danlos.com) or ask your GP for a referral to a rheumatologist familiar with EDS.

I am hoping to connect with other ostomates who are living with Ehlers-Danlos Syndrome, and so I have established an Instagram account for those who are similarly interested.

The account name is zebraswithbags.

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Humble and steadfast advocate

Vale Tom Flood OAM

THE Australian ostomy community recently farewelled one of its most respected and admired leaders, Tom Flood OAM, whose decades of service transformed the lives of countless Australians living with a stoma.

For many members across Australia, Tom was synonymous with Ostomy NSW *(now known as Stoma Support Services).*

A gentle, humble and steadfast advocate, he dedicated more than three decades of volunteer service to supporting people living with a stoma and ensuring they received not only essential products, but also the understanding, encouragement and dignity that every person deserves.

Tom joined the Board of Directors of the then Ileostomy Association of NSW in November 1990 and would go on to serve continuously as president from 1998 until his retirement in 2022.

Following his retirement, he was awarded the title of Emeritus President in recognition of his outstanding contribution to the organisation.

Yet Tom's journey to becoming one of Australia's most respected ostomy advocates began long before his involvement with the association.

Born with bladder exstrophy, a rare congenital condition, Tom faced challenges from the very beginning of his life.



At a time when little was known about the condition and treatment options were limited, Tom's determination, resilience and positive outlook would become defining characteristics.

Despite significant physical challenges, he lived life fully, attending school, working, participating in community activities and contributing to society in countless ways.

His beginning was well put by his lifelong friend Marjorie Vartha in a tribute when Tom was awarded the OAM in 2014:

"Tom Flood was born on December 14, 1930, enduring a very difficult delivery. He was not expected to live 24 hours as he was born with bladder exstrophy (where the bladder is on the outside) and the pelvis open instead of shut.

"Tom's parents were told by all, including specialists, that nothing could be done; everybody dies when born with bladder exstrophy. Tom is living proof they were wrong.

"Nothing very much was known about bladder exstrophy then. With wonderful support from his mother Tom was brought up as normal. At the age of five he attended the local school and Sunday school; he was given no special consideration and joined in everything.

"All Tom's schooling, social events, and work life were undertaken wearing a towel, safety pins and cotton wool, all encased in a thick pair of pants."

A turning point came during the 1970s when Tom heard an interview on radio featuring representatives from the NSW Ileostomy Association.

Through that introduction he discovered the ostomy community and, after speaking with many members, elected to undergo surgery in 1985 to receive an ileal conduit.

The experience was life-changing.

Reflecting on that moment, Tom famously recalled:

"The morning after the operation I awoke to the sight of a bag full of urine right beside my bed. Had I not been tethered to that bed with an assortment of drips, tubes etc., I would have jumped for joy and shouted, 'It's in the bag!'"

The newfound freedom and confidence that surgery provided inspired Tom to devote himself to helping others experience the same sense of hope and possibility.

Over the following decades he became a driving force within Ostomy NSW.

Whether manning the counter, editing newsletters, attending country meetings, supporting local support groups, mentoring new members or leading the board, Tom's focus was always on the welfare of people living with a stoma.

He believed deeply in the importance of reassurance, information and community support.

Tom was never one to seek recognition, yet his contributions were impossible to overlook.

In 2014 he was awarded the Medal of the Order of Australia (OAM) (pictured left) in the Queen's Birthday Honours for service to community health through leadership and advocacy for people living with stomas.

It was a fitting acknowledgement of decades of selfless service and dedication.

In 2019, the Australian Council of Stoma Associations (ACSA) recognised Tom's longstanding contribution by presenting him with a Professional Achievement Award (pictured above).

His influence extended well beyond New South Wales and was felt across the national ostomy movement.

Those who worked alongside Tom often spoke not of his achievements, but of his character.

He led quietly, thoughtfully and with great wisdom.

He did not seek the spotlight and rarely raised his voice. Instead, he earned respect through integrity, humility and an unwavering commitment to helping others.

As noted in Ostomy NSW's tribute following his passing:

"There was no loud voice with Tom, just words of wisdom."

Tom leaves behind a remarkable legacy.

Through his leadership, compassion and vision, he helped shape Ostomy NSW into the organisation it is today and strengthened the broader Australian ostomy community.

More importantly, he touched the lives of thousands of people who found support, confidence and hope through the organisations he served.

On behalf of the Australian Council of Stoma Associations, its member associations, volunteers and the many Australians whose lives have been enriched by his service, we extend our sincere condolences to Tom's wife Kate, his family, friends and colleagues at Ostomy NSW.

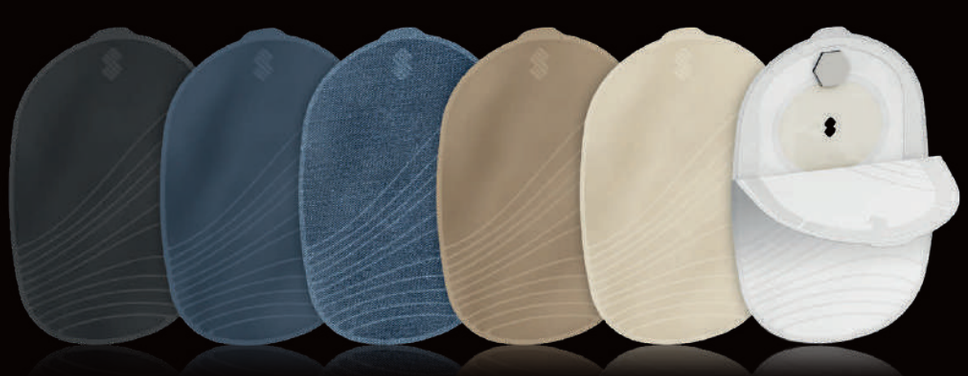
Tom Flood's life stands as a powerful reminder of what can be achieved through resilience, generosity and service to others.

May he rest in peace.

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Precision thinking be

From consult to operation to home, Australia

by **Amanda Haines**

WHAT actually happens when a patient is on the operating table?

Behind every colorectal operation is a combination of careful planning, technical precision and countless decisions made before, during and after the procedure.

The surgeon must understand the anatomy, assess the risks, choose the right technique and balance removing disease with preserving the patient's quality of life.

For colorectal surgeon Nigel Barwood, the operating theatre is where expertise, experience and judgement come together.

Modern colorectal surgery is no longer simply about performing an operation; it is about selecting the right treatment for the right patient at the right time.

Over the past two decades, as Mr Barwood points out, colorectal surgery has changed dramatically.

Minimally invasive techniques have transformed many operations, advances in genetics are changing the treatment of colorectal cancer, and a greater understanding of stoma care has improved the experience of patients who require one.

> "Australia does very well in terms of international results for colorectal cancer."

At the forefront of many of these developments, Mr Barwood completed his medical training in Western Australia before undertaking post-fellowship training at the Royal Infirmary of Edinburgh and in Melbourne at Box Hill and St Vincent's Hospitals through the CSSANZ colorectal training program.

When he returned to Perth in 2003, he put his skills to use at Fremantle Hospital as a colorectal surgeon before moving to Fiona Stanley Hospital when it opened in 2014, and was closely involved in introducing laparoscopic colorectal surgery to WA.

The operation starts long before the first incision

Australia has developed a strong international reputation for colorectal cancer care, with outcomes among the best in the world, which Mr Barwood believes reflects several factors, including early diagnosis and the quality of specialist training.

"Australia does very well in terms of international results for colorectal cancer," he said.

"We arguably have the best training system in the world for colorectal surgeons through the CSSANZ (Colorectal Society of Australia and New Zealand)."

For earlier diagnosis rates of bowel cancer in particular, one of the most important advantages is access to colonoscopies, allowing cancers to be detected earlier and treated sooner.

"Our colorectal cancer survival is almost 10 per cent better than the UK," Mr Barwood said.

"This is due to a number of factors, probably most importantly the availability of colonoscopy being much higher in Australia, which means patients are diagnosed earlier.

The modern colorectal surgeon increasingly relies on information that comes from outside the operating theatre.

Genetics now plays a major role in determining how cancers behave and how they should be treated.

"Bowel cancer is very much a genetic disorder – that is, the genetic sequence which causes cancer is well understood, and there are three separate pathways," Mr Barwood said.

"You either get bowel cancer because you inherit the genes, or as you get older, the repair of your genes isn't as accurate."

This understanding has transformed treatment for some patients, particularly those with specific genetic changes.

"Such genetic mutations are actually quite helpful as now we can use immunotherapy for a subgroup of patients with abnormal mismatch repair proteins quite often with dramatically responses often avoiding surgery altogether."

For these patients, the biggest breakthrough may be that the operation they once would have needed can sometimes be avoided.

Precision surgery: creating a stoma

A stoma is one of the most visible outcomes of colorectal surgery, but creating one is a highly technical procedure requiring careful planning.

These technical details are important.

The position, shape and function of a stoma can have a major impact on a patient's comfort, confidence and ability to manage their appliance.

If you have ever wondered why stomas come in so many different shapes and sizes (also known as "why is the hole in my baseplate perfectly round when my stoma isn't?") Mr Barwood has a few clues.

"Surgeons are trained to make stomas perfectly round but they end up being a bit oval shaped sometimes," he said.

"I think the most likely reason for this is how the skin pulls.

"If the patient has a large abdominal wall and stands up or lies on their side, the weight of the skin may pull the round stoma into a different shape.

"The other issue can be if we bring the stoma up at an angle through the abdominal wall muscles/fascia, this can create unequal tension on different sides of the stoma producing an oval rather than round shape.

When the best operation is no operation

Not every colorectal cancer requires surgery.

In some situations, advances in other treatments have changed the role of the surgeon, and anal cancer is a good example.

"Anal cancer is predominantly treated with

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ia's medical services are at the cutting edge

chemoradiotherapy and maybe only around 5 per cent of cases need a major resection (an abdominoperineal resection with permanent stoma)," Mr Barwood said.

> "No-one knows why so many patients in their 20s, 30s and 40s are getting bowel cancer; early onset cancer is definitely on an increase."

For the small number of patients who do require this major operation, surgeons have explored ways to recreate anal function after sphincter removal.

However, these procedures remain highly complex, and we are unlikely to see an artificial or bionic anus any time soon.

"In terms of reconstruction after an abdominoperineal resection, numerous techniques have been trialled to reconstruct the anus, such as using an artificial bowel sphincter or one or two gracilis neosphincter (that is, muscle wrapped around the anus), and then an electrical stimulator placed," Mr Barwood said.

"In short, these are highly complex procedures which create many problems in themselves and the functional outcome and quality of life improvement for the patient is generally only modest.

"Even in a highly motivated patient I don't know of any surgeons in Australia who would recommend such a procedure."

Life after the operation

While surgical techniques continue to improve, Mr Barwood believes one of the biggest challenges remains changing perceptions about stomas.

"There certainly are still a few patients refusing to have stomas and whilst things have improved, there's still quite a lot of stigma out there in the community."

He recalled an experience that changed his understanding of the emotional impact of living with a stoma.

I had quite an interesting personal experience when one of my colleagues ended up needing an ileostomy, which as a surgeon, I thought wouldn't be much of an issue," he said.

"But when I visited him at home, he had the calendar out and was crossing off the days until he got his ileostomy reversed as he hated it that much and spoke quite a lot of the lifestyle impact it was having on him."

The experience reinforced that becoming a patient can be very different from treating patients.

"A lot of the reluctance to have stomas is based on fear and misconceptions," Mr Barwood said.

"And with some very honest advice and very helpful input from our colorectal and stoma nurses, we can just about always get people thinking the right way and accepting a stoma is their best option if they need it.

"I'd certainly have a stoma if it was my best option, but as with everyone else, I'd always like to explore other options as much as possible."

For some patients with a colostomy, irrigation may provide another option.

"One alternative, which I quite often encourage, is stoma irrigation," Mr Barwood said.

"For a colostomy, it's possible to teach the patient to irrigate the stoma maybe for half an hour or so in the morning so they don't need to wear an appliance during the day.

"Although I've found that most patients find this a bit inconvenient and end up just wearing an appliance as everyone else does anyway."

The changing face of bowel cancer

One of the most concerning trends in colorectal medicine is the increasing number of younger Australians being diagnosed with bowel cancer.

Bowel cancer is now the leading cause of cancer death in patients 20 to 50 years of age, and the reason remains unclear.

"No-one knows why so many patients in their 20s, 30s and 40s are getting bowel cancer; early onset cancer is definitely on an increase," Mr Barwood said.

"A lot of various lifestyle factors have been suggested, but to date there is no definite evidence as to why these young patients are getting bowel cancer.

"And in most of them, there is no obvious genetic or lifestyle cause."

The encouraging development is that awareness is improving.

"The good thing is that there is much greater awareness of early onset cancer is becoming more apparent in the community and hence these patients are being investigated and diagnosed earlier."

However, delayed diagnosis remains a concern.

"A major concern is their symptoms get fobbed off as something else, for example menstrual symptoms, and the diagnosis gets missed."

As colorectal surgery continues to rapidly evolve, the future will be shaped by earlier diagnosis, better understanding of tumour biology, minimally invasive techniques and increasingly personalised treatment.

For Nigel Barwood, the operating table represents much more than the moment surgery takes place.

It represents years of research, training, preparation and decision-making — all focused on achieving the best possible outcome for each patient.

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The ACSA Executive Committee: (Front from left) president David Swift, treasurer Adam Keam, outgoing president Ian Samuel, (back) vice-president Lorrie Gray and Hermione Agee, and (inset top left) secretary Garry Wall.

Meet the new team

FOLLOWING the resignation of long-standing respected president Ian Samuel earlier this year, the ACSA executive committee has formalised the new leadership structure.

President: David Swift (March 2026 to present)

"I have been married to Judith for 49 years and we have two children and four grandchildren. We have an award-winning garden and love to travel.

"I have been an ostomate since 2016; after several years as a volunteer, I was elected secretary of IASA in 2019 and president in 2021, resigning in 2026 to take on the ACSA presidency.

"I am a civil engineer and have a Master Degree in Infrastructure Management.

"I have worked at international, national and state levels in both public and private sectors. I was honoured to receive the Australian Government Volunteer Award 2025 for "commitment, vision, leadership and an innovative approach to significantly improve the lives of people living with a stoma".

"I am further honoured to be the ACSA president and work with the enthusiastic executive team and staff, and to support associations."

Vice-president: Lorrie Gray MSc (Ed), Retired RN / STN (VP 2023 to present)

"I was a registered nurse and retired 40 years of teaching nurses in various settings, including stomal therapy nursing (STN) students.

"The WA Ostomy Association often sent ostomates to provide students with insights of living with a stoma, so it was an obvious extension of my involvement with them to volunteer there in 2009 when I was no longer employed.

Now, as full-time volunteer manager and secretary, I am able to continue my commitment to the care of ostomates in WA, Australia and internationally, as well as supporting stomal therapy nursing education.

I look forward to assisting the ACSA Executive continue supporting the Australian ostomate family as we implement David's 'Working Together' vision for the future.

Treasurer: Adam Keam:

"*I bring a combination of lived experience, corporate finance leadership and governance expertise to support the Australian ostomy community.*

"Diagnosed with bowel cancer at the age of 30, and experiencing a recurrence at 38, I have lived with chronic ulcerative colitis since my teenage years and have been an ostomate since 2018.

I'm passionate about raising awareness of bowel cancer, particularly through supporting initiatives aimed at increasing awareness of young onset bowel cancer, promoting early detection and improving patient outcomes.

Professionally, I am an executive director with a leading US-based, commercial and investment bank, where I've held senior leadership roles across Australia, Hong Kong and London.

Garry Wall: Secretary

"I have been a member of the Geelong Ostomy Association (GO) since 2013, following surgery to treat bowel cancer.

"My working life includes an extensive career as a policy adviser in economic portfolios in the Australian Government.

"I have a particular interest in raising the level of support across the board to stoma patients and improving access to services."

Outgoing president a stong advocate for all ostomates



AS Ian Samuel OAM concludes his most recent term as president of the Australian Council of Stoma Associations, the Australian ostomy community has much to thank him for.

Since becoming an ostomate in 1982, Ian has devoted decades to supporting and advocating for people living with a stoma.

His service has included national and local voluntary roles, including multiple terms as president of the Ostomy Association of Melbourne, as well as treasurer and president of ACSA.

In his time at ACSA, Ian's strong focus on governance, advocacy and service improvement oversaw initiatives to improve distribution, modernise technology, and address practical issues affecting ostomates, including travel and airport security concerns.

Ian has a natural gift for creating warm and constructive relationships with individuals, government departments, associations and industry partners which has helped protect and strengthen the Stoma Appliance Scheme, ensuing Australian ostomates continue to have access to essential products and support.

Perhaps most importantly, throughout his many decades of service Ian has been a steadfast voice for the tens of thousands of ostomates he has represented.

Through his passion, commitment, leadership and lived experience of being an ostomate he has helped ensure that the needs of our community remain at the forefront of national discussions.

As he steps down from the ACSA presidency, he leaves a legacy of service, advocacy and unwavering commitment to improving the lives of ostomates, for which we extend our sincere gratitude.

- Hermione Agee
ACSA Executive Officer

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3. Esteem Body Wear Time. Convatec data on file 2023.

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Nutrition

By **Teresa Mitchell-Paterson**
Associate Professor Torrens University



Spice up your winter immunity

How herbs, spices, and warming flavours can help ostomates stay well

by **Teresa Mitchell-Paterson**

WINTER has a way of reminding the body of its vulnerabilities.

For ostomates this time of year raises questions that go beyond the usual advice to rug up and get a flu shot.

The immune system is not separate from the gut – it lives there. Approximately 70 percent of the body's immune cells reside in the gut-associated lymphoid tissue, which means that what you eat, and how your digestive system is functioning, has a direct and measurable bearing on how well you are defended against seasonal illness.

For ostomates, this connection matters more than for the general population, and it is worth explaining why.

Why ostomates face greater immune challenges

Living with a stoma, particularly an ileostomy or a high-output colostomy, creates specific nutritional vulnerabilities that can quietly undermine immune function over time.

In my clinical work, these are the ones I see most often, and the ones that are most frequently missed.

Generally, you can receive all nutrients from food, however where there is frank deficiency supplements may be necessary.

Vitamin B12 deficiency is among the most common and most overlooked.

The terminal ileum (the section at the end of the small bowel most involved in B12 absorption) is frequently removed or bypassed in ileostomy surgery.

B12 is not a vitamin the body can do without.

It is essential to white blood cell production, nerve function, and energy metabolism.

Deficiency develops slowly and often silently, and by the time fatigue and cognitive changes become obvious, levels may have been low for months or years.

If you have an ileostomy and have not had your B12 tested recently, that conversation with your GP is well worth having this winter.

Vitamin D is a second significant concern.

Most Australians assume they are getting enough simply by living in a sunny country. But vitamin D synthesis depends on sun exposure to skin, and from my PhD and working in the field, I am aware that many people spend less time outdoors or more time covered up.

Vitamin D is not merely a bone nutrient.

It is an immune modulator: low levels are consistently associated with increased susceptibility to respiratory infections, reduced natural killer cell activity, and impaired immune regulation.

Winter further reduces UV exposure further.

Supplementation is worth discussing with your health professional, particularly if you have not been tested.

Zinc is lost through stoma output, particularly in high-output ileostomies where large volumes of intestinal fluid are expelled before absorption is complete.

Zinc sits at the centre of immune function, it supports the production and activity of T-cells and natural killer cells, and deficiency increases susceptibility to infection and slows wound healing.

White meat, eggs, and well-cooked legumes (not suitable for all) in manageable quantities are reasonable dietary sources, but supplementation may be required if output is consistently high.

Iron and folate may also be depleted, depending on the extent of bowel involvement and surgical history, both contributing to reduced immune cell production and generalised fatigue that can make the body less resilient during winter months.

I raise these nutrients not to alarm but because in my experience ostomates are rarely told about them proactively.

The focus in the post-operative period is rightly on output management and wound healing, but these longer-term nutritional gaps can persist for years and quietly affect how well a person feels, and how well they fight off seasonal illness.

Where the kitchen comes in

None of what follows replaces supplementation where it is clinically indicated, or regular monitoring by your healthcare specialist.

But the kitchen is genuinely a form of medicine, and it is one ostomates can often access immediately, enjoyably, and without restriction, provided spices and herbs are cooked into dishes rather than used raw.

What I find encouraging in clinical practice is how well ostomates generally tolerate herbs and spices when they are incorporated into slow-cooked, blended, or well-softened dishes. Many patients have been unnecessarily conservative with flavour out of fear of output changes, and the spices below are some of the first things I encourage people to reintroduce, carefully and one at a time.

Ginger: Fresh or ground ginger contains gingerols and shogaols, active compounds with well-documented anti-inflammatory and antimicrobial properties.

Ginger also supports gut motility and has a long clinical history in managing nausea, which can be a feature of some stoma-related nutrient imbalances.

For ostomates specifically, a well-functioning, low-inflammation gut is a better-defended one.

Grated fresh ginger in a slow-cooked broth or blended into a roasted pumpkin soup with coconut cream is a good place to start. Ginger can reduce stomach spasms and help to reduce dumping syndrome and higher output stomas.



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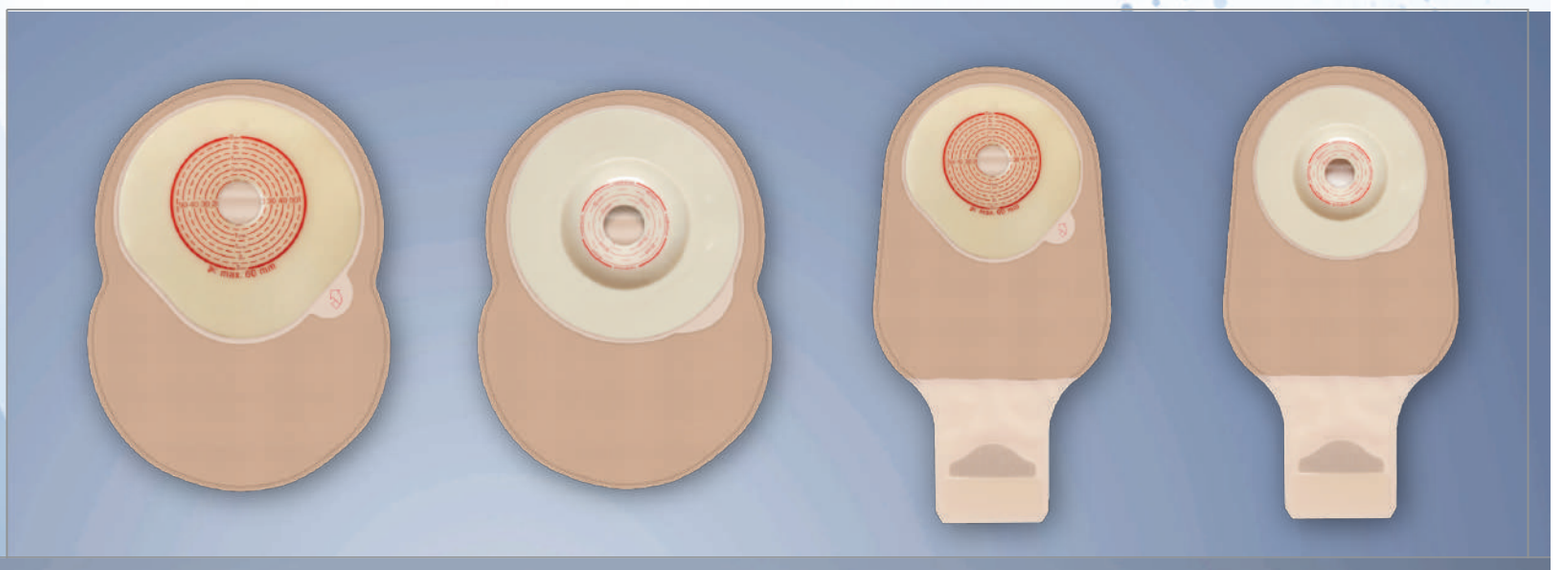
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Everyday herbs and spices rich in benefits

From page 21

Turmeric: Curcumin, turmeric's active compound, is among the most researched natural anti-inflammatory agents available.

Chronic low-grade inflammation suppresses immune function; reducing it frees the immune system to respond more effectively to genuine threats.

Turmeric also supports the integrity of the gut mucosal lining, which is particularly relevant following bowel surgery.

Always pair it with a small amount of black pepper: piperine, black pepper's active compound, increases curcumin absorption by up to 2000 percent.

A golden immunity chicken and rice congee with turmeric, ginger, and a pinch of black pepper is one of my favourite winter recommendations: easy to digest, deeply nourishing, and quietly doing a great deal of work (see recipe).

Garlic: Garlic's key compound, allicin, has demonstrated antiviral, antibacterial, and immune-modulating effects in clinical studies.

Raw garlic can cause gas and output changes in many ostomates but slow-roasted or long-cooked garlic becomes sweet, mellow, and well tolerated, while retaining meaningful immune activity.

As I discussed in a previous article, garlic oil or powder is also an excellent way to get the flavour and function without the fructans that can cause bloating.

A slow-roasted meal with low fibre vegetables and a protein of your choice with whole cloves roasted until almost buttery, then blended smooth, is one of the most effortlessly nourishing winter meals to prepare.

Thyme and rosemary: These everyday herbs are rich in thymol, rosmarinic acid, and antioxidant polyphenols.

Thymol has demonstrated inhibitory effects against several respiratory pathogens in research, making thyme genuinely relevant in a winter context, not merely decorative.

Both dissolve easily into slow-cooked dishes.

A chicken thigh broth with thyme, bay, garlic, soft carrot, and white rice is the kind of meal that has been prescribed for illness across cultures for centuries.

There is good reason for that consistency.

Cinnamon: Cinnamon contains cinnamaldehyde, which has demonstrated antimicrobial activity against a range of pathogens, and supports blood sugar regulation, important because sustained glucose spikes suppress immune cell activity.

It works in both sweet and savoury cooking, adds warmth without heat, and is generally very well tolerated by ostomates.

A pinch stirred into morning porridge or yoghurt with stewed apple and pear is a simple and effective starting point.

Bone broth: Slow-cooked bone broth deserves mention for ostomates.

Rich in collagen, glycine, and minerals including zinc, it directly supports the integrity of the gut mucosal lining, the immune system's first line of defence, and provides easily absorbed minerals that may be depleted through stoma output.

I recommend it as a cooking base for rice and soups or sipped warm between meals as a tonic.

Slow-cook a chicken carcass or oxtail with thyme, bay, garlic, and a splash of apple cider vinegar for at least four hours, strain, and consume across the week.

A few practical points

Always cook herbs and spices into the dish, long cooking mellows intensity and significantly improves tolerance

Introduce new spices one at a time and monitor your output response over 24 to 48 hours. Pair turmeric with black pepper every time, it makes a measurable difference to what your body can actually use. Use bone broth as your cooking liquid for rice, soups, and stews to layer immune-supporting nutrients without adding complexity. Blend, strain, or mash textured ingredients to keep meals smooth and stoma-friendly.

It is a not all doom and gloom. Your ostomy does not mean settling for food that is safe but joyless.

The flavours in your kitchen, ginger, turmeric, slow-cooked garlic, thyme in a winter broth, are genuinely working for your immune system every time you use them.

But this winter I would also encourage you to go one step further: ask your GP to check your B12, your vitamin D, and your zinc if you have not done so recently. Eating well matters enormously. Knowing your levels matters too.

NOTE: If you are taking medications for existing health conditions, please check with your health professional before making significant dietary changes or commencing supplementation.

Golden immunity chicken rice soup

4 chicken thighs, bone-in, skin-on
0.5 cups white basmati rice uncooked, rinsed well (better for blood glucose control)
1.5 litres good quality chicken stock or bone broth
500 millilitres water
3 tablespoons fresh ginger, peeled and finely grated
1.5 teaspoons ground turmeric
0.3 teaspoons black pepper, freshly ground
3 garlic cloves, peeled and crushed
1 tablespoon light soy sauce or tamari
1 teaspoons sesame oil
0.5 teaspoons salt, to taste
ger, julienned (optional garnish)

Steps

1. Build the base: Place the 4 chicken thighs, bone-in, skin-on into a large heavy-based pot with the 1.5 litres good quality chicken stock or bone broth and 500 millilitres water. Add the 3 garlic cloves, peeled and crushed (or garlic oil or powder), 3 tablespoons fresh ginger, peeled and finely grated, 1.5 teaspoons ground turmeric, and 0.3 teaspoons black pepper, freshly ground. Bring to a gentle boil over medium heat, skimming off any foam that rises to the surface in the first few minutes.
2. Simmer the chicken: Reduce heat to low, partially cover, and simmer gently until the chicken is completely tender and beginning to fall from the bone.
3. Remove and shred chicken: Lift the chicken thighs out carefully and set aside to cool slightly. Remove and discard the skin and bones. Shred the meat into soft, generous pieces using two forks. Set aside.
4. Cook the rice: Add the rinsed 0.5 cups white basmati rice, rinsed well to the simmering broth, stir well to combine, and cook uncovered over low-medium heat, stirring occasionally to prevent sticking. The rice will gradually break down into a thick, creamy porridge consistency.
5. Return the chicken and season: Return the shredded chicken to the pot. Add the 1 tablespoons light soy sauce or tamarind, 1 teaspoons sesame oil, and 0.5 teaspoons salt, to taste. Stir through and taste, adjust seasoning as needed. If the congee becomes thicker than you like, add a little hot water or extra stock and stir to loosen.
6. Ladle into warm bowls. Garnish with 2 spring onion greens only, finely sliced (optional garnish) and a few strands of 1 tablespoon extra fresh ginger, julienned (optional garnish) if using. Serve immediately while hot.

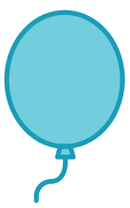
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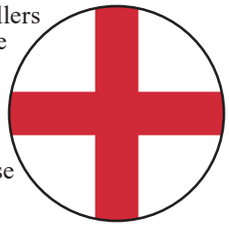
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News of the World

Mind the bag



ENGLAND: Travellers on the London Tube last month were urged to give up their seats in novel announcements which aimed to raise awareness of non-visible disabilities.

Artist Tracey Emin, who has a urostomy, recorded the announcements to mark Transport for London's (TfL) annual Priority Seating Week, when travellers are encouraged to look around in case someone is in greater need of a seat.

Dame Tracey, 62, was diagnosed with bladder cancer in 2020 and underwent surgery that involved a urostomy and she now lives with a stoma bag.

She said: "Through my own experiences of cancer, which led me to having a stoma, I know just how much of an impact a health condition or disability can have on something like standing on a train.

"Any one of us can have a health condition or disability, and because many of these don't have outward cues, that might mean people miss out on things that would really help them, like getting a seat on public transport."

The announcements, that echoed TfL's reminder that not all health conditions are visible, were played at 10 central London stations including Bank, Canary Wharf,and Liverpool Street, as well as at several bus stations, in May.

Giovanni Cinque, campaigns manager at Colostomy UK, said difficulties on public transport were not always visible but could be "distressing", and "a small act of kindness like offering a seat can have a significant impact".

TfL's Priority Seating Week, now in its eighth year, was also marked with events across the network and the introduction of stickers on DLR train doors to highlight accessibility bays.

Staff at Ealing Broadway, Ilford, Paddington, Romford and Elizabeth line stations handed out 'Please Offer Me A Seat' badges to customers who needed them.

Emma Strain, TfL's customer director, said Londoners could "always be more mindful" of people with disabilities when they travel.

"Disabilities and health conditions can affect anyone and vary from person to person, impacting people in ways we might not expect – and in many cases you simply can't tell someone has one just from their appearance," she said.

Source: www.mylondon.news

False economy



USA: A combined patient advocacy group launched a campaign in May to protect access to ostomy and urological supplies in Washington.

The advocacy organisation announced the launch of the High Cost of Low Bids, a campaign urging policymakers to stop the inclusion of urological and ostomy supplies in Medicare competitive bidding.

Medicaid Services had decided to include the supplies in the Medicare competitive bidding program, effective January 2028, despite warnings from the advocacy group that applying a lowest-bid purchasing model to clinically complex, highly individualized products could reduce access to necessary products and increase both avoidable complications and long-term healthcare costs.

Urological and ostomy supplies are a daily necessity for millions of Americans living with a wide range of conditions, including spina bifida, multiple sclerosis, spinal cord injuries, cancer, inflammatory bowel disease and others.

The prosthetic devices must be matched to each patient's anatomy, diagnosis, skin integrity, dexterity, lifestyle, and clinician-directed care plan.

Historically, the US Congress has excluded urological and ostomy supplies from competitive bidding.

"Patients need the right fit – not the lowest bid," Spina Bifida Association president Sara Struwe said.

"For individuals living with complex medical conditions, access to the correct urological and ostomy supplies is essential to maintaining health, dignity and independence.

"Moving forward without clear evidence of patient safety puts vulnerable populations at unnecessary risk."

Currently, Medicare contracts with hundreds of ostomy and urological product suppliers nationwide, and CMS has estimated that expanding competitive bidding could result in fewer than 10 national contract suppliers.

Patient advocates warn this consolidation could reduce product choice, make it harder for patients to obtain the specific supplies they need and risk eliminating local suppliers, who play a critical role in ensuring timely delivery of medically necessary supplies for patients – especially those living in rural areas.

"Selecting the appropriate ostomy or urological supply requires careful clinical assessment and consideration of each patient's lived experience.," Struwe said.

"Limiting access to the full range of products can have serious health consequences including leakage, skin breakdown, infection, or an avoidable emergency room visit.

"In many cases, the resulting complications can quickly outweigh any short-term savings gained by restricting access to appropriate supplies.".

Source: prnewswire.com

Dignity and comfort



UNITED KINGDOM: Supermarket chain Morrisons has introduced a major change to the bathrooms in hundreds of stores across the UK to make them more accessible to the general public and their individual needs.

The company has installed stoma-friendly toilets at all of the supermarket's 497 full-sized branches across the UK, all of which feature accessible bathrooms.

Due to supermarkets not having the correct equipment or space available for people living with a stoma, this can make shopping trips a difficult experience.

The chain said it introduced the new measure to help champion "independence, dignity, and comfort" for workers and customers.

"For the many people living with a stoma, a simple trip to the shops can often come with hidden anxieties," a spokesperson said,

"Standard accessible toilets don't always provide the specific space or tools needed to manage a stoma with ease.

"By making these changes we aim to champion independence, dignity, and comfort for our customers and colleagues."

Morrisons is the first UK supermarket to introduce stoma-friendly toilets and worked with Colostomy UK to ensure the facilities met the real-world needs of the stoma community.

As part of the new measure, the accessible toilets were fitted with wall hooks to help hang bags or clothing, supply shelves for medical supplies, discreet bins for waste disposal, and

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News of the World

mirrors positioned in ways to help with quick and easy appliance checks.

The included features were advised by Colostomy UK after Scottish Conservative MSP Edward Mountain wrote to the retailer to share his story about being diagnosed with bowel cancer and having to have a stoma whilst his bowel recovered.

"As a bowel cancer survivor, and as someone who's lived with the consequences of bowel surgery and a stoma, I cannot emphasise how important this is," Mountain said.

"It will make bathrooms easier to use, more accessible, and spell the end of the difficulties, embarrassment and discomfort many of us faced to this point."

It is estimated one in 335 people in the UK are living with a stoma, whether that be a temporary procedure or something the patient has for the rest of their lives.

Source: www.dailyrecord.co.uk

Being recognised



INDIA: The former Nagpur Commissioner of Police has joined the call for ostomates to be recognised as people with a disability.

T. Singaravel, who also served as Inspector General (Prisons) in Maharashtra, is advocating for the rights of police personnel and others living with an ostomy.

A cancer survivor himself, and honorary chairperson of the Ostomy Association of India, Singaravel is campaigning for ostomates to be recognised as persons with disabilities (PwDs), making them eligible for government grants and other benefits.

"In 1983, the Maharashtra govt issued a circular directing district-level officers to register cancer survivors as 'disabled persons' to enable them to avail govt benefits, including reserved employment opportunities," he said,

"However, cancer survivors are often not perceived as disabled."

The RPwD Act, which aligns with the UN Convention, defines a person with disability as someone with a long-term physical, mental, intellectual, or sensory impairment which, in interaction with various barriers, hinders full and effective participation in society.

The law's framework, Singaravel argued could be applied to medical conditions such as an ostomy.

He said continuous dependence on ostomy appliances significantly affected daily living, social participation, and psychological wellbeing.

"Ostomy qualifies as a disguised disability under this definition and should be categorised as a specified disability under the Act," he said.

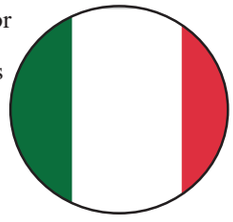
He urged authorities to amend the implementation framework of the law to formally include ostomates, pointing out that several countries already recognise them as persons with disabilities.

Last year, a national committee rejected proposals to include nine medical conditions on the list of disabilities specified under the RPwD Act.

Including them would grant legal recognition to the affected as 'persons with disabilities', making them eligible to government welfare schemes, reservation in education and employment, greater inclusivity without discrimination, and financial support for assistive devices.

Among the rejected medical conditions were having an ostomy.

Power to the nurses



ITALY: In a first for the nation, three specialised degrees have been launched in Italy where graduates will be able to authorise prescriptions.

After the three-year degree in nursing that opens the door to the profession, the new degrees will train specialised nurses to work in community homes, as family nurses for care at home, or in emergency rooms or operating blocks, and in intensive care units including paediatric and neonatal units.

The degrees confer upon the graduates the authority to write prescriptions for the first time, prescribing nursing-related devices such as dressing materials or ostomy equipment starting with bags and catheters.

Previously, presription authority was only the prerogative of doctors.

The aim, as the decrees highlight, is for graduates to develop advanced skills to assume leadership roles in health and social care management.

But that's not all: it is envisaged that, at the end of the master's degree course, the future nurse will also have acquired the skills to prescribe care treatments such as medical devices, aids, specific technologies or other, necessary to ensure continuity and safety of care in family and community nursing.

The new learning program looks to keep pace with the transformation of digital health and to increase the number of young graduates.

"The new degrees will start in the next academic year when we will have the first enrolled students," committee member Beatrice Mazzoleni of the National Federation of Nursing Professions Orders said.

"In Italia we have 41 locations for the current master's degree and we expect that these three new specialist degrees divided into the three addresses will be launched in about 20 locations with an initial tranche of 200-250 students".

Mazzoleni, who is also a lecturer in the training courses, said the degrees will be in line with European training "and so, in addition to giving our young people the opportunity to go abroad, we are also becoming more attractive to young people from other countries.

"We are giving a tool to specialist nurses to facilitate care pathways.

"For example, a family nurse can manage a chronic patient and has a therapeutic plan in place for years and uses various aids such as tampons, ostomies, catheters or probes.

"The family member will not always have to go to the doctor to have them prescribed, but it will be the nurse who assesses the patient's needs and prescribes what he or she needs".

Source: ilsole24ore.com

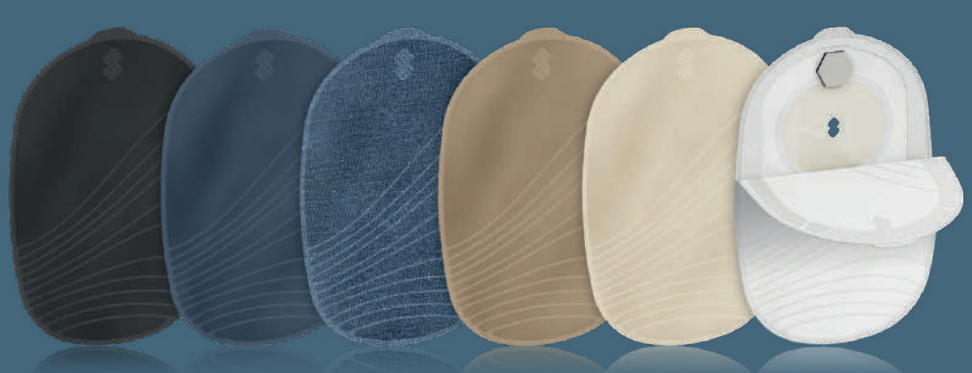


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National Directory of Ostomy Support Groups

AUSTRALIA

Beat Bladder Cancer: The Australian national support group for bladder cancer patients/carers. Last Tuesday of every month, 7-8.30pm, Macquarie University Hospital, 3 Technology Place. Contact Adam Lynch 0421 626 016.

ACT

Canberra: 11am to 1pm, ACT & Districts Stoma Association, 1st Floor, City Health Building, 1 Moore St, Canberra. Contact Geoff Rhodes (ostomate happy to chat with you) on 0416 206 871.

NEW SOUTH WALES

Albury/Wodonga: 10am on the second Tuesday of the month. St David's Uniting Church, cnr Wilson and Olive St., Albury. Contact Alex Watson 0428 578 385.

Bankstown: 10am-noon on the second Wednesday every third month, next meeting November 1. Revesby Workers Club, 2B Brett St, Revesby. Contact Carolyn Nichols on 0419 335 046 or carolyn.nichols@dansac.com.au

Bathurst: First Tuesday of March, June, September and December at Daffodil Cottage. Contact: Louise (02) 6330 5676.

Campbelltown: Meets every two months. Dates for this year are August 21, October 16, and December 11. At the Campbelltown Catholic Club, 20 Camden Road, Campbelltown, 1.30-3pm. Contact Erin or Afin 0419 224 662 or Mathew 0417 026 107.

Central Coast: 1.30-3.30pm on third Wednesday. Wyong Community Health Centre. Email: CCLHD-Stomaltherapy@health.nsw.gov.au or phone (02) 4320 3323.

Coffs Harbour: 2-3.30pm. Every second month at RSL Club, First Avenue, Sawtell. Contact Mandy Hawkins, stomal therapy nurse, on (02) 6656 7804.

Dubbo: Stoma Support Group meets on the last Friday of the month, 2-3pm. Dubbo Health Service Ian Locke, building Room 8. Contact 0408 769 873 or email: Thulisile.Moyo@health.nsw.gov.au

Goulburn: 10am-noon. Goulburn Workers Club, 1 McKell Place. Contact Clare Jacobs 0400 921 901 or aucldo@coloplast.com

Grafton/Clarence Valley: Meets on the second Tuesday bi-monthly. Aruma Community Health, 175 Queen St, Grafton. Contact Gary Tobin by email tobin18@bigpond.com.

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

Hastings Macleay: 10am-noon, third Wednesday in February, April, June, August, October, and December, at Port City Bowling Club, 4 Owen Street, Port Macquarie NSW 2444. Contact Neil 0494068448 or Kevin 0428187953.

Illawarra: April 8, June 10, August 12, October 14 and December 9, 10am to 12pm, Education Room, Figtree Private Hospital, 1 Suttor Place, Figtree. Contact Helen Richards CNC STN Wollongong Private Hospital 4286 1109, or STNs Julia, Sam and Rachael 0414421021.

Manning/Great Lakes: 10.30am, first Wednesday of every second month. Taree Group Three Leagues downstairs meeting room, 43 Cowper St. Contact Karla MacTaggart (02) 6592 6169, email karla.mactaggart@health.nsw.gov.au

Nepean: Fridays every second month; April 24, June 26, September 25 and November 27, 2-3:30pm. Sydney Medical School Nepean, 62 Derby Street, Kingswood. Contact Naomi Houston on 02 4734 1245.

Newcastle district: 1.30pm. Last Saturday in February, May, August and November. Hamilton Wesley Fellowship Hall, 150 Beaumont St. Contact Geoff (02) 4981 1799, Lynda 0425 209 030.

Orange and district: noon, March, June, September and December. Venue: 15 Olver St, Orange. Contact Louise (02) 6330 5676 or Joanne (02) 6362 6184.

Shoalhaven: Contact Brenda Christiansen STN CNC 0422006550.

St George: June 4, Sept 3, Dec 3, 11am-1pm, Ramsgate RSL Memorial Club, cnr Ramsgate Rd and Chuter Ave, Sans Souci. Contact Carolyn Nichols on 0419 335 046 or carolyn.nichols@dansac.com.au

Southern Highlands: June 16, Sept 1 and December 1, 1-2.30pm, Mittagong RSL Club, 148-150 Old Hume Hwy. Contact: Erin Wagner and Afin Rasul 0419 224 662.

Sydney: Continent Urinary Diversion Support Group meets on the last Saturday afternoon of the month in February, June and October in Sydney CBD. We all have had internal urinary pouches formed using bowel and usually using an Indiana Pouch. Meet at the Bowlers' Club in Sydney or at 99 On York. Contact Sandra Burgess (02) 9913 3287.

Sydney – Penrith: 2-3.30pm, 29 April, 24 June, 26 August and 4 November. 63 Derby St, Penrith (University of Sydney Medical School). Contact Naomi Houston on (02) 4734 1245. The building is opposite Nepean Hospital's Emergency Department. Enter via the side path to the outpatient waiting room.

Sydney – Northern: 10-11.30am, first Wednesday of the month in the Jacaranda Lodge, Sydney Adventist Hospital, 185 Fox Valley Rd. Wahroonga. Contact: San Cancer Support Centre (02) 9487 9061

South West Sydney and Liverpool: April 23, June 18, August 20, October 15, November 19, 1:30pm to 3:30pm, Campbelltown Catholic Club, 20/22 Camden Rd, Campbelltown. Contact Erin Wagner and Afin Rasul 0419 224 662 or Mathew Sebastian 0417 026 109.

Tweed-Byron: noon to 2pm, second Tuesday of March, June, September, December at the South Tweed Sports Club, 4 Minjungbal Dr., Tweed Heads South. Contact Lisa Clare stoma therapy nurse (07) 5506 7540 or Kate Rycroft 0432 251 703.

Wagga and district: 10-11am on first Wednesday of each month. The Men's Shed, 11 Ashmont Ave, Wagga Wagga. Contact David (02) 6971 3346 or 0428 116 084.

Westmead: 10am-12pm, Westmead Hospital, Seminar Room 6, cnr Hawkesbury and Darcy Rd, Westmead. Contact STN Lee Gavegan 0409 962 111.

QUEENSLAND

Bowen: 10am on the first Wednesday of every month. Bowen Hospital. Contact natasha.leaver@health.qld.gov.au

Brisbane: The Brisbane Ostomate Support Group meets from 10am-12pm on the fourth Thursday of each month at the Chermside Bowls Club, 468 Rode Road, Chermside. Contact ilonalanyi@hotmail.com or QSA (07) 3359 7570.

Cairns: Cairns RSL Club, 10am – 12pm. Contact Clare Jacobs aucldo@coloplast.com

Gladstone: Philip Street Communities Precinct, Maxine Brushe Community Meeting Place, 9.30 -11.30am. Contact Clare Jacobs aucldo@coloplast.com or 0412 474 095.

Gold Coast: Southport Sharks Club, 10am-12pm. Contact Clare Jacobs by email at aucldo@coloplast.com

Ipswich: Brothers Leagues Club, 1.30-3.30pm. Contact Clare Jacobs aucldo@coloplast.com

Logan: May 30 at 9.30-11am, July 10 at 4.30-6pm, September 5 at 9.30-11am, November 13 at 5-6.30pm, December 15 at 2.30-5pm. All meetings are held at the Logan Hospital in the auditorium. Contact Leeanne Johnson on (07) 3299 9107 or leeanne.johnson@ health.qld.gov.au

Mackay: 2pm, fourth Friday of January, March, May, July, September and November. St. Ambrose Anglican Church Hall, Glenpark Street, North Mackay. Contact Graham Stabler on 0428 776 258 or email grahamstabler@bigpond.com

St Andrews Stoma Support Group: 280 North Street, Toowoomba. Meets on the first Wednesday of every month (except December and January) 12-1pm in the conference room. Lunch provided, education talks and friendly conversation by stomal therapy nurse and ostomates. Contact Emily and Lauren at stomaclinic@sath.org.au or 07 4646 3029.

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

Sunshine Coast: 10am on the second Monday of every month in the Keith Payne Room, Maroochy RSL Veteran Hub, Memorial Avenue, Maroochydore. Contact Laurie Grimwade 0419717889, email sid.and.laurie@gmail.com;Janelle Robinson 0409762457, email candjrobinson@bigpond.com;or Kathy Himstedt (07) 54459270, email greg.cath@bigpond.com

Toowoomba: Insideout. Contact Margaret Brabrook (07) 4635 1697, emby1936@gmail. com; Leanne Wilshire (07) 4630 0629, leanne.wilshire@bigpond.com; emby1936@gmail.com; Laurel Czynski, 0413 805 809.

Wide Bay: Bundy Osto Mates is up and running again on a quarterly basis. Times and dates to be advised on Facebook or contact Wide Bay Ostomates (07) 4152 4715.

SOUTH AUSTRALIA

Adelaide Hills: 10am-noon on the second Wednesday of January, March, May, July, September and November at Nairne Soldiers Hall, Main Road, Nairne. Contact Alicia 0403 663 837 or Betty 0428 373 770.

Barossa: Either 12-2pm or 7-9pm on the third Monday of February, April, June, August, October and December at Vine Inn, Hoopman Room 14-22 Murray Street, Nuriootpa. Contact Barb 0417 068 177.

Central: 1-3pm on the third Tuesday of January, March, May, July, September, and November. Hilton RSL, 147 Sir Donald Bradman Drive. Contact IASA 8234 2678 between 10am and 2pm

Clare: 2-4pm on the third Monday of Jan, Mar, May, July, Sept, Nov. Clare Uniting Church Hall, 18 Victoria Road, Clare. Contact Sophie 0438 568 825.

Eyre Peninsula: 11am-12.30pm third Friday of February, May, August and November. Port Lincoln RSL, 14 Hallett Place Contact Helen 0429 882 833.

Fleurieu: 11am-12.15pm on first Monday of March, June, September and December at Grosvenor Hotel Victor Harbor. Contact Bronwyn Tasker 0414 693 376.

Kangaroo Island: 10am-12pm on the second Tuesday of February, April, June, August, October and December. Commercial St, Kingscote. Contact Cindy 0418 837 378.

Murraylands: 10am-12pm first Monday of February, April, June, August, October and December. Murray Bridge RSL, 2 Ross Rd. Contact Sandrina 0428 104 439 or Stephen 0427 978 699.

Northern: Elizabeth Playford Lions Club, Hilcott Street, Elizabeth North. Fourth Tuesday of the month 2-4pm. Febuary, April, June, August and October Contact Mel 0401 447 740, Jo-Ann 0421 118 962.

Port Augusta: Port Augusta RSL, 17 Fulham Road. Meetings 1-2.30pm on the fourth Tuesday of January, March, May, July, September and November. Contact Katrina 0466 819 603.

Port Pirie: 1-2.30pm on third Tuesday of each month at Pt Pirie Lions Club Hall, cnr Federation Rd and Hallam St, Port Pirie. Contact Jenni Edwards 08 8638 4536 or 0481 484 347.

Riverland: 10am-12pm, first Thursday of January, March, May, July, September and November. Renmark RSL, 91 Fifteenth St. Contact Neville 0419 835 589.

Southern: 2pm on first Wednesday of February, April, June, August and October at Elizabeth House, 112 Elizabeth Road, Christie Downs. Contact Sharmaine 0438 853 082.

South East: 10.30am-12.30pm on second Thursday each month, Mount Gambier Library, 6 Watson Terrace, Mt Gambier. Contact David 0431 191 425 or Paula 0418 930 553.

Whyalla: 1-2.30pm on the last Thursday of January, March, May, July, September and November. Bethel Family Church, 50 Viscount Slim Avenue, Whyalla Norrie. Contact Katrina 0466 819 603.

Yorke Peninsula: 2.30pm on third Wednesday of February, April, June, August, October at the Joyce Olsen Room, Wontama Homes, East Terrace, Kadina. Contact Helen Colliver on 0419 839 869.

TASMANIA

All Cancer Support Group: Meets the fourth Tuesday of every month, 2-4pm at 15 Princes Street, Sandy Bay. Contact Support Services 6169 1900 to register interest or Cancer Council Helpline 13 11 20.

Tasmania support groups: Meet March, June and September. Check the website at www.ostomytas.com.au/notices-and-support-groups for meeting dates. South: District Nurses' Centre 10am-noon, 2 Birdwood Ave, Moonah. North: Legacy House, 10am-noon, 59 York Street, Launceston. North West: Ulverstone Bowls & Community Club, 41 Water Street, Ulverstone.

VICTORIA

Bairnsdale: Meetings held quarterly at Bairnsdale Hospital, 122 Day Street. Carers are welcome also. Phone STN Kylie Antonopoulos 0417 023 011.

Ballarat Bag Buddies: 2pm, second Wednesday each month at BRICCC (Ballarat Base Hospital). Contact Graeme on 0400 979 742 or grarob44@gmail.com or David on 0400 393 897 or david.nestor2@bigpond.com

Benalla/Wangaratta: August 18 at Masonic Hall, Appin Street, Wangaratta 2pm (Gus Italia, Omnigon); October 13 at Benalla Masonic Hall, cnr Walker St and Benalla Street, Benalla, 2pm; November 8, Masonic Hall, Appin Street, Wangaratta, 10am to 1.30pm.

Bendigo and district: Stomal support group offering support to ostomates and/or their partners. Meets last Monday of each month. Contact Pam on 0419 585 951 or email p.sorrell@bigpond.com

Colostomy Association of Victoria: Stomal support group. We offer 30-minute consultations with a qualified stoma therapy nurse, by appointment, three days a week. Phone 9650 1666 or email info@colovic.org.au

Latrobe Valley: Coffee Bags support group meets in Moe on the first Wednesday of each month for a cuppa, chat and information sharing. Contact Sue Graham 0415 751145.

Mildura: Meet every second month at the Gateway Tavern, on the corner of 15th Street and San Mateo Avenue, Mildura. Contact Norma 0409 252 545, stomal nurse Vicky 0437 099 129 or Dianne 0419 516 455 .

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

Sunraysia/Riverland: Venue: Sunraysia Cancer Centre. Enquiries: Norma Murphy 0409 252 545.

Warrnambool and district: Meets on the second Friday of each month from Feb to November at 10.30am. Venue: Cafe Lava, Lava St, Warrnambool. Contact Anne on 0417 319 146.

YOU (Young Ostomates United): search for us on Facebook. Website: www.you.org.au. Secretary Helen Ebzery helshae@hotmail.com.

WESTERN AUSTRALIA

If needed, contact WAOA on 9272 1833 or info@waostomy.org.au

Albany: 1.30pm first Friday of each quarter. Free Reformed Church Meeting Room North Road, Albany.

Bunbury: Last Friday of the month, 12.30pm (10.30am from 2026). Bunbury Public Library, reading room.

Dunsborough: Last Thursday of the month, 10am, Youth Centre at Dunsborough Community Centre.

Esperance: Last Tuesday of every month at 10am. Aurelia's Ice Creamery and Cafe. Contact Len (08) 9075 9099.

Geraldton: Fourth Tuesday of the month, 1pm. Regional library, contact Rhonda 0418 231 007.

Jurien Bay: Third Saturday of the month, quarterly, Health Centre, 23 Whitfield Road. Contact Rhonda 0418 231 007.

Kalgoorlie: First Saturday of every month, 10am, Goldfields Women's Health Care Centre.

Mandurah: 5-6.30pm first Wednesday of every month. Greenfields Community Centre, 2 Waldron Blvd, Greenfields.

Manning: Third Wednesday of every month, 10am, Dome Cafe, Manning.

Narrogin: First Wednesday quarterly. 12-1.30pm, Senior Citizen's Centre. **York:** Third Saturday of every second month, 10am, Balladong Gardens Function Room.

Perth: New members' support group noon-1.30pm, third Saturday of every month (December: second Saturday) at WA Ostomy Association, 15 Guildford Road, Mount Lawley.

Perth Young Ostomates: Request to join on Facebook at www.facebook.com/groups/365461825146299.

West Ossie Gutsy Kids: Babies to 15-year-olds with stomas and their parents. Request to join via Facebook www.facebook.com/groups/381866953308120.

York: Secind Saturday of every second month, 10am, Balladong Gardens Function Room.

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National Directory of Ostomy Associations

AUSTRALIAN CAPITAL TERRITORY

ACT & DISTRICTS STOMA ASSOCIATION

W: actstoma.net.au
E: stoma@actstoma.net.au
T: (02) 5124 4888
A: Second floor, City Health Building, 1 Moore Street, Canberra ACT 2601
Open: Phone service Monday-Thursday 10am-1pm

NEW SOUTH WALES

NSW STOMA LTD

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

STOMA SUPPORT SERVICES (OSTOMY NSW)

W: ostomyNSW.org.au
E: orders@stomasupportservices.org.au
T: (02) 9542 1300
F: (02) 9542 1400
A: Unit 3, 228-232 Taren Point Road, Caringbah, 2229. Open: Monday-Thursday 9am to 2pm

NORTHERN TERRITORY

CANCER COUNCIL NORTHERN TERRITORY

W: nt.cancer.org.au
E: ostomy@cancernt.org.au
P: (08) 8944 1800
F: (08) 8927 4990
A: unit 2, 25 Vanderlin Drive, Casuarina NT 0811
Open: Monday to Thursday 8.30am to 2pm

QUEENSLAND

GOLD COAST OSTOMY ASSOCIATION

W: goldcoastostomy.com.au
E: assoc@gcostomy.com.au
T: (07) 5594 7633
F: (07) 5571 7481
A: 8 Dunkirk Close, Arundel QLD 4214
Open:Tuesday and Thursday 9am to 2.30 pm

NORTH QUEENSLAND OSTOMY ASSOCIATION

W: nqostomy.org.au
E: admin@nqostomy.org.au
T: (07) 4775 2303
A: 13 Castlemaine Street, Kirwan, QLD 4817
Open: Monday and Thursday 9am to 4pm, Wednesday 9am to 12.30pm.

QUEENSLAND OSTOMY ASSOCIATION

W: qldostomy.org.au
E: admin@qldostomy.org.au
T: (07) 3848 7178
A: 22 Beaudesert Road, Moorooka QLD 4105
Open:Mondays 9am to 2pm, Tues and Thurs 9am to 3pm

QUEENSLAND STOMA ASSOCIATION

W: qldstoma.asn.au
E: admin@qldstoma.asn.au
T: (07) 3359 7570
F: (07) 3350 1882
A: unit 1, 10 Valente Close, Chermside QLD 4032
Open: Monday to Thursday 8.30am to 2.30pm

TOOWOOMBA & SOUTH WEST OSTOMY ASSOCIATION

E: admin@tswoa.asn.au
M: jason 0438 554 064
T: (07) 4636 9701
A: Education Centre, 256 Stenner Street, Middle Ridge QLD 4350
Open: Tuesday 9am-3.30pm

WIDE BAY OSTOMATES ASSOCIATION

W: wboa.org.au
E: admin@wboa.org.au
T: (07) 4152 4715
F: (07) 4153 5460
A: 88a Crofton Street Bundaberg West QLD
Open: Tuesday, Wednesday, Thursday 8.30am to 3pm

SOUTH AUSTRALIA

ILEOSTOMY ASSOCIATION OF SOUTH AUSTRALIA

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

OSTOMY ASSOCIATION OF SOUTH AUSTRALIA

W: ostomysa.org.au
E: orders@colostomysa.org.au
T: (08) 8235 2727
F: (08) 8355 1073
A: 1 Keele Place, Kidman Park SA 5025
Open: Monday to Thursday 10am to 2.30pm

TASMANIA

OSTOMY TASMANIA

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

VICTORIA

COLOSTOMY ASSOCIATION OF VICTORIA

W: colovic.org.au
E: info@colovic.org.au
P: (03) 9650 1666
A: suite 221 level 2, Block Arcade, 98 Elizabeth Street, Melbourne VIC 3000
Open: weekdays 9am to 2pm, STN by appointment Monday, Wednesday and Friday

GEELONG OSTOMY

W: geelongostomy.com.au
E: contactus@geelongostomy.com.au
T: (03) 5243 3664
A: 6 Lewalan Street Grovedale, VIC 3216
Open: Monday, Wednesday, Friday 9.30am to 2.30pm

OSTOMY ASSOCIATION OF MELBOURNE

W: oam.org.au
E: enquiries@oam.org.au
T: (03) 9888 8523
F: (03) 9888 8094
A: unit 14, 25-37 Huntingdale Road Burwood VIC 3125
Open: phone service Mon-Friday 9am to 3pm. Collections available Tues-Friday 10am to 3.30pm

VICTORIAN CHILDREN'S OSTOMY ASSOCIATION

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

WARRNAMBOOL & DISTRICT OSTOMY ASSOCIATION

E: warrnamboolostomy@swh.net.au
T: (03) 5563 1446
F: (03) 5563 4353
A: SWH Community Health Centre, 281-297 Koroit Street, Warrnambool VIC
Open: Friday 12pm to 4pm

WESTERN AUSTRALIA

WESTERN AUSTRALIAN OSTOMY ASSOCIATION

W: waostomy.org.au
E: info@waostomy.org.au
T: (08) 9272 1833
F: (08) 9271 4605
A: 15 Guildford Road Mount Lawley WA 6050
Open: Mon and Tues 9am-4pm, Wed 9-1pm, Thur 9am-4pm, Fri 9am-1pm. Fourth Saturday each month 9am to 1pm.

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