

# Ostomy Australia

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## Precious pup



Much-loved  
pet has a  
life-saving  
ostomy



ALSO  
IN THIS  
ISSUE

Bagless stomas **P13**

A pioneer in ostomy care **P19**

Deep dive **P21**

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## In this issue

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 an ostomy hero

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**On show:** The Hidden Disability program utilises the Sunflower lanyard for travel.

## How to increase your travelling visibility

by **Lorrie Gray**

ACSA Vice-President and WAOA Manager

WORK continues to be done in our efforts to improve the experiences of ostomates travelling by air locally, nationally and internationally.

The feedback that has been supplied following the publication of previous articles on this subject has all been forwarded to the Perth Airport security manager and the customer service contact.

As a result of our last meeting with the team, we have been advised that any feedback (both positive and negative) needs to be in a timely manner.

If you would like to give feedback to the airport about your experience going through security, please submit your comments as soon as possible following the event (see link below).

For general guidance, have a look at the Department of Home Affairs website.

If travelling through Perth airport specifically, there is a video explaining the process for travellers with specific needs – this may also be relevant for other airports. A news item on the WA Ostomy

Association website with handy hints may be useful before you travel.

We were advised that each regional airport has their own security training agents, so you need to make any complaints to the individual airport – you can look up their specific website address.

The Australian Airport Association (AAA) runs a Hidden Disability program and we have contacted them to suggest this opportunity be promoted to the regional airports.

Perth airport runs training events for their key managers, and WAOA's stoma therapy nurse and ostomates have been invited to provide an education session.

WAOA will have an ostomate on the new Consumer Advisory Group that has been set up.

The Hidden Disability lanyard may be useful to discreetly advise security staff of your situation. Some airports stock them and provide them for free (Perth airport is one such, and details are on the website).

Because WAOA has had to buy them (\$6 each) and is not permitted to sell them, we ask for a donation towards this initial cost.

### Internet links for air travel information

- **Perth Airport feedback:** [customerservice@perthairport.com.au](mailto:customerservice@perthairport.com.au)
- **General guidance:** [www.homeaffairs.gov.au/travelsecure-subsite/files/fact-sheet-passenger-screening-process.pdf](http://www.homeaffairs.gov.au/travelsecure-subsite/files/fact-sheet-passenger-screening-process.pdf)
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## Waste not, want not

From the  
Executive  
Committee

By **Ian Samuel OAM**  
ACSA President



ONE of the aims of the Australian Council of Stoma Associations (ACSA) executive, of which I am president, is to ensure that the Stoma Appliance Scheme (SAS) remains one of the most effective stoma schemes in the world.

Each month we are entitled to obtain from our association, a generous supply of goods that meets our needs.

When the SAS was initiated in 1975, there were 20 items available to order for the 5000 members of associations.

Today there are approximately 3500 items available for the more than 49,000 ostomates.

For the scheme to remain sustainable we, the users of the SAS, must in turn ensure that there is no wastage.

The monthly limit on items is a maximum only.

It does not mean that we need to order the maximum amount each month.

We should only order what we need in turn, making sure that we have a bit in reserve in case of emergencies.

This is something that should be done in consultation with your stoma therapy nurse.

### Volunteering

On page 11 of this edition of *Ostomy Australia* is a tribute to Terry Carver, who was a longstanding member and office bearer of Ileostomy Association of Victoria and after the amalgamation with Colostomy Association of Victoria.

His volunteering was for more than four decades.

His legacy reminds me that volunteering for your association or for the roof body ACSA is what keeps us going.

If you have the time and inclination your help will, I am sure, be greatly appreciated.

If you want to assist with the work of ACSA you can contact me either by phone or email.

**Ian Samuel**  
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# Helping the person behind the pouch

In our new regular column in *Ostomy Australia*, stomal therapy nurse Wendy Pearson answers all your questions about having and caring for a stoma. If you have a question for Wendy, on anything related to stoma care, email [journal@australianstoma.com.au](mailto:journal@australianstoma.com.au)

It is important to remember that any advice given is general in nature and is not intended to replace the advice given by your medical professional.

## Ask Wendy

By Wendy Pearson  
Stomal therapy nurse



**H**! My name is Wendy and I am a stomal therapy nurse (STN) and work as a clinical nurse consultant within the public health system.

This first column is mostly going to be a bit of an introduction about who I am, why I love being a STN and what a STN does.

Our plan is over time to expand this column to one where you can send your questions in, and I'll aim to answer these for you. The chances are that if you are wondering about a particular situation or what to do, so is someone else.

A bit about me: I graduated as a registered nurse in 1991 (please don't do

the maths!) and have been an STN since 2008. I have worked in surgical nursing across the life span (neonates, children, and adults) my whole nursing career.

My post-graduate qualifications are in stomal therapy (2008) and continence (2012) and I finished my Masters in Clinical Nursing in 2016.

I am currently completing my PhD through Curtin University in Western Australia and hope to finish this in the next 12 months.

I try very hard to help my patients to live well with their stoma.

It's not just the pouch that we look after but the person behind the pouch too.

As an STN, it's important to remember that all fears and challenges are individual. For some people, the changes that occur both physically and mentally can be very difficult.

I liken my role to that of a stoma 'midwife' – the surgeon delivers the stoma to your tummy and it's our job as an STN to teach you how to look after it, such as how to change, feed, sleep and (when the time comes) how to go out and start getting back to your usual activities even though you might need to do it slightly differently from how you did things before you had your stoma.

### What is a stomal therapy nurse?

An STN is a nurse who has post-graduate qualifications in wounds, ostomy (stomas) and continence.

My youngest son once said that I was a 'poo-fessional' and I think that this is pretty spot on. We tend to spend most of our day with the three Ps – pee, poo and pus.

We not only look after patients with surgically created stomas but also can have patients with fistulae (where the body has sometimes made its own stoma).

As an STN, these are probably our most challenging situations clinically.

For those of us who specifically work in a stomal therapy position, our role is to:

- Provide pre-operative education and support to those patients who are likely to end up with a stoma.

- Site patients that are going to have a stoma. This tells the surgeon the best place to put the stoma when they are doing the operation.

- Provide post-operative education and support to the new ostomate and their families as in-patients.

- Provide supportive care and practical advice regarding your stoma.

- Work in collaboration with your various treating teams that may be involved in your care.

- Work with the ostomy associations across Australia and the SAS.

### Get in touch

If you have a particular question or are curious about something and would like me to address it in this column, let me know.

## What happens when you have a bowel blockage?

by Teresa Mitchell-Paterson

Associate Professor, Torrens University

**A**RARE but often debilitating consequence of stoma life is a partial or complete bowel blockage.

This may, if severe, result in hospitalisation.

It can happen when a section of the bowel becomes narrow.

This narrowing may be due to factors such as hardening of the bowel wall, bowel cancer, external pressure on the bowel, or inflammation. When this occurs, digested food faces difficulty passing through the narrowed area, leading to symptoms such as nausea, vomiting, heartburn, bloating, abdominal pain, or changes in bowel habits.

Generally, the dietary management of slow stoma output is a low-fibre diet for a period and a gentle reintroduction of medium- to high-fibre foods when symptoms reduce.

Here is a guide to help you understand the types of diets recommended based on the severity of your symptoms:

**Stage 1:** Increased gas, bloating, mild pain.

A low-fibre diet of under 10 grams of fibre per day is recommended. Examples are white bread, muffins, bagels, white rice, egg noodles, rice noodles, pasta, peeled and stewed fruits, apples, bananas, peeled and well-cooked vegetables such as carrot, green beans, potato, sweet potato and pumpkin. Protein (without fibre) such as beef, pork, chicken, fish, turkey, eggs.

**Stage 2:** Constant daily symptoms, feeling full quickly, persistent stomach pain, and cramps with bloating and nausea.

Avoid solid foods. A liquid diet is recommended, such as bone broths, jelly, protein powders without fibre, plant milks (as cow's milk may leave a residue), tea and coffee, coconut water, herbal teas, sports drinks, electrolyte drinks, clear fruit juice, clear vegetable broths.

It is important to consult your doctor or specialist if you have been following this for more than three days and symptoms persist, or you have pain.

**Stage 3:** Acute or severe symptoms, severe stomach pain requiring medication, nausea, vomiting, weakness. Action: Call your doctor or go to your local emergency department.

In addition to the specific diets, here are some general tips to help manage your symptoms:

Eat or drink small amounts every two hours to avoid discomfort from large meals (no more than a teacup in volume); cut foods into small pieces, blend or slow cook foods, chew well, and eat slowly. Avoid tough or stringy foods, consume well-cooked vegetables, fruits, and meats.

Stay hydrated by sipping liquids throughout the day or sucking on ice blocks or drinking herbal teas. Aim for at least six cups of liquid daily.

Take short walks daily to help your bowels move; gently massage around the stoma to help move matter.

Experiment with foods by introducing them one at a time and in small amounts.

If the suggested diet changes are not helping, consult your doctor or healthcare practitioner for further guidance.



LeeAnne, CeraPlus™ Product User

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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@australlanstoma.com.au](mailto:journal@australlanstoma.com.au)

## Wiped out

REGARDING the change in the Stoma Appliance Scheme (SAS) for ordering wipes (*Ostomy Australia*, December), would it be possible to provide more information about why these items now require a signed letter by a health specialist?

It's understandable that limits change but I question whether it is necessary to add another thing for ostomates to do.

As someone who is 18 months into having an ostomy (now permanent after living with a temporary one) I am still adjusting to life, having follow-up cancer tests every three months.

I work full-time, study at uni, have two young children and often forget to even put my monthly order in for my supplies.

Now adding another step – another appointment that may come with a cost – to access a product which is a basic necessity for ostomates, appears to just be creating another barrier for people who already experience difficulties and barriers every day as they adjust to life with an ostomy.

Please advocate on behalf of ostomates for ridiculous things such as this.

**Dean Naylor, by email**

(Editor's note: For the latest information on ordering wipes, see the story on page 10)

## Question for panel

I CONCUR with the complaint of Sid Kynaston (*OA*, December) on the problems of using stoma bags with the hook and loop [Velcro] closing method compared to those using a clip.

I have accepted the hook and loop bag with similar misgivings but don't understand why clip bags are being removed from the SAS product list.

There must be other ostomates still pre-

ferring to make it their choice.

Perhaps the Stoma Product Assessment Panel could put this matter under review.

**John Matthews, VIC**

## Bring back clamp

I CANNOT deny I have had a good run; my stoma, created in 1989, has fared well.

Other than a substantial chunk of good luck I would put this down to my own management of my stoma, the excellent appliance I have been using for all of those 34 years, and of course the Stoma Appliance Scheme (SAS) that provides easy and affordable access to these very necessary appliances.

Well, my luck ran out in 2023.

The aforementioned excellent appliance that has been very much part of my life for more than three decades has been withdrawn from the SAS schedule and I am bereft.

When one is talking about something so good, that you use and rely on every day of your life, you are talking about something that makes a substantial contribution to your quality of life.

This appliance – the only remaining appliance available under the schedule that had a pouch with a clamp closure – also fit in well with my desire to minimise my use and disposal of single use plastic items for I found I could comfortably change my appliance every seven or eight days.

Having a clamp closure means that the outlet of the pouch is a simple affair. It is easy to manipulate and open when soiled following the emptying of the pouch; it is therefore easy to clean inside the outlet.

Coupled with the comfortable materials used by the maker, the excellent adhesion of the accompanying wafer to the body and the unfussy and secure attachment of pouch to wafer, this appliance was perfect.

I am afraid I cannot say the same of the appliances that I have sampled and that are now available for ostomates under the schedule – it seems the appliance manufacturers, and presumably the stoma products assessment panel, have now considered that the addition of pieces of hard plastic and patches of hook and loop fastener on the pouch outlet have simplified the pouch management.

In my view, it has not.

The words that spring to mind are: awkward, fiddly and inefficient.

I must emphasise that my rant is not born out of malevolence and it seriously pains me to be negative about a system that enables tens of thousands of Australians to live a normal life; it is born more out of desperation.

At 72 years of age I was rather hoping that managing my needs during my remaining years, particularly in this department, would remain as good as it is now or indeed, become simpler. Maybe not – very disappointing.

**Russell Cross, TAS**

## Bag surprise

I AM an ostomate and a full-time wheelchair user and I always have issues going through security at airports.

Security staff always have to give me a pat down and each time, they feel my urostomy and leg bag and ask me about it.

They seem surprised each time and unsure about it, so I'm glad to hear you are working to engage airport staff to increase awareness and ensure they deal appropriately and sensitively with ostomates.

I look forward to hearing how your initiative goes.

**Kerry, email**

## Flying right

I WAS better prepared for a recent overseas flight, thanks to the articles in *Ostomy Australia*.

I had a bad experience earlier at Sydney International Airport where I was treated like a criminal.

After scanning found my urostomy bag, my passport was taken and I was told I had to go to a private room in the airport.

The person who took my passport proceeded to go all over the airport looking for another woman to accompany us into a room.

I ran after her to keep a close eye on my passport.

Finally, another person was found and I was taken to a strange corner of the airport with a small room.

By this time I was in tears and was told "there's no need to cry."

Once let out, with my passport returned, I was quite lost as it was past boarding time and I nearly missed my flight.

My recent experience a week ago, also at Sydney International Airport, was quite different – they were polite and understanding and an extra scan was taken of my bag as I touched on the spot, as I requested.

**Joneen, email**

## Handy travel tip

AFTER reading Ian Samuel's column in the December issue of *OA*, I am really delighted ACSA has taken the worthwhile cause of the Sunflower lanyard on.

I started my campaign over a year ago after the unnecessarily difficult airport security process I endured at Tullamarine Airport.

My investigation as to the organisation responsible for overseeing security at the airports eventually led me to the Department of Home Affairs (DOHA) Cyber and Infrastructure Security Centre.

continued on page 9

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Continued from page 7

It was the department's assistant manager who assured me that my complaint was being taken seriously and subsequently emailed the advice about the Sunflower lanyard and other relevant information.

I reported back to DOHA after each flight (12 flights a year, Melbourne to Coolangatta and return).

There is a page of instructions provided by DOHA that shows exactly what a person can expect and what is appropriate or not as they pass through airport security.

I agreed for the purpose of my attending security I would request the supervisor or attendant at security scanner to step forward and allow me to explain I had a medical procedure that would cause the ostomy bag to appear on the screen.

During the six outbound flights from Coolangatta, security staff were exceptional in procedure, respect, support and understanding.

Tullamarine security staff failed five out of the six outbound security screenings.

The one occasion that went well was because the security person did not bother to check me at all and just waved me through the screening booth.

I asked one of the security staff how that could have possibly occurred given I wore an ostomy appliance. The answer was "Sometimes the screening equipment is faulty and you must have read as OK."

I volunteered to do a short instruction film for security officers training purposes about ostomates, why they wear a pouch, what it means to be treated with respect.

Thank you so much to all concerned for pushing for better treatment for all those with medical disabilities at airport screening sites.

Here is a handy tip: Use the lane for those who require assistance (for whatever reason) as this alerts security screening personnel someone is headed their way with an issue.

*Viv Parry, VIC*

## Swimming tips?

I READ *Ostomy Australia* for the first time recently, and enjoyed it.

Does anyone have tips on swimming, either in the ocean or pools, with stomas?

*Tom, email*

## Congratulations

I HAVE just received and read the December edition of *Ostomy Australia*.

As an ostomate for almost 30 years it is reassuring and extremely pleasing to continue to read the many positive and encouraging stories as published.

Many also indicate the wonderful support provided to our 49,000-plus ostomates all around Oz by our state associations and their volunteers.

Congratulations to all involved in producing this most attractive, high quality and supportive publication.

*Brendon Smith, OAM, VIC*

## Second go

HOWDY, fellow members of the Little Brown Bag club.

I first became aware that I had a problem whilst in drydock in Singapore in 1997.

Doctors there did an endoscope, but couldn't find any problem.

It all settled down for a while, but then I had a relapse and a Brisbane doctor diagnosed ulcerative colitis.

I managed this with medication for about 10 years (or thought I did) until I got a bout of food poisoning; I couldn't even get to the letterbox without needing a visit to the bathroom.

I went to my GP, who sent me off to the specialist, then to the clinic for another endoscope, and straight to hospital.

They tried to get my system to settle with an all-soy (ugh!) diet, but to no avail.

Two days in, the specialist visits with the colorectal surgeon in tow.

The discussion went along the lines of 'not good, not good at all', so the decision was made to do the surgery.

The surgeon said I was very matter-of-fact about it all, but I am an engineer and one component was jeopardising the whole machine.

The other alternative was the box in the ground, which I definitely was not ready for at 60 years old.

All went well, with the surgeon describing my intestine as old snake skin!

So six years later, I am alive and well and consider that day as day one in my second go at life.

*Simon Zinader, email*

## My stoma life

AS a relative newcomer to stoma life, I wonder whether I will ever become used to the whole deal.

This colostomy has now been fashioned for the past 14 months and with it an IGAM flap, otherwise known as a Barbie butt, for stage four colorectal cancer.

It was done as a curative measure, so let's hope the surgeons were right.

I feel different; I feel sad and my butt is always uncomfortable (think a permanent wedgie and sitting on a lump of rump steak).

What goes in my mouth these days is done with considerable thought – don't even mention stuffed artichokes to me.

I don't want to be known as a bag lady, so it's a pouch that I wear.

But I'm functioning, and even more so, despite times of sadness and worry about what may come next, life is fine.

*Kerryn Papworth, VIC*

## Need to vent

LIKE another letter writer from the August edition, I too would like to cut through the positive stories to draw attention to some of the negatives of having a stoma.

All I seem to hear is "you can still live a normal life" and similar sentiments.

Well, I'm yet to see that for myself.

I haven't had my stoma for very long and can't seem to find a bag that I feel comfortable swimming with that is also discreet under my clothes.

So, I have missed out on a lot this summer and most of my wardrobe is now for ornamental purposes only.

I am honestly very disappointed with the range of bags available on the SAS – there are so many and there are many great features that exist, but why can't these features co-exist all on the one bag?

I just want one that is kind on my skin, but then I must put up with the outlet sticking out and snagging.

If the outlet tucks away invisibly, the bag goes see-through when wet.

Some stick so far out from my body with belt ears that I don't want, some are difficult to empty without making a mess, and why can't I have one that is not some kind of gross-looking 'skin-colour'?

Whose skin are they even trying to emulate anyway?

I would consider purchasing non-funded bags out of my own pocket, if only I could find an employer that will hire me knowing of my impending reversal surgery.

Sorry to be a Negative Nancy but surely I can't be the only one with these gripes, can I?

Rant over.

*Tara Michalsky, VIC*

## Malone advice

I AM responding to Jo from Victoria who wrote in August's magazine about her daughter with a Malone stoma.

I had a Malone, also called a Chait procedure, a few years ago.

It worked for two years before I needed an ileostomy.

I was able to eat anything so I would think if she saw a dietitian recommended by the surgery practice, it may help.

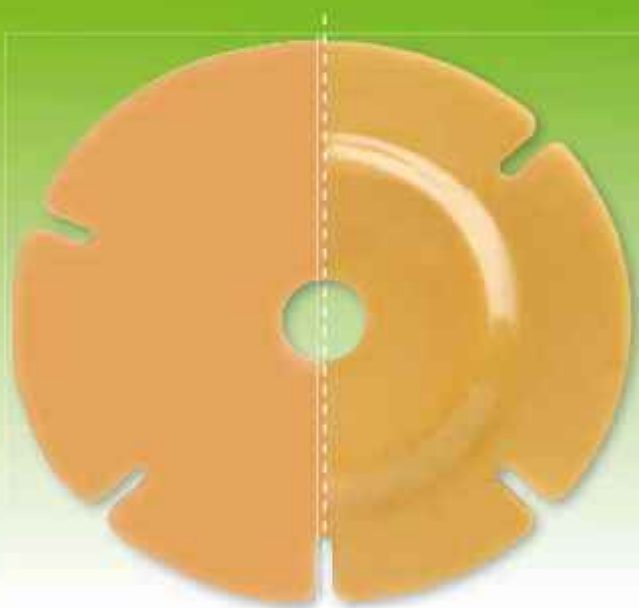
I had heard of a woman who was able to get pregnant but had to have a longer tube inserted to accommodate the growing tummy.

Obviously the surgeon would discuss this in a consult.

I wish her well.

*Marie, SA*

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## Change to cleanser wipes supply (again)

FOLLOWING feedback from the ostomate community and associations, recent changes to the Stoma Appliance Scheme (SAS) schedule limiting the amount and method of ordering of cleanser wipe products has been amended.

In October last year, a recommendation from the Stoma Product Assessment Panel (SPAP) was implemented to restrict the individual monthly quantity of wipes to 60 units.

A requirement to seek authorisation every six months from a health professional to order the wipes was also put in place.

The Department of Health and Aged Care said the most recent change to the scheme now meant ostomates had to get authorisation only once, not every six months.

The change took effect in February after the SPAP considered feedback from ostomates who had raised concerns around access and financial barriers in obtaining six-monthly authorisation.

Those who already have authorisation from a stomal therapy nurse or other authorised medical professional do not need to reapply.

Through the SAS Schedule Review, the SPAP considers the appropriateness and clinical effectiveness of all products currently listed on the SAS Schedule, including cleanser wipe products.

The review is done regularly to consider what products are appropriate for inclusion on the SAS schedule and ongoing Government subsidy.

# A true ostomy hero

☐ *Terence Carver*  
(1932-December, 2023)

THE ostomy community lost a true hero in 2023.

Terence (Terry) Carver was an ostomate for more than 50 years, and for four decades he tirelessly dedicated himself to all Australian ostomates through his work for the Australian Council of Stoma Associations (ACSA), rarely missing an annual conference.

As well as being a volunteer, Terry was the president and vice-president of the Ileostomy Association of Victoria (ILEOVIC).

He was also the president of the Colostomy Association of Victoria after ILEOVIC merged with CAV.

Terry attended three international ostomy conferences in Canada, New Zealand and Malaysia, and every annual ACSA conference until family commitments precluded further travel.

His matchless enthusiasm, selflessness and business flair was inspirational.

He was responsible for modernising ILEOVIC operations in the late 1990s and early 2000s, and always worked closely with programme developer Noel Patchett to improve JANT – one of the initial software systems specifically designed to administer the Stoma Appliance Scheme.

Terry selflessly shared his knowledge and expertise – and hundreds of jokes – with his fellow volunteers and inspired all at ILEO and CAV.

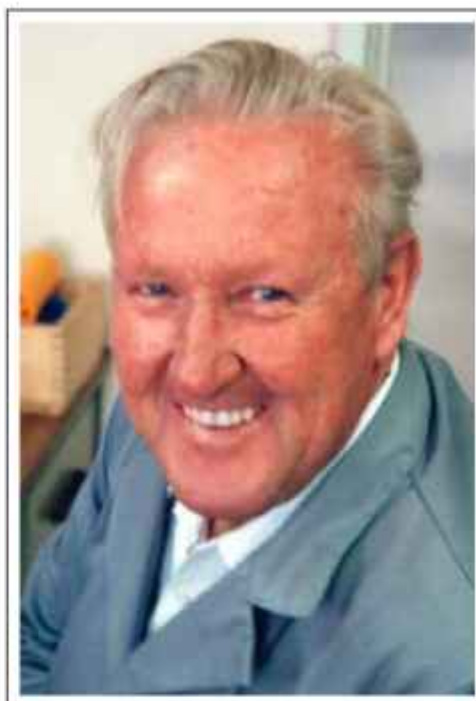
His daughter, Kerry, also a stalwart of the our ostomy community, remembers Terry often saying: "I have always responded to requests for visiting new ostomates, and nothing helps more than to see a fit ostomate walk in for a chat".

Terry's positive outlook on life certainly helped him maintain his energy and dedication for decades.

He often said that he never let his stoma rule his life.

We at CAV offer our sincere condolences to Terry's family.

Rest in peace, Terry; lovingly remembered, admired and honoured.



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# Stomas without the baggage

by **Natalie Gentile**  
Registered stomal therapist

AS paediatric stomal therapists, we are used to doing things a little differently than most.

Our pre-operative education involves dolls and teddy bears, our stomas are often sited with smiley faces, and our assessments are cautious and gentle to avoid inflicting even the smallest amount of pain.

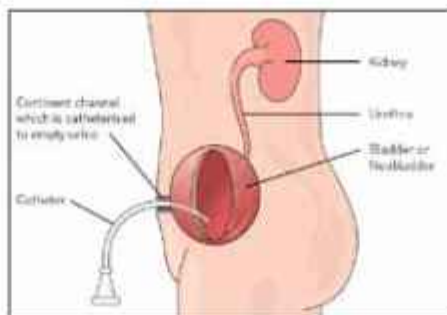
Children are not just little adults, and often the types of stomas and the care they receive is quite different to their adult counterparts.

An example is the surgical formation of bowel and bladder stomas to promote alternatives to invasive bowel washouts and urethral catheterisation.

Mitrofanoff stomas (appendicovesicostomies) are formed by using the appendix to create a catheterisable channel directly into the bladder to allow urine to drain.

The stoma normally sits in the lower abdomen, below the underwear line, or discreetly within the belly button.

The location of the stoma allows for easy catheterisation; for children with dexterity or mobility issues, this proves



**Waterworks:** The Mitrofanoff procedure uses the appendix to create a catheterisable channel into the bladder.

a much easier option that avoids invasive urethral approaches. For children without a suitable appendix to form the channel, bowel is used, and the procedure is known as a Monti.

Malone antegrade colonic enemas (appendicostomies or caecostomies) use the appendix to form a catheterisable channel that sits in the top of the colon.

The stoma is accessed daily whilst sitting on the toilet, and an enema solution is administered to evacuate the bowels.

The procedure, when done daily, promotes a 24-hour period of faecal continence and prevents constipation.

Similarly to the Monti procedure, bowel can be used to form the channel if the appendix is not available or not appropriate.

Children often have a device that sits within the tract such as a Chait, MiniAce or stoma stopper, that prevents the hole

**Say ah:** The types of stomas children have and the medical care they receive can be quite different to their adult counterparts.

from closing. The lack of pain receptors within the appendix means that a catheter can pass easily through the surgically-made channel without causing discomfort.

The less intrusive options are normally well suited to children who wouldn't tolerate or are unable to independently administer enemas or complete catheters.

Children are often taught how to independently catheterise from a young age, and their ability to master the technique cannot be underestimated.

Children are educated about the importance of hand hygiene and avoiding touching key parts of the catheter to minimise infection, and they will often proudly remind adults of the need to be cautious.

Like all stomas, Mitrofanoffs and MACEs can cause complications.

Mitrofanoffs, as well as other bladder conduits, can increase the risk of urinary tract infections; Chait tubes and other indwelling medical devices can become dislodged; and leaks, mucus exudate and hypergranulation are all relatively common complaints.

Successfully managing complications often hinges on the availability of appropriate support.

Many individuals report that when they seek medical attention for concerns about these types of stomas, they are met with confusion.

Adults more routinely have suprapubic or urethral catheters, and bowels are more routinely managed with transanal irrigation or enemas.

The limited information available about caring for Mitrofanoff and MACE stomas makes it challenging for many ostomates and their families to access specialist community care and they often report feeling like the experts themselves.

As nurses and ostomy therapists, it is crucial that we continue our professional development and expand upon our existing skill sets.

According to the Charter of Ostomates' Rights, all ostomates have the right to receive community support.

With the ongoing development of the National Disability Insurance Agency (NDIA), the availability of specialist community nursing services is increasing, and it is hoped that ostomy therapists will continue to be part of this specialised role.





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# Surgery gives freedom to live life

by Elizabeth Camino

MY stoma has been life-changing in a positive way.

I have a long history of incontinence which has been an embarrassing and hidden problem.

Three years ago, I was persuaded to have surgery that would include the creation of a permanent stoma.

I am writing my story to support those with similar problems who may feel that they are unable to seek assistance or to share their problems with others.

We will never know when my problems started – it may have been a childhood accident or falling off a horse as a university student or perhaps related to the delivery of my children and associated trauma.

What we do know is that I have suffered from both faecal and urinary incontinence for as long as I remember.

Each of these events no doubt contributed to the worsening of my problems, as did menopause and advancing age.

Years of seeking assistance or medical care involved very intrusive examinations and tests that left me feeling violated and did not answer my questions, provide explanations for my problems, or offer up possible supportive, medical, non-medical, or surgical solutions.

One doctor suggested that I “sit on the problem”, another suggested inserting tampons to assist; and others left me with a feeling that this was my fault and not to waste their time.

Left with no support and feeling that this was my fault and that I should just get more conscientious with pelvic floor exercises, I had little choice to get on with my life.

I was unable to talk about it even with close family and friends and felt somehow different.

The shame and anxiety that I felt was enormous as accidents (urinary leakage and unpredictable bowel actions) were regular and in the most inappropriate and demeaning of circumstances.

How often I wished that the earth would

swallow me up. I became well attuned at seeking out toilet facilities wherever I was, although frequently these facilities are most inadequate to deal with a sudden outage.

A very modern medical facility where I worked did not allow for my needs to wash as they did not have paper towels and there was no capacity to leave emergency supplies in a convenient location.

My dear mother had made up a toilet bag of supplies to help but this was kept in my desk which was not easily accessible to the toilets.

These were no help if I had rushed to the bathroom without them, or was out and about.

*“It has given me freedom to live my life on my terms.”*

Where did help come from?

Due to the unexpected retirement of our lovely male general practitioner (who I could rarely talk to about these issues) we needed to find a new GP.

Some research led us to a wonderful caring female GP who was aware of the sorts of issues that I experienced and sensitive to their toll.

She took an interest and over several consultations persuaded me to seek an opinion from a female colorectal surgeon who was interested in bowel leakage and incontinence.

More invasive tests this time led to some diagnoses of some complex bowel issues including global transit issues, pelvic floor dysfunction (which no amount of pelvic floor exercise would help) and some general neuropathy of unclear origin so that my bowel muscles did not work as they should, resulting in unexpected and unpredictable bowel emptying.

Over many months and failures of con-

servative treatments and trials of sacral nerve stimulation it was finally clear to me that the only solution was surgery to insert a stoma that would literally bypass the worst of my dysfunctional bowel.

The surgery, although serious, was uneventful and I made a slow but good recovery.

One of the reasons why I was so reluctant to undergo this surgery was my concern that managing and caring for a stoma as well as urinary incontinence would be more complicated and inconvenient.

The stoma nurse was fabulous, and a pre-surgery visit that explained the care and management showed me that I would manage and I have been very fortunate that this has been the case.

I have carefully planned routines for stoma management that have prevented more than the very occasional problem like leakage or distention or a need to attend to my stoma when away from my home base.

My urologist has also patiently helped me to find a drug regime that has helped me to better manage my urinary issues.

I began this article by stating that my stoma has been life-changing – this is an understatement.

The freedom that I now have from pain, functional and incontinence symptoms and renewed confidence in my ability to function in social situations is amazing.

I can go out, travel, and enjoy my life without the constant worry that I might have an ‘accident’.

Most importantly I can talk about these issues without feelings of shame and embarrassment or thoughts that somehow this was my fault.

I can talk about my stoma and how it has given me new freedom to live my life on my terms.

A dear friend recently remarked that I had benefited so much from this surgery, but how they had no idea that I had such serious and distressing health problems.

I am so grateful to the doctors and nurses who supported and assisted me on this journey.

## Recruitment of specialist bowel nurses begins

THE placement of specialist bowel care nurses in cancer treatment centres across Australia is planned to offer greater support for patients and help to close the care gap.

Bowel Cancer Australia and Icon Cancer Centre announced the plan in the lead-up to World Cancer Day in February.

Bowel Cancer Australia said more than eight in 10 patients identified access to a specialist nurse in-person or by phone as one of the most important aspects of their care co-ordination.

The organisation began providing telehealth support to bowel cancer patients across Australia more than 12 years ago in response to patient support preference.

Icon Cancer Centre Australia and New Zealand chief executive Paul Fenton said the partnership was intended to provide patients with additional support to help them navigate a difficult time in their lives.

“We know that patients can become overwhelmed when it comes to navigating the health system following a cancer diagnosis; they may struggle to manage side effects during treatment or feel worried about the challenges of life after cancer,” he said.

Recruitment of the specialist bowel care nurses began in February.

# A life-saving procedure

By **Catherine Riordan**  
Stomal therapy nurse

DENNY is a 10-year-old groodle/poodle cross.

His owner presented to her local veterinarian, reporting that Denny was struggling to “do his business,” and he was leaking fluid from underneath his tail.

Upon inspection they found an enterocutaneous fistula and a rectal tumour.

Forming stomas in dogs is far from well-practiced but the vet knew that if she didn't give it a go, Denny would need to be euthanased.

She resected the tumour, repaired the fistula and formed a jejunostomy – a stoma created in the part of the small bowel called the jejunum.

The stoma was created to divert stool away from the surgical area to allow things to rest and heal.

The vet then contacted the WA Ostomy Association with an urgent call for assistance in managing the new stoma.

I couldn't help but get involved in such an interesting case.

Over the following three weeks I attended the vet clinic, managing the pouch changes and providing stoma education to the vet nurses.

Denny was lightly sedated for the stoma care; the vet nurses usually had other tasks to do for him at the same time.

A jejunostomy is typically a high output stoma, as it is situated in the small bowel.

Initially Denny's peristomal skin was damaged, but it came back to good health quite quickly with the right product in use – luckily, the same principles of skin care we use for our human ostomate patients also apply in dogs.

On his moist peristomal skin I used powder, a barrier film, a large seal to protect the skin and some paste.

He did need shaving with each bag change.

We used a two-piece bag with a belt and managed to achieve a two-three day wear-time.

With a comfortable and secure product in place, Denny was less agitated and he could be weaned off from his sedation.

This meant he was able to move around and he began eating more.

The staff were even able to take him for daily walks outside.

Denny had his stoma successfully reversed after two-and-a-half weeks.

This surgery was very experimental – it was the first of its kind for this particular veterinary practice and it is definitely not commonly performed in animals.

Denny's entire stay at the vet was just under four weeks.



**Precious:**  
Denny  
the dog.

*Continued next page*





# for great and for small

*From previous page*

We had a 'Denny's discharge day' party where we enjoyed lunch together which was all laid out on the operating table after the last case for the morning, with Denny and a couple of other little dogs wandering around our feet.

We are all hopeful that Denny's continence will be good, despite 50 per cent of his rectal sphincter being removed.

When I last saw him, he was leaking a little and requiring the hair around his back end to be washed regularly.

Denny's owner was just over the moon that her dog had been given a second chance at life and she had him back home.

It has been a privilege to be involved in Denny's case and to work with an amazing group of people at this Perth vet practice.

It was a new experience for all involved but significant within the field of vet science and definitely something different for me as a stomal therapy nurse.

“ *The same principles of skin care we use for our human ostomate patients also apply in dogs.* ”



**Bed rest:** Denny recuperates after the operation.  
**Left and above right:** The veterinary team during the operation to give Denny a stoma.  
**Right:** Checking Denny's stoma size.



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# Trailblazer leaves a legacy of compassion

by Naomi Houston  
Stomal therapy nurse

NORMA Gill wasn't a nurse or a doctor but she became a trailblazer in the field of stomal therapy – a medical discipline dedicated to improving the lives of people with stomas.

A stoma is an opening in the body created during surgery, and Norma's journey began when she was diagnosed with ulcerative colitis, a chronic condition affecting the colon and rectum.

Life threw her curveballs that would have discouraged most, but not Norma.

She found strength in her faith and a deep desire to make a difference.

Her story starts in the United States in Akron, Ohio, a city of contrasts in the 1950s.

It was a place known for innovation yet marred by racial inequality.

Despite personal challenges, including her own health struggles and the loss of her first husband, Norma pressed on.

She had a vision – to create a sanctuary where people of all races could find faith and support, away from the racial biases of her era.

Then, the diagnosis of ulcerative colitis changed her life forever.

Before her life-changing surgery, Norma found herself racing to the toilet 15 to 20 times a day, a relentless cycle that left her weakened and drained.

In the dead of night, she would crawl on the floor to attend to her newborn child, her hands blistered and swollen from the ulcers that plagued her.

The ulcers, a result of pyoderma gangrenosum, were relentless.

They covered her face, legs, back, and abdomen.

On her face, they were so severe that she later required plastic surgery.

On her legs, the ulcers were so agonising that flesh would fall off the bone, exposing nerves and emitting a horrifying smell of decaying tissue.

The pain was so intense that she resorted to wrapping her legs in towels overnight to collect the fluid oozing from the ulcers.

However, the mornings brought even more agony: removing the towels caused her such pain that tears would stream down her face.

In her darkest hours, she made a vow: if she survived, she would dedicate her life to serving others.

After a long and arduous journey to recovery, Norma began volunteering at a local hospital, distributing mail and helping patients.



**In the Spotlight:** Norma Gill was a pioneer in the field of ostomy care. Though her name may not be familiar, her story is a testament to the remarkable impact one person can have on an entire field, even without a medical background.

She soon met Dr Rupert Turnbull, and their partnership became the cornerstone of stomal therapy.

They pioneered new techniques, collaborated with manufacturers, and worked tirelessly to improve the lives of people with stomas.

Norma's legacy is a lasting one.

Her work paved the way for the formalisation of stomal therapy, leading to the establishment of professional organisations and training programs.

Today, stomal therapy is a global field dedicated to helping individuals live fulfilling lives after stoma surgery.

Norma's life story is not just about medical innovation; it's about the human spirit's capacity to triumph over adversity.

Her legacy reminds us that one person's determination and faith can change the world, and no matter the challenges we face, we can find purpose and make a difference.

As we celebrate the life of Norma Gill, let her story inspire us all to find strength in our own journeys and to reach out a helping hand to those in need.

Her impact continues to ripple through time, reminding us that every life can leave a legacy of hope, healing, and compassion.

## Norma Gill timeline

- 1920** Born in Ohio, USA
- 1928** Ulcerative colitis diagnosis
- 1955** Surgery (abdominal perineal resection, total colectomy, end ileostomy), performed by Dr Robert Turnbull, leading colorectal surgeon.
- 1958** Turnbull asks Gill to rehabilitate ostomy patients; she was hired for the position of ostomy technician, a role which later became known as enterostomal therapist, making her the pioneer in stomal therapy nursing.
- 1961** World's first formal ostomy rehabilitation education program initiated by Turnbull and Gill, who is director of the school until 1978.
- 1960s** Gill works with scientists, inventors, and manufacturers to create ostomy barriers and pouches
- 1968** She is a key player in establishing what later became the Wound, Ostomy and Continence Nurses Society
- 1970s** Stomal therapy as a nursing specialty is recognised internationally by Australia, Canada, Great Britain, New Zealand and South Africa.
- 1975** Gill initiates the organisation of a formal international group of stoma therapists.
- 1978** The World Council of Enterostomal Therapy (WCET) holds its first congress in Italy. Gill is the first president of WCET.
- 1998** Gill dies. Her legacy includes the Norma N. Gill Foundation, which provides educational scholarships for nurses to support their instruction in wound, ostomy, or continence care and fosters international working relationships through donations and fundraising activities.

# There is **no age barrier** to living your best life

A story about Josipa Triva and her life with a stoma at 105 years of age



Lesley Jack & Josipa Triva

Today, I had the incredible privilege of meeting the extraordinary duo, Josipa Triva, and her trusted confident Milena, who generously interpreted Josipa's Serbian words into English so that I could interview Josipa and hear about her life with a stoma at 105 years of age!

Josipa was born in Croatia in 1918, the youngest of 7 children, and has lived in Serbia, Yugoslavia, and Germany before moving to Australia.

On the 5th of January 2024, while living alone, Josipa called an ambulance for an investigation into her long-term constipation issues, which started in her 50s after hurting her abdomen while working on railways in Croatia. She was transferred to Blacktown Hospital and underwent Surgery for an obstructive tumor in her Sigmoid Colon.

Her Stomal Therapy Nurse was (and still is) Lesley Jack - Lesley was amazed by Josipa, a strong, intelligent woman who expertly oversaw her stoma care. Josipa quickly navigated her new world of living with a stoma.

Josipa said she loved watching what people did and then copied it. Over the years she has worked with engines, train maintenance, shoe making and repairs, washing machine repairs, housekeeping, and sewing.

Her house was as neat as a pin, and if she wished to wear something new would run up clothes on her sewing machine! She even ran a restaurant in Redfern.

When I asked her what she thought about the Coloplast Bag she showed me how it was so easy to remove the backing paper, how the hole fitted snugly over her stoma and the adhesive was easy to bend for correct positioning.

Originally, she was using a flat base plate, however, due to recent weight loss she is now using the soft convexity and has not experienced leakage or skin irritation since. When I asked her what her secret to a long life is, Josipa put it down to planning, always putting in 100%, and being open to learning new things. Never be idle!

Coloplast would also like to thank Lesley Jack - STN who alerted me to Josipa and who made this visit a reality, and Bernadette Burrell, Coloplast Territory Manager who interviewed Josipa to help share her story.

# Waterworks beneath the surface

by Peter Croke

AS I was getting up from the table in the radiology clinic, the technician subtly but unmistakably gave me the ominous clue that my life was about to change considerably.

“You have an appointment to see your GP real soon, don’t you? Right?”

I didn’t need to probe him to understand that something was seriously amiss downstairs.

I was 59 years old and had been having urination problems for nearly a year.

The problems had worsened progressively and I was now experiencing very limited duration, significant amounts of blood in my urine and numerous blockages of flow.

Something was obviously very wrong with my waterworks.

The appointment with my GP a day later confirmed my fears.

The scan had revealed a three-centimetre by four-centimetre tumour taking up a significant amount of space inside my bladder.

Let’s call it by its name: bladder cancer.

In quick order I was in the hands of a urologist and an oncologist, who ordered and performed an immediate cystoscopy to remove the tumour and investigate its pathology.

Unfortunately, that pathology revealed the evil nature of the beast and its impact on my pelvic region.

This led my specialist to recommend I undertake a course of intensive chemotherapy before undergoing a radical cystectomy last year removing the bladder, prostate, lymph nodes and the building of a permanent urinary bypass via a stoma.

I had not expected this outcome and it took a few days (post diagnosis) to even understand what terms like ‘stoma’ meant.

In common with many people who receive a serious diagnosis, I was initially quite angry at this terrible imposition which the universe had laid upon me: “Why me and why this?”

I began to read up on stoma therapies and watch numerous excellent YouTube clips from inspiring people, all to help me understand living with a stoma.

The knowledge I gained helped to calm me down and put me on a more positive path mentally.

Next came the process of quantifying the specific impact this diagnosis and treatment would have on our lives.

There was no time to waste in getting my chemotherapy under way; unfortunately, this meant cancelling our overseas holiday.

Then there was the effect on work and my ability to earn a living – I am a self-employed worker and I was also doing some part-time work at a local school.

I knew my ability to earn was ultimate-



**The life aquatic:** Diver Peter Croke found having a stoma need not be an impediment to getting back into the water.

ly going to be impacted negatively but for how long?

And what about my other lifestyle interests?

I was a recreational pilot due for a bi-annual license and flight review.

I was a keen golfer, and I was also a semi-professional scuba diver, assisting part time as a PADI (Professional Association of Diving Instructors) divemaster for a local dive shop in Brisbane.

Each month I was assisting on two to three Saturdays, guiding divers, assisting instructors, running reactivate courses and being a deckhand on the dive boat.

How was this diagnosis and surgery going to affect all those things?

Understanding the nature and physics of the underwater environment and how to use the scuba equipment safely requires a degree of training and certification.

Scuba-diving certification around the world is generally overseen by PADI or Scuba Schools International (SSI).

I’d been diving since 1980 and had progressively completed several additional courses to ultimately gain my certification as a divemaster in 2021.

I had been thoroughly enjoying my role as a rostered divemaster but now, I had big questions to ask.

Could I still dive with a stoma?

How long should I wait after major surgery before returning to diving?

What adjustments or modifications would I need to make to wear a stoma device underwater?

Even before the end of the recommend-

ed recovery time, my surgeon gave me the all-clear to return to everyday activity.

My first venture back into my normal life was to start driving again.

Shortly after that I completed my overdue bi-annual flight review.

The next thing to try was scuba diving.

With my surgeon’s blessing to do so, I sought useful articles online on diving with a stoma.

From my reading it became clear that the potential air pocket of an external stoma device would be no different to internal air pockets in terms of how the increased pressures on gases at depth would affect those air pockets.

(Boyle’s Law explains the inverse relationship between pressure and the volume of a gas: the volume of breathing or waste gases is compressed by the relative depth pressure. Therefore, at a depth of approximately 10 metres, the volume of an enclosed gas is halved. That eight-litre gulp of air at the surface is compressed to four litres at a depth of 10 metres.)

Given that, the waste gases or fluid contained within a stoma bag wouldn’t make me significantly more positively or negatively buoyant.

And the fluids collected within the stoma device could be easily expelled underwater.

At this point I can hear people exclaiming: “Ew! You mean you’d normally pee in your wetsuit while diving?”

Continued page 23



# Thorough preparation and all goes swimmingly

Continued from age 21

Well ... yes.

In fact, it is fair to say that there are only two broad groups of scuba divers: those that admit to peeing in their wetsuits while diving, and those that lie about it and claim they don't.

(Dry-suit divers are different. They have plumbing solutions in their suits. I'm taking specifically about the wet-suit-clad crowd here).

But what about the fluid-flow design of stoma bags?

Would ocean water be forced back into the bag and cause it to backfill?

The answer is no, because most stoma bags have one-way drainage valves that prevent backflow into the bag, maintaining the hygienic barrier necessary.

Now that I knew that the physics of going underwater were sound, I had to give some thought towards how to support my stoma device and to ensure that its outflow would not be impeded.

Online research and shopping soon revealed the various stoma device support pouches and garments that could be purchased to hold a stoma bag snugly in place during activity.

Many of these products are available in neoprene (wet-suit material) or elastane/lycra (also brilliant for in-water use).

I decided to experiment with two types, both brand-name belts.

Both are great for the underwater and in-water environments because they hold a bag in a streamlined position against the abdomen.

I also discovered a product which was excellent because it provided a rigid shell that attached over the actual stoma outlet with a hook and loop fastener.

This provides good protection against the potential impact of heavy dive weight belts to a stoma.

Next was the matter of drainage.

Was I prepared to simply wait until the end of a dive to drain the bag, or could I rig something to allow continuous drainage while underwater?

I chose the latter.

I stole the connector, a 300-mm length of hose and the outlet's stop valve from one of my night bags, from which I created a shortened drainage hose.

After cutting a small buttonhole-type opening in the upper right thigh of the wetsuit, I now had a practical solution that could be simply left open to free drain while I was underwater and closed when I was on the boat or on land.

I do, of course, advise my dive buddies that it is best that they swim beside me, not directly behind me.

What about the hygiene aspect?

Of course, it's very important to main-

tain a good hygienic seal on your baseplate and bag, ensuring that sea water – which can contain bacteria – will not compromise the installation.

This is where improving one's skills in fitting a stoma appliance become important.

Use whatever baseplate and bag combination provides the most reliable seal for you, then use seals and barrier extenders to build a stronger overall barrier, as required.

I found the most robust installation to be a one-piece bag with a pre-cut seal, enhanced by a full overlapping ring of barrier extenders.

Best practice for divers returning to diving is to undergo a dive medical with a recognised dive doctor.

In my Divemaster duties (and for all dive professionals) this is an annual requirement anyway.

I notified my dive doctor before my surgery and will continue to consult them for annual clearance letters for future diving at locations beyond my current one.

Reputable dive operations will require a clearance letter for my stoma and appliance installation.

Since my major surgery, according to my planned personal schedule and the advice of my medicos, I have begun working again, completed a flight test and finally got my pilot license renewed, and had two successful days of diving.

I'm very happy with how the drainage system works, and I'm pleased with how I've recovered physically to the point of being able to swim underwater comfortably.

It is an enormous relief to be able to reconnect with one's hobbies and recreations post-surgery.

In conclusion, I'd like to itemise the key points that have helped me get back to as near a normal life as possible after my surgery.

Absorb as much well-founded advice as possible from those who have gone before you.

The advice and tips I gleaned from YouTube testimonials were not only valuable, but they were also encouraging when I was getting frustrated.

Avoid harebrained non-advice from those who have nothing to offer except their own uninformed opinions (I'll never go back to that loopy hairdresser with her hippy advice on how to beat cancer – but that's another story).

Don't do this alone! Surround yourself with a good network of people and share with them as much detail about your medical situation and challenges as you

are comfortable doing.

The support of my partner, family, friends and associates was truly a critical factor in my ability to maintain a positive attitude throughout my diagnosis, treatment and rehabilitation.

In returning to my normal activities, it has been very reassuring to know that my diving colleagues are keeping an informed eye on me – informed because they understand my diagnosis, the treatment I underwent and how I have changed physically.

Discuss everything with your medicos – with your surgeon, with the nurses caring for you in the ward post-surgery, and with the amazing stoma nurses who educate you on how to manage your stoma. Tell them what you are struggling with and seek their advice.

Get a medical clearance, if required, for whatever activity you wish to re-engage in.

This is best done as a letter from your dive doctor, on their professional letterhead. Research the vast array of products available under the Stoma Appliance Scheme Schedule.

Request free samples wherever available from the various suppliers to assess which products best suit you.

Figure out which baseplates, bags, seals, barrier extenders and pastes best suit your everyday needs, as well as those that will work in specialised situations like physical activities.

I found the *Ostomy Australia* magazine to be an excellent starting place for learning of the existence of different products from a range of manufacturers.

Finally, set yourself realistic but, nonetheless, bold goals.

You can still swim, run, jump, fly, dive, cycle or whatever with a stoma.

And with every goal you achieve, celebrate what you've achieved and share it with your network of support people. They'll enjoy celebrating with you.

In the past week I've dived on the Curtin artificial reef off Brisbane; I've taken a good friend, who supported me wonderfully through chemotherapy, flying; and I've had a successful week of work – that's pretty good going, I reckon.

I'll just have to wait until mid-next year to contemplate a gentle return to golf.

My best regards to all ostomates reading this.

We can all continue to embrace an active lifestyle.



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1. T.G. Eakin Product Evaluation, eakin dot® 1-piece soft convex drainable pouches, (n=29) 2020 (Data on file) 2. T.G. Eakin Product Evaluation, eakin dot® 1-piece flat drainable pouches, (n=20) 2020 (Data on file) 3. T.G. Eakin Laboratory Testing Summary report, skinsmart hydrocolloid 2020 (Data on file)



OMNIGON





Here's to you: Members of support group Young Ostomates United (YOU) regularly get together to catch up.

## Members welcomed with open arms

by Lisa Furnival

LAST year, after almost two years in and out of hospital, trialling many medications to manage my Crohn's disease, I got my loop ileostomy.

I was scared and unsure about what this would mean for me and my life but I was pointed in the direction of Young Ostomates United (YOU) by my stomal therapy nurse.

Unsure what I would find and what benefit an online group would be, I joined the Facebook group.

YOU welcomed me with open arms, and I quickly came to realise that this was more than an online support group. YOU is active both online and in person, with regular meet-ups and a lot of online discussion and support.

All my questions and queries along the way have been answered by group members who have experienced similar things.

My fears and uncertainties washed away, as the other members' support poured in.

I have never felt more welcomed in a group.

YOU has not only been a source of resources for me, I have built friendships

with other members and have found a safe place to go when life with an ostomy may feel overwhelming and scary.

The community, chats and check-ins by committee members and immeasurable knowledge shared by the founder Lillian is like no other online group I have ever found.

YOU organises catch-ups throughout the year across Victoria for members to get together and share their stories and also to meet new people who may be going through something similar to them.

I am so thankful to my STN for sharing this group with me and for the support I get every time I log on.

YOU held its annual general meeting at the Doncaster Hotel in July last year, where we not only had new members attend such as myself but also Cane and Jim, who have been members of YOU from the very beginning.

We had a total of 16 members in attendance.

The Doncaster Hotel was a new location for YOU to hold the meeting, but with ample parking, easy to access location and a nice function room, this may become a new location for YOU in the future to hold events.

New members Lisa and Michelle were welcomed as committee members, and the meeting included planning and booking more upcoming events, as members were always asking "When is the next meet-up?"

Planning the events, we realised we needed to find a new venue, due to the NMC being difficult to access with the current road works and construction making it difficult for members to access and find parking.

The committee discussed an upcoming Education Day, including who would be suitable guest speakers and the trade displays for the companies to attend.

YOU has a number of events planned for the rest of the year – there will be a get-together in Geelong this month, lunch at the Doncaster Hotel in June, and the next AGM in August.

We hope to see you at one of these upcoming events; you will not regret connecting with this group of like-minded people.

For further information contact YOU secretary Helen Ebzery at [helshae@hotmail.com](mailto:helshae@hotmail.com) or [youinsecretary@gmail.com](mailto:youinsecretary@gmail.com) or go to the Facebook page for YOU.

## Dedicated contributor thanked for outstanding care and valuable support

MORE than 40 years ago Alex Terdich, together with a group of dedicated volunteers, saw the need for stoma care on the Mornington Peninsula.

They formed an association called the Peninsula Ostomy Association. This association grew to have a membership of over 2000 serviced out of Allenby Street, Frankston.

Alex spent countless hours each week servicing the membership. It seemed that no need was too great for the membership.

Alex has achieved great success.

The term Peninsula Ostomy Association and Alex Terdich will always be synonymous with each other.

The people of the Mornington Peninsula and beyond owe her a huge amount of thanks for outstanding care and valuable support for ostomates for more than 40 years of dedicated service.

We also acknowledge Alex's dedication and commitment to her work over the 40 years she has contributed to the ostomy community through the founding and ongoing support and care through the Association.

The stoma movement represented by the Australian Council of Stoma Associations together with the Peninsula Ostomy Association wishes Alex well in the future.



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# News of the World

## A model ostomate



**CANADA:** A swimwear model from Montreal said she was “overwhelmed with pride” at being featured in an Australian men’s lifestyle magazine.

Sara Levitt, 29, posed for *Maxim Australia* in fashionable swimwear which revealed her ostomy bag, and celebrated the “milestone moment for body positivity and inclusion” by posting to her Instagram account.

“I am the first ostomate to be featured in the pages of *Maxim*,” she said.

Levitt was diagnosed with colitis at the age of three; as an adult, after developing Crohn’s disease, she underwent an emergency seven-hour surgery where two-thirds of her large intestine were removed and she received a colostomy bag.

“This is more than a magazine feature to me; it’s a celebration of authenticity and the triumph of self-acceptance with an ileostomy,” she said.

“It’s a moment to embrace all I have overcome and fought for, and a time for our ostomy community to see what we can accomplish despite our fears.”

Source: [www.yahoo.com](http://www.yahoo.com)

## Bins for boys too



**WALES:** A shopping centre in Rhyl has installed new sanitary facilities in its men’s toilets as part of a prostate cancer campaign.

The Boys Need Bins campaign was started after a Prostate Cancer UK survey of men living with incontinence found that 95 per cent felt anxiety around the lack of sanitary bins in men’s toilets, leading to many reducing time spent out of the house.

Nearly one third had been forced to carry used pads in a bag due to lack of facilities to dispose of them hygienically.

In addition to feeling anxiety and distress, not having access to sanitary facilities can impact physical health too, with 64 per cent of people surveyed sharing that they have suffered with rashes and infections as a result of not being able to change their incontinence products.

The White Rose Shopping Centre has also recently introduced stoma-friendly facilities with shelves, mirrors, and hooks adhering to Colostomy UK guidelines to allow a safe, clean place for visitors to change their stoma bags.

Source: [www.whiterose.co.uk](http://www.whiterose.co.uk)

## All about bombshell image



**USA:** Movie star Ryan O’Neal lied about his former partner, Farrah Fawcett, having a colostomy bag, a friend of the *Charlie’s Angels* actress has claimed.

O’Neal and Fawcett were one of Hollywood’s biggest power couples in the 1980s and 90s.

Craig Nevius, Fawcett’s friend and producer of a 2009 documentary about

her fight with cancer, said O’Neal wanted to “preserve his own image as the lover of the golden girl” whose swimsuit poster in the 1980s became an iconic image of glamour.

“He denied millions of people who suffer with the stigma of having a colostomy bag from knowing that Farrah had one too,” Nevius said.

“His ego couldn’t take anyone knowing. He wanted her poster girl perfection to remain intact.”

Fawcett died from anal cancer in 2009; O’Neal died in December from congestive heart failure.

Source: [nypost.com](http://nypost.com)

## Report highlights age shift



**USA:** Colon cancer is now the top cause of cancer death in young men, despite cancer deaths in the US falling overall.

A new report from the American Cancer Society highlights how the increase in colon cancer, as well as some other cancers, is threatening to buck that trend.

In the late 1990s, colorectal cancer was the fourth-leading cause of cancer deaths in men and women under 50.

But new data shows that it is now the top cause of cancer death in men under 50 and second to only breast cancer for women in the same age group.

Cancer patients are increasingly shifting from older to middle-aged individuals who have many more years of life expectancy, and thus, opportunity to experience the late effects of treatment, including subsequent cancers, the study authors wrote.

Source: [American Cancer Society](http://AmericanCancerSociety)

## Flying woes for artist



**THAILAND:** Controversial artist Tracey Emin was stranded after an emergency admission to hospital.

The artist was flying home to the UK from Australia when she began to experience ‘horrible complications’ from an infection in her intestines.

The 60-year-old was forced to pause her journey in Thailand and check into Bangkok Hospital in Phuket.

Emin, who has a urostomy following bladder cancer, said the complications with her intestines were brought on by an infection and scar tissue and “were made a million times worse by flying”. “Luckily for me I was in Thailand on my way back from Australia, so I spent a few days in a very good hospital.”

She has spoken about living with a urostomy bag and the ‘debilitating’ after-effects of the disease, which act as a reminder of her scrape with death.

She had been in Australia for a new exhibition featuring her work opening in Canberra. Emin’s large-scale bronze sculpture *When I Sleep* rests in the National Gallery’s Sculpture Garden.

The exhibition her work features in, *Deep Inside My Heart*, brings together key works from the national collection by major women artists of the 20th and 21st centuries, exploring representations of the figure across sculpture, drawing and related disciplines.

The exhibition runs until May 19.

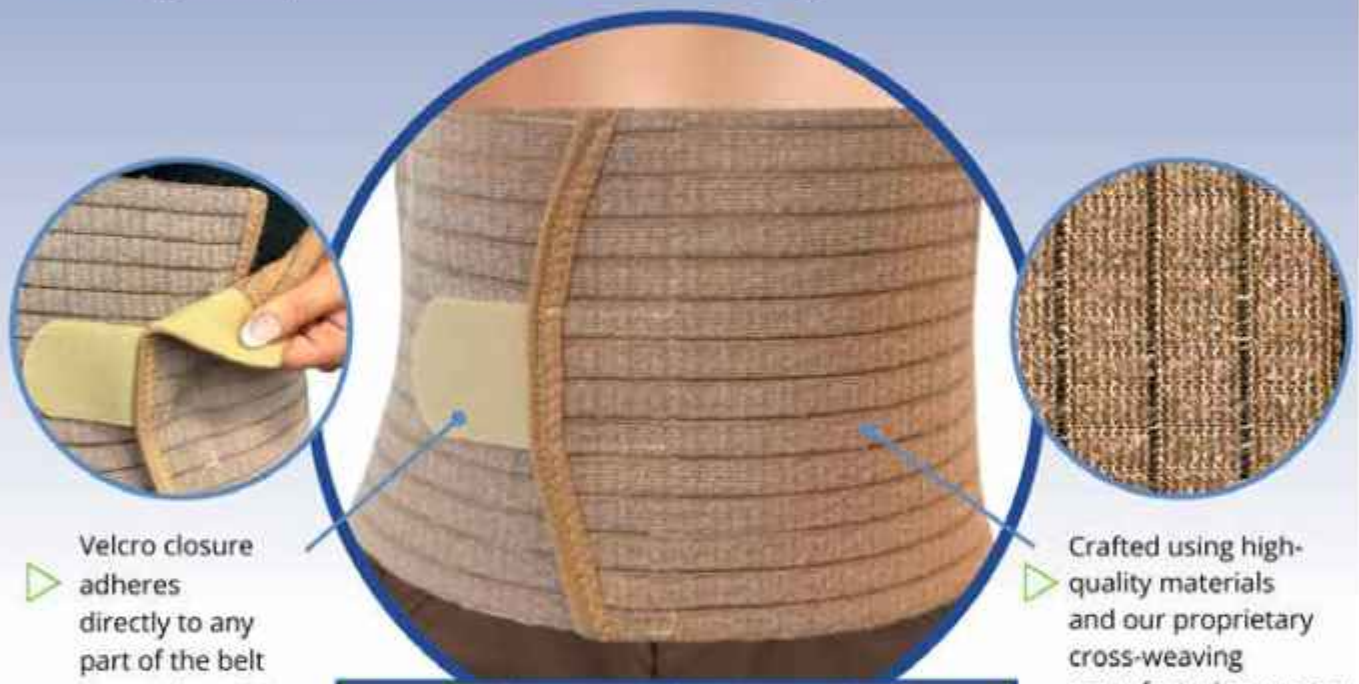


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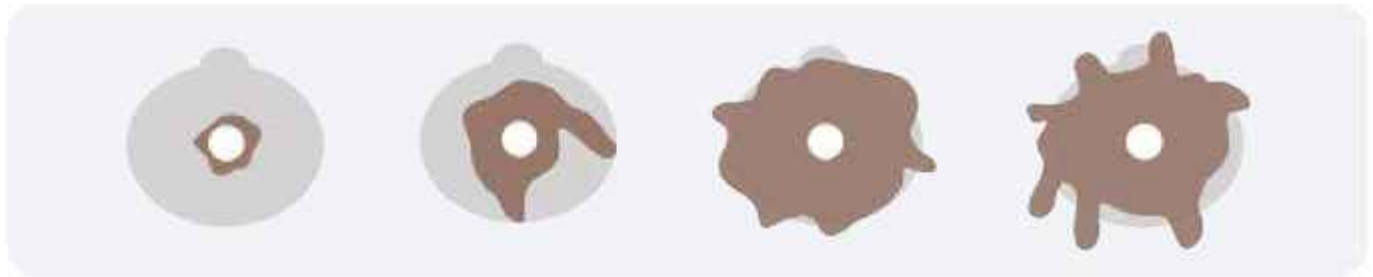
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# National Directory of Ostomy Support Groups

## AUSTRALIA

**Beat Bladder Cancer:** The Australian national support group (online via Zoom) for bladder cancer patients/carers from all across Australia. All welcome. Last Tuesday of every month 7.30-9pm AEST. Register at: [www.beatbladdercanceraustralia.org.au](http://www.beatbladdercanceraustralia.org.au)

## ACT

**Canberra:** ACT support group, 10am to noon, second Tuesday of every month. 2nd Floor, City Health Building, 1 Moore St (cnr Moore and Alinga), Canberra. Contact Geoff Rhodes (actual ostomate happy to chat with you) on 0416 206 871 or email [grhodes@home.com.au](mailto:grhodes@home.com.au). Everyone welcome but must be double vaccinated to attend. RSVP for meetings is required by ACT Health so we can comply with COVID numbers and restrictions.

## NEW SOUTH WALES

**Albury/Wodonga:** 10am on the second Tuesday of the month (except January). Studio Room, SSA Club Albury, 570-582 Olive St., Albury. Contact Alex Watson 0428 578 385.

**Bankstown:** 10am-noon on the first Wednesday every third month, next meeting November 1. Revesby Workers Club, 2B Brett St, Revesby (close to public transport and free parking). Everyone welcome but must be double vaccinated. Please RSVP for catering purposes to your Bankstown Hospital STN or Mariam Elfoul on 0400 921 901, email: [aumael@coloplast.com](mailto:aumael@coloplast.com)

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

**Bowral:** Bowral Bowling Club, 40 Shepherd St, Bowral. Contact: Lu Wang & Erin Wagner stoma therapists, Liverpool Hospital (02) 87384308 or Mariam Elfoul on 0400 921 901, [aumael@coloplast.com](mailto:aumael@coloplast.com). Please RSVP one week prior.

**Central Coast:** 1:30-3:30pm on third Wednesday in February, May, August and November. Different venues each meeting. Contact the stoma therapy service on (02) 4320 3323.

**Coffs Harbour:** 2-3:30pm. Every second month at RSL Club, First Avenue, Sawtell. Contact Mandy Hawkins, stoma therapy nurse, on (02) 6656 7804.

**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. We meet at the Bowlers' Club in Sydney or at 99 On York. Contact Sandra Burgess (02) 9913 3287.

**Dubbo:** Stoma Support Group meets on the last Friday of the month, 2-3pm. Dubbo Health Service Ian Locke, building Room 8 or join virtually via Pexip or phone. Register by phoning 0408 769 873 or email: [Thulisile.Moyo@health.nsw.gov.au](mailto:Thulisile.Moyo@health.nsw.gov.au)

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

**Goulburn:** 10am to noon. Goulburn Workers Club, 1 McKell Place. Contact Clare Jacobs 0400 921 901 or [aucido@coloplast.com](mailto:aucido@coloplast.com)

**Grafton/Clerence Valley:** Meets on the second Tuesday bi-monthly. Aruma Community Health, 175 Queen St, Grafton. Register with Jane Kulas (02) 6640 2222 or 0459 943 062.

**Griffith district:** Contact Barry (02) 6963 5267 or 0429 635 267 or email [ann.bar@bigpond.com](mailto:ann.bar@bigpond.com) or Karan 0434 785 309. Hastings Macleay: 10am-noon, third Wednesday in February, April, June, August, October and December. The Old Hospital. Contact Neil 0427 856 630 or Glennie 0410 637 060

**Illawarra:** Ostomy information group. August 9, Oct 11, Dec 13. 10am-12pm. Education Room, Figtree Private Hospital, 1 Suttor Place, Figtree. Contact: Helen Richards CNC STN Wollongong Private Hospital 4286 1109 or [richardsh@ramsay.health.com.au](mailto:richardsh@ramsay.health.com.au); or Julia Kittscha CNC STN Wollongong Hospital 0414 421 021 or 4255 1594 or [julia.kittscha@health.nsw.gov.au](mailto:julia.kittscha@health.nsw.gov.au)

**Liverpool area:** 1-3pm. Dates to be determined. Cabra Vale Diggers Club, 1 Bartley St Canley Vale 2166. Contact Erin or Lu on (02) 8738 4308.

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

**Nepean:** The Nepean Education Stoma Support Group meets at 2-3.30pm on September 8 and December 8. Medical School, outpatients department, 62 Derby Street, Kingswood. The building is opposite Nepean Hospital's Emergency Department. Contact Naomi Houston on 4734 1245 or [NBMLHD-Stoma@health.nsw.gov.au](mailto:NBMLHD-Stoma@health.nsw.gov.au)

**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, Maree (02) 4971 4351.

**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:** August 30 Ulladulla Community Health Centre (cnr South St and Princes Hwy), November 29 Nowra Community Health Centre (12 Berry St). Time: 2pm. Register with STN CNC Brenda Christiansen (02) 4424 6300 or [brenda.christiansen@health.nsw.gov.au](mailto:brenda.christiansen@health.nsw.gov.au)

**St George:** 11am-1pm, third Tuesday quarterly. Ramsgate RSL Club, Ramsgate Road and Chuter Avenue, Sans Souci. Close to public transport and free parking. RSVP for catering purposes to your STN or Mariam Elfoul on 0400 921 901, email: [aumael@coloplast.com](mailto:aumael@coloplast.com)

**Sydney – Liverpool/Campbelltown:** 1-3pm Thursdays. Heritage Auditorium at Camden Hospital, Menangle Road. Contact: Diane or Lu (stoma therapy nurses) on (02) 8738 4308

**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. Please wait until 2pm when you will be directed to the meeting 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:** 1.30-3.30pm, Oct 19 and Dec 7. Campbelltown Catholic Club, 20/22 Camden Rd. Contact Erin 0419 224 662 or Lu 0417 026 109 for catering purposes.

**Tweed-Byron:** noon to 2pm, second Tuesday of March, June, September, December. 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 or Baz (02) 6922 4132.

## QUEENSLAND

### Queensland Emergency Ostomate Support Service:

The service provides emergency non-clinical support to Queensland ostomates outside of their association's standard business hours. Phone 0432 522 311, 8am to 9pm.

**Logan:** April 8, 10-11.30am; June 3, 10-11.30am; Aug 5, 10-11.30am; Oct 14, 10-11.30am Jingerri Meeting Room, Logan Hospital. Bldg 3, Level 5. Dec 16, 10-noon Christmas party. Mibbun Meeting Room. Building 3, Level 1. Logan Hospital, Meadowbrook, cnr Loganlea and Armstrong Roads. Contact: LeeAnne Johnson CNC Stomal Therapy (07) 3299 9107.

**Bowen:** 10am on the first Wednesday of every month. Bowen Hospital. Contact [natasha.leaver@health.qld.gov.au](mailto:natasha.leaver@health.qld.gov.au)

**Brisbane:** The Brisbane Ostomate Support Group meets from 10am-12pm on the third Wednesday of each month in the rooms of Qld Stoma Association in Cherside. Contact [lionalanyi@hotmail.com](mailto:lionalanyi@hotmail.com).

com or QSA (07) 3359 7570.

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 stoma therapy nurse and ostomates. Contact Emily Day: daye@sath.org.au or 4646 3029.

**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. Emergency contact: Jason Miller 0438 554 064.

**Wide Bay:** Bundy Osto Mates. 10am-noon on the third Friday of each month at Wide Bay Ostomates, 88a Crofton Street, Bundaberg West. 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 Maureen O'Donnell 0434 051 375.

**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:** 10am-12pm on first Monday of March, June, September and December at Grosvenor Hotel Victor Harbor. Contact Phillip 0408 831 774.

**Kangaroo Island:** 10am-12pm on the second Tuesday of April, June, August, October and December. Kangaroo Island Lion's Club 65 Dauncey Street 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 Steven 0427 978 699.

**Northern:** Elizabeth Playford Lions Club, Hilcott Street, Elizabeth North. Fourth Tuesday of the month 2-4pm. February, April, June, August and October Contact Mel 0401 447 740 or 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 Terry Smith 0488 069 943.

**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:** 10.30-12.30 on a Thursday every six weeks, Mount Gambier hospital Conference Room 2, Wehl Street Mount Gambier. Contact Leeanne Paterson 0418 733 111 or Barbara 0415 477 978.

**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

**Semi-Colons:** 10am-noon, third Friday of each month. Southern Cancer Support Centre, 15 Princes Street, Sandy Bay. Contact Support Services 1300 656 585 or Cancer Council Helpline 13 11 20.

**Tasmania Support Groups:** Meet March, June and September. Contact Adrian Kok 0498 196 059 for dates.

**South:** District Nurses' Centre 10am-noon, 2 Birdwood Ave, Moonah.

**North:** Legacy House, 10am-noon, 59 York Street, Launceston.

**North West:** Apex House 10am-noon, 3 Gollan Street, Ulverstone.

## VICTORIA

**Bairnsdale and district:** Available for people to talk to and for home visits in the local area. Contacts: Janine 0418 854 562, Derelle 0448 458 997. Email: bdosg@hotmail.com

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

**Benalla/Wangaratta:** Saturday April

13 at Masonic Hall Appin Street, Wangaratta, 10am to 2pm (suppliers' day); Monday June 17 at Benalla Bowls Club, 24 Arundel St, Benalla, 2pm (Gus Italia, Omnigon); Monday August 19 at Masonic Hall Appin Street Wangaratta from 2pm (Jessica Ferguson Sutherland Medical); Monday October 14 at Benalla Bowls Club, 24 Arundel St Benalla at 2pm (Anj Costall Salts); Monday December 9 at Masonic Hall Appin Street Wangaratta at 2pm (Christmas meeting).

**Colostomy Association of Victoria:** Stomal support group. Offers support to all clients. We offer 30-minute consultations with a qualified stoma therapy nurse, by appointment, three days a week. AGM last Wednesday of November at 12pm. 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 in a relaxed and social setting. Ostomates are encouraged to attend, bringing their support person with them. Contact Sue Graham 0415 751145.

**Mildura:** Meet every second month at Mildura Base Hospital Conference room 1. Contact: Vicky (03) 5022 3333 or Norma 0409 252 545.

**South Gippsland:** Meet on the first Tuesday of each month at 2pm. Contact Helen Lugethro on 0499 624 999. Sunraysia/Riverland: Venue: Sunraysia Cancer Centre. Enquiries: Norma Murphy 0409 252 545.

**Warrambool and district:** Meets on the second Friday of each month from Feb to November at 10.30am. Venue: Cafe Lava, Lava St, Warrambool, for coffee and a meet and greet. 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. Postal address: YOU Inc., PO Box 51, Drouin, Victoria, 3818.

## WESTERN AUSTRALIA

**Albany:** 1.30pm first Friday of each quarter. Free Reformed Church Meeting Room North Road, Albany. Contact: Gerry 0498 666 525.

**Esperance:** Contact Len (08) 9075 9099. Geraldton, Kalgoorlie and Kununurra: Contact WA Ostomy Association on (08) 9272 1833 or info@waostomy.org.au

**Mandurah:** 5-6.30pm first Wednesday of every month. Greenfields Family and Community Centre, 2 Waldron Boulevard, Greenfields (cnr Murdoch Drive).

**Perth:** New members' support group: noon-1.30pm, fourth Saturday of every month 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. Ostomy Australia — April 2024 — 31

# 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: floor 2, 1 Moore Street, Canberra ACT 2601  
Open: First and second week of the month: Mon, Tues, Weds 10am to 1pm

## NEW SOUTH WALES

### NSW STOMA LIMITED

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 8.30am to 3.30pm, Friday 8.30am to 1.30pm

### OSTOMY NSW LTD

W: ostomyNSW.org.au  
E: orders@ostomyNSW.org.au  
T: (02) 9542 1300  
F: (02) 9542 1400  
A: ground floor, 20-22 Yalgar Road, Kirrawee NSW  
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 2.30pm

### NORTH QUEENSLAND OSTOMY ASSOCIATION

E: admin@nqostomy.org.au  
T: (07) 4775 2303  
F: (07) 4725 9418  
A: 13 Castlemaine Street, Kirwan, QLD 4817  
Open: Monday and Thursday 8am to 4pm, Wednesday 8am to noon

### QUEENSLAND OSTOMY ASSOCIATION

W: QLDostomy.org.au  
E: admin@qldostomy.org.au  
T: (07) 3848 7178  
F: (07) 3848 0561  
A: 22 Beaudesert Road, Moorooka QLD 4105  
Open: 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 AND 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 to 3.30pm

## WIDE BAY OSTOMATES ASSOCIATION

W: wboa.org.au  
E: wbestomy@bigpond.com  
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  
F: (03) 6228 0744  
A: Amenities Building, St. Johns Avenue, New Town TAS 7008  
P: PO Box 280 Moonah Tasmania 7009  
Open: Monday 9am to 3pm, Tuesday-Friday 9am to 1pm

## VICTORIA

### BENDIGO AND DISTRICT OSTOMY ASSOCIATION

W: bendigo-ostomy.org.au  
T: (03) 5441 7520  
F: (03) 5442 9660  
A: 43-45 Kinross Street Bendigo VIC 3550  
P: PO Box 404 Golden Square, VIC 3555  
Open: Tuesday, Wednesday, Thursday 10am to 1pm. Closed first week of each month.

## 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  
Open: weekdays 9am to 2pm, STN 10am to 2pm Monday and Wednesday

## GEELONG OSTOMY

W: geelongostomy.com.au  
E: goinc@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  
Open: phone service Monday to Friday 9am to 3pm. Collections available Tuesday to 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 (green lifts), 50 Flemington Road Parkville VIC 3052

## WARRNAMBOOL AND DISTRICTS OSTOMY ASSOCIATION

E: warrnamboolostomy@swh.net.au  
T: (03) 5563 1446  
F: (03) 5563 4353  
A: 279 Koroit Street Warrnambool VIC 3280  
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, Tues, Thurs 9am to 4pm; Weds and Fri 9am to 1pm. Fourth Saturday of each month 9am to 1pm.