Australia OSTOMAY Connecting the Ostomy Community

NEW DESIGN

NEW SECTIONS Volume 31 Number 02 August 2022



On a roll

Tennis success is in the bag for champion ostomate

P20

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The bear essentials P5 Beat bladder cancer P10 From the archives P24

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Meet the team

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Ostomy

Connecting the Ostomy Community

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Cartoon

Ostomy Australia now features cartoons by mjpix.

Find more on Instagram @emjayuc.

with such requests. This advice should be taken into account when responding to company promotions.

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

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Welcome

Milestone for Ostomy Australia

A Message from the Executive Committee

by ACSA President Ian Samuel OAM

AT the ACSA Conference in 1989 I was proud to be a delegate from the then-Cabrini Ileostomy Association, now the Ostomy Association of Melbourne.

I had for a little while put together a magazine for our members and saw other magazines from many other associations.

At the conference I suggested it might be beneficial if we had one national magazine.

After some debate it was agreed that one should be established and after a few different iterations, this year marks the 30th anniversary of the publication of *Ostomy Australia*.

The first editor was the then famous Mrs Marsh from the toothpaste advertisements, Barbara Callcott.

How pleased I was as I could finally let go of my nascent journalistic career and go back to my legal career.

From those small beginnings, with the help of a number of dedicated and skilful editors as well as support from our advertisers, we have *Ostomy Australia* which is published three times a year and goes to about 45,000 ostomates around Australia. Definitely, as the jingle goes, from little things, big things grow.

New program

SINCE I last wrote to you on behalf of the Australian Council of Stoma Associations (ACSA) executive, we have been busy assisting our associations with their task in providing your monthly needs.

We have now reached an agreement for the purchase of a computer program, called the SAMS Portal, that will eventually allow you to make your monthly order of supplies on your computer or tablet, importing the information straight into the program that is used to record all of the information needed for the suppliers as well the government through Services Australia.

That program works in similar way to the manner in which your pharmacist records the information from your doctor's prescription. The SAMS Portal means that there is no need to key in the information twice, cutting out key stroke errors and time.

All zoom together

THE ACSA executive aims to give your associations more information on a regular basis by having quarterly association meetings via Zoom.

The Covid pandemic has produced one good outcome and that is the increased use of online discussions with multiple users – perhaps a small gain from a giant disruption to our lives.

Supply costs

WITH rising fuel prices, we have been negotiating with Australia Post to make sure that we don't have to pay too much for the delivery of our supplies.

Many of us are already suffering from high food prices, let alone the cost of running our cars.

We try to ensure that you can receive your monthly supplies at an affordable rate.

However, our associations can't subsidise the cost of sending out our supplies.

Your association will continue to update you on costs.

Boost volunteer numbers

LIKE all not-for-profit organisations, our stoma associations rely heavily on the assistance of volunteers.

Unfortunately, as new data from the 2021 national census shows, the number of people who volunteer their time with a charitable organisation has dropped in past years.

In the previous census of 2011, more than 19 per cent of the Australian population volunteered in some capacity.

The 2021 census indicates the percentage of the population engaged in some form of charitable volunteering had dropped to about 14 per cent.

Fewer volunteers across the board places a great strain on our associations and on those who already volunteer.

If you feel that you might be able to assist, please get in touch with your association. Likewise, ACSA also needs help in various areas – for example, we are looking to revamp our website.

If you are skilled in web design and can assist, please get in touch with ACSA president Ian Samuel at acsapres@ australianstoma.com.au or by phoning 0416 044 881.

Telling stories

by Amanda Haines

ALL journalists know that everyone has a story to tell. As ostomates, our stories are all unique but share common characteristics.

Everyday triumphs, adversity, selfdetermination, challenges and camaraderie all feature in many of our lives.

As the new editor of *Ostomy Australia*, it is my privilege to listen to ostomates and to help tell their stories.

All previous issues of the magazine have featured some amazing ostomates and their achievements and provide inspiration to all of us as readers.

This issue, to name just two, you will read

about a local hero from my own hometown of Perth, Kelly Moss, and an international tennis world champion, Sam Schröder.

The gift of a teddy bear with a stoma and bag was the impetus for Kelly to make the bears herself and distribute them to new ostomates, both children and adults, who needed a bit of comfort in a trying time.

Now her project has spread across Australia and the world, bringing joy to thousands of ostomates.

That one person can make such a difference in other people's lives is heartening. You can also make a difference by helping Kelly and her bears – see the story on page 5 for contact details.

As an example of stoicism, Sam Schröder is hard to beat. The winner of this year's Australian Open in the quad wheelchair section, Sam was born with split hand/foot syndrome.

Then, at 19, he got bowel cancer.

Treatment resulted in an ileostomy but it did not stop Sam from adding to his list of already impressive achievements – just last month he was a big winner at Wimbledon, stoma and all.

His story starts on page 20 and is truly an inspiration to all, not just fellow ostomates.

But it's not just the headline-grabbing stories that interest us at *Ostomy Australia*

- we want to hear from you. Tell us your story.

Contact us at

journal@australianstoma.com.au



Leakage Prevention, Essential to Healthy Skin

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Remove



Cleanse



Protect



Secure







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The bear essentials

BEING told you need a stoma can be a worrying experience at the best of times.

When you are only 25 and it's the late 1990s, it can be terrifying.

This was the scenario Kelly Moss faced after a long battle with Crohn's disease led to her having surgery for a colostomy.

"I had no-one to talk to, I just had to deal with it myself," she said.

"No-one even knew what Crohn's was at the time, let alone a colostomy, so when I got my bag I told everyone all about it."

Despite having an "horrendous" first week after the operation where she couldn't even look at her stoma, Kelly soon accepted her situation and got on with life.

Then, seven years ago, her brother brought her back a present from a trip to the UK – a teddy bear with an ostomy bag.

"I just cried, it was so gorgeous," she said.

With her initial reaction to her stoma still in her mind, she realised a bear with a stoma could be just the thing to help other people undergoing the operation.

She bought some more of the bears and donated them to Perth Children's Hospital to be given out to younger patients.

"The stoma nurse rang and said one of the children who had been given a bear wanted to thank me," she said.

"He was 11 and he said how amazing it was to be able to tell friends all about his stoma, using the bear, instead of having to show his tummy."

Knowing the bears were having a positive effect, Kelly went on social media asking for help to make more.

After what she called "a huge response", she found people to make them and others to apply the ostomy bags.

The bags used are paediatric bags, suitable for the diminutive dimensions of a small, furry ostomate.

Within months, Kelly was getting orders for the bears from all over Australia; within a year she was sending them internationally.

"I just wanted to make people smile instead of cry about their stoma," she said.



Bear hug: Kelly Moss and her bears are all proud ostomates.

"Now, three and a half years later I have sent out nearly 5000 bears, all over the world."

The bear project has now gone beyond much more than a source of comfort for new ostomates and has played a large role in educating people about ostomies and removing some of the perceived stigma of having a stoma.



Support: Kelly's stoma bears have helped nearly 5000 people so far. Due to patient privacy, the identities of those photographed have been withheld.



And the bears are not just for children – adults have derived as much benefit from their new, cuddly mascot as have the young ones.

The bears are available from some stoma nurses or by contacting Kelly.

A small charge covers the cost of materials to make the bears and for postage.

Find Kelly on social media, or to donate see the information box below.

If you would like your own stoma bear please get in touch with Kelly by phone: 0425 619 744 or email: mossy120@gmail.com			
Get social with Kelly	Donate to Ostomy Support Bears WA		
	PayPal using email mossy120@gmail.com		
Ostomy Support Bears WA	GoFundMe 'Ostomy Support bears' (gofundme.com/ostomy-support-bears)		
ostomysupportbears	Bank account: Kelly Moss BSB 736079 Account 696910		
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Association members get 3 belts per year

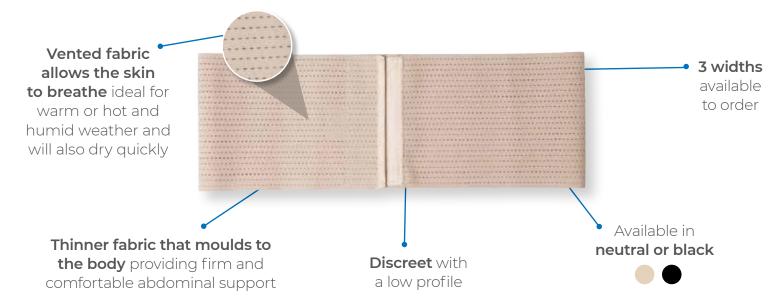
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Medium	90 - 105 cm	KKB402N	KKB502N	KKB602N
Large	105 - 120 cm	KKB403N	KKB503N	KKB603N
XLarge	120 - 135 cm	KKB404N	KKB504N	KKB604N
XXLarge	135 - 150 cm	KKB405N	KKB505N	KKB605N

SIZE	CIRCUMFERENCE	WIDTH	WIDTH	WIDTH
BLACK		17CM	21.5CM	26CM
Small	75 - 90 cm	KKB401B	KKB501B	KKB601B
Medium	90 - 105 cm	KKB402B	KKB502B	KKB602B
Large	105 - 120 cm	KKB403B	KKB503B	KKB603B
XLarge	120 - 135 cm	KKB404B	KKB504B	KKB604B
XXLarge	135 - 150 cm	KKB405B	KKB505B	KKB605B

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Your say

Letters to the editor

We welcome letters to the editor from all readers, on all subjects. Tell us what you think! Letters must be accompanied with your name and address – this is not for publication but is required. Opinions expressed do not necessarily reflect the views of the editorial staff or publishers of Ostomy Australia. Email correspondence to journal@australianstoma.com.au

In the swim

I WAS reading a letter of reply in Your Say, April, from LC Haddock to Elizabeth Kay regarding swimwear.

.....

A couple of suggestions – when purchasing a one-piece swimming costume for myself, I always look for a style with some sort of texture on the front or a bold pattern.

Being a seamstress, I then buy some Lycra and make a small pocket on the inside for my bag.

If the costume doesn't have a lining in it, stitch a straight piece of Lycra across the lower stomach area to make one to attach this little pocket to.

The top edge of the pocket just needs to sit where the bottom of the bag attaches to the baseplate, then it sits flat.

Cut the bottom edge to the shape of the leg of the costume and straight across the bottom until as wide as your bag is.

Hand stitch it in place if necessary.

Roll the bottom of your bag up as much as you need to and tuck it down into the pocket.

All being well, it won't escape and you can relax when leaving the water.

I haven't had an issue yet.

RL, Tasmania

Sideways step

I have been an ostomate since 1998 which had resulted from Crohn's.

I have a permanent ileostomy and I am happy to say I've been very healthy for the past 15 years.

After receiving the Ostomy Australia April issue, I had to write my input on wearing a bag after reading a letter to the editor from LC Haddoch regarding swimwear while mentioning tucking the pouch up in waist undies and swimwear.

After my first operation, I awoke wearing a bag which hung downwards as this was how it was placed.

However, after visiting the brilliant staff at Concord Hospital soon after my procedure, I was fortunate to receive good advice from the fantastic stoma nurse on how to wear a bag.

Since then I have worn my bag across my stomach not hanging down toward my leg or tucking it up in my undies.

Going to the bathroom is still as convenient with the bag in this position; when emptying the bag, just tip it while sitting on the toilet seat.

Being conscious about the pouch, I found wearing high-waisted underwear is fantastic as they are supportive while being able to conceal the pouch within the underwear, so clothing you wear looks good on you.

I have found wearing a pouch this way is much more comfortable as you don't have that "hanging down feeling" as there is less weight from the contents.

This will work for either gender. I'm not sure if this is suitable for all ostomates, consider speaking to your stoma therapy nurse for advice.

Continued page 8

Laugh about it

A SPECIAL new feature of Ostomy Australia will be a regular cartoon.

In this issue, we have a very relatable look at life with a colostomy bag. The artist's name is Matthew Mewhorter and he draws cartoons under the name of Cancer Owl.

As Matthew says: "I make cartoons about my life with cancer, and draw myself as an owl".

Eight years ago, he was diagnosed with stage 2 colorectal cancer, and after a year of treatments and surgeries (gaining an ostomy bag), he is currently cancer free.

"I made this comic called Cancer Owl as a way to cope," he said.





"And it ended up reaching thousands across the world – the comic is featured in hospitals, conferences and even college classrooms, not to mention translated in several languages."

More of Matthew's work can be found at www.cancerowl.com

Continued from page 7

In reply to Mike Aucott (letter to the editor, April) regarding plastic bags, I change my ileostomy pouch once a day.

I have been using natural nappy bags which are made from biodegradable and compostable cornstarch and are purchased from supermarkets in the baby section

Perhaps these would be beneficial to use for changing.

Belinda, NSW

Dive in

I WAS recently reading the April edition of *Ostomy Australia* and came across the letter from Campbell Smith asking about scuba diving with a stoma.

I am an avid scuba diver and have had three stomas over my life, with my current ileostomy being a permanent one.

I regularly scuba dive without an issue (although obviously have to do a few stoma specific things pre- and post-dive that other divers wouldn't do). I would be happy for you to pass my email address on to Campbell Smith as I would love to chat to him more about scuba diving and how it can very much still be enjoyed even with a stoma.

If Campbell lives in south east Queensland I would even be happy to take him out on dives and show him what I do from a stoma management side of things when diving.

Luke Morris, Queensland

Editor's note: If Campbell would like to contact Luke to find out more about scuba diving, he can email us at journal@australianstoma.com.au and we will put him in touch

No more splashes

I refer to the letter from R.S. in the April edition. I find that holding and wrapping the end of the bag in toilet paper before emptying completely prevents splashes escaping. June Mckimmie

A Different Life

By the Gutless Wonder

SEVERAL years ago I became an ostomate, Before that my life was not so great. It's become normal living like this today. Having had many a mishap along the way.

When I say I've not much left inside of me People think I've had a hysterectomy, But ulcerative colitis is what I had And my situation became extremely bad.

More complications including renal failure, Collapsed lungs and a bleeding duodenal ulcer. The result of suffering this near-death plight. Became an exhausting year-long fight.

I underwent a total proctocolectomy, That was the only cure left for me. At first it wasn't expected that I'd survive But eleven years later I'm so happy to be alive.

We must all adapt to living the way we do, Many thousands of others live that way too. I'm proud to be an ostomate and to be able to say. I'm so grateful for my life every single day.

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Farewell: Long-serving volunteer Bernie Preuss. Photo: Facebook.

Proud volunteer remembered

by Mary Robinson, QOA president

A PROUD volunteer with the Queensland Ostomy Association, Bernadette 'Bernie' Preuss is remembered fondly by all who worked with her in her 22 years at the association.

Bernie was born in Beenleigh on April 5, 1952. Diagnosed with cancer at the age of 14, she became an ostomate when she was just 15.

As an adult, she was the mother of twins who sadly died just after birth, and then her son Ryan who she raised on her own.

Bernie was employed as a machinist all her working life, which for some

months included a stint in New Zealand.

Her time volunteering with Queensland Ostomy began in 2000; within six months she was elected secretary, a position she held for 10 years.

While working at the association she was involved in a support group visiting new ostomates when they were discharged from hospital.

She was elected president of the association in 2012, a position she held until her death from stomach cancer on March 29 this year.

Bernie's life was celebrated by association members at a memorial service in Moorooka the following month.

We want to hear from you

Ostomy Australia is looking for your contributions—your stories, your experiences, your letters, your photographs.

Ostomy Australia is your publication. Ostomates continually tell us how much pleasure—and how much useful information—they get from knowing what their fellows are doing, and how they deal with some common problems.

But the magazine relies on your contributions. It is as good as members make it. When you send a contribution, we ask you to follow a few simple guidelines:

- In preference, send your contribution in electronic form—attached to an email or as a email; handwritten items take more time to process;
- Please don't identify medical professionals unless they have agreed to their name being used;
- Try to avoid identifying companies or their products;
- Give us your full name and address, and your contact details. Our preference is always to use full names whenever possible.
- Photographs should be JPGs and at least 1MB in size. If there are people in the picture, let us know that they agree to publication.

You can send your contributions by email to journal@australianstoma.com.au



We feel that the members of the BEAT family are friends now and we look forward to meeting up each month.' David & Judith

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66 BEAT has provided not only comprehensive information from urology-focused health professionals, but also a support group so patients don't feel they are alone.'

Online support on bladder cancer journey

HAVE you heard of BEAT Bladder Cancer Australia?

BEAT is Australia's leading patient advocacy organisation dedicated solely to looking after the interests of the bladder cancer patient and carer community.

The organisation's mission is to raise awareness of bladder cancer, provide information and support to the bladder cancer community, and to influence bladder cancer research, diagnosis and treatment options.

BEAT president and founder Adam Lynch said there were many urostomates who were bladder cancer survivors. "It is wonderful to be able to collaborate with the Australian Council of Stoma Associations (ACSA) to best provide support to those touched by bladder cancer," he said,

"We are here to help you; BEAT is a resource to provide information and support, and a link to others affected by bladder cancer."

BEAT provides a patient-friendly website with patient experience videos, health professional videos, information sheets, and downloadable question lists to take to your doctor.

It is invaluable support wherever you

are on your bladder cancer journey.

"We also have a national online support group," Adam said.

"It's a wonderful family with people from all states and territories across rural, regional and city areas.

"The support group meet monthly and has leading guest speakers followed by a group discussion."

For more information go to the website www.beatbladdercanceraustralia.org.au or follow BEAT on Facebook.



We want a web whiz

AMONG the many vital services the Australian Council of Stoma Associations (ACSA) provides to ostomates – one of which, of course, is the magazine you are now reading, *Ostomy Australia* – is its dedicated website.

The site (which can be found at www. australianstoma.com.au) is a treasure trove of information, with tips on living well with a stoma, facts and figures about ostomies, where to find help and support, news and events, back issues of the magazine, and even where to find the nearest public toilet when out and about.

Like all ACSA resources, this service is largely organised and maintained by committed volunteers.

You may have noticed *Ostomy Australia* has had a revamp, which we hope has made it even more interesting and



relevant to readers.

Now we want to do the same for our website.

The opportunity has arisen for someone from the community to step up and give us a hand by updating and revitalising ACSA's window to the world.

If you are skilled in web design and maintenance and are keen to take on

a project which will benefit ostomates Australia-wide, let us know.

There is an honorarium attached to the role.

For more information or to apply for the position, contact ACSA president Ian Samuel at acsapres@australianstoma. com.au or by phoning 0416 044 881.

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For more information, visit smith-nephew.com/anz or call 13 13 60.

References: 1. Weber, B.B., "Timely Tips on Adhesive Tape", tape. NURSING91, October 1991, pp: 52-53. 2. Wilburn, W., "The Effects of Removing Tape From Unprotected Skin and From Skin Protected by Skin Prep Protective Dressing", University of Alabama, Mobile, 1985. 3. North American Science Assc., ACUTE ORALTOXICITY STUDY, June, 1991. Smith & Nephew Pty Ltd (Australia) www.smith-nephew.com/australia. Smith & Nephew Ltd (New Zealand) www.smith-nephew.com/new-zealand. ^oTrademark of Smith+Nephew. All trademarks acknowledged. 29080-4-anz V1 09/21. For detailed product information, including indications for use, contraindications, precautions and warnings, please consult the product's applicable Instructions for Use (IFU) prior to use.

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FOR ostomates, Australia really is the lucky country.

Essential bags and accessories are available to all through the Stoma Appliance Scheme, a system "Australian

which benefits us both in financial considerations and in convenience. Compare this with the

situation ostomates face in other countries: in Kenya, for example, the high cost of supplies means many people have to use improvised jar lids, cloths or polythene bags as stool or urine bags.

fortunate." In Papua New Guinea, as reported in the December issue last year of Ostomy Australia, donations to the stoma association help

those who previously had to rely on plastic bags or nappies.

Even in the more affluent countries such as the United States, an affordable

supply of ostomy bags can be out of the question if ostomates do not already have expensive, and most who receive times restrictive, medical insurance. The Australia Fund

was established by the Australian Council of Stoma Associations (ACSA) to assist ostomates in countries where they have serious difficulties or hardships in obtaining or affording basic ostomy supplies, or where

they lack adequate post-operative care and support.

The establishment of the fund was inspired by then-president of the International Ostomy Association, Heinz Wolff, who suggested that Australian ostomates who receive excellent support should help those who are less fortunate.

The fund provides a range of resources including practical assistance to disadvantaged ostomates all over the world by donating basic ostomy appliances and assisting the development of local self-help facilities.

As vital as this help is, just as important is the role of chairperson overseeing the Australia Fund.

ACSA seeks expressions of interest from members of all associations for appointment to the role of Australia Fund chairperson.

The role will become vacant following the retirement of the present chairperson, Gerry Barry AM, who has carried out the duties since the inception of the organisation in 2001.

The role of chairperson is a most rewarding one, having responsibility for the provision of support by the Australia Fund for disadvantaged ostomates overseas by the supply of ostomy bags.

The chairperson works closely with the ACSA Executive and takes responsibility for managing applications from overseas ostomy associations and other approved organisations seeking Australia Fund support for disadvantaged ostomates.

The role involves the provision of information on the operation of the fund in response to inquiries, the management of applications for support from overseas, approving applications, referring approved applications to association-based fund co-ordinators in Australia for implementation, maintaining records, and reporting to the ACSA Executive.

The successful applicant will be appointed at the November 2022 ACSA Conference and assistance in the transition to the role will be provided by the outgoing chairperson.

Inquiries and more details about the role may be obtained from the chairperson by email at gbarry205@gmail.com and should be lodged by October 31.



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Could you be a leader?

By Maureen O'Donnell, SA Stoma Support Groups co-ordinator

ADELAIDE'S Central Stoma Support Group's meeting on September 20 will feature motivational speaker Jo Kassebaum. Co-leader of the group, Jo had urostomy surgery last year and a few months ago her stomach was removed – yes, you can live without a stomach.

Other speakers will be Val Macey, who was leader of the Central Support Group for 20 years, and Roma, product representative from Hollister. There are at present nine support groups in South Australia. These are in Hilton, Victor Harbor, Christie Downs, Port Augusta, Port Pirie, Moonta, Mount Gambier, Coonawarra, Barossa, and the latest one in Elizabeth North.

All groups are open to both IASA and OASA members and their families and friends. In areas that do not have a support group, new leaders are sought.



Step up: Members of the Central Stoma Support Group are asking new group leaders to step forward.

The qualities required to be a leader are enthusiasm, commitment and time, as well as a phone number and email address which you are willing to publicise.

Some groups meet monthly, some bimonthly, and some four times a year.

All groups are different but have the same goal - supporting people on their stoma journey.

The leader decides how to run their group and how often to meet.

If you live in SA and require more information on how to set up your group please do not hesitate to contact Maureen O'Donnell at maureenodon12@hotmail.com

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

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- Paget frustrated with your current ostomy solution?
- 💭 experience leakage around your stoma?

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(F

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Can exercise help hernia problems?

by Monica Stankiewicz

IN this edition of *Ostomy Australia* is an invitation to participate in an online survey on the role of exercise in the prevention of parastomal hernias.

Participation in the research project is voluntary and anonymous.

If you do not wish to take part, you do not have to.

Your decision whether to take part or not to take part will not affect your routine care, your relationship with professional staff or your relationship with the Queensland Stoma Association (QSA), *Ostomy Australia* or your health care providers.

Readers of *Ostomy Australia* may also receive the same invitation via post if they access supplies through the QSA.

Project Summary

This program of research aims to codevelop an exercise program and assess the effectiveness of core abdominal exercises for the prevention of parastomal hernia and negative physical, social and emotional complications.

It is a three-phase study and we are currently conducting phase one.

Phase one engages you, the consumer (the person living with a stoma), in an online survey regarding preferences in receiving a core abdominal exercise program.

The intention of this research is to determine if a consumer-designed, clinician/expert supported, core abdominal exercise program can prevent parastomal hernias.

Phase one will inform phase two of the study. Phase two will involve the development of a feasibility study to test the exercise program in Metro North Health Service, Queensland Health.

Phase two will inform phase three of the study and a larger randomised control trial will be developed and will assess the effectiveness of an exercise program for the prevention of parastomal hernia.

Rationale

Parastomal hernias lead to pain, disability, lower quality of life, and problems with maintaining skin hygiene due to Chronic Wound and Stoma Service, Community and Oral Health, Metro North, QLD Health

Invitation

We would like to survey people (over 18 years of age) who are living with a stoma (large bowel, small bowel and/or urinary stomas)!

You have been invited to participate in an online survey regarding parastomal hernia, parastomal hernia prevention, and exercise.

Please follow the QR code

Survey is open until the $1^{\mbox{\scriptsize st}}$ of August till $30^{\mbox{\scriptsize th}}$ of September 2022

The survey is **anonymous** and will take around 20 minutes to complete.

For people wishing to complete a paper survey, please send the below request to: Monica – Chronic Wound and Stoma Service

c/o Chermside Community Health Centre, 490 Hamilton Road, Chermside QLD 4032

State

You will be sent the patient information form, questionnaire, tape measure and a return reply paid envelope.

×--

I am interested in participating in your survey. (Note, no name required.)

Please forward the information to the following address:

Postcode _____



U) Griffith

assistant professor who has extensive experience in developing and testing consumer engaged programs and implementation of research.

Funding

Thus far the research team has been fortunate to receive a small grant which will see out phase one and phase two of the study.

QSA and *Ostomy Australia* have in-kind supported this research project, through posting and publication of our study invitation.

We hope you are happy to participate.

Access to specialist teams

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

Monica is a nurse practitioner working in Queensland Health, Metro North Health Service.

appliance leakages.

Parastomal hernias may also lead to significant physiological complications like bowel incarceration, obstruction, strangulation and perforation, which may result in hospital admission and further surgery.

Parastomal hernia development occurs in 10 to 28 per cent of patients in the first year postoperatively, increasing to more than 50 per cent after five years.

It has been reported in medical literature that more than 75 per cent of patients who develop parastomal hernia develop negative symptoms, such as those listed above.

Furthermore, patients with parastomal hernia report a lower quality of life when compared with those who do not have a parastomal hernia.

Research team

The research team consists of a stomal therapist and a director of research in QLD Health in collaboration with an academic team from Griffith University, including a musculoskeletal physiotherapist and the Business and Marketing department's



Know Your Product







THE global ostomy care and accessories market has been estimated to be worth more than \$4billion so it is no surprise the range of products available is wide and varied. With the advent of online shopping and world-wide shipping, many of these products are now available to Australian ostomates for the first time. As choices for ostomates expand, we take a look at some of these newer items.

Dry Pro

ANY ostomate knows one of the biggest challenges in day-to-day life is keeping the bag dry when showering.

The Dry Pro promises to do just that, as well as being suitable for swimming.

Made of surgical rubber, it uses a vacuum seal to conform to the contours of the body, covering the stoma bag and keeping it dry, with a detachable suction bulb ensuring an airtight fit.

For optimum results, it is vital to get the correct size for your body – the website has detailed instructions for doing this.

Luckily, the review sample I was sent fitted quite well over my stoma although I did have to adjust the protector quite a bit before I get a good seal using the suction bulb.

I found it quite cumbersome to put on but once it is on, it is surprisingly comfortable and effective in the shower.

Website: www.dryprousa.com/ products/waterproof-ostomy-protector

Osto-EZ-Vent

MANY ostomates know how annoying a bag full of gas can be.

When faced with a ballooning bag, instead of 'burping' the bag, which can get messy, the

Osto-EZ-Vent offers a different solution.

The simple plastic device attaches to the bag and can be opened and closed to let the gas out.

At the moment, the product is not available in Australia but can be bought online.

For more information go to https:// kemonline.com/content/home

Grandma's Hands pouch covers

WEARING an ostomy bag provides an opportunity to have a little fun. Whether colourful and cartoonish or suave and sophisticated, bag covers are a great way to accessorise or just have something (else) to show off.

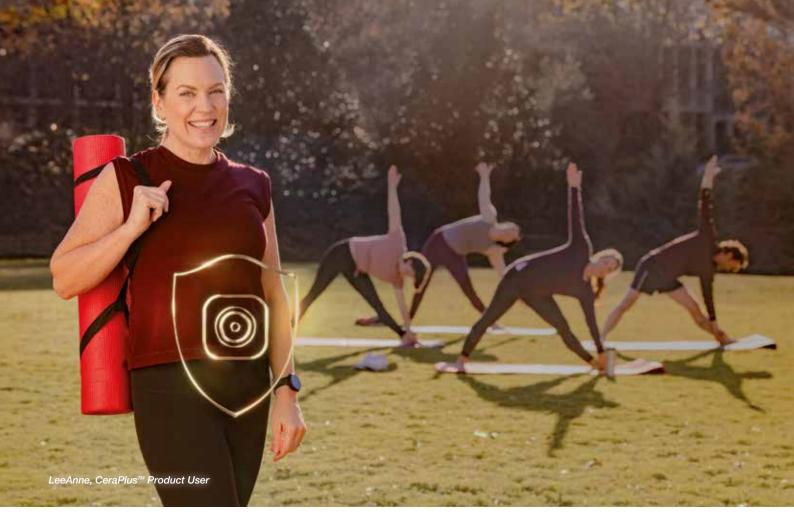
There are many bag cover makers on the internet but I sampled some from a Canadian seamstress who makes the bags to order, in any size, shape or colour.

The cost of postage to Australia is very reasonable and similar to local products.

Covers are available for all ostomies, with or without 'peekaboo' viewing windows, as well as catheter drainage bag covers and medical device pouches.

See the range at www.grandmas-hands.com





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-LeeAnne^

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 $^{\rm L}$ LeeAnne is a CeraPlus Product user who has received compensation from Hollister Incorporated for this statement.

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No colon, still rollin'

by Amanda Haines

AUSTRALIAN tennis champion Dylan Alcott is almost as much a household name as Ash Barty or Nick Kyrgios.

The past decade's prime exponent of wheelchair tennis - also the 2022 Australian of the Year – rewrote the record books during his career.

Such was his dominance of wheelchair tennis in the quad category (loss of function in the arms and the legs), Alcott won seven consecutive men's singles titles at the Australian Open and looked to be a certainty for his eighth win in this year's event in January.

To put an end to Alcott's amazing run of Open titles, an athlete would have to be pretty special.

His name is Sam Schröder and he is. Born with split hand/foot syndrome, Schröder has only one finger on each hand and two toes on each foot.

He also has osteoarthritis and from the age of eight he has used a wheelchair to get around.

As a small child, he underwent more than 30 operations to try to improve his mobility but they were unsuccessful.

Despite this, Schröder took up wheelchair tennis - taping the racquet to his left hand so he could hit the ball - and soon found he had a natural talent for the game.

Along with a lot of hard work and training, this talent took him all the way to the top in international rankings and in 2016 he became the number one in the world in the junior division.

The now 22-year-old from the Netherlands has, in recent years, also won the men's singles quad titles at the US Open, the Melbourne Open, the French Open, the Korean Open, and the Swiss Open.

His accomplishments are all the more

remarkable considering they have come after he was diagnosed with bowel cancer at the age of 18.

The cancer treatment left him with an ileostomy and an initial worry that he wouldn't be around long enough to win any more tournaments.

"I had 25 consecutive days of chemotherapy and radiation," Schröder said.

"I just had no energy and was sleeping all day, just just feeling very ill.

"I lost 15 kilos. That's no good for a professional athlete ... but I had to keep going.

"We weren't sure how it was going to turn out because I was stage three and it got into my lymph nodes so it was quite far along already.

"But I think just being able to hold on to the tennis was very important for me."

Usually, being at peak physical fitness



is the ideal condition before going in to surgery but for the professional sportsman Schröder it presented some problems.

Such was his core strength, after his ileostomy surgery his abdominal muscles did not behave like the usual stoma patient.

"The day after surgery, my muscles kind of closed my ostomy," he said.

"Because they had to cut through the muscle, of course, but it was so strong that it kept pushing itself back and it caused a blockage.

"The surgeon had to go in with his hand and pull it back out to open it back up."

Despite being accustomed to hospitals and surgeries from a young age due to split hand/foot syndrome, Schröder found the cancer diagnosis overwhelming at first.

"It was completely different," he said.

"I had already had 30 surgeries before but none of them were life threatening.

"You know, when you have those surgeries as a tiny child to correct your foot or your hands, that's very different than trying to fight for life. "I didn't know what was ever going to be possible again but that was the most important thing for me, to try and keep going, to keep playing tennis even during the treatments and everything.

"And I think three or four weeks after the surgery, I was on court again."

After recovering from treatment, Schröder had to first get used to his new ostomy and then work out how he could play tennis with a bag attached to his stoma.

Finding the right products to use was vital in getting him back on the courts.

"Obviously I sweat a lot during practices and in the direct sun and the heat could definitely cause a lot of problems, I think.

"But I was very lucky to just find the right products from the beginning.

"I also have a cover which goes around my waist, purely to put a lot of pressure on it to keep my stoma closed."

As any ostomate knows, leaks can and do happen.

But when it happens during an international sporting event, sometimes the rulebook can't help.

"The first time I had an accident during a match it was in the summer in the UK," Schröder said.

"It was quite warm and ... I had that feeling.

"But it was my first time and I didn't really know what the rules were for stuff like that.

"Because there's no defined rules for it really.

"It just says if you need to go to the toilet, it's the umpire who will decide if it's a reasonable time.

"It took me 20 minutes, just to manage

to get my shirt off and change everything but ever since then I've never really had much problem."

While leaks may not be much of a problem for Schröder these days, there is still the matter of what can be the ostomate's main worry, the reaction to certain food.

In a recent tournament in the US, Schröder was forced to withdraw from competition due to food poisoning.

"Food poisoning with a stoma is tricky," he said.

"I felt pretty horrible for two days, just constantly needing to empty my bag.

"I was just trying to drink as much water and electrolytes as I could."

Apart from the importance of hydration, Schröder has found being an ostomate has not had a big impact on his diet as a professional athlete.

"Of course, I'm adding a little more salt to everything I eat now than I did before," he said.

"But there is no specific like food or anything that I don't really eat, except maybe nuts – I can eat them, but not a lot.

"If I eat too much, then it all kind of blocks my ostomy and will take probably a whole day for it to clear."

One of the perks of his job Schröder particularly enjoys is travelling and he counts Australia as one of his favourite destinations – in particular, Melbourne.

"Melbourne is a great city, I would definitely live there if I could," he said,

"Just just the amount of stuff that is happening and all the restaurants and museums and stuff like that – it's great."

Continued page 22



Hot shots: Sam Schröder was victorious at the Australian Open over veteran stalwart Dylan Alcott. (Photo: Instagram)



Onwards and upwards: After a stellar year, Schröder is already looking to future success. (Photo: www.samschroder.nl)

"I knew it was

never going

to be an easy

match but I

also knew it

was definitely

possible to

beat him if I

played at my

best level."

Continued from page 21

The last time Schröder was in Melbourne was earlier this year and was the scene of his latest triumph, defeating Alcott at the Australian Open to win the men's quad singles.

With seven-times champion Alcott's reputation preceding him – as well as being the sport's top exponent, he had been named Australian of the Year just two

days before the match – Schröder drew from past experience for his game plan.

The pair had faced off against each other in four major finals in 2021 alone – at Wimbledon, the French and Australian Opens (which Alcott won), and at the Tokyo Paralympics (which Schröder won).

Playing on Alcott's home turf, Schröder knew the contest was more than physical.

"Especially with the crowd all supporting him," Schröder said.

"Going into the match, you have to be prepared for that.

"I think just having that knowledge and experience from the other tournaments that we played against each other, it really helped me to stay calm during the match.

"I knew it was never going to be an easy match but I also knew it was definitely possible to beat him if I played at my best level."

In what was to be his second Grand Slam singles title, Schröder claimed the match on Rod Laver Arena 7-5, 6-0.

He was the only player to have beaten Alcott in the past two years and in February this year, he achieved the ranking of number one in the world, as determined by the International Tennis Federation.

Posting the news on social media, Schröder wrote: "It's crazy to think I have

finally achieved this long-time goal ... I just have no words." For this ostomate, the honours keep coming.

In June, Schröder and his long-time doubles partner Niels Vink, also from the Netherlands, took home the doubles trophy from the Roland Garros tournament.

Schröder also faced Vink in the singles final and played valiantly to be runner-up.

The pair again teamed up for Wimbledon last month, continuing their run as one

of the most successful doubles teams in recent years with another victory.

Schröder ended the tournament on a high – he again faced Vink in the wheelchair singles final but this time it was Schröder's turn to shine.

A comprehensive win meant another Wimbledon title for the tireless athlete, capping off what has already been a stellar year.

Recent milestones

2022

- Wimbledon wheelchair singles winner
- Wimbledon wheelchair doubles winner
- Roland Garros wheelchair doubles winner
- Australian Open quad singles winner
- French Open winner quad doubles

2021

US Open quad doubles winner

2020

- US open singles Grand Slam winner
- Tweed Heads international finalist singles, winner doubles
- Melbourne open winner singles, finalist in doubles

2019

- NEC singles masters bronze/ doubles masters bronze
- Winner Sardinia Open singles
 and doubles
- Open de lle de Ré finalist in singles and winner in doubles
- Belgian Open finalist singles
- Swiss Open winner doubles
- French open winner singles
- Open d'Amiens winner in singles and doubles
- Korea open winner in singles
- Daugu Open winner in singles

2018

- Prague cup winner in singles and doubles
- Bath indoor winner in singles and finalist in doubles
- Swedish open winner in singles and doubles
- French Riviera open winner in singles, finalist in doubles
- German open finalist in singles
- Between October 2017
 and April 2018 cancer treatment
 and recovery

2017

- German Open finalist in singles and doubles
- Swiss open finalist in doubles
- Open de lle de Ré winner in doubles, finalist in singles
- Czech open winner singles
- World team cup Italy 5th place seniors
- Bolton indoor winner in singles and doubles
- Preston indoor winner in singles and doubles

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FROM THE ARCHIVES

by Norm Jaensch

To Tell or Not to Tell

Bright Spot

We are all familiar with those famous words from Hamlet's soliloquy: "To be or not to be? That is the question." Hamlet, facing a moot stressful situation, wondered whether it might not be better to die than to face up to all the problems that lay before him. Perhaps there are some of you who experienced similar feelings when you first learnt that you needed an operation which would give you a storna, something you would probably have for the rest of your fife. Did you woulder bow you could possibly cope with all the problems of having a storna? Did you think it might be easier to die than to go through all that stress? Luckily we now have wounderful modern appliances and so much more help than was available in former years, and the trauma of having a storna and dealing with its daily maintenance has been greatly reduced. But, in days happily long-since gone – when appliances were so much more primitive – it was only too easy to be driven sometimes to the edge of despair. Nowadays things are different, and we are often very happy to have been granted a new lesse on life it can be sweet indeed. So, hopefully, there are few Hamlets with us today.

There is another question, however, which ostomates in the early stages of their new situation often put to themselves (and are hard-pressed to answer satisfactorily): "To tell or not to tell? That's the question," many ask themselves and, I fear, all too often the answer is a negative one. Like Hamlet's, it's not an easy question that you can resolve simply by turning it over in your own mind. Therefore, I thought I would try and help you to view the question from many different angles and so come to the best-possible conclusion.

The question we're really asking is whether ostomates should keep the fact of their stoma to themselves or let other people know about it. And the question is more complex than it might at first appear.

"Why", you may think, "should anybody else know about my stoma? After all, the evacuation of waste matter from the body is normally regarded as a private matter, not one to be discussed in polite society. Does this spell the end of any discussion on the matter? Does anybody need to know how my faces or unine are evacuated from my body?"

In normal circumstances the answer to this question is an obvious "No." But for a person with a stoma the situation is more complicated. We can still argue that nobody has the right to know about it, but it might be expedient – even important – that certain people at least are given this

Christian Australia Pare 11

normally 'secret' information. The reason for this is the confort and assurance of the ostomates and of those with whom they come into close contact. This was probably more important in the old days when such primitive appliances were used to control stomas. It was more difficult then to avoid giving offence to others through our inability to control edour problems.

Yet, even without excellent modern appliances, which give us almost perfect control over things which were formerly a problem, emergencies can still occur from time to time. Accidents do happen and can prove most embarrassing, to both the ostomate and others in the vicinity. It's all very well to suggest that if you're having one of those days then you should stay home. But this is not always possible, for many reasons. A problem can arise in the middle of a visit to friends, or during a business conference. If those with you don't know about your stema, it can be most embarrassing for everyone.

Surely it is far better to tell people with whom you have frequent close contact about your storna. It's not necessary to go into details; however, do let them know that, while for the most part you can lead a life as normal as theirs, there may be times when temporary problems arise. They ivil understand, and will also appreciate your having told them. Then, if gas makes your storna noisier than usual, a simple "Excuse me" will suffice. If necessary, you can ask to use the toilet without embarrassment. In fact, if others are in the know, life is so much less stressfal in every way.

You could even gain a certain 'kudos' by sharing this knowledge about your stoma. People are generally very understanding and will more than likely admire you for the way in which, despite your problem, you carry on your life with confidence.

There are some, of course, with whom you can discuss every detail of your stoma: your stomal therapy nurse and your fellow ostomates. There is no doubt that they understand and are in the best position to help and to bolster your confidence.

"To tell or not to tell?" - the answer is clear to nwe. And I hope some of you will feel a little more reassured after reading this.

Hidden power: From October, 1994, this article by Norm Jaensch muses on whether or not to tell people about your stoma.

Thirty years of fun and facts

THIS year is the 30th anniversary of the only national magazine dedicated to Australian ostomates – *Ostomy Australia*.

As recounted by Australian Council of Stoma Associations (ACSA) president Ian Samuel on page 3 of this issue, the magazine had its beginnings in a discussion at a conference.

From this discussion, and with the tireless efforts of volunteers over the ensuing decades, *Ostomy Australia* was born.

Just as medical advice and knowledge about ostomies has evolved over the years, so has the magazine.

Early editions had a homely feel, featuring recipes (hummingbird cake,

anyone?), jokes, and light-hearted tales.

These days, we still like a good joke and a tasty recipe, but the emphasis is on being the prime source of up-to-date information shared among the ostomate community.

As the number of ostomates in Australia grew, so too did the magazine, and along with the generous support of advertisers and the engagement of readers, it will continue to do so.

To mark our anniversary, with the invaluable assistance of former ACSA administration officer Kylie McGrory, over the following pages we have reprinted some glimpses into how the magazine looked way back when.

A New Face on the ACSA Executive

Ian Samuel



Cabrini Hospital and felt a need to give something back to the people who had helped him in the past.

Since he joined Cabrini (now the Ostomy Association of Melbourne), he has taken an active interest in the affairs of ACSA and is proud of the fact that, when he attended his first ACSA meeting in Canberra in 1988, he suggested a national journal. This became Ostomy Australia.

Earlier this year lan decided he had something further to offer ACSA in view of his legal and commercial background. He stood for Treasurer and won that position.

Ian says, "I am hoping that ACSA can ensure there are no people like myself in the community – who suffer as a result of either inflammatory bowel disease, bowel cancer or urinary diseases – who don't realise there is life after a stoma. I believe it's my mission not only to assist those who have a stoma but to debunk a lot of the mysteries that surround colo-rectal and urinary surgery. It's not the beginning of the end but, as our video says, 'A Beginning, Not an End'. That means more of an emphasis on community education and education of our members that there is a life after the operation."

Ian has a wife, Shayndel, and three children. All have travelled through his medical ups and downs with him. They have coped extraordinarily well, and accept his poo and wee bags as part of his life, as have his partners in the legal practice. He has learnt that there is more to life than a smooth abdomen: a couple of bumps in front don't inhibit his life. In fact Ian has travelled extensively, both interstate and overseas, since the advent of his stomas.

The message Ian would like to get across to people is: "There are others like us out there. We're just at the end of a telephone. We can help. There is also professional assistance to help people rejoin society. We are not pariahs; we are not disabled; we have a disability ... No, we have an ability to live life to its fullest – in contrast to others who may have a disability which they cannot repair."

Earlier this year Ian Samuel was elected treasurer of the Australian Council of Stoma Associations. Jeff Goldhar spoke to Ian, for Ostomy Australia, about his life with stomas as well as his wishes for ACSA.

Ian, who is a banking and finance solicitor and partner of a medium-sized Melbourne legal firm, told Jeff that he is a person who, despite medical adversity, has carried on a fulltime practice for over 20 years. He achieved this first with an ileostomy and then with an ileal conduit. He takes the view that, "If you will it, it is no legend." Having suffered from Ulcerative Colitis from the age of 18, with the various problems that that entailed, he ended up after 15 years at Prince Henry's Hospital in Melbourne and discovered the world of stomas.

After the operation for his ileostomy, Ian wondered why noone had bothered to tell him about the surgical alternatives years before. He says his only problem is that he can't sit on the toilet in peace anymore! Still, it's better to spend 30 seconds emptying his bags than to sit for a good part of the day in pain on the toilet.

lan was introduced to the fledgling association at Cabrini Hospital, where he learned to live life to its fullest. The word 'cope' does not appear in Ian's vocabulary.

In 1990, Ian was diagnosed with interstitial cystitis and his urologist offered him two alternatives: either regular procedures or another stoma. Having spent much of his life either at the doctor's or in hospital because of colitis, Ian chose the second alternative. Thus was two-bagger Samuel created.

Ian says that life as a two-bagger is a breeze: "All I have to remember is which side each bag goes."

As well as being actively involved in the Jewish community, lan devotes much of his extra time to the medical world of stoma care. His involvement in the stoma movement occurred by accident. Dot Hindell, then the stomal therapy nurse at Cabrini, asked for a volunteer to take over the newsletter. Ian, diligent lawyer that he is, thought it would only involve writing up the minutes. Little did he realise that he would be writing and editing the whole magazine.

lan looked after the magazine until 1990, when he had his urostomy, then took a couple of years off committee work to regain his energy. He says he has always been interested in

OSTOMY AUSTRALIA PAGE 10

Living life to the full: This article by ACSA then-treasurer, now-president Ian Samuel comes from the October, 1994, issue of Ostomy Australia.



Continued page 26

New South Wales ILEOSTOMY ASSOCIATION OF NSW – Original Aims Not Lost in Time

In April, on the Gold Coast, Council will be paying tribute to two ladies who gave much over many years. One, Sister Betty Hughes, was the moving spirit behind the formation of the first Association in Sydney, and today we re-publish part of a piece written by her to celebrate I.A.'s 10th Birthday. Though written 25 years ago, you will note, despite some fears to the contrary, the aims of the Association remain constant — we simply use the technology of today to fulfil them.

"In October, 1957 Dr Wilson performed the operation on me and even though I was a Trained Nurse and Tutor Sister there was no-one other than Dr Wilson to whom I could the for help until one of the Sisters saw an advertisement in a Women's Magazine advertising the "Q.T." Association in Melbourne. I wrote to melsed eary asking for advice and she wore back giving advice on the tweet appliance I should use, how to care for the skin and various other helpful hins. From that time my whole outlook on life changed and instead of being continually mentally depressed the future looked much brighter and something to really look forward to.

> The only surgical appliance in use was not very effective. It was not adhered to the skin, it leaked very badly and the skin became very excoriated. No instructions were given for its use, it was very difficult to clean and an odour very quickly permeated from it. As the appliance leaked so badly I had to sleep propped up in bed on four pillows and could not turn onto my side.

> We think hospitals, nurses and doctors today, do not know a lot about an lleostomy or lleal Bladder, but at that time the operations were so new that nobody, or hardly

anybody, knew anything about them. The risks involved in having the operation were far greater because the management after the operation was not understood. The patients became so depressed when they realises that no-one fully understood the operation and that there would be no one to turn to for help, that many did not try to live.

Dr Wilson spoke to me about starting an Association here in New South Wales and as I was a Trained Nurse he felt that we would be able to get the full co-operation of the medical and nursing professions and that doctors would be likely to listen to me.

We found out there were four people who had been meeting in each others houses for about twelve months, who had found out about each other from a Surgical firm.

An advertisement was placed in some of the local newspapers, doctors as well as the surgical appliance firms were notified, and finally, a group of people including the original four. Dr Wilson and several other doctors met at the Plaza Hotel on Saturday, 15th March, 1958. It was decided an Association should be formed in Sydney called "Q.T." Sydney.

The second General Meeting was held at the Plaza Hotel on Saturday, 6th September, 1958 when a committee was formed of which Dr Wilson was elected President and myself Secretary.

The aims of the association were ruled up and were to be as follows:

(a) To render guidance, aid and comfort to those who have undergone or who are about to have ileostomy operations.

(b) To help such persons with problems of employment and rehabilitation and other questions.

(c) To promote, co-ordinate research, collate records, seek to

improve the knowledge and understanding of ileostomy problems and the techniques and appliances required.

(d) To keep in contact with overseas clubs and notify them of the existance of the "Q.T." Sydney and ask them to keep us informed of new trends and techniques.

At the next meeting 21 people attended and a constitution was drawn up. A visiting committee was appointed to carry out paragraph (b) and visit people in hospital or at home.

If we compare these early beginnings you realise how far we have progressed.

We constantly petitioned the Commonwealth Government to place appliances on the free list and each time we were refused. However, in 1963 a special Pharmaceutical Benefits List was introduced to cover lleostomy and Colostomy patients and this has grown to cover all the articles available today. Prior to this, all these items, as well as the appliances, had to be purchased by the patients, and it was a very costly thing for some people, who spent as much as \$6.00 per week to maintain their ileostomy.

In 1963 a Federal Ileostomy Council was formed with Victoria, New South Wales, Queensland and South Australia being members, the object being that whenever anything was required from a Government level it would be better to speak with one strong voice, than asking for something different.

We have a lot of work to do yet but if we can continue to progress as we have in the last ten years, we should look forward to a very exciting future and I feel it is important for us all to remember that it is the members who make the Association. We need everyone's support and help if we are to continue to carry out all our aims."

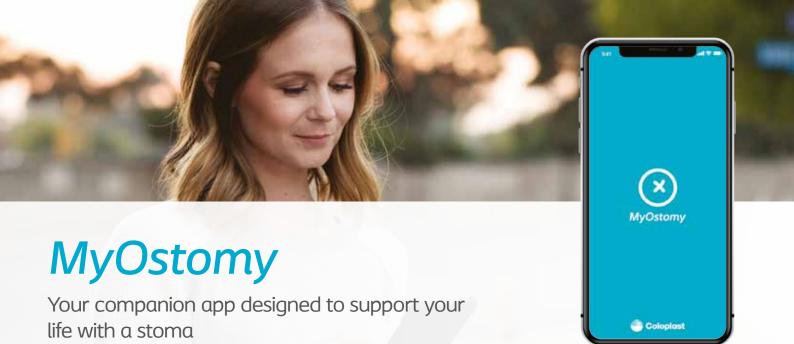
B. HUGHES, May 1968

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OSTOMY AUSTRALIA

Our history: A fascinating look at the NSW Ileostomy Association in the 50s and 60s, from the April, 1993, edition of *Ostomy Australia*.

To further mark the 30th anniversary of *Ostomy Australia* and to finish off the year with another nostalgic look back, we will be reprinting more articles from the archives in our next issue in December.



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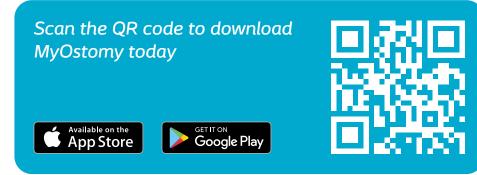
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News of the World

In the swim

ENGLAND: A series of beachside sculptures in Margate is celebrating the different bodies which take to the water, including that of an ostomate. Sculptor Jayne Wright's ceramic Mermaid Army series has brightened the

shoreline in the resort town.

The model for the ostomate sculpture, Gill Castle from website Stoma Chameleon, said Wright had never seen a stoma bag before, let alone tried to create one in clay.

"There were several chats about positioning, size and colour, Jayne taking great care to ensure that the bag was accurately portrayed," Castle said.

"I would never have dreamed of getting my body out in such a way even before I had my ostomy, so it makes me feel proud of how far I have come with my post-partum body, scars, bag and all.

"The final results are incredible, and the sculpture really comes to life in the water, just as I do myself."

.....

Source: www.stomachameleon.com

Bags of confidence

ENGLAND: A police officer is taking no chances when it comes to protecting his stoma. West Midands PC Mark Woodcock returned to work three months ago after he was diagnosed with ulcerative colitis and had surgery for the

disease, resulting in an ileostomy.

"On my worst days (before the operation) I would make 15 trips to the toilet with bloody diarrhoea, constant fatigue, mouth ulcers and swollen joints," he said.

"We decided the best course of action would be the removal of the colon; I had the operation and after two days I started to feel better. All the symptoms had gone and I felt amazing."

After returning to work, PC Woodcock was given a speciallyadapted stab and bulletproof ileostomy bag costing about \$400 which was developed by an American firm for US military veterans.

Source: Birmingham Mail

Seal of approval

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AUSTRALIA: New technology could provide ostomates with access to personalised seals that will improve their quality of life.

The CSIRO has secured funding to develop and commercialise the device, which acts as a

seal between a patient's abdomen and stoma bag.

The project, a collaboration with medical technology

manufacturer Singular Health, will use 3D-software to create a model that will provide the capability needed to process patient scans and customise the device.

The ostomy seal can then be designed and manufactured to suit each patient's body shape, greatly reducing the risk of leakage.

Singular Health chief executive Thomas Hanly said the project would substantially reduce processing time and enable clinicians to move from scanning to production of the 3D-printed seal in under 60 minutes.

Source: CSIRO

Pandemic affects ostomies



SWEDEN: A study has found the number of Swedish people with colon cancer having ostomy surgery almost doubled during the first wave of COVID.

Karolina Eklöv from the Karolinska Institutet in Stockholm said an analysis of more than 1000 colorectal cancer (CRC) patients diagnosed in 2019 and 2020 found the number of patients treated with an ostomy nearly doubled from March-August 2020 compared to the same time period the year prior, at 30 per cent versus 17 per cent.

"The most prominent difference during the first wave was the clear increase in ostomy formation, both temporary and permanent, in patients with colon cancer, probably reflecting efforts from surgeons to reduce complications to a minimum," she said.

The study also found patients undergoing surgery for rectal cancer during the first year of the COVID-19 pandemic sought treatment later and at a more advanced stage, making them less likely candidates for sphincter-preserving surgery.

The pandemic has led to a worldwide burden on healthcare systems that prioritised COVID-19 treatment over other conditions such as colorectal cancer, the study found.

Source: MedPage Today

Price drop



KENYA: With a government election to be held this month, the Kenyan treasury has proposed the removal of VAT from colostomy, urostomy and ileostomy bags, to reduce the cost of the products and improve access for ostomates.

The Star newspaper said ostomy bags in Kenya were mostly imported and sold in select pharmacies.

Continued page 32

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References: 1. A Randomized, Multi-Center, Cross-over Study Comparing the Performance of Three Ostomy Accessory Products. C-0513-12-A739. 2013 Data on file, ConvaTec Inc. **2**. Fluid Uptake Testing R&D Report. SKL13-0104. 2013 Data on file, ConvaTec Inc.

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80008Y	413504	48mm Thin	10	30
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connection.nz@convatec.com

Continued from page 31

They cost up to 1400 Kenyan shillings (about AU\$16.60) for reusable bags. Disposable bags cost 100 shillings per bag (about AU\$1.18).

Sally Kwenda, a cancer survivor who has used the bags for the past 10 years said the economic burden patients go through was huge.

"The colostomy bags are not readily available in the country and if you are lucky to get it then the cost is too high," she said.

She said in a day, a person needed one or two bags depending on how they eat.

"That is something the government should look into and consider local manufacture. They are not manufactured here and that explains the high prices," she said.

Since many get financially drained by the treatment, poor patients have had to settle for improvised jar lids, cloths or polythene bags as stool or urine bags.

For the few with the purchasing power, locating a pharmacy that stocks stoma bags is still a hurdle.

"Many people refuse to go through the operation or they refuse to eat so that they avoid getting pressed due to lack of the bags," Kwenda said.

Some survivors are forced to wash the disposable bags and hang them to dry and then reuse, which can cause infections.

The reusable bags are disposed of after two or three uses.

.....

Source: www.the-star.co.ke

Ostomate swims channel with friends



ICELAND: An Icelandic sea swimming group has achieved its aim of swimming across the English Channel.

It was reported that one of the members was recently fitted with an ostomy bag, making her

the first ostomate to successfully cross the channel as part of a relay swimming team.

The group, known as Bárurnar (the Waves), reached the coast of France at the end of June, after setting off from England.

The swim took the six group members, all female, just over 16 hours. The women swam 54 km in total, taking turns swimming for an hour at a time.

The last part of their journey was the hardest, with the weather turning inclement and the sea – the tempersture of which was about 13 degrees – becoming very choppy.

The group members – Guðmunda Elíasdóttir, Elsa Valsdóttir, Sigríður Lárusdóttir, Harpa Leifsdóttir, Jórunn Atladóttir, and Bjarnþóra Egilsdóttir – regularly meet for social swims in Iceland and do not consider themselves as professionals.

"We are just regular women, mothers and grandmothers," Guðmunda said.

"We're no athletes or elite swimmers, just a group of middleaged women."

The swim was to raise support for and awareness of the Icelandic Ostomy Association.

Source: Iceland Review

Screen drops

NEW ZEALAND: The government has announced it will lower the bowel cancer screening age from 60 years old to 50 for Māori and Pasifika (Pacific Islander people) nationwide in July next year. More than \$36 million will go towards the

four-year shift that the government estimates will make an extra 60,000 people eligible for screening each year.

More than 1000 New Zealanders die from bowel cancer every year and more than 3000 are diagnosed.

Associate Health Minister Peeni Henare said high rates of Maori and Pacific people made up those numbers.

"A higher proportion of bowel cancer occurs before they reach 60, at approximately 21 percent, compared to 10 percent for non-Māori, non-Pacific people," he said.

Bowel cancer is the second-highest cause of cancer death in New Zealand. Bowel Cancer NZ medical advisor Professor Sue Crengle said the change in age would help fix long-standing issues.

"It has taken years of advocating to lower the age for Māori and Pasifika. We would want to see the Ministry of Health moving much more quickly in future to correct such known inequities," she said.

"A worrying number of Māori and Pasifika people present with advanced stage three or four cancer, significantly lowering their chances of long-term survival, and screening will help detect cancers earlier."

Leaks contained



SCOTLAND: A new device invented on an attic sewing machine could revolutionise the lives of ostomates.

The device contains stoma bag leaks, drawing it away from the skin and allowing people time

to change their bag without embarrassment. The large donut-shaped device fits round the stoma bag and is suitable for a colostomy, ileostomy or urostomy. If a leak happens, the super absorbent medical grade material draws it into the foam.

Lisa Crombie helped create the company that has brought ConfiPlus to market.

"There hasn't been a shake-up of [ostomy] products on the market in years and there is little investment going back into design and development," she said.

"Current accessories try to stop leaks happening in the first place with sticky dressings. However, this means people don't know they've leaked until it's too late, and skin irritation occurs quickly.

At present, the product is only available in the UK.

Source: Independent Living UK

Source: www.rnz.co.nz





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United for fun times

AS USUAL, Young Ostomates United (YOU) has been active both online and in person, with catch-ups, outreach to members, and support and friendship for ostomates and their support people.

On May 14, a few members met at the Doncaster Hotel in Melbourne's east for a great catch-up.

Founder and committee member Lilian Leonard said when Young Ostomates United was first formed in 1989, the most popular segment was called YOU talk, where members could chat to other ostomates in a relaxed environment.

"This was once again reiterated at the informal luncheon at Doncaster Hotel," she said.

"The venue is large enough for the group to spread out and chat informally.

"It was particularly nice for the new members being able to talk to other members.

"It was great to see our inaugural members Susan, Greg and Dave, and not



All together: A catch-up for the Young Ostomates United at the Doncaster Hotel in Melbourne was a fun time for members.

forgetting recently retired stomal therapy nurse Genevieve.

"All in attendance enjoyed the camaraderie, asking when we are doing this again?"

Sixteen members attended the event and there are more catch-ups planned.

On August 13, YOU will hold its annual general meeting from 10.30am-2.30pm at the Nurses' Memorial Centre, Fawkner Towers, 11/431 St Kilda Road, Melbourne.

The AGM will be followed by a guest speaker and a light lunch.

The guest speaker will give a presentation on fertility in male and female ostomates.

On October 15 at 12pm there is a social catch-up at the Shoppingtown Hotel, 19 Williamson Road, Doncaster, Victoria.

The YOU Christmas get-together will be held on December 3 at 12pm at the Blackburn Lake Sanctuary, 103 Central Road, Blackburn, Victoria.

Bring a packed lunch and bring family and pets – all are welcome.

For further information about any of the events, contact YOU Secretary Helen Ebzery at helshae@hotmail.com or youincsecretary@gmail.com or on the Facebook page for YOU.

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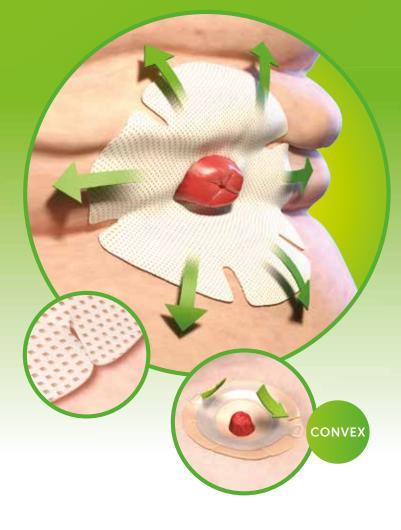
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National Directory of Ostomy Associations

AUSTRALIAN **CAPITAL TERRITORY**

ACT & DISTRICTS STOMA ASSOCIATION

W: actstoma.net.au

E: stoma@actstoma.net.au T: (02) 5124 4888

A: Floor 2, 1 Moore Street CANBERRA ACT 2600 Open: First and second week of each month on Monday, Tuesday, Wednesday 10:00am to 1:00pm

NEW SOUTH WALES

NSW STOMA LIMITED

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

OSTOMY NSW LTD

- W: ostomynsw.org.au
- E: orders@ostomynsw.org.au
- T: (02) 9542 1300
- F: (02) 9542 1400

A: Ground Floor, 20-22 Yalgar Road Kirrawee NSW 2232 Open: Monday to Thursday 9:00am to 2:00pm

NORTHERN TERRITORY

CANCER COUNCIL NORTHERN TERRITORY

- W: nt.cancer.org.au
- E: ostomy@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 2:00pm

QUEENSLAND

GOLD COAST OSTOMY ASSOCIATION

W: goldcoastostomy.com.au E: assoc@gcostomy.com.au T: (07) 5594 7633

(07) 5571 7481 F: A: 8 Dunkirk Close ARUNDEL QLD 4214 Open: Tuesday and Thursday 9:00am to 3:00pm

NORTH QUEENSLAND **OSTOMY ASSOCIATION**

admin@nqostomy.org.au (07) 4775 2303 (07) 4725 9418 13 Castlemaine Street Open: Monday and Thursday Wednesday 8:00am to 12:00 noon

QUEENSLAND

OSTOMY ASSOCIATION W: gldostomy.org.au admin@qldostomy.org.au E: (07) 3848 7178 T: F٠ (07) 3848 0561 22 Beaudesert Road A: MOOROOKA QLD 4105 Open: Mondays 9am to 2:30pm, Tuesdays 9am to 3pm, Thursdays 9am to 3pm

QUEENSLAND STOMA ASSOCIATION

W: gldstoma.asn.au E: admin@qldstoma.asn.au (07) 3359 7570 T: (07) 3350 1882 F:

Unit 1, 10 Valente Close Δ٠ CHERMSIDE QLD 4032 Open: Monday to Thursday 8:30am to 2:30pm

TOOWOOMBA & SOUTH WEST

- **OSTOMY ASSOCIATION** E: bob.schull@bigpond.com
- Bob 0418 717 199 M:
- (07) 4636 9701 T:

(07) 4636 9702 F: Education Centre, Blue A: Care Garden Settlement, 256 Stenner Street TOOWOOMBA QLD 4350 Open: Tuesday 9:00am to 3:30pm

WIDE BAY OSTOMATES ASSOCIATION

W: wboa.org.au

E: wbostomy@bigpond.com

- T: (07) 4152 4715
- F: (07) 4153 5460

A: 88a Crofton Street BUNDABERG WEST QLD 4670 Open: Tuesday, Wednesday, Thursday 8:30am to 3.00pm

SOUTH AUSTRALIA

ILEOSTOMY ASSOCIATION OF SOUTH AUSTRALIA W: ileosa.org.au

- E: orders@ileosa.org.au
- T: (08) 8234 2678
- F: (08) 8234 2985

A: 73 Roebuck Street MILE END SA 5031 Open: Monday, Wednesday, Friday 12:00 noon to 2:00pm Tuesday, Thursday 10:00am to 2:00pm

OSTOMY ASSOCIATION **OF SOUTH AUSTRALIA**

W: colostomysa.org.au colosa@colostomysa.org.au E: Т· (08) 8235 2727 (08) 8355 1073 F: A: 1 Keele Place KIDMAN PARK SA 5025 Open: Monday to Thursday 10:30am to 2:30pm

TASMANIA

OSTOMY TASMANIA

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

VICTORIA

BENDIGO AND DISTRICT OSTOMY ASSOCIATION

- W: bendigo-ostomy.org.au T: Ostomy Rooms: (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 10:00am to 1:00pm

COLOSTOMY ASSOCIATION **OF VICTORIA**

W: colovic.org.au E: info@colovic.org.au p. (03) 9650 1666 F: (03) 9650 4123 A: Suite 221 - Level 2, Block Arcade, 98 Elizabeth Street

MELBOURNE VIC 3000 Open: Weekdays 9:00am to 2:00pm STN 10:00am to 2:00pm on Monday and Wednesday

GEELONG OSTOMY

W: geelongostomy.com.au E: goinc@geelongostomy. com.au

(03) 5243 3664 T: (03) 5201 0844 F:

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
- (03) 9888 8523 T:
- F: (03) 9888 8094

A: Unit 14, 25-37 Huntingdale Road BURWOOD VIC 3125 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
- (03) 9345 5325 T:
- F٠ (03) 9345 9499

Equipment Distribution A: Centre, Royal Children's Hospital, Basement 2 (green lifts), 50 Flemington Road PARKVILLE VIC 3052

WARRNAMBOOL & DISTRICT OSTOMY ASSOCIATION

E: warrnamboolostomv@ swh.net.au

т· (03) 5563 1446

(03) 5563 4353 F:

A: 279 Koroit Street

WARRNAMBOOL VIC 3280 Open: Friday 12:00 noon to 4:00pm

WESTERN AUSTRALIA

- WESTERN AUSTRALIAN **OSTOMY ASSOCIATION** W: waostomy.org.au E: info@waostomy.org.au (08) 9272 1833 T: F: (08) 9271 4605 15 Guildford Road MOUNT A: LAWLEY WA 6050 Open: Monday 9:00am to 5:00pm Tuesday 6:30am to 1:00pm
- Thursday 9:00 to 1:00pm Fourth Saturday of each month 9:00am to 1:00pm

E: T: F: A: KIRWAN QLD 4812 8:00am to 4:00pm

National Directory of Ostomy Support Groups

ACT

Canberra:

ACT Stoma Association. 10am to noon, second Tuesday of every month. Contact your stoma therapy nurse or Clare Jacobs on **0400 921 901** or **aucIdo@coloplast. com.** Please RSVP for catering.

NEW SOUTH WALES

Albury/Wodonga:

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

Bankstown:

10am-noon August 3, October 5 and December 7. Revesby Workers Club, 2B Brett St, Revesby (close to public transport and free parking). Contact Bankstown Hospital stoma therapy nurse or Clare Jacobs 0400 921 901, aucldo@coloplast.com. Please RSVP for catering purposes.

Bathurst:

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

Beat Bladder Cancer:

The national support group holds monthly online meetings via Zoom. Register at www.beatbladdercancer australia.org.au/supportgroups or by email at support@beatbladdercancer australia.org.au. Contact Adam Lynch 0421 626 016.

Bowral:

1-2.30pm, March 1, June 7, September 6 and November 29. Bowral Bowling Club, 40 Shepherd St. Contact Lu Wang and Erin Wagner, stomal therapists at Liverpool Hospital **(02) 87384308** or Clare Jacobs **0400 921 901** or **aucldo@coloplast.com**. Please RSVP one week prior.

Broken Hill:

Every third month or as required. Broken Hill Hospital Conference Room. Contact Tarndra (08) 8080 1300.

Central Coast:

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

Coffs Harbour:

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:

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

Eurobodalla Region:

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

Goulburn:

10am to noon, November 23. Goulburn Workers Club, 1 McKell Place. Contact Clare Jacobs 0400 921 901 or aucido@coloplast.com

Grafton:

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

Griffith district:

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

Hastings Macleay:

10am-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. 10amnoon Wednesday, every second month. Education Room, Figtree Private Hospital, 1 Suttor Place Figtree. Contact Helen Richards CNC stoma therapy nurse Wollongong Private Hospital on **4286 1109** or **richardsh@ ramsayhealth.com.au** or Julia Kittscha CNC stoma therapy nurse Wollongong Hospital mob: **0414421021** office: **4255 1594** or **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:

10am-noon. First Wednesday in February, April, June, August, October and December. Skills for Life Building, 5-9 Elizabeth Ave. Taree (wheelchair accessible). Contact Karla MacTaggart on (02) 6592 9469.

Newcastle district: 1:30pm.

Last Saturday in February, May, August and November. Hamilton Wesley Fellowship Hall, 150 Beaumont St. 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:

October 26: Nowra School of Arts Annex 2pm. December 14: Ulladulla Community Health Centre 2pm. Register with stoma therapy nurse Brenda Christiansen **0422 006 550**.

St George:

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

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**. Access: 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:

1-3pm. Dates to be confirmed. Camden Hospital, Heritage Auditorium, 61 Menangle Road Camden. Contact: Erin or Lu on (02) 8738 4308

Tweed-Byron:

Noon to 2pm, third Tuesday of March, June, September. second Tuesday in December. South Tweed Sports Club, 4 Minjungbal Dr., Tweed Heads South. Contact Lisa Clare stoma therapy nurse (07) 5506 7540.

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

Beenleigh:

9:30-10:30am, first Monday of February, April, June, August, October and December (Christmas Function) Logan Hospital, Room 1E. Cnr Loganlea and Armstrong Road, Meadowbrook. Contact Leeanne Johnson stoma therapy nurse (07) 3299 9107.

Bowen:

10am on the first Wednesday of every month. Bowen Hospital. Contact Natasha Leaver **natasha**. **leaver@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**

Queensland Stoma Association:

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

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 second Monday of every month at Maroochy RSL Events Centre, Memorial Avenue (off First Avenue). Contact Laurie Grimwade (07) 5445 9008, email sid.and.laurie@gmail.com; Janelle Robinson 0409 762 457, email candjrobinson@bigpond. com or Kathy Himstedt (07) 5445 9270, email greg.kath1@bigpond.com.

Toowoomba:

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

Wide Bay:

Bundy Osto Mates. 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

Barossa:

Either 2-4pm 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:

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

Fleurieu:

10am-noon on Mondays usually March, June, September and December at Grosvenor Hotel Function Room, Victor Harbor. Contact Lyn Sandford stoma therapy nurse on **0421 000 960**.

Northern:

Elizabeth Playford Lions Club, Hilcott Street, Elizabeth North. Fourth Tuesday of the month 2-4pm. Febuary, April, June, August, October and December. There will be a product rep at every meeting. Email northernostomygroup@ gmail.com

Southern:

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

Port Augusta:

Port Augusta RSL, 17 Fulham Road. Meetings 1-2.30pm on the fourth Tuesday of every month. Contact Anne Wensley 0429 422 942 or 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 stoma therapy nurse on **08 8638 4536** or **0481 484 347**.

South East:

10.30-12.30 Thursdays in February, April, June, August, October and November. St Martin's Church, Edward St, Mt Gambier or Coonawarra Soldiers Hall 11 Memorial Drive. Please phone to check date and venue. Contact Barbara Wardley **0415 477 978** or Leeanne Paterson **0418 733 111.**

Yorke Peninsula:

1.30pm on third Wednesday of February, April, June, August, October and December at Senior Citizen's Hall, Verran Terrace, Moonta (next to Bowling Club). Call Helen Colliver on **0419 839 869.**

TASMANIA

Semi Colons:

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

Tasmania Support Group:

10am- noon, March, June, September and November. North: Cancer Support Centre, 69 Howick Street, Launceston.

North-West:

Ulverstone Senior Citizens' Club, 16 King Edwards Street. South: Ostomy Tasmania Office, New Town. Contact Adrian Kok **0498 196 059** for dates.

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:

10-2.30pm on Saturday, August 20. Masonic Hall Appin Street,Wangaratta. Suppliers' Day: 2pm on Monday, October 17. Benalla Bowls Club, 24 Arundel St. 2pm Monday, December 12, Masonic Hall, Appin Street, Wangaratta. Call Graeme Pitts (03) 5762 1721 or 0407 240 943 or mgpwang@gmail.com

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, two or three days per week. Phone **9650 1666** or **email info@colovic.org.au**

Mildura:

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

South Gippsland:

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

Sunraysia/Riverland:

Venue: Sunraysia Cancer Centre. Enquiries: Norma Murphy 0409 252 545. Warrnambool and district: 10.30am, second Friday February, April, June, August, October and December. Venue: The Seminar Room, SWHC Community Centre, Koroit Street, Warrnambool. Contacts: Heather on (03) 5561 1159 or Terry on (03) 5562 5093. Warrnambool Ostomy rooms (Fridays) (03) 5563 1446.

WESTERN AUSTRALIA

Albany:

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

Esperance:

Contact Len (08) 9075 9099.

Geraldton, Kalgoorlie

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

Mandrah:

5.30-7pm 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 via 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.

Did you enjoy this issue of the journal?

Everyone's story can offer something to someone. Sharing the parts of our journeys that we've struggled through can be hard but can also help people on a similar path know they are not alone.

We want your stories

Ostomy Australia is your publication. We are looking for your stories, your experiences, your letters, your photographs. Ostomates continually tell us how much pleasure – and how much useful information – get from the journal.

Send your stories to us

All stories, letters and articles are appreciated and valued. Please send them to the editor by email: **journal@australianstoma.com.au**

A few guidelines when sending us your story or article When you send a contribution, we ask that you:

- Send your contribution in electronic form, attached to an email or as an email, where possible
- Provide your full name and contact details. We publish names whenever possible but not contact information
- Please don't identify anyone else in your story, medical professionals or other ostomates for

- example, unless they have agreed to their name being used
- Avoid identifying companies or products
- Pictures tell a thousand words. Please share pictures if you can. Photos should be JPGs and at least 1MB in size. If there are people in the picture, let us know that they agree to publication.

