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Ostomy
Australia

AUSTRALIAN COUNCIL OF STOMA ASSOCIATIONS INC.
ACSA

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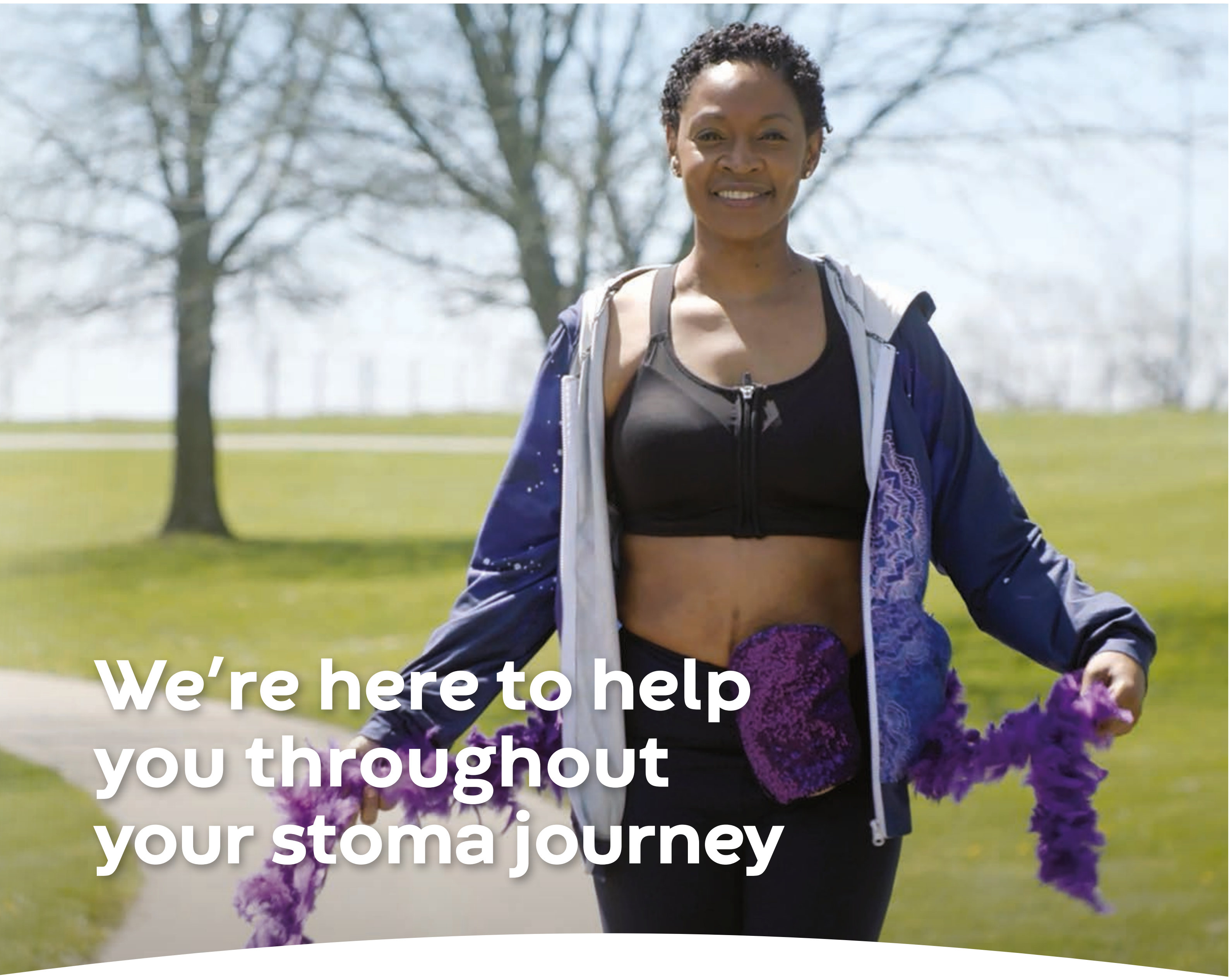

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Ask Wendy

By **Wendy Pearson**
Clinical nurse consultant

Essential tips for managing medications with a stoma

HELLO everyone, I hope that you all had a merry Christmas and a great start to 2025.

This question is something that comes up in my clinic quite often so thank you to the person that has asked this.

"I'd like to see in the magazine about tablets.

"Some come out whole in the pouch; I know this and I don't take any film-coated or enteric-coated tablets.

"I have a great GP and chemist who understand this issue.

"I try to opt for capsules, non-coated tablets, or liquid medicine."

Medications are generally only an issue with someone who has either an ileostomy or a high output colostomy (usually related to an IBD flare or radiation proctitis).

The reason for this is the amount of time that the medication is in the bowel.

For anyone with a colostomy or urostomy, this generally isn't an issue as you would normally have continuity of nearly all your bowel.

With someone who has an ileostomy, the transit time (or the amount of time that it takes for the medication to enter and then leave the body) is significantly shorter than a person who has the use of all their bowel.

It is very important that whoever prescribes medication for you is fully aware of the type of stoma that you have and the implication that this may have in your ability to fully absorb your medication.

Your prescribers should know the quality of the functioning bowel that you have and your ability to absorb certain medications depending on where your stoma sits in your bowel.

If someone has an ileostomy, be mindful of how high or low in the ileum your stoma is formed.

The terminal ileum (or the very end of your small intestine) is approximately the last 20-30cm of your small bowel and is the only place that certain medications are absorbed.

Common examples of this are vitamin B12, some cholesterol and IBD medications and certain antibiotics.

Other medications to avoid if you have an ileostomy or high output colostomy are:

Laxatives – as you will never become constipated.

Prokinetics – these increase the motility or movement of the bowel and will increase your output. Ask your prescriber if any of your regular medications do this and if so, what is a substitute medication.

Slow-release medication – You will find that these may be described on the packets as ER or XR (extended release), EC (enteric coated). The reason for this is that you are unlikely to have the medication in your bowel long enough to absorb it fully.

Never crush these medications. Ask your prescriber for an alternative, immediate release or liquid formulation.

Magnesium sulphate – if you need a magnesium supplement, magnesium citrate is generally less likely to increase your output, but you are better off taking it in a powdered formula with small regular doses than one big dose.

Avoid sorbitol which is often in liquid medications as this can have a laxative effect.

Diuretics should be prescribed with caution as these may cause dehydration and lead to a low potassium level. There are some diuretics that are potassium sparing so discuss this with your GP

Iron supplements are better tolerated if given either as in injection or intravenously compared to oral supplements.

If your medication is in capsule form, consider opening the capsules prior to taking them. Mix the powder in some yogurt, jam, or fluid.

Talk to your GP about more reliable ways to take your medication such as sublingual (under your tongue) or transdermal (through the skin).

Also talk to you GP about checking your serum levels of your oral medications.

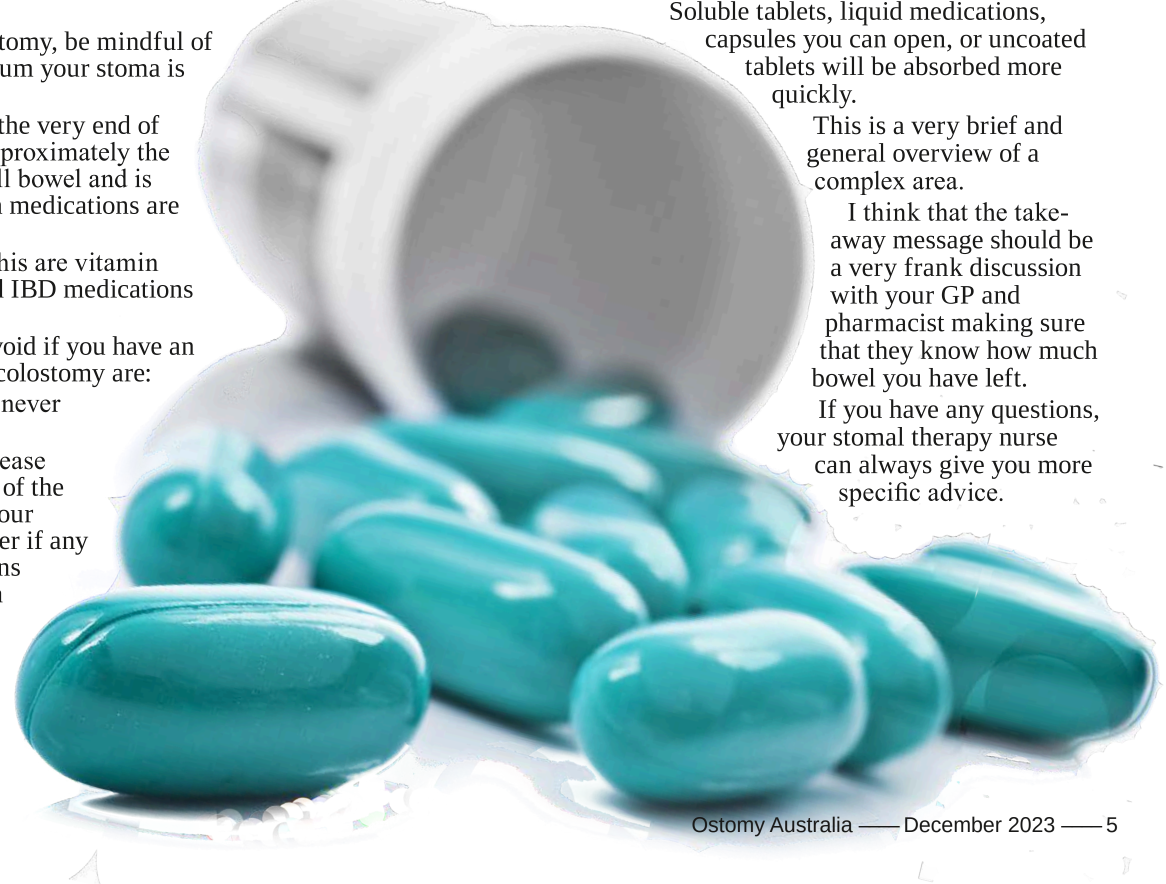
This is particularly relevant with anti-epileptic and some antibiotic medications. If you are getting tablets or capsules coming out whole into your pouch, mention it to your GP to see if there is an alternative.

Soluble tablets, liquid medications, capsules you can open, or uncoated tablets will be absorbed more quickly.

This is a very brief and general overview of a complex area.

I think that the take-away message should be a very frank discussion with your GP and pharmacist making sure that they know how much bowel you have left.

If you have any questions, your stomal therapy nurse can always give you more specific advice.



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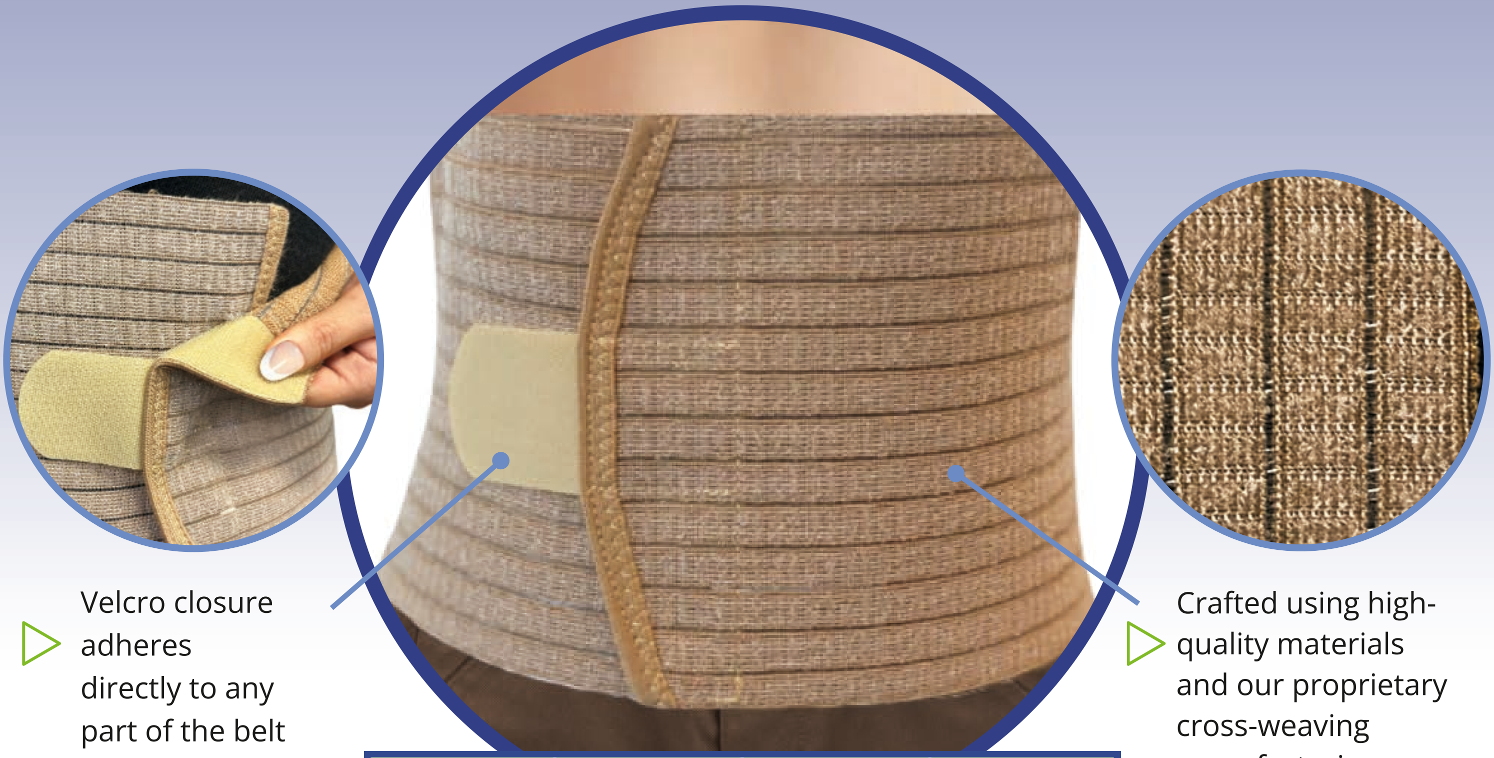

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Your say

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What to do?

COULD someone advise where I could get help?

My wife has dementia and as her carer I have the job of changing her stoma bag each day, generally early morning.

I use a two-piece which means it's pretty easy most of the time.

I am now approaching 80 years old and it concerns me as to what happens if I can't get out of bed one morning through a variety of not necessarily serious illnesses.

I live in a town 20 minutes from a general hospital in Tasmania.

My wife is now on the highest home help package, which has been handy, but the provider does not give assistance for stoma bag replacement.

I understand this may apply to most providers?

I have checked with various bodies relating to age care, plus our local GPs, but the best I could get was to call for an ambulance to take me to hospital and they would be obligated to take care of my wife.

Ambulance staff apparently are not trained to replace stoma bags.

It's an interesting conundrum – what to do?

Now, of course, this is quite a ridiculous situation because I may just have one of those days when gout or a bad cold has knocked me for a while but is certainly not worthy of a hospital trip.

Our stoma nurse in Burnie is extremely good and we love her to bits, but she works on her own and it is not practical for her to make these sort of home calls.

Any suggestions?

Mike, TAS.

Surplus requirements

AS an ostomate of 20 years, I recently requested and received additional holiday supplies, only to be told on my return from holiday that the additional supplies had in fact been an advance on my regular entitlement, leaving me in a position where I am likely to become short on supplies.

There is advice to ensure surplus supplies are on hand in the event of postal delays or supplier issues, however the SAS entitlement per year equates to one appliance per day and four 'spares'.

How are ostomates to acquire a surplus, without compromising on daily bathing and/or a desire to engage in water-related activities over the summer period?

Rachel, VIC

Disposal advice

IN reply to letters published in December's *Ostomy Australia* asking for bag disposal advice.

I find it so simple to buy baby nappy bags, they are scented and hold everything that needs to be disposed of.

There are 200 in the pack and are available in most supermarkets.

Jan Cooke, QLD

Mystery solved

I WAS just going through my *Ostomy Australia* magazines and came across Wendy's advice column on irritated skin (August, 2024).

Well, this answered a question for me – thank you very much.

I had an ileostomy 11 years ago and I love it.

I was using a flat baseplate and because I'd lost 10kg my stoma shrunk and I needed a convex baseplate.

I knew that both baseplates had the same adhesive but I couldn't work out why after all these years of having very clear, non-irritated skin under the baseplate, I now had a rash where the baseplate fits.

Well, you solved my thoughts as couldn't work out why I had this issue – I was on antibiotics when these appeared.

I'm now off antibiotics and have been for a while and this rash is slowly disappearing.

Thank you, Wendy.

Nancye Turner, QLD

Site has solutions

THERE is a great website for all people with a stoma.

It has people from all over the world with different kinds of stomas.

We have members that have had their stoma for 30, 40 and even 50 years, as well as new members of only weeks.

We all use the site to help people having problems or who just want to meet like-minded people.

As for myself, I got my colon removed 21 years ago and had a J-pouch fitted but after 18 years of problems I had the pouch removed and received my ileostomy.

I have since had three years of good health and no problems with my bag.

I use a two-piece with a convex wafer and a drainable bag.

One thing that some of our members on the website came up with was how to seal the bottom of the bag more securely than with just a hook and loop closure or a plastic clip, and how they can shorten the bag to enable them to tuck their shirt into their trousers.

On the website MeetAnOstomate (MaO in short) I go under the name of Iggie and I invented what all our members now call the IGGIE clip.

A large number of our members in America, England, Canada, India, Ireland and all over the world now use the IGGIE clip.

I have also invented a few other ideas but that's for some other time.

Keith, VIC

Supportive undies

AFTER becoming an ostomate in 2001, I have been searching for a male underwear garment that would support my appliance bag.

The market has had several available and I have tried most, but none of them rise up high enough to support the bag when exercising.

After reading all the informative articles in *Ostomy Australia*, I have deduced that my fellow ostomates are an inventive bunch and often derive practical work-arounds for the medical condition we have.

By chance, could any of them offer some advice?

Grant McLaren, VIC

More letters on page 9


Stoma
Skin
Soul
“I love this product because most of all it gives me confidence”
Jim, Cancer Dynamo

Continued from page 7

Flying high with stoma

WHAT is it like to change a stoma pouch at 30,000 feet?

Well, not much different from doing it at home – the bathroom is smaller, but adequate.

The airline did get our seat allocation wrong, giving me a centre seat.

However, thanks to a very kind hostess, and an equally kind passenger who gave up his aisle seat, I was soon settled in.

We were on our way to a transit stop in Dubai, then to Istanbul.

One long haul, one short, but adding up to 24 hours.

Why Turkey? Well, everything we had heard about Turkey was good.

And, seemingly, a complete absence of Delhi Belly, which would have been a disaster.

As it turned out, the rumours were right. Very good food, very good beer, very helpful locals, though not a lot of English was spoken, even in places where you would expect it.

However, the locals cheerfully helped us muddle through.

Some things were cheap – fresh fruit and vegetables, a 500ml beer for $1.50 in the supermarket.

And some things were expensive – entry to Ephesus, the pre-history Greco-Roman city, was 52 euros (about AU$100) to be allowed to walk around the ruins (which were fabulous) in the hot sun.

But we didn't regret it.

And, the depth of history everywhere – pre-history, Greek, Roman,Byzantine, Ottoman – we could only scratch the surface, but where we scratched was fascinating.

Driving was interesting; in the towns and cities, traffic was dense with cars, scooters, vans, trucks, buses everywhere, all casually changing lanes when they wanted to.

We quickly worked out that when you put your indicator on, someone would let you in. Lots of goodwill and patience.

And how did I fare with the stoma?

Very well, actually.

I carried plenty of supplies (one third of which came home) and was not once caught short.

I was a bit worried about carrying the little pressure packs of adhesive solvent, but found if I put them in a clear bag, on a tray at security, no-one noticed.

One Turkish security officer did ask about the bulge on my belly.

When I said I had a stoma, he just grunted.

I actually had my 79th birthday in Istanbul. Our guide for the afternoon/evening took us to a locals only restaurant/night club, and the videos of me up there dancing were hilarious.

King of the daggy dancing, particularly with the great big bear of a man from the next table who decided that we were best friends forever (men freely dance with men, women with women, and me with the bear's wife and my own).

A good holiday? You bet.

All I had to do was be part of the little group that made it happen.

Ten days ago I had a successful reversal of the Hartmann's procedure; my stoma was closed and I'm returning to 'normal'.

It will take some months to recover from two big surgeries in six months but quite an adventure.

And I have quite a few unopened supplies to return to my stoma association in Moorooka.

A big thank you to the stoma nurses at the Mater Public who were always there for me.

Rob James, QLD

Surgery solves problems

AS an ostomate for a little over two months, the problems of obstructed defecation that have plagued me since I was a small child have gone away and life is so much more manageable.

My surgeon told me she helps a lot of trauma survivors this way.

I heard about ostomies from a friend who is also an ostomate.

I'm so grateful to have lived long enough to have the modern system of aids.

I'm writing about the 'back passage' in my next book, called *Life with DID.*

I'm even writing from day one as an ostomate, to help people understand the process and potential pitfalls, such as skin allergies.

I can eat a wider variety of foods too.

The stoma dietician told me that a lots of ostomate lose their food allergies – how interesting.

I live in remote Queensland and have found ordering more gear quite easy through QOA. I also love that the products are covered under Medicare.

What a huge relief!

Gracie, QLD

New Christmas thrill

BACK in the 70s, Christmas was seeing the excitement in my children's eyes as they opened their presents, along with sharing lunch with us and their grandparents.

There was not a lot of waste in those days because as I sat down the next day to watch the Boxing Day Test, son No. 1 took out of the fridge his carefully crafted Chrissy lunch No. 2 and reheated it in the microwave. Nowadays, three years into my battle with bowel cancer, my Christmas thrill came from the delivery of a two-months supply of stoma bases and bags.

Regrets? None, really.

One does the best they can every day and I have lived a full and rewarding life.

If I had a Christmas wish, it would be that my long-suffering wife of more than 50 years had a wonderful day.

Roman, email

In the lucky country

WHILE travelling all over Australia as grey nomads we were fortunate to be in Mildura in Victoria in 2018 when my bowel cancer was discovered.

As I waited in hospital to go into the operating suite my doctor said to me that if I saw her after the operation it would not be good news.

She came to see me – it was not good news. There was so much to take in during that conversation; after settling down I started to process the news.

There's a cancer shop in Mildura and the people working there were marvellous. I was offered a flight to Melbourne, including accommodation, to have two radiation sessions.

That would have been so easy but my husband wanted to be with me, plus we had a Moodle puppy, so we packed the van and headed to Melbourne.

All went well there, then we returned to Mildura to await admittance day to Mildura Hospital.

I have to say I felt fortunate being in a country town, the service and back-up for my situation was amazing.

It's a very emotional time and one needs that service and reassurance. I remember my surgeon saying to me: "Kay, we are in the lucky country," and we certainly are.

A whole new world of assistance opened up, with quite a selection of products to choose from like different bags and bases plus skin creams and sprays, plus wipes and so on to make the whole process easier.

I was fussing around in the beginning with my routine but after a short time it all became automatic.

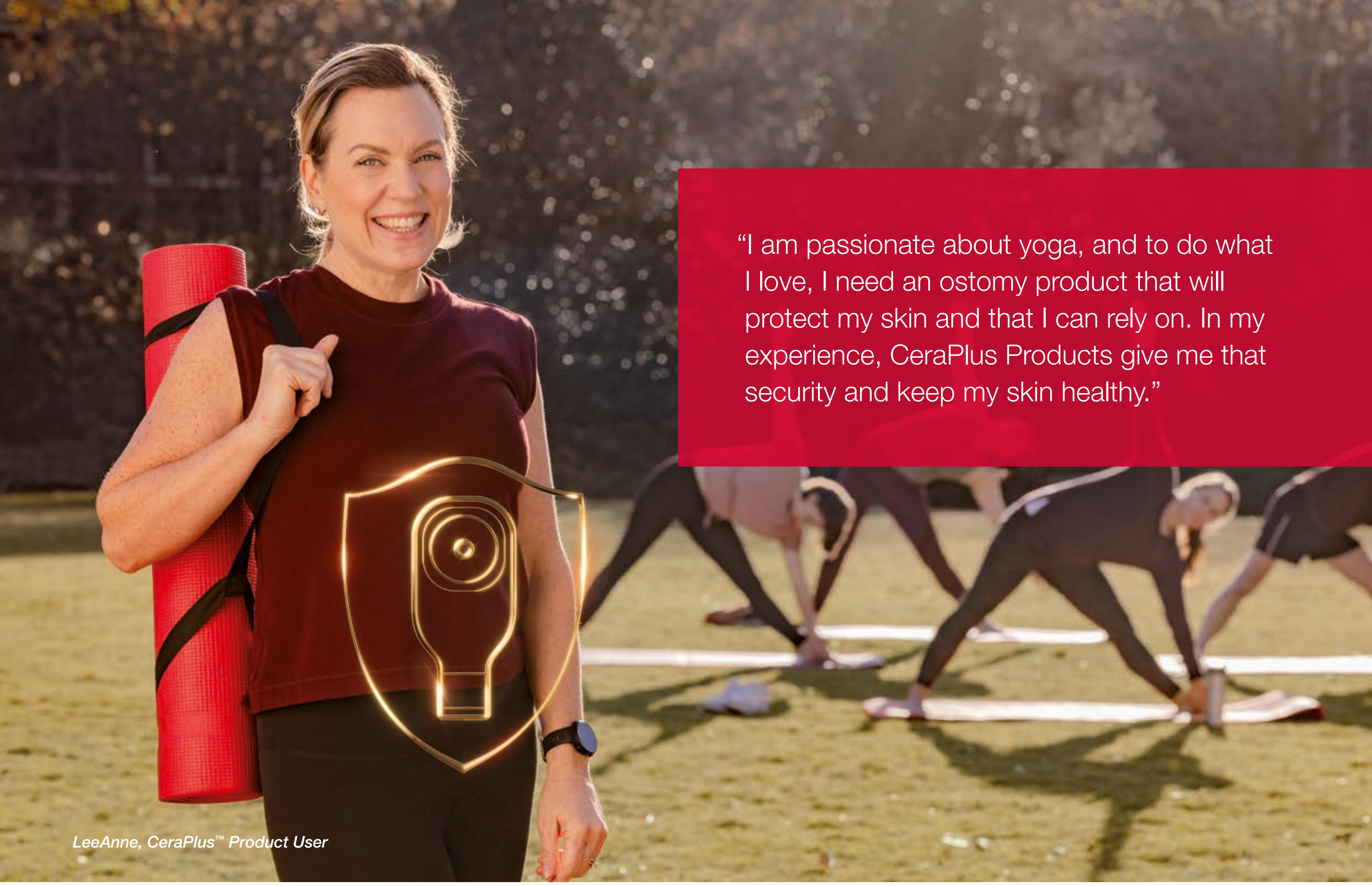
It was suggested when I go on outings to take two bags, my normal bag plus another with stoma products, however I don't do that, I just take an extra stoma bag plus a disposable bag when I go on short outings like to the local shop but take everything on a long outing.

The whole experience is overwhelming at first but it quickly becomes automatic and part of your life.

We certainly are in the lucky country.

I am 81 years old and still going strong.

Kay Unwin, email



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Drive and determination to help young ostomates

Lilian Leonard OAM

Lilian Leonard
1938-2024

IN her role as a stomal therapy nurse, Lilian Leonard saw a great need for younger ostomates to have both emotional and physical support from others going through the often traumatic surgery.

One of Lilian's young patients lamented that she had been to an ostomy association meeting and had seen only "old" people there. She wanted to know where all the young ostomates were that Lilian had told her about.

And so, in 1989, Young Ostomates United (YOU) was born.

Lilian held the first YOU meeting at the Preston and Northcote Community Hospital (PANCH) in November 1989 where 12 people attended.

Soon an enthusiastic community was working to spread the news that being young and having a stoma wasn't a death sentence; in fact you could have a life, and in most cases a better life than pre-surgery.

In 1992 Lilian presented her paper, on how to set up a young ostomates' support group, to the World Council of Enterostomal Therapists conference in Canada.

Later she developed this into a kit and presented it at the Australian Association of Stomal Therapy Nurses conference in Australia.

That same year I began as editor of YOU's own little journal called Just For YOU.

My job as editor was to decipher Lilian's handwriting, this was before any of us had a home PC and was a job in itself – I had never seen such small handwriting.

Lilian was so passionate about education and Stomal Therapy Week, which was held in June each year and was a big event for YOU.

We would hold a community information day at PANCH, and when Lilian formed PANCH Ostomy Support Group for the 'oldies', the groups combined to have huge functions.

We organised some great guest speakers, including Sir Edward 'Weary' Dunlop, and many a friendship was made between both groups.

Lilian was all about getting the word out there and providing support and education.

She would organise publicity via PANCH, appearing in the local paper and even getting me into the *Herald Sun*.

In 1994 a large contingent of YOU attended the World Congress in Adelaide – what a fantastic experience it was, even better with our stay at the local caravan park together.

Lilian encouraged and supported us, and YOU assisted Helen to represent the group at the International Ostomy World Conference in Calgary, Canada.

Two years later the next conference in Copenhagen was attended by Helen and Dave Sutton.

We were also invited to attend the yearly Australian Council of Stoma Associations (ACSA) conferences which allowed ostomy associations from across Australian to meet with us and find out what made YOU so successful.

The secret, of course, was Lilian's drive and determination.

YOU flourished with many social events, picnics, pizza nights, afternoon teas and of course educational meetings too.

Yearly weekends away to country Victoria meant YOU could embrace isolated young people. Some had never met another ostomate and were just so relieved to know that they were no longer alone.

YOU went everywhere, with meetings in Geelong, Rutherglen and Albury and Canberra.

Lilian and Colin often invited YOU to their holiday home at Eagle Point, Paynesville, for some great times.

Part of the attraction of our group was that it was okay not to be okay (who hasn't heard of the grief curve?) and there was always someone in a similar situation so it was normal to be experiencing hurdles.

Forming these friendships seemed to evoke a bond that no one else could understand and it brought an end to loneliness and isolation for many.

Over the years our fundraising efforts and Lilian's constant begging saw YOU scrape together funds for our running costs; our financial independence was paramount to Lilian.

Today YOU has certainly moved with the times; we have adapted and pivoted so that the channels of communication are always open for our members, whether it is via social media, telephone or in person.

When Lilian passed away in September last year, we dozens of messages via social media lamenting her loss and how very much she will be missed.

Irrespective of social media, meeting people face to face was always one of Lilian's "must do" things, and as we all learned, people still wanted and needed that personal contact – she would network her little heart out so we presented stories of our lived experience to stomal therapy students, we visited new ostomates in hospital, made contact with parents of babies and young children, as well as delivered and sent care parcels to anyone who was unwell, always with Lilian's handwriting on the card (the personal touch is so important, she would say).

Lilian was publicly recognised in 1993 with an Advance Australia Award for outstanding contributions to community service as a result of her work in setting up the PANCH OSG and YOU groups and she was further recognised in the 2020 Australia Day honours list for her exceptional work in stomal therapy with an OAM.

It was so well deserved for her tireless efforts.

Lilian really pushed her worker bees to achieve the aims of YOU, to foster support and friendship between young ostomates, and today YOU has more than 690 members.

Her relentless energy and drive kept YOU going.

These words are from Declan who Lilian loved: "I met Lilian 10 years ago after my surgery and she has always been an inspirational friend with her help and advice. We always had a chat when Essendon and Hawthorn played each other, I will miss you Lilian."

And from Anne and Rob: "Rest in peace Lilian, you have been a good friend, we will miss you."

One thing I believe every one of our members will attest to is that no matter what was going on in her life, how busy she was or how poor her health was, she was always on hand to listen, give advice and to support any one of us when asked.

She was so proud of all our achievements, as she watched many of us grow into strong, independent and (in some cases) no longer 'young' ostomates.

Committee members have come and gone, and Lilian appreciated every one of them, as she knew it wasn't an easy thing to keep a group going for 35 years.

We would like to sincerely thank Colin and the family for sharing Lilian with us over the past 35 years, what an incredible journey it has been.

Her great legacy will live on.

• *Lisa Furnival*

Surprise stoma joins in

by **Deni Climpson**

MY ostomy journey started on my trip of a lifetime.

Our holiday had been planned for a few years and had already been postponed due to the Covid outbreak.

We were to leave mid-August 2023 and fly to Perth from Melbourne for a two-night stay before boarding the Indian Pacific train for three nights, traversing Australia from the west coast to the east coast and staying for two nights in Sydney.

Our plan encompassed plenty of excursions along the way.

So, feeling fit and healthy, we were looking forward to our trip and the all-inclusive time on the train.

My husband, Bill, says (in hindsight) that I was acting a little weird during our time in Perth.

My appetite had all but disappeared but I was in no pain, no symptoms of anything wrong at all – just a little weird is the best way I can describe it.

We boarded the Indian Pacific train and were shown to our cabin.

We were looking forward to setting off on our way across Western Australia, crossing the Nullarbor Plain through the Blue Mountains to Sydney.

What a trip – unfortunately all I felt like doing was sleeping and I wasn't interested in the food or alcohol at all.

When I started to vomit, we began to worry that things definitely weren't right.

During the second night on the train, I couldn't get warm, then I began to shiver; I was feeling pretty sick as we crossed the Nullarbor.

The following morning, upon arrival in Adelaide, an ambulance was called and I was taken into Royal Adelaide Hospital with a temperature of 41.5 and what turned out to be septic shock.

Stage gear: A stoma bag cover with a musical theme, made by a friend of the author.

Bill has since filled in a lot of blanks for me as my memory of those hours is pretty sketchy.

He says that I was taken into the Emergency Department where things got pretty frantic trying to work out what the problem was.

I was given blood transfusions and taken for scans while Bill sat there and quietly panicked.

Our luggage was still on the train which was due to leave for Sydney (our main suitcase actually went to Sydney) and Bill had nowhere to stay.

He was on the phone contacting our two grown children to let them know what was happening and they immediately swung into action.

They booked a week's accommodation for the family and organised to travel to Adelaide by car from Geelong the next day.

I can't imagine how traumatic this must have been for the family.

I was taken up to the Intensive Care Unit for the night as my condition wasn't sufficiently stable for surgery and the wonderful nurses made up a bed for Bill so he could stay with me.

The train staff had also been awesome by dropping off our cabin luggage at the hospital and letting us know that our main suitcase would be dropped at the Adelaide station when the train returned from Sydney.

I had emergency surgery early the following morning, giving birth to my stoma.

The family arrived mid-afternoon while I was still in recovery – Bill must have been so relieved to see our wonderful kids.

It had been a long drive for them, and it was still unclear at that time as to how things would go.

Our son told us later that he thought he might have been coming to say goodbye to me. I was still in fairyland, so had no idea at that point what was going on around me; let alone the fact that there was something attached to my body that wasn't there before.

When the fog started to lift a little the next day, I felt quite sure it wasn't really me laying in this strange place.

And what the heck is that on my stomach?

---

without missing a beat

The nurse patiently explained to me that it was a bag to collect poo – what?

I had a 'stoma' – sorry, no idea what you are talking about – can you take it off please?

I have to admit to feeling pretty scared at this point; I didn't know anything about stomas and had no idea what the future held for me.

I only knew that I wanted to find out and get on with my life the best way I could.

Gradually over the coming days all the tubes and drips disappeared, and thanks to my family things were looking brighter.

As previously stated, we were totally ignorant of what having a stoma entailed but when the Stoma Girls (stomal therapy nurses) arrived, I embarked on a steep learning curve.

We had no idea of what was involved or what was needed to live with one of these.

The girls were brilliant and did a bit of tough love on me to help me understand what had to be done.

One piece of their wisdom always stuck in my mind: "After opening a bag, don't forget to do it up."

They then added: "You'll only do it once."

They also joined me up with my local ostomy association in Geelong, which has been absolutely wonderful.

I can't praise the doctors, nurses and staff at the Royal Adelaide enough; they were all amazing and very patient with me.

I was allowed to leave hospital eight days after the operation but had to stay in Adelaide for a couple of extra days.

Luckily the kids had managed to extend their stay so the four of us stayed together.

Even under such traumatic circumstances, in many ways it was a wonderful time, strengthening the bond of the family.

Our son and daughter were away from their families and had taken time off work to be there for us and we couldn't be prouder of, or more grateful to, them.

We travelled back to Geelong in the car on our 45th wedding anniversary – I'm sure there could have been a better way for us all to spend it.

I was cocooned on the back seat with pillows and blankets tucked all around me to make it an easier ride, until we hit (literally) the potholes in Victoria.

It was a long day but we still managed a giggle – and painkillers helped.

We arrived home in the dark and as my husband and I live in a lifestyle community, word had got around about what had happened and our house was decorated with 'Welcome Home' banners and balloons.

The first night back home in my own bed was heaven.

Hit the right note: Deni Climpson and her bandmates from Windbreakers.

> **"I had a 'stoma' – sorry, no idea what you are talking about – can you take it off please?**

I think I have been very lucky; things have pretty well settled down now and Vince (my stoma) and I are getting along just fine. My wonderful husband has been by my side every step of the journey.

Also, we have a very special group of friends who have been a massive support and who have become accustomed to the unusual (and loud) noises that come from Vince.

People have asked me along the way: "Where did the name Vince come from?"

The answer to that comes from our daughter, a nurse, thinking that I needed to name my stoma.

She felt that a name would help me feel it was more a part of me, and that it would aid the acceptance process.

With her wacky sense of humour, she came up with Vince – as in Vince Colosimo, the actor – a play on words that still gets a laugh, especially with my fellow ostomates.

Both Bill and I are musicians; he plays guitar and sings and I play drums and sing.

We've been doing that for most of our lives and have worked in bands together for nearly 50 years, which is a long time.

The thought of not being able to play a drum kit again was heartbreaking for me, and after a peristomal hernia appearing, I really thought I had seen the last of my days behind a drum kit.

But three months after arriving home I was back up and playing in our four-piece vocal harmony rock'n'roll band called (wait for it) Windbreakers.

We've been doing gigs since 2019, and it looks like we've still got fun times ahead – even with a stoma.

Protein plays an essential

By **Teresa Paterson-Mitchell**
Associate professor, Torrens University

PROTEIN is an essential macronutrient, like carbohydrate and fat; it plays a vital role in tissue repair, immune function, and overall well-being.

For stoma patients, ensuring adequate protein intake is particularly crucial both before and after surgery.

A stoma, whether an ileostomy or colostomy, alters the digestive process, potentially affecting nutrient absorption and increasing the risk of malnutrition.

Urostomy patients may not have issues with altered nutrient absorption.

However, dietary protein considerations for urostomy patients may vary due to the potential for urinary tract infections and kidney stones.

It is advisable for urostomy patients to check with a healthcare professional before increasing dietary protein.

While protein intake is largely unaffected by a stoma, in that it does not upset stoma output, its intake must be managed to support recovery, maintain muscle mass, and optimise immune function.

The digestion and absorption of protein primarily occur in the stomach and small intestine, meaning that in individuals with a stoma, particularly an ileostomy, protein absorption remains largely intact.

Unlike fibre and certain carbohydrates, protein does not significantly influence stoma output, as it is broken down into smaller components called amino acids before reaching the large intestine.

This makes protein a highly suitable macronutrient for stoma patients.

It provides essential nutrition for the body to function well without contributing to excessive stool output.

However, patients with a shortened small intestine due to surgical resection may experience malabsorption of protein. Higher intake of dietary protein or supplementation may be required.

Additionally, protein requirements are often elevated post-operatively to aid in tissue regeneration, collagen synthesis, and immune response, ensuring optimal wound healing and preventing complications such as muscle loss and infection.

Interestingly, adequate protein levels assist with healthy bone density.

Myths about protein

The first myth is that high protein intake damages kidney function – there is no evidence that it causes kidney damage in otherwise healthy individuals.

However, if you do have a pre-existing kidney disease protein intake may need to be monitored with expert nutritional advice to reach safe and beneficial ranges of intake.

The second myth is that increased protein intake makes muscles grow.

For protein to increase muscle size a considerable amount of resistance or strength training is required as muscles will not grow with protein intake alone and no resistance training.

The third myth is that plant proteins are not as high in protein quality as animal proteins.

A varied plant-based diet can provide all the necessary amino acids (the building blocks of protein).

It does require a little thought such as food combining – legumes with grains such as rice and beans, or beans and corn (if tolerated), ensure a complete amino acid or ‘perfect protein’ combination. Soy, tempeh, quinoa and buckwheat are all examples of complete protein sources.

The fourth myth is that protein increases the risk of bone breakdown or osteoporosis. The research suggests that the opposite is true.

Protein is essential for collagen production, which is crucial for bone strength and reduced fracture risk.

And finally, it is a myth that the body can only absorb 30 grams of protein per meal. In reality, protein absorption is continuous throughout the day.

While there may be a cap on muscle uptake of protein from a single meal, the body uses protein for other functions such as enzymes, and energy production throughout the day.

Top tip: always check the label of plant-based protein if you are following a low fibre diet, some products contain high fibre.

Immune function

Beyond its role in muscle and tissue repair, protein is fundamental to immune function.

Immunoglobulins, essential antibodies that help protect the body from infections and regulate autoimmune responses, are protein-based molecules.

Consuming sufficient protein provides the amino acids necessary for bodily components that improve immune resilience and potentially reduce the severity of autoimmune conditions.

Protein is also crucial in reducing the inflammatory responses, which is particularly relevant for patients with inflammatory bowel disease (IBD) who may require stoma surgery.

role in well-being

Protein and satiety

Protein is known for its high satiety value, meaning it helps individuals feel full for longer periods compared to carbohydrates and fats.

This can be particularly beneficial for stoma patients who need to maintain a stable body weight while managing altered digestion.

A protein-rich diet can also prevent unintentional weight loss, which is a common concern post-surgery, especially in patients with high-output stomas or those who have difficulty maintaining adequate nutrient intake.

Practical considerations

Incorporating protein into a stoma-friendly diet requires careful selection of sources that are both nutrient-dense and easy to digest. Recommended protein sources include:

Lean meats (chicken, turkey, fish, calamari, seafoods) – well-tolerated and rich in essential amino acids.

Eggs – easily digestible and highly bioavailable.

Dairy products (yoghurt, cheese) – provide protein and calcium but should be introduced cautiously in lactose-intolerant individuals. Some stoma patients are temporarily lactose intolerant after surgery.

Tofu and tempeh – plant-based sources that are generally low in residue and fibre.

Protein supplements (whey, soy, pea or plant blends) – useful for individuals struggling with solid food intake.

Increase in output

Certain protein sources, particularly those high in insoluble fibre or connective tissue, may contribute to increased stoma output or digestive discomfort. These include legumes and pulses (lentils, beans, chickpeas) – rich in protein but also high in fibre, which may increase stool volume.

Red meat with connective tissue (beef, lamb) – can be more difficult to digest, especially in large quantities. Make sure red meat is well cooked and soft and consume in moderate amounts and under 500 grams per week to reduce bowel cancer risk.

Nuts and seeds – while protein-rich, they contain insoluble fibre and may cause stoma blockage if not thoroughly chewed or if consumed in large amounts.

Smooth nut butters are better tolerated.

Consume cautiously to start with as they do have a large amount of fat which can stimulate stoma output.

Start with introducing nut butters one teaspoon at a time.

Dietary guidelines

Dietary guidelines suggest 0.8 grams of protein per kilogram of body weight.

However, some expert opinions suggest stoma patient may require 1.3 grams of protein per kilogram of body weight.

Also, as we age protein levels need to increase due to poorer digestion and greater body demand for protein.

• *Next issue: The Stoma Traveller, tips for navigating food overseas.*

Phase two on way

I WANT to extend my heartfelt gratitude to all who participated in phase one of the stoma questionnaire featured recently in *Ostomy Australia* – I was overwhelmed by the response of more than 100 participants.

Your willingness to share your experiences and insights is invaluable and deeply appreciated.

Every response is valued as it contributes to a better understanding of the challenges faced by stoma patients.

I am about to commence stage two of my research, where I will be conducting interviews with a number of participants who indicated their interest in sharing their views on nutrition, stoma output, and quality of life.

Participants for these interviews will be randomly selected, and I look forward to gaining further insights from your thoughts.

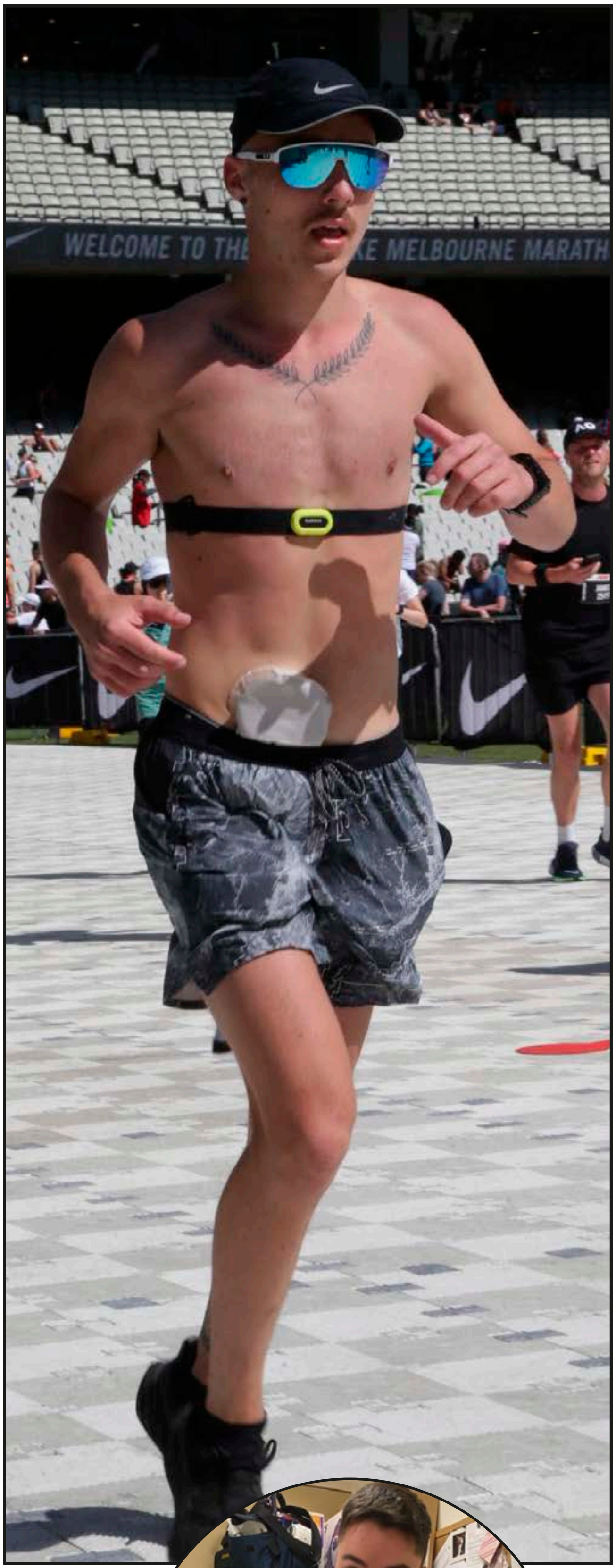
Living with a stoma presents unique challenges, especially regarding diet and nutrition.

Your participation helps highlight the importance of understanding dietary needs and the impact on stoma output and overall quality of life.

This research aims to address the gap in knowledge and improve dietary guidance for stoma patients in Australia and New Zealand.

Once again, thank you for your generosity in answering the research questionnaire. Your involvement is crucial in helping us bring attent ion to the dietary issues stoma patients face and in contributing to the development of better support and guidelines.

With sincere appreciation, Assoc. Prof. Teresa Mitchell-Paterson



Cast aside fear and ascend to new heights

by **Owen Lancelot**

AT 16, I was diagnosed with severe ulcerative colitis, a disease that would completely change the course of my life.

What followed was years of aggressive treatments: high-dose prednisolone that left me with a puffy 'moon face' during my final year of high school, alongside multiple biologic medications.

It was a turbulent time, balancing academics while managing intense flare-ups, strict medication regimens, and frequent hospital visits.

The condition affected not only my health but also my ability to fully engage in the life I wanted to lead.

Despite trying every available treatment in the medical system, nothing brought lasting relief.

By late 2022, my condition had deteriorated to the point where surgery was my only option.

I underwent a nine-hour robotic keyhole total colectomy to remove my entire colon.

During the procedure, my medical team discovered a burst appendix, an unexpected complication that made an already intense surgery even more complex.

My hospital stay, originally expected to last a few days, stretched into a brutal nine days in the intensive care unit, followed by a month-long hospitalisation due to a mechanical bowel blockage, an experience I can only describe as the most excruciating and terrifying of my life.

I was unable to eat, barely able to move, and in constant pain.

When I was finally released to go home and heal, I felt like I was starting from zero, but something had changed within me.

Fit for purpose: Owen Lancelot in the Melbourne Marathon (above and far right) and before his ostomy surgery (left).

My new beginning

Just four months post-surgery, I entered a sprint triathlon with my new ileostomy bag, finishing eighth in my age group.

It was more than just a race, it was proof to myself that I could still push my body beyond what I once thought was possible.

From that moment on, I fully embraced endurance sports.

Since then, I've run more than 2000 kilometres, completed multiple races, and most recently finished the Melbourne Marathon in under four hours.

Each event has been a personal milestone, reminding me of how far I've come since lying in that hospital bed.

A mountain to climb

One of my proudest achievements post-surgery was summiting Mt Kinabalu in Borneo, one of the most prominent peaks in the world and 4095 metres high.

This climb wasn't just about proving something to myself, it was also about making the most of a trip with my girlfriend.

She originally wanted to visit Borneo for the wildlife but the moment I saw Mt Kinabalu, I knew this was my chance to leave my imprint on our holiday.

We were both slightly petrified about what lay ahead but we stayed confident in our abilities.

The climb was tough, with steep trails and unpredictable weather, but the reward was immense. Reaching the summit was not just a victory in endurance but a symbol of resilience – proof that even after everything my body had been through, I was still capable of pushing it to new heights.

The next challenge

Now, I'm preparing for my biggest challenge yet – the Ultra Trail Australia (UTA) 100-kilometre marathon in May.

This race will push my limits like never before, covering rugged terrain, relentless elevation, and up to 20 hours on my feet.

Training with an ostomy presents its own set of hurdles, particularly when it comes to hydration and nutrition.

Without a colon, fluid and sodium retention are major concerns, so I've fine-tuned a fuelling strategy using sports drinks and electrolyte drinks, alongside sweet and savoury snacks like lollies, chips, waffles and pretzels to maintain energy levels.

My training regimen includes three full-body gym sessions per week and five runs, with one run sometimes swapped out for a bike ride to balance impact and recovery while still maintaining endurance.

New heights: At the summit of Mt Kinabalu.

The bigger picture

Running has become more than just a sport for me, it's a form of therapy, a way to reclaim control over my body after years of feeling powerless.

Through these experiences, I've developed a deep understanding of the physical and emotional challenges of living with an ostomy.

It was during my recovery and training that I had a realisation, which led me to start my own company, dedicated to creating inclusive compression garments for athletes and active individuals, especially those with ostomy bags or medical ports.

I know first-hand how important it is to feel secure and supported in movement, and I want to help others experience that same confidence so I'm glad to share that we are now in the manufacturing process.

Beyond my personal goals, I'm also looking at giving back to the IBD community.

I've seen how important support networks are for people battling Crohn's and colitis, and I want to use my story to raise awareness and advocate for more visibility of chronic illnesses.

I plan to use my upcoming UTA 100 journey as a platform to collaborate with Crohn's & Colitis Australia, raising awareness and funding for ongoing research.

Through my social media channel BagOnTheRun (TikTok), I aim to connect with others who might be going through similar hardships, showing them that life after major surgery is not just about survival, but about thriving.

The road ahead

I see this ultramarathon not just as a personal challenge but as a way to inspire others who might feel trapped by their medical conditions.

If my story can encourage even one person to embrace movement, chase their goals, or simply believe in their own resilience, then every painful step of this journey has been worth it.

I look forward to sharing this next chapter with the ostomy community, raising awareness, and proving that no matter what obstacles we face, we always have the power to push forward.

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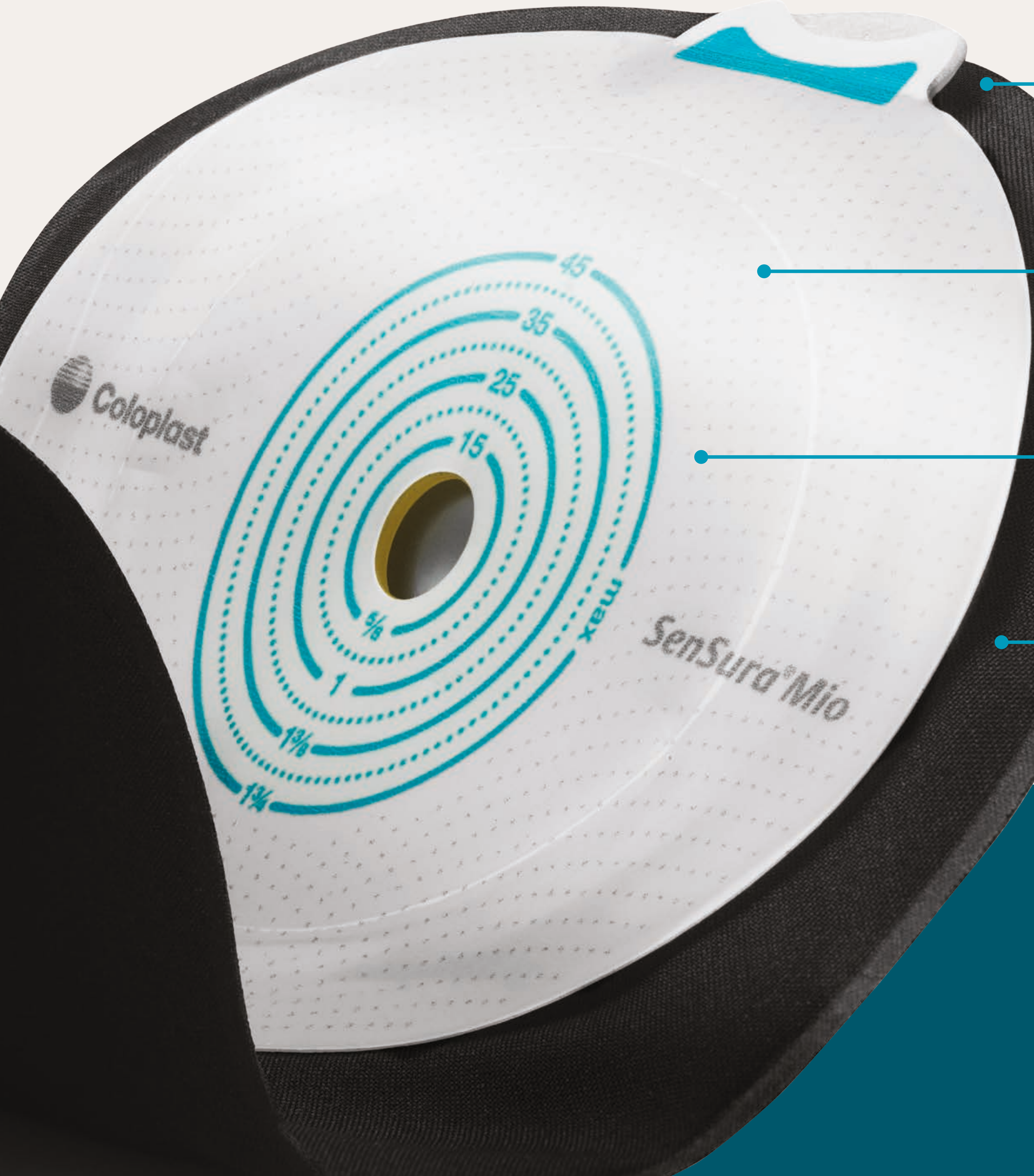

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Guidelines set in Scotland

*Australian representative **Julie** reports on taking part in a world-wide ostomy convention in Glasgow and contributing to the reworking of guidelines for the care of ostomates.*

A TRIP to Scotland was my chance to contribute to the ostomy community, not only locally but world-wide.

Last year, in September-October, I attended the IOG (International Ostomy Guidelines) meeting and the WCET (World Council of Enterostomal Therapists) conference in Glasgow, Scotland.

I became an ostomate in 2023 when I had surgery due to a recurrence of cervical cancer and having a pelvic exenteration was my only option of surviving my cancer.

I had my surgery in Perth at King Edward Memorial Hospital (KEMH) and another corrective surgery at Sir Charles Gairdner Hospital (SCGH).

I was a patient in KEMH for three months and then had two more months of recovery due to complications.

I was then a patient in SCGH for three weeks with more recovery at home due to some complications again.

I was lucky enough to have Dr Jenny Prentice join the same company that I work for in 2018 and have been lucky enough to now work in the same aged care home with Jenny for the past few years.

Jenny approached me when I was back at work after my surgery and asked if I would like to be part of a group meeting in Glasgow that contributed to the reworking of the IOG guidelines.

Jenny approached the Australian Council of Stoma Associations (ACSA) and the Western Australian Ostomy Association (WAOA) as well as the CEO of the company that we work for and was able to secure some funding to assist me to attend the meeting in Glasgow alongside her.

Once in Glasgow, we met with the other members of the IOG steering committee as well as another consumer advocate and started discussions about the guidelines.

In attendance at the meeting with me was Dr Jenny Prentice, WCET president Laurent Chabel, past president Dr Elizabeth Ayello, president-elect Denise Hibbert, methodologist and professor Emily Haesler, and consumer advocate Richard McNair.

It was such an honour being in the presence of such amazing people and being able to listen to their information and ideas and being able to have their attention in a room where I could contribute my thoughts.

The meeting was very beneficial to me as I was able to learn a lot about what information is put into the guidelines and what information is considered by medical professionals.

The guidelines provide health professionals with recommendations about how best to manage ostomies and the important considerations in partnering with consumers in their care at all stages.

There is a strong focus on getting input into the guidelines from consumers and nurses and doctors from all around the world.

The team will take about a year to develop the documents and then work on some resources specifically for consumers as well.

I believe that it was important for me to be there too so that I could be a voice of a consumer to the medical professionals to be able to capture information from a patient's perspective that they might not have known.

The WCET conference began with a welcoming ceremony of the representatives displaying their different countries' flags and attire.

The ceremony was amazing and such a once-in-a-lifetime event to witness.

It was so spectacular to see so many medical professionals from so many different countries in attendance and coming to the realisation of how many people work in this field.

It was a great feeling knowing that ostomates around the world are so greatly supported.

The conference continued into the following week; during my attendance I was able to sit in on so many fascinating presentations and view so many great product s and company stalls in the main room.

My favourite presentation was from Gill Castle who was the first woman with a stoma to swim solo across the English Channel.

She was so amazing and inspiring and brought tears to my eyes.

When she finished her presentation, the whole auditorium erupted with applause and cheers and gave me goosebumps.

After the trip to Glasgow, I felt great about the information that I was able to contribute and the information that I received.

It was very eye-opening to hear about some conditions and access to supplies in some countries and made me feel very fortunate for the support and medical attention that I can receive living in Australia.

I feel that my attendance was also important to other patients in my same position. I can be a voice for many people and a carrier of information back to them.

I am a member of a couple of online support groups and happy to help others that are coming up to their surgeries by offering my support and information that I have gained.

I am looking forward to attending the next IOG meeting later this year to keep on being able to contribute and to be updated on changes since our meeting in Glasgow.

I also wanted to mention the support of WAOA – the staff at the association are always more than happy to answer any questions and they are so fast to get in touch.


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News of the World

Brass band leads way

UGANDA: African ostomy organisation representatives, stoma nurses, ostomates and others attended the Uganda and Kampala Ostomy Awareness and Education Program in January.

The European Ostomy Association president Jon Thorkelsson was also in attendance at the launch of the program, which began with a 10-kilometre walk from the airport in Entebbe with a brass band leading the group.

The group made its way to an Entebbe hospital, which was given stoma appliances to use, and participated in a media interview.

The following day, a workshop was held in Kampala with nurses and ostomates all taking part.

Source: ostomyeurope.org

Farewell to musician

UNITED STATES: Singer-songwriter Peter Yarrow died in New York on January 7, aged 86.

A founding member of folk group Peter, Paul and Mary, Yarrow was diagnosed with bladder cancer four years ago.

In an interview in December, the Grammy-winning musician and activist spoke about living with an ostomy after having his bladder surgically removed during cancer treatment.

He said he hoped that by speaking about his experience with cancer and with an ostomy, he could inspire others.

“It is my hope that my words and my story help to reassure my ostomy brothers and sisters,” he said.

“This is a challenge but life actually becomes brighter after you have an ostomy.

“For me, life has become more precious, present and rewarding.

“At first it was hard for me to see a portion of my intestines on the outside of my body, but it took less than a month for me to understand and become proficient in the mechanical side of living with a urostomy; emptying and changing the appliance, managing the skin around my stoma, or making whatever lifestyle adjustments I needed to make when I travelled and performed.” Yarrow previously advocated for colonoscopies and early cancer screenings in 2010, when he wrote and performed *The Colonoscopy Song.*

Source: www.people.com

Fashion adapts

UK: It’s a go-to shop for cheap knickers and designer dupes, but now UK retailer Primark hopes to become the top destination for clothing designed for those with a range of disabilities.

In a first for the budget high street shop, it has released a 49-piece line of womenswear and menswear, adapted from its bestselling items to suit a range of needs.

Designed in collaboration with Victoria Jenkins, a disabled fashion designer and founder of the brand Unhidden, it follows the release of a so-called “adaptive” underwear range last year.

Among the most wanted items is a cropped beige trenchcoat that can be put on or taken off while seated, a particular hit among wheelchair users.

Notable features in the range include magnetic zips for easy fastening on trousers; hidden access points for stomas, insulin pumps or other medical equipment; and cropped cut jumpers that ensure clothes fit better on seated wearers.

It also includes ultra-soft pyjamas, loungewear, formal shirts and trousers with hidden elastic waistbands.

The decision to launch the range came from the success of Primark’s accessible lingerie, which has been available since January and includes underwear for people with stomas.

Source: www.theguardian.com

No need to wine

UK: Red wine was once heralded as a boon for health that could protect the heart and even extend life expectancy.

But while scientists have debunked this claim, they believe that at least one red wine ingredient – a compound called resveratrol – may hold genuine health benefits. A trial is to assess whether a low dose of the chemical, also found in red grapes, blueberries and peanuts, could help keep bowel cancer at bay.

The study, one of the largest to date testing drugs for cancer prevention, will recruit patients who are at risk of the disease.

“With the trial, we are embarking on a unique experiment to see how drugs could stop bowel polyps from growing,” University of Leicester professor Karen Brown said.

“This trial could have big implications for how we prevent bowel cancer in people who are most likely to develop the disease as they get older.”

The trial builds on more than a decade of work by Brown’s lab, which previously found that purified resveratrol can slow tumour growth in mice and can reach the bowel undigested.

Bowel cancer is the fourth most common cancer in the UK, with an estimated 44,000 people each year receiving the diagnosis, and it is the second most common cause of cancer death.

Source: www.theguardian.com

More funding urged

CANADA: People who have had ostomy surgeries, such as colostomies, are calling for changes to the way an Ontario program covers certain medical devices, saying it leaves them paying a lot of money out of pocket.

The Assistive Devices Program partly funds the cost of equipment such as wheelchairs, insulin pumps, prosthetics and hearing aids, for people with long-term disabilities.

For most of the devices covered under the program, the province pays 75 per cent of the cost, but the funding for ostomy devices is set at specific dollar amounts, which users and advocates say amounts to far less than 75 per cent of the total price.

The Ostomy Canada Society said it hears from people in Ontario who have had ostomy surgeries who have trouble affording the supplies they need, such as the pouches that collect waste.

The assistive devices program pays $975 per ostomy per year but the average annual cost for supplies is around $2000 said Ian MacNeil, who does advocacy and government relations for the society.

continued next page

News of the World

from previous page

“Frequently they have to make decisions on paying the rent, sometimes it’s, ‘What can I get at the grocery store and not get because I’ve got these supplies to purchase,’” he said.

“So it can be very, very problematic.”

The last update to the amount of funding came in 2015, MacNeil said.

People who receive social assistance or live in a long-term care home receive $1300 per ostomy per year.

Source: globalnews.ca

All washed up

KOREA: A bathroom company has developed and introduced a dedicated bathroom set for ostomates, in what the company says is a first for Korea.

Deputy director of Daelim Bath’s design team, Kim Hye-rim, said the toilet facilities were developed with a focus on having all the necessary functions for the convenience of patients with intestinal and urinary tract surgeries.

“Although the proportion of ostomates is increasing every year, ostomy patients are struggling because there are few toilets with washers for ostomates nationwide,” she said.

For these patients, Daelim Bath’s bathroom set consists of curved washers, hand showers dedicated to cleaning, and universal faucets.

The surface of the sink can be kept clean by adding a special coating using anti-fouling glaze, to more easily clean away pollutants.

In addition, a shelf is mounted on the top of the faucet, making it easy to place necessary items such as drainage pockets, and extra hooks and shelves for other equipment and items of clothing are provided.

Daelim Bath plans to install and provide the bathroom sets in university hospitals and government offices, for the convenience of ostomy patients.

“We will continue to research and develop products that apply universal design to improve life satisfaction for everyone regardless of physical disabilities,” Ms Kim said.

Source: mk.co.kr

Social media not authoritative?

USA: A study on the role of social media in countering fear and stigma associated with ostomies has found that although there is much intestinal information available, little of it is published by authoritative medical sources.

The study analysed intestinal ostomy content on video-sharing platform TikTok, the results of which were published in the march edition of the *American Journal of Surgery*.

The authors of the study noted that the creation of a stoma could incur various physical, mental, and social impairments in peoples’ lives due to changes in daily routine and body image, frequent peristomal skin problems, social embarrassment, and unwillingness to participate in social activities amongst other ostomy-related complications.

The report stated that while TikTok had become a popular platform for viewers to establish a community and gain resources, the study revealed a gap between interest and availability of professional educational material regarding intestinal ostomies.

From the research, keywords such as ‘stoma’, ‘ostomy’, ‘colostomy’, ‘ileostomy’ and ‘urostomy’ were used to find a total of 113 videos amongst 38 creators, all of which garnered 52,021,700 likes and 370,983 comments.

Most videos focused on education (45.5 per cent) and personal stories (22.7 per cent).

Creators were found to be predominantly young females (82 per cent), with minimal input from healthcare professionals (3 per cent of videos).

The authors found that responses to published videos from viewers indicated significant interest and curiosity, but there was a severe lack of objective educational content produced by healthcare providers and professional ostomy organisations on the platform.

The report concluded this indicated vital improvements in this area could be made, by more authoritative sources contributing to the platform and providing medical and social information on ostomies.

Source: www.sciencedirect.com

Africa unites

KENYA: Following the inaugural African Conference for ostomy societies in October last year, a new Africa-wide association will be formed.

Delegates from South Africa, Botswana, Zimbabwe, Zambia, Tanzania, Uganda, Nigeria, Rwanda, Ethiopia, and Kenya came together at the conference to discuss the issues for ostomates in their countries.

Since that day, a committee has been formed and the legal process is under way in the formation of the new Africa Ostomy Association.

Every African country that attended gave a presentation, which was streamed live on the internet.

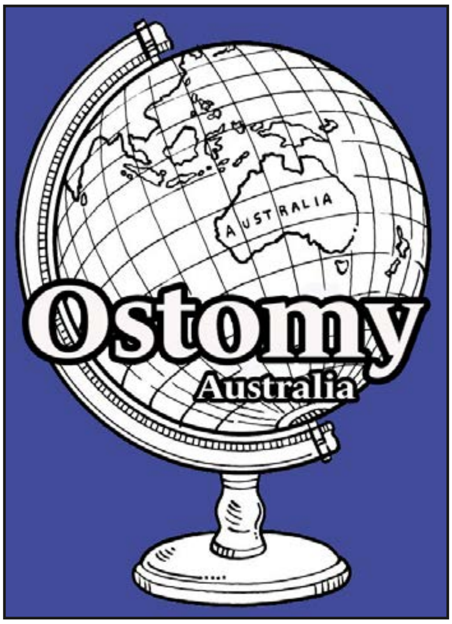
National media attended and the president of the European Ostomy Association (EOA), Jon Thorkelsson, was interviewed, along with other delegates from Stoma World Kenya.

The delegates from Kenya had arranged an itinerary for conference attendees, including those from EOA.

The itinerary began in Nairobi with a visit to a cultural centre and to watch the a dance troupe perform the different dance styles of Africa.

Following the conference, the EOA executive committee was taken to the Amboseli National Park on a safari.

Source: European Ostomy Association



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to the bag

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Follow us: Ainscorp @ainscorpmedical

***Reference: 1.** Confidence BE go™ Focus Group 2024, Australia, Nurses and Patient.* v.0

40 up for dedicated volunteers

Happy birthday: The regular Friday team at Warrnambool and District Ostomy Association: Annmaree, Roger, Terry, Lyn, Ray, Pat and Heather.

CELEBRATIONS were in full swing as Warrnambool and District Ostomy Association celebrated its 40th birthday.

The association began operating staffed by volunteers in November, 1984, and continues to be solely run by volunteers.

The volunteers managing and operating the ostomy rooms over the years have been many; the longest serving volunteer is the former president of 36 years, Ray, who has been with the association practically since it began and who continues to give many hours per week to serve the association's members.

There have been many, many changes over the years and the association continues to be very grateful to be provided with a room within Warrnambool's South West Health Care community health centre.

As one of the smallest ostomy associations in Australia, Warrnambool and District attends to clients at the rooms, and send packages to a wide area of Western Victoria and into South Australia.

At present there are nine volunteers who attend to the different operations of the association – regular volunteers Ray, Lyn (the current president), Pat, Heather, Roger and Annmaree, and packers Terry, John and Mark.

The ostomy rooms are open to the public on Fridays from midday to 4pm and staffed by the regular volunteers (on other days for emergencies, checking messages or ordering and packing).

The association has a support group for members which is co-ordinated by Anne and is a great opportunity for members, and their families or carers, to gather for a chat and a cuppa.

To celebrate the occasion of Warrnambool's 40th birthday, the regular Friday volunteers cut a cake and enjoyed a brief afternoon tea.

Do you have a story to tell? *Ostomy Australia* welcomes all contributions from readers, ostomy societies and medical practitioners

Send us an email:

journal@australianostomy.com.au

National Directory of Ostomy Support Groups

AUSTRALIA

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

ACT

Canberra: ACT support group, 10am to noon, second Tuesday bi-monthly. Location: 2nd Floor, City Health Building, 1 Moore St, Canberra. Contact Geoff Rhodes on 0416 206 871 or email grhodes@homemail.com.au

NEW SOUTH WALES

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

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

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

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

Central Coast: 1.30-3.30pm on third Wednesday in February, May, August and November. Different venues each meeting. Contact the stomal therapy service on (02) 4320 3323.

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

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

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

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

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

Hastings Macleay: 10am-noon, third Wednesday in February, April, June, August, October and December. The Old Hospital. Contact Neil 0427 856 630 or Glennie 0410 637 060

Illawarra: Ostomy information group. April 9, June 11, August 13, October 8, December10 (Xmas lunch, venue to be advised). Education Room, Figtree Private Hospital, 1 Suttor Place, Figtree. Contact: Helen Richards CNC STN Wollongong Private Hospital 4286 1109 or richardsh@ramsayhealth.com.au; or Julia Kittscha CNC STN Wollongong Hospital 0414 421 021 or 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: 10.30am, first Wednesday of every second month. Taree Group Three Leagues downstairs meeting room, 43 Cowper St. Contact Karla MacTaggart (02) 6592 6169, email karla.mactaggart@health.nsw.gov.au

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

Newcastle district: 1.30pm. Last Saturday in February, May, August and November. Hamilton Wesley Fellowship Hall, 150 Beaumont St. Contact Geoff (02) 4981 1799, Lynda 0425 209 030, Maree (02) 4971 4351.

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

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

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

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

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

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

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

South West Sydney and Liverpool: 1.30-3.30pm, Oct 19 and Dec 7. Campbelltown Catholic Club, 20/22 Camden Rd. Contact Erin 0419 224 662 or Lu 0417 026 109 for catering purposes.

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

Wagga and district: 10-11am on first Wednesday of each month. The Men's Shed, 11 Ashmont Ave, Wagga Wagga. Contact David (02) 6971 3346 or 0428 116 084 or Baz (02) 6922 4132.

QUEENSLAND

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

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

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

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

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

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

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

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

Wide Bay: Bundy Osto Mates. Starting again in September 2024. New time and date to be advised. Contact Wide Bay Ostomates (07) 4152 4715.

SOUTH AUSTRALIA

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

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

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

Clare: 2-4pm on the third Monday of Jan, Mar, May, July, Sept, Nov. Clare Uniting Church Hall, 18 Victoria Road, Clare. Contact Nadja 0434 497 011.

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

Fleurieu: 11am-12.15pm on first Monday of March, June, September and December at Grosvenor Hotel Victor Harbor. Contact Phillip 0408 831 774.

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

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

Northern: Elizabeth Playford Lions Club, Hilcott Street, Elizabeth North. Fourth Tuesday of the month 2-4pm. Febuary, April, June, August and October Contact Mel 0401 447 740, Jo-Ann 0421 118 962 or Pam 0452 192 344.

Port Augusta: Port Augusta RSL, 17 Fulham Road. Meetings 1-2.30pm on the fourth Tuesday of January, March, May, July, September and November. Contact Terry Smith 0488 069 943.

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

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

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

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

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

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

TASMANIA

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

Tasmania support groups: Meet March, June and September. Contact Adrian Kok 0498 196 059 for dates. South: District Nurses' Centre 10am-noon, 2 Birdwood Ave, Moonah. North: Legacy House, 10am-noon, 59 York Street, Launceston. North West: Apex House 10am-noon, 3 Gollan Street, Ulverstone.

VICTORIA

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

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

Benalla/Wangaratta: April 7 at Masonic Hall, Appin Street, Wangaratta at 2pm (Elise Byrne, Braun); June 16 at Masonic Hall, cnr Walker St and Benalla Street, Benalla, at 2pm (Anjanette Costall, Salts); August 18 at Masonic Hall, Appin Street, Wangaratta 2pm (Gus Italia, Omnigon); October 13 at Benalla Masonic Hall, cnr Walker St and Benalla Street, Benalla, 2pm; November 8, Masonic Hall, Appin Street, Wangaratta, 10am to 1.30pm.

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

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

Geelong: Second Thursday of each month except December. Geelong Ostomy, 6 Lewalan St, Grovedale. Contact (03) 5243 3664 or contactus@geelongostomy.com.au

Latrobe Valley: Coffee Bags support group meets in Moe on the first Wednesday of each month for a cuppa, chat and information sharing. Ostomates are encouraged to attend, bringing their support person with them. Contact Sue Graham 0415 751145.

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

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

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

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

YOU (Young Ostomates United): search for us on Facebook. Website: www.you.org.au. Secretary Helen Ebzery helshae@hotmail.com. Postal address: YOU Inc., PO Box51, Drouin, Victoria, 3818.

WESTERN AUSTRALIA

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

Bunbury: Third Friday of the month. Bunbury Geographe Seniors Community Centre. Contact Maria 0408 165 959.

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

Geraldton: Fourth Tuesday of the month, 1-3pm. Regional library (occasionally at CWA). Contact Rhonda 0418 231 007.

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

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

Narrogin: First Wednsday quarterly. 12-1.30pm, Senior Citizen's Centre. Contact Lorraine 0429 812 552.

Northam: Second Saturday of every month. 10am-noon, venue TBA. Contact WA Ostomy Association (08) 9272 1833.

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

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

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

National Directory of Ostomy Associations

AUSTRALIAN CAPITAL TERRITORY

ACT & DISTRICTS STOMA ASSOCIATION

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

NEW SOUTH WALES

NSW STOMA LIMITED

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

OSTOMY NSW LTD

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

NORTHERN TERRITORY

CANCER COUNCIL NORTHERN TERRITORY

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

QUEENSLAND

GOLD COAST OSTOMY ASSOCIATION

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

NORTH QUEENSLAND OSTOMY ASSOCIATION

W: nqostomy.org.au
E: admin@nqostomy.org.au
T: (07) 4775 2303
F: (07) 4725 9418
A: 13 Castlemaine Street,
Kirwan, QLD 4817
Open: Monday and Thursday 9am to 4pm, Wednesday 9am to 12.30pm.

QUEENSLAND OSTOMY ASSOCIATION

W: qldostomy.org.au
E: admin@qldostomy.org.au
T: (07) 3848 7178
F: (07) 3848 0561
A: 22 Beaudesert Road,
Moorooka QLD 4105
Open:Mondays 9am to 2pm, Tues and Thurs 9am to 3pm

QUEENSLAND STOMA ASSOCIATION

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

TOOWOOMBA & SOUTH WEST OSTOMY ASSOCIATION

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

WIDE BAY OSTOMATES ASSOCIATION

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

SOUTH AUSTRALIA

ILEOSTOMY ASSOCIATION OF SOUTH AUSTRALIA

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

OSTOMY ASSOCIATION OF SOUTH AUSTRALIA

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

TASMANIA

OSTOMY TASMANIA

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

VICTORIA

BENDIGO AND DISTRICT OSTOMY ASSOCIATION

W: bendigo-ostomy.org.au
E: benost@bigpond.com
T: (03) 5441 7520
F: (03) 5442 9660
A: 43-45 Kinross Street
Bendigo VIC 3550
P: PO Box 404 Golden
Square VIC 3555

Open: Tuesday, Wednesday, Thursday 10am to 1pm. Closed first week of each month.

COLOSTOMY ASSOCIATION OF VICTORIA

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

GEELONG OSTOMY

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

OSTOMY ASSOCIATION OF MELBOURNE

W: oam.org.au
E: enquiries@oam.org.au
T: (03) 9888 8523
F: (03) 9888 8094
A: unit 14, 25-37
Huntingdale Road
Burwood VIC 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
T: (03) 9345 5325
F: (03) 9345 9499
A: Equipment Distribution
Centre, Royal Children's
Hospital, basement 2
(green lifts), 50
Flemington Road
Parkville VIC 3052

WARRNAMBOOL & DISTRICT OSTOMY ASSOCIATION

E: warrnamboolostomy@swh.net.au
T: (03) 5563 1446
F: (03) 5563 4353
A: 279 Koroit Street
Warrnambool VIC 3280

Open: Friday 12pm to 4pm

WESTERN AUSTRALIA

WESTERN AUSTRALIAN OSTOMY ASSOCIATION

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