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Ostomy Australia

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Feeling festive

Stoma-friendly feasts for all P16

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Connecting the Ostomy Community
Ostomy
Australia

December 2025

Editor
Amanda Haines

Correspondence and contributions
journal@australianstoma.com.au

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E: feedback@australianstoma.com.au

Executive members
Ian Samuel OAM – President
Lorrie Gray – Vice-president
Adam Keam – Treasurer
David Swift – Secretary

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In this issue of Ostomy Australia

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Ostomy Australia was established in 1992 through the inaugural sponsorship of ConvaTec Australia and is published three times per year. It is available free to every member of an Australian Ostomy association.

Executive matters

by **Lorrie Gray**
ACSA Vice-President

Review results keenly anticipated

THE stoma community is still waiting for a decision from the Federal Government following the comprehensive review of the Stoma Appliance Scheme (SAS) schedule and product distribution – so it is business as usual as we all prepare for the end-of-year activities.

Of interest: the SAS has now been operational for 50 years.

What changes have been seen over that period: from only a small number of products available (many of them rubber) and the development of plastics and a wide range of baseplate materials, to the approximate 3600 items on today's schedule.

The many options aim to ensure all ostomates have access to products that suit their stoma, skin and lifestyle.

Order upgrade

ACSA continues to deliver an upgraded computer program within associations and the staged roll-out of a website portal that enables members to lodge product orders online.

Both aspects simplify the ordering process for members and create efficiencies for the associations.

A number of less computer-savvy members have expressed concern that they will not be able to obtain products because they can't use the internet but this will not be the case – all members will be catered for.

Air travel update

Education of Perth airport security staff on the appropriate ways to screen ostomates has been shared nationwide in an attempt to improve the travelling experiences of not only ostomates but any person with a hidden disability.

The wearing of the Hidden Disability lanyard alerts staff to the fact that the wearer may need additional assistance in some way – not that they have a stoma.

Reports remain mixed as to the effectiveness of this education. Lanyards are available from ostomy associations or airports.

Season's greetings

On behalf of the ACSA Executive Committee, may I wish our 50,000 Australian-based ostomates a safe and enjoyable festive season as applicable.

Lorrie Gray
ACSA Vice President

Long history of scheme highlights persistance

THE Australian Stoma Appliance Scheme provides free stoma appliances and products to ostomates through stoma associations.

The Stoma Appliance Scheme Schedule lists all appliances and products subsidised by the government under the scheme.

Ostomates pay an annual membership fee to one of the associations, which order stoma products from suppliers, and distribute them to their members, as needed.

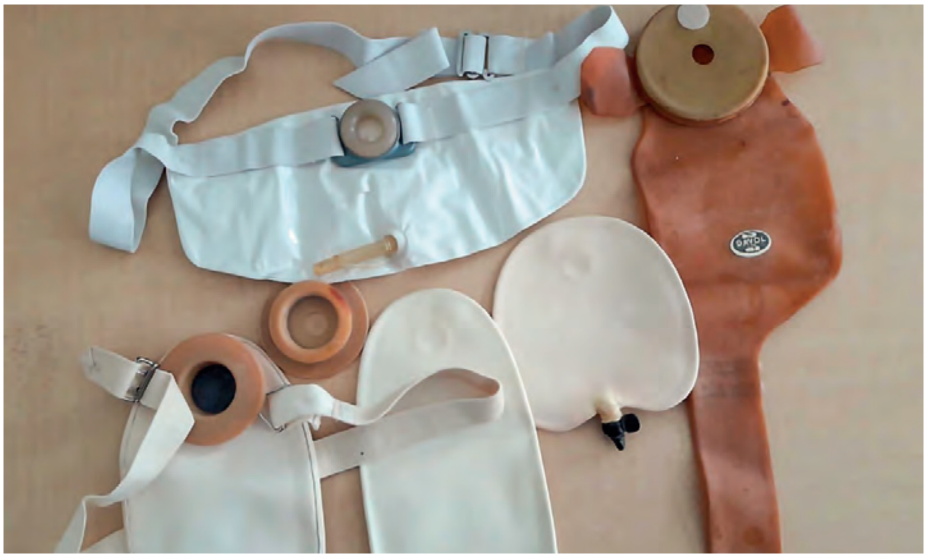
According to Health Department figures, this saves each ostomate an average of over $2000 per year, enabling them to maintain their health and wellbeing, and to live their lives normally.

The scheme provided ostomates with over $100 million worth of stoma appliances and products in 2021-22 (the most recent figures available).

Ostomates, stomal therapy nurses and other health professionals can search and filter the scheme schedule through an online tool to view all products.

Prior to 1975, most available stoma equipment was unreliable, primitive and very expensive.

There was constant petitioning of government by stoma associations under the auspices of the Australian Council of Stoma Associations (ACSA) to place ostomy supplies on the 'free list' of the National Health Scheme.



From the archives: Many older ostomy pouches were made of rubber.

In 1963, the government had placed pharmaceuticals on the free list, but the costly flanges and pouches were not included.

It wasn't until 1970 when the then-leader of the opposition Gough Whitlam assured the association that he was pushing to have stoma appliances on the free list.

He set in motion the legislation to achieve this when he became Prime Minister in 1972.

In 1975, despite Whitlam being controversially dismissed from office, appliances were approved on the free list.

In 2025, a comprehensive review of the SAS Schedule has been undertaken with the aim of ensuring products listed are clinically appropriate, priced appropriately and cost-effective.

The results of the review are yet to be announced.

Information sourced from the Health Department, NSW Stoma, and the Tasmanian Ostomy Society, collated by Amanda Haines.

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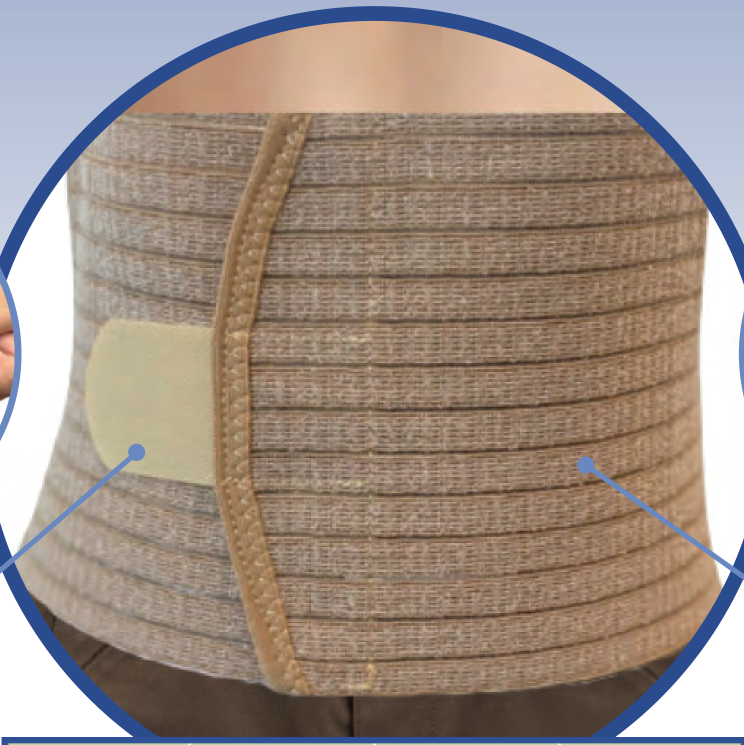

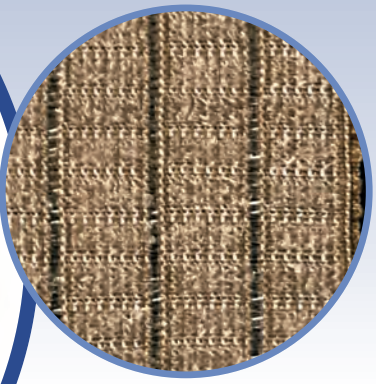

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Ask Wendy

By **Wendy Pearson**
Clinical nurse consultant

The science of hydration

HELLO all and thanks so much to everyone who has shared their feedback about this column.

Your questions and thoughts really help me tailor the content to what you want and need. We've got two questions in this issue, so here we go.

A reader writes: "I read your story about smart travel and hypertonic and isotonic drinks, which I'm unfamiliar with.

"I sometimes experience high output and feel wiped out for one or two days.

"I've been drinking sports drinks (low sugar) and other supermarket hydration drinks, plus a sports hydration powder, which seem to help.

"My doctor wasn't impressed with the supermarket brands – am I on the right track?"

Thanks so much for this fantastic question, it's one I hear quite often in my daily work, so I really appreciate you bringing it up.

The science behind it can be a bit tricky, but I'll do my best to keep it simple.

Kudos to your GP for checking in on this—that's sometimes a gap in what people know.

This advice is especially for anyone with a faecal stoma who's experiencing regular or ongoing issues with watery or liquid output.

If your output is watery for any length of time (I'll call this a high-output stoma), it means you're losing a lot of water and electrolytes, and you could get dehydrated quickly.

That can put extra stress on your kidneys and even cause damage, so it's essential to manage it.

It is important that you try and keep your output between a custard to toothpaste consistency if you have issues with high output.

Now, a quick bit of science: your bowel acts like a semi-permeable membrane, which means it lets water and nutrients pass through its wall in a controlled way.

This process is called osmosis and it is basically water moving from an area of higher concentration to one of lower concentration.

A great everyday example of osmosis can be seen when soaking raisins in water (raisin + water = osmosis in action).

If you have a high-output stoma and you drink plain water, you might make yourself become more dehydrated.

That's because water has no electrolytes (like sodium or potassium) so when it enters your bowel, electrolytes leave your body along with it, trying to balance things out.

Store-bought drinks like hydration or sports powders are usually isotonic, which means their electrolyte levels match your body's.

Drinking these doesn't really add or lose much in terms of hydration—they just keep things stable but don't necessarily improve the situation.

If you have a high-output stoma, you'll want to drink an oral rehydration solution that's more concentrated than your body fluids—what we call 'hypertonic.'

In my experience, St Mark's solution works well for this.

It might taste a bit odd, but a splash of red or green cordial can make it more palatable, and it is better cold.

Alternatively, you can use the supermarket isotonic sports drink recipe, though it's less effective and a bit more expensive to prepare.

I'll share both recipes below for you.

St Mark's Solution: To one litre of water, add six teaspoons of sugar, one teaspoon of salt, and half a teaspoon of baking soda.

Hypertonic sports drink: To a 600ml isotonic sports drink (not sugarless), add 600ml of water and one teaspoon of salt.

There are several commercially available hypertonic sachets available if you are travelling.

Generally, they aren't as effective as the St Mark's, but they are useful if you are on a plane or the like.

Continued next page

Do you have a stoma/ostomy question that has been on your mind? Ask Wendy! Send an email to journal@australianstoma.com.au

By **Wendy Pearson**
Clinical nurse consultant

Ask Wendy

Get back in the swim of things

Continued from previous page

My second question this issue is about swimming with a stoma. A reader writes:

"Before having a urostomy I went to water aerobics once a week for an hour.

"Although I've read of people swimming and skin diving, I'm still hesitant to go in the water.

"How secure are the bags – are they likely to come off?

"I've got some extra tapes to put around the edge, are these easy to put on and take off?

"Are spa baths okay? Somebody told me the heat of the water could be a problem. Are there any health issues if water gets into the bag and near the stoma?"

It's completely normal to feel a bit unsure about getting back into your usual activities after surgery, so good on you for reaching out — that's a big first step.

I'd be thrilled to hear you are back in the pool, especially with the summer sun calling. Water aerobics is a fantastic way to build core strength, and it's gentle on the joints too.

The great news is that modern ostomy appliances are waterproof, so swimming with a stoma is absolutely doable.

The key thing is to make sure your pouching system is secure and leak-free.

If you're having any issues with leakage, it's a good idea to check in with your stomal therapy nurse before you go back into the water – we can help troubleshoot.

But if everything's working well, then let's dive into the details (pun intended).

Since you have a urostomy, this next bit might not apply to you directly, but it's helpful for anyone with a faecal stoma: if you find a sheet of little stickers in your box of pouches, those are designed to cover the filter during water activities.

They help keep the filter dry.

Just open the peek-a-boo window on your pouch and pop the sticker over the filter before you swim or bathe — and don't forget to remove it afterward.

Before heading into the water, it's a good idea to apply a fresh pouch.

The tapes you mentioned can be great for added security while swimming.

Just a heads-up: if you try to remove just the frames, they might take the pouch off with them — so it's best to leave everything in place until your next scheduled change.

Some of these tapes are super sticky, so always use a medical adhesive remover wipe or spray when taking your pouch and frames off to protect your skin.

Bathing, including spas, is generally fine. Just be aware that the hydrocolloid material in your baseplate can soften a bit in warm water — that's totally normal.

Hydrocolloids are designed to absorb moisture, which helps them form a good seal, but if your baseplate looks overly soft or gel-like after your aerobics class or soak, it might be time for a change.

Don't let this stop you though from getting in the water.

As for the water itself — swimming pools and properly treated spas are safe for your stoma. But if you're in an area where the tap water isn't safe to drink, be cautious about swimming in untreated or stagnant water.

These environments can harbour bacteria or parasites that might enter through the stoma and cause infections.

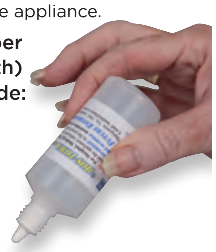
And finally, if you're feeling a bit nervous about jumping straight into a public pool, that's totally okay.

If you have access to a private pool (maybe at home or a family or friend's place) that can be a great place to start.

Even just sitting in the water for the length of a class can help you build confidence.

Take it at your own pace — baby steps are perfectly fine.

Feel free to ask if you want more details or tips and I hope the festive season is kind to you all.



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

Flying a breeze

I HAVE read many negative stories regarding air travel and stomas.

I am 63 years old and three years ago I underwent an 11-hour operation that left me with double stomas.

I live in Melbourne and fly to Sydney for business around 15 times a year and generally travel alone and stay overnight.

I wear the Sunflower lanyard from Hidden Disabilities, and I suggest all ostomates do the same for travelling.

The airline staff have been made aware of the program and sometimes offer assistance with queueing and luggage handling.

When it comes to body scanners I expect to receive special attention from the security staff as the tap on my urostomy bag is easily detectable by the full body scanner.

In my experience, the security staff have always been polite and courteous; I have never had a negative experience.

They ask if I have anything under my shirt, to which I reply yes, at which point they inform me that they need to pat the areas down and offer me a private area if I require.

The pat down is followed by a swab of the area which is normally done by me touching the outside of my clothing covering my bags and then they swab my hands – a small inconvenience.

The purpose of the procedure is to ensure explosives and other dangerous items are not carried onto the plane and the security officers are just doing a difficult vital role.

I expect this routine when I fly, and I accept it as all part of the complexity that comes from having a stoma.

Whilst my story and approach is different to some of you reading, you can have a positive experience in flying.

Craig Bounds, VIC

Double bagging

I HAVE been an ostomate since 2002 and as we all know, managing accidents is very difficult.

Learning which foods react in our bowel, it is trial and error and the errors can be horrific for us.

Over the years I have tried different bags and changing methods; some have helped, some have not.

I have travelled extensively overseas, and there are lots of things to consider in planning to travel for 26 hours on a plane and the supplies you need for your stay (you nearly need a separate suitcase just for your supplies if you are staying for three months) but I never let it spoil my experience.

We also travel in our caravan from Geelong to Broome each year for four months.

Two years ago I had an accident in our small toilet in the van, as you know that can leave quite a mess to clean up.

My wife suggested we try the two-plastic-bag method, which involves buying large and small garbage bags from the supermarket; the large bag is placed over the top of the seat and lid of the toilet the small bag is placed over your hands under your bag.

You peel the bag off your stomach and let it drop into the small plastic bag (it is best to use the small bag for this procedure as it doesn't touch the water in the toilet).

By using this method you contain your bag even if it is full and if you do have an accident the large bag protects the toilet top from excess waste. We have found this method a game changer.

I take weight-loss medication and my diarrhoea problem happens each week so this method has helped my sanity.

I have also demonstrated this system to the nurses at the Broome Hospital and they were impressed with the results.

I hope this has been helpful to some of you.

Gary J Wileman, VIC.

Professional staff

I WISH to compliment the security staff at Avalon Airport in Victoria.

My husband has a stoma and it was the first time we have travelled and we had heard some terrible experiences about Tullamarine airport and being embarrassed and humiliated.

I wish to say we did not have that happen at Avalon and I thank you for having such professional staff on duty.

Pauline Shugg, VIC

- **Obituary**

Lindsay Foster

Farewell to association's mainstay

THE ACT and District Stoma Association lost one of its great characters recently.

It is with heavy hearts we pass on the loss of our friend and my mentor Lindsay Foster, who passed away from pneumonia on July 23; at his side were his wife Robyn, and Coby and Dax.

His service was held on August 6, by Heritage Brothers Gold Coast, with a live stream on their website for those who could not attend in person.

Lindsay was 75 years old and had been in care at St. Andrews, Tallebudgera, for more than 12 months.

The mainstay at ACT Stoma from the 90s till 2015, Lindsay retired and he and Robyn moved to the Gold Coast to be near their family.

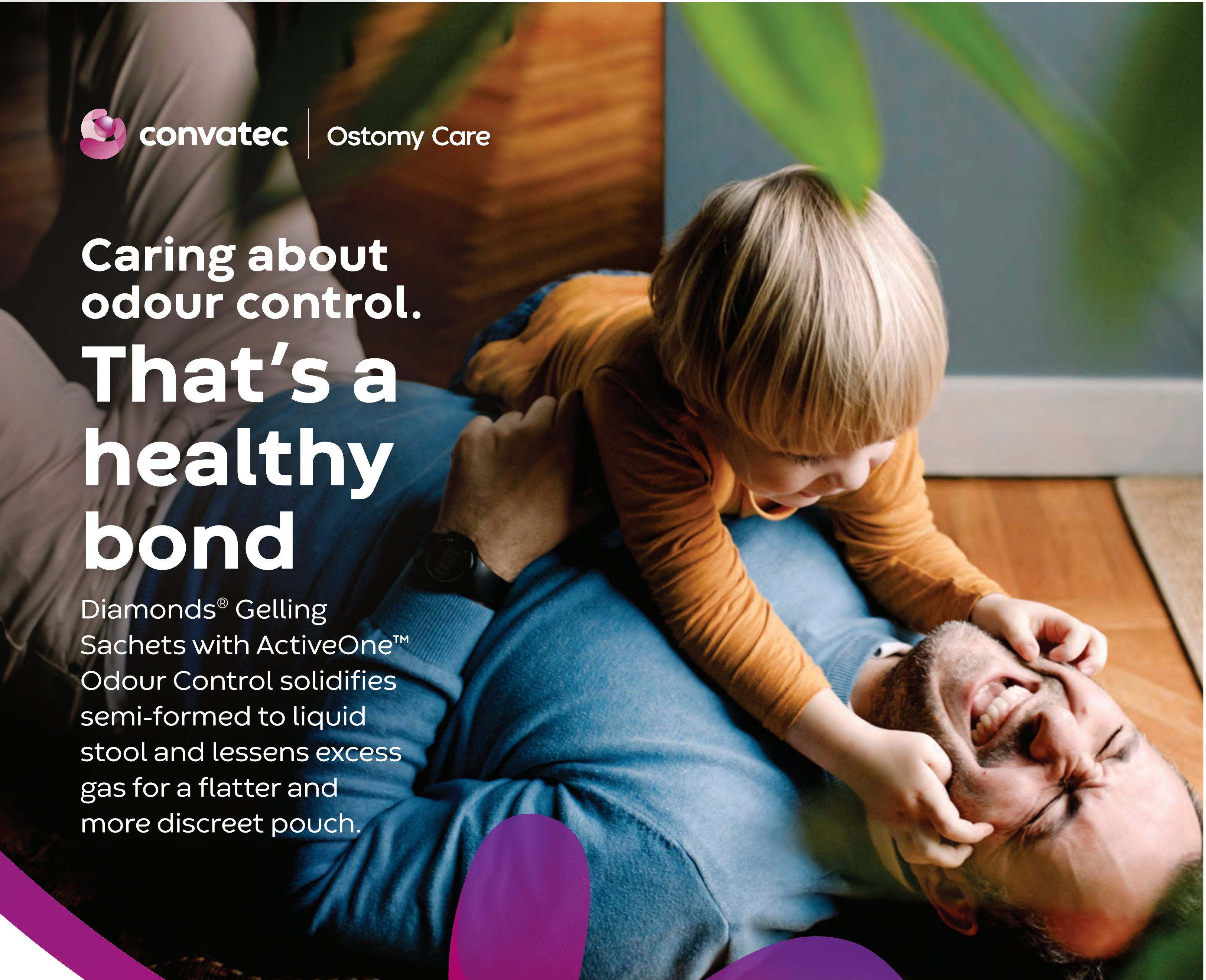
He was a huge Canberra Raiders supporter, and every available space in the stoma rooms was decorated with Raider posters and news clippings.

He would have loved to see his beloved Raiders win the minor Premiers shield this August in front of a home ground sell-out crowd.

Lindsay will be remembered by all who he helped with their supplies, and his regular Lindsay's letter was always a great read.

He touched the lives of so many.

Horst Kirchner, President ACT & District Stoma Association.

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Milestone 65 celebration

A SIGNIFICANT milestone was celebrated in October for what has become the mainstay in South Australia for ostomate care and service.

The Ileostomy Association of SA held a special luncheon at the Glenelg Golf Club to celebrate 65 years of serving ostomates across the state.

The three-course luncheon was attended by suppliers, members, association staff, past and present volunteers, committee members, and special guests, including representation from the president of the ostomy association, Heather Walsh.

The event commenced with a warm welcome and introduction from president David Swift, who highlighted that the average lifespan of a not-for-profit organisation in Australia is just 32 years — making IAOSA's milestone particularly significant.

Guests were then treated to a presentation on the history of the ileostomy association by general manager Dee Carrington, reflecting on its early beginnings through to the thriving organisation it is today.

The presentation acknowledged the dedication of volunteers, committee members, staff, and supporters over the decades, including many who are sadly no longer with us.

It also highlighted the association's growth — from new premises and increasing membership to the expanded range of services and support now available to members.

Guest speaker Erin Faehrmann (a finalist in the 2021 SA Woman of the Year awards) delivered an engaging and insightful presentation on the importance of play in the workplace, which was warmly received by everyone in attendance.

The afternoon was filled with conversation, connection, and celebration, with friendships rekindled and new ones formed, making the day a truly memorable and successful occasion.

Connections: Ileostomy Association of South Australia's vice-president Bruce Macky, president David Swift, past president Val Macey and treasurer Don Pritchard.

Thriving with awareness and care

OVER the past 18 months, the Ileostomy Association, in collaboration with Stoma Care Services, has proudly delivered a series of Thriving with a Stoma educational sessions across regional South Australia.

These sessions, open to all South Australian ostomates, have brought valuable information, support, and community connection to locations including Renmark, Port Augusta, Coonawarra, Penola, Victor Harbor, Nuriootpa, Kangaroo Island, and Port Lincoln.

In July, the association hosted its first metropolitan session in Adelaide, with about 70 members joining in.

Major ostomy product suppliers were also in attendance, providing a wonderful opportunity for members to engage directly with product representatives and learn more about the latest offerings.

Amanda McGee from Stoma Care Services led the education session, delivering an engaging and practical presentation covering a range of stoma-related topics, including basic stoma care, product education, lifestyle and travel tips, and hernia prevention and support.

The session was well received, with excellent participation and thoughtful questions from attendees, highlighting the value of the community-focused events.

In addition to stoma care education, members also gained a deeper understanding of the SA Ileostomy Association's internal processes — particularly around responsible ordering.

Under discussion was the impact of over-ordering, sharing real examples of the costs and product wastage that can occur, particularly in cases of reversals or after a member passes away.

By raising awareness around these issues, the aim is to promote more sustainable management of resources and ensure ongoing support for all members.

The association gave a heartfelt thank you to everyone who attended, to Amanda for her expertise, and to the supplier partners for their continued support; they look forward to delivering more educational sessions, both regional and metropolitan, in the future.

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

Anatomy of a stoma artist

PUTTING an artistic twist on recycling, Wendy Connor solved the problem of what to do with her old stoma supplies by creating something new.

Wendy created a mixed media art piece from “bits and pieces of a stoma bag” which was exhibited in an art show in Bendigo recently.

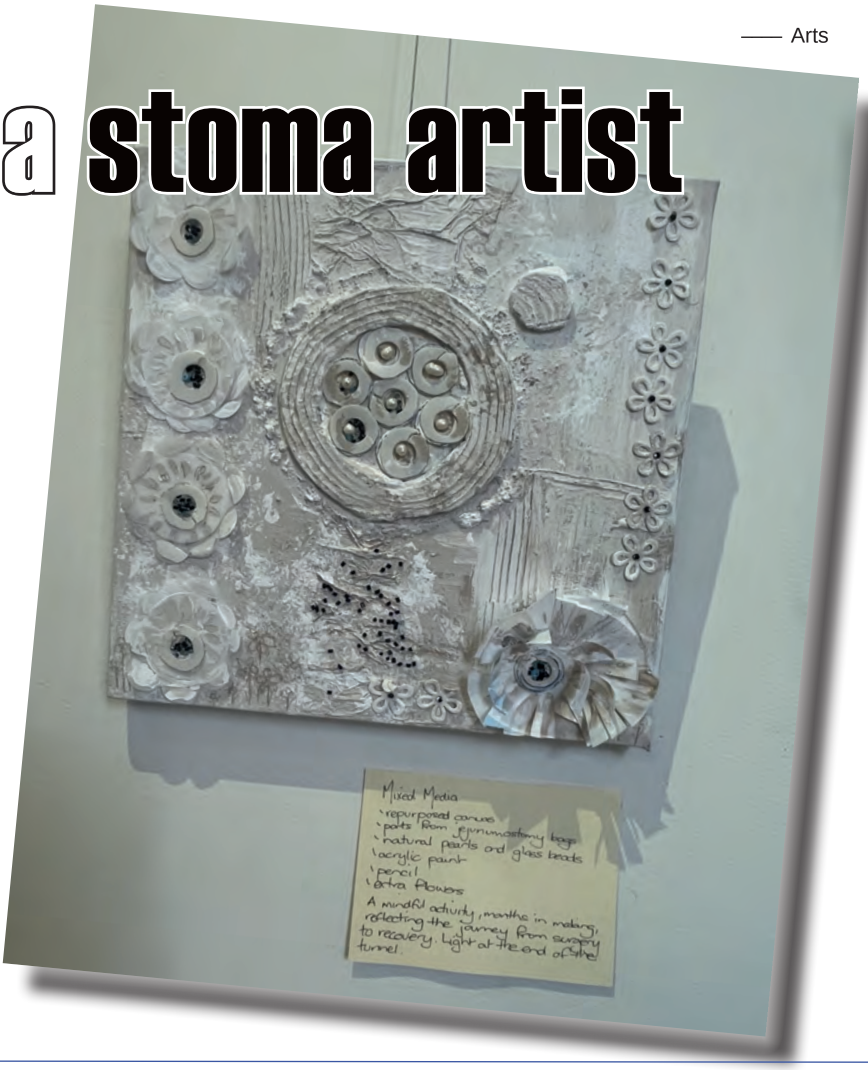
“I had been collecting the bits and pieces for some time and when the art show came up it motivated me to make the mixed media piece,” she said.

“I thought it may be helpful to show people that all is not bad having a stoma and something creative can come from the bits instead of it all going into landfill.”

The piece has an explanatory note: “A mindful activity months in making, reflecting the journey from surgery to recovery ... light at the end of the tunnel.”

Wendy said she did not want to keep the piece for herself as it had served her purpose, and offered it to anyone who would like it for education or other purposes.

Those interested can email journal@australianstoma.com.au and the message will be passed on to the artist.



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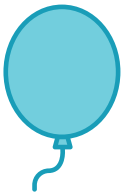

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A second chance at life

By **Amelia Brindas**

I AM 21 but for years my body made me feel like I'd already lived a lifetime of suffering.

My pain has been constant for eight years.

Sharp, unrelenting, radiating.

It left me doubled over, gasping, exhausted.

Every meal was a gamble.

Every step, a risk.

Even simple joys such as laughing with friends, going out for dinner, planning a holiday, all felt impossible.

I stopped living.

Life shrank to hospital corridors, medications, heat packs, and quiet nights alone.

Birthdays, celebrations, beach trips, all passed me by.

My body became a prison.

My dreams were locked away on a shelf.

Eating was terrifying.

I stared at food and asked myself: Will this hurt? Will I regret it?

Most of the time, the answer was yes.

Watching friends and family eat freely while I curled up in pain became unbearable.

I avoided social situations, smiling through excuses, feeling like my life was slipping further away.

When my surgeon mentioned an ostomy, my heart sank.

I imagined looking at myself with a bag attached to my stomach, wondering if I'd still recognise me.

I worried about my relationship, about clothes, about strangers' eyes.

But underneath all that fear, one truth remained: I cannot keep living like this.

The morning of the surgery is burned into my memory – the antiseptic smell, the hum of machines, the cool hospital air.

My heart pounded as they wheeled me into the theatre.

I silently promised myself: If this gives me my life back, I will take it and never let go.

When I woke up, I didn't cry.

I didn't even look at my body for four days.

My ostomy felt alien, enormous, like a part of me I wasn't ready to face.

For months, I hid it.

Loose clothes, careful angles in photos, quiet smiles – in public, it was invisible, but in private, it was saving my life.

And slowly, life began to return.

The pain that had haunted me for years disappeared completely.

I could eat without fear.

I could laugh without clutching my side.

Eating my first steak in nine years without being sick felt like freedom.

Walking into a gym after seven years felt like reclaiming a part of myself I thought I'd lost forever.

I even booked a holiday without worrying if my body would betray me.

The little moments became miracles: sitting at a café and ordering anything I wanted, waking up without pain, having energy, being able to get out of bed and work.

My ostomy didn't take something from me, it gave me everything back.

It's not something to hide, it's a symbol of survival, resilience, and hope.

Second chance: Amelia Brindas in hospital after her surgery and (below) with her boyfriend, enjoying her new life.

I share my story because someone reading this might be where I once was: scared, uncertain, hiding.

If that's you, know this: it's okay to take your time.

One day, the courage to stop hiding can transform your life.

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A Christmas feast without the tears

For those with a stoma, Christmas celebrations may cause anxiety about what to eat and what might cause discomfort later.

With a few simple swaps, you can enjoy a nutritious, satisfying and festive spread – even with pudding – and all minus the stress.

Festive Food

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

THE festive season is a time for connection, laughter and (let us be honest) food.

But for those with a stoma, Christmas celebrations may bring a bit of anxiety about what to eat and what might cause discomfort later.

With a few simple swaps, you can enjoy a nutritious, satisfying and festive spread minus the stress.

If you are sharing food with others take some of these options with you so you can enjoy your day.

I love a Christmas pudding however, a traditional Christmas pudding is rich, dense, and full of dried fruit and nuts that may influence bowel function (blockage) or increased output.

Christmas pudding is delicious, but not always stoma-friendly. Many ostomates find the high-fibre dried fruit, nuts and heavy fats can increase bloating.

But with a bit of preparation, there's no need for anyone to miss out their favourite festive fare,

Christmas lunch doesn't have to mean giving up flavour. It is all about preparation and cooking methods that reduce irritation and gas while keeping nutrients intact.

Vegetables: Choose soft, easy-to-digest options, peeled carrots cooked well, de-stringed green beans, peeled pumpkin, and well-roasted skinned potatoes.

These provide beta-carotene and potassium, both important for recovery and fluid balance.

Lightly spray with olive oil before roasting, a great source of heart-healthy monounsaturated fats.

Flavour: Use powdered garlic and onion for flavour without the fibrous bits that can cause bloating. I usually find most stoma patients can tolerate the powders. Herbs like parsley, basil and thyme add antioxidants without adding fibre.

Cranberry sauce: Choose smooth jelly versions (without bits). Cranberries are rich in vitamin C and have mild antibacterial properties.

Meat and barbecue made easy

A summer Christmas often means firing up the barbecue but we may need to take a few precautions:

Pre-cook your meat (steam or bake) before grilling to reduce the time it spends on high heat.

Flip often to prevent charring, which can form unwanted compounds in red meats.

Opt for lean meats chicken, turkey or fish which are easier to digest and lower in saturated fat, and unwanted compounds caused by charring red meat.

Nutrition tip: Lean protein supports wound healing and muscle maintenance, both important for stoma recovery and long-term health.

Salad the healthy way

You can still enjoy a fresh salad, just modify the ingredients:

Use finely chopped soft lettuce leaf area avoid the stalks/veins (like butter or oak lettuce), finely chopped chives, parsley, and steamed green beans.

Add soft chopped tinned asparagus (well drained).

Dress with a mix of lemon juice, olive oil and a pinch of salt.

These ingredients are gentle on your digestive system but still provide vitamin K, folate, and antioxidants.

Festive fruit platters

Summer fruits make the table look festive, choose low-fibre options.

Serve peeled melon in their various colours, tinned peaches, or mandarins in juice (not syrup).

Avoid pineapple, mango, passionfruit or berries with seeds.

This combination gives you hydration, natural sugars, and vitamin C without triggering output issues.

Drinks and nibbles

Hydration: Skip the fizzy drinks that can cause bloating and go for flavoured still water with slices of lemon, mint or cucumber. It is festive and refreshing.

Alcohol: If you drink, stick to the Australian Healthy Guidelines, two drinks for men, one for women per day. You can even "spritz" your wine with water to make it last longer.

Avoid beer, as it may increase stoma gas and bag expansion.

Snacks: Avoid nuts and seeds unless you chew them thoroughly.

Stick to smooth dips made with blended cottage cheese or dairy-free 'cream cheese', with added chives or parsley or taramasalata.

Serve with water crackers or rice crackers.

Enjoy the long lunches without guilt.

Savour each bite, move your body when it feels good, and return to your nourishing routines when the festivities pass.

True health is not about perfection; it is about flexibility.

Your festive feast can be joyful, colourful, and perfectly suited to your needs.

By keeping fat and fibre moderate, hydration high, and flavours bright, you'll enjoy the season comfortably.

Please note, not all nutritional intolerances are covered in the recipes, ensure you avoid any foods that you know cause stoma imbalances.

A happy festive season to you all.

Recipes are on the following page

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1. Data on File, 2024: ref-04111 (n=200)
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3. Data on File, 2023: ref-03863 (Woven fabrics tested are Polyester-based)
4. Data on File, 2023: n=459 Qualitative Interviews; 2023: n=110 Qualitative Interviews; 2023: n=43 Clinical Trial
5. Data on File, 2023: n=43 Clinical Trial

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Don’t fear the pudding

A TWIST on the traditional, and just as tasty, this recipe for Christmas pudding is lower in kilojoules and has less sugar and fat than the traditional.

Some stoma patients have lactose intolerance, if this is the case swap out regular cream for lactose free or lactose free custard.

Nutritional Notes:

Soft tinned fruit provides natural sweetness and moisture with less insoluble fibre, making it gentler on the digestive tract.

White breadcrumbs give lightness and texture without the heavy fibre of traditional dried fruit.

Low-fat dairy or lactose-free options (if required) help manage fat intake and avoid bloating or loose output.

Steaming keeps the pudding moist, easier to chew, and easier to digest.

Ingredients (serves 6–8)

1 x 410 g tin pears, peaches, or mandarins (in juice, not syrup) – well drained and finely chopped or mashed
1 cup self-raising flour
1 cup fresh breadcrumbs (use white bread, crusts removed)
½ cup brown sugar
1 tsp mixed spice
½ tsp ground cinnamon
1 tbsp golden syrup or honey
2 eggs, lightly beaten
60 g soft butter or spread of your choice
2 tbsp low-fat milk or lactose-free milk
1 tsp orange essence and 1 tsp vanilla essence for extra flavour
Coconut oil spray

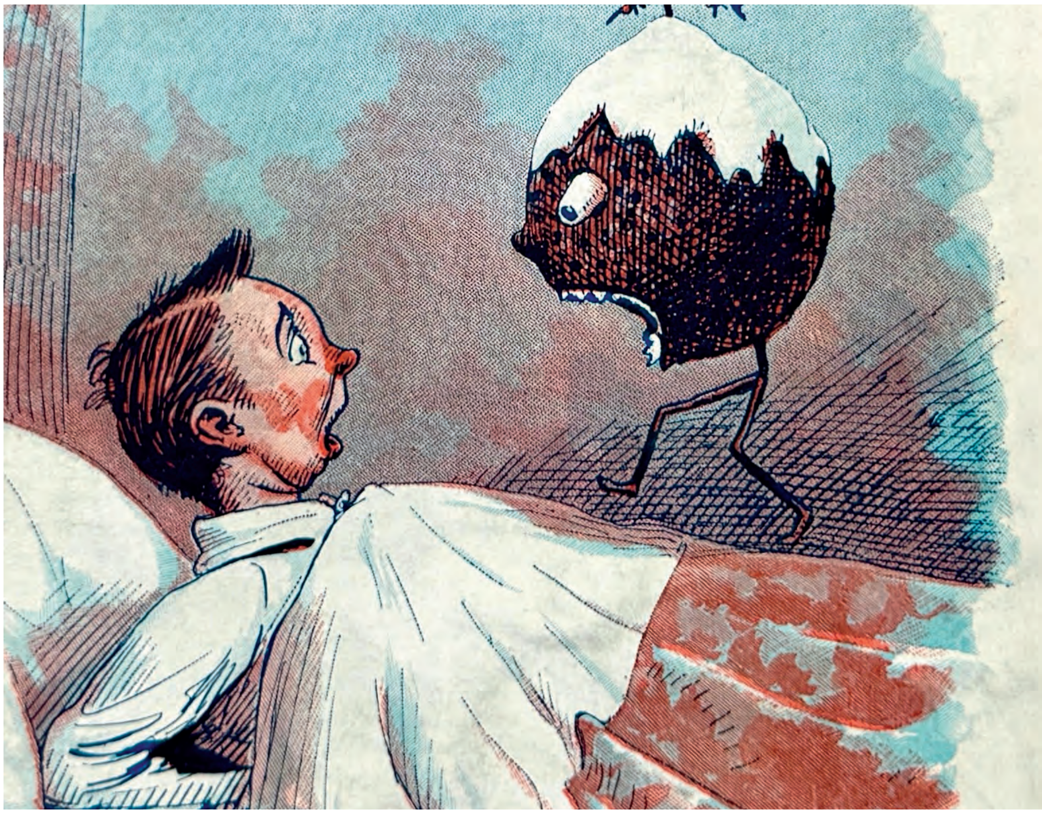
Method

Prepare your fruit:
Drain the tinned fruit very well and mash gently with a fork so there are no large chunks. This keeps the texture smooth and easy to digest.

Mix the dry ingredients:
In a large bowl, combine flour, breadcrumbs, sugar, mixed spice, and cinnamon.

Add the wet ingredients:
Stir in the fruit, margarine, golden syrup, beaten eggs, and milk. Mix until smooth — the consistency should be soft but not runny. If it is too firm, add a tablespoon of juice or milk.

Spoon into pudding basin:
Lightly grease a 1-litre pudding basin (or large heatproof bowl) and line the base with baking paper. Spray the baking powder with coconut spray. Pour in the mixture and smooth the top.



Steam the pudding: Cover the basin with a double layer of baking paper (spray the layer that touches the pudding with coconut oil) and foil, tie tightly with string, and place in a large saucepan with boiling water halfway up the side. Steam for 1½ to 2 hours, checking the water level occasionally and topping up as needed.

Serve warm, let the pudding rest for 10 minutes before turning out.

Serve with lactose-free custard, or low-fat cream or dairy-free vanilla yoghurt.

Nutrition tip: This swap keeps your dessert rich in calcium and protein for tissue repair and vitamin C from fruit purées for immune support.

Trifle (stoma-friendly and delicious)

Here’s a festive dessert everyone will love.

Ingredients:

1 packet sponge fingers (or Dutch almond fingers)

1 tin of peaches or apricots in juice, drained and sliced

1 packet jelly (choose your favourite flavour)

2 cups lactose-free (if required) or low-fat custard

1 cup lactose-free (if required) whipped cream

A sprinkle of shaved chocolate or crushed Marie biscuits for decoration

Instructions:

Make the jelly according to the packet instructions and let it cool to room temperature.

In a glass bowl, layer sponge fingers or Dutch almond fingers (nut removed) and drizzle a little fruit juice over them to soften.

Add the sliced peaches/apricots, then pour in the semi-set jelly. Let it set completely in the fridge. Spoon over custard once the jelly is firm.

Top with whipped cream (if tolerated) and a light sprinkle of shaved chocolate or crushed biscuit.

Nutrition tip: This dessert provides hydration from the jelly, calcium from custard, and soft fruit for gentle fibre. It is satisfying, cooling, and easy to digest.

Bonus treat: No-nuts rocky road

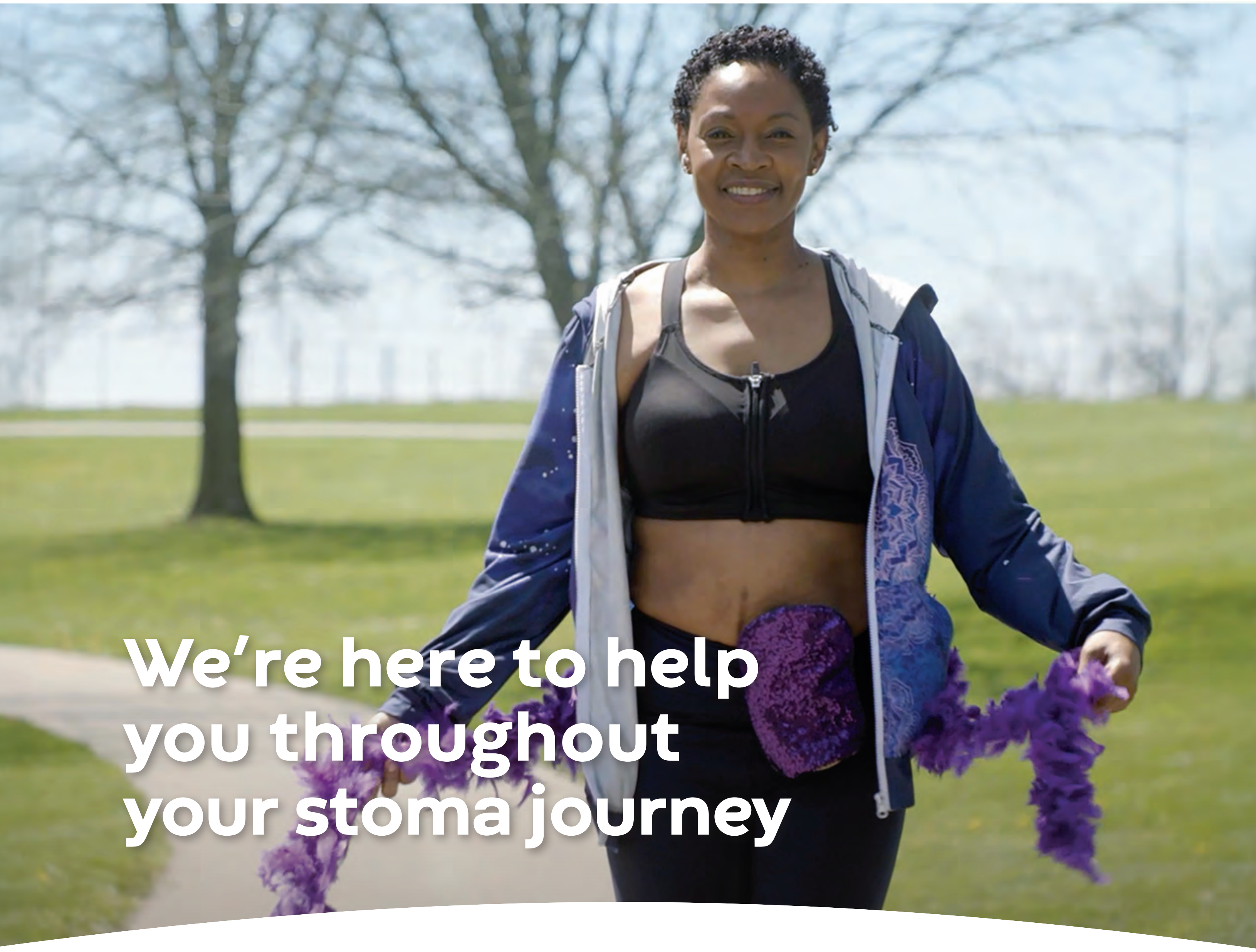
Keep this on the table for after-dinner indulgence.

Ingredients

400 g milk chocolate
100 g Marie biscuits (crushed)
100 g mini marshmallows
50 grams of Turkish delight or ripe raspberry lollies (optional)

Method

Melt chocolate gently, as it is cooling a little mix in biscuits and marshmallows (Turkish delight/lollies if you like them), press into a baking paper lined tin, chill, and cut into squares.



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Disclaimer: Speak with your doctor, physiotherapist, or nurse before doing these exercises, and ask them to show you how to do the movements correctly. If you've had a very complex surgery, have an unstable hernia, or other complication, please check with your doctor or ask for a referral to a clinical physiotherapist.

Community: Members of Geelong Ostomy celebrated as (pictured below) association president Garry Wall (left) presented the Jo Holmes medal to Tony Juffernans for his outstanding volunteer service (below).

Medal recognition for outstanding volunteer

LIKE other stoma associations across the nation, Geelong Ostomy benefits from the dedicated service of numerous volunteers.

The Geelong association has established the Jo Holmes medal to recognise outstanding volunteer service.

The prestige of the medal draws from the legendary status of Joanne Holmes, who served Geelong Ostomy for more than 30 years as its administrator.

Jo was the central pillar of Geelong Ostomy.

As well as having a detailed knowledge of the Stoma Appliance Scheme she knew and understood the needs of individual Geelong members.

In essence, the members became part of Jo's flock – they knew Jo was there to look after their interests.

Jo's dedicated service resulted in her being awarded life membership of Geelong Ostomy in 1998.

She was at the helm as Geelong Ostomy grew from humble origins, when it distributed supplies from a room on a hospital campus, to owning and operating its current purpose-built warehouse premises.

This year's Jo Holmes Medal was awarded to Tony Juffermans.

Tony has been a regular volunteer for the past four years working as a member of the pack-out team.

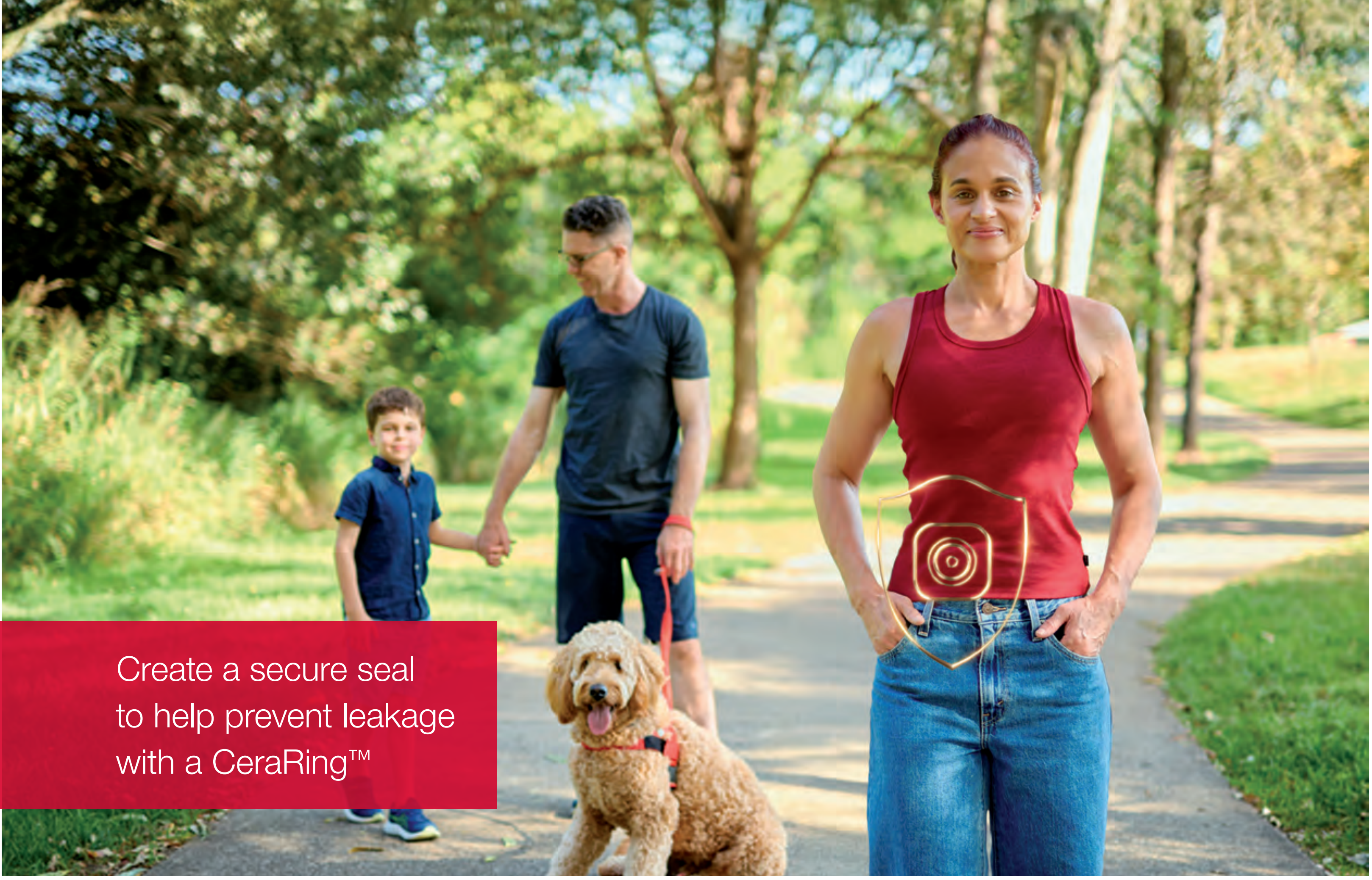
In 2025 Tony drew on his building trade skills and experience when Geelong Ostomy replaced the shelving throughout the warehouse.

As the new shelving was being installed Tony made numerous modifications to improve workplace safety.

He dismantled and removed the previous shelving at a saving of more than $5000 to the association's members.

Tony was presented with his medal by association pesident Garry Wall at the Annual General Meeting in front of several past winners.

Although Jo Holmes passed away in 2015 she continues to hold a special place in the heart of many Geelong Ostomy members. The association is proud to honour her memory.



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A lesson learnt for health

Readers Write
by Ken Janson

MEN are knuckleheads when it comes to health.

In the last half of 2012 I was feeling pretty crook but adopted the typical male attitude towards health matters and ignored it and pressed on.

I finally took myself to a doctor when I started to pass some blood.

The doctor said it was most likely a bit of a tummy bug mixed with bleeding from a haemorrhoid.

Thinking to myself I knew it was nothing, I never questioned the diagnosis and went home with some pills to dry up the runs.

I, however, never felt any better and in fact the pain in my stomach was getting worse but again I just ignored it.

One day I went to work and really struggled to finish the day.

I packed up and drove straight home and curled up on my bed in the foetal position.

I ended up ringing Tracy (now my wife, but we had only been going out for about six months then) to ask her to come over after she finished work to help me get to a doctor.

When she arrived she bundled me up and took me to the Emergency Department at Campbelltown Hospital.

I was admitted and over the following days diagnosed with ulcerative colitis for the first time in my life, I was 48 at the time.

My bowel was badly ulcerated and swollen so no wonder I was bleeding back there.

My admission lasted until December 28, Merry Christmas!

I was released on a huge cocktail of drugs that were supposed to control the UC and booked in to see my specialist a week later.

When I got home I found my stomach was so sore that I couldn't lay down so for the next six days I slept sitting up on the lounge.

It was stinking hot, or so I thought, nothing to do with the raging temperature I was running, so I had the ceiling fan and pedestal fan going full bore on me all the time.

You would think I would have learnt my lesson by now not to ignore pain but I hadn't and even though I was hurting really badly I just thought it was normal for my condition.

So when I saw my specialist and he asked how I was going I said: "Good thanks, no worries."

Tracy (thank goodness) spoke up and told him how bad I was.

He sent me downstairs for a CT scan and they told me to come back in an hour to pick up the films.

We were sitting in a café when 30 minutes later radiology rang me and said get back upstairs to see my doctor.

I went in and he told me the scan showed my bowel had burst and was leaking.

He rang the ED up the road to pave the way and off we went.

At this stage I still didn't think things were too bad.

I got to the window and told them who I was and they took me into triage straight away.

A surgeon turned up a few minutes later and told me I was going straight into surgery.

I asked if that was necessary and he almost choked and said that if I didn't have an operation I would die.

Well bugger me, this is serious.

So within an hour-and-a-half of sitting in my specialist's office I was being wheeled into surgery.

I woke up in recovery to find that my bowel had developed toxic megacolon and was falling apart as they were trying to remove it.

I spent a further 11 days in hospital during which I developed MRSA in the wound and it was opened up, flushed out and a vacuum dressing applied.

I went home with the vac dressing which stayed in place for the following three weeks until the wound had closed sufficiently.

Continued page 25

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

Lessons in health too hard to ignore

From page 23

The result was I was left with an end ileostomy and an anal stump that could facilitate a J-pouch if I decided to go ahead with it at a later date.

As I recovered, I found I was coping quite well, albeit with a few catastrophic leaks that we all have when we are trying to sort this thing out.

I'd even named my stoma Harry, as in Dirty Harry; he did things rough and tough but always made my day.

I hadn't made my mind up whether I would keep Harry or poke him back in, so to speak, when the decision was sort of made for me.

By the first couple of months of 2014 I started to pass blood again from the stump.

My gastroenterologist decided to do a scope to see what was going on and he found that even though there was only about 10 or so centimetres of bowel left in the stump, it was riddled with UC.

I made the decision that it had to go and I then started another relationship, this time with a colorectal surgeon.

The procedure was performed and after a two-day stay I was discharged to recuperate at home.

Shortly afterwards, I felt sick and started to vomit; I also noticed that I had no waste discharge into my bag.

I went to Sutherland Hospital ED and was admitted where a blockage was diagnosed.

After a day the blockage cleared itself and the next day I was discharged.

My colorectal Surgeon explained that the surgery was most likely the cause as when he was operating in the tight confines of my pelvis that he may have squashed the small intestine a little causing it to stick together.

No further complications occurred.

The surgery, although quite painful, healed quite well in a reasonable amount of time.

On my six-week post-surgery check-up my surgeon informed me that when my specimen was examined at pathology it was found to have fistulas present.

This was highly unusual as I had been diagnosed with ulcerative colitis and fistulas are associated with Crohn's disease.

He sent me to see a gastroenterologist who studied my history and was sure I didn't have Crohn's but I most likely had indeterminate colitis.

My recovery continued until about 10 months later I started to get discharge in my underwear again.

My bottom was tender and, at time, uncomfortable.

I returned to see my surgeon and after examination he discovered that I had what appeared to be another fistula which was the cause of the discharge and discomfort.

He explained that it was most likely always there but it wasn't removed with the surgery as he had tried to keep the margin around the cut as small as possible so I would heal quicker.

Because the margin was so small this fistula remained behind.

He also explained that although surgery wasn't urgent it would need to be removed as if left could develop into cancer years in the future.

Surgery was then scheduled for later in the year. The fistula was excised in December, 2015.

This surgery was less intrusive than the total colectomy however the pain after surgery and the recovery were more difficult for some reason. I started to curse Harry for wanting to keep him.

At the six-week post-surgery check-up my surgeon was not satisfied with the healing process so scheduled another check in a further six weeks.

At that examination he found that the wound wasn't healing and that further surgery to go deeper and wider was needed.

In June the following year I entered hospital again for day surgery to re-excise the wound.

Once again recovery was slow and very uncomfortable.

At the post-surgery check-up the wound was still not healing and I was given another six weeks' healing time before a decision to operate again was made.

At the next check-up the wound still had not healed so he decided to conduct a flap resection which would move the wound into fresh tissue.

Prior to the admission I underwent an MRI to ensure there was no underlying issues contributing to my poor healing as well as a stool sample to fully rule out Crohn's.

Both tests came back negative.

I was admitted to hospital yet again for day surgery to re-excise the wound, fourth time's a charm.

The surgery went wel and in January, 2017, I had my post-op appointment with the surgeon .

After assessing the wound he found it to be as it should and that finally treatment of it had been a success.

I told him not to take it personally but I hoped never to see him again and touch wood, I haven't.

I have developed a parastomal hernia which has been with me for about six years or so which is only really a visual annoyance as it hasn't caused any issues with Harry the stoma at all.

I do feel that it draws attention to my stoma by having this round mound on the side of my stomach but I'm sure only the people that know my history notice it. When I tell someone for the first time I have a bag they are surprised.

The train of professional thought is that my quitting smoking about 12 months or so before my first episode is why ulcerative colitis showed up in me so late in life.

I suppose either way I am one of the lucky ones.

People battle UC for most of their lives before they get to the total colectomy stage – I basically had a 12-month battle before I got my lifelong friend.

The moral of this story is us blokes tend to ignore our health and it can go south really quickly. How long had I ignored changes to my health before I took notice (or, more accurately, was forced to take notice) – too long.

Most women would have been down the road to the doctors at the first sign of trouble but for us men, it's a case of she'll be right – until we are not.

News of the World

World winners

GUATAMALA: World Ostomy Day on October 4 was celebrated with the announcement of this year's World Ostomy Awards, in conjunction with the European Ostomy Association.

The Asociación de Ostomizados de Guatemala (Ostomy Association of Guatamala) was given first prize for its support of ostomates, an achievement which the association said transcended borders and filled the community with hope.

"This award is a reminder that although ostomy is an invisible disability, support, empathy and solidarity can and should be visible," a spokesperson said.

"This recognition belongs not only to us but to every ostomate in Guatemala and around the world. It inspires us to keep moving forward, reaching more people, offering support, and reminding everyone that we are not alone.

The top spot was also shared with the Romanian Association of Persons with a Stoma and IBD and the National Federation of Ostomates of the Philippines.

Rounding out the list of notable stoma associations this year were, in second place, those from Colombia, Sweden and outh Africa.

In third place were Nigeria and Spain, with an honourable mention to Bolivia.

Source: www.facebook/ASOGUA

Swimmer takes on mountainside

KENYA: After becoming the first person with a stoma to swim the English Channel two years ago, Gill Castle embarked on a new challenge – leading 16 women, most of whom have suffered birth trauma or have a stoma, up Africa's highest mountain.

The Kilimanjaro trek, organised by the UK charity Chameleon Buddies, will raise money to help build a dedicated stoma and continence wing at the Women's Fistula Hospital at Eldoret, Kenya.

Ms Castle had a colostomy after she was injured during the birth of her son in 2011.

Since then, she has proved that having a stoma does not have to stop people doing amazing things.

Having posted videos of her swimming with her stoma during the pandemic, she built links with the hospital in western Kenya, which helps women with stomas.

These women are often unable to access stoma bags and have limited access to medical help.

Ms Castle says the decision to climb Kilimanjaro was partly because she "loves a challenge", but also because she wanted to help other women.

"I wanted to give other people the opportunity to challenge themselves, like I have, and take on the baton and take that up the mountain for all these other women that we are going to support in Kenya."

Joining the group will be Liz Hinds, who is 54 and has Crohn's disease.

She had an ileostomy more than two decades ago and kept it a secret.

"I've never spoke about it in 22 years to anyone, until I met Gill Castle," Ms Hinds said.

"I'd never shown anyone. My family knew I'd had it, but for me it was a very hidden, quiet thing which I've lived with.

"I think at that time I was very young and it wasn't well known and you didn't have the support.

"And so for me it always felt a bit of a stigma - for the first time suddenly I'm talking about it openly."

Ms Hinds is now a trustee of Chameleon Buddies and has visited the hospital in Kenya with Ms Castle.

She says she feels "humble to suddenly realise how much we have here" and "blessed" to give something back, adding that anyone with a stoma should not let it define them.

When asked what the Kenyan women thought of it all, Ms Castle said while they thought it was "crazy", it was also emotional for them.

"They know what our women on the trek are putting themselves through for them," she said.

"The temperatures on the summit can get down to -15C, so you are talking about people trying to fumble with a stoma bag when it's really, really cold.

"But I do think everyone is regarding this as sort of a metaphorical mountain for their own trauma."

Source: www.bbc.com/news/articles/c5yq0p

Unlucky teacher cops a real bagging

SCOTLAND: A man has escaped a prison sentence after he ripped off his colostomy bag and threw it at the head teacher of a Glasgow school.

The man was sentenced at Glasgow Sheriff Court last month after pleading guilty to two charges.

He admitted to behaving in a threatening or abusive manner in the presence of secondary children and assaulting another man.

The court heard that the head teacher and a campus police officer were carrying out their duties when the man made his way towards the teacher, making efforts to talk to him.

The head teacher explained he would be with him shortly as he was dealing with an unrelated matter.

The man then made his way to an internal door to wait, and the teacher stated he couldn't stand there.

The man became enraged and started to unbutton his shirt.

The head teacher turned away from him and stated that he should not be undressing in a school.

The man then ripped off his colostomy and urostomy bags and threw them at the teacher, striking him on the head.

The man was arrested and taken to Glasgow Royal Infirmary due to having an open wound.

Once the wound was made safe, he was taken to Cathcart police office.

Whilst being processed, he commented that should he be sent in front of a court, he would throw a full bag over the judge or sheriff.

Addressing Sheriff Anthony Deutsch, the man's lawyer assured him that would not happen.

Sentencing was deferred for six months for the man to be of good behaviour.

Source: www.glasgowtimes.co.uk

News of the World

War makes ostomates

UKRAINE: Medical specialists say the number of people with war injuries leading to an ostomy is increasing, as both military and civilians suffer from the horrors of war.

With no communities or support groups for those with a stoma in Ukraine, ostomates face a lack of information, specialists and support.

“When a problem or question arises, there is no one to ask,” stoma specialist Anna Firsova said.

“In addition, this topic is taboo in Ukrainian society.

“War increases the number of people with all kinds of injuries and diseases.

“Accordingly, the number of people who need a stoma is also increasing.”

There are between 50,000 to 70,000 people with stomas in Ukraine, and according to Firsova, this figure is constantly growing.

The reasons vary from oncology, chronic digestive system diseases, and, recently, injuries to the abdominal cavity during hostilities.

Psychologist Victoria Yakovenko said those with a stoma struggled with both mental and practical concerns.

“The bags sold in Ukraine are not very good quality,” she said.

“The ones provided by humanitarian aid are much better.”

She said while hospitals often provided stoma products of poor quality, n pharmacies the products were of a higher quality.

“The financial issue remains open; providing yourself with high-quality products is a rather expensive pleasure..”

She said practice showed, in the first days after surgery, adaptation to the new version of yourself with a stoma is particularly important.

“At this time, my task is to convey to the patient that physiological changes in the body will not significantly affect the quality of life,” Firsova said.

“After all, all the problems are in our heads, and so are the barriers.

“A person remains the same person as before the operation. A person perceives themself in the integrity of the image.

“When this integrity is violated, it becomes a trauma for any person’s psyche.”

Source: rubryka.com/en/article/zhyttya

Young inspiration

ENGLAND: A Leeds city councillor’s life changed for the better after he had a stoma fitted three years ago, but getting used to talking about it publicly has been a tougher operation.

Alan Lamb felt unable to speak openly about the procedure, which had relieved the symptoms of the bowel condition ulcerative colitis.

Yet it was meeting a nine-year-old girl, who also lives with a stoma, that has enabled him to talk publicly about his experiences for the first time.

Mr Lamb and Katie spoke to the BBC about living with a stoma to mark Stoma Awareness Day.

Mr Lamb, 48, said the aftermath of his stoma surgery was a difficult period of change, but that Katie, who had hers fitted 18 months ago, had been an inspiration to him.

Katie has been campaigning for more awareness of bowel conditions and to remove the stigma surrounding them.

Mr Lamb said: “Meeting Katie made me decide to put my big boy pants on and talk about it.”

For Katie, having a stoma means she can still play football and enjoy days out with her family.

Before she had her stoma fitted, she was unable to go to events because she felt too ill.

Katie had struggled with her bowel from birth and doctors initially assumed she had an intolerance or allergy, but after tests it was clear she was severely impacted and medication was not helping.

In 2024, she had her stoma operation due to chronic constipation, slow transit bowel and dysmotility.

Since having her surgery she said she “feels more alive” because she could do things she couldn’t before and travel to places she hadn’t seen.

“It is not something to be disgusted or ashamed about because it has given me my life back,” she said.

Mr Lamb said before his own surgery he struggled to leave his flat because he needed the toilet up to 35 times a day, and couldn’t guarantee he would be near one at all times.

He was originally tested for bowel cancer before doctors diagnosed ulcerative colitis but his case was so severe that his colon was at risk of bursting, and he required emergency surgery.

Katie first met up with the Conservative councillor after she wrote to him, and he invited her to visit Leeds Civic Hall.

He said he was keen to hear her ideas for how to make Leeds a stoma-friendly city.

“Katie is much braver than I am at talking about it. I had my surgery three years ago and it feels with Stoma Awareness Day it is a good time to talk about it.

“It’s important that people know it’s not the end of your life - it gives you back your life.”

A spokesperson from Colostomy UK said: “Katie’s openness and bravery are truly inspiring.

“By talking honestly about her stoma, not only is she helping to break down stigma and encouraging others to speak openly about their own experiences, but she’s paving the way for future generations to grow up in a society that understands stomas, recognises the challenges people face, and celebrates that people with stomas can and should lead full, active lives.”

Source: www.bbc.com/news

Reversal of fortune

AUSTRALIA: James Farnham, the youngest son of legendary singer John Farnham, has shared the details of life-changing surgery he had to reverse his colostomy.

James took to social media site Instagram to share a number of photos from his hospital bed as he praised the success of the operation.

“Exactly 12 months ago today, I was going in for my third surgery, hoping to finally reverse my colostomy/ileostomy,” Farnham said. “It worked.”

Farnham said he “stayed quiet” about the surgery as he was worried it wouldn’t work, and said he was scared it would go wrong, as it had previously.

“But this time, I healed properly and there were no complications,” he said.

Farnham said he had since been rebuilding “physically, mentally, emotionally.”

Farnham finished his post with an upbeat tone, saying: “If you’re struggling, just hang in there, it gets better.”

Source: 7news.com.au/entertainment

More stories overleaf

News of the World

From end to end

ENGLAND: A man with a stoma braved “awful” weather to complete a “very tough” challenge of cycling the length of the country to raise money for a local hospice.

Chris Short, 50, from Widley, was diagnosed with Crohn’s disease 25 years ago.

He completed his two-week 1000-mile (about 1600km) challenge of cycling from Land’s End to John o’ Groats, with an average of 75 miles completed each day.

“The weather was awful in Cornwall and Devon, constant rain for nearly three days, but I did have a tail wind most of the journey,” Chris said.

“I met amazing and generous people along the way and saw beautiful places in the UK.

“It was an epic event and even more tricky with having to deal with my Crohn’s and the complications that are involved with having a colostomy bag.”

Source: www.portsmouth.co.uk

Island group closure

JERSEY: A charity supporting Jersey islanders living with stomas has closed its doors after struggling to attract new managing committee members. For 35 years, the Jersey Ostomy Society provided support and advice to islanders living with stomas, including a pre- and post-surgery buddy system to support patients, access to financial aid and advice on practical equipment to make life with a stoma easier. It also spread awareness of the challenges facing islanders with stomas.

Among its best known initiatives was its use of a giant inflatable colon at the Jersey Kindness Festival.

The society had only 40 members when it closed despite there being more than 200 ostomates on the island, a situation attributed to ostomates turning to online resources for advice and support, with a subsequent decline in interest in the society’s activities.

Source: www.bailiwickexpress.com

Jungle not left behind

MALAYSIA: With colorectal cancer rates increasing across the country, a more comprehensive approach is required, according to deputy premier Datuk Amar Dr Sim Kdui Hian.

He said this included enhancing stoma care and incontinence management at healthcare centres across the nation.

He said colorectal cancer was the third most common cancer globally and the second most common in Malaysia.

In Sarawak, it was the most frequently diagnosed cancer among men, with approximately 350 new cases identified each year.

“The growing demand for stoma care is closely linked to colorectal cancer, while incontinence is becoming more prevalent due to an ageing population,” Dr Sim said.

“Like it or not, ageing is inevitable, and this issue extends beyond medical concerns to encompass social, familial, and patient-related matters that must be addressed collectively.

Dr Sim made thesremarks while officiating at the Second Sarawak Stoma and Continence Symposium at the Borneo Cultures Museum in September.

“Knowledge, practice, and innovation must be fully leveraged to ensure the effective application of technology,” he said.

“Even though we (Sarawak) are in the middle of the Borneo jungle, we refuse to be left behind.

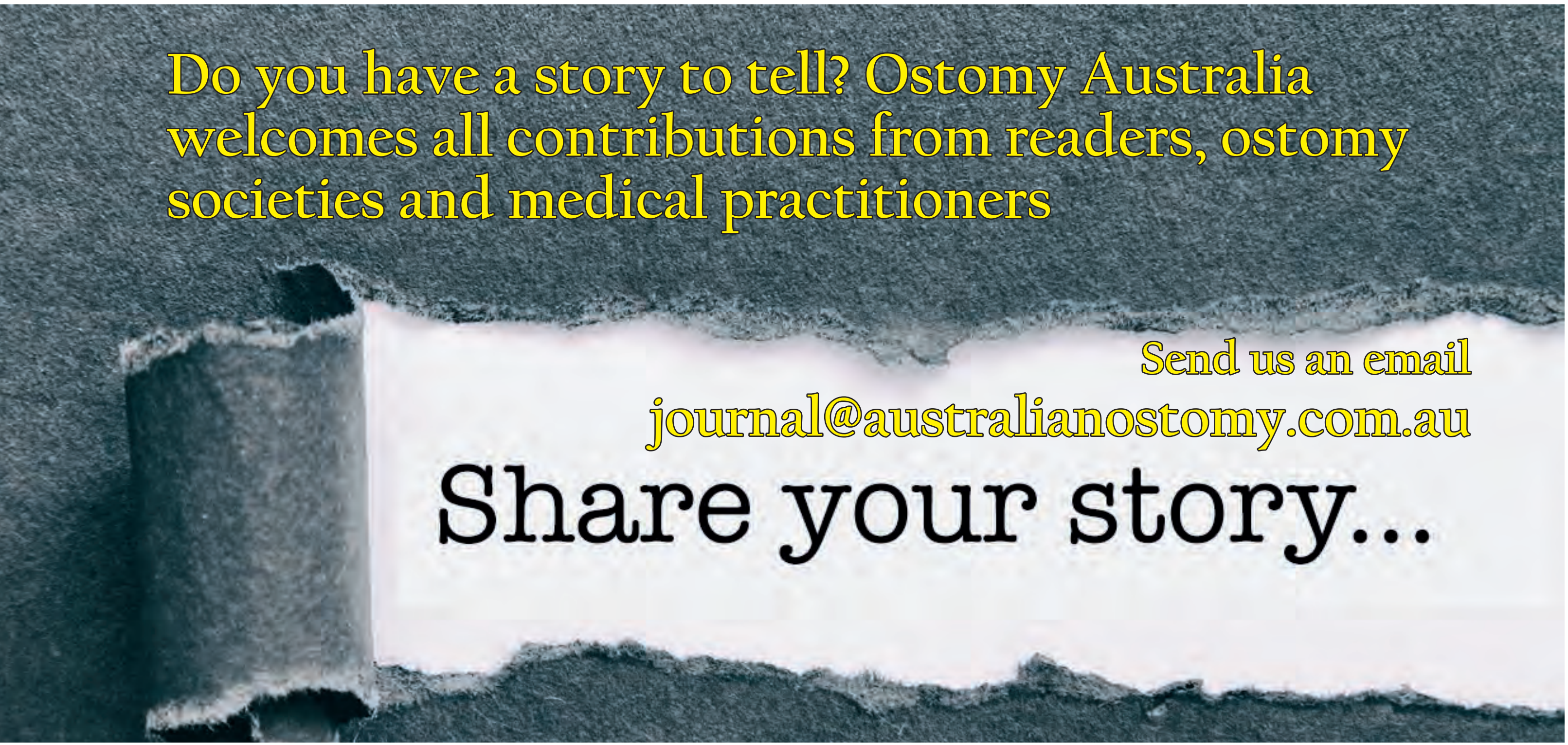
“That is why we are committed to providing world-class treatment and competing on a global scale.”

Citing a key achievement, Dr Sim noted that the Sarawak Heart Centre was listed among the Asia-Pacific Top 100 cardiology facilities – the only Ministry of Health (MoH) centre to receive this recognition – despite operating with limited resources.

“It is not because we are the biggest or oldest hospital, but because of the spirit and teamwork of the staff, the community, and everyone involved,” he said.

The symposium was attended by more than 250 healthcare practitioners, including doctors and nurses.

Source: www.borneotimes.com



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 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-4pm, Friday 8am-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
A: 13 Castlemaine Street,
Kirwan, QLD 4817
Open: Monday and Thursday 9am to 4pm, Wednesday 9am to 12.30pm.

QUEENSLAND OSTOMY ASSOCIATION

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

QUEENSLAND STOMA ASSOCIATION

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

TOOWOOMBA & SOUTH WEST OSTOMY ASSOCIATION

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

WIDE BAY OSTOMATES ASSOCIATION

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

SOUTH AUSTRALIA

ILEOSTOMY ASSOCIATION OF SOUTH AUSTRALIA

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

OSTOMY ASSOCIATION OF SOUTH AUSTRALIA

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

TASMANIA

OSTOMY TASMANIA

W: ostomytas.com.au
E: admin@ostomytas.com.au
T: (03) 6228 0799
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

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 Mon-Friday 9am to 3pm. Collections available Tues-Friday 10am to 3.30pm

VICTORIAN CHILDREN'S OSTOMY ASSOCIATION

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

WARRNAMBOOL & DISTRICT OSTOMY ASSOCIATION

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

WESTERN AUSTRALIA

WESTERN AUSTRALIAN OSTOMY ASSOCIATION

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

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 stoma support group meets every three months. Dates for this year are Sptember 2 and December 2, at the Mittagong RSL Club, 148-150 Old Hume Highway, Mittagong, from 1-2.30pm. Contact Erin or Afin 0419 224 662 or Mathew 0417 026 107.

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

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

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

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

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

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

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

Hastings Macleay: 10am-noon, third Wednesday in February, April, June, August, October and December. 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

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 December 5 at the Sydney Medical School Nepean, 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.

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

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

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

South West Sydney and Liverpool: 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 at the South Tweed Sports Club, 4 Minjungbal Dr., Tweed Heads South. Contact Lisa Clare stoma therapy nurse (07) 5506 7540 or Kate Rycroft 0432 251 703.

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

QUEENSLAND

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

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

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

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

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

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

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

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

St Andrews Stoma Support Group: 280 North Street, Toowoomba. Meets on the first Wednesday of every month (except December and January) 12-1pm in the conference room. Lunch provided, education talks and friendly conversation by stomal therapy nurse and ostomates. Contact Emily 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 is up and running again on a quarterly basis. Times and dates to be advised on Facebook or contact Wide Bay Ostomates (07) 4152 4715.

SOUTH AUSTRALIA

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

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

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

Clare: 2-4pm on the third Monday of Jan, Mar, May, July, Sept, Nov. Clare Uniting Church Hall, 18 Victoria Road, Clare. Contact 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. 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. Check the website at www.ostomytas.com.au/notices-and-support-groups for meeting dates. South: District Nurses' Centre 10am-noon, 2 Birdwood Ave, Moonah. North: Legacy House, 10am-noon, 59 York Street, Launceston. North West: Apex House 10am-noon, 3 Gollan Street, Ulverstone.

VICTORIA

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

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

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

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

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

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. Contact Sue Graham 0415 751145.

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

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

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

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

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

WESTERN AUSTRALIA

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

Bunbury: Last Friday of the month, 12.30pm (10.30am from 2026). Bunbury Public Library, reading room. Contact Maria 0408 165 959.

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

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

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

Jurien Bay: Third Saturday of the month, quarterly, location to be announced.

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

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

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

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

Toodyay: Third Saturday of every second month, 10am, St Stephen's Church Hall.

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

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

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

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

Missed something?

Past issues of Ostomy Australia are online

www.australianstoma.com.au/resources/ostomy-australia