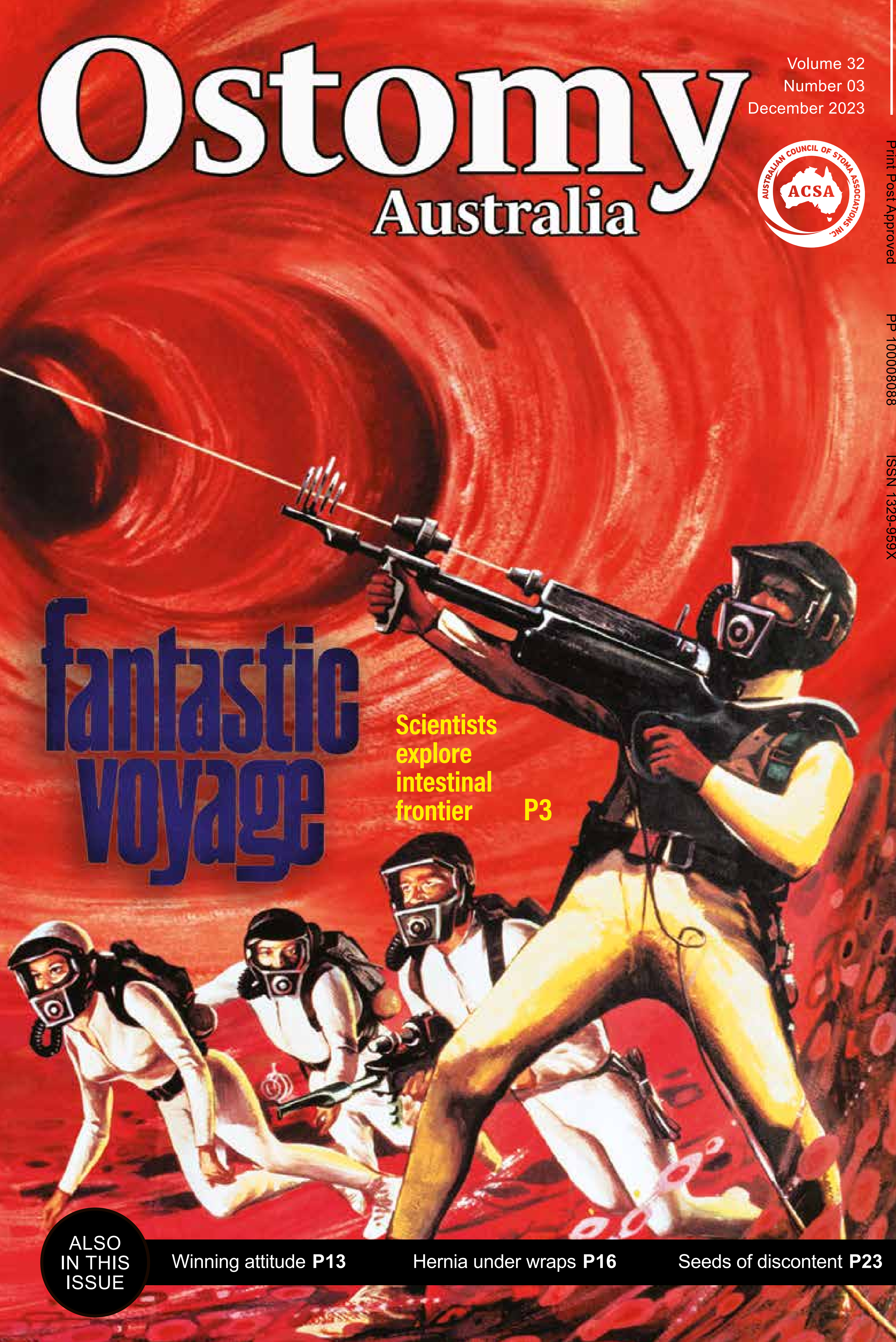
Ostomy Australia

Volume 32
Number 03
December 2023

Print Post Approved

PP 100008088

ISSN 1329-959X



fantastic voyage

Scientists explore intestinal frontier P3

ALSO IN THIS ISSUE

- Winning attitude **P13**
- Hernia under wraps **P16**
- Seeds of discontent **P23**

Connecting the Ostomy Community
Ostomy
Australia

Editor: Amanda Haines
Correspondence and contributions:
journal@australianstoma.com.au

Published by: Australian Council of Stoma Associations Inc.
Web: www.australianstoma.com.au
E: feedback@australianstoma.com.au

Executive members:
Ian Samuel OAM – President
Lorrie Gray – Vice-president
Adam Keam – Treasurer
David Swift – Secretary
His Excellency General the Honourable David Hurley AC DSC (Retd) Governor-General of the Commonwealth of Australia – Patron

Printing:
Newstyle Print
Mile End, SA.

Cover photo: Fantastic Voyage (based on a screenplay) by Isaac Asimov. Corgi 1966, by Jim Linwood under CC BY 2.0.

Advertising and copy deadlines:

Issue	Deadline
April	February 1
August	June 1
December	October 1

In this issue

From the Executive Committee

By **Ian Samuel OAM**
ACSA President

What a year it has been for our associations; we have seen changes in the products available on the Stoma Appliance Scheme and we are seeing some good changes occurring in our computer ordering system, SAMS.

I remind you that Australia is unique in having a free, generous system of supplying products for our use.

This has been developed since 1975 when there were about 5000 ostomates and with 20 (yes, 20) products distributed by associations usually run by stomal therapy nurses attached to hospitals. This year there are approximately 49,000 ostomates having a choice of 4000 different products.

I am delighted to say that the scheme is not under threat but we have been advised that the Department of Health and Aged Care will conduct a review of the products presently available to see if products really belong in the scheme. Your association will keep you informed of any proposed changes.

Legend retires

ONE of the doyens of the stoma movement, Gerry Barry, is stepping down as chairman of the Queensland Stoma Association.

Gerry has been president or chairman of QSA for 54 years and also served as president of the Australian Council of Stoma Associations (ACSA).

For many years Gerry and his wife Yvonne were fixtures at the annual ACSA conferences. Gerry's experience as an ostomate and a leader of the Australian stoma movement was legendary.

Gerry also led the Australia Fund which sends products returned to associations to under-privileged countries in Asia and Africa.

We wish Gerry good health for many years in retirement.

Travel stories

THE ACSA executive is dealing with airports around Australia to ensure that their staff, particularly security, deal with ostomates appropriately and they are not subject to demeaning body searches.

Our vice president, Lorrie Gray, is spearheading this initiative with our treasurer Adam Keam.

If you have any stories, either good or bad, of security at airports or other venues, we would love to hear from you.

Organisation links

ACSA, as part of our attempt to assist ostomates who might have their stoma through cancer, is forging links with BEAT (beatbladdercanceraustralia.org.au) which deals with bladder cancer and Bowel Cancer Australia (bowelcanceraustralia.org), a national charity dedicated to prevention, early diagnosis, research, quality treatment and care, so everyone affected by bowel cancer can live their best life.

Advertisers needed

TO assist us with ensuring the ongoing production of *Ostomy Australia*, if you know of any company that might want to advertise in your journal, we would be delighted to hear from you.

Ostomy Australia reaches more than 49,000 ostomates. I also want to thank the numerous ostomates who have donated to ACSA to assist with *Ostomy Australia*'s production.

Finally on behalf of the ACSA executive, our vice president Lorrie Gray, our secretary David Swift, our treasurer Adam Keam and our administrator Hermione Agee, I extend season's greeting for Christmas and Chanukah.

I hope your summer is happy, safe and above all healthy.

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.

Items wiped out

SUPPORT garments will no longer be freely available to ostomates as part of the Stoma Appliance Scheme (SAS), following a recommendation by the Stoma Product Assessment Panel.

Restrictions have also been put in place over cleansing wipes.

The panel assesses product inclusions and exclusions for the SAS, which provides free stoma-related products for Australian ostomates through their local ostomy association.

It recommended removing the items from the scheme to correct inconsistencies in restrictions and quantities.

The changes took effect from October 1.

Support underwear is no longer available for free but hernia belts are still available and the annual amount has been increased from three to four.

The maximum monthly quantity of four cleanser wipe products has changed to 60 a month, to be consistent with other cleanser wipe products.

Restrictions are now standadised for these products and written approval is required to order the wipes; the form can be downloaded from the Department of Health and Aged Care website at www.health.gov.au

An authorised health professional such as a stomal therapy nurse must assess the applicant and confirm that cleanser wipe products are clinically appropriate for the management of their condition.

A new authorisation is required every six months.

Lab in a pill to travel the gut

Weird science: A gas-sensing capsule could soon be used as a diagnostic tool for bowel disorders. Photo: Supplied.

By **Amanda Haines**

IT sounds like the plot of a science fiction novel – Australian scientists have developed a capsule which, when swallowed, travels through the gut and relays vital information back to a command centre for diagnosis.

The gas-sensing capsule works in real time from within the gastrointestinal system and offers a potential diagnostic tool for many gut disorders, from irritable bowel syndrome (IBS) and inflammatory bowel disease (IBD) to liver disease.

Australian company Atmo Biosciences has received funding from the Federal Government’s Medical Research Future Fund (MRFF) to develop and market the device which the company calls “a vitamin-sized electronic lab in a pill.”

The pill measures gaseous biomarkers at their source in the gut and sends the data to an online information repository for aggregation, analysis, and diagnosis.

The gas sensors are sealed within a special membrane that allows gas in but keeps out stomach acid and digestive juices.

Currently, methods uch as aspiration, biopsy, endoscopy, motility pills, imaging pills and breath testing are used for diagnosing gastrointestinal disorders but can be invasive or rely on subjective responses.

The Department of Heath and Ageing said early research showed the gas capsule was almost two times more accurate than breath tests for diagnosing small intestinal bacterial overgrowth (SIBO) which, along with conditions such as irritable bowel syndrome (IBS), can cause symptoms like gut pain, nausea, diarrhoea or constipation, fatigue and weight loss.

Patients swallow the capsule and it passes through their intestinal system, measuring along the way the amount of hydrogen and carbon dioxide in different sections of the gut.

The capsule records the time it is swallowed, enters different sections of the gut, and exits the body. This data can help doctors diagnose food transit disorders associated with IBS and SIBO.

Clinical trials have begun to assess the safety and efficacy of the gas capsule; once these are complete, the manufacturer will apply to the Therapeutic Goods Administration for approval to sell it in Australia.

A recent study assessed the effect of different types of dietary fibre on people with IBS; as trial participants digested the different fibres the capsule showed changes in the gases produced.

“There was a shift in the location and the degree of fermentation around the colon,”Atmos Biosciences chief executive Mal Hebblewhite said.

“This is useful for dietitians and doctors who are trying to reduce IBS symptoms.”

The Atmo Gas Capsule is currently an investigational device exclusively for use in clinical investigations and is not yet available for medical use.

Improvements after 50 years

By **Sid Kynaston**

I WAS inspired by Terry Ryan's story in the April edition of *Ostomy Australia* and I would like to tell my story with the sole intention of supporting all those who have not travelled down this path yet.

As a young man, I completed a fitting and turning apprenticeship and went to sea as an engineer on iron ore ships and sailed to all parts of the world.

After five years on board I started to notice I had to run to the toilet occasionally. I took leave in 1968 and stayed onshore seeking an answer.

After lots of tablets and medicines, a doctor told me that only surgery would fix my dilemma and that I definitely had ulcerative colitis.

A surgeon examined me with more tests and told me he could do an ileostomy operation on me in Cairns but I had to be in hospital for two weeks before surgery to build me up as I was very thin.

The day of the surgery arrived and I recall going to the toilet and thinking that this will be the final time in my life, aged 27, that I would sit on a toilet.

The operation was over and I returned with a bag on my right abdomen, a drain where my anus used to be and several other tubes for normal operation procedures.

Four more weeks and I was still there in hospital as I had a few setbacks. I recall being on nil by mouth for a while and someone brought me some flowers; the nurse placed them in a vase of water and I was so thirsty, I said to the visitor that I would drink the water from the flowers tonight after dark.

My visitor obviously told the nurse as she came in and took the flowers and water.

I walked around like a half-shut pocket knife for a short while and when I was told to cough, it was barely able to be heard.

I used to have morphine pain injections every six hours for many days and remember getting into trouble buzzing the nurse to remind her it was getting close to injection time. I was starting to become addicted to the painkillers and one day the doctor said: "No more injections." After a day or so I found that I didn't need them anyway.

Finally I went home and rested and after a few more weeks of rest I was able to return to work. I had the backside drain in place for months but was able to manage my onshore job as an engineer in a sugar mill.

My first stoma appliance following the hospital appliances consisted of a hard plastic flange which was literally glued to my body with adhesive around the stoma, with a rubber bag with a screw plug in the side towards the bottom to drain it.

I had to stretch the opening with my two thumbs and slide it over the flange. Before fitting the bag, I filled the space inside the flange with barrier cream to try to protect my skin from the body waste.

The bags and flange were reusable and even though they were washed with all types of detergents and sweeteners, the bags smelled terrible. Over the years there has been a vast improvement in appliances. I recall when one new appliance was released, the stoma nurse gave me a trial supply of the large bags and told me there was a much smaller bag called an 'activity bag'.

She asked how many would I need for one month? I told her my sex life was none of her business.

A couple of years after surgery, the stoma nurse asked me to come into the hospital to chat with and reassure the patients awaiting surgery.

They used to be a little terrified but when I showed them my ileostomy bag and they could see that I looked fine, they relaxed a little.

My only complaint about appliances now (and I have consulted with most stoma appliance suppliers) is that the new velcro-style bottom closure does not in any way compare with the tried and tested clip.

The newer closure method is more difficult to clean after emptying and I always use a paper clip for security.

I am able to eat most foods including nuts, but high fibre foods like beans and asparagus don't seem able to handle the bends in the small bowel. Raw tomato causes skin burning to any exposed skin around my stoma but cooked tomato is fine, as is alcohol.

One disadvantage of having all of my large bowel, colon and anus removed is that my bladder has fallen back into some of that space and so I do not completely empty the bladder.

I retired from my engineer job after 45 years. During that time I was able to climb into hot confined spaces to do inspections and so on with an empty bag without incident.

Only five times in the first 30 years of my ileostomy did I finish up in Cairns Base Hospital with severe diarrhoea and dehydration, needing an intravenous drip and medication for Giardia.

In 1998, I was invited to Mellansel in Sweden by one of our suppliers; all went well for a few days until I encountered diarrhoea again.

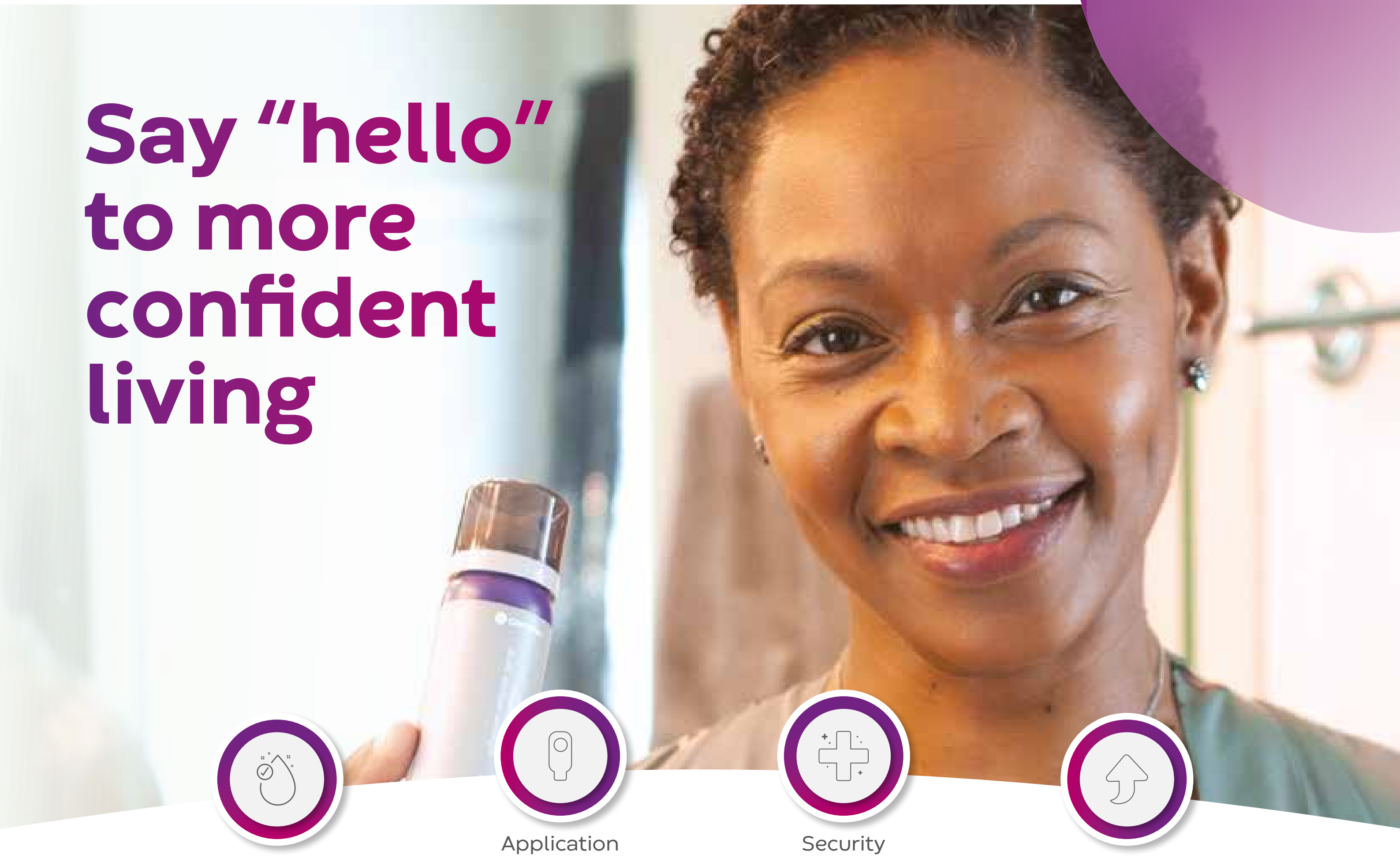
They wanted to place me in hospital but because I needed to fly home in a few more days I convinced the doctor to give me a litre or two of fluids via transfusion. This allowed me to return home and go to hospital in Cairns for a week's stay.

Other than those few instances, I have to say to anyone requiring ileostomy surgery, please go and have it done – I have no complaints at all about my 54 years of having one.

The operation was performed when I was 27 and I am 81 now and have been retired for 10 years. I still repair and build computers as a hobby which I have done since 1985; this keeps the old mind active.

I have been married three times as my first two wives died of breast cancer in 1982 and 2005.

For all of my stoma life, beginning in 1969, I have been supplied with all my needs from the Townsville Ostomy Group and I thank them for their help.




ESENTA
ESENTA
ESENTA
ESENTA
Diamonds

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**

Things we'd like to see - a REALLY smart phone

Unfasten your belt

OUR daughter was domiciled in the UK with her English husband for six years.

She repeatedly pressed us to come over and visit and when we agreed she promptly booked us on a flight and insisted on paying our fares business class.

When we arrived at Tullamarine I was subjected to further examination after the usual screening because at that stage I was wearing an anti-hernia belt.

I explained I had a stoma and this was to prevent a hernia arriving.

The security officer was still mystified so I went into the detailed explanation of my bowel cancer problem and the need, now, to wear the colostomy bag.

He seemed to understand and was quite satisfied with the explanation I offered.

Unfortunately being seated for such a long period, and yes I could stretch out and lie down being business class, I still had massive bag leakage problems and all my bags were in our checked aboard luggage.

With the assistance of a considerable supply of toilet paper I managed to clean up sufficiently but taking considerable time to do so. If we hadn't been business class I think the door may have been kicked in by desperate passengers. I have since abandoned the anti-hernia belt as it seems to cause pancaking and then leakage.

But I would still say to my fellow stoma people don't be afraid to travel, but make sure your bags are aboard with you and your scissors are in your checked in luggage.

Norman Fetherstonhaugh, VIC

Special toilets a delight

AFTER my surgery in 2016, I was reluctant to travel overseas but in 2019 my husband and I went to Japan.

I had a slight "hiccup" at Sydney Airport – I told them I had a knee replacement, which I always do, but forgot about the bag.

When they put me through the body scan they, of course, asked what it was and there was no trouble after I explained and answered a few questions. I was treated with the utmost courtesy.

To my surprise and delight, when we arrived in Japan I found that their accessible toilets were also labelled "ostomate friendly" – and they were!

There was a deep sink, a tap with a flexible spray head and bins for disposal of bags.

They also had plenty of space (as accessible toilets usually do) and it was most comfortable and reassuring to realise that my bag could be attended to or changed even when on a day trip.

Why can't accessible toilets here have facilities for ostomates?

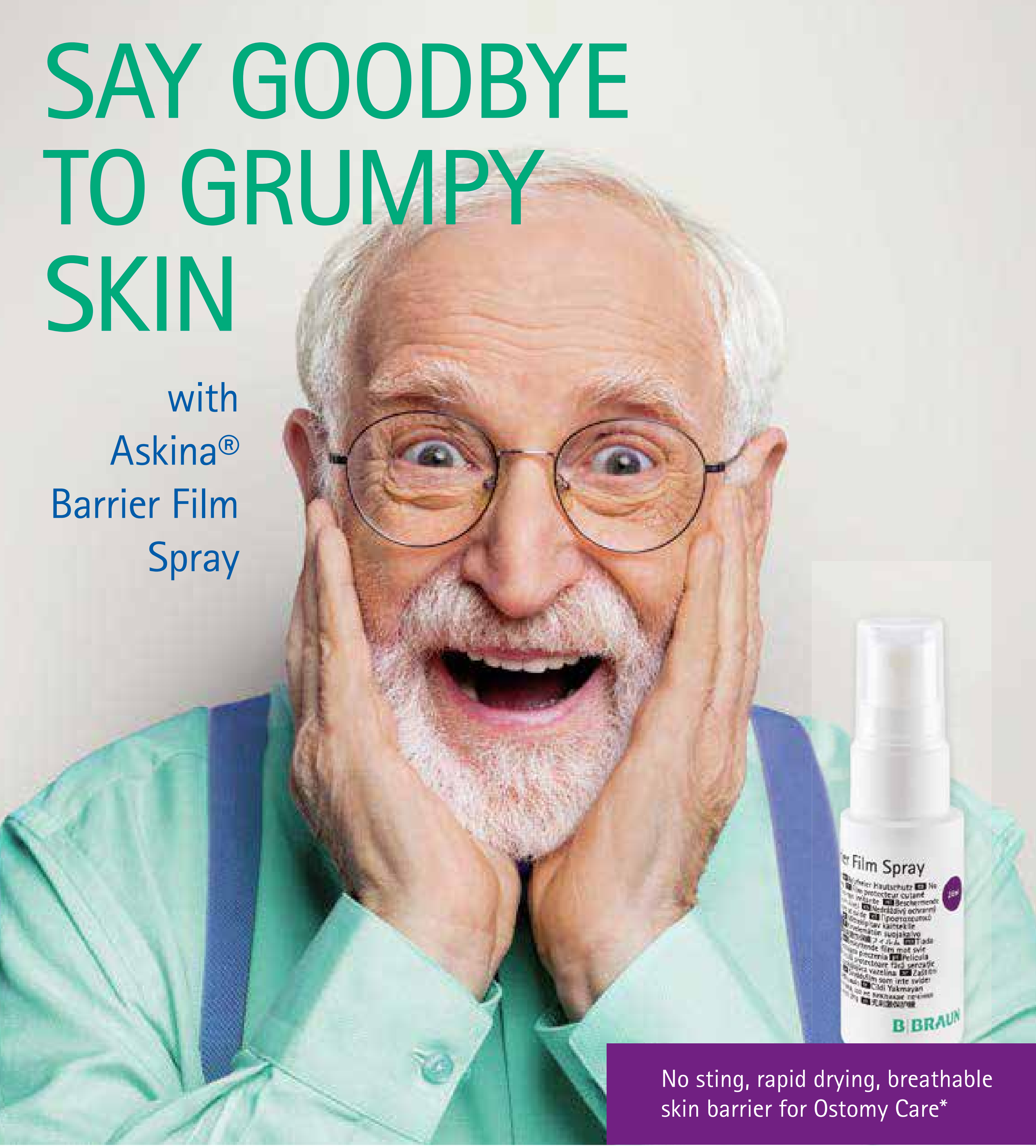
Maybe we should lobby our governments.

Dorothy Blake, NSW

More letters on page 9

SAY GOODBYE TO GRUMPY SKIN

with Askina® Barrier Film Spray



No sting, rapid drying, breathable skin barrier for Ostomy Care*

Size	SAS Code	Max Qty
28 ml Spray Bottle	80220D	1/mth

Refer to Instructions For Use for further Information | Askina Barrier Film ISO Skin Irritation Study, NAMSA | Askina Barrier Film ISO Sensitization Study, NAMSA | Askina Barrier Film Post Market Study | Data on File

B. Braun Australia Pty Ltd | Level 5, 7-9 Irvine Place, Bella Vista, NSW 2153 Tel: 1800 251 705 | info.au@bbraun.com | www.bbraun.com.au

B|BRAUN
SHARING EXPERTISE

Continued from page 7

Sunflowers in Tasmania

I HAVE just finished reading the August edition of the magazine and of particular interest to me was the article regarding the Sunflower *[travel lanyard]* scheme.

I have only had my stoma for 12 months and I am starting to get my life back in order.

I live in Tasmania and I am now looking forward to a mainland holiday but have been a bit apprehensive about the thought of going through airport security checks.

The article listed the airports that were part of the scheme but did not list Hobart so I sent them an email asking if they knew of the Sunflower scheme.

Within 24 hours I got a reply saying they were part of it, with a link for me to order a lanyard direct from them (which I now done).

So just to let fellow Tasmanians know, don't worry if you are flying out of Hobart, contact the airport and get yourself a Sunflower lanyard (hobartairport.com.au/travellers/airport-guide/accessibility/hidden-disabilities).

Graham Watkins, TAS

Discretion shown

I READ with interest the experience of Viv Parry (August issue) at Melbourne Airport and the lack of respect shown while being screened.

The opposite happened to me, also at Melbourne. The security guard said the body scan machine had picked up "a mass" on my stomach.

I explained that I had a stoma; although he did not know what it was he asked discreetly for me to show him. He unobtrusively felt the bag and waved the metal detector wand.

It was all very discreet and at no time did I feel disrespect.

As I no longer feel comfortable wearing a belt, I have chosen to wear braces. The security guard was far more interested in my MacLeod tartan braces and was keen to also have tartan braces.

On our return home from Bali the young security guard also identified the same "mass".

I explained it was a bag and she started to insist that I take it off and put it through the x-ray machine.

I said it was a medical device and I would happily remove it if I had a secure place.

Luckily a senior guard saw the incident and lightly felt the bag and waved me through. It was all very professional and discreet.

I will certainty apply for the sunflower lanyard. In the past I have always told security that I have had stoma surgery and at no time have I experienced any issues.

I suspect that the metal detecting devices never picked up the bag; the body scanning type do.

Best policy – tell them before you start the screening.

Malcolm MacLeod, TAS

Online portal for all

I WAS pleased to read in the August edition of *Ostomy Australia* that the online Stoma Appliance Scheme (SAS) product ordering portal, that has been available to members of Queensland Stoma Association (QSA) for the past few years, is now being made available to members of other associations.

As a QSA volunteer I was invited to be one of the first users of the ordering portal and so witnessed at first-hand the time and effort that was invested in the planning, development and testing of the portal by the QSA team led by Kevin Barry.

As a member of the initial user group I am fortunate to have had the opportunity to provide feedback and am proud to have helped shape the portal into the ordering system that is now being utilised by fellow ostomates.

I thank the Queensland Stoma Association and its IT team for developing a genuine online ordering system and for making the portal available to the Australian Council of Stoma Associations to share with other association members.

I would definitely encourage other ostomates to use the portal when your association gets access.

David Turton, QLD

Feeling fortunate

BRENDON Smith's story in the April issue caused me to ponder my own experience.

In 2009, at the age of 78 and less than three weeks after a colonoscopy revealed several cancerous growths, I underwent a total proctocolectomy which involved the removal of the colon, rectum and anus, and the creation of a stoma which I named "It".

After developing complications with a blockage in the small intestine I required further surgery and was in hospital for more than a month.

At home I managed the stoma without assistance and six months later my wife Hilda, "It" and I did a one-month trip in the motorhome.

Until her death in 2018, we travelled every year including (in 2012) our seventh complete circuit of the continent.

Now at nearly 93 I am enjoying excellent health and my little lifesaver and I get along well.

I am extremely grateful for the wonderful support over 14 years of the Queensland Stoma Association and the Stoma Appliance Scheme which has paid for all the bags and support items.

We do indeed live in a lucky country and I am a fortunate man.

John Geeves, QLD

More letters on page 11

Experiencing leakage? Or has your body shape changed?

Find the appliance that fits your body profile and feel the difference.

Coloplast

SenSura*® *Mio* *Concave

Bodies change over time...

Walton first experienced leakage soon after getting his stoma in 2017. The reason was simple. After surgery, his body changed, and the appliance he was using no longer fit .

Walton's story is not uncommon. In fact, data shows that just over a third of people living with an ostomy have an outward body profile.[1] SenSura Mio Concave offers a solution with a design that fits bulges, curves and hernias - ensuring a secure fit during everyday movements.

After five months of using SenSura Mio Concave - designed specifically for curved body profiles - Walton enjoys peace of mind, no matter the situation.

Scan the QR code to request your samples today! Alternatively, you can request via:

☎ 1800 531 823

coloplast.to/Mio-Concave

SenSura Mio Concave has fit zones in both the centre zone and outer rim. These provide a flexible grip so the baseplate stays in place during movement.

There's a ***Mio*** for ***every body***

---

[1] Ostomy Life Study 2018/19, CPOC, CPProf, Full publication

Coloplast Pty Ltd, PO Box 240, Mount Waverley, VIC 3149 Australia
www.coloplast.com.au

Continued from page 9

Grateful now

AFTER years of enduring bowel incontinence I made an appointment to see a colorectal surgeon.

He arranged for me to go through all the tests to establish the degree of non-competence of the bowel that I was experiencing.

At the completion of these tests he offered to create a stoma for me.

I dismissed it very flippantly with "I'd rather die!"

He kindly said "Maybe you need to talk with a stoma nurse."

I did and wilted with embarrassment at my earlier response. So the procedure went ahead with no complications.

The morning after the surgery the stoma nurse arrived with some gear and asked me to stand up as she wanted me to do my own bag change.

"But I only had my op yesterday," my brain was saying.

"I need a little bit of tender care and help, I'm not ready yet."

I wanted to sulk and be difficult but the stoma angel (in a nurse's uniform) with patience and expertise had this self-absorbed patient willingly doing her own change in no time.

I have had my stoma now for three years without any complications. Sure, there's been a couple of incidents, easily managed, and I am so grateful for having a stoma.

The only thing I do take real care about is avoiding heavy work – I don't want a stomal hernia.

What I want to add is my concern with the disposal of my used bags.

I don't want the fiddle of a drainable bag and I feel very guilty about using public facilities for their disposal or if I'm at a friend's home – what to do with it?

At home I am slowly adjusting to the use of the general purpose rubbish bin.

All praise to stomal nurses and the surgeons who have the skills to help us.

Thanks also to our magazine [*Ostomy Australia*], I love it.

Virginia Mikkelsen, Qld

Bag ladies have style

A CLOSE "bag lady" friend of mine is heavily into bling and gave me this as a Christmas present – I decided to frame it and leave it in the bathroom.

Those who know I have an ileostomy think it is priceless.

Maxine Wade, NSW

Social media groups

JUST sending a response to Jo's letter in the August 2023 issue – I only just got around to reading it.

I was also born with an anorectal malformation (ARM) and have an ACE (Malone) stoma.

There are some great Facebook groups that offer a safe space for those managing an ARM including the group Adults Living With IA/ARM that might be helpful for Jo's daughter.

I'm 37 and live in regional Victoria and would be happy to connect.

Shari, Vic.

No time for negativity

I AM writing to give hope and encouragement to people facing ileostomy reversal.

I kept postponing my surgeon's advances and I should have trusted him.

Instead, I listened to negativity and was harbouring anxieties because my first ileostomy reversal was unsuccessful.

It's early days but my second reversal has been successful and two incisional hernias have been attended to.

Thankful at last.

Robyn Miller-Waters, Vic.

Same old me

I WROTE this poem not long after I was diagnosed with Crohn's in 1998 and had an ileostomy.

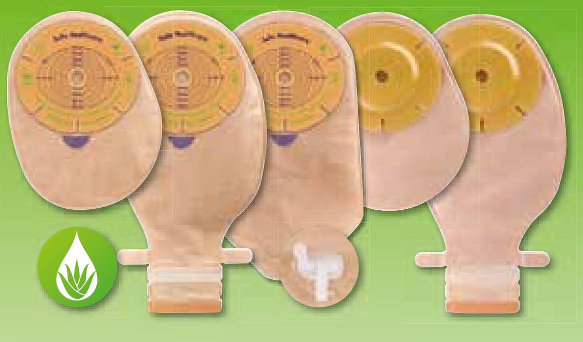
I thought it might make a few ostomates smile.

I am newly retired (10 years past retirement age) and getting the rest of my body repaired – two new knees, one down and one to go – before looking to leave the concrete jungle and find a calmer and greener place to live.

I wish Crohn's had another
name that didn't sound so bad
Friends hear that you have
Crohn's 'disease'
And some of them run like mad.
But I'm still the same old me
I'm not contagious, I'm doing
well, I'm still the same old me.
My bag doesn't show, and I
don't smell
Don't shut me out, put me
through hell
I'm still the same old me.
I had an op, I could have died
But I pulled through, I have
survived
And I'm still the same old me.
So try and understand CD –
For most of us, we are healthy
Don't shut us out, let's have
some fun!
Nothing has changed except on
my tum – I have an extra bum
And I'm still the same old me!

Maxine Wade, NSW

THE NATURAL CHOICE FOR PREVENTING SORE SKIN.



Confidence® Natural has a superior wafer* infused with extracts of Aloe Vera.

- ▷ Infused with Aloe extracts for softer skin
- ▷ Unique, five-sided Flexifit® wafer bends and flexes with your body
- ▷ Greater adhesion* and absorption to help prevent leakage

CONFIDENCE® NATURAL
The natural choice for preventing problems

salts HEALTHCARE

AinsCorp

For free samples call Toll Free 1300 784 737 (NZ 0800 100 146) or visit www.ainscorp.com.au

Support for groups

THE Queensland Ostomy Association has been overwhelmed by the attendance at support groups which the association commenced this year.

The support group meetings have presentations by stoma appliance company representatives, and a stomal therapy nurse in attendance to provide information on stoma care.

Feedback from the members attending the support groups has been very rewarding.

The support groups are held on the first Thursday every two months from 1pm to 2.30pm.

As an additional sweetener and to get the conversation flowing, afternoon tea is supplied. Meetings for 2024 will start in February and all ostomates are welcome.

Those interested in attending can contact the Queensland Ostomy Association on (07) 3848 7178, or for more information go to the website www.qldostomy.org.au

For those in other states or territories, the details of all support groups in Australia can be found in the back pages of each issue of *Ostomy Australia*.

Attitude of a winner

YOUNG Ostomates United (YOU) member Declan plays an important role in the group, helping other young teenagers cope with their ostomy journey. YOU is a non-profit organisation encouraging support and friendship between young people with a stoma, their families and friends.

“MY name is Declan and I am 16 years old.

I live in southwestern Victoria although I was born in SA.

I was born with my bladder on the outside (bladder exstrophy), slow transit bowel syndrome and chronic kidney disease.

When I turned seven I had a bladder augmentation, bladder neck closure and Mitrofanoff, my appendix forming a channel for catheterisation,

I do not allow my condition to rule my life and I live life as I want.

I want to let everyone my age know that having a stoma should not hold you back from doing what you want.

I am always available to talk to anyone who needs help with accepting their condition.

The Melbourne Cup came to our school in October and it was a pleasure to hold something so brand new before the winner gets to hold it.

Stoma
Skin
Soul

> “I was told early on to always do whatever you love and feel passionate about in life, no matter what challenges you have”

Feeling comfortable in your own skin

Darren, Ulcerative Colitis Champion

NOW IN 98mm

Dansac TRE™ seal

One seal. Three levels of protection

- Designed to provide a secure and flexible seal, while still being easy to remove and gentle to the skin
- Helps absorb stoma output and perspiration to protect the skin
- Helps maintain the pH balance of naturally healthy skin
- Compatible with all stoma bags

Available in 4 mouldable sizes
to suit a range of stomas.

To order a sample and learn more, call our **Customer Care Team** on **1800 880 851** or email **priority@dansac.com.au**

Prior to use, be sure to read the Instructions for Use for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions.

CE

dansac

eakin dot®

TAKE YOUR TIME

Because you can with eakin **dot®** 1-piece drainable pouches - a **new** skin friendly range that **stays on more securely for longer**[1,2,3]

... so you can stay out for longer

Try the NEW eakin dot® 1-piece pouches with *skinsmart*™ hydrocolloid

Call **1800 819 274**

Email **info@omnigon.com.au**

Visit **www.omnigon.com.au**

OMNIGON

---

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

An active lifestyle resumes

by **Sheryl Waye**
Stomal therapy nurse
Gold Coast University Hospital
and Gold Coast Ostomy Association

I FEEL privileged to hold a unique, joint stomal therapy position that I share between a public hospital and a stoma association.

This position allows me to provide ongoing community support to ostomates following surgery resulting in creation of a stoma.

The following case study involves a gentleman (Des) and a dressmaker (Yvonne), both of whom have given their consent for me to share the following story.

On a daily basis I am challenged with solving difficult stoma pouching problems requiring me to develop individual, personalised care plans.

For those fortunate enough to be given a textbook, problem-free stoma, basic pouching systems can be decided on quite early and do not require a custom-made application technique or stoma pouching system.

However, in the real world not all ostomates are this fortunate and do require individualised care plans.

Most recently my focus has expanded from stomas to include the closely associated development of challenging abdominal hernias and the wearing of traditionally designed support garments.

There are inconsistent reports about how common it is to develop a hernia but it is well documented as one of the most common problems following colorectal surgery and stoma formation and it can develop as either a short- or long-term complication.

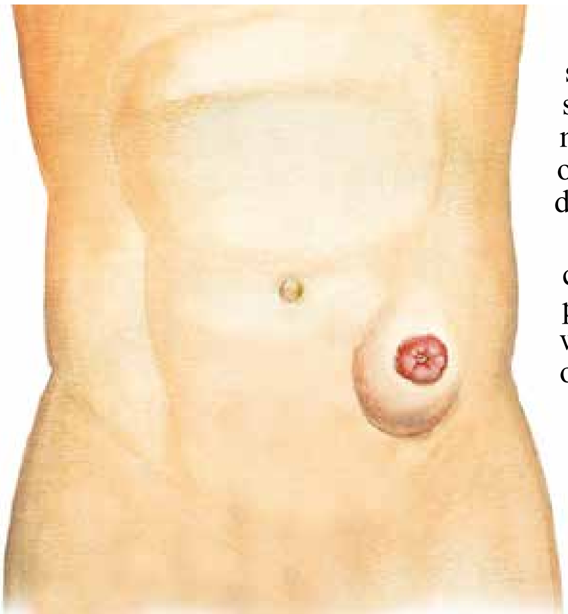
The primary cause of abdominal hernias following surgery is simply weakened abdominal walls and muscles.

Your abdomen is covered in layers of muscle and strong tissue that help you move and protect internal organs.

Following surgery this area is weakened and an individual's core is subject to gradual atrophy.

If muscles degenerate to a certain point, hernias can occur and will be labelled as either incisional hernias at the suture line, peristomal hernias around or behind the stoma, or a parastomal hernia in an area next to the stoma.

Abdominal wall hernias are generally visible and present as a bulge or swelling that increases in size throughout the day and more so as time goes by and ostomates return to normal daily activities.



Stomal hernia

Repetitive movements and chronic or excessive strain placed on the abdominal wall can increase your risk of hernia development.

This is especially true in the case of heavy lifting and persistent coughing.

Hernias can vary in size, from the size of a golf ball to as large as a football, and can make it difficult for individuals to attach their pouching system or keep it in place throughout the day.

In the early stages of a hernia, pain may only occur when performing strenuous activities, or during prolonged periods of maintaining one position.

However, as it progresses, the pain may become sharper or extend throughout the day as a dull ache that gets worse as the hours pass.

Hernias will not go away on their own.

The good news is most are not serious with many causing no symptoms and can be described as mildly uncomfortable, ranging in discomfort from nil to mild, extending to moderate and beyond.

Nearly all hernias can be surgically repaired if required but not all require this level of treatment and can be treated more conservatively by wearing support garments.

Your abdomen should be correctly measured by your stoma nurse before you purchase a garment.

The wearing of support garments provides reinforcement to abdominal muscles and they come in a variety of styles, sizes and patterns: briefs, boxers, bands, girdles and belts in white, tan or black.

All are designed to apply gentle pressure over the hernia to encourage the internal organ to remain in the cavity it belongs, reducing the bulge.

Unfortunately for Des his hernia became too large and caused him increasing discomfort while wearing support garments.

Due to the increasing size of Des's hernia he required a review by his surgical team, who advised that corrective surgery was not an option due to his medical history of ischemic heart disease.

Des had already undergone three separate heart

with novel hernia solution

bypasses (CABG) to improve blood flow to his heart.

Des has a permanent colostomy following removal of his rectum (APR) so a reversal was not an option.

I now had to design a personalised care plan for the management of Des's hernia as traditional methods were no longer a suitable option.

Des is not obese, he keeps himself fit and healthy, and he maintains a pretty active life which was becoming more sedentary due to the development of his large peristomal hernia.

After much thinking and many attempts of designing a prototype I met Yvonne, a very talented dressmaker.

Following a short discussion with Des and myself about what we believed was required to provide correct abdominal support Yvonne was more than happy to whip up this fantastic garment.

As you can see from the pictures, this garment does not apply pressure over the hernia – it actually lifts and carries the hernia, which prevents surrounding abdominal tissue and muscle from stretching further and increasing the hernia's size.

A support belt made from a knit material was used to create the device as the material provides maximum strength and is breathable which is ideal for the Queensland climate.

Des is now back on the road and continues to live his active life.

Yvonne has now made more than half a dozen of these garments for a couple of different ostomates who required individualised care plans.

As for myself I continue to provide personalised care and await my next challenge.

Do not suffer in silence, discuss your wants and needs with your stoma nurse, they are familiar with looking outside the picture and correcting challenging prospects.

Des is very happy with his "over shoulder boulder holder"; it has allowed him to live his life to a level that he has accepted and is happy with.

Being sedentary is now a thing of the past and adventure is calling, happy travels Des.

Bespoke solution: Des's parastomal hernia became too large and caused him discomfort while wearing support garments so a tailor-made garment was designed (below).

Use a CeraRing™ Seal to Customise with Confidence

Multiple sizes to meet your needs

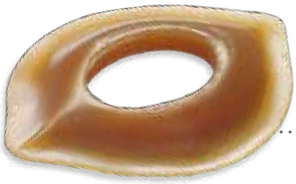
- Use a CeraRing™ Seal for additional leakage protection

Standard and Slim Sizes

- Infused with ceramides to protect the skin

Round Convex

- Easily mould and stretch to fill in uneven skin contours for a secure seal



Oval Convex

Ready to personalise your pouching system? We're here to help.

Customer Care: 1800 880 851

Scan for more information or to order a sample.

Hollister®

Ostomy Care

Healthy skin. Positive outcomes.

Benefits of plant-based diets

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

A PLANT-BASED diet offers numerous benefits for ostomates, supported by research that highlights its cost-effectiveness and potential to improve various health parameters.

Plant-based diets have been associated with reductions in body mass index (BMI), blood pressure, blood glucose levels, and cholesterol levels.

They may also lead to a decreased reliance on medications for managing chronic diseases and a lowered risk of heart disease.

Plant-based diets have been linked to a reduced risk of specific cancers, such as colon, breast, and prostate cancer, and may even contribute to improved digestion.

When thoughtfully planned, a plant-based diet can be nutrient-rich and is often correlated with an extended life expectancy.

For some individuals, the choice to adopt a plant-based diet is driven by ethical and environmental concerns.

For stoma patients, especially those requiring a low-fibre diet, there are unique challenges in ensuring adequate nutrient intake.

Fibre is predominantly found in vegan and vegetarian foods, which may pose difficulties with stoma output, food avoidance, and a lack of variety resulting in reduced nutrient intake.

At this time global organisations focusing on clinical nutrition have not provided clear recommendations for meeting the vitamin and essential nutrient requirements of individuals with an ileostomy or colostomy following a vegan or vegetarian diet.

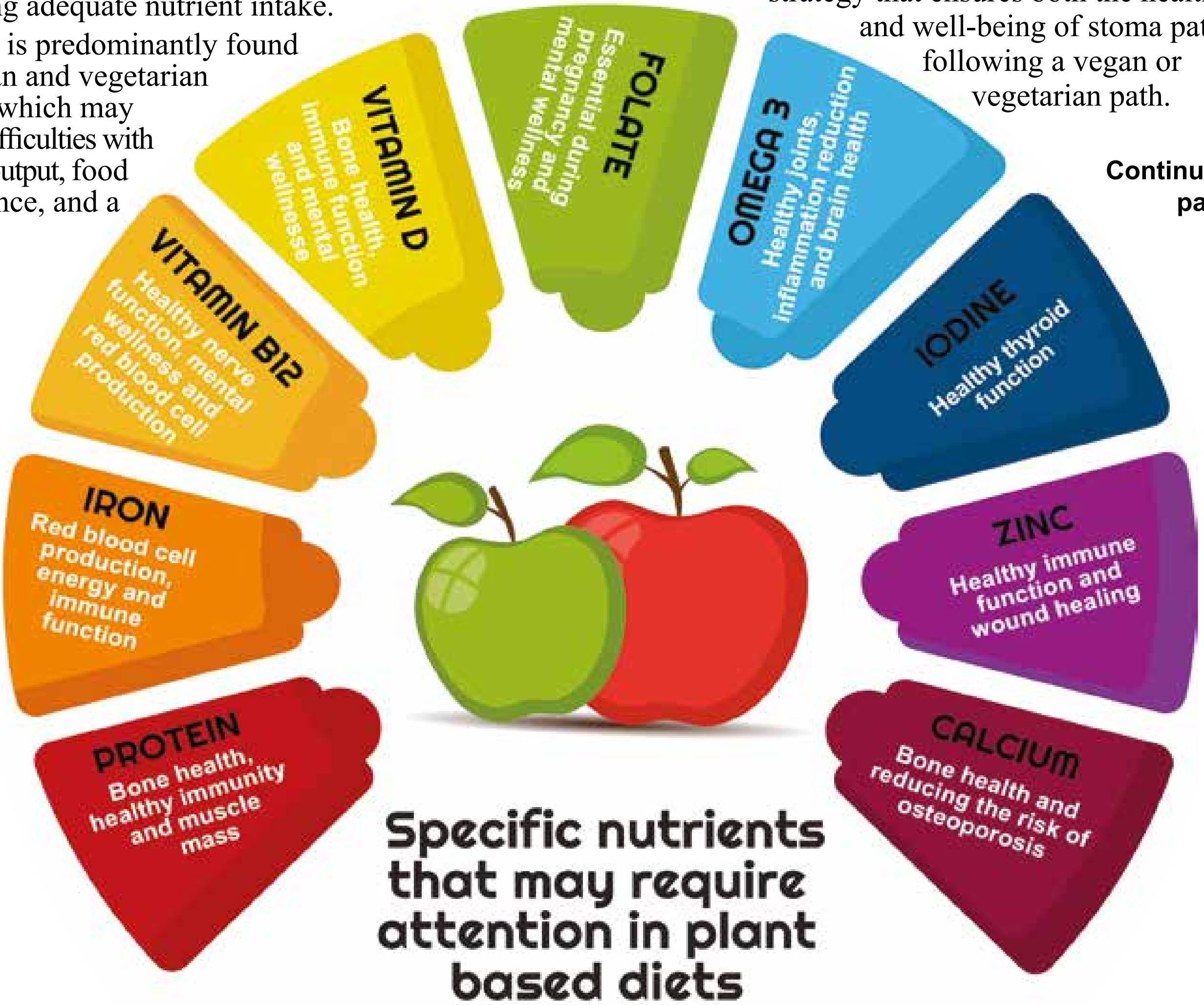
Scientific studies have hinted at the possibility of vitamin deficiencies in stoma patients, as mentioned in the article “Could a Multivitamin be Helpful?” in the April issue of *Ostomy Australia*.

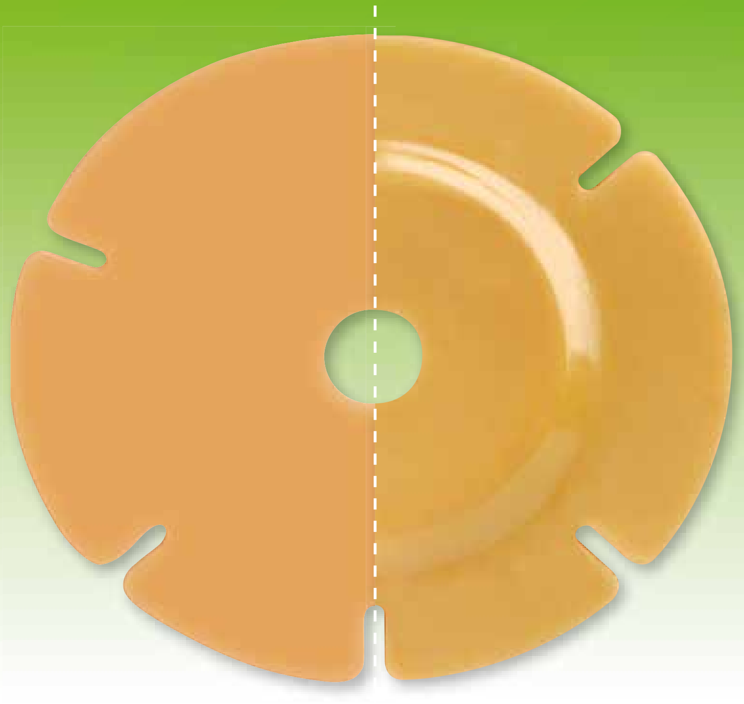
Vegans and vegetarians may encounter greater difficulty in fulfilling the recommended nutritional requirements for vitamins and minerals due to the restrictions imposed by their dietary choices.

In essence, while a plant-based diet can offer substantial health benefits, it’s essential for stoma patients to carefully plan their dietary choices, considering both their specific nutritional needs and the potential challenges associated with fibre intake.

Close consultation with healthcare professionals, nutritionists or dietitians is always helpful to assist in the development of a personalised dietary strategy that ensures both the health and well-being of stoma patients following a vegan or vegetarian path.

Continued on page 21





Benefits of plant-based diets for ostomates

From page 19

To fulfill the nutrient requirements of a vegetarian diet, variety is the key.

Protein: Vegetarians can meet their protein needs through sources like beans, lentils (if tolerated), tofu, seitan, smooth nut butters, yoghurt and cheese and protein powders whey, pea, rice and soy. It's essential to include a variety of plant-based protein sources to ensure a balanced intake.

Iron: Plant-based sources of iron, such as beans, lentils, dates and spinach, are less readily absorbed by the body compared to heme iron from animal products. To enhance iron absorption, consume iron-rich foods with vitamin C-rich foods like citrus fruits. Non-meat sources of iron include fortified cereals, baby spinach, and legumes (if tolerated).

Vitamin B12: Vitamin B12 is primarily found in animal products, eggs and plant-based milk, and nutritional yeast. Vegans need to rely on nutritional yeast and fortified foods or supplements to meet their B12 requirements. Consider a B12 supplement – regular monitoring of B12 levels is advisable with your family doctor.

Calcium Dairy is a good source of calcium but vegetarians can opt for fortified plant-based milk, tofu, and calcium-rich greens like broccoli florets, well cooked and stalk-free leafy greens, hulled tahini or almond nut butter.

Omega 3 fatty acids: Flaxseed oil, hemp oil, vegetarian omega 3 supplements (Algal Oil). Including these in your diet can help meet this essential nutrient requirement.

Vitamin D: Vegetarians and vegans might be at risk of vitamin D deficiency, as it's not naturally present in many plant foods. Fortified foods and sensible sun exposure can help maintain adequate vitamin D levels. If you have limited sun exposure, consider vitamin D supplements, especially during the winter months.

Zinc: Legumes (if tolerated), tofu, cashew or almond smooth nut butters, and nutritional yeast are sources of zinc. Ensuring a balanced intake of these foods can help prevent zinc deficiency.

Iodine: Iodised salt and seaweed are good sources of iodine. However, be mindful of iodine intake, as excessive consumption of seaweed can lead to excessive iodine levels. Vegans may have lower iodine intake if they don't consume iodised salt. Sea vegetables like nori and supplements can be sources of iodine.

Selenium: This essential mineral can be found in foods like nut butters, and legumes (if tolerated).

Folate: While folate is abundant in a variety of green plant foods, it's important to ensure an adequate intake, especially for pregnant individuals.

It is advisable to always seek guidance from a healthcare professional to determine if supplements are necessary and to enlist professional assistance if you have any doubts regarding your ability to maintain a healthy nutrient intake.

Plenty of greens salad

Ingredients

100 grams white basmati rice
6 green beans
½ cup diced, roasted red capsicum (peeled)
¼ ripe avocado (sliced lengthways)
½ cup Lebanese cucumber (very finely sliced)
6 stems tinned asparagus
1 tin tuna slices (swap with thin slices of flavoured tofu for vegan and vegetarian)
½ cup pumpkin chunks (peeled and roasted)
½ lemon (cut into quarters)
2 teaspoons pickled ginger
Dressing: ½ cup freshly squeezed orange juice
4 tablespoons sesame oil
pinch of salt and pepper to taste

Method

Cook rice and drain
Blanch green beans
Grill red capsicum and remove skin and dice
Thinly slice avocado lengthways
Slice cucumber thinly
Drain stems of asparagus
Drain tuna or tofu slices
Boil pumpkin chunks until tender but firm enough to place on a place

Decoration

Place the capsicum in a mound in the middle of both plates/bowls.
Arrange the other ingredients from middle to outer edge in a clocklike arrangement on both plates/bowls, spreading the ingredients out so there are no gaps at the edges of the bowl.

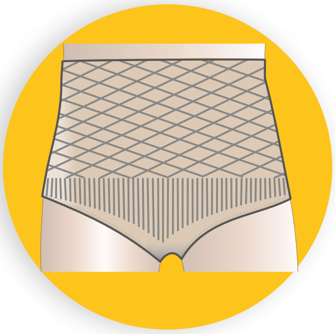
Dressing

Shake orange juice and sesame oil together vigorously, add salt and pepper to taste.
Pour dressing over the bowl and place pickled ginger slices on green beans and lemon slice on the avocado for a colour contrast.

OMNIGON
SUPPORT GARMENTS

Your favourite Support Pants are now available to purchase from Omnigon

PRICED AT
$45
+ POSTAGE



Omnigon Diamond Plus Women's Briefs

RATING 3 – MODERATE SUPPORT

Ideal for everyday wear after surgery and as patient resumes light exercise.

Omnigon Diamond Plus Unisex Boxers

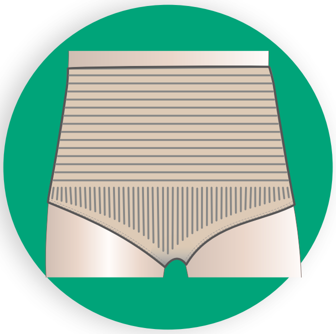
RATING 3 – MODERATE SUPPORT

Ideal for everyday wear after surgery and as patient resumes light exercise.

Omnigon's Men's Support Pants

RATING 3 – MODERATE SUPPORT

Ideal for everyday wear after surgery and as patient resumes light exercise.



Omnigon Support Briefs For Her

RATING 4 – INTERMEDIATE SUPPORT

Ideal for everyday activities. Provides compromise between pants and a belt.

Call Omnigon Customer Service on 1800 819 274 or visit www.omnigon.com.au

OMNIGON

Sowing seeds of discontent

WHILE ostomates can generally follow a normal diet, some foods do require caution, particularly seeds.

The main reason seeds should be avoided or limited is that they can cause a blockage.

A blockage occurs when the stoma becomes obstructed, preventing the normal emptying of waste from the ostomy pouch.

There are several potential causes of blockages that ostomates should be aware of.

The most common causes include dehydration leading to thick, hardened stool; certain medications that cause constipation; high fibre foods like raw vegetables, nuts, seeds, and popcorn; large pieces of undigested food; heavy stoma mucous discharge; scar tissue or stoma retraction; or stoma stenosis, where the stoma opening narrows.

Seeds, due to their small size and hard texture, can get lodged in the stoma wall, leading to a painful and dangerous blockage which, in the worst-case scenario, may require medical intervention.

Seeds are designed by nature to withstand digestion so they can pass through the gastrointestinal system intact to facilitate propagation through the faeces.

However, for an ostomate, digestion ends at the stoma instead of at the rectum.

This means seeds do not get broken down and can cause issues as they travel through the colon and exit through the stoma.

Some specific types of seeds known to commonly cause blockages or damage include sesame seeds, poppy seeds, strawberry seeds, kiwi seeds, and quinoa. These tiny seeds can easily become trapped in the stoma or scratch and irritate the stoma tissue.

Blockages caused by seeds can lead to symptoms like pain, swelling around the stoma, cramping, nausea, vomiting, and inability to pass stool or gas.

In addition to avoiding seeds whole, ostomates should take care with seed-containing foods like strawberries, tomatoes, and cucumbers.

Some ways to reduce risk is to thoroughly blend or purée foods, inspect and wash produce, and chew thoroughly when eating.

It’s also recommended to stay hydrated and avoid constipation, as hard stools increase blockage risk.

While seeds can present problems, ostomates don’t necessarily need to fully eliminate them from the diet.

Just be sure to drink fluids, chew well, and pay attention to your symptoms when trying foods with seeds.

Start slowly and see how your body responds.

Be prepared to stop eating anything that causes discomfort, pain, or blockage.

With some care and caution, most ostomates can find a level of seed consumption that works for their individual needs.

Paying attention to stoma changes like swelling, narrowing, and sensitivity can help identify potential issues early.

Seeking help to prevent constipation and treat nausea, pain, or cramping at the first sign of symptoms is key, as blockages tend to worsen rapidly.

Learning techniques to self-irrigate or gently massage the abdomen and stoma can also help maintain flow.

What to do if a blockage occurs

- ▶ Stop solids but continue to drink fluids
- ▶ Have a warm bath and you may take a mild analgesic (pain killer)
- ▶ Rest with a hot water bottle on your abdomen – ensure the bottle is wrapped in a cloth to avoid burning your skin
- ▶ Massage your abdomen gently in a clockwise motion
- ▶ If pain continues, contact your stoma therapy nurse, see your doctor or go to the emergency department
- ▶ Never take opening medicine (laxatives)

OMNIGON
SUPPORT GARMENTS

Your new belt allowance is 4/yr

Get your full allowance now

KomfortLite is designed for comfort

Designed to be worn during light exercise – including swimming!

Strong hook & loop – secure & stays in place

Breathable fabric

Round corners to be applied at an angle

> Wearing the **KomfortLite Support Belt** in water was cool and allows you to have extra support and didn't become too heavy and dried very quickly.

JESS @ownyourbag

Order now through your Association

OMNIGON

AU **1800 819 274** info@omnigon.com.au
www.omnigon.com.au

News of the World

New law blooms in Brazil

BRAZIL: The Federal Senate in Brazil has approved a bill to recognise the Hidden Disabilities Sunflower as the national symbol for hidden disabilities.

Flávia Callafange discovered the Sunflower on a trip with her autistic daughter, Felicia, and it had such a positive impact on the support and understanding they received on that trip that Flavia changed jobs to launch Hidden Disabilities Sunflower across Latin America.

A rule now amends the Brazilian Law for the Inclusion of Persons with Disabilities to provide for the use of the Sunflower lanyard by people with hidden disabilities.

More than 90 associations across the country, supporting more than 500,000 people, now use the scheme.

Globally, more than 1.3 billion people live with a disability, many of which are non-visible or a combination of visible and hidden conditions.

They can be neurological, cognitive and neurodevelopmental, among others.

The Sunflower is a simple tool for someone to voluntarily share that they have a hidden disability or condition that is not visible and that they may need help, understanding or more time in stores, at work, on transport or in public spaces.

Source: www.hdsunflower.com

Handy hiding spot a good try

CANADA: A man arrested for drug possession in the carpark of a fast-food restaurant tried to hide the evidence in his colostomy bag.

The man, 43-year-old Jason Gosse, was found by paramedics passed out behind the wheel of a car, nearly overdosing on what he reportedly didn't realise was fentanyl.

Gosse, who was going in and out of consciousness and told police officers he had injected cocaine, refused to go to hospital, asking instead to go to the lock-up.

Police said he was carrying a set of brass knuckles and wearing no shirt under an open coat, and a colostomy bag was visible on his abdomen.

At the lockup, Gosse refused to cooperate with a strip search, taking a baggie of cocaine from his pants and attempting to hide it inside the colostomy bag.

He was charged with a slew of offences, and has pleaded guilty and been sentenced to gaol.

Source: Atlantic Canada

Reggie is comedian's best mate

ENGLAND: A comedian has started showing his colostomy bag at his gigs to encourage more discussion about the topic.

Louie Green, 35, had emergency bowel surgery for a diverticular disease.

Green, from Felixstowe, Suffolk, said: "Not many people - especially men - will talk about it. So I'm like, 'Well, this is it. I've got to do it'."

Colostomy UK, a charity supporting people with a stoma, praised Green and said his actions would help challenge "outdated stereotypes".

He shared his experience in his routine called "Louie Green: A bag for life."

At the end of the gig he took off his shirt to reveal the colostomy bag and got a standing ovation.

Green was 33 when he had the life-saving procedure.

He said: "I was genuinely hours away from dying. The colostomy bag saved my life."

He nicknamed his bag "Reggie" and revealed after the initial shock wearing it had been "a positive experience" and that "you can live a normal life".

But not everyone's reactions were positive.

"The two questions that I was always asked were: 'Does it smell?' and 'Ugh, that must be disgusting, do you struggle with it?'"

He said educating his friends about pooing into a bag led to some funny conversations.

"Their take-away was: 'So when England played Italy [in football], you didn't got for a nervous poo before the penalties?'

"And I said, 'Well I did, actually. I've been doing a nervous poo since half time, but you just don't know about it.'"

Source: www.bbc.com/news

National Directory of Ostomy Support Groups

AUSTRALIAN CAPITAL TERRITORY

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

NEW SOUTH WALES

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

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

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

Beat Bladder Cancer: The national support group meets on the last Tuesday of every month, 7-8.30pm. Macquarie University Hospital, 3 Technology Place, Macquarie University. Contact: Adam Lynch, president BEAT Bladder Cancer 0421 626 016.

Bowral: Due to current COVID restrictions only fully vaccinated people may attend. Proof will be required upon entry. 1-3pm. Bowral Bowling Club, 40 Shepherd St, Bowral. Contact: Lu Wang & 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, stoma therapy nurse, on (02) 6656 7804.

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

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

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

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

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

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

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

Illawarra: Ostomy information group. August 9, Oct 11, Dec 13. 10am-12pm. Education Room, Figtree Private Hospital, 1 Suttor Place, Figtree. Contact: Helen Richards CNC STN Wollongong Private Hospital 4286 1109 or richardsh@ramsay health.com.au; 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 on (02) 6592 6169, email karla.mactaggart@health.nsw.gov.au

Nepean: The Nepean Education Stoma Support Group meets at 2-3.30pm on 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: Meets at noon in March, June, September and December. Venue: 15 Olver St, Orange. Contact Louise (02) 6330 5676 or Joanne (02) 6362 6184.

Shoalhaven: 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: 11am1pm, 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 – 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. 63 Derby St, Penrith (University of Sydney Medical School). Contact Naomi Houston on (02) 4734 1245. The building is opposite Nepean Hospital's Emergency Department. Enter via the side path to the outpatient waiting room. Please wait until 2pm when you will be directed to the meeting room.

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

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

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

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

QUEENSLAND

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

Beenleigh: 9.30-10.30am, first Monday of February, April, June, August, October and December (Christmas Function) Logan Hospital, Room 1E. Cnr Loganlea and Armstrong Road, Meadowbrook. Contact Leeanne Johnson stoma therapy nurse (07) 3299 9107.

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

Brisbane: The Brisbane Ostomate Support Group meets from 10am-12pm on the third Wednesday of each month in the rooms of Qld Stoma Association in Chermside. Contact ilonalanyi@hotmail.com or QSA (07) 3359 7570.

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

Toowoomba: Insideout. Contact Margaret Brabrook (07) 4635 1697, emby1936@gmail. com; Leanne Wilshire (07) 4630 0629, leanne.wilshire@bigpond.com; emby1936@gmail.com; Laurel Czynski, 0413 805 809. Emergency contact: Jason Miller 0438 554 064.

Wide Bay: Bundy Osto Mates. 10am-noon on the third Friday of each month at Wide Bay Ostomates, 88a Crofton Street, Bundaberg West. Contact Wide Bay Ostomates (07) 4152 4715.

SOUTH AUSTRALIA

Adelaide Hills: 10am-noon on the second Wednesday of January, March, May, July, September and November at Nairne Soldiers Hall, Main Road, Nairne. Contact Maureen 0434 051 375.

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

Central: 1-3pm on the third Tuesday of January, March, May, July, September, and November. Hilton RSL, 147 Sir Donald Bradman Drive. Contact Maureen O'Donnell 0434 051 375.

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

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

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 or Jo-Ann 0421 118 962.

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

Port Lincoln: RSL, 14 Hallett Place, Port Lincoln. For dates and time contact Maureen 0434 051 375.

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

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

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

South East: 10.30-12.30 on a Thursday every six weeks, St Martin's Church, 17 Edward St, Mt Gambier. Contact Leeanne Paterson 0418 733 111.

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

TASMANIA

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

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

VICTORIA

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

Ballarat Bag Buddies: 2pm, second Wednesday monthly 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

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

Benalla/Wangaratta: 2pm Monday, December 12, Masonic Hall, Appin Street, Wangaratta. Call Graeme Pitts (03) 5762 1721 or 0407 240 943 or mgpwang@gmail.com

Colostomy Association of Victoria: Stomal support group. Offers support to all clients. We offer 30-minute consultations with a qualified stoma therapy nurse, by appointment, three days a week. AGM last Wednesday of November at 12pm. Phone 9650 1666 or email info@colovic.org.au

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

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

Sunraysia/Riverland: Meets at the Sunraysia Cancer Centre. Enquiries: Norma Murphy 0409 252 545.

Warrnambool and district: Meets on the second Friday of each month from February 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 Box 51, Drouin, Victoria, 3818.

WESTERN AUSTRALIA

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

Esperance: Contact Len (08) 9075 9099.

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

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

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

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

West Ossie Gutsy Kids: Babies to 15-year-olds with stomas, and their parents. Request to join via Facebook www.facebook.com/1866953308120.

National Directory of Ostomy Associations

AUSTRALIAN CAPITAL TERRITORY

ACT & DISTRICTS STOMA ASSOCIATION

W: actstoma.net.au
E: stoma@actstoma.net.au
T: (02) 5124 4888
A: floor 2, 1 Moore Street,
Canberra ACT 2601
Open: First and second week of the month: Monday, Tuesday, Wednesday 10am to 1pm

NEW SOUTH WALES

NSW STOMA LIMITED

W: NSWstoma.org.au
E: info@NSWstoma.org.au
T: 1300 ostomy
or (02) 9565 4317
A: unit 5, 7-29 Bridge Road,
Stanmore NSW 2018
Open: Monday to Thursday 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: ground floor, 20-22 Yalgar Road, Kirrawee NSW 2232
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 3pm

NORTH QUEENSLAND OSTOMY ASSOCIATION

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

QUEENSLAND OSTOMY ASSOCIATION

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

QUEENSLAND STOMA ASSOCIATION

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

TOOWOOMBA & SOUTH WEST OSTOMY ASSOCIATION

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

WIDE BAY OSTOMATES ASSOCIATION

W: wboa.org.au
E: wbostomy@bigpond.com
T: (07) 4152 4715
F: (07) 4153 5460
A: 88a Crofton Street
Bundaberg West QLD 4670
Open: Tuesday, Wednesday, Thursday 8.30am to 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 10.0am 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 to 1pm

VICTORIA

BENDIGO AND DISTRICT OSTOMY ASSOCIATION

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

COLOSTOMY ASSOCIATION OF VICTORIA

W: colovic.org.au
E: info@colovic.org.au
P: (03) 9650 1666
A: suite 221 level 2, Block Arcade, 98 Elizabeth Street
Melbourne VIC 3000
Open: weekdays 9am to 2pm, STN 10am to 2pm Monday and Wednesday

GEELONG OSTOMY

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

OSTOMY ASSOCIATION OF MELBOURNE

W: oam.org.au
E: enquiries@oam.org.au
T: (03) 9888 8523
F: (03) 9888 8094
A: unit 14, 25-37 Huntingdale
Road Burwood VIC 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: Monday 9am to 4pm
Tuesday 9am to 4pm
Wednesday 9am to 1pm
Thursday 9am to 4pm
Friday 9am to 1pm
Fourth Saturday of each month
9am to 1pm