

Australia Ostomy

Connecting the Ostomy Community

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Take off in style

The travel special

P20

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Mental health P3

Fertility and you P5

Gift guide P12

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Australia
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Welcome

Confidence in travel

A Message from the Executive Committee

by Ian Samuel, ACSA president

WITH 2022 coming to an end, many of us are thinking of taking a holiday over summer.

Whether you are wanting to holiday locally or travel overseas, as ostomates there is nothing stopping us from enjoying ourselves, confident that our travel will be free from any issues that you might think hold us back.

How can I write with so much positive feeling?

Over the past 15 and more years, I have been fortunate to be able to travel to London, Europe and Israel to catch up with family, attend conferences and to discover where my family came from.

I just needed to remember a few things, such as a letter from my doctor outlining that I had two stomas and the need to wear stoma bags.

Next, I needed to pack sufficient stoma supplies plus 50 per cent more just in

case – you are entitled to an extra month's supply as a holiday issue.

I packed half of the supplies in my luggage with the other half in a carry-on bag, in case my luggage went missing.

When checking in, I advised that I had important medical supplies in my luggage, ensuring my luggage was treated with extra care.

Finally, I always remembered that I am NOT disabled and could deal with this journey with confidence.

I can tell you that I not only have two stomas, but I also had to deal with assisted oxygen due to a lung disease, which at first meant that I had to arrange for oxygen supplies.

So, my message is one of the power of positive thinking, or in the words of writer Theodor Herzl: "If you will it, it is no legend."

All the above also applies when travelling within Australia.

As we approach Christmas for Christians and Chanukah for Jewish people and the dawn of a new secular year, our hope is for world peace to enable us to travel along the journey of life in safety, peace and joy.

We wish you a happy Christmas and Chag Chanukat sameach and above all a happy and safe new year.

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The ACSA Journal Ostomy Australia was established in 1992 through the inaugural sponsorship of ConvaTec Australia. The journal is published three times per year and is available free to every member of an Australian Ostomy Association.



Vital help: Lorrie Gray from the Western Australian Ostomy Association shared information about ostomies at a mental health wellness event in Mandurah in October.

A head start on mental health

by Amanda Haines

WHILE most new ostomates grapple at first with the physical changes surgery brings, it is mental health that can have the longest-lasting impact.

The latest Australian Bureau of Statistics figures show more than 43 per cent of adults aged between 16-85 had experienced a mental disorder at some stage in their life – commonly depression or anxiety issues.

Add to that post-stoma depression, and the quality of life of many ostomates can be even lower than before surgery.

Highlighting the critical role stoma therapy nurses (STNs) have in supporting ostomates with both physical and mental concerns, Lorrie Gray helmed the Western Australian Ostomy Association's booth at a recent health and wellness event in Mandurah.

"The ostomy society supplies pouches but we also work hard with mental health, helping people regain a normal life," she said.

"The mental side is absolutely critical.

"Unless you get your head around dealing with things, you are not going to manage." She said STNs had a crucial role in addressing any and all patient concerns right from the start of an ostomate's new life.

"STNs are vital nurses," she said.

"Before you get a stoma you should be taught about it.

"Ideally, we try and encourage that after patients have seen the surgeon, they should be referred to an STN – an STN should be the first port of call to talk to them about the care needed, for as long as it takes for them to get their head around what has happened."

As a general rule, Lorrie said teaching self-care to patients included not just the physical aspect but also dealing with the mental side of things.

"We ask how people have dealt with challenges in the past and we revisit their coping strategies," she said.

The transition from hospital to home is seen as a critical time when patients need support and a referral for psychological support can be given if needed.

While the WAOA is in the fortunate position of having counselling services nearby to which patients can be referred, those in regional areas come up against many obstacles when trying to access help with mental issues.

The association was trying to address this with the implementation of 24-hour telephone support but was currently dealing with the logistics and legalities involved in setting up such a service.

While the much-needed program is in the planning stages, ostomates in regional areas can still rely on long-standing and popular measures such as support meetings and visits from STNs.

"A third of our members have no access to stomal therapy so the stomal therapy nurse goes out to 12 regional areas," Lorrie said.

"We also encourage them to come to new member meetings so they don't feel like they are the only one in the world with this problem.

"They meet other people who have been there and done that; it is a very good start to be able to come to terms with what has happened – the ostomy society is a safe place where we understand."

Along with following up on new members with courtesy calls and ostomy assistance, the STNs also do a three-month check-up of new members where they monitor diet and exercise and generally check how members are going.

The issue of what to eat (and not eat) after stoma surgery is one of the major concerns all ostomates have, not just the newly formed, and can often affect mental health.

"Sometimes people don't know what to eat so they don't eat at all and it spirals down," Lorrie said. "Proper diet advice is crucial to mental health."

Negative mental thoughts can also result in social isolation, something the STNs look out for and try to address.

"People need to know what helps them," Lorrie said.

"One person with a stoma we were helping hadn't left the house for two years because of fears of having a leak.

"Other people just soldier on when they don't have to and try to just live with their problems.

"It is really important to know there are services available and we encourage people to go back to their STNs every year to check up on how everything is going."

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1. Ostomy Life Study 2018/19, CPOC, CPPProf, Full publication



Presentation plus: Anne Ethiopian, Emma Flanagan and Helen Ebenezzer.

Planning a pregnancy

by Lilian Leonard

The following is a summary of a presentation by Dr Emma Flanagan, a gastroenterologist at St Vincent's Hospital IBD Pregnancy Clinic, for the Young Ostomates United Inc. (YOU).

Dr Flanagan was the instigator of the clinic in 2017 and it is now open weekly for both public and private patients diagnosed with inflammatory bowel disease who are planning a pregnancy or are already pregnant.

A referral is necessary from a treating specialist or GP and a referral form is available by contacting YOU Inc.

When planning a pregnancy, it is important to ensure IBD is in remission at that time.

Fertility may be reduced in both males and females when Crohn's disease is active; after pelvic surgery, for example a J-pouch for ulcerative colitis; and when the rectum is removed.

If possible, obtain a referral to a fertility specialist at the planning stage.

Helpful Hints

Make sure your IBD is well controlled for at least three to six months prior to trying to become pregnant.

Do not smoke or drink alcohol, in order to aim for a healthy weight range.

Take a folate supplement at least one month prior to trying to conceive.

Speak to your treating team regarding your pregnancy wishes/plans.

Check with your surgeon regarding pregnancy timing post-surgery.

Drugs

Sulphasalazine – should be ceased in males as it can cause reversible infertility.

Methotrexate – should be ceased in females as can cause birth defects.

Steroids – can increase the chance of complications in pregnancy such as

gestational diabetes. Only use in the case of a flare and at the recommendation of your gastroenterologist.

Thiopurines such as Imuran – these are considered safe and can be continued.

Infliximab/adalimumab – this is safe but levels can be detected in babies for up to approximately 12 months; therefore babies should avoid live vaccines until 12 months of age (this is only the rotavirus vaccine on the current Australian immunisation schedule).

Tofacitinib – should be ceased in females as there is currently insufficient data on its use.

There are many newer drugs that are being trialled and there is also much misinformation. It is recommended those planning to become pregnant discuss this with a treating specialist or obtain a referral to an IBD Pregnancy clinic such as at St Vincent's.

IVF

Generally, if there is no success after six months of trying to conceive naturally, it is recommended going to a GP for referral to a fertility specialist, especially for those with a history of pelvic surgery for IBD. Following J-pouch surgery, IVF success rates are equal to those without a history of pouch surgery.

Managing ostomy during pregnancy

It is recommended to have a review with a stomal therapy nurse.

There can be rare complications in pregnancy with hernia, prolapse and small bowel obstruction.

The mode of delivery of the baby will require an individual discussion with an obstetric team – patients with IBD may have vaginal delivery in most cases.

A Caesarean section is recommended for women with perianal Crohn's disease or a J-pouch. Breast feeding is considered safe with most IBD medications – discuss this with a specialist.

Once pregnancy is confirmed, it is necessary to have regular monitoring with your treating team including your IBD specialist, surgeon, obstetrician and stoma nurse at least once per trimester and post delivery.

Hydration for ostomates

IT is summer again, which means it is timely to discuss hydration.

Hydration is very important for ostomates, much more so than for the average person.

This is due to the fact that part of the intestine has been removed and intestinal function is compromised.

Some of the most common symptoms of dehydration are dry mouth, headaches, irritability, fatigue, poor concentration, constipation and dry skin.

Low blood pressure and fainting spells can also be indicative that fluid levels in the body are low.

Three main factors will influence the degree to which fluid balance is affected in an individual ostomate – the part of the bowel that has been removed, and the quantity and consistency of output.

Different parts of the gastrointestinal tract perform different functions, with the small intestine mainly digesting and absorbing nutrients from the foods that are eaten, and the large intestine mainly absorbing water and electrolytes back into the body.

For colostomates who have only had a small part of the large intestine removed, their ability to absorb water may not have been affected very much and they may not need to compensate for reduced fluid absorption.

However, for an ileostomate who has had all of their large bowel removed and perhaps some of the small intestine, the need for additional fluids is greater.

As well as ensuring you drink enough liquids, fluid intake can be boosted by eating watery foods such as watermelon, mango, juicy peaches and nectarines, and grapes.

Just be aware that they may also loosen stools and therefore increase output, so keep the quantity moderate.

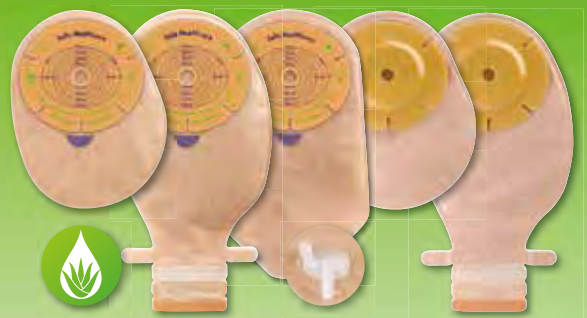
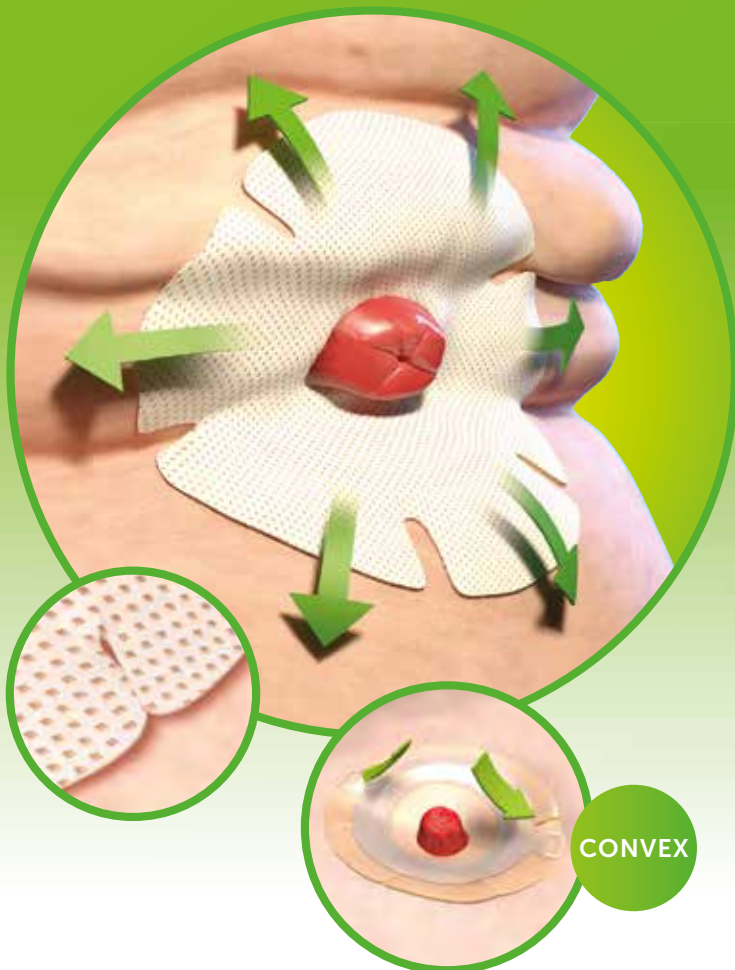
An important fact to be aware of in maintaining hydration levels is that the thirst mechanism becomes less reliable as we age.

The sensation of thirst starts to weaken, and it isn't triggered as often as it used to be.

Therefore, as we get older, it is important not to rely on the sensation of thirst to tell us when to drink.

More information can be found on the Australian Council of Stoma Association's website at australianstoma.com.au/hydration-for-ostomates

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Your say

Letters to the editor

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

An inspiration

I have been an ostomate for 18 months now and it's my confidence that's been lacking. For example, things such as changing my bag in a public loo, going for a swim, just going shopping for a period of time.

After reading about Sam Schröder (*Ostomy Australia*, August) and his success I am inspired.

I actually was able to use a public loo and all went well.

I have discovered not all loos are suitable though, especially when travelling.

My next goal will be going for a swim.

Sandra Redding, email

New format a winner

I think the new format of the *Ostomy Australia* magazine is great.

I love the way the magazine has changed to include information in addition to personal stories.

In particular I found the 'Know Your Product' and 'News of the World' sections to be brilliant additions.

I have had an ostomy for three years and am glad that I can find new information from this magazine rather than going online (YouTube mainly).

I also like that you have featured a successful professional athlete on the front – good on Amanda Haines for getting that story.

I think you have transformed the magazine from a budget format into the new age.

Bronwyn White, TAS

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cancerowl.com

Can we recycle?

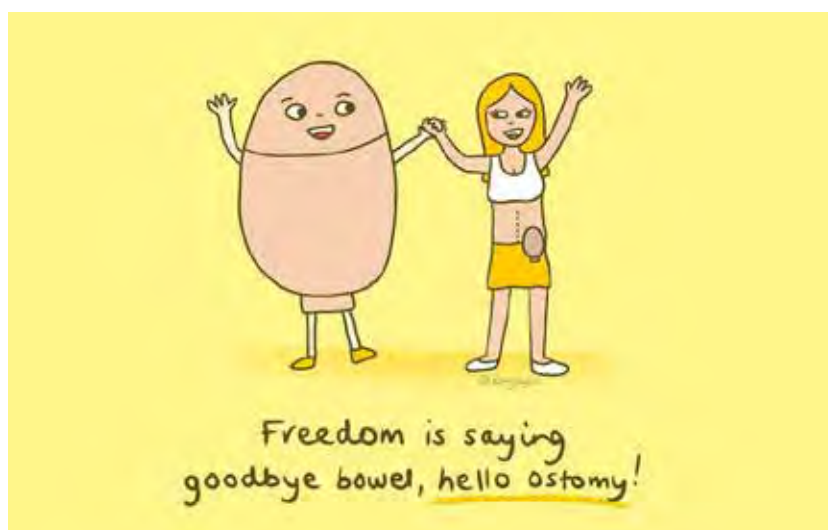
I would like to be able to recycle the plastic backing from the bags and rings that my husband uses rather than throw them out in the general waste.

I did ask the company that we use if their plastics were recyclable but the

representative didn't know. Is there anyway to find out this information?

Barbara Poole, VIC

Continued page 9

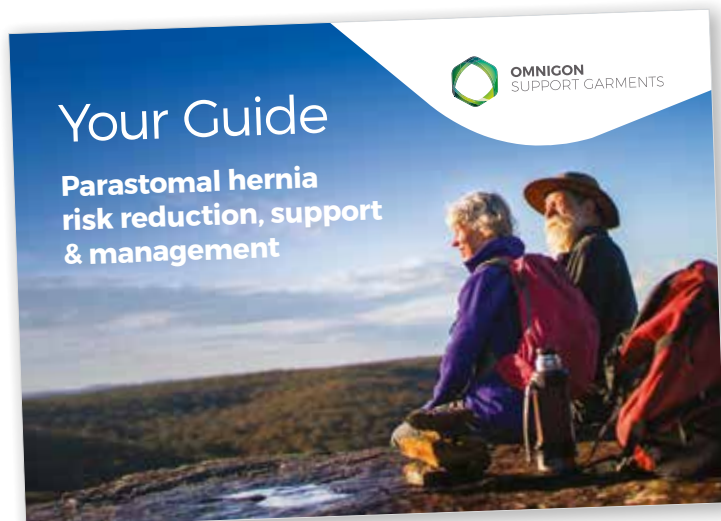




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Buy Australian

An article in the Know your Product section of the August 2022 edition of *Ostomy Australia* featured bag covers to accessorise ostomy bags.

However it is disappointing to discover that this article discussed products made overseas when there are several small businesses within Australia that also produce bag covers and stoma accessories.

Given that this is an Australian magazine, I would expect Australian products to be featured when available.

There has always been a push to buy locally and the magazine is not supporting Australian made products. A Google search easily brought up at least four different Australian small businesses that produce stoma bag covers.

A and M Cameron, email.

Editor's note: Of the more than 20 suppliers contacted for information for the new product section, 15 were Australian. Unfortunately, none of these replied and so were unable to be featured.

Advice sought

I use an ileostomy bag and will have it for life, but I am going through heaps of problems with adhesives, as my skin is allergic to them.

I have tried so many different bags and seals but none have worked as they are all still adhesives.

They cause my skin to welt, rash and even bleed.

I am always in pain and always struggling. The stoma clinics have been very helpful but still nothing works.

Any suggestions would be great.

Catherine Gavin, email.

Support in Bendigo

JUST to let people who may be interested know, some ostomy people have started

up a Facebook page for Bendigo. It is called Ostomates Bendigo stoma support group.

Jim Hard, VIC.

Best decision

I have had an ileostomy since 1983 when I was 22; thankfully it has been a pretty smooth ride.

I have had another 39 years of life thanks to my trusty bowel on the outside.

If anyone has ulcerative colitis and can't decide whether to have surgery, my suggestion is don't hesitate.

I have been very fortunate, only having to deal with a twist in my intestine within the first year.

That was rectified in 24 hours, no surgery necessary.

I had a slight prolapse in my stoma at four months pregnant.

I gave birth to a 10lb 3 oz baby boy who is now 35.

I still have a very sensitive digestive system, but rarely get sick; the last time I was sick was 2019.



"If anyone has ulcerative colitis and can't decide whether to have surgery, my suggestion is don't hesitate."

I work hard as a cleaner, no hassles. You still need to know the route to toilets but not because of pain and urgency because with a bag you have control. If you are travelling just eat small amounts; little in means little out. I am a fairly hearty eater in my daily life. My biggest issue is odour but tablets help with that, and room spray. Also I only change my bag every third day as a rule, so the inconvenience is minimal which is exactly the way it should be. Lots of people have medical extras hidden under their clothes for sundry number of reasons, do you know when you see them in town? No! And neither will they about you. Best decision ever.

RL, Tas.

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Christmas gift ideas



③



⑤



④





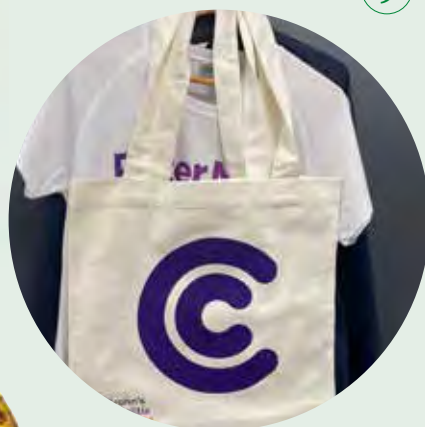
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10

1 Children's book

My Silly Illy by Campbell Dwyer. A comical look at having an ileostomy. Available from Angus & Robertson, Dymock's, or www.amazon.com.au

2 Ostomy teddybear

Kelly's Bears, (un)official mascot of *Ostomy Australia*. Find them on Facebook at Ostomy Support Bears WA or email mossy120@gmail.com

3 Giant Microbes

From Professor Plum's (www.professorplums.com.au), or direct from giantmicrobes.com. The perfect gift for the young or old ostomate and everyone in between. Stuffed toys featuring Crohn's, coeliac, bladder, colon, IBS, and more.

4 Jack shower bag covers

From www.ostomateactive.com.au, keep your pouch dry while in the shower.

5 Ostomate-friendly underwear

From www.ostomysecrets.com, pictured is the Illusion bikini brief for women and the boxer brief for men.

6 T-shirts

From www.redbubble.com, including this semi-colon shirt.

7 Sticker and tote bag

By *Ostomy Australia* cartoonist mjpix, www.redbubble.com/people/mjpix/shop

8 Bum shorts

Raising awareness of bowel cancer, these cheeky shorts are available from shop.bowelcanceraustralia.org

9 Tote bag

From crohnsandcolitis.org.au

10 Hat

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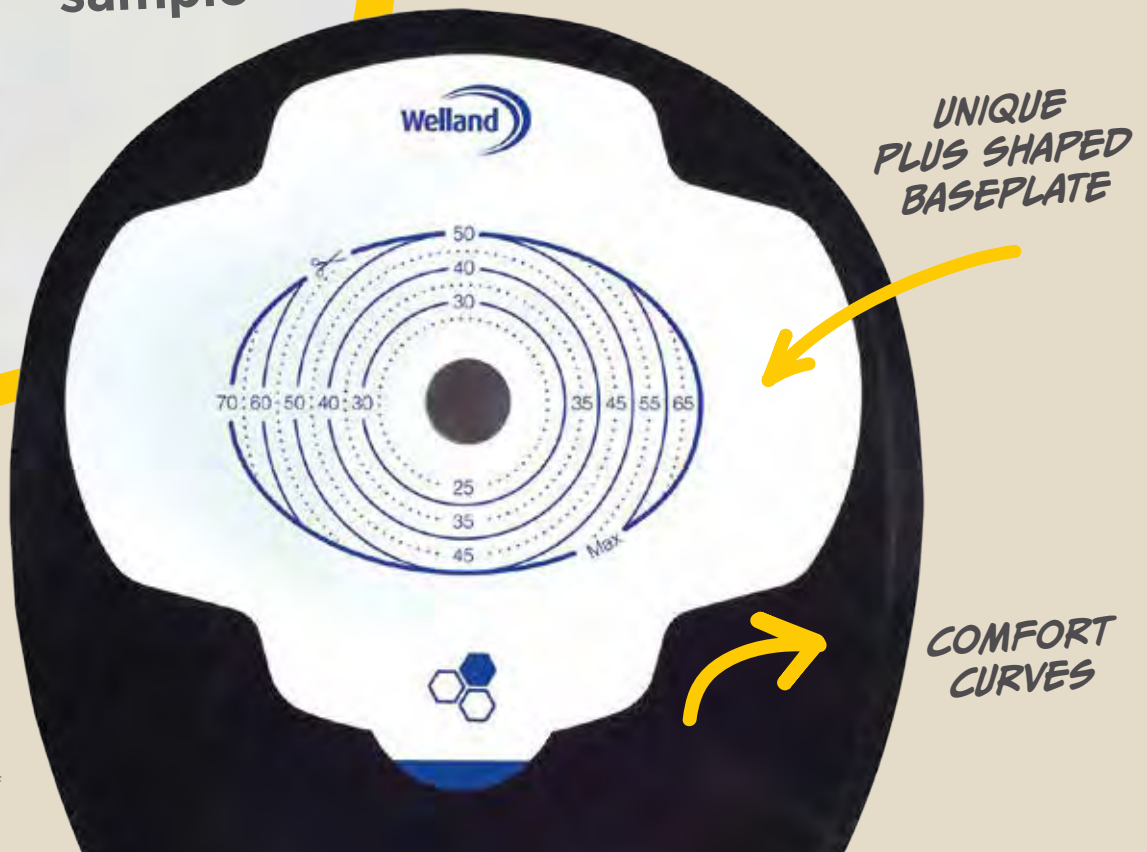
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New approach to anal screening

ANAL cancer is considered a rare disease, with 514 people diagnosed and 129 deaths each year in Australia.

The anus (back passage) is the four-centimetre long end portion of the large bowel, which opens to allow poo to exit the body.

The anus is formed partly from the outer skin layers of the body and partly from the intestine. Two ring-like muscles, called sphincter muscles, open and close the anal opening and let poo pass out of the body.

In the general population, 90 per cent of anal cancers are caused by a particular strain of the human papillomavirus (HPV), the most common sexually transmitted infection worldwide.

Anal HPV can lead to pre-cancerous cells called high-grade squamous intraepithelial lesions (HSIL) inside or around the anus in a similar way to cervical HPV causing pre-cancerous changes in the cervix.

However, unlike with cervical HSIL, there is currently no routine screening or treatment for anal HSIL.

The incidence of anal cancer is substantially higher in people living with HIV than in the general population.

The rate of progression from anal HSIL to anal cancer isn't known but it is thought it may be of the order of one in 4000 in the general population and one in 100 in people living with HIV.

A new study, the Anal Cancer-HSIL Outcomes Research trial, led by the University of California San Francisco and published in the New England Journal of Medicine, is the first randomised control trial to demonstrate

that treating anal HSIL is effective in reducing progression to anal cancer.

The phase three trial was conducted across 25 sites in the United States with 4459 people living with HIV, aged 35 and older, who had biopsy-proven anal HSIL.

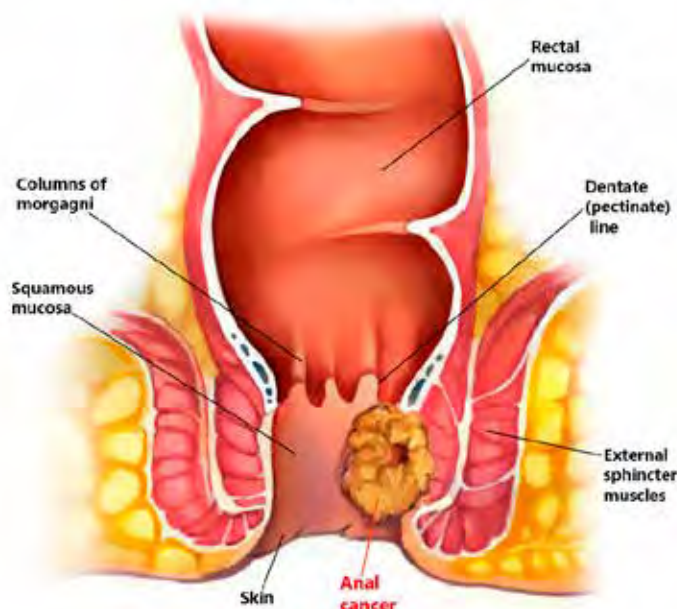
Participants were randomly assigned to two groups, one receiving treatment for anal HSIL, and one undergoing active monitoring of anal HSIL without treatment (a 'watch and wait' approach, which is the current standard of care in most countries).

The rate of progression to anal cancer was 57 per cent lower in those who had received treatment for anal HSIL compared to those who just had active monitoring without treatment.

The evidence was so compelling the trial was halted, and all patients in the 'watch and wait' group were transferred directly to treatment for anal HSIL.

Colorectal surgeon Penelope De Lacavalerie is a member of a multidisciplinary working group aiming to assess guidelines, treatment recommendations and implementation of research for screening for anal cancer in people living with HIV in Australia.

ANAL CANCER



She said there was no formal screening for anal cancer in Australia or worldwide and that as the trial demonstrated, for people living with HIV it was clear that treating HSIL was superior to a 'watch and wait' approach.

Currently, in this population, screening includes an anal pap smear for cytology and HPV typing and high resolution anoscopy (HRA) – similar to procedures used in the current cervical screening program in Australia.

Dr De Lacavalerie said the trial demanded a response from the health system in order to start anal screening in the high-risk group nationwide and to prevent anal cancers and deaths.

"Screening of other high-risk groups is also likely to be of benefit, such as women with high-risk HPV infection or a history of genital cancer, those receiving solid organ transplants, and people with other immunosuppressing conditions such as inflammatory bowel disease," she said.

Reprinted with permission from Bowel Cancer Australia (bowelcanceraustralia.org)

TOP TIPS

How to fix pancake annoyance

Pancaking is when, instead of dropping to the bottom of the bag, the stool collects around the stoma and may seep between

the flange/baseplate and the skin.

This can happen because there is not enough air in the bag and so the two sides stick together. It may help to cover the filter with a sticky patch to prevent gas escaping from the bag.

Alternatively, you could place a small piece of crumpled tissue inside the bag to keep the sides apart.

Lubricating the inside of the bag with baby oil or a special gel may help the

stool to drop to the bottom of the bag.

Increasing your daily intake of water and your fibre intake can also help, by altering the consistency of the stool.

Information from
www.colostomyuk.org




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

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Count your blessings every day

by Sean Hanrahan

IT was encountering the 15-year-old boy that did it for me.

Tall for his age, athletic and well-dressed, his left arm was missing from just above his elbow.

Car accident.

But as the lad sat there with his loving parents at the table next to me in the Gold Coast University Hospital's cafeteria on a grey and wet Tuesday afternoon, his demeanour and what he was saying radiated positivity.

You Irish git, I told myself. Then, in the words of Bob Dylan, I took myself home, sat myself down and gave myself a good talking to.

Back home in central Southport, I mulled over what I had seen and heard in the cafeteria.

Basically, I asked myself what my plight was compared with the cross the boy would have to bear for a hell of a lot longer than I could expect to live.

The sad fact is that I had succumbed to such a poor state of mind following my cancer surgery and six months of chemotherapy that, to quote the Linda Ronstadt hit song, the phrase "poor, poor pitiful me" would sometimes echo through my mind.

Bowel cancer.

No more large intestine, part of my rectum gone with it, a weight loss of almost 30kgs, plus a stoma pouch, a nephrostomy bag and a catheter with thigh-bag attached hanging off my scrawny body 24 hours a day.

These things and all the associated daily condition-management challenges, the pain and discomfort, the lack of sleep and the constant comings and goings from the hospital while holding down a job were getting to me – badly.

There's absolutely no reflection cast here upon the GCUH and the work of the extraordinarily professional and caring people there who had been, and still are, treating me.

We who live on the Gold Coast are privileged to have such a fine hospital

locally where the esprit de corps of the staff matches the fully up-to-date standard of the technology and facilities.

My malaise was entirely attitudinal.

But the epiphany I experienced that Tuesday in the GCUH cafeteria caused things to change very quickly for me.

A truer sense of perspective and proportion emerged as I focused more effectively on planning and arranging my life.

I was concentrating better, dealing with people and with the daily work challenges better, solving problems more effectively and setting goals with more confidence.

I became more resourceful and more even-tempered.

Before my emergency operation at the GCUH in January 2020, I had been highly fortunate health-wise for 72 years and had taken it all entirely for granted.

I'd had only a straightforward appendectomy way back in 1970, a dose or two of the flu, several bouts of gout and a migraine every blue moon or so.

Piffling stuff.

So the shock of everything going so pear-shaped so suddenly had to be overcome ... and was.

Soon I was no longer feeling so daunted by my 24/7 job commitment as live-in manager of a rooming house for single men in Southport.

If you'll forgive an understatement here, running a place where 33 single blokes live is no easy gig.

Remember that television series *Men Behaving Badly*?

Many of my mainly welfare-dependent residents have behavioural issues as a result of drugs and alcohol, the difficulty of getting by money-wise, social estrangement and the law.

I'd often go to bed at night after an aggro-filled day feeling like I'd spent the whole day wrestling rhinoceroses, only to be woken at 1am by a resident who had locked his keys in his room, or at 3am by the noise of a drunken argument on the balcony.

Doing my job well entails a fair bit of applied psychology, some public relations

work at times and a balance between firmness and fairness.

At times, when the black dog of depression was snapping at my heels, I'd lose my Irish temper over things like a resident leaving the kitchen with one of the stovetops covered in grease or 'forgetting' that it was rent day.

I was also putting off too many things that I should have done straight away.

Here now for your amusement is another old saying in the form of a quatrain: Procrastination is my greatest sin/It brings me endless sorrow/I really must mend my ways/I think I'll start tomorrow.

Back to my progression from impatience to equanimity.

A big shout-out of appreciation to many of the residents here who assist me so willingly when my kidney problems make me feel like a soggy tea towel.

They offer to do my shopping or vacuuming for me or to lug heavy stuff like wardrobes and refrigerators up or down the three levels of stairs in the converted church building in which we all live.

A greater sense of co-operation and comradeship has developed in the place along with a greater feeling of peace, privacy and security.

I believe in the wisdom of many of the old sayings we all use routinely; I believe they become part of our everyday discourse through being proved true time and again over many years.

Thus I quote a very old piece of advice: Count your blessings.

I count mine every day I wake up alive and kicking.

I bet the young fella in the GCUH cafeteria that Tuesday afternoon does too.

"I focused on planning and arranging my life."



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420787	NILTAC™ Adhesive Remover Spray 50 ml (1x1PK)	►	423289	ESENTA™ Adhesive Remover Spray 50 ml (1x1PK)	
420798	NILTAC™ Adhesive Remover Spray 150 ml (1x1PK)	►	423290	ESENTA™ Adhesive Remover Spray 150 ml (1x1PK)	

*Included on SAS

Up and away

The ostomate's guide to air travel

By Amanda Haines

Sky's the limit: Passenger numbers have increased in the past year as more travellers come out of Covid hibernation. Photo: Melbourne Airport Media

BORDERS have reopened and airlines are scheduling more flights – it is time to go travelling again.

Following the Covid shutdown of worldwide tourism it may have seemed as if travel – particularly international travel – would be off the agenda for some time yet but in recent months there have been signs the world is returning to normal.

Australians, being the enthusiastic travellers they are, are among the first to fly again, with Australian Bureau of Statistics figures showing more than a million people flew overseas in September this year, compared to only 30,000 at the same time last year.

For ostomates, travelling by air may seem daunting for those who have not flown for a while but with only a little preparation, there is no reason at all not to once again take to the skies.

In this special travel edition, *Ostomy Australia* takes a look at what the airports we travel through have to say about some of the commonly asked questions about flying (and perhaps a couple of things you may not have thought of).

Do I need a travel certificate or a note from my doctor?

Australian Government guidelines state

that passengers with a stoma are not required to carry a medical certificate or letter from a medical professional when travelling by air.

It does advise, however, that to aid in the screening process, letting airport security officers know about your stoma could be helpful.

Letting them know does not necessarily mean you have to lift your shirt and show the stoma bag while in the line for screening – in almost all airports around the world, private rooms are available for this, you just need to ask.

Travel certificates which specifically state that the bearer is an ostomate (and which explain exactly what a stoma is) are not mandatory for travel in any country but can be helpful in smaller airports or those where English is not spoken.

Some countries have travel certificates specific to their region, while other general ones can be found on the internet which can be printed out at home before travelling.

For travel from Australia, the Hollister website has such a card, which can be found at www.hollister.com.au – just search for 'travel certificate'.

As more travelling ostomates utilise travel cards when going through airport security, authorities and airport staff will

become more aware of them and their usefulness will increase.

When contacted by *Ostomy Australia*, Melanie Cobbin, Head of Terminal Operations at Darwin International Airport, said the airport was previously not aware of such cards but would now seek to "obtain and implement this system, in line with legislative screening requirements."

When travelling through the United States of America, a travel communication card from the United Ostomy Association of America may be useful.

This is provided to simplify communication with US federal Transportation Security Administration (TSA) personnel and airline flight attendants.

As the website states (go to www.ostomy.org/ostomy-travel-and-tsa-communication-card), the card is not a certificate and it is not a pass to help you avoid screening – it is simply a discreet way to inform security that you have an ostomy.

The blue card needs to be printed out in colour, as it is developed by the TSA so officers will recognise it and "be guided to treat the traveller with discretion and sensitivity."

Going through security

While airport security personnel are trained in the procedures necessary for screening travellers with different health conditions in general, it does not appear usual for them to have received ostomy-specific training.

An exception to this is at Adelaide Airport, where "security officers are fully trained in the requirements of screening people with special circumstances including medical devices such as ostomy/colostomy bags," a spokesperson said.

"The training is developed in accordance with the Transport Security Regulations ... Adelaide Airport and its security team are conscious of ensuring all travellers with special needs are treated with dignity and respect during the security screening process."

A spokesperson from Melbourne (Tullamarine) Airport said due to the range of medical conditions that exist, their staff were not specifically trained for all conditions.

"However, we do train our staff in general guidance about communicating with passengers about medical conditions and accommodating requests during security screening," they said.

"It is our primary objective to ensure the safety and wellbeing of all of our passengers is not adversely impacted."

Similarly, security staff at Darwin International Airport undergo regular refresher training including “sensitive screening practices”.

“To ensure a trouble-free journey, we recommend travellers with an ostomy discreetly advise a screening officer and divest themselves of everything else possible, after which the screening officer will direct and assist the passenger through the screening process,” a spokesperson said.

For travellers going through Hong Kong International Airport (HKIA) there are security officers with more specific training.

The airport has a courtesy channel which provides a dedicated access for departing passengers with special needs, including those under medical supervision, to enter the security screening and immigration area from the non-restricted area.

A spokesperson said security staff at HKIA were trained to conduct screening for passengers with special health conditions, and provide suitable assistance to passengers according to their conditions.

Dedicated counters and seats in the immigration area are also available, the spokesperson said.

Being scanned by security staff

A concern some travellers with an ostomy may have is the reaction of security staff to passengers with a stoma.

Suggestions that a pouch could be mistaken for an attempt at smuggling prohibited or dangerous materials are quickly dismissed by airport authorities.

A spokesperson from Brisbane Airport said screening methodologies quickly support the identification of ostomy pouches and they had never encountered a passenger carrying something that shouldn't be there through security in an

ostomy bag.

“We have had no such incidents,” they said.

“[Passengers should] declare the medical device at the screening point, so their comfort and privacy as part of the screening process can be managed accordingly, and screening be undertaken in line with those required for medical devices.”

Melbourne Airport said its two primary methods for security screening were metal detection and body density scanning and all passengers should expect to be subjected to at least one or both of these technologies as part of the screening process.

“Our equipment will detect a range of medical devices that may require further enquiry by our screening staff,” they said.

“During this process, communication is key, and we encourage passengers to communicate with our staff about any medical concerns or devices that they may be carrying or wearing.”

At Adelaide Airport, a spokesperson said screening methods were used that were suitable for a passenger's needs.

“This could involve the use of a handheld metal detector, an explosive trace detection test or a frisk search,” they said.

“Alternative screening processes may be

used if customers have a medical device such as an implant, pacemaker, external prosthesis, insulin pump, stoma and ostomy pouches that may be affected by, or interact with, a walk through metal detector or body scanner.”

What about my luggage?

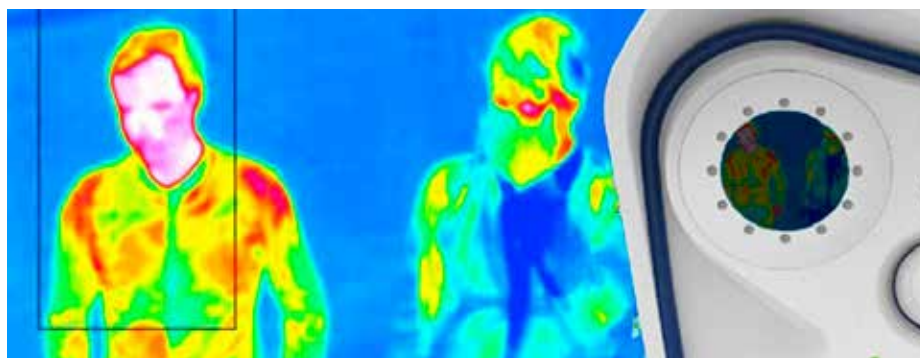
We all know not to carry sharp objects such as scissors in our hand luggage but what about our suitcases?

Unfamiliarity with ostomy supplies on the part of security staff while checking luggage may be a concern to the travelling ostomate.

A suitcase full of pouches, wafers, wipes, curved scissors and other ostomy sundries may catch the eye of screening personnel but airport authorities said such unfamiliar items were easily identified.

“It is a screening requirement to validate any items that can't be cleared through standard screening practices,” a Brisbane Airport spokesperson said.

“It would be unlikely ... that these [ostomy] items would be questioned as they do not form the basis of items of that would appear as a security threat.”



Body heat: Thermal scanning is used at most airports and will make visible stomy pouches so it is a good idea to inform the security staff before stepping through the scanner. Photo: Heathrow Airports Ltd.

Medical needs while overseas

UNDERSTANDABLY, medical issues can weigh on the mind of any traveller, not just those with a stoma.

So it is comforting to know that if you are an Australian resident travelling overseas, medical help is available through Reciprocal Health Care Agreements (RHCA).

This includes emergency care and care for an illness or injury that can't wait until you get home.

You may be eligible to receive assistance

with the cost of medically necessary treatment, including stoma appliances if necessary.

You still need to get your own travel health insurance and it really is sensible to never travel without it.

The countries Australia has an RHCA with are Belgium, Finland, the Republic of Ireland, Italy, Malta, the Netherlands, New Zealand, Norway, Slovenia, Sweden and the United Kingdom.

To access assistance through an RHCA travellers may need to provide local authorities with

an Australian passport or other passport which shows you are a

permanent Australian resident and a valid Australian Medicare card.

It is important when seeking treatment that medical staff in the country you are visiting be advised that you wish to be treated under the RHCA with Australia.

More information is available online at www.servicesaustralia.gov.au/reciprocal-health-care-agreements

If you have a stoma or supply issue while travelling and don't know where to turn to, try contacting one of the 70 member associations of the International Ostomy Association.



Stopover: The baggage hall at Dubai's terminal 3 arrivals. Photo: Dubai Airport Media

Travellers' tales

Well travelled

I have an ileostomy, am 72, and have had a stoma since 1959.

I have made countless commercial overseas trips to the USA and UK for work, at one stage travelling to the USA and UK every three months.

On holidays my wife and I have travelled to various parts of UK and Europe as well as the USA, Canada, Vietnam and Cambodia.

In all that time I have only been stopped at security once and was immediately let through when I explained the shadow on the screen was my stoma bag.

My only advice when travelling overseas is to carry three times the amount of supplies you would normally use if not away.

Geoff Rhodes, ACT.

Ask for help

A funny incident happened to me on a short flight from Brisbane to Bundaberg.

I was coming home from working in Brisbane and was very careful about what I ate the night before and for breakfast so I could keep Nigel (my stoma) under control when on the plane. Unfortunately for me he had other ideas.

For most of the journey I was fine however when the pilot announced that we were starting our descent and we must all be seated with seat belts on Nigel went ballistic and totally filled up (fit to bursting).

My only thought was once we land I have to get up in a plane full of people all trying to get their luggage and blocking the aisle and all slowly making their exit.

I wasn't sure Nigel would hold on that long.

So when the hostess was coming through doing her final prep for landing I called her over, explained that I had a stoma and that it had just filled to bursting and was it possible to be let off the plane first when we landed.

She said she would see what she could do.

Once we landed the pilot left the seatbelt signs on and asked all passengers to remain seated.

Then the hostess came over to me, told me the passengers were being kept in their seats so that I could get off first and then escorted me off the plane.

The passengers even included the Federal Member for Wide Bay.

As I raced off the plane my husband was waiting for me in the terminal, I threw my handbag at him (no kisses here) and headed for the nearest toilet to avoid a complete disaster.

The point of my experience is that the Qantas staff were great, understood my requirements and my dilemma and assisted me with respect and dignity.

So whilst travelling don't be afraid to ask for help from those in charge.

Jacky, email.

No fear of travelling

I am the mother of a 12 year old boy with an ileostomy bag, looking forward to travel to India.

I purposely delayed our holiday due to fear of Covid.

The thought of taking my boy and his younger brother on a long 19-hour trip was frightening.

Chris got his ileostomy at the age of 7 and is very independent.

He has done three-day camps and sleepovers and there has been no reason to worry – the fear of travelling turned out to be all for nothing.

The preparation for the journey started

Top tips from us

FOR more in-depth travel information, the website of the Australian Council of Stoma Associations (ACSA) has some great advice, such as these tips on how to avoid the dreaded traveller's tummy:

- Use bottled water – clean your teeth using bottled water as well
- Be cautious of local delicacies
- Don't eat salads that you haven't prepared yourself (using bottled water)
- Don't have ice cubes in drinks unless bottled water has been used
- Avoid local ice creams
- Take extra pouches as most people overindulge to some extent while on holiday
- Take some drainable pouches just in case they are required
- Take a supply of anti-diarrhoeal medication (check with your GP first)
- Make sure you have good travel insurance

For more, go to australianstoma.com.au/resources/travelling-overseas

the day before travelling; diet was a real concern, we were conscious of what we ate before we embarked into the aircraft.

We made sure to carry all of his supplies for the entire holiday with us in our cabin or hand luggage. He had a small carry on with few changes of bags and accessories that was placed under his seat. This helped us from opening the cabin box at any time during the flight.

Toilet breaks were mandatory prior to boarding or before security clearance.

Chris sat on the aisle seat, not very close to the toilet but close enough if there was an emergency.

He used the toilet every two hours, just emptying stool or relieving the gas.

We used only drainable bags as sometimes discarding the pouches in the plane was a problem.

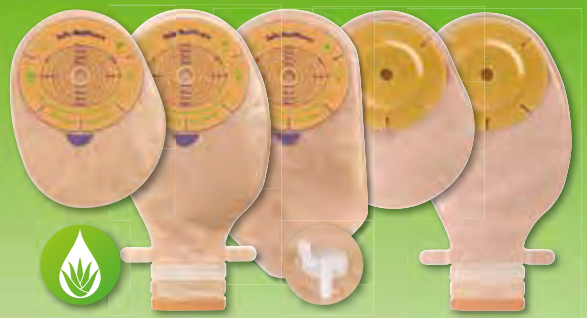
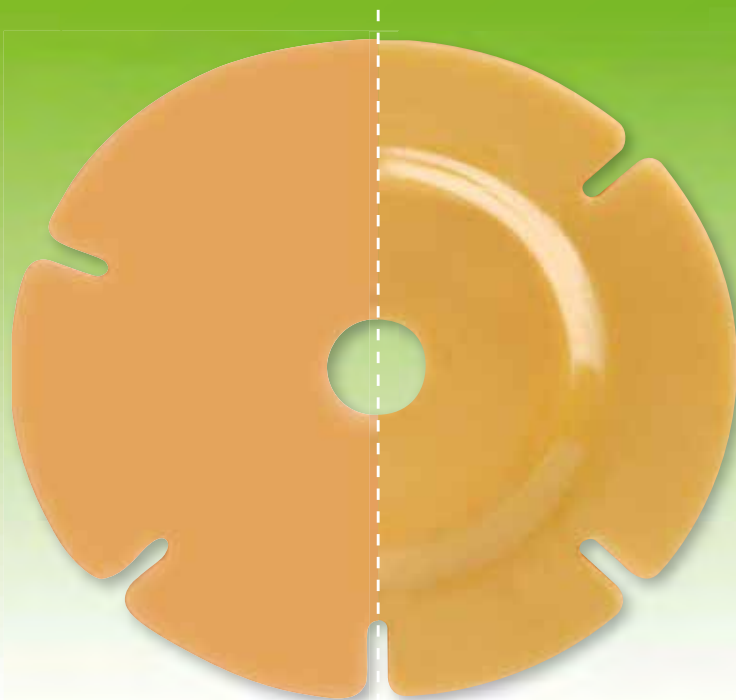
The horrendous smell of the poo was a major problem in the public area, a crucial game changer was a small portable deodorant spray.

He made sure he walked around in the plane and at the airport to relieve him from bloating symptoms.

With all my experience travel has been the less difficult problem of the many complications of an ileostomy bag.

Reader, from the Queensland Ostomy Society.

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Full up: In keeping with the travel theme for this edition of *Ostomy Australia*, reader Horst Kirchner submitted this cartoon, a reminder that it helps to keep one's sense of humour when out and about and the subject of ostomy bags comes up.

Social media draws people together

By Bonnie Crowe

THE importance of social media in connecting ostomates was highlighted at the annual general meeting of Young Ostomates United (YOU) in August.

A report presented at the meeting outlined how the group's Facebook page had grown to 577 members, with regular content interaction for 475 members.

Every month new community members are welcomed to the page and Facebook continues to be the most active and efficient way to reach all members.

There was a good turn-out for the AGM and information day which was held at the Nurses' Memorial Centre in Melbourne.

Support was shown from the trade stands with the latest in ostomy products and other things to support ostomates.

For the AGM, the committee reports were presented and seconded, and two new committee members were welcomed – welcome Aimee and Josie to the YOU committee.

Items of note discussed were

membership and outreach, funding opportunities, and the future of YOU.

While the meeting was not well attended on Zoom, the platform will continue to be used and people encouraged to join online if they cannot attend in person.

All meetings are now recorded, so if members are unwell or cannot attend for other reasons, they are still able to access the content.

New business was also discussed, including deciding on a get-together in Doncaster in November and a Christmas get-together to be held at Blackburn Lake.

Ideas are welcomed for the new year on events, as well as different things that members might like to see for presentations.

Catch-ups in other parts of Victoria are planned as well to reach all members, and the group is looking into Gippsland, and northern and western Victoria for next year.

Following the AGM, a wonderful presentation was delivered by Dr Emma Flanagan, a gastroenterologist from St Vincent's Hospital.

Dr Emma presented on IBS/IBD and fertility, and talked the group through treatments, and debunked some myths around fertility and medications.

Lilian Leonard put together a summary of the presentation by Dr Emma, which is included for all ostomates to read on page 5 of this edition of *Ostomy Australia*.

Upcoming events include the Christmas get-together which is BYO lunch, at Blackburn Lake in Blackburn.

YOU looks forward to continuing to support ostomates across Australia and the world. We have members from all parts of Australia and beyond, and all ages, so whether you are young, or young at heart, all ostomates and support people are welcome to join our community.

If you would like more information about YOU, or would like to be involved in upcoming events or the committee please get in touch with us through the website www.you.org.au or join the closed Facebook group Young Ostomates United Inc.

You can also get in touch with the secretary of the group Helen on helshae@hotmail.com or write to us at our new postal address Young Ostomates United Inc., PO Box 51, Drouin, Vic, 3818.

More than just a

by Darren Maxey

I WAS diagnosed with Crohn's disease when I had my appendix removed in 1989 at the age of 20.

I had several years in remission and even managed to backpack around the world for 15 months during 1996-97.

I started a diary on that trip and I still keep a diary of my life to this day.

Unfortunately, on my return I started to experience severe stomach pains, vomiting and diarrhoea – a feeling I'm sure you all know too well.

This resulted in five years of constant visits and stays in hospital for blood transfusions, colonoscopies and trial procedures in London.

During the early stages of my flare-ups my father was diagnosed with cancer and we often spent time in the same hospital, which made visiting very easy.

I'm not the sort of person who will sit back and let my condition beat me.

In other words I'm stubborn!

I did not have the luxury of sick pay as I was self-employed, running a small plastering company.

This worked in my favour as I always had my van parked next to my job to use several times a day for my emergency toilet.

For a couple of years, I worked constantly as it was my safe environment.

I was single and had an active social life but having Crohn's hinders this situation.

A good analogy I give is, imagine you're Spiderman and you can cast a web 30 to 40 metres; within that web there needs to be a toilet otherwise you're in trouble.

I've lost count of the amount of times I've been in trouble.

As a result, whenever I went out I would always wear a pair of tracksuit bottoms under my jeans or trousers to absorb any accidents.

This was during my time as a bass guitarist in a band and hot days on the golf course – but I would only play nine holes as you're in no-man's land for two hours.

I think this proves the point that I'm stubborn.



New beginning: Darren Maxey and family at his graduation at the Queensland Police Academy in Oxley.

Unfortunately, after a five-year battle, in 2002 I attended St Thomas's Hospital in London to have my colon removed and replaced with a permanent ileostomy.

This was a very low period of my life as I had just lost my dad to cancer. However, it was the first time for five years when I didn't worry about where the toilets were.

Diary entry, October 1, 2002: The operation had gone well apparently but I couldn't bend to see my new friend I'd collected. I was lifted out of bed yet just sat in my chair before going back to bed, the feeling of not having to rush to the loo was amazing, this was probably the best thing that could have happened.

I had a 10-day stay before returning home to Rugby, UK.

During those few years I had come to the conclusion that if I'd had such a major life-changing procedure then I would emigrate to Australia.

I was single and didn't think I would meet anybody – and I didn't want to be pointed out in a crowd as “that man with a bag” post-op.

I completed all of the relevant forms and started the process.

On December 26, 2002, my brother had arranged a blind date for me.

My date and I went out for a meal and a few drinks and we arranged to meet again.

man with a bag



Play through: Darren on the golf course at Redcliffe Golf Club.

I knew the time would come when I needed to sit down and explain my situation – this was terrifying.

Yet Tracey did not see it as an issue and was totally supportive.

This had been a major obstacle for me mentally.

Our relationship developed and within two years we welcomed the arrival of our beautiful daughter.

During this time my application to emigrate was on hold but we decided we wanted to raise our family in Australia.

On August 5, 2007, we moved to Australia just after the arrival of our second daughter.

Not long after arriving, I applied to become a Queensland police officer.

After passing the fitness and psychometric tests and interview, I was accepted to attend Oxley Police Academy to complete a 30-week course.

However, 48 hours before I was due to attend Oxley I was suspended as they had overlooked that I'd had an ileostomy.

After several independent examinations, they offered me a place.

I completed all that was asked of me and graduated as a police officer on May 13, 2009.

Unfortunately, that road wasn't as smooth as anticipated as within a week of graduating I was on the operating table with a burst ulcer.

When I returned to work, the word had spread that I was "that man with a bag" and some colleagues had refused to work with me.

My team leader, Brett Forte, reassured me that it was a minority group and I had his full support.

But it was another setback to me, so I opted to leave.

In 2017 Brett was killed in service and my thoughts are with his friends and family.

In hindsight, it wasn't a bad thing leaving the police.

I made a lot of friends (and enemies) and some fantastic memories.

But most of all, I think I was the first police officer to graduate as "that man with a bag."

After my operation I was able to join another band and carry on playing my bass guitar.

I also enjoyed playing 18 holes of golf without the worry of needing the toilet.

I still spend a lot of time in the trees and bushes, but only to look for my ball.

As a conclusion, if you asked me if I would like to have my stoma reversed, I would without hesitation say yes.

However, only this week I had a colonoscopy via my stoma and was told by my consultant that I have zero chance of that happening.

So, after reading several books on the mind and positive thinking, I have

decided to come out as "that man with a bag" and attempt to reach out to others who may be feeling as low as you can get.

I know how it can feel like you're the only person suffering and constantly attached to the toilet.

Most of all, I want you to know that having a bag is not the end of the world.

As my life has turned upside down since surgery – literally, as I now live the other side of the world with an amazing supportive wife and two incredible daughters – yours can too.

One last point – there will be times during your battle when you ask yourself "why me?" and I can't answer that.

But I do believe everything happens for a reason, even if it's incredibly hard to answer at the time.

There's always somebody a lot worse off than you ... my dad would love to have Crohn's and be "that man with a bag".



On paper: Darren started writing a diary in 1996 and, finding it very therapeutic, he continues to this day.



LeeAnne, CeraPlus™ Product User

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New group in South Australia

THE Ileostomy Association of South Australia (IASA) stomal groups coordinator Maureen O'Donnell has announced that a new support group will open next year in Mount Barker, South Australia.

"There are now 10 stoma support groups in South Australia including the recently opened one in Port Lincoln," she said.

"We now have successfully applied for, and received, a Government grant to open new groups in 2023 in Eyre towns, Murray Bridge, the Riverland towns and Mount Barker."

Most groups have guest speakers which include stomal therapy nurses and product representatives.

The contact details of all 10 groups and Mount Barker are on the IASA website ileosa.org.au



Festive cheer: The Mandurah Support Group in Western Australia has members ranging in age from eight to over 80 and they all enjoy getting together to celebrate the season, as shown in this photo from last year's festivities at the group's meeting place in Greenfields.

Joyful time of year

CHRISTMAS is just around the corner and most ostomy societies and support groups are putting the final touches on their annual festivities. With members ranging in ages from eight to over 80, the Mandurah Support Group goes by the informal name of the Mixed Bags. The group was formed in 2013 as the Crohn's and Colitis Support Group by

co-ordinator Kay Williams, whose adult son has severe Crohn's and a permanent ileostomy. The group amalgamated with the WA Ostomy Association about five years ago and meets on the first Wednesday of every month at 5pm.

More information can be found on the WAOA Facebook page.

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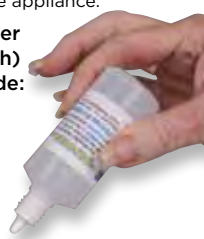
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1001



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One last look back

CELEBRATING 30 years of *Ostomy Australia*, we finish the year with a final look at what made the pages in early editions.



Sports Corner

sourced by Peter McQueen

SPORT WITH A DIFFERENCE—BUNGY-JUMPING AS AN OSTOMATE

Bungy-jumping is the latest sport to be taken up by ostomates and we ostomates have special benefits. The normal velocity taken by a non-ostomate to reach ground level (or nearly ground level, depending on the accuracy of the rope) is 100 kilometres per hour. However, scientific research has demonstrated that with one stoma and a reasonably empty bag, the speed is reduced to 90 kilometres-an hour. Those of us who have dual stomas can enjoy even more of the scenery as we sail down. Scientific research has further revealed that with a dual stoma the speed is reduced to 70 kilometres per hour. Why the decrease in speed per stoma? Once again we turn to the research findings. It has been demonstrated that air bags—or, in our case, stoma bags—act like parachutes to decrease the speed of the drop. Indeed, the RAAF is looking at modelling parachutes to include air bags, something like those built into life-model cars, which also help to decrease the velocity of people involved in crashes.

If, as an ostomate, you want to go bungy-jumping, please observe the following precautions:

- ensure you are adequately insured and that your life insurance policy covers bungy-jumping;
- check that the rope is tied firmly around at least one of your ankles and that the other end is attached to a bridge or crane, as circumstances dictate;
- check that someone else, using the same equipment, has done it before you;
- check that the rope and any elastic used (which can certainly help cushion the fall) is no longer than the distance between the top of the fall and the ground when added to your height (it does not crunch when people are taking your measurements);
- ensure that your bags are empty, firstly so that you can enjoy the flight downwards and, secondly, so that if things do go wrong there is no mess to be cleaned up at the end (other than the usual mess caused by broken bones and similar injuries);
- remember that a decent prayer to the Almighty may help if all else fails;
- apologise someone good to shoot a video or take a photograph because, having done it once, you are unlikely to do it again—and what's the point of being a daredevil if you can't share the event and brag at the office when you return.

You may decide that being an ostomate is just too much for you. In that case the bungy-jumping promoters ask that you

CONTACT AUSTRALIA 0800 000 000

not attempt this activity without ropes attached, either to your body or at the other end, to the bridge or crane as the case may be. Apparently, attempting to bungy-jump without ropes attached doesn't do much for the sport's good name throughout Australia.



In a more serious vein, like an ostomate is very similar to bungy-jumping. It's useful to be linked at one end to a piece of elastic rope and at the other to an association (or group of people who care about your safety and welfare. That's why our associations exist) they make sure that you're securely attached to the rope of life and the association. The associations are like life insurance policies; they ensure that when you do fall, those falls are avoidable. They also make sure that the leap from ill-health to being an ostomate is a positive experience, one that you will more than likely want to share with friends, family and the outside world. Pre-operative nerves, or the psychological effects of illness, are very similar to the butterflies that people feel before their first bungy-jump, and the life-line offered to members by our associations is like the general assistance given by operators to those experiencing pre-bungy-jump jitters. The associations are also there to record all the good experiences we have as we fly through life in our reshaped bodies.

As one who has bungy-jumped to an ileostomy, then joined an association and been given the option of a second jump via a urostomy, I can assure you that it was only the assistance given by the bungy-jumping operators of my association that enabled me to get through that second jump. Now, as a dual ostomate, I can hold out the hand of friendship to those who are contemplating surgery or have recently been through it. This is the reason for the new visiting program being promoted through our various associations. I urge all ostomates to get the most from their associations. In return, if you are willing and able, offer that rope of fellowship to another ostomate; make their bungy-jump through the rest of their life as exhilarating as possible.

Ian Samuel

From 1994, Ian Samuel equates life as an ostomate with the sport of bungy-jumping, and from 1997 we have a piece on the effects of chemotherapy on ostomates – a subject that is timely, whatever the decade.

The Effects of Chemotherapy & the Ostomate

By Karen Brutnell CN

Haematology/Oncology Unit, The Queen Elizabeth Hospital, Woodville, S.A.

When a patient has been recently diagnosed with bowel cancer, they often have to commence a course of chemotherapy.

This drug is known to cause ulceration to the mucous membrane, which lines the gastrointestinal tract. Due to this action, patients can develop ulceration of the lips and mouth, as well as the lining in the bowel, causing diarrhoea.

For the new ostomate, these effects could be overwhelming. Not only is the diarrhoea distressing, but painful mouth ulceration can lead to weight loss and dehydration. Irritation and ulceration may occur around the stoma from persistent diarrhoea and frequent bag changes. An increase in flatulence (wind) or rashes from the stoma could also be quite distressing.

All these side effects can be adequately controlled. For example, anti-diarrhoea medication can be prescribed before the commencement of chemotherapy, so that it can be taken at the first onset of symptoms. Mouth ulcers can be prevented by the early use of mouth rinses.

Discussion of diet requirements to alleviate flatulence to promote thickening of the bowel secretions can be arranged with a Dietitian.

The Stoma Therapy Nurse can assist with preventing stoma irritation and excoriation to the surrounding skin.

Chemotherapy is usually administered in a specialised unit. The staff are trained in dealing with the effects of treatment and so are aware of their patients' special needs and support.

Having chemotherapy doesn't necessarily mean a poor quality of life, especially for the ostomate patient, who may be already struggling in coping with the changes in their life.

memorable. These are the people who worry if they have nothing to worry about. If you are feeling good they will try to point out why you should not. They expect the worst – and usually get it. Avoid them at all costs.

We used to hear that people had attitude problems, now we just hear

thoughts and images, replace them with more appropriate ones and then look for the difference in your life.

For those of you who think this idea sucks, try it – it works.

(*Quotes of the Sunday Age* – 23/2007, Adelaide, Vic.)

The Development of Ostomy Surgery

by Mr J.C.B. Penfold, M.B., B.S., F.R.A.C.S., F.R.C.S.

Little successful surgery was done until the latter part of the 19th Century with the development of anaesthesia and the understanding of infection prevention.

Although bowel obstruction is recorded in literature as early as 1150, the first opening into the intestine recorded was in 1776 by Pillory from Rouen. The patient had a caecostomy and she died on the 26th post-operative day, presumably from infection.

A few stomas were made by different surgeons in Europe in the early part of the 19th Century and the most favoured site was in the lumbar region (back) as it allowed surgeons to enter the colon without entering the abdominal cavity (peritoneum) which was thought to be very dangerous. Naturally enough, these lumbar colostomies were very hard to manage. There were no significant appliances available at that time.

It was an Amos of Paris who suggested an incision in the groin, which is the forerunner of the present site of ileostomies and colostomies today. Although other surgeons introduced a sacral (buttock) and perineal (anal) stomas. These patients were naturally incontinent and unable to manage their stoma.

In the 1870's, St Mark's Hospital in London championed the new operation of colostomy to relieve pain from obstructing rectal cancer. Colostomy means an incision in the colon, but in the 20th Century it is now referred to as a colostomy, the creation of a stoma or hole in the colon.

The stoma can be made in any part of the gastrointestinal tract, in fact even in any hollow viscous, hence we have a jejunostomy, an ileostomy, an appendicostomy, a caecostomy, a colostomy, a cecostomy (bladder) and a urostomy (urine).

The surgical technique of producing satisfactory stomas has evolved markedly since the Second World War, which coincided with the development of better appliances (continuing) and the specialty of stoma therapy. Ideally a stoma site is determined pre-operatively and then the surgeon brings the appropriate length of intestine out through the predetermined site and partially sutures the wall of the intestine to the skin to get what we call first intention healing.

Dr. John of Birmingham championed this principle and also the importance of a spout in urostomies such that the lining of the bowel is brought out and turned back on itself for 2 cms so that this last 2 cms of the protruding loop has both edges on its inside and outside. This is true for all stomas, especially in America as a Bowel colostomy. Its predecessor did not have the eversion of the bowel wall and it was frequently complicated by scarring and narrowing of the stoma producing abdominal pain and a profuse ileostomy output known as ileostomy dysfunction. This everted stoma in the right lower quadrant of the abdomen is still the standard ileostomy to the present day.

More recent attempts to improve on the Brooke technique are the Kock continent colostomy, where a reservoir is made in the abdominal cavity and the stoma is built into the skin, and the J-ileostomy reservoir operation.

Regarding the colostomy, the main trouble has been the reduction that the blood supply of the colon is poor and that it is not necessary to have a protruding loop of intestine with everted mucosa, but slight eversion is preferable as it protects the skin and this is the aim at the present surgical approach. Operations in the appendix, sigmoid, cecum and caecum are infrequently done now, although a temporary stoma and a blood vessel does not seem necessary.

14. June 1967 *Continence*, p. 100.



From 1997, Mr Penfold writes a fascinating history of ostomy surgery, and from 1998 (when, as the writer notes, there were 23,000 ostomates in Australia – there are now nearly double that number) we have William Bodger's piece on privacy.

Privacy and the Ostomate – a Perspective

by William R. Bodger, A.C.T. & Districts Stoma Association

In June, 1995, I had a call from my newly-acquired specialist urologist, "Bill" he said "I've had another look at your pathology test and I'm afraid we will have to remove your bladder". I can assure all readers that he was not nearly as afraid as I was. I told him that I was about to have a stiff Scotch and ponder the future. That seems a long time ago, and, after successful surgery, I became involved with our regional (A.C.T.) Stoma Association, first as a helper and more lately as Secretary.

In attending my first general meeting of the Association I was struck by the obvious concerns many of our members expressed with privacy issues. There seemed to me to be a perception of some sort of stigma associated with being an ostomate, resulting in a need to conceal the fact from the world in general. I wondered why this should be. Is it because of the fear that "outsiders" would treat us as pariahs were they to know our medical condition? Is there a need for such a level of embarrassment in our disposing of bodily waste in ways that Mother Nature never intended? Are we concerned at the possible effect upon relationships, upon friendships, or in the workplace?

I have many friends who have undergone radical surgery to remedy other serious medical conditions. I recently was in conversation with two friends, one of whom had undergone open heart surgery resulting in a quadruple bypass, the other who had had a triple bypass. Both were the operation as some sort of badge of honour, and were proud to have survived and to be able to talk about it. Indeed, there was a lot of friendly banter about the relative seriousness of their two operations. Listening to them, I thought of the great difference between their attitude, which paid no regard at all to any need for privacy, and that of many ostomates who have undergone surgery which is equally radical and often for a more life-threatening condition.

My condition was cancerous, as is the case with many other ostomates. Had I had cancer of the lung, a brain tumour, or a melanoma I would expect that my friends and acquaintances would be sympathetic and understanding. Why then, I have reasoned, should this not be so in the case of an ostomy? And subsequent events have proven me correct – people whose affection and friendship I value have been unaffected by the knowledge that I am an ostomate. What is more, when for any reason I have made others aware of my having had a

urostomy I have never experienced any problems of rejection or embarrassment.

Of course, with some of us the stoma condition is temporary and there is obviously a tendency for short term ostomates to concentrate upon their forthcoming reversal rather than having to consider the long term effects of a permanent stoma and how they will face their long term inter-personal relationships. For the permanent ostomate, however, the condition is lifelong and each of us will learn to live with it in his/her own way. For my part, I am proud of having beaten the dreaded "Big C", proud of the way my family, friends and business acquaintances have handled it, and proud of the new friends I have made and of the work I have been able to achieve within the A.C.T. Association. What is more, I don't really care who knows that I am an ostomate. My stoma has so far given me over two years of life which I otherwise may not have had, and I am grateful for that.

I think that, as ostomates, we should stand tall. All of us have survived a serious condition and an operation which by any standard is difficult, and we have subsequently had to become used to an entirely new regime. There is certainly no need to be ashamed or embarrassed by this; rather we should be proud of what has been, after all, quite an achievement. The perception of the need for privacy is very much a personal thing, and we each must choose the level of privacy we need. I would suggest that we see the matter in perspective, confront the many issues involved in our stoma care and management, and that we are sensitive but not over reactive to the specific issue of privacy. We may be living with our stomas for a long time, and our friends and acquaintances, if they value our friendship, will simply accept that. After all, the ostomate is hardly a rarity in today's community. With around 23,000 ostomates in Australia, almost everyone knows someone who has had an ostomy, although few people who do not have first hand experience know what an ostomy is, let alone a stoma! Perhaps rather than clouding the issue in secrecy and insisting on extremes of privacy, we should follow the examples set by the Cancer Council and the Heart Foundation and actively publicise the nature (and possible prevention) of the several diseases which can lead to an ostomy, thus raising the present low level of public awareness and understanding.

Many recipes include parsley and it can be added to many dishes as a garnish. Here are just two simple recipes with parsley.

Parsley and Barley Water (Queen Elizabeth's recipe)

Boil a cup of barley in six cups of water (with the lid on) until soft. Add a large handful of washed parsley leaves. Boil 5 minutes, then strain. When cold, add juice of one orange and two lemons. Put in a jug in the fridge. Stir before using and add water to your own taste preference and drink.

Tabbouli

3/4 cup bulgur (cracked wheat) 140 g

Just as a treat, we reprint from 1997 a recipe for parsley water – sure to be a hit this summer.

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¹ Mc Grogan G, Haughey S and McDowell K (2018) An absorbent, enzyme-inhibiting seal reduces peristomal skin complications. *Gastrointestinal Nursing* 16:1 42-4

News of the World



Champion: Sam Schröder (left) came up against his doubles partner Niels Vink in the US Open quad men's singles final in September.

Sam strikes again



NETHERLANDS: Wheelchair tennis champion and ostomate Sam Schröder, featured in the August edition of *Ostomy Australia*, continues his success on the international tennis arena.

In September, he and partner Niels Vink made it through to the final of the quad doubles at the US Open.

The pair from the Netherlands defeated Canada's Robert Shaw and David Wagner from the US 6-1, 6-2 to add another coveted trophy to their collection.

Schröder, seeded No. 2, then came up against Vink, seeded No. 1, in the men's singles for the category.

Both sets were competitive, with Vink the victor 7-5, 6-3.

www.usopen.org

It's just not cricket



UK: The chairman of the Marylebone Cricket Club has been disciplined after he made a gaffe at an annual meeting, about members having colostomy bags.

Bruce Carnegie-Brown, who is also the chairman of Lloyd's of London, said during a break at a Lord's meeting in May: "It's taking them ages to empty their colostomy bags."

The remark was picked up by a microphone, which led to numerous complaints being made to the MCC Committee.

Carnegie-Brown apologised and offered his resignation, but it was rejected by the committee, which instead suggested a donation to the charity Colostomy UK.

www.pressreader.com (Daily Mail)

Cheap bags



USA: A team of engineering students from Duke University has developed a low-cost colostomy bag intended for use in under-resourced sub-Saharan Africa.

"The rates in colorectal cancer are rising in Africa, making this a global health issue," team member Joanna Peng said.

"This is a project to promote health care equality."

The device – multiple plastic bags with recycled cloth and water bottles attached, and a beeswax buffer – has succeeded in all of their testing phases.

From using their professor's dog faeces for odour testing, to running around Duke with the device wrapped around them for stability testing, the team now looks forward to improving the device and testing procedures.

"We are now looking into clinical testing with the beeswax buffer to see whether or not it truly is comfortable and doesn't cause other health problems," Peng said.

The National Institute of Health awarded Peng and her peers a \$15,000 prize for cancer device building.

She is planning to use the money on clinical testing to take a step closer to the goal of bringing the device, called the LowCostomy, to Africa.

researchblog.duke.edu

Continued page 35

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Continued from page 33

All shook up



JERSEY: A student who invented an innovative colostomy bag to support her sick father has won a national award for her efforts.

The Year 9 student at Jersey College for Girls was a winner in the Secondary Engineer Leaders Awards, an engineering competition for students from across the UK and Channel Islands.

Participants were encouraged to think about the needs of others.

Roxanna Clayson's father had to have a colostomy after being diagnosed with cancer, so she came up with a stoma bag that vibrates when it needs to be emptied.

"I was wondering what would make his life a bit easier," she said.

"I hope and believe this will provide greater quality of life to all patients."

Roxanna's design could now be chosen to be manufactured by university engineers.

www.jerseyeveningpost.com

Gut feeling



FRANCE: Scientists are calling on people across mainland France to mail in samples of their faeces to help advance research on gut bacteria and their impact on human health.

The project, called Le French Gut, aims to collect samples from 3000 volunteers by the end of this year and a total of 100,000 by 2027.

It aims to better understand the link between gut microbiota and diseases including cancer, diabetes, obesity and intestinal disorders but also autism, Parkinson's and Alzheimer's – and help develop new personalised therapies.

The project is part of a broader international initiative, the Million Microbiomes from Humans Project (MMHP), which aims to sequence and analyse one million microbial samples in the next three to five years to draw a microbiome map of the human body and build the world's largest open-access database of the human microbiome.

www.euronews.com



Shortage concern



SOUTH AFRICA: A shortage of ostomy bags at a hospital in Soweto has highlighted the country's lack of stoma nurses.

Patients who rely on the public healthcare system to provide them with bags were left to their own devices when hospitals, including the Chris Hani Baragwanath Hospital, strictly limited the number of bags they dispensed.

In some cases, ostomates were given only two bags per month.

Deidre Waugh from the South African Stomaltherapy Association (SASA) said ostomates who were unable to obtain the appropriate pouching systems and relevant care had their dignity and right to live severely impacted.

"The cost of diagnosing and treating complications as a result of non-availability of products far exceeds the actual cost of an appropriate pouching system and care," she said.

Health department spokesperson Kwara Kekana admitted there were shortages from March to June.

He said that one of the reasons there were shortages at Chris Hani Baragwanath Hospital was that the hospital had to deal with an influx of patients from other hospitals which had also run out of bags.

There are fewer than 100 nurses specialising in stomal therapy in South Africa and about 60,000 ostomates.

Waugh said the Department of Health needed to sit up and take note of the plight of ostomates.

"They need to ensure that every hospital in the country, where patients are undergoing this type of surgery, has a fully functional stomal therapy department staffed by a registered nurse educated in the speciality of stomal therapy," she said.

"Nurses are reluctant to train in stomal therapy as there is no recognition by the South African Nursing Council and therefore no financial benefit.

"In addition, the very serious shortage of nurses is a contributing factor, as are budget constraints which results in stoma departments being shut down."

www.news24.com

Stomas in parliament



UK: A delegation attended a parliamentary reception at Westminster with a 'Call to Arms' statement which aimed to educate parliamentarians about the steps they can take to support everyone living with a stoma across

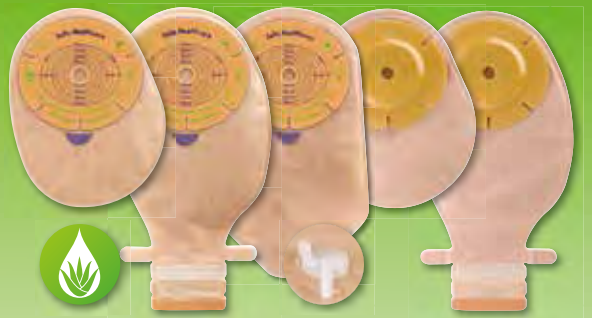
the UK.

The statement, which was developed by people with stomas, set out the improvements needed to ensure everyone with a stoma had access to optimal care so they could live their lives to the full.

The delegation included members of the Urostomy Association, and Ileostomy Association.

www.thetimes.co.uk

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National Directory of Ostomy Associations

AUSTRALIAN CAPITAL TERRITORY

ACT & DISTRICTS STOMA ASSOCIATION

W: actstoma.net.au
E: stoma@actstoma.net.au
T: (02) 5124 4888
A: Floor 2, 1 Moore Street
 CANBERRA ACT 2600
Open: First and second week of each month on Monday, Tuesday, Wednesday 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 to 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 4812
Open: Monday and Thursday 8am to 4pm
 Wednesday 8am to 12 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 2:30pm, Tuesdays 9am to 3pm, Thursdays 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: bob.schull@bigpond.com
M: Bob 0418 717 199
T: (07) 4636 9701
F: (07) 4636 9702
A: Education Centre, Blue Care Garden Settlement, 256 Stenner Street TOOWOOMBA QLD 4350
Open: Tuesday 9am to 3:30pm

WIDE BAY OSTOMATES ASSOCIATION

W: wboa.org.au

E: wbestomy@bigpond.com
T: (07) 4152 4715
F: (07) 4153 5460
A: 88a Crofton Street BUNDABERG WEST QLD 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: colostomysa.org.au
E: colosa@colostomysa.org.au
T: (08) 8235 2727
F: (08) 8355 1073
A: 1 Keele Place KIDMAN PARK SA 5025
Open: Monday to Thursday 10:30am to 2:30pm

TASMANIA

OSTOMY TASMANIA

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

VICTORIA

BENDIGO AND DISTRICT OSTOMY ASSOCIATION

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

COLOSTOMY ASSOCIATION OF VICTORIA

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

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

GEELONG OSTOMY

W: geelongostomy.com.au
E: goinc@geelongostomy.com.au
T: (03) 5243 3664
F: (03) 5201 0844
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 12 noon 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 5pm
 Tuesday 6:30am to 1pm
 Thursday 9am to 1pm
 Fourth Saturday of each month 9am to 1pm

National Directory of Ostomy Support Groups

ACT

Canberra:

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

NEW SOUTH WALES

Albury/Wodonga:

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

Bankstown:

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

Bathurst:

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

Beat Bladder Cancer:

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

Bowral:

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

Broken Hill:

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

Central Coast:

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

Coffs Harbour:

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

Continent Urinary Diversion Support Group:

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

Eurobodalla Region:

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

Goulburn:

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

Grafton:

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

Griffith district:

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

Hastings Macleay:

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

Illawarra:

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

Liverpool area:

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

Manning/Great Lakes:

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

Nepean: The Nepean Education Stoma Support Group meets at 2-3.30pm on the last Friday every second month, from February 24, 2023. Then April 28, June 30, August 25 and Oct 27. Medical School, outpatients department, 62 Derby Street, Kingswood 2747. The building is opposite Nepean Hospital's Emergency Department. Contact Naomi Houston on **4734 1245**.

Newcastle district:

1:30pm. Last Saturday in February, May, August and November. Hamilton Wesley Fellowship Hall, 150 Beaumont St. Contact Geoff **(02) 4981 1799**, Lynda **0425 209 030**, Maree **(02) 4971 4351**.

Orange and district:

Noon, March, June, September and December. Venue: 15 Oliver St, Orange. Contact Louise **(02) 6330 5676** or Joanne **(02) 6362 6184**.

Shoalhaven:

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

St George:

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

Sydney – Liverpool/ Campbelltown:

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

Sydney – Penrith:

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

Sydney – Northern:

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

South West Sydney:

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

Tweed-Byron:

noon to 2pm, 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 natasha.leaver@health.qld.gov.au

Mackay:

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

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

Barossa:

Either 2-4pm or 7-9pm on the third Monday of February, April, June, August, October and December at Vine Inn, Hoopman Room 14-22 Murray Street, Nuriootpa. Contact Barb 0417 068 177

Central:

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

Fleurieu:

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

Mount Barker: Opening in 2023. Contact Maureen 0434 051 375 to register your interest

Northern:

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

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

Southern:

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

Port Augusta:

Port Augusta RSL, 17 Fulham Road. Meetings 1-2.30pm on the fourth Tuesday of every month. Contact Anne Wensley 0429 422 942 or Terry Smith 0488 069 943.

Port Pirie:

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

South East:

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

Yorke Peninsula:

1.30pm on third Wednesday of February, April, June, August,

October and December at Senior Citizen's Hall, Verran Terrace, Moonta (next to Bowling Club). Call Helen Colliver on 0419 839 869.

TASMANIA

Semi Colons:

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 Group:

10am- noon, March, June, September and November. North: Cancer Support Centre, 69 Howick Street, Launceston. North-West: Ulverstone Senior Citizens' Club, 16 King Edwards Street. South: Southern Cancer Support Centre, 15 Princes Street, Sandy Bay. Contact Adrian Kok 0498 196 059 for dates.

North-West: Ulverstone Senior Citizens' Club, 16 King Edwards Street. South: Southern Cancer Support Centre, 15 Princes Street, Sandy Bay. Contact Adrian Kok 0498 196 059 for dates.

VICTORIA

Bairnsdale and district:

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

Ballarat Bag Buddies:

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

Benalla/Wangaratta:

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

Colostomy

Association of Victoria:

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

Mildura:

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

South Gippsland:

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

Sunraysia/Riverland:

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

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 via Facebook at www.facebook.com/groups/365461825146299.

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

Did you enjoy this issue of the journal?

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

We want your stories

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

Send your stories to us

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

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

- Send your contribution in electronic form, attached to an email or as an email, where possible
- Provide your full name and contact details. We publish names whenever possible but not contact information
- Please don't identify anyone else in your story, medical professionals or other ostomates for example, unless they have agreed to their name being used
- Avoid identifying companies or products
- Pictures tell a thousand words. Please share pictures if you can. Photos should be JPGs and at least 1MB in size. If there are people in the picture, let us know that they agree to publication.

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Connecting the Ostomy Community