

OSTOMY



NEW ZEALAND



MISSION ACCOMPLISHED

Team OKK's great success in sending children to camp

WINNIE THE POOH

Walking through trauma brings out a new name

FUNNY BUT TRUE

My dog goes everywhere and we mean everywhere!



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Soul

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**NEW ZEALAND
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N.Z. OSTOMATE

**THE JOURNAL OF
OSTOMY NEW ZEALAND**

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FNZOS MISSION STATEMENT

To enable member Societies to best work together with families, medical professionals and Health Authorities to ensure that, in New Zealand, all Ostomates and persons with related surgeries receive, free of charge, care and equipment that will enable them to lead normal lives of optimal quality.

FROM YOUR EDITOR

Welcome to the first issue of your magazine for 2020, I trust everyone is refreshed and ready for a busy year ahead. Thank you to those readers who have answered my pleas for contributions, please keep them coming in readiness for the May issue. If you have a specific topic you would like included in the magazine I am happy to research and will make every effort to accommodate any changes suggested. A reminder also that the cost of producing the magazine is high so if you know of, or are involved in a business that could offer some sponsorship towards these costs it would be very much appreciated. Please contact either the Federation Treasurer Richard McNair or Secretary Robyn Tourell if you would like further information.

Ostomy Supplies - Again I remind you that we are really privileged in New Zealand and we can count ourselves as one of the most fortunate countries in the world with regards to Ostomy care. We must not get complacent about our access to free appliances. If you notice you are getting a bit ahead with supplies, please either contact your stomaltherapy nurse or USL if that is where your supplies come from and have them put on hold for a month or so..

Membership - We are constantly hearing about the difficulty in attracting new members to Societies, One way Societies can do is to supply their hospitals with Information packs including details of how to contact their nearest society and the benefits of doing so and also placing copies of the magazine in hospitals and doctors waiting rooms, libraries and Information Centres in your town, We urge you to consider supporting our work by forwarding your membership fee to a Society in your area. Being a member of a Society does not mean you have to attend meetings but you and your family members are most welcome at any time. Contact details for all Societies and Executive members can be found on pages 32, 33 & 34 of this magazine.

Surplus Supplies - Ostomy New Zealand continue to collect surplus appliances and forward them on to Barry and Richard of Friends of Ostomates Worldwide for distribution to overseas countries who are less fortunate than ourselves. Please remember if sending two piece appliances that both the wafer and the appliance must be matching as we cannot send them if they are incomplete.

Freephone Number 0508 678 (0508 OSTOMY) - The number of calls to our Freephone number giving people the opportunity to contact someone at any time is increasing. Please feel free to call this number at any time.

"Ride for Ostomates" - It was very pleasing to be able to see the project come to fruition with seven young ostomates being sponsored to attend Camp Purple in early January. Kallia Patching dedicated many hours of time and effort into the ride the length of New Zealand in 2019 and raised a significant amount of money in support of young ostomates.

Training Day and Annual General Meeting - Something to note in your diary now. This will be held in Wellington on Saturday 15th August. I urge all Societies to consider sending at least one delegate to this one day event. More information along with the Registration Form and Programme to come in the May issue of the magazine.

Recognition Awards - The John O'Neill Award is given in recognition of exceptional service to Ostomates at the local and/or national level.

The Ruth Wedlake Award is given to recognise outstanding service and performance by non Ostomates, particularly medical professionals such as surgeons, and nursing staff, in advancing the quality of life of Ostomates. Nominations may be received from any Member Society or the Board of Ostomy New Zealand and must be submitted on the prescribed form (available from the Secretary of Ostomy NZ) and endorsed by the President of the nominating society. Please put some thought into who is deserving of these awards and get nominations in.

Travel Certificates – These can be download from the Ostomy New Zealand website - www.ostomy.org.nz or obtained from the Secretary secretary@ostomy.org.nz, filled in by your General Practitioner and carried with your passport when travelling overseas. Another useful site for travelers showing where ostomy friendly toilets can be found throughout New Zealand is on the Crohn's & Colitis New Zealand website www.crohnsandcolitis.org.nz -www.toiletmap.co.nz.

Changes - Please remember to phone or send any changes of address and contact details for Societies to Secretary Robyn Tourell secretary@ostomy.org.nz, and myself as magazine editor newtj@actrix.gen.nz so you can be kept up to date with events and to ensure you continue to receive regular newsletters & magazines.

In closing I remind readers that Board members are all only a phone call away and are happy to be contacted at any time.

Happy reading and good health to you all.

Jill Newton

President/Magazine Editor



A Facebook Group for NZ Ostomates

If you want some online company where you can discuss some of the finer points of having an ostomy, or just to share experiences, you might like to join the closed Facebook Group set up specifically for ostomates in NZ: OstoMATESNZ:

<https://www.facebook.com/groups/237390785093/>

EYE INFLAMMATION AND BOWEL DISEASE

Copied from UOA – Evansville, Indiana Chapter Newsletter November 2005

A specific type of eye inflammation can sometimes be associated with Crohn's disease and, to a lesser extent, ulcerative colitis. The connection between collagen diseases and eye inflammation is well known, particularly with rheumatoid arthritis. This would suggest a relationship between eye inflammation, arthritis, and inflammatory bowel disease.

Episcleritis – With this condition, there is a localized red raised area in the conjunctiva or the transparent red covering of the front of the eye. The deeper vessels are engorged in the episclera which is the area above the white of the eye. Pain is often severe and aching in nature. This disease can be recurrent but is easily treated and not a threat to sight.

Scleritis – This is a deeper localized inflammation and consists of a central mass of necrotic collagen with elongated cells. This picture is identical to rheumatoid arthritis. This more severe condition can be threatening to sight. Episcleritis is often treated with topical steroids and can be easily controlled. Scleritis usually requires systemic steroids and recently the use of nonsteroidal and anti-inflammatory drops has been found helpful. Side effects of steroids are well known and can cause pressure in the eye. Salicylates (aspirin) have been around for a long time, but new uses have been found for their anti-inflammatory properties. Other groups in this category are things such as Naprosyn and acetic acids such as Indocid or Voltaren.

Punctal Occlusion – Patients using corticosteroid drugs can prevent a loss of systemic absorption and limit side effects by pressing on the lacrimal sac between the inner corner of the eye and the bridge of the nose after instilling the drops. This prevents the drops from passing down the tear duct where it would be readily absorbed. The trick is also very useful for patients using glaucoma drops such as beta blockers.

Iritis – This is an eye inflammation that can be acute or sub-acute. It involves the iris, which is the pigmented tract of the eye. One variety, HLAB27, can be present in arthritis and gastrointestinal disease. In some patients with ulcerative colitis, an ostomy resolves the ocular disease. However, it may not prevent recurrences of ocular inflammation.

Tips to prevent Medical Errors

- Ask for information about your medication in terms that you can understand
- Make sure your doctor knows about any allergies you may have.
- Be an active member of your health care team to ensure better understanding
- If you have a test don't assume that no news is good news – ask for your results
Speak up if you have any concerns.

Carol

ACTIVE AT WORK

Today's average worker burns about 2,300 calories a day, our ancestors would have used around 5,500. We all struggle to fit adequate physical activity into a full work schedule. However, we can't afford to wait until we have time, busy people will always be busy and gaps in our lives will not magically appear. So maybe we should stop procrastinating and start looking for ways to make physical activity work for us within our workday. This is fast becoming the most practical way to achieve the minimum daily target of 30 minutes of physical activity or 10,000 steps.

How can I make physical activity part of my day?

- Use the stairs over the lift – 50 calories are burned over 5 minutes of stair climbing!
- Stretch and move around at least once every hour (set your alarm).
- Keep a pair of trainers or walking shoes at work or in your car boot so you'll never have an excuse.
- Set yourself small goals – stand and move while on the phone/move stapler, scissors, paperclips etc. off your desk onto a central area/start work 15 minutes early and get outside at lunchtime.
- Not all meetings have to take place at a table, if you can, take a walking meeting outside.
- Make the most of every break – even 10 minutes outside will clear your head and re-oxygenate your body.
- Take advantage of local facilities before or straight after work, or at lunchtime. Either way you will be more successful if you exercise before you get home.
- Consider leaving the car at home at least once a week. Take some time to think through your route and the time involved. It's often easier and quicker to walk or bike than you think!
- How can I make physical activity part of everyone's day?
- Organize your workmates and set up a company sports team. As well as boosting morale, social sport is excellent for networking.
- Set up a regular lunch time or after-work walking, jogging or cycling group. Advertise it on the work noticeboard or circulate an email reminder.
- Take on a physical activity fundraising challenge and improve the community profile of your workplace!
- If your workplace has a set of stairs, set up a team challenge like climbing the height of Aoraki Mount Cook.
- Come up with some department challenges - the most distance walked in a month or minutes spent exercising.
- Purchase a set of pedometers and set up a pedometer challenge.

By getting yourself active and encouraging others, you will lift the positive energy and motivation in your workplace making it a more enjoyable environment for everyone.

“OUR MYRA”

Born 1936 in Raetihi, where Myra was raised and schooled until secondary school years. These were spent at boarding school in Wanganui at the Wanganui Technical College. Classes herself as a “country kid”.



Myra had her surgery on 31st December 2012 for cancer, became an ostomate - colostomy. A reversal could not be done as the lining of her bowel was too thin. Has had both hips replaced. This is where good has come out of bad. After Myra's first hip operation she went off the cigarettes and after her second hip operation she gave up alcohol. Life for Myra has continued as it was before.

An old school friend of Myra's taught her to play the piano at the great age of 70 years. Plays music at rest homes on her keyboard had been doing this for many years and is still involved now.

Myra's interests are handcraft - knitting for prem babies at Starship Hospital. Woman's Institute, craft meetings held at her home. Loves her music - played items at the Savage Club. Used to make shortbread with Lodge insignia on it.

Myra is the only person in New Zealand to have the Almoner Medal, she wears this with great pride. This award is for Charitable Services to both widows and widowers, through the Masonic Lodge. Known as the “United Lodge of Wanganui”.

Myra has been widowed now for 15 months and since being on her own has had to take on more responsibilities, re the business side of living as her and her late husband Dave worked as a team.

Myra's only fear is that she get anxious about going too far away from amenities. Myra is carrying on as best she can.

GO MYRA!!

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FUNNY BUT TRUE

Funny but True Let me tell you a true story.

First a bit of background. In December 2014 the family got a Golden Retriever dog. In November 2015 I was diagnosed with colorectal cancer (pain in the ass). This meant I had an operation in March 2016 and a permanent colostomy bag, followed by a liver metastasis operation in October 2016. Later a lung metastasis.

Along with chemotherapy this resulted in me being slightly chair bound. Getting up was a huge effort. I solved this by training my Dog (Zoey or Zoz) I simply point at anything and say pick-it-up. She will then pick it up and give it to me.

I also used to walk her during treatment. While slow and not too far, it did improve my physical and mental health. We often walked up the street to the top and then back down. If Zoz did a poo on the way up we would bag it and put it down in the gutter, so I could collect it on the way back.

Being chemo-brained. I forgot to pick the bag up on a cold, wet and miserable day. I stood at home and realized I didn't have it. In a bad mood I walked back up the hill to pick up the bag. Muttering "there must

be a better way". There was!

I trained Zoz to pick up her poo bags by their top,

on the way back from our walk. She would get a treat and therefore remember where the bags were, pick them up and hand them to me ... and she didn't forget!

Back to my story ...

I was in a shop in Geraldine. Talking to a lovely lady about animals, dogs and training. I said "I even trained her to pick up her own poo bags and bring them back to me"

She was horrified "would you like to carry around your own poo in a bag?" I laughed while noting the irony and said "Funny you should say that, I have a permanent colostomy so I actually do. "She was mortified.

I did tell her I wasn't offended and thought it was hugely funny.

To her credit she said "I walked into that one didn't I?"

We parted laughing ... and I have a good story.

Peter O'Keefe



Mission Accomplished!

What an achievement it was to not only feel a chapter close after so much hard work, but to see pure joy on faces because of all our hard work!

I cannot thank you enough for those of you who showed me great support and belief in me towards achieving the crazy goal I set out to do a year ago! That goal was to raise awareness about living with an Ostomy and to also raise some money to help send some children/youth to a camp so they would know they were not alone. Raising the awareness and the money was to be done by cycling 630km through New Zealand in the Tour of NZ race. WE DID IT! Both Kristian and I completed the race and we each got third place in our age groups!



On the 16th January I was invited to attend Camp Purple 2020 for a day. This is a camp that has been running for six years and is a camp for children who live with IBD. This camp is run by Crohns and Colitis NZ and each year they have held a camp in different parts of New Zealand. This year it was to be at El Rancho in Paraparaumu.

As we all know there are many reasons one can end up having surgery for an Ostomy – Crohns or Colitis is one of these diseases that at times one may need surgery which requires a stoma being created. There are a lot of young people in NZ that are having this surgery due to these diseases. We worked with CCNZ to know how many youths they would have on camp that live with an Ostomy. By working with them we were able to support them and show that these youth were also part of our Ostomy community.

Each youth that attended who lives with an Ostomy, knows they are part of our community and they are each proudly wearing a Team OKK T-shirt and Cap.



It really is difficult to convey the impact of how camp affects children and the youth that attend. Camp means so much to a young person, who often feels alone and isolated on this journey we call life. When they get to attend camp, they get to meet others who understand their illness, they create new friendships and develop a sense of stability in what can sometimes be a very unstable path due to chronic illness, as well as having loads of FUN!!

I was able to see this joy with my own eyes as the young ones took part in activities that some of them never thought they would do. These activities were go carting, swimming, kayaking, raft building, wilderness survival, teamwork and games. It was great to see so many opportunities for them to have a go and have fun!

Camp is a special place for youth to be free and grow within themselves. I hope as an Ostomy Community we can continue to support Camp Purple camps.

Thank you from the bottom of my heart – Kallia Patching (Team OKK)

CONVATEC GREAT COMEBACKS AWARDS

Convatec Great Comebacks Awards Australia / New Zealand 2019

On Thursday the 19th of September I got out of bed at a horrifying hour of the morning and drove to Auckland airport where I met up with Dian & Les Cheyne and we all travelled to Sydney to attend the 2019 Great Comebacks Award dinner. We were picked up by a Limo at Sydney airport which was very nice and taken in to the Pullman hotel where we were staying and where the awards dinner was to be held that night. I had been asked by Convatec to MC the event which was a bit nerve wracking as I had never done this before however with the exception of the battery in the remote change clicker going flat everything went off very well. Dian was one of the finalists and got the chance to say her piece on the stage when she was presented with a finalist trophy and I know that she was very pleased with the presentation. There were six finalists but of course there could only be one winner and deciding who this person would be was an extremely difficult task. The Recipient for the 2019 Great Comebacks award was a very nice and somewhat shy young man named William Cusack who was from Western Australia.

The guest speaker was Luke Escombe who is originally from the UK but who immigrated to Australia at the age of 23 and who has suffered from Crohns Disease all of his life until he had an Ileostomy a few years ago. Luke now spends his time speaking about the disease and promoting Ostomy awareness around Australia, he was a brilliant speaker and filled his one hour slot to the minute and if anyone ever gets the chance to hear him, believe me it will be time well spent. It was really great being able to sit at the same table as Bruce Moncrief who is the Vice President and General Manager for Convatec Australia / New Zealand and we had discussions on a wide range of topics both Ostomy and others and I hope that in due course these will have beneficial results for Ostomates in New Zealand.

The work that the Convatec staff put in to see that this event was something special was just overwhelming and one thing that I thought was extremely good was that the recipients were all allowed to take home the stand-up displays which featured their own stories as these were a fold up display and could fit into a case and in Dians situation where there was not going to be enough room then the display is being mailed over and these can then be used for other promotions in the future. Our return limo driver who was actually a Sicilian by birth picked us up the next day, Friday, at 12.45pm and took us back to the airport where we headed back to New Zealand.

I really want to thank all of the staff at Convatec Australia for the work that they put in and for the chance to be the MC at the 2019 Great Comeback Awards, I really enjoyed this and met a huge number of people and I know that both Dian and her husband Les had a great time. We all arrived back in the BOP around 1am on the Saturday morning.

Richard McNair.



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WINNIE THE POOH – THE GREEN MAN & ME

In December 2018 I had a radical hysterectomy and a colostomy in Christchurch Women's Hospital, following a diagnosis of clear cell cancer of the cervix. The colostomy came about because scans had shown a mass low down beside my rectum and it was unclear, even after an MRI, biopsy and a PET scan, if it was part of the cancer. As clear cell cancer is rare, aggressive and has a higher recurrent and lower survival rate than normal cervical cancer, plus as I had recently celebrated my 70th birthday (although really only 35), I decided it was better to have both procedures to give myself the best possible outcome.

I was introduced to my stoma, which I called Winnie the Poo, on December 11 and after a couple of quiet gurgles Winnie went into a coma and refused to work for 10 days. During this time I learnt some new facts, such as the stomach produces 1.5ltr of bile a day and if it can't go down it has to come up. No fun when you have a large incision with 40 staples, so a nasal gastric tube was brought into play. No matter how much I, and everyone else, cajoled Winnie she refused to wake up and when I had put on 6kg after 4 days of not eating or eating and vomiting, I had a PICC line inserted and was put on a protein drip.

Eventually Winnie started to make some noise and gradually started to work. The stoma nurse I had was wonderful, encouraging and very honest, which I really appreciated. She told me it would take up to a year for my bowel to settle down and that I would eventually be able to eat what I wanted and would learn what I may need to avoid. She also told me it would take months for all the swelling to go down, all of which has proved true.

I returned home on New Year's Eve and on January 7 had an appointment for a check-up at Southland Hospital where I learnt that all the tissue that had been taken for sampling after surgery showed no sign of cancer but the mass beside my rectum had not been removed. Over the next 5 months this mass, which turned out to be a fluid filled cyst, caused me a great deal of anguish as it became extremely painful, but that's another story.

One January morning I was drying myself after a shower when finally I plucked up the courage to have a good look at myself in the mirror. I promptly burst into tears. I had a massive scar down my abdomen from just under the end of my sternum to my pubic area and a bag on the side. The reality hit. I no longer had cancer but I was no longer the same. Not that I was any oil painting as they say, before, but even so the sight was not pretty. After that I stopped looking at myself below the neck.

I didn't have problems dealing with my stoma, I had no problems telling people what had been done and why, I just had problems with my body image. On March 4 this year I started radiation treatment in Dunedin and my husband and I decided to treat the 6 weeks it would take as a holiday, the treatment taking up such a short space of time each day.

Among the walks on beaches, trip to the albatross colony, the museum and the art gallery we visited the Otago Art Society's Gallery in the old Dunedin Railway Station. My husband is a watercolour artist, I do various fabric crafts and we are both members of Riversdale Arts Society. At the time we visited the Otago Arts gallery there was an exhibition called "Nude", which was raising awareness of bowel cancer.

We wandered through the rooms enjoying the art works and while my husband was chatting to one of the artists working there, I moved through to the final room and there I had my "Demascus" moment. On the back wall was a very large painting of a nude green man entitled "Man with Stoma and P.C.A". I stood and looked at it and I honestly cannot describe how I felt except that suddenly I felt much better about myself even though I found I was crying - again. I should have taken shares in a tissue company years ago as I would have made myself rich this past year!

I went and dragged my husband away from his chat to come and view the painting and he could see the profound effect it had had on me. We have always believed in the power of art and here was an example of just how powerful and how healing a painting could be.

That night, back at Oamaru House, where we were staying, I undressed in front of the mirror and took a good long look at Winnie and me and did not feel tearful at all and that has not changed. I can now look at my nude self in the mirror and appreciate what a neat job the surgeons made of Winnie and my abdominal scar. I returned to the gallery the following week and this time I took a note of the artist and when I finished treatment I contacted him and thanked him for exhibiting the painting and explained how it had helped heal me emotionally. He wrote me a lovely reply and told me it was a self-portrait and he had experienced that same difficulties with his bowel after surgery. Although I knew I wasn't the only person in the world to go through this, sometimes I felt like it.

It is a year since I had the first symptoms which sent me to seek help and I am feeling that my life is back on track and that the hideous roller coaster I have been on is finally drawing to a halt. I am quite comfortable with my colostomy and have managed with diarrhoea in a public toilet (fortunately in a hospital so everything I needed was to hand) have been on holiday and stayed with various family and friends.

Winnie and I are getting along just fine although it has been a steep learning curve. We live in a relatively isolated country area on a very small lifestyle block so disposal was an issue but on the recommendation of the stoma nurse, we invested in a Sengenix napkin disposal unit, which I empty once a week into a bin liner and then into a rubbish bag and take this to the dump every 2-3 months. There is no odour problem. Also I have had to make sure I have enough extra bags on hand as we are

sometimes flooded or snowed in. I have been very fortunate and have been treated brilliantly by everyone I have had contact with in the health system from my lead surgeon to the tea lady, who used to give me extra biscuits to encourage me to eat. I have not had to wait for treatments and seem to have had every test and scan available. I have been treated in three different hospitals and have no complaints. The emotional side of my illness and treatment has taken longer to recover from than the physical but thanks to "Man With Stoma and P.C.A" I feel so much better about myself and Winnie and I plan to live a long and active life - although in Winnie's case I hope it isn't too active!

PS As I was in hospital over Christmas my youngest granddaughter, aged 7, gave me a special gift - a reindeer with a backpack Christmas tree decoration, "because he has a bag like Nan"!

Candace Grieve
Piano Flat Northern Southland

Did You Know

- Soap and water do not hurt your stoma and you can bath or shower as you always have done avoiding soaps containing moisturizers and oils such as cream soaps.
- Liquid wipes and baby wipes may leave a residue on the skin that can interfere with how well the appliance adheres.
- Adhesive removers may help get rid of the adhesive residue easily.
- Skin infections can be caused by a combination of the accumulation of moisture and the build-up of normal fungi on the skin leading to a yeast infection.
- An improper fitting appliance may also cause skin irritation
- Cutting the wafer to the correct size and carefully cleaning and drying the skin around the stoma are the best ways of preventing skin irritation.
- An appliance that is too tight may cause the stoma to swell.
- If redness, swelling or a rash appears call your stoma nurse for advice.



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NORTH HARBOUR SOCIETY NEWS

On Saturday, 19th October, North Harbour Ostomy Society (NHOS) held a General Meeting. Along with the refreshment and chatter we usually enjoy, we decided to organise a slightly different format this time, Group Workshops.

We split into three groups – one for each ostomy (Urostomy, Colostomy and Ileostomy). Armed with a questionnaire, those new to the meeting, along with regular attendees went through and discussed issues that affect them, using the worksheet as a guide. For example, what's pertinent to an ileostomy may be totally useless to a urostomate – especially when talking about dietary needs and issues.

So, these are the questions and outcomes that surfaced from the groups.

1. What's been the most significant part of being an ostomate? Well, this was unanimous – being alive was the conclusion of all three groups. Able to be active and participate in life.
2. Do you tell people you're an ostomate? Overall, the answer was "no" or under specific circumstances. Not because of being afraid or embarrassed, just when people ask, as there are no outward signs to say we are ostomates.
3. Most embarrassing moment. Bulging bag or an "explosion" was the main answer. Gas noises when you're talking was also up there. We all get these moments, but you do learn to get quicker at cleaning up or reading the signs.
4. Worst thing to eat. This only seemed to be an issue for ileostomates. Hot and spicy curry and chilli. Eating cabbage and wind-producing vegetables!
5. Delivery of supplies. NHOS comes under the umbrella of Waitemata District Health. Unanimously, it was agreed that the products and service we receive is excellent. What was raised was obtaining supplies overseas when you're travelling in other countries can be an issue – so you just have to ensure you take plenty of supplies with you.
6. Skin – does anything start to irritate your skin around the stoma more? Ill-fitting bags and leakages.
7. What alleviates any skin issues? Barrier lotion or cream helps.
8. How did you hear about the society? From the NZ Ostomate magazine.
9. What has been the highlight of your life since becoming an ostomate? The urostomate group found it easier when travelling, as you don't need to go to the toilet so often (leg bag used for long-haul flights). With the submission of Crohns, the ability to enjoy a simple cycle or walk.

Any other issues? There needs to be better education and understanding on infections for urostomates. It was also mentioned that once the prognosis and diagnosis has been presented and surgery/treatment conducted, ensure that you receive follow-up appointment(s) with your surgeon and stomal therapy nurses (STN) as standard to ensure everything is working well. This didn't seem to always be the case, so do check with your doctor/STNs that this is done.

It was good to talk about particular issues that affect ostomates. It was nice to learn that every ostomate goes through the same issues, concerns, highs and lows. But, it was being alive that was paramount. As the saying goes "you can't choose the song of life but you can choose how you dance to it".

Mandy Little

Secretary

RESOLUTIONS OF AN OSTOMATE

I RESOLVE:

- *To remember my own early days and realize that no question by a new ostomate is silly.*
- *To not begrudge the time necessary for my personal stoma care.*
- *To keep myself neat and presentable at all times.*
- *To keep my bathroom sharable.*
- *To value the cooperation of my family.*
- *To appreciate the fact that I am one of the lucky ones.*
- *To try to do the things I want to do but think I can't.*
- *To be patient.*
- *To live ALL day, EVERY day.*
- *To help others whenever I can.*
- *To urge my fellow ostomates to see people, go places, and do things.*
- *To give full credit to modern medicine.*
- *To be grateful for my present good health.*
- *To be of good cheer.*
- *To renew these Resolutions the first of every month.*

Tania's Journey – Regaining Her Life

My name is Tania and I am a 53 year old wife, mother, daughter and sister. I have four children, all grown up, and two grandchildren. Family is the most important thing to me in the world. We are all very close and love spending time together, having meals together and holidays together.



First Diagnosis

Just over two years ago. I became very sick. I was in so much pain, my bowels felt like they were going to explode, I found it extremely difficult to eat and couldn't do anything.

I had an operation called a rectopexy, where the surgeon implants mesh on both sides of the rectum and secures it to the sacrum to hold the rectum up and stop it from blocking the exit. I had several other operations to try and help but nothing worked. The problem was that the mechanics of my colon had failed.

Since then I have been diagnosed with intestinal failure and gastroparesis. Gastroparesis is a delayed emptying of the stomach. So not only was it hard for everything to come out, it was also hard for it to get in!

Ileostomy Surgery

The first decision to make was to have the ileostomy. The surgery went well except I developed a parastomal hernia the day the stoma was created. Here is probably a good place to mention that I have a condition called Ehlers-Danlos Syndrome, which affects the integrity of the connective tissue in my body. This is the reason for my prolapses and paralysis in my digestive system. It is also the reason for the hernia as my connective tissue is weak and difficult to stitch together. I have mesh all through my body because of hernias and prolapses.

When I first had the ileostomy formed the hospital used their regular Ostomy products on me and within days I was covered in a rash. It was awful. Within two weeks of getting my stoma the hernia had strangled and I had to have urgent surgery at Auckland Hospital. It was after that operation that I woke up with a two piece Hollister system on. That was over a year ago and I've never looked back!!

Living with an Ileostomy

My skin loves Hollister products, especially the CeraPlus™ barrier. I love the two piece system. It is so easy to fit and put on. I've had a few hiccups with my stoma because of the Ehlers-Danlos which has meant several surgeries to put it back into place but we have finally got there.

I am no longer in excruciating pain from the constipation and the prolapses and with the ease of using the Hollister products I will be sticking with a permanent ileostomy. It's amazing how much easier it has made life for me. I'm sleeping really well for the first time in as long as I can remember and the confidence I have in the Hollister products contribute to that.

Ostomy Pouches I Use

The great thing about Hollister is that if one product doesn't suit your needs there is always something else that will. I have been using the CeraPlus™ flat flange and midi bag since I got my ileostomy, along with the CeraPlus™ ring and the Adapt™ powder. But recently I have had to change over to a convex flange as my stoma has decided to play hide and seek. This is where the bowel is really active and moves around a lot and the stoma goes with it. So mine will point in all directions and sometimes will almost flatten out. But with the convex flange, it encourages my stoma to stay put and to always be protruding. It was such an easy fix.

“My skin loves Hollister products, especially the CeraPlus™ barrier.”

Getting a stoma for whatever reason can be a very scary and traumatic time, especially depending on your circumstances. But it doesn't have to be extremely difficult. We have tremendous people in our community to help us get through the stages of growing used to the changes in our bodies. Hollister are definitely one of them. I am so thankful to medical science, my surgeon, family and Hollister for supporting me all the way.



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

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*Remois is a technology of Alcare Co., Ltd.



VITAMIN B-12

Copied from UOA – Evansville, Indiana Chapter Newsletter September 19

You may not have given much thought to vitamin B12, but it turns out this nutrient is quite important since it helps to keep our body's nerve and blood cells healthy. B12 can also prevent a type of anemia called megaloblastic anemia that makes people feel tired and weak. Vitamin B12 is produced by certain microorganisms and is found almost exclusively in animal based products: fish, meat, dairy and eggs. Normally, B12 is readily absorbed in the terminal ileum (the last part of the small intestine and first part of the colon). However, it also must combine with intrinsic factor, a protein produced in the stomach.

For ileostomies who have all of their colon removed and part of their terminal ileum removed, the main concern is whether or not vitamin B12 is being adequately absorbed. In urostomates, roughly 6-8 inches of terminal ileum is removed and used as a conduit for urine when a urostomy is created. And when a continent urostomy is formed, even more of the small intestine and terminal ileum are used which could result in B12 deficiency. The ileum is usually not involved in colostomy surgery, however colostomates should confirm with their doctor exactly what portion of their colon was removed.

Did you know there's a two-step process required for the body to absorb vitamin B12 from food? The National Institutes of Health says that first, hydrochloric acid in the stomach separates B12 from the protein found in food. After this, vitamin B12 combines with a protein made by the stomach (intrinsic factor) which is needed in order for B12 to be absorbed in the large intestine. Unfortunately, signs of a vitamin B12 deficiency can take years to show up, and diagnosing it can be complex. If any of the symptoms listed on page 8 sound familiar, ask your doctor to run a blood test to check your levels.

A Testimonial to confirm the value of Vitamin B-12.

I personally have a condition that has benefited through the use of a vitamin B-12 supplement and that is "non diabetic peripheral neuropathy ". With my ileostomy I believe they removed most of my ileum giving me a rather rapid transit time for ingested substances and since B-12 is absorbed in the ileum my levels were low. By taking a supplement my B-12 levels increased from the bare minimum to one near the top. But, I found that the oral capsules, patches and shots did nothing to raise my level ... it was not until I took the sub-lingual tablets that my levels rose to where they are today. For maintenance I take a 5000 mcg tablet once a day. The advance of my condition has slowed significantly to the point where the numbness and nerve pain in my feet and ankles has not spread yet into my arms

Ken Aukett

9 Signs of Vitamin B-12 Deficiency That All Ostomates Should Look Out For

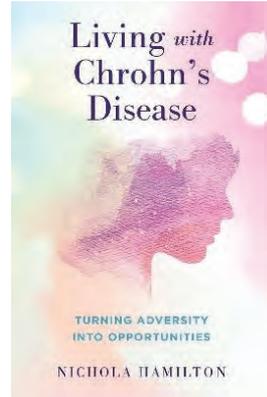
1. **Extreme Fatigue** You need B12 to make red blood cells, which help carry oxygen through your body. Not having enough B12 can lead to anemia, which means your body does not have enough red blood cells to do its job. If your cells aren't getting enough oxygen, you'll likely suffer from tiredness and exhaustion.
2. **Pins & Needles Sensation** A condition called paresthesia is the sensation of uncomfortable tingling or prickling, usually felt in the arms, legs, hands or feet. Experts warn experiencing pins and needles could be a sign of Vitamin B12 or Vitamin B9 deficiency.
3. **Forgetfulness** If left untreated, B12 deficiency can lead to symptoms such as confusion and poor memory. The good news is that this nutrient is one of the easiest vitamins to supplement (when you don't forget to take it) in the right form and dosages.
4. **Altered Taste** The tiny red bumps on your tongue are known as papillae, or what we commonly call the "taste buds." The loss of papillae could be from a B12 deficiency, causing your tongue to become smooth and red which in turn affects the taste of food.
5. **Depression, Moodiness & Irritability** Serotonin is an important mood-regulating neurotransmitter that plays a vital role in good mental health. Certain nutritional factors can impact your brain's ability to produce serotonin, including a lack of vitamin B12.
6. **Vision Problems** Not enough B12 in the body can affect the optic nerve and also block the blood vessels in the retina. Blurred vision, extreme sensitivity to light, and spotting are common problems experienced by those with vitamin B12 deficiency.
7. **Appetite Loss** You might not get your regular hunger pangs or hardly want to eat anything at all. Lack of hunger or finding food tasteless is an important sign of vitamin B12 deficiency.
8. **ringing in the Ears** Tinnitus is a condition where a person hears a ringing, buzzing or whistling sound in the ears. It's believed that tinnitus is a result of a deficiency in the body and the use of vitamin B12 may be able to get to this root cause and eliminate it.
9. **Mouth Ulcers** (also known as canker sores) are painful sores that appear in the mouth, often on the inside of the cheeks. It has been noted in several studies that canker sores are either caused (or triggered further) when there is a deficiency of B12 in the body.

LIVING WITH CHROHN'S DISEASE

Highlights one woman's turbulent journey while living with IBD and her path towards continual healing, turning adversity into opportunities.

Nichola has endured over 25 surgeries and many near-fatal incidences, yet she continues to smile and feel blessed to be alive. Her story is one of personal power and the book was written to assist other sufferers and their carers in all stages of living with inflammatory bowel disease (IBD), both from a conventional/allied health perspective but also through a holistic approach, showing them how to improve life while enduring this illness, one step at a time.

Covering diet, work/life balance, psychology, holistic therapy and mindfulness, 'Living with Crohn's Disease' not only tells a powerful story from its author, but Nichola's professional medical team has also provided valuable input to deepen the perspective and avenues for support.

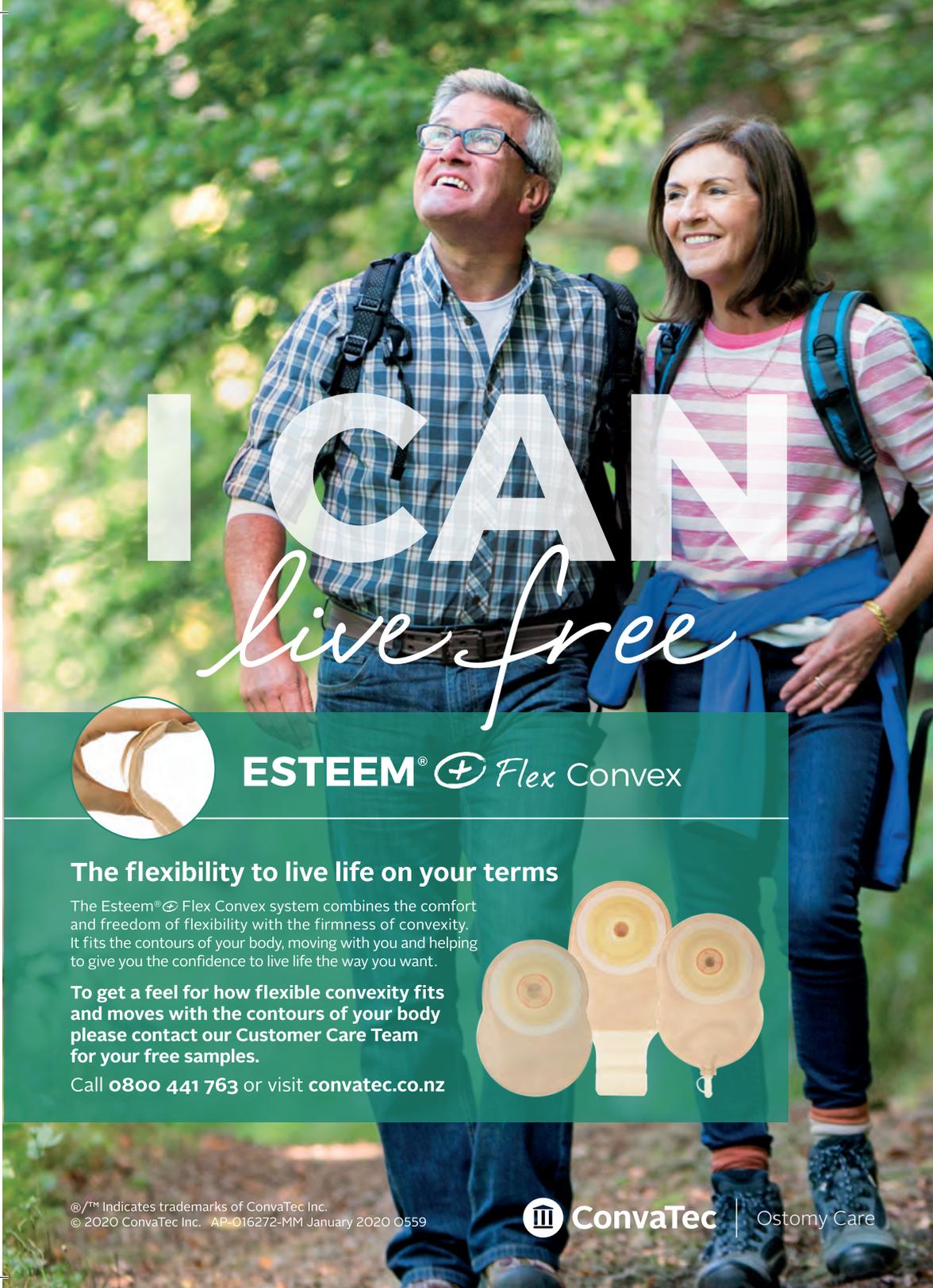


"I simply wanted to make a difference, if one word or line helps a person... IBD is an illness where patients never want or need to feel alone. I want the reader to believe in hope and encouragement that there are healthy, powerful options available. I believe in looking at a whole person and sharing conventional with holistic pathways, treating the whole body and soul, not just the illness itself." – Nichola



About the Author

Nichola Hamilton is a professional counsellor, author and guest speaker, born and raised in Invercargill, Southland, New Zealand. She is passionate about animals and pet therapy, and can be seen enjoying a balance between her writing, speaking engagements at the Gold Coast University Hospital and her daily meditations. Nichola Hamilton has lived in Australia for 30 years and currently lives on the Gold Coast. Living with Crohn's Disease is her first book.



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THE PROS AND CONS OF A LOW RESIDUE DIET

In my role as a qualified Nutritionist, I have attended many lectures, seminars, conferences and now webinars on diet. And I have examined dietary guidelines and trends from many different perspectives. Some diets can be categorised as trendy fads that promote weight loss, for example, without concern for overall health. Other diets, however, are developed as functional strategies to address and correct unhealthy practices or distressing symptoms that improve general health.

One diet that I have become very familiar with over the years is a low residue diet, which is also referred to as a low fibre diet. This is a diet that is frequently recommended by doctors and dietitians to temporarily address painful and debilitating symptoms as a result of intestinal disease such as Inflammatory Bowel Disease (IBD), diverticulitis or bowel cancer. It is also often prescribed in the initial stages following stomal surgery

What is a low residue diet?

A low residue diet is one that creates very little residue, meaning that once digestion is complete there is very little undigested food to be excreted from the intestinal tract. 'Residue' is mainly comprised of fibre that has not been digested in the colon, which then forms a bowel motion. A low residue diet contains much less fibre than is recommended in general dietary guidelines.

The average person is encouraged to consume 25 - 30 g of fibre per day, depending on age and gender. Foods that are higher in fibre include wholegrain products such as breads and cereals made from barley, oats, bran and rye, brown rice, fresh fruits and vegetables with skin, legumes, nuts, seeds and dried fruit.

However, a low residue/low fibre diet contains less than 10g of fibre per day and focusses on foods that contain very little fibre. This includes foods that have been refined, cooked or canned such as refined cereals and breads including white bread, rice and pasta, as well as stewed fruits and well cooked vegetables without skins or seeds.

The benefits of a low residue diet

There are several benefits to a low residue diet that can make it look attractive, especially to ostomates. The first is that, due to the fact that it contains very little fibre and therefore creates very little residue, there is very little stomal output. This can be beneficial for those with an ileostomy in particular, but may also make life easier for those with a colostomy. The reduced volume of output creates a life with more ease and freedom. A low residue diet also slows the transit of food through the intestinal tract, which increases the time that food is available for digestion. This has the potential to enhance the absorption of nutrients from food which will have a positive impact on general health. A low residue diet is a useful strategy for reducing the incidence of diarrhoea as well.

In addition to this, the foods that make up a low residue diet, such as white bread white rice, noodles and pasta, are much easier to digest than their wholegrain counterparts. This type of diet is therefore less demanding on the intestinal tract. Digestive capacity can be reduced in those convalescing from surgery or illness and also the elderly, and so a low residue diet can be easier to assimilate and leaves more energy available for other functions or activities.

A low residue diet can be a worthwhile step to temporarily settle intestinal symptoms such as diarrhoea or pain, a flare up of IBD or diverticulitis, or following intestinal surgery including stoma formation or reversal. There is definitely a time and place for consuming low residue foods; however this does not necessarily make it a viable long term strategy for optimal health.

The drawbacks.....

A low residue diet contains foods that are refined and without skin, peel or seeds as well as foods that have been well cooked. It is a diet that contains very little fresh, whole food such as fruits, vegetables, wholegrains and legumes which supply important antioxidants, phytochemicals, vitamins, minerals and other nutrients. And this is where the problems start to arise.

Grains that have been refined have had the parts removed that contain important vitamins and minerals such as B vitamins and trace minerals. And foods that have been cooked contain fewer nutrients than those that are fresh and raw, such as Vitamin C and folic acid for example, which are important for good health. A low residue diet can therefore lead to nutrient deficiencies over time which may then negatively impact health status.

The fibre in food is also a significant source of nutrition for the good bacteria that live in the intestinal tract. The bacteria digest the fibre once it reaches the intestinal tract and then use the nutrients gained for their own health and survival. The bacteria perform important functions that support health and wellbeing of humans in general both inside and outside the intestinal tract, and are therefore key factors in attaining or maintaining optimal health. Unfortunately the bacterial population changes in terms of volume and diversity in response to a low residue diet which can adversely affect health.

When to adopt a low residue diet

A low residue diet can reduce stress and alleviate problems for some people, and there is merit in adopting this type of diet in certain circumstances. If you are recovering from stomal surgery or are experiencing a flare up of intestinal issues, then a low residue diet can assist with general healing and resolution of symptoms. For people with an ileostomy or colostomy, there are obvious benefits in terms of reducing both volume of output and possible complications from higher fibre foods.

THE PROS AND CONS OF A LOW RESIDUE DIET

However this type of diet should only be adopted for a short period of time to alleviate immediate symptoms or complication.

Once settled and stabilised, a diet that contains as much fibre and nutrition as can be tolerated should be resumed to reduce the risk of deficiencies in nutrient status or bacterial populations.

For people with a urostomy, however, a low residue diet provides no nutritional or lifestyle benefit and may even be counterproductive to good health. Nutrient deficiencies may develop and the bacterial population in the colon in particular could be adversely affected. Those with a urostomy will benefit more from adhering to a higher fibre, fresh, wholefood diet.

If, for some reason, a low residue diet needs to be followed longer term, then supplementation is recommended to replace the nutrients not readily supplied by this type of diet. If you have been maintaining a low residue diet for an extended period of time and feel that your nutritional intake may be lacking as a consequence, or you would like assistance regarding supplementation to fill specific nutritional gaps, please contact me regarding consultation options.

Wishing you good health and happy days,
Margaret



Margaret Allan is a nutritionist who advises both ostomates and the general public on diet and health-related matters. She is the director of the consultancy Nutrition For Ostomates. To contact Margaret or read more nutrition articles supporting the health of ostomates, go to:

www.nutritionforostomates.com.au

MEDIA RELEASE – SEPTEMBER 2019

Great Comebacks Celebrated Amidst Adversity

William Cusack and Julia Kittscha have today both been recognised at the 2019 ConvaTec Great Comebacks Awards for their unwavering spirit, resilience and determination to living, and supporting those with a stoma.



William, from Bunbury, WA is this year's recipient of the Great Comebacks Award. Having faced and overcome immense challenges with illness throughout his life, William was thought to be one of the youngest Australians ever to be diagnosed with Crohn's Disease.

Julia, a Stomal Therapy Nurse with the Illawarra Shoalhaven Local Health District, has been awarded the Stomal Therapy Nurse Great Comebacks Award for her untiring commitment and support of ostomates and dedication to stomal therapy.



Five other finalists, Hally Chapman, Barbara Taylor, Margaret Bambrick, Samantha Abarca and Dian Cheyne, who've risen to and conquered the challenges of living with a stoma, were recognised at the Awards held in Sydney.

"Our finalists have all shown an unwavering resilience against adversity and we're thrilled to be celebrating their Great Comebacks with them," said Erin Goodwin, Great Comebacks Steering Committee.

"Living with a stoma is very confronting and it's encouraging and inspiring to see what can be achieved during such difficult times."

Great Comebacks encourages people who have had ostomy surgery or are living with a stoma to share their stories, and in doing so, inspire others who are facing the same challenges. This unique program celebrates the success and effort of the individuals and Health Care Professionals who have gone above and beyond to help ostomates gain their optimal quality of life.

"ConvaTec is delighted to be celebrating and sharing the achievements of our 2019 Great Comebacks," declared Bruce Moncrieff, Acting Vice President, General Manager, ConvaTec Australia.

"Each of our finalists has shown astounding determination and we are most humbled by their incredible achievements and stories of strength."

"Dedicated to excellence in stomal therapy, ConvaTec works together with the Australian Government's Stoma Appliance Scheme which plays a significant role in assisting ostomates nationally with a wide range of cutting-edge technology."

MEDIA RELEASE – SEPTEMBER 2019

“We’re committed to finding innovative solutions and new technology that addresses ostomates needs and helps provide them with the confidence to embrace this journey and thrive.”



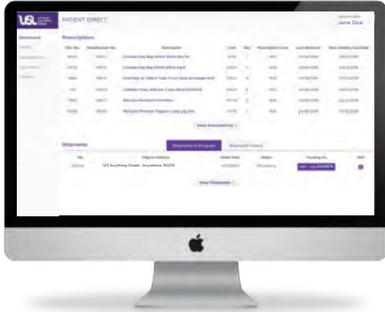
About ConvaTec

ConvaTec is a global medical products and technologies company, with leading market positions in wound therapeutics, stoma care, continence and critical care. We have a broad range of products, with a comprehensive suite of stoma care options that provide a range of clinical and economic benefits for patients, including infection prevention, protection of at-risk skin, improved patient outcomes and reduced total cost of care.



The 2019 Great Comebacks Finalists

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INTRODUCING THE NEW GM OF CONVATEC



Progressive and strategic with a prominent career in global healthcare, Karen O'Connor has recently joined global medical products and technologies company, ConvaTec, as the new General Manager for Australia and New Zealand.

Bringing with her over two decades of senior leadership, Karen is passionate about inspiring and empowering individuals and teams to embrace and exceed their goals and ConvaTec is delighted to welcome her to the team.

Moving into exciting times and going against the grain, ConvaTec is investing heavily in people and projects to deliver even better results for patients - ensuring innovative and market-leading solutions in stoma care, wound therapeutics, continence and critical care.

Karen has had a prominent and successful career and comes from Boston Scientific, where she significantly grew the Endoscopy Business Unit. Prior to that she was Country Manager, ANZ, for Physio-Control (Stryker) and Johnson and Johnson. ConvaTec's products are now offered to thousands of patients across more than a hundred countries, providing a range of benefits, including infection prevention and protection of at-risk skin. With a commitment to supporting and directly improving patient outcomes, Karen's appointment



ConvaTec

DIAN'S STORY

September 4th 2010 @ 4am changed the lives of everyone living in Christchurch. A 7.1 earthquake rocked the city and our home, little did I know that this was to be the beginning of many more quakes and life changing experiences for me. (12000 aftershocks).

After being ill for some time and continually back and forth to the Doctor with bleeding from the bowel, I was with so many other people at that time with bowel problems diagnosed as being stressed by the quakes and living conditions.

However, back to the Doctor again, I said "do you think I have irritable bowel Dr". "I don't know, we will send you to the Nursing Clinic and get your diet sorted out".

They told me there and then I probably had cancer. An emergency Colonoscopy was ordered and sure enough stage 3 Rectal Cancer with a large tumour .July 10th 2011 a round of Chemo and Radiation to reduce the size of tumour and on 25th October 2011 it was successfully removed and I now had a Colostomy bag and another round of Chemo.

During this time I get a phone call from the hospital, something had shown up on my scan and I needed to come immediately. I asked my church to start praying.

The doctor greets me and said "My gosh you gave us a scare, we thought the cancer had returned". I said "I had people praying for me". Most of the Medical Profession are not into this faith thing, so his words to me were there was something there and now there is not. I now have had the bag for 7 months.

I managed quite well but longed for the reversal to come so I could be normal. (I thought) 24th June 2012 I had the reversal. Unfortunately this was not good for me. If I had been told how hard this would be I would never have gone ahead with it. Constant diarrhoea up to 23 times a day on the toilet, For 4 years I put up with no control over my bowel and I had some pretty embarrassing moments.(many reversals are very successful)

By now we had been paid out for our house rebuild and we moved to Tauranga. Because now I didn't have Cancer I had a dilemma waiting to get into the health system. However after being told Feb, Mar, June, July, on the 29th Sept 2016 I had an ileostomy and I have never regretted going back to "The Bag."

This life changing operation has given me a wonderful quality of life but "never" think that having a bag is the End of your Life! You have been given a second chance...and some people don't get that.

I have had opportunity to speak to people before and after surgery. I love journeying with people to encourage them that there is light at the end of the tunnel, these life changing operations are a medical miracle. I am so grateful I live in N Z where we have access to good Doctors, Nurses and Hospitals and we get our appliances free. A lot to be thankful for.

Today I Line dance, Garden, teach Craft and Walk, I am also President of the Western Bay of Plenty Ostomy Society. I want to give something back to the community and am grateful **I am living this second chance I have had at life.**

Dian Cheyne - Tauranga N Z



USEFUL LINKS

NEW ZEALAND WEBSITE - <http://www.ostomy.org.nz> where you can download the NZ Ostomate Travel Certificate and find online copies of both the Living With Your Ostomy booklet and recent NZ Ostomate Magazines.

Interesting Websites: www.innovationbyyou.com and www.comfizz.com

The International Ostomy Association (IOA)
<http://www.ostomyinternational.org>

IOA is committed to the improvement of the quality of life of Ostomates and those with related surgeries, worldwide. The website has links to the regions ASPOA (Asia and South Pacific Region) EOA (European Ostomy Association) and OAA (Ostomy Association of the Americas). There are links to the 20/40 Focus of particular interest to those in the 20-40 age group.

IOA TODAY - An online quarterly newsletter bringing you Ostomy related information from around the world four times a year. Subscribe by connecting to website: <http://www.ostomyinternational.org/IOAToday>

APPLIANCE SUPPLY COMPANIES – All companies have useful information booklets and DVDs available and offer a FREE helpline.

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SALTS HEALTHCARE LTD AINSCORP PTY LTD	PO Box 16150, Sandringham, Auckland 1351 cecelia.chote@ainscorp.co.nz www.ainscorp.com.au Free call 0800 100 146

Crohn's and Colitis New Zealand

<http://www.crohnsandcolitis.org.nz/> They also have a site where appropriate toilet facilities can be found for those times when visiting in another town and you need to go now!! <http://www.toiletmap.co.nz/>

Other Useful Links:

www.libertymed.co.nz
www.bellybandz.nz
www.convatec.co.nz

www.Cavilon.co.nz
www.nutritionforostomates.com.au
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This magazine is provided FREE to every Ostomate in NZ 3 times per year to help keep us informed of the latest appliances available, along with a variety of useful hints and information. If you would like to make a donation towards the cost of producing this magazine, please fill in the form below. With donations of \$5.00 and over, a rebate of 33 1/3 cents in the dollar can be claimed within the limits of the donee's taxable income. **Donations can also be made by Internet banking or Direct Credit to Ostomy New Zealand account 123011-0809378-01.**

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Richard McNair, 75a Dunlop Road, Te Puke 3119 Phone: 07 573 7443

Email: treasurer@ostomy.org.nz

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MEMBERSHIP/SUBSCRIPTIONS FOR THE 2020/2021 YEAR

If you are not a member of your local Ostomy Society and would like to join, please complete the form below and send it to the Society Treasurer whose contact details can be found on pages 36 to 37, or by contacting The Secretary, Ostomy New Zealand, Mrs Robyn Tourell, 98 Highcliff Road, Andersons Bay, Dunedin. 9013. By contacting one of the persons listed in your area, you can find out the amount of the Annual Subscription as these do vary for some Societies. As a member of an Ostomy Society you will enjoy the opportunity of being able to meet with other members at information evenings and social occasions if you wish to do so, along with developing lifetime friendships. You are encouraged to join a Society whether or not you wish to attend meetings as member numbers are needed nationally to allow us to get the best voice at Government level in order to provide the best service to all Ostomates throughout N.Z.

The Secretary,

..... Ostomy Society

.....

.....

.....

Name:

Address:

Signature:

Please find enclosed my

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for the 2019/2020 year.

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Secretary/Treasurer: Verna Woods, 65 Beach Rd East, Elgin RD 7, Ashburton 7700 03 930 0181
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Email: kalliapatching2@gmail.com
Secretary/Treasurer: Lynda McCarthy, 1/17 Lush Ave, St Johns, Auckland 1072 0276212700 or 09 5211184
Email: lyndarobin@slingshot.co.nz

CANTERBURY: PO Box 881, Rangiora 7440. www.ostomycanterbury.org.nz

President/Treasurer: Brent Silcock, 14 Canterbury Street, Ashley, RD7 Rangiora 03 313 5744
Secretary: Diane Bain, 1/16 Wyndham Street, Papanui, Christchurch 8053.
ostomycanterbury@gmail.com 027 416 4185

EASTERN BAY OF PLENTY:

Contact: Harry Sutcliffe, 14 Porritt Drive, Kawerau 07 323 6898
Email: information@drct.co.nz

GISBORNE/EAST COAST:

In recess

HAWKE'S BAY OSTOMY SUPPORT GROUP INC.:

All correspondence to Esme Chatterton, esmechat@farmside.co.nz
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Secretary: Paul Lister, 3/703 Roberts Street, Hastings 4122 06 876 5020
Treasurer: Esme Chatterton, PO Box 671, Hastings 4156 (06) 876 8112
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Secretary: Mandy Little 021 0444 067
Temporary Treasurer: Mandy Little 021 0444 067
Email: nhos@hotmail.co.nz.

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President: Jill Connop, 24 A Speddings Road, Whangarei 0112
Secretary/Treasurer: Jac Cleary, Apt 251, 262 Fairway Drive, Kamo, Whangarei 0112 09 435-2035
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 Pam Wilson, 224 Princes Street, Strathern, Invercargill 9810 021 101 8575

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(Please advise the Ostomy New Zealand Secretary AND the Editor of any changes)

Affiliated Societies and their Executive Officers and the Federation Executive members are welcome to forward their address to the Editor for publication.

I would request that these addresses be very clearly written as to content to avert error in publication.

Editor, N.Z. Ostomate

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