

ISSUE. 117

THE JOURNAL OF

JUNE 2021

OSTOMY



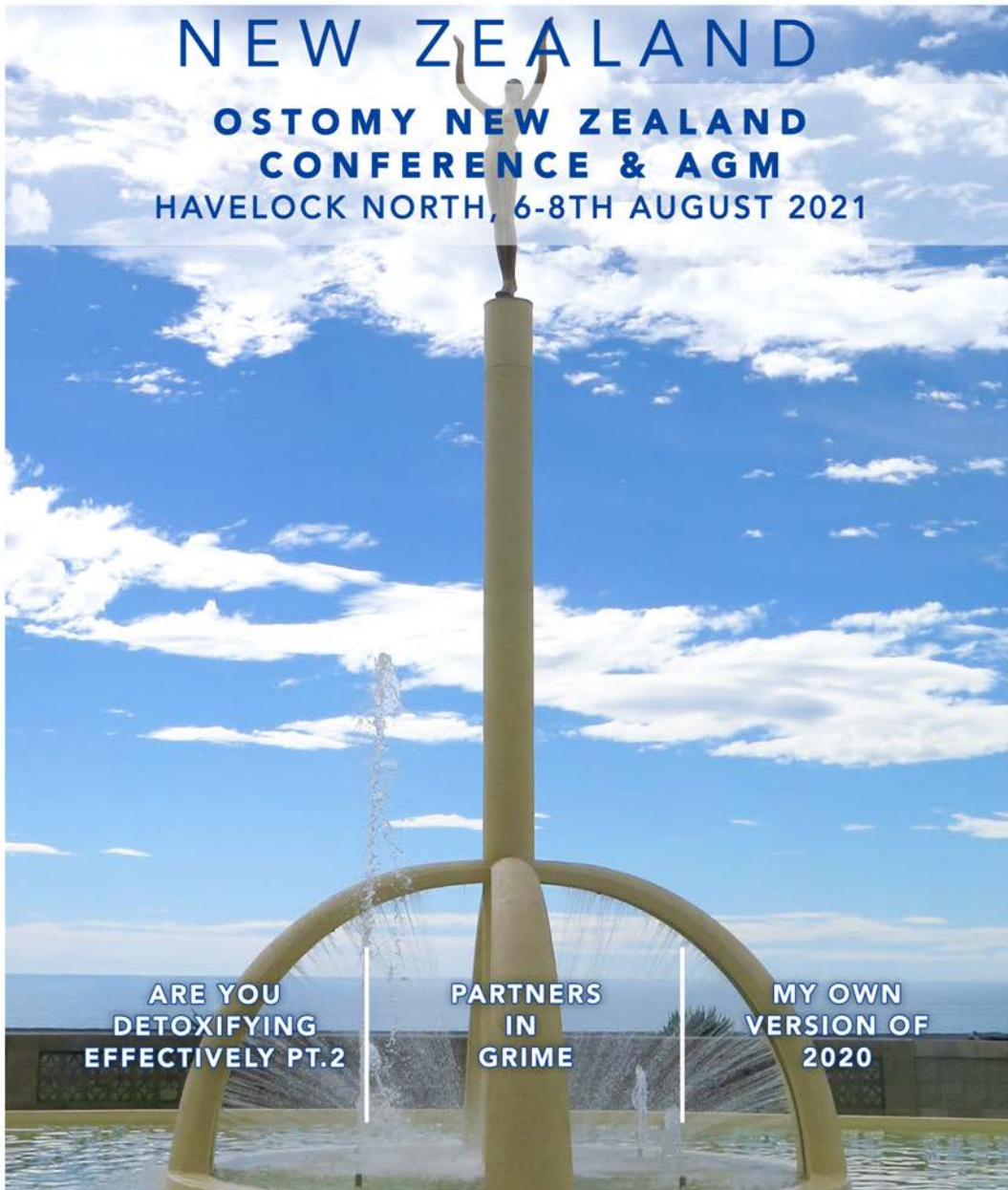
NEW ZEALAND

**OSTOMY NEW ZEALAND
CONFERENCE & AGM**
HAVELOCK NORTH, 6-8TH AUGUST 2021

**ARE YOU
DETOXIFYING
EFFECTIVELY PT.2**

**PARTNERS
IN
GRIME**

**MY OWN
VERSION OF
2020**



Create a secure seal

to help prevent leakage

with an Adapt CeraRing™



Adapt CeraRings are infused with ceramides to help protect the skin

Code	Product Description
	Adapt CeraRing Flat Rings
8805	Standard thickness – 4.5mm
8815	Slim thickness – 2.3mm
	Adapt CeraRing – Round Convex Rings
89520	20 mm – can be stretched to 25 mm
89530	30 mm – can be stretched to 35 mm
89540	40 mm – can be stretched to 45 mm
	Adapt CeraRing – Oval Convex Rings
89601	22 x 38 mm
89602	30 x 48 mm
89603	38 x 56 mm



Choosing the right Adapt CeraRing will depend on your stoma size and the surrounding skin.

Call Customer Service for more information about Adapt CeraRings.

0800 678 669

www.hollister.co.nz

Prior to use, be sure to read the instructions for use for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions for Use. The Hollister logo, Adapt, CeraPlus and "Healthy skin. Positive outcomes." are trademarks of Hollister Incorporated. Not all products are CE marked. © 2021 Hollister Incorporated. AUH277. April 2021

NZ Ostomate Magazine

Is the official Journal of
Federation of New Zealand Ostomy
Societies Inc Trading as



PUBLISHED BY: DPI
144 East Street
Ashburton 7700
New Zealand
Phone: (03) 308 7298
Fax: (03) 308 6023
Email: info@dpi.co.nz
Website: www.dpi.co.nz

EDITOR: Jill Newton
2/68 Cameron Street
Ashburton 7700
Tel/Fax: (03) 308 1419
Email: newtj@actrix.gen.nz

DESIGN: DPI, Ashburton

NEW ZEALAND OSTOMATE:
is published for Ostomy New Zealand.

COVER: The Spirit of Napier is Napier rising out of the ashes after the 1932 earthquake. Photo by Peter Ide

GENERAL: Reproduction of articles and materials published in NZ Ostomate in whole or part, is permitted provided the source and author(s) are acknowledged. However, all photographic material is copyright and written permission to reproduce in any shape or form is required.

LETTERS to the Editor should be signed and carry the writer's full name and address.

ARTICLES and information printed in New Zealand Ostomate do not necessarily reflect the opinions or formal position of the Ostomy NZ or the publishers, unless otherwise indicated. Articles are intended to interest and inform and are not intended as medical advice. This information should come from the health professionals involved in your treatment. All material published in New Zealand Ostomate is done so with all due care as regards accuracy and factual content. The publishers and editorial staff however cannot accept responsibility for any inadvertent errors and omissions which may occur.

N.Z. OSTOMATE MAGAZINE

THE JOURNAL OF OSTOMY NEW ZEALAND

CONTENTS

From the President/Editor	4
Are You Detoxifying Effectively (Part 2)	6
Partners in Grime	10
Some Things I Have Learned	12
Conference 21 - Programme	14
Conference 21 - Accommodation	15
Conference 21 - Registration Form	16
Driving Miss Daisy	18
Ballybanz	19
My Own Version of 2020	20
Executive Profile – Graeme Hamilton	28
Reintroduction of Food After Stoma Surgery	29
North Harbour Society Happenings	30
Arthritis and Intestine	32
The Effects of Laughter on the Body	33
What Should you eat When Living with a Stoma	34
Ostomy Surgery and Depression	35
Kidney Stones and the Ileostomate	36
Ostomy Management Tips	37
Useful Links	38
NZ Ostomate Trust Fund/ Membership Subscriptions	39
Society Contacts	40
Ostomy New Zealand Executive Member Contacts	42

Ostomy NZ 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.

GREETINGS

From Your President/Editor

A very warm welcome to all readers, family and friends. I hope many of you have been able to enjoy some of the very mild weather we have been experiencing over the past couple of weeks. It has definitely been more like autumn than winter so let's make the most of it.

We are all aware of the devastation caused by the Covid 19 epidemic and feel for our friends and fellow ostomates especially in India, Brazil, Nepal and parts of Australia. Regular contact has been maintained with these countries and our thoughts and prayers go out to the many families who have been separated by death.



Thank you to those who have submitted articles for the magazine, however, I would still like more so maybe that could be a worthwhile way to fill in time while keeping warm over the cooler days ahead. If you have a specific topic you would like published please let me know and I will certainly try to oblige. Contributions can be sent at any time by mail, or email but *please remember to get permission if you are copying articles that have been produced in another newsletter or magazine or writing about another person*. Thank you also to the supply companies for their continued support by way of regular advertising in keeping us up with advancements in appliances that we all rely on for our comfort in daily living.

The cost of producing this magazine is high and I feel it is important to keep readers aware of this. If you are involved in or know of a business that could offer sponsorship towards these costs it would be appreciated. Please contact the Federation Treasurer Brent Hamlin at brenthamlin02@gmail.com if you would like to discuss this further.

I hope that as many as possible will be attending the 2021 Ostomy New Zealand Conference in Havelock North. The team have a very full and interesting programme arranged so if you have not made up your mind I urge you to come along as it will be well worth the time and effort.

Note: - with the discontinuation of cheques, registrations will need to be paid by Internet banking No: - 03-1355-0683159-01 remembering to quote your NAME and "CHALLENGES" as the reference. Registration Form and accommodation details available in this magazine.

Plans are well in hand for the combined Ostomy New Zealand Asia Pacific Ostomy Association Congress to be held in Rotorua in early September 2023.

There will be an opportunity for people to sit in on the House of Delegates meeting and mix and mingle with ostomates from many different countries. Information will be shared with all societies as it comes to hand. In the meantime start planning for a holiday in Rotorua around that time.

World Ostomy Day will be celebrated on Saturday 2nd October with the theme being "Ostomates Rights are Human Rights – anytime and anywhere!" so please think about doing something in your area to highlight this theme. Something as simple as a display in a Mall or shopping centre in your town or if manpower is not a problem, maybe an awareness seminar could be arranged.

The Ostomy New Zealand web site www.ostomy.org.nz is working well with regular updates added as required. Also the Facebook page managed by Kallia Patching is a closed group for ostomates at - [OstoMATES NZ www.facebook.com/groups/237390785093/](https://www.facebook.com/groups/237390785093/)

Thank you to those Societies who keep both myself and the Secretary updated with changes to office bearers and contact addresses, this is a huge help in enabling us to keep our records straight and get information to the right people.

A reminder also to ensure that you obtain a travel certificate and get it filled in and signed by your Doctor if you are lucky enough to be travelling overseas. These can be downloaded from the website or obtained from the Secretary at secretary@ostomy.org.nz

We are constantly hearing about the difficulty in attracting new members to Societies. This is a New Zealand wide problem and one way that Societies can try and overcome this is to supply their Stomalthery nurses and hospitals with Information packs including details of how to contact their nearest society and the benefits of doing so and also making copies of the magazine available to hospital and Medical Centre waiting rooms, Libraries and Information Centres in your town,

In closing I would just like remind everyone of the importance of not stockpiling appliances as like most things they do have a shelf life. If you find you are getting more than what you need, call your Stomalthery nurse and put your order on hold for a month or so.

Closing date for Issue 3/2021 – 15th August 2021

Happy reading and good health to all

Jill Newton

President Ostomy New Zealand

Magazine Editor.

ARE YOU DETOXIFYING EFFECTIVELY?



As an ostomate, are you detoxifying effectively?

Continued from previous edition of the Ostomy NZ Journal

The primary ways in which detoxification can be compromised in ostomates

Poor detoxification can be due to an excessive amount of toxins going into the body, which then overwhelms the liver and other eliminatory organs, a lack of nutritional support to facilitate good detoxification processes, or both. In the case of ostomates, several of the supportive mechanisms for effective detoxification may be affected.

The principle mechanisms through which detoxification can be compromised in ostomates include:

- Low nutrient intake,
- Reduced potential for the elimination of toxins,
- Poor hydration

Stomal surgery may necessitate the need to reduce the intake of particular foods, including those that facilitate detoxification. For example, consistent and substantial intake of foods that are good sources of B vitamins, such as nuts, seeds and green leafy vegetables, may be difficult for those with an ileostomy, and may also cause issues for those with a colostomy (depending on individual circumstances), due to their fibre content and potential risk for a blockage.

These foods may therefore need to be restricted in the diet on a regular basis to avoid issues. A low intake of these nutrients over an extended period of time may reduce the ability of the liver to perform its detoxifying functions effectively.

In addition, broccoli, cauliflower, Brussel sprouts and cabbage, which also support detoxification, have the potential to create excessive wind in the intestinal tract, thus making consumption in large quantities problematic for people with an ileostomy or colostomy. Their fibre content may be an issue too.

Whilst too much fibre in the diet can increase the risk of a blockage for some people after stomal surgery, a diet that routinely lacks fibre has the potential to increase the incidence and likelihood of constipation in those with a colostomy or urostomy. In general terms, the use of fibre in the diet is a common strategy to combat constipation as fibre facilitates the passage of faecal material through the digestive tract.

People with a colostomy or urostomy who experience infrequent bowel motions may

ARE YOU DETOXIFYING EFFECTIVELY?

find it very beneficial from a lifestyle perspective to have infrequent output or bowel motions; however this is not desirable from the perspective of detoxification. Toxins may not be eliminated from the body in a timely manner which, over time, could lead to a situation of systemic 'pollution'.

Fluid is an important component of detoxification, and chronic dehydration is a common issue amongst ostomates. For people with an ileostomy it can be hard to replenish the fluids lost through the stoma on a daily basis, and aging and other issues can reduce the desire and impetus to drink fluids in other ostomates. Inadequate fluid intake has the potential to promote constipation and reduce urinary flow, both of which can enable the build-up of toxins in the body.



General strategies to maximise detoxification

Increasing detoxification capacity within the body involves some simple steps that will be supportive of overall health as well as the elimination of toxins. Firstly, eating a range of foods that are fresh, wholesome and include many of the nutrients that assist liver function will increase the likelihood of good detoxification.

If you feel that you cannot increase your dietary intake any further to incorporate these foods, then taking a supplement that supports liver function in particular may be an easy and satisfactory alternative.

Secondly, ensuring you are well hydrated and able to eliminate toxins through the digestive and urinary systems in an adequate and timely manner will reduce the likelihood of a build-up of toxins in your body and enhance general wellbeing. Fluid is an important part of any diet, and good hydration is essential for all ostomates.

It is important for people with a urostomy to flush the urinary system and prevent the occurrence of urinary tract infections, and to rehydrate those with an ileostomy. It can also ease the passage of output in the case of a colostomy.

A little squeeze of lemon juice added to a glass of warm water can be a refreshing and beneficial way to start the day as it provides gentle stimulation to the liver and helps to flush out toxins.

ARE YOU DETOXIFYING EFFECTIVELY?

In addition to food and fluid, toxins can be removed from the body through exercise. The skin and lungs also act as channels of elimination that help the body to remove wastes and reduce toxic burden. Daily exercise that is appropriate for your circumstances will assist general detoxification and be worthwhile in many ways.

If you are experiencing symptoms of poor liver function and reduced detoxification, and are concerned about your ability to rectify the situation on your own, please contact me for a consultation. Together we can work through strategies to increase the range of foods and fluids you can consume in a safe and appropriate manner, or discuss potential supplementation options to enhance your detoxification capacity.

Wishing you good health and happy days
Margaret

Margaret Allan advises both ostomates and the public on diet and health-related matters. She is the director of the consultancy Nutrition For Ostomates. To contact her or read more nutrition articles supporting the health of ostomates, go to www.nutritionforostomates.com.au.

Remember to Wash Those Hands.

Many people believe that infectious agents such as bacteria are primarily carried through the air. We all know that direct contact with infected materials, particularly from our hands, is the number one transmitter.

The hand that covers the sneeze (when we forget that the elbow should be the target), removes a bandage or cleans in the bathroom carries micro-organisms on its surface and in skin folds and crevices, including the fingernails. If this is the same

hand, unwashed that goes on to handle food, change a baby, bandage a cut or change an ostomates pouch, it can spread “bugs” most effectively.

Frequent hand washing is the most important activity we can perform to help prevent passing infections from ourselves to others. Thorough washing requires effort beyond a quick rinse. At least 20 seconds of vigorous friction with soap is the minimum. As this relates to ostomy care, it means washing before and after emptying the appliance.





Stoma
Skin
Soul



Feeling comfortable
in your own skin

Lauren, Stoma Advocate



NovaLife TRE ostomy barriers are designed to help keep your skin naturally healthy

- Stay in place, yet easy to remove
- Help absorb stoma output and perspiration to protect your skin
- Help protect the skin from digestive enzymes by maintaining the right pH level of the skin



Flat • Soft Convex • Convex • 2 Piece

For more information about NovaLife TRE skin barriers, please contact your Stomal Therapist. Alternatively, please call Customer Service on **0800 678 669** or visit **www.dansac.co.nz**

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

The Dansac logo, NovaLife, and TRE are trademarks of Dansac A/S.
©2020 Dansac A/S. DAN046. August 2020.



dansac

PARTNERS IN GRIME

As I write this I know that I could be getting myself into a whole lot of trouble. In fact the title above has probably caused a few complaints already. This article is supposed to be about an ostomates partner's experience, but even as I put digits to keyboard I can sense there are serious pitfalls in attempting to be an amateur counsellor.

Without trying to be too deep I think it would be fair to say that all pre-ostomy relationships were complex and evolving anyway, so it would be specious of me to suggest specific strategies that partners could employ and examine. And, it would be shallow to simplify the range of emotions, but realistic to admit that we should all expect an enhanced range of emotional highs and lows post ostomy.

Therefore, I would rather share what I considered to be the best way for me to approach an altered lifestyle and relationship, although I should admit that the any changes that occurred were not planned or structured, but developed organically over time.

As we all know, having an ostomy is a tough business. In many ways my role as partner was made a lot easier because my wife (Sally) coped with the operation, and the inevitable emotional fallout of having a bag attached to her body for the rest of her life, extremely well. Indeed, I have been very fortunate to have such a strong woman as my partner who also happens to be a very competent and practical ex-nurse. This was her gift to me, and has been these five years since surgery.

It's not news that it takes a great deal of character and inner reserves for the ostomate to halt and reverse an insidious loss of self-confidence, especially at a time of fragility and uncertainty. When I look back on my time as Sally's support I was, and still am, very aware of the potential damage that this loss of self-confidence can cause, not just to her mental and physical health but also to our relationship.

One could say that giving support should be a partner's natural reaction, but I was very aware that I had to recalibrate my levels of sensitivity so that I could pick up on those new low moments more effectively and sensitively. I'm assuming that the majority of ostomates know that there is a fear that there will be a loss of attractiveness, and a loss of closeness with one's partner.

I had to re-set my expectations of my own levels of self-confidence. I had to look very honestly at myself and figure out what my real reaction to Sally's ostomy was and not just assume that I was coping at a superficial level. Was I losing the confidence to approach any of the sensitive issues that we all face?

Was I backing away from open and direct conversations? Was I suppressing fear? It was an interesting conversation with myself, and, of course, as a result, with Sally.

I worked as an Outdoor Education teacher for 30 years and so I became very aware of how destructive a lack of self-confidence can be for anybody. I also became very much more aware of my own insecurities and personal fears, and because I had to work through those issues to be able to teach what I preached, I learnt a very valuable lesson. There is nothing wrong in being fearful, but the trick is to find a way to admit it, put a light on it, own it, and deal with it.

PARTNERS IN GRIME



To suppress it and bottle it up is incredibly erosive to one's wellbeing, and in certain situations to a relationship as well.

Adjustment to one's partner's ostomy takes time. The best humour, the best conversations and the best results need our understanding that this new development in our lives will take time. And, as the reader might tell from the title of this piece I feel that a good dose of inappropriate humour

can go a long way to defusing the tension of an unsaid or temporarily closed subject. But, beware, the level down to which this can slide totally depends on your partner's sense of humour, not only at the time, but also what it might level off to be at any given time. (And of course, how full the moon is).

Not long after her colostomy was performed, and while she was recovering at home, Sally asked me how our future looked to me. This was a serious question, but I took a gamble. I replied that it was looking far brighter because there was one less arsehole in our family than before. The evaporation of tension and perhaps even some sorrow evaporated immediately. (So did date-night by the way).

No matter how you look at it, all of us in the ostomy world are "Partners in Grime" whether we like it or not. We are all in the same "Hole in the Wall" gang and we had all better get used to it. It's far better to be open to laughter and humour than not. It's a release from tension and it is therapeutic. Who cares if it is immature and crass?

It's a whole lot better than being uptight and manacled by embarrassment and can, more often than not, diffuse impediments to many conversations that need to be had. In my opinion laughter really is one of the best medicines available, especially in terms of mental health and of more open and honest relationships.

When it comes down to it however, every couple will deal with an ostomy in their relationship differently for many different reasons. But, having said that, the common thread in the way we deal with our relationships as ostomate partners ultimately depends on the combined sense of respect, patience, sensitivity, communication, and above all, love.

Drew Brown,
Geraldine, South Island, NZ.

SOME THINGS I'VE LEARNED ON MY JOURNEY

Some things I've learned on my journey through life.

I've learned....

- That love, not time, heals all wounds
- That life is tough, but I am tougher
- That no one is perfect until you fall in love with them
- That one should keep his words both soft and tender, because tomorrow he may have to eat them.
- That I can't choose how I feel, but I can choose what I do about it.
- That it's those small daily happenings that make life so spectacular.
- That under everyone's hard shell is someone who wants to be appreciated and loved.
- That the easiest way for me to grow as a person is to surround myself with people smarter than I am.
- That life is like a roll of toilet paper, the closer it gets to the end, the faster it goes.
- That we should appreciate the fact that we cannot have everything we ask for in life.
- That opportunities are never lost as someone will always take the ones you choose to miss.
- That everyone wants to live right on top of the mountain, but all the happiness and growth occurs while you are climbing it.
- That a smile is an inexpensive way to improve your looks.
- That to ignore the facts, does not change the facts.
- That when you plan to get even with someone, you are only letting that person continue to hurt you.
- That it is best to give advice in just two circumstances: when it is requested and when it is a life threatening situation.
- That when you harbour bitterness, happiness will always dock somewhere else.



Did you know?

Omnigon's purpose is "Enabling all ostomates to live their best life?"



It's a purpose we are proud of, even though sometimes it means talking about difficult topics, or showing what's really going on in an ostomate's life.

Like the picture of our 53 year old male model, with a loop ileostomy and red skin.

His skin is red because he's been experiencing some leakage with his current product.

He's decided to request a sample of **Omnigon's** innovative product; **Aurum with Manuka honey** to try and help heal his skin.

If you have red skin around your stoma, please request an **Aurum with Manuka honey** pouch sample by calling Customer Service on **0800 440 027**.

Aurum
with Manuka Honey



Welland®, the Welland logo™ and Aurum® are trademarks of CliniMed (Holdings) Limited

Care Solutions



OMNIGON

NZ **0800 440 027**

info@omnigon.com.au
www.omnigon.com.au

OSTOMY NEW ZEALAND CONFERENCE & AGM

PROGRAMME & TIMETABLE

FRIDAY 6th August

8.30 am - 4.30pm OSTOMY N Z Executive Meeting

5.30 pm - 7.00pm Executive Meeting with Company Reps.

2.00pm REGISTRATION OPEN at the Function Centre, 30 Te Mata Rd. Collect Bag, Info & Tag

7.00pm Welcome: Jerry Hapuku, Ngati Kahungunu Kaumatua

7.15pm Speaker: Cam McLeay Topic: Ascend the Nile

8.00pm Drinks & finger food. Social mix & mingle.

SATURDAY 7th August

9.00am Opening: Sandra Hazlehurst Hastings City Mayor

9.15am Speaker: Mr. David Mason– Urological Surgeon - Topic; pending
Patron: Hawkes Bay Ostomy Support Group Inc.

9.45am Speaker: Fared Ahmed Topic: Husna's Story

10.15am Appliance Company Representatives

10.30am Morning Tea *Appliance Display*

10.45am Speaker: Mr. Graeme Roadley - General Surgeon Topic: pending.
Patron: Ostomy New Zealand

11.15am Speaker: Bertrand Jauffret General Surgeon. Topic: Reversals

11.45am Speaker: Kallia Patching Executive Committee NZ. Social Media

12 noon Lunch *Appliance Display* One Hour

1.00pm Breakout Groups: Colostomy, Ileostomy, Urostomy, Reversals, Supporters

1.45pm Speaker: Tuariki Delamere Topic: Urostomy Experience

2.15pm Speaker: Ostomy Nurse: Maree Warne, Ostomy Services
Topic: Common skin conditions experienced by ostomates.

2.30pm Speaker: Mr. Bernard McEntee - General Surgeon Topic: Colostomy

3.00pm Afternoon Tea *Appliance Display*

3.15pm Speaker: Mr. Grant Broadhurst - General Surgeon Topic: The Track

3.45pm Speaker: Richard McNair Topic: ASPOA

4.00pm Raffle Draw End of Afternoon Programme.

6.00pm Pre-dinner drinks: at the Function Centre

6.30pm Dinner and Dance

SUNDAY 8th August - At the Function Centre

8.30am Open Forum

9.30am Ostomy New Zealand AGM

12 noon Light lunch & departure

OSTOMY NEW ZEALAND CONFERENCE & AGM

Accommodation available close to your Conference Venue



Village Motel
villagemotel@xtra.co.nz
Free phone 0508 125 225
Booking ref. 10013



Te Mata Lodge
stay@tematalodgemotel.co.nz
Free phone 0508 504 030
Booking ref. 11930

Relax and enjoy.

These Motels have a side entrance on the boundary between them, for occasions like this.

ROOM OPTIONS AVAILABLE:

Studios: \$155 per night, King bed, sleeps couples

One Bedroom Unit: \$185 per night, King bed, + two singles.

Two Bedroom Unit: \$230 per night, King bed, + four singles

Te Mata Lodge has a Breakfast Menu if required.

Health Breakfast \$15, Lite on Toast Breakfast \$15, Te Mata Lodge Breakfast \$20

In a few steps Havelock North Village offers a choice of Cafés.

Terms and Conditions - Credit card details are required to confirm all bookings, these are held on file and nothing is charged until departure.

Cancellations made 24 hours prior to arrival date will incur no charges.

Cancellation made after this time may result in a charge of one night's accommodation being charged to the credit card number held on file.

Check-in is available from 2pm on the day of arrival.

Check-out is 10am on the day of departure.

Early check- in and/or check-out is by arrangement only.

Our offices close at 9pm so should you intend arriving after that time, please contact us during the day.

One carpark per unit, extra vehicles must be parked off site.

ALL OUR UNITS ARE ABSOLUTELY NON-SMOKING.

OSTOMY NEW ZEALAND CONFERENCE & AGM

FNZOS CONFERENCE & AGM - 6th, 7th & 8th August 2021 Function Centre, 30 Te Mata Road, Havelock North

Surname _____ First Name _____
 Address _____
 Email _____
 Phone _____ Mobile _____
 Society _____ Delegate: YES / NO
 Preferred Name for Name Tag _____
 Partners Name Tag _____

REGISTRATION	COST P/P	Number	TOTAL
FULL REGISTRATION	\$80	___	\$ ___
<i>Includes: Friday Evening, Saturday am & pm Tea/Coffee & Lunch, Sunday Light Lunch</i>			
FRIDAY EVENING ONLY	\$15	___	\$ ___
SATURDAY ONLY- Incl: am/ pm Tea/Coffee/Lunch	\$60	___	\$ ___
SATURDAY DINNER & DANCE	\$70	___	\$ ___
SUNDAY LIGHT LUNCH	\$15	___	\$ ___
TOTAL for PAYMENT			\$ ___

RSVP by: Saturday, 17th July 2021

Post Registration Form to: H B Conference 2021, PO Box 671, HASTINGS 4156
 INTERNET BANKING: - 03-1355-0683159-01

Quote your NAME and 'CHALLENGES' as Reference.

(A receipt will be sent by email if possible or will be available at the Registration Reception at the Function Centre Havelock North).

REGISTRATION RECEPTION OPENS: Friday, 6th August 2021 at 2pm

Attending AGM YES / NO Number attending ___

Do you require pick-up from the Napier Airport? YES / NO"

Arriving: Day _____ Flight _____ Time _____

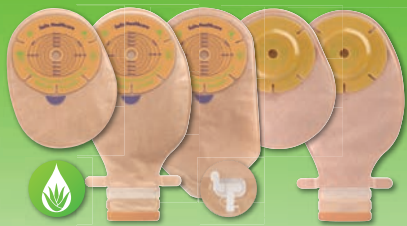
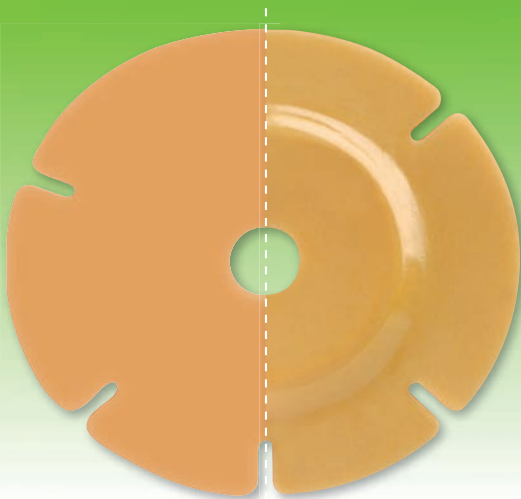
Departure: Day _____ Flight _____ Time _____

Or a Coach Line Depot

Please give details _____

Enquires: Treasurer Esme Chatterton 06 876 8112 hbosgi@gmail.com
 President Hugh Thornton 06 877 1553 hughandnorma@xtra.co.nz"

THE NATURAL CHOICE FOR PREVENTING LEAKS.



Confidence® Natural has a superior wafer* that adheres more securely for longer.

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

CONFIDENCE® NATURAL
The natural choice for preventing problems



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

DRIVING MISS DAISY



Driving
Miss Daisy®

We're There For You

Driving Miss Daisy New Zealand is NZ's number one companion driving service.

They offer more than just transportation, they'll drive you to and from your destination and provide further assistance as needed.

The point of difference over other transport providers is the exceptional service offered - personal accompaniment and assistance. They can, when required, attend

Doctor's appointments with the client, providing support and even giving feedback for concerned family members afterwards. They can assist people with shopping, or for busy parents, can ensure that children safely attend after-school sports practices, music lessons or dental appointments.

They are a caring, safe and reliable personal driving service. People with special needs are catered for, walkers and wheelchairs are no problem.

They provide a door-to-door service; clients are greeted at their door and receive whatever assistance is necessary to make their trips as comfortable and stress-free as possible.

Driving Miss Daisy is committed to helping people get out and about, so they can live life to the full and make the most of every moment.

They are an ACC contracted supplier and accept the Total Mobility Scheme Card.

To find your local Daisy visit
www.drivingmissdaisy.co.nz.



Driving Miss Daisy has been given naming rights for the wonderful help offered for Fared Ahmed and his Companion. This will cover his arrival, and other arrangements that are planned for him and his departure.

BellyBandz HAS GOT YOU COVERED

LOOK AT SOME OF THESE AMAZING PRODUCTS THAT ARE MADE RIGHT HERE IN NEW ZEALAND.

SUZANNE HAS AN AMAZING STORY FOR HOW SHE STARTED HER SMALL BUSINESS AND NOW SHE WANTS TO SHARE HER LOVE WITH ALL OTHER OSTOMATES IN NEW ZEALAND SO THEY CAN LIVE LIFE WITHOUT ALWAYS THINKING ABOUT THEIR OSTOMY OR A POSSIBLE LEAK

BUY LOCAL, SUPPORT LOCAL

LEARN SOME OF THE TOP TRICKS TO HELP HIDE YOUR OSTOMY POUCH SO YOU CAN FEEL CONFIDENT AND BE IN CONTROL EVERYDAY

Belly Bandz are designed to make you feel confident and in control. They are made from the best fabric which is comfortable and breathable. Every aspect has been considered when designing these that some ostomates just simply cant go a day without wearing them. It helps them live their life to the fullest as they feel secure and comfortable.

STOMA GUARDS are often talked about by those who play sport or those who need that extra bit of security for everyday purpose. Here is the perfect solution!

The newest product that Suzanne has designed and made due to her own experiences is the Moisture Control Filter. Now this is something A LOT of people WILL BE talking about because not only does it help absorb a possible leak, but it will also absorb ANY moisture and help protect your skin! Check them out by making contact with Suzanne as she would love to help you live your life freely and confidently!

New Products Coming SOON!

WINZ Quotes Available

www.bellybandz.nz

021 296 1425 or orders@bellybandz.nz



MY OWN VERSION OF 2020

My name is Liz Thomson. October 2019 I was 58 year old fit and actively competing with my horse. I was accustomed to being fit but had started to struggle with lack of energy and on-going lower back pain. My Physiotherapist thought there was something underlying and recommended I went to my GP and got myself tested for Auto Immune disorder or Rheumatoid Arthritis. There is a history of Auto Immune issues in my family. My GP told me I was old, to get used to pain and that I could be fitter! I thought I was in pretty good shape for my age but nevertheless added 7km of swimming a week to my fitness regime.

January 2020 while at the swimming pool I broke a rib by jumping out over the starting blocks. The rib was low down on my right-hand side. I had already entered a number of equestrian sports events and worked through the pain driving myself to the various events far and wide, competing successfully. I have never liked to take any sort of medication but had succumbed to Nurofen and Panadol to ease the pain. At the same time I broke a rib my bowel started to be upset. I took very little notice.

Late February 2020 I started having eating issues. While becoming hungry during the day I would instantly feel full after just a couple of mouthfuls. Then I would feel horribly bloated and very uncomfortable. My husband and I decided to go back to the GP. I had a sore lump just below where I had broken a rib, the GP's nurse felt the lump and sent me for urgent tests. The tests started to come back showing glowing health, but the urgent scan still hadn't been taken. Radiology had decided that since my other tests were so good they'd move my scan from urgent to non-urgent, scheduled for some months away. I began to get sicker at an alarming rate. We once more went to the GP. The nurse sent us immediately to A&E for the urgent scan. A lump (the one we knew was there) was found and I was admitted into the surgical ward. An emergency exploratory surgery was duly scheduled.

COVID19 lock down commenced the day I was admitted. No visitors whatsoever. The surgery found and removed a lump the size of a small orange. The lump was partially blocking but not attached to my bowel. The lump was the cause of the discomfort from eating and the upset bowel. The lump was sent away for testing. Five days after surgery I had regressed. A second surgery was performed to find a bleed and a leak in my ilium. A wash out was performed to address the abdominal sepsis.

Four days after that surgery I had regressed further. A third surgery was performed to address the abdominal sepsis. An ileostomy was performed. I woke to find I had a bag. Up until now I knew absolutely nothing about these bag things. I was told the ileostomy was a reversible loop-type.

However, my health was not good. I was not recovering. It was decided to send me to a larger hospital. When I got there, they inserted a drain through my butt cheek into an abdominal sepsis collection for drainage. They missed the collection and perforated my rectum. A catheter-like drain had to be left through my butt cheek for 6.5 weeks for me to grow a fistula. I held huge concern about a fistula drain from my butt cheek. I had no choice; the mistake had been made.

MY OWN VERSION OF 2020



While I was in the larger hospital and still failing to recover from abdominal sepsis the results from my mystery lump returned. It was stage 1.5 lymphoma cancer – an Auto Immune disorder as my physio had suspected 6 months earlier. With my health being so poor they decided there was nothing to lose and started chemotherapy. The first round of chemo saw me finally start to recover and I was returned to the local hospital.

I had become very weak. I could not sit up without fainting. I had not eaten since about the time of the second surgery, one month earlier. I had also become quite upset and I was strongly urged to take medication for my emotions. I don't like to take any medication and thought I had good reason to be upset having gone from being super fit to now being unable to sit up. My hair was falling out in handfuls due to the chemotherapy, so I got it shaved off. Administration of medications (although intravenous) felt as though I was being asphyxiated, my wrists would tremble uncontrollably and my head would involuntarily thrust back.

Considering my 'emotional' state the local hospital thought it best to send me back to the bigger hospital as I wasn't 'behaving' right.

Upon getting out of the ambulance that delivered me to the large hospital I noticed a rash on my tummy. I was admitted to the BMT ward. Together with the skin rash was retention of fluids (some 14 litres), oozing skin eruptions, lack of consciousness, temperature over 40 degrees and panting breathing. I was reacting severely to medications. I have little memory of this time but I ended up spending 3-days in ICU on dialysis. Once back in the ward suite the specialist announced that my liver and kidneys were now too damaged to ever recover. That I had DRESS syndrome – Drug Reaction with Eosinophils and Systemic Symptoms. My body was too damaged from medications to ever recover. He categorically stated that I would never ever be sufficiently well to ever continue with chemo, it was palliative care from here, treatment was ceased.

The following day the specialist burst into my room with a print-out from his computer. "You're a miracle" he announced, somewhat bewildered and excited. He had brought me a graph showing how much my blood had recovered since medications had been ceased 24 hours earlier. He decided that I would now be supported with steroids if I could learn to eat again.

I had become clinically emaciated. Had gone from BMI 21.3 to BMI 15 (nearly 25% of my body weight). My skin sagged where muscled had been.

My whole body was just bones and skin. I could not sit and certainly could not walk. My heart, like my other muscles, had also atrophied so I had no blood pressure if I sat

NEW

Soft convexity...
confidence to do
the things you love

Introducing

ESTEEM[®]  *Soft Convex*



ALL BODIES ARE DIFFERENT. Esteem[®]+ Soft Convex combines flexibility with a shallow convexity, and is designed to conform well to the body and be comfortable to wear.

Flexible Convexity: conforms to the body and helps improve the pouch seal by minimising leaks

Easy-View Window: for accurate positioning and observation

Filter: designed to help minimise odours and ballooning

Safe Seal Clipless Closure: designed to make emptying and cleaning easy*

For Customer Care and to order your FREE samples
Freecall **0800 441 763** or email connection.nz@convatec.com



Always read the instructions for use and follow the directions for use. *Drainable options only.

www.convatec.co.nz © /™ indicates trademarks of ConvaTec Inc. © 2021 ConvaTec Inc. AP-031428-MRL-AU May 2021 O602

Tips for taking better care of peristomal skin



Do

- Change your pouch routinely.
- Gently remove the base plate from top to bottom – people find an adhesive remover helps.
- Clean the skin around the stoma with a wipe soaked in warm water.
- Dry your skin thoroughly before applying your next pouch.
- Inspect your skin every time you change your base plate.
- Apply a skin barrier spray/wipe if required.
- Check the hole cut in your base plate is the right size for your stoma.
- Apply the base plate securely around your stoma ensuring there are no gaps or folds in the base plate.



Don't

- Use soap or other solutions to wash skin.
- Over complicate your pouch changing routine.
- Wait for your pouch to leak before changing it.
- Pull your pouch off too quickly.
- Ignore any changes in the skin around your stoma.

Are you experiencing peristomal skin problems now?

Don't try to manage skin problems on your own. Seek help from your Stomal Therapy Nurse or contact ConvaTec Customer Care on **1800 335 276** or email **connection.au@convatec.com**

THE RIGHT ACCESSORIES CAN MAKE ALL THE DIFFERENCE

Whether you are looking for better skin protection or added security to your ostomy system, you can feel more comfortable with the right combination of accessories.



For Customer Care and to order your **FREE** samples
Freecall **0800 441 763** or email **connection.nz@convatec.com**



Always read the instructions for use and follow the directions for use.

www.convatec.co.nz ® /™ indicates trademarks of ConvaTec Inc. © 2021 ConvaTec Inc. AP-031428-MRL-AU May 2021 O602

MY OWN VERSION OF 2020

upright. I would faint. The BMT ward were great with their food and I worked hard to learn to eat again. Finally gaining sufficient strength to be discharged back to the local hospital then home. The vast majority of my time in hospital my stoma was attended to by nursing staff as I was too unwell.

At home I had a Zimmer frame to get to the toilet. I would be exhausted after that short walk and would collapse my upper body onto the Zimmer frame so I didn't fall off the toilet due to not being able to hold my head up too long without fainting. My wonderful husband went above and beyond all expectations feeding me 6 small meals a day. Answering to all my food cravings. As I began to eat and regain weight my stoma starting to work a lot. It was commonplace to empty the bag 12 times in 24 hours. Initially my husband assisted with bag changes as I still struggled with physical strength and mental concentration.

We continued with a further 2 rounds of chemo. Each time as an outpatient. I was wheelchair bound at this time. A CT scan was called for and we duly went. That night I started to react from the iodine trace. The DRESS symptoms reappeared with full body rash, shaking and by the time the ambulance got me to hospital I was unconscious.



Alarmingly the hospital staff immediately presented themselves with neutropenic meds – antibiotics and fluids. Thank goodness for my Husbands presence as he could tell them I couldn't have antibiotics. He strongly suggested they read my notes. I was admitted for further treatment / observation. Again, I blew up with fluid retention, my skin oozed pushing off the big dressing around my PICC line. A standard blood test detected bacteria in my blood and again, antibiotics were about to be administered. I stopped them and requested cultures be taken. They came back negative and it was suspected the bacteria had come from my oozing skin surface. I had been waiting to see my stoma nurse to address leaking seals and burning skin

around my stoma. My face was so blown up with fluids she failed to recognize me. Luckily I was able to text her and saw her the following day. I was discharged from hospital and went back home.

MY OWN VERSION OF 2020

We chose not to have the remaining 3 rounds of chemo as tests were all clear and we felt I was in too poor a shape to survive it.

Recovery was a real journey. It wasn't only about regaining weight it was also about being strong enough to supply blood to the additional mass. My heart would beat frantically and I would puff heavily just getting to the toilet. Recovery is on-going to this day.

I was starting to get sufficiently well to think about getting up and about but I had nothing to wear. None of my previous clothes would suit a stoma and the separated tummy muscles I had as a result of the surgeries. My hair was starting to grow back but very thin and grey. I struggled with my identity. The whole life I had known had changed. The whole 'me' I had known had changed.

I sought a new wardrobe of loose, baggy high waisted pants, long concealing tops, high waisted soft underpants that sat completely over my stoma bag.

I joined the Ostomy coffee group in order to see how people lived with their ostomy bags. The group was fantastic. People were happy to talk about all sorts of experiences, ideas and help.

I sought help from a physiotherapist for trying to repair my surgically separated tummy muscles.

I tried to start riding my horse but as summer came along I suffered severe all-over body itching when I got warm. I would also suffer all-over itching after a shower. It was most off putting. I researched this phenomenon and found it common with extreme athletes. But I failed to find a connection with my situation. The itching was so uncomfortable and uncontrollable I gave up on attempting to ride my horse. That made it easy for me as I couldn't get my head around how to compete with a very active stoma. How does one tend to a horse while managing an active stoma, wearing competition clothes all while fitting in with a horse show schedule??? Too hard! Even if I didn't eat my stoma would still fill up with air.

Late November 2020 I began to seek reversal surgery and set the ball rolling. The surgeon found me suitable for the surgery after completing all the prerequisite tests and surgery was booked. I was told the recovery from reversal was slow and painful. The surgeon also suggested, albeit only tongue in cheek, that I could prepare my anus by smearing a little stoma content about it to harden up the skin. Being a down-to-earth country gal, I saw the merits in this and did! Stoma reversal was performed. Five days later my tummy started to gurgle and movement finally started.

My first shower after stoma reversal I was intrigued I didn't itch! Wow. Coincidence or not? I started to study this phenomenon. I found that electrolytes are absorbed through the large bowel. Having an ileostomy my large bowel was by-passed. I had finally found the connection between extreme athletes and me itching due to electrolyte deficiency. I have not suffered one bout of agonizing all-over itching since my reversal.

MY OWN VERSION OF 2020

I had been advised that my bowel would never be normal again however after only 2 weeks it was and has been since. I never suffered nappy rash either and largely attribute that to the prep work carried out. But don't think it's easy! There was a lot of due diligence observed. Careful dietary requirements were strictly observed and still are. I am wearing figure hugging jodhpurs and control underwear to help with the repair of my separated tummy muscles. I have also bought an even tighter fitting anti-girdle to further assist with the repair of my tummy muscles. While I still cannot dye my grey hair due to DRESS syndrome I am starting to feel like me again.



I was unable to wear support underwear when I had my stoma. Anything fitting or supportive around my stoma would cause the stoma to telescope all the way inwards. Stoma content would gather in the appliance's concavity and force the content under the seal burning my skin. This phenomenon is to be avoided as it feels like you've been kicked by a whole herd of very angry mules.

Late April 2021. It is now 6 weeks post reversal surgery. I cannot believe how little toilet paper I use. I cannot believe how many hours I can sleep without interruption. I am now carefully walking a few kilometers each day while focusing on holding my core muscles in the whole time. I am looking forward to my post-op meeting with the surgeon for the all-clear to extend my exercise regime and hopefully next summer season be out riding my horse all day without manic itching and frequent toilet stops.

"You're Special"

In all the world there is nobody like you, there never has been and there never will be. Nobody has your smile, your eyes, your nose, your hair, your hands or your voice. Nobody can be found who has your handwriting, your tastes in food or music or art or TV programmes. No one sees things just the way you do. In all of time there's been no one who laughs or cries like you. And what makes you laugh and cry will never provoke the same laughter and tears from anybody else. No one reacts to any situation exactly as you do. You're the only one in all of creation who has your abilities, sure, there will always be someone who is better at one of the things you're good at... but no one in the universe has your unique combination of talents, ideas, skills and feelings. You're like a room full of musical instruments all being played together, you're a symphony. No one else through all eternity will ever look, talk, walk, think or do the way you do. You're rare, and like anything rare, you have great values, that's why you don't need to copy others. You can accept and yes, celebrate your differences, you can risk being yourself. It is no accident that you are special and you were made special for a very special purpose and you have what it takes. "You're Special."

Not all barrier films are created equal.



**Free
Sample**

Try it for yourself
and experience
the difference. Visit
3M.co.nz/ostomy
today for your Free Sample.

Get more confidence and more peace of mind so you can get on with life. Caring for an ostomy can be a challenge – but it doesn't mean you have to miss out on life. 3M™ Cavityl™ No Sting Barrier Film helps protect the tender skin around your stoma, for improved comfort and pouch adhesion.



Read the label and follow the instructions.
Do not use on infected areas of skin.

3M New Zealand Limited
94 Apollo Drive
Rosedale, Auckland 0632
Phone 0800 80 81 82

3M and Cavityl are
trademarks of 3M
Company. © 3M 2019
All rights reserved

EXECUTIVE PROFILE - GRAEME HAMILTON

Questions that quickly come to my mind are: -

- Why get involved?
- Aren't I busy enough?
- Can I make a difference?

There is no simple answer, but rather one of personal satisfaction that comes with being able to help others benefit from one's experience, skills, knowledge, and commitment.

As a professional engineer, I have enjoyed a varied career working within and around NZ, including some 18 years offshore. During this time I have contributed to committees serving professional engineers, as well as community and educational interests, and professional Directorships.

Looking back, we had settled in Taupo after a busy role within Dunedin CC, when my health issues occurred, and within that same year I had a permanent colostomy. This was an unexpected event that in retrospect took a couple of years to fully adapt to and certainly weighed heavily on my career. It is worthy of note that the impact on carers is often overlooked, as the challenged one is the focus of attention, and this is when local support groups can be helpful to both parties.

A few short months following my operation, it was suggested by Ann-Maree Murphy (Colorectal Nurse Specialist, Lakes DHB) that I attend the nearest interest group, that being in Rotorua. This was helpful and after attending several Rotorua meetings and some months later, an initiative to establish a group in Taupo to serve the area was supported by Richard McNair (FONZ & WBOP Ostomy Society) and Gillian Bedford (Stoma Nurse, Lakes DHB).

The outcome was that I was asked to chair this new group, which I did for some 18 months, before handing over the reins to a willing and enthusiastic Shayne Paterson a few months ago, at the time of my relocation to the South.

I believe that the grass-level support groups provide a much needed collegial support group, not only to Ostomates but also to carers, where factual issues can be talked over openly and without reservation and often with a touch of humour! In addition, these groups receive direct knowledge from speakers such as Stoma nurses, specialists, and suppliers of Ostomy products.

Bowel cancer seems to be one area where there has been a concerted effort nationally, to coordinate a system throughout the DHBs for early detection, as the recent (FIT) bowel screening initiative for those aged 60-74 has shown.

In summary, I am grateful for the life-saving surgery, support, and encouragement that I have received. As a result, I now have the opportunity to help and serve others by participating on the executive committee of Ostomy New Zealand.

Graeme Hamilton



FOOD AFTER STOMA SURGERY

Re-introduction of Food After Stoma Surgery – Copied from the Internet

After any operation it can take some time for your appetite to return and, after bowel surgery, it also takes a while for your gut to recover from the trauma. In many hospitals there are protocols for the reintroduction of fluids and foods to try to build up patients' confidence and to allow the bowel to settle down.

To begin with, it is often easier to cope with a light or easily digestible diet that isn't too spicy, fatty, highly flavoured or too high in fibre. If you had problems tolerating certain foods before your surgery, you may also be particularly anxious about reintroducing a normal diet. If you have lost a lot of weight before and/or immediately following your surgery then it is really important to try to regain a healthy weight. Here are some tips:

- Eat small meals, with snacks in-between around 4-6 times per day, especially if your appetite is poor
- Make sure you include some protein-based foods such as meat, fish, eggs, cheese and milk (not just starchy foods like potatoes or bread, even though these may seem safer) at each meal, to aid healing
- Try to eat in a relaxed setting (it can really help!), eat slowly and chew your food well to aid digestion
- For a little while, limit fruit, vegetables, wholegrain bread and cereals, coffee and other bowel stimulants such as alcohol
- Drink plenty of fluid- at least 6 cups a day (or at least 8-10 cups a day if you have an ileostomy)
- Watch out for beers and fizzy drinks which may cause problems with diarrhoea and wind.

Watching what you eat.

In the early days of managing your stoma, you may be embarrassed by certain sounds, smells and the amount or consistency of your stoma output. Over time, and as your gut settles down, you'll learn which foods cause changes in your output consistency, excessive gas or odour or which foods pass through your gut completely unaltered. There is no need to eliminate these foods but you may choose to limit their intake, or restrict them to times when you will not be socializing. Some foods can also change the colour of your stoma bag contents - in the case of beetroot, this can be alarming as it can be mistaken for bleeding if unaware.

NORTH HARBOUR OSTOMY SOCIETY INC (NHOS)

Incorporated September 1992, NHOS was formed from the Auckland Ostomy Society due to the definite need to accommodate ostomates living on Auckland's North Shore as the population grew. So, they started and made an impact assisting those from Northcote in the South to Wellsford in the North, Hellensville in the west to Milford in the East. Although the territory is not as large as some New Zealand Ostomy Societies, it has supported and continues to support many ostomates – as well as those transitioning with temporary stomas.

Like all clubs and societies, membership has diminished somewhat, but that hasn't stopped us reaching out to the Stomal Therapy Nurses (STNs) to assist with new patients adjust to their new life.

Over a cuppa or evening glass of wine, someone's home or at one of the arranged meetings or get-togethers, NHOS aims to assist in helping people become aware that they are not alone. Just knowing others have encountered the exact same

issues, concerns, pain, embarrassment, tragic leakages and impromptu gurgling at inopportune moments makes it easier to deal with and adjust to living in a normal world – whatever "normal is"!!

So, we have to say that the NHOS committee are a tad light on members – so if anyone would like to come on board and offer assistance, that would be fantastic. Ideally, we are currently looking for a treasurer and president!

Left to Right: Douglas Laughlan, Judy



Smith, George Wood, Mandy Little (Secretary), Monica Hawarth

We were holding our meetings at Red Beach, but currently waiting on a permanent STN to fill a vacant post which provided us with this venue. Red Beach currently has a temporary nurse assisting (who is well versed with Stomal Therapy issues) until they can recruit. Satoko, STN based in Takapuna, is now well ensconced in the role and is getting round to speaking or seeing ostomates on the books. Preeti (Waitakere) has filled the role vacated by Sandi Izard, who retired after many years working as a STN. They are working on seeing all the clients on their books.

Our next couple of meetings are all planned:

Saturday, June 19th 10am for 10.30am start Hibiscus Coast RSA, Vipond Road (Orewa/Silverdale area). This will be a workshop with four breakout groups (colostomies, ileostomies, urostomies and Supporters). We've run these successfully in the past, and will have STNs (past and present), a dietitian and others on hand to mix, answer questions and discuss issues that affect ostomates.

NORTH HARBOUR OSTOMY SOCIETY INC (NHOS)

The Supporters group is very important, as they are often the forgotten heroes but do a great job quietly helping in the wings but such a huge help for ostomates for sure.

July 16th (Friday) 10.30am Coffee / Lunch – The Chocolate Brown Cafe 6 Mill Lane, Warkworth. We try to move our meetings around our patch to assist those that can't get further afield. This venue is lovely – and as it is adjacent to a wonderful working chocolate factory....it's divine, but bad if you're on a diet!! Although we are all human, each condition affects us differently, so we never provide a medical diagnosis – far from it. We can and do relate to issues and concerns felt by most ostomates – with special regard to the emotions and feelings we all get and can get us down. Each one of us has a story to tell and we can – and do - live life to the full following surgery.



Left: Dr Y K Ip in discussion with Monica, Judy & George.

Lorraine gave a great talk on hernias and explained the ins and outs of dealing with and how to reduce issues that can cause a hernia, along with hypergranulation and why they appear and how to deal with them. Not sure what Mandy said, but must have been amusing!! NHOS presented both Toko

and Lorraine with a small “thank you” for giving up their Saturday morning to be present, help and listen.

Raffles continue to be a key way clubs and societies generate money. Postal charges have gone up dramatically, so covering newsletter distribution costs is much needed.



Left: Mandy introducing STN Satoko (Toko) Kaneko and Lorraine Andrews.

ARTHRITIS AND THE INTESTINES.

Arthritis is the most common non-intestinal condition associated with Crohns disease and Ulcerative colitis. Although most people with these diseases will not necessarily develop arthritis, three kinds may develop.

Large joint arthritis normally affects the hips, ankles and knees and sometimes the elbows and shoulders. Small joints in the hands, spine and feet are not usually affected unlike other kinds of arthritis, this form can often be worse as the bowel disease progresses, and improves as the disease improves. It can sometimes get worse before the bowel activates. This kind of arthritis does not leave permanent deformities in the joints.

Rheumatoid arthritis usually involves the wrists and fingers and may improve or worsen without regard to the course of the bowel disease. Sometimes people with this form of arthritis may have an antibody in the blood called rheumatoid factor which is normally found in people who have rheumatoid arthritis. Not all people with the rheumatoid-like arthritis have this antibody however.

Ankylosing Spondylitis is a condition involving the lower part of the spine and its adjacent joints. In addition to severe pain, it may also cause stiffening of the spine, neck, jaw, hips and rib cage. Its progression is dependent of the cause of the underlying bowel disease. As time passes, the condition may get better or worse and on occasion, it may develop even after the bowel disease has been removed or has improved. This disease often commences before the age of 30.

Vicks Vapour Rub has Many Uses

We have all used Vicks for relief from a cold, but did you know it is also useful for helping to relieve other things.

- To stop night time coughing – rub generously on the soles of the feet at bedtime and cover with a sock.
- Vicks can help relieve sore and overworked muscles and increase circulation.
- Get rid of Nail Fungus – Rub on the toenails if you suspect you have a fungus infection. Apply over a period of two weeks to fully cleanse nail beds of bacteria.
- Headaches Be Gone – Rub a small amount on your temples and forehead to help relieve headaches. The mentholated scent will release pressure and instantly relieve the pain.
- Paper cuts and Splinters – To prevent infection and speed up healing time, dab a small amount of Vicks on any small cut or splinter.
- Mosquito Bites – Apply small amounts of Vicks to your skin and clothes and the little bugs will steer clear. If already bitten, apply Vicks and cover with a Band Aid to help relieve the itching.

THE EFFECTS OF LAUGHTER ON THE BODY

- Laughter is a good muscle workout. It involves contractions that strengthen your muscles. A good belly laugh will exercise 62 muscles. It is particularly good for building up your chest muscles.
- Laughter relaxes your muscles. When we laugh, we often bend, drop things, fall over, spit out our food, or even wet our pants! So laughter is particularly good when you feel stressed.
- Laughing increases the oxygen in your blood. Gulping air is also a good workout for the lungs.
- A burst of laughter can activate the release of two natural hormones – *endorphins* and *enkephalons* sometimes called “happy hormones”. These hormones help stop pain and make you feel good naturally.
- When you laugh, your blood pressure rises immediately. Tests have shown blood pressure can fall to a lower measure than before you laughed.
- Laughing stimulates the thymus gland which helps fight off disease.
- The internal organs including the heart, lungs and liver have a good massage when we laugh,
- Both sides of the brain are stimulated and this assists cognition, memory and creativity.



WHAT SHOULD YOU EAT?

What should you eat when you're living with a stoma?

Copied from Colostomy UK – March 2021 Issue

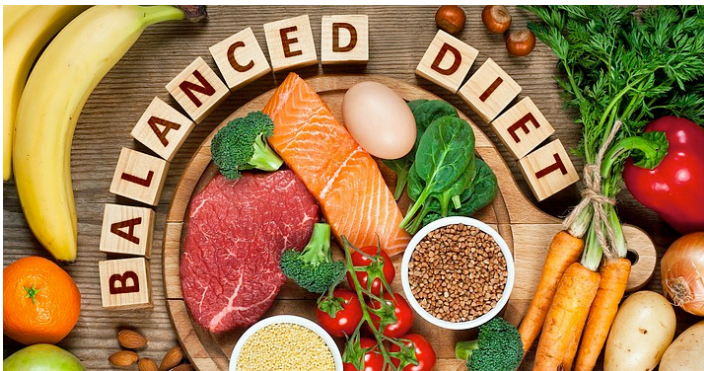
Getting the balance right with your diet is as important for ostomates as it is for the rest of the population. Following your surgery, and if you have been ill, it is even more important that you eat well to allow for a full recovery. Ideally, your diet should be made up of:

- Carbohydrate foods such as bread, rice, potatoes and pasta should make up a third of your diet.
- Fruit and vegetables should make up another third of your diet.
- Protein foods such as meat, fish, eggs and beans should make up a smaller proportion of your diet and you should aim for two to three portions per day.
- Milk and dairy foods are good sources of protein and calcium as well as other essential vitamins and minerals. You should include two portions of these per day. (A portion of milk is a third of a pint).
- Fats and sugary foods do make up a part of everyone's diet and some fat is essential for cell function. Unless you are underweight, these foods should make up the smallest proportion of your diet.

We are all different, and the truth is some ostomates can eat anything, while others have found by experience it is best to avoid certain foods. If you suspect a food causes you problems, try it at least three times, separated by an interval of a couple of weeks, before eliminating it altogether. Keeping a food and symptom diary and looking for a trend can sometimes help to identify a food which may be causing a problem.

Sign up for our monthly e-newsletter.

www.ColostomyUK.org



OSTOMY SURGERY AND DEPRESSION

This article is repeated at the request of a reader - Ed

Sleeplessness, loss of appetite, feelings of guilt or worthlessness, irritability are some of the symptoms of depression. It can be triggered by the inability to participate in normal daily pleasurable activities, by a sense of helplessness and lack of control over your body.

Medications, stress, malnutrition, anaesthesia, or metabolic imbalance can also cause depression. Patients who base their self-esteem on their physical appearance, their “always in control, take charge” character, or their good Samaritan (always the helper or solver) behaviour, have a harder time dealing with cancer, their ostomy, their lack of control over their bodies, and their need to depend on others for help, even if only temporarily.



Constantly tired from efforts to cope with daily household or work routines, while learning to adapt to physical requirements this unpredictable new addition to your body, leaves little energy for enjoyment of leisure activities or romantic involvement. It takes us some time to return to our normal lifestyle. So relax—do what you are capable of doing at this time, and do not try to rush things. You have had

enough pain and misery, and deserve the vacation. Vacation???? You do not want to return to the hospital if you can help it.

Give yourself a year for a good recovery and if it should happen to take a lot less time, consider yourself a very lucky person. In the meantime, do what you have to do in whatever way you are capable of doing it, but do not give more than a passing thought to the things you cannot do right now. You might have to take some shortcuts, do some improvising, or indulge in some healthy neglect.

Do not be bashful about asking for and accepting help. You would do the same for someone else if they needed help. Some patients conceal their ostomy from their spouse, families or lovers because they fear rejection, feel shame or embarrassment, are modest or have noticed evidence of disgust. This results in feelings of isolation, depression and chronic anxiety.

Most ostomates need a few months before they feel secure about being accepted. Join the crowd!! You are not alone! We all go through this. Do not hesitate to ask your doctor for help – there is NO shame in being honest with yourself.

KIDNEY STONES AND THE ILEOSTOMATE.

Kidney stones are fairly common medical problems. They occur in about 5 percent of the population. They are more common in men with a sedentary life-style and in families with a history of kidney stones.

The stones are mostly small, calcified and located either in the solid part of the kidney where the process of waste excretion takes place or in the renal pelvis.

The average age of first occurrence is about 40, but they can occur at any age. For ulcerative colitis patients, the incidence of developing kidney stones is about double that of the rest of the population. For ileostomates, the incidence is 20 time greater. There are two basic types of kidney stones – Uric acid and Calcium. Both may occur in ileostomates since the underlying cause is dehydration.

Uric acid stones are more frequent. One reason for this is the chronic loss of electrolytes, producing acid urine. The stones may vary in size and shape, with some being as small as grains of sand, while others entirely fill the renal pelvis. They also vary in colour, texture and composition.

Calcium stones, usually in the form of calcium oxalate which is a substance made daily by your liver or absorbed from your diet. Certain fruits and vegetables, as well as nuts and chocolate, have a high oxalate content.

Symptoms during the passage of a kidney stone include bleeding due to irritation, cramping, abdominal pain, vomiting and frequent cessation of the ileostomy flow. When ileostomy flow stops, distinguishing between an obstruction versus a kidney stone may be difficult since the symptoms are similar.

Treatment of most kidney stones is symptomatic and in most cases the stones pass spontaneously through the urinary tract. Medication for the spasms is usually administered.

The urine should be strained in order to collect the stones for analysis. Once the composition of the stone is determined, steps should be taken to prevent a recurrence of an attack.

The physician will prescribe medication or dietary modifications depending on the type of stone. The best preventative measure is to drink plenty of fluids (8 glasses) every day.

If the urine appears to be concentrated, increase fluids and use a sport drink that is rich in electrolytes to help replace the losses.

OSTOMY MANAGEMENT TIPS

Mucous from the Rectum

- This is quite normal. The discharge is usually white/clear but may be brownish and look like faeces. Some people pass this mucous daily, weekly or less frequently, but feel the need to pass a bowel motion. Going to the toilet and doing this is quite okay. The mucous build-up occurs as the bowel/rectum naturally produces mucous as an ongoing process. Medical advice should be sought if the amount of mucous passed becomes excessive, blood stained or offensive.

Mucous from the Ileal Conduit

- An ileal conduit will produce both urine and mucous deposits which are often jelly-like. There should be no offensive odour. If the urine smells, there may be a urinary infection, especially if there are chills, fever and/or back pain. It is important that the ostomate drinks plenty of fluids and uses a correct urostomy appliance with a non-return valve that prevents urine from flowing back into the stoma.

Odour

- Drinking tomato juice can help to eliminate odour.
- A lit match is often all that is needed to eliminate odour when emptying the appliance.
- Cinnamon, Cepacol or a drop of Nilodour can be used in the appliance for odour control.
- Dip a cotton bud in peppermint or lavender oil and place in a small pill bottle. When changing the appliance, remove the lid – a great air freshener.

Hunger

- Ileostomates experience hunger more often than other people. When this happens, they should drink fruit juice or water and eat water crackers followed by a meal as soon as possible.
- An ileostomy keeps working whether you have eaten or not, so don't skip meals to lose weight – eat regular meals.
- Be sure to drink plenty of fluids to avoid dehydration and constipation.

Diarrhoea - Causes can be: -

- Strong spicy foods
- Overeating of fruits such as peaches, plums and grapes.
- High intake of alcohol
- Diet low in dietary fibre or high in fats.

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 and Caring for Ostomates booklets 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.

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

3M	3.M. New Zealand, 94 Apollo Drive, Rosedale, Auckland 0632 Ph: 09 477 4040
HOLLISTER	58 Richard Pearse Drive, Airport Oaks, Auckland 0800 678 669 www.hollister.co.nz
CONVATEC	ConvaTec (New Zealand) Ltd. PO Box 62663, Greenlane, Auckland 1546, New Zealand 0800 441 763
DANSAC	58 Richard Pearse Drive, Airport Oaks, Auckland 0800 678 669 www.dansac.co.nz
COLOPLAST	PO Box 301922, Albany, Auckland, NZ 0800 265 675 Freecall Customer Care www.coloplast.com.au
OMNIGON	PO Box 24139 Royal Oak Auckland NZ 1345 0800 440 027 Freecall www.omnigon.com.au
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

facebook

NZ OSTOMATE TRUST FUND

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.**

Please send your email or postal address details to the Treasurer, as detailed below, if you want a receipt to be sent.

We give assurance that the name of anyone giving a donation will remain confidential and will not be made available to your local Society.

Trust Fund – The Treasurer, Brent Hamlin, 68 Tutaipatu Avenue Pegasus, Canterbury.

0275 612 704

Email: treasurer@ostomy.org.nz

Please find enclosed a donation of \$..... To: NZ Ostomate Trust Fund

Kindly forward receipt to:

Mr, Mrs, Miss, Ms

MEMBERSHIP/SUBSCRIPTIONS FOR THE 2021/2022 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 40 to 41, 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

Subscription of \$.....:.....

Donation of \$.....:.....

Total enclosed \$.....:.....

for the 2021/2022 year.

OFFICERS OF AFFILIATED SOCIETIES

AS KNOWN AT 15/05/21

ASHBURTON:

President: Dennis Blincoe, 50 Princes Street, Ashburton 7700 03 308 3741
Secretary/Treasurer: Verna Woods, 65 Beach Rd East, R.D. 7, Ashburton 7777 03 307 0257
Email: tui33@hotmail.co.nz

AUCKLAND OSTOMY SOCIETY INC. All correspondence to:

President: Kallia Patching, 33 Blakeborough Drive, Forest Hill, Auckland 0275 575 122
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: Sarah Craven-Jones, District Nursing Services, Garaway Street, Whakatane

GISBORNE/EAST COAST:

Kate Petro, Anna Veitch, Belinda O'Hara
Email: Ostomy.ContinenceTeam@tdh.org.nz

HAWKE'S BAY OSTOMY SUPPORT GROUP INC.:

All correspondence to Esme Chatterton, hbosgi@gmail.com

President: Hugh Thornton, 55 Te Aute Road, Havelock North 06 877 1553
Secretary: Paul Lister, 3/703 Roberts Street, Hastings 4122 06 876 5020
Treasurer: Esme Chatterton, PO Box 671, Hastings 4156 (06) 876 8112
Email: hbosgi@gmail.com

MANAWATU:

President: TBA
Secretary: Judith Collett 662 Pahiatua Aokautere Rd, RD1, Palmerston North 4471 021 172 0560
Treasurer: Val Rodgers, 9 Hoggs Road, RD 20, Levin, 5570 06 3626776
Email: judithcollett77@gmail.com

MARLBOROUGH:

In recess

NELSON:

President: Mr Eddy Shaw, River Terrace Road, Brightwater 7022
Secretary/Treasurer: Mrs Janis Baker, 44 Martin Street, Monaco, Nelson 7011 03 547 3800

NORTH HARBOUR:

President: Deborah Mallach, NHOS, PO Box 34684, Birkenhead, Auckland 0746.
Secretary: Mandy Little 021 0444 067
Temporary Treasurer: Mandy Little 021 0444 067
Email: nhos@hotmail.co.nz.

NORTHLAND:

President: TBA
Secretary/Treasurer: Jac Cleary, Apt 251, 262 Fairway Drive, Kamo, Whangarei 0112 09 435-2035
Email: clearyjack62@gmail.com

OFFICERS OF AFFILIATED SOCIETIES

OTAGO:

President: Phil Elliot, 3 Hare Road, Ocean View, Dunedin 9035 03 481 1847
 Secretary: Sandra Clark, 4 Forth Street, Mosgiel 9024 027 270 3053
 Email: serenitysand@gmail.com
 Treasurer: Mrs Robyn Tourell, 98 Highcliff Road, Dunedin 9013 03 454 5330

SOUTH CANTERBURY:

President: Ngaire Whytock, 2 South Street, Timaru. 021 236 7471
 Email: whyplumb9@gmail.com
 Secretary: Sally Brown, 34 Thatcher Road, RD 21, Geraldine. 03 692 2852
 Email: sallystruan@gmail.com
 Treasurer: Dave Whytock, 2 South Street, Timaru. 021 236 7471
 Email – whyplumb9@gmail.com

SOUTHLAND:

Contacts: Maree Shepherd, 146 Boundary Road, Invercargill 9877 03 216 9933
 Pam Wilson, 224 Princes Street, Strathern, Invercargill 9810 021 101 8575

TARANAKI:

Taranaki Ostomy Society, PO Box 853, New Plymouth 4340, www.ostomytaranaki.org.nz
 President: Shelley McDougall, P.O.Box 853 New Plymouth 4340 06 757 5500 0211 300 973
 Email: shelleymcdougall1951@gmail.co.nz
 Secretary: Jane Tobin, info@taranakiostomy.org.nz
 Treasurer: Alex McDougall, P.O.Box 853 New Plymouth 4340 0272 119 566

WAIKATO:

All correspondence to Secretary.
 President: Brian Gordon, 139 Spinley Street, Te Awamutu 3800 07 871 3300 027 484 9143
 Secretary: Jan O'Leary, 17 Saxbys Road, Hamilton 3206. 07 843 7505 027 727 2098
 Email: janoiam1st@gmail.com
 Treasurer: Michael Sumner, 58 Cemetery Road, Hamilton 3289 07 829 3446 021 245 5064

WAIRARAPA ASSOCIATION:

Secretary: Edith Castle, 6b Tait Place, Carterton 06 379 9256
 Treasurer: Yvonne Etherington, 43 Solway Crescent, Masterton 06 377 7262
 Email: thecastles2@xtra.co.nz

WANGANUI:

President: Mrs Jan O'Neill, 11 Alexa Place, St John's Hill, Wanganui 4500 06 348 7703
 Email: jj.oneill@xtra.co.nz
 Secretary: Marion Davenport, 52 Parsons Street, St Johns Hill, Wanganui. 06 347 8695
 Email: mariondav@xtra.co.nz
 Treasurer: Frances Wylie, 26 Moana Street, Wanganui East, Wanganui. 06 343 3157
 Email: franwylie49@xtra.co.nz

WELLINGTON ASSOCIATION:

All Secretary Correspondence to: PO Box 1142, Wellington 6140
 Email: brenthamlin02@gmail.com
 President: Brent Hamlin, 68 Tutaipatu Avenue Pegasus 0275 612 704
 Secretary/Treasurer: David Barnes 027 472 5148

WESTERN BAY OF PLENTY / ROTORUA:

President: Dian Cheyne, 860B Pyes Pa Road, Tauranga 3173 07 543 0598
 Secretary: Richard McNair, 75a Dunlop Road, Te Puke, 3119 07 5737443
 Treasurer: Cindy Hill-Rennie 021 0863 6369
 Email: ostomybop@gmail.com

WEST COAST:

President: Mrs Jean Culling, 419 Main Road, Kaiata, Greymouth 7805 03 768 7036
 Minute Secretary & Treasurer: Mrs Thelma Efford, 110 Reid street, Blaketown, Greymouth 7805 03 768 6414
 Email: thelmaefford@gmail.com

(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

EXECUTIVE MEMBERS



(A Registered Charity)
98 Highcliff Road, Andersons Bay, Dunedin 9013
Toll-Free Phone: 0508 678 669 (0508 OSTOMY)
www.ostomy.org.nz
www.ostomyinternational.org/newzealand.html
OstoMATES NZ www.facebook.com/groups/237390785093/

PATRON Mr Graeme Roadley, MB ChB (Otago) FRACS (Gen Surg)

PRESIDENT JILL NEWTON
2/68 Cameron Street, Ashburton 7700
Phone: 03 308 1419 Cell: 0274 547 388
Email: newtj@actrix.gen.nz

VICE PRESIDENT KALLIA PATCHING
33 Blakeborough Drive, Forest Hill, Auckland
Phone: 0275 575 122
Email: kalliapatching2@gmail.com

SECRETARY MRS ROBYN TOURELL
98 Highcliff Road, Andersons Bay, Dunedin. 9013
Ph: 03 454 5330 Cell: 027 477 4137
Email; secretary@ostomy.org.nz

TREASURER BRENT HAMLIN
68 Tutaipatu Avenue, Pegasus, Canterbury.
Phone: 0275 612 704
Email: brenthamlin02@gmail.com

COMMITTEE JAN HAINES
28 Kahikatea Grove, Newlands, Wellington 6037
Phone: 04 9729684 Cell: 0276850678
Email: janhaines4@gmail.com

GRAEME HAMILTON
7 Gresham Street, Geraldine 7930
Phone 021 210 3404
Email Hamilton.Graeme@xtra.co.nz

YOUTH COORDINATOR KALLIA PATCHING
33 Blakeborough Drive, Forest Hill, Auckland
Phone: 0275 575 122
Email: kalliapatching2@gmail.com

WEBMASTER

OSTOMY NEW ZEALAND (INC.) IS A MEMBER OF THE



Experiencing leakage? Or has your body shape changed?

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



SenSura[®] Mio Concave

Bodies change over time...

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

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

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

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



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



Call Ebos today for your free samples

☎ 0800 265 675

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

“I didn’t know it would be so big”

This is the number one comment we hear from people who have developed a parastomal hernia.

The number two comment is, **“No one told me how to prevent it.”**

These two comments are both difficult to say and difficult to hear, and we are doing our very best to change the conversation.

At **Omnigon** we offer Support Garments that cover you for moderate, intermediate and firm support of your abdomen after surgery.

Will you help us change the conversation around hernias?

Please call Customer Service on **0800 440 027**

to discuss if a support garment is right for you and how to access the self-funded Support Garments program.



OMNIGON
SUPPORT GARMENTS

Enabling all ostomates to live their best life

Care Solutions



OMNIGON

NZ 0800 440 027

info@omnigon.com.au
www.omnigon.com.au