



THE JOURNAL OF
OSTOMY
NEW ZEALAND

ISSUE 120

NOVEMBER 2022

Change of 2023 Conference venue to Christchurch

Nasa High Pressure
Balloon

Dog's bowel cancer
detection rate 100%

Barbie Butt -
Experience and tips & tricks

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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.

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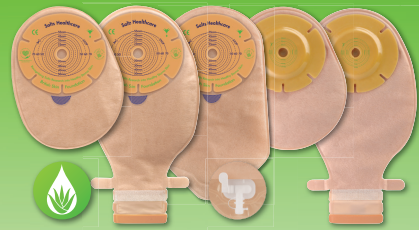
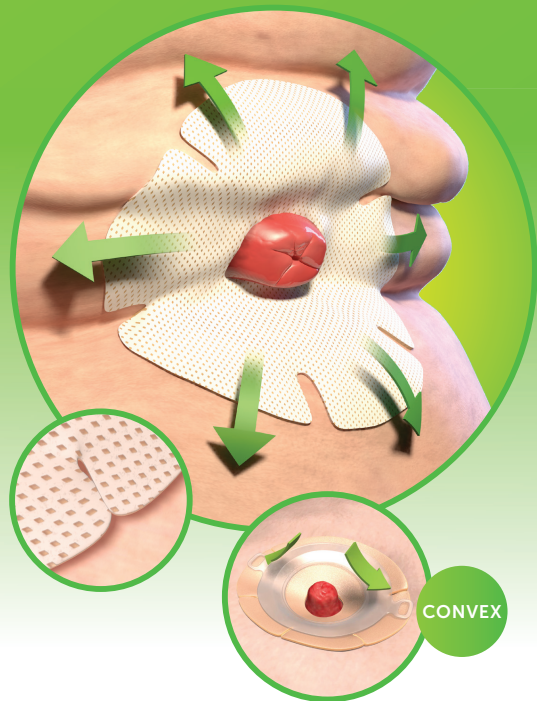
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Greetings From Your President 2022

Welcome to our second magazine of the year, wow, where has this year gone or should I say where have the last couple of years gone?

So much has happened over the last year or two with COVID taking over the world - what is normal living without COVID? There is still a lot around, we don't have to wear masks anymore and it is lovely to see people's faces and their smiles, but we still have to be careful. As I'm writing this, Wellington is being hit with another wave of COVID. We are very lucky in New Zealand that we didn't have trouble getting our ostomy supplies due to Covid; there may have been a bit of a hold up but it did get sorted.

The other big news this year is losing our beloved Queen, a sad time indeed. She had done very well for her age and will be missed by many. Our new King has big shoes to fill; we wish him well as he carries on his mother's work.

Our AGM on Zoom in August this year was well attended, thank you to those who joined us, it was so lovely seeing some old faces and a few new ones, but it is not the same as seeing them in person and having a big hug or two. Roll on next year when we can meet up in person at our Conference and AGM. The Executive are hosting the Conference next year, but there is a slight change of plans of where it is going to be, due to cost etc we are planning to move it to Christchurch. It has been 10 years since we have had a Conference in the South Island, it will be lovely to go and see what they have done in Christchurch after the earthquakes. So, start planning your holiday around the Conference now, (sorry for any inconvenience for those who had already planned their holiday around going to Rotorua) there is more about the Conference in the magazine with the dates etc.

I am writing this just before I head off to go on my long awaited cruise - it's been 3 years since my last cruise and I am running away for my 65th Birthday! I'm so looking forward to having some time to myself and to recharge my batteries.

I would like to thank our Executive for all their hard work they are doing behind the scenes, we have Zoom meetings regularly and we send out our minutes to all societies after each meeting. Please feel free to contact any one of us if you need any help or if you have a question about what we are up to, we are only too happy to talk to you.

With the year going so fast it will be Christmas before we know it and this will be the last Magazine of the year. I must say I'm looking forward to Christmas as I have my family all come to my house for Turkey and all the trimmings. I love fussing over everyone and will not let anyone else take over the cooking (I do let them clean up), we often have about 15 for dinner it is so much fun.

I would like to wish all of you and your families the most Blessed Christmas and a Fantastic New Year. May 2023 bring you health and happiness.

**Jan Haines
President**



Why should I join a society?

Well, for a start you're able to read this! The NZ Ostomate Magazine is published by the Federation of New Zealand Ostomy Societies (FNZOS) on behalf of all the local societies, drawing on the experiences of their members. We make this available to all ostomates with the aim of helping everyone. Local societies meet up reasonably regularly (with a bit of a gap lately due to Covid of course), usually for a coffee morning or the like. It can be very reassuring to meet a bunch of others and realise that you really can't tell they're any different from anyone else. And they can answer the questions that are bound to pop up from time to time – such as how to cope with public toilets, diet, is it OK to travel overseas, et al. And even if you can't get to meetings it is reassuring to be part of such a group - you can always ring or email. But I'm young and they're mostly old! Well the people who help organise, and get to meetings regularly, tend to be since they've got the experience in dealing with this, and like to meet people, and may have more free time. But do bear in mind that ileostomates in particular have often had theirs since your age – and back when appliances were much less sophisticated than today's, and there were fewer effective medications. And of course, no Internet to lean on (although without the disinformation!). If you want tips on how to get by, there's a wealth of experience to be tapped. Conversely it is quite possible that you can help others. Once you've got through the initial phase, you'll have accumulated your own strategies which might be useful. And you may be able to help the society in some way such as helping its web presence. Nah, don't think I can be bothered...

The Bottom Line

In New Zealand we're particularly fortunate in that our appliances are supplied free. Oh, and why is that? Well, over the years FNZOS (and I'd like to thank all those individuals involved) have worked hard to ensure that that was set up, and subsequently that it continues. There

is a continuing push to keep costs down, which as taxpayers we can all appreciate, but it needs someone to keep an eye on things and to ensure that it is not to our detriment. About 10 years ago there was a move to reduce the range of appliances available. It took a direct approach to the Minister to ensure that we could continue to use the appliances that worked for us as individuals. As you are probably aware a major reorganisation is underway within Health, starting with the removal of the DHBs. Robyn Gall of our Executive Council is working with Health New Zealand, and with the Ministry for Disabled People, as they get set up in order to ensure that our voice is heard. And I have been asked by Pharmac, who now have the responsibility for the range of appliances allowed, to attend their next Board meeting to talk about the importance of having the various appliances available and what that means for ostomates. My planned opening line - "You really wouldn't want to be in the room with me if I didn't have an effective appliance". It's important that we are as strong as possible – and that means having good membership and representation.

So, please join your local society...

Details towards the back of this magazine.

David Barnes - Colostomy 2001
Secretary FNZOS, Sec/Treasurer Wellington



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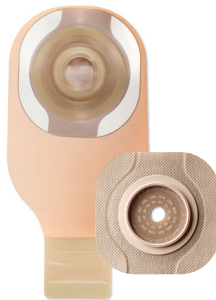
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Let's Chat - Eileen Anderson

I am an 83 year old lady living in Radius Potter Rest Home. Ten years ago, after returning from doing voluntary work in Israel, I developed some health issues.

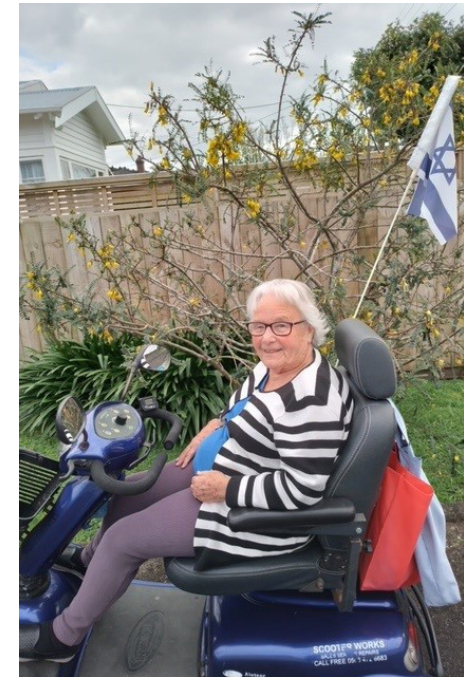
Firstly an ankle which required total replacement. Then diverticulitis, which became antibiotic resistant. So, during that year I had two operations for the ankle, and also a colostomy and ileostomy as the result of an extended hemicolectomy. Then came the reversal. Quite a year! Totally worth the hassles and pain.

As an independent widow living alone, I managed well. Then in 2017 aged 79 I developed a UTI that defied all antibiotics for two years, including IV in hospital. By now I was living in a rest home. The specialists, Tony Nixon and Jonathan Masters, eventually realised that removal of the bladder was the only option. They created a urostomy which unfortunately needed a larger one six months later. This was because of a rare condition of insipidus producing large quantities of urine. The stoma nurses Rachel and Chyronn were really great and supportive. I managed the bag changes on alternate days independently.

Because of damage to the left kidney, by insipidus, I now have a nephrostomy tube which is dressed weekly by the nurse. This kidney which is partially blocked will soon be removed by a laparoscopic technique. The right kidney and stoma work really well.

I can really say that living with stomas is OK. My bag supplies arrive promptly with no hassles, and the stoma nurses are just a TXT away and are always helpful. I am now back outside shopping and visiting friends, blatting around on my blue mobility scooter with Israeli flag flying – when Covid permits.

Life at 83 is still certainly worth living, bag and all. A big plus is sleep without toilet trips.



Eileen Anderson
Northland

NANA high pressure balloon - My new interest in life

In May 2022 I found an interest something that surprised me. Since doing my Pilots Licence back in the 70es, I have had an interest Metrology. So, when Nasa came back to Wanaka in 2022, I decided that I would like to see one of these massive High Altitude Pressure Balloons launched. I was going to watch one launch a few years back, but could not get up to Wanaka in time. So this year I had the time and resources to get to Wanaka and stay for the Launch.

But I have been stumped again after three trips up, the final launch attempt was foiled by a mechanical fault, fortunately I was not up there for this attempt, but it is not all bad news because Nasa has two launches planned for next year, plus this missed one will give us three chances to watch these massive balloons launched.

I decided to write this article to go into our NZMCA (Motor Caravan Association) magazine, with the idea of getting more like-minded people, the chance to see these massive balloons launched.

Then when the call came out for articles for the Ostomate Magazine I might not be the only Geek in the Ostomy Society?? I know we have some Motor Caravanners, in the Society, who may want to see this event take place. I know this is not Ostomy related, but as Ostomates we all have varying interests. If this is you, I will post a time when Nasa will be in Wanaka next year, and perhaps you to may like to make the effort to get to see this happen, we could have three chances?

As I said earlier in this article, the first couple of trips I did to Wanaka was in our Camper then I did a trip up in the Hyundai, I was well used to getting up early for work so got to Wanaka at about 0730, in time to see them rolling up the balloon.

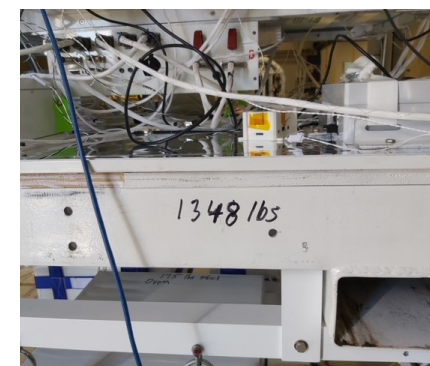
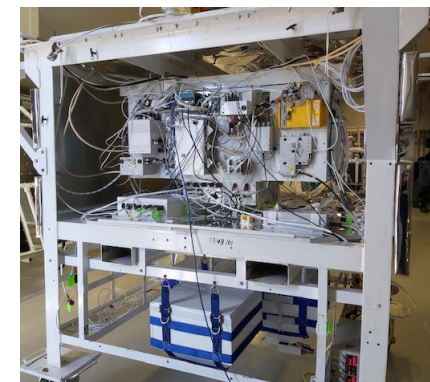
I was very lucky to meet Debbie Fairbrother Nasa's programme Manager, Debbie has been updating me by email. I am sure she will give me a heads up for next year's Launches.

The High Pressure Balloon when inflated is about as high as the Forsyth Barr Building in the Octagon, it will carry a pay load of about the equivalent, of an SUV, this includes a sol panel array, which hangs under the Instrument capsule, I was lucky enough to be shown around the payload equipment by Debbie, every item in the frame was weighed and labelled with its weight.

If you decide to make the trip there are heaps to do around Wanaka, while you are here from out of town. Launch trips out on the Lake, fishing lake or river for Trout or Land locked Salmon. The town is great to walk around with plenty of eateries. There is a Camping ground in town walking distance to shops. While you are in Central, I can recommend a trip to Tekapo or Methven, the Solar heated pools at Methven are well worth a visit, Linda and myself are going back for more.

Queenstown is about an hour away from Wanaka over the Crown Range a great drive or thru the Cromwell Gorge about an hour and a half then there is Arrowtown and the Bungee Jump on your way back to Wanaka.

Regards Frosty



Dog's bowel cancer detection rate 100%

The smell of success is in the air.

Weta, a German shepherd trained at the K9 Medical Detection unit in Mosgiel, has taken the organisation another step forward in its ongoing search for a non-invasive test for bowel cancer.

She has successfully completed the proof-of-concept stage in detecting bowel cancer in saline solution, down to as low as 5% concentration, and now K9MD is ready for the next step of using patient urine samples in its training.

K9MD chief executive Pauline Blomfield said the validation consisted of 300 samples and was completed over five consecutive days, under strict guidelines and conditions.

An independent observer was present during the entire testing to verify the process and ensure blind testing conditions were maintained throughout.

"Using various concentration ratios from 100% down to 5% for the validation, Weta successfully detected positive bowel cancer samples 100% of the time and ignored samples that did not contain cancer 100% of the time.

"Since validation, Weta is now detecting positive bowel cancer samples as low as 0.1%."

Weta is the second dog trained by K9MD specifically for bowel cancer detection.

K9MD dog Levi completed an equally successful validation in 2021.

The K9 Medical Detection New Zealand team (from left) senior trainer Courtney Moore, bowel cancer...

Mrs Blomfield said bowel cancer was one of the most diagnosed cancers in New Zealand, and more than 3000 people were diagnosed with it each year.

"Every day in New Zealand, three people will die from bowel cancer, and 90% of bowel cancers can be prevented if found early enough."

University of Otago surgical oncologist Associate Prof Konrad Richter was supportive of K9MD's work.

He said our underfunded healthcare system was struggling to provide colonoscopies for both symptomatic and non-symptomatic patients in a timely and comprehensive manner.

"Therefore, it is imperative to increase the capacity for colonoscopies and utilise and develop other tools to detect bowel cancer as early as possible before it metastasises, so a cure is possible."

Mrs Blomfield said the dogs would be a "value-added tool" to help protect New Zealand's health, enable earlier instigation of treatment and potentially lead to improved patient outcomes.

"K9MD aims to create a simple diagnostic urine test for the early detection of bowel cancer.

"The use of highly trained medical detection canines will help decrease the need for any extra invasive tests.

"With Weta and Levi's solid odour imprinting of the specific volatile organic compounds released from bowel cancer, K9MD is now preparing to continue the second stage of this research using patient urine samples."

Author: John Lewis

Attribution: Otago Daily Times

www.odt.co.nz/news/dunedin/health/dog%E2%80%99s-bowel-cancer-detection-rate-100

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Return to normality still a struggle for many ostomates

A stoma is a profoundly life-changing event. Whether it's permanent or temporary, or part of a more severe diagnosis, it's a monumental shift in a person's most basic daily habits.

The challenges that come with this change make each ostomate journey unique. From diagnosis to surgery, recovery to resuming "normality", there are many factors that affect each individual's experience.

Despite the incredible efforts of stoma associations, District Health Boards, volunteers, nurses and supporters everywhere, many ostomates continue to experience lengthy struggles with mental health and social isolation.

New qualitative research commissioned by global ostomy supplier Convatec has aimed to uncover the finer details of these struggles, with the aim to better understand the ANZ ostomate community and uncover ways to improve the stoma journey. The ANZ study spoke with ostomates in childhood to ostomates in their 80s. Most respondents had permanent stomas for more than five years. The research was undertaken by Sydney based, qualitative research agency, Nosey Parker.

Broadly, the study spoke to a need for a central support hub for written and video instructions to support ostomates when on their own. If a product didn't work as intended or the ostomate didn't remember how to use a product as instructed, the result was leaks, embarrassment and feelings of isolation.

Most medical information and ostomy product marketing received negative feedback in the study. Respondents said ostomy advertising was mainly full of "celebrating old folk" which didn't reflect themselves. There was a sense of being an outlier just by being younger.

The study's key findings also included:

Social media is an invaluable community resource

According to the study, peripheral support on

topics like diet, dating, sex, social isolation, sport, and general tips and tricks sport was most often found on social media. Some respondents had started their own support groups, podcasts and social media accounts to share their experience and help other ostomates. Some indicated that supporting other ostomates had a reciprocal and positive effect on their own stoma journey.

Men struggle more than women

The study showed that men experienced more shame around what was perceived as a body 'imperfection'. In the study, male respondents felt they were less in-tune with their own bodies generally. They were also less inclined to accept help or reach out to connect with other male ostomates, compared with female respondents.

Nurses are the real heroes

Stomal Therapy Nurses play a significant part in recovery and are a key source for product and care information. Some respondents only followed the advice of their nurses, while others took further initiative and sought out advice from social media and beyond to find their fit.

Covid further compounded challenges

Respondents stated they resort to contacting manufacturing companies directly to request additional emergency supplies when lockdowns had affected their normal distribution process.

More product information is needed

Throughout the study, many respondents said they were unaware of the breadth of products available. Mixing and matching brands to create a "kit" was suggested to deliver the best outcome.

Remote ostomates had less formal support

Respondents in remote areas indicated that they didn't have enough direct access to stoma nurses and often had to wait days for answers. Non-stoma nurses lack the skill set to properly support ostomates, according to the study.

Want to help change the ostomate experience?

The findings from the study are clear: Ostomates deserve greater and more personalised support for their physical and mental wellbeing throughout their entire ostomy journey. It is clear that community is vital to ostomate support, with some ostomates creating their own support networks through social media to fill the void left by industry institutions like ostomy organisations, medical practitioners and product providers.

This study has only scratched the surface of the true state of the ostomy community in Australia and New Zealand. More needs to be done to empower all ostomates to live their best lives and own their unique journey.

Convatec is asking for ostomates to compare their experience to the research and share their opinions anonymously at <https://ivlv.me/oP5nC> or by scanning the QR code below. These responses will directly inform the future support services being offered to ostomates, and will ensure that every ostomate receives the unique support that they deserve.



Barbie Butt: My Experience and Tips & Tricks

Hello all, I hope you're keeping okay! Today I'm going to chat a little about my experience of having Barbie Butt surgery as well as some tips and tricks that I've learned over the years for those who have or, might be facing Barbie Butt surgery as well as those who might just be curious!

My experience

To simply put it, proctectomy surgery, otherwise known as 'Barbie Butt' surgery is where your rectum and anus are removed and sewn up permanently. This surgery may occur for a number of reasons but in my case, following my initial surgery in 2017, to create a temporary ileostomy, although I was now pooing out of my stoma (part of my colon pulled through the wall of my stomach), they left my rectum & anus intact in case I were able to have a future surgery to reconnect my remaining colon with rectum to form what is called a Jpouch meaning that I would poo 'normally' again. Alternatively, I'd need proctectomy surgery at some point to make my stoma permanent due to the risks associated with leaving that dormant rectum in place for a number of years – without going into too much detail and off on a tangent, each surgery has its 'pros' and 'cons' so to speak and this is a hugely personal decision to make for each individual (If anyone would like to chat to me further about this, my Inbox is always open @ambersostomy).

Anyway, in the months following my initial surgery, I didn't give either of these options much thought and was concentrating on recovering from and adapting to the first. In this time, I was experiencing worsening problems with that remaining rectum very similar to when I had my colon (minus the poo of course) with lots of cramps and urgency to visit the bathroom to release blood and mucus. While my stoma was great and I had no problems with that side of things, my UC was still very much active in my rectum which led me down a very similar path in terms of trial and error treatments, hospital admissions etc as to prior to my initial surgery. I

won't lie, I was pretty frustrated by this. I was led to believe that once my colon had been removed, then I'd no longer experience these issues. I was finally sitting my A Levels and applying to University (already a year behind my peers as a result of my initial surgery). So, again, I very much just got on with it, kept it quiet and put up with it despite none of the treatments working to get a hold of my symptoms, feeling worse and worse and experiencing multiple accidents.

Then, I just remember being in hospital for treatment (again) because it had got so extreme (I was frequently passing out on the toilet having lost so much blood from my back passage but, nevertheless, I just thought it would be the case of hooking up to an IV for a few days). Both my gastro doctor and surgeon visited my bedside and explained that we'd come to the end of the road (again) and that I'd either need to start considering unlicensed treatments from other countries or, stay in for either the JPouch or Proctectomy surgery. I was extremely overwhelmed at this point, I thought that I'd have a lot more time to consider these things...

Anyway, this post isn't about me making that decision but, I gave the unlicensed treatments route a go for a few weeks (as hopeful as ever) before having to have an emergency proctectomy (Barbie Butt surgery) to remove my rectum and make my stoma permanent.

Have I had any complications?

On the whole, my experience with a Barbie Butt post-recovery has been good. I definitely underestimated the procedure itself and assumed it would be easier than the initial stoma surgery recovery (I understand that no surgery is easy) paired with being adamant on moving away to UNI in the September (I had the surgery in the May), I pushed myself a bit too much by rushing back into things post-surgery and developed some problems with my back passage wound during recovery which led to needing daily treatment and packing for a few months. After this, I realised the importance of rest and that

certain run, experience, workout or walk would still be there once I'd recovered properly and that there's no rush, healing is most precious.

The only other complication I've had was last year when I took my first long haul flight since having my proctectomy, to America. I'm pretty sure it was due to being sat in a particular position for such a long time with little movement and the same chair – I developed a little abscess on my wound site which was pretty infected and uncomfortable. This led to another spell of wound packing, rest and healing. It's probably also worth noting here that when it came to flying home, I was really uncomfortable and worried about it worsening so, I just mentioned it to a flight attendant when checking in to see if there was a possibility to

move to an aisle seat where I could at least get up a little more frequently – they (British Airways) were extremely understanding and helpful and actually upgraded my family and me to business class so that I could lie on my side for pretty much the duration of the flight which was extremely helpful! Moral of the story – try not to shy away from asking for help if you need it wherever that may be!

Since I have been on longer trips and the wound has been absolutely fine – I've tried to get up and stretch my legs as much as possible, wear cool clothes so that the area stays as dry and cool as possible and change up my seating position as well as what I've been sitting on as frequently as possible.



Tips & Tricks

Pre-operatively:

– Speak to and get advice from as many people as you can!! In that short spell that I was trialling those unlicensed treatments and losing hope, I made a conscious effort to speak to and get advice from as many different people as possible whether that be healthcare professionals or, other patients who'd been through something similar to gain as much perspective as possible for the JPouch vs Barbie Butt. Although I didn't have much choice in the end, this was so helpful in helping me learn and get my head around it all.

– Comfort is key! Get yourself lots of comfy bottom halves whether that be opting for underwear that is slightly comfier and sizing up a couple of sizes, getting some loose and light pyjama bottoms or perhaps opting for joggers for a short while.

Post-operatively:

– I read a lot about various cushions and best seating positions but, the best thing I found was a specific pressure wound blow-up style cushion that was provided by my local district nurse.

– Postoperatively, I tried to get up and about for strolls as much as possible but it was a really fine balance between doing my body good / enjoying being up and about and screwing myself over for the next day / in long run. I'd say, always do a bit less than you think or feel like you can rather doing that and more even if it feels good at the time (very much easier said than done, I understand!).



– Although I already had a selection of ostomy appropriate and comfortable underwear, I found that specifics that are maybe too tight or made of certain materials are uncomfortable on my Barbie butt particularly if I'm sat for a long time or working out. I've found that high waisted, Brazilian style knickers made of silky material are the perfect balance between being comfortable, supporting my stoma and looking nice.

– If I'm sitting for long periods of time, my wound can occasionally feel a little uncomfortable or tight so, I try to make sure I get up for a stroll at some point for example if I'm sat at my desk all day whether that's to go and get a coffee, taking the stairs instead of the lift or walking the long way to the toilet.

– Leading on from the previous, for my last few months of UNI (pre-covid) I took a little cute cushion in to leave on my chair to make it that little bit more comfortable. This is something that in my mind, I was so worried about in case someone questioned it, what would I say? I've had my bum sewn up and these chairs make it feel sore?... In reality, nobody once questioned or mentioned it, I had nothing to be so worried about (and, I was a lot comfier!).

– When travelling, I apply the same rule; I try and take something comfy to sit on (one of the travel neck pillows can work well!) and also try and get up as much as I can. I know easier said than done but it can be really useful to try & lie on your side where possible to take some pressure off too.

– Occasionally, still, I get the sensation of needing to go to the toilet properly with a dull pressure in my bum and stomach cramp (I'm pretty sure this is called phantom rectum) so, I go to the toilet and just sit there for a few minutes and it tends to pass.

– You know your body best – what I'd say is that if you have a slight inkling that something might be off, don't hesitate to get some advice.

I hope this has helped in some way and as I mentioned previously, I understand how much of a big deal this surgery can be so am more than happy to chat to anybody who has any further questions.

Amber x



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The decades of devotion of New Plymouth's King Charles superfan

Tibeth Smith is a King Charles superfan – her devotion to the 73-year-old monarch began when he was just a boy.

The New Plymouth woman has been exchanging letters with Charles since the early 1990s. His replies are pored over with reverence for a deep and meaningful friendship.

For Smith the connection began when she was in her 20s and she read an article about how the 8-year-old was being bullied at school.

She had been through her own difficult time and his situation resonated with her.

"I just thought how sad he was and I was quite sad too, and I felt his sadness. So I followed him through his life," she said.

That devotion has seen her amass a huge collection of magazine clippings and letters from Charles before he was king, and more recently from Camilla, now the Queen consort.

It was after Charles went through another tough few years, when his relationship with Camilla became public and the fallout over his divorce from Princess Diana saw him vilified by many, that Smith started writing them letters.

She wanted to support their relationship, she said.

"People have come around now and they absolutely love her, after 20 years."

Smith's commitment to the couple has only grown deeper with the years. She always sends cards on special occasions and writes personal notes about what they have been up to, what they have worn, or what has been said about them.

"I just feel connected to them. I love them both and I feel a connection," she said.

The most touching day in her life was in 2015 when Charles and Camilla came to New Plymouth and she seized the chance to talk in person to the

man she had followed from boyhood.

During a high tea at the city's Pukekura Park Smith talked with Camilla first and summoned the courage to ask her if she could give Charles a hug.

"When I was talking with them in the park, it was just so wonderful.

"I have never seen Charles look so happy."

A portrait of the young Prince Charles with his sister Princess Anne is afforded pride of place in Smith's New Plymouth home.

Smith moved to New Zealand in 1966 with her late husband, Derrick Smith, from Yorkshire in England.

They met when they were just 16, and they even got a card from the Queen on their 65th wedding anniversary.

She is reserved about her private life, but it is clear the letters she has received from the royals over the years fill a special place in her heart.

"I sent the last one in August and so I have got one on the way, but I know they have been busy recently."

Smith, who prefers not to share her age, is a bit more laid back than she used to be about when the replies arrive.

"Back in the days, I used to wait for the postman and then put the photographs they sent me on the kitchen bench," she said.

She plans to continue writing letters to Charles now he is king, just as she has for close to 30 years.

"He waited for too long to be king," she said as her eyes brimmed with tears. "But now he is there."

Ready to sniff out cancer trouble

Hogan may only be 9 weeks old, but he has already sniffed out a rewarding job with great prospects and his future is sitting pretty.

He is one of a litter of five pups of a police detector dog, and has just been given to the K9 Medical Detection New Zealand (K9MD) unit in Mosgiel by New Zealand Police.

With a keen nose for adventure, Hogan is now embarking on a special mission to help save lives by detecting the early signs of cancer in urine samples.

Police dogs national co-ordinator Inspector Todd Southall said he thought he had seen it all during the course of his career in the police, but he was humbled by the work K9MD was doing when he visited the premises at Invermay recently.

"It was a real eye-opener for me.

"The fact that [K9MD] chief executive Pauline Blomfield was working with scientists and identifying the odour from the cancer cells for prostate and bowel cancer, and training the dogs to indicate on these, was absolutely incredible," he said.

"It's not something we normally do, but gifting them a dog was the least we could do for their amazing work into cancer research and detection."

Mrs Blomfield said that, over time, the organisation had developed an excellent working relationship with government agencies using dogs for detection.

"The New Zealand Police dog section works to protect and serve the community whilst K9MD work to care for the health and wellbeing of the community – so we have a natural connection."

K9MD has already trained two dogs – Levi and Frieda – to detect bowel cancer and prostate cancer, respectively, and Hogan will be among several other dogs being trained for similar work at the facility.

"We're creating a simple diagnostic urine test as a value-added tool to be used within the health system for the early detection of cancer," she said.

"It's crucial that our medical detection dogs have a great temperament and a strong work ethic."

Hogan will spend his puppyhood under the watchful eye of K9MD puppy development trainer Lynette James.

The type of cancer he will be trained to detect is yet to be decided.

Author: John Lewis

Attribution: Otago Daily Times

www.odt.co.nz/news/dunedin/ready-sniff-out-cancer-trouble

Pharmac Board Meeting

I was invited to speak to the Pharmac Board meeting on 29 October to represent users of devices provided through their schedule. Other presenters were an anaesthesiologist, the COO of Counties Manakau (both on Pharmac's Strategic Medical Devices Advisory Group), and the CEO of the Medical Technology Association (suppliers).

We had a 5 minute slot each. I opened mine with the point that they really wouldn't want to be in the room with me if I didn't have a functional appliance. I outlined the need for a full range of items, using the example of our situation in explaining how the needs for the various types of ostomy differ, and how they are affected by matters such as hernias, dexterity, vision, etc, as well as different skin types. If users have the most appropriate appliances for their own circumstances, then they will need fewer of them and will be in a much better position to lead as full a life as possible – a win for all parties.

I summarised the results from the survey I carried out in 2010, which identified that many users continued to use appliances they were familiar with, often the first one they were given, even if they had faults such as filter blockages or leakage. I covered the impacts on ostomates of striving to lead a normal life. I then covered points that are common across all self-managing users of devices and described how appliances had improved over the years, a point echoed by the anaesthesiologist.

If appliances are withdrawn, then there is a huge impact on the users. They have a regime in place, and a forced change would have a physical and psychological impact and would result in a huge workload being placed on the medical staff while alternatives are identified and trialled. So, in choosing devices for the schedule, it has to be recognised that it brings a long-term commitment to continuing to make them available.

The Board appeared to respond well to the points raised, and it is reassuring that they had wanted to hear our views.

Following the meeting I had the opportunity to speak with some Pharmac staff. I had been asked to attend based on the responses I had provided back in 2018 when Pharmac had carried out consultations with many user groups around the country.

There are no plans to revisit the schedule of ostomy supplies in the near future. I emphasised that is important that the nurses are able to provide the most appropriate appliances in conjunction with the user, and that that should apply everywhere in the country. So, a great opportunity to put the user viewpoint in front of the Board.

**David Barnes - Colostomy 2001
Secretary FNZOS, Sec/Treasurer Wellington**

FNZOS Conference 2023

While working on planning for next year's conference it became clear that it was going to be very expensive.

Since the location of Rotorua was originally chosen, motels have been used for social housing so there is now little alternative accommodation available - and that will be at a premium.

Accordingly, the Executive Council decided to look at further options. The last conference to be held in South Island was back in 2013, so it was decided to explore the options there. Christchurch looked to be the best bet for flights while having a good range of venues and accommodation.

After investigations, the Executive Council has selected The Richmond Club for the venue, with well- priced accommodation available at the Bealey Quarter within a short walk.

The time frame for the conference remains the same and will run from Friday 8th till Sunday 10th of September. We are still finalising speakers and sponsors so anyone with some connections please contact me brenthamlin02@gmail.com

More information will be sent out in our magazine early next year. If you want to book early, please contact

Bealey Quarter
t. 0800 115 043 m. 021 328 336
email. groups@bealeyquarter.co.nz

As all the rooms have been booked for the conference you will need to call or email them – please quote **Reference number 174776** and the name it is booked under is **FNZOS**

There are other motel options along Bealey Avenue that you are welcome to book.

Kind regards
Brent Hamlin



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Useful Links

FNZOS website: <https://ostomy.org.nz/>

Contains the Travel Certificate, the Living With Your Ostomy and Caring for Ostomates booklets, and recent NZ Ostomate Magazines.

Up to date contact details for local societies.

Suppliers

As well as listing their products and enabling you to request samples, these sites have useful information on living with an ostomy. Check their adverts for latest details.

Coloplast	0800 265 675	www.coloplast.com.au
Convatec	0800 441 763	www.convatec.co.nz
Dansac	0800 678 669	www.dansac.co.nz/en-nz/
Hollister	0800 678 669	www.hollister.co.nz
Omnigon	0800 440 027	www.omnigon.com.au
Salts	0800 100 146	www.ainscorp.com.au

Accessories, wipes etc

3M Cavilon	0800 808 182	www.cavilon.co.nz
BellyBandz	021 296 1425	www.bellybandz.nz

National Service Specification

<https://nsfl.health.govt.nz/system/files/documents/specifications/stormaltherapysvct3.docx>

Specific Support

Crohns and Colitis:	http://www.crohnsandcolitis.org.nz
Map of accessible toilets:	http://www.toiletmap.co.nz
Cancer Society:	https://www.cancer.org.nz/
Bowel Cancer NZ:	https://bowelcancernz.org.nz/

International

Colostomy UK:	http://www.colostomyuk.org/
Ileostomy Support Group UK:	http://iasupport.org/
Medical advice:	https://www.nhs.uk/conditions/ileostomy/
Medical advice:	https://www.nhs.uk/conditions/colostomy/
International Ostomy Association:	http://www.ostomyinternational.org/
Nutrition of Ostomates:	https://www.nutritionforostomates.com.au/

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Donations

This magazine is provided free by FNZOS to Ostomates in NZ to help keep you informed of the latest appliances available, along with useful hints and information.

If you would like to donate to FNZOS, or to leave a bequest, it would be much appreciated.

A tax rebate can be claimed for donations of over \$5.

FNZOS account: 12 3011 0809378 00.

Please contact the Treasurer if you require a receipt:

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treasurer@ostomy.org.nz 027 561 2704

Membership

See the contact details for the member societies.

As a member you will have the opportunity to meet other members.

You are encouraged to join, whether or not you wish to attend meetings, to enable FNZOS to get the best voice at Government level to represent Ostomates. And while you might not feel the need for support yourself, you may well be able to assist others.

Officers of Affiliated Societies

2022 FEDERATION OF NEW ZEALAND OSTOMY SOCIETIES INCORPORATED MEMBER SOCIETIES

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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 the publication.

- *Editor, N.Z. Ostomate*

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