



THE JOURNAL OF
OSTOMY
NEW ZEALAND

ISSUE 122

JUNE 2023

2023 CHRISTCHURCH CONFERENCE
8TH, 9TH, 10TH SEPTEMBER 2023

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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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PRESIDENT REPORT - May/June 2023

Can you believe it is half way through the year, winter is definitely coming, it is time to get out our woollies and dust off our heaters. I must say I am sitting here with my heater on and a blanket over my knees while I'm writing this.

History was made this month with us getting a new King and Queen. The Coronation was the big event, I'm sure it was celebrated by many. I personally was involved in hosting a High Tea for our Senior Citizens in my community for the special event, we all wore crowns and tiaras and ate cucumber sandwiches etc and of course we had the King's quiche which the King had said that he had wanted for the Coronation so we had to have it too. It was a great day enjoyed by all.

We too have our own big event happening in September which I hope that many of you can come along to help us celebrate it. Our Conference is in Christchurch this year, which I hope will be easier for you to get to. Our Executive is hosting it, which is a first, normally the local Societies host them, but for logistical reasons this year the Executive took it on. It is the most exciting time for us all. I am so looking so forward to meeting up with you all, I have always loved going to Conferences, and as I have been an Ostomate for 40 years I have been to lots of Conferences and have enjoyed them all in different ways. I

have made many friends along the way, and with luck will make some more this year.

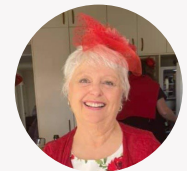
The Executive continues to hold meetings throughout the year, it is much easier to have Zoom meetings than having to meet up in person, and as we all work full time having a Zoom meeting at night works well for us all.

We are here for all Ostomates so please feel free to contact any of us if you need anything. There is always room for more people to come on to the Executive at our AGM, we would love to have some new faces. We work very well together as a team; we all have own strengths which works well for us all.

I would like to once again thank our Executive Brent H, David, Brent S, Robyn and Michael for the ongoing support they give me and each other on the Executive, especially with the Conference coming up and all the work that goes into making it a successful weekend.

Life is short and life is for living, so please live your life to the full and love it.

Jan Haines
FNZOS President



Evan's Story

One morning in August 2002 when living in UK I noticed a smear of blood on the toilet paper. I thought nothing of it and flushed the loo. About three weeks later blood appeared on the toilet paper again. I felt no pain nor was there blood in the stools. Eight weeks later the blood reappeared and I almost ignored it. But I decided to get it checked out and made an appointment with my GP for 20 December 2002. I felt a bit foolish, but my GP told me that blood from any orifice must be investigated. He made an appointment with the local hospital for further checks.

On 9 January 2003, another doctor probed my rectum with an endoscope and found a polyp from which he took a sample for biopsy. A week later I attended hospital again and was taken to a private room. The doctor who did the endoscope came this time with a consultant and a nurse. Would I like to sit down, the nurse asks? "No, thank you," I reply. All three are staring at me. The atmosphere is ominous. The consultant told me that the biopsy had cancerous cells in the sample.

"Are you saying I have bowel cancer?" "Yes", came the answer from the consultant, "you have bowel cancer."

How is one is supposed to react? "What's next?" I inquired. More tests to determine the extent of the cancer. "Let's get on with it then." I must have seemed rude, but I didn't know what else to say. I'd heard how slow the publicly funded National Health Service could be.

I was wrong. Things moved very quickly indeed. A blood test, a CT scan, and an excruciating sigmoidoscopy (inflating my bowel with air) all happened in the next three weeks. I was interviewed by a colorectal surgeon and a specialist nurse who explained my cancer and what would happen. An abdominoperineal resection (APR) would remove my bowel tumour hopefully without radio or chemotherapy. And it proved to be so. Bowel cancer, it was explained, is classified by Duke's stages. A Duke's A tumour is contained entirely within the colon. Duke's B is where the cancer has spread to the peristalsis muscles around the intestine. The next is Duke's C is where the cancer progresses to the lymph nodes. The most serious is Duke's D where the cancer has reached the liver. I had an early Duke's A tumour and depending on where the tumour was and how much surrounding tissue was removed, I would have a temporary or permanent colostomy with a bag to collect my poo.

The operation took place on 14 February 2003, a not-so-romantic Valentine's present! Because the tumour was very low my colostomy is permanent. If the tumour had been higher up, the colon could have been re-joined without a colostomy. Ironically, if the tumour had been higher up, the tell-tale blood may not have been so evident, and I may not have been aware that I had bowel cancer till other symptoms appeared. Crucially, it was explained, if I had not taken early action the cancer may have spread to become Duke's C or D cancer and I would

not be here twenty years later typing this letter.

The AP Resection also removed my anal sphincter muscle so I have no conscious control of my bowel. I manage with stoma irrigation. Every morning I sit on the loo and feed about a litre of body-temperature drinking water by gravity into my stoma and intestine. After about a minute peristalsis muscles (that I have no control over) push out the faeces into a plastic drain at my stoma and down the toilet. Because it is mixed with water, the poo is mostly liquid rather than solid stool. In a quarter hour I can peg the drain, leave the loo, and do other things like make a cup of coffee returning to the loo as required. Movement stops after about 45 minutes. Then I (usually) stay clean to the irrigation wearing only a discreet stoma cap instead of a bag.

When I first tried irrigation, I wondered if it

were like colonic irrigation as recommended by so-called naturopaths. Contrary to the claims of these quacks, stoma irrigation does not give me a feeling of inner cleanliness and wellbeing. While I tell myself it must be good to be clean internally, my motive is less subjective. I want the best quality of life without a bag of poo stuck to my belly and worth the dirty, smelly job that irrigation is. As a married man, the benefits of this cannot be over-emphasised.

The colorectal surgeon told me to watch my diet and avoid red meat and high-fat foods such as cheese. I confess to eating both albeit in moderation. My advice on bowel cancer is don't leave it to luck. Any blood from your anus, however little, see your doctor and get to the bottom of it.

Evan Robinson



Travelling with a Colostomy Bag

The following information is provided to support passengers travelling with medical items.

If you use a colostomy bag, you do not need to tell the officer before entering the walk through metal detector, as it may not trigger the alarm. If an alarm goes off you will be screened by an officer with a hand held metal detector or via a body scanner.

If you are to be screened by an officer with a hand held metal detector, you do not have to tell the officer unless the metal detector alarms in vicinity of the colostomy bag. If they request to view the colostomy bag you can request this occur in private, out of the

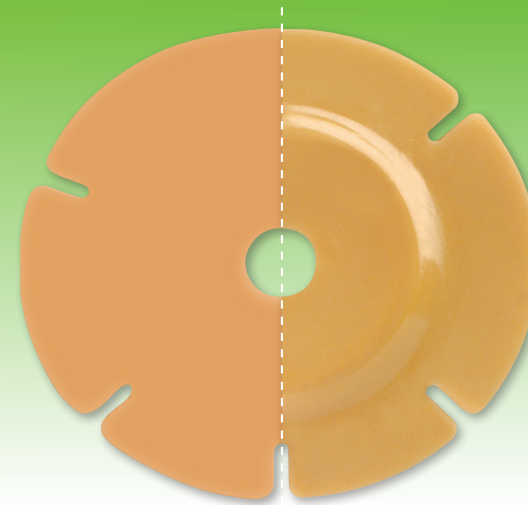
view of others.

If you are screened through a body scanner, you do not need to tell the officer before you enter that you have a colostomy bag, however once you have exited, it is important you tell the officer conducting the search.

Following the body scanner you will be subject to a pat-down search which involves an officer, of the same gender, running or patting their hand over the clothed areas of your person. As part of this process the officer may request to view the colostomy bag. You can request this search occur in private, out of the view of others.



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Nutrition for People with a Stoma - Alex Govan

What affects stoma output?

- Site of the stoma
- Amount of proximal gut resected
- Length of time patient has had the stoma –gut adaptation
- Previous radiation or chemotherapy
- Underlying disease or infection
- Bacterial overgrowth
- Medications
- Food and fluids taken

Goals of Dietary Management

- Prevent stoma blockage after surgery
- Promote healing of stoma wound and area of resection
- Allow adaptation of the bowel
- Minimise unpleasant gastrointestinal upset such as flatulence, diarrhoea, constipation and odours
- Make up for nutrient losses of fluids and electrolytes
- Eat a variety of foods
- Avoid unintentional weight loss

General healthy eating

Include food from the four food groups

- Breads and cereals
- Dairy
- Meat and meat alternatives
- Fruit and vegetables
- Variety is key
- Individual – only avoid foods which cause unacceptable symptoms for you e.g. blockages or high output

Colostomy

- Part of the colon brought through an opening (stoma) and attached to the skin on the stomach
- Output may be loose after surgery for a short time
- Bowel adapts and absorbs more fluid so colostomy output is more formed

- Output varies person to person
- If a large section of your bowel was removed, your stoma is more likely to work more often and have a more toothpaste consistency
- If most of the colon is intact, the output will be more formed and less frequent
- No special diet, nothing you should avoid long term
- If certain foods don't agree with you post surgery, try to reintroduce at a later stage

Ileostomy

- End part of the small bowel (ileum) brought out to a stoma
- Colon bypassed which absorbs water & salt
- Often liquid output post surgery
- As the bowel adapts it starts to take up more fluid than it used to
- Normal ileostomy output 500ml – 1L
- Any output >1L is considered a high output

Foods which can cause blockages

- After an ileostomy formation, is recommended to avoid high fibre foods 6-8 weeks post surgery until swelling of bowel resolves
- You shouldn't need to avoid these long term – reintroduce foods gradually in moderation, chop and chew well
- Wholegrain products such as breads and cereals such as muesli
- Coarse, fibrous and windy vegetables such as onions, peas, cabbage, peppers, corn and legumes such as baked beans
- Fruit with skins seeds and pips and dried fruit e.g. pineapple, figs, berries
- Nuts unless in smooth nut butter, popcorn, coconut
- It is important you try all foods and only avoid those which keep causing problems. Everyone is different.

Fluid Intake

- Normal requirement is ~1800-2000ml/day
- Higher risk of dehydration with an ileostomy due to missing part of bowel which absorbs water
- If losing more than 1L fluid from stoma – contact dietitian, stoma nurse or doctor
- Best fluids include water, electrolyte replacement drinks (hydralyte, electoral), soups and broth
- Avoid fizzy drinks and excess tea, coffee
- If output is high, avoid drinks high in sugar and artificial sweeteners as these can increase output

Dehydration

- Signs: Feeling thirsty, Dry mouth, Feeling faint, Tired, Headaches, Dark urine
- What to do if dehydrated: Increase fluid, especially rehydration solutions
- Seek medical help

Avoiding sodium and potassium depletion

- More likely if output is high
- Potassium depletion can cause muscle weakness, bloating, fatigue, leg cramps and shortness of breath
- Foods high in potassium include bananas, orange juice milk and cup of soup
- Sodium depletion can cause loss of appetite, drowsiness, abdominal cramps, feeling cold and feeling faint
- Foods high in sodium include soups, tomato juice, cheese, vegemite and soy sauce and adding salt to meals
- Electrolyte replacement drinks contain both

Thickening output

- Psyllium husk/Metamucil
- Loperamide (from doctor)
- Foods to thicken output e.g. white bread, banana, porridge, smooth peanut butter, white rice, marshmallows
- Reduce caffeinated/sugary beverages, artificial sweeteners, alcohol and spicy foods

- Rehydration solutions including St Marks Solution
- A word on salt:
- Most people have enough salt in their day
- If you follow a low salt diet, your output is high or you do strenuous work/exercise you may need to increase your intake
- Do this by adding salt to food and during cooking, including salty foods such as marmite, cheese, soup or soy sauce

Avoiding constipation

- Adequate fluids
- At least 2L per day
- Regular fibre from fruit, vegetables and wholegrain foods
- No need to avoid fibres long term unless indicated by dietitian
- Increase slowly to avoid excess wind/worsening constipation
- Prune juice or kiwifruit can be helpful
- Regular activity as able

Blockage symptoms + treatment

No output for more than 6 hours as well as:

- Abdominal bloating
- Abdominal cramping
- Nausea or vomiting

What to do?

- Stop solids but continue to drink liquids
- Rest with a heat pack/take pain relief
- Massage the area around your stoma/abdomen
- Never take laxatives
- If pain continues – go to ED

Gas/odour

- Possible gas & odour forming foods: Asparagus, baked beans, beans, beer, broccoli, Brussel sprouts, cabbage, carbonated drinks, cauliflower, corn, cucumber, eggs, fish, garlic, lentils, onion, raisins, cheese, chewing gum
- To decrease odour, try: Orange juice, Yoghurt, Parsley, Buttermilk



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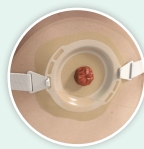
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Jill Newton recognised for dedication to community!



Hon Kieran McAnulty

Minister for Emergency
Management Minister for Racing
Deputy Leader of the House
Associate Minister of Local Government
Associate Minister of Transport



13 FEB 2023

Dear Jill,

Recognition of 10 years of volunteer service to Civil Defence Emergency Management

I would like to thank you for your contribution and service as a volunteer to your community and emergency management in New Zealand.

Emergency events have a significant and often devastating impact on communities. The ability of communities to respond to and recover from an emergency depends strongly on the commitment of our emergency management volunteers like you.

I note your first-hand experience of this since 2010 when you joined the local welfare group of the Ashburton Civil Defence Emergency Management Team and that you deployed in 2011 to provide welfare assistance to people affected by the Christchurch earthquakes. Since then, I understand you have remained active in Ashburton providing welfare assistance to the community on numerous occasions.

Your dedication, sacrifice, and commitment in numerous emergency events during your years of service have stood your community in good stead and is appreciated by the New Zealand Government.

Please also convey my thanks to those closest to you, who no doubt supported you along the journey and made sacrifices of their own.

Yours sincerely,

Hon. Kieran McAnulty
Minister for Emergency Management

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GUIDELINES FOR Returning to normal activities after abdominal surgery

Sarah Lawrence, Exercise Physiologist, WA

Follow for at least 6-8 weeks after surgery

General guidelines

- To protect wound healing, avoid lifting, pushing or pulling objects more than 2-3kg.
- Over time, you may be able to slowly increase how much weight you can lift. For now, go slow.
- Learn new ways to stand and sit, while avoiding holding your breath or straining your abdomen.
- Take care of your personal hygiene including daily washing to reduce the risks of wound infection.
- Begin a light walking exercise programme.
- Allow yourself time to rest in the day and slowly resume normal activities and hobbies.
- Avoid kicking or pushing heavy objects with your legs or feet.
- Consider using an **abdominal support garment**. Speak to your stoma nurse for correct garment selection and use.

A support garment can help keep your stomach muscles relaxed and provide support while you heal. This is important in the early stages of recovery.

Getting in and out of bed

GET OUT OF BED

Use a "log roll" method to get out of bed.

1. While lying on your bed, draw your knees up and gently roll onto your side.
2. Swing your legs off the edge of the bed whilst at the same time using your arms to push yourself up into a sitting position. Try to keep your stomach muscles as relaxed as possible - use the momentum of your legs to help you to come up to a seated position.



3. Sit on the edge of the bed for a moment to regain your balance before standing or walking.

GET INTO BED

Reverse the process for getting out of bed. Sit on the side of the bed near the top third of the bed. Lower yourself onto your elbow and swing your legs up at the same time, ensuring your stomach muscles stay relaxed.

From here you can comfortably roll onto your back, keeping your hips and knees aligned.

Standing up from a bed, chair, or toilet

1. Bring your feet in close to you, with your feet hip-width apart.
2. Lean forwards from the hips keeping your back straight.
3. Keep your stomach relaxed the whole time by remembering to breathe. Push through your legs to stand up.

To sit down, perform this process in reverse, bending at the hips as if taking a bow and slowly lowering yourself onto the chair. Avoid sitting on low or soft surfaces. An over-the-toilet frame may be helpful in the short term.



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/stormaltherapyvct3.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/

Federation of New Zealand Ostomy Societies Incorporated

Federation of New Zealand Ostomy Societies Incorporated

NZ Registered Charity

secretary@ostomy.org.nz www.ostomy.org.nz 0508 678 669 (0508 OSTOMY)

Member of South Pacific and International Ostomy Associations

Executive Council

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Committee	Robyn Gall	robynostomy@gmail.com	027 320 7108

Patron

Mr Graeme Roadley, MB ChB (Otago) FRACS (Surgery)

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:

FNZOS Treasurer, B Hamlin, 68 Tutaiapatu Avenue, Pegasus 7612

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. While you might not feel the need for support yourself, you may well be able to assist others.



LIVE YOUR BEST LIFE

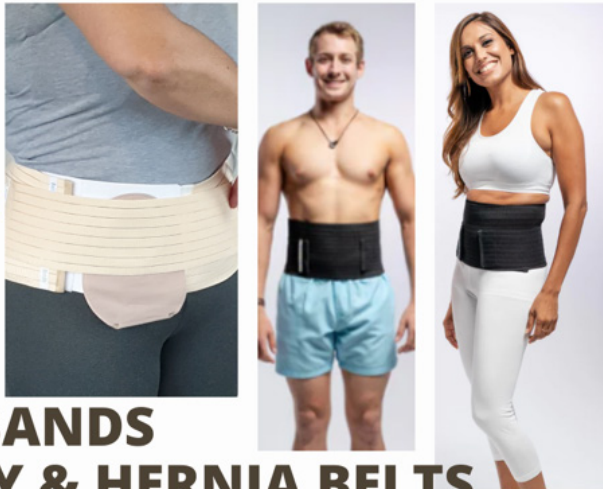
Confident - Active - Intimate



Abdo Empowered was founded by ostomate Lisa Hamilton-Russ, in response to the lack of comfortable and effective hernia belts and belly bands available in New Zealand. Belts supplied following her surgery caused pancaking and leaks, were incredibly uncomfortable and those she ordered herself from here and overseas were expensive and hit and miss, at best.

When she finally found some great quality, comfortable and adjustable belts, she vowed to bring them home so others could experience their support and wearability too. She also sourced some comfy, NZ made high rise undies and developed active swim bands to enhance confidence and, help improve the quality of life for ostomates. Committed to working with people to find the right support, she is happy to chat and work with you to come up with solutions for your support needs.

www.abdoempowered.co.nz



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Executive Members



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www.ostomy.org.nz

www.ostomyinternational.org/newzealand.html

OstoMATESNZ www.facebook.com/groups/237390785093/

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Email: robynostomy@gmail.com

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



Officers of Affiliated Societies

2022 FEDERATION OF NEW ZEALAND OSTOMY SOCIETIES INCORPORATED MEMBER SOCIETIES

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HAWKE'S BAY

(Including Poverty Bay)		hbosgi@gmail.com		
Pre/Tre	Peter Ide	eyespide@hotmail.com	021 178 4144	Napier
	Hugh Thornton	hughandnorma@xtra.co.nz	027 877 1553	Havelock North

MANAWATU

Tre/sec	Val Rodgers	vmrogers@hotmail.com	06 362 6766	Levin
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NELSON

Pre	Eddie Shaw			Nelson
Sec/Tre	Janis Baker		03 547 3800	Nelson

NORTH HARBOUR

Sec	Mandy Little	nhos@hotmail.co.nz	021 044 4067	Birkenhead
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NORTHLAND

Sec/Tre	Margaret Walker	rhys.walker2017@outlook.com	021 123 7799	Whangarei
Pre	Terry O'Meara	terryomeara2@gmail.com	09 432 7351	Ruakaka

OTAGO (incl Southland)

Sec	Sandra Clark	serenitysand@gmail.com	027 270 3053	Dunedin
Tre	Robyn Tourell	tourell.r@xtra.co.nz	027 477 4137	Dunedin
Pre	Phil Elliot	1frostyphil@gmail.com	03 481 1847	Dunedin
	Maree Shepherd	c/- Otago	03 216 9933	Invercargill
	Pam Wilson	c/- Otago	021 101 8575	Invercargill

SOUTH CANTERBURY

Pre	Ngairé Whytock	whyplumb9@gmail.com	021 236 7471	Timaru
Tre	Dave Whytock	whyplumb9@gmail.com		Timaru
Sec	Jill Newton	1949jilln@gmail.com	027 454 7388	Ashburton

TARANAKI

Pre	Raewyn Rooney	rooteam@xtra.co.nz	027 463 6130	New Plymouth
Sec/Tre	Bernie Christian	bchristian@xtra.co.nz	06 278 6379	New Plymouth

WAIKATO

Sec	Jan O'Leary	janoiam1st@gmail.com	027 727 2098	Hamilton
Tre	Michael Sumner	michael.sumner@xtra.co.nz	021 245 5064	Hamilton

WAIRARAPA

Sec/Tre	Yvonne Etherington		06 377 7262	Masterton
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WELLINGTON (Including Marlborough)

Sec/Tre	David Barnes	wellington.ostomy@gmail.com	027 472 5148	Wellington
Pre	Brent Hamlin		027 561 2704	

WEST COAST

Sec/Tre	Thelma Efford	thelmaefford@gmail.com	03 768 6414	Greymouth
Pre	Jean Culling		03 768 7036	Greymouth

WESTERN BAY OF PLENTY

		ostomybop@gmail.com (includes Rotorua, Taupo, EBOP)		
Sec	Richard McNair	richardmcnair02@gmail.com	027 474 9812	Te Puke
Pre	Dian Cheyne	lescheyne@gmail.com	07 543 0598	Tauranga

WHANGANUI

Sec	Trevor Sammons	whanganuiostomy@gmail.com	021 958 758	Whanganui
Tre	Frances Wylie	franwylie49@xtra.co.nz	021 041 8602	Whanganui

(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*

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.

Richmond Club - 75 London Street, Richmond, Christchurch

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**

P: 0800 115 043 | M: 021 328 336 | E: 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.

Garden Court Studio King & Single \$130 p/n

Garden Court Studio King \$120 p/n

The Lodge rooms 2 singles or a double \$110 p/n



Richmond Club
75 London Street,
Richmond, Christchurch

FNZOS Conference 2023

FNZOS CONFERENCE & AGM 8th-9th-10th September 2023

The Richmond Club, 75 London St, Richmond, Christchurch.

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 with DINNER & DANCE	\$170 _____	\$ _____
FULL REGISTRATION excl DINNER & DANCE	\$100 _____	\$ _____
Includes: <i>Friday Evening, Saturday am & pm Tea/Coffee & Lunch, Sunday Light Lunch</i>		
FRIDAY EVENING ONLY meet & greet with nibbles	\$20 _____	\$ _____
SATURDAY CONFERENCE ONLY	\$70 _____	\$ _____
Includes: <i>Saturday am & pm Tea/Coffee & Lunch</i>		
SATURDAY DINNER & DANCE	\$70 _____	\$ _____
SUNDAY LIGHT LUNCH	\$20 _____	\$ _____
TOTAL for PAYMENT		\$ _____

Please indicate if you or your partner have any special dietary needs. **Y/N**

Please specify _____

RSVP by: Saturday, 7th August 2023

Post Registration Form to: B Hamlin, 68 Tutaipatu Ave, Pegasus 7612

Or E-mail to : conference@ostomy.org.nz

INTERNET BANKING: **12-3011-0809378-04** Please include surname as reference

Receipt required? **Y/N**

Will be emailed if possible or available at registration desk

Registration desk opening times will be detailed in a further information pack emailed closer to the conference date.

Canterbury Ostomy Society will be offering transfers from and to the airport and bus depots.

Please indicate if you are likely to need transfers **Y/N**

We will email you seeking flight numbers etc closer to the date.

Transport from the Bealey Quarter to and from the conference venue will be provided so you do not need to book this in advance

Visit to www.ostomy.org.nz to register online

Bealey
Quarter.



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



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