



THE JOURNAL OF
OSTOMY
NEW ZEALAND

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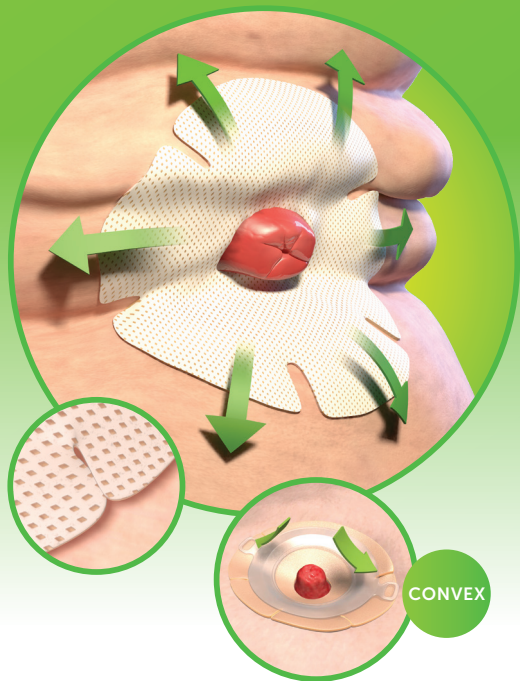
NZ OSTOMATE MAGAZINE

Driving Forward
Michael Sumner

**Life Has A Way Of
Throwing Curveballs**
Helen Joseph

**My Trauma And A
Difficult Start**
Gill Castle

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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.

NZ Ostomate Magazine is the official Journal of Federation of New Zealand Ostomy Societies Inc Trading as



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PRESIDENT REPORT - Oct/Nov 2023

As I am sitting here writing my Christmas message to you all, I paused to think how fast this year has gone – it only feels like yesterday that I wrote last year's Christmas message.

A lot has happened in this past year. On top of getting a new King and Queen we held the biannual Ostomate Conference in Christchurch during September. It was a very successful event - we have had some fantastic feedback from member societies and attendees regarding the conference. Thank you to all those that gave feedback. There is more about the Conference in this magazine so I will let you read about it.

I have booked another cruise which I will go on before Christmas, I am so looking forward to it.

Christmas means a lot to me. I love going to Church both Christmas Eve and again on Christmas Day.

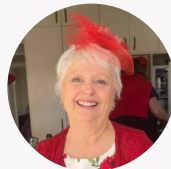
Before I go on Christmas Day, I put my Turkey in the BBQ to cook slowly over 3 to 4 hours. I have up to 18 people come as it is an open home - everyone is welcome.

I started about 5 years ago to have just my sons and grandchildren come a week beforehand and we have our Christmas dinner and exchange our gifts, and of course my boys still come on Christmas day that way we get two Christmas's.

I would love wish you all a very Merry Christmas, may 2024 bring you all the happiness in the world.

Love and Blessings to you all.

Jan Haines
FNZOS President



FNZOS Conference 2023

The conference held this year was a great success and it was so good to reconnect with both our members and supply companies face to face. As all of you know there is a great amount of work that goes on behind the scenes to get a conference up and running and to also ensure it is a great experience for all.

We managed to have some fantastic speakers present at the conference and I know that all who attended learnt from each speaker. They also so enjoyed the great food and facilities that the venue offered.

All presenters gave up their time to support us as a charity and I would like to thank them all. I believe we walked away from conference with a re-invigorated membership as we showed we, as an Executive, are working together for the betterment of all Ostomates.

I think it is important to note that at the Conference we had a cutting of a cake for 51 years since a national body had started. It was a great delight to have our current President, Jan cut the cake with a past President, Barry. So many people have gone before us to help and support Ostomates in New Zealand and we need to

continue to carry that torch! Many thanks to all that attended and all those that presented. A great thanks goes to the supply companies that were in attendance and I know they love coming to our conferences to meet our members. I would also give a huge thanks to the Richmond Club for going out of their way to ensure such a successful conference.

Look forward to meeting you all again and lots of new faces as well.

Cheers,
Brent Hamlin
FNZOS Conference Convener



Driving Forward - My Story by Michael Sumner

I was asked to put together a presentation for the 2023 conference in Christchurch about my story with Crohn's Disease and how it has influenced my working life. I have now been asked to share the story with you in this magazine so here goes. It's a bit harder without all the pictures and commentary, but hopefully you get the gist. I am a 42-year-old male who grew up and have remained in Hamilton, New Zealand. I was diagnosed with Crohn's disease at 23 years old. The damage caused by the condition ultimately required the formation of a permanent ileostomy.

Summary of medical timeline.

- First perianal abscess July 2003
- Diagnosed with severe Crohn's Disease in August 2003
- Loop ileostomy formed on 31st December 2003
- Reformed into end ileostomy, reinforced with mesh 2004
- Section of small bowel removed after twisted bowel 2005
- Total colectomy November 2011
- Rectal stump and anus removed (APR) and refashioned stoma June 2023

I left school in 1997 and enrolled at Waikato Polytech to study horticulture and arboriculture. I graduated as a qualified arborist in 1999. I was then awarded a scholarship visa to work in Miami, Florida as a trainee Arborist for five months. I then travelled to England to work, but was hospitalized with severe fatigue. The Dr's suspected an unidentified virus. Looking back on the event this was likely my first Crohn's flare up. I immediately returned home to New Zealand. In 2000-2003 I worked as an Arborist specializing in vegetation removal around

power lines. I loved my job and the challenges it presented. During this time, I was generally well, fit, and strong with a few niggly health issues. Life turned upside down for me in July 2003 with my first perianal abscess. I had completed one of my most technical tree climbs on a Friday afternoon and ended up in surgery Sunday night. Again with hind sight I now know my stress levels and emotions contribute greatly to any onset / flare of the Crohn's Disease. I asked the Dr's what caused the abscess. I was told I had "Hairy butt syndrome" and I would be back at work in a week. The wound created to drain the abscess opened and fistulated. This led to the diagnosis of severe Crohn's Disease early August 2003. My health continued to decline, and I required an emergency ileostomy 5 months later.

During this period, I was in and out of hospital for treatments and multiple surgeries. I went from a fit 70kg to 47kg in intensive care, so weak I was unable to get out of a bed or chair by myself. My longest continual stay in hospital was 10 weeks. From my first operation in July 2003, I was off work for 12 months. I returned to work one day a week, and gradually increased this as I got stronger. I was lucky to have a great employer who was very understanding and supportive. I am extremely grateful to the New Zealand welfare system and the sickness benefit to cover the essential costs of this time.

I pushed hard with my recovery and made it back to being a climbing arborist by the end of 2004. Struggling with hydration in the summer heat, I became office based in a management role for power line maintenance between 2005 and-2009. My

experience during this time contributed to being selected to be part of the Transpower 400kV Transmission line build project Alliance team during 2009-2013. While having an office job was easier physically, I still had ongoing niggling health issues. I left the electrical industry in 2014 to follow a childhood dream of driving trucks.

I started out with a heavy haulage company on an 8-wheeler transporter moving access equipment around. This led me to my present employer K&L Distributors Ltd driving fuel tankers delivering diesel and petrol directly to their customers. We currently cover from Kaukapakapa north of Auckland to National Park in the south, coast to coast. Our customers include farms, agricultural and civil contractors, transport companies, forestry crews and factories to name a few. All our product is loaded from fuel terminals at either Wiri, Auckland or Mount Maunganui. Again, I have been very lucky with my employer. They are a family owned and operated business and I cannot thank them enough for the support they have provided me. My personal health has never been better since being on the road. Most days are early starts and I find it inspiring watching the sun rise in a different place each day.

I still have my tree climbing equipment and although I cannot physically be a full-time arborist, I still enjoy doing smaller jobs for family and friends.

I find keeping fit helps my health both mentally and physical so I look forward to a 5km run (Parkrun) with my two teenagers on Saturday mornings.

I need to acknowledge and thank all the amazing medical professionals who have kept my broken and damaged rig (my body) going through the years.

Crohn's and trucking has shown me –

- Don't just concentrate on the destination, you'll miss the journey.
- Journeys (Life) have their ups and downs. Sometimes you have to dig deep and grind in low gear to get over a hill (hard times). Other times you need to apply the brakes so you do not go too fast and loose control.
- You can plan your route (life), but if a road is closed, you will need to find another way.
- Do your maintenance and look after your machine (yourself). Unmaintained equipment fails eventually.
- Always fill up with the correct and quality fuel. Nothing worse than running out or getting a blockage.



Hospital Medical Devices & Te Pātaka Whaioranga - Pharmac

This information has been provided to Ostomy NZ to update members about Pharmac's work with hospital medical devices and the ostomy appliances provided to ostomates by public hospitals.

ABOUT OUR WORK IN HOSPITAL MEDICAL DEVICES

Pharmac manages hospital medical devices*. We are doing this in two ways:

- We are adding hospital medical devices to the Hospital Medical Devices List and negotiating contracts as we go.
- We are building new processes, using the Pharmac management model as a guide, to manage the volume and complexity of hospital medical devices.

Once the Hospital Medical Devices List is considered comprehensive, Pharmac will be responsible for deciding which devices are funded for purchase by Te Whatu Ora for use in the hospital or in the community.

Te Whatu Ora will decide what hospital medical devices are needed to deliver their local services, choosing the most appropriate devices from the national Hospital Medical Devices List.

PREPARING FOR FUTURE CHANGES TO MANAGE THE LIST

Our involvement in hospital medical devices was always planned to increase over time. Ultimately, the work we are doing will mean that people, regardless of where they live, will have the same access

to medical devices. Hospital staff will buy devices from the same list, with the same pricing and terms for supply.

Pharmac will manage this list and there will be a process to make changes. Any decisions will need input, so we understand the full cost of a potential change. This needs to consider both the economic and social impacts for the person, their family and whānau and the wider health system prior to making any decisions that might require a change.

This advice can come from hospital staff, specialists, suppliers, and users of devices. This could be from a health professional, those with lived experience, or their family.

Decisions would also be informed by internationally recognised health technology assessment and our Factors for Consideration.

**We use "medical devices" to cover the broad scope of our work. This includes a vast range of products from tongue depressors and bandages to implantable devices (such as pacemakers), diagnostic software, and robotic surgery machines, through to rehabilitation equipment and continence support products.*

REQUESTING CHANGES TO WHAT IS ON THE LIST

We are developing a process that would be used to make changes to the list. The types of changes could include things like new technologies (eg that have not been used in NZ before), product upgrades, pricing or packaging changes or delisting products.

We anticipate that most change requests will come from suppliers but we want to make this new application process as easy as possible for everyone.

Requests could also come from hospital staff working in clinical, technical, service support and operational roles, health professional and consumer groups such as Ostomy NZ, or people living with a condition.

GETTING INPUT INTO OUR HOSPITAL DEVICES WORK

We have been gathering insights from a range of people through consultation, forums with hospital staff, and face to face meetings with a range of different groups.

People have told us it's important we understand that:

- hospital medical devices are not the same as medicines – and these differences are important,
- our approach needs to be flexible and fit for purpose for that type of request,
- we must get appropriate expertise from a range of people to help inform our decisions,
- transparency and timeliness are important.

WE WILL NEED INPUT FROM PEOPLE WHO USE OSTOMY APPLIANCES

We will continue to update ostomates through Ostomy NZ as our work progresses. We are working closely with Te Whatu Ora to ensure our work programme is aligned with their specialist services and with the broader health and disability system reforms.

MORE INFORMATION ABOUT THE UROLOGY, OSTOMY AND CONTINENCE PRODUCTS UNDER PHARMAC CONTRACTS

Pharmac has now completed national contracting for urology, ostomy and continence products purchased by Te Whatu Ora for use in hospitals or in the community.

INCLUDED WITHIN THE SCOPE OF UROLOGY, OSTOMY AND CONTINENCE

- Ostomy systems for intestinal and urinary ostomies
- Ostomy kits and sets
- Ostomy sealing and skin care products
- Ostomy accessories and miscellaneous ostomy products
- Non-surgical wound drainage systems including wound pouches
- Urinary drainage bags
- Urinary catheters
- Urinary catheter sets
- External urinary drainage devices
- Incontinence pads and pants
- Paediatric nappies
- Faecal collection systems
- Protective underlays
- Continence skin care products
- Urology and continence accessories & miscellaneous urology and continence products
- Enuresis alarms.

LIST OF CONTRACTED PRODUCTS

- Search the Schedule addendum for “Urology”, “Ostomy” or “Continence”.
- Search the Schedule spreadsheet for “Urology”, “Ostomy” or “Continence”.

SUPPLIERS UNDER PHARMAC NATIONAL CONTRACT

3M NZ Ltd
Ainscorp Pty Ltd
Asaleo Care NZ Ltd
Bard Australia Pty Ltd
B. Braun NZ Pty Ltd
Bunzl Outsourcing Services NZ Ltd
Cardinal Health Australia 503 Pty Ltd
Coloplast Pty Ltd
Convatec (NZ) Ltd
CR Kennedy (NZ) Ltd
Culpan Distributors
Downs Distributors Ltd
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Obex Medical Ltd
O&M Halyard Australia Ltd
Jackson Allison Medical & Surgical Ltd
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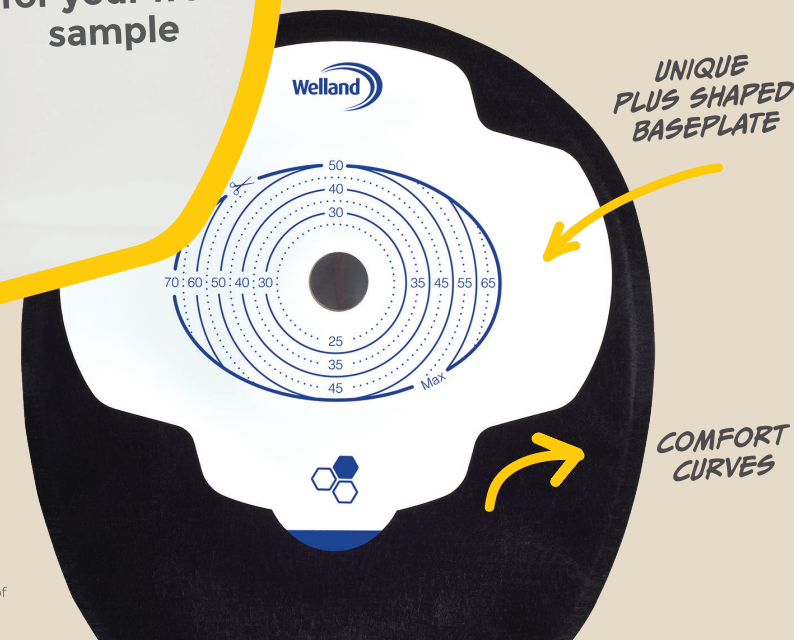
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LeeAnne, CeraPlus™ Product User

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-LeeAnne^

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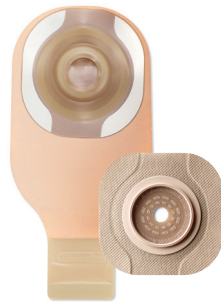
^LeeAnne is a CeraPlus Product user who has received compensation from Hollister Incorporated for this statement.

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1. Salvadalena et al. "Lessons Learned About Peristomal Skin Complications Secondary Analysis of the ADVOCATE Trial". J Wound Ostomy Continence Nurs 2020;47(4):357-65. ©2023 Convatec Inc. All trademarks are the property of their respective owners. AP-64644-AUS-ENG-v2 0640 September 2023

Stomal History

Early History

- Openings in the abdominal wall have been found in history since at least 350BC due to injuries to the abdominal wall
- Traumatic fistulae recorded in Roman and Greek writings
- First recorded Enterostomal surgery performed in 1707 on a soldier in Flanders, France. He died 3 days later from his wounds

1750 – William Cheseldene

- Margaret White, aged 73
- Strangulated hernia
- Transverse colostomy
- Rags and moss to absorb fluid
- Lived several years after surgery

1776 – M. Pilon

- French Surgeon
- Patient was Madame Morel, cancer of rectum
- Gut had shut down
- Stoma made in appendix
- Sponge held in place with belt to collect output
- Died 18 days later
- Autopsy recovered 1kg of mercury given pre-op to prevent congestion

1793- Dr Duret

- French Naval Surgeon
- Nephew born with imperforate anus
- To prepare he practiced on bodies of dead babies he collected from poor houses
- Performed colostomy when nephew was 3 days old
- Lived until he was 45

1884 – Karel Maydl

- Rod used for loop colostomy to prevent retraction
- Used glass rods to start

- 1960's changed to rubber tubing to allow placement of pouch
- Small plastic rods used nowadays

1908 - William Ernest Miles

- British Surgeon
- Abdominoperineal Resection (APR)
- First radical procedure for rectal cancer
- Still used for very low rectal and anal cancers where anal sphincter involved
- Not used as much since introduction of staple guns in mid 1980's on

1921 – Henri Hartmann

- Developed Hartmann's procedure
- First done on 2 patients with obstructive sigmoid carcinoma
- Colostomy, sigmoid resection and closure of rectal stump
- Very common operation still done today
- Often used for perforated diverticular disease

1879 – Dr Baum

- German surgeon from Danzig
- First recorded ileostomy for ca ascending colon
- Patient died 9 weeks later of peritonitis from leaky gut seam

1913 – John Young Brown

- Surgeon from St Louis
- Interested in treatment for Ulcerative Colitis
- First protruding ileostomy used to rest the bowel
- => temporary ileostomy

1943

- Ileostomy came into vogue for inflammatory bowel disease
- 1949 – Canadian surgeon – Mr Miller performed first panproctocolectomy with end ileostomy

- Not spouted and often stenosed

1952 - Sir Bryan Brooke

- British Surgeon
- Founder President UK Ileostomy Association in 1957
- Devised Spouted Ileostomy
- Used on all end stomas now

1950 – Eugene Bricker

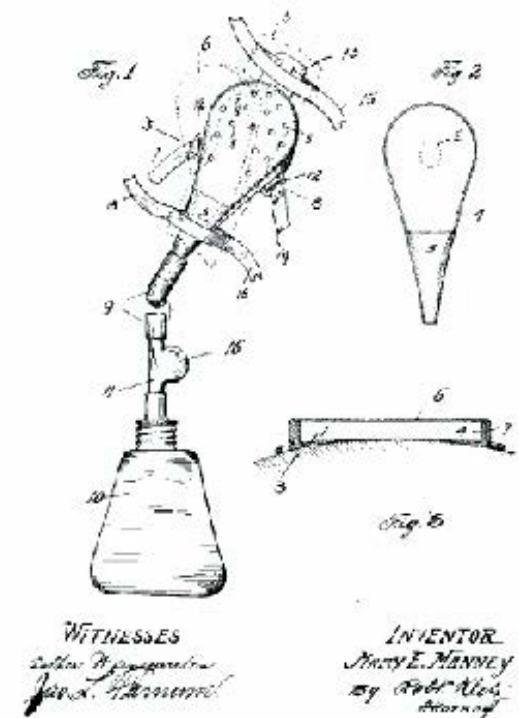
- General Surgeon – St Louis
- Creator of Ileal Conduit
- Main type of incontinent urostomy used today

Collection Devices

- 1795 – 57 year old farmer impaled on cart stake while unloading wheat.

- Colostomy was formed. Used leather pouch attached to belt to collect output and died aged 81
- During 19th Century ostomates generally relied on pads, absorbent dressings and binders
- From 1910 using heavy surgical belts with straps and buckles and had plastic cups lined with cotton wool, lint or gauze dressings
- Early 1940's first rubber bags manufactured and now possible to obtain ileostomy supplies

1913 patented by Mary Manney, Chicago, Illinois



Development of Products

- Personal Stakes - Coloplast story began in 1954 when nurse Elise Sorensen's sister, Thora, had an ostomy formed and was afraid to go out in public
- Sorensen came up with idea of world's first adhesive bag and approached plastic manufacturer to produce it
- Eakin – Tom Eakin, Irish pharmacist in 1974 was meeting ostomates with problems on daily basis and had close family member with urostomy so developed pouches with different adhesive to help skin healing
- Eakin cohesive seal developed in 1980 and reached global market in 1991
- Salts = one of UK's oldest family run manufacturing companies
- Started in 1700's making surgeon's instruments and medical devices
- In 1948 Sir Bryan Brooke approached them to make collection devices
- 1960 – Dr James Chen developed first hydrocolloid medical adhesive for dental surgery
- 2 medical teams based in Scotland and Australia realised this could dramatically improve quality of life for Ostomates
- ConvaTec founded in 1978 with first stomahesive skin barrier based on Dr Chen's research
- Hollister -1960's saw introduction of Karaya gum which had the ability to swell and cling to wet skin
- Karaya became the standard of care until hydrocolloids were developed
- Dansac – founded in 1971 working on innovation in products and educational material

Major Milestones

- Hydrocolloids
- Convexity
- Integrated closure
- Improved Filters
- Stomal Therapy Training
- 1961 – Cleveland Clinic
- Dr Rupert Turnbull, Surgeon and Norma Gill, his former patient (ileostomate)
- Only people with stomas could do course but many were also nurses
- 1970's – Stomal Therapy specialty recognised in many countries
- 1978 – First World Congress of Enterostomal Therapists held in Milan with 30 attendees from 15 countries
- 1984 – First NZ course held at Wellington Polytechnic
- 2001 – last NZ course held at Waiariki Polytech
- 2018 – attempting to negotiate NZ course through ARA Institute

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Life Has A Way Of Throwing Curveballs At You: Helen's Story



Helen Joseph is a language tutor and has had a stoma for 12 years. What started off as an ileostomy due to some surgery that didn't go as planned, was later converted to a permanent end-colostomy. Helen irrigates as part of her daily routine.

Feeling comfortable in my own skin is what makes me happy. Although my stoma was unplanned it has transformed my life for the better. Now, it's just another part of me, the same as my heart or lungs, and I am so appreciative of the life I am living.

I was 48 when I first went into hospital for surgery, for a removal of part of my bowel, to repair an anal prolapse. Nothing to worry about I thought, but life has a way of throwing curveballs and, due to surgical complications, I had to go back in theatre almost immediately; this time to have a temporary ileostomy due to faecal leakage into my peritoneal cavity which threatened to cause peritonitis and septicaemia. Although it was a shock at the time, I was just so grateful to be alive.

I was fortunate during my recovery as my

stoma nurse was amazing. She gave me confidence in my ability and transformed me from a complete novice into a stoma professional! I am very grateful to her. One thing I always remember is her emphasis on keeping the skin around the stoma clean and healthy, and that is something that I am still fastidious about today.

My support network

Managing a life transition can be tough for those who may feel alone, but what kept me going was my friends and family. They were a great support. I remember when I was in hospital recovering, two of my brilliant girlfriends came in with a selection of lovely tunic tops that were in fashion at the time which they had bought on the high street. They were perfect to mask my pouch accessory and became my go to outfits. My husband was also a rock. He was completely unfazed, and so stoic, calm and supportive throughout all the highs and lows. I also managed to keep working as a language tutor which kept me grounded.

The bumpy road to recovery

After nine months, my ileostomy was reversed which was a complete disaster as it didn't work and I begged my surgeon to give me my ileostomy back! This gave me my freedom to lead a normal life. However, just one year later I suffered a stoma prolapse and was advised to consider a permanent colostomy. This time I was more prepared and had done my research. I decided that I wanted to irrigate

as advised by the stoma nurse, as it would suit my lifestyle better. I quickly got into a routine, irrigating every morning for about 30mins, and that was me done for the day, just wearing a stoma cap and no pouch. As part of my daily routine I clean and moisturise the skin around my stoma. Even though the risk of faecal contamination is minimal with irrigation, it is so important to look after your skin and keep it healthy, and avoid any skin complications.

I thought that I was now done, but within four years I experienced my first bowel obstruction due to scar tissue, and I ended up in A&E with a nasogastric tube down my throat. Over the years this happened nine times in all, and once with a perforated bowel which was quite scary. I was accepting that this was how my life was going to be and I would just have to get on with it, but luckily I found an utterly amazing surgeon who managed to remove all the adhesions and unravel the knotted bowel. No more pain, nor bloating nor discomfort after eating. I was so happy and free!

I believe that having a positive mind-set and practising self-care is so important for both physical and mental health. I keep myself fit and healthy by doing Pilates every day and focus on the positives things in life rather than dwelling on the past – I don't really think about my stoma at all now. It could be so easy to fall into self-pity and what-if scenarios, but I refuse to become a victim. To me every day is a blessing and I am indebted to my stoma and the new positive life it has given me.

My Trauma and a Difficult Start



Mother, triathlete, and outdoor swimmer Gill Castle shares her ostomy surgery experiences and explains how coping strategies can have a positive impact on life with a stoma.

After a traumatic childbirth, I was told that I would need an emergency colostomy – but I didn't really understand what that meant. A stoma nurse showed me an ostomy bag and she drew a mark on my abdomen for where the stoma would go. It didn't really make much sense to me, and everything was moving so quickly that I didn't have

time to formulate any questions. I wish now that I had asked more questions about how my daily life would change and asked for advice on recovering from surgery.

Because I had been in pain after the birth, I was relieved on the day of my surgery. I felt that it was the start of my pathway to recovery. But as the lift doors closed to the hospital corridor, I saw my shattered mum break down in tears as she walked away – and I realised that the surgery was something pretty major.

Waking up after stoma surgery

After the operation, I woke up in pain in the hushed recovery room. My abdomen felt bloated and I could see the beige stoma bag. My medical team took me back to the colorectal ward and gave me some strong pain killers, and I soon fell asleep. I woke up to a feeling of warmth all over my stomach, and the stench of poo hit me before I had even opened my eyes.

I looked under the sheets and realised that there was poo leaking out from underneath the bag and dripping all over my stomach, the bedsheets, and my nightgown. I was absolutely horrified and, in a panic, pressed the emergency buzzer for the nurse. She immediately began to clean me up, swiftly but carefully changing my stoma bag and my bed sheets. I lay crimson-faced and mortified in the bed. It was the first sign that my life really had changed, and that life with a stoma wasn't going to be as straightforward as I'd hoped.

Strategies for coping with a stoma

As the weeks and months progressed, I adjusted to living with my stoma. I learned which foods to avoid and which I could tolerate. I learned to leave time after eating and before leaving the house to give my stoma a chance to activate, which decreased the chance of pancaking when I was away from home. I organised my handbag so that I could fit in emergency supplies of spare bags, adhesive remover, wipes, and disposal bags. I also kept my Radar key and emergency toilet card in my purse. My wardrobe changed as I began wearing high-waisted tights and leggings, which don't pull down the top of the bag and aren't so tight that they squash it. I took 15 pairs of jeans to the charity shop!

One thing that has taken me a long time to adjust to is having to poo in a public toilet – something I wouldn't have done previously. It took many years for me to

become accustomed to the noise my stoma can make, without warning and sometimes loudly. I learned to press my hand on my stoma so that the noise was muffled. Whenever I went outside my house, I had to think about toilet facilities and how I could change my bag or clothes if I needed to. Driving the car with a full bag was stressful, as I couldn't do an emergency stop properly and I also couldn't concentrate. My mind was on how to find a nearby toilet before the bag burst off, and what would I do with the baby if there were no baby changing facilities in the disabled toilets?

Sink or swim – my post-traumatic growth

Although I had started to adjust to my stoma in practical terms, it took me longer to accept that it would always be part of my life. It was meant to be fitted temporarily for 12 weeks, to allow my injuries to heal. Then it would be reversed, and I would carry on with my life just as I had before. Unfortunately, my injuries were too severe and my doctors told me that my stoma would be permanent.

I had mixed feelings when I heard this news. After many months of emotional torment, stuck in limbo, not knowing whether my injuries would be repairable or not, ultimately I felt relief. By this point, I had learned to manage my stoma better, and I knew that if it was reversed, I risked incontinence. Once the final decision was made, I decided that I would not be bitter about what had happened. I couldn't do anything about it, so if I wasted energy on being angry then the rest of my life would be overshadowed by negativity.

That was the start of my new life with an ostomy. I had to either sink or swim...and I chose to swim! So if you're worried about whether you can cope with your stoma and live a full, active life – the answer is yes you can!



look good **feel better**

FACING CANCER WITH CONFIDENCE



look good **feel better**
FACING CANCER WITH CONFIDENCE

- Only global cancer charity supporting cancer patients with **appearance-related side-effects** of cancer treatment.
- Started in **1989** in USA - one doctor wanted to help a patient who wouldn't leave her hospital room because of her appearance after cancer treatment. He made one phone call to a friend in the beauty industry. The rest is history.....
- Runs in **27** countries worldwide.
- Launched in New Zealand in **1991**
- Supported **2 million+** patients globally and **over 20,000** locally to date.



look good **feel better**
FACING CANCER WITH CONFIDENCE

Look Good Feel Better offers **free** community and online programmes for **anyone**, diagnosed with **any cancer, at stage, anywhere in New Zealand.**

Our programmes share practical advice, tips and techniques to help the participants face cancer with confidence.

It is a chance to connect with people who understand what they are going through.



look good **feel better**
FACING CANCER WITH CONFIDENCE

Our Sponsors

Each participant receives a Feel Better kit of donated skincare, make up or haircare product so they can try out what they learnt at home.

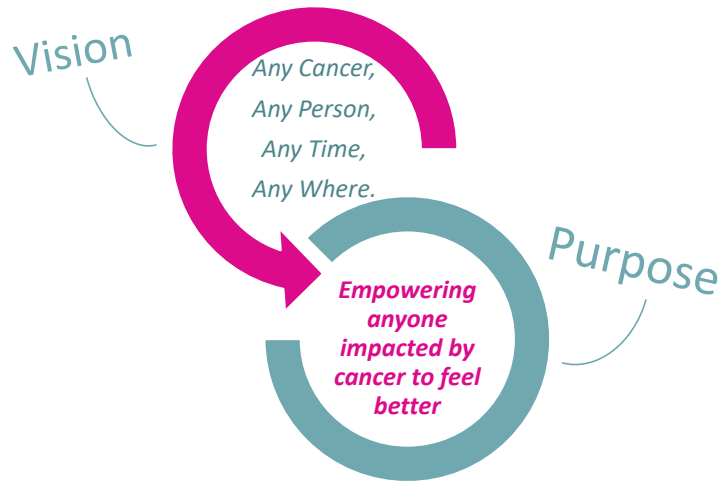
Enabled through ongoing donation of product from many global and NZ

Our Donors

Running classes relies on fundraising from 3 major campaigns, trusts & grants, community events and individuals – we are very grateful



Our Vision and Purpose



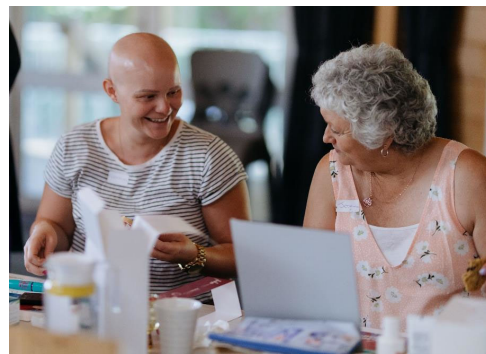
5

What We Plan to Achieve This Year...



Our Guiding Principles

- LGFB is non-medical
- LGFB is product neutral & non-commercial
- LGFB is completely free of charge



Our Women's Programme

Community



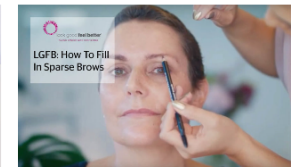
Community classes run NZ-wide in 40+ locations. They are a chance to connect and spend time with people who understand what you are going through.

Online



Live Online Classes offer a range of programmes that provide advice to care for your skin, body, hair and mind, for you to access as you need.

On Demand



On Demand Videos offer the same self-care information and easy tips for everything from filling in thinning brows to making a head covering.

Our Men's Programme



Online every month
& in the community



Inspirational guest speakers

Our Vision:

To become an integral, recognisable and valued non-medical part of cancer care in New Zealand.

To achieve this, we need help in identifying **new, untapped ways and channels of engaging** our target audiences: patients, whanau members, cancer charity and support groups, medical teams, and businesses.

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.toiletmapp.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

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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 Tutaipatu 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.

Executive Members



(A Registered Charity)

PO Box 56086 Tawa Wellington 5249

Toll-Free Phone: 0508 678 669 (0508 OSTOMY)

www.ostomy.org.nz

www.ostomyinternational.org/newzealand.html

OstoMATESNZ www.facebook.com/groups/237390785093/

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



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(Including Poverty Bay)

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Sec/Tre	Yvonne Etherington	06 377 7262		Masterton
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Sec/Tre	Thelma Efford	thelmaefford@gmail.com	03 768 6414	Greymouth
Pre	Ian Tennant		03 768 7677	Greymouth

Western Bay of Plenty

(includes Rotorua, Taupo, EBOP)

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Tre	Frances Wylie	franwylie49@xtra.co.nz	021 041 8602	Whanganui
			06 343 3157	

(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*



OSTOMY
NEW ZEALAND