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Ostomy Autumn 2018.indd

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Noticeboard Stomal Therapy Services Donate your drink containers ONL Celebrating 60 years Hello from the Clinic

DEADLINES

Summer Edition Autumn Edition Winter Edition Spring Edition

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PAYMENTS

Payments can be paid by bank transfer (EFT) to: Account Name: ONL BSB: 112879 (St George Bank) Account Number: 45 664 3389 Reference: Your Member Number and Surname **AUTUMN 2018**

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KEMPSEY - FRIDAY 16TH MARCH KEMPSEY MACLEAY RSL CLUB 1 YORK LANE KEMPSEY COMMENCING 9:00AM UNTIL 3:30PM

NOWRA – FRIDAY 22ND JUNE VENUE TBC COMMENCING AT 10:00AM TO 3:30PM

FORBES – FRIDAY 21ST SEPTEMBER VENUE TBC COMMENCING AT 10:00AM TO 3:30PM

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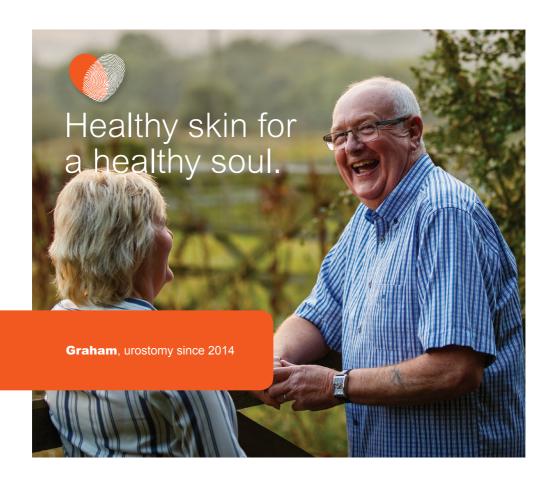
already have your email address Whilst this is a new system for our staff we ask that member's be patient in implementing this new system. Your parcel will still come with Australia Post in the usual way but should arrive much faster.

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Any errors or omissions please email Heather Hill at heathermaryhyde@ yahoo.com or phone: 0422 204 497 (M)

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gerardine@alburysurgical. com.au

NSW STOMA LTD. CLINIC Anne Marie Lyons STN. Phone: 1300 OSTOMY or (02) 9565 4315 info@nswstoma.com.au

The NSW Stoma Clinic (members free) is open from 11am to 1pm at half-hour intervals on the second and fourth Thursday of each month in the private room at our Stanmore office. Our lift has wheelchair access. Members with an ostomy problem may phone to organise a free consultation.

Need help but unable to attend? Please write to Anne-Marie or contact her by phone, fax or email. Please remember to include your name, address and phone number (and email address if available). OSTOMY NSW LIMITED CLINIC

Janet Forsyth STN. Phone: **(02) 9542 1300** A free Clinic is held on the second Tuesday of each month between 11:30am and 2pm. Please ring for an appointment. The rear entrance is Unit 6/18 Monro Avenue Kirrawee (between Oak and Bath Roads). The entrance has no steps so is suitable for people with disabilities.

... A QUESTION THAT KEEPS ARISING (NOT ONLY FROM MEMBERS BUT SOME NURSES TOO!) IS : WHAT IS THE DIFFERENCE BETWEEN THE WORDS:

MUCUS, MUCOUS, MUCOSA AND MUCOUS MEMBRANE

MUCUS – IS A NOUN. MUCUS IS THE FLUID SECRE-TIONS FROM A MUCOUS MEMBRANE, ALSO CALLED THE MUCOSA. MUCUS IS A SLIMY MIXTURE OF WATER, ELECTRO-LYTES, LEUKOCYTES, MUCINS AND EPITHELIAL CELLS. THE MAIN FUNCTION OF MUCUS IS PRIMARILY TO PROTECT AND LUBRICATE INTERNAL SURFACES, FOR EXAMPLE THE MOUTH, TONGUE AND INTESTINES.

MUCOUS – IS AN ADJECTIVE. MUCOUS IS A WORD DESCRIBING THE MUCOSA/MUCOUS MEMBRANE WHICH PRODUCES, OR CON-TAINS, MUCUS. AS AN ADJECTIVE IT DESCRIBES ANYTHING PER-TAINING TO, RESEMBLING OR CONSISTING OF MUCUS.

MUCOSA, ALSO KNOWN AS MUCOUS MEMBRANE, IS A NOUN. THE MUCOSA/MUCOUS MEMBRANE IS A SOFT, PINK, MOIST LAYER OF CELLS LINING SEVERAL BODY PASSAGES AND CAVITIES OF THE BODY THAT COMMUNICATE WITH THE AIR. THESE PASSAGES ARE COMMONLY FOUND IN THE BODY'S DIGESTIVE, RESPIRATORY, RE-PRODUCTIVE AND URINARY TRACTS.

AUTUMN 2018





Donate your drink containers

Ostomy NSW Limited is one of the 3 Major Charities available to donate your refund. This is a 3 month initiative that occurs from Monday 26th February until Sunday 27th May. This is available at reverse vending machines across NSW.

Let your family and friends know they can help the environment and support our charity by returning their used drink containers and choosing "Ostomy NSW Limited" as their charity of choice. Simply select the "Affirmative Kangaroo":



More info at: www.returnandearn.org.au

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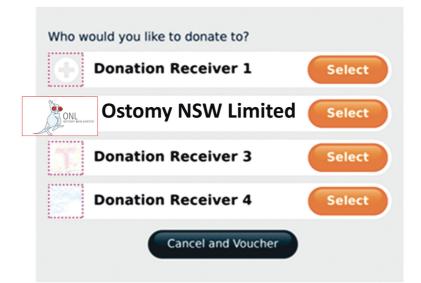
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How do you donate?

1. The customer deposits and is met by the two payout options (unregistered); Donation and Voucher.



2. The user chooses "Donate" and is met by the selection screen, Select "Ostomy NSW Limited":



3. "Confirm donation" on the next screen and a Donation Receipt will be issued. Ostomy NSW Limited

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Need to change your ostomy appliance on the go?

Brava[®]

Try **Brava Skin Cleanser** wipes. Designed for convenient ostomy care

Brava Skin Cleanser wipes are specially designed for use with ostomy appliances and will not compromise baseplate adhesion. They are a simple way to clean skin and prepare it for application of a baseplate. The wipes also contain provitamin B5, which helps to maintain skin health.

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www.omnigon.com.au



Available in flat base plates with closed and drainable pouches





Dansac X-tra Strips

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For those seeking extra protection around the edge of their ostomy skin barrier, Dansac X-tra Strips are a skin-friendly natural option. Designed to easily fit uneven body shapes and contours, they provide enhanced comfort and security—while helping prolong wear time. More than just leak prevention, Dansac X-tra Strips deliver the added confidence and reassurance you deserve.

Get your sample of Dansac X-tra Strips today by calling our friendly Customer Engagement team on 1800 220 972 or visiting dansac.com.au.

Pack Size	Code	Max Issue	SAS Code
Box - 30 pcs	075-30	60 per month	80138T



X-tra Strips conveniently surround your wafer for extra security.



DANSAC X-TRA STRIPS

60 YEAR CELEBRATION CELEBRATING 60 YEARS SERVING OUR MEMBERS IN 2018

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This year is another milestone in the history of Ostomy NSW Limited with the celebration of 60 years serving NSW and Australian ostomates, their families and friends. In this edition we will look back over the first few years of establishing member associations through to the introduction of the first Stoma Appliance Scheme in 1975.

Brief History of Ostomy NSW Limited - 1957 to 1975

-Ostomy NSW Limited (ONL) is a corporate association established in 1958 by people who gathered to help each other overcome the difficulties they faced after an event resulting in a stoma. Ostomates today owe a debt of gratitude to those pioneers who gained what we consider to be the world's best support.

The groundwork for ONL and sister associations began as early as 1949 in the United States. In Australia our history began in 1957 with groups of people gathering to encourage support of ostomates.

1957: There was neither government support nor understanding in the general community for people who had undergone stoma surgery in Australia. Q.T. Victoria was established in 1957 in response to this situation. In NSW, four people with a stoma met in their homes for support and to gather any information that might be available.

In October 1957, Betty Hughes, a qualified nursing sister in NSW, had to make the decision to undergo abdominal surgery to save her life. After her surgery, Sister Hughes was faced with the issues of dealing with an Ileostomy; obtaining skin protecting agents and the availability and range of appliances. She had no one to speak with other than her surgeon, Dr Edward (Ted) Wilson. She became very depressed and Dr Wilson encouraged her to

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start a support group in NSW. Betty contacted the Melbourne group who supplied information on how to start and how to obtain products.

With the assistance of Dr Wilson, Betty Hughes set about forming O.T. Sydney. The first meeting was held at the Hotel Plaza, Sydney on Saturday 15th March 1958 with four members. The new group published newsletters and contacted others who were looking for support. Eleven people are recorded as attending the second meeting on 6th September 1958. As membership of Q.T. grew, Sister Hughes, in conjunction with the Victorian group made contact with the **Commonwealth Government with** a view to obtaining lleostomy and Colostomy pharmaceuticals on the <u>"free list"</u> under the National Health Scheme, initially without success. Most available stoma equipment was unreliable, primitive and very expensive. Constant government petitioning was joined by new associations in other states.

Meetings were held in the Balmain Hospital and the NSW Association continued to grow with members purchasing products at the meetings. Gordon James stored the products in his butcher shop and brought them to each meeting for members to purchase.

1963: The Government placed pharmaceuticals on the free list, but the costly flanges and pouches were not included. Members could obtain surgical cement, skin protecting agents and solvent for cleansing the skin. Sister Hughes was made wholly responsible for distribution of NSW Colostomy and Ileostomy supplies. A Federal Ileostomy Council was formed; representatives were called from each state and Betty Hughes was elected Secretary. This was the forerunner of the Australian Council 18 of Stoma Associations (ACSA).

1965: Storage of stoma product and sending out of country orders was an increasing problem.

1966: Letters were again sent to all members of Parliament seeking placement of stoma products on the free list.

1967: Denyer Bros (a hospital equipment supplier) made space for the association to speak with members and distribute product.

1968: An office at Denyer Bros was working well.

1970: Mr EG Whitlam advised the association that he was pushing to have stoma appliances on the free list.

1971: The national body met in Sydney. The association name was changed from Q.T. Sydney to lleostomy Association of NSW (IA).

1973: The National Council was requested to again petition the Government for stoma products to be on the free list. A stoma clinic was established to help ostomates.

1974: Gordon James was no longer able to store product in his shop.

1975: Appliances were approved on the free list. The distribution of appliances became free to members of associations like IA across Australia. Associations continued to face storage and distribution problems.

The outcomes mentioned above came from many hours of voluntary work and the dedication of Sister Hughes and others demonstrated that having a stoma is no bar to leading an active life.

At the 1975 Annual General Meeting of the Ileostomy Association of New South Wales, Betty Hughes was elected the first life member of IA NSW in recognition of all the work that she had done.

(The story will continue in our Winter edition.)

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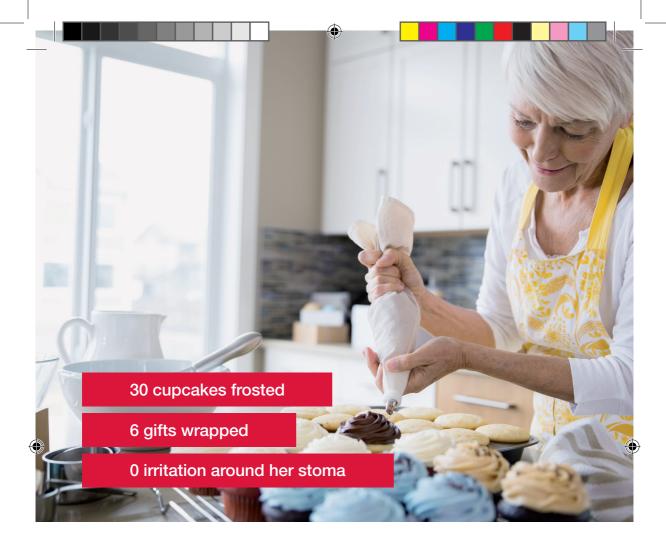
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HEALTH Hello From The Clinic

Appliance Scheme Pharmacueticals

There has been much discussion recently regarding the cost of the ostomy appliance scheme that provides pouches and ostomy associated pharmaceuticals to stoma association members free of charge. After intense lobbying during the 50's & 60's the scheme as we now know it has been up and running since 1975 and leads the world in supporting ostomates. Over the years the list of products available has continued to grow and this has resulted in a significant increase in the cost of this scheme. Last financial year the cost to our government to fund this scheme and supply ostomy products to approximately forty five thousand Australians with stomas was approximately ninety million dollars with available pharmaceuticals accounting for about one quarter of this cost. To ensure that members can continue to have access to the ever evolving product range of appliances and accessories available for stoma care it is imperative that we all do our bit to protect this important scheme by reducing unnecessary costs. You can assist and do your part by only ordering what you require for secure and comfortable management of your stoma not the maximum quantities available. It is recommended that no more than the current month's supply with a one month reserve should be held. Products do deteriorate as they become

out of date or if not stored correctly, any reserve stock you have should be turned over each month so it is always in date.

I regularly see people using products they don't necessarily need to use.

This use can cause to the skin or may complicate stoma management resulting in pouch changes becoming more of a chore than needs to be. It may be necessary to use some products for a period of time after surgery



but perhaps not long term. A yearly check-up on your stoma and associated management by a Stomatherapist is recommended.

Following is a list of products that I most commonly see being misused or over used. I have included a short explanation of what is considered correct use of each, irrespective of brand names. It is not intended to be a complete list of available pharmaceuticals .These products provide significant benefits for some so there will be exceptions to these guidelines and will be dependant on your specific needs. If in doubt check with your Stomaltherapist!

Paste: This is not glue but is normally used to fill skin creases or crevices

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HEALTH Hello From The Clinic

either immediately around the stoma or the surrounding skin (peri-stomal skin) to minimise any potential leakage under the pouch.

Seals: can often be used instead of paste to fill skin creases or crevices to minimise potential leakages. May also be used to encourage some protrusion of an otherwise flat stoma that may be a contributing cause of leakage under the pouch.

Powder: may be used safely on the stoma for any signs of ulceration. It is of no advantage on surrounding skin unless the skin is weepy or raw; it is then used sparingly and covered with barrier film to allow adequate adhesion of pouch.

Cleansing Lotion/wipes: allows for cleaning of peri-stomal skin when water is not available.

Adhesive extenders: to extend the area of adhesive on the pouch and assist with adhesion over an uneven abdominal surface.

Skin Barriers- sprays/wipes: to maintain the integrity of the peri-stomal skin however with the improvements in the quality of adhesives over the years the barriers are not usually required. If required they should be used sparingly.

No sting Barriers- sprays/wipes: for use on red or sore skin (hence the name no sting) most often due to some leakage under the pouch. Again should only be used sparingly and usually short term. Should not be required on an ongoing daily basis.

Remover Wipes/Sprays: to assist with the removal of adhesive build up on peri-stomal skin. Should be used sparingly and not usually needed for daily use. Incorrect or over use may impair the adhesion of your new pouch.

Deodorants: to neutralise odour from the contents of the pouch. The lubricating type may assist in ease of emptying pouch and to ensure contents get to the bottom of the pouch. Solidifying sachets: turns loose stools

or liquid stoma output into gel. May assist in minimising risk of leakage especially at night.

Appliance belts: for use with pouches that have belt tabs at each side. Some people wear a belt for extra security during sport or activities. Stomaltherapists often suggest a belted pouch for those with a flat or retracted stoma. The belt can assist in preventing leakages under the pouch by creating a little pressure around the stoma to flatten abdominal creases or encourage stoma protrusion.

Support Garments Pants/Belts: to reduce the risk of developing a stomal hernia or to manage an existing hernia. Speak to your Stomaltherapist for more information about the most suitable type and the correct fitting for you.

Good wishes to all see you at the clinic.

Phone 95421300 for an appointment. Janet Forsyth RN MACN JP CNC Stomaltherapy

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