

OSTOMY

SUMMER 2019

NSW LTD



An ostomate in Japan – pages 6-8



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SenSura® Mio Concave

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* Comparison of SenSura Mio Concave and standard flat appliance

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DEADLINES

Summer Edition	November 1
Autumn Edition	February 1
Winter Edition	May 1
Spring Edition	August 1

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Telephone: 02 4333 4727

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REGIONAL INFORMATION MEETINGS 2019

ST GEORGE AREA

Dates: 19th Feb, 19th Mar, 16th Apr, 21 May (3rd Tuesday of every month)
Time: 10:00-12:00 – Morning tea
Address: Ramsgate RSL (meet in front foyer) Cnr Ramsgate Rd & Chuter Ave, Sans Souci NSW
Access: Close to public transport and free parking
About: Everyone welcome – please RSVP for catering purposes to your STN or Clare Jacobs on 0400 921 901.

SHOALHAVEN SUPPORT GROUP

Dates: Wednesday 6 Feb 2019, Wed 8 May, Wed 26 Jun (Ulladulla), Wed 7 Aug, Wed 6 Nov
Time: 2pm
Address: Nowra Community Health Centre, 5 - 7 Lawrence avenue Nowra.
About: BRING A PLATE TO SHARE WITH A MATE
Contact: Brenda Christiansen. Ph. 02 44246300
brenda.christiansen@health.nsw.gov.au

NEPEAN EDUCATION STOMA SUPPORT GROUP

Dates: 22 February 2019, 10 May, 26 July, 27 September, 29 November
Time: 2-3:30pm – afternoon tea
Address: 63 Derby St, Penrith (University of Sydney Medical School)
Access: The building is opposite Nepean Hospital's Emergency Department. Enter via the side path to the Clinical School's Outpatient waiting room.
Please wait until 2:00 pm when you will be directed to the meeting room.
Car Parking: Either on the street or in the multi-story car park on Somerset Street, Kingswood (free for pensioners for the first 3 hours)
About: Family and friends are most welcome. Any enquiries please contact Naomi Houston on 4734 1245

GOULBURN COMMUNITY STOMA SERVICE

Dates: First Wednesday of each month
Time: 9am to 3pm
Address: Goulburn Base Hospital. 130 Goldsmith street, Goulburn, NSW 2580. Enter via the emergency dept and ask at reception for the stoma clinic.
About: The STN is Kelly Taylor RN STN m. 0402 250 475
kelly@communitystomaservice.com
Kelly will provide individual consultations by appointment.

SOUTH WEST SYDNEY STOMA SUPPORT GROUP

Dates: 21 February, 18 April, 20 June, 22 August, 17 October, 12 December
Time: 1pm to 3pm
Address: Camden Hospital, Heritage Auditorium 61 Menangle Road Camden.
Contact: Erin or Lu on (02) 8738 4308

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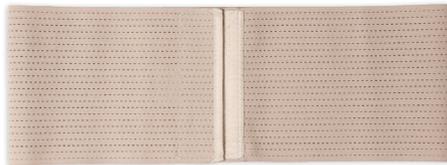


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AN OSTOMATE'S TRIP TO JAPAN

I've always loved travelling – both around Australia and overseas. I'm interested to see the ways that people live, and the beauty of the natural environment in different parts of the world. While having my ileostomy has given me a few more challenges than some other travellers, I've not let it stop me doing much. My post-surgery travelling has included some adventurous activities and destinations, such as travelling in countries that don't have great toilet facilities and trekking in remote mountain areas without any bathroom facilities.

I acquired my ileostomy at the age of 29, due to Ulcerative Colitis. I've now been a bag-lady for nearly half my life, so I'm pretty good at managing it! Also, I acknowledge that I was incredibly lucky that I received a trouble-free stoma all those years ago.

It behaves very well and allows me to eat anything I want without problems. I have very rarely had accidents with appliances. I did once have a full bag come detached from the base-plate and fall down the leg of my just-laundered pants in Guatemala many years ago. Not pretty! But shortly after that holiday I converted to a one-piece system which I've stuck to (and it to me) ever since.

My latest overseas trip was to Japan. My partner and I spent nearly six weeks there exploring many places and going on a six-day walk along the historic Nakasendo, an old feudal-era travelling

route through rural Japan that once linked Kyoto and Tokyo. I found Japan to be a fascinating county of old and new, beautiful and ugly, high-tech and traditional, crowded cities and peaceful nature, super-fast trains, gracious people, delicious food, and amazing toilets. For an ostomate Japan is a relatively easy place to travel, especially because of those amazing toilets!

So let me tell you about the toilets. A typical toilet in Japan that you will find in hotels and public toilets has an inbuilt washing/bidet function and heated toilet seat. The heated toilet seat is pure bliss on a cold day. The public toilets are fantastic as they are plentiful and much cleaner than ours (although often they have no means of drying your hands – most people bring their own little hand towel for this purpose).

They also have special ostomy toilets that you find in almost every airport, train station, museum, major park and shopping centre. Often they are combined with the disability toilet cubicle, but are clearly marked as ostomy toilets. In addition to a toilet and basin, these cubicles have another fixture which is like a high basin with a shower hose tap and toilet flushing function. You can use this to empty and change your bag. Personally, as I use a drainable system, I don't need to change my bag when I am away from my hotel, and did not need to use these fantastic facilities, but I noted how great they would



Ostomy toilet sign

AN OSTOMATE'S TRIP TO JAPAN



Inside an ostomy toilet in Japan

be for many ostomates. I wondered if we should lobby to get them in Australia.

While the toilets are fantastic, I did find the hotel bathrooms less convenient for ostomates because they are tiny. Most mid-range hotel rooms in the bigger cities are smaller than you would expect here. Usually the bathroom has a shower over a very deep bath (which would be difficult if your mobility is restricted) and a very small basin crammed in next to the toilet. The floor space is not much bigger than a bath mat and there is minimal bench space on which you can arrange your bag-changing equipment. But I managed. Japan has a history and culture of public bathing in bath-houses and natural spas called onsens. There is a protocol for using these baths that includes washing in an open shower room prior to getting into the bath stark naked (segregated by sex). Not something that appeals to your average ostomate like me! While you can go to Japan and completely avoid these baths, there are still some traditional places where

your accommodation does not have private bathrooms and the only way to get clean is in a shared bath. I stayed in a couple of these. Even if you have a private bathroom, the onsens are enticing, apart from the requirement for public nudity! I knew in advance that I might face this scenario so I researched whether it is acceptable for an ostomate to enter an onsen. I couldn't find a clear answer but it seemed to me the general feeling was that other bathers would not feel comfortable with ostomates in



Autumn scenery along the Nakasendo

AN OSTOMATE'S TRIP TO JAPAN

the bath. Bathers are understandably very concerned about hygiene in the baths, which is why you are not allowed to wear any swimmers or clothing into them. So I agonised about what to do if I had the opportunity or need to try a



Kinkaku-ji - the golden temple in Kyoto

public bath. There is nothing inherently unhygienic about a well-managed ostomy but it's all about others' perceptions. Before I left Australia I made myself a skin-coloured lycra bag-cover which I hoped would be enough disguise for my bag. Well I got my opportunity to try public bathing. Luckily there were

only a few other people in the bath at the same time. I'm happy to report that no-one appeared to notice me and I survived the experience! It was even strangely liberating to have overcome my horror of baring all!

We really enjoyed the food in Japan. From steaming bowls of tasty ramen (noodle soup) to wonderfully fresh sashimi (raw fish) and elaborate meals with many small dishes of exotic things (even crickets!!), we tried it all. As a travelling ostomate, the food suited me well. Generally I found the food lower in fibre than I have at home, which meant lower bowel output – which is easier to manage when you are out and about. However, at home I continue to eat a higher proportion of veggies and whole-grains for their health benefits.

If you go to Japan you will no doubt catch the wonderful bullet trains. They are incredibly fast, efficient, clean, frequent and punctual. Some even have ostomy toilets on board! They do, though, have a challenge for ostomates who need to be careful about avoiding hernia issues. This is because you need to be able to lift your luggage up onto the rack above your seat – similar to the height of aircraft cabin luggage holds, but this is your heavier luggage. I couldn't lift mine but we did discover there is usually some space at the end of the carriage behind the last seats where a few bags can be parked. Travelling light and small is the best option – although hard when you have to take your bags!

I loved my trip to Japan and I hope that one day you will get the chance to go there too.

Megan - member Ostomy NSW



Healthy skin
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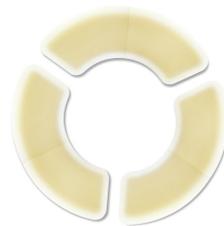
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ACSA CONFERENCE - FOCUS ON YOUTH

During October 2018, Ostomy NSW and NSW Stoma hosted the annual Australian Council of Stoma Associations (ACSA) national conference in Sydney. The main theme of the conference was 'Youth Inclusiveness', with an aim to encourage associations to find ways for younger ostomates to get involved.

Becoming an ostomate is a challenging time for anyone, but for those who do so in their formative childhood and younger adult years this can be particularly challenging. Alongside the usual challenges for young people of participating in education, joining the workforce, nurturing friendships and relationships and moving forward with confidence, new ostomates may be grappling with health issues, changes to daily routines and a different self-image. Associations are asking themselves what they can do to create a more supportive environment for young members.

Three inspiring young people - Kristy Ross, Hally Chapman and Jenna Brook - were invited to present their stories at the conference, to share their thoughts on the things that helped them adjust to their new circumstances. You may have read a comprehensive report on their presentations in the latest edition of Ostomy Australia magazine that was distributed to members from December.

Four key points came through the presentation, each of which points to future ways that ostomy associations can better support young members.

First, all three presenters mentioned the value of supportive relationships

as a source of strength and encouragement, whether they be family, friends or other people who have walked a similar path. They also mentioned that there was a two-way relationship impact here as family members came to terms with the impacts on their loved ones. Kristy said "I suppose that the most important thing for them is that they see me coping, and happier and healthier".

Secondly, the presenters emphasised the importance of attitude to their recovery. Hally said "I refuse to see myself as a chronically ill person or in any way disabled. I have one life, and this is the one I'm given and I'll continue to focus on what I can do and not what I can't."

That doesn't mean feeling positive all the time. "It is important that young people with stomas know that there's highs and lows and everything in between," Kristy said—the 'in between' indicating that life was returning to normal.

Thirdly, having access to information about life with a stoma before actually needing to get one was also important. In Hally's case, knowing from her teenage years that a stoma was likely meant that she had been able to "plan the options with that in mind". For Jenna, who is not an ostomate, but being at increased family risk of bowel cancer could face that possibility in future, getting information about the disease and its risks has been critical. "We need to be empowered to ask more questions as young people where there's a history of bowel cancer or if you're experiencing symptoms."

ACSA CONFERENCE - FOCUS ON YOUTH

Finally, the presenters mentioned the importance of social media to their adjustment as it helped them connect with other people in similar situations, get information on ostomy issues and share their own experiences. Kristy said "Social media accounts have been absolutely instrumental in my capacity to adjust, and to connect with other young people with stomas.

Kristy recalled finding other young people on Instagram who had had the same experience, and on her worst days she would read their entries. "It provided me with reassurance that I was going to get through it. There is a message out there on Instagram about getting back

into your life again—about it not having to take over your life, that you can adjust to it very well. It can be life-giving."

Hally joined a Facebook ostomy group whose members posted news of their activities, put up information about the products they used for different situations, and posted when they were having good or bad days. "Just going through and reading that regularly sometimes it answers stuff that is relevant to me, or I can ask questions. Because it's on Facebook, it reaches people from all over the world. If you post something, you can have an answer within minutes, from the other side of the world."

So how should ONL take on board these thoughtful presentations?

We welcome input from members – especially younger ones and those who became ostomates as younger people. If you know of any good social media sites to publicise, send them through and we can include them in future issues.

We encourage your comments to manager@ostomynsw.org.au.

UNITED OSTOMY ASSOCIATION REGIONAL VISIT DAY – FORBES 21/9/18

The United Ostomy Associations (UOA) held a patient support and education forum at the RSL club in Forbes Friday 21st September 2018. The day was well attended by members and suppliers from around the Central West of NSW.

There was a presentation by Stephen Lardner on the operation of the associations and applying the Stoma Appliance Scheme requirements. This was followed by a presentation from one of ONL's ostomates who gave a presentation on his experience as an ostomate and continuing to lead an active life. Ian was able to explain how he has adapted to riding his motorbike, swimming, adapting his diet and travelling with a stoma. His very casual approach to his stoma was a very reassuring message for many of our guests. In the afternoon Lee Gavegan, an STN from Westmead presented a paper on medications and the potential changes required to the prescribing of and taking in medications after stoma surgery. This presentation highlighted the importance of understanding your stoma, knowing the surgery you have undergone and being mindful of telling your physician when they are prescribing medication. This was followed by Anne-Marie Lyons who presented on body fluids relating to absorption in the body. Our body consists of 60% water which is contained in cells, between cells and in our blood. For instance, a 70kg person contains about 42 litres of water. Anne Marie also spoke about vitamin B12 which is essential for DNA synthesis, brain and nerve system function and red blood cell formation. The final message is Ask your Doctor what part of your bowel he/she removed; Keep a note of this handy for every time you visit a

specialist; and don't compare yourself to other people with a stoma, you are unique!!

An evaluation after the session was conducted and I would like to share some of the results and comments. Of 20 people who re-

sponded to the question on type of stoma there were 8 with a colostomy, 5 with an ileostomy and 4 with a urostomy. All those who responded to the evaluation found the day to be either 'helpful' or 'very helpful' with items such as 'offering clinical information' and 'overall rating of the day "very helpful."

Most thought the length of the day was correctly allocated, giving time to achieve what they wanted. Attending education sessions, rated marginally higher than meeting with company representatives, support in general and opportunity to ask questions was highly rated. It was noted people felt they did not receive sufficient information about resources in their community. This we will take on board for the next meeting and involve some input from community support and have some contacts for people to refer to.

I would like to thank all of those who gave their time to make this day a success including the company representatives and staff from Ostomy NSW and NSW Stoma Ltd and particularly Lee Gavegan and Louise Linke our Stomal Therapy representatives. Keep an eye on our website for dates and town venues in 2019.

Stephen Lardner.



**Manager:
Stephen Lardner**

The Importance of Skin pH in Stoma Care – Introducing TRE Technology

Have you ever wondered why the skin around your stoma can become irritated, sore, and in some cases very damaged? Most people would probably say that the stoma output getting on the skin is the culprit. They would also probably say this is from leakage - and they would be right on both counts. Not many people however, would know how this relates to pH and the importance that pH plays in stoma care.

pH is the measure of how acidic or alkaline something is. If you were to guess though if most stoma output was acidic or alkaline, you might guess acidic. Surprisingly, this is not the case. Digestion starts in the stomach, which is an acidic environment. Once it leaves the stomach, the enzymes required to break down the food that you eat (proteins and fats) into absorbable nutrients work in a near neutral to alkaline environment.¹ For enzymes to be effective, they need this neutral to alkaline environment to work.

Additionally, for people with a urostomy, they would find their urine may be alkaline.² Normally, urine is acidic. When a urostomy is formed, a portion of the small intestine is typically used and this can contribute to an alkaline environment. Medications and other challenges such as infection can also change naturally acidic urine to alkaline.²

Here is the tricky part – your skin surface is naturally acidic.³ Often called the ‘acid mantle’ the skin

performs best in a slightly acidic environment. Your skin is made up of fats and proteins and your enzymes don't know the difference. Once the stoma output gets into contact with the skin, it will start the process of digestion or changing the skins' natural environment.

Here is where the Dansac TRE technology comes to the rescue. TRE technology is an exciting new technology that creates an environment that is friendly to the skin yet unfriendly to digestive enzymes. It works to help maintain a healthy acidic skin environment while creating an environment that is unfriendly to digestive enzymes.

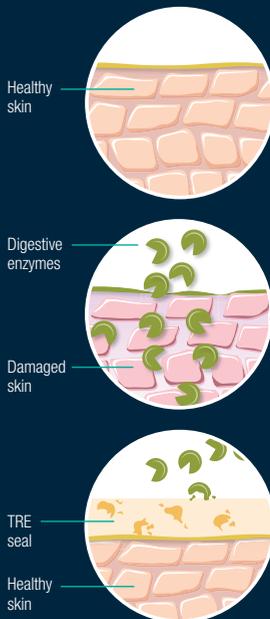
“TRE technology is an exciting new technology that creates an environment that is friendly to the skin yet unfriendly to digestive enzymes.”

Currently this new technology is available as a convenient, mouldable seal (TRE seal 072-48) that can be used today with any of the pouching systems available in Australia. In the very near future, there will be an entire product range from Dansac including 1 and 2 piece pouches which use TRE technology to help maintain your skins' health.



STN Paris Purnell explores the new technology in ostomy care - TRE technology - and what it means for your skin.

A Closer Look at Skin



Dansac TRE seal is designed to help maintain the pH balance of naturally healthy skin.

References: 1. Evans et al., 'Measurement of gastrointestinal pH profiles in normal ambulant human subjects', Gut 1988, vol. 29, pp.1035-1041 2. Walsh, BA, 1992, 'Urostomy and urinary pH', Journal of ET Nursing, vol.19, no.4, pp.110-113. 3. Saba, M, Yosipovitch A&G, 'Skin pH: From Basic Science to Basic Skin Care', Acta Derm Vener, 2013, 93, pp.261-267. Prior to use, be sure to read the Instructions for Use for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions. Dansac and TRE are trademarks of Dansac A/S ©2018 Dansac A/S.

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REPORT ON THE AGM HELD SATURDAY 17TH NOVEMBER 2018

The Annual General Meeting of Ostomy NSW Limited was again held at Club York in Sydney on the third Saturday in November. The meeting was attended by forty-six members, guests, directors, and suppliers. This was another opportunity for members to enjoy lunch together and mingle with the directors and suppliers. Club York provided excellent facilities for our meeting and most agreed the luncheon was excellent.

At the AGM there were two resolutions and one special resolution presented for voting. The election of six existing and two new members to the board was approved by majority as was the remuneration report. The special resolution was to approve the plain English text Constitution that was presented originally in 2011 and required approval by three-quarter majority at the AGM. Prior to the meeting there were forty-four proxy votes received, all either nominating the chair to vote on their behalf or issuing their own votes. A further twenty-one members were present at the meeting. The resolution to approve the eight directors was passed by 62 members and 63 for one of the directors; the remuneration report was past with 62 votes, with one who abstained. The special resolution received sixty-two votes "For" the adoption of the Constitution. Our directors are elected for a two-year term and are Tom Flood (President), Tracy Black (Treasurer), Ian Denney, Greg Doyle, Stephen Grange (Vice President), Perry Johnstone, Helen Richards and Michael Rochford. Tracy and Helen were elect-



Directors: Ian Denney, Stephen Grange and Helen Richards.



Directors: Greg Doyle, Tracy Black and Michael Rochford.



President: Tom Flood.

ed for the first time and we welcome them to our board of directors along with their experience in financial matters and stomal therapy respectively. The manager's report included a discussion on the achievements of the

REPORT ON THE AGM HELD SATURDAY 17TH NOVEMBER 2018

association during the financial year. In summary, 41,841 orders were processed serving just over 6400 members. Our association is well-served by 14 paid staff and 28 dedicated volunteers who all participate in our day-to-day activities of distributing appliances, responding to enquiries and assisting the well-being of our members. Our team of paid and volunteer staff was thanked for all of their efforts, as was the role the directors play in setting strategy, overseeing governance and being involved in our business.

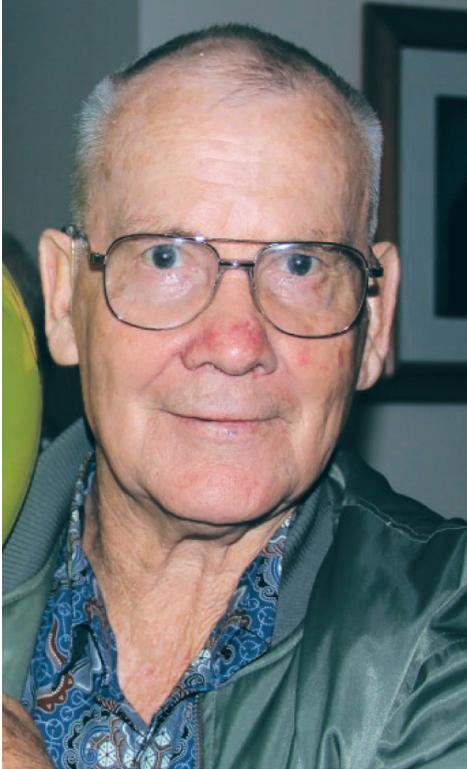
Our organisation reported a surplus of \$120749 for the period ending 30th June 2018, the first surplus in three years. This was achieved due to a very generous bequest donation from Marjorie Ford, a past member of ONL and a volunteer from our time at Lewisham. The directors acknowledged the major contribution of Marjorie Ford and our heart-felt thanks. A fitting tribute to Marjorie was given by our member Rosemary Lingard, who recounted Marjorie as a great friend of ONL, a vital volunteer and a person who always kept an interest in our organisation. Rosemary commented that Marjorie regularly attended the AGM together with Rosemary. Whilst this year's results are very positive, the directors support the need to control costs and find additional methods to grow revenue from sales and fundraising. In the past year we have added activities such as "Return and Earn", jewellery sales at our regional meetings and AGM, and the redistribution of Baxter boxes from a private hospital. The Balance Sheet

shows a strong position with cash at bank, current assets exceeding liabilities (an indication of good liquidity) and members equity of \$2.278 million.

We finished our meet and greet, luncheon and AGM with our guest speaker, Dr. Philip Hatch. Dr. Hatch is an anaesthetist and he presented on the history of anaesthetics and the positive impact on surgery. The use of modern anaesthetics dates back to 1846 from the use of nitrous oxide (aka laughing gas) as a showman's demonstration of the humorous effects on people. Horace Wells began to test its use in surgery to relax patients and relieve pain. In the years that followed, Ether became the choice of anaesthetic due to the ability to put patients to sleep. It does however have side-effects of nausea. The "poison" used by South American natives in their blowpipes provided knowledge of the effects of Curare, which in fact causes temporary paralysis. Today's modern anaesthetics are designed to benefit patients by improved efficacy and limited side-effects. The medication used will depend on the type of surgery, with options for injection and inhaling to produce muscle relaxant, unconsciousness and numbing electrical pulses. We thank Dr. Philip Hatch for his presentation and sharing his time to present at our AGM.

Our major raffle was drawn and the winners announced: 1st Place is a member from Central Coast; 2nd place from Port Stephens and 3rd place from Sutherland Shire. Our next AGM will be held on Saturday 23rd November 2019.

VALE COLIN
 JOSEPH SLAVIN
 (27.3.1938 - 2.10.2018)



On the 29th October a lovely peaceful memorial was held for Colin at Pinegrove Memorial Park, with family and friends wearing the colours of Col's favourite team, just as Col would have wanted. Colin's death should not go unnoticed by the many members, friends and STNs who have met Colin over the years. Col worked tirelessly for the Ileostomy Association (as ONL was previously known) and ONL. He was a previous Board member but not averse to hard work, and for several years would clean the premises at Lewisham at crack of dawn before working in the store through the day and never complaining – a model volunteer! Colin never had a bad word to say about anyone and was forever ready to lend a hand or fix things with no word of complaint, a ready smile and a joke never far from his lips.

Colin had to undergo a colectomy (removal of the large bowel) in 1964 so had a permanent ileostomy. Colin wore the old black rubber bags until we met in May 1984 when he was admitted to Concord Hospital under Professor Les Bokey (surgeon) and Professor Meng Ngu (gastroenterologist) who, together with their families, also became his good friends. I introduced Col to the "modern" lighter and arguably better equipment but Col resisted change for over a year, but, was more than happy to go for milkshakes and scones to discuss what was new!

There were two beautiful eulogies given at Col's Memorial by his delightful niece, Teresa, and Meng's wife, Melanie, who was his GP, and most of what follows is taken from those eulogies.

Colin was one of 8 children born to



A Filter that Works.....

91% of people had less pouch ballooning and 77% indicated better odour control with the Hollister AF300 filter.¹

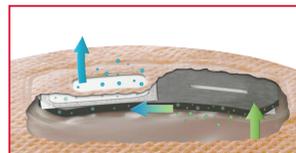
- AF300 filter uses advanced filter technology to increase both airflow and deodorisation.
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1. Ostomy Pouch Filters Impact on User Discretion (Stacy Haddad, MS, RD, Annette Kirne, Thom Nichols, MS, MBA, Hollister Incorporated, Libertyville, IL, USA). © 2018 Hollister Incorporated. AUH142.



VALE COLIN JOSEPH SLAVIN (27.3.1938 - 2.10.2018)

Paddy and Hazel in Eastwood, where he grew up. At 14 years old Col worked as a plumber for 1 pound a week, sometimes 10 pounds if he worked hard. Those who knew him well supposed he more often than not earned 10 pounds as he was one of the hardest workers you could find! If you needed help he would be the first to put up his hand, nothing was too hard for him, he was

definitely a Jack of all

trades AND master

of them all. Colin was at his

happiest if he

was able to

help any-

one out.

He also

en-

joyed

good

a

debate

and to

cook. Colin

loved animals

and Teresa said

his pets (dogs and

cats) were the most

loved and spoilt a

person could have!

Melanie remarked

that Colin was the ulti-

mate animal whisperer.

Meng and she watched

their girls grow up with

Col teaching them so

much about loving and

caring for animals. Many of us knew his be-

loved Scooter, the most intelligent dog ever, who could follow all Col's instructions. When asked how this was possible Col would shrug and say "I dunno". Cheryl (one of ONL staff members) recalls on her first day at Lewisham she wondered where she had come to as Scooter happily appeared to be running the office from a comfortable bed below a desk!

After Scooter died Bentley was devoted to Colin despite being part dingo, and was never meant to be domesticated. Bentley provided Colin with loyal companionship until Colin could no longer manage at home. As Col's health deteriorated his last few years were very hard, but, as usual he remained cheerful and was cared for well by the staff at Ainsley.

In the words of Melanie, Colin was a survivor. With all his medical problems he should not have made it to his 80th year, and, it is a testament of his intelligence and resilience that he did.

It was evident at Col's funeral how very much his large family and friends cared about him. To the end of his life Colin was a totally selfless person who knew the true meaning of unconditional love.

Heather Hill.

Do you suffer from “itchy” skin?



- Dry skin is considered to be the number 1 cause of itching around a stoma
- Up to 87%¹ of people in a survey conducted reported itchy skin around their stoma



In a recent study, the CeraPlus Skin Barrier was shown to have a significant impact on the prevention of itching around the stoma.¹

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1. (How Common is Peristomal Itching in the Absence of Visible Skin Problems? Ginger Salvadalena, Melissa Menier, Hollister Inc. (n= 164 patients + 259 WOC/ET). © 2018 Hollister Incorporated. AUH141.

Hello From The Clinic

Gas, Wind, Breaking Wind, Farts, Flatus?

all refer to intestinal gases that are passed via the rectum or stoma. This gas is a normal part of the body's digestive process.

A diet that contains healthy high fibre foods such as fruit and vegetables along with wholegrains and beans can unfortunately lead to increased gas. These foods contain carbohydrates and the intestinal gas results from undigested carbohydrates that are fermented by our normal bowel bacteria. Many lifestyle factors including body weight, smoking and chewing gum can pay a part in gas production and this can often be accompanied by a bloating feeling. A significant proportion of gas is made up of inadvertently swallowed air, some of which happens while you are asleep but is also increased by drinking carbonated drinks, chewing gum and drinking through a straw. This gas is mostly nitrogen and oxygen, it doesn't smell but sounds and feels the same coming out.

Gases are either absorbed through the gut wall into the circulation and eventually exhaled through the lungs or excreted via the rectum or stoma as a fart. The smelliest farts are due to sulphur containing gases, the good news for folks with a stoma is that it has been found that a charcoal lined cushion was able to help quash the smell of these sulphur gases thus leading to the charcoal filter being incorporated into ostomy pouches. Foods that contain these sulphur gases and

are already associated with farting are things like beans, onions, cauliflower, brussel sprouts and broccoli. Providing your pouch is securely in place you should not be aware of any of this odour until you are emptying or changing.

When dealing with gas from your ostomy it is important not to let the bag get too full of gas as this can pull it out of position and lead to leakage. Empty regularly of content or gas.

Farting noises from the stoma is a major concern for some who have an ostomy but most often the bag just silently fills up with air, on occasions some noise will sneak out. However, it does not quite sound like a normal fart and is not usually extremely loud. If the noise persists and is concerning place your hand over the stoma to assist in muffling the sound. Finally smile! and look around to see where the noise came from!!



Good wishes to all for the festive season, see you at the clinic in 2019.

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

STOMAL THERAPY SERVICES

(NSW & ACT) DIRECTORY as at NOVEMBER 2018

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

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Erin Wagner STN

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Kieran Zaballa STN
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PRINCE OF WALES

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Lisa Graaf CNC (pager 44403)
Jo Di Blasio CNC Mon & Tues
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betty.brown1@health.nsw.gov.au
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Email: Kathryn.Bolton@health.nsw.gov.au
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0417944297

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2541. Stomal Therapy Clinic:
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Or Fax: (02) 4424 6347
Brenda Christiansen STN
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vacant
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Alison Lincoln STN.
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Alison.lincoln@healthecare.
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MAITLAND PUBLIC HOSPITAL

Fabia Fiveash CNS STN
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with disabilities.



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*Please note as per the operational guidelines of the
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