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1. Data on file, 2016



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DEADLINES

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

ORDERS

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BSB: 112879 (St George Bank) Account Number: 45 664 3389

Reference: Your Member Number and Surname

AUTUMN 2016

President: Tom Flood Telephone: 02 4333 4727

Director: Ian Denney

Director: Greg Doyle

Director: Perry Johnstone

Company Secretary/ Manager:

YOUR ONL TEAM: **Operation Supervisor:**

Warehouse Supervisor:

The Team:

Colleen

Cheryl, Yvonne, Angie, Kim, Bev, Justine, Barry, Janice, Natalie, Aye Aye, Frank, Carol-Anne & Matt

PLUS OUR DEDICATED **VOLUNTEERS**

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B BRAUN



ONL VOLUNTEER PROFILE: REX



Rex packing members orders waiting to be picked up by Australia Post for delivery.

Rex started volunteering for Ostomy NSW Ltd (formerly the lleostomy Association of NSW) 8½ years ago, at Lewisham. Rex saw an advertisement calling for volunteers whilst visiting the association when he returned unused ostomy supplies of his wife's, who had passed away.

Rex decided to volunteer rather than sit at home feeling sorry for himself. Commuting from Bass Hill, Rex volunteered for one day a week to start with. The volunteering helped him maintain a purpose in life and he quickly increased his volunteering to two days a week.

For 26 years Rex worked in the

Sutherland Shire area. Rex's working life was spent working for two companies. He worked for 34 years for Kriesler Radio Company, which was one of the best radio manufacturers in Australia, well known for their innovative advertising. Whilst at Kriesler he went from Line Production Foreman to working in Management. The last 15 years of his working life, he worked for a forklift manufacturing company, Powerlift.

Rex remembers when he first started volunteering at Lewisham, when the warehouse wasn't computerised and all the postage was recorded

continued page 9



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Rex has been a volunteer for 8½ years.

Q) How many border locations have 3 joining State/Territories?
A) There are 4 Surveyor Generals Corner (WA/SA/NT)
Cameron Corner (SA/QLD/NSW)
Poeppel Corner (SA/NT/QLD)
MacCabe Corner (SA/NSW/VIC)

from page 7

manually and the parcels were stacked according to the delivery areas; i.e. city – country etc. Rex enjoys working with the staff and other volunteers at Ostomy NSW Ltd, he feels that it is a very friendly and caring atmosphere to work in.

One of Rex's interests includes touring around Australia. Over the years, he, his wife and friends have travelled around Australia, visiting the corner towns of WA, SA, NT, VIC, NSW and OLD

He has travelled through the Simpson Desert, walking parts of it and visited the Cape York Peninsula.

Rex has also enjoyed photography throughout the years and he is a keen Bulldogs Supporter.

CHRISTMAS PARTY

ANNUAL ONL STAFF AND VOLUNTEERS

The annual Christmas Party Lunch for all ONL staff and volunteers was held on



Colleen



Kim



(on the left) Colleen, Pam, Tom, Lois, Heather, Kim, Natalie, Matt, (on the right) Bev, Susan, Helen, Vera, Yvonne, Justine, lan



Lois (left) and Heather

CHRISTMAS PARTY

CHRISTMAS PARTY LUNCH 2015

Friday, November 27, 2015 at Cafe Opera, InterContintental Hotel Sydney.





Tom



(from front to back) Greg, Steve, Tom and one of our Supplier Representatives



Justine (left) and Yvonne

Available as of 1st April 2016

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- Ensures quick, pain-free removal of appliances and is now simpler for you to use
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2015 AGM MEET AND GREET

The 2015 AGM and Meet and Greet The AGM and Meet and Greet were held at the Bowlers Club, 95-99 York Street, Sydney (our regular venue) on Saturday 21st of November 2015. It was well attended by members, guests and supplier representatives. Door prizes supplied by Coloplast, ONL and the Club were drawn and made many very happy with the range of prizes available.

The Major Raffle for the year was drawn, as there were no winners on hand at the draw, an old saying applies, "The cheques are in the mail". For those who did not win a prize, bet-

ter luck next year.

Our Guest Speaker Dr. James Toh (who is mentored by Prof Les Bokey) spoke on the subject of Robotic Surgery, provided PowerPoint Presentations to demonstrate how fast advances are being made with minimal recovery times now possible. His presentation was made as lunch was being served and NO one had to leave the room, which in itself was a good result. We extend our thanks to James for the presentation and his time to attend





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WE HAVE JUST BEEN ADVISED, THE FEE TO UNDERTAKE THE "GRADUATE CERTIFICATE OF STOMAL THERAPY NURSING" IS TO INCREASE FROM \$5,700.00 TO \$12,000.00 OR MORE THAN DOUBLE FOR THE 2016 IULY INTAKE

OF STUDENTS.



Many nurses had difficulty in the past raising the funds to undertake the course without assistance from the scholarship awards of \$2,500. So what will a doubling of the fees do to the number of nurses wanting to enrol in the course?

It is therefore imperative we raise more funds to build the scholarship fund to provide larger amounts as awards to attract nurses to the area of Stomal Therapy.

Can you help in some way by making a donation or bequest (large or small) to the ONL STN Scholarship Fund, every little bit helps.

The ONL STN Scholarship Awards 2016

Time is on the move and therefore the deadline to submit your application to be considered for the 2016 ONL Stomal Therapy Nurse Scholarship Awards.

The closing date for applications to be received by ONL is April 29th 2016

to allow time for all applications to be reviewed by the Executive of the AASTN (NSW Branch) and they provide ONL with their recommendations.

Please refer to the ONL website (www. ostomynsw.org.au) under the Scholarships heading for application and terms & conditions forms, which must be completed and received by Ostomy NSW Ltd prior to the closing date. Scholarship award payments will be made in early July 2016 on acceptance to the course. This will permit successful applicants to have part of the course total cost available before the need to outlay tuition and other fees to the college administering the course. 9 Scholarship awards were made in 2015, to nurses who had completed the course or had been accepted for the 2015/2016 course.

We would like to be in a position this year to make an even greater number of awards to achieve more nurses undertaking training to be STN's.



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REMEMBERING

SHELAGH LAMB (1961 – 2015)



Shelagh was born in Sheffield, England, the first of four children and came to Australia with her family.

It was

sorrow

with

When Shelagh finished school she trained as a nurse at Wollongong Hospital, University and Sutherland Hospital, but, when we first met Shelagh she was working with ConvaTec. However, most members would recall Shelagh as a dedicated Territory Manager with Hollister.

Shelagh was an excellent company representative and members will remember her willingness to go "that extra mile" for you. She loved getting to know people, teaching and assisting wherever she could to improve the quality of people's lives. Shelagh personalised the care she gave, not because it was good business, or a company directive, but because she wanted to. For example, after Shelagh died, the family received a beautiful message from a young girl who Shelagh had helped by travelling hours out of her way in a last minute

forgotten Shelagh's generosity. In her youth Shelagh was a representative hockey player. In fact, she had a life-long love of all sport, particularly cricket. Her brother says that whenever test matches were on Shelagh would sit and score them with commentary for anyone around! Shelagh's knowledge of cricket was legendary and she could discuss team selections and current state of play with the best! Beyond work Shelagh had a loving family and friends in many walks of

life. The scouting world will miss her too, Shelagh was a Queen's Scout, and a Cub Scout Leader amongst several other appointments of the past 25 years.

Robert Louis Stevenson once said ... "a friend is a gift you give yourself". Whether it was family, professional, community or social, Shelagh was, for all of us, a special gift.

Heather Hill AM

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Coming soon - a convex that doesn't compromise

Convex appliances have traditionally had stiff baseplates that felt restrictive and uncomfortable when bending or stretching.

Sensura® Mio Convex has an adaptive convex with unique integrated flexlines that provide a new level of flexibility and comfort - without any compromise on security!

The new Sensura® Mio Convexity coming soon

- 3 types of convexity available soft, shallow and deep.
- 1 and 2 piece couplings available.
- All stoma types: colostomy, ileostomy and urostomy.













MIKE SIMPSON: MY STORY

It was about late 2004 I received the news I had Prostate Cancer.

had often imagined what I would do if I contracted the big "C" – let me tell you, it's not a jolly time. The surgeon said "don't worry; it's only about 5% of the prostate, although aggressive, we'll have it out in no time". Well they took it out OK but there were complications, like a fistula in my urethra. Because of diverticulitis they couldn't use seeding of the prostate, hence the immediate removal.

Initially I had a colostomy then a few months later, an ileostomy. For the fistula I received a Supra Pubic Catheter. I was in the Sydney Adventist Hospital (commonly referred to as The San) for 6 weeks. At one stage I had 7 tubes attached to me – almost like an oilfield!!! In early 2005 I left the San 15kilos less than I entered (I needed the weight loss)!!

I felt good; however, it was truly the start of a new life. To commence it took me almost 3 hours from arising to arriving down stairs, shower, shave, dress and yes, making sure all the plumbing including bags and bits were installed and not leaking. Dealing with leaking, the catheter was pretty straightforward, you had to drink water (recommended) say 2 litres or so per day, otherwise you could have blockages-not leakages. Every 6 weeks or so, the catheter is replaced by a nurse in case of infection – remember the product is urine - highly receptive to infection unless flowing.

The ileostomy is supported by a one or two piece colostomy bag – I chose a two piece. The rules preventing leakages are simply put "Clean and

Dry" on starting out, easier said than done! Early in the stage of my post op I wasn't as meticulous as it warranted, with the result the interface between the stoma base plate and abdomen would leak product in positions 3 o'clock or 9 o'clock usually. Sometimes I was reduced to tears of frustration and self-pity as I was forced to remove the leaking Base plate and bag, clean up, wash and start again - slowly but surely I learned the rules "Clean and Dry" ALWAYS!!

In late 2005 I joined the San Wednesday Stoma Group. The group leader/facilitator was a champion man (Trevor Beggs) who of course was an ostomate. Trevor also organized a musical appreciation session (usually on Fridays) – I joined that too (I happen to like classical music). In November 2008, sadly, Trevor passed away. He was and still is sorely missed. Some months elapsed until I was invited/asked if I would like to lead the group to replace Trevor. Meetings are held on the first Wednesday of each month 10am – 12noon.

After a few years it became evident I needed an assistant as the paperwork was increasing and the group had lost its Social Worker shortly after Trevor's death. Peter Stanford, a member of the group volunteered to assist and so it is, Peter and I run the group on the basis of self-help, together with guidance and support from Jacaranda Lodge (a subsidiary of the San) staff, guest speakers and ostomy trade representatives. We firmly believe in the old adage "God helps those who help themselves"

Continued next page

MEMBER STORIES

40% of the group attendees are urostomates, the balance made up of colostomy and ileostomy and one Supra Pubic Catheter. The meeting commences at 10am – approximately 1 hour is taken up with each member reporting to the group how he or she has experienced the previous month since the last meeting. This interaction is important. Caring and sharing - if you will. Advice is freely given on the basis of experience. We are not medicos but we do have practical knowledge gained the hard way!! The wrong way -failure - the right way success!

The second hour is spent listening to a guest speaker, RN's, stoma supplier representatives, dieticians etc. Diet is an important part of our life – for example a person with an ileostomy attached has no colon to rely on, therefore some foods can and do contribute to his/her bodily functions. e.g. onions, green beans, highly spiced foods sometimes have to be avoided.

Maintenance:

Every 3 months I have multiple blood tests to ensure I am going along on an even keel. Because of renal failure a few years ago, I see a Nephrologist to ensure my kidneys don't lose any further efficiency. Every 8 weeks or so I replace my supra pubic catheter – this is taken care of by an RN. All my stoma requirements are looked after by Ostomy NSW Ltd., Kirrawee, I am pleased to say.

Travel:

I was apprehensive about overseas trips after my operations in 2004/2005. The first trip in 2006 was to the UK. I thought to myself what would happen if I had a leak-

age in the plane's toilet? - (no room to swing a cat)! What would happen if the Catheter blocked? What if? -------what if?

Since then I have (with my wife) travelled to South Africa, Europe, Baltic States, America etc. Once on the QM2 I had to change my catheter – no problem – I carry spare catheters. The medical bill was a bit steep – but we got over it!

I have changed stomas in aircraft toilets. To start, you work out how to do each operation.

1) Paper ready, remove old base plate and bag (2 piece). Clean up with adhesive remover, dry.

2) Put on new base plate, seal, then bag, seal, - even with turbulence it does not last forever.

Brace yourself and do it in stages. Remember – no panic, think it through deliberately, step by step.

On Hernias:

Yes, I have two abdominal hernias one medium, one large. No operations at this stage. I have taken medical advice – result – I use a truss made to order that helps- a little uncomfortable agreed but you get used to it -put it on whenever you feel the need.

Summing Up:

It's over 10 years now, since the specialist said "I'm afraid you have Cancer" before that I was involved in Motor sport. I cannot race cars anymore but I can travel, drive, fly, do most things albeit slowly but at 80+ I'm still around enjoying all that life offers – with a little help from my friends!!

God Bless Mike Simpson Sydney

Hello From The Clinic

Hydration: Why it's So Important. Your body depends on water to survive. Every cell, tissue and organ in your body needs water to work correctly. For example, your body uses water to maintain its temperature, remove waste and lubricate joints. Water is needed for good health and makes up more than half of your body weight. You lose water each day when you go to the bathroom, sweat and even when you breathe. You lose water even faster when the weather is really hot, when you are physically active or if you have a fever. Vomiting and diarrhoea can also lead to rapid water loss. If you don't replace the water you lose you can become dehydrated. Symptoms of dehydration may include little or no urine output, urine that is darker than usual, dry mouth, tiredness or general fatigue, extreme thirst, headache, dizziness or light headed feeling. Don't wait until you notice these symptoms to take action, prevent dehydration by drinking plenty of water.

Dehydration can occur after ileostomy surgery, as the purpose of the large bowel is to absorb water from the indigestible waste and then expel the waste material from the body through bowel movements. During ileostomy surgery, a part or the entire large bowel is removed which prevents the body from absorbing water from the waste before it is excreted from the body through the stoma

into your ostomy bag.
Dehydration can upset your electrolyte balance especially potassium and
sodium. Loss of appetite, drowsiness
and leg cramping may indicate sodium
depletion. Foods with a high source of
salt include canned food, cheese, fish,

fruits and milk.
Fatigue, muscle weakness, shortness of breath and a gassy bloated feeling may indicate potassium depletion. Foods with a high source of potassium

include, bananas, oranges, strawberries, .potatoes and tomatoes. In an emergency sports drinks are a good source of minerals to combat dehydra-

tion signs. There are ample benefits to good hydration for all ostomy patients (colostomy, ileostomy and urostomy). Good hydration maintains healthy skin and mucus membrane protecting the stomach acids from irritating the stomachs inner layer. Low fluid intake hardens the stool creating constipation. Dehydration deprives cells of fluids forcing the body to produce more cholesterol to protect cell walls. This excess cholesterol is then discharged into the blood stream. Without adequate water consumption, our kidneys cannot discharge toxins that irritate the urinary tract and produce stones. Dehydration also affects joints making them prone to arthritis. These are only some of the good reasons to maintain adequate hydration and with more summer weather yet to come it is a reminder to drink up! folks and stay well.

Best wishes to all for a happy & healthy 2016

Janet Forsyth CNC Stomaltherapy Res.Nat.Hydration Council, NHS Choices



Medikidz believes that all children deserve access to medical information they can understand. We are creating a global community of young people who are informed, empowered and health-aware.



AT MEDIKIDZ.COM/STOMAAU

Medikidz Explain Stoma comic is an educational material for children with a stoma and parents and a grandparent with a stoma

Originally available in the UK, the comic book is now free to view on iPhone, Web browser and iPad in AN7 thanks to Dansac AN7!

> For more information please contact our Customer Engagement team on 1800 119 231

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