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DEADLINES

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

ORDERS

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President: Tom Flood Telephone: 02 4333 4727

Vice President: Stephen Grange

Treasurer:

Director: Ellen Ingold

Director: Ian Denney

Director: Greg Doyle

Director: Perry Johnstone

Company Secretary/ Manager: Robert (Bob)

Newman

YOUR ONL TEAM: Operation Supervisor:

Colleen

Warehouse Supervisor:

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

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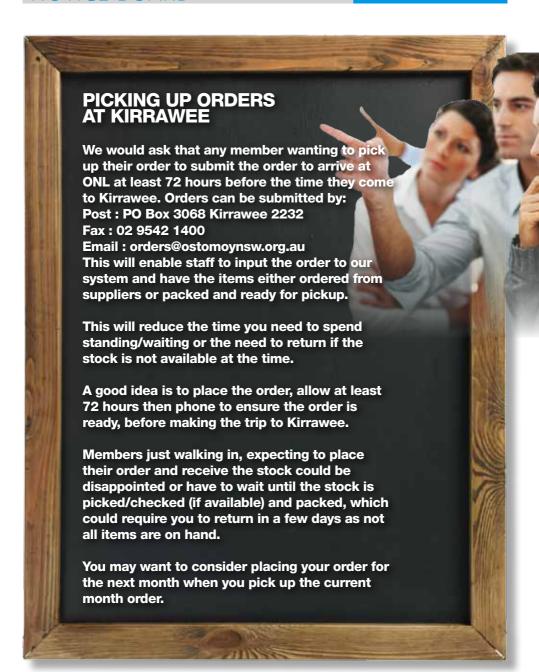












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OSTOMATES CONVERGE ON COWRA FOR INFORMATION DAY

Kim Lyell says if he didn't undergo an ostomy, he wouldn't be here - and he doesn't just mean the first ever ostomy information day held in Cowra recently.

Having a stoma saved his life after he was diagnosed with bowel cancer a decade ago, and he was at the Services Club on behalf of C.A. of NSW last week to help other ostomates learn how best they could manage their condition.

For the uninitiated, ostomates are people who have a Stoma, a surgical operation to create an opening in the body for the discharge of wastes.

The plight of ostomates was put on the agenda locally by Georgie Hodder and the Cowra Ostomy Friendship Group, who through sharing their own stories built up public awareness and understanding for people who've had a colostomy or ileostomy.

"We wanted to meet up with new people and learn about new products and new technologies," Ms Hodder said about the day.

"We have people here from Cowra, Cootamundra and Carcoar."

Mr Lyell, who's also the editor of the Ostomy Australia magazine and the Colostomy Association of NSW Journal, said information days like this are useful because the technology available for ostomates is changing rapidly.

"Back in the 50s and 60s, people used rubber bags which were porous and the smell would come through. They would use this adhesive like cement, you'd have to mix it up and it would irritate the skin when removed," he said.

"Now there are 40, 000 people each year in Australia who access the stoma appliance scheme which is fully-funded by



Heather Hill and Kim Lyell (CENTRE BACK) with the Cowra Ostomy Friendship Group at the recent U.O.A's information day at Cowra Services Club.

Medicare.

"When you have the operation you dread it, but if I didn't have [my stoma] I wouldn't be here."

And, as Mr Lyell pointed out, it has its benefits.

"I don't have to sit on the cold toilet seat of a morning anymore!" he said.

Although he approaches life as an ostomate with humour, he said there's still a stigma associated with stomas.

"A lot of this here today is about support," he said.

"There are 11, 000 people in NSW with a stoma and we want to let them know they are not alone."

As for our local ostomates, while they've been a bit quiet recently, Ms Hodder said they're ramping up for World Ostomy Day in October.

"We'll be out doing a barbecue and selling lilac ribbons," she said.

You can keep up with their fund and awareness raising activities by searching 'Cowra Ostomy Friendship Group Info Page' on Facebook.

From the story originally published online by the 'Cowra Guardian' at 4am July 31, 2015





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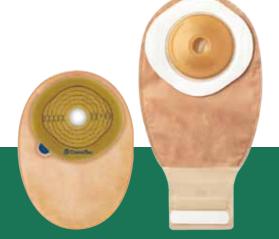
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"this is how you keep fit with a STOMA"

In collaboration with the local stomal therapy department, every two months the Hastings and Macleay ostomy support group meet at Port Macquarie community health. The group offers an opportunity for ostomates and their family to network and be involved in meetings designed to offer support and understanding about the unique aspects of having a stoma (colostomy, ileostomy and urostomy).

Big turn out as physiotherapy department explains the benefits of staying active and strong after major abdominal surgery.

This August saw senior community health physiotherapist Phil Rudd and his university of Newcastle physiotherapy student Benjamin Lewick deliver a timely education session about the benefits of staying fit and healthy after major abdominal surgery.

With a large than expected attendance, the session involved an interactive presentation designed to stimulate discussion and show simple strategies to keep people on track with maintaining exersice and activity in their own homes. Phil demonstrated some key techniques to maintain activity levels, increase strength and improve stamina to decrease the risk of falls and deconditioning after having a major operation and into the future

Special thanks to Phil and Benjamin







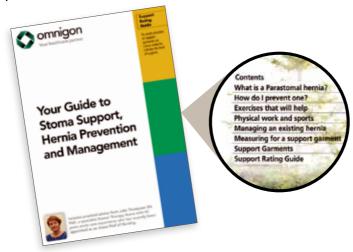
for donating their time as the session generated valuable questions and provided practical solutions for overcoming barriers to exercise.

Article written by: Michael Rohr (stomal therapy CNS) & Maria Emerton-Bell (stomal therapy CNC) of the Hastings and Macleay area.

Did you know?

3 out of 10 people with a stoma will develop a hernia

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Reduce your risk of developing a hernia by following practical advice, together with regular use of a comfortable, well fitted support garment.

1: Data on file Omnigon 2012 2: A review of 16,470 on the American United Ostomy Association Register revealed 30% incidence over all types of stomas. (Gray et al, 2005) Suppor Rating

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Support Rating

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UNITED OSTOMY ASSOCIATIONS' REGIONAL DAY

HELD AT GRAFTON DISTRICT SERVICES CLUB ON FRIDAY 25TH SEPTEMBER, 2015

Grafton is a beautiful and gracious old city steeped in history in the north east of NSW sitting astride the banks of the magnificent Clarence River. Unfortunately we were a month too early to see Grafton in full glory with its famous Jacaranda trees. However, we did have the pleasure of meeting many members of the Colostomy Association of NSW and Ostomy NSW Ltd. from Grafton and outlying areas. It is not only listening to the educational talks and viewing and learning about the products available that make these Support days successful, it is the participation and opportunity to network with others who have stomas, the STNs and company personnel.

Tom Flood (President of ONL) opened and addressed the meeting, welcoming members, families and friends, the local STNs Lynn Vaughan and Robyn Patterson; STN Bill Tyrell from Lismore and STN Janet Forsyth from Sydney. The representatives from ConvaTec, Hollister, Coloplast and Dansac were also warmly welcomed.

Kim Lyell, Editor of Ostomy Australia and the CA Journal, was unable to attend so, on Kim's behalf, Heather presented his brief but informative talk on stoma associations, the Stoma Appliance Scheme and costs. This was followed by the representatives from the companies talking on various items; this segment of the Regional Days, which has now become a stalwart, always promotes good feedback and give members knowledge about products they have little opportunity to see or handle.



After lunch Janet Forsyth gave a humorous and very good educational session on urostomy surgery, formation of an ileal conduit and urinary problems. The advice Janet gave on "wee wisdom" can be read in the last ONL Newsletter, (Spring Edition). The information is relevant to us all. STN Lynne Vaughan (from Grafton) then gave an interesting paper on skin and research findings that particularly demonstrated the importance of moisturising. The excellent advice she presented was pertinent to everyone.

The Q´ & A session was the last but not least part of the programme! STN Robyn Patterson (Grafton) was also asked to join the panel. It was a good, animated session, members were very proactive in asking questions, but, gave some excellent advice too.

Tom then rounded off the day pointing out how very important regional meetings are for all those who participate; how essential the support is for new ostomates; and how it is an opportunity for local members to meet with Sydney association members to share with them information on the Stoma Appliance Scheme. Tom ended the day thanking the stomal therapy nurses and company representatives for their very valuable contribution to the success of the meeting.

Tom Flood OAM and Heather Hill AM

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ARE ACCESSIBLE TOILETS IMPORTANT TO YOU?

DEAR MEMBERS, HELP US UPDATE THE NATIONAL TOILET MAP!

> Our mailing address is: Spinal Cord Injuries Australia 1 Jennifer Street Little Bay, NSW, 2036 Australia





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The National Toilet Public Toilet Map is a great tool used by people with disabilities to find an accessible toilet.

The map:

- Provides the location of over 16,000 publicly available toilets across Australia
- Reduces the stress of not being able to find an accessible toilet when out and about
- Provides choice, freedom and independence for people to get out and enjoy their lives.

How can you help?

We need volunteers to help update the map with accessible toilets across NSW. As an Access Officer you will:

- Choose a local area that suits you
- · Identify and assess toilets already on the

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• Timing is flexible, with up to 6 weeks to finish your area

\$100 Gift Voucher

As thanks we're giving our Volunteer Access Officers a \$100 gift voucher (terms and conditions apply).

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*Compared to our standard hydrocolloid. Data on file at Salts Healthcare Ltd.











Another successful year is coming to an end, how quickly the years pass if you are busy and active," staying active," the word that is finding a lot of front page coverage in today's world.

The office and the warehouse staff have been kept busy all year looking after our members stoma product needs. If you need to phone up and speak to a staff member, kindly remember that our staff are busy people, and please keep your enquiry as short and to the point as you can. Our thanks go to those staff members whose job is to keep things moving, looking after you, the member.

Together with our sister association the Colostomy Association of NSW, several regional stoma meetings were held at various locations across NSW. Our thanks go to the stoma product companies whose staff attend and support these regional meetings, for the benefit of our country members, who may live a long way from the city of

PRESIDENT'S REPORT

Sydney. Our thanks go to those country members who made the effort and supported these country meetings. My thanks go to Norma Toohey from the Colostomy Association of NSW, who has been a strong supporter of the regional meetings over many years, who has decided to make room for other younger members to take up the needs of country members.

This year the ACSA Conference was held in the city of Adelaide, much discussion on problems associated with the management of the business side of the stoma management scheme that can arise over a year, was the order of the day. Finding solutions to any problems can sometimes be hard to find.

As we look forward to the New Year 2016, on behalf of the staff and the Board of ONL we wish all our members a Merry Christmas with your family members, and a happy and successful 2016.

ANNUAL REPORT TO MEMBERS 2014/15

This past year has seen changes to the Board of Directors with a number of Directors electing to step down due to ill health or reduced time availability due to other commitments.

We were however fortunate in being able to recruit 3 new Board Members. We still have not been able to fill the position of Treasurer.

Can you step up and assist the Association to fill this vital role?

Staff members who undertook revised job functions across the year have achieved wide ranging improvements to our inventory management and warehouse layout saving time, effort and money for the Association. This permitted funds to be placed in a term deposit, with the interest earned being transferred to the STN Scholarship Fund.

Scholarships were awarded during the year, with a value in excess of \$30,000.00, much of this amount came from Bequests, Donations (large and small) along with support from Groups such as Narwee Baptist Creative Craft Group and others. The additional STN's in the community can only assist ALL Ostomates not just members of the Association to improve their everyday lifestyle.

The 2014 AGM was well attended and the Guest Speaker Prof Les Bokey provided a presentation that all in attendance found to be of great interest in its content and side stories relating to the early days of stoma appliances and their development.

The sale of TOMAS (our computer systems) to

ACSA in May 2015 enabled funds to be set aside for future major expenditure projects to ensure the Association continues to remain in step with changes to technology.

We held training sessions for staff from Ostomy Association of Melbourne to gain experience with the working of TOMAS. (now renamed SAMS by ACSA)

After several years of decreasing minor losses the Association was able to show a small profit from operations. We hope to build on this profit in future years to enable additional services be made available to members.

A major project for the coming year is to have more community nurses undertake training to become STN's and therefore be in a position to work with Aged Care facilities staff to assist Ostomates living at these locations. This area is under resourced at present with few people able to provide a wide range of assistance.

I should like to thank our staff for their efforts across the year to reduce the inventory, improve the computer systems, relay the warehouse and make the many other small or large changes to improve the operation. I should also like to extend to all members, volunteers and staff, my very best wishes for the fore coming holiday season and New Year.

Bob Newman



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NovaLife Soft Convex barrier and the new EasiView[™] Viewing Option will give you all the comfort and confidence you need to enjoy the coming holiday season.

NovaLife Soft Convex

A soft and flexible insert enables a gentle push close to the stoma for enhanced confidence and security. Ask your Stomal Therapy Nurse if soft convexity is suitable for you.

EasiView™ Option

A simple solution for ensuring everything is in place, allows discreet inspection of the stoma.

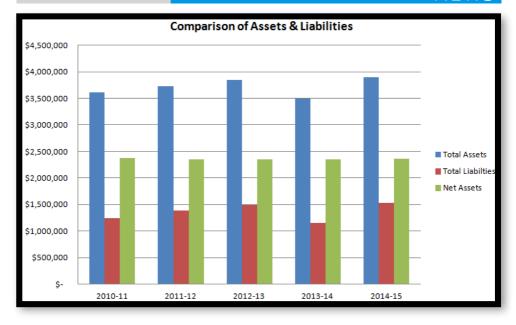












ONL has had a sound financial year, reporting a profit of \$21,981 (2014 deficit \$2,642). This result was assisted with the sale of the TOMAS inventory/members system, which was designed internally by ONL staff.

Our financial stability continued to grow with cash on hand at 30 June 2015 being \$1,443,953 (2014 \$886,035). This growth was attributed to sound management by the Board and internal systems that are maintained.

Medicare reimbursement for goods supplied to members was \$12.61m (2014 \$12.49m) and provided a gross surplus of \$1.137m (2014 \$1.083m).

The asset base is fundamentally unchanged, being our premises at Kirrawee, equipment and stock.

The company, other than its provision for leave entitlements, has no non-current liabilities, and continues to operate effectively in accordance with accounting standards.

FINANCIAL REPORT

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Hello From The Clinic

If your ileostomy is intended to be temporary, further surgery will be needed to reverse it at a later date. I am regularly asked what this involves. Everyone is different and your surgeon will be the one who is able to give you specific advice. It is recommended that you also have a chat to your Stomaltherapist if you are considering reversal surgery.

The reversal operation will only be carried out when you are in good health and fully recovered from the effects of the original operation. This will usually be several weeks, months or sometimes even longer after initial surgery. There is no time limit for having an ileostomy reversed and some people may live with one for several years before it is reversed. Others may choose never to have reversal surgery.

Reversing a loop ileostomy is a relative straight forward procedure that is carried out under general anaesthetic. An incision is made around the stoma and a section of small intestine is pulled out of the abdomen. The area that had been divided to form the stoma is then stitched back together and placed back inside the abdomen. Most people are well enough to leave hospital within three to five days of having this surgery.

It is also sometimes possible to reverse an end ileostomy if some of the colon (large intestine) has been sealed and left inside the abdomen. However the surgeon will need to make a larger incision to locate and reattach the small and large intestine. It takes longer to re-

cover from this operation and there is a greater risk of complications.

While you recover from reversal surgery you may have diarrhoea or need to go to the toilet more often than normal transaction to several weeks

mal. It can take up to for these problems to settle and your activity howel may never return to the same as it was prior to having the ileostomy. Your GP can prescribe medication to relieve the diarrhoea until things improve.



You may also experience a sore anus after the reversal operation. This should improve as the anus becomes used to having stools pass through it again, the application of barrier creams can help. The reversal operation is usually considered to be a smaller procedure than the initial ileostomy procedure however it still takes several weeks to fully recover so take things slowly and be kind to yourself!

Good health and best wishes to all for Christmas and the New Year

Janet Forsyth CNC Stomaltherapy Res.NHS choices

SUMMER 2016/15 19

