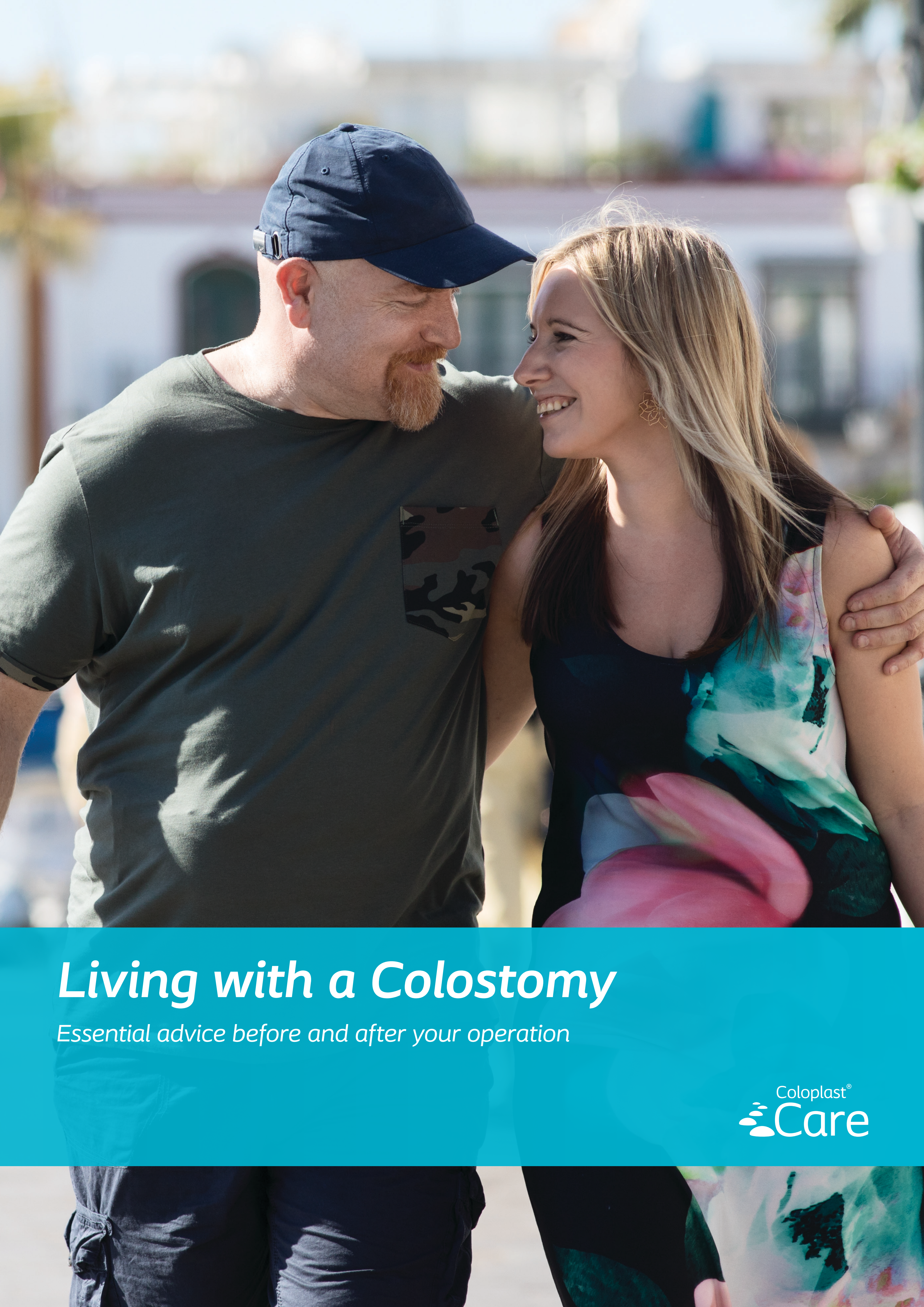


# Living with a Colostomy

Essential advice before and after your operation

Coloplast® Care

## Your colostomy…

Having any operation can be an emotional experience but being well prepared can help you to know what to expect. Whether your operation was planned or an emergency, this booklet has been specially written to answer some of the questions often asked about having a colostomy and can also act as a quick reference guide for later on.

## …we're here to help

The first thing you can be assured of is that you will have lots of support.

Your care team includes your Surgeon, your Stomal Therapy Nurse and many other healthcare professionals. We are all here to give you, your family and carers, help and advice both before and after your operation, while you are in hospital and when you go home.

It's natural to have lots of questions so, no matter how small it may seem, if you have any concerns please ask a member of your care team. They will be more than happy to help.

The information contained in this booklet is general and some of it may not apply to you. Inevitably there will be some issues that this booklet doesn't address or that you would like more information about. ***Please be aware, there are graphic images contained within.***

So in addition to this booklet, at Coloplast we've developed a number of other resources to help you through your experiences.

For complimentary copies please call us on

**Australia** - 1800 653 317

**New Zealand** - 0800 265 675

Proudly Supporting…
Bowel Cancer Australia

This booklet has been produced by Coloplast with content reviewed by Bowel Cancer Australia's Stomal Therapy Nurse.

Coloplast is a proud supporter of Bowel Cancer Australia, a national charity working to reduce the impact of bowel cancer in our community through advocacy, awareness, education, support and research. To do all this Bowel Cancer Australia relies on public support. If you would like to get involved or make a donation, please visit bowelcanceraustralia.org

# Contents

## Your operation

## In hospital

## Going home

## Sources of help and advice

***Please be aware, there are graphic images contained within the following pages.***

# Your operation

## Understanding your digestive system

Having any type of surgery can feel daunting. To help you understand what is involved in your operation, we'll first take a look at your digestive system and describe how it works.

Have a look at the diagram of the digestive tract (page 4) and starting at the mouth follow it all the way down to the anus.

When you eat or drink, the food travels down a long, narrow tube called the oesophagus (food pipe) into your stomach. Once here, the food is churned into smaller pieces and liquidised by the digestive juices in the stomach. The contents of the stomach move into the small bowel (ileum) and your body begins to absorb the nutrients it needs for energy, growth and building new cells into your bloodstream. The contents of the ileum are still liquid.

The residue from digestion, very importantly, leaves waste and roughage behind. This is the initial making of faeces or stools. This material then moves forward into the large bowel (colon) where your body absorbs more fluid to make the faeces more solid. The muscles in your colon wall then push any faeces forward into your rectum where the faeces is stored until you feel pressure to evacuate. The faeces then passes out of your body through your anus.

Scan the QR codes throughout this booklet for more information.

## What is a colostomy?

A Colostomy is an opening in the large bowel or colon, when a section of the large bowel or colon may be removed and a stoma is created to allow the passage of waste from your body as an alternative to the waste passing from your anus. During your operation, part of your large bowel (colon) will be brought to the surface of your abdomen to form a stoma (opening). If possible, you may be able to agree on a site for your stoma with your Stomal Therapy Nurse before your operation. The opening is usually made on the left-hand side of your body, between the hip bone and the umbilicus (belly button). The aim of pre-operative siting, is to ensure the site is in the best spot for you, so that you will be able to see the stoma in order to care for it and to avoid creases or previous scars if possible, which may cause difficulties in stoma care management. In some circumstances the stoma may be on the right-hand side.

## What difference will having a colostomy make?

When a colostomy is performed, it alters the usual way you pass faeces. After surgery, instead of the faeces coming out through your anus, it will pass through the stoma instead. Normally the way you pass faeces is controlled by a special sphincter muscle in the anus. However, the main difference you will notice when you have a stoma, is that you will no longer be able to hold on to or have control over, when you need to pass faeces. You will also not have any control over when you pass wind or flatus.

Your Surgeon and Stomal Therapy Nurse will explain the type of surgery you'll be having and why you need to have a stoma. Colostomy bags are specially designed to help you with these challenges, so that you can live life to the fullest!

## What will the stoma look and feel like?

The stoma will be moist, pinkish red in colour and will protrude slightly from your abdomen. A red colour indicates the stoma has a good blood supply and is healthy. It may be quite swollen to begin with but will reduce in size over time – usually after 6-8 weeks. Despite being red, there is no sensation in the stoma and it's not painful.

Healthy end colostomy – some time after surgery

## Why do I need a colostomy?

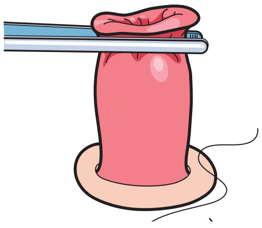
Your surgery may need to be performed for a number of different reasons, your Surgeon and Stomal Therapy Nurse will explain all of this to you. A colostomy may be an end colostomy or a loop colostomy.

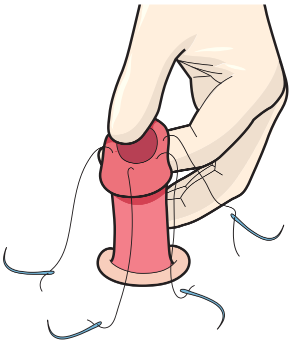
## End colostomy

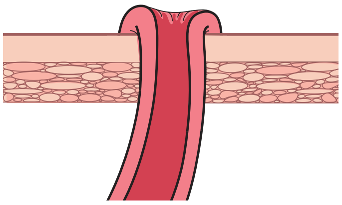
It is usually formed when parts of the large bowel (colon) and/or the rectum are removed and the remaining large bowel is brought out to the surface of the abdomen to form a stoma. An end colostomy can be temporary or permanent and only has one opening - please see diagram below. A temporary end colostomy, is usually created when diseased bowel is removed but it is not safe to join the bowel together again at the time.

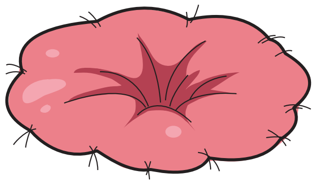
### Formation of an end colostomy

1. An artificial opening is created in the abdomen and the end of the intestine is pulled up through the abdominal wall and layers of skin.
2. The intestine is folded back to form a cuff.
3. The cuff is stitched to the abdomen to keep the intestine in place.
4. An end stoma or colostomy is formed.









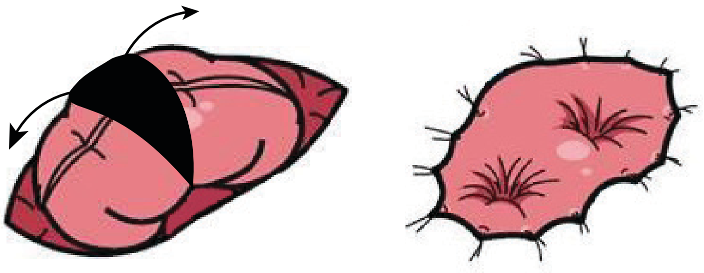
## *Loop colostomy*

A loop colostomy may be formed temporarily to protect a surgical join in the bowel or to divert faecal output from an obstruction below the loop stoma. An incision is made on the exposed loop of intestine and the bowel is then rolled down and sewn to the skin. A loop stoma consists of two openings - an 'active' opening and 'inactive' opening, which are connected to one another. To explain its formation, imagine a tube/straw cut halfway across (not all the way through) and bent over, exposing two openings. Faecal material comes out of the 'active' end of the loop stoma to be collected by the stoma bag. However, you may find that faecal matter may spill over into the adjacent 'inactive' opening, which communicates with the lower part of the remaining bowel, continuing its journey along the colon. This faecal matter would then pass out through the anus.

You may also pass mucous/old blood from the rectum which is normal. The colon continues to produce mucous to prepare to lubricate bowel motions that have already been diverted out through the stoma. As mucous collects in the rectum, you may occasionally feel pressure to use your bowels and pass a plug of mucous. You may find some mucous may be expelled from the normally 'inactive' opening of the loop stoma. For this reason, it is important not to cover the 'inactive' opening with the baseplate adhesive, as output from this opening would cause the adhesive to break its seal, possibly causing leakage.

### Formation of a loop colostomy

1. An artificial opening is created in the abdomen and a loop of intestine is pulled through the abdominal wall and layers of the skin.
2. The intestine is cut, folded back and stitched to the skin.



## *Why do I need to wear a bag?*

After your operation your faeces will pass through your stoma instead of your anus. However, unlike your anus, there is no sphincter muscle around the stoma, so you'll have no control over your bowel movements or when you pass wind. Hence the need to wear a colostomy bag to collect the faeces.

Initially after your operation you will find that the output from the stoma may smell stronger (the stoma is closer to your nose than your anus) and will be more liquid, or looser, than you are used to. After some time the output will become more formed but may change or fluctuate depending on your diet.

There are several types of colostomy bags and your Stomal Therapy Nurse will show you ones that are most suitable for you. They will also show you how to look after your stoma and change your bag. You will find that as you gain experience, your stoma care will become easier and part of your daily routine.

## *How does a colostomy bag work?*

The bag is designed to stick onto your abdomen where it will collect the faeces and flatus from your stoma. A colostomy bag has several special features, including a filter. The filter works by releasing wind so your bag doesn't inflate (which is called 'ballooning'). The filter also has a deodorising action which makes sure that the smell is minimised - the one thing that people often worry about the most. The bag is waterproof so you can wear it whilst you are in the shower or bathing.

End colostomy removing sigmoid colon

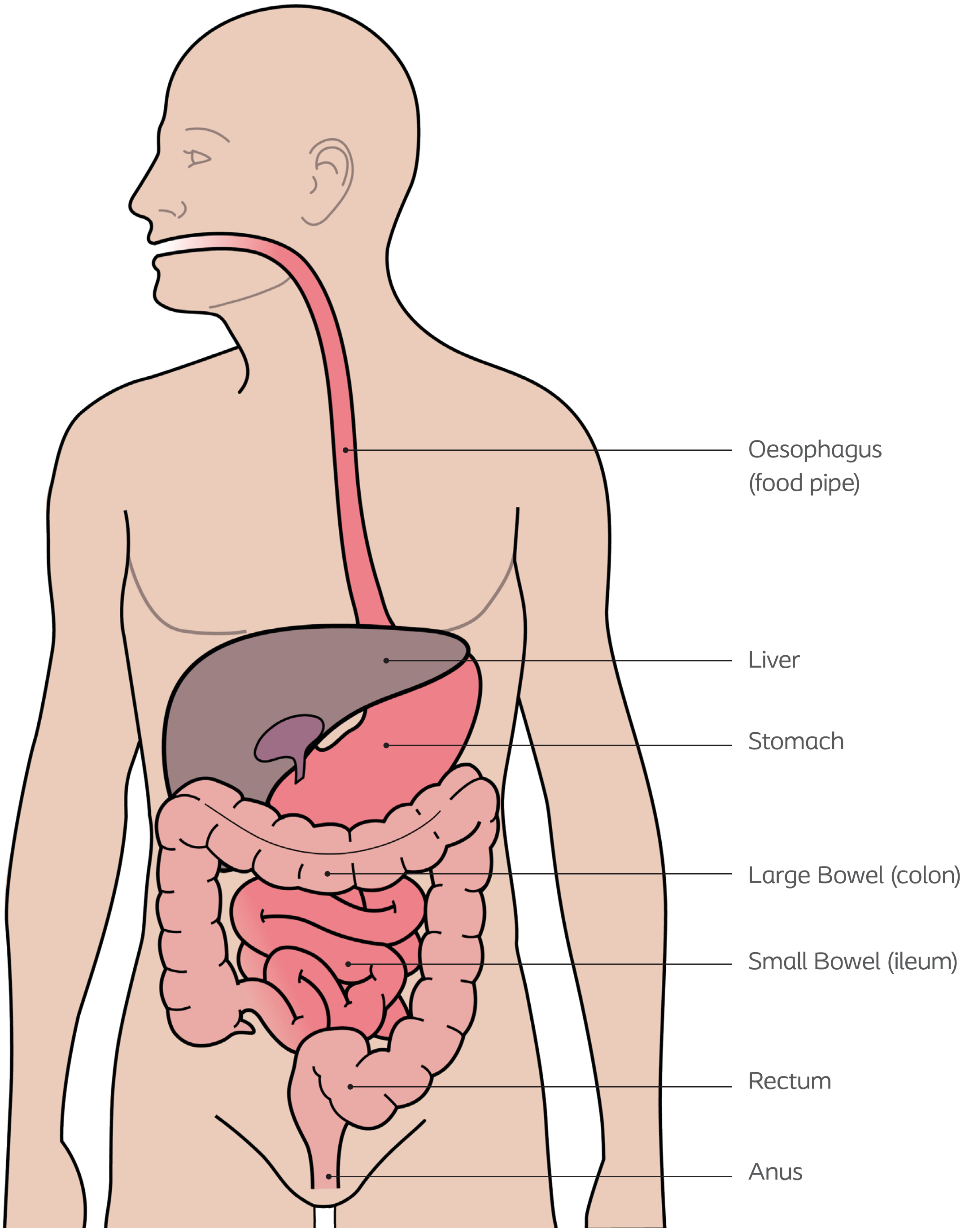
## *Your operation is called:* ______________________________

Your Stomal Therapy Nurse can show you on the diagram which part of your digestive system will be affected by your operation.

Loop colostomy removing rectum

End colostomy removing rectum and anus

Loop colostomy and pouch removing rectum



**STN's - please cross out N/A QR codes to avoid confusion*

# *In Hospital*

## *How can my Stomal Therapy Nurse help?*

Your Stomal Therapy Nurse is a qualified nurse with additional training in all aspects of stoma care who will be able to help you and your family before, during and after your operation.

Depending on your circumstances, your Stomal Therapy Nurse may be able to help you to decide on a suitable site for your stoma before your operation. This is important as it can affect the care of your colostomy and issues such as the type of clothes you wear.

Your Stomal Therapy Nurse, along with many other healthcare professionals, will provide you with as much help as you need, for as long as you need it – not only while you are in hospital but also after you have gone home.

## *How will I feel after my operation?*

Following surgery it's not surprising that you will feel weak. You may go through a whole range of emotions and this will vary from person to person. It's important to remember, emotionally and physically, it may take at least six to eight weeks for you to recover and to get back to feeling like yourself again.

## *What should I know?*

When you wake up after the operation you'll be wearing your first bag. This will probably be a clear one so that your nurses will be able to check on your new stoma easily. At first your stoma may be swollen but it will gradually decrease in size over several weeks.

You may also have drips and drains attached to your body. Please don't be alarmed as these are all routine procedures and will be removed with very little discomfort when appropriate. Your doctor will advise you when you will be able to eat and drink as usual.

## *When will my stoma begin to work?*

Your stoma will begin to work shortly after your operation, usually within a few days. At first the output will be watery and may have a strong smell given your bowel hasn't been working for a while. Occasionally your bowel motions may be mixed with blood. However, please be reassured that the consistency will thicken and the smell will settle as you resume a more balanced diet. Initially, it is also likely that a certain amount of noisy wind (or flatus) will come from the stoma – again this is perfectly normal.

It is not uncommon for patients who still have some lower bowel (rectum) to feel the need to go to the toilet as they did before. This is normal and should reduce with time. You may pass some old blood and mucus. It may help to sit on the toilet to help pass the mucus.

Your Stomal Therapy Nurse will teach you how to look after your stoma and change your bag - it's really quite simple when you get used to it.

Please ask about anything that may be bothering you, particularly in these early days. You can be sure that your concerns would have been raised before.

## *What happens when the bag needs emptying?*

Your Stomal Therapy Nurse will help you with this. In the first few days after your operation you'll wear a clear bag, but you can then move onto an opaque bag. The faeces are often quite watery when the stoma first starts to work after the operation. Your nursing staff will help with emptying the bag, and other tasks, until you are ready and have learnt how to do it for yourself.

## *Will I always have to wear a bag that needs emptying?*

No. Most people who have had a colostomy wear a closed or non-drainable bag, as the output from the stoma is similar in consistency to the output before the operation. As you recover and start to eat more normally, the faeces will usually become more formed and at this stage, you may wish to discuss with your Stomal Therapy Nurse the types of closed bags you can use.

## *How do I change my bag?*

It's a good idea to begin to establish a routine for changing your bag and to try and keep this as simple as possible. As you get used to your stoma you will find that at certain times of the day it's more active than others, for example shortly after a meal. Don't choose this time to change the bag but select a time when it's relatively inactive – perhaps first thing in the morning. Before starting to change the bag make sure you have everything at hand that you will need. Just like everything else in life, a little bit of forward planning can help a lot – you may find our 'Changing guide' within, a useful reminder.

## *How often do I need to empty or change my bag?*

This will vary from person to person. The stoma bag only needs to be changed when required, usually when the bag is a third to a half full, one to three times per day depending on the amount of faeces and how often you open your bowel. Your Stomal Therapy Nurse will help you with this.

## *What sort of bag should I choose?*

Generally, with a colostomy, you will need to use a closed bag, however if the output from your stoma is more liquid in nature, a drainable bag may be more appropriate.

There are many different types of closed and drainable bags available and your Stomal Therapy Nurse will be able to help you choose the most appropriate one for you. For example, you may wish to substitute the clear bag fitted immediately after your operation with an opaque bag.

Also if you have had an end colostomy, it may be possible to try to manage your stoma with a colostomy plug or by irrigating. If you are interested in this, please talk to your Stomal Therapy Nurse.

## *How should I dispose of used bags?*

If you are using a drainable bag, it's recommended that you empty the bag before you remove it. Then seal the bag inside a disposable bag and place in the bin. DO NOT flush it down the toilet, as it will cause a blockage. If you are using public disabled toilets, they should have suitable facilities. You can also use nappy changing bins or sanitary bins if available.

## *Stoma bags*

There are two main types of systems:

### One-piece system

This consists of the collection bag with an integrated baseplate attached, which firmly fits around your stoma.

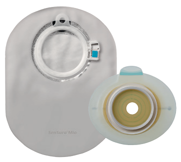
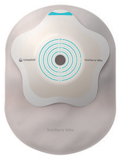
### Two-piece system

This has the collection bag separate from the baseplate and the two parts are securely clipped or sealed together. This means that you don't have to remove the baseplate from around the stoma every time you change the bag.

Both systems will be kind to your skin, lightweight, leak-proof and odour proof which means that they will be virtually undetectable to anyone else so you can carry on with life as normal. The bags are available in a variety of sizes to suit your specific needs. Your Stomal Therapy Nurse can show you the range of options and guide you in choosing the best product for you. In time, as you gain more experience in managing your stoma, you may choose to explore your stoma management options further.

# ***SenSura® Mio***
# Closed Range

BodyFit
Technology®

| 1-piece | 2-piece Click | 2-piece Flex |
|---|---|---|
| **SenSura® Mio flat**<br> | **SenSura® Mio flat**<br> | **SenSura® Mio flat**<br> |
| **SenSura® Mio Convex**<br><br>*Soft, Shallow, Deep* | **SenSura® Mio Convex**<br><br>*Shallow, Deep* | **SenSura® Mio Convex**<br><br>*Shallow* |
| **SenSura® Mio Concave**<br><br>S M L | **SenSura® Mio Concave**<br><br>S M L XL | |

# SenSura® Mio

## 1-Piece and 2-Piece Click and Flex

Thank you for trying a SenSura Mio appliance.

If you experience an allergic reaction, please contact your healthcare professional. Coloplast accepts no liability for any injury or loss that may arise if this product is used in a manner contrary to Coloplast's current recommendations.

## Disposal

The product is intended for single use only and should be disposed of in accordance with local guidelines, e.g. with normal household waste.

Do not flush the product down the toilet.

## Belt

- Adjust the belt length, by pulling the straps, so it fits your body. There is no need to remove the fabric covering the buckle.
- Attach each of the four belt hooks to one of the four belt ears on either side of the baseplate. Start from the front and apply a light pressure towards the stomach. Then pull the belt hooks away from the coupling, until they "click" in place. (Only applies for products with belt ears - Convex and 2-Piece appliances.)

## Filter label

If required, to prevent gas from escaping, place one of the enclosed filter labels on the filter.

# Preparation

## 1-Piece

- Trace and cut a hole in the baseplate to fit the size and shape of the stoma using a pair of curved scissors and the cutting guide on the baseplate.
- You can use the enclosed stoma measuring guide to measure the size and shape of the stoma.
- Ensure the opening is not cut too small, as a tight opening can cause friction and injury to the stoma, or block the opening, causing the faeces to push the adhesive away from the skin.
- Thoroughly clean the stoma and surrounding skin area. The skin must be completely dry before application of the baseplate.

## 2-Piece Click and Flex

- Trace and cut a hole in the baseplate to fit the size and shape of the stoma using a pair of small curved scissors and the cutting guide on the baseplate.
- You can use the enclosed stoma measuring guide to measure the size and shape of the stoma.
- Ensure the opening is not cut too small, as a tight opening can cause friction and injury to the stoma, or block the opening, causing the faeces to push the adhesive away from the skin.
- Thoroughly clean the stoma and the surrounding skin area. The skin must be completely dry before application of the baseplate.

# *Application*

## 1-Piece

- Clean and dry skin
- Peel off the protective film from the adhesive.
- Fold the adhesive backwards.
- Align the adhesive around the stoma and press it firmly onto the skin.
- The adhesive must fit snugly around the stoma. To prevent leakage it is important to ensure a tight seal around the stoma. When applying pressure to the baseplate/bag, begin in the area around the stoma and press the adhesive to the skin. Run a finger all around the stoma to ensure the adhesive seals. Smooth baseplate down, starting from the stoma moving outwards to the edges, to ensure that the adhesive has made full contact with the skin.
- Apply a small amount of pressure on the bag to ensure fast adhesion and perfect fit between the adhesive and skin around the stoma.

## 2-Piece Click

- Clean and dry skin. Peel off the protective film from the adhesive.
- Align the baseplate around the stoma and apply a small amount of pressure on the baseplate to ensure fast adhesion and a perfect fit between the adhesive and the skin around the stoma.
- The adhesive must fit snugly around the stoma. To prevent leakage it is important to ensure a tight seal around the stoma. When applying pressure to the baseplate/bag on the abdomen, begin in the area around the stoma and press the baseplate to the skin. Run a finger all the way around the stoma to ensure that the adhesive seals. Smooth the adhesive down, starting from the stoma and moving outwards to the edges, to ensure that the adhesive has made full contact with the skin.
- Ensure the top of the baseplate is dry and clean (When cleaning the top of the baseplate only use water).
- Make sure that the locking ring is open. Position the bottom of the bag coupling at the bottom of the baseplate coupling.
- Press the bag and the baseplate together at the bottom with your middle fingers and with your index fingers apply a gentle pressure to the top of the coupling until you feel the bag is correctly positioned to the baseplate.
- Close the locking ring by pressing the lock together. The bag is securely attached to the baseplate when you hear a ‘click’.

## 2-Piece Flex

- Clean and dry skin. Peel off the protective film from the adhesive.
- Align the baseplate around the stoma and apply a small amount of pressure on the baseplate to ensure fast adhesion and a perfect fit between the adhesive and the skin around the stoma.
- The adhesive must fit snugly around the stoma. To prevent leakage it is important to ensure a tight seal around the stoma. When applying pressure to the baseplate/bag on the abdomen, begin in the area around the stoma and press the baseplate to the skin. Run a finger all the way around the stoma to ensure that the adhesive seals. Smooth the baseplate down, starting from the stoma and moving outwards to the edges, to ensure that the adhesive has made full contact with the skin.
- Ensure the top of the baseplate is dry and clean (When cleaning the top of the baseplate only use water).
- Remove the protective paper from the adhesive ring of the bag.
- Avoid pulling or stretching the foam adhesive on the bag.
- Align the bottom of the bag coupling with the turquoise line located on the outer rim of the baseplate.
- Starting at the bottom, use your fingers to put light pressure on the bag and baseplate and smooth the coupling upwards all the way around the coupling ring.
- It is possible to reposition the bag once just after application. Ensure the flange is clean when re-applying.

How-to-use a 1-piece bag

How-to-use a 2-piece, Click bag

How-to-use a 2-piece, Flex bag

Be careful not to store your bags in direct sunlight or near heat, as this can make them deteriorate.

# *Removal*

## 1-Piece

- Gently remove the bag by pulling the removal ear on the adhesive away from the skin (stomach) and roll the adhesive slowly downwards. An adhesive remover wipe or spray can be used to prevent skin damage if adhesion is strong.
- Apply light pressure on your skin with your free hand to help removal.

## 2-Piece Click

- Remove the bag by opening the locking ring by pressing the small turquoise tab facing your stomach with a finger tip.
- Hold onto the removal ear and remove the bag by carefully bending and pulling the bag away from the baseplate.
- Gently remove the baseplate by pulling the removal ear on the baseplate away from the stomach and roll the baseplate slowly downwards. An adhesive remover wipe or spray can be used to prevent skin damage if adhesion is strong.
- Apply light pressure on your skin with your free hand to help removal.

## 2-Piece Flex

- Apply light pressure to the flange with one hand and remove bag with the other, pulling the turquoise tab. Do this slowly so that the bag peels away easily.
- Gently remove the baseplate by pulling the removal ear on the baseplate away from the stomach and roll the baseplate slowly downwards. An adhesive remover wipe or spray can be used to prevent skin damage if adhesion is strong.
- Apply light pressure on your skin with your free hand to help removal.

# What else should I know?

One of the most important things to remember is to take good care of the skin around your stoma. Here are some tips that you may find helpful:

### The baseplate needs to fit snugly around your stoma

If the hole in the baseplate is larger than your stoma, your skin will become exposed to the harmful effects of the faeces and become sore. Additionally, if the baseplate is cut too small it may cause damage to your stoma. Therefore, it's important to regularly check your template size and ensure the baseplate is a snug fit around your stoma. A handy tip is to place your template over your stoma and check if any skin is showing.

### Watch out for irritants

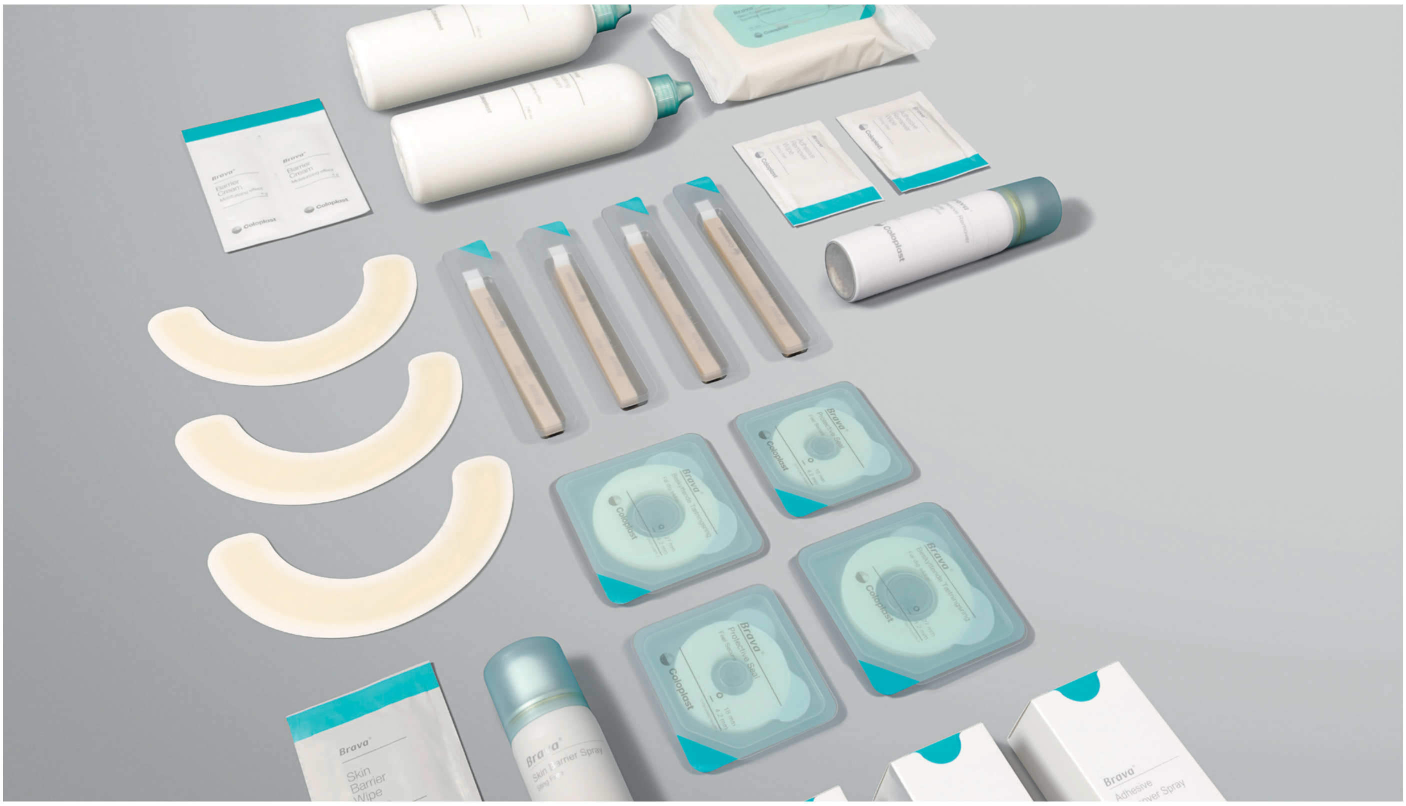
Leakage on to the skin, excessive removal of baseplates and harsh skin cleansers, can all cause some irritation of the skin.

### Bleeding

It's usual to experience a small amount of bleeding around your stoma when cleaning. This is not a cause for alarm. However, if bleeding comes from inside the stoma, you should see your doctor urgently.

# Brava® Supporting Products

Where necessary, Brava Supporting Products are available to reduce the risk of leakage. Your Stomal Therapy Nurse can advise you which, if any supporting products are appropriate for you.



It’s advisable to carry a spare changing kit with you when you go out.

Steve, Colostomate

# Going home

## *How do I obtain supplies?*

### In Australia

After leaving hospital, your local Ostomy Association will supply your ostomy products. You have the option of having the products mailed directly to you or visiting the Ostomy Association and picking up the products personally. Your Stomal Therapy Nurse will register you with your local Ostomy Association and order your first month of products. After this initial supply, you will need to order your products each month, as required. Instructions for ordering and your membership card showing your membership number, will be found in the first supply that you receive. Please ensure that you always order only what you need.

### In New Zealand

Your Stomal Therapy Nurse will discuss with you how to organise your ongoing supply of ostomy appliances after being discharged from hospital.

## *Do I need a special diet?*

No, unless otherwise advised by your Surgeon or dietitian. Just like everyone else, you should eat a well balanced diet and this can include all of your favourite foods. You may find that if you eat large meals within the first 2-4 weeks following surgery you may feel bloated. Initially you should try to eat little and often and then gradually build this up to 3 meals a day. This is because regular meals will help you have a more predictable bowel movement.

Your Stomal Therapy Nurse may also recommend a high-energy protein drink for you.

You will find that certain foods may produce more wind than others, and if this bothers you then simply cut down on these foods. Alcohol is fine in moderation, although beer, lager and carbonated drinks can produce wind and cause the output from the stoma to become more liquid. With a little experimentation you will soon find a balanced diet that's right for you. It is particularly important to remember to chew the food properly in order to give a good start to the digestive process. Foods such as peanuts, are notoriously difficult to digest and should be avoided, or at least eaten in moderation and thoroughly chewed.

Just like anyone else you can pick up a stomach bug which can give you diarrhoea or you may suffer from constipation from time to time. If this happens, treat the condition exactly the same as before.

Please speak with your Stomal Therapy Nurse if you require additional information on nutrition. Bowel Cancer Australia provides the services of a dietician to answer any further questions you may have regarding your diet.

When you go home there is no reason why, with time, you will not be able to resume the life you were leading before the operation.

## *Will I still be able to travel?*

Consult with your Surgeon when ready to fly due to the increased risk of Deep Vein Thrombosis (DVT), and it's also important to check your travel insurance. However, apart from that, there is no reason why having a colostomy should restrict your ability to travel in any significant way – whether in your country or abroad, for business or pleasure. Just remember to pack all of the things you will need for the journey and make sure that you have enough supplies for the duration of your time away. If you are flying, don't forget to divide up your supplies between your main and hand luggage to allow for lost luggage or delays.

Scissors packed in hand luggage may be confiscated, so it would be safer to pack in checked baggage.

## *Should I still exercise?*

Exercise is good for everyone and just because you've had a colostomy, you are no exception. It is very likely that any exercise you enjoyed before the operation will also be suitable to continue afterwards. Walking is a good, general low impact exercise that you may enjoy. You can start with walking around the block and gradually increase your walking distance as you become stronger.

Special small bags/mini caps are available for use when swimming and playing sport, so there is no reason to feel like you can't join in. Obviously you will need to start with gentle exercise at first but you will soon be able to do just as much, if not more, than before.

If you are concerned about the possibility of hernia formation after stomal surgery, you could consult with a physiotherapist as to what exercises are safe for you to do.

## *What about sex?*

This very much depends on the nature of the operation you've had. Generally, a normal loving relationship can be resumed, although impotence and/or discomfort may result from the removal of the rectum and may affect women as well as men.

It's important to talk to your partner and try not to feel self-conscious because of the operation. It's also important to talk to your Stomal Therapy Nurse or Surgeon, who is used to discussing such issues and will be able to help in many ways.

## *Who can I turn to for support?*

After having a colostomy, the main aim is to get you back to enjoying life. That means being at home, or at work, or on holiday – not in hospital – and not 'ill'. But this doesn't mean that your specialist care team is no longer there to help once you leave hospital – in fact quite the opposite.

Your Stomal Therapy Nurse, and his or her colleagues, will always be on hand to help you with any problems or questions that you might have.

Coloplast offers a personal support program for ostomates - Coloplast® Care. For more information, see page 22.

# Ostomy Associations

## ACT

**ACT & DISTRICTS STOMA ASSOCIATION**
**W:** actstoma.net.au
**E:** stoma@actstoma.net.au
**T:** (02) 5124 4888
**A:** Floor 2, 1 Moore Street, Canberra ACT 2600
**Open:** First and second week of each month on Monday, Tuesday, Wednesday 10:00am to 1:00pm

## New South Wales

**NSW STOMA LIMITED**
**W:** nswstoma.org.au
**E:** info@nswstoma.org.au
**T:** 1300 Ostomy
or (02) 9565 4317
**A:** Unit 5, 7-29 Bridge Road, Stanmore NSW 2018
**Open:** Monday to Thursday 8:00am-4:00pm, Friday 8:00am-2:00pm

**OSTOMY NSW LTD**
**W:** ostomynsw.org.au
**E:** orders@ostomynsw.org.au
**T:** (02) 9542 1300
**F:** (02) 9542 1400
**A:** Ground Floor, 20-22 Yalgar Rd, Kirrawee NSW 2232
**Open:** Monday to Thursday 9:00am-2:00pm

## Northern Territory

**CANCER COUNCIL NORTHERN TERRITORY**
**W:** nt.cancer.org.au
**E:** ostomy@cancernt.org.au
**P:** (08) 8944 1800
**F:** (08) 8927 4990
**A:** Unit 2, 25 Vanderlin Drive, Casuarina NT 0811
**Open:** Monday to Thursday 8:30am-2:00pm

## Queensland

**GOLD COAST OSTOMY ASSOCIATION**
**W:** goldcoastostomy.com.au
**E:** gcoa@bigpond.com
**T:** (07) 5594 7633
**F:** (07) 5571 7481
**A:** 8 Dunkirk Close, Arundel QLD 4214
**Open:** Tuesday and Thursday 9:00am-3:00pm

**NORTH QUEENSLAND OSTOMY ASSOCIATION**
**E:** admin@nqostomy.org.au
**T:** (07) 4775 2303
**F:** (07) 4725 9418
**A:** 13 Castlemaine Street, Kirwan QLD 4812
**Open:** Monday and Thursday 8:00am-4:00pm, Wednesday 8:00am-12:00pm

**QUEENSLAND OSTOMY ASSOCIATION**
**W:** qldostomy.org.au
**E:** admin@qldostomy.org.au
**T:** (07) 3848 7178
**F:** (07) 3848 0561
**A:** 22 Beaudesert Road, Moorooka QLD 4105
**Open:** Tuesday and Thursday 9:00am-3:30pm

**QUEENSLAND STOMA ASSOCIATION**
**W:** qldstoma.asn.au
**E:** admin@qldstoma.asn.au
**T:** (07) 3359 7570
**F:** (07) 3350 1882
**A:** Unit 1, 10 Valente Close, Chermside QLD 4032
**Open:** Monday to Thursday 8:30am-2:30pm, last Saturday of each month 8:30am-12:30pm

**TOOWOOMBA & SOUTH-WEST OSTOMY ASSN INC.**
**E:** bob.schull@bigpond.com
**T:** (07) 4636 9701
**F:** (07) 4636 9702
**A:** Education Centre, Blue Care Garden Settlement, 256 Stenner Street Toowoomba QLD 4350
**Open:** Tuesday 9:00am-3:30pm

**WIDE BAY OSTOMATES ASSOCIATION**
**W:** wboa.org.au
**E:** wbostomy@bigpond.com
**T:** (07) 4152 4715
**F:** (07) 4153 5460
**A:** 88a Crofton Street, Bundaberg West QLD 4670
**Open:** Tuesday, Wednesday, Thursday 8:30am-3.00pm

## South Australia

**ILEOSTOMY ASSOCIATION OF SOUTH AUSTRALIA**
**W:** ileosa.org.au
**E:** orders@ileosa.org.au
**T:** (08) 8234 2678
**F:** (08) 8234 2985
**A:** 73 Roebuck Street, Mile End SA 5031
**Open:** Monday, Tuesday, Wednesday and Friday 10:00am-2:00pm

**OSTOMY ASSOCIATION OF SOUTH AUSTRALIA**
**W:** colostomysa.org.au
**E:** colosa@colostomysa.org.au
**T:** (08) 8235 2727
**F:** (08) 8355 1073
**A:** 1 Keele Place, Kidman Park SA 5025
**Open:** Monday to Thursday 10:30am-2:30pm

## Victoria

**BENDIGO AND DISTRICT OSTOMY ASSOCIATION INC**
**T:** (03) 5441 7520
**F:** (03) 5442 9660
**A:** 43-45 Kinross Street, Bendigo VIC 3550
**P:** The Secretary, PO Box 404, Golden Square VIC 3555
**Open:** Tuesday, Wednesday and Thursday 10:00am-2:00pm. Second Tuesday of each month 9:00am-3:00pm

**COLOSTOMY ASSOCIATION OF VICTORIA**
**W:** colovic.org.au
**E:** info@colovic.org.au
**P:** (03) 9650 1666
**F:** (03) 9650 4123
**A:** Suite 221 - Level 2, Block Arcade,
98 Elizabeth Street, Melbourne VIC 3000
**Open:** Weekdays 9:00am-2:00pm

**GEELONG OSTOMY**
**W:** geelongostomy.com.au
**E:** goinc@geelongostomy.com.au
**T:** (03) 5243 3664
**F:** (03) 5201 0844
**A:** 6 Lewalan Street, Grovedale VIC 3216
**Open:** Monday, Wednesday, Friday 9:30am-2:30pm

**OSTOMY ASSOCIATION OF MELBOURNE**
**W:** oam.org.au
**E:** enquiries@oam.org.au
**T:** (03) 9888 8523
**F:** (03) 9888 8094
**A:** Unit 14, 25-37 Huntingdale Rd, Burwood VIC 3125
**Open:** Tuesday to Friday 9:00am-4:00pm

**PENINSULA OSTOMY ASSOCIATION**
**W:** penost.com.au
**E:** poainc1@bigpond.com
**T:** (03) 9783 6473
**F:** (03) 9781 4866
**A:** 12 Allenby Street, Frankston VIC 3199
**Open:** Monday, Thursday 10:00am-3:00pm

**VICTORIAN CHILDREN'S OSTOMY ASSOCIATION**
**W:** rch.org.au/edc
**E:** edc@rch.org.au
**T:** (03) 9345 5325
**F:** (03) 9345 9499
**A:** Equipment Distribution Centre,
Royal Children's Hospital,
Basement 2 (green lifts),
50 Flemington Road, Parkville VIC 3052

**WARRNAMBOOL & DISTRICT OSTOMY ASSOCIATION**
**E:** warrnamboolostomy@swh.net.au
**T:** (03) 5563 1446
**F:** (03) 5563 4353
**A:** 279 Koroit Street, Warrnambool VIC 3280
**Open:** Friday 12:00pm-4:00pm

## Western Australia

**WESTERN AUSTRALIAN OSTOMY ASSOCIATION**
**W:** waostomy.org.au
**E:** info@waostomy.org.au
**T:** (08) 9272 1833
**F:** (08) 9271 4605
**A:** 15 Guildford Road, Mount Lawley WA 6050
**Open:** Monday to Friday 9:00am-4:00pm,
Tuesday 6:30am-4:00pm.
Fourth Saturday of each month 9:00am-1:00pm

## Tasmania

**OSTOMY TASMANIA**
**W:** ostomytas.com.au
**E:** admin@ostomytas.com.au
**T:** (03) 6228 0799
**F:** (03) 6228 0744
**A:** Amenities Building, St. Johns Park, St. Johns Avenue, New Town TAS 7008
**P:** PO Box 280 Moonah, Tasmania 7009
**Open:** Monday 9:00am-3:00pm, Tuesday 9:00am-1:00pm

## New Zealand

**EBOS Healthcare**
14-18 Lovell Court, Rosedale,
0632, Auckland, New Zealand
**Freecall:** 0800 265 675

# *Sources of help and advice*

## Coloplast Consumer Care

At Coloplast we pride ourselves on continuing our long tradition of partnering with Stomal Therapy Nurses and ostomates. An example of this collaboration is the development of SenSura® Mio, the first scientifically proven ostomy appliance that maximises all the key features of a superior baseplate.

For ostomates, we have a vast array of resources including websites, product information booklets, instruction leaflets, stoma sizing guides… to name a few!

If you would like more information on the resources available please give us a call.

**Australia** - 1800 653 317

**New Zealand** - 0800 265 675

**Coloplast® Care** - 1800 431 297

aucare@coloplast.com

Your local Stomal Therapy Nurse is

________________________________________________________________________

________________________________________________________________________

Your ostomy association is

________________________________________________________________________

________________________________________________________________________

Your local support groups are

________________________________________________________________________

Notes

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

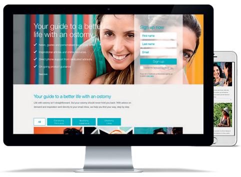
________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

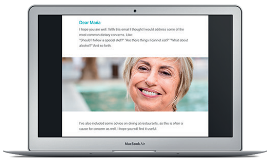
Coloplast® Care

# *Your guide to a better life with an ostomy*



**Website**
Dedicated website with articles and reliable advice

**Ostomy Check**
Exclusive Ostomy Check self-assessment tool to track your ostomy health



**Emails**
Inspiration relevant for your situation directly into your inbox

**Phone support**
Advisers ready to answer questions and provide support over the phone

*Join Coloplast Care today via our website, phone or scanning the QR code.*

☎ 1800 431 297

ostomy.coloplastcare.com.au

*Coloplast Care currently available in Australia only.

Ensuring your product adheres securely to your body is important to prevent future complications. You can select one or more issues.

Preventing sore skin is vital for your health and well-being. You can select one or more issues.

# BodyCheck tool

## Understanding your body profile is the *first step towards a better fit*

Having a well-fitting product plays an important role in preventing leakage and keeping skin healthy. To find the SenSura® Mio that's right for your body profile, try the BodyCheck tool. The 8-step BodyCheck will guide you to the products that match your individual body profile and it only takes 5 minutes.

BodyCheck tool consists of:

- 8 straight forward questions
- Reflect 648 individual body profiles
- Best product and accessory recommendation for each individual body profile
- Validated and reviewed recommendations from specialist nurses

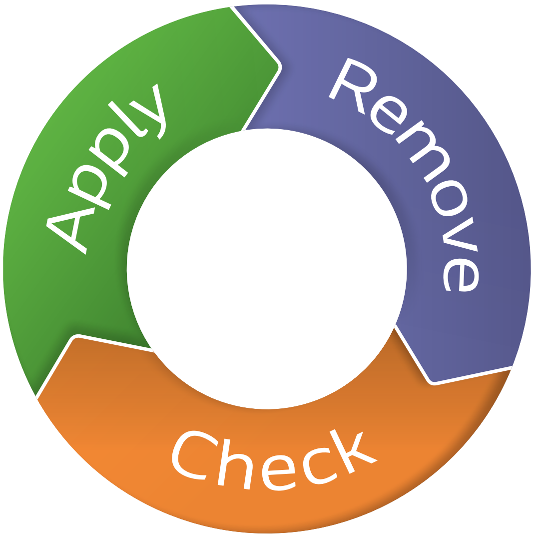
*For more information or to access the BodyCheck tool, visit our website or scan the QR code.*

🖥 coloplast.com.au/bodycheck

# Optimise your fit with *Apply – Remove – Check*

## *The foundation for a good appliance-change routine*

Apply, Remove, Check (ARC) is a simple three step process to help you find an appropriate appliance-change routine with adequate changing frequency – to help you maintain healthy peristomal skin.



**Apply**

A correct appliance-change routine starts with the proper application of your baseplate.

**Remove**

To protect your skin, it's important to use the right technique to remove your appliances gently.

**Check**

A quick examination of your skin and adhesive will reveal if you are in the right routine. But first you need to know which symptoms to be aware of.

*Scan the QR code to obtain your FREE copy of the ARC Booklet and ARC Diary today!*

Alternatively, please call Coloplast (AU) 1800 653 317 or Ebos (NZ) 0800 265 675

For a full introduction to ARC read the '*Optimise your fit with Apply, Remove, Check*' booklet.

The ARC diary is designed to help you record your appliance changes and establish the right routine.

Establish your ***Apply – Remove – Check*** routine

*Please make an entry in the diary every time you change your appliance*

| | Apply | Remove | | Check | | Conclusions | |
|---|---|---|---|---|---|---|---|
| Change | Pouch applied | Pouch removed | Worn for | Observations | | Routine | Comments |
| 1 | date | date | day(s) | My skin is:<br>☐ Healthy<br>☐ Irritated | The baseplate is:<br>☐ Intact<br>☐ Broken down ☐ Has visible output | My routine is:<br>☐ Manageable<br>☐ Not manageable | |
| 2 | date | date | day(s) | My skin is:<br>☐ Healthy<br>☐ Irritated | The baseplate is:<br>☐ Intact<br>☐ Broken down ☐ Has visible output | My routine is:<br>☐ Manageable<br>☐ Not manageable | |
| 3 | date | date | day(s) | My skin is:<br>☐ Healthy<br>☐ Irritated | The baseplate is:<br>☐ Intact<br>☐ Broken down ☐ Has visible output | My routine is:<br>☐ Manageable<br>☐ Not manageable | |
| 4 | date | date | day(s) | My skin is:<br>☐ Healthy<br>☐ Irritated | The baseplate is:<br>☐ Intact<br>☐ Broken down ☐ Has visible output | My routine is:<br>☐ Manageable<br>☐ Not manageable | |
| 5 | date | date | day(s) | My skin is:<br>☐ Healthy<br>☐ Irritated | The baseplate is:<br>☐ Intact<br>☐ Broken down ☐ Has visible output | My routine is:<br>☐ Manageable<br>☐ Not manageable | |
| 6 | date | date | day(s) | My skin is:<br>☐ Healthy<br>☐ Irritated | The baseplate is:<br>☐ Intact<br>☐ Broken down ☐ Has visible output | My routine is:<br>☐ Manageable<br>☐ Not manageable | |
| 7 | date | date | day(s) | My skin is:<br>☐ Healthy<br>☐ Irritated | The baseplate is:<br>☐ Intact<br>☐ Broken down ☐ Has visible output | My routine is:<br>☐ Manageable<br>☐ Not manageable | |

The Coloplast story began back in 1954.

Our company reflects the passion, ambition and commitment of the people who made it happen. Elise Sørensen, a nurse, invented the first disposable, self-adhesive ostomy pouch, because she was determined to help her sister out of isolation. Aage Louis-Hansen added his engineering ability and entrepreneurial drive, and through strong commitment and resilience he founded Coloplast.

Still today, people with intimate healthcare needs often live in isolation.

We are fighting to change that.

Ostomy Care / Continence Care / Wound & Skin Care / Interventional Urology

Coloplast Pty Ltd, PO Box 240, Mount Waverley, VIC 3149 Australia
www.coloplast.com.au