



**A beginning...  
not an end**

**Life after ostomy surgery**

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**not an End**

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## ***A Beginning ... not an End*    Life after Ostomy Surgery**

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The original edition of this booklet was created by Barbara Callcott.

#### ***DISCLAIMER***

*Products and methods mentioned in this publication may not be relevant to everyone. It is essential to consult your Doctor or Stomal Therapy Nurse before deciding to use or follow any of them. ACSA and its officers do not accept any responsibility to any reader for any use to which the products and materials may be put.*

*Please remember that this booklet is not a substitute for an informed discussion between a patient and his or her medical advisers.*

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# A BEGINNING ...

Welcome.

If you are a new ostomate, or about to become one, then you are about to begin another chapter of your life. There will be new things to learn and to do, new people to meet and opportunities for personal growth that you didn't think possible.

For most people reading this, as well as a beginning, there will be an ending of sorts. Perhaps it will be an ending to previous pain or suffering, perhaps an ending to disease, infection, or obstruction. Whatever your ending may be, we welcome you to the beginning of a new way of life; a way of life which offers you the possibility of improved health and well-being.

The purpose of this booklet is to provide some ostomy related information. The booklet will introduce you to the help and support network that is available before, and after, any surgery which results in a stoma. At the back you will find directories of ostomy associations, of companies which produce ostomy related products, together with ostomy related support groups and organisations.

The booklet contains only general information and is not a substitute for informed discussion with your medical adviser. In particular, prior to any surgical procedure it is essential that you discuss with your surgeon the benefits and risks associated with ostomy surgery.

This booklet can be used by itself or in conjunction with the DVD 'A Beginning ... not an End.' – produced by the Australian Council of Stoma Associations Inc. (ACSA) and obtainable from your local Association.

Jot down your comments and questions as soon as you think of them, for when you next speak to your medical adviser, Stomal Therapy Nurse (STN), ostomy support visitor or the volunteers at your ostomy association.

Whether you have, or will have an ostomy, the most important thing to remember is that you are not on your own. There are approximately 36,000 ostomates in Australia and more than 3 million in the world. These ostomates have successfully learned and adapted to their new way of life. You can too.

# WHAT IS AN OSTOMY OR STOMA?

The term “ostomy” and “stoma” have slightly different dictionary meanings but they are commonly used interchangeably to describe a surgically created opening, usually on the abdominal wall, through which a small end section of the bowel is brought to allow waste evacuation when a person has lost normal bowel or bladder function as a result of disease, injury, birth defect or other causes.

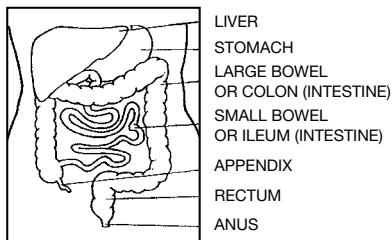
People who have a stoma are called ostomates. Usually ostomates are able to:-

- lead fulfilling lives
- have rewarding careers
- have children
- be physically active
- wear what they like (with a few exceptions)
- eat what they want (with a few exceptions)
- travel
- lead active social lives.

## THE NORMAL DIGESTIVE TRACT

The digestive tract is a hollow tube stretching from the mouth to the anus and it is lined with mucous membrane. As food travels through the system, enzymes are added which break down the food into a form that can be absorbed and used by our bodies. Digestion and absorption of nutrients takes place in the small bowel (intestine). Therefore, if there is a need for the removal of the large bowel because of disease, the normal digestive process is essentially unchanged.

### THE NORMAL DIGESTIVE TRACT



There are three main types of ostomy :

## **COLOSTOMY**

A colostomy forms a stoma from the colon or large bowel. A small protrusion of bowel is brought out through the abdominal wall and secured to the outer skin to form an exit for waste matter.

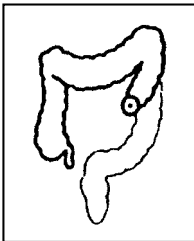
The most common condition needing colostomy formation is colon or rectal cancer.

There is no muscle control of the stoma action so a pouch is worn to collect faecal waste. An easily managed, closed pouch is worn and replaced as required.

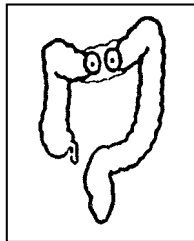
The stoma itself is usually round in shape and is pinkish-red in colour and moist - similar to the lining in your mouth.

New techniques offer alternatives to wearing a pouch and these can be explained by your Stomal Therapy Nurse, if appropriate.

DESCENDING  
OR SIGMOID



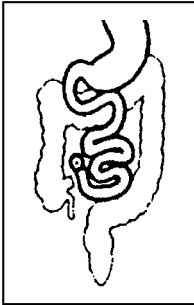
TRANSVERSE



### **Managing a Colostomy**

- In most cases a pouch (also called an appliance) is worn over the stoma to collect bodily waste.
- The pouch can be drainable or non-drainable.
- Self-irrigation or natural elimination can be used to manage a colostomy, depending on your medical condition.
- Diet and deodorants can control wind and odour.

## ILEOSTOMY



An ileostomy is the open end of the healthy ileum (small intestine) brought to the surface of the abdomen and secured there to form an exit for waste matter. Surgery often involves removal of the colon and rectum.

The discharge will vary from being quite liquid at first to being semi solid on most occasions as time goes on.

The most common conditions needing ileostomy formation are:

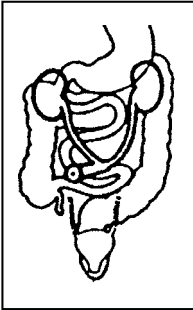
- Ulcerative Colitis
- Crohn's Disease
- Polyps in the colon or rectum
- Cancer in the colon or rectum
- Other rarer causes

### Managing an Ileostomy

- For standard ileostomies an external drainable pouch is used.
- For continent ileostomies, waste is stored in a surgically created pouch inside the body. A tube (catheter) is used to empty the pouch.
- For ileoanal reservoirs, waste is passed by natural elimination.
- Special care must be given to protecting the skin.
- It is important for an ileostomate to take regular meals and drink lots of fluid to keep electrolytes in balance. Diet will have a bearing on the quantity and character of output.

## UROSTOMY

When the bladder is removed or is unable to store urine, a urine diversion is necessary. This may be in the form of a ileal conduit (non continent diversion) or an Indiana Pouch (continent diversion).



An ileal conduit is formed from a small section of small intestine (ileum) into which is implanted ureters carrying urine from the kidneys. A stoma is formed by taking the conduit through the abdominal wall. An appliance must be worn continually.

An Indiana Pouch is formed from a section of the large bowel (colon) into which the ureters are implanted. A small section of the ileum is used to conduct urine to the stoma. The procedure involves utilizing a valve to prevent urine leaking. A catheter is used to drain the Indiana Pouch. No appliance is normally necessary.

The most common condition needing urostomy formation is bladder cancer.

### Managing a Urostomy

- For continent urostomies, urine is stored in a surgically created pouch inside the body. The pouch is emptied with a catheter.
- An external pouch is used for all other types.

## TEMPORARY OSTOMIES

A large proportion of stomas created today are temporary. This means that after a period of time the ostomy is reversed (stoma is removed) and normal bowel and / or bladder function is restored.

Management of particular temporary stoma(s) will be as described above. Like all other Australian ostomates, temporary ostomates are required to be registered for the Stoma Appliance Scheme through an ostomy association in order to receive ostomy related appliances, products and service for as long as they have their stoma.

## WHO CAN HELP ME?

People who can assist with your new beginning, your journey to recovery and well-being, are:-

- **YOU**
- your family and friends,
- stomal therapy nurses,
- the local ostomy association,
- colorectal surgeons/urologists,
- an ostomate support visitor,
- general practitioners,
- the companies which produce ostomy related products.

### **YOU**

**YOU** are the most important person in your recovery and rehabilitation. Be kind to, and patient with, yourself.

While you are recovering after your operation, you may experience mixed emotions - sometimes relief, sometimes apprehension and you may, at times, feel tearful and angry. There may be feelings of 'not being able to cope' or 'being out of control', and these are all normal reactions for some people. Talking it through with your partner, a family member, close friend, Stomal Therapy Nurse or Ward nurse may help. Some people benefit from quiet times when they can reflect alone.

Recognise that there is much to be learnt and that there are many adjustments and adaptations to be made.

You may need to:-

- adjust to the loss of all, or part, of a vital organ. It is common to experience feelings of grief and sadness;
- adjust to the changed process of eliminating body waste;
- learn to manage the stoma;
- adjust to gradually regaining physical and emotional well-being;
- learn to feel secure in relationships - with your partner, family members, friends and the general public.

Know that all your responses to this new situation are valid. Be kind to yourself and request that others be kind and patient with you.

## **YOUR FAMILY & FRIENDS**

Your partner, close family members and concerned friends can assist you in your recovery by:-

- also recognising that there is a lot for you to learn and adjust to;
- accepting that all of your reactions to your new situation are valid;
- demonstrating and insisting that others (including medical staff) show understanding, compassion, optimism, encouragement, kindness and helpfulness;
- encouraging you to be independent in the management of your stoma;
- strongly encouraging you to seek professional help if there is a sense of need.

## **MEDICAL ADVISERS**

Your surgeon, general practitioner, Stomal Therapy Nurse or oncologist can provide you with information and answer questions, both before and after surgery.

## **STOMAL THERAPY NURSES**

A Stomal Therapy Nurse is a medical professional who has undergone special training to cater to the specific needs of ostomates. Your Stomal Therapy Nurse can provide assistance prior to and after surgery, and ongoing care and advice throughout the years ahead.

## OSTOMY ASSOCIATIONS

Normally your Stomal Therapy Nurse will introduce you to your nearest or most convenient ostomy association, or you can contact an ostomy association listed in the directory found at the back of this booklet.

Australian ostomy associations are non-government, voluntary, self-help organisations which **distribute stoma appliances** and **provide information, encouragement and emotional support** to their members concerning most aspects of living with a stoma.

There are 22 ostomy associations across Australia, serving approximately 36,000 Australian ostomates.

In some areas there is a choice of associations, and you are quite free to belong to any one of them. Although based mainly in capital cities, ostomy associations service both country and city members over the counter, by phone, fax, email and by mail.

You will find the volunteers at the local ostomy associations (usually ostomates themselves) to be **very friendly, kind, understanding, supportive and helpful**.

Local ostomy associations:-

- acquire and distribute ostomy related products within the guidelines of the Australian Stoma Appliance Scheme;
- provide encouragement and emotional support to ostomates;
- provide a visitor service on request;
- provide ostomy related information;
- offer social activities;
- liaise between members and the national association (ACSA);
- liaise, for the benefit of their members, with Stomal Therapy Nurses and ostomy related product suppliers,
- hold regular meetings.

## **Local Meetings**

Ostomy associations are a wonderful source of information.

Regular meetings offer opportunities to meet with other ostomates, exchange experiences, listen to guest speakers and learn how other ostomates manage their stomas in day to day living.

Local association meetings are sometimes attended by medical professionals and representatives from the various product companies. Take advantage of their presence to discuss ostomy related problems that you may be experiencing.

## **Regional Meetings**

Several associations provide regional / country seminars on a regular basis, enabling country members to have contact with medical professionals, other ostomates, and to observe trade displays of the companies' latest products.

## **Support Groups**

Many associations also have Support Groups – where, because of the remoteness of their location, ostomates group themselves together and form a Support Group under the auspices of the nearest or most convenient association.

## **Becoming a Member of an Ostomy Association**

Your Stomal Therapy Nurse will usually help you join a local ostomy association while you are still in hospital or you can contact an association listed at the back of this booklet.

## **Obtaining Ostomy Products**

While you are in hospital the Stomal Therapy Nurse or the hospital will ensure that you have adequate supplies. After leaving hospital, regular supplies may be obtained from your local ostomy association.

Your ostomy association is your supply point for appliances and other ostomy related products for as long as you require them. Each local ostomy association has its own method of ordering and distribution. You will need to clarify this with the association that you join. Once you are familiar with this system you will find that obtaining your appliances will become routine.

The Department of Health and Ageing gives each ostomy association a schedule of stoma appliances and related items. There is no charge for an item if it is listed in the Schedule. If you want an item that isn't in the Schedule you will need to pay full cost.

Australia is fortunate to have a government sponsored Stoma Appliance Scheme which provides every ostomy association member with a wide range of Commonwealth government funded ostomy supplies adequate for their needs, on a regular basis. The choice of appliances is vast and is constantly updated.

## **Eligibility for the Ostomate Support Programme**

Under the Stoma Appliance Scheme most ostomy appliances and related items are available to all Australian residents who have undergone stomal surgery and who hold a Stoma Appliance Entitlement Card.

To register with an association new members must produce their Medicare card and pay the association the compulsory national uniform annual fee.

Upon registering through an ostomy association, ostomates are issued with an official Stoma Appliance Entitlement Card supplied by Medicare Australia with an entitlement number. Items available under the Stoma Appliance Scheme are provided at no cost to the ostomate.

In Australia, ostomy products supplied by the Stoma Appliance Scheme cannot be obtained without an entitlement number.

## **How Ostomy Associations Obtain Ostomy Products**

Associations participating in the Stoma Appliance Scheme purchase ostomy appliances and related items from the product companies. The ostomy associations claim reimbursement from Medicare Australia.

## **Is There a Cost to Me?**

All associations charge a membership fee which includes the compulsory national uniform annual fee which assists with running costs. For those who are unable to collect their ostomy supplies from association rooms, a parcel delivery service is provided at a small charge.

When you consider that the value of the average yearly order per person is around \$1500 (paid by Medicare Australia), I am sure you will find that the membership fee (and possible parcel fee) is quite reasonable. The only other cost incurred by members is for the purchase of items not included on the Stoma Appliance Scheme. The cost of these items is usually small.

## **Obtaining Ostomy Products While on Holidays**

Emergency supplies can be obtained within Australia, from a participating ostomy association, simply by presenting your Stoma Appliance Entitlement Card. Ensure you have a copy of the Directory of the associations, located at the back of this booklet.

If travelling overseas, it is advisable to obtain from your association a list of overseas associations available to you in whatever countries you may be visiting.

## **Obtaining More than the Amount of Ostomy Products Allowed**

Your local ostomy association can only provide the maximum quantity allowed by the Department of Health and Ageing unless you obtain a Certificate for additional supplies. This certificate must:-

- be signed by either your medical practitioner or Stomal Therapy Nurse;
- clearly state the condition necessitating the extra supply; and
- be renewed every six months, if necessary.

## Points to Remember

- dispose of your used appliances by **first emptying contents into the toilet bowl**, placing the empty used pouch (appliance) in a separate plastic rubbish bag, sealing and discarding it with normal rubbish,
- request only what you need (a reserve of one month is recommended),
- inform your local ostomy association, as soon as possible, if there is a change of address, your stoma has been reversed, or if the ostomate has passed away,
- visit your Stomal Therapy Nurse for a check up at least every two years (for children visit annually),
- store your appliances in a cool, dry place,
- **and please do not waste or hoard appliances.**

## AN OSTOMY SUPPORT VISITOR

Many new ostomates find that talking to a successfully rehabilitated ostomate, one who is confident and obviously physically and emotionally well, can be inspirational and can do wonders to aid recovery.

Every effort will be made to ensure that your ostomy support visitor is suitable, that is, will be of the same gender, of similar age, will have the same type of stoma and will be able to answer most, if not all, of your questions.

An ostomy support visitor can be arranged through your Stomal Therapy Nurse while you are in hospital, or through your local association once you are home. This support extends to parents of young ostomates. Please approach your local association or Stomal Therapy Nurse for contact details.

## **THE AUSTRALIAN COUNCIL OF STOMA ASSOCIATIONS (ACSA)**

The 22 local ostomy associations are represented nationally by the Australian Council of Stoma Associations Incorporated.

The purpose of ACSA is to promote the general welfare of persons who have undergone surgery for the formation of a **stoma** of any type. ACSA liaises with government departments, the ostomy product suppliers, and all associated and related groups, on behalf of the ostomy associations.

Ostomy associations provide delegates to attend ACSA annual meetings where ostomy related matters are discussed and resolved. The meetings are held in each State, in turn. Observers are encouraged to attend these meetings and to participate in workshops and social events.

### ***'Ostomy Australia'***

*'Ostomy Australia'* is the official journal of ACSA (its publisher) and it is supplied to you through your local association. *'Ostomy Australia'* is a high quality information medium for ostomates and is recognised as a leading journal in its field, both nationally and internationally. *'Ostomy Australia'* provides up-to-date information on developments within the ostomy movement; it provides an avenue for ostomates to make contact with other ostomates; and keeps all members up-to-date with product developments.

## **THE INTERNATIONAL OSTOMY ASSOCIATION (IOA)**

ACSA is also a member of the International Ostomy Association (IOA) which is similarly dedicated to improving the quality of life of ostomates worldwide.

## **THE PRODUCT COMPANIES**

As you will discover, the companies which supply your appliances and other ostomy related needs, are also interested in assisting their clients. The product companies have their own 'help-lines' (see Directory). Company representatives make regular visits to local ostomy associations and attend their meetings. During these visits they are available to answer ostomy related questions and to provide product related assistance.

## **SPECIAL NEEDS GROUPS**

Special needs groups exist in some areas for younger ostomates – (teens to forties), for parents of children and babies with stomas. No matter what your special need, through your local ostomy association or Stomal Therapy Nurse, you will be able to find someone with whom you can share experiences.

## **PARENTS OF YOUNG OSTOMATES**

Parents of very young ostomates have different needs to those of teen-aged or senior ostomates. Parents of children with stomas may need special help to learn how to:-

- cope with having a child with a stoma;
- manage their child's stoma;
- help their children learn to manage their own stoma;
- approach their children's teachers;
- help their children learn how to approach teachers;
- manage their own feelings; and
- help their children learn how to manage their feelings.

Special support groups designed specifically to address the needs of parents of children with stomas exist (eg. NIDKIDS). Ask your Stomal Therapy Nurse or local ostomy association.

## **CANCER SOCIETIES**

ACSA recognises that there are many more aspects to ostomate rehabilitation than just care of the stoma and that there are a range of extra considerations for those ostomates who have had, or still have, cancer. The many cancer societies and councils are well equipped with information and activities that can help.

# AN OSTOMATE'S GUIDE TO FOOD

It is important for ostomates to know the effects that different foods and beverages have on their stoma output. Depending on the type of stoma they have, the effects may vary. It is essential for all ostomates to introduce new foods gradually, chew all foods well and have adequate fluid intake. If you have any questions ask you Stomal Therapy Nurse.

Listed below are some general guidelines of what some foods and beverages can do to stoma output.

## ***FOODS THAT CAN OBSTRUCT – These need to be chewed thoroughly.***

Apple skins, raw cabbage, celery, chinese vegetables, citrus fruits, coconut, coleslaw, corn kernels, dried fruit, Frankfurters, grapes skins, mushrooms, nuts, peas, pineapple, popcorn, potato skins, sausage skins, seeds, tomato skins.

## ***FOODS & DRINKS THAT CAN INCREASE OUTPUT***

Alcohol, beef, bran cereals, broccoli, cooked cabbage, fresh fruit - not bananas, grape juice, leafy greens, licorice, milk, prunes and juice, raisins, spicy foods, raw vegetables.

## ***FOODS & DRINKS THAT CAN THICKEN OUTPUT***

Applesauce, stewed apples, bananas, bread, buttermilk, cheese, marshmallows, boiled milk, noodles, pasta, creamy peanut butter, pretzels, white rice, tapioca, toast, yoghurt.

## ***FOODS & DRINKS THAT CAN PRODUCE WIND***

Alcohol, beans, broccoli, brussel sprouts, cabbage, carbonated drink, cauliflower, corn, cucumber, dairy products, meringues, mushrooms, nuts, onions, peas, radishes, soy, spinach, whips.

## ***FOODS & DRINKS THAT CAN CAUSE ODOUR***

Asparagus, baked beans, broccoli, brussel sprouts, cabbage, cauliflower, strong cheese, cod liver oil, eggs, fish, garlic, mustard, onions, peanut butter, spices.

## ***FOODS & DRINKS THAT CAN HELP ODOUR CONTROL***

Buttermilk, cranberry juice, orange juice, parsley, tomato juice, yoghurt.

## ***FOODS & DRINKS THAT COULD HELP WITH CONSTIPATION***

Warm/hot beverages, cooked fruits, cooked vegetables, fresh fruits, fruit juices, water.

# QUESTIONS & ANSWERS

## ***Q. Do I need a special diet?***

- A. Your local ostomy association, Stomal Therapy Nurse and hospital dietitians can provide information on diet and nutrition.

As individuals, we have different reactions to food. For a period after surgery, you may be on a bland diet. Gradually, you will be able to manage most foods. It may take several weeks before your appetite returns, especially if you have been unwell for a time. Initially, try eating small appetising meals at regular intervals and gradually introduce new foods into your diet.

All foods, but especially nuts and seeds, should be thoroughly chewed as they could cause a blockage. Blockages can be caused by eating coconut, popcorn, some vegetables and some fruit. A blockage may cause colic pain, which is usually temporary. If pain persists or becomes more than a discomfort, seek medical advice without delay.

Some foods, (e.g. baked beans, turnip, brussel sprouts, onions, cabbage and carbonated drinks) may cause flatulence. A laxative effect can occur from consuming beer, wine, chocolate and some fruits, in which case you will have to empty your pouch more frequently. Also, foods such as eggs, asparagus and fish can cause strong odours.

Dietary modifications may be necessary. Ostomates can and do enjoy eating in restaurants and eating with friends, without unpleasant side-effects. Just remember, everything in moderation.

**Dietary advice should be obtained to identify food and drink which may produce an adverse affect.**

## ***Q. Will I need special clothes?***

- A. Minor modifications may need to be made to what you choose to wear. Comfortable clothes to suit your lifestyle are best. Avoid wearing anything tight over your stoma. No one will know that you are an ostomate unless you tell them. Today's lightweight appliances also play a major part in allowing ostomates to dress as they please.

**Q. Who should I tell?**

- A. It's up to you. Some ostomates choose to 'go public' but many prefer not to do so. The decision is yours. Talk it over with your partner, your family and your Stomal Therapy Nurse and then do what you feel and believe is right for you.

**Q. What about love, friendship and sex?**

- A. The most important thing to do here is love, respect and be kind to **yourself**.

Know that **you** are always a lovable being of worth, no matter what happens to your body. Communicate love and respect to others.

As regards sex, most people with stomas can, and do, enjoy a healthy sex life. Believe and have faith in yourself, be positive, communicate openly with those close to you. Keep your sense of humor and always practise good hygiene so that you can be clean and confident.

Do remember that your body has undergone a major change and that it takes time to heal. While sexual difficulties can be due to surgery, they can also be linked to anxiety, fear of failure or concern about your partner's feelings.

Information booklets and brochures on the subject are available from your Stomal Therapy Nurse and your local ostomy association.

**Q. Will my family life suffer?**

- A. Most ostomates are able to enjoy happy, healthy family lives with the support of family and partners. Some partners of ostomates do experience difficulty in adapting to the new situation but, in the main, relationships not only survive, they grow stronger.

**Q. *What help is available for people who are close to me, if they need it?***

- A. Just as you (the ostomate) needs assistance to adapt to the change, so will your family and friends. Partners and other family members are welcome to attend local ostomy association meetings and functions, to meet with other partners and to learn from the strategies that have worked for them.

Local ostomy association and Stomal Therapy Nurses are very aware that partners require just as much help as ostomates.

**Q. *What about pregnancy?***

- A. Some special care may be required during pregnancy. You need to ask questions and make sure that your medical professionals understand your situation. You may need to discuss the method of delivery with your obstetrician.

Oral contraceptives may not be fully effective as they may not be absorbed completely. Other methods of contraception can be discussed with your GP.

**Q. *Will I be able to work?***

- A. Yes, you can usually return to normal activities. You are likely to need a suitable period of convalescence before undertaking housework, or returning to employment. Begin gradually and seek advice from your surgeon, doctor or Stomal Therapy Nurse.

Being an ostomate should not preclude you from any employment. If you encounter any problems at work because of your changed condition, again seek advice from your surgeon, doctor or Stomal Therapy Nurse. You may also need to consult the Medical Officer or Occupational Health person at your place of employment.

### ***Q. Will I be able to travel?***

A. You can travel wherever you like. Just remember to:-

- take plenty of ostomy supplies (pouches, etc.);
- keep your supplies for about a week with you (in your hand luggage) on the plane, train, bus or in the car;
- when travelling by aircraft make sure there are no scissors or sharp objects in your carry-on luggage;
- obtain a list of medical professionals and ostomy associations local to your destination;
- review the travel insurance policy to satisfy yourself that pre-existing medical conditions and your stoma are not excluded – some stomas come into this category; and
- take steps to prevent or cope with the onset of diarrhoea.

### ***Q. Will I be able to exercise and play sport?***

A. You should be able to do most of what you did prior to ostomy surgery. Definitely consult your GP before you begin.

- Choose an activity that you enjoy.
- Start slowly and build up gradually.
- Use caution when lifting heavy objects. It may predispose to hernias of the stoma especially during the first year after surgery.
- It is advisable to be careful when participating in body contact sports. For those who are concerned, there is a stoma guard available see your local association.

## **IN CONCLUSION**

For many ostomates, surgery has provided an end to much or all of their illness. Most ostomates have taken advantage of their new beginning, have learnt new ways of doing and thinking and now enjoy a better level of health and well-being – we hope you will too. Don't hesitate to contact your local ostomy association or any of the support groups. Ask for your copy of 'Ostomy Australia'. Most of all... ASK!

Remember: **YOU ARE NOT ALONE.**

# D I R E C T O R Y

*Please note that every effort  
has been made to ensure  
that all details are correct  
at time of printing.*

# OSTOMY ASSOCIATIONS

## ACT

### **ACT & DISTRICTS STOMA ASSN INC.**

Dept. of Health Building, 2nd Floor,  
Room 40, Corner Moore & Alinga St  
Canberra City ACT 2601  
(PO Box 1260, Canberra City ACT 2601)  
Tel/Fax: (02) 6205 1055  
Email: [actstoma@alphalink.com.au](mailto:actstoma@alphalink.com.au)  
Web: [www.actstoma.org.au](http://www.actstoma.org.au)

## NEW SOUTH WALES

### **COLOSTOMY ASSN OF NSW INC.**

Unit 5-7/29 Bridge Road,  
Stanmore NSW 2048.  
Telephone: (02) 9565 4315  
Facsimile: (02) 9565 4317  
Email: [ostomy@iinet.net.au](mailto:ostomy@iinet.net.au)

### **OSTOMY NSW LTD**

Unit 6/555 Princes Highway,  
Kirrawee DC NSW 2232  
(PO Box 3068, Kirrawee DC NSW 2232)  
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Email: [ONLinfo@ostomynsw.org.au](mailto:ONLinfo@ostomynsw.org.au)  
Web: [www.ostomynsw.org.au](http://www.ostomynsw.org.au)

## NORTHERN TERRITORY

### **CANCER COUNCIL OF THE NORTHERN TERRITORY INC.**

Unit 2 Casi House, 25 Vanderlin Dve,  
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(PO Box 42719, Casuarina NT 0810)  
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Email: [ostomy@cancernt.org.au](mailto:ostomy@cancernt.org.au)  
Web: [www.cancercouncilnt.org.au](http://www.cancercouncilnt.org.au)

## QUEENSLAND

### **GOLD COAST OSTOMY ASSN INC.**

8 Dunkirk Close, Arundel QLD 4214  
(PO Box 703, Labrador, QLD 4215)  
Telephone: (07) 5594 7633  
Facsimile: (07) 5571 7481  
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### **NORTH QLD OSTOMY ASSN INC.**

Shop 4, 52 French Street,  
Pimlico QLD 4812  
(PO Box 1017, Hyde Park QLD 4812)  
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### **QLD COLOSTOMY ASSN INC.**

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Web: [www.qldcolostomy.org.au](http://www.qldcolostomy.org.au)

### **QUEENSLAND STOMA ASSN INC.**

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Email: [admin@qldstoma.asn.au](mailto:admin@qldstoma.asn.au)  
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### **TOOWOOMBA & SOUTH WEST OSTOMY ASSN INC.**

Education Centre, Blue Care Garden  
Settlement 256 Stenner Street,  
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**TASMANIA**

**OSTOMY TASMANIA INC.**

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**VICTORIA**

**BENDIGO & DISTRICT OSTOMY ASSN INC.**

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Web: [www.bendigo-ostomy.org.au](http://www.bendigo-ostomy.org.au)

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**GEELONG OSTOMY ASSN INC.**

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**ILEOSTOMY ASSN OF VICTORIA INC.**

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Email: [ileovic@three.com.au](mailto:ileovic@three.com.au)  
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Web: www.ostomymelb.com

**PENINSULA OSTOMY ASSN INC.**

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**VIC. CHILDREN'S OSTOMY ASSN**

Equipment Distribution Centre Royal  
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Facsimile: (03) 9347 5046

**WARRNAMBOOL & DISTRICT OSTOMY ASSN**

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**WESTERN AUSTRALIA**

**WESTERN AUSTRALIAN OSTOMY ASSN INC.**

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(P.O. Box 706, Mt Lawley WA 6050)  
Telephone: (08) 9272 1833  
Facsimile: (08) 9271 4605  
Email: waostomy@waostomy.asn.au

**OTHER RESOURCES**

**ACSA WEBSITE**

www.australianstoma.com.au  
Email: feedback@australianstoma.com.au

**I.O.A WEBSITE**

www.ostomyinternational.org

**YOUNG OSTOMATES UNITED WEBSITE**

www.vicnet.net.au/~youinc

**AUSTRALIAN CROHNS & COLITIS ASSN INC.**

Telephone: (03) 9726 9008  
ACCAQ E-mail: help@accaq.org.au  
Ask your local ostomy association  
for details.

**AUSTRALIAN SOCIETY OF COLORECTAL SURGEONS**

Prince of Wales Private Hospital  
Locked Bag 2, Barker Street,  
Randwick NSW 2031  
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**NEURONAL INTESTINAL DYSPLASIA) SUPPORT GROUP LTD. (NIDKIDS)**

33/168 Martin Street Brighton VIC 3186  
Telephone: (03) 9531 9350

**PRODUCT COMPANIES**

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COLOPLAST 1800 653 317  
CONVATEC 1800 335 276  
DANSAC 1800 119 105  
HOLLISTER 1800 219 179  
OMNIGON 1800 819 274



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