

Stoma Solutions



Odour

LiftPlus 360 Citrus: a fresh citrus scent for added discretion

AbsorbaGel: solidifying agent to minimise odour*

DeoGel: enzyme action helps to reduce pouch odour*



Check the fit is snug around the stoma to help prevent skin issues¹

Lift Plus Wipes and **LiftPlus 360:** help to reduce the pain associated with the removal of stoma pouch adhesives

Lift Plus: can be used to help remove any sticky residues left on the skin around a stoma

Skinsafe: an effective barrier film that helps protect the skin and prevents skin stripping



Leakage & Noise

AbsorbaGel: fast acting discharge solidifying agent, which solidifies stoma output into a gel and reduces pouch related noise and leaks*

Skinsafe: a highly effective barrier to help protect the peristomal skin



Pancaking

DeoGel: lubricates the pouch walls and helps prevent static problems such as pancaking, with the nozzle allowing for simple application to the inside of the pouch



Order information

LiftPlus 360 (50ml spray): order code 5506

LiftPlus 360 Citrus (50ml spray): order code 5507

LiftPlus sachets (30 per pack): order code 5502

LiftPlus spray (50ml): order code 5503

Skinsafe (50 wipes per pack): order code 6600

AbsorbaGel (150 sachets per pack): order code 9900

DeoGel bottle (200gsm): order code 2010

If problems persist, consult your Stoma Care Nurse or GP

**For further information or samples, please contact: Sheila Sweeney RGN/ RSCN
SCN (Stoma Care Nurse) sheila@opus-healthcare.ie 0667181636**

* Not intended for urostomy patients

Reference: 1. Stoma Complications <https://www.bladderandbowel.org/bowel/stoma/stoma-complications/>
Last accessed July 2020. Code: JB-000371. Date of Preparation: July 2020



SUPPORT FOR OSTOMATES IN MOLDOVA



Elena Cecati

Moldova is an Eastern European Country which was until Independence in 1991 part of the former Soviet Republic. In 1991 when Independence was declared it became the Republic of Moldova. It is a landlocked country bordered by Romania to the West and Ukraine to the East. The population of the Republic of Moldova is nearly 4 million people. Two-thirds of Moldovans are of Romanian decent and the two countries share a common cultural heritage. In 2014 the Republic of Moldova signed an Association Agreement with the European Union with the hope of becoming a member of the EU. The Moldovan Economy relies heavily on Agricultural produce and is a major producer and exporter of Wines.



Dr Ludmila Capcelea
Director

In September 2020 the Ostomy Association of Ireland was contacted by Ms Elena Cecati who is a Moldovan who is living in Dublin and who before coming to Ireland to be with her husband Vitalie who works in Dublin as an Interpreter for Romanian and Russian languages, she was a volunteer for the Youth to Youth Association in the Regional hospital - The Public Medical-Sanitary Institution Centre of Health in Cimislia, before coming to Dublin to be with her husband. Elena is presently studying to be a Beauty Therapist in Dublin. This Institution in the city of Cimislia, provides health care for people living in the city and the 32 districts within a 35km radius of the city. The population of this region is 54000 people. The hospital provides specialised care



for people who have cancer and treated almost 900 patients in 2020. Treatment for 90 patients who had bowel or bladder Cancer was provided. Dr Ludmila Capcelea requested Elena Cecati could she find if any help in obtaining Ostomy products was possible. Dr Ludmila Capcelea explained that they urgently needed help as due to the difficult economic situation at present supplies of Stoma pouches etc were very difficult to obtain and pharmacies are unable to get supplies. The Hospital is dedicated to trying to improve the quality of life of Ostomates and provide the best service and treatment possible for patients with Cancer. They also provide Palliative care for many patients and hope that with support from Ostomates in Ireland the hospital can greatly improve the quality of life for Ostomates in the hospital.

If any of you reading this appeal for help have surplus or unwanted ostomy products as a result of a relative who is deceased please contact Mark Sheehy 087 03843412 Secretary of the Ostomy Association of Ireland or the co-ordinator of your local support

group and let them know what you have that you are happy to donate.



A consignment of Ostomy Products was sent to Moldova in December and was received with great excitement. So many of you have asked in the past what to do with surplus ostomy products they no longer require or what to do with ostomy products after a family member, relative or friend is deceased. A second consignment of Ostomy Products is being dispatched around 15 February 2021. If you have any ostomy products you wish to donate contact the coordinator of your local support group. It is hoped that a third consignment of Ostomy products can be despatched at the end of March/early April. Diapers are also welcome.



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options

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darina.jennings@convatec.com

Galway, Mayo, Roscommon, Leitrim, Sligo, Donegal,
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We are able to provide advice,
support and teaching for patients,
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We support and guide Health Care
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colostomy, ileostomy or urostomy.



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STOMA SURGERY SURVEY 2019

Each year Martina Mockler HSE Stoma Care Nurse at the HSE Primary Care Centre in Mullingar correlates the templates sent out to all hospitals in Ireland where stoma surgeries are performed. The data relates to the period 1 January to 31 December 2019. Completed templates with information of Stoma surgeries were returned by HSE Stoma Care Nurses and Ostomy Company Stoma Care Nurses who provide Stoma Care in hospitals were there are no HSE Stoma Care Nurses present. Ostomy Company Stoma Care Nurses also provide community care support for Ostomates throughout Ireland. 28 Audit Templates were emailed to all Stoma Care Nurses in HSE/ Private Hospitals and to Ostomy Company Stoma Care Nurses who provide stoma care in Regional Hospitals. A response rate of 89% (25/28) was received from the Templates emailed .

The total number of Stomas formed during 2019 was 2373.

1144 Colorectal Cancers

308 Inflammatory Bowel Disease

713 Diverticulitis/ Continence/ Trauma / Other

94 Bladder Cancer

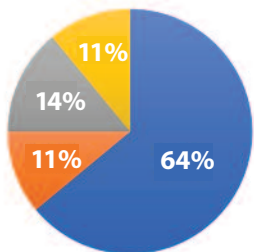
114 Gynaecological Related Diseases

TOTAL 2373

For the first time in 2019 information on Reversal Surgeries Performed was recorded. A total of 260 Reversal Surgeries performed in 2019. This number was from only 15/28 of the Templates returned. It is hoped that more information relating to Reversal Surgeries can be provided in the 2020 returns providing information on the percentage of surgeries that were successful and on surgeries that were not successful and how many of these Ostomates had stoma surgery again.

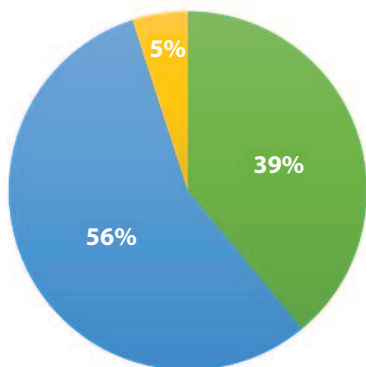


BREAKDOWN ON INFORMATION RECEIVED FROM TEMPLATES RETURNED CONCERNING THE NUMBER OF STOMA SURGERIES



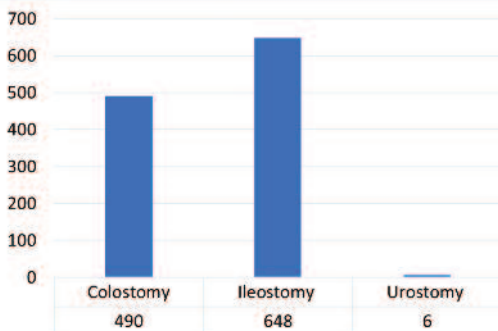
- HSE Public Hospitals
- Private Hospitals
- Ostomy Company Stoma Care Nurses
- Non Compliance

PERFORMED IN 2019 TYPES OF STOMAS FORMED IN 2019

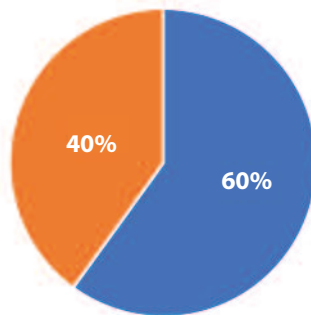


- Colostomy
- Ileostomy
- Urostomy

1144 STOMAS FORMED FOR COLORECTAL CANCER

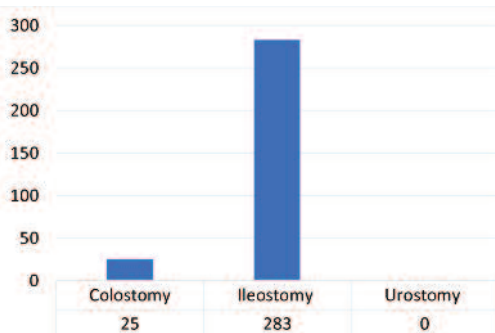


COLORECTAL CANCER MALE v FEMALE

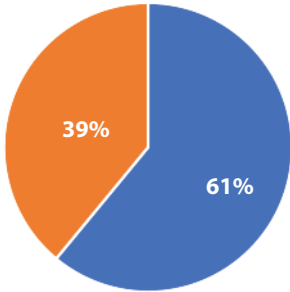


- Male
- Female

308 STOMAS FORMED FOR INFLAMMATORY BOWEL DISEASE

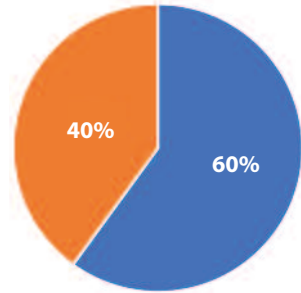


**INFLAMMATORY BOWEL DISEASE
MALE v FEMALE**



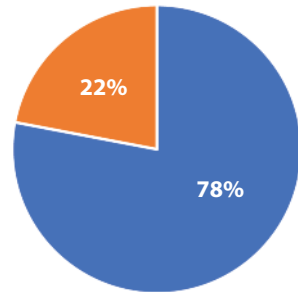
■ Male ■ Female

**DIVERTICULITIS/ CONTINENCE
TRAUMA/ OTHER
MALE v FEMALE**



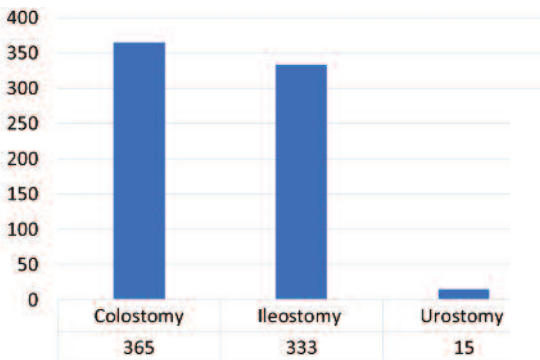
■ Male ■ Female

**94 STOMAS FORMED FOR
BLADDER CANCER**

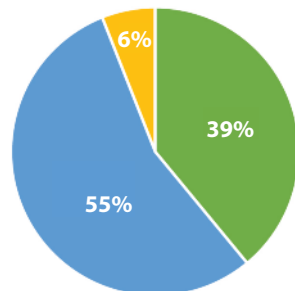


■ Male ■ Female

**713 STOMAS FORMED FOR
DIVERTICULITIS/ CONTINENCE/
TRAUMA/ OTHER**

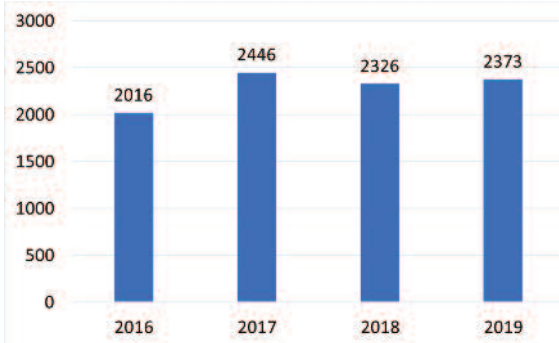


**114 STOMAS FORMED FOR
GYNAECOLOGICAL CONDITIONS**



■ Colostomy - 44 ■ Ileostomy - 63 ■ Urostomy - 7

TOTAL NUMBER OF STOMAS FORMED 2016 TO 2019

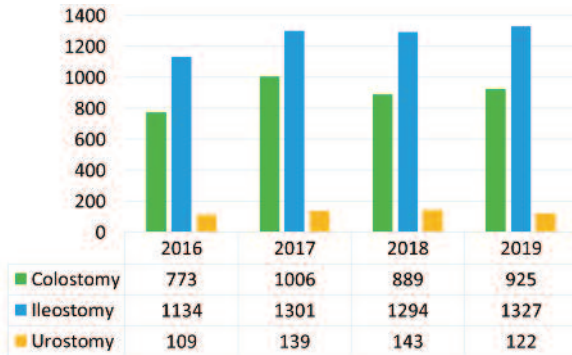


In 2018 there was a fall of 210 less Stomas formed than in 2017.

In 2019 a total of 2373 Stomas were formed this was an increase of 137 more Stomas formed than in 2018 but 73 fewer formed than in 2017.

There are a minimum of 2000 Stoma surgeries performed each year.

TOTAL NUMBER OF STOMAS FORMED BY TYPE 2016 TO 2019



The number of Colostomy surgeries performed in 2019 increased by 36 but was 81 less than was performed in 2017 but 152 more Stomas were formed than in 2016.

The number of Ileostomy surgeries performed in 2019 increased by 49 and was 42 more Stomas formed than in 2017 but 152 more Stomas formed than in 2016.

Comparing the results of the past four years it can be observed that in 2017 the greatest number of surgeries were performed with a total of 2446 Stomas formed. This was an increase of 430 Stomas formed compared with 2016 when only 2016 Stomas were performed.

The number of Urostomy surgeries performed in 2019 was 21 less than in 2018 and 17 less than in 2017 but was an increase of 13 Stomas formed in 2016.



In looking at the total number of Stomas formed in 2019 out of a total of 2373 the following breakdown can be seen :

55% of the number of Stomas formed were Males – 1311 Stomas formed.

45% of the number of Stomas formed were Women – 1062 Stomas formed.

It is hoped that the response from Hospitals in the Templates sent out to record information on Stoma surgeries performed during 2020 will be 100% compliance as against 89% compliance for completion of Templates for 2019. More information is being sought in relation to Stoma Reversal Surgeries performed during 2020 and it is also hoped that information on Hernias can also be obtained for 2020.

**#Snowday #Snowman
#StomaAware**



Snowman Ostomate

MY LIFE MY STOMA PAUL HUGHES



*Paul & Frances
On The Camino Way*

MY name is Paul Hughes and I am currently Chairman of the Ostomy Association of Ireland and have been an Ostomate since 2000 . In 1999 I began suffering from episodes of abdominal cramps and diarrhoea for a few months and could tell you where every public toilet and every café in and around Dublin was. Because before leaving my house I usually had to plan my journey for the whole day .

After a few visits to my GP and Consultant an appointment was made to have a scope and take some sample tissue to see what was going on . When I woke up after my first little operation I had my new best buddy, I did not know what it was, had never seen one before and it was never discussed with me before my little operation. I was very angry with everyone for doing this to me, I

was a fit young man 35 years of age going on 21 and did not want this happening to me. After a long conversation with my consultant who told me I had ulcerative colitis and we agreed that I would need to give my gut a complete rest for a few months before being put back together again and returning to a normal life .

After visiting my Consultant at intervals of 3 months, 6 months , 9 months and again at 12 months to see could I be put back together again, I got the bad news that they were going to have to remove my large bowel. The day I went into hospital for my operation I was not in a good place because it was the last thing I ever wanted to happen to me, This one week stay in hospital turned into a 4 months stay because of many complications - Wound Infections, MRSA ,Sepsis. and I had many visits to the operating theatre in order to repair something else.

On two occasions I was severely ill and it was touch and go as to how I would be able to recover and twice I was administered the last rights. Nobody ever tells you about the massive downers you get a couple of days after an operation because the anaesthetic is leaving your body . I was not very religious back in my younger days, but my turning point came in hospital when one day my mother, who had returned from Lourdes, brought a small bottle of holy water with her to the hospital and sprinkled it over my bed and said a little prayer. That very night my temperature started to fall and I started my journey back on the road to recovery, After my discharge from hospital I was struggling with the stoma appliances I had, which just did not suit me and I was having difficulty with leakage, rashes and my stoma

pouch was not fitting correctly. It was at this stage my sister-in-law telephoned me and said Paul you need to meet my next door neighbour Mary and have a chat with her. I telephoned Mary one morning and asked if I could call around to have a chat. She said no problem, but would it be okay to meet up the next day as she was just heading out for a game of golf. I could not believe my ears because if someone could play golf with a stoma, it meant that there was more to life even if you had a stoma. One of my passions before I became ill was the dream of playing golf, and I had thought it would never be possible. This conversation with Mary was a godsend for me. Mary had lived in London for ten years and was now back in Ireland and enjoying life. When she brought me into her sitting room to have a chat about my new status as an Ostomate, she had laid out on a table a full range of Ostomy appliances of different sizes, different shapes. She discussed day time, night time, recreation time and she talked me through everything I needed to know living with a stoma. She told me what to expect in the coming days, months and years ahead. Mary told me to take as much product as I needed and to find the one that suited me best and if I was concerned about anything, she was just a phone call away, and I was to just pick up the phone and call her and she would do her best to answer any questions I had.

After that meeting myself and my stoma buddy started a new life together and after 12 months, I was strong enough to have my second operation and to make my stoma permanent. When I think back I was angry at the time with my consultant for not trying to put me back together, but I am very happy now that he stuck to his guns and insisted on me having a permanent stoma. Once I had come to terms with my new best

buddy I started to get back to normal living again, working hard and I was able to get back playing golf. It was such a relief not having to plan where the nearest toilet was when I was going anywhere. One of the best things I did when recovering was to take up walking, because I don't like exercise activities such as running, jumping and cycling. I have walked most counties in Ireland, plus every year myself and Frances have headed off to walk the Camino in northern Spain for the last 5 years. We were due to finish the Camino in 2020 but due to the Coronavirus Pandemic it was not possible, but hopefully we will get to finish later this year. A couple of years ago myself and Frances decided to go to visit her sister in Canada, I was however a little concerned because this would be the longest flight I had ever taken. I was concerned that as the flight time was 8 hours, how would I cope with the long flight, security checks, Xray machines, Body searches and toilets on board. but everything was brilliant. The Airport Security on both sides of the Atlantic ocean was great and we spent months traveling around America and Canada without having a problem.

After all I have been through the big question was "Would I go back to the way I was" - No Never because I now lead as normal a life as is possible. One of the most pleasant achievements I have enjoyed was being involved in helping to establish the Drogheda / North East Support Group together with Anthony Connolly the Co-ordinator of the group. Meetings are held in St. Peters Church Hall Community Centre on the last Wednesday of each month from 7pm to 9.30pm.

Just a foot note - I am still not very religious, but I still have my little bottle of Holy Water My Mother Gave me JUST IN CASE I need it.





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Kilkenny, Clare, Wexford,
Carlow, Limerick, Tipperary,
Waterford.



Susan Carberry
086 703 6512

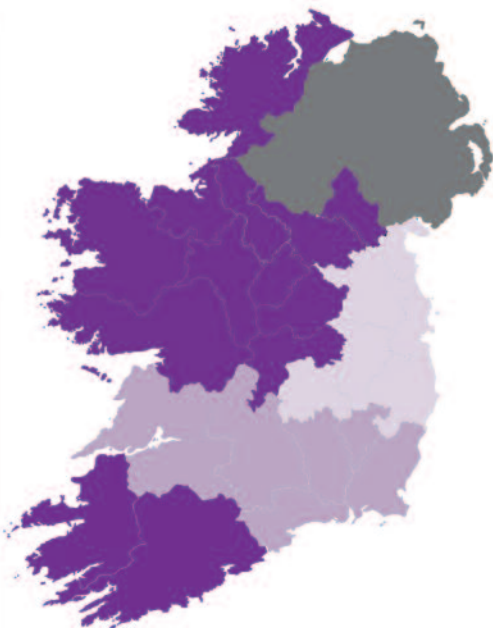
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MY LIFE MY STOMA JOEY SMITH



It was 3 days after my major surgery before I knew or realised what a stoma actually was! My story began back on a bright summer's morning in July 2011 when I noticed blood in my urine. I immediately went to my local Dr. who referred me to a urologist in Dublin. Unfortunately for me and because of a series of unnecessary delays and appointment mix-ups, 9 months later on Good Friday 2012, I was diagnosed with a malignant tumour on my bladder. I was told by my surgeon that I would have to have my bladder removed and that I would need to wear a bag for the rest of my life. The worry of having cancer now shifted to the anxiety of having to wear a bag! It bothered me so much that on the recommendation of friend, I reluctantly visited a healing priest

Fr. Noel Conlon based in Inniskeen, Monaghan who completely put my mind at ease and to whom I will be eternally grateful.

Following major surgery in mid-May which involved having not just my bladder but also my prostate and lymph nodes removed, the medical team would comment that my 'stoma looked good and healthy'. Being extremely weak post-surgery and with every end of me hooked up in some form or another, I wasn't even aware of 'my stoma' or where it was!! After some days, the realisation dawned on me that this was where I would be wearing my stoma bag. Unfortunately, I developed major complications; pneumonia, vomiting bug, MRSA and more worryingly septicaemia. I did not realise how gravely ill I had become but thankfully I recovered after some weeks in hospital. Because some cancer cells had escaped, I had been told I would need chemotherapy but because my wounds were not healing, this was deferred. I was in and out of hospital every month with repeated infections, at one stage being rushed by ambulance to Sligo General Hospital.

In September, while again in Tallaght Hospital for further IV antibiotic treatment for my open infected wounds, the chap in the bed next to me was being discharged. Before he left he asked myself and the other patients if any of us wanted to say a prayer with an old wooden



cross that belonged to his mother and grandmother. I took the cross and said a short prayer. I handed it back and he left without me even getting his first name. Later that evening the nurse came to look at the wound, gasped and said 'that's not the same wound we looked at this morning!' She went to get others to look at it and I was advised to leave the dressing loose until the consultant came around the following morning. When the medical team arrived, they were flabbergasted at what they saw, the wound that had caused months of problems had now closed completely!

Next stop was a referral to the in-house oncologist who told me quite bluntly that I was too late for chemo and to go home! Not happy with this consultation I asked my urologist to be referred for a 2nd opinion and following more scans I met with Prof. John McCaffrey at the Mater consulting rooms. He was amazed by my story and was happy to tell me that my recent scans showed no sign of any cancer therefore no chemo was required. He checked my wounds thoroughly and remarked that I should not discard my miracle cross!

I was now able to concentrate on adapting to life with a stoma. The Stoma nurse, Susan Moore, attached to Sligo General hospital had a wealth of knowledge in this area and has been so helpful to me over the

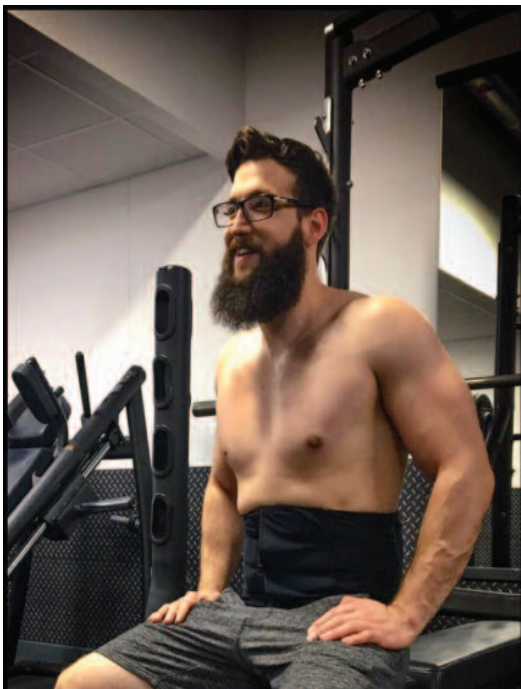
years. She put me in contact with the Sligo Stoma Support Group run by local lady Mary McLoughlin. Being involved with the group opened up a whole new world for me and we have enjoyed monthly get-togethers, summer outings, dinner-dances, quizzes, fundraisers, group chats and more recently Zoom meetings.

Over the years I have taken hundreds of calls from people - concerned about their diagnoses, worried about the prospect of wearing a stoma bag and their ability to cope.

With the help and support of good medical personnel, my wife and family, the local Stoma nurse and support group, Fr. Noel Conlon and my friend Matthew (owner of the Cross) I have rallied through and I would like to encourage readers to stay positive in spite of everything. If anyone would like to chat, I can be contacted on 087- 2525200.

Stay safe and take care everyone!

Joey



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DO YOU HAVE A HERNIA?

There are many different types of Hernias:

Umbilical, Incisional, Abdominal, Groin and Parastomal Hernias.

Not all will occur as a result of surgery, such as Groin and Umbilical Hernias. However, the ones we focus on in our Ostomy community are as a result of having surgery. Depending on how the Hernia occurred and where it occurred will reflect the treatment that is required. It will not always mean surgery.

WHAT IS A HERNIA ?

For the purpose of this article, I will specialise on Parastomal Hernias and the relationship w of diaphragm Stomas. When a Stoma is created, the 'surgeon' generally brings the end of the intestine out through the abdominal muscles, providing support for the Stoma. However, by making an incision in the muscle, a potential weakness is created. Therefore a Parastomal Hernia can occur when the edges of the Stoma come away from the muscle, allowing abdominal contents (usually a section of

bowel) to bulge out. Surveys have reported that, over time, up to 70% of Ostomates develop a Parastomal Hernia. The longer a stoma is present, the more likely it is that a Hernia will occur. Remember not all Hernias will give rise to symptoms.

WHO GETS HERNIAS ?

Simple answer is, anyone. However there are some patterns that suggest who will be more prone to developing a Hernia. For Example :

- Overweight with a Body Mass Index (BMI) above 30
- Smoking
- Females with high volume visceral fat
- Use of steroids
- Having persistent cough
- Working in a manual labour intensive job.

DO YOU KNOW YOU HAVE A HERNIA AND HOW IS IT DIAGNOSED?

There is really only one gold standard way of diagnosing a Hernia and that is via a



CT Scan where you lay flat on your stomach, with a few bags of fluids around the stoma, allowing a complete image of what lays behind the stoma, the defect and its size. A lot of Health Care Professionals, however, will simply tell you via a few tests such as coughing and by a physical examination. Interestingly, a recent published study in the BMI open Gastro Journal noted a sample size of 1528 patients who, when asked “have you ever had a clinical diagnosis of a hernia”, 28% reported ‘YES’. But when asked if they ever noticed a bulge in or around the stoma 45% reported “YES”.

IS A BULGE A HERNIA ?

A lot of surgeons will say “yes”. In fact there are some who will say every time they create a Stoma they also create a Hernia.

A word to note, even if you do notice a bulge, if it is not bothering you then just keep an eye on it, maybe measure it and take a photo. Equally if you have been diagnosed with a hernia, it is important to measure it, take photos and report any symptoms

of discomfort, especially pain, if you notice any issues with the Stoma function as a result of the Hernia. Some Hernias can strangulate and immediate medical attention will be required.

FURTHER RESEARCH

There is some good news. This is the part that most interests me whilst, at the same time, also allowing me to tell you about one of the largest studies that is taking place in the UK just now: it's called CIPHER.

CIPHER is the first study to look at surgical technique, support garments and physical activity. This includes the approach taken during surgery, be it laproscopic, robotic, or open surgery. Who performed the surgery and if a Stoma is needed who creates the Stoma. There is a lot of attention around who creates the Stoma as we have come to learn that it is sometimes the most junior person on the team. A practice actively discouraged by many well known surgeons, they've even termed a strapline, “stitching time is not coffee time”.



We all appreciate that people need to learn and most hospitals are now teaching hospitals, if this is the case however the senior surgeon should stay and assist supervise the Stoma creation. The perfect Stoma with a good spout makes a better adaptation for life with a Stoma.

One with a limited spout will cause leaks and discomfort for the person, impacting their adjustment to life with a Stoma. CIPHER will also look at two other things, that is the role of support garments and physical activity after recovery. The study aims to recruit 4000 patients and is well underway.

ROLE OF SUPPORT DEVICES :

Will a support device prevent me from getting a Hernia? The A To date, there has never ever been a Randomised Control Trial that focused exclusively on support devices. What we do know, however, is that patients who wore support garments and were physically active were less likely to report having a Hernia. What we also know is that support devices play a vital role in the recovery of bowel stoma surgery. (Published

research BMI2019 Patient experiences of support garments following bowel stoma surgery.) Support devices have also been known to help those suffering from pain, discomfort and heavy dragging feeling of Hernia. This leads me nicely into the final chapter.

PHYSICAL ACTIVITY

Whenever we have a Stoma created it may be due to IBD, Cancer or Trauma. Hard as it may seem for a lot of people to comprehend, but a Stoma creation can be likened to a high interest bank account. The more you invest into it (e.g. physically activity) the better the return.

The single most important thing you can do as soon as you recover from surgery is to increase your physical activity.

This does not mean you have to run a marathon but you do need to start engaging your core as soon as possible. This can be done from a chair, your home or the outside. It does not require expensive gym memberships.

I would highly recommend reaching out to Sarah Russell, who is a Sports Therapist and an Ostomate. She specialises in core recovery and fitness following abdominal surgery. *See links:*

www.theostomystudio.co.uk

<https://bmiopengastro.bmj.com/content/bmigast/6/1/e000291>

The last word from me is about garments. We believe as a garment and Hernia specialist it is vital that garments encourage the uptake of physical activity. Garments, therefore, need to be well fitting whilst also working with your wardrobe to promote high compliance.

Garments, such as belts, will not prevent you from working your core but may promote you being physically active, especially if you are anxious or conscious of your Stoma/ bulge/ Hernia. We are delighted that our 26cm depth Hernia support belt is now available in Ireland on the Drug Payment Scheme and Medical Card. Our 16cm belt will be available in March.

We are even more delighted to tell you that Stoma Care Nurses from Hollister, Coloplast and Amcare, as well as most hospital Stoma Care Nurses, have all been trained to a high standard on how to fit our Vanilla Blush Products.

CONTACTS INFORMATION:

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Coloplast - Emer Molloy
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Hollister - Fiona Davidson
fiona.davidson@hollister.com

Our product is in Ireland via United Drug, Uniphar and we also have a specialist national representative, Jamie Alcock. Jamie is also an Ostomate and able to carry out fittings as well as offer advise on support devices. I hope you've found this article useful and if you would like any further and more detailed information regarding Vanilla Blush products then please free to contact us.

*Thank You - Nicola Dames
Ostomate & CEO Vanilla Blush*



“When you match the right body type with the right product, you get great results, and the SenSura Mio has done that for me”.

Mike



The fit is the difference



Every body is different, which is why our range of stoma care products have been developed to meet the needs of a variety of shapes and sizes of body, as well as the different types and positions of stoma - allowing you to find the right fit first time.

SenSura Mio is the worlds leading ostomy product - from the elastic adhesive on SenSura Mio, our three unique levels of convexity, through to the fit zones on SenSura Mio Concave - these are all examples of BodyFit Technology and demonstrate that when we innovate – we have you and your needs at the heart of every decision we make.



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The Coloplast Care Nursing Service works in collaboration with referring health care professionals to ensure you get access to the best ongoing care, advice and support in the community.

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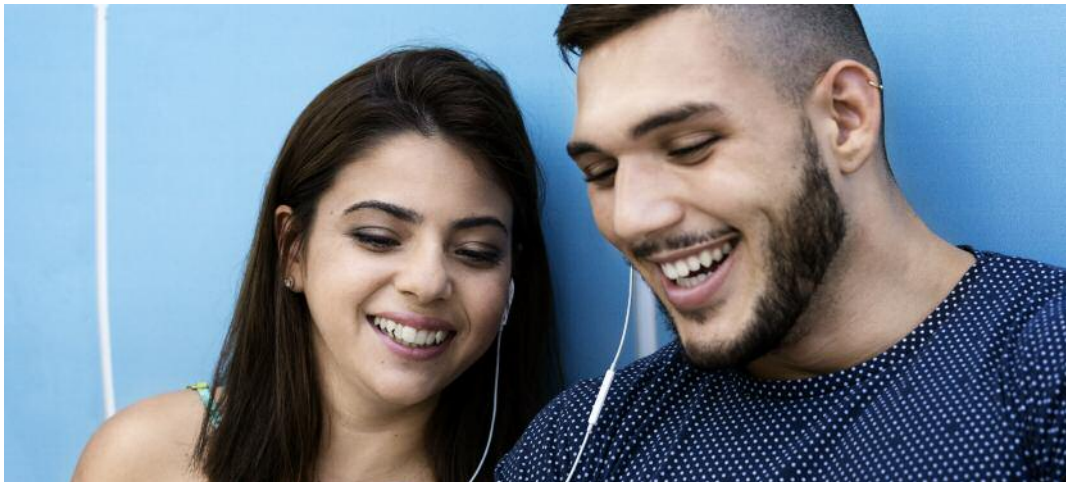
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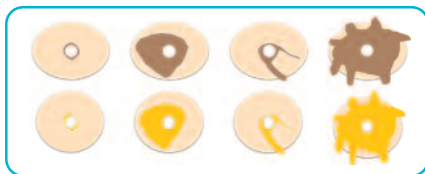
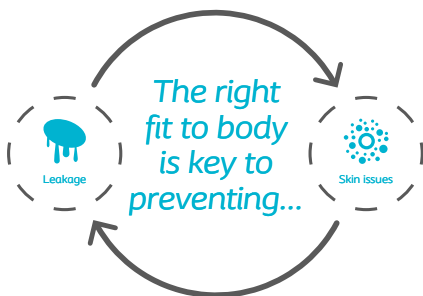
Information Sheet - Leakage

*Leakage refers to any output that is present on your baseplate when you change your pouch. It is the no.1 most common problem for ostomates - 92% of ostomates worry about leakage and 77% say they have experienced leakage in the last 6 months.**

What causes leakage?

Leakage happens as a result of your pouch not having a secure enough fit around your stoma and on the peristomal area. Without a snug seal around the centre of your stoma, output can leak underneath your baseplate and this can potentially lead to skin issues and soreness.

Leakage does not necessarily mean your pouch comes away or soils your clothes. It can vary in amount and severity depending on the fit of your baseplate. It's important to highlight that your baseplate should be completely clean when you change your pouch - if it isn't, then leakage has occurred and your fit needs reviewing.



If the underside of your baseplate looks like any of the examples above, then you are experiencing leakage and should contact your Stoma Care Nurse for a review.



Information Sheet - Leakage

How do I know I'm having leakage issues?

- Do you have red or irritated skin, whilst also experiencing stoma output on the skin? *This would indicate that output leaking under the baseplate is causing skin issues.*
- Does the hole fit the exact shape of your stoma? Has your stoma got smaller or bigger? *A poorly fitting pouch could cause leakage. Any gaps around your stoma could cause output to leak onto your skin and cause irritation. You should regularly check if your stoma changes shape or size.*
- Has your body shape (body profile) changed? Have you lost or put on weight? *Changes to your body profile will affect the fit of your baseplate - you may need a new pouch to accommodate your body profile.*



Regular profile



Inward profile



Outward profile

- Do you have skin creases or folds around your stoma? *This may prevent the adhesive fitting securely onto the skin around your stoma. You should discuss this with your Stoma Care Nurse.*

More support

If you need to be reviewed by a specialist stoma care nurse, please contact the Coloplast Nursing Team at **0862566597**. Alternatively, you can visit **www.coloplast.ie**.