Summer 2006 Issue 2

Tidings

Dedicated to Colostomates and their Carers

Inside...

and much more...

Chairman of the Trustees-
Sue Hatton boards the Charter Roadshow...

colostomy association

Visiting the Emerald Isle...

This was my first trip to Ireland. I had always wanted to go and was excited about the idea of climbing on board the Charter Roadshow Bus and visiting Galway, Limerick and Dublin as the representative of the newly formed Colostomy Association.

I flew into Galway airport and was taken to my very comfortable B&B by a Taxi Driver with a shocking sense of humour. As we were driving along, he told me that there was a circus taking up the space in the car park where the Roadshow was to have been, "but not to worry, we could always supply the Elephants with Colostomy bags!" It was also situated opposite the sewage plant and "wasn't that a good situation to be sure!" Yes, I wished he hadn't asked what I was doing in Ireland.

So the Roadshow bus was relocated nearby because of the circus. I could not miss Mandy Leung, the Unit Event Manager, who was standing, with two "Charter Roadshow" signboards ensuring that visitors could be redirected to the back of an Aquarium where the Roadshow was sited.. I arranged for my suitcases to be bundled into the back of someone's car and joined the Roadshow team. It was a great privilege to be on board with such kind and professional people.

For some it takes nerve to decide to accept the invitation and step inside, but once inside there is always a reassuring warm welcome given by a member of the Charter team. After being welcomed you can then have a caring consultation with one of the Stoma Care Reps, in this case, Phil Sparrow and Stuart Traynor. The lovely Coloplast Stoma Care Nurses, Susan Carberry and Daphne Bailey were also there attending to patients who had all sorts of problems, which were dealt within the privacy of consultation rooms. It was then my turn to meet the Ostomate and to introduce them to the benefits of joining one of the Patient Associations. Overall people were pleased to meet someone else who has also been through one of these life changing operations and were delighted that there was all types of information including quarterly magazines like Tidings.

At the end of the day, we all helped pack up the trailer and drove to Limerick, a four hour journey on windy narrow roads - Andy our bus driver, took great care steering 'the huge office on wheels', we arrived in Limerick at 9pm, had supper together and slept like logs after an eventful day.

In the morning, the Roadshow bus was parked in the centre of Limerick. Yet again we met wonderful people, including a lovely lady ostomate called Finola O'Brian who would love to set up a support Group for the Limerick/Clare area. To contact Finola, call her on 0161 314707 or 087 6908453, she would love to hear from others in that area.

At the end of another amazing day we packed up and made the long journey to Dublin. We arrived at 10.30pm after travelling for 5 hours with just a quick stop for some food as Susan, the Stoma Nurse, took pity on me. She was wonderfully kind and introduced me to all sorts of Irish customs and sayings, some of which I simply couldn't repeat ! Susan helped to give a pleasurable insight on what its like to be Irish and proud of it!

I did have some respite in Dublin and enjoyed a tour bus trip of the city and drank a pint of Guinness at the top of the Guinness factory. Alas it was not 'Brew 39' – a very special Guinness that is only served at the Guinness factory – would it have affected my stoma bag, course not? But I was going to church next……Yes, I visited the beautiful St Patrick's Cathedral and also Trinity College before returning to my hotel room for a well deserved sleep.

The following day, the bus was set up in the Liffey Valley Shopping Centre. I met the most incredible people, who were very open about their experiences as an ostomate. We shared stories about problems and swapped ideas.

It was sad that so few ostomates came along to the Roadshow. Lots of invites were sent but what would have persuaded you to come and visit the bus? Please let us know as we need your ideas on improvement.

I had a great time in Ireland. It was very hard work, but very rewarding as I met many wonderful people. In addition, I discovered just how lucky we are in the UK to have a National Health Service system. Irish ostomates have to pay for all their stoma products through a health insurance scheme which costs around £80 a month. There is only a limited home delivery service – most ostomates need to go to their Chemist for their supplies.

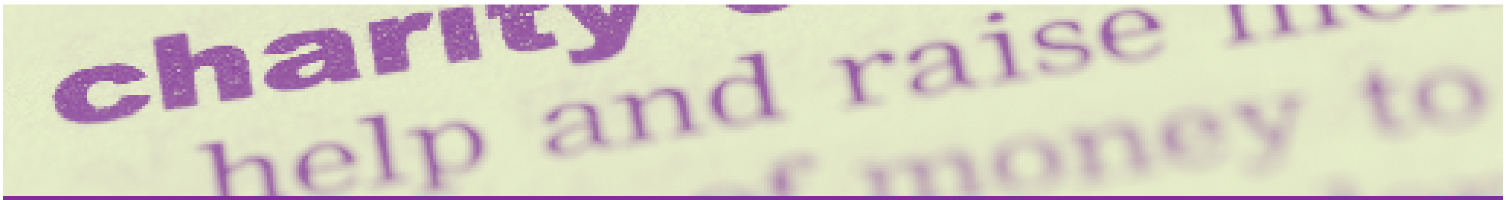
I hope I have encouraged all Ostomates to join one of the Patient Associations, it is important to have strength in numbers – to have a voice on matters that concern you.

Finally, I would like to thank Coloplast for a fantastic time. This was a significant trip as it enabled the Colostomy Association to meet and support colostomates in the Emerald Isle, a beautiful place to be sure!

Love
Sue

Chairman of Trustees
Colostomy Association

colostomy association



A Fully fledged...Registered Charity!

We are pleased to say that we are now a fully fledged registered charity - on 29th March, the Charity Commission issued us with our number and here it is...1113471

This was not an easy task as we waited almost three months. Whenever we enquired about the progress, the Charity Commission would give different versions of our status. One phone call revealed that our case was straightforward as we had complied with everything. But, another phone call resulted in being told that our case file had only just been opened as they had a huge backlog of charities waiting to become registered.

We were desperate to be registered, without the Charity number we could not claim Gift Aid, fundraise, ask for Corporate donations, Trust Funds or legacies. There was no time as money was running out. We sent a letter explaining our situation and thankfully the Charity Commission agreed to speed things up and hey presto we became registered on 29th March 2006.

Legacy - Tidings

We are thankful for all donations received, which help raise the profile of the colostomate and raise awareness of the symptoms that can lead to receiving a colostomy. As a self funding charity we will only be able to survive and plan for the future with the support of friends.

By leaving a legacy in your will, you can really make a difference. It's simple to do and will enable others like yourself to live their lives to the full, with the help of the Colostomy Association.

It is important to seek independent professional advice when making or updating a will. There are a few different kinds of gift you can leave in your will; your solicitor will be able to guide you on this. The only details you will need to include are our full charity name, address and charity number:

Colostomy Association
15 Station Road
Reading
RG1 1LG
Registered charity number – 1113471

Scotland law varies, please consult your financial advisor for advice.

You can also make a donation to the Colostomy Association in memory of a loved one. This is a positive way to remember someone and will contribute to our future success in helping our 17,000 members with reassurance and friendship.

> *"We are thankful for all donations received, which help raise the profile of the colostomate and raise awareness of the symptoms that can lead to receiving a colostomy. As a self funding charity we will only be able to survive and plan for the future with the support of friends".*

Putting the FUN into fundraising...

A successful event does not necessarily have to raise huge amounts of money. All efforts are greatly appreciated. Fundraising can be hard work, but keep it simple, accept offers of help and above all ...enjoy yourself!

Summer Fayres & Fetes

Fundraising is vital to our survival and every little helps. At Head Office we are organising a stall at a local fayre in July. We are calling it 'the Granny's Attic', where we can sell bric-a-brac – you know what they say another person's trash is another person's treasure!

Great Manchester Run

Lynsey Walker, daughter of our lovely volunteer Sheila, recently completed the Great Manchester run. As you can see by the photo she even designed her own t-shirt. The weather was not on their side but Lynsey still completed the run in an impressive time. Sheila and Kevin are very proud of Lynsey and looked forward to taking her to the pub to celebrate!

Colostomy Association Day

In November, to coincide with our first anniversary, we are hoping to hold 'CA' days up and down the country. Full details will appear in the next issue of tidings. Our main fundraiser that day will be a national raffle. Our first prize is a one week holiday in Cornwall (a most generous donation by our chairman Sue Hatton), she says 'every ostomates needs will be catered for'. If you require raffle tickets, priced £1 each, or would like to donate a prize please contact the office 0800 5876744 or 0800 328 4257. Raffle tickets will be despatched during the summer, with a minimum order of ten. You don't have to buy them all yourself, but maybe sell at your local support group, place of work or even to friends and neighbours.

Not all Donations need to be in the way of money

Mr R.F. Slade wrote "I am in my 91st year and have been a colostomate for 20 years. At present I am endeavouring to recover from a parastomal hernia operation, which unfortunately has become infected, so am now on a course of antibiotics. I have been connected to BCA since 1986 and would like to greet the Colostomy Association and wish everyone great success, and I trust there will be continued growth, bringing great happiness and peace of mind to all. With regard to your request for funds I will supply you with a number of notelets which I produce myself and you could possible raise some money by selling at your road shows. If you think this would help please let me know. Best of luck to you all"

Mr Slade has since supplied us with an assortment of notelets which hope to sell at a local fayre in Reading, July time.

A Mission made Possible!

One of our Devonshire volunteers, Janice Parkyn, recently celebrated her 50th birthday in London. Strolling around Leicester Square with husband Phil, they joined the crowds outside the premier of Mission Impossible II, as you can see from the photo, it was worth the wait! On hearing it was Janice's birthday Tom Cruise went over and said 'Birthdays, I love Birthdays'. Janice kindly donated £16 to the association, £1 for every year she has had a stoma. Also, instead of a birthday present from work, Janice asked that a donation be made to the Colostomy Association, which was over £35. Janice says, Every birthday is special to me as in 1990 I wasn't sure that I'd reach my 34th birthday let alone 50th and I wouldn't have if it weren't for my colostomy.

Birthday Money

Tony Shaw wrote to us "I had an operation for bowel cancer in November last year, which resulted in me having a colostomy which I am pleased to say I am now getting used to it and managing very well. At my wife's recent 80th birthday some of the guests gave her money which we would like to donate to the Colostomy Association. Please find cheque to the value of £75." Many thanks to Mr & Mrs Shaw and a Happy belated 80th birthday!

The Oundle Sponsored Walk

Mr and Mrs J Lillyman of Peterborough, recently donated a total of £275. £253.40 being the amount raised through the Rotary Club of Oundle sponsored walk on 7th May 2006. A further £21-60 was raised through additional donations.

Donate when you buy and sell on e-bay

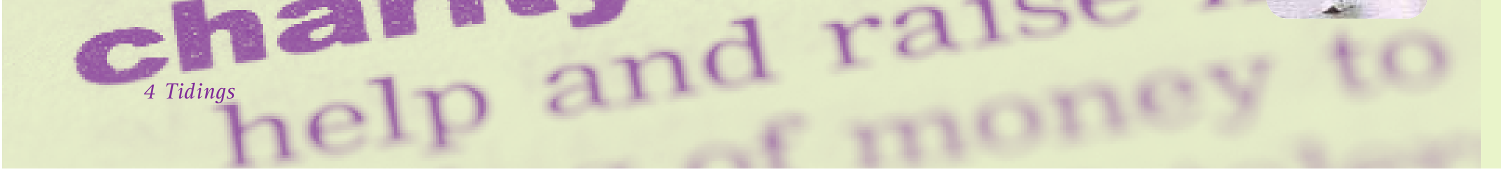
We are also encouraging fundraising on the web. Our volunteer from Buckinghamshire, Derek Oakey discovered you can donate to us when you buy or sell through e-bay. Just log on to www.ebay.co.uk and follow the community links for details.

Recycle Printer Cartridges

Also if you log on to www.recyclingappeal.com you can order freepost envelopes to recycle printer cartridges and old mobile phones on our behalf. We also have a supply of envelopes in the office.
If anyone could involve their workplace or other company to recycle in aid of the C.A. we would be extremely grateful.

Bob finishes his 9th London Marathon

As you may recall from Tidings 1, Bob Broadhead completed the London Marathon in April. He completed the run in 5 hours 56 minutes and raised over £100 for the Colostomy Association.

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Reader to Reader...

Dear Readers...

My age is a young 71 and I am divorced - now living on my own. I have children and grandchildren, my interests are Walking, Theatre, Gardening, Cinema and Music. I would like to meet a male or female for friendship and to share my interests.

From Maggie Palmer

Dear Friends...

A new life at 35 - all I need now are friends to share with!

Having been born with an imperforated anus, my life has been a roller coaster ride. Back and forth to Hospital, the emotional ups and downs during childhood and into adulthood.

However, my overall memories are of warmth and happiness; although happy memories during hard times did not 'cure' my physical ailments; therefore it is only natural that I have had psychological knocks with anxiety, depression and frustration.

It seems ironic that the reluctant and frustrated attitude I had been cornered into, evolved into an acceptance and understanding which became my saviour.
I would like to take this opportunity to pay my respects and to say a heart filled THANK YOU to my family as their love and support has and always will be priceless....

Two years ago I wondered where my life was going, what did the future hold for me? My friends had moved on in life and had succeeded in one way or another whilst I felt doomed and that my life was going nowhere and I was going to be left on the shelf (as the saying goes).

My dilemma was greatly reduced 18 months ago when I had a permanent Colostomy; the result was like being born again. The word Colostomy of which I feared for many years actually became my saviour setting me free and giving me a new lease of Life.

With my new life I would like to share genuine friendship with females aged 22-39. My name is Chris, aged 35, height 5.10.

My interests include: Cinema, Sport, and Sci-Fi, Historic places, Music, Conversation and good times, enjoying life to the full. So Ladies, if I appeal to you and you're looking for genuine friendship or companionship.

Please do not hesitate to contact me. And a recent photo of yourself would be much appreciated.

From Chris Davies

If you would like to contact: Maggie Palmer or Chris Davies,

Please write, E-Mail or phone us at Head office and we will pass on your details ...

We look forward to bringing you this page again next issue, so please keep your letters / calls coming.

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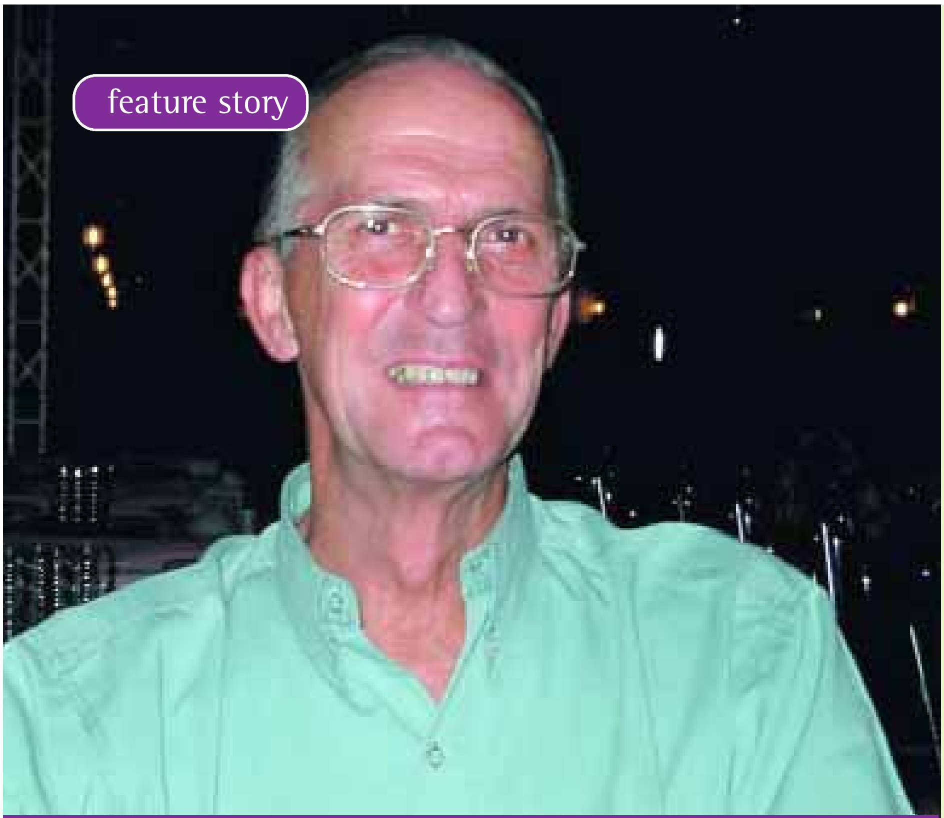


Sanguine in Sweden

by Richard Copeland

Readers of “Tidings” may remember my article “Bye, bye Phnom Penh”(BCA Issue 17 December 2005). My story of cancer follows a familiar pattern but I have a tale to tell as I have been treated in Thailand and Sweden and fellow “sufferers” (“Stomates”- sounds Australian?) may be interested to know something of my multinational experiences with health services, particularly those in Sweden. Sweden is often held up as a model health care system and in many ways it is – but not without some of the same problems, which seem to beset the National Health Service in the UK these days and which are such subject of national debate.

Our Traditional Oland Farm

First, just a little background. In 1996 my wife and I took up residence on Öland an island in the Baltic located just off the South East coast of Sweden. It is a beautiful place, a World Heritage site and a very special place to live, hot dry summers though the winter can be a bit nippy. We bought a farm, half of which had been inherited by our children, in the village of my wife’s birth. It was to be our base while I continued to work internationally, first in northern Iraq and later Cambodia. There is also another story to tell about this place and the renovation of a traditional Öland farm – but another time perhaps.

Sad news from Cambodia

My article “Bye, bye Phnom Penh, showed me attending a Cambodian village wedding. There is an unfortunate and unhappy sequel to this story. A couple of months after their marriage the bride and groom were the victims of a violent robbery and the young man was shot and killed. As in many parts of the world, including Western Europe, it is the poor who are most vulnerable to crime and associated violence. In this case the thieves stole the couple’s moped worth a few hundred dollars. Death in Cambodia is something that the people seem to accept as a society perhaps the result of experiencing more than fifty years of war, civil war and the ravages of the Khmer Rouge years. A Buddhist family, they were helped by the belief in reincarnation and by the happier news that the bride had become pregnant and more recently gave birth to a baby girl.

Bangkok and the Bumrumgrad

I was diagnosed with colon cancer in Bangkok, Thailand following a routine health check. After consulting with my head office in London (their insurance company) and various options I was offered a bed the following day (what no waiting list??) in the “Bumrumgrad Hospital” in downtown Bangkok.

The Bumrumgrad is a sort of five star hotel with hospital equipment. I was treated exceptionally well by the excellent staff of this internationally recognised health facility and was sent home to Sweden with a recommendation for chemotherapy and radiation therapy. The Swedish surgeons thought that there was little to be gained by this and so I returned to work back in Cambodia until I had my second six monthly check up, back in Sweden, to be told that I needed a second operation and this time it would result in full colostomy - and, ah - life with that bag!

Fashion...Bumrumgrad style!

The second operation and that bag

Back in Sweden, following a week-long period of radiation therapy I was ready for surgery after a further three week delay. My treatment was to be at our county hospital located in Kalmar the nearest town on the mainland a journey of around 75 kilometres there and back. The operation went well though I experienced the “horror” of having to deal with a stoma. It was awful at first and I felt that I would never be able to cope with the rigmarole about which the wonderful stoma nurse so patiently taught me. For me it was a special issue about not being able to live my life “normally” – but since then I have realised that the only way I could deal with it is to live as I always have and to make no concessions – food; activities; travel; all as “normal” (except I do use disabled toilet facilities!).

Kalmar Hospital

Stoma bags and accessories are available for free on the Swedish national health, but one is expected to pay a “Patient Contribution” - the first SKr 1800 (UK£133). Much of the Swedish system follows this model (unless you are receiving other benefits for some reason). Each year after I have paid the SKr 1800 at the chemist (a State monopoly) for what ever prescribed medicines, I then receive a "free card" which allows me free medicines including stoma paraphernalia for the next one year.

After that the cycle starts all over again. Similarly for consultations with health professionals (SKr 80 for a nurse and SKr 225 every time you see a doctor) you run up a bill until it reaches the "patient contribution" of SKr 900 or £67 and then you receive your free card. Also for transport arrangements from home to hospital the first SKr 1600 is charged as a contribution each year.

Hospital transport is very well organised. For patients like me who are "walking wounded" and attending Linkoping University Hospital some 250 kilometres away, the service is integrated between local taxi services and the County Ambulance Service. For me it means leaving my home very early in the morning by local taxi which takes me to the County Hospital where I switch to a large Volvo coach operated by the Ambulance Service for a 07. 30 departure for Linkoping.

This journey of some 3 hours is pleasant enough and made even better by the service of sandwiches and coffee on route. I miss the return bus trip but am provided with a seat in a minibus taxi which takes me home, usually in a round-a-bout way but for a cost of SKr 80 per trip (until I reach the limit of SKr 1600 after which it is free) who can complain? An excellent service well integrated and very well run.


Ambulance coach, Kalmar to Linkoping

Let down by the liver

For a short period I went back to work but inevitably following my six monthly check-up I was told that a further operation would be necessary, the cancer had metastasis to the liver and they put me down for another operation early the next year – 2005. I was reassured that the cancer was "on" the liver, not the same as liver cancer.

Well I survived!

I think I saw the underside of Swedish medical care during this stay in Kalmar Hospital (and a little of the best). After the operation, I was kept in the Intensive Care Unit for three days, which was something of a nightmare experience. The first night I was kept awake for long periods trying not to listen to the woeful discussion between two night nurses. Clearly some love affair had gone badly wrong I was not sure whether it was between these two or some other couplings. It was being repeated during my second night when I asked them to continue their discussions in the corridor - a deathly silence followed. Anyway later my sleep was disturbed and on waking found myself lying next to a dead body surrounded by grieving relatives. For a while I thought that perhaps I had been put in the morgue by mistake. It seems that some poor soul died in the ICU and the hospital had no other facilities to deal with the body. The doctors did apologies the next day. The third worrying experience concerned the epidural drip placed in my back. It had not been properly inserted and was supplying too much morphine to one side of my body and not the other. The nurses replaced it with a PCA (patient controlled anaesthesia) or a sort of "junkies drip", a do-it-yourself pain control machine. This added greatly to the number of tubes and bits hanging from various parts of my body - it was impossible to do anything but lie flat on my back.

The old liver was then apparently in quite good condition despite a more or less lifetime of abuse. As I explained to the doctor in charge of Intensive Care, a large Swedish gentleman, it must be all the good quality whisky I drank. By chance he was something of an authority on Scottish single malts and had that ruddy glow of someone who knows a good one. We had some good discussions about distilleries when I told him that I had spent the first working years of my life in the Highlands and Islands and knew many of the distilleries "at first hand" – hand around the distillery manager's glass.

Sleepless nights continued when I was returned to the main ward. I was sharing a three-bed ward with probably the noisiest snorer in Sweden. A lovely elderly Swedish merchant navy sailor who spoke really excellent English. His snoring was so bad that the night nurse offered me some earplugs - really! I turned them down on the grounds that I would find it impossible to sleep if it is too quiet. The automated drip went haywire too and I was lying watching two red lines with bumps making tracks up my arm. Bit worrying as one is not at all sure it is going to stop before it gets to the heart. The drip was changed to the other arm and the same thing happened again. It seems I had developed an allergy to the morphine. So it was down to the odd shot and paracetamol tablets.

I had been told to expect to stay the full two weeks in hospital but well within this period they took out the last of the tubes, removed my stitches (these days they are staples) and sent me home with a packet of pills.

Endless chemotherapy

Well the good news is that I finished the six months, extended to seven months, of chemotherapy. A CT scan showed colon and liver are free but, and here the bad news begins – the cancer has moved to my lungs and I have had to continue with the chemo for further fourteen weeks. They have changed the medicine and now I am receiving a new "wonder drug" called "Avestin" prescribed at such huge costs I almost feel guilty; "Campto" a drug derived from a tree grown in China (I hope it is not one of those drugs the police in England allow so long as it is not more that one years supply "for personal use"?); and the usual dose of "Flourouricil" or something like that? This sounds like one of those washing powders my mother used in the 1950's. Anyway, I am still tramping up and down the 250 Kms plus to Linkoping by bus and back by taxi. I made the mistake of looking up "Avestin" on the Internet and think now that I rather I hadn't – least of all to know that it causes heart attacks and thrombosis! Still my call to fame is that it seems I am the second patient not in the controlled experiment to get the stuff and both my Kalmar based surgeons supported its use, despite some objections on cost grounds within the administration. So I reckon the good news from all of this is that my chances have changed from pretty glum at the end of November to optimistic now. And the chief oncologist in Linkoping said that I shouldn't feel guilty about the costs of "Avestin"...Oh, and the washing powder will make my hair fall out they say but I'm not sure anyone will notice.


Maria and Kerstin - my dedicated chemotherapy nurses - my heroes

The Swedish Health Service, like the British NHS is in something of a crisis. Rising costs; more and more complicated treatments; MRSA; complication of the private sector etc; and etc. However, it is held together by superb health professionals exercising levels of care and concern similar to, in my limited experience, of the NHS in Britain. Of course we do not want to pay them a decent wage; of course we want them to work longer hours; be managed by ever increasing numbers of managers; of course we want them to administer ever more complicated regimes and operate new machinery and computers – don't we?

Richard Copeland
Mörbylånga

Still Living Life to the Full...

I began running after undergoing heart surgery for a replacement valve in May 1992 at the age of 42.

I had spent over ten years in the Territorial Army so I was reasonably fit and active. Since 1992 I've managed to do the London Marathon, quite a few half marathons and 10 mile races and countless 10 kilometre races around the south of England.

On Saturday 7th November 2003, I went for a run along Southsea seafront. I felt fine. On Tuesday 10th November I began to get some stomach pains and my temperature started to rise. My GP diagnosed a water infection, but my condition deteriorated and on Friday 13th (a bad day) I was rushed into Queen Alexandra hospital, Portsmouth. By the early hours of Sunday 15th a marvellous Royal Army Medical Corps surgeon called Lt Col Vasallo had removed a large portion of my bowel and formed a nice neat colostomy.

I'm told that things were a bit serious for a couple of days after surgery because of my soaring temperature but I soon settled into the wards post op programme and within a few days I had begun walking the ward and corridors (albeit dragging a tripod festooned with tubes and drips) and managing to extend the walks each day.

I was discharged from hospital on 28th November and after a couple of months recuperation I was determined to regain my fitness. I began by doing quite a bit of cycling but was desperate to return to running. I treated myself to a new pair of running shoes and I was pleasantly surprised how quickly my strength returned to my legs.

By the middle of March 2004 I was back to normal, running a few miles a couple of times a week and riding my mountain bike regularly.

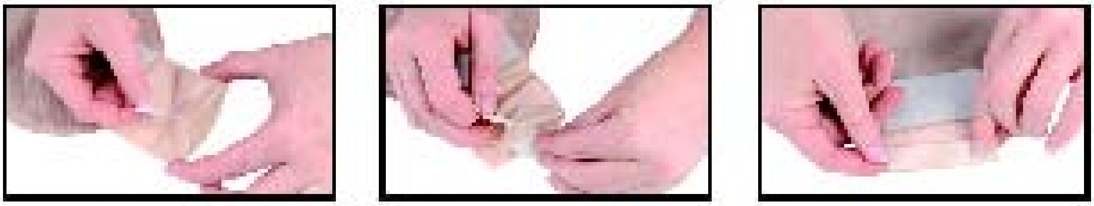
I consider myself lucky because my colostomy resulted from diverticulitis. It all happened very quickly so I didn't have time to worry about it, but whatever the reason having a colostomy makes no difference at all to an active way of life. Except perhaps sumo wrestling or regular bungee jumping.

At the ripe old age of 54 I get the usual middle age aches and pains like anyone else. I don't profess to be any kind of superman but I hope with this tale I can assure any new colostomates out there that however you feel your life may have changed, even with a piece of 'alternative plumbing' you can live life to the full.

by Iain Reid
Volunteer - Portsmouth

Iain at finish of a five mile road race in Portsmouth called the Victory Five


"Freedom to explore new horizons"
{ FREESTYLE® DRAINABLE USER }



The BodyTalk System™

The BodyTalk System™ is currently taught in 27 countries worldwide, and is a rapidly growing healthcare system, with thousands of practitioners throughout the world. Essentially, the system has combined the wisdom of eastern medicine, western medicine, acupuncture, chiropractics, kinesiology, maths, philosophy, and other medicinal systems.

It is an entirely different method of looking at disease and illness. Instead of talking to the client and discussing their symptoms, we ask their body if there are any communication blockages that have compromised the healthy balance that the body strives to maintain.

Our bodies talk to us all the time- they tell us to eat food when we are hungry, to put clothes on when we are cold, and to go to sleep when we need rest. However, the most amazing element in our bodies is the healing aspect- if you cut your hand, you do not need to tell your body in which order to send extra proteins to the cut, or to clot the blood, and to reform the skin under the clot so that once it is healed there is usually no scarring. The body also displays great wisdom- if you strain an ankle, for example, the body is telling you to stop using that part (by causing pain and swelling), so that healing can occur.

The reason that this healing wisdom cannot always function at its optimum level is due to our lifestyles and stresses and strains. Factors which affect our ability to be free from disease can be physical, emotional, mental, chemical, environmental, and economic, amongst others.

A typical BodyTalk session ranges from 30 minutes to an hour. The practitioner will run through the medical history of the client, and discuss the goals to be addressed that day. The client will then lie on the therapy couch, and the practitioner will identify the weak energy circuits in the body by using biofeedback, which is a subtle muscle testing technique. This involves gently lifting the clients arm.
Once a weak energy circuit has been identified, then the practitioner will lightly tap the client on the top of the head. This effectively encourages the brain centres to re-evaluate the clients' health, and address the high-lighted imbalances. The practitioner then taps the client on the sternum to "announce" the corrected energy flows to the rest of the body. This is beneficial because the heart is responsible for communicating the state of the body's health to the rest of the body. Stimulating the heart by tapping the sternum forces the heart to store the corrected energy patterns in the body's memory. This in turn means that the body will remember these corrections.

Once the imbalances have been identified, the body and mind work together to bring about as much healing as is possible at that time. The result is that the general energy balance of the body is greatly improved. The biggest advantage of this is that it finds out from the body what the communication blockages are, and then sets about the healing process. In this way, it addresses physical aches and pains, emotional disorders, and mental issues, which are often the underlying reason for disease.

At the end of each session, the practitioner will establish if the client needs further sessions. This is to allow the brain sufficient time to make the corrections high-lighted. How many sessions are needed will depend on what is wrong, and as we are all very different, there are no averages with BodyTalk.

The BodyTalk System ™ has seen very good results with many different health issues, especially asthma, allergies, chronic fatigue, circulation disorders, restricted movements, pain, digestive disorders, food intolerances, headaches, and many others. It is also very effective when dealing with anxiety, depression, stress and trauma.

A major part of the healing process can be coming to terms with the illness, and all that this implies, in order to be able to lead a full life in the future. The BodyTalk System ™ works effectively with stress, belief systems, pain reduction and pre and post operation strengthening of the bodies' own healing mechanisms.

The BodyTalk System ™ can do for the body what an M.O.T. or regular servicing does for the car. It ensures fine tuning and smooth running of the engine, but also identifies potential issues before they can cause more damage.

BodyTalk can enhance other treatments, surgery and medications. It is absolutely safe and there are no contraindications to its use.

If you would like to find out more about how The BodyTalk System™ can help you and your family, then please visit our website at www.bodytalksystem.com , where you will find BodyTalk Practitioners in your area, by clicking on the UK.

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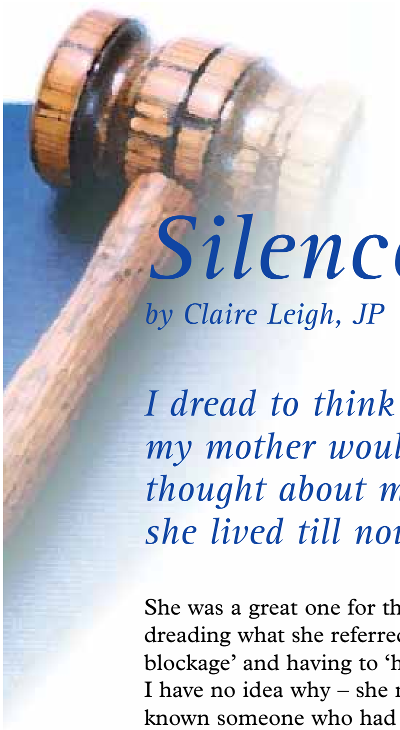
Appeel


Appeel



Silence in Court!

by Claire Leigh, JP

I dread to think what my mother would have thought about me had she lived till now...

She was a great one for the laxatives, dreading what she referred to as 'a blockage' and having to 'have a bag'. I have no idea why – she must have known someone who had a colostomy – and to be fair that would have been long before modern appliances were available. (How lucky we are now!) She would have found it very difficult to accept what happened to me, though after nearly 10 years as a colostomate I can't imagine being any other way.

She also laid great importance on 'knowing one's place' in life and told me quite definitely and disapprovingly that I was 'getting ideas above my station' on a number of occasions.

So she would very likely have disapproved totally of my application 3 years ago to become a magistrate. However it was something I knew I could do. My application was accepted and after 2 quite extensive interviews and a wait of some months my appointment was approved by the Lord Chancellor and I now sit 'on the bench' about one day a fortnight.

We usually sit as a threesome – a chairman and 2 'wingers'. As a fairly new JP I sit as a winger – chairmen have many years experience in court and extra training. The chair is the only one to speak to the court to announce decisions or ask any questions we may have, though we all may talk quietly together. And when we leave court to discuss matters we meet as equals. No – we do not wear wigs. And lady magistrates are no longer required to wear hats!
Every court sitting is different, and we don't usually know until we arrive what the business of the court might be. It can be road traffic, fine enforcement, sentencing, a trial or a number of other types of business like a private court hearing.
Whatever it happens to be, the role of the magistrates is to decide whatever needs deciding – should the case be adjourned for more information to be gathered?, is the accused guilty or not?, what sentence should be handed out? and so on.

In making decisions we can get help from the clerk to the court – and his/her legal books! – but decisions are made by the magistrates alone.

These days magistrates are well trained, though they have no formal qualifications in law. Nor are they paid for their work in court – which comes as a surprise to many people. Justices of the Peace are volunteers, though we can claim travelling expenses and have a free lunch if in court all day.

What also surprises people is that 95% or more of all criminal court proceedings begin in the Magistrates' Courts. Even the (in)famous criminals like Brady and Hindley, the Wests and Peter Sutcliffe first appeared in court before magistrates, though the serious charges against them meant that they had to be sent for trial at the Crown Court before judge and jury.

We have quite clear guidelines about which crimes we can judge, though some like theft and criminal damage can go 'either way' depending on severity. Again, decisions must be made. And a defendant may choose to go before a jury even if the magistrates' bench is able and willing to hear their case. The guidelines are clear on sentencing, too – we can't send a person to prison for speeding, even if we want to!

It is usually easy enough to agree on level of fine or length of sentence – the training must work! I have never yet had more than a civilised discussion with colleagues in retiring rooms, although I'm told that strong disagreements can and do happen from time to time. Eventually, though, a decision must be made and presented to the court as unanimous.

Forwarded by
Gloria Hadfield,
Volunteer-Sheffield
(Pictured above)

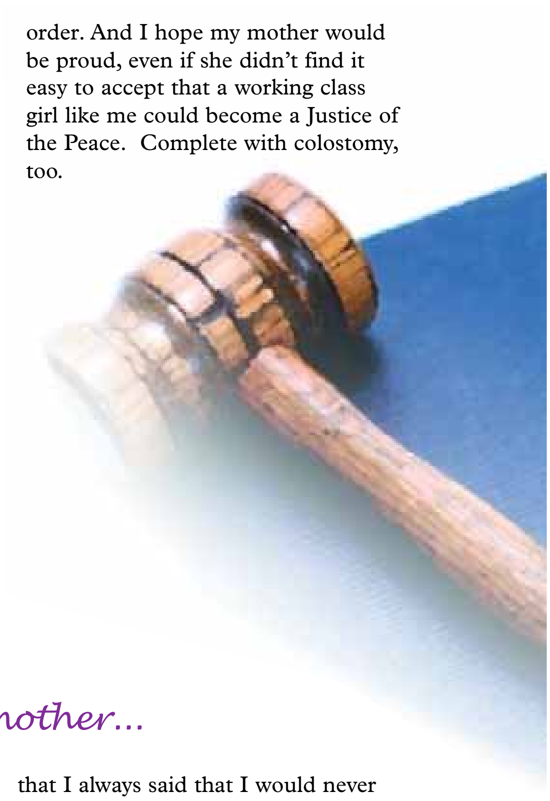
As part of the training we are expected to take part in visits to prisons. These are not nice places. Despite the popular view of inmates with TV's and all mod cons, prison is not a place to send anyone without very real reason. It is certainly not a soft option and I find it sad that some (few) individuals offend deliberately to get themselves locked away safely.

In the course of a day a bench may have time to discuss more than court business as they wait for papers, solicitors, clients or whatever. Time wasted is frowned upon but unavoidable at times despite our best efforts. I enjoy spending time with colleagues. They are all easy and pleasant to get along with – ordinary folk from many walks of life who have solemnly sworn oaths of allegiance and justice. There's a wide variety in age – any citizen over the age of 28 can apply to be a magistrate but none may sit after their 70th birthday. Each of us must be able to listen, to make impartial judgement and to stay awake in court when Defence counsel is repeating himself for the third time in his too-long summing-up speech.

It is by no means all boring. Towards the end of a long morning when we had been in and out of court so many times we had lost count, matters came to a standstill and our Clerk said again 'Would you like to retire for a few moments, Sir?' 'No' said the chairman this time, explaining that his knee was bothering him and he would rather stay where he was. The other winger expressed relief because of a bad back so the clerk turned to me and said 'And what's wrong with you, Ma'am?' In jest, I said 'Oh, I'd rather not say!' at which point the chairman said 'No, we don't talk about bowels in court'!! Little did he know!

When I got my letter of appointment from the Lord Chancellor he also sent a reprimand because I had a speeding conviction and 3 penalty points on my licence (45mph on an empty stretch of motorway can hardly be called speeding, can it?, but I suppose to uphold the law JP's have to be abide by all laws –including speed restrictions).

And when I got the letter about the conviction someone said that I should just ignore it because 'they never catch up with you'. NOT TRUE!!!!! It can take a while, but, believe me, it's better (and cheaper) to pay up straight away than appear in court months later.
So, I now drive a little more cautiously because I do believe in our society and want to go on sitting. I hope I am helping maintain law and order. And I hope my mother would be proud, even if she didn't find it easy to accept that a working class girl like me could become a Justice of the Peace. Complete with colostomy, too.



Twins - Elaine and Peter, supporting one another...

Elaine's Story...

My name is Elaine Harrison, born in Birmingham in 1947 half an hour later than my twin brother, Peter.
In July last year I found a small lump which I thought was a boil or similar, but when I mentioned it to Peter he suggested that I spoke to my doctor about it. Although I had lost a lot of weight, I didn't think there was anything seriously wrong. My doctor gave me an appointment at the hospital and following the results of a biopsy I received a telephone call to say that what I had was pre-cancerous cells, but I was asked to go the Women's hospital for further tests. Following an examination there, they were in no doubt that it was Cancer and I had to go back in for another biopsy.

A few weeks later it was diagnosed as Cancer of the Vulva. I was horrified as this was so unexpected. It was apparently thought to be too close to the back passage to surgically remove safely, without damaging the bowel. This is when I had the Colostomy, but during the operation it was found that the Cancer had affected the lining of the back passage so the Vulva and the back passage were removed at the same time. I then had a daily dose of Radiotherapy during a six week period and a weekly dose of Chemotherapy at the same time to try to ensure that it all gets dealt with and does not return in the future. This was followed by an intensive course of Chemotherapy over a two week period.

I have been gradually improving on a daily basis ever since and the consultant's last examination was very encouraging.

I have had no problem with the Colostomy. I had seen Peter go through the same thing a few years ago. He had coped very well and was always so positive although we hardly discussed it at the time. I knew he would be the first to help and advise, which of course he has. I try to keep a positive attitude and don't think about what might have been or what may happen in the future.

Peter's Story...

Elaine has already mentioned the important half hour difference in our ages. I have been working as a funeral director for 40 years, so I am used to seeing death certificates giving "Carcinoma" as the cause of death. So when I had my first bout of bowel cancer at the age of 39 I felt devastated. However, the sigmoid section of the Colon was removed, no Chemotherapy and I enjoyed another 12 years without any further problems, visiting my "specialist" on an annual basis. I learnt during this time that hospital statistics are far better than those which we use as funeral directors. However, it was during one of these routine visits that a new cancer was discovered in a different part of the bowel. This was removed, but this time it had affected some of the lymph nodes so I had a course of Chemotherapy, something that I always said that I would never have! I was able to keep my hair which was very important at the time.

At this point I had a temporary Ileostomy which was a bit of a shock to the system, but this was reversed some 9 months later. However, it was not really very successful. When I had my third cancer in a different part of the bowel again, they decided to make the Ileostomy permanent.
The remainder of the bowel and the anus were removed this time but I was almost relieved to have the Ileostomy back again. I had a different regime of Chemotherapy this time and did lose my hair! The Chemotherapy destroyed the blood circulation to the hips so I had a "forage" treatment carried out, (I think that's what it's called), to try and create a trauma in that area to encourage the blood supply to return. I too manage my Ileostomy bag without any difficulty and it doesn't prevent me from doing anything I want to. My story sounds depressing, but I am happier now than I have ever been in my life and at the age of 59 with everything still to live for, I only look forward to a bright future, free from any further Cancerous bouts, and enjoying the support of my wife and my stoma nurses who are all fantastic! I am sure that with each other to lean on, Elaine and I will survive for a good many years to come.

Flying High: An Ostomate's guide to Travel

Whether you are an old or new colostomate – there will come a time when you wish to travel and perhaps fly for the very first time since receiving your stoma.

One of the most frequently asked questions of people who are flying for the first time is "will my bag blow up". When I hear that I have visions of us all flying around the aeroplane cabin like Mary Poppins !

Let me assure you - there is no reason why your pouch should be affected by the pressure in the cabin. If there is wind in your pouch, causing it to balloon, it may be caused by eating food that makes wind.

Before setting off on your travels, be aware of any foods that might upset you – fizzy drinks, food that causes odour, food that might make your output a little more liquid.
Do make sure that the filter of your pouch is not covered, so ensuring that any wind can escape. If the pouch does fill with wind and the filter does not allow it to escape….a small pin prick in the filter should allow the wind to escape without causing any of the contents to leak out.

I am sure that you have given a great deal of thought to what supplies you will need on your holiday ? How many pouches, flanges and accessories will you need to take with you ? It is always good to take at least twice the amount of pouches and flanges that you would normally use in that time span. A change of water, diet and even the heat can cause us to use more pouches than normal. It will always be better to bring some home than to run out when you are away !

A good idea is to ask your Stoma Care Nurse, to recommend a drainable pouch, (if you do not already use one). This would enable you to empty the pouch when you wish, rather than having to replace it. A drainable pouch is useful when you are travelling and may not have access to disposable bins.
When travelling you should always carry your pouches and accessories in your hand baggage. This will mean that you will keep them close at hand at all times. A smaller bag, with a few supplies can be kept in your travel kit. Your smaller bag should contain, a few pouches (and flange if used) disposal bags, dry soft tissues, soothing wipes, small deodorant spray – (I use sample bottles of perfume from Duty Free !) and anti-diarrhoea tablets. Your scissors will need to be in your checked baggage that is in the hold, if you are flying.

One of the best pieces of advice on items to be included in your small every-day travelling bag (especially for men), that I have heard of, is to include a small torch and a small piece of plastic large enough to kneel on. This is because, in some toilets the lights are on a time switch – and you can easily be caught out just at the wrong time ! The plastic is to save your clothes should you need to kneel to change your pouch.

We are all aware of the size of the toilets on board aeroplanes (and coaches). There will be running water and there are disposal bins (sanitary bin) in the toilets. Your pouch will need to be well wrapped up and disposed of when placed in the bin.
It is always a concern- when we use "public toilets" – about "smell". A good squirt of your deodorant spray or perfume spray will ensure that you leave the toilet smelling sweetly.

Another frequently asked question is about disposal of our pouches. Whether we are in the UK or abroad some of us get a little embarrassed to leave them in the open bins of a hotel bathroom. This is quite simply solved by, again, wrapping them up well and placing them in a plastic carrier bag and on leaving the hotel disposing of them in the nearest rubbish bin or public toilet bin.

The Colostomy Association publishes an excellent Travel Guide with advice and a Travel Certificate. The Travel Certificate is printed in English and a number of foreign languages. It explains to the local immigration official that you have a stoma and if there is a need to examine you, a Doctor should be present. Please keep it with you at all times. An embarrassing incident happened to a member when his wife had the certificate and He was asked "to step this way"!

The Colostomy Association can give you the contact numbers of Travel Insurance Companies that offer travel insurance for pre-existing conditions, including cancer and colostomies.

A little thought before you depart on your travels will ensure that you will have confidence in your ability to cope while you are away from home.

Sometimes it is hard to make and take that first step but with a little help and advice from the Colostomy Association, I just know that you are going to have a wonderful time.

Don't forget to send us a postcard!

By Jackie Dudley,
Volunteer - Berkshire


Lift Plus
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Lift Plus
Non Sting
Lift Plus
Medical Adhesive Remover
opus
healthcare

colostomates of the past

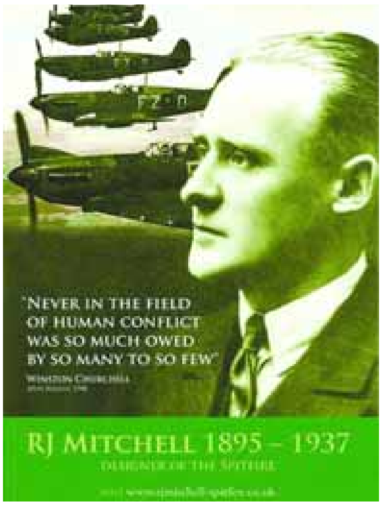
A Tribute to R J Mitchell
Designer of the Spitfire

On 5 March 2006, five Spitfires flew in formation as part of a commemorative re-enactment of the very first test flight of the Spitfire which happened 70 years ago. Among the thousands of people who turned up to watch the Southampton built fighter planes was Dr Gordon Mitchell, the son of Reginald Joseph Mitchell, who designed the Spitfire.

Reginald Joseph Mitchell was born on 20 May 1895, in a small terrace house in Stoke-on-Trent. He wanted to become an engineer after leaving school and he began a five year apprenticeship at a locomotive engineering works in Stoke. In 1917 he became Personal Assistant to the Managing Director of the Supermarine Aviation works in Southampton. Within three years, he was appointed Chief Designer and Chief Engineer at Supermarine and his career as an aircraft designer began. In the following 17 years, he created 24 different aircraft. But in 1933, disaster struck as Reginald was diagnosed with rectal cancer. He underwent a major operation which left him with a permanent colostomy, a fact that his colleagues never knew. RJ was told that there was a very grave risk that the cancer would spread, in which case nothing could be done to save his life. He did not opt to retire and enjoy the life that remained for him, if he had done so the result would have been – no Spitfire.

1934 saw RJ return to work and in due course start on the design of his masterpiece, the legendary Spitfire. It was a hybrid of many diverse technical developments. Using high-speed flight experience gained through the Schneider Trophy successes, influences from the German aircraft manufacturer, Junkers, and learning vital lessons from Supermarine's unsuccessful Type 224, the Spitfire was a masterpiece of practical engineering design that Mitchell would never see fly in combat. On March 5th 1936 the Spitfire was ready for its first flight. More than 22,000 Spitfires and Seafires (the naval version) were built, and played a vital role throughout World War II in achieving ultimate victory.

Sadly the cancer returned at the end of 1936, throughout this year he had been working on an advanced design of a four-engine bomber with a design specification maximum speed of nearly 100 mph faster than the famous Lancaster bomber. In the weeks before he died, Reginald wrote to senior Air Ministry officials, as he was greatly concerned that his bomber would not be built after his death. Two fuselages of the bomber were nearly completed when they were destroyed in a bombing raid on the Supermarine factory at the start of the war September 1940 and that tragically was to be the end of his bomber which could well have played as vital a role in the war as did his Spitfire.



Mitchell died at his home in Southampton on 11 June 1937, aged only forty-two. His ashes were interred at South Stoneham Cemetery, Eastleigh, Hampshire, four days later. It was incorrectly reported that, at his funeral, three Spitfires flew over in his honour. At that time there was only one Spitfire (the prototype) in existence!

Although Mitchell received no official recognition for his creation of the Spitfire by the award of a high honour, in January 2000 his son, Dr Gordon Mitchell, received a letter from 10 Downing Street stating "The Prime Minister fully understands your wish to see that your father's services to aircraft design are recognised with a posthumous high honour".

Although Mitchell deserved the honours and national recognition, he did not like fuss, and on at least one occasion described the spitfire as 'only another bloody aeroplane'!

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The Information Experience... Learning, sharing and understanding

A joint venture between the Colostomy Association and Clinimed

CA and Clinimed welcome you to this Joint Venture by special invitation only

From the CA Head Office in Reading, Jo McKenzie and Gill Herbert were there to be the welcoming committee, to cheerfully register and greet all 90 specially invited guests. Before 'kick-off' everyone enjoyed hot drinks and muffins whilst they had a look at the manufacturer's exhibits, obtain samples and a chance to have a friendly chat with our CA Volunteer Sheila Walker.

Welcome from CA Team Jo McKenzie and Gill Herbert Head Office, Reading

CA Volunteer-Sheila Walker.

'Kick Off'

The Information Experience was held in an exclusive part of the Manchester City Stadium and this interesting day went like this...

Meet an Ostomate

David Griffiths Giving an Ostomates View

After a quick introduction by Nigel Piercey, Chairman of the Clinimed Group, David Griffiths gave an ostomates view on why he chose flushable pouches instead of conventional ones and how he has successfully used them for nearly nine years.

This was a very informative talk and people in the audience asked David lots of questions...next we heard from Dr Rory Smith...

Meet the Inventor

Dr Rory Smith - Inventor of the Freestyle Flushable pouch

The inventor of the Freestyle Flushable pouch, Dr Rory Smith gave a fascinating talk to a very interested audience on how these flushable pouches were created and an in depth look into the design which won the Millennium award for Innovation in British Technology.

According to Rory, there are three easy steps to removing the flushable pouch. Jan Berry, a Stoma Care Nurse, was good enough to volunteer and physically show us the best way to remove a flushable pouch after use – this was all done to music –"Three Steps to Heaven" !

We had a brief film showing how these pouches are easily disposed down the toilet flush. Rory answered many questions from ostomates- it was great to have the designer in the room. Rory further explained the rigorous testing required to meet National and Worldwide Standard thus ensuring that flushable pouches are that – flushable.

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Over Lunch...The City of Manchester football stadium was an excellent setting, being able to meet and talk to other ostomates whilst dining in exclusive stadium boxes overlooking the football pitch was a memorable experience...

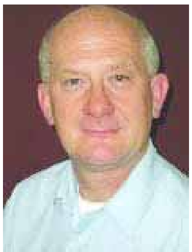
The British Colostomy Association Disposal Audit

Jan Berry - Stoma Care Nurse

After the lunch break, Stoma Care Nurse, Jan Berry, discussed her findings when she conducted an audit on disposal issues whilst working for the BCA in 2003/2004. The audit revealed the different ways people dispose of their pouches. For instance, some extreme methods when on holiday were: storing it in the car boots until they return home or locating and using waste bins for dog-poo. This was extremely interesting as Jan gained a lot of knowledge on this subject and has presented several talks on her findings around the world.

The Expert Patient Programme

Steve Wilkinson, a tutor and ostomate gave an interesting insight into the Expert Patient Programme and how it can easily help people living with chronic health conditions. More details of the EPP are on Page 28



Steve Wilkinson - spoke about the Expert Patient Programme, EPP

And finally, Celia Waters, General Manager spoke on behalf of the Colostomy Association...

Why have a Colostomy Association?

Finally, Celia Waters, General Manager spoke on behalf of the Colostomy Association. Her presentation explained why it is so important to have an Association that provides emotional reassurance and practical help for colostomates and their families. Celia explained the usefulness of the 24 hour, 7 day a week helpline and that over 70 volunteers are available to talk to, the wide range of information held at Head Office that can be sent to anyone anywhere. But Celia also added that when it comes to protecting the rights of ostomates, the Association is there to represent 60,000+ colostomates' voices. As a result, Celia explained how the Association has had meetings with the Department of Health on implications of their proposed changes in England and also the Scottish Executive on the effects of the changes which occurred in Scotland this April.
(For more details see page 29).

Afterwards, everyone was invited to ask questions on issues that concerned them – it did not matter what the subject was - whether they were about the Government consultation or of a medical nature whereupon Jan happily answered...

Nigel Piercey, Chairman of Clinimed Group and Celia Waters, General Manager - CA

Have your say...

Nigel Piercey, Chairman of Clinimed, closed the day with encouraging words for the colostomate, urging them all to be part of the Colostomy Association so that it may continue the good work.

It was a fantastic day, with everyone coming away feeling better for having been part of the experience.

Frances Chalmers, Organiser, Clinimed Group

Our thanks goes to everyone who helped to make this day possible, particularly Frances Chalmers from the Clinimed Group for organising this joint-venture.

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There are plans for more days like this, at selected locations in the UK. If you would like to come along to an Information Experience and want to find out if there will be one in your area please contact the CA Head Office on 0118 9391537 or 9594083.

MRSA and Bowel Surgery

One day in April last year I was sitting in a room full of people, staring at a graph. There, in front of me, were some startling figures from the Health Protection Agency. Were they right? Did bowel surgery carry some of the highest risks for MRSA?

This is one for the CA, I thought...

I'd been campaigning about MRSA and other 'Hospital Acquired Infections' (HAIs) for more than a year – ever since I'd been discharged from hospital myself. Before I'd gone into hospital for bowel surgery I'd been reassured by the Infection Control staff. 'We haven't had an outbreak of MRSA since you were last here.'

It wasn't true as I soon learnt from a long-stay patient on my ward.

That was what started me off on my campaigning trail, and that was why I was sitting there, a delegate at the 'Clean Hospitals Summit' organised by the Patients' Association, about a year later.

I needed to find out more. Were the risks really so great for bowel surgery? Was this equally true of both emergency and elective bowel procedures? At last I managed to speak to someone at the HPA, who came up with some of the answers I'd been looking for. But they weren't the simple 'yes' or 'no' ones I'd been expecting.

The figures: About 10 percent of all operations done on the bowel may result in infection. But this, I was told, could be one of any number of infections – MRSA being just one.

Why is this? The bowel is home to all manner of bacteria – good and bad. Without them, the bowel just can't work. When you have an operation on your bowel though, some of these bacteria may leak out into the surrounding tissues. Your body does its best to fight off any infection this may cause, aided by the antibiotics that are administered intravenously at the time of the operation, and of course elective surgical patients are also helped by having their bowel cleaned out first. So in this respect elective surgery is safer than emergency surgery. (It helps to have a highly skilled colorectal surgeon too, of course.)

But what of the other risks? I knew that it wasn't just through the operation itself that you could pick up a nasty infection like MRSA.

There's a lot talked about dirty hospitals right now and how they lead to people catching a 'hospital acquired infection'. Are dirty hospitals the cause? Isn't it also true that people pick up 'HAIs' in what seem to be very clean hospitals? Would you be safer being treated in a private hospital?

A dirty, dusty hospital does present a hazard to patients, but the problem is more complicated than that. A clean-looking hospital - whether it's NHS or private - might equally be full of bacteria. Clean-looking surfaces are not the same as bacteria-free surfaces. Cleaning thoroughly - with the right tools - can make a real difference to ridding hospitals of much of this bacteria. But while 'carriers' of bacteria like MRSA can wander freely around the hospital - that could be one of the staff members treating you - this 'background bacteria' will soon return, though it can be controlled by proper cleaning.

What about MRSA – the so-called hospital 'superbug'? What exactly is it? MRSA stands for 'methicillin-resistant Staphylococcus aureus'. Staphylococcus aureus is a very common bacterium that lives harmlessly on many of us and is easily shed in skin scales, which make up most of dust. Methicillin is the name of a powerful antibiotic, to which the bug has become resistant. We – staff, visitors and patients – are many of us also 'carriers' of this and other bacteria – and transport them around with us, without them causing us any harm. The problem is when the bacteria gets into a wound, however small or, more seriously, into the bloodstream. This is why it is so important that whoever is treating you in hospital – in particular anyone touching any dressings, catheter, intravenous drips or drains – has clean hands and therefore free of any bacteria that might cause infection.

In these circumstances is there anything that you, the patient, can do to reduce the risk to yourself Fortunately, there is. Before going into hospital you can get yourself screened to find out if you are a carrier of MRSA. (This is not the same as being infected.) You can ask your GP or practice nurse to carry out a simple and painless test – they do this by taking a swab from the inside of your nose. MRSA can survive on many other sites on your body, but the nose is the prime site and if the nose is 'colonised' with MRSA bacteria, you can be sure that other areas of your body are too. If you are confirmed as a carrier, don't worry, you can be treated and it is wise to try and clear up the problem before going into hospital. In general, it will take a few days for the test result to come through. (Some hospitals now carry out screening of all patients awaiting surgery, and will provide treatment to clear you of the bacteria before surgery.)

As I learnt from the HPA, however, sometimes a test can show a false positive/negative result. So is it worth doing the test? All I can say in answer is that when I went into hospital I got myself tested, on the advice of a hospital nurse.

It is still of course possible that you will become a carrier whilst in hospital. Infective dust gets easily carried around a busy ward and the bacteria can survive on many different surfaces. But you can still do your bit to protect yourself.

Here are some tips, which might be useful: A few days before going into hospital give yourself antibacterial washes (body and hair). Some hospitals advise on products to do just this. But if not, there are a number of products you can try; some – like 'Combact' – claim to rid the skin of a number of bacteria, including MRSA. (Produced by a company called Chemsol, you can get this sent direct to you. Tel/fax: 01604 588803.) There's also a cream – called 'Pro-Shield Ultra - which has recently received a lot of Press coverage. It claims that if you smear it over the site where you're having your surgery it will protect you from bacterial infection. (You can get it from your local supermarket or by phoning 0800 107 1053.)Whether or not these products live up to their manufacturer's claims I cannot say. It is important that you read the literature clearly and make your own decision about the advisability of using these or any other product.

Any small cut – even if just a paper cut or from sore skin like eczema – should be covered up to avoid the risk of it becoming infected.

It's a good idea to take in a packet of antibacterial wipes. You can use these to wipe any shared items – for instance the hospital phone or audio earphones - before and after use. If an item of your clothing or bedding falls on the floor, it is better not to put it back on the bed, but get it changed or washed. If this isn't possible, try and keep it away from any wounds, or drips or drains entering your body.

Avoid the library service. Take in your own books and magazines. Bacteria can travel round the hospital quite well on the library trolley!

Try not to clutter up the surfaces around you – obviously it's difficult if you have lots of cards and flowers – but clutter makes it harder for the cleaners to do their job properly.

And – most important – any member of staff dressing your wound, or changing your catheter or drip, must either wash their hands immediately before doing this task and dry them properly on paper towels, or – if their hands are already 'socially clean' - disinfect them with alcohol gel. This is a good rapid disinfectant, for hands free of visible soil. But whether they do this, or put on gloves (these should be new ones) they shouldn't touch anything before they touch your wound dressing, drip, catheter, etc. It's so easy to pull on a pair of gloves and then pull the curtains round the bed. If they do this, ask them politely if they could put on fresh gloves/clean their hands again.

Doctors, I found, were usually the worst offenders. It is hard to ask a senior consultant to wash his or her hands, or use alcohol gel, but you must remember that this is now standard practice, and you must politely insist on this. It is all too easy for a busy nurse or doctor to forget such a simple thing – they do know, really, as all healthcare staff get infection control training nowadays, and they may well thank you for reminding them. After all, they want you to get well. You may be given literature about the hospital's policy on hand hygiene and other infection control practices – and this does make it a lot easier to ask. If you still find it hard – I did! – then ask to speak to one of the infection control nurses.

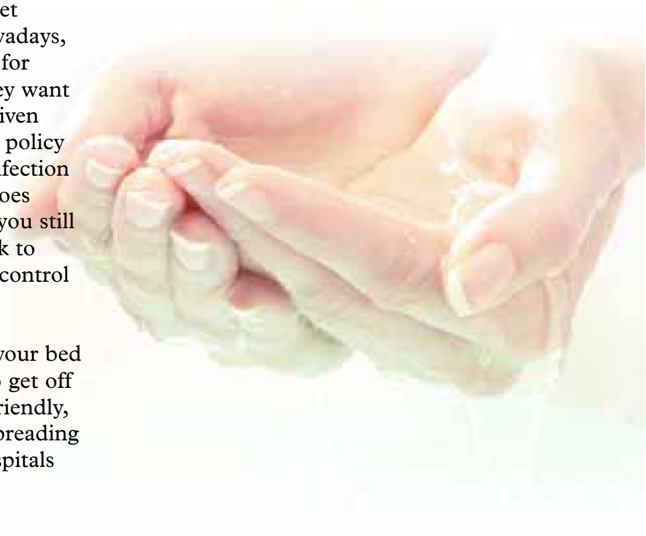
And if anyone tries to sit on your bed – staff or visitor - tell them to get off it at once! It looks nice and friendly, but this is one good way of spreading the bacteria round. Some hospitals do now have a policy about this.

Your visitors have their part to play too. Their hands must be clean and they must apply alcohol gel whenever they enter and leave the ward. They will almost certainly touch surfaces that may be contaminated during their visit – a chair, locker or bed table for instance - and they need to disinfect their hands to stop them taking any bacteria on to another part of the hospital. Tell them about this before they come to visit you. Notices are often displayed outside the wards, which will help to remind your visitors about this. There should be bottles of alcohol gel available for them to use at ward entrances too.

Most of all – don't worry! The most serious form of MRSA infection – bloodstream – is only present in a very small percentage of people. The HPA also told me that it's important to treat hospital infection rates with caution. A specialist hospital treating a high rate of very sick people is likely to have a higher rate of infection than hospitals not treating such complicated or high risk cases. And don't forget, when people talk about 'hospital acquired infections', they're talking about all infections - not just MRSA. It could be a simple problem like a common cold that you might acquire anywhere, even at home or out in the community.

By taking simple precautions you're simply taking positive action in your care. No one – and certainly not I - can promise that this will protect you entirely, but you'd be making a good start. And remember, you're in hospital to get well – and that is what the staff want for you too.

By
Sue Reid
Volunteer - London



Young Colostomates!

Rhiannon does Disney!

My Ostomate story began in June 2005 at 16 when I had my colostomy formed because of an abscess that wouldn't heal and suspected Crohn's disease. When I found out I had to have a Colostomy I was terrified and didn't believe I would live a normal life afterwards. After my operation the nurses told me I would be fine, and be changing the bag myself in no time; I didn't believe them I couldn't see how it would get better. After I left hospital, I joined the BCA (now the CA) so that I could get advice from people who had been through the same as me; I decided to call my stoma 'Stan' as I had heard naming your stoma made it easier to accept.

The first few weeks were hard as my bag didn't fit properly so it leaked and I would get blisters; I finally got a bag that was a better fit and the leaking stopped. I had managed to get into a routine and was amazed at how much easier it became to live with my stoma. At first I was embarrassed about it and then I realised it was part of me now and people would just have to get used to it, so now I am really open about my colostomy and wear my BCA wristband everyday. I have a bag I keep all my stoma stuff in, and because of the position of the stoma I cannot wear hipster trousers but apart from that nobody would know the difference.

As it had been such a tough year my parents decided to book a holiday to Walt Disney world in Florida; I was really excited but also really nervous, flying 10 hours across the Atlantic Ocean was not my idea of fun anyway. What if I didn't feel well or my stoma was playing up ? What about a bag change in a aeroplane toilet with turbulence, this was enough to put me off.

The air pressure worried me as I had visions of my pouch blowing up, (I could just imagine it; and it wasn't a pretty sight). I spent months trying to forget about my holiday because I was worried about the flight and doing bag changes in different places as I had only ever changed at home. When I only had a month to go we started getting my stoma stuff ready to ensure we had everything I needed. I rang the Colostomy Association who were really amazing: they reassured me that my bag would not blow up (which was a relief to hear) and roughly how many bags to take and to spread them across all the suitcases in case one went missing. I felt a lot better after talking through my concerns with someone who could understand and had been through the same situation. All pouches counted we ended up taking 300 for three weeks (better safe than sorry) we spread them across the cases - and in our hand luggage, just in case we lost all the cases very unlikely but you never know!!

In addition I took an extra little bag with my stoma stuff inside (bags cut to size) and scissors packed away as you are not permitted them on board. I had a travel certificate and letter from my SCN just in case security checked our bags or did a body check.

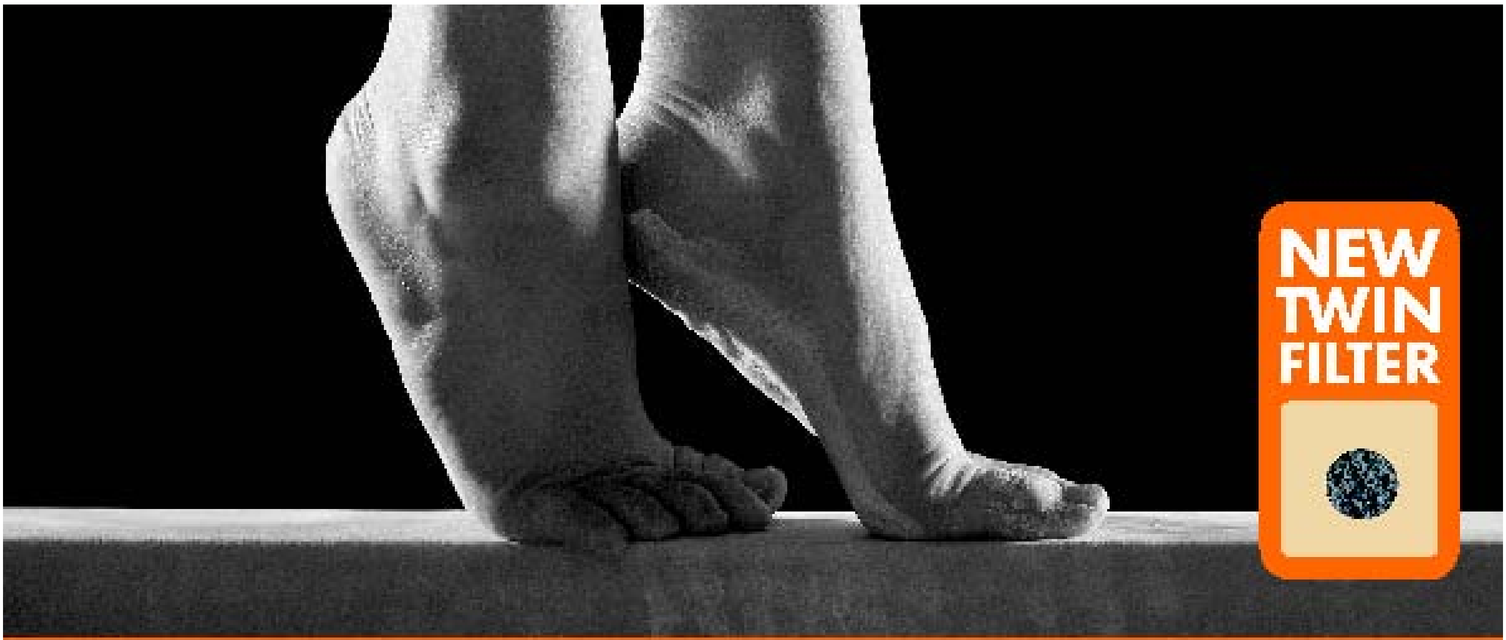
We got onto the plane and I started to feel nervous again, we took off and I was sat waiting for my stomach to feel strange, but it didn't and my bag didn't blow up, I was surprised as it was just like flying without a stoma. Halfway through the flight I needed to change my bag, mum came with me to help, as the toilets were very small. I spoke with the flight attendant and explained that I had a colostomy and needed to change and could he ensure no one tried to come to the toilets, as we could then leave open the door for a bit more room. He did not mind at all and was very kind and pulled the curtain across the entire galley and waited outside so no one came in; this gave us much needed extra space to manage a change and still have privacy. The rest of the flight went smoothly and it was great to think we'd managed when we landed; I was allowed assistance at the airport because of my other health problems which was really great because we got through security first. We had my travel certificate and letter ready but did not need to use them.

Then, we collected our luggage (none missing) and headed for our hotel. We were staying on Disney property, we had stayed there before and had found it much easier with the transport.

Dealing with my stoma once I had arrived was really easy the same as for the plane, scissors are not allowed in the Disney parks; so you have to have plenty of pre-cut bags. When you get to the entrance you have to go through a bag check point, I held mine open to show them I had nothing to hide and told them the contents was medical, they just gave me it back.

The park is great, it was very exciting when you spot the characters or catch your first glimpse of the castle. You definitely need to have your camera and autograph book ready at all times. I found there were plenty of disabled toilets and if you asked a cast member they were happy to direct you to the closest. Also I have a special diet, so eating out is always a challenge, yet in Disney you can tell your chef you have special dietary needs and they will cook you a special meal, even the ice cream can be dairy free if you require. As I have to use a wheelchair there is a special area to sit to watch the parade, so people are not blocking the view and to add to the magic I felt equal to everyone else there more than I do at home. We have booked to return as it's so magical.

Rhiannon Beckett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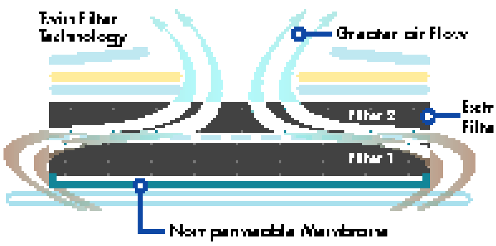

Twin Filter Technology
Greater air Flow
Filter 2
Extra Filter
Filter 1
Non permeable Membrane

Dear Nurse...

Julie Rust, Clinical Nurse Specialist in Stoma Care at the University Hospital of North Staffordshire

Q: ***I have had my colostomy since 2001 and I use Immodium, a couple of times a week in order to slow things down. It is a lifestyle choice as it is handy for long car journeys or if I am going out in the evening. I have no other health problems and my stoma works fine. My Stoma Care Nurse is unhappy that I am use medication to control my output, whereas my GP is happy for me to use it. Are there any long term or harmful side- effects of that I should be aware of ?***

A: Many patients control their stomal output with diet alone but there are a small group of patients who use medication such as Immodium or Codeine Phosphate to slow down the stool. Many patients use these substances for many years with no long term side effects. However as I am sure you are aware you need to ensure that by using Immodium you do not become constipated and then rely on laxatives to start the bowel working again.

Q: ***I had an operation in September 2005 for repair of incision hernia and re-siting my Colostomy due to a parastomal hernia. My Colostomy is now on the other side.***

My problem now is that I have now noticed staples coming up under the skin around my stoma and they are very painful when the stoma function is going in and out. They show up on x-rays, but because you cannot see them my consultant will not remove them, he gave me Paracetamol for the pain. The stoma nurse can't do anything because the staples have turned upside down and going into the stoma. What can I do?

A: I'm afraid I cannot give you any further advice regarding this problem. If your stoma care nurse is unable to see the staples because they are under the skin then the only way to remove them is with a small surgical procedure which your surgeon would need to perform. It may be worth arranging to see the consultant again and ask the stoma care nurse to be present to help you to put forward your case.

Q: ***Following a bowel perforation in Oct 2004 I had a Colostomy formed. Apart from a few initial problems I soon coped well, until I developed a Parastomal hernia which my stoma nurse described as "impressive" and arranged for me to have supportive underwear.***

Wearing this support causes problems however because the pressure of the garment prevents the pouch from functioning properly and the bowel output finds the weakest point-the adhesive backing with inevitable results.

I was given a garment with a hole for the pouch to be pulled through, but this was so uncomfortable as the edge of the hole pressed down on the stoma so I gave up.

I avoid putting the garment on until bowel movement has occurred, usually late morning which works well unless I have to go out when difficulties have occurred,

My physical condition precludes surgery for hernia repair and stoma reversal. My consultant says I've

Dear Nurse...

already had twenty of my nine lives so I'm hoping there's a solution possible.

Things are further exacerbated as I shall be on haemodialysis by the end of the year care of renal failure, so the thought of travelling to and from the dialysis unit with a Colostomy problem is a nightmare. I also understand that once on dialysis my daily fluid intake is limited to 1 Litre and I wonder how this will affect my stoma function. Thanking you in anticipation.

A: I'm sorry to hear you have been having problems with your abdominal support. The discomfort may be due to an ill fitting support and it may be that you need to revisit the company which provided the garment to explain the problems you have been having. They may then be able to alter the support so that it fits better and allows the motion to pass into the bag without any discomfort or problem. Since your physical condition in general prevents further surgical intervention to repair the hernia it is worth persevering with the abdominal support or revisiting your stoma care nurse to see if she has any other ideas such as the SASH belt.

I am unsure what your dialysis unit advises as regards your fluid intake whilst on dialysis but if you find the input is restricted you may find that your stomal output becomes more constipated. It would be worth discussing this in detail with the dialysis nurse specialist at your own hospital.

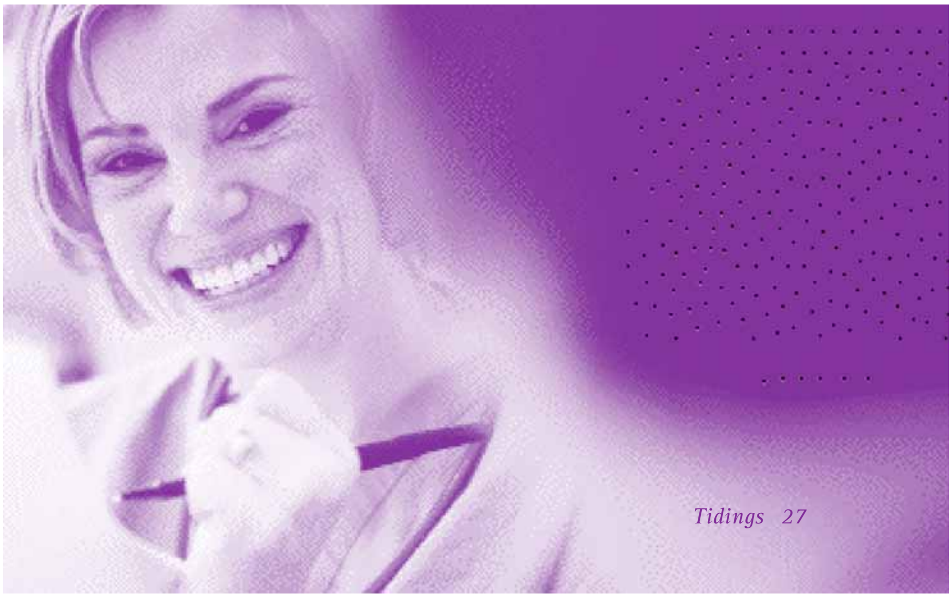
Q: I have had a Urostomy since 2004 and have recently developed a parastomal hernia.

Although it is not painful it is now approximately six inches in diameter and becoming an embarrassment. Until it becomes painful my Consultant is reluctant to repair it, but I feel it should be repaired as it is becoming larger. Re-siting is out of the question as I also have a Colostomy, I am 76 years old.

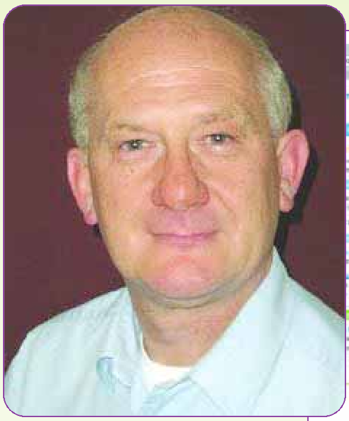
I would welcome advice please. To repair or not to repair that is the question.

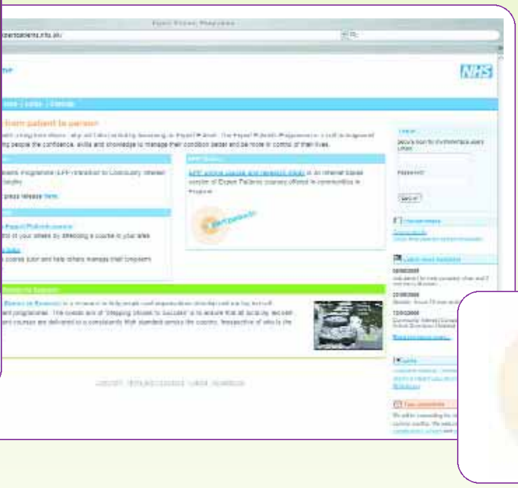
A: I would suggest you visit your stoma care nurse for advice regarding the provision of an abdominal support. Although this will not repair the hernia it can help to reduce the discomfort often associated with these problems. An abdominal support can be arranged in several strengths depending on the size of the hernia, from light weight to heavy weight. The heavier the support the more support it will give. They can also be made with one or two holes in so that it does not stop the stomas working. The support is usually put on in the morning and worn all day but is then removed at night.

Surgeons are often reluctant to repair these hernias because of the potential problems involved in the surgery. Often the only choice is to re-site the stoma but as you already have a colostomy this would not be an option. If you are still concerned it may be worth discussing the reasons for not performing the surgery to repair the hernia with you consultant. This would help you to understand why the consultant is reluctant to offer you the surgery.



The Expert Patient Programme...EPP





To find out more visit the EPP website: http://www.expertpatients.nhs.uk

In general, living with a stoma should not be regarded as a long term illness or disability. However, everyone is different and not all operations or stomas are quite so straightforward. Lack of self-esteem, poor body image, coping with a hernia or dealing with chronic pain, are just a few examples where more help is needed and the Expert Patients programme (EPP) could be the answer. A person becomes an Expert Patient by learning self-managing skills which helps them to take control of their condition. The EPP is a NHS-based training programme that gives people the confidence, skills and knowledge to manage their condition better and be more in control of their lives.

This programme was set up in April 2002, as a result of research gathered in the past 20 years from the US and UK. The research found that people living with chronic illnesses are often in the best position to know what they need in managing their own condition. *Doctors who take care of patients with long-term chronic illness often say "my patients understand their condition better than I do".* Many patients are indeed experts in their own right for they have gained the life skills to cope with a chronic condition, and there is increasing evidence that patients - with proper support - can take a lead in 'self-managing' their conditions.

The EPP is one among a range of new policies and initiatives to modernise the NHS and to emphasise the importance of the patient in the design and delivery of services. Fundamental changes are taking place to empower patients, recognise that patients and professionals each have their own area of knowledge and expertise and need to work together.

This vision for a new patient-centred NHS reflects the changes in diseases. Diseases such as cancer, heart disease, stroke diabetes, MS, asthma and arthritis can and do kill - but more often these are conditions that people have throughout their lives and into old age.

Features of the Training course

The EPP course is based upon the Chronic Disease Self-Management Program (CDSMP) developed and researched in the US.

The programme recognises that people with all kinds of long-term conditions are dealing with similar issues on a daily basis. These include pain management, stress, low self-image and the development of coping skills.

The course is run over six consecutive weekly sessions of 2 1/2 hours each week. Every week, two volunteer tutors lead eight - sixteen participants through structured course material delivered from a scripted manual covering topics such as relaxation, diet, exercise, fatigue, breaking the symptom cycle, managing pain and medication, and communication with health care professionals. Participants on the course use a course manual called "Living a Healthy Life with Chronic Conditions".

How much do you hope to save the NHS in terms of doctors' time/ resources/hospital appointments etc?

You benefit and so will the NHS too

As a result of the EPP, the NHS expects Expert Patients (who have successfully managed their conditions) to make around 40% fewer visits to their GPs and 17% fewer visits to outpatient clinics. They also anticipate 50% reductions in length of stay in hospital, and days off work because of sickness.
However, the NHS stresses that the purpose of this programme is not just to save money. The prime objective is to provide people who are living with a long-term condition, and want to gain a greater measure of control over their lives; the means to do so.

'Looking After Me' - A course for Carers

Looking After Me is a free course for adults who care for someone living with a long-term health condition or disability. The course is about the Carer making time to look after their own health needs and help them to take more control of the situation and make a difference to their life.

This course looks at:
- relaxation techniques
- dealing with tiredness
- exercise
- healthy eating
- coping with depression
- communicating with family, friends and professionals
- planning for the future

Get involved...

There are many ways you can get involved with the Expert Patients Programme.

Why not become an Expert Patient, course tutor or participate in research.

To find out more visit the EPP website:
http://www.expertpatients.nhs.uk
or contact your local Primary Care Trust for more information.

Update: Scotland 1st April 2006

Essentially the changes that became effective from the 1st April are:

- The choice of using a Supply Company or Pharmacist is down to the Ostomate and not the GP or other medical professional.
- The same money is paid to supply companies & Pharmacies, therefore Pharmacies in Scotland must give the same level of service as Supply Companies
- Only NHS Stoma Care Nurses can be used

We have already encountered a number of drawbacks and have informed the Scottish Executive. Here are some other examples of failure in the new system:

- Payments for delivery are a 'per line item' basis – i.e. £13 per item on each prescription – so a box of pouches cost £13 to deliver but accessories such as deodorants also cost £13 to deliver!
- An ostomate asked his doctor's surgery to send all stoma related prescriptions to his chosen supply company but unfortunately the surgery sent the prescription to a pharmacy instead. The patient was then told that he had to collect his appliances from the pharmacy. But what made his situation more difficult was, on receiving his supplies, he found the flanges had not been cut to size because no instructions had been placed on the prescription. On returning the flanges to the pharmacist, he was told that the pharmacist could not cut the flanges and that all the boxes would have to be returned to the manufacturer for cutting and that would take weeks.
- A lady who had been using a home delivery service for several years was told that as of April 1st she would have to get her supplies from the pharmacist or the local heath centre because home delivery was too expensive.
- A person with a stoma who had requested a deodorant spray was told that it was no longer the practice policy to prescribe deodorant sprays and where patients desired to use these, an ordinary household spray should be used.

The Scottish Executive are keen to monitor the effectiveness of the new arrangements and have positively responded to our information. As a result they have informed all Scottish Health Boards of the correct procedures.

Update: Department of Health - the winds of change blow over England

- This was the front page cover for Tiding Issue 1, March 2006. The Department of Health issued a 41 page document, in October 2005. Result? Your choice of products and services could seriously be affected
- The current payment system to Manufacturers/Supply Companies in England is 20 years old
- The Department of Health have a mission to make savings of £270m throughout the NHS, they have employed consultants Deloitte to help identify value for money savings
- The DH indicated a notional implementation date of 1st April 2007.

Since then the three Patient Associations – the CA, the *ia* and the UA have had meetings with the Commercial Directorate and personnel from Deloitte at the DH, in London.

The DH stated that because of the reaction to their consultation document from the thousands of patients, all three Patient Associations, are to be consulted at every stage of the review process. Nursing organisations would also be involved too, as they have a crucial role and can understand the implications of any proposed changes.

At one meeting we were presented with a list of services currently provided, examples are:

- 48 hour delivery,
- Post discharge nursing visits
- Flange cutting services
- Mail order delivery
- Provision of free disposal bags and wipes
- Support Garment measuring/fitting
- Telephone careline service,
- Education programmes in residential homes
- Home visits
- Full patient prescribing records
- Holiday delivery service
- Quarterly prescription frequency audits

The DH asked for our opinions on the importance of each of the services listed. We saw this as an attempt to rank or categorise the services currently available but the DH were insistent that this was not the case. However, they did suggest the concept that there could be several tiers of service and patients could be free to choose the most suitable tier. We could immediately see the main disadvantage – would the process of choice, be really down to the patient? It would be likely that this choice would be that of the GP or a medical professional and that they could be reluctant to recommend the top tier service to patients because of the costs. We suggested that the nurse specialists would be in a better position to assist with the levels of service required since they see all patients at some stage.

So far, the DH has been concentrating on the Service element of stoma appliances. Later in the year they will be focusing on item pricing; currently, a box of 30 Stoma bags cost the NHS about £100 and typically ostomates use three a day – that's an average of £3,600 each year just for stoma bags and excludes accessories such as barrier creams and deodorants.

There are plans for a further consultation with the Patient Associations before anything is published on the Department of Health website: http://www.dh.gov.uk, which we will keep you informed in future editions of ***Tidings.***

Glenda Simmons...

A New Lease of Life!

My name is Glenda and I had my Colostomy done 13th December 2005. My Colostomy wasn't for reasons of Cancer but for chronic constipation of many years standing which eventually would not respond to any treatment whatsoever together with faecal incontinence due to damage from giving birth to three big heavy babies some 30 years ago. It is the best thing I've ever had done and has really given me a new lease of life!

Having suffered all my life from annoying constipation which was so much worse during pregnancy, after having three big heavy babies (8lb 2ozs, 9lb 8ozs and 8lb. 10ozs) during which deliveries I tore each time, I discovered to my horror that I suffered bowel incontinence during sexual intercourse. As a young mum and wife, I was horrified, terrified and totally mystified. The thought at that time of telling my GP seemed unthinkable and I embarked on checking through every medical book I could lay my hands on and every agony column in every woman's magazine I could find, looking to see if there anyone else like me?' The answer was always NO.

At first I had thought it was just a mistake, a one off, but it became evident that this was now an ongoing occurrence over which I had no control. Everywhere I looked there was no information and the worry finally took its toll and I made myself ill with anxiety to the point where my GP was treating me with antidepressants and tranquilizers even though I knew what was causing the anxiety, I just could not bring myself to tell the GP. After all, having found no information, I felt like a freak, I didn't know what language to use to a health professional and wondered if I would even be believed!

Eventually I broke down in tears to a thankfully very understanding Health Visitor who was dealing with hearing problems for my youngest child. She kindly acted as mediator for me in my embarrassment and took the problem to my GP, who was indeed, very kind and sympathetic. As I was suffering a recurring femoral hernia with complications due to infection. My GP referred me to the Royal London Hospital in Whitechapel where he had himself trained, and he enlisted their help in dealing with the faecal incontinence (FI for short). I had various tests done at St Mark's Hospital, then in Islington, London, and finally had a Post Anal Repair in 1984 which sadly did not correct the problem, and indeed made me bowel incontinent during the day at times when the constipation was bad. Apparently this operation is rarely performed nowadays.

I struggled on alone for some 16 years coping with the constipation and faecal incontinence by juggling food, fibre and laxatives, when suddenly and without any seeming cause, at the age of 50 the FI went out of all control. Having bowel incontinence 10 to 12 times a day when trying to hold down a full time job is almost impossible, very frustrating and quite debilitating. I happened to mention to my Gynaecologist that the only means of controlling my bowel incontinence was to do manual evacuations all day long to enable me to continue to work, but he was shocked at what I was putting up with and referred me immediately back to St Mark's Hospital who had arranged the Post Anal Repair many years earlier.

I attended at St Mark's, now moved from Islington to Harrow, which is nearer to my home, I tried every medicine and exercise that was offered, all to no avail. I then tried an electric pump anally to do enemas, and then moved on to using manual Phosphate enemas 4 or 5 times a week for the next 2 years in order to avoid being incontinent. Each enema would give about 24 hours free from incontinence.

Eventually I had a PEC (Percutaneous Endoscopic Colostomy) procedure done which puts a small PEG tube into the sigmoid colon through which I performed bowel washouts every morning and at first this seemed an ideal solution as I was so aghast at the thought of a total Colostomy. I saw several Stoma Nurses who were advising a Colostomy and even went for a second opinion at the John Radcliffe Hospital in Oxford, but I still couldn't come to terms with having a Colostomy, it seemed so final and rather drastic. Eventually the PEC tube suffered so many infections and abscesses and eventually developed a huge hernia around it making irrigation so terribly painful, that I had no option but to seriously consider the Colostomy.

It took me 7 months or more to come to terms with having to 'choose' to take this course of action. I found it so difficult, after all, if you have a very serious life threatening illness, there is no choice involved, other than you will probably die if you do not have the surgery done. It's not like that without actual disease being present, and it makes it very difficult to actually have to want to take that final step.

I got a call from the local Hospital on 1st December asking me to go in on 12th and operation to be done on 13th. This was it – it had to be done!! Everything went brilliantly, and my surgeon was fantastic in removing the tube, repairing a really huge hernia and forming the Colostomy, all through a small, neat 2" inch cut. I've managed to lose 4 stone in weight during the past year to help the surgery, I feel fantastic in myself, full of energy with a much improved quality of life than I ever had before and I've had only minimal problems with things like pancaking and ballooning, but nothing that isn't fairly easily overcome. I have received fantastic support from both Prof. Christine Norton at St Mark's and my Stoma Nurses at Wycombe General, I don't know what I would have done without them all. I still suffer from constipation so my stoma has been named Roger Rabbit because of its output, so now his name is just shortened to 'Roger'. Fortunately my diet foods contain sweeteners which act as a laxative and help to keep Roger moving!!

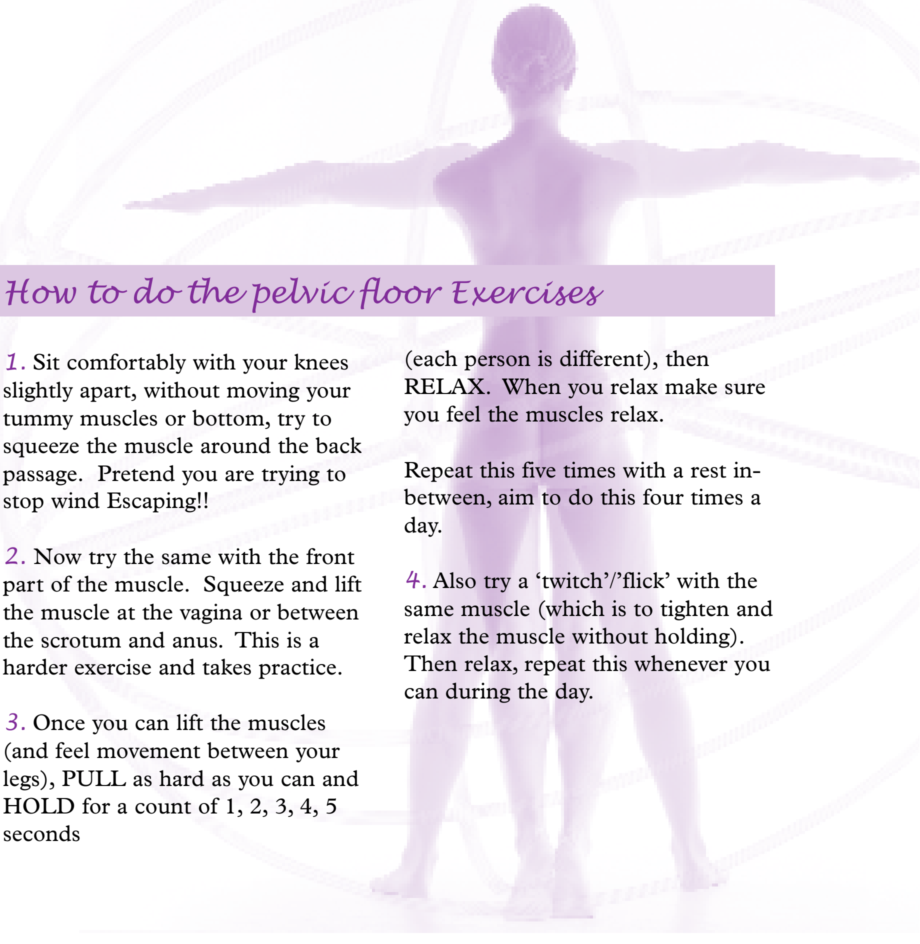
My surgeon Mr. Christopher Gatzen at Wycombe General Hospital together with Prof. Christine Norton who was my Specialist Nurse at St Mark's, both said I would wish that I'd had the Colostomy done a long time before now, and of course I can see that they were right all along!! As they say - hindsight is a wonderful thing.

I must say I was devastated to discover that the BCA was forced to close just as I was about to go ahead with my Colostomy and am very thankful to the new CA for being there to help. The Tidings magazine with all its information, advice and reading what has happened to others and how they cope has been an immense help to me, and perhaps one day I will be able to offer help to others. Sometimes when you have a Colostomy for reasons other than Cancer, I find that you can sometimes feel a little bit of an 'outsider', obviously it is easier to get over major surgery when you are not fighting a serious disease as well, however the problems you come up against are all similar and much can be gained from sharing experiences with others who are able to offer tips and advice from which you gain strength in knowledge and support.

I now look forward to enjoying my 4 grandchildren Tom 7, Rebecca 4, Abigail 6 and Isobel 2, I can get back to doing my hobby of astronomy, my gardening and putting more into the Incontact Support Group (see www.incontact.org) I run at St Mark's Hospital for people affected by Bowel Incontinence. I've been able to book a holiday with my husband Richard without any worries of incontinence to ruin things this time and am able to go to a David Essex Concert at our local Theatre, which is something I would have shied away from in the past.
Yes - life is great after a Colostomy.

*By Glenda Simmons,
High Wycombe, Bucks*

Pelvic Floor Control after Temporary Stoma Formation



The muscles that are found in the lower abdomen are important in controlling the normal bowel action of faeces out through the bottom (anus).

When a temporary stoma has been formed the anal muscle and the pelvic floor muscles are not used for several months.

If the muscles are not exercised then it is possible that regaining control of your bowel after reversal of the stoma may prove difficult.

Therefore try to follow these simple exercises over the coming months to aid a smooth return to normal bowel function once you have had the stoma reversed.

Some people also find that they may experience a feeling of fullness in their rectum after the formation of a temporary stoma. This is normal. Some people will pass a clear or lightly stained jelly (mucus), others may pass some faeces. These simple exercises will aid the passing of this and help to keep the bottom muscles toned.

*By Sheila Lambourne,
Volunteer, Dorset*

How to do the pelvic floor Exercises

1. Sit comfortably with your knees slightly apart, without moving your tummy muscles or bottom, try to squeeze the muscle around the back passage. Pretend you are trying to stop wind Escaping!!

2. Now try the same with the front part of the muscle. Squeeze and lift the muscle at the vagina or between the scrotum and anus. This is a harder exercise and takes practice.

3. Once you can lift the muscles (and feel movement between your legs), PULL as hard as you can and HOLD for a count of 1, 2, 3, 4, 5 seconds (each person is different), then RELAX. When you relax make sure you feel the muscles relax.

Repeat this five times with a rest in-between, aim to do this four times a day.

4. Also try a 'twitch'/'flick' with the same muscle (which is to tighten and relax the muscle without holding). Then relax, repeat this whenever you can during the day.

A Solemn Promise

By Ed Scott

"After my wife's return from hospital, her self-confidence was a bit dented by one aspect that caused her concern - this was the fear of odour. I made a solemn pledge to her that I would always tell her if I was able to notice anything".

When I first met my wife in 1956 I realised she had many personal attributes; good sense of humour (well she laughed at my jokes), kind nature (she was always helpful to people and did charity work), loving (of course), loved and liked by family and friends, and very sensible (always able to make good decisions – well she married me!). This is not to say that she could not be as vulnerable as the next person, she was certainly not hard, bossy or without feelings. The sensible and practical attitude came through many times in later years, initially with not a lot of cash to keep house, then three children. On one occasion a nearby farmer gave her a sheep's head – the whole thing! She cleaned and prepared it from scratch and made sheep's head broth. Not many young women could have done that. On another occasion a group of people stood around watching a blue tit in its death throws after hitting a glass window, she stepped forward to put it out of its misery, and came away with tears in her eyes, but she knew what to do and did it. This is said, not to present her as a paragon of virtue, but to indicate that a colostomy can, and probably will, have some an effect on the strongest and most practical of us.

When she returned home from the hospital after her colostomy operation this normally strong woman needed to come to terms with her new way of living. She got on with all the practicalities of dealing with a stoma in a very matter of fact fashion - yet her self-confidence was a bit dented by one aspect that caused her concern. This was the fear of odour. I made a solemn pledge to her that I would always tell her if I was able to notice anything. That was twenty years ago during which time I have needed to mention it only once. I like to think that she has relied on me in this respect and it may just have helped a little bit. To be honest I do not think odour is an issue for the bathroom (though everyone is different), but having good and fast ventilation in the house is a great boost for confidence - and that is always an issue.

Ventilation: The Technical Aspects...

At a more technical level my wife was also concerned for odour around the bathroom (maybe the whole house). I therefore installed an upgraded extraction fan. It is a little noisier than the original but she can be confident that the room is purged. (There are quieter versions available now.)

There are building regulations to cover ventilation in houses that includes specifically the kitchen and bathroom. A prime aim of the regulation is to control condensation, cooking and other smells in addition to creating a healthier environment. A new regulation for ventilation is Building Regulations Document F with which all new houses built after April will need to comply.

The old regulation gave only minimum standards and allowed various alternatives. The new regulation has taken a more realistic view of actual conditions and performance of extractors. It specifies that for a 1,2,3,4, and 5 bedroom house the ventilation for the whole building should be 13, 17, 21, 25 and 29 litres of air per second. So far as the bathroom is concerned this new regulation specifies the minimum extraction rate as 15 litres of air per second. There is no minimum size for a bathroom window. An opening window provides for what is referred to as 'rapid ventilation'. For background ventilation if a window is installed there can be an additional 4000sq mm (a sliding slot vent usually found above double glazed units). The problem with relying on a window is of course a gusting wind, rain and cold. If no window is fitted, an extractor fan of at least 15 litre per second should be fitted, and it should have a 15 min overrun (30 min for an internal toilet) Clearly the air that is exhausted by the extractor must come from somewhere and a gap of 10 mm is specified under the door.

Existing houses will not be affected by the new Regulation but the figures give a good guide to what is required for good ventilation. The Ventaxia VA 100 range of extractor fans exceeds the minimum regulation requirement of 15 l/sec and provides for more than 24 l/sec.

In our case I did not have a timer fitted for the overrun period which means that the fan can be left on for as long as necessary. The down side is that the cost of extractor units and their installation are not cheap.

For more information on building regulations visit; www.odpn.gov.uk

Profile: Beryl Goddard

Beryl Goddard
Support Group Co-ordinator

Some of you will remember me from previous articles I have written. I was born with an imperforate anus, resulting in having a colostomy at five years of age. That was 46 years ago and at the time there was very little help around, no stoma nurses, and the BCA had yet to be formed.

Many years later, I took my two young children, to a manufacturer's open day at Brands Hatch. It was there that I first came in to contact with a BCA representative, Pat Ottley (who still is a volunteer). It was very interesting and reassuring to meet a fellow ostomate, who could understand and share experiences – we particularly talked about irrigation and support garments.

About four years ago the nurses who ran my local support group at the time, were unable to continue and asked for a committee to be formed. I offered to assist and have been a committee member ever since. In 2004, I met another BCA volunteer, Jackie Dudley, at my support group. Jackie asked me if I would like to write an article for Tidings and consider also becoming a volunteer. I gladly agreed and attended an induction day at the Head Office in Reading which I found very useful as it helped me to listen and talk to new ostomates, with more confidence. Last year, having worked for my local NHS hospital for 11 years, the work had become too heavy after having had surgery for a hernia and prolapse and I had to consider a career change. Around this time the BCA had to close and the new C A was formed. I offered my services to help out in a voluntary capacity in the office. After a few weeks I was delighted to be offered a more responsible role, helping man the help line, coordinating some of the open days and coffee mornings held by the suppliers and manufactures, and lastly updating our records of support groups
.

It has been a very rewarding but challenging time. My computer skills were lacking so with the help of the team at Head Office these have improved. I have also attended a telephone helpline course in London, which I have found invaluable and had given me that extra bit of confidence.

Since joining I have realised how dedicated all the people working for the C A, either as a volunteer or staff. They put so much effort into helping us, the ostomate, by finding the most relevant information that helps us with our day to day lives, whether it is travel insurance or travel certificates or diet information, they are a wealth of knowledge.

I thoroughly enjoy my new job and value the new friends I have made, both in the office and out. My contact with the volunteers has been very interesting as I never realised how devoted they all are, by giving up their time to attend suppliers and manufactures open days, coffee morning and road shows etc. Some of these volunteers also give up their evenings and weekends to man the help line so that when anyone needs advice or support there is someone willing to help them 24hours a day, 7 days a week, 365 days a year.

Women have handbags so what do Men do ?

Madelaine May contacted us recently to tell us about her fabulous solution – the back pocket wallet. They are ideal for men as they are very neat and discreet, and fit neatly into trouser pockets. We were very impressed with the sample she sent us and thought they were an excellent idea.

The original wallet was designed to hold her daughters dinner card at school which created a lot of interest amongst the other children. Soon requests were flooding in for similar wallets. With the help of the local Job Centre, Madelaine set up a small business. She has had state funding for this as they believe her business and products will be a success.

By now, many pouches were being made for many different purposes. This was the case with a gentleman called Ray. His wife was battling with breast cancer when he was rushed into hospital with cancer as well. Shortly after, he had a colostomy. Ray was having a terrible time coming to terms with the operation and wouldn't venture out without his wife and his items in his bag. He approached Madelaine and asked her to make a discreet wallet that would be home to his emergency supply of items he needed to carry with him – colostomy bag, wipe and disposing sack. The wallet needed to fit in a standard trouser back pocket. Ray says, "The wallet that I now use on a daily basis has given me confidence, knowing I can contain all my requirements, safely and discretely, in what looks like a normal wallet that one would use for money, credit cards etc. It fits neatly in either my trouser or jacket pockets. It is rare that I venture anywhere without it and it has given me so much freedom when travelling, which I do on a regular basis. I am able to pack all my colostomy bags in my suitcase and I have my wallet to contain just what I need for the duration of the journey, be it by car or plane. It is amazing how it has enhanced my confidence".

It was at Rays' suggestion that Madelaine approached the CA, she cannot believe the difference it has made to his life, and feels proud that she was able to do so.

Finally, good news, Ray and his wife have now both been given the all clear

Wallets can be ordered either through the website www.guardianpouches.co.uk or by telephoning 01373 47321. Madelaine will donate50p to the Colostomy Association for every wallet sold.

Support Groups...
Drop in on your local Support Group

Bournemouth:

CUPID
Stoma Care Department (EO2)
Royal Bournemouth Hospital
Castle Lane East
Bournemouth

Pop-in sessions at Christchurch:
Tuesday -8th August
Tuesday-10th October
Tuesday-12 December
These are held on the above dates
From 2pm until 4pm at the
Howard Centre
Christchurch Hospital

Pop in Sessions at Broadstone

- Tuesday, 11th July
- Tuesday, 12th September
- Tuesday,7th November

These are held on the above dates
From 2.15pm until 4pm at the
Broadstone Methodist Church
David Jones Room
The Broadway
Broadstone

For more information contact
The Stoma care department on
01202-704813
Or Beryl Andrews (co-ordinator)
on 01202-483303
"An informal get together for patients, partners and friends for information share

Cheshire

Cestrian Support Group
For people with Stomas in
Chester and surrounding areas

Meets every three months,
next meeting
- Wednesday 5th July

at Cheshire View, Christleton

Please contact: David Burgham
01244 310461

Cornwall

Cornwall Support Group
"Optimists"
H.Q of the Cornwall Federation
of Women's Institute in Three
Milestone, in Truro
Business Park, near Matalan

- Monday 3rd July
- Monday 7th August
- Monday 4th September

Contact Sue Hatton
01326-340058

Devon

As you are probably aware CA only has postal members in Devon and Somerset and therefore Devon ia invites all ostomates and friends to their meetings. At recent stoma care Open Days at Taunton, Yeovil and Barnstaple I spoke to your representatives and took their names and addresses to send them our newsletters so that they know when our meetings are.

May I through Tidings issue an invitation to all colostomates in Devon and Somerset to the following meetings -

Devon ia
Serving Devon and South Somerset

- Wednesday 26th July 2006

Commencing at 12 noon
at the Village Hall, Monkton
Heathfield
Taunton

Refreshments and Product displays
Guest Speaker Dennis Corner MBE

Anyone with a stoma is welcome
to attend

- Saturday 9th September 2006

The Village Hall Willand
commencing at 12 noon

Refreshements and product display
Guest speaker. Anyone with a stoma
is welcome to attend

Pre-Christmas Meeting
- Saturday 25th November 2006

at 12 noon
At the Community Hall, Rydon
Road, Kingsteignton, Newton Abbot

Anyone with a stoma is welcome to attend

For more information contact
Secretary- Margaret Bond on
01392 44 73 74
e.mail: Bomarg10@aol.com

Margaret Bond
Secretary - Devon ia

Durham

Co Durham-Bishop Auckland
Stoma Care Group
The Annex, Escombe Road
Auckland
Thursday's Fortnightly pm

Contact
Betty: 01388-814535
Jen: 01325-311266
Brian: 01388-763684

Essex

Mid Essex Stoma Support
(M.E.S.S.)

Contact: Clive Blanchard
01245 468750
Or
clive.blanchard@btinternet.com

Surrey

Epsom and District
Stoma Support Group

Every 3rd Friday of the month
From 2pm to 4pm at
Epsom Hospital
For Tea and Friendship

For Further information contact
Nurse Specialists Sheena
Woodward or Jan Berry
On 01372 735 232

Support Groups...

Drop in on your local Support Group

Staffordshire

Outlook the North Staffs Ostomy Support Group

At the Quaker Meeting House,
Miller Street, Newcastle, Staffs

- Wednesday 20th September, at 7pm
- Wednesday 15th November (festive meeting), at 7pm

At all meeting there will be a manufacturer invited to display their products, a member of the Stoma Care Team and refreshments will be provided.

Contact 01782 324441
Ernie Hulme or Joan Brough
01782 710828

Kent

Bowel Cancer Support Group 'Southend beating bowel cancer (SBBC)

Every 3 months but times vary so contact for further information. (2 hours duration, generally with a visiting speaker, Social & public awareness events are planned)
The Freight House, Rochford
A bowel cancer support group

Contact: Jacquie Joels & Joanne Lealand 01702 221407

University Hospital North Tees Bowel Support Group (Semi Colon)

Bellingham Constitution Club Ltd
Wolviston Road
Bellingham Stockton on Tees
Every 6 Weeks, 7pm-9pm

Contact Mr G.W. Dickson

Nottinghamshire

Nottingham Colostomy, Ileostomy & Urostomy Support Group

.
Clinic 1, Queen Medical Centre
3rd Saturday every month,
10am-12pm

Contact:
Rosemary Brierley
0115-9826691

Middlesex

St Mark's Incontact
Bowel Control Support Group
"For people with less than perfect bowel control"
St Mark's Hospital Watford Road
Harrow Middx
Level 6 Lecture room 3, next meeting 1st July 1pm-4pm

Contact:
Glenda Simmons
01494-716559

Scotland

Stoma Care and Recovery (SCAR)

Meets every 2nd Tuesday of the month at Howard Park Hotel, Glasgow Rd, Kilmarnock, Scotland.

Contacts:
Maggie: 01560 600328
John: 01290 550551
Rhona: 01294 557478

Everyone welcome whether you are about to have an Ostomy or are an Ostomate or family/friends of an Ostomate. Support and information available

ST. MARK'S INCONTACT BOWEL CONTROL SUPPORT GROUP

BOWEL CONTROL PROBLEMS?
NEED SUPPORT AND FRIENDSHIP?

Professor Christine Norton, Nurse Consultant, at St Mark's Hospital & Burdett Institute of Gastrointestinal Nursing, King's College, will be speaking on the problems of Constipation and on Bio-Feedback Treatment.
There will also be a talk on Skin Care for Incontinence and a display of the 3m Product Range given by a 3m Representative

Come along to our meeting
In
St MARK'S HOSPITAL NORTHWICK PARK HOSPITAL
WATFORD ROAD, HARROW
MEDICAL EDUCATION CENTRE
LECTURE ROOM 3
LEVEL 6

On
Saturday 1st JULY 2006
1PM - 4PM

FOR MORE INFORMATION CONTACT
GLENDA ON 01494 716559
(Please call after 6p.m.) or e-mail to:
OR CALL
CHRISTINE NORTON ON 020 8235 4167

ASIAN CANCER SUPPORT GROUP
(North London)
Invites you to
Cancer Awareness Day

On Sunday 9th July 2006
10.30AM TILL 3.00PM

at
Masefield Suite
Harrow Leisure Centre
Christchurch Avenue
Harrow, Middlesex

Guest Speakers : 11.30AM & 2.00PM

You will have the opportunity to view presentations on different Cancers.
Information from various Cancer Charities and Cancer Service Providers
Talk of personal experience through their illness

All are welcome

For more information:

Call 07900 911 047 or
Email - cancer@oewa.org.uk
www.oewa.org.uk

"You have a right to quality life"

Editing Team
Celia Waters,
Jo Mckenzie, Gill Herbert
and Beryl Goddard

Readers Writes

Dear Tidings

A kick in the teeth or a life saver?

After being treated for constipation for a few months – wrongly but understandably attributed to the large doses of pain killers that I was taking – I was admitted to hospital on 5th August 2005 as an emergency in great pain from a swelling in my abdomen. Within a few hours I was in theatre for investigation of 'something that should not be there'!

In the high dependency unit for recovery I was out of it for a day or so – in a lot of pain and very sick – and with a railway line of staples down my tum. I also had what I first assumed were two drains.

When the surgeon came to see me I discovered that one of my 'drains' was in fact a stoma and that I had been suffering with a bowel abscess that had perforated. My first reaction to the news of my stoma was total shock – my actual words being, 'What a kick in the teeth'. The specialist went on to explain the 'mechanics' of a colostomy and, as more details emerged of my time in theatre it began to dawn on me how lucky I had been to be treated so promptly and by such brilliant people. I had suffered toxic shock and renal failure during my op and it had been touch and go for a time – (their words not mine).

I feel really sorry at my first reaction which must have seemed really ungrateful but I was so totally unprepared for the new arrival that I could not help myself.

I still have low days when I feel that I could well do without the obvious inconvenience of a stoma, now confirmed as 'inadvisable to reverse', but as I gain more confidence and have learned about different items of equipment my outlook has changed for the better. This is due to the help and advice that I continue to gain from a variety of sources not least of which is 'Tidings' and the contacts I have made as a result of information in your excellent publication

Best wishes and thanks
Jim Colclough

Dear Editor

The work carried out by yourselves is priceless so I am sure you will get a good response (to requests for funds). I have had a permanent stoma now for coming up to two years and realise what some people are going through. I have to say that I thought it would be worse, but I now have no problems pursuing my golf as I now irrigate rather than rely on bags, as I used to have to dash in and out of the trees if I needed to change a bag plus all the bending, so things could be much worse.
Pass my thanks to your team and good luck.

Yours sincerely
DB Marshall

Dear Editor

I must write to thank you for the Spring 2006 magazine I have found it most helpful, the 'tips' especially. I had my colostomy operation on June 7th 2005, I am 91 years of age. I shall be very pleased to receive further issues in due time.

Thanking you
most sincerely
Betty Evans

Dear Friends

Thank you for your letter along with the magazine, Tidings, both of which I enjoyed.
At 79 years of age, it came as a shock to be told I had bowel cancer, however the treatment and operation were successful and I am now a colostomate. I might add that the people at Blackburn and Preston hospitals were fantastic and did a marvellous role from start to finish, they started treatment in August 2005, surgery Dec 2005 home end Jan 2006. I cannot praise them too highly. Up to the time of receiving your magazine tidings, I was feeling a bit sorry for myself, but I now realise that there are so many like me, who are getting on with enjoying life.
It was comforting to read of the times other people had had, and how they were coping. My family have been most supportive and my wife has been an absolute treasure. There is so much information in Tidings that is most useful.
I hope you will accept me as a friend, a donation is enclosed.

Yours truly
BMr R White

Dear Editor

I received the last issue of British Colostomy Association, but which is now sadly no more. I am an OAP with a fixed income but am never the less anxious to support the new born Colostomy Association.

I have had a colostomy myself for 20 months, and realise that it is for the rest of my life for me! But with your magazine's quality of presentations, and the way other people write about their experiences with having to accept a colostomy, it makes me feel not so alone.
I wish our new organisation the best of luck and together we can all look forward to a confident future.

John Wheeler

Dear CA

I was puzzled to read in your last magazine about people worrying about having to reduce the number of pouches they use. In an effort to reduce the amount of plastic going into my bin I devised a system which works well for me. In fact I only throw away about five pouches a week. I use drainable ones and rotate three actually in use at any one time. Each time there is anything in the pouch, I tip it down the loo, wash the bag out in the flush of the loo, put it in the airing cupboard to dry and use a dry one that has been hanging there since the previous operation.

I have always wondered what people did with closed bags, since it is not easy to see how they empty them at any stage.

Even away from home my system works fine but I do need a flush toilet. I just carry a clean bag and a plastic bag, repeating the performance but taking the washed bag home for drying.

I do understand that different bowel habits may affect people's system of operation, but mine works for me.

Yours sincerely
J Forbes

Thank you for all your letters,
we do enjoy reading them.
Please keep them coming...ED.

Mini-Scones with Mascarpone and Strawberries...

Preparation Time 20 mins,
Cooking: 15 mins
Eating: Moments

Ingredients:
20 Scones, mini-sized
150 ml mascarpone
1 punnet of strawberries
50g icing sugar

Method:
1.Using your favourite scone recipe, bake small bite size scones.

2.When cool, split and fill each one with a generous layer of mascarpone and a thick slice or slices of strawberry that fit in to the scone.

3.Dust with plenty of icing sugar and serve.

Strawberries...

What would the British summer be without the delicious strawberry? This succulent and fragrant fruit symbolises our summer days and has been closely associated with the Wimbledon tennis fortnight.

Strawberries are very healthy to eat, as they are rich in vitamin C, a good source of folic acid and high in fibre. Did you know that eight strawberries contain as much vitamin C as an orange but are only 50 calories per serving? As well as significant amounts of vitamin C and folic acid, strawberries are also a source of vitamins B5 and B6, vitamin K and manganese, potassium, riboflavin, copper, magnesium and omega-3 fatty acids.

Strawberries were seen as a healthy food as long ago as 200BC, when the Romans cultivated them for their medicinal qualities. The Romans thought the strawberry could help to relieve depression, infection and fevers, as well as ailments of the kidneys, liver and blood.

Nowadays, Scientists have found that strawberries are full of flavonoids, which is why they have that lovely red colour. Flavonoids have been reported to have antiviral, anti-allergic, anti-platelet, anti-inflammatory, anti-tumor and antioxidant properties. It is now known that antioxidants are an important part of a healthy diet, since the (antioxidants) are thought to reduce the damage done by free radicals. These are elements that can damage the cells in the body, which could play a part in the formation of many kinds of cancer cells. This is just another good reason to include strawberries in your diet whenever you can.

Did you know that grinding fresh black pepper over your strawberries brings out their flavour? In addition, did you know, popping a fresh strawberry into a glass of sparkling wine not only makes the drink look pretty but enhances the flavour of the wine.

We hope you enjoy your strawberries, have good health and a lovely Summer - another punnet anyone?

Jo McKenzie

Poets Corner…

Being an Ostomist means being Optomistic

At first I cursed this stoma
And all the hassle it involved
But due to brilliant
Stoma Nurses
My problems are
quickly solved

It was no fun changing
the duvet
Some mornings about 2am
But the nurses resized the hole
And I could rest assured again

Portsmouth Stoma Clinic staff
Are caring efficient and kind
They helped me cope, when I’d
given up
And all I wanted, was to
poo from my behind!!

Together with the stories
in ‘Tidings’
The clinic helped me see
That no problem is
insurmountable
When one has a colostomy

So thanks to you and
all the nurses
I have learned I’m not alone
That assistance is available
And all at the end
of a ‘phone

The tips and the advice
Contained on ‘Tidings’
every page
Have taught me things
immediately
That otherwise would have taken
an age

From Spring 2006’s issue
I discovered wipes of
Aloe Vera
So living in total comfort
Is just one more step nearer

So good luck in your endeavours
Of raising awareness
and money
Because living as an Ostomate
Really is not funny

It is serious and life saving
And on occasions
causes strife
But living as an Ostomate
Need not change your life

I hope the Colostomy Association
Continues its good work
for evermore
Because future generations will
gain from it
As much as us who’ve gone
before.

By Becky Foster
Gosport, Hampshire

Do you suffer from A.A.A.D.D.?

Recently I was diagnosed with A.A.A.D.D
Age activated attention deficit disorder

This is how it manifests:

I decide to water my garden.

I look over at my car and decide my car needs washing

As I start toward the garage, I notice that there is mail on the porch table that I bought up from the mail box earlier.

I decide to go through the mail before I wash the car.

I lay my car keys down on the porch table, put the junk mail in the bin under the table and notice that the bin is full.

So, I decide to put the bills back on the table and take out the rubbish first.

But then I think since I’m going to be near the mailbox when I take out the rubbish I may as well pay the bills first.

I take my cheque book off the table and see that there is only one check left.

My extra cheques are in my desk in the study so I go inside the house to my desk where I find the can of coke I have been drinking.

I’m going to look for my cheques but first I need to push the coke aside so that I don’t accidentally knock it over. I realise the coke is getting warm and I decide I should put it in the fridge to keep it cold.

As I head toward the kitchen with the coke, a vase of flowers on the counter catches my eye - they need to be watered.

I set the coke down on the counter and I discover my reading glasses that I’ve been searching for all morning.

I decide I’d better put them back on my desk but first I’m going to water the flowers.

I set the glasses back down on the counter, fill a container with water and suddenly I spot the TV remote. Someone left it on the kitchen table.

I realise that tonight when we go to watch TV, I will be looking for the remote but I won’t remember that it’s on the kitchen table, so I decide to put it back in the den where it belongs but first I’ll water the flowers.

I pour some water in the flowers but quite a bit of it spills on the floor.

So, I set the remote back down on the table get some towels and wipe up the spill.

Then I head down the hall trying to remember what I was trying to do.

At the end of the day:

The driveway is flooded
The car isn’t washed
The bills aren’t paid
There is a warm can of coke
sitting on the counter
There is still only one cheque
in my cheque book
I can’t find the remote
I can’t find my glasses
And I don’t remember what I
did with the car keys.

Then when I try to figure out why nothing got done today, I’m really baffled because I know I was busy all day long and I’m really tired.

I realise this is a serious problem and I’ll try to get some help for it but first I’ll check my email.

Do me a favour will you? Forward this message to everyone you know because I don’t remember to whom it has been sent.

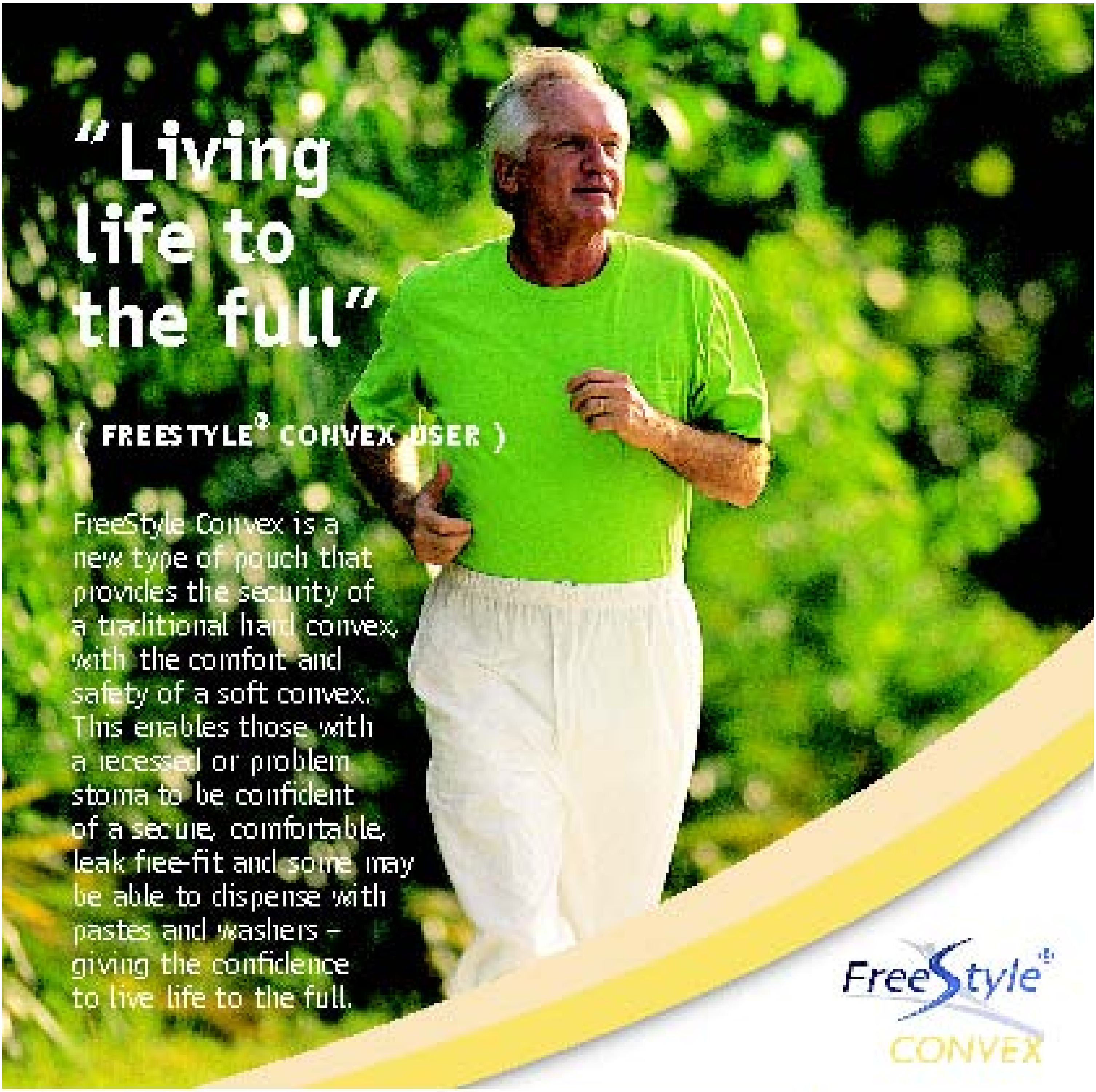
Don’t laugh—if this isn’t you yet—your day is coming!

A bit of a giggle…

A lady walks into a drug store and tells the pharmacist she needs some Cyanide. The pharmacist said, "Why in the world do you need cyanide?"

The lady then explained she needed it to poison her husband. The pharmacist's eyes got big and he said, "Lord, have mercy - I can't give you cyanide to kill your husband! That's against the law! I'll lose my license, they'll throw both of us in jail and all kinds of bad things will happen! Absolutely not, you CANNOT have any cyanide! "

The lady reached into her purse and pulled out a picture of her Husband in bed with the pharmacist's wife. The pharmacist looked at the picture and replied, "Well, now. You didn't tell me you had a prescription! "




Domed platform provides consistent pressure right up to the stoma to give a reliable seal
Thermoplastic moulding, adjusts to ambient body temperature providing a secure, comfortable, leak-free fit

Notice Board

A New Beginning ... Life after Stoma

A Swindon ia patient information DVD or video produced by Frank Williams, Gerry Hughes & Martin Brien is available.
If you would like to obtain a copy please write to: 38 Purley Avenue, Swindon, Wiltshire, SN3 2DS including a donation cheque of £5 made out to **Swindon ia** *or, alternatively visit the* **website** **www.swindon-ia.org.uk**

Meet an Ostomate from around the World

My name is Julian Markov and I live in Toronto, Canada and I operate a website for people with ostomy: **www.meetanostomate.com** *This is a free dating service for ostomates from around the world.*

Research by Rebecca Grigg

I am a student at the Institute of Work, Health and Organisations, which is a postgraduate institute of applied psychology at the University of Nottingham. Currently, I am studying for an MSc in Health Psychology and a requirement of my course is the completion of a supervised research project in an area of personal and professional interest. On behalf of the Institute, I am researching body image and sexuality in young adult stoma patients.

I am looking to recruit around twenty individuals. Participants will be required to participate in semi-structured interviews via email, exploring the experiences of stoma surgery with regards to body image and sexuality.

If you are interested in participating in this project please contact:
Rebecca Grigg
(MSc Student/Researcher):
lwxrg@nottingham.ac.uk
Tel: 07725669266
Dr Sara Cox (Project Supervisor):
sara.cox@nottingham.ac.uk

Useful Contacts

- ***Macmillan Cancer Relief***
  Information line
  0845 601 6161
- ***ia (The Ileostomy and Internal Pouch Support Group)***
  0800 018 4724 (free phone)
- ***Urostomy Association***
  0870 770 7931
- ***National Association for Colitis and Crohn's Disease (NACC)***
  0845 130 2233
- ***National Advisory Services For Parents of Children with a Stoma***
  01560 322 024
- ***National Key Scheme (NKS) From RADAR***
  Please write to;
  RADAR, Unit 12,
  City Forum, 250 City Road, London
  EC1V 8AF.

For a National Key Guide and Toilet Key Send a cheque for £13.50 (incl p&p) Stating that you have a Disability/Colostomy

For just a key send a cheque for £3.50 (incl p&p) or contact your local Council.

Feedback

We are always trying to improve your Magazine and welcome your feedback.

We hope you have enjoyed this edition of Tidings and look forward to bringing you the next edition...

Tidings is your Magazine

If you have a story, poem, article, letter or any other item you would like to be included, please send them to The Editor along with any relevant photos or pictures and we will do our best to include them!

Don't forget to supply us with your name, address and phone number.

We look forward to hearing from you!

Donations

Should you wish to make a donation 'however small' contributing to the cost of producing Tidings.

Please send to:
Colostomy Association
15 Station Road Reading
Berkshire RG1 1LG

Tidings

Dedicated to Colostomates and their Carers

The Colostomy Association is a charitable company limited by guarantee (Registered Charity No: 1113471) that represents the interests of Colostomates and other ostomates. We provide support, reassurance and practical information to anyone who has or is about to have a Colostomy.

The Colostomy Association does not dispense prescriptions, stock Stoma care supplies or do home deliveries. We show no partiality to any manufacturer or supply company. We do not sponsor Stoma Care or Colorectal Nurses.

If you would like to become a ***FRIEND****, please call*
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