

Tidings

Supporting & empowering ostomates



“I want my fellow
ostomates to
thrive in life”

Yuri Nakajima on
being a stoma
care advocate
in Japan.

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Our annual Fundraiser is back!

See page 36 for further details and to start Stepping Up for Stomas!



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Urostomy
Tips and
Tricks



PAGE 16

Unlocking the
benefits of the low
FODMAP diet

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Real people**



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Dear readers

Welcome to this latest edition of Tidings. With 2026 now well and truly underway, we are kickstarting the year by broadening our horizons and featuring no less than three stories harking from the other side of the world.

Not least among them is our Real Lives story featuring Yuri Nakajima. Quirky, confident and playful, Yuri shares her own distinct take on what it's like to live with a stoma in her native Japan, all told with a healthy dose of humour along with it.

We stay in the Land of the Rising Sun for a Q&A between Colostomy UK's CEO, Libby Herbert, and the President of the Japanese Ostomy Association, Mr. Jun Sakamoto. This fascinating article highlights the unique challenges that the organisation has to grapple with in providing stoma care support - from navigating the Japanese welfare system to responding to earthquakes!

4,500 miles southeast of Japan lies the small Pacific island nation of Fiji, which is where our second Real Lives story begins. Napolioni Gaunavou spent his early years living in this tropical paradise before trading it in for a career in the British Army. The change in lifestyle came as a culture shock, but it was nothing compared to getting used to life with a stoma, which Napolioni had formed following a medical emergency while on exercise in Canada.

Closer to home, but no less dramatic, is the story of Kerry Evans, the Disability Liaison Officer for Wrexham Football Club. We covered Kerry's story in the Summer 2024 edition of Tidings. Now she has released an autobiography which tells her astonishing life story in full. Kerry tells us how the book came to be, and Colostomy UK members, Nicola Kendall and Jillian Matthew, share their 'book-club' reviews.

From Kerry's autobiography to Jo's diary now, as our resident Fitness Guru, Jo Prance, continues to take us on her proctectomy journey. In her second installment, she talks of her relief at no longer having to deal with rectal mucus, while also having to come to terms with her frustratingly slow recovery. Jo also has great practical advice on post-surgical support cushions too.

More helpful advice is available in our feature on urostomies, in which members of the community offer their top tips on how to maintain good health, skin, and confidence. Similar themes are touched on by septuagenarian, Jennifer M, who discusses how her stoma care needs have evolved as her body has changed with age.

One change Jennifer has struggled with is an increasingly restricted diet - something many ostomates can relate to, not least our contributor, Olivia Madden. Happily, Olivia found a solution to this issue: the low-FODMAP diet. This carefully managed plan requires the reduction or elimination of certain foods in daily meals, before gradually reintroducing them to discover which foods are causing problems.

Far from being a fad, the low-FODMAP diet should be overseen by a specialist dietitian, ideally one that has experience of stomas. They might sound as rare as hen's teeth, but do not fear; we have one to hand. In our Dear Dietitian article, Marianne Williams shares all there is to know about FODMAPs and how reducing them can benefit ostomates.

If all that isn't enough to kick start healthy habits for the year, April also sees the launch of our annual fundraising campaign, Step Up for Stomas. Run, walk, jump, or roll yourself into fitness. All while raising vital funds for Colostomy UK.

With so many tips to ensure you have a happy and healthy 2026, the world is your oyster.

Ross Othen-Reeves
Editor, Writer and
Researcher



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For more information see our website: www.colostomyuk.org/get-involved/fundraising or contact Megan on 0118 228 1358 / Megan.Lowden@ColostomyUK.org





Colostomy UK is a National Charity that exists to make a positive difference for anyone impacted by any kind of stoma or stoma surgery.

Founded in 1967, we became a registered charity in 2006, and we maintain our original mission to this day: to support people with stomas and those who care about them.

We:

- » Provide practical and emotional support and advice whenever it's needed.
- » Run projects that empower and build the confidence to take on fresh challenges.
- » Are a voice on the issues that matter, campaigning and advocating for ostomates' rights.

We want to live in a world where having a stoma presents no obstacles or barriers and carries no stigma.

A world where people can:

- » Get the right information and advice, at the right time, at the right stage of their stoma journey.
- » Have access to the facilities and resources they need when and where they need them.
- » Live their lives to the fullest without fear of discrimination or prejudice.

How to contact us

Stoma helpline for:

Emotional support, experience-based advice and guidance from a volunteer.
0800 328 4257
365 days a year and completely free.

Adminline for:

Information packs, ID cards, RADAR keys, travel certificates and literature.
0118 939 1537
If we're not in, just leave a message.
Hello@ColostomyUK.org

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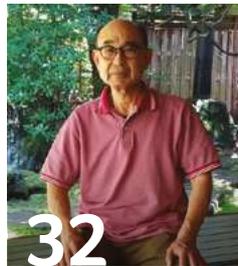
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Donating to Colostomy UK

An annual donation of £25 (or what you can afford) allows us to produce **Tidings** and to continue our vital work, supporting, and empowering ostomates – see page 28 for our donation form.

You can also donate via our website www.ColostomyUK.org/donate or by calling us on **0118 939 1537**





news

Colostomy UK's Year in Review:

BY LIBBY HERBERT,
COLOSTOMY UK'S CEO

2025 was another bumper year for Colostomy UK. Here, we look back at some of our highlights, all centred around the charity's five core values.

2025



1 Support and Empower

Throughout 2025, our staff and volunteers attended over 60 events nationwide, including hospital open days, professional forums and major accessibility shows such as the Occupational Therapy Show and Naidex (the UK's leading event for disability and independent living). At these events, we shared our expertise alongside a number of our volunteers who brought their lived experience to these public settings.

Our Community Engagement Lead, Shauna Ann, helped establish five new stoma support groups across the country. We also supported countless existing groups through visits, emails and calls. We delivered ten stoma care workshops for healthcare professionals, carers and unpaid carers, which 86% of participants rated 5/5.

Shauna also oversaw our Active Ostomates programme throughout the year too. Participants were able to enjoy online sessions in yoga, Pilates, chair yoga, and mindfulness. Thanks to participant feedback, we know that 90% felt the programme met their goals, 85% planned to continue exercise and 90% would recommend it to others.

It was a busy six months for our Volunteer Manager, Ria Robinson, before she went on maternity leave, and subsequently, a busy six months for Maxine McGinley, who is covering Ria while she is off. Between them, they have supported and coordinated our 80+ volunteers and six trustees, ensuring all have received essential training, inducted 15 new volunteer recruits and continue to act on feedback from the Volunteer Survey.

Margi & Debs at cake sale



2 Knowledge

Our Marketing and Campaigns manager, Giovanni Cinque, spent much of 2025 engaging with national institutions, ensuring that the voices of ostomates were centred in several major initiatives.

We supported the National Institute for Clinical Excellence (NICE)'s Late-Stage Assessment of one-piece closed colostomy bags. By serving on relevant committees, we demonstrated how practical stoma management is affected by product choice and prescribing decisions. Our involvement ensured that the new guidance reflects both the real-world impact of product selection and the importance of patient-centred choices. We are now supporting NHS England's review into stoma and continence clinical pathways, with the aim of ensuring standardised care across the country.

We now also sit on nine Airport Accessibility Forums across the UK, and I have spoken at the Aviation Accessibility Task Group, shaping stoma-related recommendations for the Civil Aviation industry.

Shauna led on the launch of a bi-monthly newsletter for healthcare professionals, which provides practical insights from people with lived experience, and highlighting gaps that professionals may not be aware of.

Our Volunteers & Support Coordinator, Jo McKenzie, ensured that 21,592 information booklets, on everything from rectal discharge to holiday checklists, were posted to Stoma Care Nurses throughout 2025.

Tidings' very own Ross Othen-Reeves also developed a partnership with academics at University College London (UCL). The research project explores how spending time outdoors, unplugged from devices like phones, can have a positive effect on mental health and wellbeing.

Janice Ford at Yeovil Christmas party

FREEPHONE STOMA HELPLINE: 0800 328 4257

3 Compassion

Our Head of Support and Operations, Leanne Wood, has kept a watchful eye over our Helpline during 2025. Thanks to her expertise, we know that our staff and volunteers took an incredible 4,505 calls, with the most popular topics being emotional support, supplies and stoma management. That is up from 4,404 calls in 2024.

We also grew our private Facebook group to 12,573 members. The group is a fantastic place for ostomates to provide peer-to-peer support and is also carefully monitored by our staff and volunteers.

4 Inclusivity

Overseen by Giovanni, our Stoma Friendly Toilets campaign continued to grow, with over 400 venues updating their facilities in 2025. This included sports stadiums, shopping centres, and even castles!

Colostomy UK's Rugby League team and Wheelchair Rugby team also had bumper years, with 42 players engaging in 14 games throughout 2025. The teams appeared on numerous TV and radio shows, including several major features such as BBC Breakfast.



Steered by our social media executive, Lauren Ross, we launched our Stoma MythBusters campaign around Stoma Awareness Day on the 4th of October. The campaign directly challenged myths surrounding stomas, and was a huge success, reaching 700,000 people online.

5 Togetherness

We welcomed two new Support Coordinators to our small but mighty team in 2025 too. Debs Meredith and Peta Barratt bring with them a wealth of lived experience and quickly proved wonderful assets to the team.

In August, our Volunteers Manager, Ria Robinson and her husband Luke, welcomed their new son, Rowan Maxwell, into the world, and we couldn't be more thrilled for them.

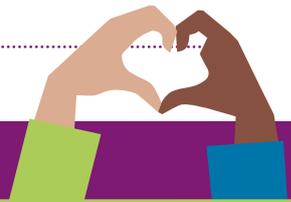
Our Chair of the Board, Mandi Laing, handed the baton to Matthew Pollitt in December last year. Mandi has been an incredible support to the organisation and will be greatly missed. We also welcomed two new trustees, Giorgia Callaghan and Emma Parker, who have both brought fresh and exciting ideas to the board.

Our Fundraising Executive, Megan Lowden, did a fantastic job of engaging with countless people who have fundraised for us throughout the year. Our supporters have climbed mountains, run marathons, jumped out of planes, and even dedicated their birthday and wedding gift donations to us.

Our fantastic finance team, Nicola Kendall and Margi Pandya, ensure that all funds we receive are managed responsibly, and directed to the areas of the charity where they will have greatest impact.



Debs & Peta



Thank You

When I look back on everything we achieved together in 2025, what stays with me most are the people behind it all. None of this work happens without the dedication of our staff, volunteers and trustees, or without the generosity and trust of our supporters. Every conversation, campaign and piece of support we offer is made possible because you believe in what we do and in the people we are here to serve.

As we begin 2026, securing sustainable funding is essential if we are to continue this work. Donations enable us to keep vital services running, respond when people reach out at some of the most difficult moments in their lives, and plan with confidence for the future. Simply put, the support we receive directly shapes what we are able to offer the stoma community, today and in the years to come.

On behalf of everyone at Colostomy UK, and personally from me, thank you for standing with us. Together, with your continued support, we can protect what matters most and keep making a meaningful, lasting difference in the year ahead.

To learn more about anything covered here, feel free to contact us via: 0118 939 1537 or email Hello@ColostomyUK.org.uk



Ria & Rowan





Managing an Evolving Stoma Care Routine

Q&A WITH JENNIFER M*

From confidence to clothing, pancaking to parastomal hernias, Jennifer has experienced many changes since having her stoma formed. Here she talks through the ways she has adapted to living with her stoma.

When and why did you have your ileostomy formed?

In 2017, following the discovery of colorectal cancer very low in the rectum. My surgeon hoped that a reversal or colostomy might be possible in the future. This came after an earlier breast cancer diagnosis, which had required surgery and radiotherapy some years before.

What were some of the initial challenges you faced with your stoma?

My reluctance to accept the stoma surprised me. After previous abdominal surgeries for three hernias following a hysterectomy, I had eventually returned to an almost 'normal' life. I knew a parastomal hernia was possible but hoped I might escape it.

Initially, I felt completely out of control. Three days after leaving intensive care I began managing the stoma myself, but I was mentally and physically exhausted. The acidity damaged my skin, the pain was significant, and the smell overwhelming. I felt helpless and couldn't imagine coping at home.

How have your stoma care needs evolved over time?

I was given a hernia belt, but it was ineffective given my abdominal history, and by six months a parastomal hernia had developed. I noticed the stoma site changing shape and I experienced significant pancaking. Thankfully, I learned that sleeping upright with a V-pillow helped reduce this issue.

As the parastomal hernia gradually formed, so did the stoma site enlarge. This has meant adopting a regime to stay as safe and secure as possible to manage faecal output, while keeping an eye to manage any rectal discharge of mucus occurring intermittently.

I trialed numerous pouches and found that switching to a convex pouch, and getting up during the

*The contributor has opted to use a pseudonym for this article.

night, led to fewer leaks/disasters. It also meant that changing the pouch first thing in the morning was less of a hassle.

How has your diet evolved?

Before my stoma arrived, I was mostly vegetarian. My husband and I are avid gardeners and grow much of our own vegetables. Since surgery, my diet has become far more restricted. The 'safe eating' list I received at discharge removed much of the variety and pleasure I once enjoyed. I now have to avoid a wide variety of foods, and eating out requires careful planning.

Hospital advice suggested five small meals daily, emptying the pouch when a third full, and exercising regularly. However, I found this advice was hard to manage in practice. I would have welcomed a session with a dietitian and physiotherapist prior to discharge.

A limited diet hasn't really brought health benefits to me as it has mostly reduced fibre, and raw foods. So weight loss hasn't followed unfortunately. Cream, butter, honey, yoghurts and white bread are all still allowed...! **

What have been the greatest 'breakthroughs' with your stoma care?

Firstly, my experience of working with a dermatologist. When my peristomal skin became red, raw and bleeding, I couldn't keep a pouch in place. Neither my GP nor nursing teams could offer a solution beyond trying different creams, which made matters worse.

I found a dermatologist specialising in peristomal skin who suggested the solution involved no creams at all. Instead, I cleaned the area daily, dried it carefully, then exposed the skin to the elements during a period when I could bank on minimal stoma activity - which required adjusting mealtimes.

This routine worked incredibly well, and my skin soon recovered, although I often have to repeat it when my skin degrades again.

The dermatologist also instructed me not to put any pressure on the abdomen. This led to my second breakthrough, as until then, I hadn't realised my stoma belt was worsening the problem by compressing the stoma instead of supporting the hernia.

Since then, my quest has been to find effective parastomal hernia support (i.e. something to take the weight without restricting the stoma) to help improve mobility and reduce fatigue, which is becoming harder with age (I'm now in my late 70s).

What do you consider your greatest ongoing challenge with stoma care?

My hernia has been more disruptive than I expected, requiring daily pain relief. Positioned on my dominant right side following previous cancer treatment, the hernia has greatly affected the use of my right hand, limited my daily activities, and prevented me from playing my favourite hobby, bowls.

The hernia's growth has also made finding a suitable convex pouch extremely difficult. I've had to build makeshift seals on flat baseplates, leading to frequent night-time leaks and wasted supplies.

Recently, however, my very kind local stoma nurses have sourced a flat pouch big enough for a large oval convex seal which I can cut to size. For the first time in years, I feel hopeful!

How has your experience of clothing evolved over time?

My body shape has changed significantly over the years, and swimming and seaside holidays feel like things of the past sadly. However, I now wear elasticated trousers and bright, patterned tops. Lively colours cheer me up and put a smile on people's faces as well, which also gives me a lift. For me, dressing brightly isn't about being noticed - it is all about my feeling more confident in myself.

So how have your stoma-related issues affected your confidence?

I no longer trust my body, particularly with unpredictable rectal discharge. It often leaves me feeling helpless and grotty, as well as causing discomfort at the entrance of my anus, which then impacts on what I can do and where I can go.

That said, the "poo taboo" is slowly lifting, especially as more young people are going public about their stomas.

What advice would you give to others on their own stoma journeys?

Don't feel you're alone. A stoma is nothing to be ashamed of. Show your determination to make things better. Stay in contact with your stoma nurses and keep asking questions.

Finding a support group is very important too if you, your family or friends, want to better understand your situation.

Finally, always remember that our stomas keep us alive and (most of the time), it is a very good thing!!!!



You can our website for more information on healthy diets

**Do not fear! For additional advice on healthy eating, see our articles on the Low FODMAP diet on pages 14 - 17.





Call of Duty

BY ROSS OTHEN-REEVES



Napolioni Gaunavou swapped life in paradise for active service in the British Army. That was until emergency stoma surgery changed the course of his life forever.

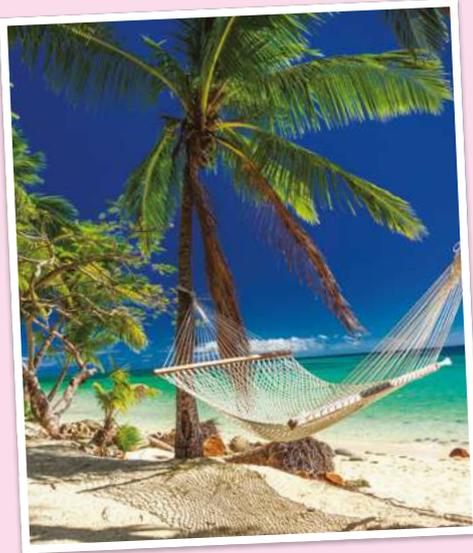
Pan out on a map of the world and cast your eye over the immense expanse that is the Pacific Ocean. Somewhere in its southern climes lies a sprawling mass of over three hundred tiny islands. This archipelago may be a mere speck in the vast body of water it inhabits, but the small

nation of Fiji is famous the world over for being a tropical paradise. White sandy, palm-fringed beaches encircled by crystal clear waters and coral reefs.

Can anywhere truly live up to such an idyllic reputation? According to Napolioni Gaunavou, who was born and raised in the country, Fiji really does.

“Back home it’s constantly warm, so as long as you treat her right, Mother Earth always provides. We had everything. Food, laughter, fun. Unforgettable memories.”





Fiji may well be an earthly paradise, but economically, life on the islands can often be a challenge for the average Fijian. As a young man in the mid-2000s, Napolioni struggled to find secure, stable work, and finances were constantly tight. At 23 years old, and with a young wife and two small children to support, Napolioni felt he had little choice but to leave in search of “a better life, financially”, as he put it.

“I told my wife back then, ‘Look, I need to do something. We can’t be living like this.’”

As Fiji is a former British colony and now a member of the Commonwealth, the UK seemed a logical place for Napolioni to consider relocating to. It also happened that the British Army were actively recruiting new personnel from Fiji at the time. Some might find the prospect of serving in the armed forces daunting, but Napolioni was fulfilling a childhood dream.

“My personal passion was to be a pilot when I grew up. I remember seeing airplanes flying past and wondering what they must be like to fly.”

Securing a career abroad also held prestige amongst the local community, as Napolioni told me:

“It’s a major accomplishment. To travel somewhere else, to experience a totally new way of life, and then return to tell the stories and whatnot.”

And an accomplishment it certainly was, given that securing a post with the British military is no easy feat. With plenty of physical endurance tests, medical examinations, and the like, there were moments Napolioni doubted he would succeed.

Thankfully, by December 2007, he had passed all his tests and was formally enlisted into the Army, flying out to the UK that very same month. It was the first time Napolioni had ever left his tropical homeland. Needless to say, arriving in England in the midst of winter was a huge transition.

“To be honest, it was a total culture shock. Oh my goodness. It was freezing cold. It was snowing. I mean, for 23 years I grew up back home, and had never experienced snow. Everything was totally new.”

It wasn’t just the great British weather that Napolioni had to adjust to. Getting used to military life was also tough.

“Back home there were posters of people holding weapons and driving big tanks and all that. I hadn’t really thought about what’s going on behind the scenes – all of the intensive training. There were moments that I thought, ‘What am I doing here?’”

Yet he persevered, staying with the Army for over eight years. In that time, Napolioni parted ways with his first wife, but found love again while stationed in Germany. He remarried and had two more children.

In January 2015, now aged 31, he was sent on routine exercise in the Canadian prairies. On this occasion, it wasn’t Canada’s bitterly cold winter which was causing him discomfort, but rather his bladder. Napolioni was having to make frequent visits to the toilet but passing very little urine each time. Despite the problem persisting on and off for several weeks, he kept it to himself. As he told me:

“It didn’t occur to me that something was really wrong with my body.”

The issue continued to worsen, however. By now he was also waking frequently in the night to try and empty his bladder without success, and disrupting his much needed sleep pattern in the process. At last, Napolioni visited the camp’s medic. Why had he waited so long to get checked out? I wondered.

Napolioni felt that “In the Army, it’s frowned upon to be unwell. You have to be tough. If you say you are sick, people expect you to cope with it.”

The medic suggested that Napolioni continue the day as planned but on the proviso that he return for further examination if his condition worsened. He spent the day driving artillery tanks and a DROPS vehicle (a Demountable Rack Offload and Pickup System – in case you wondered). Napolioni endured constant bumps as the vehicles navigated Canada’s rough terrain, resulting in a pain in his lower abdomen. He soon dropped behind the convoy he was travelling with to try and alleviate himself once again, but with little success. A while later he stopped again. This time when he jumped out of the vehicle, he realised he could no longer feel his left leg from the hip down. He limped back to the medic’s vehicle, his foot and leg now also heavily swollen. The medic quickly jumped into action, recognising now that something must



be seriously wrong. Having decided the issue must be a blocked bladder, the medic fitted Napolioni with a catheter.

“The urine just came gushing out” he recalls, “it was a massive, massive relief.”

A doctor later told Napolioni that, had he left his symptoms any longer, his bladder could have burst, making it unlikely he would have made it out of the Canadian prairies alive. Even so, he was still far from out of danger at this stage. Over the coming days he was transported first out of the exercise area to a medical unit, then flown back to the UK for tests at a specialist unit in Birmingham, where his wife and two daughters met him.

Test results showed that Napolioni had bowel cancer. The location of the tumour also meant that, as it grew, it increasingly pressed on his bladder, leading to the complications he'd been experiencing over recent weeks.

Anyone who has received a cancer diagnosis can relate to the worry and uncertainty which accompanies it. But for Napolioni, who had grown up in a country with limited healthcare, the word ‘cancer’ was particularly frightening.

“Back home, when you hear of someone having cancer... it's a death sentence. I've been to the hospital in Fiji. It's not up to standard, if I can say that. My wife and I cried. I told her it was all going to be okay. But deep down, I was scared to death.”

Napolioni started chemotherapy treatment immediately, followed a short time later by surgery to remove the tumour. He had been told that the operation would leave him with a permanent ileostomy, but knowing this in advance did little to reduce the shock he felt when he awoke after surgery to find his new stoma. As he explained:



“It was the first thing I checked when I gained consciousness. I pulled away my blanket and started feeling around it. I was like, ‘F*, S*** – this is a whole different life.’”**

Napolioni was moved onto a ward dedicated to soldiers and veterans for his recovery. Over the coming days, his initial shock gave way to depression. As a soldier trained to respect strength and independence, Napolioni struggled to come to terms with his new stoma. Negative thoughts flooded his mind.

“How are people going to see me? How am I going to work and support my family?” Napolioni recalls asking himself.

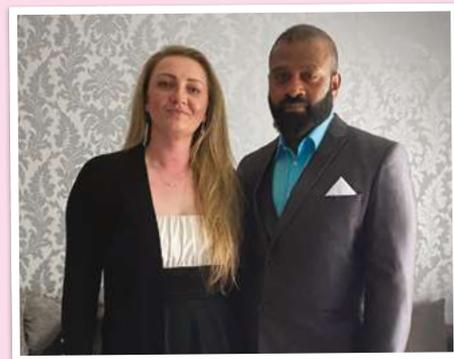
“I was a soldier – constantly working and doing heavy duty things. Now I was someone poorly. My mental health took a hit massively.”

In these early days, Napolioni's fears were so great that he seriously contemplated taking his own life. Thankfully, over time, his physical and mental health slowly both began to improve. This was partly owing to the decision to step back from his military career to give himself the best chance at full recovery.

Life continued to place hurdles in his path, however. Napolioni was required to have further chemotherapy following surgery, which again took its toll on his body. During this same period, he also had to prepare for and sit his British citizenship tests as he was no longer

enlisted with the Army (while serving in the Forces guarantees Indefinite Leave to Remain, full citizenship is not granted automatically through military service). It was an exhausting and unpredictable time for him and his family.

Since leaving the Army and regaining his health, Napolioni has had several physically demanding jobs. Yet frequent leaks ultimately ruled out manual labour as a viable occupation. Today, Napolioni has a small clothing business with his wife, who is a keen seamstress. This enables him to work from home where he finds managing his stoma care easier. Has this helped him to feel more at ease with his stoma? I ask.



“I'm getting more comfortable with it now, because it's a part of me. You know, it's family”, he chuckles.

Speaking of family, I wonder if there are any plans to travel home to Fiji anytime soon. There are, Napolioni confirms enthusiastically - sometime later in the year.

“I need to reunite my children. My two children here, and my two children back home,” he explains, before adding reminiscently, “I really miss home. I just want to wake up to the peace and quiet of my village.”

Given the turbulent journey Napolioni has been on, a restorative trip back home to paradise seems well-earned indeed.

“I will have a stoma for the rest of my life. There are good days and bad days of course, but anything I can do to feel more confident and really take part in life is so important to me. Having a bag I completely trust makes me feel more confident in myself. It truly means the world and makes all the difference.”

Natalie

NovaLife TRE™ Black Pouch

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Food for Thought

BY OLIVIA MADDEN

For years, Olivia Madden* lived with anxiety caused by her unpredictable stoma output, with behaviours exacerbated by a hernia. This uneasiness impacted almost every aspect of her life – even her dreams. That was until one day, when Olivia was introduced to the specialist FODMAP diet*, and she hasn't looked back since.

In 2013, I was diagnosed with colorectal cancer. I had suffered from embarrassing symptoms for some time – excessive wind, a very lazy gut, and fatigue. But despite working in the cancer field, I somehow managed to ignore the potential significance of this and thought it would all get better on its own. Very foolish.

I finally admitted that I needed help, and as a result I was swiftly referred for a scan. Two weeks later, I was having surgery. When I came round, I had a colostomy. Surgeons also had

to perform a radical hysterectomy – the removal of the cervix, uterus and surrounding tissues. What had been envisaged as a week in hospital turned into five. I was in fact pretty ill and the surgeon had saved my life.

I found the first year following surgery very challenging, as I tried to get used to my new self. In these early days, I used to wear a rain mac when going out, or if the weather was fine, had one rolled up in my bag so that in case of disaster, I could cover up the evidence. A sense of insecurity even

haunted my dreams. I would habitually find myself in unfamiliar settings, desperately trying to find a lavatory. This is still true. Also, like many ostomates, I got used to sitting at the end of the row in the cinema so that I could beat a hasty retreat in the dark if necessary, and felt that I could no longer go to concerts where unwelcome noise or a sudden exit would be too antisocial.

By the end of the second year, I had the beginnings of a parastomal hernia which over time has increased

in size, making it hard to put on tights or socks. It reminds me of being pregnant and having the same difficulty.

I diligently read other people's accounts of having a stoma and while in some ways I was comforted by the upbeat presentation of coping with leaks, travelling and going back to work, I also felt disheartened as they seemed to be managing so much better than I was. Goodness, some were running marathons!

I am a therapist and work face-to-face with clients. I was always in a state of anxiety in case I suddenly needed to change my bag or if my gut gurgled or worse. I searched the internet and found that there is such a thing as a stoma stifier, invented by an engineer for his mother who worked in a bank and felt self-conscious. I sent off for it (it is a bit like a cricket box) and tucked it into my pants over the bag and although it didn't offer total silence, it could muffle unwanted wind somewhat.

In those early years, I diligently read everything I could find about managing my stoma, but the sense of constant anxiety persisted. Like someone with tinnitus, I became used to this background noise that accompanied me all the time, but particularly when I left the house.

As the hernia grew bigger, I began to experience alternating diarrhoea and constipation, apparently a common problem, and my nervousness increased.

Right from the start, the sources of dietary advice warn you that you have to find what suits you, more or less by trial and error. I tried but without success so finally decided to look for someone who specialises in the gut to see if they could help. A Google search led me to dietitian Marianne Williams who put me on the low

FODMAP diet. I had never heard of it before but was prepared to try anything that might improve the situation.

It has been like a miracle. Within about ten days, my gut calmed down and was predictable. I was able to see clients and leave the house without that all pervasive anxiety. I could trust that my bag would be effective and that I was unlikely to experience noisy wind. The diet itself has been very straight forward and not at all difficult to follow. As directed, I stuck with it for about three months, and then it was time to start putting back elements of diet that could be a problem, (onions for example), to narrow down potential culprits. This allows me a degree of control over what I choose to eat.

Before this epiphany, I had got to the point of thinking that I was doomed to always feel so anxious. How liberating to discover that this doesn't have to be the case. My impression is that the FODMAP diet allows the digestive system a sort of reset and I am so grateful to have found it. If things revert, I will simply go back to it for a period with every expectation of success.

*FODMAPs is the acronym given to short-chain carbohydrates that can be poorly absorbed in the small intestine, and which may therefore trigger digestive symptoms in some people.

To learn much more, head over to page 16 where Olivia's very own dietitian, Marianne Williams, explains all.

*Olivia Madden is a pseudonym chosen by the contributor





dear dietitian



Marianne Williams
Private Specialist Allergy & IBS Dietitian

Marianne Williams is a dietitian specialising in allergies, IBS, and increasingly, people living with stomas, all of whom may benefit from a low FODMAP diet. Marianne came to our attention thanks to one of her patients, Olivia Madden, whose own FODMAP story can found on page 14.

Living with IBS symptoms from my teens has given me first-hand insight into how disruptive gut problems can be. My experience led me to a degree in Human Nutrition and Dietetics, specialising in gut health. I first learned about the low FODMAP diet at a King's College London lecture in 2009 and went on to complete their first UK FODMAP training course for dietitians in 2010. I then established the first gastroenterology dietetic-led NHS service in 2012. Since then, I have supported thousands of people with IBS-type gut symptoms, including people living with a stoma.

What are 'FODMAPs'?

FODMAP is an acronym from 'fermentable oligosaccharides, disaccharides, monosaccharides, and polyols'.

FODMAPs are present in certain fruits, vegetables, legumes, some nuts, cereals, lactose, and polyols (often used as artificial sweeteners). Some of these foods can increase the amount of water entering the small intestine, leading to loose and/or urgent stools, while others are indigestible and ferment in the gut causing wind, bloating and pain.

Why FODMAPs matter with a stoma

Most of the research on the low FODMAP diet has been done on people with IBS and other functional bowel disorders, rather than specifically in stoma populations. However, it is generally accepted that ostomates who experience high-output, bloating, abdominal pain, or diarrhoea may also benefit from a low FODMAP diet, as FODMAPs can increase luminal water and gas production, exacerbating these symptoms. Many ostomates find that a carefully supervised low FODMAP approach can reduce wind and diarrhoea-type output.



Examples of high FODMAP foods that can trigger symptoms

The exact details should always be tailored to you, but common examples include:

- » Vegetables such as onions, garlic, leeks, cauliflower, mushrooms and sprouts
- » Fruits such as apples, pears, mango, cherries and any stone fruits
- » Pulses like chickpeas, lentils and kidney beans
- » Wheat-based products such as regular bread, pasta, or biscuits
- » Dairy products high in lactose, like regular milk, some yoghurts and ice-cream
- » Sugar alcohols (polyols) found in 'sugar-free' gums, mints, sweets and some diabetic or diet products
- » Honey, agave syrup and treacle

Lower FODMAP options are often better tolerated

- » Fruits such as green-tipped bananas, oranges, berries, and kiwi
- » Vegetables such as carrots, courgettes, spinach, peppers, parsnips, and the green tops of spring onions (chives also work well)
- » Grains such as rice, oats, quinoa, and smaller portions of suitable gluten-free breads or pastas. 100% spelt sourdough bread is also well tolerated
- » Lactose-free dairy products or hard cheeses
- » Simple sugars in modest amounts, such as table sugar or maple syrup

Portion size is also crucial

Food may be low FODMAP in a small amount but high in a larger serving. This is one reason professional guidance is so important, particularly when you also have to consider your specific stoma output and challenges.

Why specialised dietary advice is important

The low FODMAP diet is a specialist, medical nutrition therapy. Leading gastroenterology guidelines recommend it is only used under the supervision of a dietitian/nutritional expert with specific FODMAP training. It should:

- » Be time-limited in its strict phase
- » Be carefully adapted for stoma type, output and your general health
- » Always include a clear reintroduction and personalisation plan

Starting a strict low FODMAP diet from the internet or from handouts, without up-to-date specialist advice, can worsen nutritional status, increase anxiety around food, and delay proper diagnosis of other conditions.

If you are considering this approach and have a stoma, the safest route is to see a specialist gastroenterology/FODMAP dietitian who can tailor the plan to your medical history and lifestyle (see further details at the end of this article).



How the FODMAP diet usually works in practice:

Step 1: Your dietitian will usually start by reducing or eliminating the intake of fermentable foods for 4 to 8 weeks, allowing the gut symptoms to reduce.

Step 2: Foods are then reintroduced one by one to find out which of the FODMAP foods were particularly problematic and may need to be restricted in the future, and which of the foods can be eaten freely with no risk of symptoms.

Step 3: Finally comes the personalisation of the diet. Each patient will react differently to different foods. Each patient will create a uniquely modified FODMAP-containing diet based on tolerance to foods identified in step 2. Most people are back to relatively normal eating after 6 months, but with the knowledge of what foods trigger their symptoms.

How quickly you might see change

When the plan is followed correctly and is appropriate for the individual, many people notice:

- » Less bloating and wind
- » Reduced cramps or abdominal pain
- » More predictable, less watery stoma output

Patients often see these results within 1 – 3 weeks, though some need a bit longer. If there is no real improvement after 4 – 6 weeks of a well-implemented plan, it may suggest that FODMAPs are not the main driver of your symptoms, and

other causes should be explored with your medical and dietetic team.

Other important considerations for stoma patients

People with a stoma already have extra nutritional considerations. When layering a low FODMAP diet on top, ostomates must also consider:

Nutrient deficiencies

Long-term, poorly supervised FODMAP restriction can reduce intake of fibre, calcium, iron, zinc, folate, B vitamins and vitamin D. This matters even more for stoma patients, who may already have higher losses or altered absorption.

Gut bacteria (microbiota)

Many high FODMAP foods are also important 'prebiotics' that feed beneficial gut bacteria. A prolonged very low FODMAP diet can reduce the diversity of these bacteria. Reintroduction and personalisation are therefore essential, and in some cases a suitable probiotic may be recommended.

Age and other health conditions

Older adults and those with additional conditions (such as inflammatory bowel disease, coeliac disease, diabetes, or kidney problems) need especially careful, individualised advice to keep the diet safe and balanced.

In summary...

If the FODMAP diet is successful then it can change people's lives, making them able to travel, socialise and work without the constant worry of suffering with embarrassing or distressing symptoms, as Olivia's story on page 14 highlights.

Where to get more support

Specialist low FODMAP and IBS webinars created by gastroenterology dietitians:

www.patientwebinars.co.uk

www.wisediet.co.uk

These resources are there to inform and empower you, but they are not a substitute for one-to-one assessment. If you recognise yourself in this article, the next step is to book in with a specialist FODMAP dietitian to explore whether this approach is right for you.



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Tidings Survey Findings

Thank you to everyone who took part in our recent Tidings survey, which we promoted in the last edition of Tidings. Here are some findings to date*



General Facts & Stats

100% of respondents were people living with a stoma, or who have lived with a stoma (rather than a carer, family member, or stoma nurse).

265 people have responded to the survey to date.

The ages of respondents:

- » **60%** of respondents were aged 75+
- » **25%** were aged 65 – 74
- » **15%** were aged 55 – 64
- » **10%** were under 65

Your Views on Printed Tidings

Responses made clear that the printed version of Tidings is much loved.

90% regarded the paper copy of the magazine as either essential or really important to them.

The top three reasons that the paper copy is so valued are:

- 1. Easier to read than on a screen**
- 2. Print is more enjoyable**
- 3. Part of a routine**

Accessibility

Some readers told us that they have limited access to the internet or digital devices such as computers or smart phones.

Others said they struggle to read on screens, find technology difficult to use, or find it hard to navigate the magazine on their digital devices.

These challenges are often described as 'accessibility' issues because they can prevent people from accessing the magazine.

Your Views of Digital Tidings

15% of respondents said reading Tidings on their computer, laptop, or tablet is easy to follow.

Some valued how digital Tidings saves costs and wastage. They also liked how it could be read anywhere.

Nonetheless, three quarters of respondents still have a strong preference for the paper magazine over the digital version.

45% said they found it difficult to read Tidings on their mobile phones.

Your Views on Subscription Fees

Around 80% of respondents said they would be willing to pay a small subscription to receive Tidings in print in the future.

Of these, around 60% said they would prefer to pay annually rather than quarterly.

Affordability

While most people were comfortable with the idea of a small subscription fee, some raised concerns around affordability.

Others mentioned how they donate to Colostomy UK and so felt this should cover the cost of Tidings.

What Next?

Our team is analysing findings and exploring what is best for the future of Tidings and for you, our readers.

Accessibility and affordability are high priorities within these discussions. We are committed to ensuring everyone is able to enjoy Tidings long into the future and look forward to continuing this journey with you all.



Still want to have your say?

There is still time to complete the survey if you haven't done so already.

ONLINE:

Go to the Tidings Survey online

Or scan the QR code using your smart phone.



BY POST:

If you receive the paper copy and still have your copy of Winter 2025 to hand, you can find the survey on page 41. Simply follow the instructions for posting it back to us.

BY PHONE:

You can call our admin team on 0118 939 1537. Explain this is your preferred way to complete the survey, and they will assist you.

*We ran two slightly different surveys: one for print and one for digital readers, as some questions were tailored to each group to capture more detailed feedback.



Are you sitting comfortably?

BY JO PRANCE



In the last edition of Tidings (Winter 2025), we published the first instalment of our new series 'Jo's Diary', following our Fitness Guru, Jo Prance, as she navigates life before and after proctectomy* surgery. In this second instalment, Jo details her experience of recovery in the immediate weeks following her operation.



It's been 15 weeks since my robotic assisted proctectomy, and as 2026 begins, I am emerging out of recovery and getting life back on track.

Whilst the surgery went well and luckily my stoma didn't need revising, my recovery has been far from straightforward.

I had a severe reaction to the surgical adhesive used to seal the robotic port incisions on my abdomen, which triggered an extensive and extremely painful eczema flare. My skin felt as though it was burning. Although the reaction gradually improved over the following weeks with a strong course of topical and oral steroids, it was an intensely unpleasant and challenging few weeks. Seven days post-operation, I was forced to carefully remove the adhesive from already raw and inflamed skin to stop the reaction from worsening.

As my skin began to recover, an internal stitch in the perineal wound partially surfaced. Unfortunately, this stitch could not be removed without risking damage to the wound, so I had to wait for it to slowly

reabsorb. This was painful and significantly delayed my ability to sit comfortably or return to driving, which I was unable to do until 11 weeks post-surgery.

This leads me to a frequently discussed topic: What type of cushion is best to use after surgery?

I was advised by my stoma care team to use a donut cushion, although I know many other ostomates are advised against them in favour of alternatives such as valley (which can be expensive) or ridge cushions (I struggled to find a ridge cushion). When I began researching suitable options, I found that the quality and range of so-called 'orthopaedic' cushions varied enormously. I ordered three different cushions before finding one that felt right for me.





Many were either too bulky, poorly filled, or simply uncomfortable to sit on - and that was before I had even undergone surgery!

I experimented with the donut cushion positioned with the opening vertically but found that placing it horizontally worked better and placed less pressure on the perineal wound. I also had a coccyx cushion from a previous surgery, which I found more comfortable to use as healing progressed, particularly when I returned to driving. I now take this cushion with me when I'm out and about if I know I'll be sitting on hard surfaces with little cushioning.

I received mixed advice about what to expect in terms of sitting post-operatively. One ostomate told me she was required to sit on a valley cushion for 30 minutes at a time while in hospital. When I raised this with my stoma nurse, she reassured me that no one should make me sit unless I felt ready, and that perching was a better approach initially.

During my hospital stay, I didn't spend any time sitting; instead, I

reclined on my side at various angles. When moving in bed, I found a knee cushion particularly helpful, as it made it easier to manoeuvre my legs from side to side. Post-operatively, I experienced gas pain in my abdomen and shoulders, something I was already familiar with from previous surgeries, but I knew that movement helped to disperse it. I also found the knee cushion invaluable when sleeping on my side, as it kept my knees aligned and reduced strain on the perineal wound. I still use this cushion occasionally when my scar feels sore, although I'm pleased to say this is becoming less frequent.

My dermatologist recommended using Vaseline on my scars, and I've found it particularly helpful to apply it before

exercising now that I've returned to higher levels of activity, as it helps prevent the perineal scar from becoming sore.



Post-operatively, once my catheter was removed, I began taking short walks around the ward. I found that the pain and pulling sensations across my abdomen and pelvis were more limiting than the perineal wound itself, which was far less sore than I had anticipated and a welcome surprise, although I recognise that everyone's experience is different.

Once I was back at home, I began with three short walks a day and gradually increased the distance. I can now walk comfortably for a couple of hours at a time. Walking became the foundation of my

recovery, especially as delays in wound healing meant I had to let go of my original hope of returning to the pool sooner.

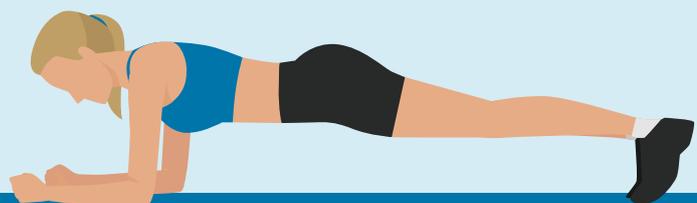
Instead of swimming competitively in January, I've shifted my focus to racing in March. Over the past three weeks, I've been back in the pool, and I am steadily rebuilding my fitness. More recently, I've reintroduced resistance training, with an increasing emphasis on core work as my strength continues to return.

The fatigue from this surgery still catches me off guard at times, and I have to remind myself that, in the bigger picture, it is still early days. From speaking with other ostomates who have undergone the same surgery, four to six months is commonly cited as the timeframe for beginning to feel back to normal. Even so, I can clearly see the difference between how I feel now compared to a month ago, particularly in terms of improved energy levels.

My stoma, 'Anemone', who previously behaved in a predictable way, has yet to settle into any kind of routine. I'm hopeful that in time this will improve.

I feel a deep sense of relief now that my surgery is behind me and I no longer have to worry about mucus. Even more encouraging, my rectal spasms have improved, something which remained an unknown ahead of this surgery, but I am truly grateful for this positive outcome.

In the months ahead, I'm looking forward to regaining my strength and fitness, and I'm excited to start making plans and embracing what 2026 has in store.



**A proctectomy is a surgery to remove all or part of the rectum. It is often playfully referred to as a 'Barbie' or 'Ken butt' within the stoma community.*





Top Ten Urostomy Tips and Tricks



Living with a urostomy comes with its own unique set of stoma management needs. Here, members of the urostomy community offer advice on how best to look after your health, skin, and confidence.

1

Hydration is Key!

Fluids are the most important way to protect your kidneys' health and reduce the risk of infections as urostomates don't retain fluids in the same way as most people, meaning good hydration is absolutely critical.

Many urostomates find it helps to drink little and often throughout the day.

A good barometer is 250ml every few hours.



You can easily tell if you are well hydrated by the colour of your urine:

- » **Good hydration** → pale straw-coloured urine
- » **Low hydration** → dark yellow urine

While straw-coloured urine is ideal, very clear urine may indicate that you're drinking too much, which can flush essential electrolytes out of your body.

It can also help to consider what you're drinking. Fizzy drinks, acidic

drinks, alcohol, and strong tea/coffee make the kidneys work harder. These 'stimulants' can then affect how frequently you may have to urinate or irritate the system in some other way.

Reducing or avoiding these stimulants can help with these issues, as can switching to decaffeinated tea and coffee.

2

How to Manage Urinary Tract Infections (UTIs)

UTIs are a common problem for people living with urostomies. Yet they can be difficult to detect because the usual telltale signs (burning, urgency, frequency) aren't always easily noted.

This means problems associated with UTIs can escalate quickly, so taking action early really matters.

Look out for:

- » A noticeably stronger smell of urine
- » Darker urine – especially if you're keeping well hydrated
- » Blood in the urine

- » Increased sediment or mucus
- » Pain or discomfort around the kidney area or around the abdomen
- » Purple urine in your stoma bag (yes, purple). This can happen when certain bacteria present in the UTI produce pigments that discolour the urine and stain the stoma bag. It's also a sign that you need to seek medical attention urgently.

If you are particularly prone to UTIs, you can request to have your urine tested on a monthly basis through your GP or Stoma Care Nurse.

3

The Dos and Don'ts of Taking a Urine Sample

The most ideal way to take a urine sample is direct from the stoma itself. Your stoma nurse might offer to support you with this, with the aid of a catheter inserted into the stoma.

A urine sample taken from a stoma bag is not recommended as it can be contaminated, leading to inaccurate results and potentially the wrong type of antibiotics being prescribed.

4 Managing a Urostomy Throughout the Night

Many urostomates connect to a night drainage bag. Being larger than a standard stoma bag, it takes longer to fill and therefore reduces how often you have to wake at night to empty it.

A night bag stand, positioned next to the bed, is also used to prevent the night drainage bag from kinking.



There are many night bags on the market. Most are designed for multiple use and cleaned each day. Others are designed to be single-use (particularly helpful if you're at a high risk of UTIs or other infections).

5 Out and About

You might find it helpful to carry a container or emptying vessel when out and about, for those moments where toilets aren't accessible. This obviously still requires you to find a secluded place to empty your bag, but many urostomates will tell you this technique has been a saving grace at times!

For longer trips, such as travelling by car for example, some people use a small drainage bag attachment, as this reduces the need to stop so frequently. These work just like night drainage bags, but aren't quite as big and bulky.

6 Travelling Further Afield

When going on holiday or an extended trip abroad, all the above advice still stands, plus one additional rule of thumb: pack double what you think you'll need.

Heat and sweat can shorten wear time, meaning you may find you may

need to change your flange and bag more frequently than you would at home. Spare supplies can also just take the worry out of travelling.

7 Skin Care and Management

Urine is acidic, so prolonged contact with the skin can quickly damage the tissue, causing it to become sensitive, raw, and prone to infection.

A good stoma care routine is essential to avoiding these issues. This should include regular cleaning of the stoma area and changing of the stoma bag.

Daily essentials could include:

- » A small pot to place clean (warm) water in
- » Adhesive remover spray to help gently remove the flange and bag
- » A clip/large peg to secure clothing away from the urostomy site
- » Disposable bag to place soiled items
- » Wet wipes to remove excess sticky residue/urine
- » Dry wipes to dry area around the stoma
- » Adhesive contact spray



8 Swimming (and Other Sports)

Why are we covering swimming first and foremost in this section? Simply because we have had more urostomy-related questions about this activity than any other type of exercise or sport. Some people have asked if it's still possible to swim with a urostomy.

The short answer is – yes – you absolutely can.



You may find that 30 minutes is the most comfortable length of time for a swim, as the adhesive on a urostomy bag may begin to show signs of wear when immersed in water for longer periods (but if the adhesive holds – continue swimming!).

Some urostomates feel more confident using a smaller and/or discreet pouch for swimming. Some also choose to wear support pants under their swimming costume, as this gives extra security.

Other sports, including most contact sports, are usually safe for the majority of urostomates (for inspiration, check out Colostomy UK's Rugby League Team update on page 31).

Support wear, such as a hernia belt, can be worn to protect the stoma when exercising or playing sports.

9 Support Briefs and Hernia Support

Living with a urostomy may entitle you to up to six free prescription garments twice per year (dependent on where you live). This includes underpants, support vests, and support belts.

Hernia support wear can be vital to protect the abdomen and stoma site, both immediately after surgery and longer-term.

Support garments have been carefully designed for optimal protection, whilst still allowing for the urostomy pouch to fill without bulking.

10 Advocating for Yourself Matters

It can take trial and error to find the right supplies for managing your urostomy. Work with your Stoma Care Nurse to explore what options are most suitable for your specific needs.

Our thanks to contributors:
Caroline Knight, Katie Sainsbury,
Debs Meredith and Deb Armstrong.



A Legal Alien in Tokyo

BY ROSS OTHEN-REEVES



Quirky, creative, and unique, Yuri Nakajima advocates for greater acceptance and understanding of stomas within her native Tokyo. Here she tells me all about life as an ostomate in Japan, and how she unexpectedly ended up with an “extraterrestrial” on her tummy.

“So nice to meet you!” Yuri Nakajima exclaims enthusiastically when we first meet over a video call. The flawless American accent catches me by surprise. Yuri is Japanese but studied in Boston, Massachusetts, where she mastered both English and America’s East Coast dialect. Her gift for languages has even led to a freelance career as a coach in English pronunciation for singers. She also translates music textbooks, and interprets music lectures, masterclasses, and interviews for international jazz vocalists and brass players, all in her hometown of Tokyo. It sounds like quite a theatrical career which I imagine suits her big and quirky personality perfectly.

Her playful and unique view of the world was apparent when I asked her how she felt about living with a stoma.

“It’s like an alien came to live in my tummy!” She tells me, high-pitched and wide-eyed, as though half convinced by the idea. “Like this weird creature just came to live in me, uninvited. I don’t mind him. He’s not really any trouble, but sometimes he is a pain in the neck. He doesn’t listen to me. He just does his own thing!”

Yuri has been cohabiting with her alien, on and off, since 2016, when she was diagnosed with bowel endometriosis (where tissue similar

to the uterine lining grows on or in other parts of the body, including in the intestines). The condition led to her having part of her colon removed, and a temporary colostomy formed. Successful reversal surgery followed the same year, but soon Yuri found herself grappling with a rectovaginal fistula (RVF) - an abnormal tunnel connecting the large intestine to the vagina, leading to faeces “coming out of the place where it shouldn’t”, Yuri explains tactfully.

Doctors presented two options to her. The first involved a complex and risky operation, as Yuri put it:

“I could have this big, acrobatic surgery to stop the fistula. It sounded shocking and painful. The procedure only has a 50/50 success rate too, so it might have meant even more surgeries afterwards to make it stable.”

The alternative was simply to revert back to having a temporary stoma again. For Yuri, it was a no-brainer. She elected to have a stoma formed once more. The decision was made easier by the fact that her husband, Shuhe, was fully supportive of this plan too. They had both been on a journey with Yuri's health, and Shuhe had his own reasons to believe that a stoma was the better option for her. In fact, he was more comfortable with Yuri's initial stoma than she was at first:

"We were newlywed when we found out about my endometriosis and I had to have stoma surgery. I was devastated, because I wasn't sure if he would still love me. But I was more shocked by my stoma than he was."



Part of the reason Shuhe was so understanding was due to complications with Yuri's initial surgery to treat her endometriosis. As she told me:

"Endometriosis itself is not considered life-threatening; however, in my case, the affected areas around my digestive and gynecological systems were severely adhered together, resulting in what was initially estimated to be a six-hour operation taking over 12 hours. Shuhe and my family were waiting for me to return. During that prolonged period, Shuhe became increasingly fearful of losing me. I think in this tense moment, he realised he would accept any version of me rather than not have me at all".

Ten years on, Yuri is still living with her 'temporary' stoma, but she currently has no plans to have it reversed. A supportive husband certainly helps make this decision easier. As does the fact that, since childhood (long before developing endometriosis), Yuri has also suffered with severe constipation resulting in painful hemorrhoids. As she told me:

"I feel more comfortable living with a stoma. I was having so many bowel problems. Having a stoma has drastically made my life easier, more comfortable, and more controllable".

After pausing for thought, she adds: "I would rather have a stoma bag than an uncontrollable, natural anus. I'm sorry - I don't know how to sugarcoat those words!"

We both burst out laughing at Yuri's refreshing candidness, before I reassure her there is no need to sugarcoat anything at all for Tidings.

Yuri's pain has now completely gone, and life is unquestioningly preferable with a stoma than without. But that's not to say she doesn't have her bad days. Like so many ostomates, she often has to deal with issues like leaks and ballooning, and still experiences negative thoughts around body image. Yuri says these issues are complicated by living in Japan.

On the one hand, state-level support for ostomates makes Japan one of the best places on the planet to live with a stoma, so Yuri explained. For example, the Japanese health insurance system works much like the UK's NHS. Local government is responsible for distributing monthly budgets to ostomates in their local areas to cover the cost of stoma products. All accessible toilets are fitted with a sink specifically designed just for people living with a stoma, and Japan even has a special stoma icon for ostomates to use in public to highlight their hidden disability.



On the other hand, Yuri says that wider society still has a long way to go before they understand, and therefore accept, people living with stomas.

"We install all these fantastic systems, but people aren't catching up with it. So, it's a nice country to live in as an ostomate, but we still need to do much more to teach people what stomas are".



So, Japan is a country with great government initiatives, but also a place where stomas are poorly understood amongst the wider public? This will undoubtedly sound strangely familiar to many readers back in the UK, I tell Yuri. Perhaps our two countries aren't so different after all.

This said, there is one particular challenge in Japan which the British stoma community doesn't have to contend with, and that's the issue of language. As Yuri explained:

"In Japan, the word 'stoma' is literally translated as 'artificial anus' - which is really horrendous. We do use other words too, but these are imported foreign words. For example, we call ourselves 'Oh-sue-toe-may-toel' - which is the Japanese pronunciation for the word 'ostomate'. And we do use the word 'stoma' within the community, but most other people wouldn't know what it is, so sooner or later I would end up having to verbalise the literal translation anyway, and that's sad."



Yuri believes the language around stomas continues an unhealthy cycle of stigma, shame, and silence which she has been tackling through her own advocacy efforts. Not that she ever expected to be an advocate for stoma wellbeing. It was something she fell into; a friend of hers had been surprised to discover that Yuri was an ostomate. This led to the friend – a doctor – interviewing Yuri for a medical magazine. The article was incredibly well received, and Yuri was touched by the number of people she had been able to help better understand stomas.

The positive response was all the motivation she needed to start her own advocacy work. This included a website, where she shares her stoma-related experiences with readers, and a workshop called 'Diversity in Digestion'. In these classes, she uses outdated bags donated by stoma supply companies, as well as her own homemade visual aids to explain how and why stomas are formed, to help demystify the topic. The workshops have been such a success that Yuri now runs them in both Japanese and in English for Tokyo's international cohort.



In 2021, Yuri also became a member of the Japan Ostomy Association (JOA) which, like Colostomy UK, has existed for over 50 years.* Since joining, Yuri has worked closely with the organisation's president, Mr. Jun Sakamoto, exploring innovative ways of promoting the JOA to younger ostomates, while remaining relevant and committed to the organisation's older members. It struck me that this was another similarity between the JOA and Colostomy UK, given that CUK (and Tidings in particular), aim to balance the diverse needs of a wide range of ostomates.

With seemingly boundless energy, Yuri has also been attending Colostomy UK's Active Ostomate Pilates exercise classes online for the past year. Since then, she has also become an avid reader of Tidings, and begun collaborating with Shauna Ann,

Colostomy UK's Community Liaison Officer. There seems to be no stopping her, but Yuri is a woman on a mission, as she told me succinctly:

"I want my fellow ostomates to have proper self-esteem and to thrive in life."

Living with a stoma was never part of Yuri's life plan, but advocating for the rights and wellbeing of ostomates is clearly now an intrinsic part of who she is as a person. It leaves me wondering who Yuri would be today had she not had this unexpected life calling, courtesy of her little misbehaving stoma 'alien', who arrived uninvited all those years ago.

*To hear more about the Japan Ostomy Association, turn to page 32 where you will find an interview between Mr. Sakamoto and Colostomy UK's CEO, Libby Herbert.

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Name(s): _____

Bank/Building Society account number _____ Branch Sort Code _____

Service User Number

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- This guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits
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campaign news

Our Marketing and Campaigns Manager, Giovanni Cinque, shares highlights from Colostomy UK's latest campaigning activities.

Medical Technology Group Awareness Event in Westminster.

One of the ways that we try to represent the views of people living with a stoma to politicians and policy makers is through our membership of the Medical Technology Group (MTG). The MTG is the only UK coalition of patient groups, research charities, and medical device companies who work together to ensure appropriate and timely patient access to medical technology in the NHS.

Each December, the MTG holds an awareness event in the Palace of Westminster. In 2025, we were excited to secure a speaking slot at the event which was attended by Members of Parliament and different institutions. This included members of the Health and Social Care Committee, the Science, Innovation and Technology Committee. Other organisations and institutions represented included NHS England, NICE, and the Treasury. Patient groups, clinicians, charities and manufacturing companies also attended.

Colostomy UK volunteer, Linda Griffiths, gave a moving and thought-provoking talk that focused both on



Linda Griffiths at the parliamentary event

the challenges she faced accessing the right stoma products and the positive impact it had on her life once she was able to obtain them. Linda's speech was incredibly well received, and so we thought readers would like to read it in full. Here it is:

.....

"Before I talk about my own experience, I want to start with the work that has shaped my career. I've been an NHS nurse for over 40 years and have looked after people with congenital heart disease for most of that time. I've cared for people from birth through to adulthood and old age, and throughout my career one message has remained consistent: the patient voice must come first. The best care happens when patients and clinicians work as true partners. Listening to each other, trusting each other, and making decisions together.

I have believed that throughout my entire career. But a few years ago, I learned it in a very personal way.

My life changed overnight when I was rushed into hospital with severe complications from diverticular disease. What started as abdominal pain quickly became an emergency. My bowel had blocked and perforated, and I needed emergency surgery to save my life.

When I woke up, I was in shock. I had tubes, drains, and a stoma bag. I had no time to prepare or understand what life with a stoma would mean. Those first weeks were some of the hardest of my life. I felt frightened, exhausted, and unsure if I would ever feel like myself again.



I struggled with leaks, painful skin, and a real sense of losing control. I tried the professional advice I was given, but nothing worked. Eventually, I started researching for myself and discovered that there were barrier products available that were designed to protect the skin. When I tried a sample, I knew instantly that this was what I needed. But getting access to them wasn't easy, and at times I felt dismissed for trying to help myself.

Thankfully, one nurse really listened. Together we worked through my options and found the right bag and the right barrier product. It took time. Almost a year, but once we got it right, everything changed. I've had no leaks and no sore skin for more than four years now.

With the right products, I got my confidence back. I could leave the house without fear. Sleep through the night. Run again. Travel again. And most importantly, return to the job I love. I became independent again, as a mother, a nurse, and a member of my community.



That experience strengthened my commitment to patient choice, dignity, and informed decision-making. It reminded me how important it is that patients are listened to, and that our voices shape the care we receive. It also inspired me to volunteer with charities like Guts UK and Colostomy UK. I know how much professional expertise and lived experience can achieve when they come together.

And that brings me to why this event matters so much.

Today is about showing what innovation in medical technology can make possible. It's about the difference that good stoma products make to real people, every single day. And it's about what it would mean if access to these products were reduced or restricted.

Let me be clear: this isn't about luxury or convenience. It's about health, dignity, and independence.

So, my message today is simple, but urgent:

Please protect access to a full range of high-quality stoma products. Please ensure patients are equal partners in their own care. And please don't let short-term savings create long-term suffering for patients, for the NHS, and for society.

Because with the right products and the right support, people like me don't just survive, we thrive.

We go back to work. We give back to our communities. We live full, independent lives. That's what good stoma care makes possible. And that's what's at stake if we lose it.

That's why collaboration is so important. Clinicians, industry, charities, policymakers, and patient voices all have a role. Events like this one show what we can achieve when we bring all of those perspectives together with a shared purpose.

And at the heart of that purpose must be patients.

Our needs, our experiences, and our voices must shape the future of medical technology so that innovation is meaningful, and so that people can access the products that genuinely help them live well.

It means a great deal to me to be part of a gathering that celebrates that shared commitment to better outcomes, better experiences, and better quality of life for patients everywhere".



More Stoma-Friendly Places to Visit in Merseyside

If you live in, or are visiting, Merseyside, there's some encouraging news. Two popular local venues, Liverpool ONE Shopping Centre and Strawberry Field, have recently become stoma friendly after updating their accessible toilets.

At Liverpool ONE, accessible toilets now include useful features such as shelves for stoma supplies, hooks and discreet disposal bins, alongside clearer signage. These changes can make a big difference when you're out shopping, helping you feel more confident and less anxious about managing your stoma.

Strawberry Field, one of Liverpool's best-known visitor attractions based around the famous Beatles' song, has also improved its accessible toilets by adding stoma-friendly facilities.

Both venues are supporting our Stoma Friendly Toilets Campaign, which highlights the practical things that really matter when you're away from home.

To find out more about the campaign including how you can get involved, search for 'Colostomy UK toilet campaign' in your browser.



Team Colostomy UK Rugby League Updates



Giovanni Cinque
Marketing & Campaigns Manager
GetInvolved@ColostomyUK.org

Our very own, rugby-mad, Giovanni Cinque explains how being part of Team Colostomy UK has changed lives.

Team Colostomy UK is kicking off its ninth season of rugby league. Over the years, it has grown into far more than a sporting side. It has become a symbol of what ostomates can achieve, on and off the pitch, while challenging outdated perceptions and sparking conversations about confidence, inclusion, and quality of life.

From full-contact rugby league to wheelchair, touch, and tag formats, Team Colostomy UK has always focused on making the sport accessible.

Our aim is simple: to create opportunities for people with a stoma to participate, enjoy themselves, and excel in a supportive environment that understands their needs.

Yet we know that taking up a new sport can feel daunting, especially after surgery or during recovery. That's why we are sharing some experiences from players who once wondered if sport was possible for them, but who are now proud to pull on the purple jersey.

Ed Rowland recalls speaking at a Colostomy UK event about his rugby league experience with a stoma. While the response was overwhelmingly positive, one question stood out. A wheelchair-user asked "What about me? I'm limited in what I can do sport-wise."

That question reinforced why the wheelchair rugby league team was needed. For Ed, it represents Colostomy UK's commitment to asking "why not?" rather than accepting limitations. By empowering people with a stoma and limited mobility, the team helps individuals change their own narratives, boosting confidence, mental wellbeing, and quality of life. The impact reaches far beyond the pitch.



Ed

For Tim Cree, wheelchair rugby league gave him the chance to play again after initially focusing on contact rugby. It allowed him to remain a full team member and rediscover a sense of belonging. Playing from a chair removes the focus from disability and puts it back on enjoyment, teamwork, and the game itself.



Tim

Steve Fisher's journey followed immense personal challenges. In 2018, he lost his mum to cancer, before a severe flare of ulcerative colitis led to multiple surgeries and long hospital stays. During that time, he made a bucket list that included playing sport again. Scoring in his first match for Team Colostomy UK,



Steve

with his children watching, was unforgettable. Steve describes the charity and team as "amazing," highlighting how they bring visibility to a hidden disability.

For Isabel Peña Barrientos, rugby league was never part of the plan. After years of severe illness, life-saving stoma surgery, and long hospital stays, she wondered what her future might hold. Watching Team Colostomy UK play in 2019 was a turning point. Inspired by the diversity, inclusion, and camaraderie she saw, Isabel imagined herself playing. From practising basic skills during lockdown to her first match in 2021, she discovered not only a new sport but a new sense of possibility. Her message is clear: having a stoma does not mean life stops or slows down. It means adapting and finding safe, supportive ways to do the things we love.



Isabel

If these stories resonate with you, we'd love to hear from you. Whether you're interested in playing or simply supporting. Get in touch at GetInvolved@ColostomyUK.org and become part of a team that proves that a stoma doesn't define what you can achieve.



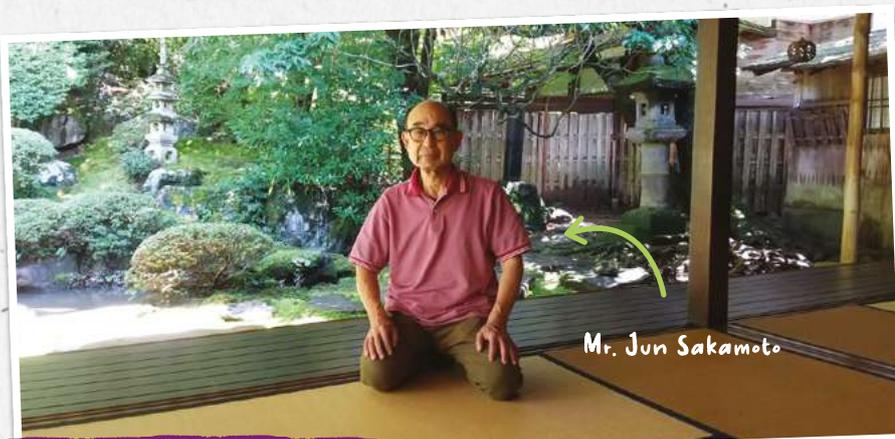
Libby Herbert



IN CONVERSATION:

Colostomy UK's CEO, Libby Herbert, and the Japanese Ostomy Association's President, Mr. Jun Sakamoto.

Following on from our Real Lives story with Tokyoite, Yuri Nakajima, on page 24, Colostomy UK's very own CEO, Libby Herbert, followed up with her Japanese counterpart, Mr. Jun Sakamoto - President of the Japanese Ostomy Association (JOA), to find out what it is like running Japan's leading stoma organisation.



Mr. Jun Sakamoto

Libby: How long have you been leading the JOA?

Mr. Sakamoto:

I took office in June 2025

Libby: What motivated you to first become involved with the Association, and then to lead it?

Mr. Sakamoto:

I had surgery for rectal cancer and had a stoma formed in June 2017. At that time, I searched online for patient support groups and found the Japan Ostomy Association. I joined the Kawasaki City branch in Kanagawa Prefecture. However, after attending my first branch event (a health seminar), I didn't find it very engaging, so I stayed on the sidelines for a while.

About two years later, I accepted a role as a Branch Officer and eventually became Branch Manager. I felt that if members were spending their time and money to attend events, then those events needed to be worthwhile. I worked on planning more enjoyable activities, and participation began to increase.

Then, in early January 2025, the Representative Director/Vice President of JOA headquarters approached me to take on the role of President. I sensed the urgency of the situation and so I couldn't refuse.

Libby: How is the JOA structured as an organisation?

Mr. Sakamoto:

The JOA originally formed around patient groups in each prefecture

(about 50 branches) and was recognised officially by the Japanese government in 2011. However, governance systems were not fully established at the time, and some of those challenges still exist today.

This is because funds held by each local branch should have been managed centrally. Instead, headquarters and branch funds continued to be managed separately. Strengthening governance and internal controls is essential if we want to provide stable support and improve the quality of life for ostomates across Japan.

I believe I was asked to take on the role partly because I have spent much of my career in finance.

Libby: How many staff and/or volunteers work with JOA?

Mr. Sakamoto:

There are currently two part-time staff members at headquarters. It is difficult to grasp the exact number of volunteers across all the branches.

Libby: What are the main activities of the JOA?

Mr. Sakamoto:

Our main activities are health seminars and consultation sessions held regularly by branches nationwide. These give ostomates and their families practical information to support quality of life and offer a 'place to belong.'

Libby: What would you say are the greatest challenges facing members of the stoma community in Japan today?

Mr. Sakamoto:

Although stoma-friendly restrooms (toilets) can now be found across the country, awareness of stomas remains quite low. This may be because stomas are a hidden disability, and because Japanese society often places greater importance on visible appearance.

Another challenge is that stoma care in Japan sits under the welfare system, rather than the medical system (as it does in the UK through the NHS). This means stoma subsidies are decided by local municipalities, creating major variation in funding resources depending on where someone lives. It's a kind of 'postcode lottery'.

Japan is also prone to natural disasters such as earthquakes. When such a crisis hits, supporting ostomates becomes even more difficult, because we must coordinate across many local authorities during chaotic circumstances.

To address this, the JOA is developing a national emergency response system that can be rolled out across all municipalities. This includes standard ostomy supply kits to be stored in municipal disaster relief warehouses and distributed quickly when needed.

Libby: What do you consider the JOA's greatest achievements?

Mr. Sakamoto:

Our greatest achievement is successfully lobbying national and local government to establish a subsidy system for stoma supplies and related products.

Libby: What has been the most rewarding moment for you as President?

Mr. Sakamoto:

Before I became President, there was little proactive communication between the headquarters to our branches. As a result, branches did not know that headquarters had faced long-term financial difficulties and a serious shortage of funds.

So in October (2025), I visited every regional block across the country (each block includes around six branches), to share an honest update on the organisation's situation and ask for future cooperation. The most rewarding moment was seeing members overcoming their initial reservations to begin working with the headquarters, and seeing members express a genuine desire to help stabilise the organisation.

Libby: What are JOA's priorities for the next five years?

Mr. Sakamoto:

My priority is to strengthen the organisation's financial foundations and clarify our future vision. By communicating our work more actively, we hope to raise the JOA's profile, increase membership, and ultimately improve quality of life for ostomates.

Libby: How does public awareness of stomas in Japan compare to other countries?

Mr. Sakamoto:

We have not done many comparisons with other countries, so I cannot say for certain, but my sense is that

awareness is low. As mentioned earlier, stoma care in Japan is treated as an "extension of daily living" within the welfare system, rather than as an ongoing public health issue.

In practice, this means that once someone has recovered from surgery, there is very little ongoing support unless they develop a medical issue such as a stoma-related infection.

Some ostomates who receive nursing care (for example, many older people) may qualify for Long-Term Care Insurance, which provides access to certain services. However, there is a gap for other ostomates.

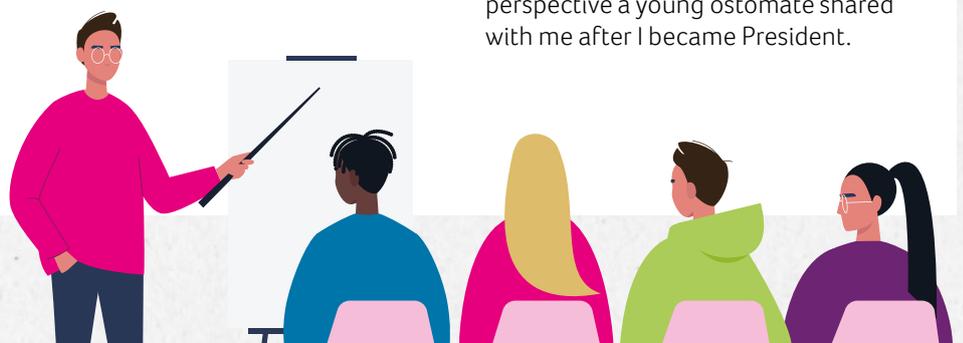
Younger ostomates in particular, have very few places to turn for advice. I feel there is an urgent need to build stronger community-based support, especially for younger people.

Libby: Are there any cultural attitudes or misconceptions about stomas that you are working to change?

Mr. Sakamoto:

Japanese society is premised on 'vertical structures' which creates clear divisions between community groups. For example, there can be a high wall between the concepts of 'healthy/able-bodied' and 'disabled'. As soon as someone is seen as 'disabled', both sides may withdraw. Sometimes the person with the disability withdraws most. Therefore, simply explaining 'what an ostomate is' from the start doesn't really move the conversation forward.

Instead, we should create attractive events that anyone can enjoy, bringing different people together. When people ask, "Who planned this event?", they may then discover, "It was ostomates," and that becomes a natural entry point for raising awareness. This was a perspective a young ostomate shared with me after I became President.



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Active Ostomates sport and fitness after stoma surgery



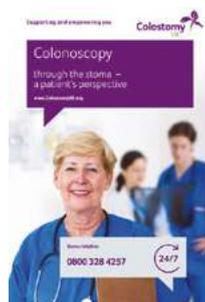
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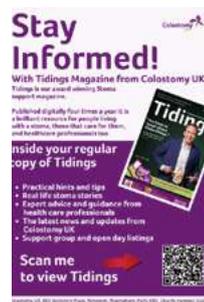
Caring for a person with a stoma



Caring for a person with a stoma and dementia



Colonoscopy through a stoma



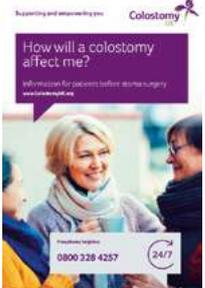
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How will a colostomy affect me?



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What is a stoma?



Living with a stoma



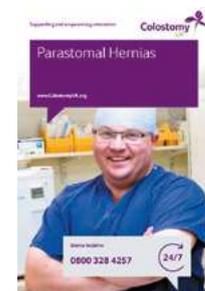
One to one



Ovarian Cancer and stomas



Pain and discomfort



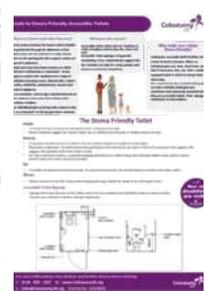
Parastomal hernia



Rectal discharge



'Sam has a stoma' colouring book



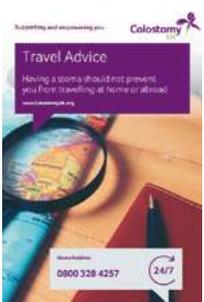
Stoma Friendly toilets campaign pack



Stoma reversal



Tidings magazine



Travel advice



Travel certificate



Grandma's new bottom



Welcome pack

Let's get Active this April and Step up for Stomas!

BY MEGAN LOWDEN

Megan Lowden



Did you know that on average, 55 stoma surgeries are performed every single day in the UK?

Step Up for the stoma community by getting active this April and take on our 5.5 challenge!

Whether you pledge to run, jog, walk, skip, swim or roll **5.5k**, walk **5,500 steps**, or do **55 minutes** of an activity of your choice every day of April, there are so many ways you could Get Active and raise vital funds for Colostomy UK.



Why Step Up for Stomas, Active April?

Staying active can have a powerful impact on both physical and mental wellbeing, helping to ease anxiety, build confidence, and improve overall health. You do not need specialist equipment or a gym membership to get involved. By choosing an activity that suits your own abilities, you can take part in Step Up for Stomas, Active April, and play a role in supporting people across the UK who undergo stoma surgery. It is a challenge that benefits not only your own wellbeing but also helps make a real difference to thousands of others.

How Can I Get Active and Take Part?

There are lots of ways to get involved in this year's Step Up for Stomas, Active April challenge, all centred around the number 5.5, representing the 55 people who undergo stoma surgery every single day in the UK.



Challenge yourself to walk, run, wheel, cycle or swim, covering **5.5 km a day** at your own pace,

Walk, run or jog racking up **5,500 steps a day** throughout April.

If distance or steps are not for you, you can still get involved by committing to undertaking **55 minutes of activity a day**. That could be stretching, yoga, Pilates, strength exercises, dancing, swimming or anything that gets you moving and suits your abilities.

Take on this challenge solo or as part of a group and make sure to share your progress along the way.

The most important thing is choosing an activity that works for you and makes staying active achievable and enjoyable.

For more ideas on how to take part in Active April, visit our website via (search for Colostomy UK Active April) and find the challenge that's right for you.

How your fundraising helps:

As a self-funded charity, every £1 that we raise really does make the world of difference. As part of this challenge, we would love it if you could aim to fundraise as much as you can – setting a target based around the number 55 may be a fun way to focus your ambitions! Why not aim for £155, £550 or even £1550!

Your fundraising efforts will allow us to support thousands of people around the UK before and after stoma surgery, ensuring they do not go through this journey alone. Thanks to our Step Up participants, we will be able to continue campaigning for a more Stoma Aware UK, including improving access to stoma friendly toilets nationwide. Our Stoma Helpline will remain open 365 days a year, providing vital emotional and practical support, supported by our befriending service to help reduce isolation and protect mental wellbeing. We will continue delivering Active Ostomates classes, producing our wide range of trusted support literature, running care workshops for people living with a stoma and those who support them. And we will continue working with national, regional, and local governments to ensure that their stoma-related policies reflect the needs of the stoma community itself.

Quotes from previous participants:

“Having a colostomy has been life-changing, and thanks to Colostomy UK, I found the support and information I needed to navigate this new chapter. I’m raising money and awareness to give back to the incredible community that helped me through my emergency surgery in 2021, and to ensure others have the resources and support they deserve on their journey too.”



“Taking part in Step Up for Stomas made me feel that I was at last doing something constructive to repay in some small way, the charity and surgery that actually gave me my life back.”

Fundraising top tips:

1. Register online at www.colostomyuk.org/getinvolved/activeapril. It's free and easy to join.
2. Choose your challenge. Walk, run, skip, hop, swim 5.5k a day, rack up 5,500 steps a day or take on 55 minutes of an activity most suited to you every day of April. There are plenty more ideas over on our website!
3. Kickstart your fundraising. You can set up your Active April fundraising page on JustGiving or Facebook, using the links below:

justgiving.com/campaign/active-april-55
www.facebook.com/colostomyuk

JustGiving®
or **facebook**

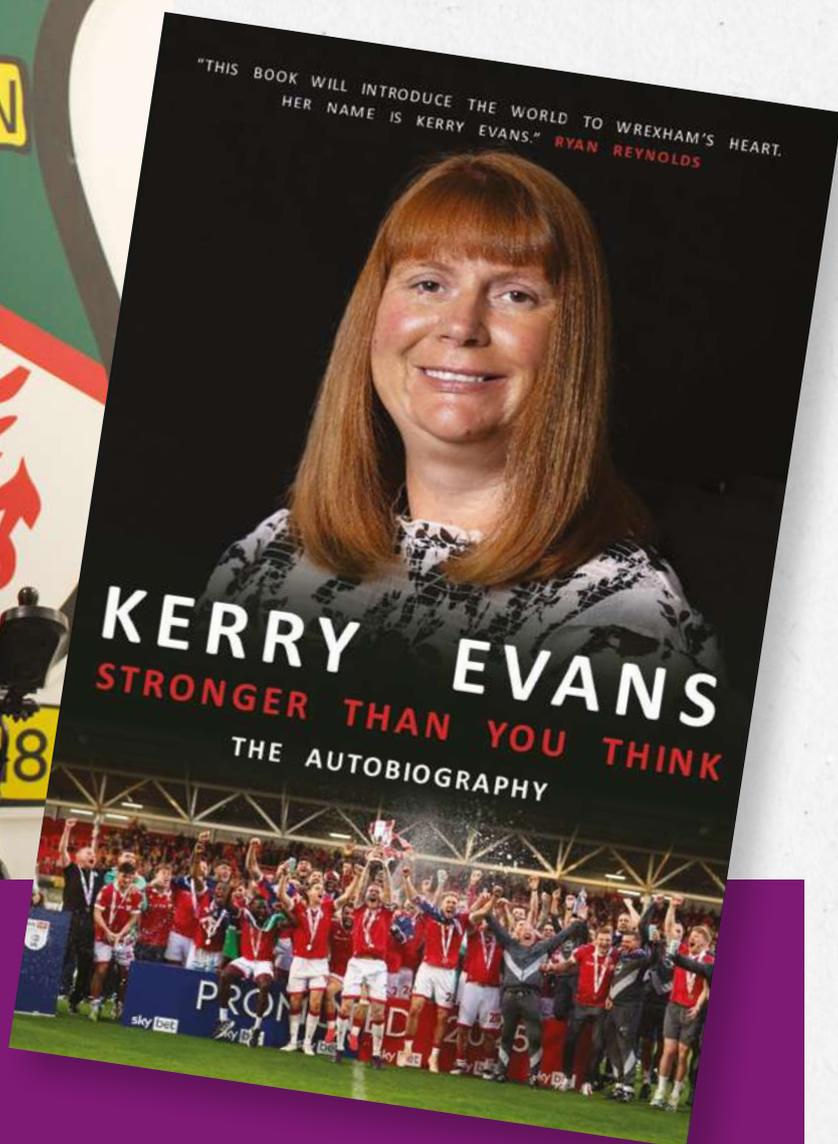
You can also use our sponsorship form available to download from our: Active April webpage, which you can find here.

4. Set yourself a fundraising target – having a goal is likely to help you generate more support.
5. Tell everyone!! Share your plans to take part in Step Up for Stomas, Active April with friends, family and colleagues, and do not be shy about asking people to sponsor you or even join in. Your challenge is a great way to support yourself while also standing alongside everyone with a stoma, helping to ensure they feel informed, supported and not alone.
6. Be one of the first 30 people to raise £55 or more to become eligible for your free Active April t-shirt. Alternatively, you can also purchase a t-shirt on our online shop today. Click on the link, here, or else search for 'Colostomy UK Big Cartel' in your web browser.



Register today or search for 'Colostomy UK Active April' in your web browser





Book Club

Kerry Evans: Stronger Than You Think

Kerry Evans is Disability Liaison Officer for Wrexham AFC – a football club which has gone from relative obscurity to the heights of the Championship League in recent years. The club's meteoric rise is captured in the hit TV show, Welcome to Wrexham, which Kerry stars in. But this is only one of many eventful aspects of Kerry's life, which also includes living with two stomas.

Kerry's story is so incredible that she has now written her autobiography, 'Stronger Than You Think'. Here, she explains how the book came about, and what the response has been like so far.

Two of the Colostomy UK team, Jillian Matthew and Nicola Kendall also share their thoughts in Tidings' first ever 'book club' review.

What do you cover in the autobiography?

Being born with cerebral palsy, growing up with numerous health issues. Being bullied, being in a horrendous relationship, and becoming a full-time wheelchair user at age 30.

Happily, the book then also talks about me becoming a full-time volunteer at Wrexham AFC, helping fans with disabilities before Hollywood came calling, when Ryan Reynolds and Rob McElhenney purchased our club and offered me full-time employment. Their takeover led to the club's unprecedented rise through the leagues. I see it as a complete privilege and honour to do the job I do supporting fans who need my assistance.

How did the idea of writing an autobiography come about?

My nan always said so much had happened in my life, that if I ever wrote a book people wouldn't believe it was true. Then when Wrexham got its first promotion from the National League, Rob McElhenney had a long conversation with me at the celebratory party and said I'd inspired hundreds of people, including himself. This then got me thinking. If I were to put my story out there, could it help and inspire more people?



What was the writing process like?

I secured an agent, who paired me with the ghost writer, Katie Wyatt, to help develop the book. We both knew very quickly that we would work well together. At times it was incredibly hard. We had evenings where we were on zoom for hours and I would cry all evening. Some of it was difficult to revisit, but other parts were an absolute pleasure to do. If I'd have realised how hard the process would be I may have thought twice. However, I'm very glad I didn't realise that because now it's completed I'm immensely proud of it. It was like being in therapy, and since its completion I feel lighter.

What has the response been like so far?

The response has been tremendous. The feedback has been completely overwhelming.

I've had a lady get in touch to tell me she was in an abusive marriage and has never told anyone, but having read my book, she wanted to get in touch.

A gentleman from America emailed and thanked me, as he has always wanted to be a paramedic but never felt that was possible, but since reading my book, he has now signed up to start his training and said it was down to me and the belief I gave him. I've had literally hundreds of fans approach me to discuss why the book touched them personally too. I always said that if the book made a difference to one person, it would have been well worth doing, so it's been phenomenal seeing the responses. To see how people have taken me to their hearts has been quite humbling.

Nicola Kendall

Book Club Review:



Nicola Kendall – Colostomy UK Finance Manager:

As a parent of two football-loving boys, it has been impossible to miss the excitement around Wrexham's Hollywood ownership, and I have followed the teams progress from non-league football to the Championship with great interest. Kerry's autobiography shows the very personal real-life story of someone who has been integral to the club through thick and thin.

Kerry speaks with real honesty about the incredibly difficult medical challenges that she has faced throughout her life and the positive impact that her involvement with Wrexham has had, from her early involvement as a volunteer through to her time as a full-time paid Disability

Liaison Officer. Using her own lived experiences, her work has centred around ensuring that barriers to attendance at games are removed to make the club accessible to all.

"Welcome to Wrexham" has put the town and its football club on the map and given Kerry a platform to bring about change. Since having two stomas she has seen first-hand not only the importance of stoma friendly toilets but the remarkably simple steps that can be taken to convert current facilities and give confidence to those with a stoma when out in public.

I found this book to be incredibly moving and a real testament to the power of human spirit.

Jillian Mathew

Jillian Mathew – Volunteer: Tidings Editorial Board

It's quite hard to sum up this book in a short summary, but some of the key takeaways for me are Kerry's resilience and determination to make her beloved football club inclusive for everyone, in the face of many of her own challenges. Her lived experience meant she understood what it meant for people to feel valued, included and treated with dignity and respect, no matter who they were and what barriers they faced. Although some of the accessibility changes were more substantial, benefiting from funding from the two Hollywood A-lister new owners, many of the changes didn't need a big budget, but still had a big impact on fans and their families. Things like a quiet zone set up for people who need a calmer environment, a sensory room, dementia-friendly adjustments, and stoma-friendly toilets.

For ostomates, Kerry is a shining example of how living with a stoma, or in her case two stomas, means you can still have a fulfilling life and achieve great things. The one thing Kerry said she wanted people to take from the book sums it up for me – "Everyone is good at something – you just have to find out what your thing is. But we are all stronger than we think, and we all have something to offer."

My hope would be that this book has a positive impact in two ways. To give people hope that things can and should change to make places more inclusive. Also, for organisations, not just sports clubs, to take note and see how easy it can be to make small changes with big impact, and to get themselves a Kerry to make it all happen!

'Stronger Than You Think' is available at Waterstones, Amazon, and at Wrexham AFC club shop in store and online.

Content Warning: Kerry's autobiography includes graphic accounts of surgery and references to sexual abuse.

Kerry's story was also told in the Summer 2024 edition of Tidings, which can be found on our website, or search for 'Colostomy UK Tidings' in your web browser.



Support Group News and Community Activities

Our Community Engagement Lead, Shauna Ann, shares all the news from stoma support groups across the country, as well as updating on all of Colostomy UK's latest community-based initiatives – read on for how you might be able to get involved yourself!



Support Group News

3 Bags Full: Mold Support Group

'3 Bags Full' is a stoma support group that was originally set up by Tom Russell, a Stoma Nurse at Wrexham Maelor Hospital. Tom is still involved in the background, but the group is now run by four volunteers, Linda, Lindsay, Paul, and Rob.

During the first year the group has had talks from a dietician, regarding hernia support wear and the art of making chocolate.

At the group's recent one-year anniversary, the mayor of Mold and the mayoress of Buckley both attended

and gave a speeches congratulating the group on its success.

- » The group meets on the 2nd Wednesday of the month from 7pm at Northop Hall Cricket Club.
- » Contact Sharon Davis on: 07359267075 for more information

A First of its Kind: Two Support Groups Join in a Unique Partnership

By chance, Tracy Green and Mel North each contacted Colostomy UK in August for help setting up a stoma support group in Hertfordshire, so Colostomy UK have supported them to work together, leading to the creation of the 'Friends with Stomas' support groups.

Tracy now runs a support group at weekends, in Welwyn Garden City.

Mel oversees one at the weekday in St. Albans.

This ensures that ostomates in the local area have choice when looking to attend a support group.

This collaboration is particularly exciting as we believe it is the first of its kind amongst support groups!

Details of both support groups can be found below:

Friends with Stomas - St. Albans

- » Meets the 2nd Friday every month, at 10am, at the Rose and Crown, Sandridge, AL4 9DA
- » Contact Mel at: friendswithstomas@outlook.com

Friends with Stomas – Welwyn Garden City

- » Meets the last Saturday of the month, 2pm, at the Sheldon Inn, Sloansway, AL7 1NB
- » Contact Tracy at: fswgwc@gmail.com

Community Activities

Active Ostomates Returns!

2026 is set to be a busy year for our online Active Ostomates exercise classes.

Classes run once a week for 8 consecutive weeks between the following dates:

- » 24th February – 18th April
- » 02nd June – 25th July
- » 01st September – 24th October

More details can be found on the Active Ostomates page of our website.

Stoma Care Workshops for Unpaid Carers

We are excited to announce that our stoma care workshops are now CPD** certified and Colostomy UK is now accredited – meaning the course has passed its assessment by an independent, professional third-party.

We have three dates secured throughout 2026, offering free stoma care workshops to unpaid carers, friends and family members who are supporting someone with a stoma.

Contact Getinvolved@ColostomyUK.org for more information.

Skin Care Webinar

On Tuesday 10th March at 12.30pm, we will be running a webinar in partnership with Medicare Plus on Skin Protection and Care. If you would like to come along, please email: Hello@ColostomyUK.org or scan the QR code.



**CPD: Continuing Professional Development

Your Letters and Emails

Here's a summary of your most recent letters and emails.



Following our article on convex bags in the Winter 2025 edition of Tidings, a reader got in touch to emphasise just how well suited these can be for those living with hernias.

Dear Sir/Madam

I never write to magazines (well I didn't) but I want to give my fullest support to the article on Convex bags.

I have a rather large hernia and the flat baseplate is far, far inferior for me than the Convex. I was getting so depressed at the number of times the flat base plate leaked at the sides even though I would seal it as best as

I could with medical tape. I hardly dared go for a long train or plane ride.

I then read about the convex bags in Tidings a couple of years ago. The convex has literally changed my lifestyle- it sticks very firmly and creates a 360 degree seal giving confidence and reassurance.

My reason for writing is simply to encourage you to publicise, whenever you are able, the huge advantage of convex bags for those with a hernia.

With best wishes

A.T



One person got in touch to suggest we look into a future Tidings article on blockages and adhesions (so watch this space, dear readers!)

Dear Editor,

I'd like to draw attention to a couple of issues that affected my late father, an ostomate for over 20 years, in the hope that it may help others. Dad recently passed away; the cause of death was recorded as 'bowel obstruction' with 'bowel adhesions' as the underlying cause. In the months preceding his death he experienced several episodes of abdominal pain and vomiting. Despite various assessments, bowel obstruction was never discussed. I would encourage readers to remind their healthcare providers about these potential complications.

While Dad was very well looked after in a care home, staff did not have sufficient training to provide appropriate skin care or help change his stoma bag. This resulted in several distressing leaks, and - on at least one occasion - the bag being fitted upside down. I was delighted to learn that Colostomy UK can provide free training for care-home staff and I would encourage ostomates who are care-home residents (or their relatives) to bring this to the attention of their care-home manager.

J.P

Readers may recall that in the last edition of Tidings we asked for your feedback on our new Sex and Relationships initiative (page 30 of the Winter 2025 edition). One particular reader had a really interesting idea to add to the mix, and which has given us pause for thought:

Dear Editor,

I read the article in the last edition of Tidings and the request for feedback.

Many people meet new partners online these days via dating apps. I am not aware of any special sites for ostomates to connect with each other in this way.

I am sure that many who are single but looking for a new relationship would appreciate such a resource. It would connect individuals with the confidence that their physical situation is understood from the outset.

Regards,

M.S



Got something you'd like to share? Why not get in touch...

You can email us at:
Editor@ColostomyUK.org
or write a letter to us at:

**The Editor, Colostomy UK, 100
Berkshire Place, Winnersh,
Wokingham, Berkshire, RG41 5RD.**

Happy writing!



Make your donations worth 25% MORE at no extra cost to you!

If you're a UK tax payer, tick the Gift Aid box on the donation form so that we can claim an extra 25% from HRMC at no extra cost to you. Gift aiding your donation provides us with more funds to focus on the things which matter to you, such as providing support through our stoma helpline, campaigning for stoma-friendly toilets, producing this magazine and getting more ostomates up and active!

For more information visit:

www.ColostomyUK.org/gift-aid

or email GetInvolved@ColostomyUK.org

giftaid it



National Key Scheme (NKS) Radar Key and Photo Identity Card

Ensure you always have access to a toilet by purchasing a Radar Key and Photo ID card. Through the National Key Scheme, Radar keys open the doors to over 9,000 accessible toilets in the UK in places like shopping centres, pubs, cafés and department stores.

A Colostomy UK Photo ID card, which is endorsed by Disability Rights UK (and displays their logo), can be helpful if you need to use accessible facilities urgently, particularly if they aren't part of the National Key Scheme.

To order a Photo ID card you will need to include a copy of your prescription or delivery note as proof of eligibility and a passport-sized photo.



To obtain a **key** or a **photo identity card** please **complete the form and declaration below**, or visit: www.ColostomyUK.org/information/radarkey/

Title: _____ Address: _____
Name: _____
Tel: _____
Email: _____ Postcode: _____

DECLARATION: I declare that the individual named above is chronically sick, has a disabling condition or has had a bowel or bladder diversion that necessitates the use of accessible toilet facilities. The key is for the personal use of the above named and their designated carer only.

Signature (or carer signing on behalf of the person named above): Date:

Please **tick** as appropriate:

- I would like to receive a Radar Key for £4.50 (inc. postage and packaging).
 I would like to receive a photo ID card for £6.50 (inc. postage and packaging) and enclose a passport photograph.

Return all required items to: Colostomy UK, 100 Berkshire Place, Winnersh, RG41 5RD. Cheques should be made payable to Colostomy UK. For payment by credit card, send your documents in the post with a contact telephone number, we will then call you to take a card payment when received. (If you have any queries or would like to pay by credit card, please contact Colostomy UK office: **0118 939 1537** or hello@ColostomyUK.org).

Channel Islands

Guernsey

Guernsey Ostomates
Luci Deane T: 01481 236 077
E: lucideane58@gmail.com

Jersey

Jersey Ostomy Society
Fiona Le Ber T: 01534 445 076
E: jerseyostomysociety@gmail.com

England

Berkshire

Reading Bowel Cancer Support Group
Ted Wingrove
T: 0118 961 8297 or 07974 790 558

WAMS (Windsor, Ascot, Maidenhead & Slough) Stoma Support Group
T: 0118 939 1537
E: wamsstoma@gmail.com

Bristol

Bristol Ostomy Self Support (BOSS)
Margaret Slucutt T: 07967102141

Nailsea and District Ostomy Group
Peter T: 07355 038255
E: johnandjames4help@googlemail.com

Buckinghamshire

High Wycombe Stoma Support Group
T: 0800 318965

Milton Keynes Stoma Support Group (MKSSG)
E: support@mkssg.org.uk
T: 07843 768386

You Are Not Alone Stoma Support Group - Chesham
Carla T: 07846 354 918
E: carlawright0502@gmail.com

Cambridgeshire

Peterborough Stoma Support Group - Ostomistics
Alan Wright
T: 01354 653 290 or 07836 661 102
W: www.ostomistics.org

Cheshire

Warrington Ostomy Support Group
Louise or Joan T: 01925 454 813

Christchurch

StoMuchLove Christchurch
Jess E: jess.hurst@hotmail.co.uk

Cleveland

Oops Group
E: stees.stoma@nhs.net
T: 01642 944324

Co. Durham

Bishop Auckland Stoma Care Group
Mrs Maureen Davison
T: 01388 818 267
E: rdavison816@gmail.com

Cornwall

Cornwall Bowel Cancer Support Group
James T: 01872 241 145

Lanhydrock Ostomist Group
Mandy Rowe T: 07980 432072
E: murphy.rowe781@btopenworld.com
Ceri Moore T: 07871926631
E: ceri.moore75@outlook.com

Cumbria

Stoma Support Groups in North Cumbria
Stoma Care Nurses T: 01228 814 179

Derbyshire

F.I.S.H.Y.S. (Friendship, Information, Support & Help for Young Ostomates (age 18-45))
Yvette T: 07800646006
E: fishysderbyshire@gmail.com

Mercia Inside Out Stoma Support Group
E: merciclassgroup@gmail.com
Sally T: 07500 441 442
Jackie T: 07919002 612
Stuart T: 07725909995

Devon

Devon IA
E: devon@iasupport.org

Mid Devon Ostomy Support Group
Janice T: 07923 975 051
E: janice234ford@gmail.com

Plymouth & District Bowel Cancer Support Group
Rita T: 07855571840
E: admin@plmdistbcsg.com

West Devon Stomates
Scarlett Moon T: 07736936731
E: Scarlett@westdevoncvcs.org.uk
Facebook West Devon Stomates

Dorset

CUPID Colostomy Urostomy Pouch Ileostomy Dorset Support Group
Jenny Pipe T: 01202 740440

Essex

Castlepoint Stoma Support Group
Sally T: 07779139953
Sue T: 07802773458

Connect

Alan T: 01279 411830
E: comeconnectwithus@gmail.com

Mid Essex Stoma Support Group
Paul T: 01245 441 894
E: fox.paul@hotmail.com

N.E.S.S (North Essex Stoma Support)
Brian Waller T: 01206 540 449

Optimistic Ostomates
Stoma Care Team T: 01702 385158

STEPS - Stoma Essex Patients Support
T: 01268451937 or 07752234516
E: stepsessex@gmail.com

Gloucester

Gloucester Ostomates
Julie T: 07979129001
E: juliemathew@hotmail.com

Gloucestershire

Stroud Stoma Group
Kathryn Whitehead T: 07802421190
E: kathrynswain@hotmail.co.uk

Hampshire

Replummed Stoma Support Group
W: www.replummed.me

Solent Ostomates Support Group (S.O.S.)
T: 07527 707 069
E: solentostomates@hotmail.co.uk

Southern Ostomy Group
Caroline or Karen T: 07756 819 291
E: southernostomygroup@hotmail.com

The Hampshire Ostomates Support Group
Mandy Hallisey T: 0751 820 8550
E: dawdie05@gmail.com
Sandy Le Saux T: 07453 888008
E: sandy.63@outlook.com

Waterside Stoma Support Group
Ian Gapp T: 07710288785
E: iangapp13@gmail.com

Wessex Urology Support Group
Mrs Jo Stacey T: 07910 786 978

Herefordshire

Herefordshire Stoma Support Group
E: herefordstoma@gmail.com

Hertfordshire

Ostofriends Stoma Support Group (Potters Bar)
E: ostofriends@gmail.com
T: 07596 748 376

Stevenage Ostomistics
Judy Colston T: 0795 775 4237
E: neilcolston@btinternet.com

Friends with Stomas - Welwyn Garden City
E: Tracy at fwswg@gmail.com

Friends with Stomas

Mel North
E: friendswithstomas@outlook.com



Isle of Wight**Optimistics**

CNS's Sarah Capon & Sarah Varma
T: 01983 534 009

The Baguette Group

Debbie Lumley T: 01983 741384
E: debbieattwiggsg@gmail.com

Kent

Ashford Stoma Support Group
Malcolm Jones T: 07709 534463

Canterbury Stoma Support Group

Beth T: 07999667515
E: canterburyssg@gmail.com

Dartford Ostomy Group Support (DOGS)

Tracey or John: T: 07779 155 846
T: 07948 974 350
E: dogs-uk@hotmail.com

Dover Stoma Friends Group Support

Carolyn T: 07720723445

GOGS (Gravesend Ostomy Support Group)

Tracey T: 07779 155 846
Helen T: 07710 780 958

Maidstone Stoma Support Group

T: 01622 224305

M.O.G.S (Medway Ostomy Group Support)

Tracey T: 07779 155 846
Helen T: 07710 780 958
E: mogs-uk@hotmail.co.uk

SWANS Stoma Support Group - Swanley

Heather T: 07711 445 312
E: heather601@virginmedia.com

Thanet Stoma Buddies Support Group

Kathy T: 01843 291 825

Tunbridge Wells Stoma Support Group

Cathy Chitty/Mags Donovan
T: 01892 632 323

Lancashire**Bowel Buddies Preston**

Calum T: 07463 880 652
Vine House T: 01772 793 344

Kangaroo Klub, Blackpool Stoma Support Group

Blackpool Teaching Hospital
T: 01253 956 620
E: crc-stomanurses@bfbwhospitals.nhs.uk

North Manchester and Bury Stoma Support Group

Julie Meadows (SCN)
T: 0161 720 2815 or 07774 263 563

Phoenix Bowel Cancer Support Group

Sandra Peet T: 01772 683 790
E: sandrapeet7@aol.com
W: www.phoenixgroupbvh.com

Leicestershire**Kirby Ostomy Support Group.**

Colostomy, Ileostomy and Urostomy in Leicestershire
Janet Cooper T: 07464 957 982
E: kosg2013@btinternet.com

Speak Stoma Group

Candy Elliot E: candypoos@icloud.com

London**Bowel Cancer Support Group**

Sue Berry T: 01737 553 134
John Amos T: 020 8668 0796
E: john.amos@sechc.org.uk

Bowel & Other Cancer Support Newham

T: 020 8553 5366

Eltham's Stoma Support Group

Tara T: 07970563890

Homerton Hospital Bowel & Stoma Support Group

Irene Fernandes and Glyn Fountaine
T: 02085105318 or 07785971120

Newham Stoma Support Group

Lauren King T: 020 7055 5576

Rectangle - Colorectal Cancer Support Group

Regina Raymond T: 020 7472 6299

South Woodford Support Group

Nurse Christina and Lisa
T: 020 8535 6563

Merseyside**Bowel Cancer and Stoma Support Group (BeCauSe Group)**

Helen T: 07729 750622
E: becauseliverpool@gmail.com

St Helens Cancer Support Group

Bob Martin T: 01744 345 365
E: contact@sthelenscancersupportgroup.org.uk

Middlesex**Middlesex Inside Out Stoma Support Group**

Barry, T: 07811084514
E: Info@iossg.org.uk,
W: www.iossg.org.uk

Norfolk**James Paget Ostomy Support Group**

Sheila T: 01493 600 934
E: hshowlett@aol.com

The King's Lynn and District Ostomy Support Group

T: 01406 363756 or 01553 775698

STARS (SToma And Reconstructive Surgery social support group)

Sylvia Hughes T: 01263 733 448
E: sylvia.ruth.hughes@gmail.com

Northamptonshire**Northampton Ostomy Support Group**

T: 07801 316 403 (evenings) or
Trish T: 07703 188 386

Northumberland**Berwick Ostomy Support Group**

Bobbie Minshull T: 07714 479 320

Nottinghamshire**North Notts Stoma Support Group**

Tore and Nicky Norman T: 01773 715 460

Nottingham QMC Stoma Support Group

Robin Ford T: 0115 778 6463
E: hello@nottingham-stoma-support-group.uk

Nottingham Stoma Support

Jenny or Kate T: 0115 962 7736
Mrs B Heath T: 0115 966 3073

Shropshire**Bag Buddies**

Susan E: 134powerhouse@gmail.com

B.O.T.S. (Bums on Tums)

Emily T: 07972519165
E: emily.hackworthy@live.co.uk

Somerset**Ostomates Support Group**

Fiona Rogers T: 01225 873657

Stoma Heroes Support Group

Shane Green T: 07802 428 074
E: Shane@stomaheroes.com

Staffordshire**County Stoma Group**

Moira Hammond T: 07788 402 195
E: cm.hammond@ntlworld.com

Outlook The North Staffs

Ostomy Support Group
Moira Hammond T: 07788 402 195
E: cm.hammond@ntlworld.com

Suffolk**East Suffolk Ostomy Group**

Ian Denison T: 01473 684865

James Paget Ostomy Support Group

Sheila T: 01493 600 934
E: hshowlett@aol.com

West Suffolk & District Stoma Group

Jessica Pitt (Stoma Nurse)
T: 01638 515 525

Surrey

Epsom and District Stoma Support Group
Lindsay, Trevor or Sheena
T: 01372 735 925

Guildford Stoma Support Group
01483 57 11 22 ext 2558

Replumed - Frimley Park Hospital
Support Group Meetings
Stoma Department T: 03006136301
E: fhft.stomacareteam@nhs.net

Sussex

Brighton & District Support
after Stomas (SAS)
Virginia Keefe T: 01273 723775

Chichester Stoma Support Group
The Stoma Care Team T: 01243 831 527

East Sussex Stoma Support Group
Vicki Blaker T: 0300 131 4603
E: esh-tr.StomaCareDept@nhs.net

The Ostomy Friends Group
Jane Quigley T: 01323 417 400 ext 4552

West Sussex Princess Royal
Stoma Support
Tina Walker T: 01444 441 881 ext 8318

Tyne and Wear

Gateshead Stoma Patient
and Carer Support Group
Stoma Care Nurses T: 0191 445 3152

South Tyneside Hospital and
Community Stoma Support Group
Jane Barnes, Amanda Logan:
stoma care nurses

Sunderland Support Group
Michele Downey T: 07704 949 30
E: micheledowney@outlook.com

Warwickshire

Warwickshire Stoma Support Group
Bob T: 07564 680 803
E: nuneatonstoma@aol.com

West Midlands

Birmingham, IA
Michael Jameson
T: 0121 355 2745 / 07842 555 070
W: birmingham.iasupport.org/events

Coventry Stoma Support
Martin T: 07947 385 643
E: coventrystoma@btinternet.com

Wiltshire

Ostomy Mates
W: www.swindon-ia.org.uk
E: secretary@swindon-ia.org.uk

Wessex Stoma Support Group

Sally T: 01980 611978 or 07584 574311
E: info@wessex-stoma.co.uk
W: wessex-stoma.co.uk

Wirral

Sally's Stoma Support Group
Jo Woods T: 07956 216218

Worcestershire

Kidderminster & District
Collossus Support Group
Brendon T: 07850 269758

Yorkshire

Acorn Ostomy Support Group
T: 07580 693 155 (After 6:00pm)

Airedale Stoma Support
Sue Hall T: 01535 646 373

Barnsley Bottoms Up Stoma
Support Group
John Holmes T: 07980388965
E: jkhminor2@gmail.com

Behind You (Calderdale & Huddersfield
Bowel Cancer Support Group)
Stoma Care Nurses T: 01484 355 062

Bottoms Up (for urology and
colorectal cancer patients)
John Whelpton T: 07974 657 146
E: midyorks.bottomsup@gmail.com

Bradford Stoma Support Group
Lisa Hall T: 07552 276 747

Hambleton and Richmondshire
Ostomy Support Group
Stoma Care Nurses,
Judith Smith and Mary Hugil
T: 01609 764 620 / 07736 295 131

Leeds Bowel Cancer Support Group
Lynda Castle (Colorectal Nurse Specialist)
T: 0113 206 5535

Scarborough Stoma Support Group
Stoma Care Team T: 01723 342 388

Second Chance Ostomy Yorkshire
Jackie Butterworth T: 07544882353
E: secondchanceostomyyorkshire@
gmail.com
W: www.secondchance-ostomyyork
shire.org

Isle of Man

IOM Bowel Cancer Patient
and Carer Group
Heather Norman T: 07624 480 973

Northern Ireland

County Antrim

Belfast City Hospital Stoma Nurses
Audrey Steele, Karen Boyd, Kirsty Niblock,
Annette Lambert, Emma Dunn
T: 028 9504 5941

County Armagh

Craigavon Area Hospital
Claire Young/Lynn Berry/Tanya Garvie
T: 028 3756 1845 (Direct Line)

Daisy Hill Hospital Support Group

Bernie Trainor
T: 028 3756 2932 (Direct Line)

County Down

Ulster Hospital
Sarah, Jacqueline and Lisa.
The Colorectal Nurse Specialists
T: 028 9055 0498

Londonderry

Causeway Support Group
Mary Kane T: 028 7034 6264

Republic of Ireland

County Mayo

Mayo Stoma Support
Marion Martyn T: +353 94 902 1733

Dublin

Bowel Cancer Support Group (ICS) Dublin
National Cancer Helpline
T: +353 1 800 200 700
Olwyn Ryan T: +353 1 231 0500

Sligo

Sligo Stoma Support Group
Mary T: (00)353863608798

Scotland

Ayrshire

Ayrshire & Arran Stoma Support Group
Susan T: 07790929268

Stoma Care And Recovery (SCAR)
Maggie T: 01294 271 060/0781 773 6147
E: maggie13@sky.com
Rhona T: 01294 557 478

Angus

Angus Stoma Support Group
Valerie T: 07359766289

Dundee Stoma Support Group
Nicola T: 07801702054



Scotland (cont.)

Dundee Stoma Support Group
 Dolores Johnson T: 01382 740453
 E: dolores.johnson@nhs.scot
 Nancy Rattray T: 01382 632999 or
 E: nancy.rattray@maggies.org

Coatbridge

Providing Ongoing Ostomate Support Scotland CIC
 E: info.poosscotland@gmail.com
 W: www.poosscotland.co.uk/peer-support-groups

Edinburgh

Edinburgh Support Group - Providing Ongoing Ostomate Support Scotland
 E: info@poosscotland.co.uk

Glasgow

Providing Ongoing Ostomy Support Scotland CIC
 E: info.poosscotland@gmail.com
 W: www.poosscotland.co.uk/peer-support-groups

Greater Glasgow

Glasgow Stoma Support Group
 Morag Sinclair T: 0141 779 1322
 Jackie McChesney T: 01505 324 052

Hamilton

Providing Ongoing Ostomy Support Scotland CIC
 E: info.poosscotland@gmail.com
 W: www.poosscotland.co.uk/peer-support-groups

Moray

Moray Ostomates Support Group
 Hazel T: 07926 300450
 Kathleen T: 07789 684285

Scottish Borders

Stoma Support Group
 Fiona Gentleman T: 01450 371 063
 E: r.gentleman@sky.com

West Lothian

Bring Your Own Bag Stoma Support Group
 Western General Stoma Team
 T: 0131 537 1000

Wales

Aberystwyth

West Wales Stoma Support Group
 Shirley Jones
 E: westwalesstomagroup@gmail.com

Conwy

North Wales Ostomy Support Group
 Hazel T: 07976 817 246
 Lesley T: 07828 837 325

Gwent

Cwmbran Ostomy Support Group (COSG)
 Philippa
 T: 01633 791 339 or 07504 713 069
 E: pip112002@yahoo.co.uk

Mid Glamorgan

C.A.S.S Colorectal and Stoma Support Group
 Chairperson T: 01685 877 144

Mold

3 Bags Full
 Sharon Davis T:07359 267075
 Robert Rowley T: 07429 622635
 Paul Hunt T: 07802 499049
 Lindsay Hicks T: 07545 431723

Pembrokeshire

PSA (Pembrokeshire Stoma Association)
 Rosemarie Rees Paton T: 01437 532 473

Powys

The Bracken Trust Cancer Support Centre
 Helen Davies T: 01597 823 646

Rhondda Cynon Taf

Royal Glamorgan Stoma Care Support Group
 Domenica Lear T: 01443 443 053

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- Caring For a Person With a Stoma Workshops
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- Volunteering Opportunities



 Admin Line
0118 939 1537

 Stoma Helpline
0800 328 4257

www.ColostomyUK.org

