Spring 2025 Issue 20



Stoma Support Group Working with St Mark's the National Bowel Hospital, CMH. Incorporated with St Mark's Hospital Foundation Charity Registration No: 1140930

Dear Friends,



For those of you who may remember Celia Myers — one of the key pioneers of stoma care in the UK, alongside Pat Black—you'll know the profound impact they

both had in shaping the education and foundational practices that stoma care nurses continue to follow today. Sadly, both Pat and Celia have passed away—Pat last year, and Celia this March. Our thoughts are with Celia's family during this time.

When Celia and Clare Bossom moved over from City Road in 1996, they brought with them a compassionate vision. They established an open-door policy for all stoma patients and were instrumental in launching the Inside Out Stoma Support Group in September 1999—a group we remain eternally grateful for. Over the past 25 years, this group has supported countless stoma patients in coming to

terms with their conditions and, in many cases, reclaiming a fulfilling and high-quality life.

Without trailblazers like Celia Myers—and those who followed in her footsteps—we, as stoma patients, would not be as well prepared as we are today. We owe a great deal to their dedication, innovation, and belief not just in clinical care, but in the power of community. They understood the importance of support groups in helping patients build confidence, share experiences, and find strength in one another's journeys.



Bags of Information

Who knew that ostomy bags could hold such a fascinating wealth of information about their development and manufacturing process?

At the invitation of Paul Fox, representative of Clinimed & Securicare, members of the Inside Out Stoma Support Group were invited to visit the headquarters of Welland in Crawley, the sister organisation. Twenty of us climbed onto the coach from Kenton to enjoy camaraderie and an interesting day out, with lunch included.

Terry took us around the factory to be shown the component activities within the production of ostomy bags and wafers, giving a detailed and enthusiastic explanation at each work station. Being a clean environment (not sterile), we wore a visitor tabard and hair protector to adhere to cleanliness and safety regulations, plus taking care around working equipment.

Welland moved into the factory space on an industrial site near Gatwick in 2016 and currently adjustments are in progress to take delivery of a new high-tech machine, which is 30 metres long and costing £5 million.

Welland is the only manufacturer of ostomy merchandise in Britain, serving the 200,000 ostomy clients, amounting to about 1 in every 350 within the population. From those early days producing 800 000 bags in a month to current demand of 2.2 million bags a month (amounting to over 22 million each year) the factory operates all year round 24/7, with staff working in four shifts.



Adhesives are the key to success, requiring a high quality which will give security, be kind to the skin and easy for removal. Hy-

drocolloids provide the answer, with a cocktail of natural ingredients, including a cellulose binding agent, pectin from citric fruit sugar, gelatine, plus a manmade synthesised gum arabic to give the supple, soft gluing action. It is similar to chewing gum and is indeed safely edible - but not recommended! Once all are mixed into a dough, cooled for 24 hours then pressed into a nonstick sandwich with the hydrocolloid in the middle, hey presto, a selection of 203 different base-plate wafers. The beneficial addition of top grade Manuka honey in some of the products provides antibacterial and antiseptic properties. so good for skin health and healing.

We watched as the components for the bag passed along a sophisticated mechanism, being created before our very eyes along an automated line. However, at its



conclusion the final checking before packaging was done by a bevy of human staff who were happy to explain their role and point out the defects in any bags they had rejected.

We got the impression they were contented staff and that their safety and welfare was a priority consideration, with frequent breaks and change of work stations and jobs. Also important within the company is attention to sustainability, with some products made from recycled materials, while on-going waste from the factory lines was being put to good use elsewhere.

A talk and demonstration by Chris and Andy clarified the detailed care and investigation which has to be completed around quality control and durability. These exhaustive processes are needed to meet the rigorous standards for medical devices listed on the Class 1 Drug Tariff that relates to items used outside the body.

Staff members, who are generally not



ostomists. are required to share in the personal experience bv applying a bag and living with sharing it; the joys of a full bag, hot а sweaty

bag, turning in bed, together with the reactions of others when they go to a gym and changing area, to genuinely understand a little of how a patient might feel. They are in the business of bringing a product to market that suits patients' requirements, so are particularly interested in patient feedback and were happy to join in our questions and discussion. It is very encouraging that manufacturers recognise the patient experience as key, and will be responsive to the 'expert users' when designing through empathy to perfection of their products.

Our day was concluded by Sarah, the community stoma nurse working in Buckinghamshire, explaining the programme in a booklet Breathing and Movements for People with a Stoma, which is a new approach to help people avoid the risk of parastomal herniation.

Welland started life as a family company 35 years ago, founded by a husband and wife literally making pouches around the kitchen table – the ultimate 'necessity is the mother of invention'. It is now a massive company with a global reach to 40 countries, incorporating product design and protecting intellectual property, technical production, research & development and quality control.

It is worth recognising that some countries may have less well developed health care systems or availability of surgical techniques and funding. I think we all appreciated the benefit of our NHS in supporting ostomists throughout their surgical journey and beyond.

Our privileged group would like to extend thanks to Paul for organising the day (and plying us with quizzes and sweets on the journey – perfection!), to **Welland** for their spectacular hosting and refreshments and lunch with exceptional recognition to Terry, their ardent hydrocolloid production manager – who is undoubtedly their secret gem.



Written by: Irene HEYWOOD JONES

Nurse/Health Educator who was welcomed to join the group visit.

New



Soft + kind convexity for a leak-free fit



ADDED SECURITY

Plus-shaped soft convexity applies gentle pressure to reduce the risk of leaks

ADDED COMFORT

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REGISTRATION FORM

Full Name: Mr /Mrs/ Ms				
Address:				
		Post Code		
Home telephone:	Mobile:			
E/Mail:		Date of Birth:		
Please tick all that is relevant to you:				
Yes, please enrol me with immediate effect. My cheque of £5 (payable to St Marks Foundation Ac /101)				
I am considering surgery.	I had su	urgery in (year)		
I have a friend /relative with a stoma and would like to introduce them.				
I am a stoma nurse / other professional interest.				
My medical condition is/was:				
Ulcerative colitis	Crohn's	s Disease (CD)		
Cancer	Polypos	sis		
Other please state:				
Type of stoma:				
Colostomy	lleostomy	Jejunostomy		
Urostomy	Mitrofanoff	Internal Pouch		
My surgeon was/is				
My surgery was at:				
Planned	Emergency			
Declaration: I am happy for these details to be recorded on the Inside Out data base and to talk to other members about my experiences in the hope it will help them.				
SIGNED:	DA	ATE:		
Send to Sobhna Shah <sec.iossg@hotmail.com< td=""></sec.iossg@hotmail.com<>				

A Little Bit of History About Ostomy Surgery

People have always suffered with problems and diseases of the abdomen, bladder, bowel, intestines and rectum. Surgical remedies have evolved to remove the affected areas. If those affected areas are removed in their entirety, then the surgeon creates an ostomy, (stoma, temporary or permanent). When you look at the stoma, you are actually looking at the lining of the intestines, (small or large intestines), exposed to the outside of the body. It is warm and moist and secretes mucus. The stoma becomes an outlet for your stomach waste or urine.

History

There is an early medical record on an Egyptian papyrus recommending honey as a dietary curative for abdominal complaints. Hieroglyphs show that a surgeons learned processes to remove infected or enlarge organs, including the bowel, their research was due in part to the extensive embalming techniques and dissections allowed under ancient Egyptian religion.

A fully recorded account of abdominal surgery is of an ostomy performed in 400BC by the roman surgeon, Praxagore, his description leads to think it was a colostomy, unfortunately, he did not say how long his patient survived.

There follow many early records from various parts of the world, but detailed accounts are inexact until the eighteenth century. In 1706, a written account

tells us of a colostomy performed in France by unknown surgeon on a certain Georges Depes, wounded at the battle of Ramiles. Apparently, Georges lived for a further 14 years after his operation. Sixty years later, there is another tale of another French Surgeon, Monsieur Pilore, performing a colostomy that allowed for a primitive collection apparatus comprised of a sponge attached to the body with an elastic bandage.

From 1780 – 1900, colostomy operations continued to be performed successfully in France, by surgeons Messieurs Dupuytren and Maydl; in Germany, by Herren Mikulicz and Von Radecki; and in England by Mr Miles and Mr Bryant.

Throughout the decades, faecal matter from the stoma drained into all manner of leather, glass, and wooden receptacles. However, a drainable rubber bag system was not invented until World War 2 when, due to the amount of wound surgery to the abdomen, it's need became more evident.

Urology surgery also has its roots documented on Egyptian papyrus. In addition, the mummified body of a 5000-year-old child was discovered and found to contain a bladder that had been surgically altered. Obviously, surgery was unsuccessful but it serves and indication that bladder surgery was an early medical procedure. However, urology as a specialty in its own right was only instituted in 1890 with appointment of Felix Guyon in Paris as the first French Professor of Urology.

No history of the development of urology is complete without mention of the contribution made by equipment companies. The mainstay of urology has always been telescopic examination of the urinary tract that until the 1950's was very basic. Early attempts at transmitting light down rigid telescopes were nothing

if not innovative. Ranging from candles to battery-driven lamps, but were fraught with the dual problems of clarity and reliability.

The crucial breakthrough, in the mid 1950's, was the development of Hopkins rod lens system. This revolutionised urology by providing robust, versatile, reliable and sterilisable endoscopes and endoscopic video cameras further enhanced operative urology. Such equipment was instrumental in the establishment of urology as a bona fide speciality in the 20th Century. Urostomies lagged behind abdominal ostomies and it was not until the 1950's that modern "ileal conduits" or urostomies became standard procedures.

In 2010, patients have a tremendous choice in bags and pouches that make life

easier for the ostomate, (a patient who has undergone stoma surgery).

Today, in many poorer countries where life saving surgery is performed, there is little provision for the aftercare or even for the basic essentials for collecting faeces or urine. Post operative patients are discharge, in some cases, with a rubber gloves, carrier bags and adapted coffee cans to act as faecal and urine receptacles.

As the NHS, bag manufactures and suppliers do not accept the return of any boxes opened or unopened, then please bring them into one of our coffee mornings and give them to Barry and we will pass them on to one of our contacts and recycle them to one of those countries that are in great need of them.

Car insurance funnies

I misjudged a lady crossing the street.

I pulled away from the side of the road, glanced at my mother-in-law and headed over the embankment.

I pulled into a lay-by with smoke coming from under the hood. I realised the car was on fire so took my dog & smothered it with a blanket.

I remember nothing after missing the Crown Hotel until I came to and saw PC Brown

I saw a slow-moving, sad-faced old gentleman as he bounced off the roof of my car.

I saw her look at me twice. She appeared to be making slow progress when we met on impact.

I started to slow down but the traffic was more stationary than I thought.

I thought the side window was down but it was up, as I found when I put my head through it.

I told the other idiot what he was and went on.

I told the police that I was not injured, but on removing my hat I found I had a fractured skull.

I unfortunately ran over a pedestrian and the old gentleman was taken to hospital, much regretting the circumstances.

I was driving along when I saw two kangaroos copulating in the middle of the road, causing me to ejaculate through the sun roof.

I was going at about 70 or 80 mph when my girlfriend on the pillion reached over and grabbed my testicles so I lost control.

I was on my way to see an unconscious patient who had convulsions and was blocked by a tanker.

I was on the way to the doctor with rear end trouble when my universal joint gave way causing me to have an accident.

TRAVEL INSURANCE COMPANIES

These companies specialise in insurance for customers who have stomas. We recommend that you contact several companies as quotes can vary and price should not be the only consideration.

Free Spirit: Tel: 0800 170 7704:

Website: www.freespirittravelinsurance.com

Tel: 0122 344 6914 Freedom Insurance Services Ltd

Website: www.freedominsure.co.uk

Tel: 0330 606 1422 It's So Easy:

Website: www.itsoeasytravelinsurance.com

Tel: 0800 389 4852 Age UK:

Website: www.ageuk.org.uk

Chartwell Insurance: Tel: 0800 089 0146

> Email: info@chartwellinsurance.co.uk Website: www.chartwellinsurance.co.uk

All Clear Travel Insurance: Tel: 0170 833 9295

Website: www.allcleartravel.co.uk

Insure Pink: Tel: 0844 800 0615

Website: www.insurepink.co.uk

Tel: 0800 294 2969 **Just Insurance Agents Ltd:**

> Email: admin@justtravelcover.com Website: www.justtravelcover.com

Tel: 0800 015 8055 Saga Travel Insurance:

Website: www.saga.co.uk

World Travel: Tel: 0189 283 3338

Email: customerservices@worldwideinsure.com

Website: www.worldwideindure.com

JD Travel Insurance Consultants: Tel: 0844 247 4749

Email: mail@jdtravelinsurance.co.uk

Website: www.jdtravelinsurance.co.uk

BUPA: Tel: 0808 163 8905

Website: www.bupa.co.uk/travel

City Bond Sure Travel: Tel: 0333 207 0506

Email: info@citybond.co.uk Website: www.citybond.co.uk

Columbus Direct: Tel: 0800 068 0060

Website: www.columbusdirect.com

Leisure Care: Tel: 01702 427 166

Email: info@leisurecare.co.uk Website: www.leisurecare.co.uk

Insurance Choice: Tel: 01926 680 737

Website: www.insurancechoice.co.uk

Orbis Insurance: Tel 0142 421 5315

Email: cover@orbisinsurance.co.uk Website: www.orbisinsurance.co.uk

Higos Insurance Services: Tel: 0174 983 4500

Website: www.higos.co.uk

World First Travel Insurance: Tel: 0345 908 0161

Email: info@world-first.co.uk Website: www.world-first.co.uk

Insure And Go: Tel: 0800 072 8346

Website: www.insureandgo.

Please note, it is crucial that you let the insurance company know of any pre-existing medical conditions, as this could invalidate your insurance policy and any claims may be rejected on the grounds of non-disclosure.



COFFEE MORNINGS 2025

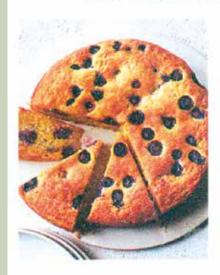
Date	Venue	Company	Speaker	
26 th March		Clinimed	Paul	
9 th April	///	Hollister	Laura	
23 rd April		Dansac	Bobby	
7 th May		Coloplast	Gary	
21st May		Eakin Healthcare	Nikki	
4 th June		Parasol Counselling Vanilla Blush	Carrie Nicol	
18 th June		Rapid Care	Michelle	
2 nd July		Sportex	Maria	
16 th July		Salts	Shelly	
Summer Holiday Break				
3 rd September		CUI	Emily	
17 th September		BBraun	Tony	
1st October		Ostique	Stephney	
15 th October		Hollister	Laura	
29th October		Clinimed	Paul	
12 th November		Coloplast	Gary	
26 th November		Dansac	Bobby	
10 th December	AGM	Christmas	Party	

A link to Zoom meetings for those of you are unable to be with us in our coffee mornings in person. Once you have established contact it will ask you for a meeting ID number email barcap23@outlook.com and you will receive the code.

Everyone is welcome to come along to our meeting which is held every other Wednesday at the Masonic Hall, Northwick Circle, Harrow HA3 0EL 10:00am till Mid-Day.

Lemon & blueberry cake

Here's a wonderfully summery cake that's really easy to make and uses lots of great-value ingredients. Serve with your favourite cuppa, or a spoonful of Greek yogurt or crème fraîche.



COOK'S TIP Vanilla bean paste

This store-cupboard staple is a handy swap for vanilla pods in ice creams and custards. Also try stirring it into whipped cream for serving with fruit.

Serves 8-10

Prepare 20 minutes + cooling Cook 40 minutes

- 175g Essential Unsalted Butter, plus extra for greasing
- · 175g golden caster sugar, plus 2 tbsp
- · 3 Essential Free Range Eggs

- · 11/2 tsp vanilla bean paste
- · 1 unwaxed lemon, zest and juice
- 175g Essential Self Raising Flour
- ½ tsp salt
- · 150g pack Essential Blueberries, rinsed and dried
- 1 Preheat the oven to 180°C, gas mark 4. Grease a 20cm round, deep, loose-bottomed cake tin and line with baking parchment. Using an electric mixer, cream together the butter and sugar for 2-3 minutes until pale and light. One at a time, beat in the eggs until fully incorporated, then beat in the vanilla and lemon zest.
- 2 Fold in the flour and salt until just combined, then pour the batter into the cake tin. Scatter the blueberries over the top and bake for 35-40 minutes until golden, risen and a skewer inserted into the centre comes out clean.
- 3 While the cake is baking, make the syrup. Warm the lemon juice and 2 tbsp sugar in a small saucepan until the sugar has dissolved, then simmer for 2 minutes. Spoon over the cooked cake while hot, then allow to cool completely in the tin before serving.
- V Per serving (for 8) 1548kJ/370kcals/21g fat/13g saturated fat/40g carbs/ 24g sugars/1.1g fibre/5.8g protein/0.3g salt/freeze for up to 3 months

USEFUL CONTACTS:

Stoma Care (answer phone)	020 8453 2196
Stoma Care (generic Email)	LNWH-tr.stomacare@nhs.net
Pouch Care (answer phone)	020 8453 2099
Gladstone Ward CMH	020 8453 2027

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Community Stoma Care Nurses for Brent Ealing & Harrow

Freephone telephone service to the weekends and creating an online information hub. Mon to Fri 08:30am to 17:00pm 0800 3761 310 and at the weekend On-Call Nurse Line Sat – Sun & Bank Holidays 09:00am to 13:30pm 0800 592 202. You can join at any time either by using those



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