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ostomynewsnotes

Promoting Ostomy Advocacy in the Philippines

FEATURES:

- World Ostomy Day 2012
- Ostomates in Focus
- Ostomy Visitor Training
- National Fedration of Ostomates of the Philippines, Inc.

ASEAN Society of Colorectal Surgeons 6th Biennial Congress

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A Nurse's Colostomy Story

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FROM THE EDITOR'S DESK

We are ever Grateful as we make our baby steps

It has been said "Gratitude makes sense of your past, brings contentment for today and hope for tomorrow." There has been a lot of things to be grateful for the last quarter of the present year. Our work of registering a non-stock, non-profit group has materialized. It has been a collaboration of the incorporators / board of directors and the present set of officers. As we constantly map out the direction of the group to reach out to many ostomates as we can around the country, we do so with the intention of bringing normalcy in the life of ostomates. We are in the stage of birthing pains but the future looks bright. We are proud to be recognized by the Asia South Pacific and Ostomy Association and we work in partnership with the Department of Health. We are grateful for the assistance of both the Federation of New Zealand Ostomy Societies and the Friends of Ostomates - USA. We walk with our heads in the clouds but with our feet on the ground. For this reason, it is our pleasure to share with you our mag that speaks about ostomy activity in this side of the world. Once again, with our deepest appreciation and gratitude to all.

SPECIAL ANNOUNCEMENT

There will be a meeting for partner hospitals on September 15, 2012 in finalizing proposed plans for World Ostomy Day. Meeting is at Conference Room 1 - 3:00 - 5:00 pm in National Kidney Hospital.

MY COLOSTOMY STORY

Today, I had to deal with the dilemma of me being an experienced neurosurgery nurse, working in a general surgery unit. I worked in an ER and neurosurgery environment for the last seven years, and I knew that I would be faced to deal with some unfamiliar cases in a new work place.

I had a patient with a colostomy. Well, it may sound so simple for some general surgery nurses out there, but it was a big deal for me. It's not that it was my first time, because I have had several patients with a colostomy. But it was my first time in several years to actually perform colostomy care – to actually touch and clean the stoma.

I was busy with another patient when I heard somebody screaming. When I looked out of my patient's room, I saw one of my co-nurses coming out from one of my patient's room. She asked me if the patient in room x is my patient, so I said

yes and asked her what's wrong. She said that the patient was complaining because he was yelling for an hour already and nobody is coming for him. Since I was finished with my current patient, I decided to check the complaining patient out. I went to his room and I was welcomed with some more yelling. I asked him if he was pressing the bell since that is the proper way of calling a nurse. He said he did but it seemed the bell was not working.

I investigated further, and found out that the bell cord was not attached to the plug. So that was the reason nobody was coming to him. I was successful in trying to pacify him. I asked him what he needed and found out that his colostomy leaked up to his back. He said he was trying to open his colostomy because he felt it was full of air. When he opened it, he got surprised with the contents and everything leaked out and went to his clothes and sheets.
My patient had a colorectal cancer and the surgeons tried to remove the cancerous part of his large intestines. A stoma was made on the left side of his abdomen where his stool can come out, and will be drained to a pouch called colostomy bag.

I checked what I needed to clean him, and after that I told him I need to get some things in the stockroom. When I got into the stockroom, I took some fresh linens, pads, cleaning wipes and saline. To my horror, I found that there were different sizes of colostomy bag. How would I know which one is for my patient? I decided to just bring one from each of the different sizes. I thought it would be safe since I do not have to come back if one size fails.

When I went back to my patient's room, I checked his colostomy so I could choose which size of bag I would need. To my surprise, none among those I brought were the same as my patient's. I needed the biggest size which seemed not available because I did not find that size before. I knew I took one sample from each of the sizes I saw.

I went back to the stockroom and searched for the largest size. I did not find any, so I asked one of my seniors. He helped me search until he finally said it was probably out of stock.

I decided to go to another ward and asked for that size. I knew that every minute counts for my patient who was irritable initially. I found the size from another surgical unit and hurriedly went back to my patient.

When I got into my

patient's room, I was greeted by a frown. I explained to him why it took me a bit long to come back, that I needed to get his size from another unit. He seemed dissatisfied with my explanations, so I just tried my best to talk to him nicely.

I detached the old pouch from where it was connected. I placed it in the bathroom since I wanted to save the wire that closes the pouch at the end. I cleansed his stoma with normal saline. After cleaning, I tried to attach the new pouch to the connector. It seemed I could not connect it. It was either I was doing it the wrong way, or I just do not know what I was doing.

While I was trying to attach it, I tried to converse to him to try divert his attention from what I was doing. I explained to him some facts about colostomy, and how to take care of it. I was posing to be a pro with what I was doing, when deep inside, I knew I could not connect the bag. It was hurting him when I pressed harder on the pouch lid.

I then decided to ask help from a co-nurse. God probably heard my heart beating fast, and gave me a colleague just passing by my patient's door! I asked her to help me attach the colostomy bag. She told me how to do it and watched me do it. It was the same technique as what I was doing before. But she also felt it was difficult doing it that way so she suggested for me to just remove the part that was attached to the skin, and apply a new one. The adhesive part that was touching the skin and the bag should already be connected

before sticking it to the skin.

I actually thought of that, but I knew it was the harder way of changing the bag. But now, it seemed there was no other way but to do it that way.

I was successful in applying a new bag on him. I went back to the bathroom and took the wire from the old bag. It was heavily stained with stool so I just tried to clean it. I closed his colostomy bag using that wire.

I wiped him a bit, and brought him to the bathroom after that. I changed his gown and placed new linens on his bed. His mood has changed, and was apologetic about his

"See you on Sunday"

attitude a while ago. I told him it was pretty understandable for him to get mad in his situation. I left him clean and satisfied with what I have done for him.

In the evening, before I left the unit, I checked him out in his room. He was with his family, and I was introduced to them. I told him that my shift is over and that I was leaving. He asked who's replacing me, but I was not sure who's taking care of him next. I saw in his face that he still wanted me to stay for him.

Before I left, he said smilingly "See you on Sunday!".

(Special thanks to Mr. Nelson A. Bautista, a Filipino nurse who works at Tawam Hospital, United Arab Emirates.

"While I was trying to attach it, I tried to converse to him to try divert his attention from what I was doing.

I explained to him some facts about colostomy, and how to take care of it. I was posing to be a pro with what I was doing, when deep inside, I knew I could not connect the bag."

APPLICATION OF OSTOMY POUCH SYSTEM

Ms. Erlinda Tom COCN, WCC, BSN, RN

She is from The Rocky Mountain Region (RMR) which is an affiliate of the national Wound Ostomy and Continence Nurses Society (WOCN). The RMR exists to promote the professional and educational advancement of the Wound Ostomy Continence Nurse. They deliver expert health care to people with wounds, ostomies, and incontinence. They foster high standards of practice relating to the care, teaching, and rehabilitation of persons with ostomies, incontinence needs, and chronic wounds.

Stoma care and application of Ostomy pouch system:

1. Start from the top of ostomy pouch. Press left hand against the skin, use right hand to gently remove skin wafer. Examine the erosion of the skin wafer. The skin wafer should mirror the shape of the peristomal skin (surrounding tissue) to determine the use of a flat, shallow, or deep convexity appliance. This also determines the wear time of the next skin wafer.

2. Wash stoma and peristoma with plain lukewarm water, no soap. Pat dry. Measure stoma.* Cut stoma wafer to fit. Warm wafer between hands for a few minutes before application.

3. Attach ostomy pouch to wafer. Hold them firmly against skin for 10-15 minutes to increase adhesion. (wafers are pressure sensitive.)*

4. Pat your back for a job well done! Take a deep breath. Relax.

*Measure stoma for the first time. Check stoma size routinely. Stoma size changes gradually.

*The effectiveness of a skin wafer/barrier for the first few hours determines its wear time.

By: Erlinda Tom RN BSN COCN WCC

Some information taken from Ostomy Educational Pocket Guide from Coloplast Corp.1975 West Oak Circle Marietta, Georgia 30062

Ang Tamang Pag-alaga ng stoma at ang paglalapat ng Ostomy bag:

1. Magumpisa sa ibabaw ng colostomy bag. Ipisil ang kaliwang kamay papasok sa may bahagi ng tiyan at gamitin ang kanang kamay para tanggalin ang wafer. Pagaralan paano natutunaw ang wafer pagkatanggal nito. Ang nagamit na wafer ay nagpapakita ng hugis ng paligid ng stoma kung ito ay pantay o di kaya ay malalim. Dahil dito malalaman kung anong uri na wafer ang gagamitin sa susunod na pagpalit.

2. Kumuha ng maligamgam na tubig para linisin ang stoma at ang paligid nito. Patuyuin ng maayos. *Gupitin ang wafer sa tamang sukat. Maaring pagdikitin sa palad ng dalawang kamay ang wafer para maging mas madikit bago ipatong sa may stoma.

3. Ikabit ang ostomy pouch sa wafer. Hawakan at idiin ang wafer sa balat ng 10-15 minuto para madagdagan ang pag-kadikit nito. (Tandaan na ang wafer ay sensitibo sa tamang pagdiin.)*

4. Magpahinga at huminga ng malalim para sa maayos na trabaho.

* Sukatin ang laki ng stoma sa unang beses. Kagawiang i-tsek ang laki ng stoma. Ang laki ng stoma ay maaring magpa-palit ng unti-unti sa pag daan ng panahon. Ang bisa ng wafer ay tatagal depende sa unang pagka-kabit nito.

SANTOL SEEDS CAN CAUSE IMPERFORATION

THE SANTOL FRUIT

One santol seed is enough to perforate your intestine and make you spend about P400,000 in a private hospital treatment!.

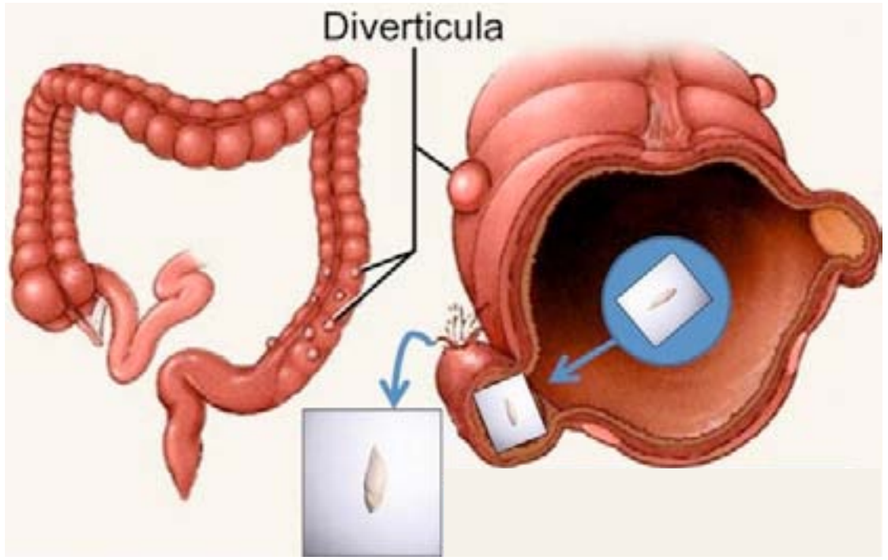


Illustration showing how the single swallowed santol seed perforated the large intestine which had diverticula.

Yesterday, August 25, 2012, I was told by a surgeon-colleague (GC) that he recently had a 54-year-old male patient whom he operated on for perforation of a sigmoid diverticulum secondary to a single santol seed. The patient swallowed one santol seed a day prior to the operation. He developed abdominal pain several hours thereafter. He underwent a CT scan of the abdomen prior to the operation. After the operation, he ended up with a colostomy. He is currently in the intensive care unit.

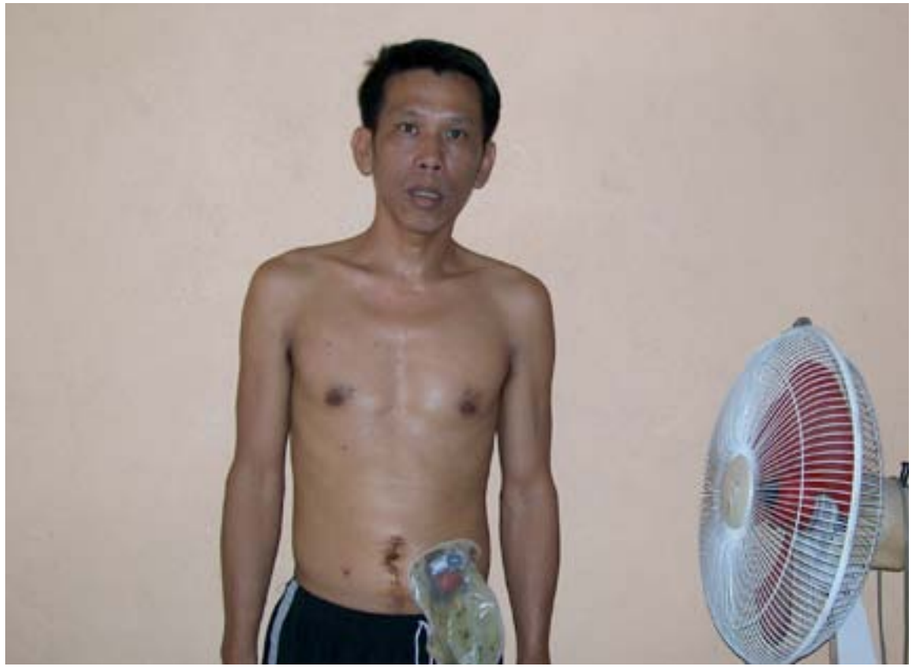
One santol seed is sufficient to perforate the intestine! Note the sharp end in the seed.

A high chance that a colostomy will be done during the operation. If the patient survives the crisis, this colostomy can be reposed after 6 to 8 weeks.

The colostomy pouches are not cheap!
In a private hospital treatment setting, my rough calculation for the entire expenses, from the initial operation, intensive care, medicines, colostomy pouches for 2 months, to the second operation to repose the colostomy, is about P400,000.00 or USD 10,000.00

The fruit-culprit! Yummy pulp of the seed but the seed is deadly when swallowed! One santol seed is sufficient to perforate the intestine! Note the sharp end in the seed! Again, TAKE HEED! DO NOT SWALLOW SANTOL SEED!!! SWALLOWING EVEN ONE SANTOL SEED IS NOT WORTH RISKING A LIFE, THE PAIN, THE DISCOMFORT, AND THE EXPENSES!

By: Reynaldo O. Joson, MD, MHA, MHPEd, MSc Surg
Consultant in Hospital Administration,
Medical Education, and General Surgery



FIGHTING TO SURVIVE

Mr. Roberto Cortez Jr., 42-years-old is from Brgy. Besalan, Sta. Cruz, Ilocos Sur which is in the upper northern part of the Philippines. He was diagnosed with rectal mass and was operated on June of 2012 at General Silang Hospital Ilocos Sur. I got to learn of the story of Junior through his sister who contacted me by email. Junior is a farmer with three children with ages 8-years-old, 5-years-old and 3-years-old. They happened to find about the advocacy we promote and thus the ensuing correspondence.

Being diagnosed with colorectal cancer at the age of 42 was very tough for Junior. Fending for food in a day to day basis was already difficult, not until the blow of hospitalization and surgery. They were able to cope up with the expenses with the help of his brothers and sister.

We have sent Junior a four month supply of colostomy bags for his use. We were able to get the size of his stoma and we have sent it by courier. This will followed by another package by the end of September.

Three months after his operation, Junior tries to regain his strength back. He holds on his belief that he has to continue fighting in order to survive.

As things may not be the same adjusting to a colostomy bag, Junior is just happy for overcoming this trying part of his life. He finds reason to continue living for the sake of his children.

WHAT IS A RECTAL MASS?

Colorectal cancer comes in many forms, including adenocarcinoma, leiomyosarcoma, lymphoma, melanoma, and neuroendocrine tumors. Adeno -carcinomas, account for about 90-95 percent of all colorectal cancers. "Adeno-" is a prefix that means "gland." In general, glands secrete things and are classified as endocrine or exocrine. Endocrine glands secrete things into the bloodstream, like hormones. Exocrine glands secrete things that go outside of the body, like mucus and sweat. A carcinoma is a malignant tumor that starts in epithelial tissue. Put the two words together and you get "adenocarcinoma," which means a malignant tumor in epithelial tissue, specifically in a gland.

Virtually all adenocarcinomas develop from adenomas. In general, the bigger the adenoma, the more likely it is to become cancerous. For example, polyps larger than two centimeters that is about the diameter of a nickel will have a 30-50 percent chance of being cancerous.

By the time colorectal cancer is diagnosed, it has often been growing for several years, first as a non-cancerous polyp (adenoma) and later as cancer. Research indicates that by age 50, one in four people has polyps.

REMEMBERING VIRGILIO MENDOZA

I received a message from Mrs. Esmer Mendoza on the 21st of August 2012 informing me of the sad news of the passing away of her husband Mr. Virgilio Mendoza. He succumbed to cancer at the age of 58-years-old. He has been in and out of the hospital the last three months. These two people have been among the closest friends I have in the association. Our friendship dates back since 5 years ago. I have introduced him to Astrid Graham who has been kind to send parcels of bags for his use. Also, since having been introduced to other ostomates, Virgilio has been very active attending meetings of the group.

Mr. Vir stopped working as a taxi driver after having a colostomy. He contracted a mass in the large intestine which at first he did not pay attention to.

He then noticed stomach cramps and constipation. When the symptoms presented itself, a mass has grown and has been blocking the passage of the stool that was causing bloody diarrhea.

After the biopsy was made, it was diagnosed to be rectal cancer. There and then, after the check up, it was advised to have the cancer portion removed.

He had a colostomy on February 27, 2008. He had cobalt for 25 days.

Whenever we are in group discussions, Vir did not shy away from fellow ostomates but taught others how to cope up and explore how to improvise when bags are not available. He would share that he kept the white plastic of flanges and washed them thoroughly. He would use it again by reinforcing it with superimposed plastic playing cards cut along the outline of the plastic of the used wafer. For the colostomy bags, he used the sturdy type of plastic used for packing rice. With the help of a string as a belt and micropore tape, it is all ready to go.

For all the strength that Mr. Virgilio showed despite all the pain, you will be remembered. You have been an inspiration to others with the smile you always carried. To Mrs. Esmer Mendoza, we pray that you remain steadfast and we are here to support you.

Mr. Virgilio, rest in peace.

OSTOMY VISITOR TRAINING

Quezon City, Philippines – The unexpected heavy downpour did not diminish the enthusiasm of participants from government hospitals as they came trickling in to join an ostomy training. The affair was scheduled on the 28th and 29th of June 2012. It was a coincidence that tropical storm Dindo (Doksuri – international name) was lashing the northern part of the Philippines in almost the same timetable.

The training was made special with Dr. Harikesh Buch, ASPOA Vice President, conducting the Visitor Training. He came together with Mr. Eric Chan from Coloplast - Hong Kong where they made a three-

country visit that began in Malaysia, Singapore with the last stop in the Philippines. The activity was held at the National Kidney and Transplant Institute, a government hospital that established a wound and ostomy care clinic.

The affair was a simultaneous two-day activity that catered to two sets of participants. The first day was set aside for 6 government hospitals under the Department of Health. The meetings I organized with them, months before the activity, emphasized the need for ostomates to receive the best possible attention through the formation of an ostomy support group and the proposal to consider a room in the hospital for an ostomy clinic.

I was able to write Dr. Enrique Ona, Secretary of Health who approved a Circular Order (C.O.) to allow doctors and nurses to come in official travel business so as to take part in the training and at the same time accompany respective ostomy patients for the affair.

Whilst there was heavy rain on the morning of the 28th of June, the representatives from the hospitals came with only a handful attending from ostomates, a urostomate and pediatric related stoma cases.

It was 10:15 am when the program started. Dr. Buch was introduced to Dr. Aileen Riego – Javier who gave the welcome remarks. Participants took time to introduce themselves and share their expectations. In one of the discussions, Dr. Harikesh was amazed that there are only two enterostomal nurses in the country.

Soon after, I handled the first part of the morning introducing the body of the International Ostomy Association and then followed it up with its activities specifically the World Ostomy Day 2012 re-echoing the theme "Let's be Heard." I capped the presentation giving an overview of ostomy 101 that ranged from tips, stories and banter. The program was followed by a hands-on workshop that was introduced by wound care nurse Ms. Kristina Simon. The participants were taught how to do pouching techniques.

There were many questions that came up during this part of the training since they were given sample appliances with stoma replicas to fit in the bags.

OSTOMY VISITOR TRAINING

After lunch and taking time to rest, the participants proceeded with the weightier part of the training consisting of four parts namely a. psychosocial issues, b. ostomy product selection, c. rehabilitation and visitor training and d. irrigation. In order to assess how the participants were receptive to the training, each were given a chance to share what they felt regarding the activity. Mr. Picache, an ostomate shared that for every training, it will be more effective if the participants can be given something to read so that when they go home, they can review and share the lessons learned. Mr. Salvacion, a nurse from Philippine Children's Medical Center (PCMC) would have appreciated if the training could have geared to pediatric cases where most of their work revolves. When most of the questions were answered, Mr. Eric Chan and Ms. Atento both from Coloplast gave out sample products for all. This was capped with a souvenir photo as the participants departed for home

We had dinner were we were joined by Dr. Ramy Roxas who briefed Dr. Harikesh regarding training for health professionals that is scheduled on the first week of December 2012. This will be under the Lions For Stoma Care together with Dr. Carlo Pezcoller. We also shared plans regarding starting ostomy groups for private hospitals piloting it in Medical City where Dr. Roxas works. Similarly, ideas started to pour in at the mention of World Ostomy Day 2012 (WOD). I have initial plans already but the opportunity came to make it more broad and encompassing. We look forward to more planning the coming months.

The second day of the activity was mostly for members of the Philippine Ostomy Group. I took the time to distribute ostomy products donated by the Federation of New Zealand Ostomy Societies care of Richard B. McNair, President. I discussed with them the formation of a national association catering to government hospitals. Since it was raining that afternoon, we were resigned that the other ostomates will not anymore arrive. Dr. Harikesh gave the presentation with myself and Ms. Atento doing on the spot translation in Filipino for the participants.

There were exchange of ideas and also a sharing of life experiences that was beneficial to one of the newly operated ostomy patients present. We took a souvenir photo as well and called it a day.

ASCS - 6TH BIENNIAL CONGRESS

ASCS - 6TH BIENNIAL CONGRESS

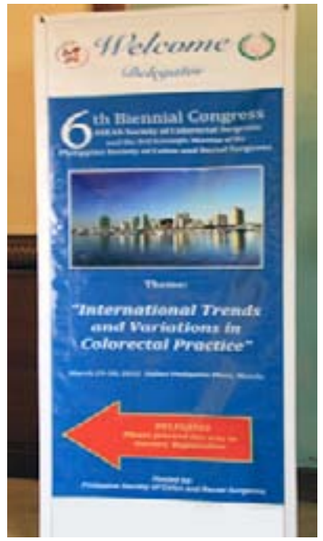
The **Philippine Society of Colon and Rectal Surgeons** played host to the **Asean Society of Colon and Rectal Surgeons** convention last March 2012.

In retrospect, the PSCRS aims to maintain the highest standards of surgical practice and to promote the advancement of the science and art of surgery of the colon and rectum. As host for the every two year event, it further establishes the importance of learning recent advantages in surgical techniques with the most minumum invasiveness.

The event was held at the Hotel Sofitel Plaza Hotel in Pasay City. There was a precongress laparoscopic colorectal workshop held on March 28, 2012 at The Medical City.

The convention was attended by a slew of renowned faculty that included among

others Dr. Phil Quirke (UK), Dr. Brendan Moran (UK), Dr. Yoshihiro Moriya (Japan) and speakers from Indonesia, Singapore, Thailand, Vietnam, Sri Lanka and other ASEAN countries.



The Congress adopted the theme "International Trends and Variations in Colorectal Practice." The event was made also in conjuction with the Third Scientific Meeting of the Philippine Society of Colon and Rectal Surgeons. The congress was made special with the presence of the Honorable Secretary of Health Dr. Enrique T. Ona from the DOH. In his speech, the Secretary quipped that "he shares the same passion with everybody and feels at home to be part of this occassion especially among the company of fellow surgeons since he is a transplant surgeon himself."

Taking advantage of the presence of the Secretary, the guests, professors, surgeons and the officers posed for a souvenir photoshoot. The sessions began afterwards.

Dr. Manuel Francisco T. Roxas , MD who is both the President Elect & Overall Chair for the 6th ASEAN Society of Colorectal Surgeons and the President of the Philippine Society of Colon and Rectal Surgeons gave the welcoming remarks for all the participants.

As expected, the congress became a memorable and meaningful one with the prestigious roster of faculty from different parts of Asia , Europe and U.S. They have shared their cutting-edge techniques and the groundbreaking developments from their respective areas of expertise.

Dr. Ramy also believed that the Congress allowed for interacting with renowned international colorectal surgeons during the plenary discussions and the fellowship night.

The guests and

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the participants were treated not only to the latest International Trends regarding colorectal practice but also the chance to appreciate and savor a little bit of what the Philippines can offer: its warm hospitality blended with exotic local and international cuisine; a touch of entertainment and light humor for which Filipinos are known for.

In order to develop and adhere to the theme of this years biennial congress, there were 8 session developed and divided into the following topics:
1. Anorectal conditions
2. Benign colorectal diseases and
3. Colorectal cancer

It was the intention of the Congress to promote speciality of colorectal surgery increase awareness to a high standard and good standing in the whole ASEAN region.

OSTOMY NEWS NOTES

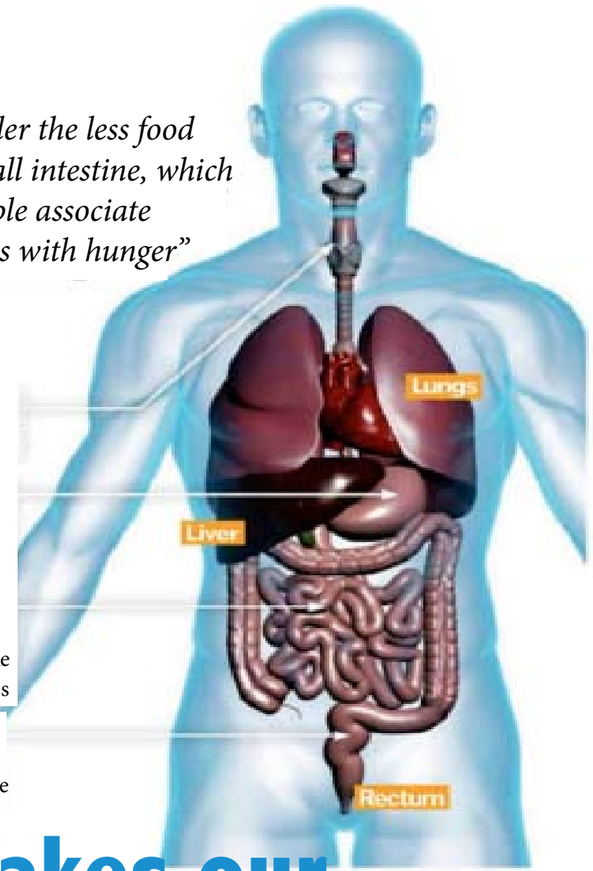
We extend our congratulations to the Philippine Society of Colorectal Surgeons for the successful hosting of the ASEAN Congress of Colorectal Surgeons which also included the conduct of nursing workshops, ostomates meeting and lay fora.

FOW-USA
Out of the 6 recipient DOH hospitals, there were representatives composed of nurses and doctors from the other 5 hospitals who attended the distribution of ostomy appliances intended for poor ostomates last June 6, 2012. The meeting was facilitated by Ms. Gina Ramiro who stressed the point that each hospital must document the distribution of the appliances. This will show to the donating agency that the ostomy bags are not being sold and are well documented. The shipment consisted of 24 boxes. Each hospital namely 1. East Avenue Medical Center, 2. Quirino Medical Center, 3. Philippine Children's Medical Center, 4. National Kidney Center, 5. Batangas Regional Hospital and 6. Mariano Marcos Medical Center got 4 boxes each.

There are other hospitals too needing the supplies and have sent letter of intent in order to be part of the recipients. We are now working on a Memorandum of Agreement between NFOP and the DOH Hospital where ostomy support groups are essential component in the Surgery Department.

FNZOS
The Federation of New Zealand Ostomy Societies, Inc through its President Mr. Richard McNair and ASPOA President Mr. J Barry Maughan have extended generous help by sending ostomy appliances through the NFOP, Inc. The first recipients have been the OAP and the participants of the Visitors Training. We have set aside a box for Rizal Medical Center which will be given to them in October. We are having difficulty in receiving the shipment and we are coordinating with both government and non-government organizations in order to continue this project. The appliances are turned over to the hospitals and we expect cooperation that they will do their part in giving us the necessary documents and photos to be given to FOW-USA and FNZOS, Inc.

"Rumbling is louder the less food present in the small intestine, which is partly why people associate rumbling tummies with hunger"



Esophagus
This muscular pipe connects the throat to the stomach

Stomach
Food is churned and mixed with gastric juices to help it to break down

Small intestine
Here, liquid food combined with trapped gasses can make for some embarrassing noises

Large intestine
Food passes from the small intestine to the large intestine where it is turned into feces.

What makes our tummies rumble?

Discover how the small intestine is really to blame…

Waves of involuntary muscle contractions called peristalsis churn the food we eat to soften it and transport it through the digestive system. The contractions are caused by strong muscles in the esophagus wall, which take just ten seconds to push food down to the stomach. Muscles in the stomach churn food and gastric juices to break it down further.

Then, after four hours, the semi-digested liquefied food moves on to the small intestine where yet more powerful muscle contractions force the food down through the intestine's bends and folds. This is where the rumbling occurs. Air from gaseous foods or air swallowed when we eat - often due to talking or inhaling through the nose while chewing - also ends up in the small intestine, and it is this combination of liquid and gas in a small space that causes gurgling noise.

Rumbling is louder the less food present in the small intestine, which is partly why people associate rumbling tummies with hunger. The other reason is that although the stomach may be clear, the brain still triggers peristalsis at regular intervals to rid the intestines of any remaining food. This creates a hollow feeling that causes you to feel hungry. Amazing facts.

NATIONAL FEDERATION OF OSTOMATES OF THE PHILIPPINES

The National Federation of Ostomates of the Philippines Inc (NFOP, Inc) is a non stock non profit national association that was officially founded in 2012 way before it was conceptualized in 2008 by a handful of ostomates. It is an incoming member of the Asia South Pacific Ostomy Association (ASPOA).

Lately in December 2011, a Twinning was done with the Federation of New Zealand Societies (FNZOS) that provides ostomy supplies intended for poor indigent ostomates in the whole Philippines.

The goals of our Association are:
1. To introduce ostomates to the Filipino public and raise awareness regarding related problems.
2. To secure the rights of persons with an ostomy for self-treatment and overcoming social, and psychological problems.

(continued next page)

The aim of World Ostomy Day 2012 is to improve the rehabilitation of ostomates worldwide by bringing to the attention of the general community and the global community the needs and aspirations of ostomates and their families. It is celebrated every three years and this year it has adopted the theme **"Let's be Heard."**

In partnership with the different affiliated private and government hospitals, the NFOP, Inc has planned several activities as well in celebration of the occassion. Among others is a simultaneous gathering of members for stoma check ups in the respective hospitals. There will be a national gathering in one of the malls in Manila with a guest speaker that will be followed by games and distribution of ostomy appliances. Hopefully, we make ourselves heard.

LIONS FOR STOMA CARE

The LFSC is the brainchild of Dott. Professor Carlo Pezcoller. He has devoted many years of his life to develop programmes to promote stoma care.

Dr. Carlo understood that in many poor and developing countries, ostomy surgeries are performed but there are no training in stoma care for doctors and nurses; likewise there are no ostomy appliances too for indigent ostomates. His early work began with the help of the then IOA Regional President for Asia, the late Dato John Cardosa. At present, there is an International Teaching Team that has been established headed by Professor Pezcoller himself with Dr. Harikesh Buch.

They have dedicated so much of their time, to develop and expand the project of the Lions for Stoma Care (LFSC). This year 2012, the LFSC project goes to the Philippines to train surgeons and nurses. Please stay tune for further announcements.

The 20/40 Focus Group Desk is a structured set-up of young volunteer ostomates under the umbrella of the ostomy support group.

It is a satellite group that is in constant communication with the 20/40 Focus Chair and Regional Representative. The reason behind forming a satellite desk is decentralization. It proposes activities and implements them according to cultural inclinations and background. The 20/40 educates and forms young people as committed ostomates who will soon take the cudgels of ostomy advocacy for their association. Come and be counted.

MEMBERSHIP APPLICATION

NATIONAL FEDERATION OF OSTOMATES OF THE PHILIPPINES, INC

Name:

Address:

City: Postal Code:

Contact Number:
Email:

Birthday: Date of Surgery:

Type: Colostomy __ Ileostomy __
Urostomy __ Other __

Name of Hospital:

* Please wait for announcements as we plan our General Meeting in November 2012. See you there.

3. To work together with scientific, educational and healthcare institutions that are concerned in realizing the mentioned objectives.
4. To cooperate with national and international organizations with similar objectives.

What objectives has the Association accomplished so far?
The NFOP, Inc has raised the awareness of the Filipino public about problems associated with ostomy. This has been done through documentaries made in mass media and subsequently shown in television. There were two networks that has promoted ostomy advocacy shown nationwide. Likewise there is a continuous awareness made via the worldwideweb where people seek assistance regarding stoma problems and ostomy appliances.

The NFOP has helped individual persons with ostomy that has contacted the Association by providing the following:
a. Information related to having an ostomy.
b. Pediatric cases needing colostomy bags.
c. Emotional, psychological and stoma care support.
d. Establishing ostomy support groups in government hospitals and those associated with the Local Government Units.
The NFOP is in partner with the Department of Health in promoting ostomy advocacy. The official newsletter of the DOH has written content regarding the work done by the National Association.

As we start to make this little steps, we are gladdened that there are many ostomates from all over Metro Manila and other key cities and even the provinces who wants to promote this awareness. The goals of having a Natinal Meeting will be a forthcoming agenda.

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