# Handin Lanc

Triple-M Racing

**Real stories** • Real advice

Tim

Issue 35

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MG Car C

Despite my bowel cancer diagnosis and surgeries, my stoma hasn't stopped us from enjoying life, whether racing or traveling.

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### Dear friends.

### Welcome to Hand in Hand.

This time round is my opportunity to introduce myself; my name is Marc Blamire and I am the Marketing, Sales and New Product Development Director here at SecuriCare and CliniMed. I have been with the business for 8 years, and during that time I have taken part in projects across the business from Strategy to Regulatory - there is never a dull moment. The scope of my role and the opportunity to influence the direction of the business keeps me grounded and motivated. When I'm not at the office I can be found spending time with my family, which entails a lot of herding our 6- and 8-year-olds toward school and clubs. It is nonstop!

In my time here I am fortunate that I get to read and review every one of the Hand in Hand editions that are produced, and I am very proud of the work that the team put in to bring it all together. Our Editor Shpresa has delivered another fantastic collection for you this Winter. Your stories never cease to remind me how resilient we can be, and how much of an impact the right support can have to enable us to live the life that we want. I truly hope that this edition can bring you empathy, inspiration and the reassurance that at SecuriCare we recognise that every individual has a unique journey and we very much value the small role that we play in supporting that.

Enjoy the read and have a wonderful Winter season.

Take care,

Marc



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# Getting back up to speed

By Tim Sharp

#### A date I will not forget!

During my colonoscopy at George Eliot Hospital, a retired professor spotted a small polyp early on, likely responsible for my abnormal poo smear result. As he continued, we were both shocked to find a large tumour blocking 85% of my intestine. The tumour, which the camera couldn't pass, was identified as cancerous, and biopsy samples were taken. The site was tattooed for surgery, which my daughter found quite impressive!

#### How had I got here?

In 2021, I developed persistent abdominal pain and constipation, and despite treatment, my symptoms worsened. A routine bowel cancer screening in January 2022 led to a colonoscopy in March, revealing a tumour nearly blocking my large intestine. The diagnosis was a shock, and surgery was scheduled for April.

However, on April 12th, I became severely ill and collapsed, requiring emergency surgery. The tumour had breached the intestinal wall, and I underwent open surgery to remove it, along with 14 lymph nodes. I woke up with a stoma on my left abdomen, a new challenge to manage moving forward.

#### Post-op highs and lows

After surgery, the SecuriCare Stoma Care Nurse at George Eliot Hospital helped me choose and learn to use a drainable pouch. I was discharged on April 21st, feeling weak and discouraged, especially since I had lost my father to bowel cancer. A follow-up revealed my tumour was classified as T4 N2 M0, indicating cancer spread to 8 of 14 lymph nodes.

Chemotherapy began in June and ended in August, aiming to eliminate 85-90% of any remaining cancer cells. Although I was told chemotherapy wouldn't guarantee a cure, it offered hope. During this time, I focused on getting fit to regain my racing license for 2023, motivated by the need to pass a stress ECG for Motorsport UK.

### Rebuilding core strength to return to racing

After chemotherapy, regaining core strength was crucial for controlling my pre-war car, which lacks seat belts or a roll cage. I began home exercises in August 2022, then worked with a trainer, focusing on the Bruce Protocol treadmill test for my stress ECG. By January 2023, I passed the test and regained my racing license from Motorsport UK. In the autumn, I switched to a convex stoma pouch, which improved my comfort. By February 2023, I was back racing at Goodwood, completing five 15-minute sessions. My first annual CT scan in March showed "essentially normal" results, which I took as a positive sign.

#### **Travel confidence**

In March, we went on a holiday to Lanzarote, and though I was initially worried about managing my stoma during the 4-hour flight, advice from my stoma nurse and SecuriCare's website helped me prepare. Everything went smoothly, including emptying the pouch on the plane. By the end of March 2023, I was back to racing at Brands Hatch, winning my class in both races.

#### **Unexpected setback**

Surgeon Mr. B contacted me about a colonoscopy to assess the possibility of reconnecting my large intestine and removing my stoma, which was inconveniently located at my trouser waistline. He scheduled the procedure for April 22, the same day I was supposed to race at Silverstone. The VSCC kindly cancelled my entry, and I went for the exam. Initially, Mr. B was optimistic about a reconnection, but then the camera stopped moving. He pointed out a lesion on the transverse colon, revealing another tumour that needed to be removed. I underwent further biopsies and imaging during the procedure.

#### A tough decision and a chance to race

A CT scan confirmed the tumour was cancerous and needed removal. The surgical team was unsure why it hadn't been detected earlier. We had two options: remove part of the colon or the entire large intestine and rectum. I chose the full pan-protocolectomy with an end ileostomy, as the surgeon assured me, "If you have no colon, you can't get colon cancer." Although warned of risks like incontinence and impotence, we proceeded. The original surgery date clashed with my only chance to race at Silverstone, so the surgeon kindly postponed it to June 26th, allowing me to race first.

### Racing triumphs and a successful surgery recovery

I raced at Silverstone, winning my class in both races, creating wonderful memories. Cadwell was fun, with my daughter joining us. Despite complications from abdominal adhesions, the surgery went well. Upon waking in intensive care, I told Mr. B I remembered driving down Silverstone's Hangar Straight. He smiled and said, "keep that thought in your mind and your recovery will go much better". I was discharged on July 5th. Histology confirmed the tumour was cancerous but hadn't penetrated the intestine wall, and all lymph nodes were clear. Aside from issues with my urinary catheter, recovery progressed well.

#### Embracing New Solutions for a Leak-Free Life

I recently got an ileostomy stoma on my right side, just below my trouser waistline, and was able to return to wearing normal-sized trousers with a belt, which made things easier. The SecuriCare SCN, provided helpful advice. Just before my operation, SecuriCare released the Aura Plus Soft Convex Drainable pouch with integral belt loops, which I started using with an elasticated belt. This gave me extra security and peace of mind, reducing leaks significantly.

Determined to race in 2024, I returned to the gym in September, gradually rebuilding my core strength after two major surgeries. My race licence for 2024 was approved without issue.

#### Living Fully with a Stoma: Racing, Travel, and Overcoming Challenges

In February 2024, I returned to Goodwood for test sessions and felt great by the end of the day. We took a holiday to Lanzarote in March, where the Aura Plus pouch and elasticated belt worked perfectly with no stoma issues. East Midlands Airport also provided excellent support through the Hidden Disabilities Sunflower Scheme.

We raced at Brands Hatch in March, Silverstone in April, and Zandvoort in Holland in May. Despite my bowel cancer diagnosis and surgeries, my stoma hasn't stopped us from enjoying life, whether racing or traveling. Though it requires more planning, SecuriCare offers great advice, particularly on fitness. If you're interested in seeing pre-war cars in action, visit the VSCC website for event details, and feel free to say hello if you attend.

Tim

Tim Sharp



### A bit about me

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- 73-year-old retired accountant with a diverse career:

   Ran hotels, owned a pub, and worked 25 years in insolvency
  - **Car enthusiast:** - Traveled across Europe in a Triumph TR6 with wife Kathryn
- After retiring in 2015:
   Built the 1936 MG PB (chassis number PB 0685) in my garage into a competition car
  - First competition: - Speed Hillclimb at Loton Park (March 2018) - Competed across the UK and France until Covid in 2020

Flying High with my Ileostomy

By Ken Andrews

Anybody who is suffering from ulcerative colitis or is about to undergo an ileostomy operation is no doubt anxious about the outcome. My story may perhaps alleviate some of these worries.

#### A bit about me

I was seven years old when the second War started, living in North London during the blitz, not ideal for a youngster, but the war is what started my interest in aircraft and I was determined to somehow become a pilot.

I was called up for national service when I turned eighteen and requested joining the Royal Air Force (RAF). I was told that for a national serviceman to learn to fly was, almost impossible. The cost of training really requires the participant to sign on for a longer period of service to justify the expense. However, I was given the opportunity to take the tests required to see if I was suited to training. About thirty of us turned up for a week's tests, and much to everybody's amazement most were selected for aircrew training. We were then told that the Americans, who were fighting the Korean War at the time were concerned about the number of pilots they were losing to the superior communist aircraft, so they had asked the British for help. The intention was to train people wanting to fly and post them to Korea. By the time training was finished the war was over so we were safe.

#### Where the first signs appeared

I thereafter joined the British Overseas Airways Corporation (BOAC), the forerunner of British Airways as a co-pilot flying the Comet aircraft, the world's first jet airliner. I flew mostly to the far east via the Middle East and India, where my stomach would often get stomach upsets, so when I later discovered I was passing some blood I blamed this on the high incidence of illness in India. For a few weeks I was taken off flying duties due to the medication I required to recover. I was confined to ground duties but seemed to recover. I went back to flying but it wasn't long before my troubles returned.

#### The prospect of surgery

This time the treatment meant some time in hospital, and I was then faced with the prospect of surgery. My doctor warned that delay meant the condition could get worse, so I bowed to the inevitable and agreed to an ileostomy.

The day after the operation the surgeon came to see me and asked how I felt. Although I could hardly move in bed without help and had tubes coming from every part of my body, I said I was okay but that I was going to lose my job. Airline pilots must undergo a medical examination every six months to retain their license, and I could see that I would have problems there. The surgeon said I would be a fit man when I recovered from the operation, but I doubted that I would be accepted by the Civil Aviation Authority (CAA), who issue license to pilots.

Unbeknown to me, the surgeon wrote a letter to the senior medical officer at BOAC saying that he thought I would be able to maintain my position in the company. This doctor was impressed by the surgeon's status and promptly sent the letter to the CAA. They also were impressed and asked me to attend an examination at their headquarters in Goodge St. in London.

This medical took all day and was very thorough but resulted in my passing the test. The head doctor told me that they had consulted with aviation authorities around the world to see if anybody had experience of operating large jet aircraft with a stoma. Apparently nobody had, so I was going to be the only pilot flying with this condition.

#### Back in the sky

I was therefore given my pilot's license back and resumed training after such a long absence. To avoid going to the Far East I converted to the Boeing 707 aircraft, a bigger and heavier plane than the Comet, but had the advantage of operating mainly to North America and the Caribbean. I flew this aircraft for eleven years, the last few years as Captain, to which rank I was promoted when my turn came. I then converted to the Boeing 747, the so-called Jumbo Jet. So, there I was, with an ileostomy, in charge of an aircraft worth about £250 million and 400 passengers. Among my passengers was HM King Charles, when he was Prince of Wales, and his sister the Princess Anne.

Internation - Addition -

Ken Andre

Handhand

#### Retirement

My compulsory retirement age was 55, but when I reached 50, I was offered a redundancy package as the Company was trying to cut down on staff. As I could get a pension at this age I decided to retire and concentrate on my golf. Didn't do my golf a lot of good but was fun trying!

I've been lucky in that all the time I've had the ileostomy I've been able to eat and drink whatever I liked, without any serious consequences. This has made my life a lot more comfortable.

Unfortunately, however, I lost my wife to cancer about sixteen years ago, and as we had no children, I've lived alone since that time. I'm now 91 years old but doing very well. I've given up golf and taken up Bridge, which I find very difficult. However, it keeps my brain ticking over.

I hope this tale gives hope to anybody facing a similar operation. It's not all doom and gloom.

Best Wishes to you all.





# Silver Stoma Care Nurse of the year winner Caroline Ogden

Caroline Ogden, our Stoma Care Clinical Nurse was nominated by her colleagues for the British Journal of Nursing (BJN) Nurse of the year award 2024 for Stoma Care.

Caroline's dedication and hard work have truly paid off and she received the silver award!

The BJN Nurse of the year award is an event dedicated to recognising and applauding the hard work and commitment of nursing teams and acknowledging the significant impact they have made on the lives of patients.



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# Patient Support Group Tackles Stoma Product Wastage

By Sarah Brown (SecuriCare Community Clinical Support Worker)

At the High Wycombe patient support group, which meets three times a year with around 40 attendees, we recently addressed the issue of stoma product wastage. I showed the group a box of unused stoma products I had collected from patients over the week, emphasising how common it is for products to go unused. I wanted to make the group aware of the importance of considering their needs when ordering products to avoid unnecessary waste, especially when trying new samples or switching to a different pouch. We work closely with GPs to ensure prescriptions accurately reflect what patients need on a monthly basis.

During the session, I emptied the box of pouches in front of the group, and many were shocked by the amount of waste. To encourage creativity and reduce waste, I introduced the idea of designing pouch covers. Although some participants were hesitant at first, everyone got involved, and the designs they came up with were fantastic. I asked them to add their name and the number of years they'd had their stoma on the covers, and I was truly amazed by their creativity. We've done similar activities with children in the past, encouraging them to decorate their pouches with felt tip or gel pens to help boost their confidence, and many adults also purchase pouch covers for a personal

We also reuse surplus stoma products in our training sessions for carers in the Buckinghamshire area, ensuring that nothing goes to waste. These sessions teach basic stoma care to community carers and care home staff.





### How to Reduce Wastage

If you find you're receiving stoma products you no longer use, or your prescriptions include items you don't need, it's important to take action. You can either:

Contact your community Stoma Care Nurse, who can liaise with your GP or delivery company to adjust your prescription.

Speak directly to your GP to have unnecessary 2 items removed or quantities reduced.

### **Donating Excess and Unused Stoma Supplies**

If you have surplus stoma supplies, you can donate them to the Jacob's Well Appeal. This organisation sends stoma products to underprivileged countries where patients often can't afford the high cost of these essential items. Without access to stoma bags, many patients are confined to their homes, and their quality of life is significantly impacted. Jacob's Well Appeal gladly accepts donations of unused ostomy products, including pre-cut pouches. They also welcome unopened lotions, powders, sprays, gels, and wipes.

### Donations can be sent to:

Jacob's Well Appeal Jacob's Well Yard Swinemoor Lane Beverley East Yorkshire HU17 0JX

Tel: 01482 881162

For more information, visit www.jacobswellappeal.org/medicaldonations



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# Empowering Your Stoma Care

### with **CliniPeel** Medical Adhesive Remover and CliniShield Advance Barrier Film.

Living with a stoma can present unique challenges, requiring you to adapt to new routines in ensuring care and protection of your stoma site. Among the essential tools for effective stoma management are products like **CliniPeel** and **CliniShield Advance**, a medical adhesive remover and a barrier film that will assist the way you manage your stoma and improve your quality of life. Let's explore both the products and discover how they empower your stoma care.

### Why use a Medical Adhesive Remover?

We understand that some of you may experience certain challenges with stoma pouch changes, such as skin irritation or discomfort.

By incorporating **CliniPeel** into your stoma care routine, you can:



### How does CliniPeel work?

**CliniPeel** employs a no-sting, fast drying formula that effectively breaks down adhesive bonds, allowing you to remove your stoma pouch with ease. Simply apply a small amount of **CliniPeel** around the edges of the pouch, and within seconds, experience the adhesive effortlessly releasing from your skin. It helps reduce the pain with its quick and gentle removal process.

**CliniPeel** is easy to use with its simple application and removal. The product is available in userfriendly packaging, such as wipes or sprays, allowing for efficient and controlled application.

### Advantages of the CliniPeel ozone- friendly sprays

- Available in a non-fragranced and a mint-fragranced spray to mask odours
- Can be used at any angle
- No cold sensation unlike traditional aerosol sprays
- Minimum wastage up to 99% emptying to maximise value.





**BARRIER FILM CliniShield** ADVANCE SPRAY WIPES Why use a Barrier Film?

By incorporating **CliniShield Advance** into your stoma care routine, you can:





### How does CliniShield Advance work?

**CliniShield Advance** forms a thin, waterproof, transparent barrier when applied to the intact skin around your stoma. This barrier acts as a protective shield, guarding your skin from potential irritation caused by stoma output and adhesive residue. Its breathable formulation allows air to circulate freely, keeping your skin healthy and comfortable.

**CliniShield Advance** is easy to use with its simple application and removal. The product is available in user-friendly packaging, such as wipes or sprays, allowing for efficient and controlled application.

### Advantages of the CliniShield Advance ozone- friendly spray

- Can be used at any angle
- No cold sensation unlike traditional aerosol sprays
- Minimum wastage up to 99% emptying to maximise value

Please note that we are currently in the process of upgrading our 'Clini' Sprays with a new actuator and this update brings no change to the product's core functionality.

To ensure optimal experience, please apply a bit of pressure to the textured finger pad when USING A NEW CANISTER FOR THE FIRST TIME . This will break the initial plastic seal, allowing for smooth and consistent spraying with minimal force thereafter.

our Stoma Car

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CliniPeel

MEDICAL

ADHESIVE

REMOVER

NO STIN SPRAY

50mle REF 4501

Hand Hand

CliniPeel

MEDICAL

ADHESIVE

REMOVER

50ml @ REF 4502

Issue 35

HandinHand



We understand that skin health is of utmost importance to you.



### Discover

# **CliniShield**<sup>®</sup> **Advance Barrier Film**

### **PROTECT** peristomal skin **IMPROVE** adhesion **PRESERVE** skin integrity

Save up to 35% compared to other leading brands\*

### Available in individual wipes and a spray.

\*March 2024 Drug tariff prices.

### How it works

CliniShield Advance forms a thin, waterproof, transparent barrier when applied to intact skin around the stoma.

This barrier acts as a protective shield, guarding the skin from potential irritation caused by stoma output. It dries rapidly on the skin forming a breathable film, preserving skin integrity.

### CliniShield ADVANCE CliniShield ADVANCE BARRIER FILM SPRAY BARRIER FILM WIPES 50mle REF 3831 **REF** 3829 BARRIER FILM **SPRAY**

### **Product benefits**

- Provides an ideal surface for the adhesion of stoma flanges and medical adhesive devices
- Helps shield intact skin from the harmful effects of bodily fluids
- Offers up to 48 hour protection
- The spray can be used at any

### Call the careline team: 0808 296 3061 or visit: clinimed.info/clinishield-hih

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### 66

It starts to work as soon as you spray it on. The pouch comes away with no pulling of skin.



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### Call: 0808 296 3061 Visit: clinimed.info/clinipeel-hih

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### Accessible toilets: it doesn't have to be a loo-sing game

This article discusses the accessibility issues that ostomates and ISC (intermittent self-catheterisation) catheter users face in their day-to-day lives.

#### Issues accessing non-public toilets

A common worry for ostomates and ISC catheter users is finding an accessible toilet when they're out and about. There aren't always public toilets available which may mean asking to use the loo in a private business like a restaurant or a shop. Although some businesses are happy for non-customers to do so they also have the right to refuse people access to their facilities. You can find out more about your rights when it comes to accessing public toilets in our blog.

www.securicaremedical.co.uk/blog/ access-to-toilets-what-are-your-rights

Even when an accessible toilet is available ostomates and ISC catheter users can still be faced with discrimination by being challenged or criticised for using the facilities because their condition is "hidden". In Colostomy UK's recent survey, more than 30 per cent of respondents stated that they had experienced problems of this nature in shops, sporting venues, visitor attractions and other public areas<sup>1</sup>.

#### What can make toilets more accessible?

Access isn't the only issue. Toilets can often lack the facilities that make changing a stoma bag or using an intermittent catheter safe, clean and easy<sup>2</sup>. So, what facilities make life easier for stoma bag and catheter users? We've compiled a list of features that can improve the experience:

- $\rightarrow$  A shelf Ideally in reach of the toilet. This is important for ostomates and ISC catheter users to put their equipment on and avoid having to put it on unsanitary surfaces like the floor.
- $\rightarrow$  A bin The number one essential! Although it is fine to dispose of stoma bags and catheters in a sanitary bin these are usually only available in female toilets. Often other bins are not placed in the cubicle but in the more public area of the toilet which can make disposing of equipment a potentially embarrassing task.

- → Radar Key Lock This is a universal lock used on accessible toilets, keys can be bought to open accessible toilets with these locks. This allows people who need to use accessible toilets the ability to do so without having to ask which can be awkward for some people.
- → Accessible toilet signage Signage that highlights the fact that not all conditions that would require a person to use an accessible toilet are visible, reduces risk of hostility for ostomates when using an accessible toilet<sup>3</sup>. This can also apply to anyone with a hidden condition including catheter users.
- → A mirror This can help people to see their stoma, especially if it's in a hard-toreach area making bag changes easier. It also allows people to check to make sure that fluids haven't got on their clothes while changing their bag or using an intermittent catheter.

#### What else can help?

There are a number of tools and resources available to help make life easier and getting out and about less stressful.

#### Radar Keys

Radar keys can be used to access toilets with radar locks, if you have a radar key over 9,000 toilets in the UK are open to you. Radar keys are available at a cost of £5 to anybody with a recognised disability. We provide them free of charge to all users of our home delivery service.

#### Just Can't Wait card

The Just Can't Wait Card is recognised and supported by many retail and service organisations, giving you access to toilets not normally available to the general public<sup>4</sup>. It can fit easily into your purse or wallet and the cards are widely accepted and acknowledged around the UK. We provide everyone who signs up to our home delivery service with a Toilet Priority Card that can be used in the same way as a Just Can't Wait Card.

#### References

- Colostomy UK. (n.d.). stoma friendly toilets. [online] Available at: https://www.colostomyuk.org/campaigns/toilets/. [Accessed 29 Sept 2024].
- 2
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- Bladder & Bowel UK. (n.d.). Just Can't Wait Card by BBUK. [online] Available at: https://www.bbuk.org.uk/just-cant-wait-cards/. [Accessed 29
- Sept 2024].

Accessible



### Apps and websites

In times of need, there are a variety of apps and websites to help you find the closest public toilet to you:

'The Great British Toilet Map' is an interactive map that lists public toilets all over the UK. Visit www.toiletmap.org.uk to view the map.

'Flush Toilet Finder & Map' has a database of tens of thousands of public toilets and can be used even when you aren't online. It's available on the App Store and Google Play.

WheelMate<sup>™</sup> is an app that specifically finds accessible toilets. It's available for Apple and Android devices.

#### **Pelvic floor exercises**

If you suffer from urinary incontinence, pelvic floor exercises may be able help you control the urge to use the toilet depending on what the cause of your incontinence is. These exercises strengthen the pelvic floor muscles and can improve symptoms of stress and urge type incontinence. Download your free guides at:

#### clinimed.info/continence-guides

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Guide to Stoma Friendly Accessible Toilets. (n.d.). Available at: https://www.colostomyuk.org/wp-content/uploads/2023/02/Colostomy-UK-

Colostomy UK. (n.d.). stoma friendly toilets. [online] Available at: https://www.colostomyuk.org/campaigns/toilets/. [Accessed 29 Sept 2024].



**Prep Time** 10 minutes

			-
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		_	

Cook Time	
12 minutes	

**Total Time** 22 minutes

# Nathan's Ostomy Friendly **Peanut Butter Cookies**

By Nathan Wheeler

### Ingredients:

- 200g Smooth Peanut Butter
- 175g Caster Sugar
- 1/4 Teaspoon of Salt
- 1 Large Egg
- Optional:
- Nutella

### Method

- 1. Heat the oven to 180C / 160C Fan / Gas mark 4 and line a baking tray with baking parchment.
- 2. Put the peanut butter and sugar in a bowl together. Add the salt and mix all the ingredients consistency.
- 3. Break off small pieces (depending on how big or small you want your cookies to be!) and space them apart on the baking tray. You could put them in to different cookie shapes, but I like to get a fork and squash the mixture down.
- 4. Bake for approximately 12 minutes or until golden around the edges and little paler in the middle of the cookie. Cool on the tray for 10 minutes and then transfer to a rack until fully cooled.

**Optional step** (if you're feeling naughty): Add a layer of Nutella to the top of the cooled cookie for extra nutty, chocolatey goodness!

If you can be extra patient, try popping them in the fridge for a while afterwards to let the Nutella go a little solid before serving!

### Freezing

If you don't want to cook the cookies straight away - before Step 4, you can freeze the cookies for up to 2 months. If you're cooking from frozen, add an extra 1-2 minutes to the cooking time.

While I was recovering from surgery, these cookies were great for getting me through those sweet and salty cravings and they digest well. Having a stoma and recovering from surgery is all about adapting. Just give yourself time to figure out what works for you!

If you give this recipe a go, make sure you snap a pic and tag me on Instagram @thatsnathan

If you have any recipes that you have adapted since having a stoma, I would love to know so make sure you share them with me too.



together. Once they are combined, add the large egg, and mix again until you have a dough like

Peanut Butter Cookies

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# Lemon Drizzle Cake

By Nathan Wheeler

### Ingredients:

### For the cake:

- 225g unsalted butter, softened (or vegan butter)
- 225g granulated sugar
- 4 large eggs (or 4 tbsp ground flax seeds mixed with 10 tbsp water for a vegan option)
- 225g self-raising flour
- 1 lemon, zest only
- 2 tbsp milk (or plant-based milk)

### For the drizzle:

- 85g granulated sugar
- Juice of 1 and a half lemons

Preheat your oven to 180C (350F). Grease and line a loaf tin with baking parchment.

### <u>Method</u>

### 1. Mixing

In a large bowl, beat the softened butter and sugar together until pale and fluffy. Gradually add the eggs one at a time, mixing well after each addition. If the mixture begins to curdle, add a tablespoon of the flour to bring it back together.

If using the flax seed option, mix together the ground flax seed with water and let it sit for 5 minutes for it to become gelatinous before adding to the sugar and butter.

Fold in the self-raising flour and lemon zest gently. Add the milk and stir until the batter is smooth.

### 2. Baking

Pour the batter into the prepared tin and level the top with a spatula.

Bake for about 45-50 minutes or until a skewer inserted into the centre comes out clean.

#### 3. Drizzle

While the cake is baking, mix together the granulated sugar and lemon juice to create the drizzle.

As soon as the cake is out of the oven, poke holes all over the top with a skewer or fork, then pour over the lemon drizzle. The juice will sink in, and the sugar will form a lovely, crisp topping.

### 4. Cooling

Leave the cake to cool in the tin for about 10 minutes, then transfer to a wire rack to cool completely.

Slice your lemon drizzle cake and serve it with your favourite cup of tea.

Enjoy!

\_emon Drizzle Č Cake



**Prep Time** 15 minutes **Cook Time** 45-50 minutes



**Total Time** 65 minutes

> Lemon Drizzle Cake



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# No Bake Gluten Free Key Lime Pie

#### By Michelle Williams



### Ingredients:

- 250g Gluten Free Digestives (Sometimes I use 150g Gluten Free Digestives & 100g Gluten Free Ginger Nuts).
- 125g Unsalted Plant Life Flora Butter Melted. I use this because it tastes just like butter and you can bake with it like normal butter and I found it whilst I had to go Dairy Free but you can use normal Butter.
- 600g Cream Cheese
- 100-150g Icing Sugar
- 3 Limes Juiced & Zested
- 300ml Whipping Cream (whipped into peaks)

### Method

- 1. If you have a food processor blitz the biscuits to turn them into crumbs otherwise stick them in a sandwich bag and smash with a rolling pin until it has the same desired effect.
- 2. Tip the crumbs into the melted butter and mix, transfer that mixture into a 15-inch cake tin (I use the foil disposable ones you can get in supermarkets, easier to get the pie out), and press down to make a base. Put that into the fridge to chill until next needed.
- 3. Put the cream cheese, 100g icing sugar, and lime zest in a bowl, then beat with an electric mixer until smooth. Slowly combine the lime juice to taste. Do it slowly with a spoon so you have control of the taste, and it doesn't curdle.
- 4. Take the cream that you have already whipped into peaks and continue beating until completely combined with your soft cheese mixture. At this point, if your mixture is too sour, you still have 50g of icing sugar to resweeten it. Don't over-beat it because it can separate.
- 5. Spoon the combined cream mixture onto the chilled biscuit base from the fridge, working from the edges inwards to help ensure there are no air bubbles. Smooth the top of the cheesecake down with the back of a dessert spoon.
- 6. Cover with clingfilm and leave to set in the fridge overnight for 10-12 hours. You can decorate the top after setting with very fine biscuit crumbs sprinklings, lime zest, lime zest slices or just leave it plain.

Don't expect it to look bright green, it tends to look more muted yellow. The bright green ones tend to be made with carnation milk and food colouring.

Enjoy!

Key Lime Pie



### **CROSSWORD**

1	2	3	4	5	6	
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11		12		13		
14			15			
16				17		

#### Across

- 1 Former Russian ruler (4)
- **4** Disappear (6)
- 8 I beg your pardon? (4)
- 9 Conveyor belt (11)
- **11** Journey's end (11)
- 14 Indolently (4)
- **15** Passion (6)
- **16** German sportswear company (6)
- **17** Currency in France (4)

### Down

- 2 Led (11)
- 3 Prevail (5)
- 4 Contend (3)
- 5 More recent (5)
- 6 One with an interest (11)
- 10 Criticize (3)
- 12 Flirted (5)
- **13** Propose (5)
- 15 --- Alamos (3)

### **SUDOKU**

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# Pumpkin Pie

### Ingredients:

- 6oz or 150g of short crust pastry
- 1/2 lb (8oz) or 200g steamed or boiled pumpkin, ensure all seeds are removed
- 2 oz or 50g Soft Brown Sugar
- One large pinch of ginger
- One large pinch of grated lemon rind
- One small pinch of ground nutmeg
- Small pinch of cinnamon
- 2 Eggs
- Pint or 125ml warm milk

### Method

- 1. Preheat the oven to 400F, 200C or Gas Mark 6.
- 2. Roll out the short crust pastry and place in a greased pie dish.
- 3. Remove skin and seeds and chop the pumpkin into one-inch pieces and boil for about 20 minutes or until it is soft for mashing. I like to dig the pumpkin flesh out of the skin to leave the skin ready to make a Jack o' lantern. Then mash (or you can puree in a blender) the pumpkin until it is smooth.
- 4. Separate the egg yolk from the white. Whisk the egg whites until they are fluffy.
- 5. In a separate, bowl mix together the egg yolks with the warm milk, brown sugar, ginger, lemon rind, nutmeg, cinnamon and pumpkin.
- 6. Next, carefully fold in the whipped egg whites.
- 7. Once it is evenly folded together pour the mixture into the pastry that you placed in the pie dish earlier.
- 8. Place in the oven to cook for 20 minutes at 400F, 200C or Gas Mark 6. Then turn the oven down to 350F, 175C or gas mark 5 and cook for a further 20 minutes.
- 9. Keep checking on the pie and if it appears to be getting too brown on top before it is ready to come out of the oven, place a piece of tin foil over it or a silver foil pie dish on top to stop the top burning.
- 10. It is ready to come out of the oven when the filling feels firm when poked with the end of a spoon. When getting it in and out of the oven please be sure to use oven gloves to protect your hands and an apron to protect your clothes.

Enjoy!



### **CROSSWORD**

#### Across

- 1 Former Russian ruler
- 4 Disappear
- 7 Doddering
- 8 I beg your pardon?
- 9 Conveyor belt
- 11 Journev's end
- 14 Indolently
- 15 Passion
- 16 German sportswear company
- **17** Currency in France

### Down

- 2 Led
- **3** Prevail
- 4 Contend
- 5 More recent
- 6 One with an interest
- 10 Criticize
- 12 Flirted
- 13 Propose
- 15 --- Alamos

### **SUDOKU** EASY





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# Stema support groups

#### Ayrshire & Arran Stoma Support Group

First Saturday of every other month (October, December, February...) 2pm – 4pm. Ferguson Day Unit, Biggart Hospital, Biggart Road, Prestwick KA9 2HQ. For further information contact Jim on 01292 220945 or 07729 771350 or email jimkraz@virginmedia.com Or conact Hugh Strathearn T: 07837 464 376.

#### Berwick upon Tweed, Northumberland

Meets every 3rd Thursday of each month at 10-12am in The William Elder Building, 56-58 Castlegate, Berwick, TD15 1JT. All welcome from both sides of the border as are partners. For further information please contact Bobbie 07714479320

#### Bishop Auckland Stoma Care Group

Every other Thursday at 1pm. St Mary's Church, Vart Road, Woodhouse Close Estate. Bishop Auckland DL14 6PO. For further information contact Mrs Maureen Davison T: 01388 818267 E: rdavison816@gmail.com

### Carlisle

Every 2 months (October, December, February...) 11am - 12.30pm. Harraby Community Centre, Edgehill Road, Carlisle CA1 3SN Please contact stoma nurses 01228 814179 for dates

### Cumbrian Bellies

Search 'Cumbrian Bellies' on Facebook and Instagram! For information about the next meet-up please email Nicola on rowson.nicola@yahoo.co.uk

#### Dartford Ostomy Support Group (DOGS)

3rd Wednesday of the month. St Anselms Parish Centre, West Hill. Dartford DAI 2HJ. For further information please contact Susan Norris on 07779 155 846 E: dogs-uk@hotmail.com

#### **Durham and Wearside** Crohn's & Colitis Support Group

For further information please email dw@networks.crohnsandcolitis.org.uk

www.crohnsandcolitis.org.uk/DW

#### High Wycombe Stoma Support Group

Wrights Meadow Centre Wrights Meadow Road, High Wycombe, Bucks, HP11 ISO. For further information call 0800 318965

#### Horden Stoma Support Group First Monday of every month

between 10am - 12pm. Horden Youth & Community Centre, Eden Street, Horden Peterlee, Co. Durham SR8 4LH. For further information contact Claire on 0191 5863520

#### Inside Out Stoma Support Group

Zoom 'Coffee Morning' meetings every two weeks Harrow Masonic Centre, Northwick Circle. Kenton Harrow HA3 OEL. For further information please email Barry Caplan on barcap23@outlook.com or

call 07811 084 514 E: info@iossg.org.uk

#### Leicestershire Kirby **Ostomy Support Group**

from

10.30am – 12.30pm For further information please contact Janet on 01162392844 or 07464957982 Email: kosg2013@btinternet.com

#### Mercia Inside Out Support Group, South Derbyshire/ **East Staffordshire**

Bimonthly afternoon meetings from 1.30- 3.30 Stanton Village Hall, Burton upon

Trent. DE15 9TJ For more information contact Sally Chester on 07500441442. or Gary on 0779218245 alternatively you can email

merciassgroup@gmail.com

#### Nuneaton Stoma Support Group

3rd Wednesday, every other month, (September, November, January...) 7pm – 9pm. Manor Court Baptist Church, Manor Court Road, Nuneaton, Warwickshire CV11 5HU. For further information contact Bob Burrell on 07564 680803 or email nuneatonstoma@aol.com

### S.O.S Solent **Ostomates Support** Last Wednesday of the month (Excluding August and December.) 2pm – 4pm. Kings Community Church. Upper Northam Road, Hedge End, Southampton SO3 4BB. For further information

PE2 8QS.

at 2pm.

#### Calling all support groups!

Ostomates and continence patients often call our Careline asking for advice and support. So, whether you're a stoma or continence support group, we'd love to share your details.

If you'd like to share the details of a group to include in future editions of Hand in Hand please email info@securicaremedical.co.uk.

### Once a month on a Saturday

Peterborough, Cambridgeshire 1st and 3rd Tuesday of every month 2pm - 4pm. Stanground Community Centre, Whittlesey Road, Peterborough

For information contact Pat on 01733 247135/07721189813, Maria on 01778 702237 or Allan on 01354 653290/07836 661102

The Shropshire B.O.Ts (Bums on Tums) 2nd Thursday of each month,

Hope Church Room 1, Market Gate, Oswestry SY11 2NR For further information call: Irene Constable - 01691 238357 or Carole O'Ryan - 01691 671624 Alternatively email: ireneconstable@phonecoop.coop

call 07527 707069 or email solentostomates@hotmail.co.uk

Stevenage Ostomistics Last Saturday morning of each month 10.30am – 1pm. Oval Community Centre, Vardon Road, Stevenage SG15RD. For information contact Judy Colston on 01438 354018 or 07957754237 or email neilcolston@btinternet.com (each session is ended with chair yoga!)

#### Windsor, Ascot, Maidenhead & Slough Meetings held once a month usually the 2nd Monday of the

month between 19:00 & 20:30. WAMSstoma@gmail.com @Groupwams @wamsstoma

Wing Stoma Support Group

Every 2 months, 11am – 12.30pm. Wing Hall, 71 Leighton Road, Wing, Leighton Buzzard, LU7 ONN. For information call 0800 036011

You are not alone, Chesham Support Group Last Monday of the month, 10.30am - 12.30pm. The Kings Church Chesham Offices, Unit 11 Chess Business Park, Moor Road, Chesham, Buckinghamshire HP5 1SD. For further details please contact

Carla Wright 07846 354918 carla\_wright@sky.com



Help is a phone call away

Whether you are placing your next order with SecuriCare, in need of a friendly chat or advice about your stoma or continence care, help is closer than you think.

### **Useful phone numbers**

SecuriCare Careline 0800 585 125

**Colostomy UK** 0800 328 4257

Urostomy Association 01889 563 191

**Ileostomy & Internal Pouch Association** 0800 018 4724 Bladder & Bowel Foundation 01926 357 220 Bladder and Bowel UK (PromoCon) 0161 607 8219

SecuriCare Orderline 0800 318 965 Junior Ostomy Support Helpline 0800 328 4257

Multiple Sclerosis Society 0808 800 8000

Spinal Injuries Association 0800 980 0501

**Back Up** 020 8875 1805

### Mental wellbeing support

Mind 0300 123 3393

Samaritans 116 123 CALM 0800 58 58 58 Childline 0800 1111 Young Minds 0808 802 5544

**The Silver Line** 0800 4 70 80 90 **Age UK** 0800 678 1602 **Cruse Bereavement Care** 0808 808 1677

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