



Hollister Newsletter

March 2022

My Journey to a Life Saved Victory!

Hi, my name is Eben Niemann.

I am a Lymphoma, Non-Hodgkin's diffused B cell cancer survivor.

I was diagnosed at the age of 25 years old, after an emergency surgery that took place in Plettenberg Bay Mediclinic for a perforated bowel.

I had known for a number of years in my short professional career as a sound engineer that something was wrong with my intestines, but up until that point nobody was able to diagnose the problem correctly. After months of deliberation and opting to give up my professional career in Johannesburg, I chose to return to my roots in the Tsitsikamma of the Eastern Cape and assist my parents in their family business.

After finding peace and tranquillity in trying to reconnect with my roots, my body finally had a chance to breathe as I came to realize the immense stresses and trauma, I had put it through during my career pursuits. My physical body afterwards went into some sort of aggressive systemic shock. I started vomiting and got immensely sick.

My intestine had been penetrated by a tumour that stemmed from a cancerous lymph node. This resulted in my having four surgeries. Out of that total, 3 of them were totally out of control.

My initial surgery came back with the diagnosis of cancer. Initially I was devastated. Upon hearing the bad news, it was undoubtedly the first time I had ever seen my father cry. Still, I realized that my life was not over. I knew I had to fight.

The oncologist was unsure of my success rate at the time of assessment. They said they needed to give me chemotherapy because it was my only option. Even under those circumstances, the therapy might only restrict the cancer but not cure it. The chances were slim, yet I realized that only God had and still has the authority to give and take life. So, I prayerfully rebuked any death sentence and walked out with a determined motivation to live.

After seeing my oncologist in Port Elizabeth, I found out what had to be done: Chemo plus make huge personal lifestyle changes--or die!

I knew I only had the first option.

Little did I know what lay ahead. About eight weeks later, I started my first chemotherapy session.

I had to ingest about 14 or 15 bags of poison via an IV drip. Thinking about that now makes me completely nauseous. The memories make me feel like I am sitting right back in that seat: tasting the chemo in my mouth, though I never

swallowed it! I knew when they were pouring in the Red Devil, as they called it. I did not have to see it; I knew it was flowing through my veins; every part of me felt dead as I went through that ordeal. However, little did I know that in less than 24 hours from that first chemo session, that I would land up fighting for my life in Plettenberg Bay Mediclinic, where I had my surgery eight weeks prior. The chemotherapy completely destroyed the anastomosis that the doctor had formed in re-joining my colon. As I came out of that hospital theatre, I woke up with a strange bag attached to me, which I came to know as an ileostomy.

In my mind that thing was worse than the cancer for me. That thing seemed to dictate my whole life. I always loved food and I still love food today. Unfortunately, I never knew that something like that could ever deter me so much from food. I never knew that something like that could change my life so much! I hated every moment of it.

It broke me--more than the cancer ever could. In that moment I knew my fight was not against cancer anymore, it was against that thing of a bag that was stuck on me.

I remember the first day the nurses removed the bag and showed me how to use it, as well as what was going on. I could see my insides

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Ostomy Care
Healthy skin. Positive outcomes.

My Journey to a Life Saved Victory! (cont.)

peeking out through two key holes. One was at the top, which was connected to my rectum. The other one spewed all this disgusting unprocessed bile. I used to see carrots and peas pop out of it! Yuck!

And I did not want anything to do with it, but it was now so much a part of me.

My mother took me in. She became my personal nurse. I will forever love and respect her for what she did and how she carried me through some of the most difficult times of my life. I remember one morning after sending an "I don't want to live!" message to my girlfriend at the time.

I subsequently discovered that my girlfriend had forwarded the messages to my mother because she was not near me at that point in time. My mother came walking into my room and I was thinking "I'm going to get it." My mother just embraced me and loved me in spite of my mood. I then realized in that moment that I needed to do the same. I needed to love this bag, even though I did not want to accept it, I needed to make peace with it because I had been given a second chance in life.

I realized after my second surgery, during which I received my ileostomy, that even feeling my toes was a blessing. I was actually fortunate, as long as I could feel my toes and move my legs to get out of that bed. It was a blessing--even with the 52 clamps in my stomach keeping it all together after the more than 50 centimetres of intestines had removed at the time (80 centimetres in total). I realized at that moment, from that day and the days forward, that I needed to move. I needed to keep going, so I did not stop moving onward. I started upping my diet. I found a naturopath who assisted me in the best possible way to get my new lease on life.

I had eight crazy chemo sessions over a 6 month period of time. I kept fighting! Every three weeks or so I used to go in for my check-ups and then received more chemo. My diagnosis improved and my chances for remission became greater and greater.

Shortly after my second chemotherapy session, I landed up in an isolation ward in St George's Life hospital. I remember lying on my room in isolation hearing people in agony; some were even dying. I peered out of the window. I saw peacocks outside eating and trying to fly. I knew they could not fly well but their beauty and perseverance to be the best peacock made me think. I realized that God gave me that moment to realize how fortunate I was to be alive. When I got out of there, I kept walking. I kept going to the extent where the death sentence that had

been handed to me was changed into a new life sentence.

I finally realized I needed to make peace the ileostomy bag, so I started changing it myself. I figured it out and I gained confidence whereby I realized that there was only one product for me and that was Hollister. I knew they made the best products, the bags felt like it was a part of me. I accepted it. However, I never named it, like some people do, because I knew this ileostomy would go away some day.

I would never take life for granted again.

I would never again think that sitting down on the toilet seat was too mundane and so tedious. I resolved to never complain about my stomach running again nor grumble about cramps nor moan about not being able to digest something!

By December of 2016, I was cleared from one of the deadliest lymphomas I know. I was then told I could get rid of the bag! On the 10th of February 2017 I went in for my reversal, a 90-minute operation followed by a 10 day recovery. My ileostomy was removed, and I remember having my first poop that weekend. It felt absolutely glorious!!

Little did I know there was one more struggle ahead. I had a spontaneous rupture in the duodenum. There was no medical reason for it.

I went in for an emergency operation and they started searching for the problem. The surgeon diligently searched (pulling out) all my intestines as he looked for the place where he had joined the anastomosis. He worked my intestines like someone looking for a leak in a bicycle tube.

Suddenly, out of the blue during the already stressful surgery, I started losing oxygen in my left lung. Every kind of monitor you could imagine in the theatre was beeping and screaming.

Fortunately, they realized that all the moisture they had pumped into me to keep me alive during the surgery, was running straight into my lungs instead. They proceeded to remove the problem with long needles through my back which aspirated my left lung.

I survived that night's 5-hour surgery with a lot of surgical clamps and prayer. After the ordeal was over, I had to learn to walk again via physiotherapy. Throughout the entire process I had lost much of my weight. In my former days, before this cancer nightmare, I was a solid ninety five kilograms all my life. After the cancer, my weight had dropped to a never before low of about 58 kilograms. As a result of my last surgery, I had two holes in my stomach from where they had removed the colon and re-joined

my considerably shortened intestines. This took another six months to heal. The physical consequences I carry daily will always make me think back of the cancer that saved my life from derailment.

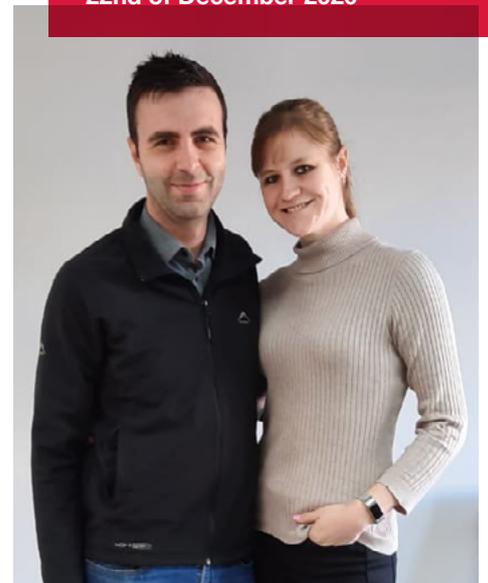
I looked back at the whole ordeal and realized that I had a very close encounter. God revealed to me a lot of things in that moment of reflection:

1. I knew that the nurse that was looking after me every day over the course of the last 3 operations would become my wife. We not only got married--she is now my business partner! We run a wound and stoma clinic in Plettenberg Bay called Forward Health.
2. I realized that I had a story to tell. Now, I get to tell it. I knew that there would be individuals who needed to hear from someone who had gone through something similar to what they are experiencing. I received encouragement when I needed it most. Now it is my turn to share encouragement with those who also need some support.

I sincerely wish to hearten people in their struggle; regardless of whether it is a permanent colostomy, an ileostomy, a urostomy or something temporary, like I experienced. I want to tell you be courageous no matter what you face. I want to tell you that things happen for a reason and we may not always have the answers but realize and remember that there is a God Who is in control.

It is up to you to find Him and to live your best life possible!

Eben Niemann
22nd of December 2020



Meet the Hollister Stomaltherapy Nurses



Phumelele
(Phume)
Marotyia

Describe yourself in 2 sentences

Always ready to learn and try out new things.
Not too introvert, not too extrovert.

My hobbies

Jogging/Walking, Fan of Jazz Music.

Name 3 things still on your bucket list?

Travel through SA provinces, Learn how to play an instrument, Reach "expert" level in my field.

When did you realize you want to become a Stomaltherapist?

Five years ago.

How long have you been practicing Stomaltherapy?

Fairly new in this field (however been in Ostomy industry since 2014)

How frequently do you feel a stoma patient should go for a check up with a Stomaltherapist?

Every four to sixth weeks would be ideal to prevent Peristomal Skin Complications.

Based on what criteria do you suggest a 1pce or 2pce product to a patient?

Stoma and Peristomal Skin assessment,
Correct prescription.

Do you believe that stoma patients should follow a certain diet?

It is very important that stoma patients follow a certain diet, especially post-operative. They need to know what the different foods might do to the stoma. balanced diet is recommended.

What do you think are the most common things that stoma patients forget/ignore?

Stoma patients forget/ignore the status of their peristomal skin health/condition.

What is the best piece of advice that you can give a stoma patient?

Skin health is key, especially Peristomal Skin Health.

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Meet the Hollister Stomalthery Nurses (cont.)



Sr
Fiona
Gopie

Describe yourself in 2 sentences

When I look back on my life, I want to be seen as a wonderful daughter, a loving mother and wife, an amazing sister and someone who gave her best in everything they did.

What are your hobbies?

I'm an avid reader, a sports fanatic and love listening to many genres of music.

Name 3 things still on your bucket list?

- Visit the Vatican and Rome
- Own my own business
- Write a murder mystery book

When did you realize you want to become a Stomaltheryapist?

Stomalthery and wound care found me, I was 28 when I started my journey.

How long have you been practicing Stomalthery?

On and off for the past 20yrs.

How frequently do you feel a stoma patient should go for a check up with a Stomaltheryapist?

Depends on the nature of surgery, if there are any complication, how well the patient is

copied and if it's a settled patient at least once a year for a thorough re-assessment. Every clinician has their own follow up schedule for their patients and I think the stoma nurse needs to discuss it with their patients as part of the discharge plan.

Based on what criteria do you suggest a 1pce or 2pce product to a patient?

Depends on the nature of surgery, type of stoma, if there is any drains or stents or supporting devices. Whether I need access to stoma or not and most importantly I will take my patients wholistic needs into consideration when making a choice, so it's multi-factorial.

Do you believe that stoma patients should follow a certain diet?

If they need to follow one for their condition eg if they have had diversionary surgery and are a diabetic then I would advocate following the diabetic diet or any special dietary recommendation, other than that, everything in moderation and just be aware of how certain foods affect their stoma output. I always advice my patients to keep a food journal and monitor how certain foods and medication affect their output.

What do you think are the most common things that stoma patients forget/ignore?

They forget to go for their yearly check ups. Some suffer in silence when they have a skin irritation that can lead to serious skin damage because they think it's normal. Don't be afraid to speak to your stoma nurse, no question is silly, we here to help, seek a second opinion if need be.

What is the best piece of advice that you can give a stoma patient?

Having a stoma is a small part of a bigger life, live your life to the fullest. Ask for help if you feel overwhelmed, it's okay not to be okay, lean on your faith, friends and family to get you through the tough times.





Common Reasons for a Urostomy

People have urostomy surgery for various medical reasons. Learn about some of the more common reasons why doctors recommend a urostomy.

Learn about the common reasons for urostomy surgery.

There are several reasons why people get urostomies. It may be due to an illness, a chronic condition, or some form of trauma. The common thread is that the bladder is damaged or defective in some way, which may require another path for urine to exit the body.

Thousands have successful ostomy surgery

During urostomy surgery, a stoma is created that bypasses an injured or diseased part of the urinary system. A urostomy essentially makes a new path for urine to flow out of your body. Regardless of the reason for your urostomy surgery, it may take time to become comfortable with this life-changing procedure. Take comfort in that fact that every year tens of thousands of people of all ages all around the world successfully undergo some type of ostomy surgery.

Why do I need a urostomy?

Below are a few of the more common reasons for urostomy surgery:

- **Bladder cancer:** Although the incidence of bladder cancer is decreasing slightly, it is still the fourth most common type of cancer in men. A urostomy may be recommended if all or part of your bladder must be removed.
- **Trauma:** Any type of damage to the bladder may require emergency urostomy surgery. Blunt force trauma or penetrating injuries to the abdomen could cause damage to the bladder.

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A man with a beard and short dark hair, wearing a grey t-shirt, is carrying a young girl with curly hair on his shoulders. They are both smiling and looking towards the right. The background is a blurred green landscape with trees. The bottom half of the image is overlaid with a red gradient.

Common Reasons for a Urostomy (cont.)

- **Congenital (present at birth):** A birth defect in the urinary tract can cause urine to back up into the kidneys, which lead to chronic or repeat infections. In these cases, a urostomy is a life-saving procedure for these children.
- **Incontinence or repeated infection:** If you have a defective bladder that causes incontinence or chronic urinary tract infections, your doctor may recommend a urostomy. Some people seek relief from these chronic issues because they cause embarrassment, inconvenience, and even skin problems.
- **Interstitial cystitis:** Also known as painful bladder syndrome, this debilitating disease causes frequent, urgent, and painful bathroom trips. If dietary changes, medication, or other treatments have been unsuccessful, a urostomy may be recommended.

Whatever your reason for needing a urostomy, it's important to talk to your healthcare team so you can get as much information as possible about your specific condition and why the surgery is your best option. They can answer your questions and address your concerns.





Preventing Urinary Tract Infections After Urostomy Surgery

Urinary tract infections can still occur after urostomy surgery. Learn about some basic diet and ostomy pouch routines that can help prevent them.

Get tips for preventing urinary tract infections when you have a urostomy.

After your urostomy surgery, you may still develop urinary tract infections (UTIs). This is because your body is vulnerable to infections in the urinary tract. UTIs can also lead to kidney problems. The good news is that a few diet changes and ostomy pouch routines can help you avoid this issue.

Tips for avoiding UTIs

To help prevent UTIs, follow these guidelines:

- Drink at least 6 to 8 glasses of water each day. Drinking plenty of fluids is a key way to keep UTIs at bay.
- Avoid consuming large amounts of caffeine and alcohol. These can dehydrate you and make you more susceptible to UTIs.
- If you use a night drainage system, make sure to thoroughly clean the leg bag or container.
- Empty your pouch when it is one-third to half full.

UTI symptoms to look out for

If you notice any of these symptoms, contact your healthcare professional or your stoma care nurse right away:

- Dark, cloudy urine
- Strong-smelling urine
- Back pain (where your kidneys are located)
- Fever
- Loss of appetite
- Nausea
- Vomiting





Essential Facts About Your Urostomy

It's helpful to know some key facts about your urinary system and your urostomy before surgery. Get up to speed so you're well-informed about your procedure.

Explore [basic information about your urostomy](#).

If you are about to have urostomy surgery, you might have some questions. Below is some essential information about your urinary system, as well as some basic facts about your urostomy procedure.

Facts about your urinary system

The human urinary system begins with the kidneys. The kidneys are two bean-shaped organs located just above the waistline toward the back. Urine or liquid waste flows from the kidneys through two narrow tubes, called ureters, and collects in the bladder.

The flow of urine from the kidney into the bladder is fairly constant. A sphincter muscle allows the bladder to store urine until it is convenient to empty the bladder, or urinate. When a person urinates, the sphincter muscle relaxes, allowing urine to flow out of the body through a narrow tube called the urethra.

What's a urostomy?

A urostomy is a surgically-created opening designed to drain urine. It is also sometimes referred to as an ileal conduit stoma or a urinary diversion. Here are a few facts you should know:

- A urostomy allows urine to flow out of your body after the bladder has been removed or bypassed
- After your urostomy, urine is no longer eliminated through your urethra. Instead, it is eliminated through the urostomy.
- Because a urostomy does not have a sphincter muscle, you have no voluntary control over when you urinate. Instead, you wear a pouch to collect the urine.

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Essential Facts About Your Urostomy (cont.)

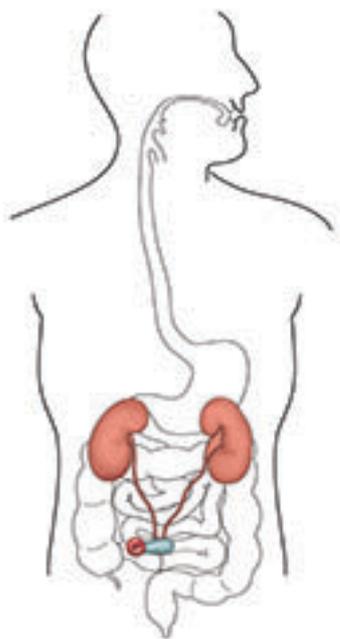
Type of urostomies

Your surgeon may select one of several methods to create the urostomy. The most common method is called an ileal conduit. Here are the basics of this procedure:

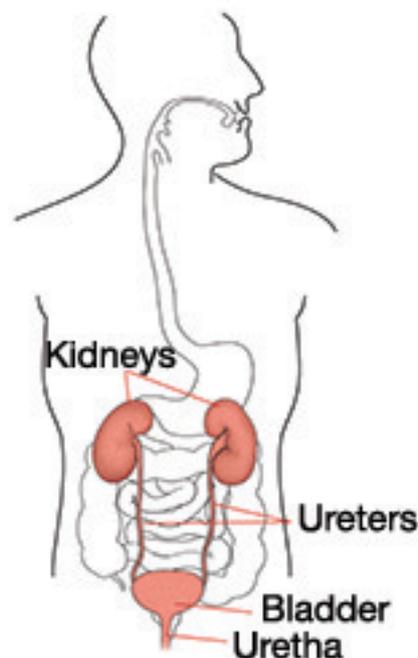
- The surgeon removes a short segment of the small intestine (ileum). This will be used as a pipeline – or conduit – for urine to flow out of the body.
- The intestine is then reconnected. It continues to function just as it did before surgery.
- The surgeon then closes one end of the conduit and inserts the ureters – the tubes made of muscle fiber that transport urine.
- The open end of the conduit goes through the abdominal wall. This new opening in the abdomen is called a stoma.

Another type of urinary diversion is called a colon conduit, which is similar to an ileal conduit with one major difference. To construct a colon conduit, the surgeon uses a short segment of the large intestine instead of the small intestine. The open end of the conduit is passed through the abdominal wall, creating the stoma opening.

Now that you know the basics about how your urinary system works and about urostomy surgery, [explore what you need to know about ostomy pouching systems.](#)



Ileal Conduit

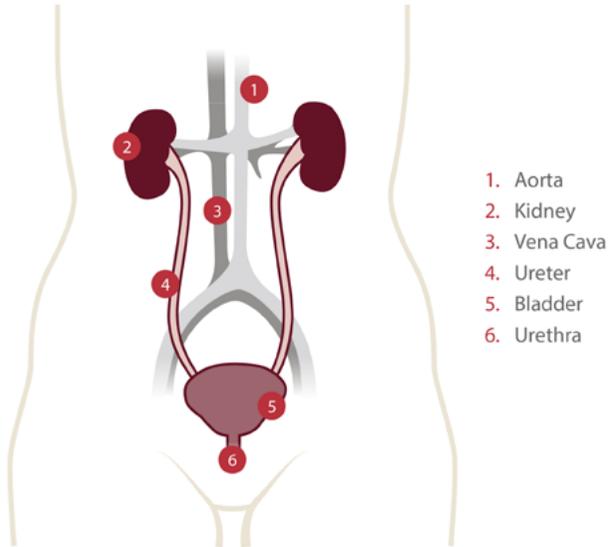


Urinary System



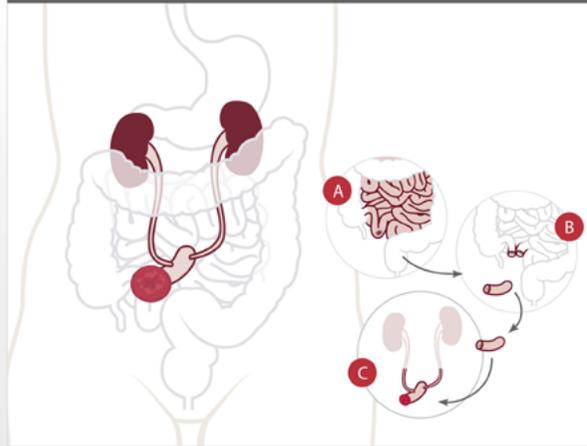
Urinary Diversions – Anatomy and Surgery Types

The Renal System



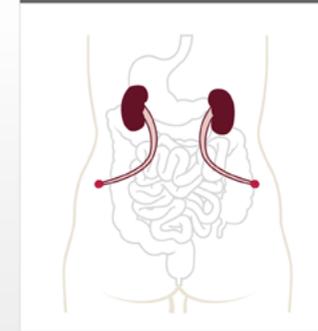
Urinary Diversions with Stoma Formation

Ileal Conduit (Urostomy) and Surgery



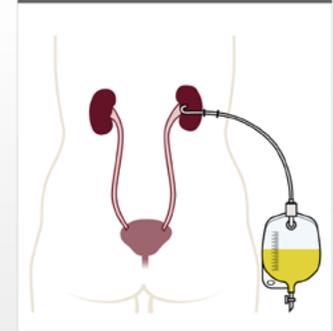
After removal of the bladder, a portion of the end of small intestine is used to create a 'pipe' or conduit for urine to flow into from the ureters. The new conduit (urostomy) is generally on the right side of the abdomen.

Ureterostomy



The ureter is connected to the skin directly. The bladder may or may not be removed. There may be one or two depending on the patient. Urine flow is continuous. These usually exit the skin at the back of the body and require some form of drainable bag – frequently a urostomy pouch.

Nephrostomy



A small tube is placed directly into the kidneys to drain urine into a collection system. Urine flow is continuous. A person may have one or two nephrostomies depending on need. The tubing generally exits the skin from the side or back of the body.

Example of a Normal Stoma and Healthy Peristomal Skin



One-Piece Systems Two-Piece Systems

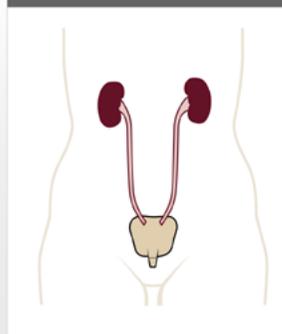


Urostomy Product Examples

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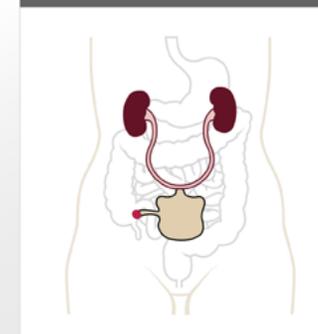
Urinary Diversions without Stoma Formation

Neobladder



After removal of the bladder, the small and large intestine are used to create a storage reservoir for urine. This is placed in the pelvis and the ureters and urethra are connected to the reservoir. When healing is complete, the patient can urinate via the urethra.

Continent Cutaneous



After removal of the bladder, the small and large intestine are used to create a storage reservoir for urine. This is placed in the pelvis and the ureters and urethra are connected to the reservoir. When healing is complete, the patient can urinate via the urethra.

Routine follow-up with your healthcare professional is recommended.
Prior to use, be sure to read the Instructions for Use for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions.
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New enhancements plus the features you already know & trust

In addition to these pouch improvements, patients can continue to rely on the other benefits of Hollister urostomy pouches including:

- **Odour-barrier pouch film**
- **Transparent**
- **Drain valve indicator**
- **Soft, ComfortWear panels**
- **Belt tabs**

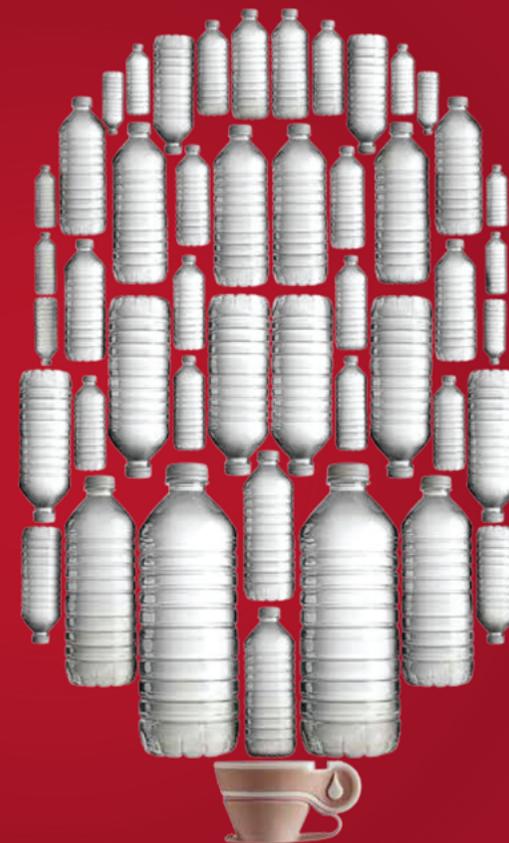
Code	Description	Size
84794	Premier Urostomy Convex Cut to Fit Flextend Skin Barrier, Tape Border, Enhanced Design, Ultra-Clear	Cut to fit max 25mm
84798	Premier Urostomy Convex Pre-Sized Flextend Skin Barrier, Tape Border, Enhanced Design, Ultra-Clear	Cut to fit max 38mm
847911	Premier Urostomy Convex Pre-Sized Flextend Skin Barrier, Tape Border, Enhanced Design, Ultra-Clear	Cut to fit max 51mm
84892	Premier Urostomy Convex Cut to Fit Flextend Skin Barrier with Tape Border, Enhanced Design (Chambers), Ultra-Clear	Pre-Sized 19mm
84893	Premier Urostomy Convex Cut to Fit Flextend Skin Barrier with Tape Border, Enhanced Design (Chambers), Ultra-Clear	Pre-Sized 22mm
84894	Premier Urostomy Convex Cut to Fit Flextend Skin Barrier with Tape Border, Enhanced Design (Chambers), Ultra-Clear	Pre-Sized 25mm
84895	Premier Urostomy Convex Cut to Fit Flextend Skin Barrier with Tape Border, Enhanced Design (Chambers), Ultra-Clear	Pre-Sized 29mm
84896	Premier Urostomy Convex Cut to Fit Flextend Skin Barrier with Tape Border, Enhanced Design (Chambers), Ultra-Clear	Pre-Sized 32mm
84898	Premier Urostomy Convex Cut to Fit Flextend Skin Barrier with Tape Border, Enhanced Design (Chambers), Ultra-Clear	Pre-Sized 38mm
84690	Premier Urostomy Cut to Fit Flextend Skin Barrier with Tape Border, Enhanced Design (Chambers), Ultra-Clear	Cut to Fit 13mm – 64mm

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New Features!

New Image

Hollister Enhanced Design Urostomy Pouches

Regardless of what the day brings, our new urostomy pouch helps maximize discretion and comfort



Ostomy Care
Healthy skin. Positive outcomes.

More ordinary lives – made possible by extraordinary pouches

Selecting the right pouch for your patients is about more than functions and features – it's about helping them regain the sense of control they need to resume living with freedom and confidence.

Hollister understands the difference is in the details. We strive to continually improve our products, and reflect valued feedback from Stomaltherapists.

We're pleased to announce enhancements to our urostomy pouch, that can help your patients feel even more self-assured as they go about their day.



Multi-Chamber,
Front View



Multi-Chamber,
Top View, Sliced



A great pouch becomes even better

Introducing the improved New Image urostomy pouch from Hollister – available with a variety of comfort and performance options to meet the needs of your patients. Featuring two product innovations – a new multi-chamber collection system and a re-designed valve.

Enhanced Flow-Control Valve

The new valve is made with softer material and a streamlined shape. The goal of this design is to help increase comfort against the body, so your patients can do more, with less worry.

New Multi-Chamber Design

The updated pouches now have multiple built-in chambers, which are designed to facilitate even distribution of urine. As urine flows into the pouch, it is dispersed among the chambers. This results in a more balanced collection of urine, and a lower pouch profile for your patients