



SOUTH-WEST OSTOMY ASSOCIATION

Email address: astom-sudouest@orange.fr

Phone number: 05 61 23 65 99

MUNICIPAL HEAL COMMUNITY

2, rue Malbec—31000 TOULOUSE



INFORMATION BULLETIN N ° 32 - JANUARY 2019

Hello,

The year 2018 is ending; another year is coming, how fast!

You must have noticed this acceleration! What is more, permanent, of this passing time, but this passing time keeps us away from moments of drama, the pain.

Life goes on ... with this incredible strength. You know this strength, you - who live differently with this handicap, and you have all overcome it, in a way or another! Well done! You are the champions, yes, yes. Each in his own way, you are the fighters!

The ASSO was created for you, but you make ASSO what it is today. By your presence, your motivation! And this one, which I find, is growing year after year. And that is a real joy for me and the whole office!

Our 2017 General Assembly was a success. I was wondering how to do it at least as well. Well, I think we got there. This is thanks to M.Derbias, the Director General of the Union Clinic and to Dr. Maxime Ros, President of the Révinax Society. I thank them both again for taking their time off and for being here!



You noticed, they both talked to us about the FUTURE. It is always important to look into the past, to use experience; but it is even more important to know how to live in the present, and even more to know how to plan for tomorrow! For them, it is a part of their daily life, it is essential. Furthermore, they gave us some materials for thought. We have to stay "connected". Artificial Intelligence is here!

These are the projects that make us live.

I would also like to thank the laboratories and service companies who continue their support.

The whole office joins me in extending our best wishes for 2019! May you maintain good health! And don't hesitate to use Virtual Reality and Augmented Reality!

Kiss you all.

The President: Serge Ros.



MINUTES OF THE 37th GENERAL ASSEMBLY OF THE ASSO

Saturday 1st December 2018

We met on Saturday December 1st, 2018, at 9 a.m. at the Restaurant LES FEUILLANTINES, 101 route de Gauré in BALMA - 31130, to discuss the following agenda:

A word from the President.

Activity report and financial report. Put to the vote.

Medical subject: "Evolution of the health system in France" by Mr. DERBIAS, clinical director of the Union.

Break - Meeting Laboratories and Service Providers.

- Societal subject: "Virtual reality - Augmented reality" by Doctor Maxime ROS, neurosurgeon

Were present:

Board of directors:

President Serge ROS. Mrs. Nicole RISBEC: Treasurer. Mrs. Béatrice LE GALL: Secretary. Ms. Catherine LAVIGNE: Nurse stomatherapist. Mr. Denis PORTET.

Laboratories: CERECARE, CONVATEC, HOLLISTER, and service providers: Stomatherapy Center, FSK, DIADOM

Members and their spouses: 60 people.

Mohamed HATIMI, union clinical stomatherapist.

After his word of welcome, the President thanks the loyal participants, the laboratories and the service providers who support us every year. He welcomes the new members, this year 7 in number.

He recalls the importance of continuing to continue our action in favor of ostomates, pre

and post-operative information, home and hospital visits.

The floor is given to our Secretary, Béatrice LE GALL for the activity report:

ASSO administrative actions

Nicole made the request to the tax administration to find out if our association was eligible for patronage and therefore empowered to issue tax receipts. It is positive response. Thank you Nicole for taking care of it!

ASSO interventions in healthcare establishments

- * School of Nursing La Croix Rouge Toulouse Nicole and Denis over 2 days
 - * Lavour Hospital, training of caregivers at the hospital, Nicole and Denis
 - * Pont des Chaumes MONTAUBAN Clinic Intervention by Francine to present the ASSO to the surgeon and meet the head of the digestive service
 - * Convalescent home Le val des Cygnes Intervention RU by Nicole and Béa
 - * Territorial Health Council Participation RU de Nicole
 - * Clinic pasteur RU participation by Béa
 - * Ranguel University Hospital. New ostomy meeting Nicole and Denis
 - * Union Clinic, meeting new ostomates but above all, invitation by Laury BEAUBRUNT and Dr ROS to participate in the development of the Patient Therapeutic Education Ostomy Program, and integrate us actively as soon as the program is accepted.
 - * Participation of several ASSO members to meet new ostomates.
- Interventions by Nicole, Marie-France, Francine, Denis, Jean-Claude, Didier (tel).
- * Distribution of flyers, Union Clinic, Pasteur Clinic, Cancer League, Hospitals.

Permanence at our headquarters, CMS, telephone activity

Permanences at CMS 1st and 3rd Tuesday afternoon of each month Denis, Nicole, Béa Telephone activity remains very important, even if it is still as irregular, numerous calls from future ostomates, information searches, or simply exchanges. Even if we do not always have follow-ups, the main thing is to bring a little comfort, support.

Events of the year

* Ostomy contact training at CMS by Cathy and myself on Dec 1, 2017: Elisabeth, Francine, Marie France, Bernard, Maïté, Alain, Philippe, Aime, Denis, Josette, Jean-Claude

* RU training at the Maison de la Santé over 2 days by Marie-France.

A big thank you to everyone for your involvement. It is thanks to your help that we will continue to make ourselves known to bring comfort and support to future ostomates and their families.

Voting: adopted unanimously

The floor is given to our treasurer, Nicole RISBEC for the financial report and presentation of the balance sheet commented on item by item with projection on screen.

We always strive to keep our overhead costs under control.

Our correspondence costs have increased slightly compared to last year; we communicated a little more with our members, and about half of them do not have internet.

We thank the labs and providers for all their contributions.

Voting: adopted unanimously.

Followed by Mr. DERBIAS 'interventions on the Evolution of the health system in France with projection of graphics supported by a series of questions and answers.

Then Doctor Maxime ROS plunged us into "Virtual Reality - Augmented Reality" by having us test 3D masks ... as if we were in the operating room!

To close this General Assembly, we changed rooms and enjoyed a gourmet meal appreciated by all.

Thank you all for your participation and your collaboration.

Le Président Serge ROS.

La Secrétaire Béatrice LE GALL



**Stomatherapy center
Stomatherapy - Urology - Scars**

Personal advice from our
Stomatherapists

From Monday to Friday

157, Boulevard de SUISSE
31200 TOULOUSE

Tél. : 05 34 51 12 42
Fax : 05 34 51 12 44

stomatherapie@orange.fr



Accès bus :
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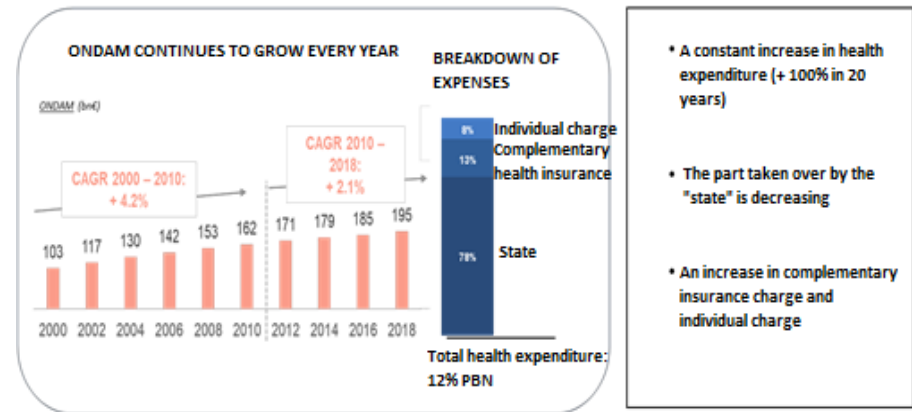


EVOLUTION OF THE HEALTHCARE SYSTEM IN FRANCE

A FEW KEY DATES:

- 1945: Creation of Social Security
- 1946: Special regimes (Agricultural, Land, seafarers, railway workers)
- 1956: Minimum old age
- 1967: First reform aimed at reorganizing the accounts with bursting of old age, sickness and families)
- 1980: Creation of sector 2
- 1991: CSG
- 1993: Extension of the contribution period (37.5 - 40 years)
- 1996: Creation of AR
- 1999: CMU
- 2000 to the present:**
- HPST Law
- ARH -> ARS
- Reform of special regimes
- Retirement 60 to 62, and 65 to 67 depending on the plan
- Arduousness device
- Generalization of paid tier
- 2005: Activity pricing**

THE HEALTHCARE SYSTEM IN FRANCE REMAINS MASSIVE



- A constant increase in health expenditure (+ 100% in 20 years)
- The part taken over by the "state" is decreasing
- An increase in complementary insurance charge and individual charge

• Hospital: 50% =>	Ambulatory / DMS
• City doctors: 25% =>	Drug reimbursement
• Medicine: 18% =>	Generic (52 boxes)

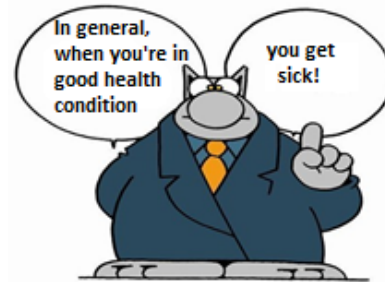
HOW DID WE GET THERE?

- Population increase despite birth rate in recent years down
- Aging of the population (in 2045, a third (of 75 millions) of the population will be over 60)
- The increase in chronic diseases
- The absence of structural reform has given way to "planer" (deleveraging) policies
- French people's big consumption of care
- A "crazy" investment each year to "save" the hospital (75% of funding to the hospital while the private sector pays for one in two hospitalizations)

The observation

Positive points:

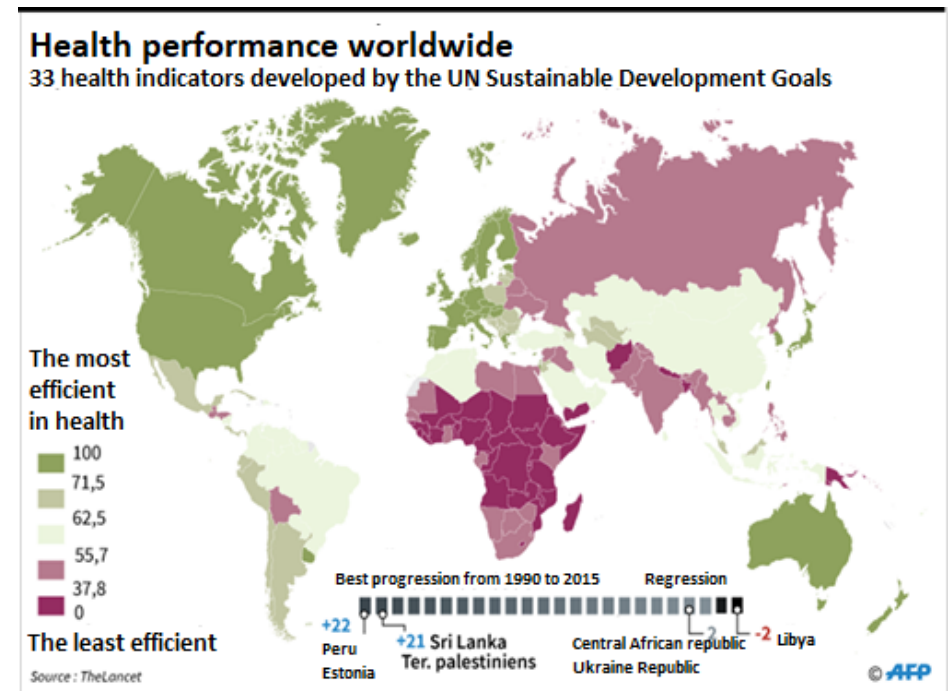
- France -> leading peloton of the best performing countries in terms of health
- Among the longest life expectancy (83 years)
- Healthcare is (still) affordable for patients
- Power in terms of medical innovation model based on solidarity (Social Security) and freedom of choice



Negative points:

- A historic cumulative budget deficit
 - Around 200 billion euros spent each year (12% of GDP)
- Heterogeneous quality of care
 - Geographic disparities (urban / rural areas)
 - Social disparities (6.5 years of life difference between a worker and a manager)
- A care offer now ill-suited
 - WHO puts the number of preventable deaths in France at around 40,000 each year
- Too little investment in prevention
 - Budget allocated annually is 2% against 3% for our neighbors (+ 50%)
 - 75,000 deaths each year from tobacco use and 50,000 from alcohol
 - For example, there are an estimated 500,000 to 800,000 diabetics who do not know in France and who could be screened
- A shortage of doctors is looming

IS THE FRENCH HEALTH SYSTEM THE BEST?



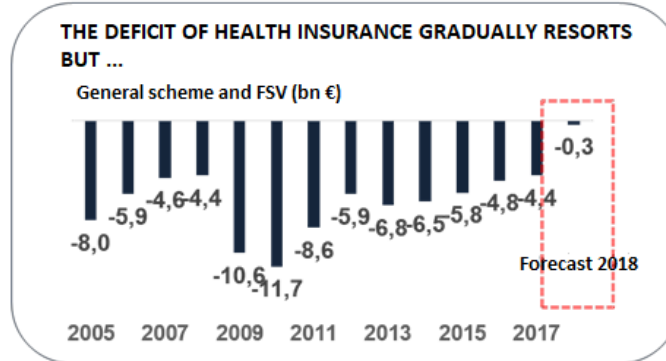
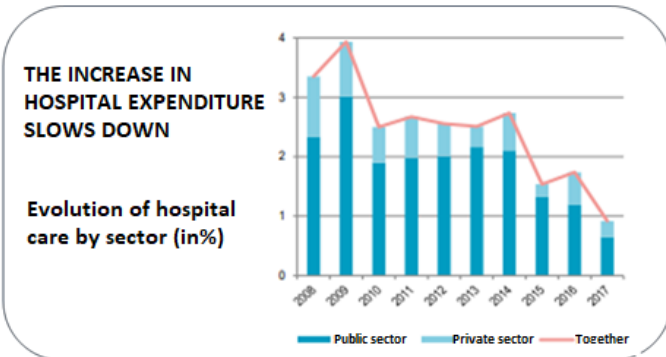
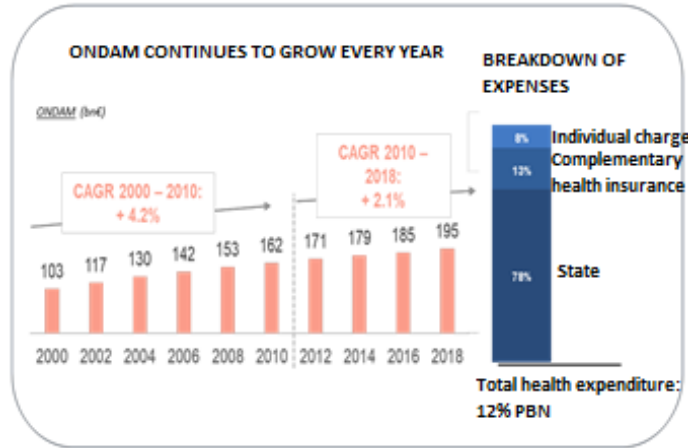
France, for its part, is in 15th place, between Austria and Belgium.

The quality of care is improving worldwide, but the poorest countries are progressing slower than others are.

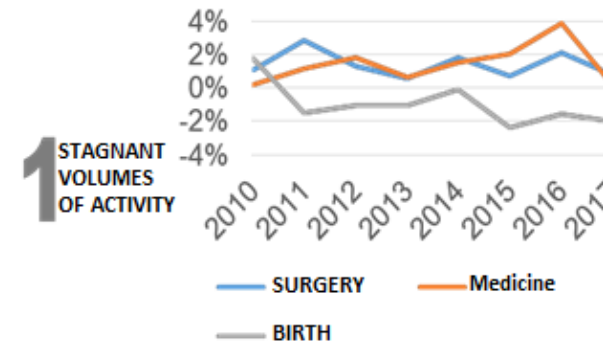
In 2015, the best places were occupied by European countries (Andorra, Iceland, Switzerland, Sweden), when the tail of the peloton was mainly made up of African countries (Central African Republic, Afghanistan, Somalia, Guinea-Bissau).

The best increases belong to China, Turkey, South Korea and Peru.

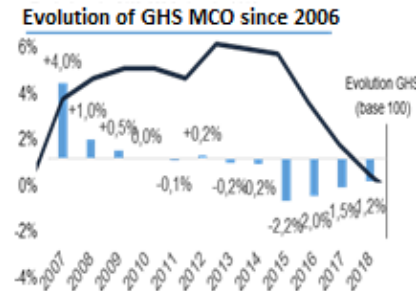
A SYSTEM WITH DIFFERENTIATED DEVELOPMENTS



THE PRESSURE ON HOSPITAL ACTORS HAVE SPECTACULARLY INCREASED IN A FEW YEARS



2 REDUCED RATES FOR THE 5th CONSECUTIVE YEAR



3 A VERY STRONG CONSOLIDATION OF THE PRIVATE SECTOR



THE CURES

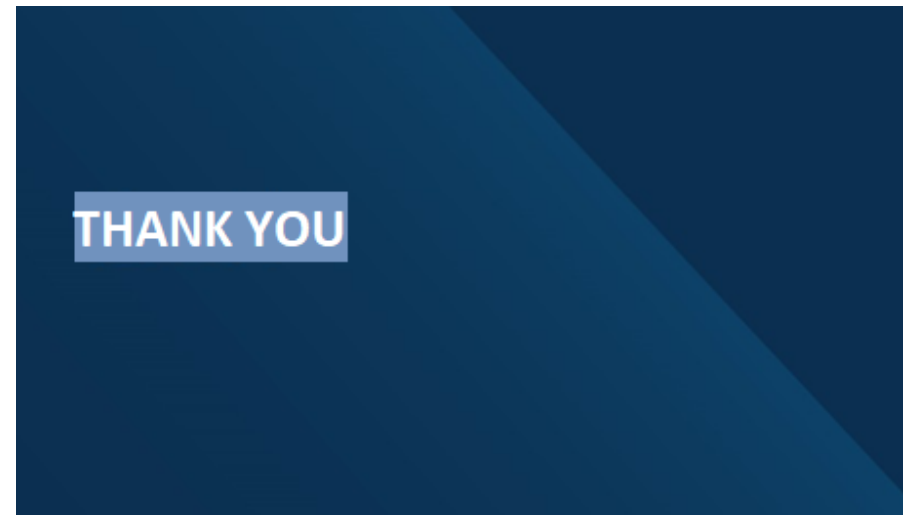
- Establish a real national prevention policy
- Develop alternative structures allowing to increase and to lengthen the autonomy of the elderly
- Strengthen and promote the city / city and city / hospital link, in particular with a simple and reliable information sharing system
- Develop quality financing and enhance performance (delay in France)
- Developing the training courses of our future doctors and our future nurses

WHAT WILL HELP US

- ❖ New technologies
 - Virtual and augmented reality
 - Artificial intelligence
- ❖ Digitization of health data
- ❖ Make the patient an actor of his health and his care

WHAT PROFILES

A new model with health insurance for the most disadvantaged and an additional one for the most affluent or basic health insurance (routine care) with additional insurance for out-of-basket care



VIRTUAL REALITY - AUGMENTED REALITY

Dr. MAXIME ROS

Revinax: virtual reality to train in surgical procedures

These operating hands, your brain thinks they are its! The memorization of gestures is therefore optimal ". It is on this impressive illusion that Revinax, a startup in Montpellier created in 2015 by Dr Maxime Ros, neurosurgeon and three cofounders, developed. Its activity: training in technical gestures surgery using virtual reality.

The starting point is simple: the surgical techniques are complex and the know-

how is not easy to transmit. Sharing them is not easy.

In addition, during learning, you never have the perfect angle of view. We stand next to a surgeon, which has nothing to do with the real point of view of the one who operates.

Educational added value

Revinax has thus developed an application that offers, thanks to 3D and virtual reality, a library of immersive tutorials. These make it easier to learn, to reduce risks and to archive knowledge. There is a very significant educational added value: we don't just visualize a scene, we live it.

In his virtual reality mask, the apprentice surgeon has in the foreground real images of an operation filmed at 180 degrees according to the expert's angle

of view. If he turns his head to the right or left, he can also access additional data, which can be educational material in the form of PowerPoint, slideshows or texts, a diagram, but also, for example, the scanner of the patient. By offering a first-person view, this scenario, which you can relive as many times as necessary, is an effective means of memorizing complex gestures.



In its content library, Revinax already offers tutorials for thrombectomy, inguinal hernia, breast reduction, interventional cardiology, knee replacement...

GOOD TO KNOW:

From virtual reality to augmented reality

The company has signed contracts with manufacturers of the medical device to present the operating techniques. Revinax is also in discussions with universities and suggests that they make available the elements necessary to create these tutorials themselves.

Unicef is also interested in the technique for breast and uterine cancer operations in Tanzania.

Recently, Revinax has been working on augmented reality, which allows even finer assistance. While perceiving the reality around them, the user has access to data from the intervention, and in the first place to videos describing the different stages. This allows, in real time, during the operation, to refer to the different times of the technique and to verify that the correct procedure is applied.



(Source: Humanis)

March 18th 2016, updated 13/12/2018

The family caregiver or caregiver of an elderly person now has a real legal status. Explanations.

France has 8.3 million caregivers, including 4.3 million for the elderly, 53% are women, 57% are spouses, and 17% are family members (1)

The term family caregiver, which refers to people helping a dependent and / or disabled person who is close to them or chosen by the person. Caregiver work might done alone or in addition to the work of a home care professional (caregiver, home help, caregiver, nurse, social worker, etc.). It can also be regular (continuous or at more spaced intervals).

Caregiver: legal status

Until now, we have been talking about "caregivers" but the legal status of caregivers did not exist. "For the first time in this country, caregivers will have a status," said Pascale Boistard. The Secretary of State to the Minister of Social Affairs and Health which in charge of the Elderly and Autonomy had announced a decree of the law for the adaptation of society to aging (ASV). That would specify the terms the relaxation and extension of family support leave for caregivers who often have to combine a professional activity with the support of a dependent elderly person.

Family caregiver: legal definition

According to the Social Action and Family Code (2), "Who are considered as a **family caregiver**: the spouse, the partner, the person with whom the beneficiary has concluded a civil solidarity pact, the ascendant, the descendant or the collateral

up to the fourth degree of the beneficiary, or the ascendant, the descendant or the collateral up to the fourth degree of the other member of the couple who provides human aid and who is not salaried for this aid ”.

Family caregivers can benefit from training and have the right to the validation of acquired experience (VAE) if they wish (3).

Long-term care insurance to relieve caregivers financially

The loss of autonomy entails for the caregiver expenses ranging from 1,000 to 1,500 euros per month (4) (5). Home improvement costs, home help, accommodation costs in a specialized establishment ... are some of the most important expenses. It is to relieve loved ones in the event of loss of autonomy that Humanis offers long-term care insurance. It allows the dependent person to maintain financial autonomy and not be dependent on their loved ones. Senior Autonomie, it is both an annuity paid for life, non-taxable, and a capital paid immediately to meet the first expenses.

(1) CNSA: Family caregivers: guide for companies 2014

(2) Article R245-7 of the Code of Social Action and Families

(3) Article L248-1 of the Code of Social Action and Families

(4) According to DREES

(5) EHPAD KPMG 2012 caregivers' observatory

Article designed by our friends **PROVENCE STOMIE CONTACT** and published in their n°5 LA STOMAZETTE - fall 2018.

Action Piscine : se baigner avec une stomie

On October 6, the World Ostomy Day was at the instigation of International Ostomy Associations.

Faced with the refusals that some of us do not have the access to municipal swimming pools, we decided to launch our campaign: let us fight against discrimination, work to have the rights, freedom of movement of ostomies, and the right of access for the ostomies to the pools!

It was in a good mood that we put on our swimsuits by the pool at the Auberge de Bonpas. Thanks to them!



In spring 2019, a committee will meet with the heads of municipal swimming pools to try to make certain internal regulations, such as Belgium's, more flexible.

Useful address

LABORATORY

B. BRAUN 204 avenue du Maréchal Juin 92107 BOULOGNE CEDEX Tél.: 01 41 10 53 00 www.bbraun.fr NUMÉRO GRATUIT 0 800 51 98 07	CONVATEC Immeuble le Sigma - 90 Bd National 92250 LA GARENNE COLOMBES Tél.: 01 56 47 18 00 http://france.convatec.com NUMÉRO GRATUIT 0 800 00 47 67
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