100% FREE — NO CATCH

Life on the Left Side

Living Fully With an Ostomy Bag

A twisted ankle. A cancer diagnosis.
A permanent bag. A fuller life anyway.

INSIDE THIS FREE GUIDE:

- The real, unfiltered story — from diagnosis to today
- Why the grief takes 1–2 years (and that's normal)
- Fixing leaks, rashes & the fear of accidents
- Work, sport, travel, intimacy — living normally again

by Gary Goldie

Ostomate since 2017

A FREE GUIDE — SHARE IT FREELY

Life on the Left Side

Living Fully With an Ostomy Bag

Gary Goldie

IT STARTED WITH A TWISTED ANKLE. IT ENDED WITH A PERMANENT OSTOMY BAG — AND A FULLER LIFE THAN HE EXPECTED.

In 2017, a jump over a garden wall led to an ankle injury, which led to a routine check-up, which led to the discovery of an aggressive cancer nobody had any symptoms of. What followed was chemo, radiation, a surgery with a coin-flip outcome, and a permanent ostomy bag that changed the rest of his life.

This is the honest, unpolished, occasionally funny story of what actually happens after — the embarrassment, the mall disaster, the years of hiding it from his own wife, and the slow, real climb to walking around shirtless without a second thought. Along the way: what the research says about adjustment, body image, leaks, work, sport, intimacy, and support — and what nine years of living it has actually taught him.

If you're facing this diagnosis, newly out of surgery, or years in and still struggling — this book was written for you.

Dedicated to my wife Melissa.

My support and champion through my entire journey!

Contents

A Note Before You Start 3

Chapter 1: No Choice 4

Chapter 2: The Grief Nobody Warns You About 7

Chapter 3: Your Body Isn't Broken 9

Chapter 4: Getting the Practical Stuff Right 11

Chapter 5: Living Like You Mean It 14

Chapter 6: Intimacy and Relationships 16

Chapter 7: You're Not Alone 18

Chapter 8: Your Next Chapter 20

A Note Before You Start

This book is written from personal experience, not medical training. I am not a doctor, nurse, stoma therapist, or mental health professional, and nothing in this book is intended as medical, psychological, or professional advice.

Every ostomy, every body, and every recovery is different. If you are dealing with pain, bleeding, a blocked stoma, a skin problem that won't clear up, or anything else that concerns you physically, please contact your stoma care nurse, surgeon, or doctor directly — don't wait, and don't rely on this book instead.

Similarly, if you are struggling emotionally — truly struggling, not just having a hard week — please reach out to a qualified counsellor, psychologist, or your doctor. This book can walk beside you, but it cannot replace professional care.

What I can offer is honesty: what actually happened to me, what I actually felt, and what has actually worked, in the hope that some of it helps you feel less alone.

My wife always says just one one thing to me … she is extremely grateful for the operation and the bag because with them I am still here and still alive. Everytime she sees the bag her only thought is thank you that I am still here – she does not see the bag … I do.

Chapter 1: No Choice

It started with a wall.

Early 2017. I'd been helping out in my mother-in-law's garden, and by the time I was done, everyone had gone shopping without me — locked out of the flat, no ways around it. So I did what any reasonably fit, reasonably stubborn man would do: I climbed the wall. I landed badly. Twisted my ankle so severely that walking became a mission on its own.

That ankle is the only reason any of this story exists.

I went to the doctor to get it checked, and being thorough, he wanted to rule out anything further up the chain — specifically my spine, and my coccyx. So he did an internal rectal exam. And that's when he felt something. A lump. He wasn't sure what it was, but he wasn't taking chances, so I was admitted to hospital for tests.

I want you to sit with that for a second: at no point was I in any pain from whatever this lump was. None. My only complaint, the entire time, was a sore ankle.

In hospital they ran the full battery — I went through the scanner tunnel, they took samples, and the results came back. The lump was cancer. And not the slow, watch-and-wait kind. Aggressive.

What a shock.

My wife and I sat down with the specialist, and he laid it out plainly, no dressing it up. There was a cancerous tumour, it needed to come out, but it was too large and too connected to other structures to operate on as it was. So the choice, as he explained it, was this:

- Chemo and radiation, in the hope of shrinking the tumour small enough to safely cut out — and then hopefully get it all out and live.
- Or do nothing, and I wouldn't see three months.

I don't know how you'd describe that as a "choice." It wasn't. There was one road, and I took it. I started chemo and radiation the very next day — and kept working through it. Fortunately, it did what it needed to do. The tumour shrank enough for surgery.

Then came the second conversation, and this is the one that really stayed with me.

The specialist told me I'd obviously be put under for the operation, but there was a side effect to plan for: I would likely need an ostomy bag. He said he'd do everything he could to avoid it — but if he couldn't, where the bag ended up on my body would tell me everything. **Right side — temporary, removed in a couple of months. Left side — permanent, for the rest of my life.** And underneath all of that sat the same blunt fact as before: have the operation, bag or no bag, and live — or don't, and the tumour comes back, and that's that.

I was scared. Genuinely scared. But once again, there wasn't really a choice to make. I chose to live.

Here's the detail I still remember clearly, and I'll be honest about it because there's no point pretending I was some picture of calm acceptance: lying on the operating table, just before the anaesthetist put me under, I asked the theatre sister — please, ask the doctor to put it on the right side.

I woke up in the ward. Bag on the left.

My first reaction, honestly, was annoyance. Just — of course it's the left side. Then, almost as quickly, something more useful kicked in: oh well, it is what it is, I'll just have to get used to it.

Then the surgeon came round. Complete success, he told me — every bit of the tumour, gone. And that hit me completely differently to the bag. Relief. Gratitude. I remember genuinely thanking him, meaning every word of it, feeling blessed in a way I hadn't expected to feel that day.

Then he left, and I was just… lying there. Alone with it. Turning over the same questions on a loop: what does this new life actually look like? What can I still do? What can't I do? How does a person live like this?

And then — BAM. My first bowel movement.

There is nothing that prepares you for the feeling of your own stool coming out of your stomach. Nothing. All that careful contemplation, gone in an instant, replaced by pure shock. I was still in hospital, so the nurses handled the cleaning for me those first times, and I was grateful for that, because I genuinely didn't know where to start.

Once I was discharged, I went to the specialist's rooms, and one of the nursing sisters sat me down and actually taught me how to live with this thing — how to clean it, how to change the bag, what to expect. She also gave me one piece of advice that has quietly saved me more grief than almost anything else: **dab a bit of Friar's balsam around the stoma before applying a new bag** — it acts like an extra layer of glue and helps the bag stay put. Since November 2017, using that trick, I've had precisely three leak "disasters." Three, in the better part of a decade.

But knowing how to manage the bag and being okay with having it turned out to be two completely different things. For a long time, I was deeply embarrassed by it. I kept it covered, hidden, out of sight — from everyone. Including my wife. It wasn't something I talked about. It wasn't something I let anyone see.

That took years to shift. These days, I know my own body well enough that when my stomach starts getting windy and loud — and it can get properly loud — I know that's my warning signal, my few minutes' notice that it's getting ready to go. I plan around it. I change the bag every five to six days. I eat more or less whatever I like — tea settles things down if my stomach runs, coffee sets it off, so I go easy on that.

And the embarrassment? Gone. These days, in summer, I walk around my own house without a shirt on, bag and all, and I don't think twice about it.

I also haven't needed to see a doctor or set foot in a hospital because of this thing since the day I left it, all those years ago. I say that deliberately, because I've since met and read about a lot of people with a bag who are back at the hospital every month for one issue or another. That's not a boast — it's just to tell you that a bag doesn't automatically mean a life lived in and out of hospital corridors. It can mean this: normal life, managed well.

Life just carried on. It's just a different life than the one I expected to be living.

Nine years later, I still think about that wall sometimes. If the doctor hadn't been so thorough — if he hadn't bothered ruling out my spine, hadn't felt the need to check further, hadn't found that lump and decided to investigate — I'd have had no idea the tumour was even there, until it was too late to do anything about it. A stiff ankle probably saved my life.

Try explaining that logic to someone.

Chapter 2: The Grief Nobody Warns You About

I want to start this chapter with the worst day I've had with this bag, because if I only tell you the good stuff, this book is worthless to you.

A few years back, I was in a shopping mall — just going about a normal errand — when the bag failed. Completely. There's no elegant way to say it: I was covered, in public, in the middle of a mall. I had to get myself out of there and home, covered in it, as fast as I possibly could, hoping nobody looked too closely. It's still, to this day, the single lowest moment I've had since 2017.

I tell you that not to scare you, but because I need you to know something before we go any further: **this book is not going to pretend it's all fine all the time.** It isn't. Anyone who has had an ostomy bag for more than a few months and tells you otherwise is either lying to you or lying to themselves. There is good, there is bad, and every so often, there is genuinely ugly. All three are normal. All three are survivable.

The part nobody warns you about

Here's what surprised me most when I started digging into the research for this book: what I went through — the annoyance, the "oh well," the hiding from my own wife, the slow climb to walking around shirtless — isn't unusual at all. It's such a common pattern that researchers have actually mapped it. People adjusting to a stoma tend to move through recognisable stages: an initial shock or denial phase, followed by a stretch of frustration, grief, or even anger, before finally settling into something like acceptance and a new normal.

The bit that matters most, though, is the timeline. This isn't a two-week process. Research following ostomates over time shows that meaningful psychological adjustment typically takes somewhere between one and two years — sometimes longer. If you're three months in and still struggling, you are not failing. You are exactly on schedule. I wish someone had told me that in 2017, instead of me quietly assuming something was wrong with me for not "being over it" faster.

For me, it wasn't even the full one-to-two years the research talks about — it took the better part of five years before I was properly comfortable letting other people know. I eventually had to tell my work colleagues, purely so they'd understand where those loud noises were coming from. And even now, all these years later, when my stomach starts up, my hand still goes straight over the stoma to try and muffle it — and I still catch myself apologising, exactly the way I used to when I passed wind before any of this happened. Old habits don't fully disappear. You just get better at living alongside them.

The good

The genuinely encouraging part of the research is this: adjustment scores reliably get better the longer someone lives with their bag. This isn't wishful thinking — it's a measurable, repeated finding. Time, on its own, does real work. So does independence: people who take ownership of their own bag care (rather than relying on someone else to manage it for them) consistently report better emotional adjustment. That tracks exactly with my own experience — the turning point for me wasn't a single moment of acceptance, it was slowly building competence: knowing my own warning signs, knowing my Friar's balsam trick worked, trusting myself to handle it.

The bad

The bad is mostly practical, and mostly fixable — which is the whole point of the next chapter. Leaks (like my mall disaster), skin irritation, odour concerns, the fear of noise in a quiet room — these are the things that come up again and again in ostomy communities, and they're also the things with the clearest, most established solutions. Knowing that a problem is common and fixable is very different from thinking you're the only one dealing with it, or that it's simply the price you pay forever.

The ugly

And then there's the ugly — the stuff people don't put in brochures. The isolation of hiding your body from your own partner, like I did for years. The moments where, despite everything you know intellectually, your bag fails you in the worst possible place at the worst possible time. The research backs this up too: body image, more than any medical complication, tends to be the toughest emotional hurdle people face — bigger, for most people, than the physical logistics of the bag itself. That's not a small footnote. That's often

the issue. We'll spend the whole of the next chapter on it, because it deserves proper attention, not a paragraph.

What actually helps

If there's one practical thread running through all the research, it's this: **isolation makes adjustment worse, and connection makes it better.** People who have support — a partner who knows, a family member who understands, a community of other ostomates, or all three — adjust noticeably better than people going through it alone and silent, the way I did for those first years.

So if you take one thing from this chapter, let it be this: whatever stage you're at — furious, numb, faking fine, or genuinely fine — you are not behind schedule, you are not broken, and you are not the only person who has had a mall-level disaster and lived to tell it as a slightly funny story years later. It stopped being the worst day of my life a long time ago. Now it's just a story I tell.

Chapter 3: Your Body Isn't Broken

There's a question that sits underneath almost everything in this chapter, and it's rarely said out loud: ***am I still me?***

Not “can I still function.” Not “will people notice.” Just — is the person in the mirror still the person I was before? For most people with a stoma, that question doesn't get resolved quickly, and it doesn't get resolved by logic. You can know, intellectually, that you're alive because of this bag. You can be genuinely grateful for it, the way I was the moment my surgeon told me the operation had worked. And you can still, at the same time, look at your own stomach and feel like a stranger is looking back.

Why this hits harder than the physical side

Here's the thing the research keeps landing on, over and over: body image — not pain, not leaks, not diet restrictions — tends to be the single biggest emotional hurdle for people adjusting to a stoma. Bigger than the medical side of it entirely. That matches my own experience exactly. I could manage the practical stuff — cleaning, changing, timing — long before I could manage looking at myself, or letting my own wife see me, without feeling like something was wrong with me.

Part of why it hits so hard is that a stoma changes something most of us never think about until it's gone: **an intact, “sealed” sense of your own body.** We spend our whole lives with a body that does its business quietly, invisibly, on our own schedule and terms. A stoma takes that away, visibly and permanently, and there's real grief in that — not dramatic, dinner-table grief, just a quiet sense of loss that doesn't always have anywhere to go.

The gap between what you see and what others see

One of the more useful things I came across in the research is this: people with a stoma consistently rate their own body image far more harshly than the people around them do. Partners, friends, colleagues — the people who actually see you — very rarely react the way you're bracing for in your head. That gap is worth sitting with, because it means the harshest judge in the room, almost always, is you.

I lived that gap for years. I hid the bag from my own wife — not because she'd given me any reason to think she'd react badly, but because I'd already decided, on her behalf, that she would. That wasn't about her. That was entirely about how I saw myself.

What actually shifts it

There's no single fix for body image — anyone who tells you there is one is selling you something. But a few things show up again and again as genuinely helping:

- **Doing your own bag care.** This one keeps coming up, and it matches what I told you in Chapter 2 — people who manage their own stoma, rather than depending on someone else, consistently report better body image and better adjustment overall. Competence quietly rebuilds trust in your own body.
- **Controlled exposure, on your own terms.** Letting yourself be seen — first alone, then by one trusted person, then gradually wider — tends to shrink the fear faster than avoiding it ever does. My own shift to walking around shirtless in summer didn't happen in one leap. It was years of very small steps.
- **Clothing that works with your body, not against it.** Practical, unglamorous, and genuinely effective — the right waistband height or a support garment can do more for how you feel in your own skin than any amount of positive self-talk.
- **Talking to someone who's been there.** Every piece of research I found agrees on this one point without exception: connection with other ostomates reduces isolation and improves how people feel about their own bodies, faster than going it alone.

The honest bit

I won't tell you this fully resolves, because for me, it hasn't, not completely. I still put my hand over the stoma when it gets loud. I still apologise, out of old habit, for a sound that isn't actually rude in any way — it's just a body doing what bodies do. Nine years on, that reflex hasn't disappeared. What's changed isn't that the self-consciousness vanished. It's that it stopped running the show. I still catch it happening — I just don't let it stop me walking around my own house, or living my life, the way it used to.

Your body isn't broken. It's just doing its job through a different door now. That takes some getting used to. It doesn't take forever.

Chapter 4: Getting the Practical Stuff Right

Let's go back to that shopping mall for a moment, because I now know exactly what went wrong, and it's worth explaining before we get into general tips.

I was wearing a belt that day. Over time, the pressure of that belt pushed against the bag and slowly, gradually, started lifting it off my skin. Combine that with skin that wasn't perfectly dry when I'd applied it, and you've got a bag that's no longer properly sealed — just waiting for the wrong moment to fail. It did.

Turns out that wasn't bad luck so much as textbook. When I went digging, I found the United Ostomy Associations of America pointing at exactly the same two culprits I'd discovered the hard way: skin that isn't fully dry at application, and a barrier opening that doesn't quite fit your stoma. Even a small amount of moisture — from a shower, sweat, or the cleaning process itself — is enough to stop the seal forming, and spots like the belly button are especially vulnerable, which explains why that's where I usually find my own trouble.

The two things behind almost every leak

If there's one thing to take from this whole chapter, it's this:

- Skin that isn't completely dry when the bag goes on.
- Anything pressing against the bag — a belt, tight clothing, a seatbelt — that gradually works it loose from the skin underneath.

Get those two things right, consistently, and you eliminate the vast majority of leaks before they happen.

How you'll know one's coming

Here's a trick worth knowing: **when the bag is working properly, there is absolutely no smell.** None. So the moment you catch a whiff of odour, that's not a random inconvenience — that's your early warning system telling you the seal has failed somewhere. Don't ignore it and hope it goes away. Stop, and carefully inspect the bag for where it's coming from. For me, it's almost always one of two spots: around my belly button, or the top left of the bag. Knowing your own usual failure points means you can check them first instead of guessing.

Managing skin and rashes

If you've had a rash around your stoma, you're in good company — one study found around 58% of ostomates report redness, 46% burning, and 39% pain or soreness at some point. It's common, not a sign you're doing something wrong. Here's what works for me:

- **Shower first, every time you change the bag.**
- **Wash the stoma and surrounding skin thoroughly with soap** — this also happens to soothe the rash while you're at it.
- **No creams, of any kind, on the rash.** It might feel like the obvious thing to reach for, but anything left on the skin gets in the way of the bag sticking properly.
- **Dry the area completely** — not mostly dry, completely — before applying the new bag. This one step prevents more leaks than almost anything else.

Sleeping, heat, and exercise

A few habits that make daily life easier:

- **Sleep on your right side.** It keeps the bag off the bed and out of the way, and it's become second nature after this many years.
- **Heat and exercise both mean more sweat,** and the bag itself is a form of plastic — it doesn't breathe. More sweat around it means it won't hold as long, so in hot weather or after a workout, expect to change it more often than your usual routine. That's not a sign anything's wrong; it's just physics.

Choosing your bag type

There are two basic types, and each comes with a trade-off worth knowing about:

- **Transparent bags** let you see exactly what's going on inside, which makes it much easier to check that everything's properly clean before you're satisfied it's done. The trade-off is that everyone else can see it too.
- **Covered (opaque) bags** hide everything, which is far better if you're walking around shirtless or just don't want it visible — but it makes judging cleanliness harder, since you can't see inside.

My workaround for the second one: when I rinse it out, **I judge by the colour of the water coming out.** Once the water runs properly clear, I know it's clean — no guesswork, no lifting a cover to check. It's a small trick, but it removes the uncertainty entirely.

The bottom line

None of this is complicated once you know it. Dry skin, nothing pressing on the bag, a shower-and-soap routine for rashes, more frequent changes in heat — that's most of the practical battle, right there. The physical side of living with a stoma is, genuinely, the easier half of this journey. As you already know from the last two chapters, the harder half is what happens in your head.

A quick reminder: if a rash won't clear up, gets worse, or you're dealing with bleeding, real pain, or anything that doesn't resolve with basic care, that's the time to call your stoma nurse or doctor — not push through alone. Revisit "A Note Before You Start" at the front of this book if you need it.

Chapter 5: Living Like You Mean It

Here's the short version of this chapter: the bag doesn't stop your life. It just asks you to plan a little differently.

Work

I never stopped working — through chemo, through radiation, all of it. Because I worked closely with colleagues who'd already noticed me disappearing for stretches and then vanishing into hospital, I decided to be totally open and honest with them about what was going on. That meant if my stomach acted up mid-meeting, I could just quietly excuse myself, sort myself out, and come back — no mystery, no performing normal while secretly panicking.

You don't have to make the same call I did, for what it's worth — in the US, UK, and across the EU, ostomates are legally protected against workplace discrimination, and you're not actually required to disclose it unless it affects your duties. Plenty of people choose never to tell a soul, and that's entirely their right. As for timing, most people ease back into desk-based work within 4–8 weeks, moderately physical work within 8–12, and heavy manual labour within 3–6 months. Disclosure or not, the numbers say you'll almost certainly be back.

Sport and activity

I gave up golf. Not because I physically can't — but because I couldn't stomach the idea of my bag going mid-round, abandoning my playing partners, and trekking back to the clubhouse. That was my trade-off to make, and I made it.

What I didn't know at the time — and wish I had — is that the real physical risk with exercise isn't the bag itself, it's a parastomal hernia, where tissue pushes through the weakened muscle wall around the stoma. It's more common than you'd think, affecting somewhere between 30% and 50% of ostomates at some point. A proper hernia support belt is the standard answer for anything strenuous, and I've since heard belts exist that would've handled exactly my golf worry too — I've just never tried one myself. What I never gave up: the garden. Still mow the lawn, still look after the vegetables — the same kind of work, ironically, that led to the wall jump that started this whole story.

Travel

My rule is simple: pack as many bags as I think I'll need for a trip, then a few extra on top. No clever trick beyond it — you can't control your stomach away from home, so preparation is the only lever you've got. It's more or less what every stoma care team tells you too: treat a full spare kit as the thing you hope you won't need, but always carry anyway.

Clothing

I mostly wear what I want. Longer shirts, worn loose, never tucked in — covers the stoma without thinking about it. When I'm out shopping, I tuck the stoma into my pants so it doesn't flap around. No special brands, nothing expensive. And if you're hesitant about clothing because you're sure people will spot it under your shirt — they mostly don't. It's far more noticeable to you than to anyone looking at you.

Work, sport, travel, clothing — the pattern's the same each time. Most people get back to a full life faster than they expect. I made one deliberate exception — golf — and that's fine too. You're allowed your own version of that call.

Chapter 6: Intimacy and Relationships

There's a moment I can tell you about, and it's the only one from this side of my life I'm going to share — because it says everything without needing anything more.

We were talking one day about how hot it was. Nothing deep, just an ordinary conversation. And my wife said, simply: *"Why don't you take your shirt off? I have no issues."*

That was it. Years of hiding, years of quietly making sure the bag was never seen, undone by one throwaway sentence from the person who mattered most. She hadn't been waiting for me to hide it. I'd just assumed she needed me to.

I'm not going to walk you through the details of my own relationship beyond that — some of this belongs to my wife as much as to me, and it's hers to keep private. But I will tell you what the research says, because it turns out my story isn't unusual at all, in either direction: the fear, or the relief.

Most ostomates carry some worry into this part of life. Roughly 73% report concerns about sex and intimacy after surgery — and if that's you, you are solidly in the majority, not the exception. Women tend to carry more of that worry than men do; in one study, half of women were nervous about resuming sex compared to just over a quarter of men. Fear of a leak, changed body image, and simple uncertainty about "will this still work" all feature heavily.

Here's the part worth holding onto: it gets better, and it gets better fast for most people. In one long-term study, 82% of ostomates said they had minimal issues undressing in front of a partner. And across the research, roughly 95% of long-term ostomates report satisfying intimate relationships. Not "manageable." Satisfying. This isn't a life sentence of anxiety — it's a hurdle, cleared by most people who make it through the early, harder stretch.

The single biggest factor separating the people who struggle from the people who don't isn't the stoma at all. It's communication. Roughly 80% of ostomates report improvement in this part of life specifically through open conversation with their partner. Not products, not tricks — talking. My wife's one sentence is a small example of exactly

that pattern at work: the conversation did more than years of me managing it alone ever could.

If you're dating rather than already partnered, the same principle just moves earlier. There's no rule that says you owe a new partner this information on the first date — most guidance suggests getting to know someone a little first, then telling them when it feels right for you, not on anyone else's timeline. What matters isn't when you tell them. It's that you do, before assuming for them how they'll react — which is exactly the mistake I made with my own wife for five years, assuming a reaction she never actually had.

And if you're the partner of someone with a stoma, reading this over their shoulder: the research is just as clear for you. Learning about the condition, asking what they're comfortable with rather than guessing, and simply saying — the way my wife did — that you still see them the same way, does more good than almost anything else you could offer.

None of this is complicated. It's the same lesson as the rest of this book, just applied to the part of life people are most afraid to talk about: **the story you're telling yourself about how someone will react is very often worse than how they'll actually react.** Test it. You might be as surprised as I was.

If intimacy remains painful, physically difficult, or a source of ongoing distress after the initial adjustment period, that's worth raising with your surgeon or stoma nurse directly — it's a medical conversation, not just an emotional one.

Chapter 7: You're Not Alone

I need to be honest with you about something before this chapter goes any further: I never joined a support group. Never sat in a room of ostomates swapping stories, never posted in a forum, never so much as looked one up. My path through this was genuinely solo — just me, working it out on my own, with one person alongside me the whole way.

That person did something I didn't. My wife found her way into an ostomy support community on Facebook, and she's been quietly active there ever since — not because she has a stoma, but because she's lived alongside someone who does, and she found value in connecting with people who understood that side of things too.

I think that's worth sitting with for a second, because it points at something the research backs up clearly: support isn't just for the person with the bag. Involving family and caregivers in peer support structures gives them somewhere to learn more about ostomy care and emotional support methods, which in turn means they can offer better support back to the person going through it. My wife didn't need a group for herself, technically. But having one made her a steadier, more informed presence for me — even though I never set foot in it myself.

So here's where I land, honestly: I managed without a group, and I don't regret that. But I had something most people don't automatically have — a spouse who was willing to be my entire support structure, single-handedly, for years, while I hid the very thing she was supporting me through. That's not a normal setup, and it's not one I'd recommend relying on if you don't already have it.

For most people, the research is pretty unambiguous. Depression and anxiety affect a significant share of people with ostomies — up to 58% in one study — and a lot of that gets driven by exactly the isolation I've talked about throughout this book: the fear of judgment, the sense that nobody else could possibly understand this. Peer support groups exist specifically to break that cycle. People who attend them describe a sense of belonging that's hard to manufacture any other way — sharing practical coping strategies with people who've actually lived it, not just read about it.

And it doesn't have to mean sitting in a circle of chairs in a community hall, if that's not your thing. Online communities do the same job for a lot of people — private Facebook groups built specifically for ostomates now run into the thousands of members, giving you round-the-clock access to someone who's dealt with whatever you're dealing with today, at 2am if that's when you need it. That's essentially what my wife found, even coming at it from the caregiver's side rather than the patient's.

If you're the kind of person who could do this alone, the way I did — fine. It's possible. But don't mistake “possible” for “advisable.” I had an exceptional support system in one person. Most people going through this don't have that guaranteed, and a group — online or in person — is often the closest substitute available. If you're on the fence about trying one, let this be the nudge: the worst outcome is you don't click with it and you stop going. The potential outcome is you find the “me too” that nothing else in your life has been able to give you.

You don't have to do this the way I did it. You're allowed to need more support than I leaned on. Needing it isn't a weaker path than mine — it's just a different one, and for most people, it's the smarter one.

Chapter 8: Your Next Chapter

If you've read this far, you already know the shape of what I've told you: a wall, a lump nobody expected, a bag on the wrong side that turned out to be exactly right, a mall disaster, a rash, a wife who ended years of hiding with eleven words. None of it dramatic in the way films make illness dramatic. Just an ordinary man, living an ordinary life, with one extra thing to manage that most people never have to think about.

That's really the whole message of this book, if I had to boil it down: **this doesn't have to be the defining fact of your life. It's a fact of your life. There's a difference, and finding it is most of the work.**

You might be reading this the night before surgery, terrified, googling anything that might make tomorrow feel survivable. You might be three weeks out, still can't look at the stoma directly, still catching yourself crying in the shower for no obvious reason. You might be nine years in, like me, and still occasionally clap a hand over your stomach out of habit and apologise to a room for a sound nobody else even noticed. Wherever you are, I hope something in these pages met you there.

If it did — if any part of this made you feel less alone, or gave you one practical thing you didn't have yesterday — do two things for me.

First: be patient with yourself. Not the soft, greeting-card version of that phrase. The real one. The one-to-two-year timeline in Chapter 2 is not a suggestion, and neither is the five years it took me to stop hiding from my own wife. You're not behind. There is no schedule you're failing to keep.

Second: pass this on. If you know someone newly diagnosed, someone staring down this same operation, someone quietly struggling the way I quietly struggled for years without telling a soul — give them this book. That's genuinely the only thing I'm asking for it. I wrote this because nobody handed me anything like it in 2017, and I'd rather one fewer person go through that alone than sell a single copy.

If you'd like to stay in touch — more of this, more practical ostomy living, or just to tell me your own version of the wall story — you're welcome to follow along wherever I'm posting under my own name. This book will always be free. That was never up for negotiation.

Thank you for reading this far. Genuinely. Nine years ago I was lying in a hospital bed wondering what my life would look like. It looks like this — an ordinary, full life, on the left side.