

**Volume XLI Issue No. 1**

**January 2011**



# **Broward Beacon**

**February**

**Next Meeting:**

**Sunday, Feb. 6th, 2011: 1 p.m.**

**The Lueders  
2100 South Ocean Drive #16M  
Fort Lauderdale, FL 33316**

# Broward Ostomy Association



An affiliated chapter of the United Ostomy Associations of America.  
Our Vision ~ a society where people with ostomies are universally accepted and supported socially, economically, medically and psychologically.

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Shedding The Light Of Hope, Help, And Education For Ostomates Through Visitation & Rehabilitation.  
Published by the *Broward Ostomy Association*, a non-profit affiliated chapter of the *United Ostomy Associations of America* to aid Colostomates, Ileostomates and Urostomates.

**MEETINGS:** Held on the 1st Sunday of each month September through May and the second Sunday of June at 1:00 P.M. at the Memorial Regional Hospital, Main Auditorium, 3501 Johnson St., Hollywood. Directions: Exit I-95 at Hollywood Blvd. westbound. At 4th traffic light turn RIGHT (north) onto N 35th Avenue. Continue to second traffic light. Turn left following posted signs to Main Entrance. Free covered parking will be on your right and the Main Entrance will be on your left. The Main Auditorium is just off the main entrance lobby. A receptionist as well as security personnel are on duty to assist you.

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### Broward Beacon

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## President's Page

I would like to start the forty-first volume of the *Broward Beacon* by wishing all our friends and members a truly blessed new year filled with joy and good health. At our January 2nd meeting the eight panelists, who are just regular members of our organization, so impressed me by their courage and strength as they successfully fought back to regain full and abundant lives. Well done!

As I write this I'm scheduled for surgery to attempt to correct a totally retracting stoma. It's doing its very own disappearing act. At present it's about an quarter of an inch below sea level. Thank the Lord for convex ostomy appliances. I asked Mary Lou, an ostomy nurse at Cleveland Clinic and friend, why she thought the Lord was allowing me to go through surgery the fourth time in four years. I loved her reply. "So that you'll better understand what BOA's members are going through". It was just that obvious.

My recent past surgeries did in fact reveal several misconceptions I had about ostomy surgery. For instance I learned that a new ostomate needs to be

reassured that that clear pouch they give you in the hospital will soon be replaced by a nicer flesh-tone opaque one when you get home. We also need the reassurance that the stoma will shrink over time and not be so huge. Most importantly, I was mortified to learn that what I had considered an impossibility actually happened. My temporary post-surgical pouch did in fact retain odor, something that has NEVER happened to me with the normal pouches today on the market. When anyone told me they had this same problem I thought they were deluded.

Please know that if I learn anything else that surprises me after being an ostomate since 1972, I'll be sure to let you know.

As one of the panelists wrote on his notes to share with us in January, "Attitude isn't just important, attitude is everything." Wishing myself and all of us a wonderful spirit of thankfulness and an attitude of gratitude this coming year. There is indeed, so much to be thankful for.

All the best,

Wendy

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Editor's Note: The following are excerpts from a truly fantastic letter written by an ostomate's sister. Please take the time to read this. You'll stand up and cheer. Rebecca Goodacre is a student at the University of East Anglia who lives in Peterborough, England, and is studying at Temple University this school year. She can be reached at [tuc64468@temple.edu](mailto:tuc64468@temple.edu).

### Removing the stigma of a surgery

By Rebecca Goodacre

A year and a half ago, my 21-year-old brother, Matthew, was diagnosed with ulcerative colitis, and had to undergo lifesaving ostomy surgery.

Since UOAA estimates that 75,000 ostomy surgeries are performed each year in the United States, and that 750,000 Americans have an ostomy, why is the topic of this surgery so taboo?

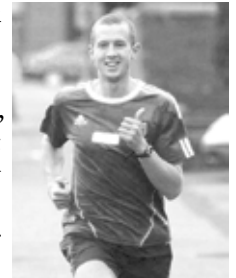
It's understandable that talking of feces or urine is hardly suitable for dinner party conversation. But it is also something that should not be altogether avoided. The lack of frankness and the embarrass-

ment regarding matters of the bowel leave many to suffer in silence, undiagnosed.

My brother is a good example. Due to a combination of embarrassment and machismo, he failed to see a doctor for more than a month, by which point it was too late to salvage any of his colon. The tragic truth is that there are many others like him.

But from what I've found, once you get people talking about their ostomy experiences, a whole community opens up. From charities such as the UOAA to Facebook groups with names such as "No colon, still rollin'" and "I swear my ostomy bag makes me look sexier," there is a wide network of support.

And it's not as if the whole experience is doom and gloom, either. Many freely joke about their ostomy pouches. Matthew explains, "Personally, I find talking about it makes it easier to deal with. If everyone



*continued on page 10*

# Next Meeting:

**Sunday, February 6th, 2011**

**Refreshments, 1:00 p.m.**

**Chat 'n' Chew till 1:30 p.m.**

**Meeting: 1:30 p.m.**

Just to make sure you're there, please mark your calendars now for the following 2011 meeting dates: Feb. 6th, March 6th, April 3rd, May 1st, June 12th (Second Sunday), summer break, Sept. 4th, Oct. 2nd, Nov. 6th and Dec. 4th.

## Thank You!

Heartfelt thanks to all our members who not only paid their dues but also included postage stamps and an extra donation. It's only because of your kindness and generosity that we are able to keep our membership dues as low as they are. We want everyone who wishes to become a member to be able to afford becoming a member. Bless you.

We also are so grateful to Memorial for graciously making their facilities available to us and also for providing our fresh fruit, cream cheese and drinks. You're the best and we so appreciated your kindness!

## Coral Springs Ostomy Support Group

Coral Springs Medical Center's "Caring & Sharing Ostomy Support Group" meets on the 4th Wednesday of the month from 5:30 to 7:00 p.m. For more information, call Patricia Paxton-Alan MSN, ARNP-BC, CWOCN at 954-344-3094.

## BOA Minutes

### December 2010 ~ January 2011

December 5th, 2010 brought our annual Holiday Banquet at 4:30 p.m. and began with President Wendy welcoming members and guests. Bill S. read

the Ostomate's Prayer and then the food lines began. Entertainment during dinner was provided by the Generation Gap Performing Arts Company from the Emerald Hills Dance Studio of Performing Arts.

Drs. Ira and Marietta Glazer were honored with a plaque from the BOA for years of dedicated service. Marietta was instrumental in making the Memorial Regional Hospital's auditorium available to us over the years. Ira is a dedicated surgeon who has helped many ostomates through the years and was literally Wendy's beloved life saving surgeon in 1972.


Masters of Ceremonies William and Irwin reflected on and offered thanks to the officers, board members, committee chairpersons and the many members who served our organization over the past year. The installation of new officers was conducted with the lighting of the symbolic candles, as each accepted the responsibility of the office to which they were elected. The 2011 officers are: Wendy Lueder, President & Editor, *Broward Beacon*; Amy Weishaus, First Vice President & Program Chair; H. Lynn Ward, Treasurer; Bill Wilson, Recording Secretary and Mary Lou Pfenning, Corresponding Secretary.

Wendy gave out marble paperweight awards with the UOAA logo for service to a number of people who have helped B.O.A. in the past year and in many cases, many years. Marietta personally thanked Wendy for her own continuing presidential service to our organization. A ticket raffle followed with top gifts donated by Mel. A White Elephant gift exchange concluded the day's festivities.

The January meeting began at 1:30 p.m. with President Wendy wishing everybody a Happy New Year. The Ostomate's Prayer was read by Ruth, who later also won the 50/50 drawing.

New guests were welcomed including Sonya, Agnes, Darrell, Leroy, Jackie, Leonard, Rita, Eric and Diane. Wendy mentioned that our monthly newsletter, the *Beacon*, is now completely available on-line at [www.browardostomy.org](http://www.browardostomy.org). Click on the Newsletter Articles tab on that page. For most members though, a printed and mailed copy of the *Beacon* is still the standard form of delivery.

Wendy was printing up new Broward Ostomy Association flyers for distribution in Hospitals and



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## ILEOSTOMY FOOD FACTS

*via North Central Ostomy Outlook*

*Edited by B. Brewer UOAA 1/2011*

Usually people with ileostomies experience hunger more often than other people do. When this happens, drink fruit juice or water and eat a couple of saltine crackers.

If you need to eat a snack at bedtime or during the day, try to cut down on calories somewhere else or you may gain weight.

Never skip meals in order to prevent fecal output. An ileostomy keeps working (peristalsis) whether the ostomate has eaten or not. And it is not good for your health.

Never limit your fluid intake in order to thicken the drainage, since this can lead to dehydration. Avoid foods that you know from experience makes drainage too loose and too frequent. Some foods help in thickening and add bulk to the drainage, they include: bananas, applesauce, boiled rice, tapioca and peanut butter.

Bananas (good source of potassium) may darken the stool. Cooked oatmeal can help slow down ileostomy activity.

Don't be afraid of new foods, but do be a bit cautious with foods such as nuts, coconut, popcorn and mushrooms.

If your stoma gurgles a lot, try eating solid food at mealtime first and then the beverage.

Don't eliminate salt from your diet; however, be careful adding excessive salt for your needs.

## For all Ostomates:

**Suggested Food Remedies...** A glass of grape juice works wonders in loosening a food blockage. Tea is antispasmodic and is soothing to an upset stomach and contains potassium. Orange juice provides twice the amount of sodium and thirteen times more potassium than that found in the same amount of Gatorade. The large amount of pectin in applesauce tends to lower stomach gas noise and helps counteract the liquid discharge.

Fats of all kind should be kept at a minimum by most ostomates. Fats induce an increase flow of bile into the intestines and make the body wastes more liquid and harder to control. They also tend to produce gas.

Common causes of constipation: Drinking too little water – Water is the best drink. We need at least two quarts of liquids a day depending on your profile; i.e., ileostomates, urostomates and those on chemotherapy may need more.

Eating too little fiber – Fiber adds bulk to the stool, making it softer and easier to pass. It also speeds up transit time moving the stool down and out fast. We need 30-40 grams of fiber a day. Lack of exercise – Exercise stimulates the contractions of the intestines.

Medication – Many drugs can cause constipation. Most common are: calcium or iron supplements; diuretics, antidepressants, anticancer drugs; pain killers; codeine, aluminum-based antacids, nonsteroidal anti-inflammation drugs like ibuprofen, and high blood pressure medications. (taken in part from article by Dorothy Vaillancourt, RNET)

## For Urostomates!

### Fluid Management And Infection

*By Juliana Eldridge, WOC/ET Nurse,*

*Edited by B. Brewer, UOAA 1/2011*

People with urinary diversions no longer have a storage area (a bladder) for urine. Therefore, urine should flow from the stoma as fast as the kidneys can make it. In fact, if your urinary stoma has no drainage after even an hour, it is of serious concern. The distance from the stoma to the kidney is markedly reduced after urinary diversion surgery. Any external bacteria

have a short route to the kidney. Since kidney infection can occur rapidly and be devastating, prevention is essential.

Wearing clean pouches and frequent emptying are vital. Equally important is adequate fluid intake, particularly fluids that acidify the urine and decrease problems of odor. In warm weather, with increased activity, or with a fever, fluids should be increased to make up for body losses due to perspiration and increased metabolism.

It is important that you be aware of the symptoms of a kidney infection:

- Elevated temperature
- Chills
- Low back pain
- Cloudy, bloody urine
- Decreased urine output

All ileal conduits normally produce mucus in the urine, which give it a cloudy appearance. Blood in the urine is a danger signal. Thirst is a good index of fluid needs.

Important: If urine is collected for urinalysis, either routine, microscopic (R&M) or for culture and sensitivity (C&S), or if you are asked to give a sterile urine specimen, be sure your doctor and nurse know a sterile specimen must be taken directly from your stoma and not from the pouch. Bacteria build up in the pouch constantly. You will always get a false positive test result.

If they are not sure how to do this, do the following:

- Remove your pouch
- Clean your stoma
- Bend over
- Catch the urine in a sterile cup

### **Cautions For The Urostome**

*via Space Coast Shuttle Blast,*

*Edited by B. Brewer, UOAA 1/2011*

People with urinary surgery generally do not need to be too concerned with diet unless they have some other health problems like diabetes or heart disease. They must, however, take special care not to gain too

much weight, since weight gain can precipitate some special problems. The stoma may retract as the flesh grows around it. And there's an increased chance of herniation around the stoma if there is too much pressure inside the abdomen.

Normally urine is acid and should be kept acidic. This natural defense mechanism prevents growth of bacteria and the resultant infection. If the urine becomes alkaline, raised, granular, warty areas can develop on peristomal skin that is constantly exposed to alkaline urine. Alkaline urine can even cause crystal-like encrustations or gray, plaque-like lesions on the stoma. If such problems occur, the pH of the urine should be checked to see whether it is acid or alkaline. To help make the urine more acid, vitamin C can be taken, after checking with your doctor to make sure there are no reasons to avoid it. Vinegar soaks around the stoma can also be used for plaque encrustations or for raised tissue on the stoma.

### **Why Cranberries Help Prevent Urinary Infections**

*via North Central Ostomy Outlook,*

*Edited by B. Brewer, UOAA 1/2011*

The secret ingredient in cranberries, which is pivotal in preventing urinary infections, is concentrated tannins in the juice, also known as Proanthrocyanidins. In a significant study cranberry juice was found to be effective in reducing the incidence of urinary tract infections and the need for antibiotic treatments.

How does this work? The concentrated tannins prevent E. Coli bacteria, the main culprit in urinary infections, from adhering to the cells that line the urinary tract. Scientists believe that the substance blocks the growth that is necessary for it to stick to the walls of the bladder and kidney.

What are the implications of this for persons who may be more susceptible to urinary tract infections? Scientists in the Boston study state that the addition of cranberry juice to dietary regimens in circumstances, where urinary tract infections have a high incidence, would be sensible. In addition, it would probably reduce both the incidence of infections and need for antibiotic treatments and be a useful adjunct to treatment in high-risk groups.



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## BOA Minutes *continued from page 4*

Surgeon's offices. The Cleveland Clinic & Hospital in Weston, Florida will include them in a wall-rack in their waiting room.

The president of the national organization with whom we are affiliated, *United Ostomy Associations of America*, appointed Wendy to a unique opportunity to act as a conduit to speak with regional and local ostomy groups around the country and present their ideas to the national organization. She is also developing a logo for consideration by UOAA's Board for the 2013 UOAA national convention and a UOAA poster for doctor's offices and hospitals. The next national UOAA Conference will be held August 7th thru 11th 2011 at the John Ascuaga Nugget Hotel in Reno, Nevada. Wendy also recommended members subscribe to the Phoenix magazine published 4 times a year by the UOAA.

Drs. Ira and Marietta Glazer, who were honored at this past December's Banquet made a generous donation to BOA. They were thanked and applauded again at today's meeting.

Paula Siegal is participating in the 2011 *Take Steps for Crohn's and Colitis* walk on April 16th in Fort Lauderdale. She is soliciting sponsors this year and will be doing so again at the February meeting.

Today's program was introduced by Amy and entitled "Ask The Ostomate." A panel of 8 ostomates derived from our membership talked candidly and openly about their experiences before and after ostomy surgery. Members with colostomies, ileostomies and urostomies were included.

The reasons for an ostomy included cancer, Crohn's, ulcerative colitis, and neurogenic bowel with spina bifida. Some had previous experience with the J-pouch and the anti-grade continent enema (or ACE) procedure. Types of appliances were discussed along with wear time, and various manufacturers. Most admitted to challenges throughout the processes, but ultimately having an ostomy provided positive benefits over the trials each had lived through for years before surgery. Several called their ostomies life-savers. Most returned to a full and active life after the surgery.

Medications, radiation and chemotherapy treatments were discussed. Examples of other issues brought up included a panelist recommending an eyebrow shaper razor for removing hair around one's stoma, to a claim that liquid Beano works better than pills for preventing gas buildup.

Amy thanked everyone participating and asked the audience to submit future program ideas. Some of the ideas she already received included programs on nutrition, travel, psychology, urology and dating. The meeting concluded at 2:30 p.m.

Respectfully submitted,



Bill Wilson  
Recording Secretary



Postscript: Our panelist Darryel was asked by several members about the eyebrow shaper that is useful for trimming hair under ostomates skin barrier wafers for a better hold. She was kind enough to furnish the following information: "I personally use the ConAir Ladies 2-in-1 Styler Trimmer Model LT3WB \$8.99. There are different brands of eyebrow shapers but they all work about the same and can be purchased at stores such as Walmart or Walgreens. Today I happened to notice one at Target by Remington, Smooth & Silky® Women's Pen Trimmer, Item # MPT3500SS for \$10". What a great idea! Thanks!

## Ways The New Health Law May Affect You in 2011

*by By KHN STAFF via Linda Aukett*

Seniors are affected by several of the provisions in the new Healthcare law that may be of interest. They will get big discounts on prescription drugs and free preventive care, but some in Medicare Advantage plans may lose coveted extra benefits such as vision

*continued on page 10*

## **The New Health Law** *continued from page 9*

and dental coverage.

Everyone will be able to count calories when dining at chain restaurants or sidling up to vending machines. But forget about using pre-tax income in popular flexible spending accounts to pay for over-the-counter medications, unless you get a prescription.

These changes follow a handful of early benefits that debuted in 2010. Already, adult children are allowed to remain on their parents' policies until the age of 26, for example, and insurers can no longer cancel coverage when people get sick (except in cases of fraud).

The following are health law changes to take note of this year. Lower Rx costs for seniors: Prescription drug costs could shrink \$700 for a typical Medicare beneficiary in 2011, as the law begins to close the notorious doughnut hole – the gap in prescription coverage when millions of seniors must pay full price at the pharmacy. The National Council on Aging estimates the savings could reach \$1,800 for some. Starting in January, drug companies will give seniors 50 percent off brand drugs while in the gap, excluding those low-income people who already get subsidies. Generics will also be cheaper.

It has how many calories? How many calories are in that Outback's blooming onion? (1,551) Or Pizzeria Uno's individual-size Chicago style deep-dish pizza? (2,310). Beginning soon after the Food and Drug Administration finalizes rules in 2011, chain restaurants with 20 or more locations, and owners of 20 or more vending machines, will have to display calorie information on menus, menu boards and drive-thru signs. Restaurants must also provide diners with a brochure that includes detailed nutritional information, like the fat content of their dishes.

Higher Medicare Premiums: Medicare premiums in 2011 will take a bigger bite from wealthier beneficiaries. Since 2007, this group has paid more than the standard premium for Part B, which covers physician and outpatient services. But the income threshold was indexed to prevent inflation from moving more

people into the affected group. The health law freezes the threshold at the current level: incomes of \$85,000 or above for individuals and \$170,000 for couples. Their monthly premiums this year will be between \$161.50 and \$369.10, while the standard premium will be \$115.40. Also, premiums for Medicare Part D, which covers prescription drugs, for the first time will be linked to income. The thresholds will be the same as those for Part B and will not be linked to inflation. About 1.2 million beneficiaries will pay the income-related Part D premium this year, rising to 4.2 million beneficiaries in 2019.

Staying healthy: Several provisions of the law promote health prevention, especially for seniors. Medicare enrollees will be able to get many preventive health services – such as vaccinations and cancer screenings – for free starting in January. Specifically, the law eliminates any cost-sharing such as copayments or deductibles for Medicare-covered preventive services that are recommended (rated A or B by the U.S. Preventive Services Task Force).

Also starting in January, Medicare beneficiaries can get a free annual “wellness exam” from their doctors who will set up a “personalized prevention plan” for them. The plan includes a review of the individuals' medical history and a screening schedule for the next decade. The law also eliminates any cost sharing for the “Welcome to Medicare” physical exam, which previously included a 20 percent co-pay.

## **Removing the stigma** *continued from page 3*

knows about it, it's not a dirty little secret. People who knew me before still know me as who I am, not what I have.”

This year alone, my brother graduated from Northumbria U., in Newcastle, England, with high honors, and he ran a half-marathon. The more he achieves in life, the smaller the pouch seems to become.

The difficulty lies in building a bridge between what the insiders know about ostomies and what the rest of the world does. It is only when I push past the initial, “My brother poops into a bag” part of the story, and explain how he still runs, goes out, and gets girlfriends, that people begin to listen a little.

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### Broward Ostomy Association Membership

If you wish to be a member of BOA dues are \$10.00 per year from January 1st to December 31st and includes receiving our monthly newsletter, the ***Broward Beacon***. Please make checks payable to BOA and mail to Treasurer Mr. H. Lynn Ward, 1704 N 32nd Ct, Hollywood, FL 33021-4427. BOA never shares membership information. We value your privacy.

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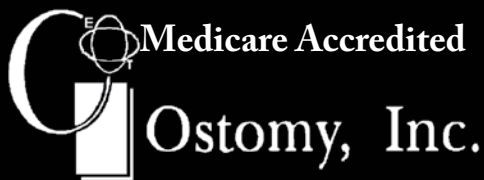
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