

**Volume XLIII Issue No. 3**

**March 2013**



# **Broward Beacon**



**Next Meeting:**

**Sunday April 7th, 2013 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.

[www.browardostomy.org](http://www.browardostomy.org)  
24 Hour Hotline (954) 537-0662

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 June at 1:00 P.M. excepting our Holiday Banquet in December which is by reservation only and meeting at 4:30 p.m. All meetings 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 to the right. A receptionist as well as security personnel are on duty to assist you.

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### Broward Beacon

Published monthly except in June,  
July and December by the  
Broward Ostomy Association  
c/o Lueder, 2100 S Ocean Dr #16M  
Ft. Lauderdale, FL 33316



## Linda Aukett 1943–2013 "A Life Well Lived"

It is with great sorrow that we announce the passing of our dear friend Linda Aukett. Linda passed away peacefully on March 1, 2013, at her home in NJ after a long battle with cancer. Linda came from a family that believed in service to others and when she joined her first ostomy support group she was immediately drawn into the mission of the United Ostomy Association. She began as the local chapter's newsletter editor and progressed into more influential roles.

In the years since Linda's first ostomy support group meeting she held many positions on the local and national level. From 1992–1994, Linda served as the president of the former UOA and when that organization closed its doors in 2005, she and her husband Ken founded the United Ostomy Associations of America. Since its inception, Linda served as

the Advocacy Chair for the UOAA. In this role, Linda touched countless lives with her tireless crusade as the voice of ostomates on every level of government, making sure that we could pass through airport security with dignity and that our ostomy supplies will continue to be paid for by our insurance companies. In 2012 the UOAA Advocacy Team was able to give input to the Department of Health and Human Services concerning the need for ostomy supplies to be considered Essential Health Benefits by State Health Care Exchanges as part of the implementation of the Affordable Care Act.

In addition to Linda's work with the former UOA and the UOAA she served as a counselor for Youth Rally for 20 years. In this role she touched many lives that will carry on her legacy of caring and support for many years to come. We all thank Linda for her tireless efforts in the service of ostomates everywhere and we will all miss her.

Respectfully, Management Board of Directors, UOAA



## New Product

When away from home haven't you always longed to use that discrete bottle of ostomy deodorant drops your keep in your own bathroom but can't? Well now thankfully there is a one-use travel packet you can carry in your

purse or briefcase with you wherever you go.

Safe N'Simple, Product No. SNS40201 is a half oz unscented packet of ostomy pouch deodorant just new to the market. Just tear off a corner of the packet and empty the contents into your pouch. Le Voila! Perfect protection when away from home.

## Miami Dade Support Group

We are thrilled to announce the new ***South Florida Ostomy Support Group*** inaugurated and led by ostomy nurse Donna Byfield, CWOCN. The group will meet the third Wednesday of each month from 6 – 7 p. m. January through June, take a summer break, and then pick up again September through December at Baptist Health Resource Center, Baptist Medical Arts Building, 8950 North Kendall Drive, Suite 105, South Miami, FL.

The ***South Florida Ostomy Support Group*** as is BOA, is a volunteer-based, non-profit support group, dedicated to serving current and future ostomates and their families with education and emotional support in an effort to promote healthy, joyful and meaningful lives. For more Information, call 786-596-1642 or 786-596-6060.

# Next Meetings:

**Sunday, April 7th, 2013**

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

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

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



Oh how I look forward each year to having April's guest speaker join us once again, Mr. Rob Seaman of ConvaTec. Look at him with his beautiful wife on their 30th Anniversary celebration hiking in Switzerland. Does it get any

better than this?

As many of you already know there are three major manufacturers of ostomy supplies, ConvaTec, Hollister, Coloplast as well as specialty product manufacturers such as Torbot, Parthenon, Nu-Hope, Cymed, Celebration Support Belts, etc.

Every ostomate is unique and what works well for one of us does not necessarily work well for another. Each one of us needs to be aware of the different pouching products available and use what's best for their own particular situation. I personally prefer ConvaTec's barrier wafers as I love the moldable style which fits my oval stoma opening perfectly. However, I also prefer another manufacturer's pouch with has a wonderful gas filtering system. Do learn what options ConvaTec has for you and be an informed, comfortable ostomate. It is only when we can manage well physically with our pouching system that we can happily get on with our lives.

As Rob writes "ConvaTec has new additions to our one-piece pouches both standard wear and extended wear! Also all our new 'Plus Pouches' are on the market! We also have a new no-sting barrier wipe and spray remover which you may know as Niltec." I use Niltec every time I change my skin barrier and

you don't want to miss knowing more about this wonderful product.

Along with the presentation of ConvaTec's comprehensive ostomy supply line we will be viewing the finest presentation explaining ostomy surgery of which I am aware. Produced by the American College of Surgeons Division of Education, this presentation will explain your ostomy surgery in a tasteful, patient-friendly way. I have watched many presentations and this is by far the very best. Looking forward to seeing you all April 7th! You, our members and guests, are the best.

## 2013 Meetings Schedule

If you are as forgetful as I am here are the dates of our upcoming 2013 meetings so you can put them in your date book now: April 7th, May 5th, June 2nd, Summer Break, September 1st, October 6th, November 3rd and December. 1st. Our December meeting is our Holiday Banquet and this meeting only starts at 4:30 p.m. for a wonderful catered dinner by our beloved professional caterer and member Leroy. Detailed meeting information including a useful map can always be viewed on our website [www.browardostomy.org](http://www.browardostomy.org).

## Four Steps for Dealing with a Flush Stoma

*by Wendy Lueder*

One of more difficult challenges an ostomate may face is dealing with a stoma that either protrudes just a very little bit or not at all. Some are even what I like to call "below the water line" or lie below skin level. After some unsuccessful surgery I have been dealing with this condition for a few years. When your stoma is flush the output has difficulty being directed into your pouch and thus leaks occur and pouch changes are more frequent and annoying.

For ileostomates or colostomates with a liquid output, changing your skin barrier wafer immediately when experiencing leakage is not an option to be delayed as the output contains digestive enzymes and bile salts which damage and irritate your skin. If





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# **B.O.A. MINUTES**

March 3, 2013

President Wendy opened the meeting promptly at 1:30 p.m., March 3, 2013. Melodee lead the group in the Ostomate's Prayer. There were no first time visitors this month, a rare occurrence. There is a table of donated ostomy supplies in the back of the room that are free for members to take as needed. As an example of the variety of things ostomates do, Wendy mentioned that our First Time Visitors Chairperson Kent was in the news recently for his work with the Florida Horsemen's Benevolent and Protective Association. Dr. Joachim de Posada, who was featured at our Holiday Banquet last December, will be a featured plenary speaker at the upcoming UOAA National Conference in August.



The Annual BOA Board of Directors meeting will be held after the meeting today, in the auditorium. The meeting is open to everyone, and refreshments will be served.

Ren passed out registration forms for the 2013 UOAA National Conference to be held August 7th – 10th at the Jacksonville (Florida) Riverfront Hyatt Regency. Registration is \$125 per individual, \$75 for spouse/companion, \$25 for children 5 – 17 years old, and \$50 for the Saturday Banquet only. The hotel rate is \$99 per night. For more information or questions call the UOAA office at 1-800-826-0826 or email: [oa@uoaa.org](mailto:oa@uoaa.org). Everyone who is able is strongly encouraged to attend.

Vice President and Program Chairwoman Amy introduced today's speaker, Mr. David Barry from Edgepark Medical Supplies who would MC a game of Ostomy Jeopardy. David is a Senior Account Manager and has worked with ostomates in Florida for six years. Of the 29 registered UOAA support groups in Florida, he has now attended 21!

Ostomy Jeopardy was played much like the traditional TV game show. Three volunteers were chosen: Bill to represent the colostomy group, Adam for the ileostomy group, and Doug for the urostomy contingent. They would choose answers

by points of increasing difficulty from six different columns. The category columns were: Pouches, Insurance, Accessories, Medicare, Giving Back, and Daily Living. The first contestant to provide the question (i.e., "What is...") wins the points. It was an entertaining and often educational back-and-forth between the MC, the contestants, and the audience. Ultimately, Adam won the game with the most points. Congratulations to Adam!

Wendy thanked David for taking charge of today's programing, and recommended to much applause that we play Ostomy Jeopardy again each year. She presented David with a plate of her famous Speaker's Brownies. The meeting was adjourned at 2:30 p.m. with everyone invited to attend the Board of Directors' Meeting which immediately followed.

## **Minutes from our February 3rd 2013 Meeting**

More than 50 people attended this Super Bowl Sunday meeting which President Wendy opened at 1:30 p.m.. Adam read Ostomate's Prayer. First time guests were introduced including Augie, Marilyn, Merilee, Geraldine, and Cecilia. Leah, who is being considered for our Youth Rally sponsorship this year, attended with her parents Bart & Terry. Last year we sponsored L.T. for Youth Rally and he is now living in Pennsylvania. Two of our regularly attending Wound, Ostomy and Continence Nurses Eula and Patty were also introduced and welcomed.

The Broward Ostomy Association is one of 364 chapters of United Ostomy Associations of America. The UOAA has over 15,000 members. This August the Biennial UOAA National Conference will be held in Jacksonville, Florida, the nearest to South Florida it is likely to be for a while. Members are encouraged to attend this relatively local event. Individual registration is \$125, and you can take the train from Hollywood for only \$158 round trip. Thanks to an anonymous donation, we have four scholarships of \$250 each that will help four of our members to pay for Conference expenses.

Following the March 3rd general meeting, there

will be the Annual Board of Directors meeting in the hospital's auditorium. All members are invited to this meeting where we set our policies and determine our business practices for the following year. Wendy is dealing with increased family issues and is urging members to volunteer as she will need additional help to keep things running smoothly.

## **Dr. Rodolfo Pigalarga**

### **Management of Parastomal Hernias**

Patty Paxton-Alan introduced our guest speaker for today, Dr. Rodolfo Pigalarga from the Colon and Rectal Clinic of Fort Lauderdale. Dr. Pigalarga has received several awards of academic excellence and authored textbook chapters in both General Surgery and Colon and Rectal Surgery. He has a special interest in pelvic floor physiology disorders and treats conditions such as fecal incontinence, Levator spasm syndrome, proctalgia, rectal prolapse and rectocele. Today his presentation was on the topic of "Management of Parastomal Hernias."

Dr. Pigalarga recognized that surgeons make dramatic changes in their patient's lives. He likes to attend meetings such as ours to meet patients outside of the hospital and get to know us better. We saw scenes of his hometown in Fano, Italy, while he discussed his background.

Historically, treatment for abdominal problems and obstructions included powerful laxatives, enemas, bloodletting, ingestion of large amounts of mercury, horseback riding, and putting a kitten on the abdomen (as a heating pad). The mortality rate for abdominal surgery used to be high. Out of 25 recorded ostomies in the seventeenth and eighteen centuries, only two patients survived. In those days surgeons would simply close the wound and "hope for the best."

The earliest stomas were fistulas that developed spontaneously following bowel perforation. In 1710 the French physician Alexis Littre described the first sigmoid colostomy through the inguinal canal. In 1750, the English surgeon William Chelseden diagramed an early stoma on a patient. In 1776 Henry Pillore performed the first cecostomy (artificial opening into the cecum). Dubois performed the first

colostomy in a newborn with imperforated anus in 1793. In 1793, the French surgeon Duret performed the first colostomy in an infant who survived to become an adult. In 1839, Jean Amussat reported 29 cases treated by colostomy of which 9 survived.

With improvement in anesthesia and asepsis, more extensive operations became feasible such as the diverting "loop" ostomy, Hartmann's procedure, and Brooke's surgical maturation vs. "self-maturation."

While surgeons figured out how to make ostomies, ostomates made them work! Norma N. Gil (1920-1998), the world's first Enterostomal Therapist (ET), was an extraordinary person. Despite being afflicted with a life-threatening and incapacitating illness, she found the strength to look beyond her own situation to recognize the needs of others in similar circumstances. Norma firmly believed that ostomy surgery should be a stepping stone to an improved quality of life rather than a sentence to a life of depression, isolation, rejection and shame.

Dr. Pigalarga then turned to the main topic of discussion, the parastomal hernia. This incisional type of hernia occurs at the site of the stoma or immediately adjacent to the stoma. It forms when the abdominal wall defect, i.e., the opening for the stoma, is continually stretched by forces applied to the abdominal wall opening. According to the surgeon J.C. Goligher, "Some degree of herniation around a colostomy is so common that this complication may be regarded as inevitable." It is reported that the incidence of parastomal hernias range from 0 to 48% depending on the type of ostomy.

Risk factors for herniation include obesity, weight gain after ostomy construction, poor nutritional status, steroids, emergency construction of the stoma, chronic or recurrent increase of intra-abdominal pressure (coughing), infection, inflammatory bowel disease, and issues such as location and surgical technique.

To evaluate a parastomal hernia, a doctor performs a physical exam of the patient in either the supine or standing positions. The patient may be asked to initiate a Valsalva maneuver (straining or coughing) and the physician physically feels the abdomen for the hernia. A CAT scan may be ordered. They

*continued on page 9*

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## Minutes *continued from page 7*

are looking for complications such as increasing size of the hernia or intermittent bowel obstructions. Is there a problem fitting the stoma appliance and leakage? Is there chronic back or abdominal pain related to hernia? Is there psychological distress caused by any of the above? Is there a high-grade obstruction, incarceration of the hernia, or strangulation jeopardizing the blood supply to the intestine?

There are several options for surgical repair. One is to relocate the stoma from its current position to another location on the abdomen. Direct repair of the fascia muscle defect at the current site is sometimes an option though it needs extensive skin undermining. Repair using a mesh, synthetic or biologic, is also good choice for preventing hernias for permanent ostomies. Biologic mesh is expensive and one must evaluate the risk of infection vs. fistulization. Mesh can also move within the abdomen. There is also the risk of a seroma (fluid pocket) developing after the surgical procedure.

A WOCN should see patient before surgery for location marking. Proper planning is most important. After surgery, aerobic exercise is encouraged, but lifting heavy weights is a risk factor for hernia recurrence. Hernia ostomy belts also may help maintain comfort if you are living with a parastomal hernia. These are available through companies such as Nu-Hope or Celebration Ostomy Support Belt.

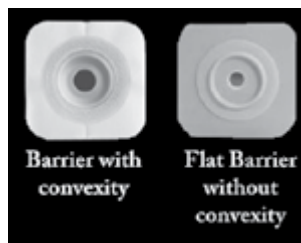
The website for Dr. Pigalara and the Colon and Rectal Clinic of Fort Lauderdale is [www.crcftlauderdale.com](http://www.crcftlauderdale.com).

The meeting was adjourned at 2:30 p.m. with Wendy gratefully thanking the doctor and presenting him with her famous guest speaker's brownies.

## Flush Stomas *continued from page 4*

you do have a flush stoma, here are four suggestions that might help make you life easier.

First try using a skin barrier wafer that has built-in convexity. That means the wafer doesn't lay flat on your skin but has a gentle curve toward your body that pushes the skin around your stoma down and away.



For some this solution is insufficient to take care of the problem and greater convexity is needed. Secondly you might try the ostomy products on the market that are in the shape of flexible washers called Barrier Rings. You may know of them as Eakin Cohesive Seals by ConvaTec, or Adapt Barrier Rings by Hollister. There are also other generics on the market. Be careful. Quality does differ among these rings.

If placed around the skin of your stoma underneath the skin barrier wafer, the rings add an extra depth of convexity thus helping to push the skin down around your stoma even farther. Remember, no other skin creams, preparations of any kind or stoma pastes should be used along with the barrier rings as this will adversely affect the adhesion of the seal. Also make sure your skin is clean and dry before applying and use a soap with no oils or creams. I use a hair dryer set on very low to make sure my skin is dry in humid South Florida.

Third hint is that you actually might need to use an ostomy appliance belt (not a hernia belt). ConvaTec makes a white one and Hollister a fleshtone one. Both can be used interchangeably and snap onto the sides of your pouch. I put very little pressure on with the belt forcing my skin barrier closer to my body and thus pushing my stoma up. DO NOT use a belt without first consulting your ostomy nurse or doctor as some conditions such as having a hernia make wearing one a prohibited option.

As all three of these options used together still doesn't completely solve my problem I've had to go to DEVCON level 4, I have to lose weight. Some extra pounds I really don't need have given my tummy a little pooch which makes my convexity options less effective. As I've been losing weight my tummy's gotten flatter and the convexity options one through three are more effective. When out to dinner with my husband honey I hate this option as desserts are always calling to me off the menu. But a functional ostomy pouching system just happens to be more important.

## **OSTOMY TIPS From Ostomates**

*Reviewed by our Local WOCNs, 2012  
via Metro Maryland Ostomy Association*

**Controlling Odor:** Odor producers: cabbage, onions, fish, spicy foods and eggs. Parsley and yogurt help eliminate odor. Internal deodorants that can be taken by mouth include bismuth subgallate tablets which help control odors by absorbing toxins. Ostomates should consult their physician before taking these tablets.

Editor's Note: Placing deodorant drops in your pouch immediately after emptying is completely effective. Smith & Nephew's Banish as well as Hollister's M9 unfortunately are deep blue and green respectively and spills have stained my underwear. OstoFresh, Na'Scent as well as other products have no color. Adapt Ostomy Deodorant by Hollister has a double function of also making the inside of your pouch slippery thus aiding the flow of contents down and out while emptying.

**Don't Sweat It:** Some antiperspirants can be used underneath an ostomy barrier. Many antiperspirants dry after application and leave little residue that would affect the adherence of a pouch. e.g., Tussy 5-day Antiperspirant Mitchum; Crystal. Do your own research and find one that works for you.

**Increase Adhesion.** If your barrier is floating off, consider the quantity of adhesive. SKIN TAC has recently been produced in a new wipe-on form. This is a thin, clear adhesive that is easily removed with alcohol; Torbot manufactures it. Hollister makes a medical adhesive spray. And for the truly needy, there are paint-on adhesives that can make a dramatic difference in adherence: such as NuHope Adhesive and Skin Bond by Smith and Nephew.

**Try a Breathable Barrier.** The MicroSkin adhesive barrier on all Cymed pouches is moisture-vapor permeable and allows perspiration to flow through the barrier rather than being trapped beneath it. Sample is available from Cymed Ostomy Company at 800-582-0707.

### **Five Myths about Colorectal Cancer**

*American Cancer Society*

**Myth:** Colorectal cancer is a man's disease.

**Truth:** Colorectal cancer is just as common among women as men. Each year, about 110,000 Americans are diagnosed with colorectal cancer.

**Myth:** Colorectal cancer cannot be prevented

**Truth:** In many cases colorectal cancer can be prevented and almost always starts with a small growth called a polyp. If the polyp is found early, doctors can remove it and stop colorectal cancer before it starts.

To help lower your chances of getting colorectal cancer: Get to and stay at a healthy weight; Be physically active; Limit the amount of alcohol you drink; Stop smoking; Eat a diet with a lot of fruit and vegetables, whole grains, and less red or processed meat.

**Myth:** African Americans are not at risk for colorectal cancer.

**Truth:** African American men and women are diagnosed with and die from colorectal cancer at higher rates than men and women of any other US racial or ethnic group. For this reason guidelines suggest screening should be done at age 45 for African Americans.

**Myth:** Age doesn't matter when it comes to getting colorectal cancer.

**Truth:** More than 90% of colorectal cancer cases are in people age 50 and older. ACS recommends you start screening for the disease at age 50. For those at higher risk –those who have colon or rectal cancer in their families – may need to begin testing at a younger age.

**Myth:** It's better not to get tested for colorectal cancer because it's deadly anyway.

**Truth:** Colorectal cancer is highly treatable; if found early and treated, the 5-year survival rate is about 90%.

## **Coral Springs Ostomy Support Group**

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



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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. Adam Lokos, 9820 NW 36 St., Sunrise FL 33351-8616. BOA never shares membership information. We value your privacy. BOA is a 501(c)3 charitable organization.

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- ☐ I am also enclosing a contribution to BOA
- ☐ I am an ostomate and want to be a member but cannot afford dues at this time.  
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