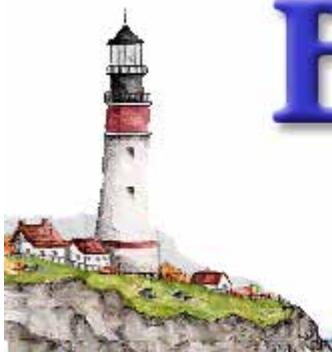


Volume XLIV Issue No. 4

Winter Quarter 2014



Broward Beacon



**Dec. 7st, 2014 (4:30 p.m. this meeting only) Holiday Banquet;
January 4th, 2015 ~ 1 p.m.; February 1st, 2015 ~ 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 (UOAA).
Our Vision ~ a society where people with ostomies are universally accepted and supported socially, economically, medically and psychologically.

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

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Broward Ostomy Association
c/o Lueder, 2100 S Ocean Dr. #16M
Ft Lauderdale FL 33316

**Holiday Candlelight Buffet Dinner
Sunday, December 7st, 2014 - 4:30 P.M.**

**Catered by our own wonderful member Leroy Berry
with over 29 years experience in the catering business**

with Master of Ceremonies

Mr. Irwin Rosen

Advance Reservations and Payment Required

Donation \$10 per person

**Tickets available at Nov. Meeting or Mail Your Check to be received by
Nov. 25th to: Treasurer Mr. Ren Lueder, 2100 S Ocean Dr #16M Ft Lauderdale FL 33316
White Elephant Grab Bag Bring a gift for \$2 or under**



Dues are Due

at this time and we really hope you can help support the costs of our 24 hour answering service, printing and mailing costs and all other things needful to BOA.

All of us who volunteer for BOA are just that, volunteers, so we strive to keep our costs down to a minimum and give you the best care for your dollars. I even purchase decorations for next year's banquet the day after December 25th to get that 50% or more off. This year it was 90% off. My husband has been known to call me a cheap date. Lucky man!

If there is an envelope attached to this issue my records as of this mailing indicate that your dues are in fact due. I've tried to withhold envelopes from those I know who have already paid but if I messed

up, please just call me and let me know you've already sent in your dues. I often do make mistakes.

Please be reassured that we want you to be a member whether or not you can attend our meetings. Many of our members cannot attend for one reason or another. They are as precious to us as those who can. A special note of thanks who all those who attend even though they have no unresolved ostomy issues whatsoever. They come just to encourage the next ostomate in line and we sincerely thank them.

If you would like to receive your copy of the *Broward Beacon* via email please just check that appropriate box on page 15 or call and let me know. Personally I prefer holding my reading in hand, but if the digital edition works for you there would be printing and mailing savings for BOA.

See page 15 (back inside cover) for a membership/renewal form.

Fondly,

Wendy

Next Meetings:

Sunday, Dec. 7th Holiday Banquet

Sunday, January 4th

Sunday, February 1st

Sunday, March 1st

Meeting 1:00 p.m.

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

Speaker: 1:30 p.m.



For December's

Holiday Banquet our own talented member Leroy, who has been in the catering business for decades, will once again be providing his magnificent feast. We are so blessed by Leroy's gracious kindness to us, and it is only

because of this kindness that we are able to keep the cost of our time together the same low price we have had for years. This is a wonderful time to honor our volunteers and express heart felt gratitude for the BOA family of friends.

Our surgery, like no other type, presents extra challenges to overcome. Having the BOA family there to care can make all the difference. Truly looking forward to seeing everyone there.

January 4th we will be having Focus Groups: Learning, Supporting and Sharing. We will be gathering into four separate groupings, one each for colostomates, urostomates, ileostomates and care giver/loved ones.

Each table will have a professional facilitator to answer questions and lead the participation by all. I personally have learned invaluable hints and tips at this type of meeting.

Please bring with you your questions, favorite appliance or ostomy accessory to share your insights or concerns with the rest of those at your table.

Save This Date

UOAA's 2015 National Conference will be held Sept. 1st through 6th, in St. Louis, MO at the Hyatt Regency at the Arch. Nineteen BOA members attended the last Conference held in Jacksonville FL and had a total blast. Plan ahead and try to join us once again in St. Louis. Attending is a life-changer.



Minutes General Meeting

Sunday September 7, 2014

The meeting was called to order at 1:30 p.m. at Memorial Regional Hospital's Main Auditorium. Larry read the Ostomate's Prayer. First time attendees were introduced: Mario who just had surgery Memorial Day; Bonnie had her surgery in July 2004; Yachov, Lila, and Rene were all introduced.

Attendees were informed of an upcoming Ostomy Product Fair Friday Oct. 24 at Baptist Health in Miami.

Samples that were available were: Safe 'n' Simple packets - a lubricating deodorant gel Coloplast lowest profile ostomy drainage pouch with self adhesive and 1/8 inch thin.

The sad news was told of the passing of our beloved Adam, Treasurer. He recently had surgery after which he formed a massive clot. Adam will be sorely missed. Sympathy cards were distributed to be sent to his sister Melody.

Once again, Arthur and Jeanne contributed the wonderful refreshments. A big thank you goes out to them.

Wendy discussed her positive experience informing the TSA agents at Fort Lauderdale airport regarding sensitivity issues and how to address people with ostomies. She was invited to continue training more agents. We appreciate the hard work Wendy does to provide information and support to the public, patients, and families.

Amy, our Program Chairperson, introduced UOAA national conferences every two years. This



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Julie Ebel Gareau, President

Judith Ebel Considine, RNET, Founder, 1990

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is the off year; so it was decided to have local focus groups in September on the off years to share and discuss problems, suggestions, and support. The urostomate group was lead by Lea. The ileostomate group was lead by Patty. The friends and families was lead by Wendy. The colostomate group was lead by Debbie.

Everyone verbalized their enjoyment of these groups. These are the highlights mentioned at the end of each session. Wendy had words of encouragement. Things happen. Forgive and release when someone says something stupid. It is better to have a little bag than a body bag. Hang in there - things will get better. And attitude is everything.

Patty's group talked about leakage and problems with skin. Some people really depend on the back table of these monthly meetings for supplies. Remember, you are in control of your ostomy. Your ostomy is not in control of you.

Lea's group talked about night time drainage. Urine is a constant source of output. Sleep interruptions were a problem as well as rash and skin problems. There was noted difficulty with adjusting as in when to tell friends they have an ostomy. Leakage was also noted to be a problem.

Debbie's group's members were very informative about how to travel with an ostomy. Bill had recently gone on a cruise and he found the health center's crew were very helpful when he needed them. Discussion ensued about nutritional choices in relationship to emptying the pouch. Marshmallows (3-4) are good to use to help minimize gas but beware of high sugar content, especially if you are diabetic. The meeting adjourned at 2:40 pm.

Sunday October 5, 2014

The meeting was called to order at 1:35 p.m. Betty read the Ostomate's Prayer. Wendy and Ren are in North Carolina for the family retreat. First time visitors were introduced: Jillian from Boca and her mobility service dog Rosie. Jillian is planning a revision of her ileostomy soon. Rosie has been trained to be of service in Crohn's disease and she gets help for Jillian when needed; Peter had his

surgery in February. He is from Kendall and is Spanish speaking. He is looking for another support person who is also fluent in Spanish to help answer questions; Josephine has returned to the group from 2006; Reggie had his surgery in July of this year and Jennifer is also returning to the group.

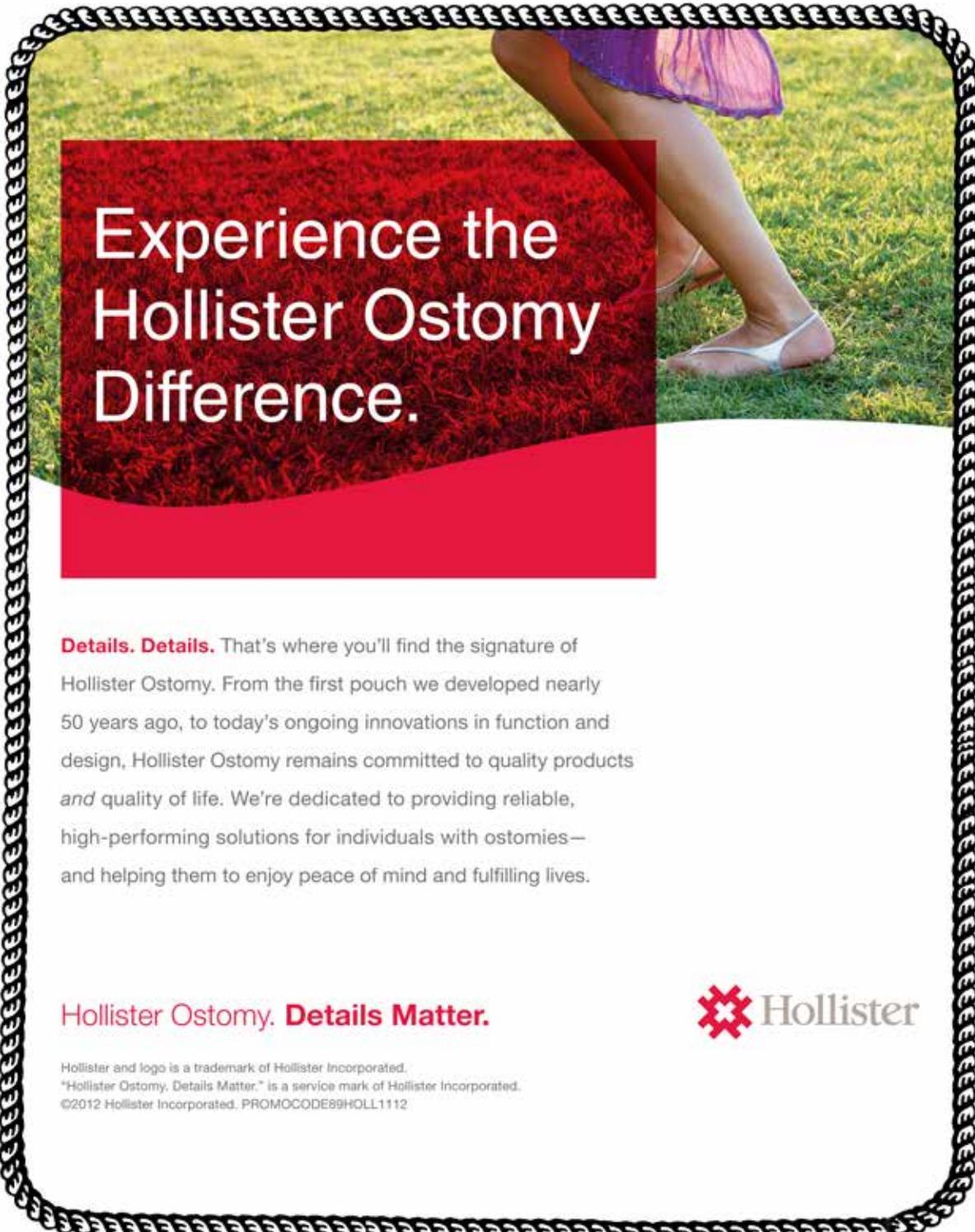
A reminder was announced that Dr David Gross, a psychiatrist who deals with medical issues will be presenting in November. Also our Holiday Banquet is scheduled for December 7 at 4:30. It will again be catered by Leroy. The cost is \$10 per ticket. We are looking for entertainers who are willing to donate their time.

This month we had another "member moment". This entails highlighting a member of the group to give their story. This month we heard from Lynn. Lynn had taught math and science in both Miami Dade and Broward public school systems until 2006. She still teaches, but now she tutors sixth grade through to the Ph.D. level. Lynn was diagnosed with Herschsprung's disease at the age of 4. She had her first colostomy at the age of 7 after which it was reversed one year later. But in 2002, her surgical interventions started again. First she needed a colostomy. One year later, she had developed difficulty walking due to nerves in her spine being affected. Her problems advanced to the point that she now has a gastrojejunostomy for small bowel feedings. The only thing she takes orally are some of her medications. Lynn has two daughters who are both biomedical engineers and both are now attending medical school.

Lynn's advice is to "enjoy every moment and to take every chance to start moving, not to start dying". We thank Lynn for sharing her story. She was a voice of encouragement to all of us.

Our speaker for this month was Rob Seaman from CovaTec. Rob used the opportunity, after Lynn's story, to remind us of the *Great Comebacks* program. Wendy had been a regional winner in the past. This year's national winner, Jearlean Taylor, has both a colostomy and a urostomy.

An excerpt from the introduction of her book, *Pretty Girls Blues* tells us "At two years old, diagnosed with a rare form of cancer, doctors thought I



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would not live to celebrate my third birthday. My heart's desire was to be normal like other children. However who knew I would be hiding a secret? I tried to cover up this secret with my outer beauty. In hiding this secret, negative attributes of low self-esteem, depression, suicidal thoughts, hurts, insecurities became prevalent. I often questioned, "why did I have to go through this sickness?" The disease or treatments were not initially a problem for me, however what came after was. Because of this rare type of cancer (Rhabdomyosarcoma) and many surgeries that followed, I have a permanent colostomy and urostomy. They function for my bladder and bowel, which forces me to wear ostomy pouches. There were many difficulties and adversities that followed. The duration of my future is a journey with unexpected outcomes. A dilemma I call "pretty girl blues". Becoming a model changed her outlook from negative to positive, realizing that her ostomies do not limit her or her dreams.

In North Carolina this year, there are 200 runners participating in an ostomy awareness 5K run. Bob challenged the South Florida district to organize a run/walk for next year. Rob also informed the group that Convatec may have a new owner but there is no need for concern as there will be no interruptions in service.

Ostomy Secrets is now part of the Convatec line. Rob reminded the group that the customer interaction center staffed by 25 CWOCN's is available at 1-800-422-8811. There is now a language line available. They may be able to send out samples of pouches to trial if anyone is having

difficulty with what they are presently wearing.

There is a discharge program that has been available for some time now. This includes pouches, wafers, a travel kit, and DVD. Usually the CWOCN at the hospital where the surgery took place will sign new ostomy patients up, but this is accessible by phone if you did not receive this help at the hospital.

Convatec is also trying to get former nominees and winners of The Great Comebacks to help address challenges of the ostomate. Rob also reviewed the present amount of allowables are 20 pouches per month. This is determined by the federal government Medicare guidelines. If you need more, a letter of medical necessity from your doctor may help depending on your insurance company.

Rob introduced three new products:

- 1) A barrier with an accordion flange raising up off the body in Durahesive (extended wear) and with moldable technology.
- 2) Sensi-care is a no sting barrier line including remover, prep, and a releaser.
- 3) There is now a one piece moldable, drainable pouch with a seal on the back. The seal is peeled off by removing #1 first, then #2. The back is like an Eakin seal.

Our beloved member Leroy who is also catering our Holiday Banquet was thanked for providing the this meeting's refreshments including an assortment of delicious sandwiches. Thank you Leroy! You are so good to us.

Our Refreshments Chair Arthur was under the weather the day of this meeting - we wish him well and hope he is feeling better soon. The meeting adjourned at 2:30pm.

Respectfully submitted,

Debbie Walde, RN CWOCN
Recording Secretary

We Get Mail

October 7, 2014

Dear Ms. Lueder,

The enclosed check represents anonymous gifts given to me in cash to be used as needed. Since my wife Dana Simerson, found so much caring support from the Broward Ostomy Association, I thin it is appropriate that it be donated to the Association in memory of her. I hope the donation will help the Association continue the work that Dana found so beneficial in enabling her to live a normal life after her urostomy,

Yours truly,
Kermit Simerson

Thank you dear Kermit. BOA is establishing a scholarship fund in Dana's name to use your generous donation to help send one of our hard working volunteers, either a Board Member or Committee Chair, to attend United Ostomy Association's Biennial Conference next fall who would otherwise be unable to attend.

October 7, 2014

Dear Wendy & Ren,

So sorry we missed the last two meetings. We will be away for the November one but hope to be at the Holiday Party. We enclose a check for two tickets to the part an another one to help with the expenses.

Hope all is well with you both.
Irwin and Bill

We called Irwin and Bill and they agreed that their additional donation toward Banquet expenses should go to paying for tickets for those who cannot afford to attend. Thank you Bill. Thank you Irwin. You too are so good to all of us at BOA. If you are a BOA member and cannot afford Holiday Banquet tickets, merely call me directly (954 463 5566) and I will set aside one that Bill and Irwin have so generously donated. No one else needs know.



In Loving Memory

Adam Lokos
BOA Treasurer

A few years ago when Lynn retired as our treasurer I knew that his position would be difficult to fill indeed. Fortunately for us we had a young new member, Adam, who had an obvious love for his fellow ostomates and a profound desire to serve.

Adam took over as Treasurer and put his whole love and devotion into fulfilling his job. Adam was consistently cheerful, ready to step in to assist with any project and had a desire to serve ostomates on a national level.

He attended UOAA's National Conference in Jacksonville, FL attending all the leadership workshops and was on the fast tract to becoming a member of the UOAA National Advisory Board.

I will always remember his ready smile, his willingness to learn and desire to do his job right. He wanted to help as many others as possible along the ostomate's way. Our deepest sympathies are extended to his loving sister Melody who also attended many of our meetings to keep Adam company. Adam, we love you and will profoundly miss your presence. Rest in peace.

How To Understand Your Doctor And Improve Your Health Literacy

By *Chrystle Fiedler*
Courtesy of *The Costco Connection*



DO YOU EVER feel like you and your doctor are speaking a completely different language? Medical terminology used every day by doctors is essential, but it can come across as gibberish. “Often doctors talk to patients like they’re talking to another physician,” says Dr. Kenneth Lin, an associate professor of family medicine at Georgetown University, who blogs about health and medical care at Common Sense Family Doctor (common.sensemd.blogspot.com). “It’s a shorthand that you learn in medical training.”

Miscommunication consequences: This jargon, necessary to the profession for accurate communication, can be a barrier to effective patient-physician communication and can affect the quality of health care you receive. A study published in the *Annals of Internal Medicine* in 2011 showed that patients who didn’t understand medical information were more likely to be hospitalized, use medications inappropriately and receive fewer recommended vaccines and screening tests.

“Most people aren’t health literate,” points out Dr. Richard C. Senelick, a neurologist and medical director of HealthSouth Rehabilitation Institute of San Antonio, Texas, and a Costco member. “Nine out of 10 patients don’t have the skills they need to manage their health and prevent disease.”

What happens during a doctor’s visit: Often patients are afraid to admit that they don’t

understand medical terminology and feel pressure to pretend they do. “During a doctor’s visit, by the time you process the information and decide to ask a question about something, the doctor has moved on to a new topic,” says Lin, an associate editor of the journal *American Family Physician*. “Doctors don’t always remember to stop and check to make sure they’re understood.” This can be especially true for older patients who aren’t accustomed to questioning authority. The problem is compounded by the fact that people can have reduced comprehension and retention when they are scared, says Lisa Gualtieri, an assistant professor in the Department of Public Health and Community Medicine at the Tufts University School of Medicine, and a health blogger at lisagualtieri.com. “It’s easier to nod than ask for an explanation.”

Get smart about your health: Becoming more health literate will help you feel less anxious and more prepared when talking to your doctor about your condition, medications and treatment plan. “Today, there is much more of an emphasis on shared decision-making with the patient, and that requires them knowing and understanding their options,” says Lin, who is a Costco member. This means that the more educated a patient you are, the better.

Learn common medical terms: You can start by learning common medical terms. To help decode other medical terms, use an online glossary. MedicineNet.com has a “MedTerms Dictionary” tab you can click to search for explanations of particular words and phrases. The Medical Library Association (www.mlanet.org) has a very simple glossary that translates medical terms into everyday language.

Here are a few definitions and explanations:

Prediabetes: Unlike diabetes, prediabetes is usually treated with diet and exercise rather than medicine. In most people, a fasting (not eating for at least eight hours) blood sugar level should be less than 100. A person whose fasting blood sugar level is persistently above 126 has diabetes; between 100 and 126 means a person has prediabetes, which hikes his or her future diabetes risk.

BMI (body mass index): The most widely used

measure of weight relative to height. A normal BMI for an adult is between 20 and 25. Adults with BMIs between 25 and 30 are overweight, while those with BMIs over 30 are obese. Doctors may recommend that “morbidly obese” adults (a BMI over 35 or 40) consider weight-loss surgery, as lifestyle changes alone are unlikely to bring them down to a normal weight.

CBC (complete blood count): The two most important measurements are the white blood cell (WBC) count, which is usually higher in the presence of a bacterial infection and lower in some viral infections, including HIV (the virus that causes AIDS); and the hemoglobin level, which, if low, suggests blood loss, cancer or kidney problems.

LDL (low-density lipoprotein): Better known as “bad cholesterol.” The less LDL you have in your blood, the lower your risk for heart attack or stroke. A normal level is 130 or less; people with heart disease or diabetes should have levels well below 100.

Negative: Doctors use this word to mean “normal.” Abnormal test results are deemed “positive,” which actually means bad news—for example, “the chest X-ray was positive for pneumonia.”

NSAID (non-steroidal anti-inflammatory drug): These medicines (think over-the-counter ibuprofen, such as Advil or Motrin) treat occasional aches and pains as well as chronic arthritis. Unfortunately, long-term NSAID use can cause stomach ulcers and heart and kidney problems.

Author Chrystle Fiedler specializes in writing about health issues.

How To Better Understand Your Doctor

Dr. Richard C. Senelick, a neurologist and medical director of HealthSouth Rehabilitation Institute of San Antonio, Texas, offers the following tips to make the most of your doctor’s visit.

- If you do not understand what your doctor is saying, stop the doctor immediately and ask them to use simpler language. Don’t pretend that you understand when you do not.
- Be assertive, but friendly. Let the doctor know if you still have questions.
- Tell the doctor what you think they said to be

certain that you understood him. This is called a “teach back.”

- If you feel you need more time, ask to schedule another visit in the near future.
- If the doctor is very busy, ask if there is a nurse or assistant who can answer your questions.
- Take a relative or friend with you for another set of ears, and always take notes.
- Ask who you can call if you still have questions when you get home.

For more information on being a prepared patient, visit the website for the Center for Advancing Health’s Prepared Patient blog, www.cfah.org/blog/. To see a slide-show tutorial from the National Library of Medicine on how to understand medical words, go to www.nlm.nih.gov/medlineplus/medicalwords.html.

Ask Me 3

THE NATIONAL PATIENT Safety Foundation (www.npsf.org/) has created a simple program called Ask Me 3 to help you better understand your doctor. Use these three questions when talking to your doctor at your next visit:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this? For more information, brochures and a “words to watch” fact sheet, visit www.npsf.org/for-healthcare-professionals/programs/ask-me-3/ask-me-3-resources.

A Glossary of Ostomy Terms

Editor’s Note: As per the above articles that Costco so graciously allowed us to reprint, knowing terminology is of vital importance. With this in view, here is a compilation of ostomy terms that can be found on Hollister’s website.

Accessories: These are products that may be used to enhance the performance of your pouching system. Examples: paste, ostomy belt, skin barrier rings.

Adhesions: Scar tissue that binds connecting surfaces; often causes complications, such as pain or consti-

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pation in a post-surgical patient.

Anus: External opening of the digestive system

Barrier opening: The barrier opening is defined by the pre-cut hole in the skin barrier wafer. It is usually the same size as the stoma, but should not be smaller than the diameter of the stoma.

Benign: Not cancerous. Benign tumours do not spread to tissue around them or to other parts of the body.

BOA: Broward Ostomy Association Support Group.

Bowel obstruction: Blockage or clogging of the intestine.

BRAT diet: Bananas, rice, applesauce and toast diet; this combination of foods can sometimes be used to stop or slow down diarrhea.

Closed pouch: A pouch that is not drainable from the bottom. Most often a person with a colostomy with formed stool would use this type of pouch.

Colon: Another term for the large intestine.

Colonoscope: Flexible, elongated tube that can be inserted through the anus allowing the inside of the colon to be seen.

Colonoscopy: Visual examination of the inner surface of the colon by means of a colonoscope.

Colon Conduit: This is a specific type of urinary diversion. A segment of colon (large intestine) is used as a pipeline (conduit) to divert urine. The urine flows from the kidneys, down the ureters, through the conduit and out the stoma. The conduit is not a reservoir for urine. The output from the stoma is urine and mucus. The bladder may be bypassed or removed.

Colostomy: A surgically created opening into the large intestine or colon.

Comfort backing pouch panels: These panels are available on some ostomy pouches and provide a soft layer between the pouch film and the skin.

Compact Convexity: A range of one-piece pouches with integral convex skin barriers. The pouches do not have micropore surrounding the skin barrier. They are available as closed, drainable or urostomy pouches. For patients with flat, recessed or retracted stomas.

Convexity: Toward the skin curving of the portion of the pouch/flange that has contact with the skin, i.e. the skin barrier. The convex shape provides form to the skin barrier and support to the peristomal skin.

Cut-to-fit barrier: A cut-to-fit barrier needs to be cut before it is applied to the body. There is a small starter hole in the center of the skin barrier where scissors can be placed to make cutting easier. A cut-to-fit barrier is ideal if the stoma is still changing size or if the shape of the stoma is not round.

Discharge or Drainage: Generic term to refer to the output from a stoma.

Drainable pouch: A pouch that opens from the bottom to empty the contents. A drainable pouch requires some type of clamp or integral closure on the bottom to keep it closed. A person with a colostomy or ileostomy (NOT a urostomy) would use this type of pouch.

Electrolyte: Any of various ions, such as sodium, potassium or chloride required by cells to regulate the electric charge and flow of water across the cell membranes.

Filter: A charcoal vent in an ostomy pouch that allows gas to escape and be deodorized.

Flange: The flange is a plastic ring that is on a two-piece pouch system. The flange on the pouch and the flange on the skin barrier must match to create a secure pouching system.

Flat skin barrier: The skin barrier on this product is NOT curved or convex. It may be part of a one-piece or two-piece system.

Floating flange: The flange (plastic ring) and the skin barrier wafer can move independently of each other. This means the skin barrier is more flexible and it makes it easier for you to attach the flanges especially post-surgically.

Ileal conduit: This is a specific type of urinary diversion. A segment of ileum (small intestine) is used as a pipeline (conduit) to divert urine. The urine flows from the kidneys, down the ureters, through the conduit and out the stoma. The conduit is not a reservoir for urine. The output from the stoma is urine and mucus. The bladder may be bypassed or removed.

Ileostomy: A surgically created opening through the abdomen that leads into the small intestine.

Ileum: Last section of the small intestine before it connects to the colon.

Large intestine: The last part of the digestive tract. It is divided into cecum, colon and rectum, and is concerned especially with the re-absorption of water, and

the formation and collection of feces.

Lymph nodes: Bean-like structures throughout the body that are part of the immune system that helps fight off disease.

Mucous: A viscous suspension that is normally secreted by the body. Mucus in the bowel helps with lubrication. May be seen in the discharge of a colostomy or urostomy.

Night drainage bag: A large collection bag for urine. A person with a urostomy is able to connect their pouch to a night drainage bag.

One-piece pouch: A one-piece system includes a skin barrier and pouch that are already attached. Most one-piece pouching systems do not include a plastic ring or flange that limits the ability of the pouch to flex with changes in the body. Generally, a one-piece system is more flexible than a two-piece system.

Opaque: This refers to pouch film that is colored—either white or beige. It is designed to help conceal the contents of the pouch.

Ostomy: A surgically created opening into the gastrointestinal (bowel) or urinary system. This is a general term and is sometimes used interchangeably with the word stoma, which is a Greek word for mouth or opening.

Peristomal skin: This refers to the skin immediately around the stoma. Usually the adhesive of the pouching system covers the peristomal skin.

Pouch: The bag that collects the discharge from the stoma.

Pre-cut: The barrier opening on these products has already been cut for added convenience. The sizes are listed and should be selected based upon your stoma size. Ideal if the stoma has a round shape.

Rectum: The last part of the large intestine leading to the anus (external opening of the digestive system).

Sigmoid colon: This is the last portion of the large bowel just before the rectum.

Sigmoidoscopy: Inspection through a fiber-optic scope, the inside of the sigmoid colon which is part of the large intestine that empties into the rectum.

Skin barrier wafer: A product placed on the body for the purpose of protecting the skin. Skin barriers are adhesive, but have different properties based upon formulation.

Sphincter: Refers to a muscle that surrounds and closes an opening such as an anus. When a stoma is created, the sphincter that allows for control of output is bypassed. A stoma does not have a sphincter.

Stoma: A surgically created opening into the gastrointestinal (bowel) or urinary system. This is a general term and is sometimes used interchangeably with the word ostomy. The stoma is red, moist and is not painful. Stoma measuring guide: A card used to measure the stoma at the base. This information is useful in selecting the right size pouch or skin barrier.

Stool: Term used to define waste material from the bowel. Also known as feces.

Tape border or Picture Frame Boarder: This is a product that has tape around the outside of the skin barrier—like a picture frame. It helps to hold your pouching system securely in place and to protect your skin barrier.

Transparent pouch: The pouch film on this product is designed to allow you to see the pouch contents. This is preferred in some situations especially post surgically when medical personnel need to examine the stoma.

Two-piece pouch: A two-piece system includes a skin barrier wafer with flange and a pouch with flange. The two flanges lock together to create the pouch system. The flanges influence the flexibility of the pouch because they are plastic and, therefore, not as flexible as a skin barrier alone.

Urostomy: A surgically created opening (usually on the abdomen) that allows urine to flow out of the body. A urostomy may also be called a urinary diversion or ileal conduit.

Urostomy pouch: This type of pouch has a drain tap or spout at the end since it is designed to drain liquid contents (usually urine) from a pouch. A person with a urostomy or urinary diversion would use this type of pouch.

UOAA: United Ostomy Associations of America. An association of over 300 ostomy support groups.

Wear time: This is the length of time a product can be worn before failure. Failure is usually the result of barrier erosion or separation from the skin surface. Wear time varies widely. The goal of selecting an appropriate ostomy product is to provide a predictable and consistent wear time.

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 to 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. For more Information, call 786-596-1642 or 786-596-6060.

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 and to call and confirm as they do take a summer break, contact Patricia Paxton-Alan MSN, ARNP-BC, CWOCN at 954-344-3094.

Meeting Dates

Please, if you are as forgetful as I am, take a moment now to mark your calendars for our upcoming meetings. This is especially important since the *Broward Beacon* is now published on a quarterly basis. We really don't want to miss seeing you.

Our 2014 Holiday Banquet is scheduled to meet on December 7th, 4:30 p.m., by reservation only, \$10 per person.

Our 2015 meetings start at 1 p.m. Sundays on January 4th, February 1st, March 1st, April 5th, May 3rd, June 7th, Summer Break, September 6th, October 4th and November 1st.

BOA does not endorse any products or methods. Consult with your doctor or Ostomy Nurse before using any products or methods either published in this bulletin, displayed, described, demonstrated or distributed by sample at our meetings or recommended by an association member.



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: The Lueders, 2100 S Ocean Dr Apt 16M, Ft Lauderdale FL 33316-3844. BOA never shares membership information. We value your privacy. BOA is a 501(c)3 charitable organization.

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(This information is kept in the strictest confidence.)

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Reference: 1. Sawczyn MT, Mayewski GM, Cabral MV, Hixell-Piontek K. Converse Study: Multinational Evaluation of the Peristomal Condition in Ostomates Using Moldable Skin Barriers. Poster presented at ECET, Paris, France, June 2013.

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