

Volume XLIV Issue No. 1

Spring Quarter 2014



Broward Beacon

**Next Meetings ~ 1 p.m. April 6th; May 4th, 2014; June 1st
Summer Break and then meetings resume September 7th**

**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
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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| | |
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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

President's Page

I was once asked to speak before a large group of woman and the title of my talk was, "An Attitude of Gratitude". Boy, that's an easy one for me as we all start this fresh new year. Please let me tell you what I'm so grateful for as it relates to BOA (besides my husband).

Our faithful treasurer, Adam, just sent me his annual treasurer's report. Hidden away in his report are some amazing ratios (thank you High School math teachers). 28% of BOA's income is from the \$10 dues you so generously give; 10.5% is from our half of our 50/50 drawings; 33% is from our boosters in the *Broward Beacon*; and an amazing 28.5% is from donations! That is a small token of the kind of wonderful and generous membership we have. You are all simply amazing!

In fear of neglecting to mention all whom I should, please join me in being grateful for those donations from so many of our members. I know you cannot possibly know except for the fact that I am writing you now that our *Beacon* mailing costs for the entire year have been picked up by Irwin and Bill; Leroy and his beautiful family donated time and skills and lack of profit when catering our holiday banquet; our board members and committee chairmen Amy, Adam, Bill, Kent, Elizabeth, Arthur, Emma, Darryel, Cliff and Jackie have donated their precious time, skills and diligent efforts; our guest speakers donate their preparation time and specialized knowledge for just some fudge brownies and perhaps a plaque; Julie of Ostomy Inc. and Harriet and Lynn donated our elegant holiday door prizes; Rob Seaman of ConvaTec literally brought the cake we all enjoyed as our banquet dessert; Amparo donated the huge Poinsettias for our pro bono musicians Mary and Megan as well as for our caterer Leroy; Arthur continually donates our general meeting's refreshments, Memorial Hospital donates our room, drinks, cream cheese and fresh fruit; Liberty HealthCare donates our first-time visitors information packets, and our incredible ostomy nurses, Mary Lou, Amparo, Lea, Eula, Debbie and Patty donate their time to our meetings to be there

for us as well as authoring articles for this newsletter. I know I may be forgetting to mention someone and for that I do apologize, but please know my heart is full to overflowing with sincere gratitude. BOA is an amazing family of friends and willing volunteers and you all are strong pillars of support. Many of you attend even though you have no unresolved ostomy issues whatsoever to help and encourage the next ostomates coming down the line. On behalf of myself and all ostomates and their loved ones, thank you, thank you! As the Lord said to Abraham in Genesis 12, 'You are blessed to be a blessing'. That's BOA for you, all over again.

On a more personal note, this spring has presented some new challenges and thus this issue of *Broward Beacon* is arriving late. In mid January I had a four day emergency hospitalization for a total blockage. Due to a recurrence four days after discharge I was readmitted for surgery with a two week recovery period. Thankfully three surgical procedures were merged into one. I am now the happy and proud owner of a new, functional stoma that resides above skin level for the first time in six years. Chronic adhesions were repaired as much as possible and my ovary and a non-malignant ovarian tumor removed. Fantastic! My stainless steel stitches made my tummy look like a teenage mouth full of braces or an aluminum ladder but thankfully they are all out now and my pain level and weakness are all greatly improving. Ren has been an uncomplaining 'Mr. Mom' and my own bed feels so, so good.

As this column is all about gratitude I must mention that I have never enjoyed such loving, kind and competent hospital care in my life. Also the Lord orchestrated my room assignment in such a delightful way. When I was admitted most all the rooms were already full and the only available one "just happened" to be the VIP Suite. So for two weeks I was in a northwest corner private room with floor to ceiling cheerful windows, a sitting alcove, and two huge reclining lounge chairs in which Ren could get a good night's sleep while keeping me company. Thank you Lord! And I am so looking forward to being able to be with you all once again this April.

Fondly with a happy heart,



Next Meetings:

Sunday, April 6th

Sunday May 4th

Sunday June 1st

Summer Break

Refreshments, 1:00 p.m.

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

Meeting: 1:30 p.m.



There are three major manufacturers of fine quality and comprehensive lines of ostomy products, Hollister, ConvaTec and Coloplast. All ostomates truly owe it to themselves to become acquainted with each of these company's products so that they can utilize the one that

is best suited for their personal needs. No two ostomates are exactly alike and what works well for one does not necessarily work well for another.

We are so delighted to have Hollister's local representative, Mr. John Chickey, join us this April to display and educate us on their full line of ostomy products. Samples for you to try will be made available.

John tells us that he "grew up in Libertyville Illinois right near where Hollister's headquarters is located. In fact only 6 stop lights away. After graduating from Libertyville High school I went on to Eastern Illinois University in Charleston Illinois. I earned two degrees in Marketing and Management. My career with Hollister began around 7 years have been in the Secure Start for all of them. It has been a blessing to be part of a team that has truly helped so many people. I have worked with patients and nurses from all over the country. During my time with Hollister I have found a career that has become my passion. While in Secure Start I have held a cou-

ple of positions. I have been patient coordinator and then most recently coordinator for the mid Atlantic region primarily covering the Virginias, Carolinas, Kentucky, Tennessee, Mississippi and part of Florida. I look forward and am excited to move to Florida and help make a difference."



For years I've had the pleasure of knowing a compassionate and competent ostomy nurse whom I adore. Mary Lou Boyer and her associate Mr. Johnnie Cason will be our cherished guest speakers for May. At the age of 21, Johnnie Cason was diagnosed with an inoperable malignant tumor in his pelvis. Despite a very poor prognosis, he was ultimately cured of cancer after a year of chemotherapy and radiation treatment. Johnnie went on to obtain an accounting degree from Florida State University and worked in the accounting and finance field. He married and has two daughters.

In 2002, twenty-two years after his cancer treatments, he developed complications from radiation treatment that required extensive colo-rectal surgery. He had a temporary ileostomy after surgery that was reversed in 2003. Shortly thereafter, the reconstructive surgery failed and he has now had a permanent colostomy for 11 years.

Johnnie has maintained a very active lifestyle, including sports such as golf and fishing. He never let having a colostomy interfere with living life to the fullest. However, he was troubled by the challenges of disposing of used pouches. Recently, he invented an odor-control product and founded OstoSolutions, LLC to make his ostomy pouch disposal seal available to the ostomy community.

Mary Lou Boyer, BSEd, RN, CWOCN, board certified Wound, Ostomy, Continence Nurse, has extensive experience in hospital, home care and clinic settings that includes direct patient care, research, clinical nurse educator, consultant to hospitals and nursing homes, and program development. She has



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served as clinical preceptor for ET/WOC Nursing Education Programs, and presenter as part of the core curriculum of the Cleveland Clinic Florida Colorectal Surgery Residency program.

Mrs. Boyer is a former public school teacher and since obtaining certification in Wound, Ostomy and Continence Nursing in 1985 has written patient and nursing education materials, journal articles, credentialing programs for home care nurses, as well as authoring chapters on Ostomy Management in two colorectal surgery textbooks, *Decision Making in Colorectal Surgery* and *Ambulatory Colorectal Surgery*. She has presented at National and Regional Wound, Ostomy and Continence Nursing Symposia as well as the 2010 Clinical Congress of the American College of Surgeons in Washington, DC and 2012 American Society of Colon & Rectal Surgeons, Annual Scientific Meeting. She is the WOC advisor for OstoSolutions™, ostomy pouch disposal seal manufacturer.

Mary Lou supports South Florida Chapters of the United Ostomy Associations of America (UOAA) and was guest speaker for the Singapore Cancer Society Ostomy Association while serving as instructor for the Singapore Ministry of Health Stoma Nursing Course. She recently received a Lifetime Achievement Award from Cleveland Clinic Zielony Institute for Nursing Excellence.



We are so delighted to have as our June guest speaker Dr. Murugesan Manoharan, FRCS, FRACS. Dr. Manoharan is an Associate Professor of urology and Director of Neobladder and Bladder Cancer Center at the University of Miami. His clinical expertise includes urologic cancers such

as prostate, bladder, kidney, testis, penis and other related cancers. He specializes in artificial bladder (neobladder reconstruction) and other urinary diversion procedures. He performs Robotic and laparoscopic cancer surgeries such as prostatectomy and nephrectomy.

B.O.A. MINUTES - May 5, 2013



The May meeting was called to order at 1:30 p.m. at the Memorial Regional Hospital's Auditorium. Larry read the Ostomate's Prayer. First time visitors were welcomed including Lynn, Rochelle, Lisa, Beth and

Ron. Wendy challenged them to see if they could tell which members were ostomates and which were family or friends. You can't tell, and that demonstrates that we are a normal, healthy part of society.

April 14 – 20, 2013 was Wound, Ostomy and Continence (WOC) Nurse Week wherein the WOCN Society recognized WOC nurses for the services they provide to millions of patients. In honor of that, Wendy presented our own attending WOC nurses a special LED flashlight, because they light up our lives! Recipients were Mary Lou Boyer, Eula Fahie-Romano, Susan Magree, Lea Crestodina and Amparo Cano. To earn the qualification of "certified" nurses go back to school for several weeks and have to pass additional tests. Amparo also participated in the Broward Health Annual Wound Ostomy Conference on April 13th, 2013 where 200 -250 nurses in the general community learned about ostomy care.

Ren handed out sample Securi-T™ Hydrocolloid Skin Barrier Strips. Also handed out were Safen' Simple™ peri-Stoma & Adhesive Remover Wipes which Wendy suggests to keep in your car for unexpected leaks. Sample bottles of Na'Scent ostomy odor control were also given out at each table. It is an odor control liquid that eliminates odor-causing microbes in the pouch. Another item displayed was a cap that seals off the open end of a closed-end pouch for disposal.

CWOCN Mary Lou Boyer recently retired from Cleveland Clinic Florida, but remains active on our BOA Medical Board. Today she demonstrated how to use the Sure Seal™ Rings for ostomy flanges. She said these will help to secure 2-piece wafers while



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swimming, etc.

Wendy discussed the Ostaway x-Bag from BagItAway.com for disposal of used ostomy pouches and contents. They are opaque zip lock bags useful in concealing used ostomy supplies and contents when changing or emptying your pouch in a public place. No need to shock the hotel maid by placing contents in a see-through plastic bag when the x-Bag is much more discrete. You can travel and go out in public and have a wonderful life.

Internationally known motivational speaker Joachim de Posada has been helping Wendy's sister Pam acquire venues to give lectures on boating, including boating with an ostomy.

Vice President and Programming Chair Amy introduced today's speaker, Dr. Nicholas Masi, retired Director of Patient and Family-Centered Care at Memorial and Joe DiMaggio Children's Hospital. In 1994 Drs. Nick and Wendy Masi were founding members of Gilda's Club South Florida, a support group for women, men, children and teens with all types of cancer. It was dedicated to the memory of Christina Perez and Dr. Masi's daughter Jennifer. Dr. Masi is also a founding member of Florida's Camp Boggy Creek. It is modeled after Paul Newman's Hole in the Wall Gang Camp in Connecticut where children coping with serious illnesses can have a time and place where they can simply be kids.

Dr. Masi learned a lot as the father of two daughters with cancer, about the necessity of involving all family members in healthcare decisions. In his 50s, Dr. Masi was diagnosed with anal cancer. He followed actress Farrah Fawcett's similar and public struggle with anal cancer and treatment and decided that if she could do it, he could too. But to be sure, he got a 2nd, 3rd and 4th opinion on treatment. Ultimately, he had surgery, radiation treatment and chemotherapy and has a colostomy. Through his own and his daughters' experiences he learned how to effectively complain and advocate.


Dr. Masi's brought Patient and Family-Centered Care (PFCC) to the Memorial Healthcare System. PFCC is partnering parents and families with the medical care staff. PFCC includes respecting

patients' cultural traditions, personal preferences and values; giving patients and their families the opportunity to make choices about their care; involving patients and their loved ones as part of the healthcare team; giving responsibility to patients and family for important aspects of self-care and monitoring the patient's needs, along with providing the tools and support to meet those needs. PFCC means striving to ensure that transitions between providers goes smoothly and without error. It also means collecting and utilizing input from Patient and Family Advisory Councils.

A Patient and Family Resource Center is open at Memorial Regional. It includes a Welcome Center with information about hotels, restaurants, stores, laundry services, transportation, banks and places of worship close to the hospital. They have telephones, fax and Internet access for family members to continue their work and lives while at the hospital. They provide support group information and info on specific health conditions. There is also very important information about preventing the spread of infections while in the hospital.

In conclusion, Wendy presented Dr. Masi with a LED toggle light and a Certificate of Appreciation on behalf of the BOA. The meeting was concluded at 2:35 p.m.

Respectfully submitted,



Bill Wilson
Recording Secretary

Mary Lou Boyer, BSEd, RN, ET, CWOCN
Lifetime Achievement Award

by Amparo Cano, CWOCN

We are so proud. Mary Lou became the recipient of the 2013 Zielony Institute for Nursing Excellence Lifetime Achievement Award this fall for her years of service and ostomy care. This recognition honors nurses who exemplify values of quality, innovation, teamwork, service, integrity and compassion. Mary Lou was chosen from among 11,000 nurses within



the Cleveland Clinic Health System.

In the course of her amazing ET/WOC career, she composed numerous patient and nursing educational materials, journal articles, online courses, poster presentations as well as authored chapters in nursing and medical textbooks. Her other significant focus was teaching. She lectured at National and Regional Wound, Ostomy and Continence Symposiums.

Some of the apogees of her career were to speak at the 2010 Clinical Congress of the American College of Surgeons in Washington, DC; at the 2012 American Society of Colon & Rectal Surgeons, Annual Scientific Meeting; at the South Florida Chapters of the UOAA and at the Singapore Cancer Society Ostomy Association while serving as guest instructor for the Singapore Ministry of Health Stoma Nursing Course.

During the last 11 years, Mary Lou worked at the outpatient colorectal clinic providing her extensive expertise to a large team of colorectal surgeons. But most of all, she was interested in improving the lives of her patients. Her colleagues say that as a clinician and a mentor, Mary Lou is an inspiring influence.

Mary Lou, now retired, served 30 years in nursing, 28 as an accomplished WOC nurse. Mary Lou has been kind enough to compose at Wendy's humble request, a profoundly informative article published exclusively in this issue of the *Broward Beacon* as well as agreeing to be our cherished guest speaker along

with Johnnie Cason for our May 2014 meeting.

More good news. Argelia Welber, RN, BSN, CWOCN, CMSRN, recipient of the Distinguished Service Award from the Broward County Chapter of the UNITED NATIONS ASSOCIATION of the United States of America, A Program of the United Nations Foundation, on October 27th, 2013 at Inverrary Country Club, Lauderhill, FL during the association's 2013 Annual Celebration Award & Scholarship Luncheon. She received this award for her numerous accomplishments and service to the nursing profession with focus on WOCN. She presently practices at Cleveland Clinic Florida, Lower Extremity Vascular Medicine Wound Clinic. The Broward WOC group is very proud of Mary Lou and Argelia!

OstoSolutions

via the New England Region WOCN newsletter

Many colostomates are introduced to drainable pouches shortly before being discharged from the hospital. Cost, insurance limitations, or simply routine practice may be reasons that the benefits of using closed-end pouches are often not fully explored. One other reason: disposal concerns centered on odor. Recently, I was introduced to a product developed by a person living with an ostomy, which provides ostomates with an odor-proof way to dispose of used pouches: a simple, easy to use lid that seals the used pouch (both closed-end and drainable pouches with "clipless" Velcro tail closure on their last use).

You are most likely aware of the makeshift pouch disposal methods, such as multiple plastic bagging, aluminum foil wrapping, food storage bags, or purchased black zipper bags, and may have heard that none enable airtight, odor-proof disposal. Odor concerns have a direct impact on quality of life for a person living with an ostomy: they often find themselves in places where changing their pouch may be stressful. Even worse, odor concerns mean that many just avoid doing activities or going places that they enjoyed prior to having an ostomy. The seemingly simple ability to change and seal a used

pouch for disposal in less than twenty seconds, then dispose of it in an odor-free manner, without the need of a toilet, can be life-changing. Free samples are available from OstoSolutions, phone (888-549-3555 or see their website at OstoSolutions.com.

Some Hospitalization Tips for Ostomates

by Wendy Lueder

Under the category of ‘do not let lessons you learned during a difficult situation go to waste’, here are some pointers I picked up during my recent surgery and two weeks in hospital as an ostomate.

Never assume hospital personnel know the difference between ostomy types. Many do not. If you have an ileostomy they may treat you as though you have a colostomy. Be a gracious educator.

Ask if the hospital has an ostomy nurse. If they do, call them and let them know you’re an ostomate and you’d love to just meet them even if they do not need to be involved in your immediate care. Make sure they know about BOA and give them contact information if they aren’t aware of us. Ostomates need each other for mutual support.

Never assume they have ostomy supplies you use in stock. Always keep an emergency supplies kit ready in your closet full of **everything** you need for at least five changes of your ostomy appliance during an unexpected stay. You never know when you may need to be rushed to an ER and you need such a kit to grab and go if necessary. Have a written copy of your medical history, your allergies, your medications, both prescription and over-the-counter and their dosage, the specific product numbers and manufacturers’ names of all your ostomy supplies and contact information for all your healthcare providers.

When you have to change your appliance in the hospital you may be too weak to do it standing up and must do it lying down in bed. There is a wonderful “new to me” product that cleanses your skin beautifully with a thick, non-dripping white foam right in your bed without leaving any interfering residue that might compromise your ostomy skin barrier’s wafer’s adhesion. Just pump the foam onto

your skin and gently wipe off completely. It can also be used as a perineal skin cleanser for incontinence. Bedside-Care® Unscented Foam is available from Coloplast.

Always bring a spray adhesive remover (available from either ConvaTec or Coloplast) along with you. If you don’t need it to remove your appliance, you’ll need it to remove those pesky tapes that keep your IVs in place. It can really hurt if you don’t use the spray and you have hair on your arms.

Bring a warm bathrobe. Hospitals are kept very cool to keep them sanitary.

Never assume the medications they give you are correct. With a total blockage and during the four days of hospitalization before my scheduled surgery, they attempted to give me, under normal hospital protocol, a blood thinner so I wouldn’t throw a blood clot while confined. Of course I refused. If I had not been an informed consumer and had allowed them to give me this medication before my surgery, I might have bled out during the procedure. Ask questions. Be an active advocate for yourself and if in doubt, just say no. When in doubt, research the situation and make sure it’s correct before proceeding.

After getting back home and if you’re not allowed to shower or bathe due to your unhealed incision,



use disposable No Rinse Cleansing & Deodorizing Wipes. You can microwave them for a few seconds to make them warm and they make having to take sponge baths so much easier. CleanLife Products has hypoallergenic and Latex-Free, Aloe Vera Enriched wipes that I had to use for two weeks after surgery and they are just wonderful. www.norinse.com. Julie at Ostomy Inc. can get them for you. See page 5. They also have a no-rinse shampoo which I used both in and post hospitalization. You can use the shampoo either in liquid form which you merely towel dry away or in a Shampoo Cap with a built-in towel which the hospital was good enough to carry and use on me.

If you're sensitive to noise and/or light, bring ear plugs and a sleeping mask. I have a whole bunch of ear plugs from when I used to shoot skeet.

If you are having a problem with a staff member who's caring for you, or with the conditions of your hospital room, don't ignore your concerns. Ask to speak to the Duty or Charge Nurse supervising your hospital area and respectfully let them know your concerns appealing to them to correct the situation.

Finally, and most importantly, always be gracious, and don't forget to say 'thank you' often even if your feeling just horrible and are in lots of pain. If your meal was delicious, let them know. If they cleaned your room perfectly, let them know. If they promptly answered your request for assistance let them know how much you appreciate it. When I'm in hospital I usually feel just terrible and am tempted to take it out on the ones who just happen to be around me. Purpose not to do that. I actually have had to pray that I would treat others as I would have them treat me. I'm giving this advice as someone who needs to listen to it themselves. As my grandmother who lived to be 93 used to say, you always get more bees with honey than with vinegar. A peaceful hospital room is a more healing hospital room. But then again may we all just stay home and be well.

The Vicious Cycle

by Mary Lou Boyer, BSEd, RN, ET, CWOCN

Along with an appropriate pouching system, the skin around the stoma is most important for a secure



ostomy appliance seal. The condition of the skin can affect not only how your pouch adheres to the skin, but also comfort level, emotional health and general well-being. Healthy, smooth skin provides the ideal surface for a pouch, while irritated weeping skin is painful and frustrating. However, even with all attempts to keep the peristomal skin in good condition, one of the most common problems for a person with an ostomy is peristomal skin irritation.

Skin irritation can start out as a seemingly small problem, but can quickly develop into a difficult and painful situation. As it worsens, it is harder to obtain a secure appliance seal. That in turn increases chances for further leakage and increased damage to the skin. It turns into a vicious cycle: Irritated skin that becomes raw and weepy leads to poor adhesion of the skin barrier, allowing further opportunity for leakage of stool or urine onto the skin to cause even more skin damage. This cycle is clearly illustrated in this excellent graphic by Wendy Lueder.

If the vicious cycle is allowed to continue, it can develop into an almost uncontrollable situation. Therefore it is important to know what can cause skin irritation, how to avoid it, and how to care for problems that occur.

Ostomy and Wound Care Services

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- Treatment of peristomal skin complications
- Ostomy product selection

Ostomy and wound care services are available at two Memorial locations. For more information or to schedule an appointment, please call: **Memorial Regional Hospital • 954-265-4512**
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There are a number of factors that can cause skin irritation. These are the most common:

- Stool from a colostomy or ileostomy has enzymes that can “digest” and break down the skin as they do foods. Contact with the skin causes mild itching and burning at first, however it can quickly erode the skin until it is so open and raw that an ostomy pouch is difficult to adhere. The damage may be severe enough to cause bleeding and it is very painful.

- Urine from a urostomy can damage skin as moisture soaks in, causing swelling of the skin cells and allowing bacteria to enter. Urine can deposit urine crystals that feel like fine salt, acting like sandpaper, scraping the skin surface. With prolonged exposure, urine can cause wart-like thickening of the skin close to the stoma.

- An allergic reaction to any ostomy care product in contact with the peristomal skin can cause itching, redness, and weeping of the skin. There may even be blistering.

- The peristomal skin can be injured when the pouch barrier is removed too often or too roughly. This is called “mechanical trauma”. Pulling adhesive off of the skin strips the outer layer of skin cells faster than your body can replace them, causing red, painful damaged skin that may weep fluid.

- Rough removal can tear out hair on the peristomal skin. Pulling out hair causes folliculitis, infection of the hair follicles, and is characterized by red, sore, itching and eventually weepy skin. It can also look like pus-filled or open pimple.

- Fungal infections or yeast infections usually look like tiny red pimples with small white tops. They can be scattered or so close together that the area is red. Severe fungal infections become very weepy. The most telling sign that the redness or tiny bumps are fungal is the constant itchiness.

Breaking the Vicious Cycle

Breaking the vicious cycle starts with figuring out what caused the problem in the very beginning.

To determine the cause, it is necessary to inspect the skin and the pouch barrier that is removed with each appliance change. It could be called “ostomy

detective work.” Look at where the irritation is on the skin. Then look at the back of the pouch barrier. Compare them to see if the area of irritated skin is “mirrored” on the back of the wafer. In other words, does the wafer show signs of wearing away or have a stain from leakage across the same area where it previously adhered to the skin? Is the skin problem close to the stoma or further away from the stoma? If the irritation is close to the stoma, is it all the way around the stoma, or to one side, or below the stoma? Any of these can indicate stool or urine contact on the skin. The wafer opening size may need to be adjusted. It may be necessary to use a different pouching system, add a barrier ring or paste strip, or use a pouching system with convexity.

Next check to see if the affected area looks like the shape of any product used on the skin, such as the circular or square skin barrier, where paste or a barrier ring was applied, or where the tape portion of the pouching system comes in contact with the skin. If redness, itchiness and weepiness match the size and shape of any product, the cause may be an allergic reaction. If you have a history of allergies prior to ostomy surgery, you may be more likely to have allergies to ostomy care products. It is necessary to eliminate the offending product by using an alternate brand or protective products to prevent skin contact with problematic items. Some allergy medications can help. Check with your doctor as to whether you can take over the counter allergy medications.

Mechanical trauma related to removing the appliance too quickly can be prevented with careful pouch removal and the use of adhesive remover.¹ Press the skin away from the barrier rather than pulling the wafer off of the skin. Adhesive removers help loosen the bond between the skin and pouch barrier without pulling the skin. Wash adhesive removers from the skin before applying the new pouch.

Avoid pulling of hair around the stoma to prevent or treat folliculitis. Keeping the area free of hair is the first step. It is best to use an electric shaver or trimmer as disposable or blade-type razors tend to cut or scrape the skin and pull on body hair. Use

adhesive remover¹ to help release pouch adhesives. Wash the skin with mild antibacterial soap and rinse thoroughly. Mild cases will clear up with careful technique. It may be necessary to use an antibacterial powder (such as Gold Bond, Columbia, or Ammens) on affected areas. When using powder, gently massage the powder into the skin, dust off excess, and pat or spray no sting liquid skin barrier² to seal the powder.

Fungal infections commonly occur under the pouch barrier seal where it provides a warm, dark and moist environment in which they thrive. If you have been on antibiotic therapy, it is more likely that you will be susceptible to fungal infections under the appliance. It can easily spread further than the pouch seal and can become weepy and sore in addition to the pronounced itchiness. As it progresses, it may appear as solid red patches or have a white-coated appearance.

It is treated with antifungal powder sealed with no sting skin barrier film.² As always, when using powder, gently massage the powder into the skin, dust off excess, and pat or spray no sting liquid skin barrier to seal the powder. If the problem is persistent, prescription medication may be needed.

No matter what the reason for skin irritation, it is important to take immediate action. All too often, when the irritation is mild, it may be ignored or let go. It may be an inconvenient time, you may be busy, away from home, or decide to wait to do something about it.

Ignoring the problem will not make it go away, but it can quickly develop into a very complex problem. As with any problem, prevention is the best management; however when problems occur, don't wait. Find out what caused the irritation.

If you are having leakage and you are not able to clear up the problem on your own, do seek help from someone knowledgeable in ostomy care. If you do not know an ostomy nurse, ask your physician, local hospital, UOAA association, or use the Wound Ostomy Continence Nurse Society internet site - <http://www.wocn.org> - to find someone in your area. Don't wait until it becomes difficult to break the cycle.

Editor's Notes: ¹ Sting Free spray liquid adhesive removers are available from either ConvaTec, Hollister or Coloplast.

Coloplast Brava Adhesive Remover Spray; 50 ml; Item #120105: Hollister Spray Medical Adhesive Remover; 2.7 oz; Item #7731: ConvaTec Sensi-Care Skin Adhesive Releaser Spray; 50 ml; item #413 499.



² Sting Free Skin Barrier Sprays are available from ConvaTec and Coloplast: ConvaTec Sensi-Care Barrier Spray; 28 ml; Item #420797; 50 ml; Item #413502: Coloplast Brava Skin Barrier Spray; 50 ml; Item #120205: See page 2 for Manufacturers' contact numbers.



BOA Board Members

It is with the deepest regret that we announce the resignations of both our beloved Treasurer Adam and Recording Secretary Bill. Adam has permanently moved to northern Florida and Bill is greatly challenged at this time with medical issues. To say they will be missed is an extreme understatement.

I know that all of us extend to these two wonderful, selfless, giving and competent volunteers the very best wishes. Bill we hope to see you at any meetings when you're well enough to attend. Bill and Adam, you are in our hearts always.

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 meetings start at 1 p.m. Sundays on April 6th, May 4th, June 1st, Summer Break, September 7th, October 5th, and November 2nd.

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

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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☐ 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.

(This information is kept in the strictest confidence.)

☐ I would like to become an Associate Member (non-ostomate).



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