

Volume XLVI Issue No. 2

Summer Quarter 2016



Broward Beacon



June 5th, 2016 ~ 1 p.m. Summer Break
September 4th, 2016 ~ 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
Chapter 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.

Medical Board

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Eula Fahie-Romero RN, CWOCN	Debbie Walde CWOCN

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Broward Beacon

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President's Page



Miguel with his father Nathaniel

We are so thrilled that we have the privilege to send Miguel as a camper to Youth Rally July 25th – 30th at the University of Washington in Seattle, WA. We will draw the winning raffle ticket for a \$300 gift certificate to QuarterDeck Restaurant at our June Meeting. You don't need to be present to win. One ticket \$3 or five tickets for \$10. All raffle proceeds will go toward camp and travel expenses and hopefully we'll have enough funds left over for Miguel to have some spending money too.

Sincere thanks for all of you who called or sent get well cards during my surgical recuperation. Only huge drawback from the surgery is that now I will no longer be able to give Ren a few more children.

Our congratulations also go to our wonderful member Lynn Wolfson who teamed up with *Ostomy United* to host a triathlon this coming September. See her announcement on page 6. When I think of the giving spirit of BOA's members and volunteers my heart is warmed and I am encouraged beyond words. Thank you all for being there for each other. You are the best!

Wendy

Next Meetings:

Sunday June 5th, 2016

Summer Break

Sunday September 4th

Sunday, October 2nd

Meetings 1:00 p.m.

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

Speakers: 1:30

For our June meeting we are delighted to have as our guest speaker Kevin Hershey of B Braun Medical Products. Kevin joined PPS Healthcare in Champions Gate Florida in 2012. PPS Healthcare distributes high quality medical products across the USA.



For the past two years Kevin has been traveling the USA in a product awareness effort. The B. Braun Medical Flexima 3S products were very well received at the many WOCN events.

In 2015 PPS Healthcare was awarded a contract to be the distributor of the B. Braun Medical Flexima 3S Ostomy Appliances that were approved for USA distribution in December of 2015.

B. Braun Medical Inc, already well known for their IV supplies, has been manufacturing Ostomy Appliances in Europe for more than 40 years.

With a reputation for high quality medical products in Hospitals in the USA, they decided it was time to introduce Flexima 3S Ostomy Appliance to the USA. The response on this product has been incredible. We will be offering a one week supply at NO charge to each person who attends and would like to test this new appliance! Kevin is looking forward to presenting this exciting and unique product to our group. Kevin Hershey; PPS Healthcare; Khershey1@gmail.com 407-508-9349



September 4th Meeting

Wow! BOA is having a trifecta with all winners. Debbie Walde CWOCN, Ana Maria Restrepo CWON and Amparo Cano MSN, CWOCN will be hosting an expert ostomy nurse panel. They will discuss what they see as common ostomy problem issues, give helpful tips and hints and, most importantly, will be open to questions from the floor. Nothing is more relevant than discussing with these experts the day to day challenges we all face. This panel format is one of the most appreciated breakout sessions that are held at all UOAA National Conferences. We are so blessed to hold one of our own. Heartfelt thanks to our cherished ostomy nurses.

October 2nd 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.

Minutes: March 6th, 2016

The meeting was called to order at 1:30 pm in Memorial Regional Hospital Auditorium in Hollywood, Florida. The Ostomate's Prayer was read by Larry.

The guest of honor today was Mary Lou Boyer RN, CWOCN. Mary Lou received the Lifetime Achievement Award while completing her career at Cleveland Clinic in Weston. Mary Lou had her ostomy surgery in 1977 at Johns Hopkins. She was so impressed by her enterostomal therapist that she changed her career from public school teacher to ostomy nurse. Mary Lou shared her experience of attending nursing school and having made an impact on her fellow students who had no idea she was an ostomate. Mary Lou distributed old pouches for the audience to see how technology has advanced from those days. Wendy said her grandfather in the 1930's had to make his own ostomy appliances at home out of rubber inner tubes. We have come a long way!

First time attendees acknowledged were Linda and Kim. Announcements: 1) Miguel, the 13 year old, that BOA is sending to Youth Rally this year is presently hospitalized. Our thoughts and prayers go to his full recovery. 2) On that same theme, there have already been \$300 worth of raffle tickets sold. All proceeds will be going to Miguel to attend Youth Rally. 3) Our wonderful past recording secretary Bill has a new customized wheelchair which is able to tilt him back to relieve pressure on his abdomen. This is a well deserved piece of equipment for Bill. 4) Convatec has pre-printed travel cards to assist us with TSA available and samples passed out to the group. Thanks go to Rob Seaman for getting us these cards from CanvaTec.

The color of blue on these travel cards is recognized by the TSA officers. Wendy has been giving informational in services to the TSA to enhance their knowledge of Ostomates and their needs. 5) There will be the annual board meeting today after the regular monthly meeting.

Wendy introduced our speaker for today, Dr. Neil Miransky. Dr. Miransky cares for his patients as a friend sharing the complexities of pain management in people who have or have had cancer.

Palliative Care and Differing Types of Pain

Dr. Miransky explained that he is a palliative physician who takes care of people who have



Ostomy, Inc.

Julie Ebel Gareau, President

Judith Ebel Considine, RNET, Founder, 1990

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Ostomy United

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Ostomy United is a Team of **ostomates**, their **friends** and **supporters** who participate in **triathlons** to **inspire** and empower those living with **ostomies**. Envisioned by ostomate Ted Vosk, the **Team** consists of those taking part as either triathletes or "Hooligans" (the cheer and support crew of Ostomy United). Members of **Ostomy United** range in age from their **teens to over 70 years old**, and have participated in races ranging from **beginner triathlons** to the **Ironman 70.3 mile race**.



Sponsor and donor support **offsets costs** of participation, with the remainder going to the **United Ostomy Associations of America** and **Youth Rally**.

OSTOMY UNITED

There is nothing we can't do!



South Florida Ostomy United Chapter's First Triathlon!!

Tradewinds Park, Coconut Creek
September 4, 2016 7:00 a.m.

United Ostomy Associations of America will reimburse registration for those who save their receipt and attend the event. Team shirts will be provided.

We ask that each participant raise at least \$200 for the United Ostomy Associations of America.

For more information and registration visit: www.multirace.com/events/93
Or www.ostomyunited.org

There is nothing we can't do!

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To join Ostomy United or for more information, contact:

Lynn Wolfson
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symptoms as opposed to pain. Anesthesiologists take care of people with pain by sticking needles into the appropriate areas to provide nerve blocks. Dr. Miransky explained that although he does work in the hospice field by being medical director of two programs, that only encompasses ten percent of his work. Palliative care focuses on two things: improving quality of life while enhancing ability to continue functioning. A palliative doctor does manage the pain but also the sequelae associated with pain, pain management, or medical treatment.

Each person is different requiring a different “recipe” for symptom management. The “right tool” or medication is needed for the “right job” or symptom.

Nociceptive pain is at the tissue level in the bone, stomach, or muscle and is experienced as an ache, throb, stabbing or crushing feeling. **Neuropathic pain** is a burning, electric, shooting, numbing symptom and this involves the nervous system.

The World Health Organization in the 1980’s made an analysis and produced policies on how to manage pain. They suggested that for mild pain to use Tylenol or Ibuprofen also known as NSAIDS (non-steroidal anti-inflammatory drugs). However, Tylenol is toxic to the liver and Ibuprofen is toxic to the kidneys if taken in excess. They suggested Codeine, Vicodin, and Percocet for moderate pain, morphine for severe pain.

Anytime opioids are required to manage the pain, there needs to be a discussion with the prescribing physician to include concerns regarding abuse potential. Dr. Miransky explained terminology that is often unclear to the lay person.

1) **Addiction** to a drug means you like the way it makes you feel and you use it despite any harm it may cause. In other words, you are using the substance for a purpose other than for which it was prescribed. The chances of this happening is much smaller over the age of 25 years.

2) **Dependence** means your body has gotten used to a substance and if you stop taking it, you experience a withdrawal phenomenon which includes physiological changes. The most common example is headaches when stopping caffeine.

3) **Tolerance** means you need to take more of a

substance to get the same amount of symptom relief.

Dr. Miransky stated that Ostomates have unique pain patterns. There is more of a burning sensation at the site which is neuropathic. Of course, this also could mean it is time to change your pouch. People who have stents in place often get colicky spasm type pain.

There are older medications which were developed for other purposes which are especially effective for burning nerve pain such as anticonvulsants. These however, may affect one’s ability to concentrate. These drugs are Neurontin or gabapentin, and Lyrica. Antidepressants are Pamelor and Elavil. Cymbalta and Effexor are also good for the neuropathic pain.

Pain medication is classified in context to the opium poppy. Morphine and Tylenol with codeine are the closest to the natural poppy. Partial synthetics are originally from the poppy but are manipulated in the lab. These include hydrocodone, oxycodone, and Dilaudid.

There is another group of medication made only in the labs and never seen in nature. These are Fentanyl and Methadone for which a prescribing doctor needs specialized training as not understanding the prolonged half life differences in this medication can be fatal.

NSAIDS go to the site of pain first but opioids go to the spine first and cut off signals going to the brain. Concurrently, this is the same key-lock system that is in the gastrointestinal tract which is why constipation becomes an issue. To relieve this side effect, Senna (up to eight per day) and docusate are the only effective medications because they turn the bowel “back on”.

Stool softeners will not be effective on their own. Prunes, figs, and dates also may work because they irritate the bowel. It was also mentioned that ileostomy blockages can often be resolved with grape juice. Some stimulants may cause cramping.

Other information re: medication is that short acting drugs dissolve mostly within the stomach in about thirty minutes. These last up to four hours. Sustained release drugs dissolve more slowly and are not as effective for ileostomates. It takes one to two hours for the medication to take effect and lasts usually about twelve hours. There is also a type of

medication referred to as immediate release long acting. Any medication with this explanation should be effective for everyone.

If you have rapid gastric emptying take pills without food so that they have a chance to absorb.

How to Communicate with your Palliative Care Doctor

Dr. Miransky encouraged us to make a list of three to five questions prior to the appointment. These could include:

“How likely is this to help?”

“What is the down side? What am I going to have to live with as a result?”

“What are the other options? Would you recommend this for yourself or a family member?”

The Internet can be a blessing or a curse. It is an excellent place to find side effects for medications. Make sure if you mention the Internet as your source for a question, to tell the doctor the site you used such as WebMD or Sloan Kettering Research. If the doctor answers a question with “I don’t know” that is an okay answer.

Some questions from the group were:

1) Is it beneficial to rotate opioids to decrease risk of tolerance? A: No. If a recipe works, stay with it.

2) Do opioids hurt you? A: No. You can take the opioids for a lifetime without damage.

Dr. Miransky’s informational presentation was well received and appreciated by his audience.

The meeting was adjourned at 2:40 pm.

Minutes: April 3rd, 2016

The meeting was called to order at 1:30 pm at Memorial Regional Hospital Auditorium in Hollywood, Florida by Amy Weishaus. Wendy is still recovering from surgery. Get well cards were passed around for all to sign and add their sentiments. We want to thank Ren for coming to assist with the audiovisual equipment.

The Oostomate’s Prayer was read by Larry. First time attendees were welcomed: Madge, a retired nurse and Bob & Ilene. Amy reminded us about the raffle for Miguel, the young man who BOA is sponsoring for Youth Rally this year in Seattle, Washington. The winner receives a \$300 gift certificate for the Quarterdeck Restaurant.

Also travel cards were passed out for the TSA at the airport. These were provided with the compliments of Rob Seaman and ConvaTec.

Amy introduced today’s speaker, Dr. Mark Soloway, the chief of Urologic Oncology at University of Miami Miller School of Medicine from 1991 to 2010. Dr. Soloway is an international lecturer who now practices at Memorial Health Systems. He will be speaking today about:

Options for Treatment of Bladder Cancer

Dr. Soloway reminded us that smoking is the most common cause of bladder cancer. Other causes are chemicals. This affects professions such as hairdressers and firefighters. The first symptom is usually blood in the urine. This is generally painless and is often misdiagnosed as a urinary tract infection. A three month delay in diagnosis could be long enough for metastasis to ensue. Bladder cancer is diagnosed by urinalysis, urine cytology, intravenous pyelogram (IVP) during which a dye is injected into the vein. Then through radiology, the kidneys, bladder, ureters and urethra are seen. This can be done in combination with a CT urogram. This also involves injection of radiopaque dye. It visualizes the same structures as above but in much greater detail. Bladder cancer, according to Dr. Soloway is the most expensive cancer due to recurrences which are common.

Cystoscopy provides direct visualization into the bladder and can simultaneously remove low grade tumors. Chemotherapy is another treatment option using BCG (Bacillus Calmette Guerin) which has been around since the 1970’s and was originally used to prevent tuberculosis. This is used for early noninvasive tumors. This is the main agent used in intravesical therapy whereby it is placed directly into

the bladder with a catheter.

Cisplatin is the number one chemotherapy drug for ovarian, heart and lung, as well as bladder cancers. This was discovered by Bernard Rosenberg at Michigan State who noted that platinum had a medical use.

Dr. Soloway was one of the first clinicians to use this on mice. A cystectomy is done when the tumor has grown into the wall of the bladder and invading the muscle. This is a major surgery and Dr. Soloway invites former patients to discuss this approach with the patient preoperatively. Cystectomy alone cures the person of cancer 70% of the time.

However, patient selection is critical for good outcomes. The optimal patient for this procedure should have one tumor located solely in the bladder and with no prior history of recurrent tumors.

Often chemotherapy and external beam radiation are used in combination if the person is experiencing an aggressive cancer.

There are two possible urinary diversions. The ileal conduit has been around since the 1950's. This is a surgery in which the tubes from the kidneys are implanted into a part of the small bowel and brought out onto the abdomen. Pouching is required. This has been the default urinary diversion for decades. But even a well performed conduit is not without complications. Pouching without leakage is one of the main hurdles.

The neobladder came into fruition in the 1980's. This provides continence with voluntary voiding. There is no peristalsis in the portion of the bowel (because it is detubularized) used for the neobladder which prevents daytime leakage. However, there is usually night time leakage due to lack of communication to the brain which is present in the natural urinary system. Sometimes the neobladder does not empty completely resulting in 15% of people having to catheterize themselves.

There is no ideal urinary diversion. What is needed is good capacity, a low pressure storage system, no reflux of urine, and no metabolic complications. How a person perceived their quality of life is the most important aspect.

Questions asked of Dr. Soloway were the

following:

What is a ureterostomy? - It is when the ureters are brought out to the skin directly, avoiding the bowel which improves recovery time.

Can a cystectomy be done using robotics? - Yes but it takes more time and there is not much benefit obtained.

Is there a relationship to kidney stones and bladder cancer? - No.

Dr. Soloway was thanked for his wonderful, insightful, and entertaining presentation. We learned a lot from his knowledge and expertise.

Minutes: May 1st, 2016

The meeting was called to order at 1:30 at Memorial Regional Hospital Auditorium in Hollywood, Florida by Wendy. The Ostomate's Prayer was read by Larry.

Miguel came to visit with his father Nathaniel. Miguel is the young man whom BOA is sending to Youth Rally in July. He thanked us for our support. Raffle tickets are still available for the grand prize of a \$300 gift certificate to the Quarterdeck restaurant. All the proceeds will go to Miguel for travel, camp fees and spending money on his trip. He really deserves this opportunity after having his surgery in November.

Other first time visitors were introduced: Gus with his daughter Theresa (who is a physician) and his caregiver. Ana Restrepo RN, CWON, was introduced as the newest Medical Advisory Board member.

Leroy graciously brought sandwiches today along with Emma's consistent provisions. Larry volunteered to be a backup resource for refreshments. Thank you Larry.

Wendy informed the group of her recent presentation to the Florida Association of Enterostomal Therapists Annual Conference held in Fort Lauderdale this year. Our own Amparo Cano CWOC Nurse was the chairperson for this event. Ana Restrepo CWON was co-chair.

Wendy's presentation was based on what Ostomates would like medical Professionals to

know about Ostomates. Wendy will present this to BOA in an upcoming meeting. Also Wendy was invited to a luncheon at the Diplomat Hotel and given an award for 15 years of volunteer service from Memorial Regional Hospital.

Lynn Wolfson updated the group on South Florida's Ostomy United's first triathlon. This will be held September 4 at 7:00 am Tradewinds Park in Coconut Creek. See page six for details.

Exercise: The Polypill

Amy introduced today's speaker, John Shannon. John is the supervisor of Acute Cardiopulmonary Rehab at Memorial Regional Hospital. John started by having everyone do so warm ups. He described exercise as being a "polypill" which helps reduce obesity, lowering blood pressure, lowering lipid levels in the blood, increases insulin sensitivity, lubricates joints, helps to decrease depression and anxiety, and decreases mortality. Studies show that exercise is as effective as medicine but unfortunately is not as prescribed.

John helps to individualize exercise programs for the healthy as well as the sick to optimize wellness. One of the greatest benefits of exercise which impacts activities of daily living is its impact on neuropathy and arthritis. John informed us that only 20 percent of our health is based on our genetics, the other 80 is based on our lifestyles. 55 - 70 percent of today's adults' waking hours is spent sitting. This increases risk of colon cancer.

The question was asked "what happens to the body post-operatively especially during bed rest?". The answer; there is an increased risk of blood clots in legs as well as lungs, respirations are shallower due to pain, muscle mass is lost by one to three percent for each day of bed rest (this increases to five percent if a patient is intubated and sedated). John suggested that if surgery is planned one could thwart off some of these negative effects with Pre-hab.

Post-op exercise focuses on reduction of shearing to the incision and/or skin. Light exercise is not contraindicated after surgery and actually promotes enhances circulation and respiration through

diaphragmatic breathing thereby increasing healing.

John demonstrated seated leg extensions, sit to stand for quadriceps strengthening, hip flexion and abduction exercises as well as upper body exercises. John suggested avoiding the traditional situps post-op as these contribute to hernia formation.

He did reinforce that Ostomate's can safely contract and relax the abdominal muscles then work up to crunches all while in the seated position. Just remember to **exhale on effort** and inhale upon relaxation.

In 8-12 weeks, once cleared by your surgeon for physical exercise, some of the better choices are yoga, Pilates, or TRX which uses your body weight as the resistance. An exercise program can be modified for any age or ability. Google **Scientific 7 Minute Workout** to view a 12 exercise program which is structured for almost anyone.

John recommended to do 25 repetitions each with 30 second rest between. Aquatics and swimming also provide good resistive exercise with decreased pain and joint stiffness. Most ostomy adhesives are designed to be used under water. But do avoid eating, drinking carbonated beverages, or chewing gum for 2 hours prior to swimming to prevent gas. Lycra material in swimming suits are more water resistant.

Other pieces of advice were:

- Warm up and cool down using dynamic not static stretching
- Watch for signs of dehydration like headaches, chapped lips, dizziness
- Gatorade is a good electrolyte replacement unless you have cardiac issues
- Use pursed lip breathing which is 2 counts in through the nose and 4 counts out through pursed lips
- Functional exercise that aids in daily living are better
- Use the Borg scale of perceived exertion instead of maximum heart rate to determine intensity. 6, Reading a book, watching television; 7 to 8, Tying shoes; 9 to 10, Chores like folding clothes that seem to take little effort; 11 to 12, Walking through the grocery store or other activities that require some effort but not enough to speed up your breathing;

Outpatient Ostomy Clinic | Adults and Children

At Memorial Regional Hospital/Joe DiMaggio Children's Hospital Outpatient Ostomy Clinic, our goal is to provide quality care to adults and children who have had ostomies. We offer a variety of care and support, including:

- Preoperative and postoperative education on living with a stoma
- Appliance selection and application
- Peristomal skin complications and care
- Dietary counseling
- Routine stoma care
- Support for coping with lifestyle modifications



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For hours, more information or to make an appointment at the Outpatient Ostomy Clinic, please call **954-265-4512**.

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13 to 14, Brisk walking or other activities that require moderate effort and speed your heart rate and breathing but don't make you out of breath hard; 15 to 16, Bicycling, swimming, or other activities that take vigorous effort and get the heart pounding and make breathing very fast; 17 to 18, The highest level of activity you can sustain. 19 to 20, A finishing kick in a race or other burst of activity that you can't maintain for long

- "Motion is lotion for the joints"

Some excuses not to exercise are lack of time but you can exercise during commercials. Just parking farther away is a benefit. Get a dog to walk or get "dance fever" for motivation. John gave us information of how to be guided through one of Memorial's programs to get started on getting moving.

Respectfully submitted,

Debbie

Debbie Walde CWOCN
Recording Secretary



Ostomy Product Knowledge

*Liberty Medical via The New Outlook, Ostomy
Association of Greater Chicago.*

You left the hospital wearing a pouch that was chosen for you by the WOC Nurse or hospital nurse. There are many types and brands of ostomy pouching systems and accessories on the market. Once you feel confident with your ostomy care, you may want to try other products. Sometimes, a change in products is necessary due to allergies, body changes, or insurance coverage. Let's review some pouching options.

One-Piece vs. Two-Piece Pouching Systems

In a one-piece system, the pouch and skin barrier are combined into a single unit. Designed for discretion, these systems offer simplicity and flexibility in a low-profile system. They are available in cut-to-fit and pre-cut adhesive types in drainable, closed-end and urostomy pouches.



Two-piece system

In a two-piece system, the pouch and skin barrier are two separate pieces that allow you to change the pouch without removing the skin barrier. The pouch and skin barrier are coupled together with a plastic ring. You can hear and feel the system securely lock into place.

Drainable vs. Closed End Pouches

Some people with an ileostomy or colostomy may prefer drainable pouches, which can be drained simply by releasing the closure at the bottom of the pouch. Drainable pouches are recommended for ileostomy & colostomies that have a liquid output.

In terms of convenience, closed-end pouches are designed for one-time usage, which makes them ideal for special occasions and intimate moments, or even for everyday use. Some pouches come with a filter that is designed to reduce gas buildup in the pouch.

There's no draining or clip to worry about. When you're ready, you simply remove the pouch, place it into a disposable bag, and discard it.

Closed-end pouches are recommended for colostomies that have a firmer, non-liquid output (everyday use for some or special occasions for anyone), ileostomy (special occasions), but are never recommended for urostomy.

Opaque vs. Transparent

Transparent pouches allow you to see the stoma postoperatively and allow patients to watch as they place the pouch over the stoma. Opaque pouches, of course, have the advantage of concealing the effluent.

Flanges: Convex vs. Non-Convex

A flat pouching system lies flat on the skin around a stoma. If your stoma sticks out at least an inch from your body, a flat skin barrier may work well to seal the pouching system securely to your body.

The convex pouching system has a curved base like the bottom of a saucer. Therefore, the wafer, faceplate or convex ring curves outward toward the skin. The outward curve presses the skin down around the stoma. This allows the stoma to stick out more to ensure urine or stool empties into the pouch instead of underneath the pouching system.

Why Use a Convex Product?

- Help the pouch stay on longer.
- Stop urine or stool leakage from occurring underneath the pouching system
- Make the wearer feel more comfortable and secure
- Prevent or stop skin irritation caused by frequent leakage
- Improve wear time of pouching system
- Save you time and money

Can medications aggravate GERD symptoms?

Michael F. Picco, M.D., Mayo Clinic

via The New Outlook, the OA of Greater Chicago.

Certain medications and dietary supplements can irritate the lining of your esophagus, causing heartburn pain, and others can increase the severity of gastroesophageal reflux disease (GERD). GERD is a chronic condition in which stomach acid flows back (refluxes) into your esophagus. This backwash of acid causes irritation and inflammation of the lining of your esophagus.

Medications and dietary supplements that can irritate your esophagus and cause heartburn pain include:

- Antibiotics, such as tetracycline
- Bisphosphonates taken orally, such as alendronate (Fosamax), ibandronate (Boniva) and risedronate (Actonel)
- Iron supplements
- Quinidine
- Pain relievers, such as ibuprofen (Advil, Motrin IB, others) and aspirin
- Potassium supplements

Medications and dietary supplements that can increase acid reflux and worsen GERD include:

- Anticholinergics, such as oxybutynin (Ditropan

XL), prescribed for overactive bladder and irritable bowel syndrome

- Tricyclic antidepressants (amitriptyline, doxepin, others)
- Calcium channel blockers and nitrates used for high blood pressure and heart disease
- Narcotics (opioids), such as codeine, and those containing hydrocodone and acetaminophen (Lortab, Norco, Vicodin)
- Progesterone
- Quinidine
- Sedatives or tranquilizers, including benzodiazepines such as diazepam (Valium) and temazepam (Restoril)
- Theophylline (Elixophyllin, Theochron) If you have GERD, ask your doctor if medications you take may affect your symptoms.



Ostomy Tips from Ostomates

From the Tulsa Ostomy newsletter and the UOAA Update

- Tea is an anti-spasmodic and soothing to an upset stomach.
- Avoid drinking while eating to allow the effluent to become thicker. Drink liquids before and after a meal.
- Eating bran muffins is a tasty way for colostomates to solve constipation problems.
- If stool sticks to the pouch and is hard to rinse out, use a surfactant/deodorizer or oil to let the pouch empty out easier.
- Ziploc® sandwich bags are useful for disposing of used pouches and help control odor in the trash.
- Diaper liners are great as a barrier between the pouch and your skin. Or you may purchase a commercial pouch cover. Or make one yourself.
- Place a couple of squares of toilet paper in the toilet before emptying your pouch. This will take care of the “splash back”. Or let it out very, very slowly.

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 Donna at 786-596-1642.

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.

Out 2016 Meetings will all be held on the first Sunday of the month. June 5th. We will have a summer break for July and August and then will start up again in September 4th, October 2nd, November 6th and December 4th. Our December meeting will feature our Holiday Banquet by reservation only.



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.

Name _____ Age _____ Year of Surgery _____

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City _____ Zip _____ Phone _____

E-mail address _____ Prefer Emailed Newsletter: Yes ___ No ___

☐ I am an ostomate. I want to be a dues paying member.

☐ 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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References: 1. Golewicz MT, Moiréau GM, Cabral MV, Nikolic-Piontek H. Gormise Study: Multinational Evaluation of the Peristomal Condition in Ostomates Using Moldable Skin Barriers. Poster presented at ECEI, Paris, France, June 2013.
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