

Volume XLV Issue No. 4

Winter Quarter 2015



Broward Beacon

Dec. 6th, 2015 Holiday Banquet (4:30 p.m. this meeting only)
January 3rd, 2016 ~ 1 p.m. February 7th, 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.

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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 6th, 2015 - 4:30 P.M.**

Catered by our own wonderful member Leroy Berry
Master of Ceremonies and Guest Speaker: Bev Spivey

Menu:

**Roast Chicken, Roast Beef, Mashed Potatoes & Gravy, Rice,
Stuffing, Yams, Mixed Vegetables, Cranberry Fruit Salad,
Dessert and Beverages**

Beautiful Door Prizes Donated by Julie of Ostomy Inc.

WOCN's dinners and centerpieces donated
In Loving Memory Of Hal Berk

Advance Reservations and Payment Required
\$10 per person (Except for Nurses who are our honored guests)

Mail Your Check to be received by Dec. 1st 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 our costs of all 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. If there is an envelope attached to this issue my records indicate that your dues are in fact due. I've tried to withhold envelopes from those I know

who have already paid since September 2015 but if I messed up, please just call me and let me know you've already paid. 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.

Next Meetings:

Sunday December 6th

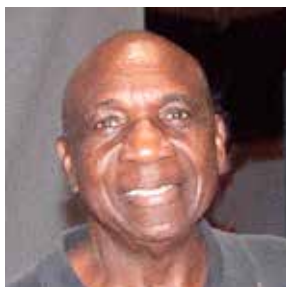
Holiday Banquet: 4:30 p.m.

**Sundays January 3rd, 2016
and February 7th**

Meeting 1:00 p.m.

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

Speakers: 1:30 p.m.



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 gra-

cious kindness to us, and it is only because of this kindness that we are able to keep the cost of our time together at the same low price we have had for years.

Our past Vice President and cherished member, Bev Spivey will be our Master of Ceremonies and guest Speaker. All those who remember Bev will be thrilled to know she's returning to join us. This is also a wonderful time to honor our volunteers and express heartfelt 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 3rd 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.



February 7th

we are so thrilled to have Dr. Heather Clark, Psychologist, speak to us on the important topic, *Moving Away From Shame and Stigma*. Dr. Clark is

well aware of the par-

ticular issues faced by ostomates having counseled clients with that unique challenge.

Dr. Clark earned her Ph.D. in clinical psychology from Georgia State University. In her internship and residency programs, Dr. Clark's training was primarily focused on Behavioral Medicine and Chronic Pain Management. She is a member of the American Psychological Association, and the Broward Chapter of the Florida Psychological Association. Heather is a personal friend of mine and I can assure you that not only is she a source of healing knowledge but shares her expertise with a heart of compassion and kindness.

Although we as ostomates know intellectually that there is no cause for shame and/or stigma associated with our surgery, unfortunately many in the general public do not. She will help guide us as we interact with those who are less informed.

Coping With Chronic Pain

by Lynn Wolfson

Editor's Note: Lynn was born with Hirschsprung's Disease which severely affects the digestive system and has had over 30 surgeries since she was 4 years old. At this time, she has her seventh ostomy, a gastric tube for stomach venting since she is unable to vomit, a



Ostomy, Inc.



Julie Ebel Gareau, President

Judith Ebel Considine, RNET, Founder, 1990

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Jejunal tube for feeding due to severe motility issues, difficulty breaking down of foods and malabsorption of nutrients. In addition, she has a neurogenic bladder and needs to catheterize two to three times a day. Lynn enjoys traveling the world with her family.

Chronic pain is something that most people with digestive diseases live with on a daily basis. Learning to cope with this pain and to live a productive and meaningful life can be a tremendous challenge. However, with the appropriate support, attitude, exercise and diversions it can be managed. However, this is not easy to learn and is very individualized.

It is very important that a person with chronic pain surround themselves with people that are positive and supportive. These people are the ones that you want to see on a regular basis. This may include family, friends, book clubs, card groups, synagogue or church groups or any other group that meets on a regular basis. Talk to these people and get to know them. Listen to their challenges and give creative positive solutions. I find that when I am helping another individual, I forget about my own ailments for the moment. I put my feet in their shoes and look at life with a whole new perspective.

Attitude is another important characteristic. Unfortunately, for most of us, this chronic pain is here to stay. Accept it. Try to understand the difference from chronic pain and acute pain. Make a list of the things you have done in the past that have helped. I keep this list on my phone. My list includes venting my gastric bag, catheterizing, lying down, pushing my hernia back in place, making sure my ostomy is outputting a sufficient amount, stop eating, and feeling for any hardness in my abdomen. If I find that my output is very low or I feel a hardness in my abdomen, I know to call the doctor.

I find exercising on a regular basis keeps me healthy and happy. For me, I swim 30 laps three to five times a week at the YMCA. I also walk around my neighborhood. Perhaps there are other exercises which you are capable of doing and can enjoy.

Lastly are diversions. For me, I enjoy knitting hats. I find by keeping my hands moving and my mind focused on my hands, it helps me to endure

the pain. I consider knitting turning the negative energy of pain into positive of energy of giving a hat to someone in need. Perhaps others would enjoy doing a puzzle or building a model or painting or needlepointing. I also find playing scrabble or Words With Friends on the computer another diversion.

It took me a while to figure out what works for me. Try to learn what causes your pain or when your pain is at its worst. I find I am pain after eating or standing or sitting too long. Once I realized that, I adjusted what I was doing. Coping with chronic pain is a challenge. However, once I gained control and understood my pain, I found I started to enjoy life.

We have all been given the gift of life. However, no one's gift was free of flaws. Accept our strengths and use them to create a meaningful and productive life.

Editor's Recommended Reading: Unfortunately I am experiencing chronic adhesion pain and thus asked Lynn to write the above article. A book that has significantly helped me is entitled *The Pain Survival Guide, How to Reclaim Your Life* by Dennis C. Turk, PhD and Frits Winter, PhD. The book covers the theme of becoming your own pain management expert with sections on activity levels, rest and pacing; relaxation; fatigue; relationships; thoughts and feelings. A good read and published by the American Psychological Association.

BOA Minutes June 7th, 2015

The meeting was called to order at 1:30 p.m. at Memorial Regional Hospital Auditorium. The ostomate's prayer was read by Larry. First time attendees were the following:

Alfonso attended with Juan Carlos and Margo. Devorah who will be having surgery later this month, and Christine.

Kent proudly introduced today's guest speaker, Dr Mark Gonzalgo. Dr. Gonzalgo is a professor of urology at University of Miami Miller School of Medicine and an Associate Director for Clinical Affairs at Sylvester Comprehensive Cancer Center, and was an associate professor at John Hopkins.

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*Remois is a technology of Alcare Co., Ltd.

He is one of the leading surgeons specializing in robotic surgery. He is presenting today on Bladder Cancer And Radical Cystectomy: Techniques And Outcomes.

Dr. Gonzalgo explained that bladder cancer, though very prevalent, gets little funding. It affects three times more men than women and Caucasians more than African Americans. Gratefully 70% of the cancers are non-invasive and superficial but often recur with 10-20% of recurrence actually invading the muscle tissue.

Risks of bladder cancer include the following: smoking, dyes, radiation, chronic infections, and dietary fats.

Symptoms include: gross painless hematuria (blood in the urine), symptoms of urinary tract infection such as having to urinate frequently and urgently.

Hematuria is also associated with infection, kidney/bladder stones, foreign body, trauma, kidney diseases, and many more disease processes.

Other terms you may hear a doctor say are: CIS - this is carcinoma in situ meaning within an organ/structure itself. This is pre-malignant and likely to progress.

Urothelial carcinoma - these are cells lining the inside of the bladder, ureter, and kidneys.

"So, I've been told I have bladder cancer. What are my options?" Oftentimes chemotherapy is done first to increase the success of surgery afterwards. A radical cystectomy with lymph node dissection is more effective in achieving a cure. This can be done with an open technique or the new robotic method which involves less of an incision.

The robotic surgery is performed through a confined space (the pelvis). Magnification is ten times greater than the unaided eye. The surgeon can watch the procedure he is performing on a video. There is no feedback from the robotic "hands" regarding pressure when cutting into tissues.

RAZOR is the name of a randomized open versus robotic cystectomy trial that Dr. Gonzalgo is participating in. The primary endpoint is a two year progression (of cancer) free survival. The secondary endpoint is a three year progression free survival. Fifteen universities are participating in the study.

Urinary diversion options include:

1) ileal conduit also known as a urostomy. A segment of small intestine is isolated and brought out through an opening in the abdomen and is used to create a stoma. This is the simplest procedure with fewer complications involved. The ileum is used as the conduit. If the ileum is unusable for some reason, the surgeon can use the colon instead. This is the only diversion which is not continent.

2) orthotopic neobladder which may require catheterization through the urethra (the tube that normally eliminates the urine from the bladder. This is constructed out of the small bowel.

The small bowel does not have squeezing capability. The problem with a neobladder is that one cannot feel that the bladder is full. This lends itself to urinary tract infection as well as bladder stones. The desired storage volume for the neobladder is 400-500 ml (approximately two cups).

3) a cutaneous continent urinary diversion can be catheterized through a small stoma on the abdomen.

For a continent diversion, one needs good kidney function and to be able to catheterize themselves. This type of diversion requires increased surgical time and is not appropriate for someone with prior bowel disease.

Questions from the audience: What is new about the ability to make bladders using stem cells?

A: The technology is not available yet. The bladder is actually a very complicated organ especially in regards to vascular supply and stretching ability.

Q: Are there new blood tests to detect bladder cancer?

A: Yes, but they are costly. The main test right now is urine cytology.

Dr. Gonzalgo's presentation was greatly appreciated by all the attendees. His warmth and caring bedside manner were very apparent.

As a reminder, the next meeting is the second Sunday in September due to UOAA's National Conference.

Minutes: September 13th, 2015

The meeting was called to order at 1:30 pm at Memorial Regional Hospital's Main Auditorium.



Saturday Oct. 3rd, **World Ostomy Day**
at University of Miami Hospital
Designated to help bring awareness
and support to the estimated 2.5
million ostomates worldwide.

Larry read the Ostomate's prayer. Refreshments were provided by Emma. Julie from Ostomy Inc brought some delicious cookies as well.

First time attendees were introduced: Dr. Larry and Dianne (awaiting surgery), Alice, Nedra, Janet, Shannon who recently moved here from Colorado where she was very active with her ASG, Bill, and Sandy who had her surgery five short weeks ago.

Joe and Julie from Ostomy Inc. were introduced to the attendees. Lynn donated a book she had received at the United Ostomy Association.

Our meeting was one week late this month due to the UOAA national meeting held in St. Louis. This was a fun and fulfilling week for all who were able to attend. Three BOA members gave presentations of the most personally impactful experiences at this year's conference.

Lynn Wolfson met a representative from Seattle, Ted Vosk, who formed a group called Ostomy United. Their logo is "There is nothing we can't do". Lynn, being quite active herself with swimming, was very interested in the Ostomy United's participation in it's first official race which was held on August 23 of this year. Another BOA connection with Ostomy United - Wendy, who designed their blue and green T-shirts which look very nice.

Lynn is excited about starting a South Florida

chapter of Ostomy United. She contacted the YMCA in Weston about providing a meeting room and possibly coaches to start a team of runners, bicyclists, swimmers, or even walkers to participate in raising awareness and fund-raising. More of this to come in the upcoming months.

Lynn also spoke with a TSA agent, Richard Pryor, who stated it was a good idea to contact Customer Service at the Fort Lauderdale airport in advance prior to flying to smooth the security experience. The contact number is 954-308-5529.

Amparo Cano, CWOCN, said that there are two questions new ostomy patients always ask her What can I eat? and How/when can I exercise? The following is the nutrition overview from Michelle Pasia from the UOAA convention:

It is very important to keep a food journal after going home after surgery. This helps to identify foods that lead to motility problems for you personally. It is recommended that you start with a bland diet initially which may be described as low fiber/low residue. This will put less stress on your swollen bowel. After 6-8 weeks you should be able to start new foods introducing them one at a time.

If you have a high output ileostomy, you must replace the fluid loss with water intake.

Always keep water around you and drink it in sips instead of all at once to prevent further fluid loss. The suggested minimal amount of water to drink is 8-10 glasses a day. If you do need to drink juice, Gatorade, or Pedialyte for electrolyte replacement, try to dilute with water. Pedialyte also makes travel packets.

To prevent gas, avoid carbonated beverages and sweets. Chew your food 30-40 times with each bit. Never skip meals as this creates more gas in your empty bowel. People often become lactose intolerant after surgery. Yogurt is usually well tolerated though.

Other healthy tips: Pure maple syrup can be substituted for white sugar in recipes. Quinoa is a complete protein grain and can be substituted for rice in recipes. Marshmallows (6-8) or peanut butter (1-2 tablespoons) can decrease output prior to pouch changes. Warning! Marshmallows are pure sugar.

Kent commented on the delicious lemonade that was always available at the convention (one of my

favorites, too). He advised to take someone with you when you go so that they can go to a separate session as there is so much to learn. He stated that dealing with the changes in one's life is "all mental". He advised to get help from an ostomy nurse.

Kent was excited about all the new products in the exhibit hall. He found a cold pack for peristomal heat. He also found someone to develop a special apparatus for Kent to use when wearing a belt over his urostomy pouch. There was also a high tech device that notifies you on your cell phone when your pouch needs to be emptied.

Wendy provided a slide show of the UOAA conference while discussing all the new and exciting things she experienced.

Minutes: October 4th, 2015

The meeting was called to order at 1:30 pm at Memorial Regional Hospital Main Auditorium. Amy read the Ostomate's prayer.

First time visitors were introduced: Joannie and Richard with their parents Jack and Andrea, and Ana. Kent was introduced as the coordinator to the first-time visitors.

Amy reminded us that yesterday was World Ostomy Day designated to bring awareness and rehabilitation of Ostomates worldwide. The theme for 2015 is "Many Stories, One Voice". The 20/40 initiative of this year addresses the needs of young Ostomates between the ages of 20 and 40 to improve their quality of life.

This month's presentation was provided by John Chickey of Hollister which has created a synthetic molecular version of human ceramide, a natural component of human skin. Hollister has infused this into the middle of the wafer with the name of CeraPlus. This barrier (which has "Remois Technology" on the packaging pairs with the New Image Pouching system.

John passed around samples for the group to feel the difference. This will hopefully help some of the 75% of Ostomates who get peristomal skin problems. John provided a case study that a patient had "itchy peristomal skin" which resolved with the

CeraPlus wafer. This is presently available in two-piece pouching system but a one-piece should be available in January. He advised not to use a paste but, if anything else is needed, to use a barrier ring.

John also passed around Adapt barrier rings to help achieve longer wear time. John states this can be used on a newborn baby's skin. It can be stretched or broken. John told us about a time he used this barrier to plug holes in an air mattress.

John also passes around a soft convex two-piece system which is as flexible as a flat one-piece. It comes in clear and beige with belt tabs and filters. CeraPlus will be added to this system next year. Presently it is not available for urostomies.

Hollister is going to help sponsor Lynn's South Florida Chapter of Ostomy United for next year's triathlon.

The meeting adjourned at 2:30 p.m. with our next meeting to be held Sunday November 1 at 1:30 p.m. at which time Wendy will be back from her respite.

Respectfully submitted,



Debbie Walde RN CWOCN
Recording Secretary



Product Spotlight:

Colo-majic® Ostomy Pouch Liners

by Mark Wolrich, President Colo-Majic Enterprises Ltd

Colo-majic liners were the idea of a man who experienced a great deal of difficulty in accepting his new colostomy surgery. The fear and anxiety that came with the notion of having to empty his pouch anywhere except in the comfort and privacy of his own home bathroom was just too much for him to deal with. As a result he stayed home for more than a year instead of going out and enjoying life as he once did before surgery.

This man had an inventive spirit, so he set about trying different things. One day he came up with the idea of a flushable liner to go inside of his pouch.

He would make enough liners on the weekend to last all the coming week. He did this for some time, before he made the decision to take a chance and go into production. This was not an easy decision to make as he was not a young man, and it would use up most of his life savings.

But he knew how this marvelous new invention had given him back his quality of life, and wanted to share it with other ostomates, to help them get their lives back, the same way he had, by using this simple, easy-to-use liner.

The first few years were not easy, as there were lots of obstacles to overcome. But he and his wife stuck with it, and eventually they got things going.

After a number of years, and helping thousands of people regain their confidence to enjoy life again, it became too much for him and his wife to manage. He did not want to sell his company to one of the big pouch manufacturers for fear they would discontinue making the liners, as the liners also prolong the life of the pouch.

Eventually he convinced his son to take over running the business and is now enjoying his retirement at 92 years young.

This man survived the second world war as a tail gunner in the RAF as well as colon cancer and asbestoses.

I am very proud to call this man my father. Doug Wolrich, Inventor.

Mark Wolrich,
President, Colo-Majic Enterprises Ltd.

FAQ's: Will Insurance Cover Your Disposable Ostomy Bag Liners? A: Yes, with a prescription from your doctor. Also a number of insurance companies cover Colo-Majic® liners directly (it saves them thousands on pouch costs).

Q: What Sizes Do They Come In? A: Two Sizes: Regular and Large. You can check your pouch supply packaging to make sure you order the correct size.

Q: How Many Times Can I Reuse My Pouch? A: As many times as you are comfortable with. It's a personal preference. We've had clients tell us they reuse their pouch from a day to a full week. That

said, even if you were to only reuse your pouch twice, you will cut your pouch costs by almost half and at the same time you'll be able to enjoy the higher quality of life that Colo-Majic® Liners provide you.

Q: Do Your Liners Work for Colostomates & Ileostomates? A: Yes they work great for both if you use a closed end pouch system. See next question if you are an ileostomate currently using an open-end / drainable system.

Q: Why Do Ileostomates Switch To Closed End Systems Using Your Liners? A: There is no messy clean up or odor problems like there are when emptying a drainable pouch. It also leaves you feeling clean and fresh after changing and flushing the liner, as there is no left over residue in the pouch. And the low cost of every liner makes it very affordable.

Q: What If I Am Not Happy With Your Liners After I Place My Order? A: No problem. You can purchase with NO risk to you because Colo-Majic® has a no hassle, 100% Satisfaction Money Back Guarantee. Or before you order you may first want to request Free Samples by calling 866-611-6028.

Q: I Live Outside North America, Can I Still Order Direct? A: Yes, Colo-Majic® ships world wide. When you order online simply select International for shipping rates outside of the USA and Canada.

Q: I Have Arthritis, Will I Be Able To Use Your Liners? A: If you can change your own pouch now, you should easily be able to use our liners. For stiff fingers there is plenty of material to cover your pouch flange, and only a tiny bit of extra pressure is required to seal your pouch flange to your wafer with the ultra-thin liner material in-between.

For more information and to view Colo-magic's instructional videos visit:

<http://www.colomajic.com/>



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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:

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- Routine stoma care
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UOAA President's Message November 2015

To members, partners, and friends of UOAA,

There is quite a bit of news to share in this update — it has been a very busy few months at UOAA. The Management Board of Directors (MBoD) has been engaged in a great deal of research and just completed an important meeting in which several decisions were made to plan for UOAA's future. We will be investing more heavily in programs and services, and in the coming months will hire both a communications manager and a full-time advocacy staff person. We are excited about these changes, and know that they will help us to better carry out our mission of support, education, and advocacy.

Meanwhile, some of the recent events we have been engaged in include the following:

Our 5th National Conference in St. Louis, MO this past September was a great event. We thank all the volunteers, exhibitors, speakers, the Affiliated Support Group team, the Management Board of Directors, the WOC nurses who planned and staffed the Stoma Clinic, the Conference Planning Committee, UOAA's staff, and everyone who attended the conference.

The conference brought together many great speakers on varied subjects. We had a wonderful time at Hollister's Ice Cream Social where we celebrated UOAA's 10th Anniversary, the First Timers' Reception sponsored by Coloplast, and ConvaTec's "Til we Meet Again" dessert buffet. Nu-Hope's Fun Run was a hit as always, and we are very grateful to Shire for sponsoring our opening of the exhibit hall and breakfast the next morning. We

appreciate your feedback on the evaluation forms. Your comments will make the Aug. 22-26, 2017 conference in Irvine, CA an even bigger success. Save the date!

Team Ostomy United, a group in Seattle, Washington, participated in the Lake Meridian Triathlon in August. Members of the team took the podium three times, and proved their motto, "There is nothing we can't do." The team included athletes of all ages and abilities, from people who have previously competed in triathlons to those who never imagined they could do something like this. We sincerely thank the team's creator, Ted Vosk, and his team for their hard work and dedication.



UOAA supported and sponsored three 5k run/walk events on World Ostomy Day: the second annual WannaWearOne Ostomy Awareness 5k in Durham, NC; an Ostomy 5k Fun Run in Happy Valley, OR; and a nationwide "virtual" run/walk. Our Kingsport, TN Ostomy 5K event had to be canceled due to flood warnings. We thank Lara Leininger and Angela Richardson in Durham, Lauren Fortino in Happy Valley, and Cheryl Ory in Kingsport for their hard work. Our Virtual Ostomy 5k nationwide event had participants from 23 states, plus Japan, Canada, and South Africa. In addition, the Mesa, AZ Affiliated Support Group held a highly successful picnic that drew more than 150 people. Thank you to all who participated in events

in honor of World Ostomy Day - your participation raises awareness and makes a difference.

On October 11, Jason Cesari, a past member of the Board of Directors of UOAA, ran in the Chicago Marathon to raise funds and awareness for UOAA. We thank him for getting the word out on social media about the race, and for all the fundraising for UOAA. We sincerely thank all who donated to support Jason.

Upcoming events include a regional conference from April 19-May 1, 2016 to be held by the Ostomy Group of Northern Virginia in Sterling VA, at the Holiday Inn Washington-Dulles International Airport. Please visit our website www.ostomy.org for more details.

Soon, we will send out year-end requests for donations. I ask for your continued support of UOAA and its programs. UOAA advocates for ostomy supplies at the national level. We publish the New Patient Guides to help those who recently had surgery as well as their caregivers, and mail them at no cost to patients or to WOCNs who provide them to their patients. We hold a conference every other year, and support our Affiliated Support Group Team in their mission to assist our 340 support groups across the US. We cultivate partnerships with other support and medical groups throughout the ostomy community, and exhibit at their conferences. UOAA's website and the discussion board are an important resource for people that have or will have surgery, as well as nurses and other medical professionals. The website has many educational materials, and the discussion board is a great way to communicate with people from all over the globe who have had ostomy or continent diversion surgery. UOAA also strives to keep ostomy/continent diversion surgery on social media.

We also have news to share from our office! As you saw over the summer, with Joan McGorry's retirement at the end of July, we relocated our main office to Kennebunk, Maine and hired new staff members there. Alicia Aylward, our full-time Office & Development Coordinator, is the main point of contact for ASGs and for matters relating to the administration of UOAA. Belinda Hayden

has just joined us as our part time Office & Program Assistant, and is answering the hotline on a regular basis. Normal hours for the hotline are 9:00 a.m. - 4:00 p.m. Eastern time.

We are also pleased to announce that the MBoD named Jay Pacitti as Executive Director of UOAA. Jay joined us at the beginning of 2015 as Director of Development & Program Support. His wide-ranging duties have helped the MBoD lay the groundwork for the next period of UOAA's work. UOAA has achieved much in its first 10 years, and we are looking forward to having Jay's assistance as we lead the organization into its next 10 years.

You can continue to reach Jay, Alicia, and Belinda at (800) 826-0826. The office mailing address is PO Box 525, Kennebunk, ME 04043.

As always, I welcome suggestions and comments regarding UOAA. My e-mail address is susanburns@ostomy.org. Have a wonderful holiday season!

Susan Burns,
President, UOAA

Lynn's on TV!

Our own Lynn Wolfson was interviewed on Channel 6 in a spot entitled *Clear The Shelters: Meet Lynn and Zev*. Roxanne Vargas reports on the roles service dogs play in the day to day lives of their owners and introduced viewers to Zev, a service dog who is helping his owner (Lynn) live a normal and productive life.

Lynn openly discusses her ostomy and how Zev, the wonder dog, helps her out. Thanks Lynn. We're so proud of you! To view the interview go to:

http://www.nbcmiami.com/on-air/as-seen-on/Clear-The-Shelters_-Meet-Lynn-and-Zev_Miami-321765771.html



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.

Our Holiday Banquet is scheduled for Dec. 6th at 4:30 p.m. by reservation only and catered by our own wonderful Leroy Berry. 2016 Meetings will all be held on the first Sunday of the month. January 3rd, February 7th, March 6th, April 3rd, May 1st and June 5th. Summer break and then we will start up again in September.

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 EOST, Paris, France, June 2013.
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