Volume XLVIII Issue No. 4 Winter Quarter 2018

Broward Beacon

Meetings: December 2nd
Holiday Banquet 4:30 p.m. by reservation only.
January 6th, February 3rd, 2019 1 p.m. All Welcome!

The Lueders
2100 South Ocean Drive #16M
Fort Lauderdale, FL 33316

Broward Ostomy Association

AFFILIATED SUPPORT GROUP

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 501(c)3 non-profit affiliated chapter of the *United Ostomy Associations of America* to aid Colostomates, Ileostomates and Urostomates.

MEETINGS: Held on the 1st Sunday of each month September through June at 1:00 P.M. excepting our Holiday Banquet in December which is by reservation only and meeting at 4:30 p.m. All meetings at the Memorial Regional Hospital, Main Auditorium, 3501 Johnson St., Hollywood. Directions: Exit I-95 at Hollywood Blvd. westbound. At 4th traffic light turn RIGHT (north) onto N 35th Avenue. Continue to second traffic light. Turn left following posted signs to Main Entrance. Free covered parking will be on your right and the Main Entrance will be on your left. The Main Auditorium is just off the main entrance lobby to the right. A receptionist as well as security personnel are on duty to assist you.

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Broward Beacon

Published August, November, February and May.
Broward Ostomy Association
c/o Lueder, 2100 S Ocean Dr. #16M
Ft Lauderdale FL 33316

Holiday Candlelight Buffet Dinner
Sunday, December 2nd, 2018 – 4:30 P.M.

Catered by our own wonderful member Leroy Berry
Master of Ceremonies: Mr. Irwin D. Rosen
Fabulous music provided by Reggie Martin

Beautiful Door Prizes Donated by Julie Gareau of Ostomy Inc.

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

Mail Your Check for $10 per person to be received no later than Nov. 25th to:
Treasurer Mr. Ren Lueder, 2100 S Ocean Dr #16M, Ft Lauderdale FL 33316

White Elephant Grab Bag **Bring a gift for $2 or under**

Dues are Due at this time and we really hope you can help support 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 2018 but if I messed up, please just call me and let me know you've already paid. I do often make mistakes. See page 11 for membership information.

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.

I know that I am totally biased but I think our UOAA Chapter is the best, most loving, caring and generous chapters of which I am aware. I am so very grateful for each and every one of you.

If you cannot afford dues, no worries. Just let us know. We keep that information in strict confidence as well as all our member information. We respect your privacy.

BOA Meeting Dates

Please, if you are as forgetful as I am, take a moment to mark your calendars now for our upcoming meeting dates. This is especially important since the *Broward Beacon* is now published quarterly.

Our Holiday Sit-Down Dinner Banquet catered by our beloved member Leroy is being held by reservation only on **Dec. 2nd**, **Jan. 6th, Feb. 3rd, March 3rd, April 7th, May 5th and June 2nd**, 2019. Summer break July and August. All meetings are held in the Main Auditorium.

Next Meetings:

Sunday Dec. 2nd ~
4:30 p.m. Holiday Banquet
Sunday, Jan. 6th ~ 1 p.m.
Chat 'n' Chew till 1:30 p.m.
Program: 1:30 p.m.

BOA's January 6th Meeting

Once again our Focus Group Round Table discussions welcome members to share personally their challenges and their successes. This is our time to learn from and to encourage one another. There is value in hearing about the experiences of others in a safe, casual and open forum.

No one needs to feel the pressure to speak. Often listening is a great comfort to know we are not alone. Index cards will also be available at the beginning of the meeting as an alternate way to communicate questions and concerns.

Some participants have had surgery as recently as within a matter of weeks and others first adjusted to an ostomy almost 50 years ago! With this range of experience, the resulting impact is often one of hope and inspiration

Each group: Colostomy, Ileostomy, Urostomy and Family and Caregivers will be guided by a WOCN facilitator. At the end of the meeting we will share some of the significant points made in each group.

Minutes General Meeting September 2nd, 2018

The meeting was called to order by Wendy Lueder, President at 1:30 p.m. in Memorial Regional Hospital Auditorium. The Ostomate's Prayer was read by Larry. First time attendees were welcomed: Kiki and John, Kathy and Mike.

Upcoming announcements: Wendy has a new email account to electronically send the ***Broward Beacon***. This provides a full color version instead of the black and white printed version.

Cleveland Clinic will be hosting a *Wound and Ostomy Symposium* for nurses Saturday September 29 from 6:30 a.m. to 3:30 p.m. The cost is $75 if anyone is interested in attending.

World Ostomy Day is Friday, October 5. This is celebrated every three years. Wendy is accepting volunteers to assist her with manning a table in the lobby at Cleveland Clinic in Weston.

Broward Ostomy Association has sent fifteen-year-old Miguel to the Youth Rally for the third year. This is a very important opportunity to socialize with other adolescents with ostomies. A vote was taken to send a second young ostomate in 2019 from Cleveland Clinic. The attendees agreed by show of hands. Contributions are being accepted to ensure that both these young people are able to attend next year.

Amy, Vice President, then announced today's focus group program. The attendees meet in groups according to their type of ostomies. This allows for questions to be answered and successes to be shared.

Lea was the moderator for the urostomates. The matter of night time drainage to allow for uninterrupted sleep is usually a very important topic. Nu Hope has products that are beneficial including a punch to one-handedly for cut-to-fit pouches. A discussion of hernia ensued. The consensus was to avoid surgery at all costs. Tytex Carefix Stomasafe is a line of belts available on line. Wearing the pouch sideways at night time can also be beneficial.

Anna moderated the ileostomates. Peristomal skin irritation related to heat and humidity was resolved by crusting with antifungal powder. A roll-on antiperspirant applied to the peristomal skin can also be effective to prevent sweating under the wafer – be sure to let this dry all the way prior to applying the wafer. Safe 'N' Simple blue silicone tape bordering the wafer can be helpful to maintain adhesion as this is waterproof. H2ORS is a powder supplement available on line which is absorbed high up in the GI system. This is very effective for ileostomates who are prone to dehydration. For liquid output, ConvaTec makes a gelling and odor control sachet called Diamond. This has a charcoal base and does turn the output black. Most importantly, the

Ostomy, Inc.

Julie Ebel Gareau, President

Judith Ebel Considine, RN, ET, Founder, 1990

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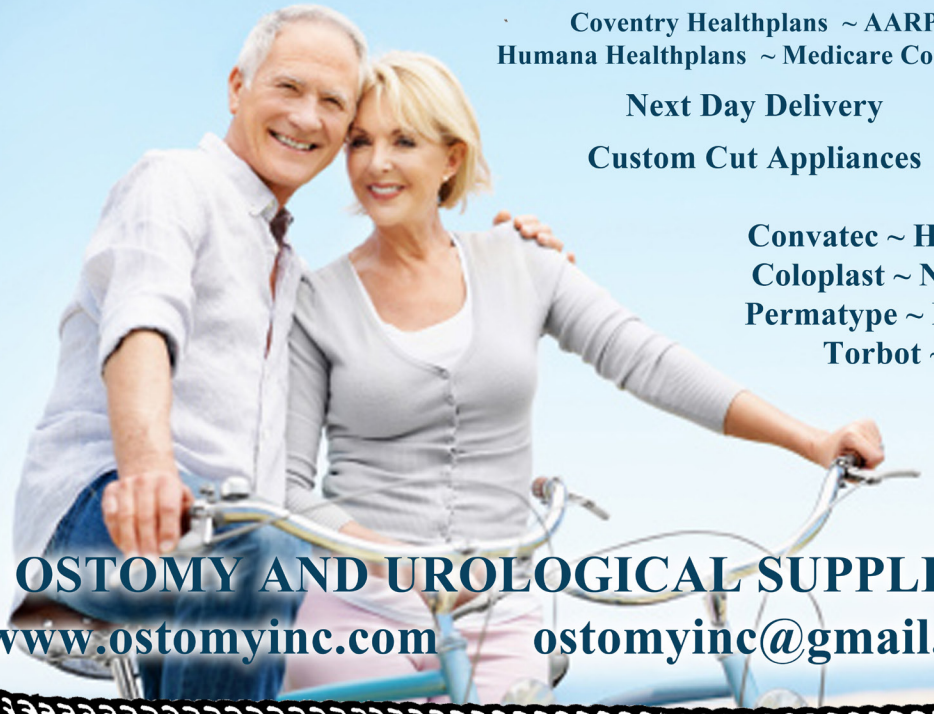

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ostomates encouraged not to let the ostomy define who you are and not to let it hold you back.

Debbie moderated the colostomates. A great deal of the conversation was based on products. The train of thought was to use the least products possible to minimize skin irritation and increase adhesion. Some people find rings effective, some find paste more effective, and some prefer neither. One colostomate use Vitamin E on peristomal skin for about five minutes, wipe off with baby wipe that is alcohol and lanolin free, dry 100%, and then apply the wafer. If there is peristomal skin irritation the most important thing to do is to change the pouch as soon as stinging or itching is felt even if that is daily. For the 2-piece ostomates, biodegradable liners were effective when traveling. To ensure the inner diameter of the wafer adhered well to the skin, it was recommended to run a Q-tip around it gently pushing to assure adherence next to the stoma. Hernia belts sometimes caused leakage in colostomates when used. It was suggested to use baby oil inside the pouch to prevent sticking to the inside of the pouch. One colostomate used Vaseline inside the pouch at the stoma level.

The meeting adjourned at 2:40.

Minutes General Meeting October 7th, 2018

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

First time visitor welcomed today was Sherrie.

A reminder that annual dues are being accepted from now until the end of the year. Tickets for the Holiday Banquet are on sale as well. Please see Mom or Cliff who are assisted by Richard at the hospitality table.

Refreshments were provided today by Emma and Fred. There is an opportunity for more volunteers to participate in the refreshment committee.

Amparo Cano MSN, CWOCN, from Cleveland Clinic hosted their first annual Wound and Ostomy Symposium for nurses on September 29. This was attended by 82 nurses some of whom traveled many miles to attend. Mary Lou Boyer was a guest speaker discussing the needs of the ostomate post-op. Amparo also provided a table in the lobby at Cleveland Clinic on October 5th for ***World Ostomy Day***. Wendy represented Broward Ostomy Association, answered many questions and provided information to those who stopped by.

Amy introduced today's speaker, Dr. David Maron Vice Chairman of the Department of Colorectal Surgery at Cleveland Clinic and the Directory of the Colorectal Surgery Residency Program. Dr. Maron has a particular interest in minimally invasive colorectal surgery with sphincter sparing approaches.

Management of Stoma Complications: Obstruction, Retraction, Stenosis, Prolapse, and Skin Problems.

A perfect stoma has a 1.5-centimeter height from the skin surface for best pouching. This allows for a secure pouch seal, predictable wear time, minimization of leaks, and improved quality of life with a stoma. Not so perfect stomas require ostomy seals or paste, convexity, and/or belts. All of these increase cost and time as well as decreasing quality of life of the ostomate.

Retraction is when the stoma is at or below the surface level of the skin and is caused by persistent tension on the stoma. This can be secondary to an initially large abdomen which can lead to the inability to mobilize the bowel enough to bring the stoma up above skin level, mucocutaneous separation which is a separation between the stoma and the surrounding skin, stoma necrosis, chronic peristomal skin infections, and weight gain. Depending on the severity of retraction, the stoma may need revision. At minimum, convexity of the skin barrier wafer is required. A good ostomy nurse can assist in pouching applications and accessories as well as treating peristomal skin irritation/ breakdown.

Obstructions are blockages caused by undigested foods (usually in ileostomies), increased fiber, peristomal hernias, stenosis of the stomal lumen, and intra-abdominal adhesions (internal scar tissue).

It is important to be aware of and avoid any foods that trigger blockages. Symptoms are abdominal pain, bloating, vomiting, and decreased output. If the pain is at the stoma site, see your surgeon.

Peristomal hernias are common with occurrence being 50% of colostomies, 28% of ileostomies, and the most common cause is a simple loss of muscle tone. See your surgeon if the bulge is accompanied by pain at the stoma site; otherwise hernia belts are a good option. Again, your ostomy nurse can help you obtain the correct belt with the correct size. A question asked if sit ups are advisable – the answer is not for the first three months. There are no good studies to support this; but anecdotal evidence supports that if you already have a hernia, sit ups will worsen it.

Stenosis may occur and usually happens within the first year after surgery. Stoma stenosis is narrowing or constriction of the stoma or its lumen. This condition may occur at the skin or fascial level of the stoma. The stoma doesn't get enough blood supply which leads to scarring. Sometimes this can be dilated by the surgeon. If this is not effective, a revision may be needed.

A prolapse is when the intestine pushes itself out. This is a difficult stoma to pouch. This condition is more common in a loop stoma. If it is able to be reduced either manually or with the use of sugar application, then a prolapse belt may be all that is needed. Discuss with your surgeon if a revision is required – usually two to three inches are removed. There was a question if removal of this amount of bowel would alter the absorption of nutrients. The answer is no – the bowel that is prolapsed is not active in the absorption process.

A mucocutaneous junction separation is noted around the stoma at the level of the skin where the stitches are placed. A stoma normally decreases in size when the swelling goes down which can sometimes lead to retraction of the stoma. In Crohn's disease, this can be due to fistula formation. The intervention is changing the type of pouching system. Chemical irritation or breakdown to the skin from the drainage will need to be addressed. Again, this is when the ostomy nurse becomes your best friend by providing management options.

Peristomal fungal infections lead to weeping, denuded, itching skin. This is noted under the wafer and tape and may be enhanced by an allergic reaction. This differentiates from a contact dermatitis which takes on the shape of the pouching system itself, is more localized, and less diffuse. Treat with antifungal powder (2% miconazole, lotrisone, or nystatin). You can use a no-sting barrier wipe or spray over the powder for "crusting".

Hyperplasia is an overgrowth of skin around the stoma usually due to chronic leakage. A barrier paste or ring and/or convexity may help. Using stoma powder helps to absorb the excess moisture. People with Crohn's disease may need a biopsy to ensure that peristomal skin conditions are not flare ups.

Peristomal pyoderma gangrenosum is associated with inflammatory bowel disease. There are painful ulcerations which sometimes have a purple color at the borders. Tacrolimus mixed with Orabase topically may help. Pouch changes will need to be increased to every two days and may require changing every day.

Ilestomates can easily become dehydrated. The ideal output is 1-1.2 liters daily. Symptoms of dehydration are thirst, muscle cramps, rapid weight loss, dry mouth, cracked lips, dark urine, lightheadedness, weakness. Marshmallows and peanut butter help to slow the output. Sometimes anti-diarrheal meds are needed. Ensure that oral fluids including those with electrolytes are continually sipped to equal output. Anti-diarrheal medications (Imodium is over the counter, Lomotil is prescription only) taken 30 minutes before meals and at bedtime may be beneficial.

Following are questions posed by the audience:

Q: If I had blockage before, could it happen again?

A: Yes. If blockages are caused by adhesions, adhesions are present for life.

Q: Will I always be at risk of a hernia?

A: Yes, although they usually develop early on (within the first two to three years).

Q: How does minimally invasive surgery effect adhesions?

A: Decreased manipulation decreases formation of adhesions.

Q: Will I need surgery for blockages?

A: Surgery is performed only as an emergency. The first line of treatment is placement of a nasogastric tube to help decompress the bowel thereby preventing rupture of the bowel. Minimally invasive surgery cannot be done in an emergent situation.

Q: If I need a nasogastric tube, can my throat be numbed to help with the pain?

A: The tube could go into the lung if the throat is numbed. The best things to do is to run the tube under hot water and manipulate it prior to insertion and sip ice cold water with a straw and tilt your head forward to facilitate quick and proper placement of the tube.

Q: Can a peristomal hernia get bigger?

A: Yes. Avoid lifting weights.

Q: What are tips of interventions to do at home when you get a blockage?

A: Don't eat or drink anything other than clear liquids for eight to twelve hours. Use a heating pad. Sip on a regular coke. Massage the abdomen.

Q: Doesn't vomiting with blockage do the same thing as a nasogastric tube?

A: The tube goes father down than the upper stomach. Also vomiting could lead to dehydration which would make the blockage worse.

The meeting adjourned at 2:30 pm.

Respectfully submitted,

Debbie Walde
Recording Secretary

Roger St. Jacques

It is with deep sorrow that we announce the passing of our beloved member Roger St. Jacques. Roger came to most every meeting and shared his upbeat, optimistic joy with all around him. He was a gentleman and friend. Roger will be greatly missed by us all and was admired and appreciated by everyone whose life he touched. He is survived by his wife Patricia as well as many family members.

What To Do For Raw And Weeping Skin Around Your Stoma?

Edited by Madelene Grimm, CWON
via Ostomy Association of Greater Chicago.

The key to successful ostomy pouch wear time is directly related to the placement of the stoma barrier on a clean, dry, mostly hair-free peristomal skin. The stoma barriers/wafers are designed to melt into the irregularities of the abdominal skin. There are times when this dry skin becomes raw and weeping (denuded) and under these conditions, the wear time will decrease and often becomes unpredictable. We need at this point to make an artificial dry peristomal pouching surface.

First, we need to determine the cause of the skin irritation, discontinue the irritation, and make a temporary patch to fix the skin until the skin can heal.

This artificial patching process is called crusting. We make a dry crusty patch over the moist denuded skin and create the dry pouching surface we need for reliable wear time.

Here is the crusting procedure which helps support the healing of the irritated or raw peristomal skin:

1. Clean the peristomal skin with water (avoid soap) and pat the area dry.
2. Sprinkle skin barrier powder onto the denuded skin.
3. Allow the powder to adhere to the moist skin.
4. Dust excess powder from the skin using a gauze pad or soft tissue. I actually like to use a clean, and no longer used make up brush designed for face powder application. Once this brush is used for ostomy use, retire it from your make-up application. The powder should stick only to the raw area and should be removed from dry, intact skin.
5. Using a blotting or dabbing motion, apply the polymer skin barrier over the powdered area, or lightly spray the area if you're using a polymer

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JOIN US for the 6th meeting of the

Miami Ostomy Aftercare

Support Group

Speaker:

Sarah Biggart, manager,

OSTO My Secrets

Sarah was diagnosed with ulcerative colitis about a year into her marriage in 2000. She had an ileostomy surgery in 2004, and a second surgery in 2011. Being involved in the ostomy community thru Ostomy Secrets and as a Me+ Ambassador is her way of reaching out to others who may be struggling with acceptance of their ostomies. She shares her experiences.

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AFFILIATED SUPPORT GROUP

Patients and caregivers are encouraged to join in discussion on ostomy problems and share solutions.
Ostomy nurses are present to answer questions.

NOTE NEW LOCATION !

Nov. 27, 2018 6 pm to 7:30 pm

University Of Miami Hospital and Clinics
UMH Boardroom # 2026 (Lobby level-2nd floor)
1400 NW 12th Avenue, Miami, FL 33136

Parking garage next to the main entrance.
Free of charge with validated ticket.

For more information call **786 - 580 - 3928** or email **moap@miamiostomyaftercare.org.**

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skin barrier spray. This polymer product is what we now refer to as the skin prep or skin barrier.

The older barrier wipes had an alcohol base and happily the new polymer has removed that irritation.

6. Allow the area to dry for a few seconds; a whitish crust will appear. You can test for dryness of the crust by gently brushing your finger over it. It should feel rough but dry.
7. Repeat steps 2 through 6 two to four times to achieve a crust.
8. Apply a pouching system over the crusted area. Stop using the crusting procedure when the skin has healed and is no longer moist to the touch.

The crusting process may shorten the wear time of your pouching system, but, the stoma barrier will be adhering to the crust and not the painful denuded skin. Once the skin is healed return to your original pouching process monitoring for whatever condition caused the denuded skin. Crusting is an intervention not intended to be an ongoing process. Should healing not take place, seek out the assistance of your Ostomy Nurse.

Memorial Outpatient Ostomy Clinic

At Memorial Regional Outpatient Ostomy Clinic, their goal is to offer preoperative and postoperative education on living with a stoma; appliance selection and application; peristomal skin complications and care; dietary counseling; routine stoma care and support for coping with lifestyle modifications. For more information 954-265-4512.

South Florida Ostomy Support Group

At Baptist Hospital meeting every third Wednesday of the month from 6-7 pm at the Baptist Health Resource Center, Medical Arts Building, South Miami FL. Summer break July–August. For more Information, call Lourdes Placeres at 786-596-6036.

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 quarterly 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 with anyone. We value your privacy. BOA is a 501(c)3 charitable organization.

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Meet Laura Cox, Shield HealthCare ostomy lifestyle specialist. An ostomate since 2011, Laura shares insights and advice on living with an ostomy.