

Volume 50, Issue No. 1

Spring Quarter 2020



Broward Beacon



**Meetings: March 1st, April 5th
May 3rd, June 7th ~ 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

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Broward Ostomy Association
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President's Page

Dear Members and Friends of BOA,

I've often mentioned at our meetings that I consider myself to be blessed as I am a member of three different families; my blood relatives, my faith family and my fellow ostomates. We're all in this journey together and your love and support makes all the difference. Thank you for being a part of my extended family. You are cherished.

There was a UOAA leader who was deeply involved in *Youth Rally*. This wonderful organization holds an annual summer camp for children and teens with ostomies and related medical conditions.

When she died she neglected to leave important information for those who had to pick up her substantial legacy. It was a difficult and prolonged struggle to carry on where she had left off.

I've been with BOA now since 1973. I want to be a good steward and compile a detailed account of all of BOA's workings so that I don't leave a mess when I am no longer able to be your president. With that in mind, Ren and I bought a fantastic scanner that scans several pages at one go converting images and documents into useful .pdf files. I've now scanned all the issues of the *Broward Beacon* since I joined 45 years ago. To date, that's 339 issues.

They are a treasure trove of history and information. It was a tedious task but it also thrilled my heart to read back over BOA's history. And I now have a BOA sub-folder called *Continuity of Operations*.

I'm inviting you to please join us at our March Meeting when immediately following adjournment we will open up a new Annual Board Meeting in the same location. I invite you to attend and consider your role as a volunteer for BOA and its ongoing mission.

Of all the support groups in existence, I consider ostomy support groups as one, if not the most important. There is no other surgical operation that has as many issues, both physical and emotional, to overcome as ostomy surgery.

BOA and UOAA are serving a profoundly important need. And as we all know, many hands make light work. If you are unable to volunteer at this time, please join us anyway to become acquainted with the various ways in which your help may be utilized if not now, then in the future.

The only reason BOA is able to be so helpful is that there is a family of selfless, loving volunteers. I thank you and bless you for your dedicated work. Please know that you are all profoundly appreciated.

Sincerely with love,

Wendy

Next Meetings:

Sunday, March 1st, 2020

Sunday, April 5th, 2020

Sunday, May 3rd, 2020

Meetings Start at 1 p.m.

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

Program: 1:30 p.m.

March 1st, 2020

Mia Mendez, MS, RDN, LD
Digestive Distress and an
Ostomate's Diet



Mia is a native Texan who currently practices at the Cleveland Clinic Florida hospital as a clinical dietitian. She helps to manage patients with a range of medical nutrition therapy education with an emphasis in gastrointestinal diseases such as Crohns, Ulcerative Colitis, and new ostomy patients.

She earned a BS in Nutritional Sciences and Dietetics, with a MS in Nutritional Sciences from Texas Tech University. Mia has been practicing as a licensed registered dietitian nutritionist (RDN) since January 2016 working hands-on with patients

providing pre-surgical and post-surgical nutrition care for surgeries. In addition, she provided outpatient nutrition counseling to patients with GI diseases such as Crohn's, Ulcerative Colitis, Celiac Disease, and those with nutritional deficiencies from malabsorption.

Working with the gastrointestinal health of an individual presented the challenge of completing many unique puzzles. This drew Mia to seeking out the opportunity to work with patients in a clinical setting at the Cleveland Clinic after moving to south Florida.

Mia's overall goal is to provide compassionate nutritional guidance to each individual's unique needs. She plans to further her education starting this coming August at Florida State's Physician Assistant Program.

Mia feels combining her deep knowledge in medical nutrition therapy with the ability to practice medicine will allow her to offer comprehensive, well rounded patient care, especially to those who struggle with gastrointestinal diseases. We are delighted to have Mia as a cherished guest speaker.



Sleeping with an Ostomy

by Laura Cox, Ostomy Lifestyle Specialist | Shield HealthCare

"While sleeping with an ostomy can be a little bit more difficult than one may anticipate, there are several tips and tricks that can get you much closer to a full night's rest."

It is extremely important to get a good amount of sleep, especially after surgery, because it speeds up the healing process. If you are still having trouble sleeping after trying these tips, contact your health care team, so they can assist you in getting a full night's rest.

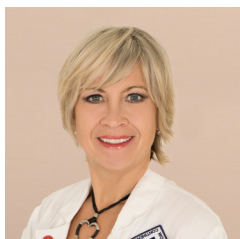
Securing the Ostomy Pouch: Wear a tighter shirt that holds the ostomy pouch close to your abdomen. Tuck the ostomy pouch into pajama pants. If your stoma is above your waistline, make sure the waistband isn't too tight or the output will stay above the pant line and not fall to the bottom of the pouch.

Sleeping Position: If you sleep on your back, you don't need to make any adjustments to your sleeping position. Sleeping on the side the stoma is on will also be okay. The mattress will support the ostomy pouch as it fills. Sleeping on the opposite side from your stoma is fine too, you can just hold a pillow up against your abdomen or set your pouch on a pillow next to you so the weight as it fills does not wake you up.

If you are a stomach sleeper, you can modify by bending the leg on the side with your stoma. This creates some space underneath your abdomen that allows the ostomy pouch to fill.

Right after surgery, your stomach may be too sore to lie down. You can do a modified sitting up position while splinting your stomach with a pillow to ease the pain.

Other Pain Tips: Take whatever pain pills your surgeon/doctor prescribed to you. Use a heating pad on the low setting (make sure to use one that automatically turns off after 1-3 hours – it can be



April 5th, 2020

Anita Prinz, RN, MSN, CWCN

***Peristomal Skin Complications
for all ostomates and the Why
and How To of Irrigation for
Colostomates***

Our April guest speaker, Anita Prinz, joined the nursing profession in 1995 after a career in fashion. She quickly found her niche in the wound, ostomy, and continence specialty and has been board certified for nearly 20 years.

Anita has served on several ostomy committees for the WOCN Society and co-authored the Best Practice Guideline for Ostomy Discharge Planning. She is currently on the Advocacy Board for the United Ostomy Association, has presented at UOAA conferences and written many articles for their official journal, *The Phoenix*.

Anita has presented numerous posters and presented at national conferences. She also attends international wound/ostomy nursing conferences from Capetown to Kuala Lumpur. Her passions are for the rehabilitation of the ostomy patient, travel and the spirit of healing.



Ostomy, Inc.



Julie Ebel Gareau, President

Judith Ebel Considine, RN, ET, Founder, 1990

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dangerous for your skin and can also be a fire hazard to leave a heating pad on unattended all night).

Restroom Schedule at Night: You may find you have to empty frequently at night. As time goes on, your body will adjust to its new anatomy and you will wake up less often. Eat and hydrate well throughout the day. About 1-2 hours before bed, stop eating and drinking large amounts. This will help decrease output. If you are still getting up frequently, ask your doctor if it's okay to take Imodium or GasX before bed.

Avoiding Nighttime Leaks: Don't let the pouch get overly full! If the weight of the pouch doesn't wake you, set an alarm for every couple hours until you know about how frequently you have to get up. If the output is very watery, thicken it with diet. If your output is too thick, thin it by hydrating more.

Change your pouch as frequently as your nurse/doctor suggests. The older the seal, the higher the chance or risk of having a leak.

Other Sleeping Tips: Keep water and pain pills by your bed, just in case you wake up thirsty or in pain. Have a night light easily available so you can find your way to the restroom in the middle of the night. Use a pillow or blanket to splint your stomach if you have abdominal pain.

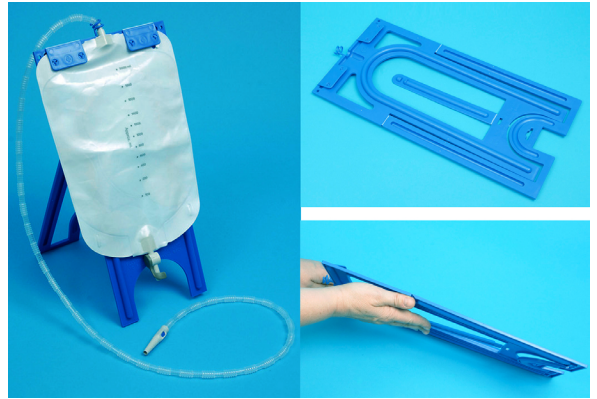


For Urostomates: A night drainage system can be very helpful. This consists of a collection container of either a plastic pouch or jug attached to the bottom of your urostomy pouch with plastic tubing. To avoid air in the night drainage system, connect the night collection container to a urostomy pouch with a quantity of urine in it. Squeeze the urine through into the night collection container and the body pouch should then remain empty overnight.

To protect bedding, waterproof mattress covers can be used or alternatively, smaller pads or baby mattress protectors.

Reusable night drainage containers must be washed thoroughly after each use. Vinegar can be inserted using a syringe, small funnel or an empty washing up liquid bottle and then agitated and flushed through with warm water. It is also acceptable to use just water.

The simplest method of night drainage is to use



disposable bags instead of jugs, which are emptied and destroyed each morning.

Flatpack night drainage stands, which can either be free-standing or slid between the mattress and the base of the bed, are ideal for travel. These are available from several of the stoma appliance manufacturers.

Place the night drainage stand in a plastic bowl or inside a large plastic bag (making sure that there aren't any holes in the bottom!) for extra security.



The Proper Use of Medications

by Jennifer Buckley, Today's Caregiver

From avoiding the risk of interactions, to understanding and following instructions for storage and dosing the following suggestions may help to ensure safe and effective use of medications

Be familiar with the **dosage instructions** - including whether a drug should be taken with food, with milk or other fluids or on an empty stomach. Not following the dosage instructions can result in a medication being less effective or causing complications. It is also important to note that in most medicines recommended dosages are determined using trials with a younger population. In many instances, seniors may require a different dosage.

Familiarize yourself with **circumstances under which the medicine should not be taken** - including a history of allergic reactions, existing conditions, etc.

This is particularly true for the elderly who generally have a number of medical conditions which younger adults do not have.

Understand the **storage instructions** and follow them. Because of moisture and heat, it is sometimes best not to store medicines in the bathroom.

Be aware that there may be **warnings to avoid heat, cold or sun when taking a medication**. Some medications may cause great sensitivity to sunlight resulting in severe sunburn or skin eruptions which can be dangerous.

In addition, it may be necessary to avoid excessive heat or cold when taking certain prescription medications. In such cases, saunas, whirlpools and even exercise in the heat of the day should be greatly limited or avoided completely. It should be noted that seniors are particularly vulnerable to extremes of heat and cold.

Be aware of **instructions about avoiding particular foods and/or alcohol**. Particular foods and beverages may be off-limits when taking certain medications. Grapefruit juice, a favorite among seniors, for instance, can interact with a number of medications and render them ineffective. It is equally important to find out if dietary supplements may be required when taking a particular drug. Some medications may deplete the body of nutrients. Consequently, a patient's diet may need to be adjusted accordingly.

Understand what **possible side effects may occur and watch for them**. Be particularly mindful of reactions or symptoms that should be reported to a doctor immediately. It is important to note that medicines often affect senior citizens differently than younger adults. What may be an innocuous reaction in a younger person may in fact be much more serious for a senior. Be vigilant about educating yourself on possible drug-related reactions and be especially vigilant about knowing which may require immediate medical attention.

Be certain to learn whether there are specific **over-the-counter medications that should be used with caution or avoided altogether when taken along with prescription drugs**. Too often, many may assume that over-the-counter medications are "safe" simply because they are widely available and accessible. It is not always recognized that some over-the-counter drugs may

actually weaken and impede a particular prescription drug's effectiveness. Common antacids, for example, have the potential to minimize the effectiveness of a number of important drugs - in particular certain antibiotics - and the combination should be either avoided or taken only after consultation with the treating physician or a pharmacist.

Understand the **risk associated with taking any herbal supplements in conjunction with medications**. Similar to over-the-counter medications, many assume that herbals are completely "safe". Using herbs to treat specific medical conditions has become increasingly widespread in the not-so-distant past. Unfortunately, many physicians and pharmacists are unaware of interactions or complications that herbals can cause. Interactions with herbals can reduce effectiveness of medications in a number of cases, but **in some instances herbals can actually increase the toxicity of a medication**. Consequently, it is imperative to proceed with extreme caution and be educated about the potential for problems.

Familiarize yourself with **what to do in the event of a missed dose**. There are instances where simply taking the medication at the next opportunity is not recommended. Doubling of the dose to make up for a missed dose could be very dangerous. Such problems are compounded for seniors who are taking several different drugs during the day at different dosing schedules. To avoid these problems: keep a diary.

Learn how to discontinue the use of a drug. In some instances, stopping the dosage abruptly can have severe consequences, particularly when they are used daily over a long period of time.

Trends in Ostomy and Continent Diversion Surgery

by Bob Baumel, North Central OK Ostomy Association

UOAA, as well as its predecessor UOA, have published estimates on the number of people with an ostomy and number of ostomy surgeries per year. For example, from about 2012 to 2016, UOAA produced brochures stating there were about 750,000 ostomates in the U.S. In 2017, UOAA launched a project intended to update our knowledge of such quantities. I

participated in that project and, although the goal was presumably to determine just two numbers (number of ostomates and number of surgeries per year), I ended up deriving many more results of interest including trends over time of various surgery types.

There has been a large decrease in permanent colostomy surgeries and an even more dramatic increase in temporary ileostomy surgeries (which were the least common type of ostomy surgery in 1993 but are the most common type now).

The drop in permanent colostomies is due to the rise of “sphincter-sparing” colorectal cancer surgeries, which have become possible for tumors located lower and lower in the anorectal area. These remove the cancer while preserving continuity to the anus, and require only a temporary ostomy, usually a temporary ileostomy. Temporary ileostomy surgeries have increased dramatically. This increase probably has at least three causes:

- Many temporary ileostomies are done in connection with sphincter-sparing colorectal cancer surgeries.

- Many temporary ileostomies are done in connection with J-pouch surgery, which has become the preferred surgery for ulcerative colitis and familial polyposis.

- Temporary ileostomies seem to be gradually replacing temporary colostomies in some surgeries for which a temporary colostomy would have been done previously, such as surgeries for diverticulitis.

Urinary diversions are increasing now, while permanent ileostomies are decreasing, presumably because J-pouches have been replacing permanent ileostomies for ulcerative colitis and familial polyposis.

The total is currently around 100,000 surgeries per year, although it seems to be increasing about 2% per year and may currently be about 105,000. The percentage of temporary ostomy surgeries is approximately 65%. The figure of 100,000 surgeries per year has been adopted by UOAA and appears in a number of current UOAA publications. It's good to know we're not alone.

Minutes

Sunday, November 3rd, 2019

The meeting was called to order at 1:30 P.M. in Memorial Regional Hospital's Main Auditorium,

Hollywood, Florida by Wendy Lueder, President of the Broward Ostomy Association. The Ostomate's Prayer was read by Larry.

Announcements were as follows: 1) Our beloved treasurer and Wendy's husband Ren officially retired November 1st. Congratulations Ren.

2) The United Ostomy Associations of America created three new flyers for the ostomate: 1) *Know Your Ostomy Checklist*, *Physician Visit Checklist*, and *Know Your Pouching System Checklist*. Go to www.ostomy.org and search that site using the three flyers' names and a .pdf file of the three checklists are available to download and print. All attendees were given printed copies.

First time visitors were greeted: Marilyn who had her surgery in April and Janet's daughter Susan.

This month's sharing experience of *Tips and Tricks* came from Wendy. Wendy shared that she felt as though her memory and recall were fading. After consultation with a cardiologist she found this may be a side effect of statins which are drugs used to lower cholesterol. Since discontinuing the statin, her memory and recall have returned without significant increase in cholesterol.

Amy also shared that she experienced an itchy rash around her stoma after taking antibiotics. She learned at the UOAA's conference to crust with an anti-fungal powder which resolved her symptoms. Anti-fungal powders are over the counter and marketed as athlete's foot powder.

The Vice-President and Program Chairwoman, Amy Weishaus, introduced today's speaker, Rob Seaman from ConvaTec. Rob shared with the group that Me+, ConvaTec's new patient program, has a new podcast titled Me+ Talk. Rob informed the group that ConvaTec has 20 CWOCN's to field phone calls from ostomates who are having problems or questions. When calling the toll-free number, 800-422-8811, one can ask for a customer service representative or a nurse depending on whether or not the request is clinical or for samples to try.

Rob informed the group re: moldable technology that hugs the skin barrier wafer up against the stoma in a totally flexible shape. This is an excellent option for oval or irregularly shaped stomas.

Other options are an accordion flange which

prevents applying pressure to a post-surgical tender abdomen while connecting the pouch to the wafer in a two-piece pouching system. ConvaTec also now has 1-piece convex system. The new pouches have wider bottoms and are easier to empty. The new tab closure can be managed with one hand with an audible snap. The filters on the new pouches are behind plastic to avoid deactivation of the charcoal when they get wet. There is a new moldable 1-piece pouch that comes in two different sizes with a thin version of the Eakin ring attached to the pouch. For urostomates, ConvaTec has a hard plastic jug which sits on the floor for nighttime drainage.

Rob reminded the group of the Miami After Care Program which has been striving to educate home care nurses in the specialty of ostomy care in the Miami Dade area. The meeting adjourned at 2:25 p.m. with a reminder of the Holiday Banquet December 1.

Sunday, December 5th, 2019

The Holiday Party began at 4:30 P.M. in the Main Auditorium of Memorial Regional Hospital in Hollywood, Florida. The Ostomate's Prayer was read by Larry. Leroy again catered the holiday buffet which was, as always, very delicious. Thanks to Maria from Coloplast who helped to sponsor this wonderful dinner.

Our guest speaker for the evening was Wendy's sister Pamela who is a renowned speaker on sailing around the world. When Pam was young, she always dreamed of sailing around the world. Pam and her family sailed from Fort Lauderdale around the world and back twice during the years of 1985 to 1991. Her beautiful daughter Samantha who was 7 when they started their adventure and son Jamie who was 4, were blessed to obtain a love for and education of the world and those who live in it.

In 1989, Pam was diagnosed with stage 4 intestinal cancer. After a few months of recovery, the Wall family continued their sailing. Pam learned how to manage her ostomy in a small boat with a very tiny bathroom (head) and no running water.

Pam showed many lovely pictures reflecting the happy life they lived while at sea. Her stories were riveting. Pam, with the help of her sister Wendy,



published a book full of photographs and stories of these amazing circumnavigation. The book has sold out at this date but more are to be published. Pam ended her slide show with two uplifting messages: 1) "We all have to live with what happens to us, making the best of what we have here and now"; 2) "Follow your dreams. They cannot come true unless you have dreams and you follow them".

Wendy then thanked all the Broward Ostomy Association volunteers with, my favorite, Ferrero Roche chocolates; Leroy who has volunteered to cater the holiday buffets for so many years; Melvina who greets the attendees in the hospital lobby; Cliff and Mom who come early to get the room ready and greet attendees in the auditorium; Bonnie and Bob who greet first time visitors and meet new ostomates, providing education and support; Lea, Eula, Stephanie, Amparo, Debbie – CWOCN's; Julie and Joe from Ostomy, Inc. who are always there for the ostomate and their needs as well as providing very generous door prizes for the evening's drawing; Larry, Emma and Fred, Bill and Phyllis who provide the monthly refreshments; Harriett and Lynn who help provide support for special events; Linda and Bill former Recording Secretaries; and Irwin who volunteers of his time, pays all of our postage costs and assists those in need of the BOA and was our Master of Ceremonies.

The Installation Ceremony of the officers rounded out the evening and the celebration adjourned at 6 P.M.

Sunday, January 5th, 2020

The meeting was called to order at 1:30 P.M. in Memorial Regional Hospital's Main Auditorium, Hollywood, Florida by Wendy Lueder, President of the Broward Ostomy Association. The Ostomate's Prayer was read by Larry.

First time visitors were greeted: Mark and Anthony. Wendy announced that BOA's annual board meeting will take place in March immediately after the regular meeting. This is open to anyone who wants to attend.

Wendy also showed some new products of interest: Stoma guards to protect from seat belt irritation while in the car; Liners which are flushable/biodegradable for colostomates; a tube with absorbent gel that absorbs output when placed over the stoma while changing the pouch for urostomates and ileostomates.

Amy shared her experience while attending Oprah's 2020 conference held yesterday. She was especially moved by Oprah saying that our greatest fear is not that we are inadequate; it is that we are powerful beyond measure. Lady Gaga is also campaigning for acceptance and knowledge re: mental health.

The attendees then met in their focus groups for 45 minutes to share what works for them and help new ostomates with their concerns and questions. Following are the highlights of the different groups.

Amparo presented for the colostomates:

- 1) Leakage is always a concern. Suggestions were to increase the pouch size, wear ostomy belt or barrier extenders, take Imodium prior to attending an event (take care to start low and increase slowly to effect).

- 2) Pancaking which is the term used to describe output not dropping down into the pouch but collecting around the stoma. This condition can be managed by using Vaseline or baby oil within the pouch. Increase fluids may also help.

- 3) Always be prepared with extra pouches and supplies for emergencies.

- 4) For concerns re: odor, there are liquid deodorant drops that can be placed within the pouch. Someone mentioned peppermint Altoids within the pouch. The Vegan Ostomate on YouTube also has many suggestions for trouble shooting of all kinds of issues.

- 5) Lifestyle changes should be avoiding heavy

lifting otherwise the ostomy should not interfere with any other activities. Find humor.

Stephanie presented for the ileostomates:

- 1) Pouch integrity during exercise was discussed. You may have to put on trial different manufacturer's products. All the manufacturers will send free samples to trial. To request samples, see contact phone numbers on page 2. Using too many products at a time may prevent the pouch from adhering.

- 2) Avoid dehydration. Feeling thirsty is a late sign of dehydration.

- 3) The stoma has no pain receptors so if you are feeling pain, you may need to be seen by your healthcare provider.

- 4) Warming the pouch prior to application helps adherence. Schedule routine changes of the pouch to prevent possible leakage. It is also important to measure the stoma to ensure there is minimal peristomal skin exposure to prevent skin damage.

- 5) When flying, make sure to get the TSA card (page 13 of latest *Broward Beacon*) to facilitate getting through the security area. The pouch is visible if going through the scanner.

Eula presented for the urostomates; She named her presentation "Sherene's Tips and Tricks":

- 1) It is best to change the pouch early in the morning. Using a tampon to manage and capture output while changing is helpful.

- 2) Skin tack adhesive is helpful. Sherene uses Osteo Bond although this does have latex. You may have to find another product if you have a latex allergy.

- 3) Barrier extenders are helpful – Bravo from Coloplast seem to work the best for many people.

- 4) Remember that coffee is a stimulant and increases output.

- 5) Fluid intake must be enough to prevent kidney stone formation. The meeting adjourned at 2:40 P.M. The next meeting will be Super Bowl Sunday February 2.

Respectfully submitted,

Debbie Walde, CWOCN
Recording Secretary





Entertainer Barbara Barrie

American actress of film, stage and television, nominated for an Academy Award, a Tony Award and three Emmy Awards, was TV wife of Barney Miller, also an accomplished author.

Barbara was diagnosed and successfully treated for cancer in 1994, enduring chemo and radiation treatments, and multiple surgeries including a colostomy. She has written two biographical books about her battle with colorectal cancer and living with a colostomy — *Second Act* (1997) and *Don't Die of Embarrassment* (1999) — in order to speak out about the importance of early detection. Barbara lives in New York and is 86 years old.” Last fall I read her excellent book, *Don't Die of Embarrassment*.

I felt compelled to write to her because she was one of the major stars in a favorite movie of mine, *Breaking Away*. A few days before Christmas, I received a hand written note from her thanking me for my letter and offering me encouragement as an ostomate.

Thank you, Ms. Barrie. I so appreciate you.

Alexis Wasson
Secretary/Editor
The Tulsa Ostomy Association

Less is more – Are You Using Too Many Products?

by Lauren Wolfe RN, CWOCN via Vancouver *HIGHLife*

Pouches, barrier rings, adhesive removers, adhesive sprays, ostomy powder, skin prep....I could keep listing products that could be used to manage your stoma. The big question is; do you need to be using all these products?

When it comes to your skin and stoma you will find that most CWOCN nurses (stoma nurses) have the philosophy that **less is more**. What this means is that you only need to use products that ensure you don't experience a leak and your skin remains healthy. Using many different accessories can cause confusion when you experience a problem and sometimes may even

cause problems.

Problems can be skin reactions, your pouching system not adhering causing leaks or decreased wear-time. Even the simple fact that you may be complicating your change using too many added products. An appliance change that could be 5-10 minutes long is taking more than half an hour.

On another note, accessory products can be expensive and if they are not helpful to you then best not to use them. So when do we use accessory products?

Adhesive removers are designed to help remove the pouching system without causing trauma or skin tears to your skin. They also help to remove any sticky residue that may be left on your skin after removal of your pouching system. I find that the spray works well to remove the pouching system and the wipes help to remove any leftover barrier from the skin.



Skin Preps: In the past everyone was advised to use skin preps to help keep your skin healthy and ensure the ostomy wafer/backplate/flange adheres to your skin. In recent years with the advancement of technology the barrier composition allows for the barrier to adhere directly to your skin without using Skin Prep. In fact using Skin Prep can and does

decrease how well the barrier adheres to your skin.

Skin Prep should be used when treating denuded or raw skin when using the crusting



method to heal the skin.

Ostomy Powder: Similar to skin prep, ostomy powder was used for many years as part of the application process for ostomy barriers. In fact the ingredients in Ostomy powder are similar to those of the wafer/flange, the goal being to absorb moisture. Unless your extremely sweaty I would suggest forgoing the powder and seeing how your ostomy



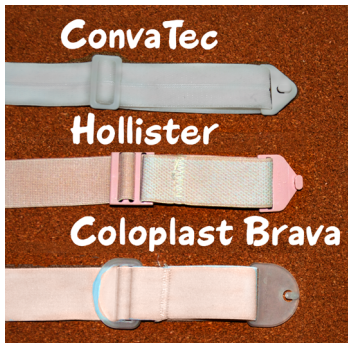
flange adheres to your skin, you may be pleasantly surprised.

Barrier rings: These serve a very important function, they can help to fill in creases or dips and valleys in your abdominal contours or for some they can add to the wear-time allowing for less frequent changes. However sometimes as your stoma settles down post surgery it may be worth discussing with your CWOCN whether you need to use a barrier ring or not. In my experience I often use them if you have an ileostomy but for colostomy and urostomy I may try to see if we can remove them.

Ostomy Belts: ostomy belts provide added support for the pouching system at 3 and 9 o'clock i.e. on the sides. It is not uncommon for people who have a challenging stoma

to need to use an ostomy belt to add more support to prevent a leak. For some it is also peace of mind that the appliance will stay on or perhaps it helps with the weight of the pouch if it's a little too full when a bathroom is not nearby.

Barrier extenders/Adhesive tape barriers: This accessory product is new to the market and has a place for some individuals. I tend to recommend it for people who are using a smaller flange and need to increase the surface area if they are perhaps a larger person. Other uses are that it aids peace of mind when showering or swimming as it adds an area of water



resistance to the edge of the flange.

For some people it's just a comfort helping to prevent a leak. However from a CWOCN's perspective, these DO NOT prevent a leak but merely camouflage a leak as leaks start immediately around the stoma. By the time it reaches these barrier extenders your pouch has been leaking for awhile causing potential skin damage.

In conclusion if you are unsure if you need to be using all the accessories, see your CWOCN and discuss what you need and what I consider to be a nice to have. Less is best. Our skin is sensitive and we do not need to use more product than needed.

After my surgery do I need to wear loose fitting clothes?

Abdominal surgery or ostomy surgery, whether it is performed laparoscopically or open incision down the belly usually causes your tummy to be distended or swollen for awhile.

Many people find that wearing their regular clothes can be uncomfortable. It is OK to be comfortable and wear loose fitting clothes. However after a few weeks and once the swelling has gone down, there is no reason why you cannot go back to wearing the clothes you wore before surgery. If your stoma is located on your beltline, as often times that was the best place on your abdomen as it was the flattest area, as long as your belt is not too tight it should not cause any

Ostomy Resolutions Stoma Guard



problems or you could purchase a stoma guard.

My Motto: Wear what you want and go out and enjoy life. Living with an ostomy doesn't mean you need to dress differently. If you have any other questions, check in with your CWOCN for more help.

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Hydration with an Ostomy

The Importance of Hydration

Laura Cox | Ostomy Lifestyle Specialist | Shield HealthCare

Water makes up 60% of our bodies and is crucial to every bodily system. Because of the important role of water, proper function and survival depends on hydration. The functions of water in the body include:

Regulating body temperature & Lubricating joints; Flushing waste from the body via urination, perspiration and bowel movements; Helping prevent constipation; Carrying nutrients and O₂ throughout the body; Moistening mouth, eyes and nose

When it comes to staying hydrated, there is no “one size fits all” recommendation. The amount of water individuals need greatly vary and depend on environment, exercise, overall health, pregnancy and breastfeeding. To determine if you are properly hydrated: pay attention to your thirst and urine color. Signs of dehydration include: weakness, confusion, dizziness, low blood pressure and dark colored urine. A well hydrated individual should rarely be thirsty and have colorless to pale yellow urine. A doctor or registered dietitian nutritionist can help determine how much water you need to drink daily.

Hydrating with an Ostomy: Hydration with an ostomy can be difficult due to an interruption of the large intestine (colon) — where water is mostly absorbed. Since some water is absorbed in the small intestine (duodenum, jejunum and ileum) it is possible to stay hydrated but can be difficult with a colostomy or ileostomy.

Both cases require someone with an ostomy to pay close attention to hydration status. However, those with an ileostomy can become dehydrated quickly. If hydration is a persistent problem for you, contact your doctor.

Fluids, Foods and Tips That Help Hydration

Electrolytes are minerals that help balance water in your body. To stay properly hydrated it's best to drink electrolyte beverages that are also low in sugar content. Coconut Water, V8 or other vegetable juices, Gatorade (G2 has less sugar) or other low sugar, sports drinks, Pedialyte, Homemade oral rehydration solutions. Eat foods that have high water content, this makes absorption more efficient – remember to

avoid foods that do not work for you, or chew well when foods have skins/seeds/are difficult to fully digest. Watermelon, Tomatoes, Apples/applesauce, Cucumbers, Yogurt/pudding, Smoothies, Jell-O

Also eat foods that are not high in water content, but still assist in absorption and slowing down transit time. Potatoes, Bananas, Bread, Crackers, Pretzels

Additional tips: Always carry a water bottle with you and make sure you refill it whenever it is empty. Sip, don't chug! Chugging fluid will make fluid go through your system too fast to hydrate properly. Eat before drinking. This helps absorb fluids.

Mix up what you're drinking. You're more likely to drink things you aren't bored of and enjoy. Infuse water with fruits. Drink smoothies for an added nutritional bonus. Also, if you only drink water you may need to add fluids with more electrolytes. Ask your doctor about taking Imodium or Metamucil to slow transit time and optimize water absorption.

Recipes for DIY Rehydration Solutions: Your rehydration solution should contain higher levels of carbohydrates, sodium, potassium and other electrolytes.

Combine ingredients in a glass water bottle, shake and cool in the refrigerator. 1) 1½ cups of water, 1 ½ cups of Gatorade, ¾ teaspoon salt

2) 6 oz. Pedialyte (unflavored), 2 oz. chicken broth

3) 4 cups of coconut water or water (or a mix of both), 1 cup freshly juiced/squeezed orange juice, 1/2 cup of freshly juiced/squeezed lemon juice, 6 – 8 tablespoons of sweetener (raw honey is best), 1/4 teaspoon unrefined salt

4) 32 oz. water 1 orange or cucumber sliced (both with peel), 1 lemon sliced (with peel), 1/4 tsp. Himalayan sea salt or other unrefined sea salt, or Trace Mineral Drops.

Sources: Mayo Clinic; Harvard Health Publishing.

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: March 1st, April 5th, May 3rd, June 7th, Summer break through July and August, September 6th, October 4th, November 1st and December 6th, Holiday Banquet at 4:30 p.m. by reservation only.

Cleveland Clinic Ostomy Support Meetings

Sharing information between ostomates and ostomy nurses. Every 3rd Wednesday of the Month from 6 to 8 p.m. Cleveland Clinic Braathen Building rooms WNN2-202 and WNN2-202A. For more information contact: email CanoA@CCF.org

South Florida Ostomy Support Group

Baptist Hospital meeting every third Wednesday of the month from 6-7:30 p.m., 8900 N Kendall Dr, S. Miami, FL 33176, Miami Cancer Institute, Room 1W414. Summer break July–August. For more information, call Lourdes Placeres at 786-596-6036.

Miami Ostomy Aftercare Support Group

Fourth Tuesday of the month: 6:30 to 8:00 P.M., University of Miami Hospital & Clinics; UMH Boardroom #2026 (Lobby Level, 2nd Floor); 1400 NW 12th Avenue, Miami FL 33136
For more information call 786-580-3928 or email moap@miamiostomyaftercare.org Ostomy nurses

are also present to answer questions.
Visit MOA Support Group’s website which is one of the finest sites online.

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.

Caring & Sharing Ostomy Support Group

Broward Health Coral Springs: Our Group meets on the 4th Wednesday of every month from 5:30-7pm at Broward Health Coral Springs, 3000 Coral Hills Drive, Coral Springs, FL 33065 in the Multi-Purpose Room located in the main lobby of the hospital. (Closed during the months of June-July, November-December). For more information, please email: nluefoung@browardhealth.org



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

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 South Ocean Drive 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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- ☐ 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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