Volume XLI Issue No. 4 April 2011

Broward Beacon

Next Meeting:
Sunday, May 1st, 2011: 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.
Our Vision ~ a society where people with ostomies are universally accepted and supported socially, economically, medically and psychologically.

www.browardostomy.org
24 Hour Hotline (954) 537-0662

Shedding The Light Of Hope, Help, And Education For Ostomates Through Visitation & Rehabilitation. Published by the *Broward Ostomy Association,* a non-profit affiliated chapter of the *United Ostomy Associations of America* to aid Colostomates, Ileostomates and Urostomates.

MEETINGS: Held on the 1st Sunday of each month September through May and the second Sunday of June at 1:00 P.M. 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. A receptionist as well as security personnel are on duty to assist you.

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President's Page

For one wonderful hour Kent, our first-time visitors chairman was my husband, Lynn our treasurer was my doctor, Kent's wife Sheri my professor and member Darryel my WOC Nurse. Oh what fun we had representing BOA and presenting a skit to over 140 nurses at the Theater of the Performing Arts in Ft Lauderdale. Sincerest thanks to Amparo Cano for inviting us to participate. All our members did a fantastic job but I have to say that Kent deserves an Oscar for bringing the house down with his hysterical ad libs. I had no idea.

Amparo just promised that she'll get photos to us for our next issue so you can vicariously join in on some of the fun.

After the skit one of the nurses in the audience approached our beautiful Darryel and said, "you can't be an ostomate". Oh really? Even this nurse had difficulty realizing that we ostomates are normal! Hello? I guess we still have a lot of work to do to help the general public realize that life can go on perfectly well after having ostomy surgery.

That's one of the reasons why BOA is so very, very important. It takes an ostomate to reassure another new ostomate that all is well. A healthcare professional just doesn't have the credibility that another who has "been there, done that" does. Thank you for attending our meetings and supporting the new guy on the block. We really all need each other. And for those of you who can't attend our meetings but are members anyway, don't worry, we understand you have good reasons and really appreciate your support.

I never cease being amazed at what a loving, giving group of people we have as our members. Just as one small example and as you'll read in the minutes, Leroy, one of our new members provided all of us with a delicious surprise deli lunch at our last meeting.

Thank you all from the bottom of my heart for being just so wonderful as you all are.

Fondly,

Wendy

Antacid Users Beware

By Elizabeth Smoots, M.D.
Edited by B. Brewer UOAA Update 4/11

Almost everyone has indigestion occasionally, and it is probably alright to take an antacid pill now and then; but many health authorities warn that taking antacids regularly may not be wise, especially for ostomates. Here's why:

Magnesium hydroxide causes diarrhea and reduced absorption of vitamins and minerals.

Aluminum hydroxide causes constipation, reduced phosphate levels leading to fatigue, poor appetite and bone loss. It also contains aluminum which has been linked to Alzheimer's disease.

Calcium carbonate may cause acid rebound where, when the antacid wears off, stomach acid suddenly shoots up. It may also cause constipation, a potential disturbance in the body's calcium and phosphate levels called milk-alkali syndrome, which in turn may lead to nausea, headache, weakness and kidney problems.

Don't forget UOAA's 2011 National Conference. Now's the time to buy your plane tickets and get those reservations in. Join Ren, Amy, Kishore (our new webmaster) and me and we'll all have a wonderful time. The next conference won't be held until 2013 so if you possibly can attend, do so now. The conference is a perfect mix of seminar learning from healthcare professionals, ostomy product displays and fellowship. Call me or see UOAA.org for more information.

Next Meeting:

Sunday, May 1st, 2011
Refreshments, 1:00 p.m.
Chat 'n' Chew till 1:30 p.m.
Meeting: 1:30 p.m.

We are delighted to have as our May guest speaker Shash Broxson. Shash leads Laughter Yoga circles where she demonstrates that yoga does not require difficult positions, special clothing, and a mat. Her goal is to bring Laughter/Happiness Circles into the business environment. Laughter on a regular basis has a number of health benefits which contribute to vibrant good health. By releasing trapped emotions, the body is better able to enhance its immune system and heal.

We've all heard the phrase that "attitude is everything". Well, here are some wonderful variations on that theme. "A positive attitude may not solve all your problems, but it will annoy enough people to make it worth the effort." Herm Albright. "If you don't get everything you want, think of the things you don't get that you don't want." Oscar Wilde. "Life is a shipwreck but we must not forget to sing in the lifeboats." Voltaire. And my favorite written by a urostomate, "Oh, my friend, it's not what they take away from you that counts. It's what you do with what you have left." Hubert Humphrey.

Let's all get together, have some fun an get some "attitude"! And if you are as forgetful as I am mark your calendars now for all our upcoming meetings: June 12th (note this is the **second Sunday** of the month, summer break, September 4th, October 2nd, November 6 and December 4th for our holiday banquet.

MINUTES – April 2011

The fifty-plus attendees of the April 3rd 2011 meeting of the Broward Ostomy Association arrived to a delicious lunch of roast beef and turkey sandwiches donated by Leroy and his daughter Jackie. Wendy opened the meeting promptly at 1:30 p.m. and began by thanking them for this superb catered surprise. Jackie read the Ostomate's Prayer, followed by Wendy welcoming first time visitors Emerald and Ely.

Wendy showed us a pin she received from Memorial Hospital for ten years of volunteer service. Bill and Irwin went on a cruise recently and reminded everyone to take along you ostomy supplier information in case you run short during your trip. Helen Ginsberg remains on the telephone committee and will call any member wishing to be reminded of upcoming meetings. And, Leroy won the 50/50 raffle!

Wendy, Lynn, Kent, Sheri and Darryel, along with playwright Michael from California will be performing a skit and presentation entitled *Life Experience Before, During and After Ostomy Surgery* as part of Broward Health's 10th Annual Wound Ostomy Conference on April 8th, 2011 at the Broward Center for the Performing Arts. On May 6th, they'll be performing the same skit for the Florida Association of Enterostomal Therapists' Annual Conference at the Lago Mar Hotel in Fort Lauderdale. Both events are designed for healthcare professionals.

Vice President Amy introduced today's speaker, Dr. Henry Wodnicki, a colorectal surgeon who recently joined Memorial Regional Hospital's staff. Dr.

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Coral Spring 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 call Patricia Paxton-Alan MSN, ARNP-BC, CWOCN at 954-344-3094.

We get Mail!

Dear Academy Award Actors,

Thank you very much for your outstanding performances at the Annual Broward Health Wound and Ostomy Conference. We received shining reviews on your magnificent play.

Wendy, you are the Meryl Streep of Broward County. You were so natural acting up your role.

Kent, beneath your serious demeanor, lies a comedian of epic proportions. Your improvisations were so on cue.

Darryl, You could very well be a WOCN, or a gorgeous aspiring actress.

Lynn, you played your doctor role perfectly, You had us convinced, we are making an appointment with you next time we are under the weather.

Sheri, your supporting role was awesome. What a great sport!

To all of you, many thanks, everyone had a blast! You were so great what your are hired to perform again! See you on May 6th for the Florida Association of Enterostomal Therapists Conference!

We are forever grateful!

Amparo, Trish and Debbie

Request for Assistance

Dear BOA members,

My name is Chia-Chun Li, a doctoral candidate in nursing at the University of Texas at Austin, and I am working on a study for my dissertation.

The study is entitled "Factors Affecting Sexual Function and Sexual Satisfaction among Females with or without Rectal Cancer or Gynecological Cancer". The purpose of the study is to examine how rectal or gynecological cancer affects females' sexual function and sexual satisfaction. Further, the study will also compare the differences in sexual function and sexual satisfaction between females with and those without rectal cancer or gynecological cancer.

I sincerely hope to invite women with rectal/gynecological cancer and women without any cancer to participate in the study.

This is mail survey study, and study packets including questionnaires and a small token of appreciation will be sent to potential participants' residences. Females who are interested in the study can contact me by e-mail (chiachunli820@mail.utexas.edu) or phone (512-529-4527).

The confidentiality of all persons and personally identifiable data is protected. The participants will be reimbursed with a $ 5 cash incentive.

Proper Care & Storage of Ostomy Supplies

by Teresa Murphy-Stowers, via Dallas TX Ostomatic News and OA of N. Central OK

Ostomy supplies are not inexpensive, to say the least. So, it is important to understand how to apply them properly with the fewest errors possible and equally important to know how to take care of and store supplies until use. Proper care may avert the need to discard unused supplies and thus be as economical as possible.

• Be sure to read carefully the instruction sheet included in the box or guidelines on the container for specific recommendations for a given product.

• Generally, all ostomy supplies should be stored in a cool, dry location. Too much heat can melt or weaken many of the materials used in ostomy wafers, pouches, and accessory items. Avoid leaving supplies in a hot car or in direct sunlight.

• Keep supplies such as wafers and pouches in their original box. By doing so, you save the brand name, product identification number, and the lot and date

information for those items. Perhaps you will never need this information, but in the event you do, the box you have saved will provide the information you (or someone helping you) will need for reorder or to report any quality control problems.

• Some ostomy supplies do have a "shelf life." Be sure to check for dates that may be recorded on their containers. If you find you have a box with an expired date, check with the manufacturer, your local supplier, or an Ostomy nurse for advice on usage.

• While you do want to keep a "stock" of supplies so you are always prepared to change out your system, avoid the practice of stockpiling too much so your reserve will be as fresh as possible. This, of course, depends on factors such as the availability, proximity to a local supply house, or shipping issues.

• Purchase supplies from a trusted vendor—one you know will provide good service as well as stock/ship current stock.

Reporting Defective supplies

• If you determine your supplies are defective in spite of proper use and storage, contact the manufacturer at their toll free number (see page 2) to report the problem and receive product replacement or adjustment.

• Let your supply source know of your report to the manufacturer. They need to be aware of problems; however, the complaint needs to be directed to the manufacturer to ensure the defect can be addressed.

A Pouch Falling Off

from The New Outlook via The Mailbag, Jacksonville FL

One of the most embarrassing situations that can befall a person with an ostomy is to have an accident because the barrier or the pouch pulled loose.

Multiple reasons exist to explain the falling off of an ostomy system: The stoma, the barrier or the pouch.

The stoma may be placed too close to a scar, crease or bodily prominence so that the twisting or bending loosens the barrier. This is no single solution for a misplaced stoma. A different barrier may be tried; e.g., one that is softer and more pliable like the new and improved version of Hollister's New Image Ostomy System.

An irregular area may be built up with the new seals —like ConvaTec's Eakin Seals—or with paste. Using these products will usually solve most challenges.

A stoma may require surgical intervention if one has a prolapsing stoma that is pushing the pouch off. Conversely, a flat or recessed stoma may cause pooling of the effluent around the stoma eroding the adherence and eventually lifting the barrier from the skin. Fortunately, manufactures have developed ostomy systems with curved barriers that put minor pressure on the skin around the stoma. These convex ostomy systems are a growing product line of retailers as more and more people discover the advantages of wearing a convex barrier.

The most stubborn falloff problem can usually be solved by using a seal with a convex barrier held on with a belt. Your ET nurse is expert in solving these types of issues.

The skin around the stoma might be too oily or too irritated for the barrier to hold satisfactorily. Bath oils and greasy creams should be avoided. But, there are products that may be put on the peristomal skin to treat skin irritation problems. Ostomy product manufacturers all carry skin care products that will treat peristomal skin and yet at the same time allow your barrier to adhere firmly to your skin.

There are many different producers of many different barriers. They offer you a large choice of products that may work for you. You need to try different products if you are having problems. One barrier will not work for everyone in the same way. For instance, one urostomate in our Chapter had a problem with falloff using a flat, Stomahesive barrier. He saw an ET from our Chapter and she recommended he try a Durahesive barrier with convexity along with a belt to gentle hold it in place. It worked! Our member was so pleased that he could resume his life doing the same activities he did before surgery.

A well fitting pouch that is suited to your needs and lifestyle is essential. If your pouch keeps coming off, have your entire ostomy system evaluated by a WOC nurse. Do not settle for less than excellent service

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Memorial Hospital West

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Memorial Hospital West is dedicated to addressing the unexpected and changing needs of people who are preparing for or living with an ostomy. We can help with ostomy care, including:

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BOA Minutes *continued from page 4*

Wodnicki presented a Colorectal Surgery Update centering on recent advances of a 3rd generation of robot surgical devices. Memorial Hospital uses the Da Vinci Robotic Surgical System.

The FDA approved robotic laparoscopic surgery in 2000, and the first Colectomy by robot was performed in 2002. NASA helped to further develop remote robotic surgery with the idea that an earthbound surgeon can operate through the robot on astronauts, thus eliminating the need to send a surgeon of each specialty onboard future long-term missions. High Definition and 3D were added in 2007-2008. The development of a large capacity broadband connection was needed to transmit the huge amounts of information necessary for the robots to function.

The Da Vinci robot has four arms that have more degrees of motion than the human arm. Technicians are specially trained in operating the robot and attach an interchangeable variety of micro precision instruments to each of three arms as needed by the surgeon. A fourth arm has a camera attached to it to provide magnification and display more angles than would be humanly possible.

Among the operations Dr. Wodnicki performs with the robot are Low Anterior Resection, Extraction of diseased or damaged colon, Colonal Anastomosis or reconnection of bowel segments after diseased portions are removed, and Suture Anastomosis. Robotic surgery is often successful in clearing radial margins in cancer cases. He performs laparoscopic rectopexy to correct the condition of prolapsed rectum. While stomas are still formed in the traditional manner, laparoscopic robotic peristomal hernia repair with mesh can also be accomplished using the robot.

Advantages of robotic colorectal surgery include a smaller incision, sometimes a single site surgical port, lower risk of infection and hernia, less blood loss and faster patient recovery. Even the best surgeon has some degree of minor tremor in his or her hands, and the robot has programs that correct this for precise and steady movements. The cost of a surgical robot is approximately $1.8 million per unit with a $500,000 annual upkeep. Instruments attached to the arms of the robot are used up to five times before the wear from use potentially decreases their extremely delicate precision. Dr. Wodnicki compared robotic surgery to operating in the Holodeck from the Star Trek TV series. Insurance now usually covers the procedures he performs as they are considered tried and true and not experimental.

A question was asked about abdominal adhesions. The doctor stated that anytime you put your hands in somebody and touch internal organs you create adhesions. There is a genetic factor involved as to how much adhesion a person will develop. With laparoscopy there are fewer adhesions; with the robot it's the same or better, even after multiple operations.

Wendy thanked Dr. Wodnicki with a tray of her famous homemade brownies and a Certificate of Appreciation. Amy also thanked Memorial's CWOCN Lea who recommended Dr. Wodnicki as a speaker. The meeting concluded at 2:32 p.m.

Respectfully submitted,

Bill

Bill Wilson
Recording Secretary

Irrigations – To Be or Not to Be

by Susan Wolf, CWOCN, The Mailbag, Jacksonville FL

Many people with a colostomy just do not like to irrigate. They find the whole procedure disagreeable, time consuming and often not very successful. In addition, despite irrigation, they still experience passage of stools one or more times a day.

Irrigation does not work for everyone with a colostomy. For one thing, your colostomy has to be in the descending or sigmoid colon. A colostomy in the ascending or transverse colon will not be able to be controlled satisfactorily with irrigation because the stool is too watery. One should never attempt to regulate an ileostomy with irrigation.

People who had a very unpredictable bowel schedule before surgery will probably continue to do so after surgery, despite efforts to achieve regulation

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A Pouch Falling Off *continued. from page 7*

from your ostomy system. There are solutions to most any problem with ostomy management. Invest the time to talk to a professional ostomy nurse—at a hospital, through your retailer, at a Chapter meeting or even by calling one of the manufacturers themselves. There is no need to suffer!

As an Ostomate, How Long Might You Live

by L. Wruble, M.D via Mailbag Jacksonville FL

Well, prepare, for good news! There have been only a few long-term studies of the postoperative life of an ostomate. The findings that have been made known were mainly done during the past 10 years. What do you think is the ultimate outcome? What may an ostomate expect in terms of health and life expectancy?

The studies that have been done indicate that the health of an ostomate is exactly the same as that of anyone else. And, of more importance, there is no difference in your life expectancy from the general population.

Every part of the intestinal tract works in harmony, so it might be expected that the removal of one part, such as the colon, might affect the rest. But the studies reveal no indication of this. Diseases of the intestinal tract such as gallstones and peptic ulcers are not found to be in higher incidence after ostomy surgery.

There is, however, an increase in the formation of kidney stones in the ileostomate, possibly because of the increase in the absorption of certain chemicals that stimulate the formation of stones.

Centering Your Pouch

Mailbag Jacksonville FL

A well-fitted pouch does not allow for much margin of error. Consider this: the correct opening size is determined by measuring your stoma's diameter with a measuring card. If your stoma is oval, measure at both the widest and narrowest parts to get it accurate. Previously ostomates were told to add one eighth of an inch to this measurement so that to stoma wouldn't rub up against the skin barrier wafer. With today's new products only StomaHesive wafers still require adding one eight of an inch. All other types my touch the stoma as they are composed of much softer materials that will not harm the stoma.

However, your pouch should be centered exactly and carefully each time. How do you do this? Good lighting is important, preferably from both above and the side. Stand sideways to the light source for better visibility. A wall mirror is a great help to see that the appliance hangs straight.

A crooked pouch exerts uneven pressure on the skin and stoma and can only lead to trouble. Don't rush!

Take the time to check placement carefully before allowing your skin barrier to make contact. No time is saved if you have to do the whole thing over again because the pouch is crooked or uncomfortable.

Remember if your pouch feels out of place or uncomfortable, TAKE IT OFF! Don't wait for an injury to occur. It is better to change unnecessarily than to risk damaging that precious stoma. You have to live with it for a long, long time.

Irrigations *continued. from page 9*

with irrigations. On the other hand, some people whose bowel habits were irregular before surgery do find that irrigation helps them achieve regularity. Some people have work schedules or lifestyles that do not permit them to irrigate at a consistent time each day. This too can cause irrigation to be unsuccessful or inconsistent.

You do not have to irrigate your colostomy. Your bowel will work anyway, irrigation or not. The purpose of irrigating a colostomy is to achieve regulation of the bowel so that no stool is passed between irrigations. The main reason for regulating the bowel is for the person with a colostomy to have an alternative in his or her ostomy management. The goal is to be as comfortable as possible. If irrigating is not accomplishing regulation and is in fact making you more uncomfortable, you should not be doing it.

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 Treasurer Mr. H. Lynn Ward, 1704 N 32nd Ct, Hollywood, FL 33021-4427. BOA never shares membership information. We value your privacy.

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__ I am also enclosing a contribution to BOA
__ I am an ostomate and want to be a member but cannot afford dues at this time.
(This information is kept in the strictest confidence.)
__ I would like to become an Associate Member (non-ostomate).