

Volume XLII Issue No. 4

April 2012



Broward Beacon



Next Meeting:

Sunday, May 6th 1:00 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.

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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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Broward Beacon

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President's Page



*Amparo Cano MSN, CWOCN
with Wendy*

Friends, loved ones and family. The older I become the more important I realize they are. As our wonderful vice president Amy reminds us, we at BOA are family.

We're there to support and help and encourage one another to face and cope with difficult life challenges.

Our beloved friend and Medical Advisory Board Member, Amparo Cano really went the extra mile April 12 to help all of us down that road. Amparo organized and hosted and invited me to attend the Broward Health Conference Program for the 2012 Annual Wound and Ostomy Conference with over 140 medical professionals in attendance.

Donna Sellers, RN BSN CWOCN, one of Amparo's guest speakers, received her wound, ostomy and continence education from Emory University in Atlanta Georgia. She has experience in management

of complex wound and ostomy cases in a wide variety of scenarios including home care, outpatient and acute care settings.

Donna also ran a five day per week outpatient ostomy clinic at a trauma center in Orlando Florida. She has been a practising nurse for 25 years and an ostomy nurse for 14 years.

Donna spoke for over an hour and a half using helpful slides on ostomy basics. There are at least 140 local medical professionals who now really "get it" thanks to this program.

Blessings sent to the outreach of people such as Amparo and Donna who are getting the word out. Others are being educated on all our special needs. Thank you Amparo and Donna and to our beloved ConvaTec Representative Rob Seaman for suggesting Donna. We all adore you.

One day at a time, one step at a time, having an ostomy will become easier to cope with. But having such committed friends is what makes all the difference. Looking forward to seeing you soon,

Fondly,

Wendy

Ditch the Itch

*by Mary Lou Boyer, BSEd, RN, CWOCN
Department of Colorectal Surgery
Cleveland Clinic Florida*

Editor's Note: Mary Lou was kind enough to write this wonderful article in response to my clueless assertion that ostomates should never use cortisone cream. Sincere thanks to Mary Lou for taking time from her very busy schedule to educate us on this really important topic.

We often have ostomy patients who complain of itching on the peristomal skin. When evaluating the problem, it is important to determine the cause. Itching can occur with leakage of stool or urine on the skin, fungal rashes, traumatic removal of the pouching system, allergic reaction to a product, and with other skin disorders. In most cases a little detective

work will help determine why itching is occurring.

If stool or urine is coming in contact with the skin, refitting the ostomy appliance to protect the skin is the first step.

If the itching is fungal or a yeast infection (a rash with small pinpoint red spots with tiny white heads and is extremely itchy), treatment involves an anti-fungal powder or cream.

Skin irritation from rapid removal of the pouching system should clear up with normal cleansing and pouch application. Care should be taken to protect skin when removing the old pouch by pressing the skin away while gently lifting the seal, rather than tearing the old pouch off of the skin.

An allergic reaction to a product will usually show up in the pattern of the offending product. It is very helpful to take a close look at the pattern of the red, itching area and then at the back of the pouch/wafer just removed. Finding out what product comes in

continued on page 4

Next Meetings:

Sunday, May 6th, 2012

Refreshments, 1:00 p.m.

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

Meeting: 1:30 p.m.



We are simply delighted to have as our May guest speaker Mr. John Chickey, a Secure Start Specialist with Hollister Incorporated who will be sharing company updates and all the new products.

As you may know Hollister manufactures a thoroughly comprehensive line of ostomy products and is one of the industry's leading, most respected ostomy supply providers.

When asked to let me know a bit about himself John kindly replied, "I grew up in Libertyville Illinois right near where Hollister's headquarters is located. In fact only 6 stop lights away. After graduating from Libertyville High school I went on to Eastern Illinois University in Charleston Illinois.

I earned two degrees in Marketing and Management. My career with Hollister began around 5 years ago and I have been in the Secure Start Program for all of them.

It has been a blessing to be part of a team that has truly helped so many people. I have worked with patients and nurses from all over the country. During my time with Hollister I have found a career that has become my passion. While in Secure Start I have held a couple of positions. I have been patient coordinator and then most recently coordinator for the mid-Atlantic region primarily covering the Virginias, Carolinas, Kentucky, Tennessee, Mississippi and part of Florida. I look forward and am excited to move to Florida and help make a difference."

John, we're excited too and truly look forward to learning about all of Hollister's products and programs. Welcome to BOA!

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

2012 Meetings Schedule

If you are as forgetful as I am here are the dates of our upcoming meetings so you can put them in your date book now. May 6th, and June 3rd. Summer Break, September 2nd, October 7th, November 4th and December. 2nd. Detailed meeting information including a wonderful map can always be viewed on our website www.browardostomy.org.

Ditch the Itch *continued from page 3*

contact with the skin at that exact same location indicates what product needs to be eliminated or substituted with another product.

Sometimes the cause of itching is not so obvious. Not drinking enough "good" hydrating fluids, using skin cleansers or other products that are drying, and hormone changes are a few examples.

In the case of allergic reaction and when the other causes have been ruled out, Benadryl cream, cortisone cream or cortisone gel may be recommended to help relieve the itching and clear the skin of redness. Ointments are not recommended as they prevent the pouching system from adhering to the skin.

Often our patients worry about using a cream or gel on the skin for fear the pouch seal will not stick well to the skin. The instructions we provide are as follows:

Use of cream: Apply a small amount of the cream to the Peristomal skin. Gently massage the cream into the skin and allow it to remain there for 2-3 minutes if possible. (Wick away urine or liquid stool during the waiting time!) After allowing the cream to absorb into the skin, gently wipe away any excess cream. Wait another 30 – 60 seconds to allow for drying and then apply the pouching system. If a skin

continued on page 6



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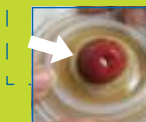
*Lisa is wearing ConvaTec Moldable
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Ditch the Itch *continued from page 4*

barrier wipe is part of the system you use, simply pat it on the skin instead of wiping it across the skin. Wiping skin preps on the skin may remove some of the healing cream; patting allows the prep to seal over the cream.

Use of gel: Apply a thin layer of the gel to the affected area and massage gently into the skin. Allow to absorb into the skin for a few seconds, massage any excess into the skin and then apply the pouching system. The gel dries quickly and does not affect the adherence of the pouch. **The one we recommend is Cortizone-10 Anti-Itch Liquid.** It comes in a bottle with a sponge applicator top, however it is best to apply the gel using a swab or clean fingertip on clean skin. It can be found next to the other anti-itch creams and ointments on the pharmacy shelf, but can be hard to recognize. The box packaging is rectangular and has a picture of the bottle with the words "Easy Relief Applicator".

Over-the-counter cortisone cream or gel can be used with each pouch change for one to two weeks. It can be applied as often as daily, however we usually recommend every other day at most so the skin is not irritated from frequent adhesive removal. Cortisone cream or gel is not intended for long term use. If the skin remains very itchy for more than two weeks you should have the peristomal skin re-evaluated.

B.O.A. MINUTES

April 1st, 2012

A group of more than 50 people assembled for this month's meeting, beginning at 1:25 p.m. with President Wendy introducing Pam to read the Ostomate's Prayer. First time guests were introduced including Ricardo, Michael, Gabriella, Tonya, Alma, Brenda & Joe.

Last month's speaker, Dr. Joachim De Posada, brought additional copies of his book *Don't Eat the Marshmallow ...Yet!* that had been requested by the membership. Julie, owner of Ostomy, Inc., one of our faithful supporters for years and years (see page 12) donated calendars and other items for the

supplies donation table. She will also send the extra and unused supplies members bring in to donate, at her expense, to *Ostogroup*, an organization that helps those who cannot afford ostomy supplies and carry no insurance. This will save us hundreds of dollars in postage for mailing these boxes. Julie also gave an extremely large and generous donation to help us send LT to Youth Rally Camp this coming summer. Ostomy Nurse Lea Crestodina has graciously volunteered to help with the time consuming and voluminous paperwork involved to send LT to camp. Thank you Julie and thank you Lea.

Once again our beloved member Leroy brought a delicious fresh catered lunch for all, and Betty topped off our day with a wonderful cake. Leroy, Betty, you're simply the best!

Helen Ginsburg continues to provide phone coverage for those members who request a reminder of our monthly meetings by phone.

Our member Ely created a truly beautiful decorated donation box for contributions to send LT to the Youth Rally. Thank you Ely. You're a truly talented lady. Tony won the 50/50 raffle. Lea, Mary Lou, and Amparo were recognized as CWOCN's (ostomy nurses) who donate their time and knowledge to attend our meetings and talk with our members on a complimentary, private, one to one basis.

Wendy introduced Pam, her extraordinary sister who also has an ileostomy, as today's speaker. Pam is a professional speaker who gives seminars at boat shows and maritime organizations all over the country. Her program was entitled "A Family Sails Around the World." Today she spoke and showed pictures of her 6½ year, 27,000+ mile trip around the world in a 39 foot sloop that she and her husband built over a fifteen year period. Traveling with her husband Andy and their two young children Samantha and James, they visited many lands.

On the *Kandarik*, as the ship was named, (aboriginal for dancing kangaroo) she and her family were able to make many friends and meet people from all around the globe.

Specific to our group, Pam talked about how she managed her ileostomy at sea. She brought a small bag, the contents of which were a squeeze bottle for water, precut wafers, pouches, paste, tape, extra

clips (she once lost a clip while diving on a reef), and Ziploc bags for discarded materials. She also brought Band-Aids for the inevitable cuts and scrapes her kids would acquire. That's all she needed.

For hot showers, a large black rubber bag filled with rain water was suspended in their rigging to heat up from the sun. The bathroom (or head) only had a foot pump to propel water into the sink.

She and her family slept in bunks onboard the *Kandarik* and cooked at sea making two loaves of homemade bread each morning and catching fish off the stern. They would trade with the local people for supplies.

Pam showed us wondrous sights from the countries and coastlines they visited. She was most proud of the education enrichment her children received by being immersed in the different cultures in the world including learning fluent French from their year spent in Tahiti. She closed her program by encouraging all to believe, react, and follow our dreams without letting our surgeries limit our goals and aspirations. Thanks Pam for a wonderful afternoon.

Respectfully submitted,

Bill

Bill Wilson
Recording Secretary



Product Review: 3M™ new Kind Removal Silicone Tape vrs. 3M™ Paper Tape

by Wendy Lueder

As I mentioned in the President's Page, I had the pleasure to attend a conference April 12th at Broward General. Jami Cortrela, RN, CWS from 3M introduced me to a new blue colored tape that is a big improvement to the plain white paper tape that I've been using for years. Jami is being kind enough to send us all samples which will be distributed at our next meeting. Thank you Jami! Take the time to read the following information on this tape so you will be able to test the improvements for yourself.

To quote their literature. "3M™ Kind Removal

Silicone Tape is a smarter medical tape with the ideal blend of properties for those who have fragile or at-risk skin. In recent testing, 9 out of 10 nurses preferred 3M™ Kind Removal Silicone Tape over their current gentle tape. It is both hypoallergenic and latex free. It is especially beneficial for patients with sensitive, compromised or at-risk skin or who may require repeat taping.

The silicone adhesive is softer and more conformable than traditional adhesives, and works differently with skin and hair. The tape can be removed with minimal stripping of skin cells or pulling of hair. To remove, pull the tape from the skin low and slow back over itself in the direction of hair-growth, supporting the skin as the tape is removed.

And unlike traditional tape that increases adhesion over time, 3M silicone tape delivers constant adhesive strength for as long as it's left in place. You will feel the difference the moment it goes on... and comes off."

Their literature goes on to answer commonly asked questions: "How are silicone adhesives different from traditional acrylate and rubber based adhesives?"

- Constant level of adhesive strength over time
- Reduced skin cell stripping and hair pulling at removal
- Little to no residue is left on the skin at removal.

The adhesive surface remains clean and tacky even after it has been removed from skin. Traditional adhesives can strip skin cells and pull out hair when they are removed so the adhesive surface is covered with debris from the skin and thus no longer tacky.

There are many different types of skin trauma associated with medical tape use. Factors that affect incidence of skin trauma:

- patient age • patient skin condition • medica-



continued on page 9

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Kind Removal Silicone Tape *continued from page 7*

tions being used • use of products such as skin preps, cleansers, topical medications and other materials • use of medical adhesive products

Factors that can lead to adhesive-related trauma may include: • tape selection • application or removal technique • adhesive residue left on the skin after tape is removed • number of repeat applications and removals

Is 3M Kind Removal Silicone Tape breathable?

Yes. Moisture can pass through the 3M Kind Removal Silicone Tape and it is a water resistant tape; it is not occlusive.

3M Kind Removal Silicone Tape does not stretch.

It is chemically inert and chemically different from traditional adhesive products. As a result, allergies are extremely rare. In fact, silicone has been used in cosmetic and other skin and hair products for many years and shows little propensity for causing allergic reactions.

Can 3M Kind Removal Silicone Tape be used with skin preps or barrier films?

Protective barrier films and other skin preps are not needed to prevent skin damage or pain upon removal of 3M Kind Removal Silicone Tape. However, if desired, protective barrier films may be used to protect skin against moisture or for other purposes. Ensure the protective barrier film is completely dry before applying the tape. There is no degradation in performance or other negative consequences to using these skin prep products with this tape. 3M™ Cavilon™ No Sting Barrier Film and 3M Kind Removal Silicone Tape may be used together.

Clinical testing demonstrates that 3M Kind Removal Silicone Tape is safe for use on infants and children.

3M Kind Removal Silicone Tape is moisture resistant but does have higher securement when dry. In extreme moisture conditions, a traditional acrylate tape may be a better choice. However, Clinical testing demonstrates that patients can shower while wearing the tape.”

Editor's Note: I still suggest taking spray adhesive remover with you if you're going to be an in-patient.

It is a huge pain saver when removing IV's as many different types of tape are used in hospital.

We Get Mail



Wendy,

How are you? I'm not doing too bad. I had a couple of questions. First, my niece graduates this year, so I am going to fly to NE next month. This will be the

first time that I have flown since my ostomy surgery. What can I expect? Is there anything I need to know to prepare myself for the flight? I was really excited and then all of the sudden I started having all of this anxiety over flying.

Any information you can give to help me I would really appreciate it.

Thanks again.

C

Dear C,

Please, please do not have anxiety about traveling. I just flew to Chicago and back to Ft Lauderdale a few weeks ago and all went very well. I want you to enjoy yourself. I had no problems at all.

Here however are a few suggestions.

Print out and carry the UOAA Travel card found here: http://www.ostomy.org/ostomy_info/pubs/Travel_Card_2011b.pdf

I've never had to use it but I carry it anyway.

Wear a pouch with a gas filter. Use a new pouch as the filters tend to stop working after a couple of days.

Eat low residue food before the flight. (C has an ileostomy) I usually eat scrambled eggs which leave absolutely no output for me.

For security, as I've had so many x-rays I opt out and get patted down. I tell the TSA person about my surgery. Never had a problem. They've always been gracious and understanding. If you chose not to opt out, be sure to empty your pouch right before going through security as the pouch usually doesn't show up if it's empty and you won't have any extra hassle.

It might make you feel more comfortable to show your travel card to a flight attendant before taking off

so you won't feel pressure to explain while in the air if you need the rest room quickly. I have also done this and it did help me to relax. Again, I didn't need the rest room but I knew I could use it anytime if need be.

Please let me know how it goes. You've made yourself very dear to many of your UOAA family members and we care about you.

Hugs and love sent your way,
Wendy

Help for the Extreme Peristomal Skin Problems

by Wendy Lueder



When I attended Broward Health's Conference I was reminded of a wonderful product which I tried out a few years ago but discontinued due to its very, very high costs. I just want to let you know about it in case nothing else works and your skin in really breaking down. This is only a

personal opinion based on my own limited experience and as it is so very expensive please do not try it without first getting additional professional medical advice.

MARATHON® Liquid Skin Protectant is a liquid that comes in a small class vial that works for one application only. It is similar in function to less expensive skin barrier wipes but protects in extreme cases of skin injury or breakdown. After it dries in place it will not diminish adhesion of your skin barrier wafer.

To quote their literature: "MARATHON Liquid Skin Protectant is a non-stinging, cyanoacrylate based monomer that forms a remarkably strong protective layer over skin. As the cyanoacrylate polymerizes, it bonds to the skin surface and integrates with the epidermis, supporting the natural integrity of the skin. It resists external moisture, yet it allows the skin to breathe. MARATHON Liquid Skin Protec-

tant is designed to protect skin that is intact or **damaged** from the effects of ostomy output. This type of bonding with skin at a molecular level ensures that the product remains in place until the epidermal cells naturally slough away, enhancing skin integrity.

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Peristomal irritation in ostomy patients is a common occurrence and it has been reported that 10 to 70% of ostomy patients experience some type of peristomal skin problems. Leakage of urine, undigested food matter, and feces are the major cause of peristomal irritant dermatitis. Prompt management of affected peristomal skin leads to improvement in ostomy barrier wafer efficiency and patient comfort, both of which significantly upgrade the quality of life.

To watch a video showing the proper use of the applicator along with other valuable information, see www.medline.com/wound-skin-care/marathon

To order call 800 950 8585: Item #MSC093005, box of 10 costs \$81.78 + \$7.95 shipping. Item #MSC093001, box of 5 costs \$51.53 + shipping."

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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 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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