Volume XLIV Issue No. 3 Fall Quarter 2014

Broward Beacon

Next Meetings ~ 1 p.m. Sept 7, October 5th & November 2nd

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

Broward Ostomy Association

An affiliated chapter of the United Ostomy Associations of America (UOAA).
Our Vision ~ a society where people with ostomies are universally accepted and supported socially, economically, medically and psychologically.

www.browardostomy.org
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 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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President's Page

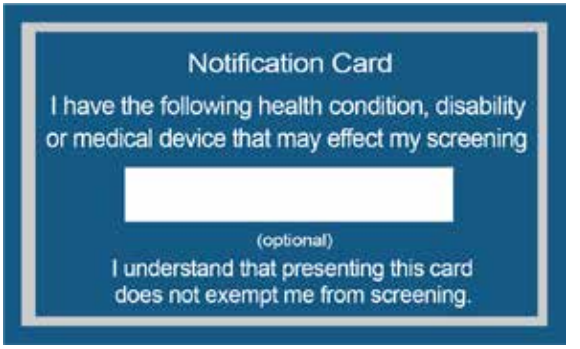
With deep thanks for a referral from George Salamy, Vice Chair of UOAA's Board of Trustees and UOAA's TSA Disability Coalition representative, I was invited to speak for an hour at Ft Lauderdale/ Hollywood International Airport to a room packed full of TSA agents about their relationship to passengers with ostomies.

To say I was impressed with TSA's commitment to understanding multicultural division and disability issues is an understatement. From 7:40 in the morning through 6:30 p.m. on August 5th, TSA agents were informed on Islam 101 & Best Practices; Civil Rights & Liberties; Passengers with Ostomies; Sikhi 101 Best Practices; Disability Sensitivity, Communication & Etiquette; and Dementia and Physical Disabilities.

I was so impressed with the credentials for the speaker on dementia and physical disabilities. Martha Castilleja is a polio survivor herself and is a highly committed advocate for inclusiveness and accessibility for people with disabilities. In her talk on etiquette she urged us to focus on the person and not on his or her disability! We are all different and need to be recognized for that which we are capable of doing, not for what we may require aid to accomplish. Approximately 54 million people in the US have some type of disability and not all disabilities can be seen.

I was privileged to give a 40 slide PowerPoint presentation entitled ***How to Relate to Someone living with an Ostomy.*** After covering basic ostomy concepts of Colostomy vs. Ileostomy vs. Urostomy, their differing anatomies, pouching systems and pouch locations, I covered the topics of ostomy myths and hints and tips.

Myth: Having this surgery is distasteful or offensive; Truth, ostomates consider it to be life affirming and a road to help regain their health. Myth: Ostomates need to wear unsightly baggy clothes; Truth, ostomates are well dressed and wear low profile surgical appliances. Myth: Ostomates have an odor control problem; Truth, ostomy pouches are odor proof, not odor resistant. Myth: There are very few ostomates; Reality, approximately 700,000 Americans have an ostomy with 113,000 ostomy surgeries performed annually.



We reviewed the Travel Communications Card (available to download from UOAA's website http://www.ostomy.org/ostomy_info/pubs/Travel_Card_2011b.pdf) which helps to notify TSA agents during screening before being patted down or entering a full body scanner.

As of January 2011, ostomates may always have a travel companion with them during a private screening. TSA officers should not ask ostomates to show their pouch but may be asked to rub over their pouches outside of clothing so that they can test your hand to rule out explosive residue. The Travel Card is not a certificate and it is not a pass to avoid screening.

If a pat-down is required I urged the TSA agents to use extreme care as our pouches may be attached to our bodies with adhesives only and may be relatively easy to accidentally push or pull off. I also urged them to inform ostomates that a private location is available for pat-downs if we prefer.

I wanted them to realize what normal lives we as ostomates live so I concluded my talk with examples of ostomates who are great athletes, world travelers, childbearing mothers and lovers. Of course I referred to Ren and me as the lovers.

The final myth I covered was that life ends after ostomy surgery. In fact, we as ostomates look at this type of surgery not as a sunset but as a sunrise into better health. It's all in your perspective.

Looking forward to seeing you in September.

Fondly, Wendy

Next Meetings:

Sunday, Sept 7th
Sunday October 5th
Sunday November 2nd: Remember, Daylight Saving Time Ends!

Meeting 1:00 p.m.
Chat 'n' Chew till 1:30 p.m.
Speaker: 1:30 p.m.

September 7th we will be having Focus Groups: Learning, Supporting and Sharing. We will be gathering into four separate groupings, one each for colostomates, urostomates, ileostomates and care giver/loved ones.

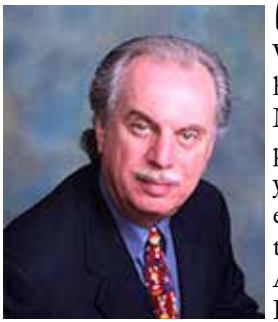
Each table will have a professional facilitator to answer questions and lead the participation by all. I personally have learned invaluable hints and tips at this type of meeting.

Please bring with you your questions, favorite appliance or ostomy accessory to share your insights or concerns with the rest of those at your table.

October 5th

Oh how I look forward each year to having Mr. Rob Seaman of ConvaTec join us once again. As many of you already know there are three major manufacturers of ostomy supplies, ConvaTec, Hollister, and Coloplast as well as specialty product manufacturers such as Torbot, Parthenon, Nu-Hope, Cymed, Celebration Support Belts, etc.

Every ostomate is unique and what works well for one does not necessarily work well for another. Each of us needs to be aware of the different pouching products available and use what's best for their own particular situation. I personally prefer one manufacturer's barrier wafers yet prefer another manufacturer's pouch. Do learn what options ConvaTec has for you and be an informed, comfortable ostomate. It is only when we can manage well physically with our pouching system that we can happily get on with our lives.



November 2nd

We a so delighted to have David A. Gross M.D., a board certified psychiatrist with thirty-six years of clinical practice experience and recipient of the Practitioner of the Year Award from the Florida Psychiatric Society. Dr. Gross specializes in treatment of anxiety, depression, as well as other conditions.

He earned a BA in Psychology, Magna Cum Laude from U. of Rochester, his MD with honors from U. of Florida and was Chief Resident at Yale University where he also taught as a Clinical Assistant Professor.

Ostomy surgery, as no other type of medical procedure, presents extra hurtles to overcome as it entails potential misunderstandings by new ostomates themselves and by the general public. Due to the early years when modern surgical appliances were not available, certain misconceptions about living with an ostomy remain to haunt us today ~ a potential source of anxiety and apprehension. Please join us as we'll learn how best to cope with the challenges we've been given from this eminently qualified physician. Looking forward to seeing you then.

Save This Date

UOAA's 2015 National Conference will be held Sept. 1st through 6th, in St. Louis, MO at the Hyatt Regency at the Arch. Nineteen BOA members attended the last Conference held in Jacksonville FL and had a total blast. Plan ahead and try to join us once again in St. Louis. Attending is a life-changer.

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Minutes General Meeting

June 1, 2014

The meeting was called to order at 1:30 p.m. at Memorial Regional Hospital Auditorium. Ren read the Ostomate's Prayer. First time visitors were welcomed including Renne who had surgery in March, supported by her mother Roslyn, Miriam, RN who wanted to learn about ostomies, and Bernie who had surgery in 1970. Jean and Arthur were thanked for their generous contributions of the refreshments.

Elections were held with the following results: Wendy Lueder as President, Amy Weishaus as Vice President, Lynn Ward is retiring from Treasurer and Ren Lueder graciously accepted the nomination, Elizabeth Sundin as Corresponding Secretary, and Debbie Walde as Recording Secretary.

Wendy displayed an active pouch securing device for sports. This comes in three sizes and can be custom made. Kishore (the producer of the BOA website) accepted the sample to trial.

Wendy announced the good news that since her recent surgery she now has 20-20 vision after being legally blind her entire life. Very exciting for Wendy!

Amy introduced Dr. Bruce Kava from the University of Miami Health System. Dr. Kava specializes in urologic oncology, general urology, and sexual dysfunction especially as it relates to urologic surgeries. Dr. Kava did his residency at New York University School of Medicine and his fellowship at Memorial Sloan Kettering Cancer Center. He has been at U. of Miami since 2000.

Urinary Cancer and the Ostomate

Dr. Kava started his discussion with the incidence of bladder cancer. Florida ties with New York for having the second highest state in the nation for incidence of bladder cancer. Mortality is decreased with early diagnosis and intervention. He stated that women are often diagnosed later in the disease process than men as they are often given antibiotics for suspected urinary tract infections by internists or gynecologists.

One of the first symptoms of bladder cancer is painless blood in the urine (hematuria). Because of this, Dr Kava stated that blood in the urine should be treated as an emergency. Risk factors include a history of smoking and/or exposure to tire or rubber products including industrial compounds. Diagnostic tests include CT scans, intravenous pyelogram, and cystoscopy in which the interior of the bladder is viewed with a scope. Superficial bladder cancers can be scraped off the bladder wall but may reoccur requiring further scraping; thus follow up is essential. Once the cancer invades the bladder wall, the bladder needs to be removed.

There are other reasons that bladders are either removed or the urine is diverted from the bladder such as: 1) urinary incontinence not responsive to other forms of treatment, 2) severe recurrent inflammation, 3) radiation trauma received while being treated for prostate or cervical cancers as well as colon cancer.

Dr. Kava discussed the different surgical approaches and the benefits of each. The Indiana Pouch has a stoma that needs to be catheterized at regular intervals to prevent overfilling of the internal pouch and subsequent rupture. It takes approximately 20-30 minutes to completely drain the pouch. Sometimes, stones can form at the bottom of the pouch making it difficult to completely drain. Also, there is no urge to void so the time commitment must be present to prevent electrolyte

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and fluid imbalances caused by reabsorption. While the Indiana Pouch is expanding, spasms can occur requiring placement of an appliance over the stoma.

The orthotropic neo-bladder is a reservoir made from a segment of intestine attached to the urethra (the tube that normally drains the bladder). There is no stoma on the abdomen and the same native sphincter is used for urination as prior to surgery. There is still the possibility of self-catheterizations needing to be done in about 10% of the cases. This is an option when the cancer is diagnosed early and in the case of obesity where there is too much tension to place a stoma on the abdominal wall. Dr. Kava concluded his presentation by offering to answer questions individually.

Home cooked brownies and a certificate of appreciation thanking Dr. Kava for his commitment were given as well as a flashlight as he "gave a light to our group".

OstoBuddy

The second meeting speaker was Kishore, the award winning designer of our own website www.browardostomy.org. Kishore has recently developed a new app for ostomates' smart phones or Android mobile devices. See their website www.OstoBuddy.com. At this time it is a paid app costing $1.99 but with getting suppliers and physicians on board to help fund, it may become a free app soon.

OstoBuddy's features:

- Receive reminder to use your supplies customized to your schedule
- Control your supply inventory so that you never run short unexpectedly
- Instantly see quantity of supplies on hand
- Keep track of when you used your supplies
- One click phone call to your supplier to reorder
- Keep a detailed list of supplies used with Manufacturer Name, Supply Name & Model Number in one place. FAQ: www. ostobuddy.com/faq/ios

Our UOAA Chapter is the first to be presented with this new idea that Kishore has developed to help give back to his ostomy community. Well done Kishore!

The meeting was adjourned at 2:30 p.m. The next meeting will be September 7.

Respectfully submitted,

Debbie Walde, RN CWOCN
Recording Secretary

We Get Mail

Dear Dr. Kava,
I simply cannot thank you properly for honoring us with your informative and encouraging talk. Please note your certificate of appreciation was mailed to you today. When it arrives please consider it a warm and appreciative hug from all of us in BOA.
Sincerely,
Wendy Lueder, President, BOA

Dear Wendy,

It really was my pleasure. It is so comforting to know that you and the association are here for our patients.

My enthusiasm and gratitude for your organization were real. I hope that I get to work with you again in the future. Thanks again for opening my eyes.

Bruce Kava, MD

Greetings Ms. Lueder,

I wanted to say just how much we appreciated you sharing your time, insights, and experiences with TSA. You received rave reviews from attendees. The candor and energy you brought to your informative presentation made it so meaningful for us. We look forward to working with you in the future, and we are delighted to have you as a valued member of our coalition.
Thank you again, and I hope you have a wonderful weekend.

Respectfully,

Seena Foster

Manager
Disability Branch
Office of Civil Rights and Liberties, Ombudsman and Traveler Engagement
Transportation Security Administration

5 Foods That Fuel Or Cool Chronic Inflammation

By Michael Dewey

Chronic inflammation is one of the contributing factors of many serious illnesses, including: heart disease, many cancers, and Alzheimer's disease.

Stress, lack of exercise, genetics, and exposure to toxins all contribute to chronic inflammation. But what is possibly the biggest factor in chronic inflammations your everyday food choices.

There are 5 foods that either fan or cool the flames of inflammation.

A Brief Explanation of Inflammation: Despite the words used almost interchangeably, inflammation is not a synonym for infection. The two are correlated however, as inflammation is often a result of infection.

Inflammation is a survival mechanism of the organism meant to remove threatening stimuli. As well, inflammation allows the healing process to begin. This is different from infection, which is caused by a microorganism.

Inflammation is divided into two types: chronic and acute. Acute inflammation is the cornerstone of the healing response system in our bodies. We're all aware of acute inflammation on the body surface. It is the first response of the body to intruders and shows up as redness, heat, swelling and pain. Acute inflammation serves us well by allotting more immune activity and nourishment to an area of infection or injury. This happens by increased movement of plasma and leukocytes from the blood into the injured tissues.

You will see acute inflammation in action in response to things like: bronchitis, ingrown and infected toenails, sore throat, a scratch on the skin, intense exercise , acute appendicitis, dermatitis, tonsillitis, infective meningitis and sinusitis. Without inflammation, wounds and infections and damage to tissue would never heal - tissue would become more and more damaged and the body, or any organism would eventually die.

Acute inflammation, different from chronic, starts quickly (rapid onset) and soon becomes severe. Symptoms and signs are only present for a few days, but in some cases may last for several weeks.

Chronic inflammation on the other hand means long lasting inflammation. A change from acute to chronic inflammation involves a shift in the type of cells present at the site of inflammation. Chronic inflammation is typified by simultaneous destruction and healing of the tissue from the inflammatory process.

Chronic inflammation can stick around for several months or even years. It can result from failure to eliminate the cause of an acute inflammation. Or chronic inflammation will stem from an autoimmune response to a self-antigen; the immune system attacks healthy tissue, mistaking it for harmful pathogens. Persistent, chronic inflammation can cause diseases and conditions such as some cancers, atherosclerosis, rheumatoid arthritis, periodontitis, and hay fever.

Inflammation, as you can, see is crucial for our survival. Think of it like a good friend who protects you. But to be accurate, in this analogy there's 2 friends protecting you, one is acute one, who quickly takes care of your bully and goes home. The other friend escalates the problem instead, is still an unwanted visitor in your guest room weeks later, and won't stop talking about your bully. And you feel more unsafe than ever.

Chronic inflammation is just like a toxic relationship that you are better off eliminating- or at least reducing. How? Some of the causes we may not be in control of, but the foods we eat that are main culprits, we can control.

How Does Today's Food Increase Chronic inflammation? Chronic symptoms of inflammation that don't let up is your immune system stuck in the 'on' position. Why is it stuck in a state of heightened

alert and panic? Because your immune system goes into overdrive firstly in your digestive tract. Not surprising, because it was made to remove viruses and bacteria in your food before they infect your body.

Bouts of diarrhea, intestinal bloating, gas, constipation, heartburn and acid reflux are first signs of an inflamed digestive tract and are symptoms of the "modern diet." Until recently we ate natural fresh foods high in omega-3s. But these days we inverted the ratio of helpful to harmful foods - so our digestive systems must work overtime to protect us from ourselves and our bad eating habits.

Our relatively new penchant for allergen-inducing sugar, carbohydrates, wheat and dairy may result in chronic inflammation.

5 Foods That Fuel or Cool Chronic Inflammation

1. Polyunsaturated vegetable oils - Common everyday polyunsaturated vegetable oils (sunflower, safflower, corn, soy and peanut) encourage an inflammatory defensive reaction.

2. Trans fats - Also known as "partially hydrogenated oils," trans fats create "bad cholesterol" or LDL's, which stimulates inflammation in your arteries. Trans fats also create free radicals cells that trigger inflammation. Watch for this ubiquitous item in: french fries and donuts, pastries, pizza dough, pie crusts, biscuits, cookies, crackers, margarines and shortenings.

3. Sugar - Refined sugar and other foods with high glycemic values spike insulin levels. Because of how ever-present sugar is in today's diets, it keeps your immune system running on high around the clock. Be very discerning about the quantity of simple carbohydrates you feed yourself. They support chronic inflammation because they spike your body's glucose levels, and quickly. Simple carbohydrates are found in: table sugar, white flour, honey, chocolate, milk, yogurt, fruit juice, candy, fruit, cake, jam, biscuits, molasses, soda, packaged cereals and more.

What Foods Help Cool Inflammation? 4. Complex carbohydrates. These are carbs paired with fiber, fats or protein. This allows your body to process the sugar gradually. Whole grain breads, buckwheat and amaranth, brown rice, quinoa, are foods that will do your body a favor, and let it relax rather than be in constant fighting mode. Beans, whole vegetables and whole fruits are also great choices for complex carbohydrates.

5. Omega-3 essential fatty acids. These are the "good" fats that are known to have heart-healthy effects. Found in rich supply in cold water fish, phytoplankton, and flaxseed, omega-3 rich foods are your allies.

Many people feel that giving up their favorite foods means a life of bland austerity. However, those who do make regular healthy choices invariably find the rewards far outweigh the fleeting pleasure of "a moment on the lips." And feeding your body complex carbohydrates and omega-3 rich foods signals to your body's immune system to cease its tireless march on your healthy cells.

Update from UOAA

Hello to all my Ostomate Friends!

There is an outstanding article, ***Once I Let Go of My Colon, I Could Finally Take a Giant Bite Out of Life*** by Gaylyn Henderson, a young lady who has an ostomy, that recently appeared on social media. Gaylyn shares, "I had a total proctocolectomy, removing the large intestine and rectum, leaving me with an ileostomy. I was trying desperately to be "normal" by clinging to the very thing that was slowly killing me." To read more and get inspired by this beauty go to: BLOG: http://gutlessandglamorous.com/; Twitter@GutlessGlamour; Instagram:@GutlessandGlamorous.

We are working on establishing **Teleconference Ostomate Support** as an avenue for those Ostomates who live in areas that do not have a local Ostomy Group or whose local chapter is too far away for them to access. We all know how important a support group is right before surgery, after surgery and even 10, 20, 30 years down the road. If you have any suggestions or would be a volunteer to work in this area helping other Ostomates, please let me know.

Swimming Pool Access Discrimination. The UOAA Advocacy Committee is working on this issue as incidents of pool access discrimination have been reported. One such instance involved a Urostomate who wanted to participate in a water exercise program at a local city community swimming pool. The ostomate was refused entry into the pool by the Aquatics Director, because of the possibility of the pouch leaking urine in the pool. A visit was made to the Community Center Director and information provided that this discrimination is considered a reason to file a discrimination complaint. Bottom line: the Urostomate was allowed pool access.

Kindly report any similar incidents so that UOAA may assist you with this issue.

ASG Ambassador WEBINAR Update. We are all set to go with UOAA's first WEBINAR. On August 22, 10:00 a.m. CST there will be Ostomates, a WOCN, our Social Media Director and myself, filming the very first Ambassador Training/ Information WEBINAR. This will be the first of many and will be posted on our Social Media sites. We are really excited about this and the prospect of future ones to come. As soon as the first WEBINAR is posted we will send a special notifications to all of our support groups.

ASG (Associated Support Group) Leadership Academy. Working with Ken Aukett, UOAA's 2015 National Conference Chair, UOAA is establishing a ASG Leadership Workshop. Right now, we are exploring the top five most important issues facing ASG leaders. We are also looking at video taping the event to make it available to ASG Ambassadors at "Regional Conferences" and other venues. We had very good response from our ASG Workshops at the last UOAA Conference in Jacksonville FL and I am looking forward to spending more time with our ASG leaders and representatives. We will be providing more information on this as we send out updates. Start planning now to attend the conference in St Louis.

Phoenix Magazine. I have to end my update with an encouragement for you to continue pushing subscriptions in your groups for this UOAA Magazine. It is the best information around for Ostomates. When I receive mine, I get in my easy chair and start reading the material. Thank you in advance for supporting the Phoenix Magazine.

I want you to know that the UOAA Management Board of Directors, its Officers, the UOAA Office Staff and the UOAA ASG Advisory Board appreciate all that you do for our family of Ostomates. I also appreciate each and every one of our Affiliated Support Groups and leaders. Without you, there would be no purpose for UOAA and our mission. Remember, I am available for you and I know that our UOAA Management Board Directors are also available.

Thank you again,

Jim Moore

2nd Vice President, UOAA Management Board
Chairman, ASG Advisory Board

Ostomy and Wound Care Services

Memorial Healthcare System 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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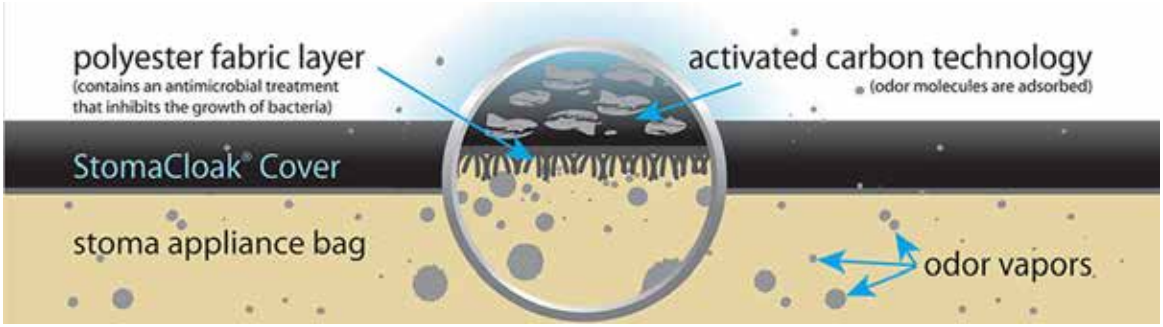

New Product: Stoma Cloak Odor Fighting Ostomy Pouch Cover

There's a new pouch cover on the market: StomaCloak® co-invented by a nurse and Dr. Joe Salisa MD. It's made of a proprietary polyester material with carbon impregnated ziolite and antimicrobials to significantly reduce ostomy odors. It fits over Hollister, ConvaTec, Coloplast, and Nu-Hope pouches and is machine washable for over 30 cycles.

Most all ostomy pouches are odor proof and not odor resistant and the use of this type of product is not necessary. However, there are exceptions. After having ostomy surgery recently, the transparent pouch they fitted me with in the hospital did in fact have an odor and this new pouch cover would have in fact been helpful. Product costs $19.99 plus S&H. Phone 231 733 5555 for more information or to order. http://www.stomacloak.com/

TSA Update

UOAA has obtained a very useful document from the TSA that provides excellent information on airport security screening procedures, as well as guidelines for what to take into consideration when packing your belongings for flights and helpful resources to have available if you are concerned about traveling with disabilities and medical conditions.

To view the seven page document online go to: http://origin.library.constantcontact.com/download/get/file/1115638112403-31/tsa+cares+document.pdf

Urostomy Care Urine Salt Crystal Deposits

Lynda Allen, E.T., TX, via Metro Maryland

Urine salt crystal build-up around urinary stomas is one of the most difficult skin care problems with urostomates.

Urine secretes a certain amount of salt, but whether the urine is acid base or alkaline base determines the amount secreted. An alkaline base urine secretes more salt than an acid base urine; thus, we have more salt crystal build-up when we have an alkaline urine.

If you have urine crystals they can be seen as a growth, white or light brown in color, around the base of the stoma. The stoma and the area which the growth involves is very likely to be tender and sore. Sometimes the stoma will be completely covered by the crystals and can no longer be seen. An underlying factor which causes urine crystals, other than alkaline urine, is the stoma opening in the appliance may be too large and these patients are wearing a rubber type appliance. Another aspect is that some of these patients did not use a night drainage system, thus allowing the urine to remain in the appliance while they slept, continually bathing the stoma with urine. Also personal hygiene, not only of the skin area around the stoma, but the cleaning and proper care of the appliance was poorly done.

If you have a urine crystal build-up problem, try these solutions: Determine the circumference of the stoma and purchase a new faceplate or appliance (preferably semi-disposable). The appliance should be changed every two to three days. Every time the appliance is changed, a vinegar and warm water

solution should be used to bathe the stoma.

Use one part vinegar to three parts of water. Bathe for several minutes with cloth. This solution may be used between changes by inserting some in the bottom of the appliance (a syringe may be used for this), and lying down for about 20 minutes to let the solution bathe the stoma.

To keep control of the situation, change the alkaline urine to an acid urine. The easiest and most successful way is by taking ascorbic acid (vitamin C) orally. The dosage will depend on your age. PLEASE BE SURE TO CONSULT YOUR PHYSICIAN BEFORE TAKING ORAL MEDICATION.

Recently designed urostomy pouches have a "Bag within the Bag" so that the urine is trapped in the lower part of the bag. If you can follow these procedures, you should have no further problem with urine crystal build-up. However, if you do begin to see them again, take action immediately.

Managing An Ileostomy

Metro Maryland

The actual site of the ostomy determines some of the dietary individualization. With an ileostomy, the colon is bypassed or missing; therefore, water and those minerals normally reabsorbed by the colon are lost in the discharge. These nutrients must be replaced to prevent dehydration. Hot weather and heavy exercise make this replacement especially important. Unless your doctor specifically puts a limit on them, foods high in sodium and potassium should be eaten daily.

Remember that the stoma usually is smaller in diameter than is the colon. For ileostomies, this is not usually a problem, since the main content is liquid. However, blockage by large pieces of food can occur when food has been insufficiently chewed. Therefore, that old rule about chewing your food thoroughly really becomes important.

In addition, since some very high fiber foods and meats with lots of connective tissue can pass through the intestine relatively unchanged, they may need to be eaten sparingly or not at all. Very high fiber foods are: corn on the cob, coleslaw, tough meats, pea pods, bean sprouts, bamboo shoots, orange pulp, coconut, raw pineapple, and other raw fruits, popcorn, raw celery, carrots and radishes, skins and seeds of fruits and vegetables.

Even if fluid and mineral balance is maintained, a large volume of effluent can be a real inconvenience. Some foods cause an increase in fluids, while others cause a decrease.

Foods that tend to increase output are beans, broccoli spinach, prune juice, raw fruits, juice, licorice, red wine, beef and highly spiced foods. Foods that tend to decrease volume are applesauce, bananas, boiled milk, rice and peanut butter.

Remember that effluent volume will not decrease by limiting fluid intake - you will just get dehydrated. Keeping a diary of food intake and any accompanying problem is helpful, especially in the early stages.

Ostomy Q & A

From Various Ostomy Groups Who Kindly Share

Q: For colostomates: Where does the water go when it does not return with my evacuation?

A: It is absorbed into your body and then eliminated via urination some time afterward.

Q: I have an ileostomy. On the left side of my stoma, I have an indentation. I am having trouble keeping my skin barrier on my tummy. Effluent tends to leak out from under this area.

A: Indentations near the stoma can and do cause imperfect seals between the skin and the skin barrier. Consider using Eakin Cohesive Seals by ConvaTec or Hollister Barrier rings. It is good for filling in the "nooks and crannies" and makes your dents level with the surrounding areas.

Q: My ileostomy produces high output. May I fast so I don't get this output at inconvenient times?

A: Some ileostomates delay eating or time their meals so they have less waste at certain times (e.g., intimate moments, going to the movie). However, your ileostomy will continue to produce gas and digestive juices even if you haven't eaten, and an empty digestive tract seems to produce excessive gas. Starving yourself to avoid producing waste is foolish and dangerous.

Miami Dade Support Group

We are thrilled to announce the new ***South Florida Ostomy Support Group*** inaugurated and led by ostomy nurse Donna Byfield, CWOCN. The group will meet the third Wednesday of each month from 6 to 7 p.m. January through June, take a summer break, and then pick up again September through December at Baptist Health Resource Center, Baptist Medical Arts Building, 8950 North Kendall Drive, Suite 105, South Miami, FL. For more Information, call 786-596-1642 or 786-596-6060.

Coral Springs Ostomy Support Group

Coral Springs Medical Center's "Caring & Sharing Ostomy Support Group" meets on the 4th Wednesday of the month at 5:30 p.m. to 7:00 p.m. For more information and to call and confirm as they do take a summer break, contact Patricia Paxton-Alan MSN, ARNP-BC, CWOCN at 954-344-3094.

Meeting Dates:

Please, if you are as forgetful as I am, take a moment now to mark your calendars for our upcoming meetings. This is especially important since the ***Broward Beacon*** is now published on a quarterly basis. We really don't want to miss seeing you. Our 2014 meetings start at 1 p.m. Sundays on September 7th, October 5th, and November 2nd.

Our Holiday Banquet is scheduled to meet on December 7th, 4:30 p.m., by reservation only, $10 per person. We are so fortunate to have it catered once again by our beloved member and professional caterer Leroy.

BOA does not endorse any products or methods. Consult with your doctor or Ostomy Nurse before using any products or methods either published in this bulletin, displayed, described, demonstrated or distributed by sample at our meetings or recommended by an association member.

Broward Ostomy Association Membership

If you wish to be a member of BOA dues are $10.00 per year from January 1st to December 31st and includes receiving our monthly newsletter, the ***Broward Beacon***. Please make checks **payable to BOA** and mail to: The Lueders, 2100 S Ocean Dr Apt 16M, Ft Lauderdale Fl 33316-3844. BOA never shares membership information. We value your privacy. BOA is a 501(c)3 charitable organization.

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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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