



Broward Beacon



Next Meeting:

Sunday, April 1st 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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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



Ren and I met on a New Year's Eve thirty-one years ago. We're both not sure if it was 1979 or 1980 as it was pretty close to midnight. Amazingly we were officially engaged (after getting my father's permission) that very next St. Patrick's Day. So this March 17th is very dear to us. We usually celebrate our

meeting anniversary, our engagement anniversary, our wedding anniversary, Ren's birthday and my birthweek. Fair is fair.

Since learning that I don't need further surgery life has been so much easier. For the first time in months I really can relax and enjoy.

We as ostomates all have extra challenges. If your appliance isn't comfortable or if your skin is constantly irritated or if you have frequent leaks or have to change your skin barrier wafer very often or if there is an odor problem -- something is not right. This is not normal and you need to see a WOCN (ostomy nurse) and get your life back to as close to normal

as possible. Too many ostomates tolerate unacceptable conditions. Be proactive, insist on getting the care you need. Try new products if the ones you're using don't meet these criteria. Don't settle back into acceptance. You are too precious to do so.

A very young 22 year old ileostomate just visited me at my home along with her mother. I was so glad to be able to encourage her by showing her a photo of my sweetheart Ren who was at work at the time. I was able to share how good life is and that she can have a wonderful future ahead of her.

That's why BOA exists. That is why I am so thankful for our members and friends. You are a fantastic group of encouragers. So many of you come to our meetings just to be there for the other guy, the new ostomate who may be traumatized by this whole new way of having to live.

Bless you all. Thank you all. And as the Irish would say,

"May the road rise to meet you,

May the wind be always at your back.

May the sun shine warm upon your face,

The rains fall soft upon your fields.

And until we meet again,

May God hold you in the palm of his hand.

Aging and the Ostomate

Edited by B. Brewer, UOAA Update 3/12

Skin: As we grow older, subtle changes occur in our bodies. The most insidious is our skin. It loses elasticity and becomes thinner and drier, thus becoming prone to wrinkles and irritation.

These changes can become real problems for those who must wear a pouch all the time. To prevent leakage as the skin becomes more wrinkled, one should stand up straight when changing the pouch. With one hand, stretch the skin so that it's tight, and with the other hand attach the pouch (using a mirror may help you see what you're doing).

Bruise: The skin over the entire body tends to bruise more easily and heal more slowly as we age. We need to be more careful when removing a pouch. A skin barrier covering the entire area under the pouch, or a very thin application of a skin-care product may

help protect the tender skin.

Strength & Agility: Aging may also result in less strength in the hands, arthritis, lessening mobility or pain in the fingers can make it difficult to put together a two-piece pouching system. A one-piece pouch may eliminate the task of stretching a pouch over a faceplate. In short, aging is something we must face. Considering the alternative—it's not that bad!

* * *

From *The Motivational Mini Book* by Dr. Joachim de Posada: "Learn to value yourself first; then fight for your happiness. No one can make you feel inferior without your permission." I've asked Joachim to please bring copies of his books to our next meeting so if you didn't have a chance to buy one last month as I didn't we'll all have a second opportunity. Amy is reading her copy now and gives it rave reviews. Not surprising! Not surprising at all. Cost \$20.

Next Meetings:

Sunday, April 1st, 2012

Refreshments, 1:00 p.m.

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

Meeting: 1:30 p.m.



We are simply thrilled to have as our April guest speaker Pam Wall. Pam speaks all over the country about her adventures with her two small children and husband Andy sailing around the world for seven years on a 40 foot sloop KANDARIK that her husband built in Ft Lauderdale. What most all of her listeners don't know is that Pam has had our surgery and coped well on this small boat with no hot or running water, using a foot pump in a three foot square bathroom (head). Wherever she speaks at boat shows and yachting associations, even as far away as Monaco, Pam has standing room only crowds eager to listen. I know you'll be encouraged by her adventures as well as her creativity in handling her surgery. We'll learn by her cheerful example that many, if not all of our self-imposed limitations exist merely in our minds. Looking forward to seeing you there!

Would You Like to Receive The Broward Beacon Electronically?

With the cost of postage and UOAA affiliate dues going up I am wondering if any of you would like to receive your copy of the *Beacon* via email instead of a hard copy through the mail. If so please send an email to info@browardostomy.org to let me know that you want to receive your newsletter that way. Please put **Electronic Newsletter** in the subject line and be sure to include your name. Personally I prefer a nice booklet in my hand which I can take anywhere.

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. April 1st, 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.

Minutes General Meeting March 4th, 2012

The meeting started with Wendy explaining to those concerned that fortunately she did not need to have surgery. She is fine. For more information, please read the President's Page in the February issue of the *Broward Beacon*.

Betty read our prayer beautifully and we went on to acknowledge our great newcomers. Welcome to: Linda-colostomy, Tony-urostomy, Chris-ileostomy, and Chico-colostomy.



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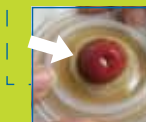
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Minutes *continued from page 4*

Wendy was proud to tell us that she has been published in *Bead and Button* magazine for her latest necklace design. If you happen to get a chance, look on pages 58-61 and you will see the necklace with instructions on how it is made. She had it on and it is lovely. Congratulations Wendy.

After today's meeting there will be an open Board Meeting for all who wish to attend.

Helen has restarted the phone tree for meeting reminders. If you would like a friendly call to remind you of the meeting please let Wendy know and she will give your number to Helen. Thanks Helen for the courteous nudge.

It's that time again, 'Crohns and Colitis Walk.' Paula will be participating again this year and Amy will be joining her. Donations are appreciated.

Dr. Joachim De Posada, CSP is an international speaker, consultant and author. He does team building seminars stressing motivation. Well he motivated us with his interesting and inspiring information. He let us know that we are the people he most admires and he is honored to be our presenter.

His amusing visual effects help get his points across. Like the gazelle and the Lion. The gazelle runs fast or he will be eaten by the lion. The Moral being- Always wake up running! When the sun

comes up you have to deal with life and continue living and helping others. Seek help - life is now different after surgery. Things have changed and you have to decide to make changes to help yourself.

Luck doesn't always work. You have to learn to change. Darwin said, "Applied knowledge is power, you have to apply it for it to be useful." To decide to do and actually doing are two different things all together.

Bad communication hurts all of us. Seek to understand and then be understood. Most people want to be understood without understanding first.

An example of this is: while waiting to be introduced a member said "the marshmallow really works" thinking she is a psychologist, he asked why she said that. She said because it stops diarrhea. So he explained his Marshmallow Theory. If he hadn't asked and listened they would have been speaking about two different things.

Marshmallow Principal- separately in a room 643 four-year-olds where given a marshmallow and told that they would get two if it was still there when the adult came back into the room. 66% of the children ate theirs while the rest realized how important it was to have self-discipline. It showed the ability to delay gratification.

It was found that 100% of those children who waited went on to be productive, decent people in society. This same test was given to Latin children

with the same results. Wendy asked if there was a difference between the girls results and the boys and Joachim said that it was about the same.

Remember to ask questions to get the whole picture before you answer. Understand and don't be fooled into instant gratification. Analyze and get the whole picture. Never underestimate your potential. You are one idea away from something big in your life.

There is a book, "Emotional Intelligence" that helps people succeed in life. Some of Joachim's books are: *Survive; Don't Eat the Marshmallow Yet; and Don't Gobble the Marshmallow Ever.*

Korea wants to be number one by 2050 thus delaying gratification. The US eats the marshmallow.

In life you need to go the extra step. While helping an Olympic swimmer he taught her to 'let go of the elephant'. He gave this example:

An elephant is tied to a small piece of wood-why doesn't he try to escape. When he was young he gave up trying to escape which set him up for life. Change your mental attitude and you can do anything. The swimmer decided to give up her negative attitude and won the Olympic gold medal.

How many of us have not let go of the elephant-not adapted to our new situation. There are always excuses. It is in your attitude. Find ways to help others and ourselves. We're OK!

Joachim said he believes in this: "The best day of your life is the one in which you decide your life is your own. No apologies or excuses, no one to lean on, rely on, or blame. The gift of life is yours. It is an amazing journey, and you alone are responsible for the quality of it.

Thank you Joachim for your gift of sharing so much wisdom with our group. As Amy and Wendy mentioned, you are a precious gem and we are oh so grateful.

Respectfully submitted,

Linda Roberts

Linda Roberts
Acting Recording
Secretary



What you Missed if you Don't get the Phoenix

by Wendy Lueder

Our mother organization, UOAA, puts out a wonderful quarterly magazine named *The Phoenix*. If you don't subscribe this article is a tease to let you know what you're missing in hopes you'll change your mind.

The lead article is *Back in the Rink*, an inspiring account of a man returning to ice hockey, the sport he loves, after colostomy surgery. There are articles on Peristomal (around the stoma) Skin Lesions; Erectile Dysfunction; Preventing Bladder Cancer Recurrence; Ostomates in Uniform; Gastronomers to the Rescue; Evaluating Adhesive Removers; One-Piece Pouches; Finding the Right Skin Barrier; Concealing your Pouch and Hernias.

That is not to mention the additional departments such as Ask Dr. Rafferty; Ask Nurse Muchoney; Book Reviews and Ostomy News & Products.

The Phoenix is a great read and keeps me up to date on what's happening in the ostomy world. Please see their ad on page 10 of this issue and consider getting a copy for yourself.

Just one quick caveat. UOAA does not endorse any product advertised in the *Phoenix*. Just because a product is offered doesn't mean it's worthwhile. Why not ask an experienced ostomate before making any major purchases. I'm a true believer in the adage that less is more as well as "keep it simple".

HOW TO TREAT AN ILEOSTOMY BLOCKAGE

UOAA Patient Reference Card, UOAA Update 3/12

Symptoms: Thin, clear liquid output with foul odor; cramping abdominal pain near the stoma; decrease in amount of or dark-colored urine; or abdominal and stomal swelling.

Step One: At Home:

1. Cut the opening of your pouch a little larger than normal, because the stoma may swell.
2. If there is stomal output and you are not nauseated or vomiting, only consume liquids such as

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Blockage continued from page 7

sodas, sports drinks, or tea.

3. Take a warm bath to relax the abdominal muscles.

4. Try several different body positions, such as a knee-chest position, as it might help move the blockage forward.

5. Massage the abdomen and the area around the stoma as this may increase the pressure behind the blockage and help it to pop out. Most food blockages occur just below the stoma.

6. Drink a glass of grape juice. If you are a diabetic make sure the sugar content is at a safe level for you. (This hint is from your editor who has found this to be very effective and is not included in the original article.)

Step Two: If you are still blocked, vomiting, or have no stomal output for several hours:

1. Call your doctor or WOC Nurse (ostomy nurse) and report what is happening and what you have tried at home to alleviate the problem.

Your doctor or WOC Nurse (ostomy nurse) will give you instructions (e.g., meet at the emergency room, come to the office).

If you are told to go to the emergency room, the doctor or WOC Nurse (ostomy nurse) can call in orders for your care there.

2. If you cannot reach your WOC Nurse (ostomy nurse) or surgeon and there is no output from the stoma, go to the emergency room immediately.

Important: Take all of your pouch supplies with you to the Emergency Room (pouch, wafer, tail closure, skin barrier spray, irrigation sleeve, etc.)

When to Seek Medical Assistance

Edited by B. Brewer, UOAA Update 3/12

The most common problem after ostomy surgery is the development of a hernia around the stoma site. This is manifested as a bulge in the skin around the stoma, difficulty irrigating for colostomate and partial obstruction. Heavy lifting should be avoided

immediately after surgery.

Other conditions where you should call the doctor or ostomy nurse are when you have difficulty with:

1. Severe cramps lasting more than two or three hours

2. Unusual odor lasting more than a week

3. Unusual change in stoma size and appearance

4. Obstruction at the stoma and/or prolapse of the stoma

5) Excessive bleeding from the stoma opening, or a moderate amount in the pouch

6. Severe injury or cut to the stoma

7. Continuous bleeding at the junction between stoma and skin

8. Watery discharge lasting more than five to six hours.

9. Chronic skin irritation

10. Stenosis of the stoma (narrowing)

Your ostomy nurse is helpful in managing complications should they arise. For a list of local ostomy nurses and information on how to contact them please see our website article: <http://www.browardostomy.org/how-to-contact-and-ostomy-nurse-in-broward-county/>

p.s. I know it's misspelled.

POUCH CHANGES - HOW OFTEN

via Green Bay (WI) GB News Review,

Edited by B. Brewer, UOAA Update 3/12

This question about pouch changes is among those most frequently asked, particularly by ileostomates and urostomy patients. Like many other questions, there is no one answer that applies to all ostomates.

An informal survey revealed that some people change their pouching system as much as 3 times a day, and some as infrequently as every 2 to 4 weeks. Obviously, there must be reasons for this great variation. After pointing out that the great majority of ileostomy and urostomy patients change in the range of once daily to once a week, let us explore some of the reasons. People on either side of this spectrum can have a skin problem or skin which is nearly indestructible.

Pouch Changes *continued from page 9*

Some of the reasons for the variation in time between changes include:

Stoma length: A short stoma exposes the adhesive material to moisture which may decrease wearing time.

Amount or consistency of effluent: Profuse effluent tends to loosen the seal.

Skin Type: Moist or oily skin tends to decrease adhesion time.

Skin Irritation: Decreases adhesion. The pouch should be changed more frequently to evaluate the success of your attempts to heal the skin.

Ileostomates remember that if output gets on your skin it is extremely irritating. When changing your skin barrier wafers, apply and then wash off Milk of Magnesia to neutralize the digestive enzymes that have contacted your skin.

Experience: Good technique, such as allowing paste to dry well, will increase adhesion.

The good news is that a survey found that the longer a person has been an ostomate the better they become at changing techniques and the longer the time between changes becomes. So hang in there. It does get better.

PSYCHOSOCIAL CONCERNS

Edited by B. Brewer, UOAA Update 3/12

The reaction to intestinal or urinary diversion surgery varies from one individual to the other. To some, it will be a problem, to others, a challenge: where one person considers it life-saving, another finds it is a devastating experience. Each person will adapt or adjust in their own way and at their own time. Don't let others pressure you to cope their way. You are unique and don't have to conform to other's expectations.

Permanent and significant changes in the body's appearance and functional abilities may change the way the person sees themselves as well as their self esteem. Fear of loss is normal and facing any loss is difficult.

Approach self-care constructively and assume your own personal physical care.

You may be concerned about telling others, how

and when. Who should I tell about my surgery? How much detail? You do not have to tell everyone about the surgery. Be selective about who and how much to tell. Detail depends upon the relationship with the other person(s)

You might consider simply saying, "An ostomy is a surgical procedure for the diversion of the bowel or bladder. I have to wear a small pouch on my side.

Sexuality issues are common concern for the ostomate. Linked closely to our feelings of sexuality is how we think about our body image and ourselves. Talk to your partner. Discuss openly any sexuality concerns that you have. It is likely that your partner will have anxieties about sexual activities due to lack of information. An intimate relationship is one in which it matters how well two people can communicate.

For single individuals, brief casual dates may not need to know. But if the relationship grows and leads to intimacy, be sure to talk about the ostomy prior to a sexual experience. That kind of surprise may not be a good idea.

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