

Volume XLI Issue No. 7

September 2011



# Broward Beacon



**Next Meeting:**

**Sunday, October 2nd, 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](http://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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### **Broward Beacon**

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## President's Page



Because the members of BOA are consistently so generous, we were able this past summer to send 14 year old L.T. to Youth Rally Camp where he met with over 130 young people, ages 11 to 17 who have undergone the same surgeries as the rest of us. At our September meeting, by unanimous assent, our members also voted to give L.T. a computer so he can keep in touch by FaceBook with all his new friends, a contact he would be unable to do without this equipment. I am very happy to report that L.T. is now the proud owner of a Dell Laptop, 1 GB RAM, DVD, Wireless Card, CD/RW with a 40 GB hard drive. Ren is updating the software as I write, and installing a security firewall. It's great being married to a computer nerd. Thanks Ren.

Purchasing the laptop was a double blessing. BOA bought the used computer from **ARC Broward**, a 501(c)3 which is "a nationally accredited, private, not-for-profit organization providing services and employment to children and adults with autism,

Down's syndrome, and other developmental disABILITIES, as well as those with various life challenges." So ACR profited by our purchase donation. And now L.T. will also profit by being able to keep in touch with his Youth Rally friends and also keep up with his homework, not to mention BOA saved money by purchasing a used laptop. Win, win, win. Thanks also goes out to Adam, our new member who let me know about ARC.

BOA also decided it was important for L.T. to know that we intend to send him to camp next year so he can look forward to seeing his new friends again in just a few months. It's expensive so we've opened a separate savings account so that if you feel led to give to this worthwhile cause your monies can be set aside just for L.T. We also are a 501(c)3 so any donation you may make is tax deductible. Just be sure to let us know that any funds you may choose to give are designated for L.T.

Also at our September meeting I promised to let you know the newly acquired code that will allow you to purchase the American College of Surgeons Foundation's brand new highly recommended **Surgical Patient Education Ostomy Skill Kit** for the cost of shipping only. Please see page 6 of last month's issue for product details. To order phone 312-202-5263 or go to:

<http://image2.source4.com/ACSLLogin.asp>  
Click on "First time users please register here"  
Choose either a urostomy kit or a colo/ileo kit. Enter code at checkout FB87-70B5-18906. With code the kit will be sent for cost of shipping only. Without this code the kit costs \$40 plus shipping.

As usual, I'm so proud of our BOA family. You're the best. See you soon.

Fondly,



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### 2011 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. October 2nd, November 6th and December 4th, our holiday banquet at 4:30 p.m. by reservation only. 2012: Jan. 8, Feb. 5th, Mar. 4th, April 1st.

### 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.

# Next Meeting:

**Sunday, October 2nd, 2011**

**Refreshments, 1:00 p.m.**

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

**Meeting: 1:30 p.m.**

We are truly delighted to have as our October guest speaker Mr. Rob Seaman, Executive Ostomy Care Specialist with ConvaTec, one of the world's leading ostomy supply manufacturers. As I have written before, "to know Rob is to love him" and I do. Rob is personally responsible for getting ConvaTec's Booster on page 5, the funds from which help to enable us to keep our dues down to a comfortable level.

I've known Rob for more years than I can remember and he is the best company rep out there. Rob will update us in his charming and approachable way on all that's going on at ConvaTec which is one of the few companies that manufactures a comprehensive line of ostomy products. Learn about the new, improved pouch filter coming to market in the not too distant future.

Having well-fitting, well functioning ostomy equipment is one of our highest priorities. Don't miss this opportunity to learn the latest about their ostomy line. Requests for free samples are always honored by ConvaTec and you owe it to yourself to discover whether one of their products is just right for you.

## **B.O.A. MINUTES - June 12, 2011**



The June Broward Ostomy Association meeting started a little early at 1:25 p.m. to accommodate a full program schedule. The Ostomate's Prayer was lead by

Hilary, who also won the 50/50 drawing. First time guests introduced included Mary, and L.T. L.T. is a 14 year old who we sponsored to go to the Youth Rally this summer, paying for all his expenses including registration and airfare. A collection was also held so

that he would have spending money at the camp. As usual our members were very generous.

President Wendy reminded everyone that Helen Ginsburg is in charge of the phone list committee, and will make calls to remind members of our meetings when they ask her to. The first meeting after the summer break will be on September 4th.

Wendy presented a slide show from the Florida Association of Enterostomal Therapists Conference held this past May 6th. Our own CWOCNs Amparo & Eula invited Wendy, Kent, Lynn, Bev and Darryel to perform a skit about life with an Ostomy. The theme of the Conference this year was Gold on the Beach! Amparo also presented Wendy with the award for being the Most Influential Community Leader. We also had an information table at the Conference.

The skit was also performed at Broward Health's 10th Annual Wound-Ostomy Conference on April 8th, at the Center for the Performing Arts in Ft. Lauderdale, after which Wendy received an Award Plaque for service.

Amy introduced our guest speaker for the day, Lea Crestodina, a Wound, Ostomy and Continence Nurse working out of Memorial Regional Hospital and member of our Medical Advisory Board. She presented a program entitled History of Ostomy Surgery and WOC(ET) Nursing.

There are many historical references to the opening of the abdominal wall dating back to the Bible. Many early physicians learned about the subject from studying abdominal injuries and fistulas. In the latter 1700's many abdominal surgery patients died from peritonitis, but some lived for many years. We don't know how they managed their stomas. The development of anesthesia in the mid 1800's was an important step in ostomy surgery. Reasons for having colostomy surgery include trauma, atonic bowel, diverticular disease, volvulus, inflammatory conditions such as Crohn's Disease, obstruction, and cancer. Ileostomy surgeries were developed much later, in the 1950's.

Urinary Diversions were first reported in 1851 but it wasn't until 1950 that a modern procedure was developed by Dr. Eugene Bricker. Reasons for urinary diversions include cancer, incontinence, radiation cys-



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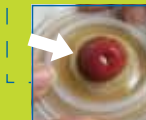
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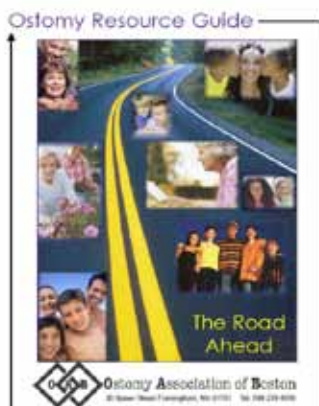
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# Ostomy Resource Guide

*Ostomy Association of Boston*



In the June Issue of the Broward Beacon we started sharing information from Chapter One of this wonderful guide covering the topics of types of ostomy appliances, types of ostomy accessories and types of ostomy caregivers. We'll now look at Chapter Two where the

Resource Guide suggests what information we need to bring to a caregiver and explore other topics such as when we need to see a doctor or surgeon instead of a nurse when we encounter problems of a more technical nature. Our sincere thanks to the OA of Boston for making this wonderful guide available on their website. To print the entire Guide see: <http://www.bostonoab.org/website%20ORG.pdf>

When heading off to your doctor's appointment or ostomy clinic visit, be sure you can provide your new caregiver with the information listed below. You also may want to keep this information on your person in the case of an emergency.

- Medication Allergies:
- Other Allergies:
- Current conditions for which I am being treated:
- Current Medications (including prescription and over the counter medications and herbal treatments)
- Current problem(s) you are having:

**ALWAYS BRING EQUIPMENT FOR A COMPLETE POUCH CHANGE TO YOUR APPOINTMENT.**

- Type of ostomy:
- Consistency, frequency and amount of

ostomy output:

- Size of stoma: \_\_\_\_\_ (In inches).
- Current equipment you use
- Frequency of pouch changes
- Daily fluid intake: \_\_\_\_\_ (In ounces).
- Special diet you follow:
- Past health problems:
- Previous surgeries: Include the Surgery Date, Surgeon's Name and Hospital

**Equipment and Suppliers:** Finding the right type of ostomy equipment is an essential element for living well with an ostomy. When you leave the hospital, you will be wearing the brand of appliance preferred by that hospital. This does not, mean, however, that it will be the right product for you. There are many manufacturers of ostomy supplies, as well as many ways to purchase these supplies. Your ostomy nurse is a good source of information for new products and for supplier recommendations. Your choice of both product type and place of purchase is limited only by your personal requirements, and in some cases, by your type of medical insurance.

Medicare and many HMOs will impose certain restrictions on the purchase of ostomy supplies (e.g. requiring that you use a mail order company). If you are on Medicare, an important consideration in choosing a supplier is whether they accept Medicare assignment. Always check with your insurance carrier to determine the details of your insurance.

**Equipment - Selection Considerations, Problems, and Customized Options:** Here are some tips to remember when choosing your type of ostomy equipment: Always consult with your Wound, Ostomy and Continence Nurse (WOCN) first for information and recommendations for your particular situation.

Remember that every person is different and you need to find what works best for you. You should feel free to experiment with different manufacturers of the same product or different types of equipment. Call the manufacturer's toll free 800 number and request product samples (free), or ask your supplier for a sample. (see page 2 for phone numbers). Check our web site for manufacturer links. Check with your

supplier for suggestions for new products. Ask if they have a WOCN or other knowledgeable staff available to answer questions.

Twenty of the Most Frequently Asked Questions Following Ostomy Surgery. This is a list of some of the most common questions asked following ostomy surgery. We have provided general answers to these questions. As always, in order to obtain answers to your individually specific questions, be sure to consult with your doctor or Ostomy nurse for help. These questions are presented in random order, without significance to importance.

- Who should I tell? What should I say about my surgery? First, you should tell those who need to know about your surgery, such as health care providers, your spouse or significant other, and people who are involved in your recuperative care. Beyond this, it is important that you do what is most comfortable for you. People will never know about your ostomy unless you tell them. For your boss and coworkers, depending on your relationship, you might choose to say that you had abdominal surgery. For your friends and family you might want to say more. If you want people to know, you should tell them, but it's also okay not to tell.

- Will there be odor coming from the pouch? There should be no odor coming from the pouch as it is designed to be odor-proof. The odor or amount of gas an individual experiences depends on the type of food the one eats, or the amount of air we take in each day with such things as talking, snoring and smoking cigarettes. Depending on the type of ostomy you have and what you have eaten, you may have gas and odor when emptying the pouch. There are a lot of products that can be taken orally or placed in the pouch to combat odor. Some people like to use room deodorizers preventatively before emptying.

- Will I be able to continue my daily activities once I recover from surgery? Yes. Generally after surgery you can gradually resume the daily activities you were doing before. People go back to work or school, resume family activities and engage in physical activities when they feel ready. There is very little that you will not be able to do.

- What can I eat? Will I need to change my diet?

There may be some modifications in your diet but in most instances you should be able to eat a varied and well-balanced diet. Any dietary restrictions are highly individual. It is important to introduce foods a little at a time with plenty of liquids. For people with ileostomies, some less digestible or high roughage foods; such as corn, coconut, mushrooms, nuts, popcorn, dried or raw fruits and some vegetables are more likely to create potential blockage problems.

People with colostomies and urostomies generally have fewer or no restrictions. It is important to drink lots of liquids and to chew your food thoroughly before swallowing. Ask your WOC/ET for a list of recommendations before or soon after you leave the hospital.

- What about medications? Can I take vitamins? Remind each of your doctors that you have an ostomy. Checking with your doctor is a good idea before taking any medication, vitamins included. Time-released and enteric coated medications may pass through the system of people with ileostomies too quickly to be effective.

- What about showering and bathing? Should I bathe with or without the appliance? Will soap hurt the stoma? People with ostomies shower and bathe both with and without their appliances according to their personal preference. Some people initially gain confidence for swimming by sitting in a tub of warm water to assure themselves that the appliance won't leak. Avoid using very hot water on the stoma as it may burn the sensitive tissue. Soap will not hurt it but avoid putting oil-based soaps and creams on the skin around it as they can cause adhesion problems with the appliance.

- Will I be able to wear the same clothes as before? How about belts, pantyhose, girdles, tight clothes and swimsuits? After ostomy surgery, you are encouraged to wear the same clothes as before. You do not need a size larger or avoid fitted clothing. Wear what you like and feel most comfortable in. However if your stoma is located on your waistline you might find belts uncomfortable or restrictive. If this is the case, people choose to wear higher or looser waistbands on trousers and skirts. Suspenders can be a comfortable alternative to a belt. Many women prefer patterned suits with an inside panel for extra tummy

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## Minutes *continued from page 4*

titis, painful bladder syndrome, bladder exstrophy, and spina bifida.

Two people, Dr. Rupert Turnbull and his patient Norma-Gill-Thompson, are credited with beginning WOC(ET) nursing. In 1962, they opened the School of Enterostomal Therapy at Cleveland Clinic in Ohio. That same year Norma Gill and Archie Vinitsky founded the United Ostomy Association (UOA). In the early 1960's ET schools also opened in other parts of the country. In 1968, the North American Association for Enterostomal Therapy (NAAET) was founded and was dedicated to training specialized technicians to provide care to patients with ostomies. The first meeting was held in 1969 at the Cleveland Clinic Ohio.

In 1971 the NAAET changed name to International Association of Enterostomal Therapists. In 1976 the Enterostomal Therapists role came under the classification of nursing care. Board Certification became available in 1979. In 1996, the IAET name was changed to the Wound, Ostomy and Continence Nurses Society (WOCN). There are currently eight accredited WOCN programs in the US. There are over 4,700 members.

The meeting concluded at 2:30 p.m. when Wendy thanked Lea and presented her with Speaker's Brownies and a plaque of appreciation. Wendy reminded all that during the summer break, the 24 hour hotline will still be up and running.

Respectfully submitted,



Bill Wilson

Recording Secretary

## Ostomy Resource Guide *continued from page 7*

control. Underwear and bathing suits that contain a provision for a pouch have been introduced for both sexes.

- How many times a day will I empty the pouch? Individuals are taught to empty their pouch when it is approximately one-third full. It depends on the type

of ostomy, what you eat and how quickly it passes through your system.

- Is there a correct way to empty an ileostomy or colostomy pouch? Most people with a colostomy or ileostomy find the easiest way is to sit on the toilet with the pouch between the legs, although there is no right or wrong way. Make sure to hold the closing clip and bottom of the pouch firmly before opening. It is a good idea to place some paper in the bowl before emptying to prevent backplash.

- How long can I or should I wear one appliance between changes? The adhesiveness and durability of pouching systems vary. Anywhere from three to seven days is to be expected or whatever makes you and your skin comfortable. After a few months most people learn how long a single appliance will last.

- Will I be able to resume or maintain an active lifestyle if I choose? Travel, camp, swim, etc.? Most people with an ostomy lead active lives; indeed some are professional athletes. Unless you have a particular problem, you can look forward to traveling, swimming and most other activities. You may have to plan ahead more carefully, such as making sure you have extra ostomy supplies with you when traveling.

Some doctors recommend avoiding contact sports to prevent injury to the stoma and may prescribe a plastic protective cap for the stoma during some activities. Perspiration from vigorous activity may reduce the wear time of your appliance. If you are participating in vigorous physical activity, you may need to change your appliance more frequently.

- What about sex and intimacy? Are there restrictions? Does the pouch get in the way? Most people with colostomies or ileostomies resume their active sexual lives soon after surgery. A period of adjustment is to be expected. In terms of restrictions, because surgeries vary, your doctor or ostomy nurse is the best source of information regarding your personal situation. The pouch itself doesn't necessarily create any problems of being in the way. Some people use smaller pouches and cotton or silk pouch covers for comfort and/or aesthetics. Some creativity with new positions might also be helpful. However, a small percentage of people may experience physiological problems with sex following surgery. For them

*continued on page 10*

there is still hope and your doctor is the best source of information. You may also consult the UOA publications, "Sex and the Male Ostomate," They explain well the complexity of the sexual process, and a variety of ways to achieve sexual fulfillment.

There are now a number of both surgical and non-surgical techniques for rehabilitation. In certain cases these options may even improve ones sex life. Please remember, if you experience such problems, you are not alone. Don't hesitate to talk to your doctor.

- Will I be able to get pregnant after surgery? Women have full term pregnancies after ostomy surgery and deliver healthy beautiful babies. Your unique situation is best to discuss with your doctor.

- My stoma looks large. Will it always be this size? A colostomy stoma tends to be larger than an ileostomy stoma and a urostomy stoma is smaller yet. In the first few months after surgery the stoma will shrink in size. It is very important that you make sure your appliance accommodates this change by reducing the opening. Check with an ostomy nurse if you have any question or problem.

- Occasionally the stoma bleeds. Is this harmful? The stoma bleeds easily when touched as the blood capillaries are close to the surface of the tissue. Usually this is normal and it stops within a short period of time. If the bleeding is prolonged or if you are concerned, contact your ostomy nurse.

- If I have any questions or difficulties about how my appliance or my stoma is functioning who should I call? Call your local ostomy nurse or your surgeon. If you believe the problem is medical in nature you should not hesitate to contact your doctor.

### Additional Resources: Books

**YES WE CAN! Advice on Traveling With an Ostomy and Tips for Everyday Living** -- by Barbara Kupfer, Kathy Foley-Bolch, Michelle Fallon Kasouf, and W. Brian Sweeney, MD. This pocket-sized reference guide explores issues beyond standard medical explanations and shows that post-surgical travel is not only possible, it's easy! Three people with ostomies (members of the Worcester, MA UOA Chapter) and a surgeon have teamed up to prove that ostomy surgery does not have to affect their lifestyles.

**The Ostomy Book: Living Comfortably With**

**Colostomies, Ileostomies and Urostomies** by Barbara Dorr Mullen and Kerry Anne McGinn, RN. Winner of the Medical SelfCare Book Award. This book is an indepth resource on how to adapt to an ostomy.

**If The Battle Is Over, Why Am I Still In Uniform?** by Brenda Elsagher. 148 pages. Personal account of colorectal cancer and subsequent ostomy surgery. The author details her plight and the importance of humor in coping.

**Alive and Kicking!** by Rolf Benirschke, place kicker for the San Diego Chargers. His story of triumph after ostomy surgery.

**Living Well With an Ostomy** by Elizabeth Rayson - covers basic information about the various types of ostomies, what to expect from ostomy surgery, as well as psycho/social issues that may surface as a result of ostomy surgery, including those unique to certain groups, such as children, young adults and seniors. The book also includes new information on homeopathic and natural remedies for dealing with the ongoing care of an ostomy, and a substantial Resources section that contains a host of references to additional sources.

**What To Do If You Get Colon Cancer : A Specialist Helps You Take Charge and Make Informed Choices** by Paul Miskovitz, Marian Betancourt - From initial diagnosis to the latest treatments, this encouraging, authoritative guide explores everything you need to know to make informed choices about colon cancer care. You'll learn how colon cancer develops, what to expect from diagnostic tests, and how to choose the best doctors and treatment centers.

**Positive Options for Living with Your Ostomy** by Craig A. White - With practical guidelines and emotional support for ostomates and their families, this book addresses all aspects of postoperative care as well as such sensitive issues as social situations and sexual intimacy.

**Coping With an Ostomy: A Guide to Living With an Ostomy for You and Your Family** by Robert H. Phillips. Written by a psychologist active in ostomy support groups, the book's greatest value lies in its coverage of the emotional and lifestyle changes caused by an ostomy. The author's conversational tone and use of humor may help to ease the pain for those agonizing over their surgery.

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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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