



**Next Meeting:** 

Sunday, September 5th, 2010: 1 p.m.

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



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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

Each fall when Ren and I spend our vacation just off the Blue Ridge Parkway in North Carolina, milestones help us find our way home. Parkway milestone 344 is a number we look out for after a long, really fun but really tiring day in Banner Elk or Blowing Rock. This summer we are celebrating another type of milestone as my beloved niece, Pam's daughter, Samantha is engaged to be married.

After sailing around the world for seven years as a small child, Samantha hated attending normal school in Ft Lauderdale. I had the joy of homeschooling her throughout High School, so even though she's my niece, she has become as a daughter to me. The entire family adores and rejoices to have her fiancé Stephen become a part of our family.

BOA members and friends are family too and it is with joy once again that we start off our 2010-2011 calendar year. Please take time to carefully peruse our new boosters. Without the income from our boosters, BOA would be unable to pay for our printing and mailing costs without making our dues prohibitively high. Thank you (in order of appearance)

ConvaTec, Memorial Hospital, Surgical World, Hollister, Mar-J and Ostomy Inc. We deeply appreciate your standing by us.

Also we need to thank the manufacturers that are kind enough to send us samples throughout the year. I'd like to especially thank Torbot Ostomy Supplies for gifting us with samples of New Skin Tac Adhesive Barrier Wipes, Liquid Adhesive Barrier, and Stoma Care Natural Aloe Based Skin Care Wipes. As you already know, keeping our member abreast of the latest in ostomy equipment is one of our highest priorities. With that in mind, Amy, our incredibly wonderful Program Chair has invited Cymed, an ostomy equipment manufacturer, to join us all the way from California to demonstrate their products and services. Also Rob will be joining us this fall to introduce ConvaTec's brand new Vitala™, an innovative Pouchless Ostomy Management System for people with a colostomy that has just been approved by the U.S. Food and Drug Administration. We have so much to look forward to and I'm looking forward to seeing you soon.

Fondly,

Wender



# What's new at UOAA

As many of us know, having an Ostomy can be an overwhelming experience - especially at first. One of the questions people wonder about is whether or not they will be able to continue to work at their present jobs, or if there are products available to help them at work.

For example, Jason, an ostomate, is a State Trooper. He wears an ostomy guard that protects his stoma from a 25+ pound gun belt, or against a direct hit if he were involved in a scuffle with the bad guys. The stress of the operation and the unknown is tough enough without adding on the "what if's" and uncertainty about being able to continue work. Having the UOAA Family is something that helped him in returning back to a normal life by being able to talk

to other members in the same profession.

UOAA members have a wide variety of vocational backgrounds. UOAA hopes to compile a data base of members who desire to share their experiences regarding how they continued to work, and adjusted to their employment after their operations! We'll be developing a form to fill out with appropriate information in the near future so you can anticipate participating in this new project. I want to stress that you will not be asked to participate unless you desire to do so. I'm amazed that UOAA continues to come up with such helpful ventures.

UOAA's been in the process of receiving a logo and website "facelift". They are happy to report that the project is complete! If you've not done so already, please go and check out our new website. In addition to the design changes, our URL is now www.ostomy. org (Thank to the family of Dick Taylor for helping us acquire this domain name). You can still access

# **Next Meeting:**

Sunday, Sept. 5th, 2010 Refreshments, 1:00 p.m. Chat 'n' Chew till 1:30 p.m. Meeting: 1:30 p.m.



Our beloved Amparo Cano, CWOCN and 18 year old Michael will be sharing their adventures this past summer at the Youth Rally Camp for young ostomates. This is the first year that BOA helped both a camper and volunteer staff nurse to attend and we are so grateful to Amparo for donating her time and medical talents to so many that needed and appreciated her help.

Your generosity made attending this special summer camp possible and it is heartwarming and encouraging to learn about this important event. For many of us adult ostomates we have a lifetime of experience to help us cope with our new bodies. Learn how this camp really equips these very young ostomates to live full, abundant lives. Amparo will also be available to answer questions on your personal ostomy needs.

### **BOA** Minutes ~ June 2010

Editor's Note: As our Recording Secretary Scott Jones was unable to attend our June meeting. Linda Roberts graciously filled in for us at the last minute.

We sincerely thank you Linda!

Helen's lovely daughter Susan read the Ostomy Prayer for this last 2009-2010 meeting. Happy Summer All! NEWS: Although there are no meetings for July and



August the hotline is open 24 hours a day. The *Broward Beacon* is also online (no telephone numbers) for your reading pleasure and a handy reference in case you forget something and want to review (I'm always forgetting something). Wendy sent sincere thanks and good wishes to Scott for being the 2010 Recording Secretary.

We're headed for the 21st Century and going public. Wendy developed a new committee and Crystal will be the new chairperson for BOA's Media Liaison. She will help get the 'word out' that we are here to help by contacting newspapers, Comcast, and making phone calls to let the public know when our meetings are. Congratulations.

Richard once again joined us with his new colostomy. Richard is our local celebrity. Better know as the 'Miami Fanatic" and we wish you well.

STAY ANATI

Miami Dolphins fan Richard holds a sign telling Hurricane Wilma to stay away during their game against the Kansas City Chiefs at Dolphins Stadium

Thanks for joining us. BOA is full of warm hearted, knowledgeable ostomates willing to share information just for the asking.

A new year is upon us and this means it is election time. The floor was opened by Ren who sincerely thanked the past year's officers for all they did. He announced the new candidates: Mary Lou Phenning, Corresponding Secre-



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## Frequently Asked Questions

by Janice Colwell, RN, MS, CWOCN; past president of WOCN Society; based on May 2006 presentation to Greater Chicago Ostomy Assoc.; via Chicago (IL) and North Central OK Ostomy Outlook

Q: What are the main reasons for ostomy surgery? A: The most common reasons today for having ostomy surgery are colon cancer, IBD—Crohn's disease and ulcerative colitis, bladder cancer and damage to the bladder or gastrointestinal (GI) tract.

Q: Why is the stoma red? A: The stoma is the exact color of the inside of the GI tract. If one looks inside one's mouth, it is red also. Looking at a stoma is looking at the lining of the intestine. Since a stoma is formed from the inside of an intestine, it is accustomed to being covered in waste. This does not hurt it in any way. Do not be concerned about washing out the pouch to keep the stoma clean.

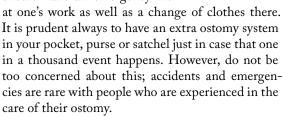
Q: Does the stoma hurt? A: There are no [pain] nerve endings in the stoma. If you touch your stoma, the stoma will not feel anything, although the surrounding skin has plenty of nerves and will have sensation if the stoma is moved.

Feeling no pain may be good most of the time. However, it cannot tell you with any sensation when it is hurt either. This means that one must always be vigilant so that damage to the stoma does not occur, or if it does, to treat it expeditiously.

Q: Is there a special diet for someone with an ostomy? A: There is NO ostomy diet! For fecal ostomies, it is advisable to be on a low residue diet for the first six to eight weeks. After that, only try adding one new food at a time to see how your body accepts it. Never overeat. A caution for people with ileostomies: the way it goes in is the way it comes out. One must start chewing food. This may be a new experience for many people. Americans tend to swallow food before chewing it completely...not a recommended practice for someone with an ileostomy. People with colostomies, like those with ileostomies, should limit the eating of high fiber foods in large quantities. The abdominal opening through which the stoma comes

out does not expand to let large effluent out. It may become stuck behind the stoma. People with urostomies, like all people with ostomies, need to make sure they drink enough water to reduce the risk of kidney infections.

Q: Should one carry anything special on a daily basis? A: One should have an emergency kit



Editor's Note: I personally can't be bothered having an emergency kit and change of clothes on hand. I only take this kind of precaution when traveling more and a two hour's drive from home. I've had about one ostomy emergency change per five years.

Q: What restrictions will one have? A: Most probably...none. However, it is good to avoid heavy lifting or anything that strains the abdominal muscles. It is important that people with ostomies stay hydrated, so drink plenty of water, with your doctor's approval. In the improbable event that you become a professional wrestler, you may need a stoma guard for protection.

Q: Will odor be an issue? A: This is the number one question asked by people with new ostomies. No, odor is not an issue. Modern ostomy systems are completely odor proof. One will only notice an odor when the pouch is opened to be drained. There are commercial products available if this is an event one wants to manage. However, the skin around the barrier and the pouch itself will pick up body odors. Good hygiene is essential. Keep the outside of the pouch clean and your skin rinsed.

What's new at UOAA continued from page 3 the website at the old uoaa.org web address, it just forwards you to www.ostomy.org. See the upper right hand corner of page two to view our new logo!

## CONCERNS WITH THE J-POUCH

By Dr. Tracy Hull, Cleveland Clinic

Patients with ulcerative colitis (UC) who were treated surgically previously underwent a total proctocolectomy with permanent ileostomy. However, in the late 1970s, when the pelvic pouch (J-pouch) procedure was first introduced, the surgical approach to UC has evolved. Although the operation avoids a permanent stoma and may improve the patient's quality-of-life, it does not restore the bowel function to normal. Patients can expect to have many stools per day - as few as two or three for the fortunate few and as many as 40 for the less fortunate, with the average being around eight - and these stools are pasty to watery in consistency. As with any bowel operation, patients experience many changes, both short - and long-term. This article will discuss some of the potential long-term problems that patients with a pelvic pouch may experience.

Diarrhea: The function of the pelvic pouch will change over the first year - improve as the pouch stretches and becomes larger after the ileostomy closure. However, there are still some people who have 20 bowel movements or more, daily. Dietary changes may help these people to decrease the number of bowel movements. Foods, which have been found to help decrease the water content of the stool, may help to reduce the number of trips to the toilet. These foods include applesauce, bananas, rice, creamy peanut butter, potatoes, cheese, marshmallows, pretzels, toast, yogurt and tapioca pudding. Bulking agents such as Metamucil, Citrucel, Fiber- Improvement is usually seen within 48 hours. con or Konsyl also help thicken the stool.

These products are ingested with little fluid to allow extra fluid in the gastrointestinal tract to be absorbed. A doctor to slow down stools sometimes prescribes medications such as Lomotil or Imodium. They should not be used without your

doctor's approval. Limiting the intake of fried and fatty foods and milk products may decrease diarrhea. Reaction to foods varies with each individual, and other foods may be found to increase the amount of stool produced or change the consistency.

Bowel obstruction and emptying concerns: To construct the pelvic pouch, the small bowel is stretched, along with the blood vessels that provide blood to the pouch, in order to reach the anus. This stretching may predispose a patient to bowel obstructions from scar tissue, twisting or kinking; surgical intervention may be required to relieve the obstruction.

Another concern, which may lead to problems with pouch emptying, is a narrowing or stricture at the pouch-anal joint (anastomosis). This is diagnosed by an exam of the anal area. Strictures may cause symptoms that result in a progressive need to strain more and more to move one's bowels. Usually, dilation solves the problem and rarely is an operation needed to correct the problem.

Pouchitis: Pouchitis is a non-specific inflammatory condition of the pouch. The cause is unknown, but it occurs much more frequently in patients who have a J-pouch for IBD versus those who have one for familial polyposis. Patients are at risk to develop pouchitis over their entire lifetime, as long as they have a functioning pelvic pouch. For some patients, pouchitis is an isolated event, but others can experience multiple episodes or even continuous chronic pouchitis; The symptoms are similar to a mini-attack of UC. Patients report increased bowel movements, pelvic pain, abdominal cramps, malaise, fevers or blood in their stools. However, it is common for patients with a pelvic pouch to notice blood on the toilet paper with normal function of the pouch and yet not have pouchitis. The most common treatment is Flagyl (metronidazole) 750 to 1500 mg daily for 7 to 14 days. This is effective about 85% of the time.

For support and information regarding this procedure see http://www.j-pouch.org/ We are so blessed to have as a new BOA member Crystal who has had the J-pouch. procedure. If you'd like to speak with her give Wendy a call and she'll ask Crystal to try and get in contact with you.

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## BOA Minutes continued from page 4

tary; Bill Wilson, Recording Secretary (thank you); Lynn Ward, Treasurer; Amy Weishaus, First Vice President; Wendy Lueder, President. Ren asked for any nominations from the floor and there were none. Kent gave a first and Thelma a second. All were in favor. The new board stands as above and will be inducted at the December 2010 Holiday Banquet. Congratulations to all and have a wonderful year.

Amy introduced Martha Taylor, who has worked in the medical field for thirty-four years. She has been with Hollywood Medical, VNA (visiting nurses); ConvaTec, Swift, Clinical Services, and now at Imperial Point Hospital for Wound Care and Hyperbaric Treatment.

Wound care has evolved. There are Bio-Engi- Mel Fishman. You are greatly missed. neered Materials from babies' foreskin that can now grow skin that has nutrients and growth factors to help your skin heal from wounds. It is not used as a graft but a way to help your own skin reproduce and heal. There is a (95%) ninety-five percent healing rate. WOW!! Great Odds.

Hyperbaric treatment is 100% oxygen. air is 21%. This is used for wounds that won't heal and people with specialty conditions such as Vascular, Lupus, Diabetic and some underlying conditions that conventional medicine doesn't work on. The chamber is clear acrylic, has a technician there at all times and a television you may watch to wile away the time. You may also bring a friend. The qualified technicians may be CNA's, EMT's, Respi ratory Techs, or Para-Medicals. The facility is a controlled environment governed by specific criteria and inspections. You stay in the chamber for 90-120 minutes every day for several weeks. The benefits of a Hyperbaric Oxygen treatment are rapid heal ing, enhancement of the vascular bed, creating faster growth and shut down of bacterial growth. Athletes use oxygen for their muscles. Insurance covers this for specific types of wounds. Oxygen has helped people with diabetic foot ulcers that are deep, grafts post radiation injury and other unhealed wounds.

There is now an operating room that is hyperbaric

Since your surgery is performed while the room is at 100% oxygen you have less bleeding and heal faster. Hopefully this will start to be seen in all hospitals. Doctors are beginning to understand more about this and it is becoming mainstream for them to refer a patient to the center. Centers can be found in Aventura, Memorial Pembroke, North Miami, Jackson North and South, Mercy, Miami Heart, Imperial Point, Coral Springs, Broward Health, JFK, and Wellington. Thank you Martha for an informative and educational presentation.

Torbot donated wonderful products to BOA for our instruction. There were biodegradable liners for inside your colostomy pouch that you just toss when emptying; Skin Tac wipes that help your pouch stay put and other items I didn't see.

Warm Get-Well-Soon wishes go to our beloved

Respectfully submitted,

Linda Roberts Acting Recording Secretary

## Coral Springs Medical Center

"Caring & Sharing Ostomy Support Group" meets on the 4th Wednesday of the month at 5:30 PM -7:00 PM. However, they do take a summer break so be sure to call Patricia Paxton-Alan CWOCN at 954-344-3094 for their summer schedule.



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INSIDE RIGHT

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OUTSIDE LEFT - this would be to show in the event it is needed while in flight and the pilot has chosen to limit restroom access—or when passengers are supposed to be belted in during some turbulence.

**OUTSIDE RIGHT** 

# RESTROOM ACCESS REQUIRED

The cardholder uses an OSTOMY DEVICE for elimination of body waste (stool/urine) and/or carries pouches and related supplies and/or a catheter to manage personal hygiene. S/he needs access to the restroom now in order to empty the pouch — this is a critical situation for the well-being of the cardholder as well as for public sanitation.



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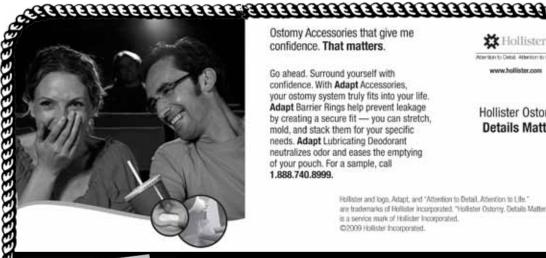
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## **Broward Ostomy Association Membership**

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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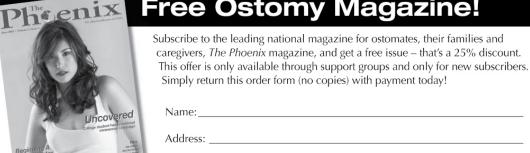
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