

Volume XL Issue No. 8

October 2010



Broward Beacon



November

Next Meeting:

Sunday, November 7th, 2010: 1 p.m.

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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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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Broward Ostomy Association
Cordially Invites You to Join Us for

A Holiday Candlelight Buffet Dinner

Masters of Ceremony

Drs. Marrietta & Ira Glazer

and featuring Isabella and Gabriella Glazer with their dance group (ages 7-18) "The Generation Gap" from Emerald Hills School Of Performing Arts under the direction of Debbie Montgomery.

Sunday, December 5th, 2010 - 4:30 P.M.

Elegant Door Prizes donated by Mel Fishman

Advance Reservations and Payment Required

Donation \$10 per person (costs underwritten)

**Tickets on sale at Nov. meeting or Mail Your Check by November 30th to:
Treasurer Mr. H. Lynn Ward, 1704 N 32nd Ct, Hollywood, FL 33021-4427**

White Elephant Grab Bag

Bring a gift for \$2 or under

President's Page

I know that I and all our members wish to extend our deepest sympathies to our dear members and friends Mary Lou Pfenning on the loss of her husband Bruce and to Janet Deutsch on the loss of her husband Richard. We love you and are so very saddened. To know Richard and Bruce was to love them and they will be immeasurably missed.

My sincere thanks to Amy and all our volunteers for doing such a great job at our October meeting without me. I heard nothing but praiseworthy reports. Also a big thanks to Irwin and Bill for generously helping to

underwrite our postage costs and to Bernadine for her kind donation.

Ren and I were off to the Biltmore Estate Inn in Asheville to celebrate our 30th wedding anniversary. Thankfully Ren took note of all my broad hints and gifted me with a Nikon D90, the camera of my heart's desire. I am grateful to the Lord for giving me such a wonderful man. Those of you who really know me realize I am blessed more than I deserve. My sisters, who do know me well, are amazed by Ren's continued patience and kindness.

This past week UOAA was kind enough to invite

continued on page 6

Next Meeting:

Sunday, November 7th, 2010

Refreshments, 1:00 p.m.

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

Meeting: 1:30 p.m.

As I have written before, “to know him is to love him”. We are delighted to have as our November guest speaker Mr. Rob Seaman. 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.

Come and learn about a wonderful new product, the Vitala™ Continnence Control Device, which is just now being introduced and hopefully will be available early next year. Vitala™ is an innovative pouchless ostomy management system for people with a colostomy. Wow!

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. Looking forward to seeing you there.

BOA Minutes ~ October 2010

Vice President Amy welcomed a group of over 40 people attending the October 3rd, 2010 meeting. President Wendy and her husband sent regards while on their anniversary vacation. The Ostomy Prayer was read by Debra, daughter of Mary Lou and Bruce. Amy then reported the very sad news that two of our members had passed in the last month: Bruce Pfening, husband of Mary Lou, and Richard Deutch, husband of Janet. A moment of silence was held in

their memory.

Amy then welcomed first time guests including Roslyn, Joe, David, Laurel, and Diane. She also thanked Elaine for donating stamps for the mailing our newsletter, the *Broward Beacon*.



It was pointed out that a table of sample and excess ostomy supplies was located at the back of the room. Anyone is welcome to help themselves to these and leftovers will be donated to an organization that will put them to good use.

WOC Nurses Lea Crestodina and Chris Poole Johnson announced the opening of a new Outpatient Ostomy Clinic at Memorial Regional Hospital. It is located on the 4th floor of the hospital in the short-term unit. It is scheduled to be open on Wednesdays from 9 a.m. to 1 p.m.. Their goal is to provide quality care with issues ranging from appliance selection and application, peristomal skin care, dietary counseling and lifestyle modifications. A doctor’s prescription is required along with an insurance referral where necessary (certain HMOs). For more information call 954-265-4512. Additional information was also handed out at the meeting.

Crystal Morvant, our media liaison, is helping to spread the word about our monthly BOA meetings. She has contacted the Sun-Sentinel for listings and is asking members to inform her of other community bulletin boards and online listings in our area.

Miami Sequearium discount tickets are still available for 20% off regular admission, and \$5 will be donated to the Broward Ostomy Association for each coupon used. They are valid thru December 17th, 2010.

Amy introduced today’s speaker, Mr. Nicholas Gritzai, President of Cymed Ostomy in Berkeley, CA. The Cymed Company was created by Dianne Eastman, an ostomate and professional cytologist (a biologist who specializes in the study of



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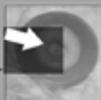
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me as a representative of BOA to attend their two-day Board Meeting in Washington DC which was held in conjunction with UOAA Mid-Atlantic Regional Conference, "Power to the Pouchers"!

I was privileged to be given an inside look at the dedicated and profoundly difficult work our national organization undertakes on our



Top left to right: Ken Aukett, UOAA Co-founder & Conference Planning Chair; Wendy; Susan Burns, Director; George Salamy, Chair, Board of Trustees; Bottom Row: Joan McGorry, Dir. of Administrative Services; Bob Baumel, UOAA Webmaster; Linda Aukett, UOAA Co-founder & Advocacy Chair.

behalf. I've never felt so connected to UOAA and was thrilled to get to interact with so many that I've only been able to admire from afar.

The schedule for UOAA's Third National Conference in Reno Nevada is in place and I can assure you that your attendance, if possible, is a must. A few members of the National Board recently visited the Nugget Hotel and shared that the \$79 per night rooms are very large and beautifully appointed and the hotel's food simply delicious and very reasonably priced. The top notch speakers have been given deeply relevant topics to all ostomates. Attending a conference with hundreds of ostomates who are living life well is not only educational but fun, affirming and uplifting. As over 20,000 antique car enthusiasts will be in town that same week, please be sure to make your plane reservations early. Ren and I plan on doing so this January. See UOAA's website at www.uoaa.org for more details.

I know it will be a surprise announcement at Reno so I can't be forthcoming, but you will all be VERY pleased to learn where UOAA plans to hold their 2013 National Conference. I might get into trouble for even this hint so I'd better move on. UOAA's President, Kristin Knipp, submitted a letter of resignation due to a conflict of interest as she has just started a working relationship with a company that manufactures ostomy products. We all wish Kristin the very best and enthusiastically welcome Dave Rudzin as our new President.

Presently I've been appointed to the Associated Support Group (ASG) Advisory Board and I truly look forward to working with our UOAA officers. What a privilege and joy.

Looking forward to seeing you all soon.

Fondly,

Wendy

It's in the Bag and Under the Covers

by Brenda Elsagber

Many of you know my personal story of being diagnosed with colorectal cancer at age 39. At the time I had never heard of anyone else dealing



with that kind of cancer. I went to my local ostomy support group in Edina, MN and learned that there were people there with ileostomies, colostomies and urostomies. Many of us call ourselves ostomates or you can refer to us in the more politically correct form of people living with an ostomy. Ostomy is the general term for all three different operations.

I had never known anyone dealing with Crohn's disease or ulcerative colitis before I went to my support group. When I learned how many years some of these people had suffered with their bowel diseases I must admit to being relieved that I only had cancer. Since then I have made it my personal mission to educate people on colon cancer and bowel diseases whenever the opportunity presented itself. Who would have thought that almost 15 years later, I'd still be talking about living rectum free on such a national level and have written 3 books dealing with the subject and a fourth coming out in June 2011. That one is called, *It's in the Bag and Under the Covers*. That's where we get a good look on how people tell someone they are dating about having an ostomy or having been in a relationship for a number of years how it affected the intimacy. There is also a section on caregivers and how valuable they are to us people with ostomies.

Having an ostomy saved my life. It is far from the worst thing in life to "live with a bag," and to some people who have had serious bowel issues, it's really a life enhancer. Colon cancer is the 2nd leading cause of cancer deaths amongst men and women in the USA. If you want to read more about my weekly life

and sometimes I even talk about having an ostomy, please connect to blog on www.c3life.com.

Ostomates Hospitalization Guidelines

by Dr. Lindsay Bard

via N Central Oklahoma Ostomy Outlook

It is important for a person with an ostomy to know how they should be handled differently than someone without an ostomy when you need to be hospitalized. It's up to you. It is very important to communicate to medical personnel who take care of you, including every physician that treats you, that you have an ostomy, and what type of ostomy you have. Here are some rules to help you cover the details:

Rule 1 – The Cardinal Rule!

If you feel something is being done or going to be done to you that might be harmful, refuse the procedure. Then explain why to the medical personnel, especially your physician. They will then decide with you if the procedure will actually be in your best interests.

Rule 2 – Supplies

Bring your own supplies to the hospital. Never assume the hospital will have the exact pouching system or irrigation system you use. Most hospitals have some supplies available. These are used for emergency situations.

Rule 3 – Laxatives & Irrigations

Follow the points below concerning laxatives or irrigation practices, according to which type of ostomy you have. Medical personnel often assume all stomas are colostomies. But, of course, practices vary among the various types of ostomies.

* A transverse colostomy cannot be managed by daily irrigations. The only colostomy that can be managed by irrigations is the descending or sigmoid colostomy. However, sigmoid or low colostomies do not have to be irrigated in order for them to function; many people with sigmoid colostomies prefer letting the stoma work as nature dictates. If you do not

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BOA Minutes *continued from page 4*

cells) who wanted ostomy products to keep pace with modern innovation. She patented the MicroSkin film barrier which is used in all Cymed pouching systems. These are designed to be lightweight, flexible, breathable, low profile and waterproof. He demonstrated the barrier's adhesive properties by applying one and a pouch to his hand, then walking through the audience and letting everyone tug on it and see how well it stays on.

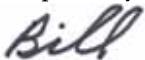
When asked about convexity, Nick said that with the MicroSkin wafer, a convex barrier is usually not necessary, and the Cymed system is a good alternative to convexity barriers for most people.

Microskin is made of a hypo allergenic polyurethane material and the pouches are also available with a Gore-Tex charcoal filter. There are in closed-end or drainable pouches. A Velcro-like plastic or clips are used on the drainable pouches. Wafers are cut to fit or in precut sizes. No skin prep is require or recommended. General wear time is 5 to 7 days.

Nick also demonstrated the safe and proper way to remove the barriers. These products are covered by insurance. Samples and information were distributed to attending members and guests. Nick provided each member with a feedback form to comment on today's speaker and program. For more information on Cymed or for free samples contact them at 800-582-0707 or on the Internet at www.cymedostomy.com.

Amy concluded the meeting at 2:30, and presented Mr. Gratzai with a traditional tray of brownies. She mentioned the December 5th Holiday Banquet was coming up. Details on the cost and time of the Banquet will be provided in the newsletter and at the November meeting where banquet tickets may be purchased.

Respectfully submitted,



Bill Wilson
Recording Secretary

Guidelines *continued from page 7*

irrigate your colostomy, let the fact be known to your caregivers. If your physician orders your bowel cleared, irrigate your own colostomy; do not rely on others. There is a strong possibility that those caring for you will not know how to irrigate your colostomy.

* Bring your own irrigation set to the hospital.

* **If you have an ileostomy or urinary diversion ostomy, never allow a stomal irrigation as a surgical or x-ray preparation.**

Remember that laxatives or cathartics by mouth can be troublesome for people with colostomies. **For people with ileostomies, they can be disastrous**—people with ileostomies should always refuse them. A person with an ileostomy will have diarrhea, may become dehydrated and go into electrolyte imbalance. The only prep needed is to stop eating and drinking by midnight the night before surgery. An IV should be started the night before surgery to prevent dehydration.

Rule 4 – X-rays

X-rays present special problems for people with ostomies, again, differently managed according to ostomy type:

* A person with a colostomy must never allow radiology technicians to introduce barium into your stoma with a rectal tube. It is too large and rigid. Take your irrigation set with you to x-ray and explain to the technicians that a soft rubber or plastic catheter F#26 or 28 should be used to enter the stoma. Put a transparent pouch on before going to x-ray. Have the technician or yourself place the rubber or plastic catheter into your stoma through the clear plastic pouch. When enough barium is in your large bowel for the x-ray, the rubber or plastic catheter can be withdrawn and the open end of the pouch closed. The pouch will then collect the barium as it is expelled and can be emptied neatly after the procedure. Once the x-rays are completed,

Guidelines *continued from page 9*

irrigate normally to clean the remaining barium from your colon. This will prevent having to take laxatives by mouth after the procedure.

* A person with an ileostomy may drink barium for an x-ray procedure, but never allow anyone to put barium into your stoma.

* A person with a urostomy can have normal GI x-rays without any problems. Never allow anyone to put barium in your stoma. At times, dye may be injected through a soft plastic catheter into a urostomy for retrograde ureter and renal studies, often called an ileo-loop study. The same study may be performed on a urostomy patient with a Kock pouch. The dye will be injected via a large syringe; **this can be a very painful procedure if the dye is not injected very slowly.** Even 50 mL will create a great deal of pressure in the ureters and kidneys, if injected rapidly. Remember to request that the injection be done slowly.

* For anyone who wears a two-piece pouching system: you may remove the pouch just prior to the insertion of the catheter, and replace the pouch after the procedure is completed. If you wear a one-piece pouching system, bring another with you to the x-ray department to replace the one removed for the procedure.

In the event you are incapacitated, and cannot use your hands to replace your pouching system, request that a WOC nurse in the hospital be available to assist you. The WOC nurse will be able to replace the skin barrier and pouch for you before you leave the x-ray department.

Rule 5 – Instructions

Bring with you to the hospital two copies of instructions for changing your pouching system and/or irrigating your colostomy. Provide one to your nurse for your chart and keep one with your supplies at bedside. If you bring supplies that are not disposable, mark them “do not discard.” Otherwise, you may lose them.

Rule 6 – Communicate!

Again, let me stress that you must communicate with the hospital personnel who take care of you. You will have a better hospital stay, and they will have an easier time treating you.

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 PM - 7:00 PM in. For more information, call Patricia Paxton-Alan MSN, ARNP-BC, CWOCN at 954-344-3094.

HOW DOES FIBER AFFECT ILEOSTOMATES

By: Kay L. Peck, MPH Registered Dietitian, Napa Valley, CA. Philadelphia UOA Journal and Greater Cincinnati, OH Chapter

Whether or not to include fiber, and to what extent, should be based on the ileostomate’s tolerance of foods.

Consuming too much fiber, or too much “insoluble” fiber may aggravate a person’s diarrhea or watery stools or cause a blockage. If this is the case, limiting insoluble fiber (bran, popcorn hulls, seeds, nuts, skin/seeds/stringy membrane parts of the fruits and vegetables) may be helpful.

However, another type of fiber (soluble) may be beneficial to the ileostomate. The function of soluble fiber is to make intestinal contents “thicker” and can actually prevent diarrhea. This fiber is found in oatmeal, barley, dried beans, peas, Metamucil and in the pulp of fruits and vegetables.

Most foods have a combination of both types of fiber, but the above examples show the differences.

Just as a side note, I worked with a lady years ago who had “short bowel syndrome” - all of her colon and a significant part of the small bowel were removed. She found that adding pectin (Certo—used to make jam and jelly) to her daily diet helped to minimize diarrhea. She added a little to some applesauce every day.



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