

Volume XLI Issue No. 5

May/June 2011



Broward Beacon



Next Meeting: **2nd Sunday in June!**
June 12th, 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
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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President's Page



Just in case you are wondering why June's meeting is the only one each year we have on the second Sunday of the month, it is because American Cancer Society has a wonderful program that needs the main auditorium the first Sunday in June. ACS does such an important job for all of us that we're more than happy to accommodate.

As you can read on the sign our happy friend here is holding, BOA gives all our dedicated volunteers

a well deserved summer break. However, please be assured that our 24 hour hot line and visitation program are always available and we're there to visit the new ostomate year round.

As you may know from personal experience, having a BOA visitor can make all the difference and I want

to thank all those who have made visits this year from the bottom of my heart.

You're the ones who can credibly assure the new ostomate that the "new normal" is having a surgical appliance that doesn't show through your clothes, has NO odor, and is comfortable. We can be living examples that most often all previous activities can and do resume after the surgical healing process. There are so many myths out there held by the general public about what it's like to be an ostomate. Unfortunately these are carryovers from the olden days when ostomy appliances left a whole lot to be desired.

It's a brand new world now and one of BOA's most important missions is to get the word out just how much better our quality of life has become.

Ren, Amy and I will be off to Reno in August and in the next late summer issue of the *Broward Beacon* I'll be sharing with you all about it. I sincerely thank BOA for sending Amy and thank UOAA for sending me. Ren's paying for himself. What a guy!

Truly looking forward to seeing you all soon.

Fondly with love and hugs,

Wendy

News from the Top

Dave Rudzin, UOAA President

First, I'd like to thank all the people who had me in their prayers as I was so sick, recovering from sepsis. For those who have not had it, you're definitely NOT missing anything.

I'd like to tell you about two recent happenings in our organization.

Your Conference Planning Team met recently in Reno, NV to put the final touches on our 2011 Conference to be held Aug 7 - 11, 2011 at John Ascuaga's Nugget Hotel. It is a magnificent hotel and all should love the venue. Additionally, the conference planners have done a masterful job of putting together sessions and social functions that all members of UOAA will love. From issues relating to your ostomy, to sessions just for men or women, to sessions for couples, the

speakers we have lined up to present to you are some of the best experts in their field.

We are confident that they will supply you all with valuable information that you will be able to take back and use. We encourage all of you to take a close look at the schedule of events that will be posted online and available at the conference so that you'll be able to choose which session you'll attend. You will often find that you want to go to each and every session, which is a credit to the team of planners. The program is informative and there are many fun events that will leave you informed, exhausted and VERY happy that you attended the Conference.

Don't forget the deadline to receive the best conference registration rate is June 15th and the date to

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Next Meeting:

Sunday, June 12th, 2011

Refreshments, 1:00 p.m.

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

Meeting: 1:30 p.m.



BOA is so blessed to have competent, loving and caring CWOCN's (ostomy nurses) who not only freely give of their precious time by attending our meetings but are also willing to serve on our Medical Advisory Board as well as be guest speakers.

With this in mind, we're delighted to have Lea Crestodina ARNP CWOCN CDE, RN as our June guest speaker. Lea will be speaking on The History of WOC Nursing as well as having a segment on Surgical Procedures that Relate to Ostomates. Those of you who already know Lea know what a warm and caring ostomy nurse she is.

The newly formed troop, *The BOA Theatrical Players* will also perform a skit they presented at the Theater of the Performing Arts at the kind request of Amparo Cano for Broward Health. If you think you knew Kent, our First Time Visitor's Chair, just wait until you see him in this new role. There's a whole lot more comedian in this man than I ever expected.

Also we're attempting to bring LT, the young man BOA would like to send to this summer's Youth Rally Ostomy Camp for you to meet. If LT can make it (it is difficult for him to travel) we would like to "pass the hat" for a small cash donation to give him some spending money at camp, so kindly bring some extra small change if you feel led to help out in this way.

I can't think of a better way BOA spends money than to send a young ostomate to this camp where they can be themselves without hesitation or self-consciousness being surrounded by others in exactly the same situation. Well done BOA. Well done.

2011 Meetings Schedule

If you are as forgetful as I am (and it's really getting worse - why did I just walk into this room?) here are the dates of our upcoming meetings so you can put them in your date book now.

June 12th, summer break, September 4th, October 2nd, November 6th and December 4th, our holiday banquet at 4:30 p.m. by reservation only.

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. As does BOA, Coral Springs takes a summer break so be sure to call to confirm meeting dates. For more information call Patricia Paxton-Alan MSN, ARNP-BC, CWOCN at 954-344-3094.

Ostomy Resource Guide


Ostomy Association of Boston

When you first learned that you needed a colostomy, ileostomy, urostomy or continent procedure, or in the days following your surgery, you probably felt very much alone and uncertain about your future. But you are not alone. There are well over one million people today with an Ostomy in the United States. Most of us have recovered from our surgeries to return to our previous lifestyles and activities, and some of us have chosen to use this experience to motivate us to more than we ever thought possible.

The Ostomy Association of Boston (OAB) is proud to present the Ostomy Resource Guide (ORG) as a tool to help you learn about and cope with your ostomy or continent reservoir.

Knowledge is power in any situation you may face in life. No less so when you are facing medical issues. Some very simple questions can be difficult to answer if you don't know where to look for the answer. When you have a new ostomy, you may not be aware of the comprehensive network of important and helpful services that are readily available. If you have had your ostomy for a while, you may not have needed

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News from the Top *continued from page 3*

get the best hotel rate is July 15th.

Last week, I also had the opportunity to attend the ASCRS (American Society of Colon and Rectal Surgeons) Conference in Vancouver, Canada. I must say that I was really taken by Vancouver as a true mixture of cultures and beauty, with the mountains as a backdrop. The Conference was a chance for UOAA to step up and be seen by the surgeons, many manufacturers, as well as many doctors. It was our opportunity to mingle, meet and get to know many physicians who we approached as speakers for the UOAA Conference. In some cases we were successful in getting them to commit to holding a session this year in Reno. We also got the chance to meet with manufacturers on a one on one basis to see how they can assist UOAA. In total, it was a series of busy days standing on your feet and greeting and meeting hundreds of people, but the fact that we made a CONNECTION with these people is very important.

One of our newest programs is up and running. Our VA Outreach Program has started up and as we speak, new VA hospitals are being brought on board to UOAA. We thank the people who have reached out on our behalf and will continue to support this endeavor to the fullest of our ability. To support this program go to www.ostomy.org and click on Donate Now and choose the VA Program fund.

THE PHOENIX TOUR is a 4000 mile, 3 month bicycle ride across America sponsored by the United Ostomy Associations of America, Inc to raise Ostomy Awareness and to dispel the myths and stigmas surrounding ostomy surgery. Our team of Andre Simonpietri, Herb Schettler and led by Bob Baker began their tour in Connecticut on April 16, 2011 and will end in Seattle, WA in late July.

Recently our Phoenix Tour rider, Bob Baker, made a small detour from his cross country route



to visit the home office of Edgepark Medical Supplies in Twinsburg, Ohio. Upon his arrival he found that Edgepark management had gathered about 40 of its ostomy supply customer service specialists to meet with Bob, and to learn first hand about the motivation for his ride ... “to promote awareness about ostomy and in so doing help to dispel the myths and stigma surrounding ostomy surgery”.

Bob was presented with a check to help him reach his fund raising goal, and a commitment from Edgepark to include a 3 page promotional letter in the mailings they make to their 80,000 ostomy customers as well as WOC nurses and healthcare facilities along his route.. You can read about Bob’s visit on the Edgepark website ... www.edgepark.com

UOAA greatly appreciates this sponsorship and the support of a project undertaken to benefit the present and future ostomy communities in the US.

In addition, we hope you will visit the special page on our website that is following Bob’s ride across the US. From there you can see his own comments from along the trail, track donations that have been made to help UOAA with its anti-stigma campaign, and make a donation of your own if you wish (and we hope you will). Please click on this link.

ADVOCACY NEWS: On March 9th, the Great Comebacks® Program and UOAA carried an important message to Capitol Hill – in support of re-introduced Congressional resolutions recognizing the importance of ostomy care in both the U.S. Senate and House of Representatives. The combined team not only shared their personal stories with members of Congress and their staff, they urged their members of Congress to support the Resolutions.

The bipartisan House Concurrent Resolution (H. Con. Res. 152) re-introduced by Representatives Leonard Lance (R-NJ) and Rush Holt (D-NJ), and the Senate Resolution (S. Res. 95) introduced by Sen. Richard Burr (R-NC), both recognize the physical, psychological, and emotional importance of restoring function and improving the quality of life for people living with an ostomy.

You can use your voice to support these two slightly different versions of vital legislation, and it's SIMPLE TO DO - just visit <https://capwiz.com/uaaa/home/> and scroll down a bit to see the two featured alerts. A few keystrokes and you have sent your message of support to your elected US officials. Thank you!!

In conclusion, we in UOAA have heard and will continue to hear what you want and we will strive to accomplish those goals. It may take a bit of time but we ARE COMMITTED to helping the ostomate.

Stay healthy,
Dave Rudzin

Thank You Amparo!



Amparo Cano MSN, CWOCN has graciously and generously honored both BOA and myself this past month and I am so very grateful. Amparo gave BOA huge recognition to literally hundreds of healthcare professionals by inviting a team of our members to perform a skit on living with an ostomy at both the Theater for the Performing Arts for Broward Health's Diamond Anniversary and at Lago Mar Resort for the Florida Association of Enterostomal Therapists' Conference entitled "Gold by the Sea".



A beautiful pearl and Swarovski Crystal necklace in the shape of an open heart (look closely at the first photo) was presented to me as well as a fragrant bouquet of flowers to honor me as "The Most Influential Community Person" acknowledging my volunteer work with BOA. Wow! I so appreciate and thank Amparo from the bottom of my heart. Darryel, Kent, Lynn, Bev, Sheri - you're the best!

KEEPING YOUR POUCH ODOR PROOF

By Victor Alterescu, RNET

Via Evansville, Indiana Re-Route

Rinsing a pouch out each time it is emptied is primarily a waste of time. For one thing, it takes longer to empty the pouch and you need more materials around you. You also leave more odor in the room since the pouch is kept open longer. The water, especially if it is warm, may open the pores of the pouch material and encourage odor permeation. Also, rinsing can affect the seal of your adhesive.

Frankly, it does not matter whether the interior of your pouch is clean any more than it matters if the interior of your colon is clean. Both don't smell on the outside. The most important portion of the pouch that should be cleansed very thoroughly is the tip of the drainable pouch. Cleaning the exterior neck will avoid any odor that may be present as a result of having fecal residue on the end of the pouch.

Empty the pouch, flush the toilet immediately, and thoroughly clean the lower portion of the exterior pouch if you use a drainable pouch with toilet tissue. Adding a few drops of pouch deodorant such as M9 or OstoFresh works very well too.

Memorial Hospital West

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Memorial Hospital West 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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Ostomy Resource Guide *continued from page 4*

these services in the past, or you may not know the most up-to-date resources. Knowing what resources are available to you can help reduce your stress and worry should you need help, now or in the future. It will also give you a sense of control over your health care and make you a stronger partner in the medical process.

When your ostomy is new, you will be taught the fundamentals of ostomy management during your hospital stay. However, at this time, you may be on medications and you most certainly will be tired and emotionally drained from what you have been through. These things impede your ability to focus on and learn what initially may seem like an awkward and difficult process. In most cases, you will leave the hospital with only a rudimentary understanding of caring for your ostomy and with a week or two of supplies. We must all recognize that this is just the beginning of the learning process.

A key partner in your ostomy care will be your Wound, Ostomy and Continence Nurse (WOCN, also known as an Enterostomal Therapy nurse, or ET nurse). But how do you find one, especially if your hospital doesn't have one? What other caregiver options exist? When equipment problems develop, where do you turn?

Editor's Note: BOA members can access this information on our website at:

<http://www.browardostomy.org/how-to-contact-and-ostomy-nurse-in-broward-county/>

If you don't use a computer just give us a call on our hot line printed on page 2.

Types of Appliances: The term appliance refers to the combination of a flange (barrier or wafer) and pouch (or collection bag or reservoir). Often the entire appliance is called a pouch. The appliance attaches to the abdomen by the adhesive backed faceplate and is fitted over and around the stoma to collect the diverted output, either urine or feces.

Other common terms for the barrier are wafer, faceplate, flange, disc, body holder, mounting ring or adhesive ring. The barrier is made from either soft molded rubber or plastic, which together with its karaya, pectin or other adhesive backing, is designed

to protect the skin from the stoma output and to be as neutral to the skin as possible.

Colostomy and ileostomy pouches can be either open-ended, requiring a closing device usually called a clamp or tail clip; or closed and sealed at the bottom. Open-ended pouches are called drainable and are reused after they are emptied. Most commonly closed end pouches are used by colostomates who can irrigate (see below), or by ostomates who have regular elimination patterns.

Closed end pouches are usually discarded after one use. Pouches can also be clear, or see through, or opaque.

Two-piece systems consist of a separate flange and pouch. The pouch contains a closing ring, which mechanically attaches to a mating piece on the flange. The most common closure is a pressure fit snap ring, very similar to that used in Tupperware®. Several new products that use an advance adhesive ring, which allows for a lower profile under clothing, have recently come onto the market.

One-piece systems, as the name implies, are those in which the wafer and pouch are assembled together in one piece and not separate. Both two-piece and one-piece appliances can be either drainable or closed.

Urinary pouching appliances used by urostomates can also be either one- or two-piece systems. However, these systems also contain a special valve or spout, which adapts to either a leg bag or to a night drain tube connecting to a special drainable bag or bottle.

Some colostomates can "irrigate," using a procedure analogous to an enema. This is done to clean stool directly out of the colon through the stoma. This requires special irrigation appliances. These consist of an irrigation bag and a connecting tube (or catheter), a stoma cone and an irrigation sleeve. A special lubricant is sometimes used on the stoma in preparation for irrigation. Following irrigation, some colostomates can use a stoma cap, a one- or two-piece system, which simply covers and protects the stoma. This procedure is usually done to avoid the need to wear an appliance.

These are the major types of appliances. There are also a number of styles. For instance, there are flat faceplates and convex shaped ones. There are

Ostomy Resource Guide *continued from page 9*

fairly rigid and very flexible ones. There are faceplates with and without adhesive backing and with and without a perimeter of tape.

The decision as to what particular system to choose is a personal one geared to each individual's needs. Wound, Ostomy, Contenance Nurses (WOCNs) will tell people that there is no right or wrong choice, but each person must find the system that performs best for him or her.

A wide selection of equipment options exist. Generally, the larger mail-order catalogues will illustrate the types and styles from all or most of the suppliers. If you have any trouble with your current pouching system, discuss the problem with a WOCN or other caregiver and find a system that works better for you. It is not uncommon to try several types until the best solution is found. Free samples are readily available for you to try - contact the manufacturer or supplier to ask for a one.

Types of Accessories: There are a variety of accessories to help in the care of your ostomy. You may find that you prefer to use none of these, or you may find one or more of them help you feel more secure and comfortable with your ostomy.

Cleansers are available for sanitizing reusable ostomy equipment.

Convex inserts are convex shaped plastic discs that are inserted inside the flange of specific faceplates.

Ostomy belts wrap around the abdomen and attach to the loops found on certain pouches. Belts can also be used to help support the appliance or as an alternative to adhesives if skin problems develop. These usually add a measure of security.

Ostomy rings (or cohesive seals) fit around the stoma almost like a cushion to provide a better fit and protect against leakage.

Peristomal (around the stoma) cleansers are specifically designed for cleaning the area near the stoma, usually under the barrier.

Pouch covers made with a cotton or cotton blend backing, easily fit over the pouch and protect and comfort the skin. They are often used to cover the pouch during intimate occasions.

Skin barrier liquid, wipes and powder and skin

prep help protect the skin under the wafer and around the stoma from irritation caused by digestive products or adhesives. However, they are **not** recommended for use in several types of wafers and actually reduce adhesion.

Skin barrier paste can be used to fill in folds, crevices or other shape or surface irregularities of the abdominal wall behind the wafer, thereby creating a better seal but do not last as long as ostomy rings.

Tapes are sometimes used to help support the flange or wafer and for waterproofing. They are available in a wide range of materials to meet the needs of different skin sensitivities.

Tape remover is helpful in cleaning the adhesive that might stick to the skin after removing the tape, wafer or from other adhesives. It can also be helpful in removing the tape during an appliance change.

Types of Caregivers: Obtaining help when questions or problems arise with your ostomy can often be a confusing experience. Your physician or surgeon may have limited experience with the day-to-day management of ostomy care. In addition, your insurance coverage may limit your choice of health care providers. When possible, it is always good to have a plan in place to deal with problems or questions, should they arise. If you have not been followed by an ostomy care nurse (ET or WOCN) when hospitalized, ask your surgeon or nurse at discharge to whom you should address questions or concerns. Be sure to check with your insurance company or health care provider to determine if visits will be covered.

If your concern is medical (e.g. skin care, skin breakdown, stomal changes, or ill-fitting equipment), an ET/WOCN, if available, is frequently the best place to start. They are more familiar with the issues of day-to-day stoma management and can screen your problem and refer you to your physician or surgeon if necessary. They offer education in ostomy management, pre- and post-operative counseling, skin care management and evaluation and fitting of appliances.

In next month's issue of the *Broward Beacon* we will continue printing this wonderful guide starting with the topic of when you need to see a doctor or surgeon instead of a nurse when you encounter problems of a more technical nature.

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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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