

Volume XLII Issue No. 2

February 2012



Broward Beacon



Next Meeting:

Sunday, March 4th 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.

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



As one of my dearest friends emailed me after Ren and I returned home from Chicago, "Holy guacamole Batman! Didn't know you liked rollercoasters?" We didn't see this one coming.

The morning after BOA's last meeting Ren and I flew to Chicago for me to have surgery there as a best friend of a best friend was the department head of Northwestern University's Department of Obstetrics & Gynecology. We met with the surgeon that afternoon in 20° weather plus windchill. Now I know why we all were smart enough to move to or have a second home in Florida.

The surgeon told me that my blood profile and x-rays contradicted each other and wanted another work-up before going ahead with the surgery.

After a week of new tests and medical confer-

ences it appeared to them that I did not require surgery and that the severe pain I've been experiencing since November must needs be from another source. What fantastic news. What frustrating news. I was so hoping to get the pain behind me but I am also so very grateful I didn't undergo unnecessary surgery.

Speaking of surgery, please keep our cherished Recording Secretary, Bill Wilson in your prayers as he will have undergone extensive surgery February 22nd at Memorial South.

We as a group all share in sufferings and are bonded by firsthand experience of going through truly difficult challenges. Again, the good news - bad news. We have suffered or are suffering but we have each other. Many of us also have a deep faith in a loving, caring Lord. As our vice-president Amy is fond of saying, "we are family". Thank you for being there for me. Thank you for understanding. Thank you for always being available to encourage one another.

Sincerely with love and gratitude,



February Update from UOAA's President

2012 is upon us and UOAA is ready for a very busy year. We have our New Board of Directors in place and they are ready to do GREAT things.

As I write this message your Board of Directors is meeting here in Libertyville, IL and we are planning out the calendar for this year and next. We are ramping up our Veterans Program and looking to get into more facilities.

We are already looking ahead to October 6, when we celebrate BOTH World Ostomy Day and Ostomy Awareness Day. Our goal is to make this an event that will be celebrated all over the US and we look forward to a simultaneous celebration at many venues at once. As plans are finalized we will advertise these events to our chapters and we hope our turnouts will be huge.

On another front UOAA has realized that we needed to take another look at our universe. To this end we have decided to expand our Board of Trustees and create an additional level that will be made up of some of the best and brightest minds in the ostomy industry. Members of the new Board of Trustees are:

Ed Veome, VP Marketing - Coloplast
Nimisha Savani, VP Executive Operations and
Corporate Affairs - ConvaTec
Scott Effertz, Director of Sales - Edgepark
Dan Yrigoyen, General Mgr, Ostomy and Wound
Hollister Incorporated
Bran Galindo, President - Nu-Hope Laboratories

Additionally we have secured pledges to serve from the David Beck MD, Past President of ASCRS and from Margaret Goldberg, Past President of the WOCN Society. It will be the mission of this Board to assist us in raising the funds that UOAA will need to conduct new programs and embark on

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Next Meetings:

Sunday, March 4th, 2012

Refreshments, 1:00 p.m.

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

Meeting: 1:30 p.m.

This fall I met a man who modestly introduced himself to me as Joachim. A bit later when I googled his name to try and reach him about something trivial I discovered by accident that Joachim was actually Dr. Joachim de Posada, CSP, International Speaker, Consultant and Author of *Leadership and Innovation*, Business Monday in the Puerto Rico DailySun. *Daily Motivational Capsule* in WOSO, only English commercial radio station in PR; *Don't Eat the Marshmallow yet: The Secret to Sweet Success in Work and Life*, an international best seller. *Don't Gobble the Marshmallow...Ever: The Secret to Sweet Success in Times of Change* and *How to Survive Among Piranhas: How to get what you want with what you have*.

I think the last title, *How to get what you want with what you have* fits us as ostomates perfectly well. Joachim is uniquely qualified to encourage and inform us. I won't miss this meeting for all the world. Looking forward to seeing you all there!

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. March 4th, April 1st, May 6th, and June 3rd. Summer Break, September 2nd, October 7th, November 4th and December. 2nd.

Proton Pump Inhibitor Safety Alert

from Linda Aukett, UOAA Advocacy Chair

The U.S. FDA recently issued a safety alert stating that the stomach acid drugs known as proton pump inhibitors (PPIs) may be associated with an increased risk of *Clostridium difficile*-associated diarrhea.

PPIs can include: • AcipHex • Dexilant • Nexium • Omeprazole • Prevacid • Prilosec • Vimovo • Zegerid

The FDA notice recommends that patients taking PPIs should immediately contact their healthcare professional and seek care if they develop diarrhea that does not improve.

How to Be a Great House Guest as an Ostomate

by Wendy Lueder



While recently out of town for a week of medical treatment and to help save money, my husband and I stayed at the home of a long time friend. We shared his home along with his wife, two children, a mother-in-law and Jackson the dog. It was impossible to enjoy the wonderful security of home

where my own bathroom holds all my ostomy accommodations under the counter and easily close at hand.

There are two wonderful ostomy products that made our stay less stressful and one quick clean-up trick that may be helpful to others.

At home I use a couple of tied up old plastic grocery bags to toss my used ostomy appliance. But away from home I wanted to use something more discrete



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and secure. Ostaway x-Bag Ostomy disposal Bag™ by BagItAway.com has just the thing. 800-774-6097 (Mon-Fri 9am to 5pm Eastern)

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Ability to contain the higher liquid output of Ileostomy Bag disposals.

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When I placed this discrete bag in their trash I was totally at ease.

I was also concerned about odor control. At home I have an 8 fl. oz. bottle of in-the-bag liquid deodorant. I put a ten drop squirt of it in the pouch each time I empty. There are many brands all of which appear to work equally well but I prefer OstoFresh or Na Scent as the liquid in both these products is clear while another similar product, M-9 Odor Eliminator Drops by Hollister is deep blue in color. If you spill any of it on your underwear or bath mat it stains.

As I had nowhere to keep a 12 oz. bottle handy in our guest bathroom I used a fantastic product that will be on the market soon. Samples were made available to me at UOAA's national convention and I can't wait for them to be available once again in the open market. I'm speaking of NeutralEZ solid extended Wear Ostomy Odor Eliminator tabs.



These nickel sized solid tabs attach to the bottom interior of your pouch and automatically deodorize the contents for up to three days without you doing a thing. As the TV commercial says, "set it and forget it". Odor never occurred. I affixed the tabs at home to the inside of my pouches before I left on this trip so they were already to use. The inventor has promised to let me know when they will be available again to the general public.

In a pinch, until the tabs become available, 1 oz sample bottles of liquid deodorants are available which are easier to carry around.

The only other item I was concerned about was making sure the under lid of the toilet remained clean. After each use I would lift the lid and make sure no splashes left their mark.

I must say I really prefer using the comforts of my own bathroom but these tips helped to ease the day. And as an extra bonus, we helped to break the old adage by Benjamin Franklin that guests, like fish, begin to smell after three days.

Skin Rashes around the Stoma

By Carla Mellon, RN, CWCN,

Edited by Bobbie Brewer, UOAA UPDATE

There are several different types of rashes or skin breakdown that can occur around the stoma, under the pouch seal. Some of the more common types are:

Urinary stomas can develop skin breakdown as a result of urine being in contact with the surrounding skin for an extended period of time. This will cause the skin to develop an overgrowth of tissue (hyperplasia), which may be referred to as urine crystals. The urine may even feel grainy in the pouch. This is very painful. Treatment begins with correcting the cause: these causes may be pouch- opening size, wear-time, it may be that convexity is necessary to prevent leaking under the pouch seal, or adding an ostomy belt. Vinegar soaks, 2-3 times per day, are also recommended in severe case to break up the crystals.

Ileostomy stomas usually develop skin breakdown as a result of stool being in contact with the surrounding skin. This can happen fast. Early symp-

toms include burning and itching under the pouch adhesive. Again, treatment begins with elimination of the cause.

Steps to eliminate leakage and/or stool undermining or pooling under the adhesive must be taken. Barrier rings, strip paste, convexity, belts, etc. are just a few of the additions to the pouching system that may be needed in order to secure a good seal. The skin also will need to be treated with a barrier powder (stomahesive, premium, karaya) and sealed with a sealant (No-Sting) to provide a dry pouching surface for the adhesive, since the skin is likely weeping.

This situation also predisposes the patient to a yeast or monilia rash, characterized by a fine bumpy red rash, usually along the edges of the redness. This must be treated with an antifungal powder. The antifungal powder can be used with the barrier powder or alone. It, too, must be covered with a sealant (No-Sting). Manila/yeast rashes may also be present without any other pouching or skin care issue. This is typical in the summer with heat and when patients have been on antibiotics.

Colostomy stomas are also subject to monilia/yeast rashes, as well as skin breakdown associated with stool being in contact with the skin. See treatment above under ileostomy stomas.

All stomas are subject to allergic reactions associated with the adhesives on the pouching system or any product (cleanser, skin-prep) that you are using on your skin...even if you have been wearing the same pouch, or using this product for years. You can develop allergies to any product.

The only solution is to change pouching systems/products and find one that you are not allergic to. I often use Kenalog spray (prescription) to decrease the inflammatory process and provide pain relief until the offensive agent can be identified and eliminated.

Exercise and IBD

via The Pouch

Ostomy Support Group of Northern Virginia, LLC

Experts say exercise benefits patients with IBS, IBD — People with irritable bowel syndrome or inflammatory bowel disease should exercise because

it helps control body weight and reduce stress, but physicians caution against pushing too hard on bad days. The Center for Functional GI and Motility Disorders at the University of North Carolina suggest yoga as a good way to improve overall health, and the American Council on Exercise recommend low-impact workouts that do not involve jarring movements. Source: empowher.com, 12/19/2011.

Tips on Diet

from Physician's Weekly

via The Roadrunner of Albuquerque

Bowel and Crohn's disease patients finally have a list of harsh and soothing foods. To fill a diet-advice void, a visiting British surgeon, Dr. Peter McDonald of the University of Southampton, asked 71 Cleveland Clinic patients how 32 foods affected them. Most had simply been told, "Eat what you can."

All rated rice, potatoes, and lamb as nonirritating. Over 90 percent said the same for white bread, chicken, turkey, beef, pork, white fish, tea, eggs, refined sugar, and cooked fruit.

Over 40 percent were irritated by corn, nuts, chili beans, spices, raw fruits, and onions. Ileostomy patients had problems with cabbage, broccoli, soda pop, lettuce, shellfish, and bran. Many without stomas were upset by alcohol and tomatoes.

DESCENDING OR SIGMOID COLOSTOMY

By JoAnn Mok, LPN, ET

What is the difference between a descending colostomy and a sigmoid colostomy?

These ostomies are named for the area of the large intestine where they have been created. Our large intestine consists of four parts: The ascending, moving up on the right side of the abdomen; transverse, running along the waistline; and descending, heading downward on the left side. At a point about three-quarters of the way down is the sigmoid which connects to the rectum (or the last ten inches of the large intestine). Colostomies may have permanent

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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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Update from UOAA's President

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new endeavors. To head up this august body will be our Chair and Co-Founder of UOAA, Ken Aukett, along with Co-Chair George Salamy. This group has their first meeting at the end of February and we will keep everyone abreast of their activities and progress. Good Luck to this new group of Trustees, we hope and expect great things from all of you !

LEADERSHIP WORKSHOPS: In addition to forming the new Board of Trustees the UOAA decided at the annual Strategic Planning Meeting on January 27, 2012 to hold several Leadership Workshops in 2012. The first of these workshops will be held on May 18th and 19th in the Waterbury, CT area. As we finalize plans we'll pass along the details.

UOAA SOCIAL BLOG: Did you know that we have our own social blog? We regularly post survey links, interesting stories, news articles, and so much more on the UOAA Social Blog! You can find our blog at blog.ostomy.org. We also have some very exciting news relating to our blog coming soon, so stay tuned!

ASG ADVISORY BOARD NEWS: Greetings from your Affiliated Support Group (ASG) Advisory Board. We want you to know how much we appreciate each of our Affiliated Support Groups and to let you know, we are here to help you provide the most important aspect of an Ostomate, and that is "Support" either before or after surgery! The ASG Advisory Board is composed of 8 members including Wendy Lueder from various states around the US. This is an avenue opening up the communication between the ASG Board and you, the organizations that are of the utmost importance to the UOAA! I want you to know, that you can always get in touch with me by the following email address and phone number. Remember that you and your group are important! Thank you for your support and I look forward to talking and/or hearing from you.

JIM MOORE, Chairman
doubleedge@centurytel.net
501-837-7225

MARCH IS COLON CANCER AWARENESS MONTH: Dress in Blue Day is Friday, March 2, 2012. You can make a difference. Help raise awareness about colon cancer, celebrate survivors and help patients in need during National Colorectal Month by participating in Dress in Blue program. For more information about other activities go to <http://www.ccalliance.org/dressinblueday/index.html> This is a Colon Cancer Alliance Program.

Join the team in N.Y's Central Park. An Ostomy Support Groups Team has been established to participate in the 9th Annual NYC Colon Cancer Challenge event, which will take place in Central Park in New York City on April 1, 2012. This event draws participants and spectators from across the United States to raise funds for the Colon Cancer Challenge Foundation and highlight the importance of screening/early detection in saving lives. CCCF's awareness, prevention and research initiatives include financing screening for the uninsured, and supporting promising young researchers dedicated to finding a cure. Every donation brings us one step closer to a future without cancer.

In addition, as this mega-event attracts press coverage, we are provided with an invaluable opportunity to bring the word "ostomy" into the public sphere, and demonstrate that individuals with ostomies can live active, productive lives.

Dave Rudzin, President, UOAA

Just a Small Bit of Personal Good News from Wendy!

My husband often quotes for my benefit the proverb "Let another man praise you and not you yourself." Sorry honey, I've just got to tell.

For 15 years I've been designing and needle weaving Swarovski crystal and Japanese Seed Bead necklaces. The better ones I've been submitting to an international beading magazine for them to purchase and publish. I've been turned down politely four times. However, in this coming April's Issue of *Bead and Button* one of my necklaces will be featured in a four page spread. Oops! Don't let Ren know I told you. I'm thrilled! Can't help it.

DESCENDING OR SIGMOID *cont. from page 7*

or temporary stomas. The opening may also be a double barrel, which is two separate openings or may be a loop. In loop ostomies, a loop of the intestine is brought out of the abdomen and is held in place with a rod. The most common type is the end stoma, which has a single opening.

The consistency and form of the feces depends on how much intestine is left in the body. Since the purpose of the large intestine is to remove liquid from the fecal material, the further along the intestinal tract the stoma occurs, the more formed the material.

Feces from an ascending or transverse colostomy will be loose and watery, without form. Feces from a descending stoma will be soft-formed to formed. The sigmoid stoma located lower in the bowel will generally result in a more solid, formed type of bowel movement. Previous bowel habits play a major role in bowel function after surgery. If you have loose stool prior to surgery, chances are good that you will have loose stool after surgery regardless of stoma location.

Patients with a right-sided colostomy do not have as much remaining colon as those with a left-sided colostomy. Because of this, there is usually too little colon left to absorb enough water to make a solid stool. This type cannot be controlled by irrigation, but instead behaves very much like an ileostomy with a fairly continuous discharge. The left-sided colostomy is often described as a dry colostomy because it discharges formed stool. One has the choice of attempting to manage this type either by trained control or irrigation control.

Only one-third of the people who attempt to train themselves to control the colostomy without irrigation are successful in doing so. This type of training relies very heavily on diet and medication to achieve regularity. Many physicians in this country feel that control is more easily and satisfactorily achieved by irrigation.

However, there are some patients who can't achieve irrigation because they have an irritable bowel. This problem has nothing to do with the colostomy. It is just part of some people's makeup. Some people, even before they have their colostomy, may have very irregular bowel habits. They retain these habits after

the colostomy is performed, so that regular irrigation does not assure them of regularity.

When this condition exists, the physician will sometimes suggest that the patient dispense with irrigation since it will not produce the desired regular pattern, and the person may become frustrated trying to achieve this. In this case, once again the colostomy is treated much like an ileostomy with the wearing of a pouching system all of the time.

There is no such thing as a colostomy diet. A colostomy is not an illness, so try to eat the same foods you have eaten and enjoyed in the past. If you are on a diet for a condition such as diabetes or high blood pressure, of course you should stay on this diet. Foods can be acidic or alkaline, bland or spicy, laxative like or constipating.

Individuals react differently to food. Try to return to your former, normal diet; omit those foods, which disagreed with you in the past, may still do so. Chew well and see the effect of each food on your colostomy output.

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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.

Name _____ Age _____ Year of Surgery _____

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I am an ostomate. I want to be a dues paying member.

I am also enclosing a contribution to BOA

I am an ostomate and want to be a member but cannot afford dues at this time.
(This information is kept in the strictest confidence.)

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