

Volume XLII Issue No. 7

September 2012



Broward Beacon



Next Meeting: Sunday Oct. 7th 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.

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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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Seating Limited ~ Tickets available at our Oct. & Nov. meetings

Sunday, December 2nd, 2012 – 4:30 P.M.

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Advance Reservations and Payment Required

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2012 Meetings

Our December meeting is our Holiday Banquet and as you can read above, this meeting only starts at 4:30 p.m. with a wonderful catered dinner by our own beloved member Leroy. Those of you who attended last year's banquet will remember that it was by far the best banquet ever. Gone were the paper plates, plastic utensils and fast food menu; replaced by Leroy with china plates, real flatware and incredibly delicious homemade fare from Leroy's own catering kitchen. Leroy even provided extra staff to help clear the tables.

Joachim, our speaker, is internationally famous and a best selling author and motivational coach. I

have read and thoroughly enjoyed his first book, *Don't Eat the Marshmallow* and am starting on the second. Joachim holds a Master's degree and a Doctorate in Psychology and was voted as one of the top 10 Hispanic Professional Speakers in the United States. This really is a meeting you do not want to miss. Read about how wonderful Joachim is on his inspiring website: <http://joachimdeposada.com/>

Detailed meeting information including a useful map can always be viewed on our website www.browardostomy.org.

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 7th, November 4th and December. 2nd.

Next Meetings:

Sunday, Oct. 7th, 2012

Refreshments, 1:00 p.m.

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

Meeting: 1:30 p.m.



We are delighted to have as our October guest speakers Dr. Manoharan, and his Certified Physicians Assistant, Claudia Guzman PA-C. The doctor is an Associate Professor of urology and Director of Neobladder and Bladder Cancer Center at the University of Miami. His clinical expertise includes uro-

logic cancers such as prostate, bladder, kidney, testis, penis and other related cancers. He specializes in artificial bladder (neobladder reconstruction) and other urinary diversion procedures. He performs Robotic and laparoscopic cancer surgeries such as prostatectomy and nephrectomy.

His topic will be **Radical Cystectomy (bladder removal) for the Senior Citizen**. Claudia will be speaking on the very practical topic of **Caring For The Issues That Bring Patients Back To The Office**. I had the pleasure of speaking with Claudia and was delighted to learn that she has a real passion for caring for ostomates. It is her goal to start bladder cancer support groups in both Deerfield and Miami. We truly look forward to having them both with us this October.

Minutes September 2nd, 2012

President Wendy Lueder welcomed everyone back after the summer recess and said "it is like a family reunion after not seeing you for three months." More

than sixty-five members and guests attended the meeting which began at 1:30 p.m. Marty, whose birthday was this day, read the Ostomate's Prayer. First time guests were introduced including Dora, her friend Patricia, Marino, Trinidad, Catherine, Sheryl, George and Lauren.



A delicious Subway Restaurants' lunch for the entire group was donated by Joyce Hoffman, for which we are all very grateful. Our five volunteer CWOCNs were each introduced and thanked for their valuable time and selfless support of BOA.

Helen Ginsberg continues as the telephone chairperson who you should contact if you would like to receive a phone call reminding you of our monthly meetings. Wendy also reminded all that our meetings are a "stigma free zone" where anyone at any time should not be embarrassed to leave to use the restrooms, one of which was under construction this month.

Our sponsored teen at the Youth Rally this year, L.T., has been adopted and left Florida two weeks ago to live with his new parents in Pennsylvania. Wendy introduced a video of L.T. in which he thanked everyone for sending him to the Youth Rally 2012 in Boulder, Colorado. He hopes to continue going, and become a camp counselor when he is old enough. We saw a picture of his new Mom and Dad who live in a house already set up with access for his wheelchair. He has started his freshman year in high school. L.T. has also been encouraged to apply for the Great Comebacks Kids award sponsored by Convatec. We wish him the best of luck!

Vice President Amy introduced our guest speaker,

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Youth Rally 2012

By Linda Aukett, Co-founder of UOAA

Editor's Note: This year BOA's generous and kind membership sent our beloved LT back to camp and as you may have read in our meeting minutes, we are so delighted that LT has been adopted. LT moved to PA to join his new family in August. Here's how you can keep in touch.

Email: Latairance@gmail.com

Facebook: LatairanceDevonHunter

Linda Aukett wrote this informative and encouraging report on the Rally LT attended.

The Youth Rally returned this year to the site of one of the very first Youth Rally's back in 1979: the campus of the University of Colorado in Boulder. Even the Colorado forest fires did not impede the rally participants from gathering to this annual event.

July 9th dawned clear and bright, and by the end of the day 117 campers, between 11 and 17 years of age, had arrived for a week of learning and fun. They came from 34 states, the Canadian province of Quebec, and all the way from England; 37 were brand new campers. The previous Friday, our volunteer staff of 70 counselors had assembled for two days of orientation and team-building. Fourteen

teams were designated, each one to be responsible for 8-9 campers. Teams consisted of a nurse (either a WOC Nurse or experienced RN) plus counselors and counselors-in-training who are living with the same health situations as the campers.

During the five days of camp, campers learned more about their own diagnosis as well as that of other campers. They had a chance to discuss their own management techniques with others, and swapped tips and techniques for getting along as teens with such personal concerns. They formed close friendships and swapped emails, Facebook names and cell



LT's New Mom and Dad

numbers. They had a taste of several fitness activities at the campus recreation center, a carefree afternoon and evening at a Denver amusement park, and they topped off the week with a dance and graduation ceremony for those who had turned 17. They didn't get a lot of sleep – nor did the counseling staff – but that is very typical for this event. By the time Saturday the 14th rolled around, they had all made giant steps toward realizing the Rally motto: "Living Independently for Tomorrow – You Are Not Alone." All but those who graduated plan to be at Youth Rally 2013 at the University of Washington in Seattle, and many of the graduates are determined to apply to be a 2013 counselor-in-training.

Daily videos and still images can be viewed at [The Youth Rally Committee, Inc. greatly appreciates the support of United Ostomy Associations of America's affiliated support groups \(ASG\), and their dedicated members, that provide sponsorships so teens can attend without a further financial burden on their families. This year, 39 ASGs sent a donation to make it possible for a camper to attend.
THANK YOU VERY MUCH!](http://youthrallyphotos.smugmug.com>YouthRallyPhotos/2012RallyBoulderColorado</p></div><div data-bbox=)

A Different Type of Colonoscopy

by Irene Light, via The Pouch

Whenever you get a colonoscopy, think about requesting a blue light procedure. It is a relatively new procedure that was developed about six years ago.

A doctor needs to be trained in how to read the blue light results. With this knowledge, the blue light will show a much more defined image of the mucosal lining and be able to show hard-to-see changes there.

I had been getting blue light for a few years since I had chronic Crohn's disease for more than 30 years. Accidentally, I was given a regular white light colonoscopy one year due to some communication error. Well, my doctor wasn't satisfied with the results. So a month later, I had to go through the prep AGAIN in order to get a blue light exam. I wasn't anxious to do this, but I did it anyhow.

It was a good thing that my doctor was insistent. The blue light showed a cancer that was only a few

centimeters big and hardly visible on the surface of the lining. If I had waited another six months or a year, I could have had a more serious cancer. It was totally removed after having been caught this early.

Minutes

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Certified Wound Ostomy and Continence Nurse Debbie Walde. Debbie received her CWOCN certification this year from Emory University, and continues to work at Broward Health Medical Center (formerly Broward General). She graduated from Nursing School in 1979. Her talk today centered on what not to put up with when dealing with an ostomy and how to solve related problems.

First off was the issue of pre-education and site marking before the surgery. How a stoma sits on your abdomen when you are lying down on a surgery table may not be how it looks when you are sitting up. Doctors often do not get to see the whole picture, and pre-op visit to the nurse can prove most valuable.

After surgery, a WOCN can help select the proper appliance. Wear time for any appliance should be a minimum of 3 to 4 days, but must be changed immediately if you detect a leak. The enzymes that come from your stoma, especially if you have an ileostomy, will dissolve your skin if the appliance isn't correct. The size of a stoma may change as you recover from surgery and at other times later on. A WOCN can help recommend adjustments as the need arises.

When changing an appliance, always rinse with water afterward if adhesive remover or soap is used. Many people need to shave around their stoma to ensure proper adhesion of the wafer. Folliculitis, an irritation of the hair follicles can sometimes occur after shaving. Also be sure to empty or change the pouch often enough, when it is 1/3 to half full at most. Make sure your skin is dry before applying a new pouch, using pectin powder if necessary, and a hair dryer on blow (no heat). A yeast infection may sometimes occur, especially after you take antibiotics or if you are diabetic. A Miconazole powder may need to be applied for a fungal infection of the skin. Another treatable problem is skin allergies that may

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Minutes *continued from page 7*

develop or change over time.

Contact dermatitis can be the result of leakage around the stoma. In order for an appliance to form a strong seal, a flat skin surface on the abdomen is necessary. When there are pits or scars nearby, a stomahesive paste or Eakin Seal (or strips of one) may be used to fill the dip. With urostomies, a crust of crystals from alkaline urine may form around the stoma that can interfere with the adhesive. Cleaning this with vinegar is a solution for that problem.

There are stomal complications that can occur such as mucocutaneous separation and stoma ischemia. It is normal for dead skin to sluff off for a while after surgery. Other conditions are stoma stenosis or prolapsed or retracted stoma. It is also strongly recommended that you don't gain weight. The stoma stays tied fast while you gain weight and will pull against other tissues and organs.

In some people, a Paristomal hernia can occur, which is a hernia beneath or around the stoma. There is no sure way to avoid these hernias, but steps to prevent them include avoiding heavy lifting. Use an abdominal binder before activity, much like non-ostomates do when working with heavy loads. Nu-Hope is a reliable provider of a variety of Ostomy support belts. Wendy currently recommends the Celebration Ostomy Support Belt as advertised on the back page of the Broward Beacon. You may want to mix products from different companies to find a combination that fits you best.

Food issues were discussed. It is recommended to avoid nuts, celery, and seeds right after surgery to allow time for internal swelling to go down and avoid food blockages. Later, you may be able to add these back into your diet. Diarrhea is also an issue which may be caused by a virus or by medications. Eating a banana, rice, applesauce or tapioca often helps to slow the process.

A question was asked about rectal mucus, especially for people who have had a colectomy but retain their rectum. Adult padding or diapers are often required to contain this situation. In addition, Secretary Bill said his doctor has had him use Canasa 1000mg suppositories to help control the inflammation and

mostly eliminate the leakage.

For more Ostomy information, Debbie recommended the website Ostomyland.com. They have in depth information on all Ostomy related subjects along with an online support community more than 4,000 members strong.

Wendy reminded the membership that several suppliers have ads in our monthly Broward Beacon newsletter. Please be sure to thank them for advertising when you buy supplies from them and let them know how valuable their support is.

Wendy and the group thanked Debbie for speaking to us on a Holiday Weekend (Labor Day). A Certificate of Appreciation was awarded to her.

In closing, Wendy reminded everyone that Leroy will again be providing the Holiday banquet spread this December, after doing a truly wonderful job at last year's. We are all so grateful for his contributions.

The meeting was concluded at 2:25 p.m.

Respectfully Submitted,

Bill

Bill Wilson
Recording Secretary

Editor's Note: Sincere heartfelt thanks to Bill for doing such a wonderful job providing us with his well constructed, detailed and informative minutes. Bill has tremendous physical challenges right now including significant pain. Thank you Bill for your sacrificial service. You are deeply appreciated.



BE YOUR OWN ADVOCATE

By Bobbie Brewer, GAOA ATL, UOAA Update 9/2012

Consider: Emergency Room Visits

Speak up and let all the medical staff know that you have an ostomy. You may have to give a quick medical explanation of ostomy surgery and the changes that have been made to your systems (intestinal or urological). Ask about all of the procedures and/or medications that are offered and their impact on your ostomy.

Severe diarrhea in individuals with an ileostomy quickly becomes a dehydration problem and requires immediate infusion of fluids and electrolytes.

Intestinal blockage requires a determination of the difference in a food blockage or for some other reason. A quick ex-ray of the abdomen can help establish the cause and thus the solution. Most food blockages will pass with time, with fluid and with pain medication and possibly a nasal-gastric tube if nauseated.

If you are unable to communicate your concerns, be sure to have another knowledgeable person with you to speak for you.

Medications: Make sure all your healthcare providers know the type of ostomy you have, including your physician and your pharmacist. Absorption may vary with individuals and type of medications.

For individuals with an ileostomy, medications in the form of enteric-coated tablets, time-release capsules or long acting meds, may not be absorbed and therefore no benefit received. Before the prescription is completed by the physician, inform or remind him of these limitations. A pharmacist can assist in choosing the form of medication that will be best absorbed. Remember to speak up and ask questions. A well informed advocate is best!

CONTINUING YOUR SOCIAL LIFE WITH AN OSTOMY

Edited by B. Brewer, UOAA Update 9.2012

Your social life can be as active as before surgery. You can enjoy all activities: meeting people, attending concerts, sporting events, civic and social club meetings, parties, or whatever you enjoyed before.

The first time you go out of the house after surgery, you may feel as if everyone is staring at your pouch, even though it is not visible under your clothing. No one can see it. Did you know what an ostomy was or where a stoma was located or what it looked like before you had surgery? A quick trip to the restroom can take care of gas. If you are worried about your pouch filling up, remember, people without ostomies often need to go the restroom after eating and nobody will think it is unusual if you do the same!

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.



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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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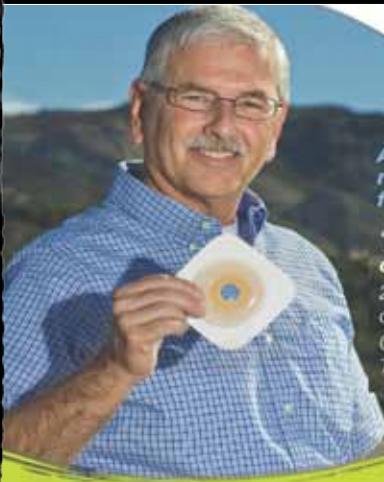


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