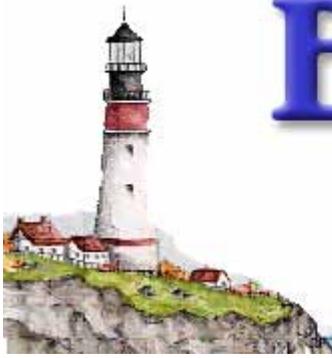


Volume XLIII Issue No. 6

Fall 2013



Broward Beacon



**Next Meetings: Sundays at 1 p.m., 2013
September 1st; October 6th and November 3rd**

**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 June at 1:00 P.M. excepting our Holiday Banquet in December which is by reservation only and meeting at 4:30 p.m. All meetings 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 to the right. 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

If you're the kind of person that pays close attention to detail, and if you look very closely at our cover page, within a small text box at the bottom of page two and finally at the top of page four, you'll discover some big changes in *The Broward Beacon* just starting this issue. From this issue onward, our newsletter will only be published during the months of August, November, February and May. Changing to a quarterly format will be of tremendous help to your editor, me, as it will help to alleviate some unusually high stressors in my life right now! Sincere thanks to our Board Members and Committee Chairpersons for approving of this change to help me out at this time. I love and adore you all. Hope you know and feel it.

And for those of you along with me who are forgetful, we will also be sending a reminder postcard

to local members only on the off-months. We really, really don't want to lose your precious presence at any of our meetings. You are too dear to us.

Amy is going the extra mile as our Program Chairwoman and lining up our speakers in time to keep you informed. Thank you dear Amy. You're a doll.

UOAA Conference: Wow! Twenty-one of our members were able to attend, way beyond my highest hopes although I wanted each and every one of you to be there if humanly possible. The rest of this issue will be devoted to the fantastic conference and to Bill's incredibly well written Minutes as well as dedicated to Hilary, our past recording secretary who was unable to attend due to last minute health considerations. Hilary, we so missed you.

Bless you all dear BOA'ers. You are cherished.

Love,

Wendy



Amparo Cano CWOCA, National Winner of the Nurse of the Year Award with Dave Rudzin, UOAA President

United Ostomy Associations of America National Conference

As a member of UOAA's national advisory board, Ren and I drove up early to Jacksonville on Monday the 5th to help out with Conference preparations. And boy did they put Ren to work right away. First we (both of us this time) helped fill 500 totes, imprinted with the conference logo and lovingly donated by Coloplast, with all kinds of goodies, ostomy supply samples and literature. Each attendee was given

a filled tote and we'll be sure to bring one to our September meeting to show you.

Then the hard work started and you can see all of it in a few months yourselves on reality TV as Ren and many others will be featured on *Shipping Wars* on A&E. About 20 UOAA volunteers met an 18 wheeler at the hotel's shipping dock to unload the many parts to "Coco," as the Colossal Colon® is affectionately known, which is a 40-foot long, 4-foot tall oversized model of the human colon designed to educate about colorectal cancer and other diseases of the colon. Visitors who crawl through see Crohn's disease, diverticulosis, ulcerative colitis, hemorrhoids, cancerous and non-cancerous polyps, and various stages of colon cancer. Makes the layman actually want to get a colonoscopy, which is the whole point.

I was told by the producer several times "never look at the camera", so I just lovingly stood around



continued on page 4

Next Meetings:

**Sundays, September 1st;
October 6th and November 3rd**
Refreshments, 1:00 p.m.
Chat 'n' Chew till 1:30 p.m.
Meeting: 1:30 p.m.

September 1st: UOAA National Conference Report and custom movie from your fellow members. Come see, learn about and get free samples of some of the products for yourselves (quantities limited). Get inspired to join us at the replay St. Louis event in 2015! When you hear how truly great, informative and fun a national conference can be you won't want to miss another for yourself.



October 6th: We are simply delighted to have Jo Ann Perreault, a Registered Dietitian, Certified Diabetes Educator, and Certified Weight Loss Trainer as our featured guest speaker. She has a Masters in Business Administration and was a nursing home administrator in the 1990's in Maine.

Jo Ann has worked for the Broward Health system since 2007 with areas of expertise in diabetes education and weight loss training. Very useful hand-out materials will be available. Jo Ann comes highly recommended and the topic is one of which we all certainly need to become informed.

November 3rd: A Thanksgiving treat this fall will be having the renowned Juan J. Nogueras, MD, as our November guest speaker. He is a board certified colorectal surgeon, and Chief of Staff for Cleveland Clinic Florida. He previously served as

Chief Medical Officer for the renowned academic medical center, which has a staff of nearly 180 physicians representing 35 medical specialties.

A staff physician since 1991, Dr. Nogueras most recently served as Chief Medical Officer. He also served as Chairman of the Division of Surgery for eight years. Dr. Nogueras specializes in the treatment of colon and rectal cancer, inherited colorectal cancer, Crohn's disease, ulcerative colitis, diverticulitis, fecal incontinence, and benign anorectal diseases. Notably, Dr. Nogueras was Cleveland Clinic's principal investigator in the development of the artificial bowel sphincter, a device that has helped many patients with severe fecal incontinence. He has published more than 160 manuscripts on topics including surgical treatment and management of Crohn's Disease and ulcerative colitis, pre-operative staging of rectal cancer and treatment of hereditary colon cancer. Do not miss this opportunity to meet a doctor who deserves our gratitude and respect as an advocate of ostomates throughout south Florida.



UOAA's National Conference

continued from page 3



watching Ren lifting 30 pound chunks of the colon to the display hall.

The conference was evenly divided into fun and delightful social gatherings including a



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Judith Ebel Considine, RNET, Founder, 1990

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UOAA's National Conference

continued from page 4

riverfront walk/run (I walked slowly) early Friday morning, educational lectures and workshops and an Exhibitor's Hall where every ostomy supply imaginable was displayed and samples distributed by the manufacturers.

Some Educational Highlights: ASG's (Affiliated Support Groups) were given ample opportunity to express their needs to the national organization. Some excellent suggestions were made such as: an iPhone App for UOAA; PowerPoint presentations for meetings being made available to all chapters; at round table meetings not only having tables for urostomates, ileostomates and colostomates, but also having one for loved ones and caregivers. Try and get your chapter's contact information to all local hospital's in appropriate Discharge Packages. A long discussion was held about whether or not to call what we wear a pouch, appliance or bag. Conclusion, whatever makes you feel most comfortable, but appliance sounds "more refined", pouch "middle refined" and bag "least refined". No one can accuse us of being anal on this topic. More bad humor from our UOAA President Dave: "What do you call a lazy ostomate? A pouch potato".

Be Your Own Advocate

by Colin Cooke as summarized by Wendy Lueder

A patient's advocate can be a friend, relative or professional who seeks to insure that a patient is served fairly by healthcare professionals. They provide assistance in navigating through hospital protocols and insurance coverage. They must educate themselves to learn what the patient is entitled to, talking to others in similar condition. Patients, with the help of their advocates must understand the scope, restrictions, allowances, deductibles, out of pocket costs, maximum limits, co-pay and coinsurance of their insurance policies. Are there restrictions: must I stay "in-network" in

choosing doctors? May I choose whomever I want? Do I need a referral or precertification from my primary care physician for choice of diagnostic centers and labs? Do I have an HRA/FSA (health reimbursement account/flexible spending account? Are you getting what you paid for? Do I have a disability policy and if so, long or short term? Will it be enough to cover my expenses? Is there a "pre-existing clause, waiting period for coverage to become effective?

Be organized which will prevent mistakes, save money and time. Keep good records of all health care and be able to answer the questions who, what, why, where and how (how well did they care for you).

Carry a set of emergency supplies and wear an EMS bracelet if appropriate. An emergency bathroom access card can be

downloaded from UOAA's website ostomy.org. Have a list of all medications and over-the-counter products you take, of allergies, hospital stays and surgeries. It is wiser to use one pharmacy as they will be more aware of overdose potentials and possible inter-reactions. In the same way use the same diagnosis facility and labs which prevents delays to compare past and present results. Get and keep copy of test results for yourself.

Know your rights and only see doctors you trust. Make them explain what you don't understand and slow them down if they're reaching over your head. Ask about their level of experience with your medical issues and check the internet to see if malpractice was ever involved. Bring and take notes to your doctor visits and if possible bring someone with you to help you sort out all the information after the visit.

Basic Colostomy & Ileostomy

by David E. Beck MD summarized by Wendy Lueder

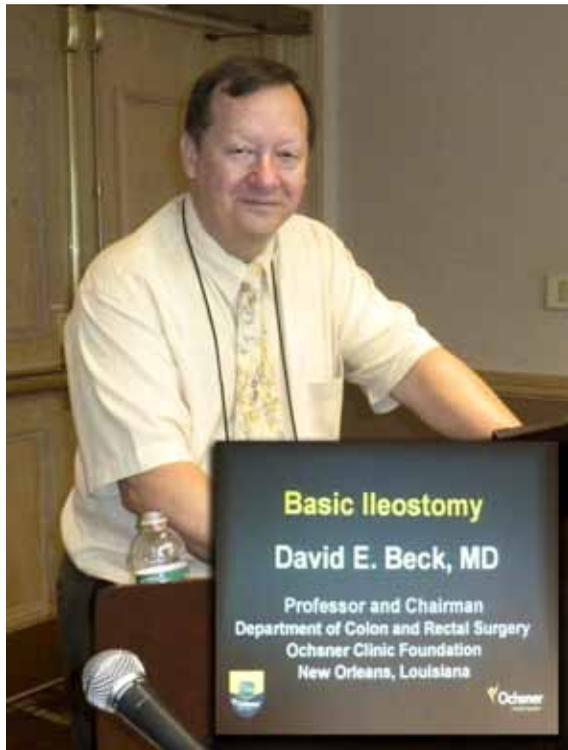
For a person without ostomy surgery, 200 cc stool output is normal. The pH or acidity/alkalinity is the same as our skin so there is little or no irritation to the skin from contact. For an ileostomate the pH is extremely alkaline from undigested bile salts so that even a small amount of output on the skin is



6:30 a.m. Fun Run with Adam, Darryel, Helen, Elizabeth, Ren, Wendy & Sheri.

UOAA's National Conference

continued from page 6



extremely caustic. Most people think the output is too acid where in fact it is too alkaline, pH 8 to pH 9. Immediately after surgery the output can increase to 800 cc per day for colostomates and 1000 to 1500 cc per day for ileostomates which will gradually decrease as healing occurs. Thus ileostomates have a greater chance of dehydration and precipitating gall stones. Other factors that effect dehydration are heat, exercise, illness and obstruction.

Statically 30% to 50% of colostomates and 10% to 15% of ileostomates will have a hernia, 1% to 3% a stoma prolapse; 4 to 9% an obstruction; 1 to 3% a stoma retraction and 80% skin problems of one type or another.

Many stomas are created in the wrong place next to skin folds and scars. Ideally the stoma site should be chosen before surgery in a location that can be easily seen, in the rectus muscle, not near bones, scars, creases or your beltline. There may be placement problems due to obesity. Flush or retracted

stomas are another potential complication. Many complications are caused by needing ostomy surgery in an emergency situation where placement cannot be carefully pre-planned.

An obstruction may be caused by a food plug which allows no output. It is accompanied by nausea and vomiting and abdominal distention. This condition needs urgent attention and the ostomate should not hesitate to visit the ER. A fact sheet is available for free download at http://www.ostomy.org/ostomy_info/pubs/blockage_card.pdf to take with you to the ER which explains the symptoms, home care and ER procedures that are appropriate.

Ileostomates have two times more kidney stones than the average population and thus need to drink more volume. Also their terminal ileum may have been removed where vitamin B12 is absorbed thus necessitating a B12 injection once per month or sublingually on a weekly basis. B12 deficiency can be easily checked by a blood test.

When asked about exercise Dr. Beck said that he thought moderate sit-ups were OK but not to do any heavy lifting as the stoma has already weakened your abdominal wall and lifting stress can cause herniation.

Skin problems occur in 80% of ostomates from leakage, skin folds, retraction or allergy to the tape or skin barrier waver. If you have a yeast infection use Nystatin powder but be sure to dust off all excess powder and coat with a "skin prep" type product or your wafer will not be able to adhere.

Hernias are one of the most common problems for ostomates. They only need to be surgically repaired if they cause functional symptoms.

Since only 50% of internal pouches are a success for those with Crohn's disease, only those with IBD caused by ulcerative colitis and not Crohn's should consider this option.

Making the Most out of Visiting a WOCN

*by Margaret Goldberg, CWOCN
summarized by Wendy Lueder*

If your doctor or WOC (Wound Ostomy Continence) Nurse is not respectful nor listens to you, or worse yet, tells you "it's just all in your head", simply change whom you choose to see. But be sure to have a WOCN lined up before you need one. There are presently

Minutes General Meeting

June 2nd, 2013

More than fifty members and guests attended the June meeting held at Memorial Regional Hospital's auditorium starting at 1:25 p.m. Darryel read Ostromate's Prayer. Wendy noted that a member who hasn't been here for ages is back, welcoming Marilyn. Our CWOC Nurses Leah, Eula, Mary Lou and Amparo were acknowledged and thanked for their generous donation of time and encouragement. There were no new visitors reported this month.

Wendy was very proud to announce that CWOCN Amparo Cano has won the United Ostomy Associations of America's Award for Ostomy Nurse of the Year. The official presentations of the award will be at the National WOCN Conference in Seattle WA as well as at the National UOAA Conference in August. Wendy asked for a show of hands of those planning to attend the Conference in Jacksonville, and stressed that each should attend the Awards Ceremonies to cheer Amparo on.

At the last meeting, free samples of Safen' Simple peri-Stoma & Adhesive Removers wipes were given out. The company is looking for feedback from the users. Contact Wendy for details.

Hurricane Season is upon us, and everyone is advised to have extra supplies on hand and a safety plan prepared should a storm threaten us with possible damage and loss of water and electricity. Lynn gave out hurricane season information and a number of LED flashlights.

There will be a brief Board meeting in the auditorium after the general meeting to address some policy adjustments.

Program Chairperson Amy introduced Massage Therapist, Integral Yoga Instructor, and Certified Stress Management Trainer Stacey Joiner, here with her husband to present today's interactive discussion. Stacey brings The Royal Treatment Corporate Wellness programs to busy working individuals, giving them the tools to reduce stress and help them balance their work and home life. Today we got a sample of the advice and many beneficial techniques she has to offer.

Stacey lived in New York across from the World Trade Center. After the events of 9/11, she knew she needed to recover, to make clear decisions in order to take care of herself and others. One of her ways to cope with the stress was to get involved with yoga. She eventually decided to teach yoga, and met her husband at a class for becoming a yoga instructor. She specializes in teaching natural ways to relax and de-stress.

Stress is a natural response to certain situations. Stress from an illness is a huge hurdle. But stress is subjective, and not all stress is bad. In the past, stress used to be a response to things like a lion outside of our cave. It's your body's way of telling you need do something to make things different.

She discussed how stress affects the three main divisions of the autonomic nervous system: the sympathetic system associated with the "fight-or-flight" response; the parasympathetic system which is responsible for "rest and digest"; and the enteric system which governs the gastrointestinal system. Under heavy stress, heart rate and respiration gets faster, and digestion stops.

Too much unmanaged stress can cause adrenal fatigue, wherein the adrenal glands are overworked. This can lead to muscle weakness, a craving for starches, anxiety, temper outbursts, loss of libido and digestive difficulties. Other negative effects of stress on the body include poor sleep, decreased efficiency of immune system, increased blood pressure, headaches, migraines, chest pain, digestive problems, and blemishes.

Stress is triggered by a number of sources, among them finances, health issues, social change, family and work. We experience stress in three primary ways: emotionally, behaviorally, and cognitively.

Natural ways to reduce stress are as simple as regulating your breathing, moving around, showing gratitude to people around you, having a quiet time. De-clutter your surroundings, find positive affirmations, step away from your electronics, let go of small stuff, be present in the moment. Reduce bad news by turning off the TV.

Stacey and her husband then lead the group in a series of de-stressing exercises beginning with breathing and laughter. Many were delighted by

the exercises and relaxation techniques that were demonstrated, which can often be done from a sitting position.

At the conclusion, Wendy presented Stacy and her husband a Certificate of Appreciation, and described today's program as one of the nicest and most mellow meetings we've ever had. The meeting was adjourned at 2:35 p.m. with everyone wishing each other a wonderful summer, and Wendy reminding all that we'll see you in September, after the National UOAA Conference in Jacksonville, Florida in August.

Respectfully submitted,

Bill

Bill Wilson
Recording Secretary



UOAA's National Conference

continued from page 7

3000 in the US and one near you can be located by contacting WOCN.org and asking for a referral. At present, Heather is available at their headquarters to ask for a referral. Or for a CWOCN here in Broward County, see: <http://www.browardostomy.org/how-to-contact-and-ostomy-nurse-in-broward-county/>



It takes approximately \$5000, a bachelors of science degree in nursing and 5 to 10 weeks of extra training for a nurse to become certified as a CWOCN. To remain certified a \$500 exam must be retaken ever five years.

Most WOCN's allow for a 15 minute visit as they must see many patients per day thus you need be organized before starting your visit. Before the visit know the following: What specific issues do you

need to discuss? Avoid telling time consuming stories. Have a list of medications and over the counter supplements and/or herbs that you take, their dosage and frequency of taking. Bring a written recent medical history. Also seriously consider bringing someone with you to help you remember all pertinent facts both given and received.

Know the three top thing you want to learn from the visit. If there is a new issue you are dealing with, be as specific as you can, e.g. when exactly did it start?

Bring a complete set of your ostomy equipment with you as you may need to remove your pouch to be examined. Do NOT change your appliance before the visit as the condition of your skin barrier wafer as is may be a helpful clue to your WOCN. They need to evaluate both your stoma and wafer as it normally appears and not as it appears immediately after changing.

Give a recent chronological account. Be honest and don't omit anything because you might think it embarrassing. Tell the truth about your real weight.

Be prepared to undress and wear loose fitting clothing that is easily removed.

When recommendations are made be sure you understand: Why do I need it? Will I need others help doing it? If supplies are involved, where can I get them? How do I know if what you're telling

me to do is working? Do I need to come back and see you again?

During your visit have realistic expectations. Don't expect magic. Get the phone number where your WOCN can be reached. Three websites that were recommended for their accuracy by Margaret were:

mayoclinic.com
familydoctor.org
medlineplus.gov

Develop a Positive Quality of Life

by Nancy Stanlick, Ph D & Ann Gestelund
highlights by Wendy Lueder

There were many gems of wisdom presented at this workshop and I would just like to share a few.

“My butt is like the economy, “it’s unemployed but still looking for a job.” “What other people think is their problem - not yours.” “You are not defined by your surgery.” “You’re different, but who isn’t?”

The delightful speakers suggested that we build things, work, live every day as though it’s the last.

Our beloved Joachim echoed similar sentiments in his keynote presentation at the end of the conference. “Write three reasons to be grateful each day, exercise 30 minutes a day, meditate 15 minutes a day and do one positive act for another daily. Do this for 21 days in a row and you will re-wire your brain into a habit that will greatly enrich your lives. Joachim held the audience in the palm of his hand and received a standing ovation for his encouragements.



Ask the Pharmacist: Drug Effects

by Melissa Bichmer, highlights by Adam Lokos

This 2013 informative workshop at UOAA’s National Conference should be extremely helpful to all individuals with an ostomy. The speaker, pharmacist and nutritionist Melissa Bichmer introduced this session by asking everyone the question, “How do drugs’

effectiveness and nutrition react inside a person’s body with an ostomates’ plumbing. She divided the talk into three parts: desirable and undesirable dosages for medications; side effects from actual medications including OTC antihistamines, antidepressants, diuretics and Prednisone; and nutrition’s key role for an ostomate.

There are three forms of medication; tablets, liquids and non-digestible capsules. Tablets are the safest form of medication for ostomates. Liquid medications may have the side effect, especially if given intravenously, which is causing diarrhea. Delayed release or extended release capsules are the most undesirable form of medication. This type of capsule cannot be opened or crushed and may also be toxic to the body. Ileostomates taking medication in this form can experience blockage in the stoma area and absorption issues. Colostomates and urostomates can use some non-toxic forms of these medications with caution. However, both groups may have absorption issues.

Diuretics should be used with caution by ileostomates and colostomates due to dehydrations issues. Urostomates should not use this medication due to high fluid output issues.

OTC antihistamines and antidepressants can have sedation and/or decreased reaction time in ostomates. However, urostomates can also experience two additional side effects; decreased urination and dehydration. Prednisone should not be used by ileostomates especially if they are going to have surgery and their bodies need to heal. Colostomates and urostomates can use prednisone with extreme caution.

In regards to nutrition, ostomates cannot fractionate their nutritional needs. She explained the different forms of nutrition that your body needs for a balanced diet. Macro-nutrients, which include proteins featuring egg whites as the gold standard of protein; fats, which are essential to the body, including unsaturated fats, omega forms, saturated fatty acids, good cholesterol and carbohydrates must be included in a balanced diet. Micro-nutrients feature 16 essential vitamins including B12, C and D and 60 essential minerals, chelated and organic amino acids. Probiotic capsules with 80 billion colonies or more and multi-strain probiotics are

less used Micro-nutrients. Any urostomate taking probiotics should refrigerate and take at bedtime.

Melissa Bichmer closed her workshop by mentioning six important food group allergies which may include soy, grain, dairy, peanuts, eggs and shellfish. She stressed that if you are allergic to any of these food groups they need to be replaced by non-allergic food in order to maintain a regular balanced nutritional diet.

How to Prevent Food Blockages

by Bobbie Brewer, highlights by Adam Lokos

I'm excited to bring you highlights from this great workshop at the UOAA Jacksonville Conference. Bobbie Brewer, WOCN and previous President of UOA, stressed that the causes of food blockages are typically bowel obstructions associated with scar tissue formation inside the stoma as well as stenosis, or narrowing of the intestines. Colostomates and urostomates usually do not have difficulties with food blockages and should maintain a healthy diet to prevent constipation. This diet should include eating fiber and drinking two quarts of any liquids daily.

Bonnie focused on ileostomates who experience the most frequent blockages, especially those who have a new surgery. An ileostomates food chart has information on foods that may obstruct, produce gas, bloating, decrease or increase the volume of output and foods that may cause diarrhea.

If you have a blockage normal flow suddenly stops or becomes intermittent, nausea and cramping discomfort begin. An obstruction may be only temporary and sooner or later the rush of intestinal flow will end this situation.

Bonnie's last important advisory was to seek help if you experience food blockage or obstruction. If no output comes out of your stoma for 24 hours, you experience cramping lasting two to three hours or vomiting and nausea are present, you must seek medical attention immediately which may include a trip to the emergency room.

How Cancer Treatments Affect Your Ostomy and Skin Issues

*by Hank Hill, MD, Surgeon/Oncologist
and Bonnie Alvey, CWOCN highlights by Adam Lokos*

Dr. Hill presented some of the cancer treatments after ostomy surgery, features of stage 2 and 3 cancers, especially in the colon that require a lower anterior resection with possible diversion of an ostomy. He explained both chemotherapy and radiation treatments and listed some of the medications one might use such as Adjuvant Chemo, P7, 5-FU, Leucovorin and Oxaliplatin. He stressed that two complications may be experienced; major itching around the stoma due to chemotherapy and burning and redness around the stoma area from radiation.

Skin Issues were addressed by Bonnie Alvey. Soap and water are the best cleaning agents for the skin around the stoma after using adhesive remover or if the skin is very soiled. She noted that soap with moisturizer or creams should never be used, especially Caress or Dove. Cleansing towels, paper towels and plain baby wipes can also be used.

Extra protection of the skin can be had by using no-sting skin wipes (without alcohol). The technique of "crusting" or creating layers of anti-fungal powder, skin barrier, powder, barrier, etc. was discussed. As using anti fungal powder longer than necessary can actually be harmful, please discuss this issue with your WOCN. Even if your own dermatologists tells you to use anti fungal creams around your stoma, do not do it. Use a dry powder instead along with the "crusting" method. If you need to use powder, be sure to rub it into the skin and not just sprinkle it on top.

In an additional workshop by Bonnie, she discussed stoma and peristomal complications. A stoma's placement should be marked if at all possible before surgery. If improperly placed the stoma can result in pain, excess leakage, poorly adhering skin barrier wafers, skin irritation and burning sensation, eroded or raw skin and dermatitis. Urostomates can also have a complication called hyperplasia from excess urine on the stomal area skin.

Exhibit Hall *by Wendy Lueder*

Over forty exhibitors brought their wonderful wares to the conference, giving us options to greatly enhance our lives as ostomates.

Inventors, manufacturers, distributors and quality of life organizations were all represented in various sized booths in a huge ballroom of the hotel. The

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only complaint I heard was that there were so many wonderful materials to become acquainted with that not enough time was available, even though the Hall was open over a two day period for seven hours. A free hot breakfast was available in the Hall Friday morning sponsored by NPS Pharmaceuticals. It was truly delicious and we thank you!

BOA's own Youth Rally Camper for several years, and now a beautiful young lady, Kate Markwith, was actually one of the exhibitors. Kate is working with an advocate program for patients living with Crohn's disease or ulcerative colitis. See www.crohnsandcolitisinfo.com. Kate is one of the bravest young people I know battling disease for years and I'm thrilled to see her looking and feeling so well.

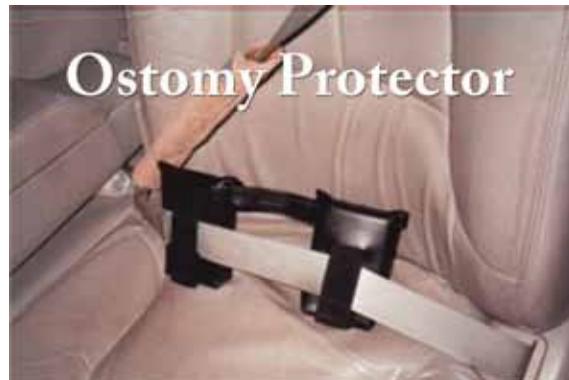
There were six new-to-me products/and or services that caught my attention in Exhibit Hall. The first, as I've already mentioned is the new organization with which Kate Markwith works, **ABBVIE**. They give one-to-one free support with personalized insights and education. A complimentary book on Crohn's disease or ulcerative colitis is also available that discusses educational resources. They better prepare you for your doctor visits and make suggestions for how to effectively discuss your symptoms. To enroll in the free program visit CDandUC.com.



GreenLite Gear designed a personal medical supply carrying case for ostomates. With a padded shoulder strap, the case comes with hooks that allow it to hang virtually anywhere, over-the-door, door knobs or handles, and opens up with a build-in workshelf thus freeing both your hands which would be really helpful in an unsanitary workspace. Cubby holes or elasticized net storage pouches are provided

to organize all our ostomy equipment. Supplies are not included. Through September 30th they will be on sale for \$98.95 with free shipping. Contact 419-551-1161 or www.GreenLiteGear.com

Another product of interest was the **Ostomy Protector**; OstomyProtector.com \$39.95 plus S&H. Two sliding cushions on a strap can be attached to a seat belt and removes stress from your body between the two cushions. It can also be worn tucked into a pants/skirt waistband and covered by an outside worn shirt.



The fourth item of interest was a new organization, *National Alliance of Wound Care* which is both a professional association as well as a credentialing board. **Ostomy Management Specialists**, which they credential through their own courses "provide compassionate care to an underserved population".

As their website states, "The Ostomy Management Specialist (OMS) certification program is a week long course created and designed by a group of clinicians (CWOCN & WOC Nurses, Physicians and Surgeons). This program requires you to complete an at home pre-course computer based module prior to attending the on-site portion of the class. Health care providers with an active unrestricted license and who have practiced the equivalent of 1 year full-time within the last five years as a: Registered Nurse, Licensed Practical/Vocational Nurse, Nurse Practitioner, Physical Therapist, Physical Therapist Assistant, Occupational Therapist, Physicians or Physician Assistant may sit for the exam."

As you can see, the requirements for this certification are far less stringent than those of a WOCN. However, for those areas of the country where WOCN's are not easily available, this is a big

step in the right direction to meet ostomates' needs.

The Stoma Stifler is a removable solution for stoma sound suppression and stoma protection. To quote their website, "co-inventor Mark Bain is a mechanical engineer with years of experience in structural foam, molding, and acoustic dampening for vehicle interiors." How it works. An "Anchor Plate affixes to either skin or to your ostomy/hernia belt. Snap it on: Magnetic clasp snaps high density polyurethane cup, on & off. Adjustable Snug Band: to suit your waist size and personal comfort.



Finally, the winner of the coveted Editor's Choice award for best new product presented at the Convention, goes to Ostom-i Alert. The Alert is a small sensor clipped to your ostomy pouch that reacts as the pouch fills. It then sends that information directly to your smartphone with a setting you choose personally, such as, "half

full or one third full". And I love their logo. It says it all.



Ostom-i Alert Logo

As their website states, "The Ostom-i Alert sensor is a discrete innovative device that alerts ostomates as to how full their ostomy/stoma pouches are so that they can decide if and when to empty them. The device clips on to any ostomy pouch sending Bluetooth alerts to an app on your mobile device telling you that your pouch is filling up. You can set individual alerts as to when you wish to be notified. Each device is single use only and last up to three months."

The totally delightful young inventor, Michael Seres, told me that in England the device has been very useful with non-compliant teenagers who tend

to ignore their appliance when it gets too full thus leading to accidents. I personally imagine using it to alert you if you're medicated to the point of drowsiness, sleep deeply, or for a loved one with limited communications ability or the beginnings of dementia. The device can also be used in hospitals where medical professionals can safely monitor when your appliance needs emptying.

Contact them at: Unit 4 Premier Park, Premier Park Road, London NW10 7NZ: Land-line number 44 1923 555047 or email info@11health.com.



Miami Dade Support Group

We are thrilled to announce the new *South Florida Ostomy Support Group* inaugurated and led by ostomy nurse Donna Byfield, CWOCN. The group will meet the third Wednesday of each month from 6 to 7 p.m. January through June, take a summer break, and then pick up again September through December at Baptist Health Resource Center, Baptist Medical Arts Building, 8950 North Kendall Drive, Suite 105, South Miami, FL. For more Information, call 786-596-1642 or 786-596-6060.

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 and to call and confirm as they do take a summer break, contact Patricia Paxton-Alan MSN, ARNP-BC, CWOCN at 954-344-3094.



It is with the utmost sadness that our family mourns the loss of my beloved niece, Samantha. A non-smoker, Sammy fought the good fight for three and a half years against an aggressive form of cancer of the throat. She never lost her courage or dignity and remained uncomplaining and brave to the end, passing away in her own home and bed surrounded by those who love her.

As a young child, after sailing around the world for seven years on a 39 foot sloop with her brother and parents, I home-schooled Sammy throughout High School as she was too mature to be placed in a school alongside her peers. A scholarship fund in her name has been created at the school she desired to send her beautiful child Andinah. <http://riovistachurch.com/samantha-wall/>



BOA does not endorse any products or methods. Consult with your doctor or Ostomy Nurse before using any products or methods either published in this bulletin, displayed, described, demonstrated or distributed by sample at our meetings or recommended by an association member.



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. Adam Lokos, 9820 NW 36 St., Sunrise FL 33351-8616. BOA never shares membership information. We value your privacy. BOA is a 501(c)3 charitable organization.

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E-mail address _____ Prefer Emailed Newsletter: Yes ___ No___

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- 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.)
- I would like to become an Associate Member (non-ostomate).

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