

Volume XLIII Issue No. 7

Winter Quarter 2013



# Broward Beacon

**Dec. 1st, 2013 (4:30 p.m. this meeting only) Holiday Banquet;  
January 5th, 2014 ~ 1 p.m.; February 2nd, 2014 ~ 1 p.m.**

# Broward Ostomy Association



An affiliated chapter of the United Ostomy Associations of America.  
Our Vision ~ a society where people with ostomies are universally accepted and supported socially, economically, medically and psychologically.

[www.browardostomy.org](http://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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July and December by the  
Broward Ostomy Association  
c/o Lueder, 2100 S Ocean Dr #16M  
Ft. Lauderdale, FL 33316



**Holiday Candlelight Buffet Dinner**  
**Sunday, December 1st, 2013 - 4:30 P.M.**

**Catered by our own wonderful member Leroy Berry  
with over 28 years experience in the catering business**

**with Master of Ceremonies**

**Mr. Irwin Rosen**

**Advance Reservations and Payment Required  
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**Tickets available at Nov. Meeting or Mail Your Check to be received by  
Nov. 28<sup>th</sup> to: Treasurer Mr. Adam Lokos, 9820 NW 36th St, Sunrise FL 33351-8616**

**White Elephant Grab Bag      Bring a gift for \$2 or under**

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## **President's Page**

My head is spinning and I'm experiencing a bit of "other worldliness" as we've switched from publishing nine issues per year to just four. There's a whole new feel to the *Broward Beacon* and I'm having a bit of adjustment difficulty. However, the level of stress of meeting publishing deadlines has been greatly reduced and we've also included an additional four pages, so we hope this new version is also working well for you. We deeply desire to keep you well informed in all things ostomy, the products, the coping skills and large doses of encouragement.

We have two kinds of members, those who elected ostomy surgery for medical reasons and those who woke up in a hospital bed with no prior warning that they have become an ostomate. Each type of ostomate needs a different balance of support and we want to be there for all of you.

In this issue I'll be writing some more product reviews, mostly items of which I was previously unaware that I discovered in Jacksonville FL at UOAA's National Conference.

We also have an article on what you've missed if your not a regular subscriber to UOAA's Quarterly Magazine, the *Phoenix*. My hope is that by learning about all the wonderfully helpful topics and information that you're missing if not a subscriber, that you'll change your mind quickly and sign up.

Finally, I want to shout out and congratulate two of BOA's dearest members who just got married. They are leaving for their honeymoon on the *Zuiderdam* and will be sailing right past Ren's and my balcony and I can't wait to wave a vigorous and fond farewell. Congratulations Bill and Irwin on your recent marriage. We're so happy for you!

Lots of love mixed in with best wishes,

Fondly,

*Wendy*

# Next Meetings:

**Sundays, December 1st;  
Holiday Banquet 4:30 p.m.  
by reservation only \$10 pp**

**Sunday January 5th &  
Sunday February 2nd  
Refreshments, 1:00 p.m.  
Chat 'n' Chew till 1:30 p.m.  
Meeting: 1:30 p.m.**

**Unfortunately, due to an unavoidable  
room scheduling conflict, our  
March 2014 Meeting only,  
has had to be cancelled.**

**For December's** Holiday Banquet our own talented member Leroy, who has been in the catering business for decades, will once again be providing his



magnificent feast. We are so blessed by Leroy's gracious kindness to us, and it is only because of this kindness that we are able to keep the cost of our time together the same low price we have had for years. This is a wonderful time to honor our volunteers

and express heart felt gratitude for the BOA family of friends.

Our surgery, like no other type, presents extra challenges to overcome. Having the BOA family there to care can make all the difference. Truly looking forward to seeing everyone there.

**January 5th** we will be having Focus Groups: Learning, Supporting and Sharing. We will

be gathering into four separate groupings, one each for colostomates, urostomates, ileostomates and care giver/loved ones.

Each table will have a professional facilitator to answer questions and lead the participation by all. I personally have learned invaluable hints and tips at this type of meeting.

For example, the format of this meeting will be new as we are adding a focus group table just for care givers/loved ones. This idea was presented at focus group at UOAA's national conference this past August by another UOAA Chapter with whom this format has had great success.

Please bring with you your questions, favorite appliance or ostomy accessory to share your insights or concerns with the rest of those at your table.

**February 2nd** we are delighted to have as our guest speaker Mrs. Melissa Cekay, Coloplast South Florida Ostomy Care Territory Manager. She started with Coloplast last February and prior to that Melissa represented products for Crohn's and Colitis patients and worked closely with CCFA. She will be sharing details of her company's CARE Program which provides patient education and support for all ostomy patients regardless of products used.

Coloplast is one of the very first ostomy supply companies founded by a nurse in 1954. It is the largest ostomy manufacturer and supplier in the world. Their full range of ostomy products includes pouches, wafers and all needful ostomy accessories.

With a large research and development department located in Denmark, they strive to improve and have cutting edge technology and innovation. Please see product reviews of their ostomy belts and barrier spray, this issue. Contact Coloplast: [www.us.coloplast.com](http://www.us.coloplast.com) or phone (800) 788-0293.

**March 2014 meeting  
CANCELLED**

**April 6th:** Mr. John Chickey of Hollister. Complete details in our next issue of the *Broward Beacon*, February, 2014.



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## New Research on Ostomy Skin Care

*Study summary by Wendy Lueder*

A study presented in June 2013 to The Congress of the European Council of Enterostomal Therapy in Paris France is informatively entitled *Multinational Evaluation of the Peristomal Condition in Ostomates Using Moldable Skin Barriers*.



The study's findings showed that 95.6% of new ostomates using ConvaTec Moldable Technology™ “maintained normal skin integrity for two months”, which was the duration of the study. For those who were already living with an ostomy but switched skin barrier wafers to the ConvaTec moldable variety, 86.2% of pre-existing skin disorders had improved skin around the stoma within the two months after switching. This type of wafer hugs the stoma accurately for a snug fit.

For all ostomates in the study 96% rated ConvaTec's moldable barriers as excellent or good for comfort, ease of preparing, ease of attaching, ease of removing and reliability.

The lead investigator was Maria Teresa Szewczyk, Associate Professor, MD, from Bydgoszcz, Poland. She rightly commented that the cycle of leakage and skin breakdown can impact ostomates both physically and emotionally. Bottom line, the study

“demonstrate(s) that moldable technology repeatedly achieves clinically significant reductions in peristomal skin issues... (and) can improve a patient's quality of life”. The study was conducted in Germany, Poland and the US.

## Product Reviews of Items that are "New to Me"

*by Wendy Lueder*

One of the greatest delights of attending a UOAA National Conference is cruising slowly up and down the aisles of the Exhibitor's Hall. I discover ostomy products that even though they might have been on the market for long periods of time, they are still new to me.

One of the most important services our UOAA affiliated support group provides is keeping our members well informed of products that may enhance their lives. Being able to forget about your surgery and put it behind you is a wonderful goal for which to strive. When all is working well in your ostomy management, both equipment and application techniques, it is our hope and desire that you can get on with your lives and put them back to a state of normalcy as much as possible.

## Brava™ Skin Barrier Spray

For the “crusting technique” a skin barrier spray or wipe provides a thin protective layer of film over anti-fungal powder layer you may need to heal a fungus infection or over stoma powder you may need to heal red and weepy skin. The “crust” protects your skin from output while not interfering with your skin barrier wafer's adhesion. It will “seal” in the powder to create a surface to which your barrier will stick as skin barrier wafers will not adhere to powder.

How to “crust”: Apply powder only if needed. Gently brush off any excess powder or powder that lands on healthy skin. Then cover with a thin layer of skin barrier. Allow skin barrier to dry, reapply two





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**Details. Details.** That's where you'll find the signature of Hollister Ostomy. From the first pouch we developed nearly 50 years ago, to today's ongoing innovations in function and design, Hollister Ostomy remains committed to quality products *and* quality of life. We're dedicated to providing reliable, high-performing solutions for individuals with ostomies— and helping them to enjoy peace of mind and fulfilling lives.

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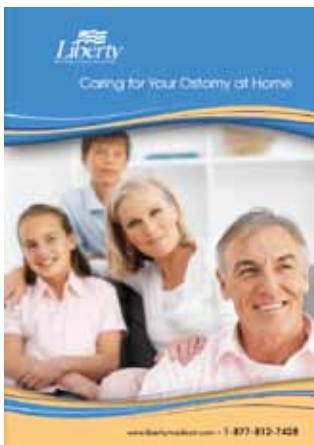
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more alternating layers and allow to completely dry. A hair dryer set on cool can help quicken the drying process.

Skin Barrier Wipes have been on the market for years (such as Skin Prep by Smith&Nephew; Bard Protective Barrier Wipes; ConvaTec AllKare Protective Barrier Wipes; Brava Skin Barrier Wipes by Coloplast, etc.) but a spray dispenser is new to me and has distinct advantages over wipes.

Using a wipe, even if you pat the skin gently, may still accidentally remove some of the needed powder when the wipe pad touches the skin. A spray on the other hand, as it doesn't touch your skin, is less likely to displace the powder and also dries within seconds and is alcohol and sting-free.

## Educational Resource from Liberty Medical



Once again I've been blindsided by not being aware of a wonderful publication produced by *Liberty Medical Ostomy Supply Distributors* for ostomate's education.

The full color, high quality print booklet *Caring for Your Ostomy at Home*, details types and categories of ostomy products and accessories, tips for how to empty your pouch, change your skin barrier wafer, do's and don't of ostomy care, well illustrated physiology diagrams of colostomies, ileostomies and urostomies and the conditions unique to all different types of ostomies, symptoms of urinary tract infection, diet and activities, a helpful chart on the effects of differing foods, bathing and swimming, clothing, exercise and sports, intimacy, travel, skin problems, problems which necessitate a call your doctor and dealing with gas and odor concerns.

The booklet also contains a Quick Reference Guide of Medicare Allowables of different types

of ostomy products. I have called *Liberty Medical*, (877) 812-7428, requesting copies to be distributed to our first-time visitors. Also you can directly view a copy online at: [http://www.libertymedical.com/uploadedfiles/healthy\\_living/ostomy/resources/Liberty\\_Medical\\_Caring\\_for\\_your\\_Ostomy.pdf](http://www.libertymedical.com/uploadedfiles/healthy_living/ostomy/resources/Liberty_Medical_Caring_for_your_Ostomy.pdf) or you may wish to call Liberty to ask for your own personal copy. Good reading!

## Educational Resource from the American College of Surgeons

The American College of Surgeons Division of Education has produced an amazing Home Skills Kit that profoundly prepares the new ostomate for their surgery.

To quote their website: "*The Ostomy Home Skills Kit* supports patients with education and simulation materials to learn and practice the skills needed for optimal postoperative recovery. The kit supports the entire surgical team with quality, comprehensive education. The standardized interactive program has been developed by the American College of Surgeons



*Kit contents for colostomates and ileostomates.*

(ACS) in collaboration with the American Society of Colon and Rectal Surgeons, American Urological Association, Certified Enterostomal Therapy Nurses, and the United Ostomy Associations of America.

The skills kit is designed for use by: Patients requiring an ostomy, their family members, and/or



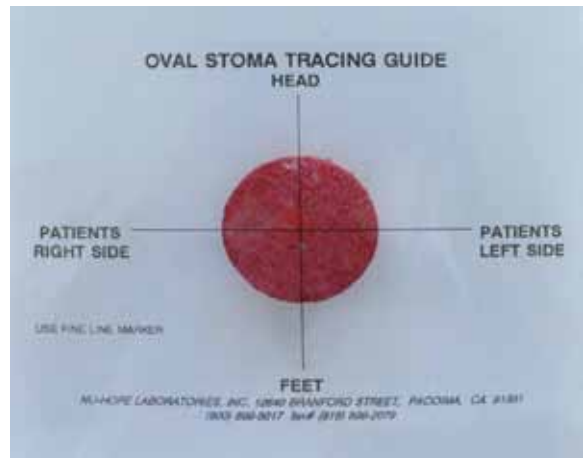
caregivers; Surgeons, nurses, and medical professionals working with ostomy patients.”

Topics covered in the booklet and again on the DVD are: “what is a Colostomy or Ileostomy? Who Needs an Ostomy? Understand your operation (Digestive system for colostomates and urinary system for Urostomates). Output, Pouching System Types, Accessories, Daily Care, Emptying Skills, Changing the Pouch skills, Supplies and Problem Solving.

Home Management covers dressing, sleeping, intimacy, bathing, toilet, work and school,, traveling, and exercise and activity.

Pouches, a faux Styrofoam stoma, scissors, a marking pen and cutting guide are included. You can watch the wonderful and informative DVD which is included in the kit online at:

<http://www.facs.org/patienteducation/skills/dvd.html>



marks head, foot, right-side, left-side, so you're sure to copy the correct orientation when creating the stoma hole in your skin barrier wafer.

After surgery, the size and shape of our stomas changes dramatically so frequent measuring for a good snug fit is essential, especially for ileostomates whose output is caustic and cannot be allowed to touch your skin. Call Nu-Hope at 800 899-5017 or send an email to [promo@nu-hope.com](mailto:promo@nu-hope.com) to order. Nu-Hope provides the (Oval) Stoma Tracing Guide for free as a loving courtesy to ostomates.

## Another Ostomy Appliance Belt From Which to Choose

Preciously I did a product review comparing belts available from Hollister and ConvaTec. At UOAA's Conference I became acquainted with another brand that has a lot to commend itself. The “new to me” belt from Coloplast has a finer mesh material and thus is smoother to the skin than the previously two mentioned and the tension of the elastic I find to be far more comfortable.

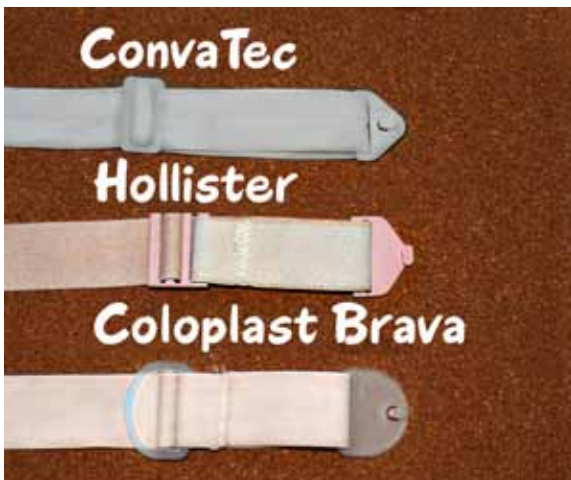
Unfortunately, due to a very poor stoma that is below skin level I've been forced to use convexity in my skin barrier wafer, plus and Eakin Cohesive Seal plus an appliance belt. The belt forces the convexity to work more effectively. So now I'm just trying to lose some weight hoping my stoma may protrude more if I'm thinner. Ugh!

If you too need to wear a belt (and please don't use one unless you truly need to as they are uncom-



## Stoma Tracing Guide from Nu-Hope Laboratories

Finally, a perfect aid to measure your stoma. Nu-Hope labs came up with this ingenious clear plastic 5.5 by 4 inch card which is a reusable guide to place over your stoma. Mark the outline of your stoma with a fine-line felt tip pen then just wipe the ink off and use again each time you change. The card clearly



portable and annoying) why not give it a try. The Coloplast Brava Ostomy Belt is flesh tone (as is Hollister's, ConvaTec's is white) and will work nicely with not only Coloplast's pouches but Hollister's and ConvaTec's as well. Contact Coloplast: [www.us.coloplast.com](http://www.us.coloplast.com) or phone (800) 788-0293



## Dues are Due

at this time and we really hope you can help support the costs of our 24 hour answering service, printing and mailing costs and all other things needful to BOA.

for BOA are just that, volunteers, so we strive to keep our costs down to a minimum and give you the best care for your dollars. I even purchase decorations for next year's banquet the day after December 25th to get that 50% or more off. My husband has been known to call me a cheap date. Lucky man!

If there is an envelope attached to this issue my records as of this mailing indicate that your dues are in fact due. I've tried to withhold envelopes from those I know who have already paid but if I messed up, please just call me and let me know you've already sent in your dues. I do often make mistakes.

Please be reassured that we want you to be a member whether or not you can attend our meetings. Many of our members for one reason or another cannot attend. They are as precious to us as those who

can. A special note of thanks who all those who attend even though they have no unresolved ostomy issues whatsoever. They come just to encourage the next ostomate in line and we sincerely thank them.

If you would like to receive your copy of the *Broad Beacon* via email please just call and let me know. Personally I prefer holding my reading in my hand, but if the digital edition works for you there would be printing and mailing savings for BOA.

See page 15 (back inside cover) for membership/renewal form

## What You've Missed if you Don't Subscribe to the Phoenix Magazine

by Wendy Lueder

As I mentioned on the President's Page, if you're not a regular subscriber to UOAA's Quarterly Magazine, *The Phoenix*, my hope is that by learning about all the wonderfully helpful topics and information that you've missed that you'll change your mind quickly and sign up for a subscription.

The June/Summer 2013 issue on page 7 has two free samples of Colo-Majic Liners with a detailed illustrated instruction sheet. The liners work with most 2-piece pouching systems for many colostomates and ileostomates, allowing them to just toss the flushable liners full of output into the toilet with no messy clean-up. See [www.colomajic.com](http://www.colomajic.com) or 866-611-6028.

The September/Fall 2013 issue on page 9 has three free samples of Genairex Hydrocolloid Skin Barrier Strips and illustrated instruction sheet. The strips can be used either under the appliance directly on the skin, or as a "picture frame" on top of the appliance for added security. This would be especially helpful for those with tape allergies or irritation. See [www.genairex.com](http://www.genairex.com) or 877-726-4400.

Starting with a message from Dave Rudzin, UOAA's President, there are Department articles: Ask Dr. Rafferty; Ask Dr. Cera; Ask Nurse Muchoney; Ask Nurse Brown; Book Reviews; Ostomy News & Products; and finally, Ask the Ostomate.

Each issue also has feature articles. The Summer

Issue featured: Ostomy Outdoors - Bicycling; Robot-assisted Surgery; Summer Clothing; Fiber and Juicing; Ostomy Pouch Deodorants; Urinary Diversion Metabolic Effects; Clostridium Difcile Colitis and Building a Better System. September/Fall issue's feature articles were: Pretty Girl Blues, Fashion and runway model exposes her secret; Continent Urinary Diversions; Intimacy; Male Sexual Function; Female Sexual Function; and Pain Management *Newer options to minimize post-surgery discomfort* by David Beck MD.

You also don't want to miss reading all the informative ads which highlight different ostomy products. However, just a word of caution. Just because a product appears in the magazine that placement does not entail an endorsement. As a matter of practice, less is more when it comes to ostomy care so please do not infer that because a product exists that you need to use it. For example, there are specialty clothes to help support the weight of a pouch. Fruit of the Loom briefs do the same thing if they have an elastic leg band. You don't **need** the specialty product. There is also a product for flushing out pouches with water. Your pouch never **needs** to be flushed. As a matter of fact, flushing can be counter productive as it can loosen the adhesion of your skin barrier wafer prematurely.

No ostomate should be without their own issue of The Phoenix. It comes with a plain paper cover to ensure delivery privacy. To subscribe: \$29.95 (one year US funds) [www.phoenixuoa.org](http://www.phoenixuoa.org) or call 800-826-0826.

## Clinical Ostomy Pearls: Skin Barriers

*via FOW-USA Fall 2013 newsletter*

The skin barrier of the pouching system is the beige inner adhesive that starts at the stoma and goes out 2-3 inches. The purpose of the skin barrier is to provide adherence of the pouching system to the skin. All pouches have a skin barrier and each company manufactures a slightly different skin barrier. Here are the terms used as it is important for you to understand:

**Hydrocolloid:** each of the skin barriers is made with a "recipe" of materials that are classified as a hydrocolloid. The hydrocolloid absorbs skin moisture to insure a good seal (and not allow the skin moisture to quickly loosen the seal). In addition to absorbing the skin moisture, the hydrocolloid absorbs the stoma output, urine or stool.

The more liquid the stoma output is, the quicker the hydrocolloid becomes saturated and can lose the adhesive seal. Therefore, a person with a high liquid output stoma may need to change every three to four days to be sure of a solid seal.

**Regular wear versus extended wear:** these two terms define the type of hydrocolloid. Regular wear skin barrier is suggested for use with a semi-solid or solid stoma output versus an extended wear skin barrier that is suggested for use with a liquid stoma output; an extended wear skin barrier can maintain its shape and wear time longer than a regular wear skin barrier.

**Flat versus convex:** these terms relate to the shape of the skin barrier. The part of the skin barrier that adheres to the skin can be flat or convex (round) and the type chosen depends upon the shape of the skin around the stoma in standing and sitting positions.

When the skin around the stoma is flat (bend over in a sitting position to determine this) a flat skin barrier is generally appropriate; when the skin around the stoma is creased around the stoma a convex skin barrier (rounded on the part that will attach to the skin) may be appropriate. The convex skin barrier can keep creases flat if placed on when the skin is pulled flat.

Another use for the convex skin barrier would be to help a flat stoma. A flat stoma can, in some cases, be challenging as the stoma output may not get up over the adhesive into the pouch. The convex skin barrier can apply a modest amount of pressure to get the stoma up and over the skin barrier enhancing the seal.

**The skin barrier opening:** the skin barrier opening should fit at the skin/stoma junction. This means that the opening should be round to fit a round stoma or oval to fit an oval stoma. It is advisable to re-measure a stoma frequently for new ostomates whose stomas change size relatively rapidly or every three

# Ostomy and Wound Care Services

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months for those who have been ostomates for a long period of time to be sure that a weight gain or loss has not changed the size or shape. Then alterations can be made accordingly.

Understanding these terms will help in evaluating new products and getting a consistent predictable wear time from a pouching system.

Jan Colwell, RN,MS,CWOCN,FAAN  
Ostomy Advanced Practice Nurse

## **Don't Assume**

*by Lyn Rowell, Anne Arundel County (MD) OA  
via The Pouch: Ostomy Support Group of Northern Virginia*

When you live with an ostomy, it is easy to forget that most people, including medical professionals, don't know much or anything about stomas. Even those who have heard of ostomies, assume they are all colostomies whether or not you have an ileostomy or urostomy.

When a doctor ordered an abdominal scan I discovered that it involved drinking a lot of contrast fluid in a short period of time. I told them that everything I drank came out through my ostomy very quickly and I thought there might be a problem. I was assured there shouldn't be so I commenced drinking the contrast. Unfortunately, as I expected, it didn't take long for it to start coming into my pouch (it had a very obvious color). I went to the desk and told them that the contrast was already coming through into my pouch. The tech took me aside and after my explaining what was happening, he said, "can't you put a plug in it (meaning the ostomy) or something?" Now anyone who has been around ostomies knows that no, you can't "put a plug in it" (believe me there have been days when I wished I could) but the tech hadn't come across my situation before. We were able to complete the test only with less than optimal contrast, but it did show me that just because someone works in the medical field, I shouldn't assume they know about or understand ostomies.

Sometimes a medical professional treating you for something not stoma related may forget you have an ostomy and need to be reminded. Once during a physical a doctor told me that as part of the exam he would do a rectal—I had to remind him that it

was physically impossible for him to do that since it had been removed and that area sewn up! So always inform and never assume.

## **Fructose May Cause Gas and Stomach Discomfort**

*from PreventDisease.com, January 7, 2013*

*via The Pouch: Ostomy Support Group of Northern Virginia*

Fructose, the simple sugar found in honey, fruits and some soft drinks, may be to blame for unexplained stomach ailments such as cramps, gas and diarrhea.

This sugar is the main sweetener used in Western diets, say a group of researchers at the University of Kansas Medical Center, but some people lack the ability to absorb fructose properly. The researchers believe the dietetic ingredient is responsible for a host of common gastrointestinal complaints, so they are urging doctors to use fructose breath tests as a diagnostic tool for unexplained abdominal maladies.

Their study suggests that fructose malabsorption affects a significant number of healthy adults. Gastric woes arise when the fructose travels down the digestive tract into the colon, where some bacteria use the sugar as a food source and consequently flourish. In the process, hydrogen gas is released and may cause pain, bloating and diarrhea.

During their research, the investigators fed their subjects 25 grams of fructose—the equivalent of a 12-ounce can of soda sweetened with high fructose corn syrup—and then gathered breath samples. Testing revealed an abnormal level of hydrogen gas in almost half of the participants. On another occasion, after the subjects had dined on 50 grams of fructose, about three-quarters of them exhaled high levels of hydrogen. If the sugar was digested normally, the gas would be absent from their breath.

"When given levels of fructose commonly consumed in the Western diet, a significant number of our subjects had both objective and subjective evidence of fructose malabsorption, meaning that the breath analysis showed hydrogen in excess of 20 parts per million, and they had symptoms like gas and diarrhea," says Peter Beyer of the University of Kansas Medical Centers' Dietetics and Nutrition Department. He believes physicians should add breath analysis for fructose intolerance to their

diagnostic test reservoir. “If a patient is found to be fructose intolerant and symptomatic, the doctor may recommend a low-fructose diet,” says Beyer. “But in severe cases, antibiotic therapy may be required to provide relief.”



## Internet Gleanings

*via The Pouch: Ostomy Support Group of Northern Virginia*

- “Everything in Moderation” and other harmful nutrition beliefs —Registered dietitian Andy Bellatti writes that it’s time to get rid of harmful dietary beliefs, including the claim there are no bad foods, that people need to be realistic about dieting and that avoiding some food groups makes for unhealthy eating. The phrase “everything in moderation,” he writes, improperly equalizes all foods, suggesting that eating muffins and soda should be approached in the same way as eating peaches and tomatoes. (The Huffington Post, 10/3), Digestive Health SmartBrief

- Timing of gluten introduction in child’s diet may predict celiac risk —Introduction to gluten after six months of age and breast-feeding longer than a year were associated with a 27% and about 49% greater risk of celiac disease, respectively, according to a Norwegian study. For every 10,000 babies who got their first taste of gluten between ages 5 to 6 months, 37 developed celiac disease. (Daily Rx.com, 10/6), Digestive Health SmartBrief

- A Study shows benefits of laparoscopic colon cancer surgery in elderly —A study that included more than 9,400 elderly colon cancer patients found those who had less-invasive laparoscopic surgery instead of open surgery were less likely to go from the hospital to a nursing home. The researchers said patients in their early 70s who do not have advanced disease may benefit from having a laparoscopic procedure. (HealthDay News, 10/8), Digestive Health SmartBrief

## United Ostomy Associations of America (UOAA) News:

An important bit of news in the UOAA family. We are working on our social media and plan a series

of changes that will occur. We have secured a new group of young people who will spearhead this initiative and we are very excited about their talent, abilities and tremendous enthusiasm. This group will be our catalyst into the future of social media activities and we in UOAA are very excited about it .

From August 6th to the 10th, Jacksonville FL was alive and kicking with ostomates from across the US and the world. We had 475 attendees, plus speakers and exhibitors for a total of 600. Attendees represented 35 states, Puerto Rico, Canada, Mexico, Honduras and Bermuda. The consensus of opinion was that the conference was a great success. I’d like to thank all the Board members, volunteers and especially Patti Langenbach, from the Jacksonville ASG, who went above and beyond. Patti’s generosity of time and resources were invaluable.

We’re now gearing up for a wonderful 2015 conference in St Louis. Mark your calendars now for September 1 – 6, 2015.

## UOAA 2013 AWARD WINNERS

We are proud to announce the following 2013 award winners:

**TOP DOC:** Judith Trudel – St Paul, MN

**WOCN of the Year:** Amparo Cano – Broward Ostomy Association. FL

**Dick Taylor Website Award:** Broward Ostomy Association FL Affiliated Support Group

**ASG Leadership Award Winners:** Sarah Kraft – Suffolk NY ASG; Carol Larson – Minneapolis Area MN; Al Nua – No San Diego CA; and Judy Svoboda – Chicago Area ASG

## 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.

**Meeting Dates:** Please, if you are as forgetful as I am, take a moment now to mark your calendars for our upcoming meetings. This is especially important since the *Broward Beacon* is now published only quarterly. We really don't want to miss you. 2013 comes to a wonderful conclusion by hosting our Holiday Banquet on December 1st, 4:30 p.m. by reservation only. Then in 2014 come join us at our regular 1 p.m. meetings Sundays on January 5th, February 2nd, April 6th, (our March meeting has had to be cancelled due to a room scheduling conflict with our gracious hosts), May 4th, June 1st, Summer Break, September 7th, October 5th, November 2nd, and once again our Holiday Banquet on December 7th.

  
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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City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Prefer Emailed Newsletter: Yes \_\_\_ No \_\_\_

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.)

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



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