

Volume XLV Issue No. 2

Summer Quarter 2015



# Broward Beacon



**Meetings: May 3rd, June 7th,**

**Summer break ~ Sept. 13, 2015 ~ 1 p.m.**

**NOTE: September Meeting moved to 2nd Sunday**

**The Lueders  
2100 South Ocean Drive #16M  
Fort Lauderdale, FL 33316**

# Broward Ostomy Association



An affiliated chapter of the United Ostomy Associations of America (UOAA).  
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)  
Chapter 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 UOAA Conference -St. Louis, MO

**Question:** What is it that occurs every two years and is of extreme benefit to all ostomates...regardless of surgery type? Give up? **Answer:** Why it's the UOAA Conference.

Yes, it's coming up again. The UOAA has announced that it's Fifth National Conference will be held this year from **September 2-9** at the Hyatt Regency St. Louis at the Arch in St. Louis, Missouri.

Ren and I always make it a priority to attend UOAA's Conferences. The information available at the conference is awesome. If your ostomy surgery is new or relatively recent, you will find the conference to be of great benefit. You will never find this much information available at any one place except at

the National Conference. It is a wonderful way to engage in fun and knowledge while interacting with other ostomates just like yourself. There are great speakers, workshops, a stoma clinic and parties.

A major highlight for me is the Exhibition Hall. This is where I glean information from manufacturers on wonderful new ostomy products to share with all our members. Exhibition Hall will be open each day of the conference during a designated time slot. This is our opportunity to meet with representatives from major ostomy pouching system manufacturers, suppliers, and retailers; as well as specialty manufacturers, and related non-profit organizations. These representatives will be on hand to talk about their services, answer any of our questions, demonstrate their latest products, and of course, provide samples.

In addition to the many benefit's the conference has to offer, St. Louis has many wonderful attractions, among them the Missouri Botanical Garden, The Cathedral Basilica of St. Louis, the St. Louis Zoo, the Gateway Arch of St. Louis, the Anheuser-Busch headquarters (and the magnificent Clydesdales), the City Museum and many more attractions.

You can register for the Conference and reserve your hotel room at [www.ostomy.org](http://www.ostomy.org)

On site registration will begin at noon on Monday September 1, 2015. The programs and workshops will begin early on Tuesday September 2nd, 2015 and the conference will conclude on Saturday September 4, 2015. For more information check out the UOAA website: [www.ostomy.org](http://www.ostomy.org) or call 1.800.826.0826.

Registration fees are as follows: Individual - \$125.00. Spouse/Companion - \$75.00; Children 5-17 - \$25.00; Children under 5 years old, free. The conference rate for the hotel is \$ 109.00/night plus tax (single or double).

Since all your BOA friends who will be attending won't have time to prepare a report for you for a regularly scheduled September meeting, we are postponing the meeting date one week to September 13th.

Please join us if you possibly can. I know you will be very, very glad that you did.

Sincerely with love, *Wendy*

# Next Meetings:

**Sunday, May 3rd, 2015**

**Sunday June 7th ~ Summer Break ~**

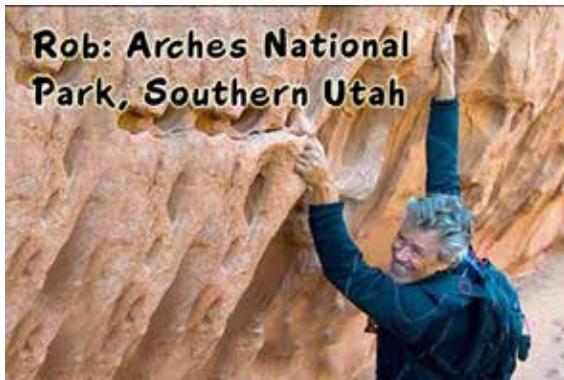
**Sunday September 13th**

NOTE: September meeting has been rescheduled to the 2nd Sunday of the Month to accommodate UOAA's National Conference in early September.

**Meetings 1:00 p.m.**

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

**Speaker: 1:30 p.m.**



**May 3rd:** One of the joys of being a member of BOA is that I've gotten to know some really lovable and special friends. One of them happens to be our May guest speaker, Mr. Rob Seaman of ConvaTec. Rob will let us know all about ConvaTec's comprehensive line of ostomy products.

As ostomates it is difficult for us to get on with our lives unless we have well fitting, comfortable and functional ostomy equipment and supplies. ConvaTec is one of the leading ostomy manufacturers and becoming knowledgeable of their product line will be invaluable. Rob is a delightful, approachable, loving company representative who deeply cares about his customers' wellbeing and we are blessed to have him as our speaker. Samples just right for you will be made available by request.



**June 7th:** We are so delighted to have as our June guest speak Mark L. Gonzalgo, MD, PhD, Professor of Urology, Associate Director for Clinical Affairs, Sylvester Comprehensive Cancer Center, University of Miami Miller School of

Medicine. Wow! Did you read that?

Dr. Mark Gonzalgo is a board-certified and fellowship-trained surgeon with expertise in the treatment of urologic cancers. He is one of the nation's leading urologic oncologists specializing in robotic surgery for prostate, bladder, and kidney cancer. In 2013, Dr. Gonzalgo was recruited to the University of Miami from Stanford where he served as Director of Robotic-Assisted Urologic Cancer Surgery and was one of the most experienced robotic surgeons on the west coast. He was previously on faculty at Johns Hopkins where he was Associate Professor of Urology and Director of the Fellowship Program in Urologic Oncology at The Brady Urological Institute.

He received his undergraduate degree with honors from the University of California at Berkeley and completed medical and graduate school at the USC Keck School of Medicine. Dr. Gonzalgo completed his general surgery and urology training at Johns Hopkins and a fellowship in urologic oncology at Memorial Sloan-Kettering Cancer Center. Dr. Gonzalgo is a recognized expert in DNA methylation and is particularly interested in developing new diagnostic and therapeutic approaches for cancer detection and treatment. He has carried out pioneering research on the molecular biology and early detection of prostate, bladder, and kidney cancer and has published extensively on the scientific and clinical aspects of these diseases.

Dr. Gonzalgo has been recognized as a Top Doctor by US News & World Report and is a member of the scientific advisory board of the Bladder Cancer Advocacy Network (BCAN).



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# Colostomy Irrigation

by Mary Lou Boyer, BSEd, RN, CWOCN  
Lifetime Achievement Award Winner, Cleveland Clinic



**Editor's Note:** Mary Lou was kind enough to write this original article at my request. The topic of irrigation is multifaceted and may be confusing. We thank Mary Lou for taking the extra time and effort to help educate and inform us. Bless you Mary Lou!

You may have seen or heard the term “irrigation” used in conjunction with ostomy care. There are several different ways this word is used and it can have very different meanings.

Some people with ostomies say that they “irrigate” their pouch or appliance each time they empty. In these cases, it is a matter of adding water to help loosen thick or formed stool to assist in emptying the thick stool from the pouch. Or it can mean rinsing out the pouch with water until the pouch appears clean. In other cases the term “irrigation” is used when referring to a procedure that some people with descending or sigmoid colostomies may use to cleanse or regulate the bowel by instilling water into the large intestine through the stoma. This is called “colostomy irrigation”.

Over the many years that colostomy irrigation has been an option in colostomy care, there has been some debate about whether or not an individual should irrigate. In making that decision the following are questions that should be considered: what is colostomy irrigation? Who is an appropriate candidate? Why is it done? When is it done? And how is it done? This article is an attempt to answer these questions.

## Colostomy Irrigation

Colostomy irrigation is a method of assisting the bowels to move at a certain time. The procedure

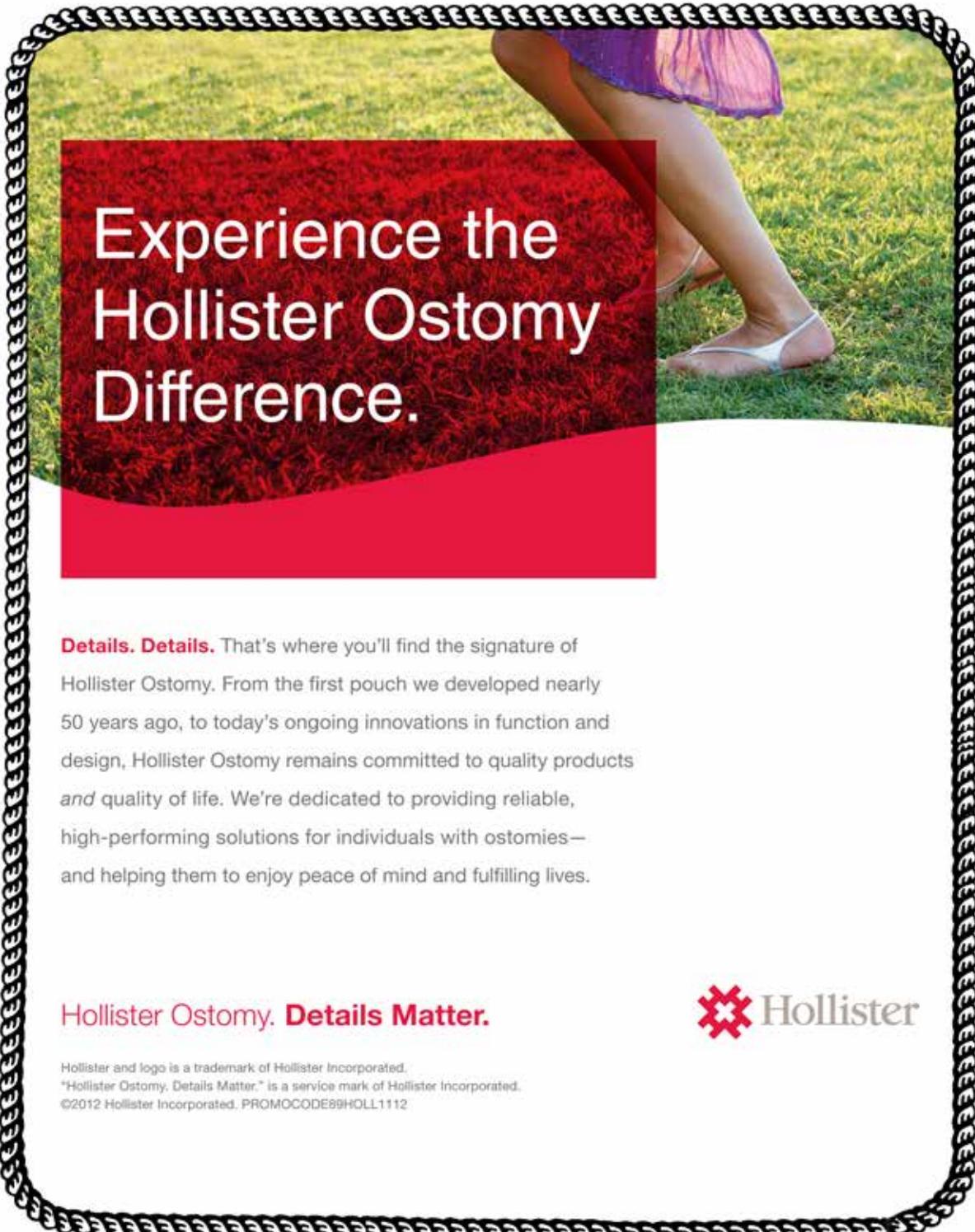
itself is similar to an enema, however it is done with specialized equipment to instill warm water through the colostomy stoma. A large water bag with tubing that has a cone-shaped tip is inserted into the opening of the stoma. The cone-shaped catheter tip allows the water to flow into the colon while preventing the water from leaking back out. As the colon fills with water, it distends. This distention stimulates colon peristalsis and mass contractions that lead to stool evacuation.

Colostomy irrigation is an option only for people who have a descending or sigmoid colostomy. In the normal bowel, the function of the colon is to absorb water from the waste material and to store it for a normal bowel movement. In most cases this can be as often as once or twice a day, or less frequent, such as every other day. There must be enough of the large intestine to absorb and store. The anal sphincter muscle is used to control the bowel movement until a convenient time. When most of the colon is still in place, the bowel can generally return to the usual pattern the person had prior to surgery. With a colostomy there is no longer a sphincter muscle to hold the stool in until a convenient time to go to the bathroom. Stool will flow into the pouch with no control over the timing. This loss of control that comes along with having a stoma can result in stool flow into the pouch at inconvenient or embarrassing times. Gas can also be an issue.

Colostomy Irrigation is used to empty the colon for any of the following reasons.

- To regulate the bowel
- Clean out the bowel for testing procedures, including colonoscopy
- To stimulate bowel function for constipation or if the colon is very slow to wake up after the colostomy surgery

When colostomy irrigation is used to help stimulate bowel function after intestinal surgery, only a small amount of warm water is instilled. This is done after the normal waiting time for stool flow has passed. Anesthesia, pain medications and inactivity after surgery all contribute to slowing the bowel down and delaying return of normal peristalsis needed to



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have bowel function.

Colostomy irrigation can be used as a possible method for cleansing the bowel in preparation for colonoscopy, laboratory testing, x-rays, barium enema and CT scans, as well as any other testing that requires the bowel to be empty for clear visualization by the physician. Cleaning out the bowel for testing has shifted more toward oral preparations with the advancements of laxative-type bowel cleansing medications. However, irrigation is still an option, especially for those patients with certain health issues or who cannot tolerate oral preparations.

When colostomy irrigation is used to regulate the bowel, the procedure is done daily. If the normal pre-surgery bowel pattern was less frequent than daily, the procedure can be done every other day. It may take a couple of weeks to “train” the bowel to completely empty at the time of irrigation. The desired result is to move all of the stool out with irrigation and have no spillage of stool into the pouch between irrigations. The best results are obtained by doing the procedure at the same time every day in order to “train” the bowel for evacuating on a regular basis at a convenient time. For some people it is most convenient to perform irrigation in the morning and for others the best time is in the evening when they are not rushing off to work or other daily activities. It is up to the patient’s personal preference.

If the procedure works well, the person with a descending or sigmoid colostomy can count on regular evacuations and the need for a pouch is minimized. The patient who irrigates successfully may wear only a small stoma cap or gauze square over the stoma between irrigations. Some wear a small pouch just for security.

Colostomy irrigation is not always appropriate or even desirable for every person who has a sigmoid or descending colostomy. The person’s age, physical and mental ability to learn and perform the procedure, the disease process, and whether or not the ostomy is temporary or permanent are all factors that need to be considered.

**Irrigation is NOT recommended** for people with any of the following conditions:

- Stomal prolapse – Irrigating can increase the

risk for further prolapse

- Parastomal hernia – Hernias change the contour and angle of the intestine so there is increased risk for bowel perforation and poor evacuation results

- Children or young adults – In younger people, routine irrigation may create bowel dependency. In other words the bowel may not be able to function normally without irrigation if the routine is started at an early age.

- Pelvic or abdominal radiation – Radiation can cause damage to the tissue of the intestine. Anyone with abdominal radiation has an extreme risk of bowel perforation, so it is important not to add any extra pressure to the fragile tissue.

- Diverticulitis – Because the bowel tissue is already compromised from this disease process, there is a much higher risk of bowel perforation.

- Patients with limited manual dexterity

- Patients with poor learning ability

- Persons who had poor bowel regularity before surgery will likely have poor results from irrigation

- Extremely ill or terminally ill patients – Routine irrigation is usually not recommended for these patients because of the time and energy required for the procedure

When colostomy irrigation is being considered, it is important to first determine if the individual is a good candidate. In other words, are there any of the above risk factors? If not, then consider the advantages and disadvantages of the procedure, keeping in mind that the procedure, from start to finish, can take up to 45 minutes or even an hour.

The chief advantage is regaining control over fecal elimination. If irrigation is successful, it can reduce the number of pouches used. It may even be possible to choose not to wear a pouch and only use a small protective covering. Successful management of the colostomy with irrigation may assist in the psychosocial adjustment to the colostomy. Disadvantages include the time required for the procedure and not all patients can achieve complete control with irrigation. If elimination patterns change or become unpredictable, the patient may not be free of bowel movements between irrigations.

Research shows that colostomy irrigation was

first used in the 1920s and through the years it was taught routinely to patients with a descending colon or sigmoid colostomy. Among the chief reasons for teaching this routinely was the lack of quality pouches to contain thick or formed stool as they were bulky and did not adhere well to the skin. As pouching systems improved with more advanced technology, Colostomy irrigation as a widely used "routine" procedure lessened and began to be used more for personal preference, or on a need to know basis.

Regulation of the colostomy using irrigation is a personal matter. Life style and occupation often lead in making the choice. The final decision of whether to use this method or not should be made by the patient with proper guidance from health care professionals. Only those patients who meet the established criteria for irrigation should proceed with using this method of bowel management.

### **Irrigation Procedure:**

1. Gather equipment
2. Fill irrigation container with 1 liter warm water. Run some water through the tubing to remove air
3. Hang container at shoulder height with patient sitting on toilet or chair near toilet.
4. Remove old pouch or covering from stoma
5. Attach irrigation sleeve over stoma
6. Lubricate cone irrigator and gently insert into stoma. Hold cone gently but firmly against stoma to prevent backflow of water.
7. Open clamp and allow water to flow. If cramping occurs, shut off water flow, keeping cone in place until cramp subsides, then continue.
8. After water has been instilled, gently withdraw cone and close top of irrigation sleeve.
9. Allow 15-20 minutes for most of return, dry and clamp bottom of sleeve. Patient may proceed with other activities.
10. Leave sleeve in place for approximately 20 minutes
11. When evacuation is complete, remove sleeve, clean peristomal skin and apply pouch or protective covering.
12. Wash equipment.

## **BOA Minutes February 1, 2015**

Call to order was at 1:35 pm at Memorial Regional Hospital Auditorium and the Ostomate's Prayer was read by Larry. Thank you to Emma and her husband for the wonderful refreshments.



First time attendees were: Miguel and Barbara and their friend; Estelle; and Lynn's service dog Zev! Elizabeth was welcomed back after surgery. We are all glad she is doing well.

A reminder was given that the April meeting is canceled due to Easter Sunday.

After March's meeting, we will have BOA's annual meeting with committee reports. There will be a discussion regarding scholarship availability to attend UOAA National Conference this coming September in St Louis. Darryel Robinson has received a scholarship to attend in the name of Mrs. Simmerson. BOA is just one of 355 chapters of UOAA and their National Convention takes place every other year.

Amy introduced the guest speaker Liz Draman. Liz is the mother of Jillian who was diagnosed at the age of 12 with her first ileostomy performed at the age of 21. The title of Liz's presentation is "A Gift of Love; Co-Empowered Caregiving ~ How do you care for another without losing yourself? Liz has contributed to Heal My Voice book series which are a collection of life stories. Jillian has herself written her own story in Tender Voices of which Liz wrote the introduction.

Liz reminded us that the whole group or family goes to the hospital together with the patient when surgery is planned. The importance of community such as the BOA support group and its members for anyone with a chronic condition is realized in times such as this. Liz identified for us that where we lose ourselves is in fear. She read to us from her story of the fear she felt when she received her first call from Jillian miles away telling her "Mom, I'm going to the hospital", the fear she felt while sitting at her daughter's bedside, fear of the unknown and the

'what if's' such as what if I make a mistake or what if my loved one doesn't recover?

Co-dependency is the excessive emotional or psychological reliance on another often who requires support due to illness or addiction. Anytime our happiness and/or contentment is dependent on something or someone outside of ourselves this is co-dependency.

On the other hand co-empowerment is feeling and experiencing love, honor, joy, respect, understanding, health, fulfillment, motivation, clarity, forgiveness, mercy, partnership, unification, and life from within and around ourselves.

Being an advocate for a loved one means you have a voice. Moving from co-dependency to co-empowerment is not easy and requires: Obsessive thinking to change to peaceful awareness!

The need to control changes to conscious cooperation! Ignoring your needs changes to acquiring your requirements! Manipulation changes to partnership! Fear of rejection changes to confident partnership! Needing validation changes to self validation! Difficulty making choices changes to heart centered choice ease!

"You can live your life by choice rather than need through love rather than fear." Liz reminded us that it is important to walk the path with each other. Jillian then demonstrated how her service dog Rosie assists her in her day-to-day routine such as picking items up for Jillian when the joint pain is too severe. If Jillian needs help, she just tells Rosie, who is never far from her side, to "find Liz". Rosie is even capable of letting Jillian know her ostomy pouch is about to leak.

Thank you to Liz and Jillian for sharing their stories. It is all about community and support from each other and from the service dogs who help their owners. The meeting adjourned at 2:35 pm.

Respectfully submitted,



Debbie Walde, RN CWOCN  
Recording Secretary

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## Service Animals for People with Ostomies

*By Lynn Wolfson*



Traditionally service animals have been used to assist blind individuals. Now service dogs are used for people who need emotional support and mobility support. Jillian and I both have mobility support dogs that assist us with our ostomy care and other functions.

Jillian is 24 years old and has Crohn's Disease. Jillian was diagnosed at 12 years old and currently has her third ostomy. Her service animal is named Rosie. Rosie helps Jillian with mobility support, and retrieving her phone, shoes and carrying light bags. Rosie can even take Jillian's socks off!

I am a 56 year old woman with Hirschsprung's Disease. I currently have my seventh ostomy which is an ileostomy. In addition, I also have a gastrojejunostomy for my feeding tube. My service animal is Zev. Zev is an American Bull Dog. He is a year and a half old and is currently being trained by Jillian to be my service dog. Zev allows me to put all of my weight on him when I go up or down curbs or stairs, or when I am on the floor and I need to get up. He is being trained to smell my ostomy and to let me know when it starts to leak, before I have a major mess, and to carry things in his mouth so I do not need to bend down. In addition, he will

be able, to assist me in the restroom by holding my sealed ostomy supplies in his mouth while I change my bag or wafer.

Service animals have to be able to perform at least three helpful tasks for the disabled handler and must behave well in public. They are trained not to be distracted by other animals, children, people or noises. In addition, they need to be trained to ride in elevators, on escalators and on planes, trains and buses. Service animals are permitted by law to go everywhere but the operating room.

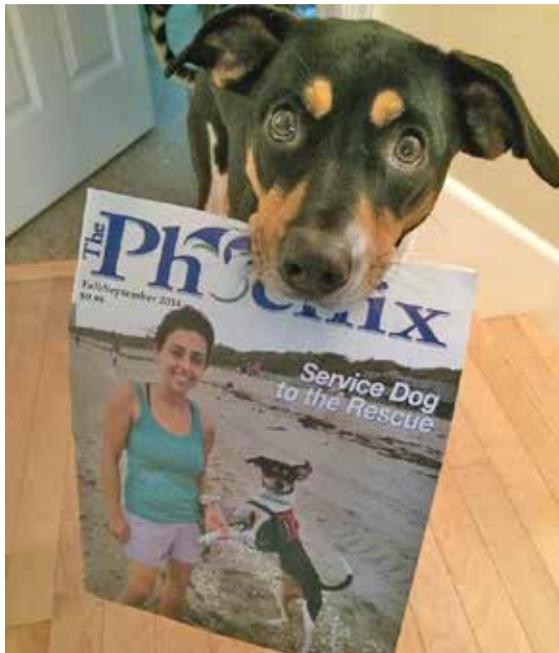
Many people are unsure how to react when they see a handler with their service dog. Generally, a handler with a service dog needs more personal space just like someone with a walker or a cane. In addition, the dog is not a pet but a working animal. If a person wants to pet the service dog, please be sure to ask the handler before petting. The dog's priority is their handler and petting the dog could distract the dog from doing its job of focusing on their handler. It is up to the handler as to whether the handler is confident of maintaining control over the dog while it is getting attention from others. A person should not be offended if the handler prefers the dog is not petted.

When seeing a handler with a service animal, feel free to ask the handler what the animal does for them. However, it is not up to strangers to judge whether or not the disabled person should have a service animal or whether the service animal should be permitted to go somewhere.

The service animal is expected to be within six feet of the disabled handler at all times. The dog should not be doing anything to call attention to itself or

bother other people. The dog's behavior should be nothing less than admirable.

The handler and the dog have a very close and warm relationship from being with each other all the time. The relationship benefits both the handler and the dog as they are both very sensitive to the needs of each other. It is like having a best friend with you all the time!



## TIPS ON ORGANIZING OSTOMY SUPPLIES

*By Lynn Wolfson*

I have found having my ostomy supplies organized and easily assessable helps when I urgently need a product. By cutting the tops off the boxes the supplies arrive in and placing these boxes in one drawer, I can keep the drawer relatively neat. The tops of these boxes can be placed under the boxes to remind you what to order when your supply runs low or to bring to the hospital.

I keep scissors and markers in the back left box of the drawer, in front of that box is my wafers, in



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front of the wafers is my Sure-Seals which make my wafers last longer despite showers, the box on the front left is various powders and creams.

In the back right of my draw is my irrigation tubing and extra ostomy belts, in front are my Eakins, skin prep pads and adhesive remover pads. The box in the front right are ostomy bags.

Here is a picture of my drawer:

*Editor's Note:* Lynn has wisely chosen to use Skin Barrier Spray instead of Skin Barrier wipes. When spraying over powder, such as anti-fungal powder, the powder remains undisturbed. "Skin Barrier Wipes" on the other hand disturb the powder and are thus less effective. Lynn also uses adhesive remover wipes. I would suggest trying out adhesive remover sprays instead, either *Sensi Care Sting Free Adhesive releaser spray* by ConvaTec or Coloplast's *Brava® Adhesive Remover Sting-free Spray*. Sprays are much easier to use than wipes and don't dry out from long storage times as do the wipes. Remember, always shake the spray bottle before each and every pump. Sincere thanks to Lynn for sharing her oh so useful discoveries. The next article is another.



## LADY'S BODYSUIT FOR OSTOMY HERNIAS

*By Lynn Wolfson*

I started with my first colostomy at seven years old in 1966. Since then, I have gotten a second colostomy in 2002, an ileostomy in 2003, a permanent ostomy in 2006 (at least that was what the doctor thought), a new ileostomy in 2008, a new ileostomy in 2011 and a new ileostomy in 2013. So, I currently have my seventh ileostomy as well as a gastro-jejuostomy for my feeding tube. As a result of over thirty five surgeries since I was four years old, I have an issue with hernias. I currently have two ostomy hernias. These hernias can cause the intestines to entangle and strangle themselves causing blockages.

The doctors have suggested I wear an ostomy hernia belt. These belts I found to be ineffective and show through my clothes. So, I decided to create



something on my own. I went to the Maidenform.com site and found shapewear for women with firm support. Here is the link:

[http://www.hanes.com/onehanesplace/womens-shapewear/shapewear-brands/maidenform-shapers/fleees-shape-wear-romper-m1856?cm\\_vc=onehanesplace\\_desktop\\_OnsiteSearch&csSearchTerm=1856](http://www.hanes.com/onehanesplace/womens-shapewear/shapewear-brands/maidenform-shapers/fleees-shape-wear-romper-m1856?cm_vc=onehanesplace_desktop_OnsiteSearch&csSearchTerm=1856)

The regular price is \$56.00. Currently, it is on sale for \$41.99. It is Maidenform form style M1856. Sometimes, I am able to find it for less on other sites. I bought four since I wear them every day. They wash and dry in the machine very well.

For men, I found a website for men's support underwear. Here is the link: <http://www.underworks.com/men/support-briefs-and-girdles>.

Once I received my body suits, I tried them on and put four safety pins around the brim of my ostomy wafer. The four pins were placed at north, east, south and west. I do not wear anything but a bra under the bodysuit. Be sure to try it on, the way you will wear it so the ostomy hole will be placed properly.

I then sent my four bodysuits with safety pins marking the ostomy site to Nu-Hope Laboratories, Inc., P.O. Box 331150, Pacoima, California 91333-1150. I suggest calling them ahead of time to let them know what you want done. The phone number is: (818) 899-7711. They charged me \$13.12 per body suit plus \$13.61 in freight to insert a reinforced ostomy opening. A picture of the body suit is above.

I hope the body suit I have created for myself will also help others. I have found that my clothes look so much better on me and have helped my own self-image. Wishing all of you pain free years, good health, good looks and happiness!

*Editor's Note:* Again, thank you Lynn for these wonderful suggestions and for taking the extra time and effort to share your wisdom with us all. FYI, Celebration Ostomy Support Belt, phone 413-539-7704, has come out with a new low-profile hernia support belt. I recently purchased one and am very pleased with it's comfortable fit and for not showing through my clothing. Call Jack, the owner, to discuss if this might be right for you. See his ad, page 16

## Caring For Your Ostomy

*by Pat Murphy, RN, CETN, Alexian Brothers Hospital; via Middle Georgia Ostomy Rumble; Springfield (MO) Ostomy Family Newsletter; and North Central OK Ostomy Outlook*

Here are some simple pointers for ostomy care. They may not be new, but sometimes it is good to be reminded of them. Good ostomy care habits can catch and nip problems in the bud.

Inspect your stoma and skin each time you change your skin barrier. Your stoma should be bright red, smooth and shiny. Inspect the lower edge especially well. Use a mirror if necessary. Look for any signs of irritation or bleeding. These signs may mean your skin barrier is rubbing there.

Your skin should not be pink, purple or gray, even right next to the stoma. You may, however, notice some pink skin under pressure points when you first remove the skin barrier and is normal.

Inspect your skin while sitting to see if creases or low areas form around the stoma. This will tell you where to take special steps to even out the area when you put on your skin barrier. Stretching the skin to make it smooth may be all you need to do, or you may need a dab of ostomy paste or a skin barrier seal.

Remember: a new stoma can change size for up to a year. Re-measure your stoma every time you change the skin barrier for the first six months after surgery and every month thereafter. Always re-measure if you are having a leak. Measure the stoma at the base from side to side and from top to bottom. Many stomas are oval. If you are cutting a skin barrier or the wafer of a one-piece pouching system, no skin should show when it is in place. However, make sure the barrier doesn't touch the stoma, unless it is an extended-wear barrier manufactured to be able to touch the stoma (these barriers are designed to "turtleneck" where they touch the stoma). Since it can be tricky to cut the opening to the correct shape without leaving gaps around the stoma, manufacturers have developed skin barrier seals that are "moldable" and are easily shaped into any irregular shape. Your barrier should not go over any red, wet mucosal tissue, the kind that forms the stoma. If you wear a pouch with a karaya ring on it, the ring should gently touch the stoma all around.

## 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 Donna at 786-596-1642.

## 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 on a quarterly basis. We really don't want to miss seeing you.

Our 2015 meetings start at 1 p.m. Sundays on May 3rd, June 7th, take a Summer Break, September 13th, October 4th and November 1st. Our Holiday Banquet is then scheduled for Dec. 6th at 4:30 p.m. by reservation only and catered by our own wonderful Leroy Berry.



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: The Lueders, 2100 S Ocean Dr Apt 16M, Ft Lauderdale Fl 33316-3844. BOA never shares membership information. We value your privacy. BOA is a 501(c)3 charitable organization.

Name \_\_\_\_\_ Age \_\_\_\_\_ Year of Surgery \_\_\_\_\_

Street \_\_\_\_\_ Apt. \_\_\_\_\_ Type of Ostomy \_\_\_\_\_

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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Reference: 1. Sawczyn MT, Mayewski GM, Cabral MV, Hixell-Plontek K. Converse Study: Multinational Evaluation of the Peristomal Condition in Ostomates Using Moldable Skin Barriers. Poster presented at ECET, Paris, France, June 2013.

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