

Volume XLV Issue No. 3

Fall Quarter 2015



Broward Beacon



Meetings: Sept. 13, 2015 ~ 1 p.m.

**NOTE: September Meeting moved to 2nd Sunday
October 4th and November 1st**

**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
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.

Medical Board

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ConvaTec Professional Services	800-422-8811
Hollister Inc.	888-740-8999
Coloplast	877-858-2656
United Ostomy Associations of America	800-826-0826

Broward Beacon

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President's Page ~ Bits and Pieces

The cherished WOCN's (Wound Ostomy Continence Nurses) in our community are so precious to us that I wanted to keep you up to date on some changes that have occurred. Cleveland Clinic Florida's CWOCN Luanne Bowen, who has helped so many of us recover from ostomy surgery, informed us that she has left CCF to take a position with ConvaTec supporting ostomates, wound care patients and clinicians. Luanne's successor will be Tammy Lichtman, BSN, RN, CWON. We look forward to working with Tammy.

BOA's wonderful Recording Secretary and CWOCN, Debbie Walde, has also made some changes in her worklife pattern. Debbie is now working three days per week each at Broward General Medical Center and with our beloved Amparo Cano, CWOCN at University of Miami Hospital. We wish you all well.

We're so proud of Amparo, She just published her first paper in a peer reviewed journal *Healthcare 2015* ISSN 2227-9032 "Improving Outcomes by Implementing a Pressure Ulcer Prevention Program (PUPP): Going beyond the Basics" Well done Amparo!

Just FYI, it's good to know that Cleveland Clinic Florida has been named one of the top hospitals in Florida in U.S. News & World Report's "Best Hospitals 2015-16" rankings for the sixth consecutive year. CCF is ranked No. 3 out of more than 60 hospitals in the Miami-Fort Lauderdale metro area, No. 9 out of more than 260 hospitals in Florida, and is recognized as a best hospital in Southern Florida. Most importantly for us ostomates, CCF was ranked as high-performing in Gastroenterology and GI Surgery.

We're getting this issue of the *Broward Beacon* out to you as soon as possible in the hopes that you will be able to make last minute arrangements to attend our mother organization's biennial national conference in St. Louis MO September 2nd - 5th at the Hyatt Regency at the Arch.

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 such as yourself. There are great speakers, workshops, a stoma clinic and parties.

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), and the City Museum.

On site registration will begin at Noon on Tuesday September 1st. The programs and workshops will begin early on Wednesday September 2nd, and the conference will conclude on Saturday September 5th.

Registration fees: Individual - \$125.00; Spouse/ Companion - \$75.00; Children 5-17 - \$25.00; Children free under 5 years old. The conference rate for the hotel is \$ 109.00/night + tax (single or double) if booked by August 11th. For more information see UOAA's website: www.ostomy.org or call 1 (800) 826.0826.

Summertime is when our deeply valued *Broward Beacon* boosters renew for the upcoming four issues. Please carefully note all of our patrons' ads as without their support we could not afford to publish and mail this newsletter. Heartfelt gratitude!

One of our longstanding supporters, Celebration Ostomy Support Belts, is having a summer sale through Labor Day with a \$20 savings. Please check out their website (see page 16) for all the details. Also please note their new Low Profile Ostomy Support belt. I have one and love it.

Finally, it is with great sadness that I note the passing of two of our cherished members, Mr. Hal Berk and Dr. Joachim De Posada. Hal has been a loyal member of BOA for many years and Joachim a beloved BOA speaker both here locally as well as nationally at UOAA's 2013 National Conference. Sincere sympathies are extended to their devoted families. We will miss you terribly.

Wendy



Next Meetings:

Sunday, September 13rd, 2015

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

Sunday Oct 4th

Sunday November 1st

Meetings 1:00 p.m.

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

Speakers: 1:30 p.m.



September 13th:

Many of your fellow BOA members attending UOAA's National Conference September 2nd – 6th will be sharing some of their insights from the great speakers, workshops, Exhibitor's Hall, and yes, even from the parties they will have attended

in St Louis. If you personally are unable to attend, this will be a wonderful opportunity to glean some of the information that was shared and get a real feel for what goes on at our National Conferences thus hopefully motivating you to attend yourselves just as soon as possible.

Sunday Oct 4th



We are truly delighted to once again have our beloved Hollister Company Representative, John Chickey, who will introduce BOA's members to a new, truly remarkable

Peristomal Skin Barrier wafer, the CeraPlus. This new product had 84% of responding clinicians in Canada and the Netherlands state that "they were likely to continue to use and recommend the CeraPlus skin barrier for their

patients." As Hollister's literature so wisely notes: "The importance of peristomal skin health in ostomy care can't be overstated. The condition of this skin greatly affects how well the skin barrier can adhere, as well as the general comfort and well-being of a patient living with a stoma."

Come learn what Ceramide is, how it is being incorporated into Hollister's ostomy products and how it helps ostomates' skin to form a waterproof, protective barrier that helps prevent water loss leading to skin damage and dryness.

As you know, keeping our members up to date on ostomy product development is one of the primary goals of BOA. Don't miss this opportunity to learn about the results of countless hours of research and development geared to enhance ostomates' lives.



Sunday Nov 1st

We are so thrilled to have as our November guest speaker, Cathy Peirce, Ph.D., Assistant Professor of Occupational Therapy at Nova Southeastern University. Cathy earned her B.S. in

Occupational Therapy from Ohio State University, her Master's degree in Occupational Therapy from University of Southern California and her Ph.D. in Occupational Therapy from Nova Southeastern University.

She has worked as an occupational therapist, manager and clinical coordinator of OT and other allied health disciplines in mental health and long term care settings. For the past nine years she has been teaching in occupational therapy graduate and doctoral programs.

She will be sharing with us her practice and research interests revolving around wellness programs for older adults and people with chronic illness and expanding occupational therapy into community settings. Cathy is well acquainted with the needs of ostomates as she has a close family member who is a Wound Ostomy Continence Nurse.



Ostomy, Inc.



Julie Ebel Gareau, President

Judith Ebel Considine, RNET, Founder, 1990

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BOA Minutes March 1, 2015

The meeting was called to order at 1:30 P.M. at Memorial Regional Hospital Auditorium. The Ostomate's Prayer was read by Larry. We were informed that Bill is about to have his twelfth surgery in a ten year period. Best wishes to you, Bill and have a speedy recovery.

Thank you to Gladys who was the former refreshment chairperson. Gladys will be moving to West Palm and she will be missed. A thank you gift of brownies were given to Gladys for her years of service.

First time attendees were welcomed: Mary Lou is a returning member, Raoul and Adrianna, Joe and Josephine, Sebastian is also returning, Paula has also returned, Phil, Joe and his wife Amy introduced today's guest speaker, Dr. Juan Nogueras Chief of Staff at the Cleveland Clinic, Weston FL. He was Chairman of the Division of Surgery from 2000 to 2008 and has been on staff as a colorectal surgeon since 1991. Dr Nogueras' interests include colon and rectal cancer, Crohn's disease, ulcerative colitis fecal incontinence, and anorectal diseases. It was discovered that about one half the attendees at today's meeting have met Dr. Nogueras on a personal (patient-doctor level) and he has quite the fan club attending today.

Dr Nogueras presented that the key to preventing stomal complications is good preoperative stomal site marking. This is usually done by the CWOCN before surgery. Sometimes surgeries are done as emergent procedures and at that time the surgeon does still try to place the stoma within the rectus muscle which is the "six-pack" of muscle that goes up and down. This helps to minimize herniation risk. When at all possible, it is best to place the stoma within visualization of the patient, either above or below the waist, avoiding creases or abdominal folds. It is important to have the patient be in a seated position, twisting, turning, and bending over to ensure that there is a two to three inch flat surface for placing the ostomy pouch for proper site marking.

Good preoperative education with the patient's involvement is also important for success. The

healthcare and surgical team must listen to the patient and address their fears and questions.

Frequently asked questions are:

Is there much pain involved?

What about sex?

Can I still play sports, take a shower, go swimming?

Are there special clothes I need to wear or avoid?

Dr Nogueras discussed the lower gastrointestinal system anatomy. He informed us that the colon absorbs water on the right or ascending side therefore surgeons try to use the left side for the stoma in order that stools are more formed. He explained the difference between an end stoma and a loop stoma and that the thickness of the bowel wall makes a difference in the type of stoma required. Also it determines whether or not a rod needs to remain in place for about seven to ten days to keep the stoma from retracting. He emphasized the need for good viable blood supply for a healthy functioning stoma. Dr Nogueras stated that he goes by two finger breadths for the size of stoma; more than that can lead to herniation and less than that can lead to strangulation. The stoma is often compared to a rosebud in appearance. The stoma is surgically matured which means that the surgeon turns it over on itself (sort of like a turtle neck sweater) so the mucosa is what is exposed to the outside. The size of the stoma may also lead to complications. If the stoma is too big it can lead to prolapse of the stoma which is a telescoping out. This sometimes requires surgical interventions using mesh. It can also lead to hernia problems.

A stoma too small can cause recession of the stoma or possible stenosis. A stenotic stoma cannot be dilated; it requires revision. In summary, a good stoma exists in a good location with a good blood supply, projected away from the level of the skin and with an adequate internal lumen to prevent narrowing.

Peristomal skin irritations can be avoided by using the proper sized pouch. Your CWOCN can assist you with sizing. The size pouch you use immediately after surgery may not be the same size you need in two months or two years.

The quality of life is often better for one with an

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ostomy than dealing with the problems that lead to requiring the surgery. Either way, there may be some minimal restrictions. The take away message here is not to settle for a potentially correctable stoma or stomal complication.

Following are questions for Dr Nogueras:

Q: What about fecal incontinence after an emergent colostomy?

A: Relocation of the stoma back to the abdomen from between the legs provides more control and may be the best option.

Q: Is it inevitable for stomal complications as you get older?

A: It is not just age alone that body changes such as increase in body weight, etc. These changes may lead to a need for surgical revision.

Q: Is it possible to fix large hernias when there are a lot of abdominal adhesions?

A: Adhesions are scar tissues that cannot effectively be removed. It is possible to work on the abdominal wall without going into the abdomen. This is mesh overlay vs. underlay.

Q: What are the effects of radiation?

A: Good viable tissue is needed on both ends of the stoma. Radiation leads to stiff tissues which in turn can lead to stricture, fibrosis, and scarring.

Q: What research do you see on the horizon?

A: Creation of continent stomas is being looked into; however, there is nothing reliable at present. What may be more promising is the creation of artificial organs or creating new organs/tissues from stem cells.

Q: What factors determine if robotic surgery is an option and how are post-op complications affected?

A: An adhesion free abdomen is required. There is no difference re: post-op stoma management.

Q: What time frame is required to reverse a temporary ostomy or can you just keep the ostomy?

A: Actually 40% of patients decide against reversal of their stoma. However, you still need surveillance for cancer prevention/diagnosis.

Q: Are people who are paralyzed from spinal cord damage more prone to develop abdominal wall complications from loss of muscle tone?

A: A resounding yes.

Q: When do I know I have a hernia instead of just

not being in shape?

A: See if the bulging can be reduced when laying down. A little bulge is normal. If it becomes symptomatic, then you need to be seen.

Q: What about going to the gym?

A: I usually advise no kick boxing or anything that can cause local trauma to the stoma. There may be some bleeding after exercise. This could be affected by a too tight or too stiff appliance. There is a fairly expensive product called Ostomy Armour that is available on line at a price of \$100 to \$300.

There are some surgeons who are arrogant and do not make proper stomas. Remember that prevention is key. Insist on being seen by an enterostomal / WOCN nurse for proper site marking.

The meeting adjourned at 2:30 P.M. after Dr. Nogueras was awarded a thank-you plaque and home-made fudge brownies.

BOA Minutes May 3, 2015

The meeting was called to order at 1:30 P.M. at Memorial Regional Hospital's Main Auditorium. The ostomates' prayer was read by Larry. First time attendees were the following: Emily who is contemplating surgery. She was pleasantly surprised to see everyone looking so good and "normal"; Steve who is also contemplating surgery by our famous speaker in March, Dr Nogueras; Brian just had his second surgery April 9 and he looks great; Kim, who works in the industry, came to sit in on the meeting to discover the needs of the ostomy community; and Brittany, Arthur's granddaughter, who came to be with her grandpa. Thanks to Arthur for donating the cost of today's refreshments.

Just a reminder that September's meeting is going to be the second Sunday of the month instead of the first due to UOAA's meeting in St. Louis this year. There will be a report from the attendees.

Wendy introduced a new low profile hernia support belt made by Celebration. Another new product made by Coloplast is a hydrocolloid strip to apply outside the appliance for swimming. These come in a rectangular or curved shape.

Amy introduced today's speaker, Rob Seaman, a 30 year representative from ConvaTec. Rob

discussed that Convatec has a change in leadership in the company with a change in focus as well. The new CEO wants to concentrate on the ostomy side of the product line as well as improving the first 90 days after surgery for new patients. Presently in the start-up kit Convatec sends out, there is a how to DVD in English and Spanish for application of both 1-piece and 2-piece systems.

Rob also reminded us of the number to call for product information: (800) 422-8811.

Rob showed us a very inspiring video of a lovely young lady who ran a half marathon just two months after her surgery for ulcerative colitis. She demonstrated the type of pouching system she was wearing and why she chose that for her run. This is a new 1-piece moldable system which is a new product that has an Eakin's type seal with a separate pouch that wears very well with activity.

Rob asked the group their opinions of how Convatec could better serve the new Ostomate just home from the hospital who did not have enough time or strength to learn how to manage potential problems with their stomas or peristomal issues. Below are some of the responses:

Lynn suggestion contact information of like minded people with similar surgery or ostomy who volunteer to provide support and information.

Dick suggested something similar to this which he termed a mentor program. Dick said his surgeon was planning to start one for his type of ostomy/surgery. Dick also commented on how helpful Ostomy Inc. was for him re: troubleshooting. Carri Jo suggested that the ostomy nurse make sure to get family involvement due to impairment of the patient to totally grasp all the needed education due to pain, pain medications, and generally not feeling well after surgery.

Reggie also liked the idea of a mentoring program. He thanked Leroy for being his mentor and getting him to BOA.

Mary Lou reminded all of us that hospitals cannot facilitate this due to HIPAA privacy laws. The Convatec nurse line, UOAA and local chapters are some of the best resources.

Wendy also reminded us that she matches requests for appropriate mentors. She has done a great job of

this in the far as well as recent past.

Amy informed us that U-Tube is a good resource for watching pouch changes. She suggested that ConvaTec include a link to U-Tube in their start up kits. After this great discussion, Rob told us there are going to be some new products coming out on the market. They will be making their debut at the annual WOCN convention in June. You can call and ask to trial a sample of a new product at the (800) 422-8811 number.

Lastly Wendy reminded us that durahesive wafers can touch the stoma but stomahesive cannot due to being too rigid. Also ConvaTec's moldable wafer can be rolled back to it's original size if a mistake is made making it too large for the stoma (Hollister's does not). Don't forget that the stoma will shrink in size after the initial surgery. This is a common cause of peristomal skin problems when people do not re-measure the stoma size and put on a wafer too large exposing too much peristomal skin. Rob was given a thank you fruit basket and the meeting was adjourned at 2:35 P.M.

Respectfully submitted,



Debbie Walde, RN CWOCN
Recording Secretary
Broward Ostomy Association



Ostom-I Alert

a breakthrough innovation for ostomates

Four years ago Michael Seres became the 11th person in the UK to undergo a rare small bowel transplant at a hospital in Oxford.

Michael had coped with Crohn's Disease since the age of 12 and then intestinal failure and now transplant and an ileostomy. Like many ostomates, leaks, spills and night time accidents occurred which led Michael to developed what is now known as *Ostom-I Alert*.

In simple terms it is a sensor that clips on to the outside of any ostomy pouch and sends a signal via Bluetooth to your mobile phone or device to alert you as to when your pouch is filling. Via a free



app on your phone or tablet you can set multiple alarms. For a full video demonstration please go to www.11health.com.

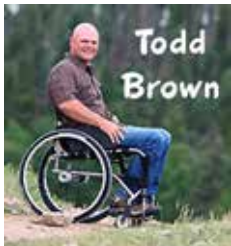
At present there is no easy way of measuring output other than emptying your appliance into a jug. This means that at home many ostomates often merely guess at their output increasing the possibility for dehydration. *Ostom-i Alert* solves this potential problem by automatically capturing the output data and sending it either via email or into the cloud allowing real-time remote monitoring. This enables trends to be viewed and preventative steps taken remotely to avoid unnecessary trauma.

Ostom-i Alert is FDA 510K approved, insurance reimbursed and coded for hospital billing. Various user trials are being conducted at major institutions across the US. At the present time national thought leaders in the United States at institutions ranging from Stanford to The Mayo Clinic to Massachusetts General have expressed a high level of interest in utilizing *Ostom-i Alert*.

To learn more about *Ostom-i Alert* please visit www.11health.com or email Matthew Wilder at Matthew@11health.com. Your editor had the pleasure of meeting Matthew and can assure you that he is a doll, an ex-football player and total friend of ostomates.

180 Medical *by the 180 Medical team*

When it comes to the products that are essential to your health and quality of life like your ostomy supplies, you're probably looking for a reliable company that offers quality products and compassionate care. You can find this with 180 Medical, a company that, for over ten



years, is dedicated to making a difference by offering unparalleled service and care. This dedication is based primarily in our founder Todd Brown's story. When Todd became paralyzed from the chest down after a motocross accident, he encountered company after company with sub-par customer service and employees that appeared to not understand his difficult situation. This experience led him to develop 180 Medical, a company focused on simple words: Specialists, Compassion, Integrity, and Service. We call it "the 180 Way."

Specialists: When ostomates call customer support, 180 Medical can transfer their call to a WOCN (wound, ostomy, continence nurses), all of whom have previously worked in a clinical settings with patients. Our specialists offer an understanding ear and discuss your product and accessory options with you, as well as any challenges or questions you may have from living with a stoma.

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Integrity: Even when it takes more time and effort, we do what's right. Because of our dedication to following strict guidelines, we are nationally accredited by ACHC (Accredited Medicare Provider), and have an A+ rating with the Better Business Bureau.

Service: All of the prior points lead to the heart of 180 Medical: Service. We work hard to make the process of ordering and receiving your supplies as easy as possible, so that you can rest assured that you will get the correct products in a timely manner.

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Call during business hours at 877-688-2729 or visit us online <http://www.180medical.com>.

Editor's Note: See their new booster on page 16 and thank them for their support. Our boosters pay our printing and mailing costs and we couldn't get along without them. Thank you 180 Medical!

What's it Like Living with an Ostomy or What Ostomates Wish Medical Professionals Knew

by Wendy Lueder

After suffering throughout college with severe ulcerative colitis, at age 22 I had an elective total proctocolectomy with ileostomy. What a joy not to be painfully ill all the time, to be able to add weight to my 89 pounds and not need to know where the closest bathroom was located within a forty second dash. Surgery gave me back a life, and gave it back abundantly.

The surgery was performed all the way back in 1972 and throughout the years there have been many times that I had wished medical professionals knew a bit more about living with an ostomy. Here are some common myths, some helpful hints, and some testimonies of what it's like living with an ostomy.

Volunteering with a local support group in Hollywood Florida, I have had the privilege to know over 600 ostomates and have learned that it may be helpful for you to share with those in your care some of the following: When you care for me in the hospital right after my surgery, treat my ostomy as just another challenge that really isn't that bad. It's important to let the new ostomate know that "after I heal up a bit, that transparent horrible thing on my tummy which shows me way too much will be replaced by an odor-free, opaque pouch that's either white or flesh-tone and has comfortable cloth-like panels to keep me comfortable. Don't even let me begin to think that odor, irritated skin or frequent leakage is normal. It's not! Please help me to get back to as close to pre-surgery normal as possible. I'm very sensitive to your attitude towards me and my appliance and I'm going to take my cues from you. So if you're not "turned off" I'll be able to accept myself and what's going on much more easily. Help me to realize that my ostomy is a cure, not a disease! Please don't call my appliance a bag. Call it an appliance or pouch. And PLEASE refer me to a local support group.

Let me know that those noises I'm making (colostomates and ileostomates) will greatly diminish with time and I will be able to go in public

without fear of embarrassing myself. I also need to know, "less is more." The fewer steps I have to take in managing my ostomy, the better. For instance, I don't have to wash my pouch out with water or anything else when I empty it.

As an ostomate I usually don't need to use skin barrier wipes, a support belt, or special undies. The elastic on my undies' leg keeps my appliance in place just fine. When I go to the bathroom, I can sit normally as I used to even if I no longer have my old bottom. I don't need to take sponge baths. I can shower and bathe just as I used to do before my surgery. My appliance can get sopping wet. When I go swimming all I need is the usual tape to keep my appliance in place. Velcro-type closures on drainable pouches are a bit more difficult to keep clean. Clip closures are easier.

If I have an ileostomy, please let me know that what comes out of me is caustic and will literally burn my skin. If I leak, let me know I need to change my skin barrier wafer as soon as possible. A burning itch is a good hint that there is leakage even if I can't see any. Let me know NO skin around my stoma can be allowed to come into contact with my output and the skin barrier wafer (only if it is flexible) needs to be snug up against the stoma.

What are the myths and where to some of them come from? Due to the early years when modern surgical appliances were not available, certain misconceptions about living with an ostomy remain to haunt us today. Many of us have or know of an old Auntie Sally who had a colostomy. She smelled, wore horrible baggy clothes and wasn't very pleasant to be around. That was then. What's it like now?

Ostomates do not need to wear unsightly baggy clothes. The new appliances have low profiles and cannot be detected under our clothing. I often ask first time visitors to the support group if they can distinguish between those present who have undergone ostomy surgery and those who are their friends and loved ones. Never has anyone been able to distinguish between the two.

Myth: Ostomates have an odor control problem. Most all surgical appliances are now odor proof. In-the-pouch odor eliminating drops even take care of

Memorial Hospital West Ostomy Services

Memorial Hospital West is dedicated to addressing the unexpected and changing needs of people who are preparing for or living with an ostomy. We can help with ostomy care, including:

- Stoma site selection
- Ostomy product selection
- Peristomal hernia belt fitting
- Complex fistula/
tube management

For information or to schedule an appointment, please call **954-844-6834**. Ostomy services are available every Thursday from 1pm to 3pm at our outpatient clinic.



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the odor when emptying the appliance. One quick caveat or qualification. Recently my transparent post-surgical appliance indeed was not odor proof.

Another myth that you can help the new ostomate to dispel is that as an ostomate you're practically alone. Please tell the new ostomate that the United Ostomy Associations of America has over 350 chapters with thousands of members and that approximately 450,000 Americans have an ostomy with approximately 100,000 surgeries being performed annually. They, we, are not alone.

Myth: Once you're an ostomate, you're continually aware of your surgical appliance. Just as I was continually aware of my new bra in middle school I soon became oblivious to it. The same normalization happens to ostomates. When do we actually think about our surgery? When we need to change our skin barrier wafer. With a well-formed stoma, that's about every three days to once a week; If and when we have medical complications; sometimes when we need to empty the pouch. After awhile it's done automatically without much thought; and finally, when we choose to help another ostomate along the road to recovery.

Ostomates take part in most all sports including professional golf, football and even boxing. Rob Hill, a tri-athlete, has climbed five of the six highest continental mountains. Rolf Benirschke was an All-Pro place-kicker for the San Diego Chargers. Ostomates can and do enjoy intimate moments; can and do have children; enjoy travel. One of our support group's members sailed around the world in a forty foot sloop for seven years with her family. That ostomate is my sister. Bottom line, most all

limitations after ostomy surgery are self-imposed. Given the proper care and education ostomates can and do enjoy the abundant life.



"I'm afraid your irritable bowel syndrome has progressed. You now have furious and vindictive bowel syndrome"

Gas and Bloating

via Ostomy Support Group of Northern Virginia

Eat peppermint to reduce gas and bloating. Next time you're feeling gassy, try sucking on a peppermint.

In one Italian study, 75% of people with irritable bowel syndrome say a major reduction in symptoms, including bloating and flatulence, after taking peppermint oil capsules for four weeks. The researchers aren't exactly sure why, but in another study in the journal PAIN, researchers from the University of Adelaide found that peppermint soothes inflammation and pain in the gastrointestinal tract.

Special Clothing For The Ostomate

via Tulsa Ostomy Association Newsletter

Having a stoma does not mean you need to have any special clothing; you should be able to dress just as you always have. High-waisted clothes are more comfortable and hide your pouch.

Many people find that tucking their pouch into their underwear makes them feel more secure, but with a belt, you can let it hang outside if you prefer. A large capacity appliance shows less than a small



one when full, handy to remember when away from home. Lycra type clothing provides excellent and effective support so look out for these in the stores. Support wear is available often on prescription.

If you wear an appliance belt, make sure it is at the same level as the stoma to avoid an upward pull or drag. Make sure that your belt or trouser waist lines do not rub on your stoma as this can be very uncomfortable. A sports protector can be worn to protect the stoma while playing physical contact sports.

Patterned swim suits mean our pouch is less visible. A tankini with a high waist can be quite discrete. A 2-pc with boxer shorts is a good choice for women. A one-piece suit can have gathers horizontally or crisscross.

Emphasize again - you do not need special clothing. Dress as you always have. Even jeans if they are not too tight to allow output to empty into your pouch. However, sometimes switching to elastic waist bands is the way to go.



SOME ABC'S OF UROSTOMY CARE

via Philadelphia Newsletter: UOAA Update May 2015

Adherence: Urinary appliances adhere well with cement Stomahesive® and Colly-Seel™. The urinary stoma drains continuously. The urine may be mildly irritating to the skin and may be odorous.

Bleeding: Often blood is noted in the appliance and its origin isn't immediately clear. One source may be irritation of the stoma by uric acid crystals. These can be formed in the appliance or on the

skin around the stoma if the faceplate is too large. This may be indicated by small white spots on the stoma upon removal of the appliance. The crystals have an abrasive effect on the stoma. The crystals may be readily dissolved by bathing the stoma and the surrounding area with a half-strength vinegar solution. Do this three or four times a day while the appliance is being worn.

Changing Appliances: Usually the best time to change a urinary appliance is in the morning before drinking anything.

Closed Bottom: Only drainable pouches should be used on urinary stomas, never closed-bottom.

Face Plate: A convex face plate may be extremely useful with the flush urinary stoma.

Fluid Intake: 2 to 3 quarts of fluid daily provide adequate "traffic" through the urinary system to prevent an increase in bacterial growth. Increased bacterial growth may lead to urinary tract infection.

Leaking: Urinary pouches that are allowed to get too full will tend to leak. Connecting the pouch to the leg bag will be helpful if you're unable to empty often enough. Attach the strap of the leg bag loosely to allow good blood circulation.

Night Drainage: Bedside drainage container similar to the type you used in the hospital, may be used. This is how you can avoid getting up during the night to empty the pouch. The average urinary pouch won't hold the amount of urine that may be excreted during the night.

Odor: Drinking cranberry juice is helpful in deodorizing urine.

Plugging: You should NEVER use anything to plug your stoma while cleaning, changing or emptying your bag. This could cause problems with your stoma.

Showers: You may shower with your skin barrier on and removing the pouch or you may take a shower with the entire appliance off. If you chose to leave your skin barrier on, using a product like Brava Elastic Barrier Strips around the edges helps prevent water from seeping in and supports longer wear time which in turn causes less stress and irritation to your skin. This applies to colostomates and ileostomates as well.

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 meetings for the rest of 2015 start at 1 p.m. Sundays: September 13th (postponed from the first Sunday in Sept. to accommodate UOAA National Convention), 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.

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

I am also enclosing a contribution to BOA

I am an ostomate and want to be a member but cannot afford dues at this time.

(This information is kept in the strictest confidence.)

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References: 1. Gowczyk MT, Mooney GM, Cabral MV, Niklas-Piontek K. Corroze Study: Multinational Evaluation of the Peristomal Condition in Ostomates Using Moldable Skin Barriers. Poster presented at ECEI, Paris, France, June 2013.
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Celebration Ostomy Support Belt



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