

Volume XLIX, Issue No. 2

Summer Quarter 2019



# Broward Beacon



Meetings: June 2nd      September 1st ~ 1 p.m.  
(Summer Break July & August)  
All Welcome

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

# Broward Ostomy Association



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 501(c)3 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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### Broward Beacon

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Ft Lauderdale FL 33316



## Welcome Stephanie!

Our chapter of the United Ostomy Associations of America is so abundantly blessed. We have amazing volunteers who freely give of their treasure of time and talent to help ostomates in the South Florida area.

At most all of our meetings, volunteer certified ostomy nurses attend to help those in need. They are amazing! Amparo, Ana, Debbie, Eula, Lea, Patty and now wonderful Stephanie, all CWOCN's, grace us with their loving expertise.

BOA's Board of Directors has invited Stephanie to join our Medical Advisory Board and become our Corresponding Secretary. She has accepted and we are so grateful that she did. Here is a brief biography:

Stephanie Whitley is a Registered Nurse licensed in Florida. Her nursing career spans over 20 years with the last 15 specializing in pediatrics at Nicklaus Children's Hospital where she enjoys her role as a Clinical Specialist and a Wound, Ostomy and Continence nurse. Her role allows her to engage in staff and families' education, staff coaching and helping to prevent hospital acquired conditions.

Stephanie holds a Master's of Science degree in Nursing with a leadership focus and is a Certified Pediatric Nurse and Board Certified Nurse Executive. In her free time Stephanie loves to play

word games and although raised on Reggae music, her taste has evolved to enjoying music of all genres. She also enjoys playing Mom to her teenage son; watching action adventures and mystery movies, traveling and staycations. Stephanie can be reached at: stephiebb1@yahoo.com

Welcome dear Stephanie and thank you for joining the BOA family. You are cherished along with all our beloved Ostomy Nurses.

Fondly,

*Wendy*

## Next Meetings:

**Sunday, June 2nd**

**Summer Break July & August**

**Sunday, September 1st**

**Meetings Start at 1 p.m.**

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

**Program: 1:30 p.m.**



## Sunday, June 2nd

For the past 12 years Wendy has been struggling with chronic pain due to extensive and dense adhesions. That's the bad news. The good news is that this condition has given her the opportunity to meet really wonderful Palliative Care doctors. This coming June we are fortunate to have one of the very best as our guest speaker.

Palliative Care Doctor Ian Joseph Kowalski, DO, MBA will be speaking to us on pain management, the differing kinds of pain and what we can do to help ourselves. This is a topic most all of us are effected by. Come and learn truths vs. myths on the topic of pain. Dr. Kowalski earned his Doctorate in

Osteopathic Medicine at Florida State University in Tallahassee, FL. Presently he is working with Broward Health Ft Lauderdale, FL and holds a Palliative/Hospice Medicine Fellowship. He is an active member in their Ethics, Patient Satisfaction, and Palliative committees. He is an expert in and has lectured medical students regarding pain management, end of life discussions, medical marijuana, symptom management, and hospice care; all important topics that we all need to consider. Hoping to see you there. Dr. Kowalski office can be reached at 954.636.1364

## Summer Break July and August



### September 1st: UOAA National Conference Report

Several of our members hope to attend UOAA's National Conference in Philadelphia this coming August and hope to share with all our members the insights that they have gained. The Conference's Exhibition Hall will demonstrate ostomy equipment and supplies and we want to become aware of the very latest developments. Two years ago we learned for the first time about wonderful *Stealth Belts*: Four years ago we learned of a new spray adhesive remover. We look forward with anticipation to discover what is new this year that could change our lives all for the better. If you can't make it to Philadelphia this August, this meeting will be the next best thing!

**BOA Meeting Dates:** Please, if you are as forgetful as I am, take a moment to mark your calendars now for our upcoming meeting dates: June 2nd, Summer break July & August. September 1st, October 6th, November 3rd and December 1st.

## New Florida Medicaid Supplier

*Shield HealthCare* now accepts Medicare and Medicaid assignment for ostomy supplies in Florida. If you have Medicare and a secondary insurance,

your secondary plan should cover any co-insurance remaining after primary coverage. If you have Medicaid, your supplies are covered at 100% – meaning your supplies would come at no cost to you! To place an order, see their ad on page 16.

## National 3,000 Ostomate Survey

Leslie Miller, a doctoral student at the University of Oklahoma, Department of Sociology in Norman, OK is a former ostomate and is interested in the experiences of ostomy patients today, especially as it relates to perceptions and experiences. She is seeking participants to fill out an on-line survey for her dissertation.

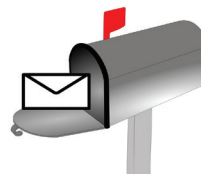


She would appreciate BOA members' participation. Participants may also enter a drawing for the chance to win one of fifteen Amazon gift-cards.

Survey link: <http://bit.ly/pewpstudy> and the study website for more information is: [www.pewpstudy.oucreate.com](http://www.pewpstudy.oucreate.com)

Please be aware: "Data are collected via an on-line survey system that has its own privacy and security policies for keeping your information confidential. No assurance can be made as to their use of the data you provide." However, no IP addresses are recorded so you would remain anonymous unless you choose to offer your name or email address to enter the drawing.

## We've Got Mail



Dear Ostomy Support Group,

I raised \$1,626 to send Miguel to Youth Rally Camp. Thank you so much for your help. I could not have done this without the group.

♥ *Kae Myers*







**Ostomy, Inc.**

**Julie Ebel Gareau, President**

**Judith Ebel Considine, RN, ET, Founder, 1990**

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**[www.ostomyinc.com](http://www.ostomyinc.com)      [ostomyinc@gmail.com](mailto:ostomyinc@gmail.com)**

To the Broward Ostomy Association,

As many of you may know, my husband of 47 years passed away on March 18th from complications of a mild stroke.

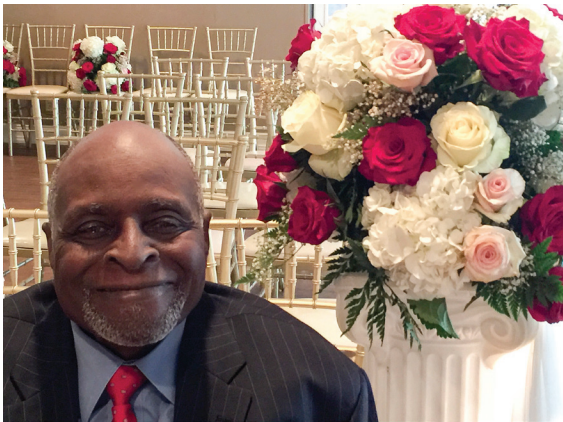
Since 2014 he has been a proud member of the BOA. This loving group was not only a genuine support emotionally but provided invaluable information on caring for his ostomy. He loved hearing about new products and the interesting lectures provided by doctors and various speakers.

I can tell you the beautiful friendships he made with all of you were most important.

Love and thank you.

Sincerely,

*Mrs Janice Martin  
wife of Reggie*



**Editor's Note:** I was deeply honored to be asked to be one of four speakers who shared their reflections at Reggie's funeral service along with Mr. Darryl Robinson, the father of BOA's past Refreshments Co-Chair Mrs. Darryel Robinson Polonio. The above photo of Reggie Martin was taken at Darryel and Edward's wedding, October 14th, 2017.

I learned that Reggie excelled academically throughout childhood, graduating early from high school and earning admission to Kent State University. During his college career he met lifelong friends including Darryl, and pledged Kappa Alpha Psi. He was a proud member with more than 60

years of dedicated service to his fraternity.

After college Reggie went on to serve with distinction in the US Air Force during the Korean War. He met Janice, a nurse, who became his wife of 47 years. Together they moved to Florida and raised a beautiful family. Many of you have had the pleasure of meeting Janice at our Holiday Banquets. Reggie loved music and always provided musicians or disk jockeys at BOA's December diners.

Enclosed in the above note from Mrs. Janice Martin was a large donation to BOA.

Reggie, you are dear to all our hearts and you will be greatly missed. You were an encourager and a giver. We were blessed to be a recipient of your love!

## **Belts vs. Tape**

*via Vancouver Ostomy High Life*

It is sometimes necessary to use extra measures to make sure that an appliance stays firmly in place. Many factors can dictate a need for further measures to ensure a worry-free fit: body shape, skin type, sports played, job demands or quantity of waste. Tape and/or ostomy belts are sometimes a solution. Each has advantages depending on the individual. In some instances, a combination of both may be recommended. Which method might work best for you and how do you properly use them?

Ostomy belts are a frequent first choice because they are reusable, washable, adjustable, and do not have to be peeled off the skin. But a belt that is too tight can cause its own problems.

When too tight the belt will cause the elastic to become overextended, allowing the elastic to curl, forming a rope-like fit instead of a flat fit around the waist. This could get mighty uncomfortable in a hurry. The belt should be snug but not digging into you.

You also want to keep the belt from "riding up," which will create an off-center pull on the appliance. Try to keep the belt level with your flange. Wider ostomy belts might be more comfortable if one has rolls of fat around the midsection. Most belts are about an inch wide but you could ask your supplier if a wider model is available. You might want to allow your bag to fill up and then test how effective an ostomy belt might be under different tensions

and body movements. If presented with a choice, choose cloth rather than rubber or elasticized fiber. Cloth will be cooler. Belts can provide vital support, especially if the contents of a bag become significant. Always empty a full bag as soon as possible, or better yet, don't let it get full in the first place.



### ***Editor's Choice:*** **Nu-Comfort Support Belt.**

Sometimes belts are just not practical. They may be too uncomfortable for the wearer or spoil the look of some clothes. Tape can be a good solution in such cases. They come in a variety of materials - paper porous tape, all plastic tape, or a combination of both. Some appliances come with a tape perimeter "built-in" but you may still need to apply another layer over top of this. Tape is relatively inexpensive so give different materials and brands a try.

Properly applied tape should encircle the entire flange, with one half on the flange and the other half on the skin. In time you will get skilled at applying tape. A gentle pressing with the fingertips will ensure that it is stuck.

Most problems with tape arise from poor application technique, impatient removal, or allergies to the materials. Prepare the skin with

careful removal of the old flange and thorough clean and dry the skin.

When removing the tape, use the "two-hand" method - one to hold the skin down and the other to gently pull the tape off. Too frequent or rushed tape removal can cause irritation.

Either belt or tape, or even both methods, can greatly increase your confidence and comfort. Give both a try if you have concerns about your appliance staying in place.

## **Minutes General Meeting** **January 6, 2019**

The meeting was called to order at 1:30 P.M. in Memorial Regional Hospital's Main Auditorium in Hollywood, Florida by Wendy Lueder, member of the Broward Ostomy Association since 1972.

The Ostomate's Prayer was read by Larry. First time visitors were greeted: Joe with his wife Jamie, Nelson, Russ, and Jay.

Announcements: Stephanie is the CWOCN at Nicklaus Children's Hospital and specializes in neonatal ostomy care.

Cliff and Mom, our Hospitality Co-Chairs, are at home due to Cliff running a fever. We miss them and wish Cliff a speedy recovery. A big welcome back was given to David. Paula rode her bicycle 20 miles to be here today. She says that exercise keeps her alive. Dues are due for 2019 at the minimal cost of \$10.

Patty Paxton-Alan is now the CWOCN at Westside Regional Hospital. Congratulations on her new position.

Amy introduced the plan for today's meeting. The attendees were divided according to their respective type of ostomy to share successes, challenges, concerns, and help to answer questions for new ostomates and those who have upcoming surgery planned.

### **The Helpful Hints for Ileostomates review:**

The key to eating is to chew, chew, chew to prevent blockages. Avoid corn, popcorn, and nuts. Smoothies are okay, but use a juicer instead of a blender to remove roughage.

***Editor's Choice:*** Good hold  
but very gentle to remove.





The best in-the-pouch liquid deodorant drops is *OstoFresh*, as it is not dyed a deep blue, as are other brands, which can easily stain clothing. Club soda is effective for carpet stain removal due to accidents. Vegan ostomy on-line has a lot of information for new and experienced ostomates. Ostomy Inc. (see their ad page 5) is an excellent resource to help with insurance and product questions. Do not lift or do sit ups after surgery to prevent hernias.

For those with short bowel syndrome Lomotil and tincture of opium help to slow peristalsis. It was recommended to try Metamucil to help bulk up the stool. Transit time for ileostomates is usually 20 to 30 minutes.

Ileostomates should never take a laxative.

Beware of getting dehydrated which can easily lead to kidney failure. Pedialyte has less sugar than Gatorade. H2ORS is a hydrating powder which is absorbed high in the beginning of the GI tract and is widely used by the World Health Organization in countries where IV fluids are not available. H2ORS is available on-line.

### **The Helpful Hints for Colostomates review:**

For swimming, barrier strips are effective to ensure the wafer keeps its seal. Press'N'Seal is available at the grocer and can be used to keep the pouch/wafer dry. (See Product Reviews in the Fall 2018 Issue of the *Broward Beacon* available on-line)

Some people enjoy the use of saunas. This will require rehydration and a pouch change afterward.

There are some filter challenges re: release of gas. Some filters are ineffective when wet.

Pancaking of stool at the exit of the stoma happens frequently. Suggestions to prevent this issue were to increase oral fluid intake, increase activity, and use stool bulking agents such as Metamucil. (See page 8 of the Spring 2019 Issue of the *Broward Beacon* for an entire article on this topic).

### **The Helpful Hints for Urostomates review:**

Crusting with the use of powder and barrier wipes helps with skin irritation.

Avoid hernias by doing safe exercises. Again – no sit-ups. Hernia belts are available.

Use of extra tubing for bedside drainage helps

with keeping dry at night. Prevent air locks in the tubing by making sure urine drains into the system before falling asleep.

It was a consensus that more ostomy nurses are needed in home health care.

The meeting was adjourned at 2:40 P.M.

## **Minutes General Meeting February 3, 2019**

The meeting was called to order at 1:30 P.M. by Wendy Lueder, President, in the auditorium at Memorial Regional Hospital in Hollywood, Florida.

New attendees were greeted: Ally who is pending surgery, Kevin, Rory, and Caroline with her husband.

Announcements were as follows:

1) **Safe'N'Simple** is a manufacturer and distributor of ostomy supplies. One of their unique products is a waterproof silicone tape to be used to border the ostomy wafer. **Safe'N'Simple** graciously provided samples of the tape which were distributed to the ostomates attending today. They also provided the group with small bags containing peristomal cleanser and adhesive removal wipes, adhesive seals, stoma powder, no sting barrier film, odor eliminator, peristomal strips, and a care guide. Thank you **Safe'N'Simple**!

2) It is time for dues to be paid. They are only \$10 for the year.

3) A BOA member is in the hospital with a blockage due to popcorn eaten at the movies. A reminder to avoid popcorn especially if you have an ileostomy.

4) Leroy is still in the hospital. Our prayers go out to him and his family.

5) Next month (March) is the Board Meeting which will be held immediately after the regular meeting. All those who want to attend and/or volunteer are invited to attend.

Amy introduced our speaker for today Paula Reiss Ph.D. Paula was Reggie Martin's guest at December's Holiday Party in December. He describes Paula as being strong, angelic, reverent, and wise. Paula is from Portugal where she received her Ph.D. in sports sciences. Health promotion and education for the community is her specialty. She

works with all ages and all capabilities included drug addicted individuals. Reggie met Paula at Miramar's Senior Center where she provides free programs for seniors.

## **How to Breathe & Feel Better**

Paula started by teaching the group about deep and controlled breathing. Avoid short, shallow, rapid breaths. Focusing on breathing deeply leads to positive thinking which then leads to feeling energized, connecting to others, and quieting the mind. This all helps to set intention for everything you do.

Focused breathing gives you full access to the capacity of your lungs by incorporating your rib cage and diaphragm. Incorporating your entire shoulders and arms as well as maintaining good posture helps to open up your chest cavity to breathe deeply. Deep full breathing cultivates a sense of calm, slows your heart rate, lowers your blood pressure, and reduces your respiratory rate to better oxygenate your body. This relaxes your muscles and decreases some types of pain.

Positive thinking is obtained through:

- 1) Avoiding negative self-talk, blame, and judgmentalism.
- 2) Enjoy humor. Surround yourself with positive people. Laugh and have fun to help deal with pain and frustration.
- 3) Cultivate optimism. Look for the little things to bring you joy and happiness.
- 4) Focus on one thing every day for which to be grateful.

Deep breathing and focused movements make you feel energized, stronger, and less fatigued. Shake things up by dancing and playing.

Connect to others by learning something new with friends and family. When our brains get used to doing the same things the same way, we plateau and lose interest. Meet new people and learn new things.

Quiet the mind by meditation, visualization, or praying. Focusing on your deep full breaths helps to focus thoughts as well.

Set an intention on everything you do to give you organizing power. Visualize the intended outcome and nurture it in your heart. Step out of helplessness

and into greater strength and power.

Paula lead the group in breathing exercises and activities to demonstrate the power of her presentation. All members of the group participated and were definitely more energized and joyful by the time the meeting adjourned at 2:40 P.M.

## **Minutes General Meeting March 3, 2019**

The meeting was called to order at 1:30 P.M. in Memorial Regional Hospital's Main Auditorium, Hollywood, Florida by Wendy Lueder, President of the Broward Ostomy Association. The Ostomates' Prayer was read by Larry.

First-time visitors were greeted: Wynn and Carolyn who are Phyllis' son and daughter-in-law, Gayle's friend Nancy.

Announcements were as follows: Broward Ostomy Association Information Cards were handed out to the WOC nurses for distribution to new ostomates; Leroy is now home from the hospital recovering; The Annual Board Meeting is today immediately following the monthly support meeting.

National highlights: 1) Wendy's sister Pam is on the front cover of the Phoenix magazine. Pam had her ileostomy surgery while still successfully sailing around the world for 7 years with her family in a 39 foot sailboat her husband built. She did her self-care in the tiny bathroom (head) which was just large enough to turn around. 2) On the back cover of the latest *Broward Beacon* is a picture of a young lady on a lake in a swimming suit with her pouch hanging out. The youth of today are helping to remove any stigma related to having a stoma. 3) The United Ostomy Association of American will hold its 7th National Conference August 6-10 in Philadelphia at the downtown Sheraton. This conference is held every other year and is full of information, support, and love for the ostomate and their loved ones. It is always an invaluable experience.

### **Changing Your Health Through Phenomenal Foods**

Amy, the vice president and program chairperson of BOA introduced the guest speaker Dr. Christa Krzeminski. Dr. Christa began her career through



an interest in finding the combination of foods to eat prior to an athletic event. This eventually led to a career which is based on holistic medicine and nutrition to improve client's health and lives. Dr. Christa's talk was titled *Changing Your Health Through Phenomenal Foods*. She wanted us to leave with a full understanding that one's health is constantly changing and we do have the power to improve it with instantly occurring changes. Everyone has to eat every day thereby making food a valuable source of health and energy.

Dr. Christa shared with the attendees four health secrets that have the power to change one's health instantly.

1) Water – 2-4 quarts daily. If you aren't used to this amount then increase your daily intake gradually to achieve this goal. Water is needed for your heart, kidneys, and gut. It helps to get the nutrients from food. Signs of not enough water could be headaches and muscle aches. At least once a day, squeeze some lemon juice into the water for Vitamin C, citric acid, antioxidants and help maintaining the acid base balance of the body. Lime does not have the same therapeutic effects as a lemon.

2) Apple cider vinegar – one of the oldest medicines noted in literature with the possible exception of acupuncture. Two tablespoons a day in 6-8 ounces of water is the goal. This seems to be better tolerated in room temperature or warm water with a tiny bit of honey. Don't use sugar or sugar substitutes as these negate the benefits. Apple cider vinegar helps the gut maintain its flora from the entrance (mouth) to the exit. Cornell University has done multiple studies and they are unable to replicate the benefits of apple cider vinegar. There was a question re: using olive oil and apple cider vinegar for a salad dressing. The answer is you do still get some of the benefits.

3) Choosing the right probiotic for yourself – probiotics are very specific for you and your condition. They nourish good bacteria and viruses.

4) Dairy – eliminate dairy from your diet. Mucus gets built up in the gut from dairy intake. Dried milk is an ingredient in many processed foods so look at the label. If you can't totally eliminate the dairy, then cut the amount in half.

5) Fiber – found only in the plant kingdom through fruits, vegetables, nuts, beans, and lentils. Good bacteria need fibrous foods. Wendy reminded the group that two members are hospitalized due to fiber intake so please make sure your diet is under your doctor's or nutritionist's supervision. If you have an ileostomy you especially have to chew, chew, chew your foods to prevent blockages.

The meeting was adjourned at 2:30 P.M.

## **Can Stomas Hurt...Yes and No!**

*Information collected (in the following 3 articles) by Bob Baumel and published in the N Central OK Ostomy Outlook*

### **Does Your Stoma Hurt?**

**By Victor Alterescu, RN, ET**

Quite often people tell me that their stoma hurts. This surprises me a great deal since stomas do not have any sensation. You could cut, burn, do anything to the stoma and you would not feel a thing. That's hard to believe, but true. Stomas do not have receptors for pain.

Sometimes, the lack of stoma sensation can lead to problems. For example, an incorrectly fitting appliance may cut into the stoma, but no pain will be felt. A stoma can be badly damaged before the problem is noticed. For this reason, it is important not to wear your pouch for long periods of time (more than a week, in my opinion), since it is good to see if the stoma is OK. Actually, when people talk about stoma pain, they are usually talking about pain from the skin around the stoma. That skin, the peristomal skin, is full of nerve receptors that are sensitive to such things as heat, cold, chemicals and adhesives that can cause pain. It is the skin that is sensing the pain, not the stoma. If any unusual symptoms or irritations are noticed, do not hesitate to contact your doctor or WOCN for an evaluation and, if necessary, a prescription for a specific treatment.

### **Stomas and Pain Response**

*By Mike D'Orazio, RN, ET*

*A response to article above by V. Alterescu*

While Victor's statements regarding stoma pain are essentially correct, there are legitimate situations

when one's stoma will feel pain. In the normal condition of the intestine, of which a stoma is a part, typical pain touch receptors are not present. However, when the bowel is stretched, as when obstructed and subsequently swollen, the bowel will "feel" painful. There are stretch receptors within the bowel wall that inform us of an obstructive event.

While experiencing an obstructive event other physiological phenomena occur to inform and distress us. On rare occasions patients with stomas have strongly complained of stomal pain. Physical exams have often not revealed any clear evidence of harm or obstruction to the stoma site. In these unusual situations the phenomenon of psychic pain has been used to explain the pain.

### **The Nerve(s) of Those Stomas!**

*By Mike D'Orazio, RN, ET*

The question or comment about stomas lacking sensory nerves, or the more broadly stated claim that stomas have no nerves, is a myth that dies very hard. Allow me to borrow from one of my presentations that partly address this issue.

In summary — Putting this in perspective, the claim in the first paragraph that "stomas do not have any pain sensation" is false, as is the claim that "stomas have no nerve endings." Stomas definitely have nerves that are sensitive to stretching. However, it's also true that stomas tend to be insensitive to certain other stimuli, notably cutting. This creates real danger, as stated in the first paragraph, that you can cut your stoma without being aware of it. And it's also probably true that in most cases when people talk about stoma pain it's really from the peristomal skin.

"...most of the information carried by gastrointestinal primary afferent neurons is not consciously perceived. This is nicely demonstrated by tests on fistula patients who report no sensation when the healthy stomach is probed or in patients that have had the intestinal lining cut to take a biopsy." Additionally, we have: "There are more than 100 million nerve cells in the human small intestine, a number roughly equal to the number of nerve cells in the spinal cord. Add in the nerve cells of the esophagus, stomach, and large intestine and

you find that we have more nerve cells in our bowel than in our spine. We have more nerve cells in our gut than in the entire remainder of our peripheral nervous system. Alas, stomas do have nerves! There are nerves; but the sensory nerves of the bowel between the esophagus and rectum, for certain types of painful stimuli, such as cutting or cautery, are either very low in number and caliber or the brain is not readily able to perceive the pain.

## **Minutes General Meeting**

**April 7, 2019**

The meeting was called to order at 1:30 P.M. in Memorial Regional Hospital's Main Auditorium, Hollywood, Florida by Wendy Lueder, President of the BOA. The Ostomates' Prayer was read by Larry.

Announcements were as follows: Thank you to Emma and Fred for today's refreshments. Reggie Martin unfortunately passed away on March 18. Reggie will be sorely missed. He always contributed to the greatest need with his generous heart.

Patty Paxton-Alan has a new support group at Westside Regional Hospital. It will be held the 2nd Thursday of the month at 5:30 P.M in Classroom C. This month, the subject is ***Skin Matters*** on peristomal skin health presented by Patty.

Erik's daughter Rae through her Bat Mitzvah project raised enough money to pay all of Miguel's Youth Rally expenses. Using the "World Ostomy Day" logo, Rae designed beautiful tote bags that were provided to donors. Miguel's prior experiences at Youth Rally were very exciting for him and he looks forward to attending again this year.

First time visitors were greeted: Gayle, Mike who had a J-Pouch, Mike who had an ileostomy, Polly, Rick, and Lois who is a caregiver. There is a total of 62 attendees today to provide support and help to new ostomates.

### **Ostomates Living Beyond the Limits**

The Vice President and Program Chairwoman, Amy Weishaus, introduced today's speaker Dr. Mary Ann Meli. Today's topic is about living life with no limitations. As an example of an ostomate who lives her life with that positive attitude is Paula.

Paula has traveled to 83 countries with an ileostomy. She received her first ileostomy at the age of 14 which was reversed at age 18. Her second ileostomy was created in 2001. Paula's latest trip was to Viet Nam where she stayed for one month. Paula had great stories about how to travel with a stoma. She advised always to keep a small emergency bag with travel size supplies available.

Dr. Meli presented *Living Beyond the Limits and Breaking Through our Barriers*. She is a clinical psychologist focusing on chronic illness, anxiety, depression, stress, and pain management. Dr. Meli stated that many of our barriers are self-imposed. Patty was her ostomy nurse after her surgery. It is not the ostomy that limits but how one deals with the ostomy. Everyone goes to the bathroom – it is just another method. We limit ourselves by the lies we tell ourselves known as *negative self-talk*. We sometimes get overwhelmed with our own worries and fears. It takes an intentional

**It is not the ostomy that limits us  
but how one deals with the ostomy.**

change of self-talk to change the negative into a positive focus. We choose the way we are going to react. Examine what you tell yourself. Oppose the thing that you don't like. It does take 21 days to change a thought or behavior from I'm too \_\_\_\_\_ to I'm not too \_\_\_\_\_ or I can't \_\_\_\_\_ to I can \_\_\_\_\_. It does take intentional changing of focus. Focus on the positive in an attempt to deal with the negative. Black and white thinking is when things are viewed as either wonderful or awful. Don't automatically assume the negative and never take **no** as a final answer. Reframe negative thoughts knowing that you and you only are in control of your thoughts, behaviors, and attitudes.

Develop tools and techniques to work through the issues. We all need a tool box of techniques in our head to deal with issues that may arise. The group discussed how to handle accidents in a public setting. Just a reminder that every time an accident or situation occurs, it better prepares you for the next time. Accidents are not the end of the world. Wendy shared that spilling iced tea or water on your lap then excusing yourself to go to the bathroom is a recommendation from UOAA. When traveling with others, there should be no difference in how

you handle the bathroom. Be as normal as possible by asking if your roommate showers in the morning or nighttime. Say "I'm going to the bathroom. Do you need to go first?"

The audience also discussed limits on relationships. There are some restraints which are often due to the reason for the ostomy and other health issues then the ostomy itself. **There are problems that do exist without solutions.** Minimizing other's problems is demeaning to that person. One cannot understand another's emotional or physical pain but one can be a friend to support as much as possible. We all have to work through our own trials and tribulations but other's experiences and positive attitudes can help us toward that goal.

As a side bar, Paula was asked about how she can afford to travel so much. She suggested to volunteer for a job that will give you a new experience. There are also two websites which connects you to the native people of the country: 1) couchsurfing.com is promoted to younger travelers; 2) serveus.com is for the older traveler.

Respectfully submitted,

*Debbie*

Debbie Walde  
Recording Secretary



## **Urostomy Questions and Answers**

by Juliane Eldridge, RN, CETN

via Tri-State OA, Iowa

**Q: Why do urostomates occasionally notice blue discoloration in a urostomy pouch or overnight drainage bag?**

**A:** Be assured there is nothing wrong with the appliance. In recent laboratory tests conducted by ConvaTec, the blue color was found to be the result of normal bacterial decomposition of an essential amino acid called tryptophan. There is no clinical evidence, according to an article in the *American Journal of Nursing*, to indicate that the production of indigo blue is harmful or that dietary tryptophan

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should be limited. If you are concerned, please talk with your doctor. Tryptophan is part of the regular intake of dietary protein. As it passes through your system, it changes to a blue color when it finally oxidizes in the urostomy pouch.

**Q: Why are fluids so important for the urostomate?**

**A:** People with urinary diversion no longer have a storage area (bladder) for urine. Therefore, urine should flow from the stoma as fast as the kidneys can make it. In fact, if your urinary stoma has no drainage for even an hour during the day, it is time for concern. The distance from the stoma to the kidney is markedly reduced after urinary diversion surgery. Any external bacteria have a short route to the kidney. As kidney infections can occur rapidly, and be devastating, prevention is essential.

Wearing clean appliances and frequent bag emptying are vital. Equally important is adequate fluid intake, particularly fluids that acidify the urine and decrease problems of odor. In warm weather, with increased activity or with a fever, fluids should be increased even more to make up for body losses due to perspiration and increased metabolism.

It is important that you be aware of the symptoms of a kidney infection: elevated temperature; chills; low back pain; decreased urine output; and cloudy, bloody urine. Ileal conduits normally produce mucous threads in urine, which give a cloudy appearance but bloody urine is a danger sign.

Thirst is a great index of fluid needs. If you are thirsty, drink up! Also, develop the habit of sampling every time you see a water fountain!

## **Hints For Colostomates**

*via Niagara Frontier Ostomy Association, NY*

If you use a Stomahesive wafer and cut your own center hole, save the left over pieces and use them to fill in any skin indentations around the stoma underneath the wafer.

Apply the pouch standing, lying or sitting down, but do not allow abdominal wrinkling or this will break the seal when you straighten up.

A colostomy diet is fairly normal. You will discover which foods may or may not agree by trying

everything, a little at a time. If it doesn't work the first time, then leave it alone for a few months or forever, if necessary.

If you have difficulty with constipation, drink a glass of apple juice or prune juice with pulp in it, not the concentrated juice type, the night before irrigation as this may prove helpful.

## **Hints For Men**

*via Mayo Clinic Letter and the Space Center Shuttle Blast*

A common problem for male ostomates is the location of their belts. One man who had trouble with his belt catching on the top edge of the appliance offered these helpful hints:

~ When applying your wafer/flange, instead of placing it with the top edge square with your belt line, rotate it 45 degrees, so the edges point up and down like a diamond, that way the belt goes across the top corner of the appliance and holds the wafer/flange in place.

~ Also, try cutting the hole in your appliance closer to the top of the skin barrier, causing the appliance to adhere lower on your abdomen and be farther away from the belt line; or try rounding off the square edges of the flange with scissors, decreasing the chance of the belt catching on the corners

## **When to Seek Medical Assistance**

*via San Diego OA Newsletter*

The most common problem after any ostomy surgery is the development of a hernia around the stoma site. This manifests as a bulge in the skin around the stoma, irrigation difficulty, and partial obstruction. Thus, heavy lifting should be avoided immediately after surgery. Also, you should call the doctor or ostomy nurse if any of the following occur:

Severe cramps lasting more than 2-3 hours:  
Unusual odor lasting more than a week:  
Unusual change in stoma size and appearance:  
Obstruction at the stoma and/or prolapse of the stoma (that is, it has fallen out of place):  
Excessive bleeding from the stoma opening or a moderate amount in the pouch:  
Continuous bleeding at the junction between the stoma and skin:  
Watery discharge lasting more than 5-6 hours:  
Your ostomy nurse is helpful in managing complications, should they arise.



## Westside Regional Medical Center OSG

Meetings are held the second Thursday of each month (except during July and August) at 5:30 pm in Classroom C. For more information, please contact Patricia Paxton-Alan, MSN, ARNP-BC, CWOCN at 954-452-2162.

## Cleveland Clinic Ostomy Support Meetings

Sharing information between ostomates and ostomy nurses. Every 3rd Wednesday of the Month from 6 to 8 p.m. Cleveland Clinic Braathen Building rooms WNN2-202 and WNN2-202A. For more information contact: email CanoA@CCF.org

## South Florida Ostomy Support Group

At Baptist Hospital meeting every third Wednesday of the month from 6-7 pm at the Baptist Health Resource Center, Medical Arts Building, South Miami FL. Summer break July–August. For more Information, call Lourdes Placeres at 786-596-6036.

## Miami Ostomy Aftercare Support Group

Fourth Tuesday of the month: 6:30 to 8:00 P.M., University of Miami Hospital & Clinics; UMH Boardroom #2026 (Lobby Level, 2nd Floor); 1400 NW 12th Avenue, Miami FL 33136

For more information call 786-580-3928 or email moap@miamioostomyaftercare.org Ostomy nurses are also present to answer questions.

Visit MOA Support Group's website which is one of the finest sites online:

[www.MiamiOstomyAftercare.org](http://www.MiamiOstomyAftercare.org)

## Memorial Outpatient Ostomy Clinic

At Memorial Regional Outpatient Ostomy Clinic, their goal is to offer preoperative and postoperative education on living with a stoma; appliance selection and application; peristomal skin complications and care; dietary counseling; routine stoma care and support for coping with lifestyle modifications. For more information 954-265-4512.



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 quarterly 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 with anyone. 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.)

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



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