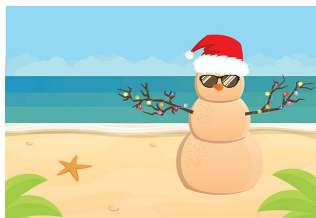


Volume XLIX, Issue No. 4

Winter Quarter 2019



Broward Beacon



Meetings: December 1st 4:30 p.m.
Holiday Banquet by reservation only
January 5th, February 2nd ~ 1 p.m. All Welcome

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

Broward Ostomy Association



AFFILIATED SUPPORT GROUP

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.

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Broward Beacon

Published August, November,
February and May.

Broward Ostomy Association
c/o Lueder, 2100 S Ocean Dr. #16M
Ft Lauderdale FL 33316



Holiday Candlelight Buffet Dinner

Sunday, December 1st, 2019 ~ 4:30 P.M.

Master of Ceremonies: Mr. Irwin D. Rosen

Keynote Speaker | Pam Wall

Pam Wall did what most people dream about!

As an ostomate she sailed around the world for seven years

Catering by our own beloved Leroy Berry

**BOA Member's Meals are underwritten through
the immense generosity of COLOPLAST**

Beautiful Door Prizes Donated by Julie Gareau of Ostomy Inc.

**Advance Reservations by Nov. 25th are required for all
\$10 cost for Non-Members only**

White Elephant Grab Bag

Bring a gift for \$2 or under



Dues are Due

At this time and we sincerely hope you can help support our costs of all things needful to BOA.

If there is an envelope attached to this issue my records indicate that your dues are in fact due. I've tried to withhold envelopes from those I know who have already paid since September 2019 but if I messed up, please just call and let me know. See page 15 for membership information.

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

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

I know that I am totally biased, but I think our UOAA Chapter is the best, most loving, caring and

generous chapters of which I am aware. I am so very grateful for each and every one of you. We are family.

If you cannot afford dues, no worries. Just let us know. We keep that information in strict confidence as well as **all** our member information. We respect your privacy.

Fondly,



Next Meetings:

Sunday, December 1st

Holiday Banquet 4:30 p.m.

Sunday, January 5th, 2020

Sunday February 2nd

Meetings Start at 1 p.m.

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

Program: 1:30 p.m.

January 5th Meeting

Once again our Focus Group Round Table discussions welcome members to share personally their challenges and their successes. This is our time to learn from and to encourage one another. There is value in hearing about the experiences of others in a safe, casual and open forum.

No one needs to feel the pressure to speak. Often listening is a great comfort to know we are not alone. Index cards will also be available at the beginning of the meeting as an alternate way to communicate questions and concerns.

Some participants have had surgery as recently as within a matter of weeks and others first adjusted to an ostomy almost 50 years ago! With this range of experience, the resulting impact is often one of hope and inspiration

Each group: Colostomy, Ileostomy, Urostomy and Family and Caregivers will be guided by a knowledgeable facilitator. At the end of the meeting we will share some of the significant points made in each group.

February 2nd Meeting

There are three major ostomy supply manufacturers. Hollister, ConvaTec and Coloplast. To achieve the best functionality, all ostomates should contact each of these wonderful companies to acquire samples to discern which products are best for them. They do vary in significant details and what is best for one ostomate is not necessarily best for another. We should never assume that what works well for ourselves is also the best choice for another.

I know how much you appreciate Coloplast sponsoring our Holiday Banquet and in February. Coloplast, the largest ostomy supplier in Europe, will be helping us once again by sharing the supplies and services available through their company.



Maria Mayfield who is the Coloplast Ostomy Territory Manager for South Florida along with JP Gross will be joining us. Maria diligently works with Hospitals, Clinics, DME's, and Home

Health to help customize solutions for ostomates in effort to enhance their quality of life. Maria holds a BA in Communications from Monmouth University in NJ and currently resides in Coconut Creek Florida.



Jon-Paul Gross provides personalized Coloplast Care. He is a resource for product access coordination, personalized advice, wellness education and is available at 1-877-858-2656 to answer your ostomy questions. Learn about Coloplast's Care Kit, Travel Bag and educational materials. We look forward to having them share Coloplast's ostomy advice. Be sure to thank them for them underwriting our Holiday Banquet.

Minutes

Sunday, October 6th, 2019

Welcome back everyone from summer break! It's so good to see all of you. Thanks to Hurricane Dorian we increased our summer break by a month. First time ever! Nature has a way of doing what she wants. Larry started us off with the Ostomy Prayer.



Ostomy, Inc.

Julie Ebel Gareau, President

Judith Ebel Considine, RN, ET, Founder, 1990

5420 W. Atlantic Blvd., Margate, FL. 33063

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OSTOMY AND UROLOGICAL SUPPLIES

www.ostomyinc.com

ostomyinc@gmail.com

Wendy explained that today will be a special meeting. Seven of our members attended the UOAA National Conference in August and will enlighten you with their experiences. Wonderful Julie from Ostomy, Inc. donated \$5,000 in her mother's memory to BOA. Wendy in turn gave seven of our members a chance to attend the conference from these funds.

Many Thanks to Rhonda for bringing a beautiful sheet cake for Ostomy Awareness Day.

BOA is growing. We welcomed six newcomers today. They are Theron, Urostomy in March; Doris, three-year Urostomy; Jackie, Colostomy in July; Mansoor, Colostomy in June; Carol, Colostomy in May; and Henie, one-year Ileostomy. We are looking forward to sharing and seeing you at future meetings.

The conference was amazing as you will read from our members:

Rhonda – This was her first conference. It was empowering, making a person stronger and more confident in their lives. One of the workshops she went to was the Stoma Clinic.

Tips and Tricks: UOAA National Conference

One of the workshops was very informative giving tips on Show & Tell, changing and leaks outside of the home, etc. Amazon sells dehydrated towels called Towel Tab also local drug stores and dollar stores sell MiniTissue compressed cloth. They are nickel sized discs that expand when you add water. Easy to carry and use. Bring a sandwich bag with a plastic grocery bag inside for easy disposal and a small battery powered fan (Design Go Mini Fan \$12) to dry yourself. She enjoyed her new friendships and became closer to Wendy, Ren and Amy. Rhonda feels she is at peace and learned more about herself making her comfortably confident.

Ren – As a good wife Wendy roped Ren into becoming a Moderator for the "Taking Care of Women" workshop. As the dutiful husband he is, he enjoyed every minute. Over the past 39 years he has attended 15 conferences.

There were 450 attendees, seven of whom were

our members. The conference allows you to get to know people from all over the world and make lasting friendships. Prior to the start of the conference Ren and Wendy attended the Board Meeting going on to pack 400 vendor bags for distribution. Conference First Timers were given a special orientation. Some of the highlights were: enjoying workshops from 9:00 A.M. – 5:00 P.M. each day; morning yoga; New Hope Fun Run; Roaring 20's costume party night; Fashion and Comedy shows.

Larry – our co-refreshment chair, felt the conference was like a party out-of-control. He really enjoyed himself and wished he had attended earlier conferences. While he was there he was able to get help from Nu Hope with fitting for an ostomy belt. He didn't remember the detailed ordering information for his belt. Julie with Ostomy Inc., came to his rescue with a phone call. Thus Nu Hope knew exactly what he needed. There are many events to choose from on the schedule. It's your choice how many or few you wish to attend.

Bob – our first timer co-chair found that people came to Bond/Share or just Sit in Silence but everyone has the same commonality. Tricks of the Trade – Ana and Arthur were there to offer their expertise. A BIG "Thank You" to them. Bob found that the conference makes it natural to be with others like yourself. You find that it is easy to share with strangers. Always remember that pain, etc. will pass. You have to live life to the fullest. As we do at our meetings the conference gives back to others raising their spirits. Bob gave Wendy and Ren a BIG "Thank You"

Ana – felt that the conference was a life changing experience. She thanked Bob for his kind words. Her goal for the conference was to learn from new patients so she could bring back new information to us. Unfortunately she found out many ostomates don't get pre-marked for placement allowing them to have a say in the site selection. Sexuality issues are not addressed and many ostomates cannot get a Home Health Nurse after their surgery.

UOAA is doing its 1st ever research study for "Patient's Bill of Rights" and your participation is greatly appreciated. The data collected will help make improvements to ostomates. Ana had handouts to the link for a survey to help with this matter. The link is



<https://www.surveymonkey.com/r/uoa-patients> Any questions can be directed to the UOAA Advocacy Manager at advocacy@ostomy.org.

Wendy- had a wonderful slide show so we could view the UOAA Board & staff. Pediatrics, Young Adults, & Caregivers are some of the groups. Many workshops were given in each area. Each child ostomate receives an ostomy teddy bear to help them feel more comfortable and have something with a stoma like theirs. It's adorable. Ulcerated Colitis and Crohns Disease had author's books for sale on the referenced diseases. The Stoma Clinic had 125 people attend. There were forty plus vendors in the Exhibit Hall. A new and exciting item Wendy came across was Stomagenics, a tube-wicking that absorbs increased output and turns it into a gel. It pulls liquid into a tube and changes it into a gel. This will particularly help urostomates while they are changing their appliance.

Amy- our Vice President and Speaker Chair has been with BOA for 10 years. A "World Ostomy Day" proclamation was created by the Mayor of Hawaii for Ostomy Awareness. More states need to do this. Amy went to the Stoma Clinic and was diagnosed and treated for a fungal infection she didn't realize she had. A lot of people benefited from the Stoma Clinic.

On a more personal note, Amy was introduced to



the cast of "CBS Morning Show." A past student of hers, Mr. Vladimir Duthiers, is part of the cast. She was able to speak about Ostomy Awareness to Dr. LaPook, a gastro doctor with CBS and great credentials. The highlight was when she met and took a picture with Maks Chermkovskiy from Dancing With The Stars. He has a business in Boca Raton. Way to go Amy.

The next UOAA Conference will be held in Houston, Texas in 2021. Start saving now so you may come and enjoy all the great updated information and fun. Plan ahead, share rooms and it is affordable.

Respectfully Submitted,

Linda Roberts

Acting Recording Secretary

Memorial Health Healthcare System Presented:

***Boo! Pressure Injuries are Scary:
Pressure Injury and Ostomy Update***
✿

Cleveland Clinic Florida Wound and Ostomy Nursing Symposium 2019

BOA is so fortunate to have two local and cherished CWOCN's (Certified Wound Ostomy Continence Nurses) who are educating the healthcare community on ostomates' needs and care.

On September 7th, Amparo Cano CWOCN hosted a Wound & Ostomy Symposium at Cleveland Clinic Florida along with over 25 vendors attending.

October 3rd, Lea Crestodina CWOCN of Memorial Healthcare System hosted a symposium where wound and ostomy issues were addressed to healthcare professionals. Amparo and Lea both graciously donated a vendor table to our group which was then hosted by Amy and Wendy. We cannot thank them enough for all they do to make our lives so much richer. The healthcare community is significantly educated on how to minister to our needs through wonderful programs such as these.

Lea's Keynote speaker, Dorothy Doughty MN, CWOCN, FAAN was Director of the Emory University WOC Nursing Education Program for 30 years. Both Amy and Wendy were encouraged by her symposium lectures as it became clearly evident to them just how well Ms. Doughty understands ostomates' healthcare needs.



It's "All In the Bag"

Excerpt from article by Jennie David

Boston University via Ostomy Association of Greater Chicago



Accidents Happen: Although advanced appliance technology has allowed ostomates the freedom to exercise, swim,

and engage in other normal activities without limitations, there are nonetheless skills required in order to properly care for the ostomy. If the pouch is not properly secured on the abdomen or the wafer (the part of the pouch that sticks to the skin) has been eroded by ostomy output (i.e. not changed frequently enough), many patients experience leaks.

Anatomically, the human body only has nerves that signal the need to use the bathroom in the ascending colon, therefore individuals with an ostomy do not retain the ability to know they "have to go," and similarly cannot tell if the pouch is full without actually checking it.

Accidents, whether they are in private or in public, are not only embarrassing, but also have the potential to undermine the individual's confidence in properly using ostomy supplies. This confidence is "key to [the ostomate's] understanding" of their degree of perceived control over the situation.

Further, the act of emptying the pouch itself can become a negative experience due to the actualization and recognition of altered anatomy.

Betty, a 67-year-old woman with a colostomy – a procedure she described as a "mutilation" – found it so disturbing that she severely restricted her diet so that she would not have to empty the pouch.

Prepare to Succeed: Ostomies are not simply life changing, but they are life saving for those who need them. While the largest factor in predicting post-surgical body image is an ostomate's self-efficacy, the importance shifts from what predicts body image to what can be done to restore it.



In order for ostomates to feel and be successful post-surgery, steps need to be implemented at every part of the process. A Wound, Ostomy and Continence Nurse

(WOCN) should be able to provide new patients with reliable information regarding diet, exercise, post-surgical instructions, and warning signs that may require medical attention.

If possible, patients should be given access to see and feel the appliances before their surgeries to become familiarized. The most prepared and supported patients will be able to properly emotionally cope in as little as two to three weeks after their surgery. The average modern patient takes anywhere from six to twelve months to physically recover comfortably to life with an ostomy; this represents a significant change from the five to ten years it was estimated to take in 1965.

When the patients realize the freedom an ostomy can provide, they will discover that strength, courage, determination, and spirit are all "in the bag."

One Way to Avoid Accidents The Ostom-i Alert

by Wendy Lueder



The **Ostom-i Alert** is a device that clips on to any type of ostomy pouch and sends bluetooth alerts to an app on the users' mobile device when the pouch hits a set limit.

Ostomates can set individual limit alerts as to when they wish to be notified and can prevent both fluid and solid leakage. Each device lasts up to three months and the app is available on iOS and Android.

Patients can also use the device to send output levels automatically to nurses and clinicians and allows hospitals to remotely monitor the patients through a shared Cloud-based portal.

This allows potential dehydration and blockage problems to be diagnosed earlier by clinicians which could reduce both nursing time and hospital re-admission rates.

Patients and clinical staff can track and share real-time patient data about the volume of output over specific time periods.

Michael Seres, whom I had the pleasure of meeting

at a UOAA National Conference, a long-term patient turned innovator who founded 11health, created the Ostom-i Alert device from his hospital bed, after he was the 11th person in the UK to undergo a small bowel transplant in 2011.

Seres said: “Given the increasing pressures faced by healthcare, I couldn’t believe that there was no simple device to manage overflowing pouches for patients, and save time for clinical teams, whilst providing real-time patient data to monitor outpatient progress.”

“This device, sends information to health professionals to simplify patient monitoring, and we estimate it can save 33% of current NHS stoma care costs.” As you can guess, from the NHS quote, Michael is English.

Georgios Vrakas, consultant transplant surgeon, small bowel transplantation, University Hospital Trust, said: “This product is inspirational. Something so simple in concept, yet so incredibly useful. There is no question that it will be life changing for millions of bowel disease sufferers.”

How Do I Clean around My Stoma?

via Vancouver Ostomy HighLife

All you need to clean around your stoma is warm water and either a washcloth or a soft disposable paper towel. Using sterile gauze and wearing gloves to change your own pouching system can be expensive and is unnecessary. **Remember, you are not dealing with a sterile area.**

Using alcohol to clean the area is equally unnecessary and can be very drying to the skin. Also, it is not recommended to use baby wipes or pre-moistened towelettes as they may contain chemicals that remain trapped on the skin and can cause a rash. Soaps, including ones that are moisturizing (Oil of Olay, Dove) are not needed and can actually hinder the pouching system from sticking well on your skin and contribute to leaks. If you are showering without wearing a pouching system and soap flows down onto your stoma and skin, **just rinse the area well** afterwards. This is not a concern.

When washing your stoma, you may notice small specks of blood on your cloth. This is completely normal and expected. The stoma tissue contains small

blood vessels close to the surface that may bleed, especially if you are taking blood thinners. Do I need to “air out” my skin when changing my pouching system to keep it healthy? No, this is not necessary. It may feel good to “air out”, for a while but this is not required in order to have the skin remain healthy. This may also be difficult if your stoma is active!

Editor’s Note: One of the founders of UOA shared with me that her skin was very oily and that the only way she could make her skin barrier stick was to wipe her peristomal skin with alcohol. It is important that we are not too dogmatic about ostomy care principles. Again, what works well for one does not necessarily work well for all and visa versa.

Tips & Tricks

Vancouver Ostomy HighLife

Change on an Empty Stomach: The best time to change without any output is when you first wake up. If you stop eating a few hours before bedtime and get a full night’s sleep, output should slow down enough for you to get a change done.

If you must eat upon waking but before a change, try a nutrient-packed food that will raise your blood sugar but not cause any immediate output, such as a spoon of peanut butter or a hard-boiled egg.

Take the urine samples at a time you know your stoma will be producing urine. That is, first thing in the morning might not be the best time, as you have not had much to drink during the night. Coughing and slightly moving your position may help move urine out of the stoma.

Two or more pouch covers are one of the best comfort investments you can ever make. After all, that fluid is entering your pouch at 98.6 degrees F.

Make sure your skin barrier fits properly. A skin barrier that fits well around your stoma helps protect your skin from being irritated or damaged by drainage. It doesn’t really matter whether your stoma is large or small, or whether it protrudes or not, as long as the drainage flows into your pouch without leaking under the skin barrier. Measure the stoma using a stoma measuring guide before every barrier application. Apply the skin barrier, making sure it fits where the skin and stoma meet. Verify that no skin is showing between the skin barrier and the stoma.

continued on page 12

Travel Plans Get Some Help

from UOAA

An Ostomy Dictionary is now available in 19 Languages. Traveling abroad and want to be able to communicate about your ostomy needs? Want to help someone but having a language barrier? The European Ostomy Association provides a dictionary of ostomy terms in 19 languages and has now allowed UOAA to share their link on our website. The dictionary now contains 103 terms. It was published by

Deutsche ILCO in January 2017 and the new version is available since August 2017. See:

https://ostomyeurope.org/wp-content/uploads/2018/02/Stomawoerterbuch_08_2017.pdf

As this is a .pdf file you can download its contents and print pages that contain translations for the languages spoken where you'll be traveling. For example, if you plan to travel to Germany you could print out portions of appropriate pages. Bon Voyage!

ENGLISCH

- | | |
|-----------------------------|--------------------------------|
| 1. TYPES OF OSTOMY | 53. cancer |
| 2. stoma, ostomy | 54. Crohn's disease |
| 3. colostomy | 55. ulcerative colitis |
| 4. ileostomy | 56. familial polyposis |
| 5. urostomy | 57. inflammation |
| 6. Kock's pouch | 58. disease, illness, sickness |
| 7. pouch, reservoir | 59. handicap, disability |
| | 60. operation, surgery |
| 8. OSTOMY APPLIANCES | 61. complications |
| 9. bag, pouch | 62. prolapse |
| 10. adhesive bag | 63. hernia |
| 11. drainable bag | 64. fistula |
| 12. urostomy bag | 65. retraction |

DEUTSCH

- | | |
|-----------------------------------|-------------------------|
| 1. STOMAARTEN | 53. Krebs |
| 2. Stoma, Anus praeter | 54. Morbus Crohn |
| 3. Colostomie | 55. Colitis ulcerosa |
| 4. Ileostomie | 56. Familiäre Polyposis |
| 5. Urostomie | 57. Entzündung |
| 6. Kocksche Tasche | 58. Krankheit |
| 7. Pouch | 59. Behinderung |
| | 60. Operation |
| 8. STOMAVERSORGUNGSARTIKEL | 61. Komplikationen |
| 9. Beutel | 62. Prolaps |
| 10. Klebebeutel | 63. Hernie, Bruch |
| 11. Ausstreifbeutel | 64. Fistel |
| 12. Urostomiebeutel | 65. Retraktion |

Additional Travel Tips from Hollister

via UOAA

If you're traveling by airplane, car, bus, train, or cruise ship, you might be stressed about your ostomy needs during the trip. Don't worry. With a little preparation, everything can go smoothly.

It's also a good idea to start with short trips away from home to build up your confidence. Once you're reassured that your pouching system stays secure during normal day-to-day activities, you can start to venture farther. Here are a few tips to help you be fully prepared and comfortable, no matter how you travel.

Luggage weight limits: Are you traveling by air with a lot of supplies? Check with your airline and your country's federal travel agency (e.g., the Transportation Security Administration in the United States) for the luggage weight limit. Weigh the luggage before you go. It may be helpful to use a portable luggage scale. If

you're over the limit, check to see if your airline has a special allowance for medical supplies.

Forbidden items: The International Air Transport Association (IATA) forbids dangerous items on board airplanes. For example, ether, methylated spirits, or flammable aerosol adhesives and removers are considered fire hazards. Scissors also may not be allowed in carry-on luggage – check with your airline or pre-cut all of your skin barriers before traveling.

Pre-boarding security checks: At airports, your carry-on luggage will be inspected at the security baggage check before boarding. If you have medications, get a card from your healthcare professional that explains why you need them. Some countries do not allow certain medications, such as codeine, to cross their borders. A travel communications card from an ostomy association in your country may also be available. United Ostomy Associations of America (UOAA) offers a travel card to help you be ready for

searches or checkpoint questions. See card below, page 14.

Using airplane toilets: During a long flight, there can be long lines for toilets, especially after meals. Be alert for a chance to use the toilet when most people are in their seats. It's also a good idea to request a seat near a toilet.

Car travel: Your car seat belt should sit across your hip bone and pelvis, not your abdomen and stoma. If you want to give your stoma extra protection from the strap, you can buy a seat belt pad. You can also use an extension bracket to lower the angle of the belt across your body.

Cruising with a stoma: Are you worried about taking a river, lake, or ocean cruise? Don't be. If you'll be away from land for a few days or more, just pack double the supplies you need. Plus, follow these simple precautions and you'll have a trouble-free voyage.

Editor's Note: Our Holiday Banquet Key Note Speaker who is an ostomate, traveled around the world on a 39 foot sloop for seven years. A foot pump provided running water. Warm water showers, or solar showers, were provided by the sun shining on a two gallon black rubber bladder suspended from the mast. If she could do it, we can too.

Key Ostomy Products You Should Know About

*by Laura Cox; Ostomy Lifestyle Specialist
Shield HealthCare*

Ostomy product technology has improved significantly in the last decade, and there is an ever-expanding range of brands and ostomy products to choose from. Of course, so much choice can be overwhelming. To help you narrow down your options, here is a general overview of key product types to help you understand the uses for different ostomy products.

Skin Barriers: Barrier or Wafers are part of the pouching system that directly goes on your skin and has a pouch attached. Generally, a barrier is composed of a hydrocolloid material. The ingredients in are optimal for ostomy care because they are water-resistant; absorb discharge; protect the skin from irritating output; and are gentle and flexible yet stick to the skin for long periods of time. When warmed to body temperature,

the material in the wafer softens and flows onto the skin to create a tight seal. Manufacturers offer many different types of barriers to suit your individual needs. Here are some highlights:

Cut-to-fit wafer – This wafer comes with measurements on the backing that allow you to measure and cut the wafer opening to your exact stoma size. This is useful for people who have oblong stomas or stomas continue to change sizes (generally the first 8 weeks after surgery).

Precut wafer – This wafer already comes with a hole cut out for your stoma. If your stoma is round and is close enough to one of the precut measurements, this is an easy way to skip a step during your ostomy changes.

Flat – Flat wafers are meant to be used on flat abdomens. They are also useful when your stoma protrudes from your skin and the "os" (the opening in your stoma), or lumen, is not near the skin.

Convex – Convex wafers are best for people who have recessed stomas, extra skin around the stoma, or have an os close to their skin. A convex wafer helps to gently push your stoma further from your skin to create a more successful seal.

Standard Wear – Standard wear barriers are recommended for people who have thicker output. These types of barriers are appropriate for some end ileostomies or colostomies.

Long/Extended Wear – Long wear or extended wear barriers are recommended for people who have thinner output, such as people with active ileostomies and urostomies.

Tape lined – Some wafers come with tape along the edges of the hydrocolloid wafer. This tape is not there as a seal; it is used to stabilize the skin around the wafer. Inhibiting large skin movements around the stoma can generally increase wear-time.

Pouches: A pouch is a containment device for the ostomy output. Like barriers, there are many types of pouches available. Here are some configurations:

One-Piece System – An ostomy pouching system where the pouch is attached to the skin barrier. Generally, a one-piece system is more flexible than a two-piece system and they are more low-profile. Available in closed end or drainable.

Two-Piece System – An ostomy system containing

a separate pouch that's available in closed end or drainable.

Closed End – Designed for one-time use, and it is removed and discarded when about 1/3 – 1/2 full. Not recommended for people with a urostomy or ileostomy.

Drainable – A pouch that opens at the bottom to allow the contents to be drained, usually when 1/3 full. Can be rinsed and reused, if necessary.

Closure options – There are several different types of systems to close pouches, including: Clamp closure. Integrated closure with Velcro. Integrated closure with an interlocking end. Paper-wrapped wire (similar to a twist tie on a bread bag).

Accessories: Stoma Powder is used to absorb moisture from the skin. This is important because ostomy wafers adhere to the skin best when it is clean and dry. Apply the stoma powder to any weeping skin, and brush off the excess powder to only allow it to stick to the parts of the skin it is meant to. Bonus: Pair with barrier wipes to crust over damaged skin. This technique is called crusting.

Antifungal Powder – You may have heard that people with stomas can develop fungal infections underneath their ostomy barriers. This is fairly common and is caused by a wet and warm environment. Generally fungal infections are itchy and can appear as little red bumps on the skin. Apply antifungal powder to the irritated areas and brush off any excess powder.

Deodorant Drops – Ostomy deodorant neutralizes odors in ostomy pouches. Adding a few drops of deodorant to the ostomy pouch assists in eliminating odor from stoma output when you empty. You can add drops every time you empty your pouch to continually have odor-free output.

Lubricating Deodorant – Similar to deodorant drops, lubricating deodorant eliminates odor from stoma output. As a bonus, the lubricating deodorant coats the inside of the ostomy pouch and makes emptying any sticky output much easier.

Ostomy Belt – An ostomy belt hooks to your wafer and helps to bring the wafer tighter to your abdomen. This is helpful if you want added security while you are exercising or being active. Make sure that the belt is comfortable and not too tight.

Adhesive Remover – Adhesive remover can come in the form of a spray or a towelette. In either form,

this handy product helps ensure a pain-free removal of the ostomy when it is time to change your pouching system. Adhesive remover helps keep the skin healthy and trauma-free.

Paste – Contrary to the name, paste is not an adhesive. It is a semi-solid substance that's used to fill or caulk uneven skin contours near the stoma to create a flatter surface. Patients with liquid output often use paste on top of the skin barrier around the stoma for an increased seal.

Barrier Strips/Rings – A bendable, stretchable, sting-free alternative to paste. Use to fill in or caulk uneven skin contours. Strips and rings come with a putty-like consistency and are malleable. You can also break off pieces of strips or rings to fill any divots in your skin to allow your pouching system to sit more flatly on your abdomen. People with chronic leakage and fitting problems may find it beneficial to use these accessories.

Skin Barrier Wipes – Barrier wipes form a protective “second” skin that helps protect the skin from output. These wipes deposit a thin wet film that dries as a clear protective layer over the skin. Pair this product with stoma powder to “crust.” This product is fantastic for protecting further damage to skin. It is not needed if skin is healthy.

Seeing this list of products for the first time may be overwhelming, but rest assured that over time and through exploration and collaboration with your WOCN, you will find the right ostomy products and care regimen that works for you!

This is a general guide that may not be all inclusive. Please consult with your doctor or WOCN before trying new products.

Tips & Tricks *continued from page 9*

Be proactive about preventing peristomal skin complications – don't accept them as normal. Many people do not seek help or guidance, believing it is normal. It is not. Quick identification and treatment are important

Remove and replace your ostomy pouch if you experience itching. Peristomal itching can be a problem, even if you don't see any visible skin damage. If itching persists contact your stoma care nurse.

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TRAVEL COMMUNICATION CARD

COMPLIMENTS OF THE UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

This is provided to travelers in order to simplify communication with federal Transportation Security personnel and airline flight attendants, at those times when you wish or need to communicate in a non-verbal way, as is your legal right.

This is not a certificate and it is not a pass to help you avoid screening. Please print out on any weight of paper you wish, trim to wallet-size and laminate if desired. The blue color is important, as it is a "flash-card" developed by the TSA so their own officers will recognize it and be guided to treat the traveler with discretion and sensitivity. If laminated in a double-side manner, it can be used 'blue side out' during security screening, and the white side out when communicating non-verbally with airline personnel.

JUST PRINT IN COLOR, CUT OUT, FOLD, AND PUT WITH TRAVEL DOCUMENTS

TSA Notification Card: Individuals with Disabilities and Medical Conditions

I have the following health condition, disability or medical device that may affect my screening:

I understand that alternate procedures providing an equivalent level of security screening are available and can be done in private. I also understand that presenting this card does not exempt me from screening.

Information • Assistance Requests • Compliments • Complaints

TSA Cares

1-855-787-2227 (Federal Relay 711)
Weekdays: 8 a.m. to 11 p.m. ET

TSA-ContactCenter@tsa.dhs.gov
Weekends/Holidays: 9 a.m. to 8 p.m. ET

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Automated information offered in 12 languages

Call 72 hours prior to traveling to request the assistance of a Passenger Support Specialist (PSS) at the checkpoint. If a PSS is not available, you may ask for a Supervisory TSA Officer at the checkpoint.

FOLD LINE

SHOW THIS SIDE - for use during screening before boarding. Intended for the passenger to inform the TSO at the beginning of personal screening - before being patted-down or entering a full-body scanner.

NOTES: You may always have a travel companion with you during a private screening.

- TSA officers should NOT ask you to show your pouch—you may be asked to rub over your pouch outside your clothing so they can test your hand to rule out explosive residue.
- To file a complaint, send email to TSA-ContactCenter@tsa.dhs.gov (with copy to gfsalamy@ostomy.org, please).

RESTROOM COMMUNICATION CARD

****RESTROOM ACCESS NEEDED NOW****

The cardholder contains body waste in an OSTOMY POUCH (stool/urine) and/or carries pouches and related supplies and/or a catheter to manage personal hygiene.

S/he needs access to the restroom now in order to empty the pouch – this is critical for the cardholder's well-being and for public sanitation.



RESTROOM COMMUNICATION CARD

Provided by UOAA which promotes quality of life for people with ostomies and continent diversions through information, support, advocacy and collaboration.

United Ostomy Associations of America
www.ostomy.org 1-800-826-0826

FOLD LINE

SHOW THIS SIDE - this is designed to show in the event it is needed while in flight and the pilot has chosen to limit restroom access—or when passengers are supposed to be belted in during turbulence. It is the flight crews discretion whether bathroom access is granted as passenger safety is their main consideration. You might wish to show it to a flight attendant during boarding and/or getting settled, so he or she will be mindful of your situation.

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

Baptist Hospital meeting every third Wednesday of the month from 6-7:30 p.m., 8900 N Kendall Dr, S. Miami, FL 33176, Miami Cancer Institute, Room 1W414. 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@miamiostomyaftercare.org Ostomy nurses

are also present to answer questions.

Be sure to visit MOA Support Group’s website which is one of the finest sites online:
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 Meeting Dates: Please, if you are as forgetful as I am, take a moment to mark your calendars now for our upcoming meeting dates: December 1st, January 5th, February 2nd, March 1st, April 5th, May 3rd, June 7th, Summer break through July and August, September 6th, October 4th, and November 1st.



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

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.

Name _____ Age _____ Year of Surgery _____
Street _____ Apt. _____ Type of Ostomy _____ 11
City _____ Zip _____ Phone _____
E-mail address _____ Prefer Emailed Newsletter only: Yes _____

- ☐ 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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