



Metro Maryland Ostomy Association, Inc.

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Rockville, MD 20855

Dear Metro Maryland Supporters,

We sincerely hope you and your family are healthy and getting sunshine, fresh air and exercise plus connecting with family and friends, while being well protected from the virus.

Metro Maryland will attempt something new for us by holding a ZOOM meeting on Sunday, July 12, from 12:00 noon to 1:30 pm. See particulars on page 2 of this issue.

As I am writing, Montgomery County has just announced their Phase 2 reopening. Metro Maryland will not be holding a meeting at Holy Cross Hospital until they decide we may use their meeting rooms and until Montgomery County and the state determine it is safe to have gatherings of specific numbers.

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In May MMOA received a generous bequest from one of our supporters, Lyman B. Powell.

Lyman was born in 1934 outside of Salt Lake City, Utah, and was raised Mormon in a large family. He attended New York University Law School and became a Labor Attorney in California. He had an outstanding record in labor law and only lost two cases his entire life. He relocated to Berryville, Virginia, from California where he taught college classes. He was later called by the U.S. Attorney General's office to work as a labor attorney at Walter Reed where he served out his career. After retiring he continued to help them as a consultant.

Mr. Powell had ostomy surgery in December 2011 due to cancer. Eventually his ostomy was successfully reversed. His decision to donate to MMOA was in appreciation for the help he received from a WOCN and a friend.

We are humbled and grateful for his generosity.

MMOA Board Members

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“One of the most beautiful compensations of this life is that no one can sincerely try to help another without helping himself.”

~ Emerson

Metro Maryland Ostomy Association, Inc. is a registered 501(c)(3) tax-exempt, non-profit organization dedicated to the education, rehabilitation and assistance of those living with an ostomy or alternate procedure.

During COVID-19 – Important Notices:

Metro Maryland Ostomy Association has been informed that Silver Spring Holy Cross Hospital is cancelling all meetings and classes until August 1, 2020. Metro Maryland does not have an August meeting. As of now we plan to have a meeting on September 13, 2020. Check our website and newsletter for updates.

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If you need assistance, have questions or want to speak with an ostomate, here are email addresses of Metro MD Board members willing to help during the pandemic, or leave a message at 301-946-6661:
Michele Gibbs: michelegibbs305@yahoo.com
Paul Hudes: babb11@verizon.net
Sue Rizvi: sahr9839@gmail.com

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Please note our meetings are held in the Professional and Community Education Center Rooms 2 & 3 (to the right of the Main Entrance Information Desk)

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Parking charges at Silver Spring Holy Cross Hospital
 First 30 minutes: FREE
Daily Maximum: \$8

Take your ticket before parking. Pay with your ticket at the outside Main Lobby of the Hospital, 1st Floor kiosk by the garage elevator (front of building, top/4th floor of the garage).

MMOA Board of Directors and Volunteers	
Past President	Scott Bowling
Founder	Horace and Violet Saunders
Vice President	Michele Gibbs
Secretary	Needed
Treasurer	Noel Eldridge
Board of Directors:	
Chairman	Paul Hudes
Sherril Alston	Mildred Carter Cary Dawson
Noel Eldridge	Michele Gibbs Rosemary Kennedy
William King	Yolande Langbehn Marty Noretzky
Sue Rizvi	Tamara Tsitrin
Office Volunteers	Mildred Carter, Jan Erntson, Sue Hoover
Newsletter Editor & Volunteers	Sue Rizvi Jan Erntson, Tamara Tsitrin
Meeting Greeter/Registration	Yolande Langbehn
Appliance Chairperson	William King

**Metro Maryland Ostomy Association
 Virtual ZOOM meeting:
 Sunday, July 12, 2020
 from 12:00 noon to 1:30 p.m.**

To sign up, email Michele Gibbs:
michelegibbs305@yahoo.com

To help the meeting go smoothly, provide the following information:

1. A question you want discussed
2. Your type of ostomy

On Sunday, July 12,
Join the Zoom Meeting via this link:
<https://cua.zoom.us/j/94155041563>
 or
Join by phone: 301 715 8592
Meeting ID 941 5504 1563 (callers are asked for this once they dial in).

ROBERT E. HAMETZ

On Wednesday, April 8, 2020, Robert Hametz died peacefully in Laurel, MD. A husband of 61 years to LaVerne (Chelena) Hametz, he was a father of Jean Marie Hametz (David **Smith**), Karen Hametz, and Mark (Sheri) Hametz. He is also survived by a granddaughter, great-granddaughter, and other family and friends.

Robert was born and raised in Beaver Meadows, PA. He was a long-time resident of Silver Spring and Burtonsville, MD. After high school, he joined the US Air Force, serving as a drill instructor and photographer.

Returning from the service, he moved to Baltimore and joined Johns Hopkins University Applied Physics Laboratory as a draftsman and CAD engineer. After serving more than 30 years at JHU/APL, Mr. Hametz retired, having worked on numerous projects for the Navy as well as early satellite designs. He was known for his meticulous attention to detail, for woodworking, electronics and dabbling as an amateur investor in the stock market. He was known to many of his neighbors and fellow church parishioners for lending a helping hand and sharing his knowledge, and for his friendly demeanor and sense of humor.

Robert had colostomy surgery due to cancer in 1999. He contributed to meetings, newsletters and remained a member of Metro Maryland until his death.

MMOA cannot accept donated ostomy supplies at our office because of the lack of storage. 3 Options for Donating Unused Ostomy Supplies:

1) Medical Supply Loan Closet

Lutheran Church of St. Andrew
15300 New Hampshire Avenue
Silver Spring, MD 20905

DURING this PANDEMIC, call or text:

Marilee Tollefson at 301.384.4394 or
email: marileetollefson@gmail.com
to arrange a day and time to drop off.

The Closet operates a large medical loan closet with a large inventory of donations for pick up. There is no cost and no means assessment. Items are dispensed on a first come, first served basis. Examples of supplies include: hospital beds, bedside commodes, canes, walkers, rollators, wheelchairs, feeding formula and equipment, CPAP, colostomy, and diabetic supplies.

2) Friends of Ostomates Worldwide FOW - USA.

4018 Bishop Lane
Louisville, KY 40218
www.fowusa.org - info@fowusa.org

You may include open packages by bagging and labeling them with item name, size and manufacturer. No liquids or expired supplies.

3) Osto-Group

Stephanie S. Sullivan
3500 45th Street, Suite #16A
West Palm Beach, FL 33407
Tel: 877/678-6690 — Fax: 561/627-3686

Osto-Group is a non-profit organization that provides donated ostomy supplies to uninsured ostomates in the US for the cost of shipping and handling.

All organizations will give receipts for tax purposes, but you must make your own itemized list with costs.

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! □

My Two Cents Worth...Patricia McCray, RN, CWOCN
University of Maryland Medical Center (via *The Pouch*, OANVA)

Intimacy can play an important role as you take steps to resume the life you had before surgery. Your stoma does not limit or prohibit sexual activity. Here is my two cents worth on intimacy...

- Sexual activity will not hurt you or your stoma.
- Your stoma should never be used for sexual purposes.
- Empty your pouch before having sexual relations.
- Intimate apparel, specially designed underwear and pouch covers can be used to conceal your pouch and keep it close to your body. Return to your regular-sized pouch afterwards.
- Explore different positions to determine which one is most comfortable.
- Try kissing, cuddling and holding each other to enhance your sex life.
- Approach your sexual activity in a relaxed, non-pressured way. Maintain open, honest communication. How you feel is most important. Be confident. Being able to accept yourself will help your partner accept you as well. Together, the intimacy that you enjoyed before can be rediscovered. □

How Do I Clean around My Stoma? - 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,

Albert Einstein:

“We are slowed down sound and light waves, a walking bundle of frequencies tuned into the cosmos. We are souls dressed up in sacred biochemical garments through which souls play their music.”

**** The 2020 MidAtlantic Regional Ostomy Conference has been postponed to April 30, 2021 to May 2, 2021 SAVE the DATE**

**Ostomy Support Group
of Northern Virginia, LLC (OSGNV, LLC)
and its satellite
Mary Washington Healthcare
Ostomy Connections Support Group,
Fredericksburg, VA.
at the
Holiday Inn Washington Dulles
International Airport,
Sterling, Virginia 20166
April 30, 2021 to May 2, 2021**

*Ostomy Clinic
(Fri. evening and all-day Sat.)*

*Friday Night Reception—Ostimingle
Breakfast Buffet Sat. and Sun.—*

*Sat. Luncheon—Dinner-Dance—
Exhibits, Educational Workshops, Breakout
Sessions & Social Networking - Saturday*

Special Presentations—on Sunday

*Registration begins 4PM Friday. Conference
begins at 6:30 PM Friday
and ends at noon on Sunday, May 3*

**QUESTIONS: Website: www.osgnv.org
or Email: 2020mac@cox.net
To register and choose among
9 session topics**

Every ostomate has different needs. Metro Maryland does not necessarily endorse all the information herein and it should not be used as a substitute for consulting your own physician or your WOCNurse for advice.

Back to School with an Ostomy - Editor's note: This educational article is from a UOAA digital sponsor, ConvaTec.

For many parents, the hardest part of a child having ostomy surgery is feeling fearful or anxious about your child's day-to-day needs in the weeks and months after surgery. Here are some tips that may help reduce the anxiety about returning to school after the surgery.

- Schedule a meeting with teachers, administrators and the school nurse. Educate those that will be in communication with your child daily on what ostomy surgery entails and how your child's needs may have changed since last attending school.
- If dietary needs have changed, a good idea is to investigate nutritional options available at school so you know what to pack for meals and snacks. You may need special permission for your child to carry a water bottle throughout the day to stay hydrated. Ensure that your child has permission to use the restroom whenever needed. If they are restricted, they will not be likely to drink as much water as necessary to stay hydrated.
- Ask to tour the restrooms. Check out the privacy offered by stalls, sink layout, and proximity to classrooms. You may determine that a staff restroom or another non-student restroom may be more comfortable for pouch emptying or changes. If so, establish permissions in advance for your child to use these restrooms as needed. Most schools have a private restroom at the nurse's station and extra supplies can be kept there as well. Closed-end pouches may be more convenient.
- Create an emergency change pack and leave it in the nurse's office. Be sure to include all the supplies needed for 2-3 full pouch changes including pouch and wafers, bathing wipes, necessary accessories, and a change of clothes. Even if your child can empty or change their pouch themselves, consider training a school nurse to assist if needed. If there is not a school nurse available, have a contact list on hand who can quickly get to the school to help.
- Teenage drivers should not leave supplies in their cars. Temperature extremes can damage supplies. Teenagers may prefer to keep supplies in their locker or backpack. Remind your teen not to leave extra supplies in the car.
- If you are testing new supplies out, do so on a weekend or over breaks versus during the school week.
- Confirm with the student's physician what types of activity are appropriate after surgery. Resuming activity following surgery is encouraged, but full contact sports like football and wrestling may require a slightly longer recovery window following surgery. Please consult with your physician before resuming any activity or exercise. Ask if during PE they will be changing clothes in a shared locker room and see if accommodations can be made.
- No need to buy a new wardrobe. People living with an ostomy can wear almost everything they wore before surgery.

- Over communicate what to expect before returning to school. Talking with teachers with your student and communicating about needs will help your child have a smooth return to school.
- Discuss with your child how to handle inquiries from classmates. Although classmates do not need to know about your child's ostomy it is good to discuss with your child how to handle instances should a classmate ask. You may consider opaque pouches in case a shirt rides up. Always remind your child that an ostomy is nothing to be ashamed of.
- Be respectful of your child's wishes as to who is informed of his or her ostomy. Some children may only want minimal staff to know about their ostomy. □

Crohn's and Ulcerative Colitis: What's the Difference? *By Mayo Clinic Staff 2011*

Crohn's and ulcerative colitis are not the same thing. These medical terms are not synonyms or interchangeable names for a single condition. Rather, Crohn's disease and ulcerative colitis are two distinct types of inflammatory bowel disease (IBD) — which involves chronic inflammation of all or part of the digestive tract.

The symptoms of Crohn's disease and ulcerative colitis are quite similar and often include diarrhea, abdominal pain, fatigue and weight loss. The complications and treatment options for these two conditions can be alike, too. So, what is the difference? The key distinction is the location of the underlying inflammation in the gastrointestinal tract:

- Ulcerative colitis (UL-sur-uh-tiv koe-LIE-tis) is an inflammatory bowel disease that causes long-lasting inflammation and sores (ulcers) in the innermost lining of your large intestine (colon) and rectum. Symptoms usually develop over time, rather than suddenly.
- Crohn's disease is an IBD that causes inflammation of the lining of your digestive tract. In Crohn's disease, inflammation often spreads deep into affected tissues. The inflammation can involve different areas of the digestive tract — the large intestine, small intestine or both — in different people.

The location of the inflammation does not just determine the proper name of your condition. Signs and symptoms vary based on the exact area of inflammation and the severity of inflammation.

Crohn's disease exacts a physical and emotional toll that can reduce your quality of life. Fortunately, a variety of organizations and support groups exist to help you cope with the challenges that come with Crohn's disease. Members of these organizations and support groups can help by sharing their knowledge of the latest medical treatments and alternative therapies, by discussing how they have dealt with challenges similar to those you face, and by simply reassuring you that they understand what you're going through. □

Symptoms of Diarrhea - *Mayo Clinic Website- October 13, 2015*

Diarrhea describes loose, watery stools that occur more frequently than usual. You may also experience abdominal cramps and a greater volume of stool. Diarrhea varies in specific symptoms, severity and duration.

Acute diarrhea usually lasts for a few days and is typically caused by a bacterial, viral or parasitic infection of some sort.

Chronic diarrhea persists longer than does acute diarrhea, generally longer than three weeks. Chronic diarrhea can indicate a serious disorder, such as ulcerative colitis or Crohn's disease, or a less serious condition, such as irritable bowel syndrome.

Acute diarrhea causes may include:

Antacids containing magnesium, Antibiotic-associated diarrhea, blood pressure medications, *C. difficile*, *Campylobacter* infection, cancer medications, *Clostridium perfringens* infection, *Cryptosporidium* infection, *Cytomegalovirus (CMV)* infection, *E. coli*, *Entamoeba histolytica* infection, food intolerances, food poisoning, fructose intolerance, *Giardiasis*, lactose intolerance, *Norovirus* infection, *Rotavirus*, *Salmonella* infection, *Shigella* infection, Staph infections, stomach surgery, traveler's diarrhea

Chronic diarrhea causes may include:

blood pressure medications, caffeine, cancer medications, Celiac disease, Cholecystectomy (gallbladder removal), colon cancer, Crohn's disease, Bariatric surgery, Hepatitis A, Hepatitis B, Hepatitis C, Hyperthyroidism (overactive thyroid), irritable bowel syndrome, ischemic colitis, pancreatic insufficiency, ulcerative colitis, Whipple's disease.

Causes shown here are commonly associated with this symptom. Work with your doctor or other health care professional for an accurate diagnosis.

When to see a doctor - Most cases of diarrhea clear on their own without treatment. However, diarrhea may cause a loss of significant amounts of water and salts.

For adults, schedule a doctor's visit if:

- Your diarrhea persists beyond two days without any sign of improvement
- You become dehydrated — as evidenced by excessive thirst, dry mouth or skin, little or no urination, severe weakness, dizziness or lightheadedness, or dark-colored urine
- You have severe abdominal or rectal pain
- You have bloody or black stools
- You have a fever of more than 102 F (39 C)

For children, seek immediate medical attention, particularly young children, with diarrhea — especially if combined with either fever or vomiting or both, which

can sometimes lead to dehydration. Call your doctor if your child's diarrhea does not improve after 24 hours or if your baby:

- Has not had a wet diaper in three or more hours
 - Has a fever of more than 102 F (39 C)
 - Has bloody or black stools
 - Has a dry mouth or cries without tears
 - Is unusually sleepy, drowsy, unresponsive or irritable
 - Has a sunken appearance to the abdomen, eyes or cheeks
 - Has skin that does not flatten if pinched and released
-

In this life we are all just walking up the mountain, and we can sing as we climb or we can complain about our sore feet. Whichever we choose we still have gotta do the hike. I decided a long time ago that singing made a lot more sense.

Mindful Christianity Today

To Travel or Not.... - Sue Rizvi, Metro Maryland OA, 6/2020

The May/June newsletter often includes travel stories and travel tips for ostomates. Sadly, due to the coronavirus outbreak we cannot travel now. Many of us, age 60+, are now called by the government, "elderly, old." Though we consider ourselves young at heart and want to travel it is not advised until we are assured by the medical experts it is safe to do so.

In the meantime, finding ourselves spending more time at home during the virus, our libraries are not open, and the TV is probably on more than we would like. Why not tune in to the *Travel Channel* or online Ricksteves.com or search "travel experiences" on Google or YouTube. Why not check your own bookshelves for items you have stored away about your previous trips and relive those pleasant memories? □

Ways to Strengthen Your Immune System and Fight Off Disease - Harvard Health Publishing, Harvard Medical school, updated April 6, 2020.

How can you improve your immune system? On the whole, your immune system does a remarkable job of defending you against disease-causing microorganisms. But sometimes it fails: a germ invades successfully and makes you sick. Is it possible to intervene in this process and boost your immune system? What if you improve your diet? Take certain vitamins or herbal preparations? Make other lifestyle changes in the hope of producing a near-perfect immune response?

What can you do to boost your immune system? The idea of boosting your immunity is enticing, but the ability to do so has proved elusive for several reasons. The immune system is precisely that — a system, not a single entity. To function well, it requires balance and harmony. There is still much that researchers do not know about the intricacies and interconnectedness of the immune response. For now, there are no scientifically proven direct links between lifestyle and enhanced immune function.

But that does not mean the effects of lifestyle on the immune system are not intriguing and should not be studied. Researchers are exploring the effects of diet, exercise, age, psychological stress, and other factors on the immune response, both in animals and in humans. In the meantime, healthy-living strategies are a good way to start giving your immune system the upper hand.

Your first line of defense is to choose a healthy lifestyle. Following general good-health guidelines is the single best step you can take toward naturally keeping your immune system strong and healthy. Every part of your body, including your immune system, functions better when protected from environmental assaults and bolstered by healthy-living strategies such as these:

- Do not smoke.
- Eat a diet high in fruits and vegetables.
- Exercise regularly.
- Maintain a healthy weight.
- If you drink alcohol, drink only in moderation.
- Get adequate sleep.
- Take steps to avoid infection, such as washing your hands frequently and cooking meats thoroughly.
- Try to minimize stress.

Increase immunity the healthy way.

Many products on store shelves claim to boost or support immunity. But the concept of boosting immunity actually makes little sense scientifically. In fact, boosting the number of cells in your body — immune cells or others — is not necessarily a good thing. For example, athletes who engage in "blood doping" — pumping blood into their systems to boost their number of blood cells and enhance their performance — run the risk of strokes.

Attempting to boost the cells of your immune system is especially complicated because there are so many different kinds of cells in the immune system that respond to so many different microbes in so many ways. Which cells should you boost, and to what number? So far, scientists do not know the answer. What is known is that the body is continually generating immune cells. Certainly it produces many more lymphocytes than it can possibly use. The extra cells remove themselves through a natural process of cell death called apoptosis — some before they see any action, some after the battle is won. No one knows how many cells or what the best mix of cells the immune system needs to function at its optimum level.

Immune system and age.

As we age, our immune response capability becomes reduced, which in turn contributes to more infections and more cancer. As life expectancy in developed countries has increased, so too has the incidence of age-related conditions.

While some people age healthily, the conclusion of many studies is that, compared with younger people, the elderly are more likely to contract infectious diseases and, even more importantly, more likely to die from them. Respiratory infections, influenza, the COVID-19 Virus, and particularly pneumonia, are a leading cause of death in people over 65 years worldwide. No one knows for sure why this happens, but some scientists observe that this increased risk correlates with a decrease in T cells, possibly from the thymus atrophying with age and producing fewer T cells to fight off infection. Whether this decrease in thymus function explains the drop in T cells or whether other changes play a role is not fully understood. Others are interested in whether the bone marrow becomes less efficient at producing the stem cells that give rise to the cells of the immune system.

A reduction in immune response to infections has been demonstrated by older people's response to vaccines. For example, studies of influenza vaccines have shown that for people over age 65, the vaccine is less effective compared to healthy children (over age 2). But despite the reduction in efficacy, vaccinations for influenza and *S. pneumoniae* have significantly lowered the rates of sickness and death in older people when compared with no vaccination.

There appears to be a connection between nutrition and immunity in the elderly. A form of malnutrition that is surprisingly common even in affluent countries is known as "micronutrient malnutrition." Micronutrient malnutrition, in which a person is deficient in some essential vitamins and trace minerals that are obtained from or supplemented by diet, can happen in the elderly. Older people tend to eat less and often have less variety in their diets. One important question is whether dietary supplements may help older people maintain a healthier immune system. Older people should discuss this question with their doctor.

Note: This topic will be continued in the next issue.

What is a Good Ileostomy Diet? (I Don't Eat Meat or Poultry, and I'm Having Constipation Problems.) *From Jennifer K. Nelson, R.D., L.D.*

Your dietary needs and tolerances will depend on how much healthy small intestine remains and how much time has passed since your surgery.

Your intestine adapts and functions better with time after surgery. In addition, the type of ileostomy will play a role — whether no collection appliance is needed after your surgery (continent ileostomy) or a collection appliance is worn (incontinent ileostomy).

The types and amounts of food you eat and beverages you drink also play a role. With these points in mind, here are some general guidelines:

The first few weeks to a month after surgery, you'll likely be advised to eat a diet that is low in roughage. Limiting roughage allows the intestine time to heal and prevents blockage due to swelling. Foods with roughage include whole grains, raw vegetables and fresh fruit. Pediatric hydration beverages (Pedialyte) or diluted electrolyte beverages, such as Gatorade, Powerade or Ceralyte, contain sodium, are hydrating and are helpful immediately after surgery.

- Eat meals at regular times, eat more slowly, and chew well. Also, avoid skipping meals or overeating. These efforts help your remaining intestine digest food, reduce gas, improve "regularity" and control output.
- Over time you will find that you can resume a more normal diet and you will learn which foods tend to be constipating, which may have more of a laxative effect, and which cause stool to change color, or cause gas or odor. This varies according to the individual and the length of small intestine remaining.
- If your stool is very thick, some dietary changes may help. Stool-thinning foods may include grape juice, apple juice and prune juice. Some people also find that cooked vegetables and some canned fruit are helpful. Be cautious with foods that are constipating. For some people these include applesauce, banana, cheese, potatoes, pasta, rice and peanut butter.
- Make sure to drink at least eight 8-ounce glasses of fluid a day. Water is best.

When stool is too thick to easily pass out of the body, pay attention to the balance between stool-thickening foods and the amount of fluid you are drinking. If these lifestyle changes do not help, check back with your surgeon or gastroenterologist.

Talking with a dietitian also may be indicated. □



HOSPITAL AND WOC NURSES

MARYLAND:

ANNE ARUNDEL - Annapolis – 443-481-5508
Michelle Perkins, RN, Jennifer Davis, RN & Joyce Onken, RN
CHESAPEAKE-POTOMAC HOMEHEALTH AGENCY, Clinton;
1-800-656-4343 x227 or 301-274-9000 x227
DOCTORS' COMMUNITY - Lanham – 301-552-8118 x 8530
Ellyce Green, RN
HOLY CROSS - Silver Spring – 301-754-7295
Rezia Lake, WOCN, Agya Gautam, RN
HOWARD COUNTY GENERAL - Columbia - 410-740-3160
MEDSTAR MONTGOMERY MEDICAL CENTER - 301-774-8731
WOCNs: Carolyn D'Avis, Patricia Malone, Carolyn Carroza
MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER-
Clinton MD – Lucy Jupierrez, RN - 301-877-5788
NAT'L INSTITUTES OF HEALTH - Bethesda - 301- 451-1265
CWOCNs: Karen C Chandler-Axelrod & Quinn Cassidy
PRINCE GEORGES - Cheverly - 301-618-2000 or 301-618-6462
SHADY GROVE ADVENTIST – Rockville - 240-826-6106
WOCNs at Wound Center: Sue Hilton, Shay Jordan, Anita Wong, and Raquel Wilson.
Cancer Care Navigator – 240-826-6297
SUBURBAN - Bethesda - 301-896-3050 - *Melba Graves, WOCN*
ADVENTIST HEALTHCARE – White Oak - 240-637-4000
WOCNs: Barbara Aronson-Cook, Carol Caneda – 240-637-5908

FOR MILITARY ONLY:

MALCOLM GROW MED CTR, ANDREWS AFB –
Suitland, MD, Phone 240-857-5911/3083
BETHESDA NAVAL/ WALTER REED NATIONAL MILITARY
MEDICAL CENTER - Bethesda, MD - 301-319-8983/4288
WOCNs: Paz Aquino & Sharon May; Dawn Ford, WOCN
V.A. MEDICAL CTR - Washington. D.C., 202-745-8000/8495/93
Page WOCNs: Leslie Rowan, Natalie Tukpak

WASHINGTON DC:

CHILDREN'S NATIONAL - 202-476-5086
June Amling, CWON, Heather Lee, WOCN
GEORGE WASHINGTON UNIV- 202-715-4325
Kathleen Kerntke, CWOCN, Jacqueline Rufo, CWOCN
MEDSTAR GEORGETOWN UNIV - 202-444-2801
Page WOCNs Elizabeth Keller, Kimberly Mauck, Anne McArdle
HOWARD UNIVERSITY - 202-865-6100 ext. 1105
Ann Cole, RN
NATIONAL REHABILITATION - 202-877-1186
WOCNs: Carolyn Sorensen, part time: Carolyn Corazza, Carolyn D'Avis. Send mailings c/o: STE G084
SIBLEY MEMORIAL - 202-689-9931
WOCNs: Dorothy Shi & Barbara Kebodeaux
BRIDGEPOINT HOSPITAL CAPITOL HILL (formerly Capitol Hill Hospital) is a nursing home with long term acute care beds.
Wound Care Dept. 202-546-5700, ext. 2140
UNITED MEDICAL CENTER (UMC) – 202-574-6150
Donna Johnson, WOCN
MEDSTAR WASHINGTON HOSPITAL CTR – 202-877-7103
Page WOCNs: Maura Fitzpatrick, Simcha Gratz, Hilary Hancock, Michelle Radawiec & Beverly Styles – 202-877-5395

OUTPATIENT OSTOMY CLINICS

REMINDER: A doctor's referral is required to take with you to be faxed to the clinic before your visit. Be sure your referral covers additional visits with the nurse if that might be needed. This will help with your insurance coverage.

Carroll County Hospital Wound Care Center

410-871-6334

Frederick Memorial Hospital Wound Care Center

400 West Seventh St., 240-566-3840

Holy Cross Hospital

Temporarily there is no Outpatient Clinic

Adventist Healthcare White Oak Wound Clinic

240-637-5908

Shady Grove Adventist Wound Center

Two weeks behind in booking due to 2 WOCNs out on leave.

9901 Medical Center Dr
Rockville, MD 20850
Tuesday and Wednesday
By Appointment Only - Call 240-826-6106

George Washington University Hospital - Main Level

Monday thru Friday, 8:00 a.m.-4:00 p.m.
By Appointment Only - Call 202-715-5065 or 5081

Medstar Georgetown University Hospital

Thursday mornings, 8:30 AM to 12:30 PM.
4th floor, Pasquerilla Healthcare Center
For appointment, call 202-444-5365.
** Anne E. McArdle, NP, WOCN is able to write orders. A patient does NOT need an MD RX order to go to this clinic. But for insurance coverage, contact your insurance company.

Medstar Washington Hospital Center

Surgical Clinic/Ostomy Care,
Ground. Level, Rm GA48
Wednesdays, 12:30 PM to 4:30 PM
By Appointment Only - Call 202-877-7103

THE MID-ATLANTIC'S LARGEST OSTOMY DEALER

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Supporter Information with Donation to Metro Maryland Ostomy Association

Today's Date _____

Name _____ Birth Date _____

Street Address _____ Occupation _____

City _____ State _____ Zip Code _____ Spouse Name _____

Home Phone _____ Cell Phone _____ Email _____

Type of Ostomy: Colostomy ___ Ileostomy ___ Urostomy ___ J-Pouch/Pull-thru ___

Continent Ileostomy ___ Continent Urostomy ___ Urinary Diversion ___ Other _____

Date of Surgery _____

Reason for Surgery: Crohn's ___ Ulcerative Colitis ___ Cancer ___ Birth defect ___ Other _____

We have no membership dues. We do remind you to donate whatever amount you wish.
 You may donate any time of year! All Donations are gratefully accepted and are Tax-Deductible.

Send Check to: Metro Maryland Ostomy Association
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