46 Years Working with Ostomates

March/April 2020
Volume 46 Issue 4

Metro Maryland Ostomy Association, Inc.

Phone: 301-946-6661
E-mail: info@MarylandOstomy.org
WEB: www.MarylandOstomy.org

15800 Crabbs Branch Way
Suite 300
Rockville, MD 20855

Dear Metro Maryland Supporters,

If we had no winter, the spring
would not be so pleasant:
If we did not sometimes
taste of adversity,
Prosperity would not be so welcome.

Anne Bradstreet 1612-1672

March 8 is our next meeting date. Day Light Saving Time also begins that Sunday. Remember to "Spring Forward" so you are not late to the meeting. You will not want to miss Ann Sloane, LCSW-C who will lead the discussion, "Tapping into Resilience."

As you know, our February speaker Jearlean Taylor had to reschedule her inspirational and motivational message as a double ostomate to June 14. And our January speaker Dr. Alison Ehrlich, dermatologist, has rescheduled to our October 11 meeting. Mark your calendars for these dates.

Other important monthly topics are: Colorectal Cancer Awareness Month in March and WOC Nurse Appreciation Week is April 12-18. "Ostomates in Action" is May 1-3. Take advantage of this local Conference in Sterling, VA. The workshop sessions occur on Saturday, May 2. See more info on page 2.

Have you "Thanked" a WOCNurse lately? Metro Maryland Ostomy Association has been blessed with very dedicated and loyal WOCNurses throughout our 46 years. Their support has enabled MMOA to continue to serve hundreds of ostomates.

MMOA Board Members

In This Issue …

**** When there is BAD WEATHER, go to WTOP website, NOT RADIO. Click on "Closings and Delays" for meeting info. @ https://wtop.com/weather**

"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.

Upcoming Meetings at Holy Cross:

SUNDAY, March 8, 2020 - 12:00 Noon

Ann Sloane, LCSW-C
Health and Medical Illness Counseling
"Tapping into Resilience: A Discussion"

* * * * * *

NO MEETING in April
Due to Easter Sunday

* * * * * *

NO MEETING in MAY
Due to Mother's Day

* * * * * *

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)

~ ~ ~ ~ ~ ~ ~

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
President Emeritus & Founder ..... Horace Saunders
Vice President ..... Michele Gibbs
Secretary..... Needed
Treasurer..... Noel Eldridge

Board of Directors:
Chairman ..... Paul Hudes

Sherri Alston	Mildred Carter	Cary Dawson
Noel Eldridge	Michele Gibbs	Rosemary Kennedy
William King	Yolande Langbehn	Marty Noretsky
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

SAVE the DATE

Ostomy Support Group of Northern Virginia, LLC (OSGNV, LLC)
and its satellite
Mary Washington Healthcare
Ostomy Connections Support Group,
Fredericksburg, Virginia
at the
Holiday Inn Washington Dulles International Airport
Sterling, Virginia 20166
May 1-3, 2020

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---Sunday
Registration begins 4:00 PM Friday, May 1
Conference begins at 6:30 PM Friday
and ends at noon on Sunday, May 3rd

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

Check out Suburban Hospital 2020 Well Works Calendar of Events at
events.suburbanhospital.org

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.

John Andretti's Cancer Test Turns into Testimony – *by WTHR Sports Director Dave Calabro, Concord NC (WTHR)*

Nothing is probably "routine" for a race car driver - especially for an Andretti. They spend their lives preparing for any kind of scenario. But when 54-year-old race car driver, John Andretti went to a doctor's appointment for a "routine" colonoscopy, doctors gave him a diagnosis he had not prepared for. During that January visit, doctors told John he had Stage 3 colon cancer. They quickly scheduled a surgery to remove 12-14 inches of his colon. As he healed from that surgery and went back for check-ups, he told doctors about a pain in his side. Doctors discovered the cancer had spread to his liver.

"Now I'm a Stage 4A. There is only a Stage 4B from my understanding, so I'm not really excited about that. But the good news is that we are still on the side that has a good chance of being cured," Andretti explained. Andretti is always an optimist. He's a giver; he's a helper; he's a rock-solid friend; a loving father and husband and certainly a fierce competitor. All of those qualities will help him in this race.

"We're in it to win it, but this is one race I can't lose," Andretti says. John raced in 12 Indianapolis 500s and spent 17 years in NASCAR. He had an amazing career. He has a wife of 30 years and 3 children. Now he's reflecting back on all that as he looks ahead to chemotherapy treatments and another surgery. Andretti and his wife, Nancy, now spend hours in the Levine Cancer Institute in Concord, North Carolina where John gets chemotherapy. He invited Dave Calabro to go with him to one of those treatments.

"Do you get mad at God?" Calabro asked, "Are you at a point where you're frustrated, why me? You do so much good, I'm wondering how you're processing this," Calabro asked as he watched the chemo pump into Andretti's body.

Andretti had a matter-of-fact answer, "I'm an older guy. At this stage of my life, if it was going to happen, now is better. You look at these kids... I've done all my stuff. I've got a lot of things I love to do." The "kids" Andretti is talking about are the children for whom he has spent years bringing smiles to their faces in Riley Hospital for Children and St Jude Children's Research Hospital. John has seen what they go through. That's why he dedicated so much of his own personal time and money over the years – to raise their spirits with visits, and to raise money to help find ways to heal them.

"When you see them, it tears you apart. And it also motivates you and inspires you because of the attitude they have. You know, I can't be down or resentful. It's just the way life is," said Andretti. Andretti told Calabro he *is* scared of what's happening to his body. He will have surgery in June to remove the cancerous portion of his liver. But first, he will walk his daughter, Olivia, down the aisle for her June wedding.

The chemo isn't killing Andretti's sense of humor. "Chemo sucks a lot," Andretti says honestly with a laugh, "I don't think anybody walks out saying 'Man this is great. Give me more!'" His body is feeling the effects of the treatments. And he thinks about the future.

"Are you scared," Calabro asked him. "Initially when it happened, no," Andretti reflected, "But as things have progressively gotten worse, yeah. To be honest it's out of my control." The diagnosis weighs on his mind, but he finds ways to lighten spirits. "I'm gonna have skinny arms, skinny legs and be bald. I'll be perfect!" he laughs. As Andretti openly talks about his cancer for the first time, he has a powerful, personal message for others who may also be putting off a colonoscopy: "Don't wait!"

"You know how much I really did not want to talk about this or do this, because I do not want it to be a story about me. I'm more worried about Riley and St Jude and other kids and helping them. But the way to help your family is if you do not do it for you, do it for your family. Because everybody's life that you affect, that you're a part of, I think is really important," said Andretti.

John wants to help save lives and raise awareness. If his story convinces you to get a screening or learn more about colonoscopy health guidelines, let him and us know. Use the hashtag #CheckIt4Andretti. John encouraged Dave Calabro to get a colonoscopy. Calabro is the same age as Andretti, 54. Both men put their routine screening off four years from the recommended age of 50. Calabro is glad he finally got a colonoscopy. Doctors found and removed two pre-cancerous polyps.

(John Andretti died January 30, 2020 at the age of 56 from colon cancer.) □

Colorectal Cancer No Longer an Older Person's Disease *-Johns Hopkins Health, Winter 2013, Metro MD*

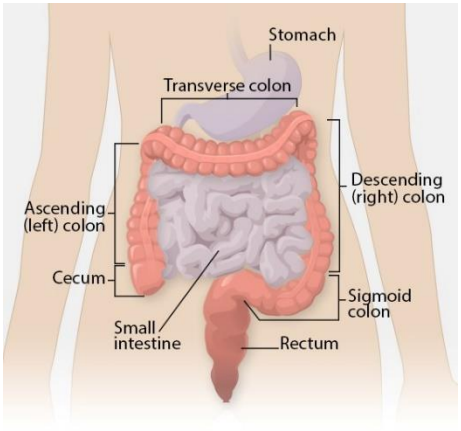
Doctors are seeing an increase in colorectal cancer cases among people younger than 50, the typical age to begin screening. "Nobody knows for sure why," says Sandy Fang, M.D., a colorectal surgeon at Johns Hopkins, "but it's probably a combination of things." Fang points to possible risk factors: a family history of colorectal cancer, inflammatory bowel disease, and lifestyle patterns such as low-fiber diet, excessive intake of red meat, obesity and lack of exercise.

The disease has risen in people ages 18 to 49 with the rates going up more than 2% between 1998 and 2007 according to the National Cancer Institute. Younger people are often misdiagnosed because symptoms of colorectal cancer – rectal bleeding, abdominal pain and change in bowel habits, diarrhea, and anemia - can point to many other disorders, and doctors do not always consider colorectal cancer because of the patient's age. When the disease is diagnosed it is usually advanced because the younger

person has not sought care quickly. Therefore, the treatments are more extensive and costly.

Minimizing risks:

- Be proactive when signs of colorectal cancer are recognized regardless of age.
- A family history of colorectal cancer; start screening 10 years before the diagnosis of the youngest affected member.
- Lynch syndrome, a hereditary cancer; start colonoscopies at age 21 and then every 3 years.
- Familial adenomatous polyposis, benign growths that are likely to develop into cancer; start colonoscopies in teen years every one to two years.



Take Action to Remove Barriers to Colorectal Cancer Screening – *from UOAA, Ambulatory Surgery Center Association, ASCA, Congress.Gov*

Colorectal cancer often has no warning signs or symptoms, and it affects more than 140,000 men and women each year. It is largely preventable with screening and it is treatable if caught early.

On March 6, 2019 Senators Sherrod Brown (D-OH), Roger Wicker (R-MS), Ben Cardin (D-MD) and Susan Collins (R-ME); and Representatives Donald Payne, Jr. (D-NJ), Rodney Davis (R-IL), Donald McEachin (D-VA) and David McKinley (R-WV) introduced a bill: *Removing Barriers to Colorectal Cancer Screening Act (S668/H.R.1570).* This act would fix a problem in Medicare that is a major deterrent to senior citizens getting screened. Currently, Medicare covers screening colonoscopies at no cost to the patient, but if polyps are removed during the screening procedure, beneficiaries are hit with unexpected costs. Ouch! This bill waives Medicare coinsurance requirements with respect to colorectal cancer screening tests, regardless of the code billed for a resulting diagnosis or procedure. In 2017 *The Removing Barriers to Colorectal Cancer Screening Act of 2017* (at the time a different number: H.R. 1017/S. 479), was sponsored by US Representatives Charlie Dent (R-PA) and Donald Payne, J.R. (N-NJ).

Finally, as of September 2019 there are 295 co-sponsors in the House and 52 in the Senate. Here are those sponsoring from Congress in MD and VA

Maryland:

Rep. Ruppersberger, C. A. Dutch [D-MD-2], Rep. Brown, Anthony G. [D-MD-4], Rep. Raskin, Jamie [D-MD-8], Rep. Harris, Andy [R-MD-1], Rep. Trone, David J. [D-MD-6], Rep. Sarbanes, John P. [D-MD-3], Rep. Cummings, Elijah E. [D-MD-7]

Virginia:

Rep. McEachin, A. Donald [D-VA-4], Rep. Scott, Robert C. "Bobby" [D-VA-3], Rep. Connolly, Gerald E. [D-VA-11], Rep. Wittman, Robert J. [R-VA-1], Rep. Luria, Elaine G. [D-VA-2], Rep. Wexton, Jennifer [D-VA-10], Rep. Spanberger, Abigail Davis [D-VA-7], Rep. Beyer, Donald S., Jr. [D-VA-8]

This act will provide many benefits to patients, including the removal of unexpected costs and limiting the financial restraints that discourage many people from getting this screening.

Background:

- According to the American Cancer Society, deaths from colorectal cancer have been declining for more than two decades, mostly because of screenings, including colonoscopies and other tests.
- The United States Preventive Services Task Force guidelines call for individuals of average risk of colon cancer between the ages of 50 and 75 to be screened, but only about half in the US are screened as recommended.
- According to the Centers for Disease Control and Prevention (CDC), colon cancer remains the leading cause of cancer death among nonsmokers. The CDC estimates that if all precancerous polyps were identified and removed before becoming cancerous, the number of new colorectal cancer cases could be reduced by 76 to 90 percent.

Legislation:

- Under current law, Medicare waives coinsurance and deductibles for colonoscopies. When a polyp is discovered and removed, the procedure is reclassified as therapeutic for Medicare billing purposes and patients are required to pay the coinsurance. This bill would eliminate unexpected costs for Medicare beneficiaries when a polyp is discovered and removed, ensuring that unexpected copays do not deter a patient from having the screening performed.
- By eliminating financial barriers, this legislation would attain higher screening rates and reduce the incidence of colorectal cancer.

Preventive care services allow medical problems to be discovered and treated earlier, saving money for Medicare, insurers and patients and, more importantly, saving lives. Colorectal cancer is a preventable disease. Nevertheless, it continues to kill 50,000 Americans each year.

Important Helpful Hints – *Broward Beacon FL, Nov. 2017*

The urostomy group shared social and emotional issues. They found it was good to share in order to increase their courage to confront and deal with barriers to leading a full life. A reliable support system is key to maintaining quality of life.

The colostomy group discussed unique challenges as well. Grape juice is found to be an effective stool softener. A black paper clamp available at the Dollar Store is a good substitute for an ostomy clamp when finger strength and dexterity is an issue. Press'N'Seal found in the plastic wrap /aluminum foil aisle at the grocer is effective in keeping the pouch dry in the shower. The sticky side easily sticks to the skin and is subsequently easily removed after the shower. It was also recommended to call the 1-800 numbers of the suppliers for recommendations when problems arise. See page 2 to find their phone numbers.

The ileostomy group consisted of novices to the proficient. They discussed that the usual wear time for their pouches was 5 to 7 days. This is an individual thing – no two people are alike and no two people have the same needs and body type. Wear time is often related to what is eaten during the course of the day as well as temperature, activity, sweating, etc. What is normal for one person is not normal for another.

Hydration was a big issue for most. It was suggested to drink slowly to prevent "dumping" of more output. Lynn had been to a nutritional conference where she learned about "Trioral" for rehydration. It is available on Amazon. The flavor needs masking as it is not palatable. Lynn did say that one liter of this per day replaces fluids and electrolytes better than Gatorade. Gatorade has a lot of sugar which increases output. G-2 has less sugar. Pedialyte is even better than Gatorade or G-2. The bad thing about getting so dehydrated is that if one goes to the hospital for IV fluids, their veins are difficult to cannulate because they are so dry. Imodium is the antidiarrhea medication of choice to limit output for special trips, lengthy testing, or special occasions. Marshmallows are also taken orally to help decrease output but are pure sugar. There are also high output pouches that can be used if one is in a situation that frequent restroom stops are out of the question.

Wendy (President & Editor) informed us that sometimes if your peristomal skin itches, it can be due to either a leak or dehydration. Drink a glass of water first and see if itching subsides. For emptying pouches, some people sit backwards on the toilet to provide for more available room. Toilet paper in the bowl prevents splashing. What about spouses and how to handle middle of the night leaks? Some sleep on king size beds. Some wrap a cloth or "chux" around the pouch to contain the leak.

When the two husbands present were asked how important an ostomy was as an issue in marrying someone, they both admitted it made no difference at all.

One member also informed her group that she wears a body suit with reinforcement rings placed by Nu-Hope (an ostomy pouch manufacturer who customizes hernia belts, etc.). She also wears maternity slacks for extra support. □

Constipation - *Vancouver Ostomy HighLife, Winnieg Inside/Out, 2016 via Regina SK, Canada*

You might not think that someone with a colostomy could become constipated, but it can happen. Most of the time mild constipation will sort itself out on its own so do not take laxatives, etc. right away. It is not a cause for panic if nothing comes out for 24 hours as long as you feel well otherwise. Even if you go longer than 24 hours, as long as you feel well, do not panic.

Think about what may have been different lately to trigger a lack of output—travel and stress can sometimes throw your system off. Try the usual tricks—drinking lots of water, prune juice, eating fruits and veggies. Ground up flax and chia seeds can sometimes help move things along, too. Don't eat dried fruit; such things rob the system of water and are not a solution for constipation. If fluids and diet are not working, you could try a mild stool softener or similar OTC (over the counter) product. If you begin running a fever, feeling nauseous or experiencing abdominal pain, you should see a doctor quickly. □

Bacteria and Your Pouch - *Metro Halifax (NS) News, 2004)/Ottawa Ostomy, 2017 via Regina SK*

Many patients having ostomy surgery worry about bacteria. Those with colostomies and ileostomies ask if their stomas will become infected with the discharge of stool. This is a myth! The stoma is accustomed to the normal bacteria in the intestine. Keep the skin around the area clean and be careful of adjacent wounds. You may want to keep fecal drainage away from the incision. Do not worry about the ostomy becoming infected from normal discharge. Nature has provided well. Our bodies are accustomed to certain bacteria.

The urinary ostomy patient is more likely to be susceptible to infection than the other types of ostomies. Urine is usually sterile. It is important to keep the urinary pouch very clean. On days that it is not changed, it should be rinsed with a solution of 1/3 white vinegar to 2/3 tap water. This can be allowed to run up over the stoma and will also help prevent crystals. The vinegar produces an acid environment in the pouch. Bacteria cannot multiply as readily in an acid condition. Your night drainage pouch should be cleansed daily. White vinegar and water can be used for this too. Perhaps some of you use a special disinfectant or diluted Lysol solution. When the drainage bag has sediment that cannot be removed by cleaning, it should be discarded. Drinking plenty of fluids is important for all ostomates, but especially for the urostomy patient.

Many urologists also prescribe vitamin C to help keep the urine acid and less susceptible to infection (Check with your doctor first, as some persons have reasons that would be exceptions to this). Cranberry juice helps to keep the urine acidic. Ostomy patients should strive to live a normal life, keep fit nutritionally (this helps prevent infection), and drink sufficient fluids. Do not live in fear of infection. □

Longer Colonoscopy Time May Cut Cancer Risk - *Aug. 27, 2015 (HealthDay News Cancer Compass)*

Do not hope for a quick colonoscopy. The longer your screening takes, the less likely you are to get colon cancer, a new study suggests. The findings provide strong evidence to support current guidelines about how long colonoscopies should last, the researchers said. In a colonoscopy, a doctor inserts a thin tube with a tiny camera on it into the patient's colon. After it's fully inserted, the tube is slowly withdrawn, enabling the doctor to carefully examine the lining of the colon for signs of cancer or precancerous growths.

The guidelines state that "normal" colonoscopy withdrawal time is at least six minutes. In a normal colonoscopy, the doctor does not see any abnormalities or remove any tissue samples for biopsy.

Researchers reviewed nearly 77,000 screening colonoscopies performed over six years by 51 gastroenterologists at a large practice in Minnesota. On average, colonoscopy withdrawal times lasted nearly nine minutes, but about 10 percent of the doctors had individual averages of less than six minutes, the investigators found.

Patients whose screenings were performed by doctors whose average colonoscopy withdrawal time lasted less than six minutes were twice as likely to develop colon cancer within five years as those whose doctors' colonoscopy withdrawal time averaged more than six minutes, the findings showed.

Colonoscopy withdrawal times that went beyond eight minutes did not seem to provide an extra reduction in cancer risk.

"Our results support the use of withdrawal time as a quality indicator, as recommended by current guidelines," study lead author Dr. Aasma Shaukat, of the Minneapolis Veterans Affairs Health Care System, said in a VA news release.

The reasons for shorter colonoscopies vary, but "generally, every physician aims to do a complete inspection of the colon lining, regardless of their withdrawal time," Shaukat said.□

The brain simply believes what you tell it most, and what you tell it about yourself is what it will create…
positive or negative.

Why Eat a High-Fiber Diet? – *Mayo Clinic Digestive News*

A high-fiber diet has many benefits, including normalizing bowel movements, helping maintain bowel integrity and health, lowering blood cholesterol levels, and helping control blood sugar levels. A high-fiber diet may also aid in achieving and maintaining a healthy weight. This guide shows how easy it is to create an appealing high-fiber diet. How much fiber do you need to achieve these results? The chart below shows the recommendations for adults from the Institute of Medicine (2012)

- Jump-start your day - Start your day with a high-fiber breakfast cereal — one with 5 or more grams of fiber a serving. Look for cereals with "whole grain," "bran" or "fiber" in the name. Or add a few tablespoons of unprocessed wheat bran to your favorite cereal. Then add some fruit, such as berries. In fact, it is a good strategy to have fruit with every meal.

Daily fiber intake

	Age 50 or younger	Age 51 or older
Men	38 grams	30 grams
Women	25 grams	21 grams

- An easy way to bump up the fiber in your diet is to include more beans and legumes. At 15 grams of fiber, a tasty black bean burger is a smart alternative to a beef burger. Add a whole-grain bun (2 grams fiber) and a piece of fruit, such as an orange, for another three grams. Another easy fiber-boosting option is adding beans to salads and soups.
- Pack a punch with dinner. As you plan dinner, keep in mind that fruits and vegetables should be about half your meal. The other half should be split between lean protein and whole grains. Salads are an easy way to accomplish this. A grilled flank steak salad with roasted corn vinaigrette has 10 grams of fiber. But if eating raw veggies isn't your thing, try adding cooked ones to sauces, soups and stews. For example, toss sautéed vegetables into your whole-wheat spaghetti. Have some fruit for dessert to boost the fiber count.
- Do not forget the snacks. Make your snacks count. Berries are a great source of fiber. Of course, other fresh fruits and vegetables are high-fiber snack options, and so are nuts and low-fat popcorn.
- Here's a sample menu that shows how easy it is to include fiber in your diet. This menu provides about 27 grams of fiber.

Meal	Fiber
Breakfast: Banana-oatmeal hot cakes	3 grams
Lunch: Yellow lentils with spinach and ginger	9 grams
Dinner: Black bean burgers	15 grams

Advocacy at the Maryland State Level for Access to Care and Supplies for Five Years -

Reprinted, Metro Maryland OA, October 2015

Only three states have health insurance mandates covering ostomy supplies: Connecticut, New York**,** and **Maryland**. The new law SB 241, passed by the Governor of Maryland for "insured ostomates," took effect on October 15, 2015. This bill requires any insurer, nonprofit health service plan, or health maintenance organization (collectively known as carriers) that provides hospital, medical, or surgical benefits to also provide coverage for all medically appropriate and necessary equipment and supplies for the treatment of ostomies. The bill applies to all policies and contracts and health benefit plans that are subject to the bill and are issued, delivered, or renewed in the State on or after October 1, 2015. Governor Hogan said, "The majority of bills signed today were passed by both chambers unanimously and ... I am proud to sign bills that ... take the necessary steps to address matters of health and public safety."

The Bill's summary: Medically appropriate and necessary equipment and supplies for the treatment of ostomies includes flanges, collection bags, clamps, irrigation devices, sanitizing products, ostomy rings, ostomy belts, and catheters used for drainage of urostomies. (Thanks to the testimony of Monica Smith of Bladder Cancer Advocacy Network.) Coverage of equipment and supplies used for the treatment of ostomies may be subject to the annual deductibles or coinsurance requirements imposed by a carrier for similar coverages under the same policy or contract. Deductibles or coinsurance requirements may not be greater than what is imposed by the carrier for similar coverages. The bill does not impact the State Employee and Retiree Health and Welfare Benefits Program, nor does it apply to health insurance sold to small businesses.

SB241 also does not apply to a policy or contract issued or delivered by an entity that provides the essential health benefits (EHBs) required under the federal Patient Protection and Affordable Care Act (ACA). Thus, the bill applies only to grandfathered health benefit plans in the individual market and all large group contracts. It does not apply to qualified health plans inside the Maryland Health Benefit Exchange (MHBE), non-grandfathered individual health benefit plans, or non-grandfathered health benefit plans offered to small employers. Medicare Part B covers ostomy supplies and equipment, but only a predetermined maximum quantity per month.

Maryland Medicaid covers all medically necessary disposable medical supplies when ordered by a prescriber. Coverage of ostomy supplies and equipment by health insurance varies by policy. According to the United Ostomy Association of America, most health plans typically cover 80% of the reasonable and customary cost after any applicable deductible is met.

Thanks go to Senator Astle of Anne Arundel County for reintroducing SB241 to the Maryland Senate; Delegate Jeffrey D. Waldstreicher of District 18 in Montgomery County for introducing cross-filed HB781 to the Maryland House and taking the lead on this important issue; Colin Cooke, representing United Ostomy Associations of America (UOAA) for his excellent counsel; and three New York WOCNs who shared information from their experiences in New York.

We are also grateful for two who testified on behalf of Metro Maryland: Margaret Goldberg, President of the National Pressure Ulcer Advisory Panel and Past President of the WOC Nursing Society, sent by UOAA, and Monica Smith, Director of Bladder Cancer Advocacy Network. We are also grateful to Linda Adelson, RN, CWOCN who contacted the Maryland WOCNs for their support and to three members of Metro Maryland who testified: Linda D'Angelo, RN, CWOCN, Mildred Carter and Sue Rizvi and support from Michele Gibbs and Eveline Gwaabe, RN, CWOCN at the hearings in the Senate and the House.

Maryland is only the third state to pass such a law. Connecticut has had one for almost 10 years and New York's law became effective on January 1, 2015. □

IBD and Colon Cancer: How Often Do You Need Screening? *By Mayo Clinic Staff, via Metro MD*

You may be worried about the connection between inflammatory bowel disease (IBD) and colon cancer if you have IBD, which includes Crohn's disease and ulcerative colitis. It's important to understand that IBD does not necessarily lead to colon cancer.

If you have Crohn's disease that affects the lower part of your large intestine (colon), however, this does increase your risk of colon cancer. As a result, you'll need more frequent screening for colon cancer to help diagnose and treat the problem early. In addition, this type of IBD may limit your choices for colon cancer screening.

There are several common colon cancer screening tests — including colonoscopy, virtual colonoscopy (CT colonography), fecal occult blood test and flexible sigmoidoscopy. The best screening test for people with Crohn's disease that affects the lower part of the colon is colonoscopy. This screening test uses a long, flexible and slender tube attached to a video camera and monitor to view your entire colon and rectum. If any suspicious areas are found, your doctor can pass surgical tools through the tube to take tissue samples (biopsies) for analysis.

General colon cancer screening guidelines for people without Crohn's disease call for a colonoscopy every 10 years beginning at age 50. However, depending on how long you've had Crohn's disease and how much of your colon is involved, you may need a colonoscopy as often as every one to two years. Talk to your doctor about the best colon cancer screening schedule for your particular situation.□

HOSPITALS 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
P*age 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 Guevarra*, WOCN*
MEDSTAR GEORGETOWN UNIV - 202-444-2801
Page WOCNs Elizabeth Keller, Kimberly Mauck, Anne McArdle (202-444-5365)
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

- *New* **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 202-715-5302

Medstar Georgetown University Hospital
Wednesday 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

> You can't go back and change the beginning, but you can start where you are and change the ending.
> C. S. Lewis

If you would like to Advertise in our Newsletter
Please call the MMOA office
301-946-6661

Please Support Our Advertisers

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
15800 Crabbs Branch Way, Ste. 300, Rockville, MD 20852
www.marylandostomy.org Telephone: 301-946-6661