



Metro Maryland Ostomy Association, Inc.

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Suite 300
Rockville, MD 20855

Dear Metro Maryland Supporters,

THANK YOU for participating in our Raffle, our only fundraiser, by selling and/or buying tickets! We have noticed that many who do not buy raffle tickets choose to donate at this time of year; many thanks to YOU!

Raffle Winners:

- 1st prize – Madeline G.
- 2nd prize – Beulah W.
- 3rd prize – Greg A.

THANK YOU to the vendors who attended our Holiday Party: Jeff Sacks of Hollister, Lisa Khan of Convatec and Karen Sautter of Northern Pharmacy; and to those unable to be present but who sent samples and information: Coloplast, Celebration Support Belts, Cymed, Stealthbelt, Marlen, Trio, and Grandiff Medical Supplies, a local service in Silver Spring.

THANK YOU to everyone who supported MMOA in 2019 by attending meetings; to our very dedicated WOCNs who join us at Sunday meetings; and to all volunteers. It's a partnership: keeping Metro Maryland ALIVE for present and future ostomates and those with alternate procedures.

It is never too late to secure the future of Metro Maryland. Start your year off on the right foot in January 2020.

**We wish you the happiest and healthiest
2020 New Year!**

MMOA Board Members

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** When there is BAD WEATHER go to WTOP website, NOT RADIO, to see if our meeting is cancelled. Click on "Closings and Delays" @ <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, January 12, 2020 - 12:00 Noon

Alison Ehrlich, MD, MHS, FAAD
Dermatologist
"Update on Stoma Dermatitis"

* * * * *

SUNDAY, February 9, 2020 - 12:00 Noon

Jerlean Taylor
Ostomate and Motivational Speaker
and Author
**"Life Isn't Perfect
but your Outfit Can Be"**

* * * * *

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
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
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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

MMOA can no longer 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 Ave.
Silver Spring, MD 20905
Contact Marilee Tollefson at 301-384-4394 or
marileetollefson@gmail.com

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 available for pick up 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. Remember, 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.



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.

Topics Recently Discussed by Metro Maryland OA, 2019

At our MMOA October and November 2019 meetings we discussed topics of interest to our members with the help of our WOCNs. 1. How seniors manage changing their appliances themselves and/or with the help of others. 2. Presenting a positive attitude. The following articles offer some tips and information that was discussed.

The site, Aging in Place

(<https://www.aginginplace.org/ostomy/>), had an article titled, "Aging With an Ostomy." It stated the average age now of an ostomate is 68.3. Even if you had your ostomy years ago and have handled your stoma just fine since then, you can benefit from new resources as you grow older. Aging, illness, and disability may affect the practical logistics of using your stoma. You may encounter problems in older years due to physical and/or cognitive impairment. Learning the right management strategies and tapping into local and national resources available can help you effectively manage your stoma for years to come.

Know Your Stoma Nurse

A stoma nurse is not limited to helping with postoperative care. He or she is there for you whenever you have questions or issues. Ostomy patients are not usually discharged from their nurses' care, though some do lose touch with their nurse contact as they move on with their lives and become accustomed to caring for their stoma independently. It may not be easy to find the nurse again if problems occur years later, which is why it's better to touch base frequently and sooner than later.

Visiting a stoma clinic periodically can go a long way in preventing problems. Newer, more user-friendly stoma appliances are continually being developed. This is a chance to learn about new advances in stoma care and check to make sure that what you are currently using is working for you. Also, how would we manage visiting nurses should it become necessary to enlist their assistance.

► **MMOA Tip:** A visiting nurse may not always be available when you need one. You may find that a dependable friend or relative can be there in an emergency or to check in once a week to help with changing the equipment. You may know of a registered nurse who is available to help.

► **MMOA Tip:** If you do not change your equipment on the same day each week, mark the change date on your wafer so that you or your care giver will make the change on time.

Monitor Changes in Your Body

After living with your stoma for some time, it is generally easy to recognize its normal appearance and function. Over the years, however, you may miss subtle changes in your skin like wrinkling, soreness, and drying from stoma leakage. This can occur if the stoma appliance does not fit well around the stoma or does not adhere securely to the skin. You may not

notice this new development for a long while. Your stoma nurse can teach you how to appropriately place your appliance onto sagging skin. Standing or sitting upright will stretch the abdominal skin and take care of creases. Watching with a mirror, you can then stretch the skin to completely even out the surface.

► **MMOA Tip:** When vision is a concern use a smaller mirror on a table or the bathroom counter to see close-up, lining up the pouch with your stoma.

► **MMOA Tip:** When finger-strength fails, press the closures and press the pouch onto the barrier (2 piece) on a hard surface to get a better secure lock before putting on the appliance.

► **MMOA TIP:** Use precut flanges/barriers if finger strength is weakened.

► **MMOA Tip:** Aging may also result in less strength in the hands. Arthritis, lessening mobility, or pain in the fingers can make it difficult to put together a two-piece appliance. A one-piece appliance may eliminate the task of stretching a pouch over a faceplate.

Stomas do change in size and shape throughout life and with weight fluctuation. They can become stretched if you put on weight or will also require a change if you experience weight loss. Periodically measure your stoma to watch for changes. Your stoma nurse or stoma clinic may also recommend stoma paste and rings that can protect the skin.

A number of physiological and degenerative changes may prove problematic in older years. Arthritis, memory loss, visual impairment, and new health issues like stroke or Parkinson's disease can also change a stoma's shape and size. Less active sebaceous glands, a decreased immune response, hernias and prolapses also create their own issues. Your stoma nurse can guide you through these changes. Product delivery services can pre-cut flanges, which is helpful for anyone who cannot easily use scissors.

► **MMOA Tip:** The skin over the entire body tends to bruise more easily and heal more slowly as we age. We need to be more careful when removing an appliance. A skin barrier covering the entire area under the appliance, or a very thin application of a skin-care product may help protect the tender skin.

Make Use of All Resources

Along with local nurses and clinics for stoma care, stay aware of local, national, and even international ostomy contacts if you travel abroad. A UOAA Travel Communication Card will help you with TSA screening and customs logistics. The United Ostomy Associations of America is a go-to source of ostomy information, as is the International Ostomy Association (IOA). The Crohns and Colitis Foundation of America, and American Cancer Society, as well as nonprofits related to specific medical conditions, can help you with information and support resources along the way. "Assisted care facilities can fill in the gaps that happen when only one person is caring for an aging loved one with an ostomy," from a residential care facility to help manage ostomy needs in California.

A Final Word

Starting now and in years to come, your attitude affects how you live with your ostomy. Think of it as a different way to do something you have done all your life: eliminate waste. There's no reason you can't live a normal, fulfilling life after an ostomy procedure. Properly caring for your stoma as you age, and making proper adjustments, can prevent infections and maintain your dignity and comfort. □

Broken Wrist with an Ostomy – by Stephanie Hughes, *The Stolen Colon, her blog*; excerpted by MMOA

I am a writer, an ostomate, a triathlete and a mom. My first cycling incident happened when I shifted, my chain locked up. I thought it had actually come off at the time, but either way, I had to stop. I had to step off towards the shoulder, but there wasn't any shoulder... only a ditch. I did catch a break. In my radius and ulna.

Here's a picture the week that I had it. This cast is nothing compared to the splint I had on for the first week after I broke my wrist. You can't tell from this picture how obtrusive this thing was. It wrapped around my elbow and extended all the way passed my knuckles. Once I had it wrapped around my arm, one of my first thoughts was, "how am I going to deal with my ostomy with this on?"

Thankfully I had just put on a new bag the day before. I was praying the whole week that the bag would last until I got the splint off. I didn't know how I would deal with the daily issues or with changing the bag once I had the cast on. (Yes, the bag did last me a whole week until the splint was off.... honestly, I don't know what I would have done if it hadn't lasted.)

I had to be very careful with emptying the bag that first week. I had little use of my right hand/arm and you really do need two hands to empty the bag. Basically, I used my right hand to keep the bag in place while using the left to push out the contents. Cleaning the end was more precarious and I'm not going to pretend that I didn't make a mess at times, but it was doable.

Once I got the cast on the next week, things were a bit easier. I had more control over my fingers and could move my elbow, too. Getting everything out with only one hand is still a bit difficult, but I could manage. The bigger issue was once the bag change came up. I don't order pre-cut bags because the ones I have tried hadn't fit quite right, so I still have to cut the opening every time. Now, I've gotten pretty good at doing most things with my left hand, but even after more than a month, I still couldn't figure out how to use scissors with my left hand. (Most scissors are difficult to use with the opposite hand.)

So that first time I had to change, I had my husband cut the opening. Bless his heart, it was a pretty jagged opening. I was able to smooth it out some, but I decided to do it myself from them on. It was still difficult because I could close the scissors with my right hand but I couldn't open them. I would have to open with my

left hand and close with my right hand for each cut. (Frustrating!) But there was a point where I could do it all with my right hand.

Outside of the cutting, it really hasn't been that difficult to change the bag. It took a little time to get accustomed to using my left hand to clean the area and put on the paste, but I had it under control. I do like to cup my hands over the bag right after I put it on to help it adhere better, and that's hard to do with one hand, but not a big deal.

So, all in all, it took some getting used to and had been annoying, but taking care of my ostomy was manageable with a broken wrist. □

Coping Styles of Older Adults with Ostomies -

Journal of Gerontological Nursing 28(5):30-6 · June 2002

Various clinical studies throughout the years have shown that individuals with ostomies are a unique group facing adjustment demands. One of the most important challenges for an individual with an ostomy is coping with the physiological and psychological changes. The purpose of this study was to describe coping styles of older adults after undergoing ostomy surgery and to explore its helpfulness in dealing with the stressors related to having an ostomy. Lazarus and Folkman's theory on stress and coping was used as the framework to guide this study. A sample of 27 participants ranging from age 50 to 84 years was obtained from an ostomy association in southeastern Louisiana.

Participants were asked to complete a demographic data form and the Revised Jalowiec Coping Scale. Results demonstrated that the optimistic and self-reliant styles of coping were the most frequently used as effective styles for coping with an ostomy. This indicated a positive outlook and dependence on oneself rather than on others when coping with the stressors of having an ostomy.

There were no statistically significant differences related to gender or ostomy type. Also, aging did not appear to be a factor when considering coping styles of older adults with ostomies. The nursing role should include assessment of the individual preoperatively to identify fears, concerns, and stressors related to having an ostomy. Also, nurses can provide education on disease management, assist with identification of ineffective coping mechanisms, and promote effective coping skills and stress management techniques.

<https://www.researchgate.net/> □

**When one door closes, another opens.
But often we look so long, so regretfully,
upon the closed door, that we fail to see
the one that is opened for us.**

~ Helen Keller



Holiday Party 2019



RESOLUTIONS for the NEW YEAR

Great exercise tips and healthy eating habits can be found at:
mayoclinicdietproduct@everydayhealth.com

"Make a list of healthy foods to buy and avoid shopping for food when you're hungry. Shopping with a grocery list of healthy items will help you curb impulse purchases." — Adamarie Multari, M.D.

"You are not yourself when you are hungry."



Dementia Stoma Care by R.S. Elvey, from UOAA

Caring for an ostomy can often be a frustrating and challenging experience at any age. But combine advanced age and dementia and it becomes even more of a challenge for caregivers and loved ones. According to the Population Reference Bureau, the number of Americans 65 and older will gradually increase from 15% of our population to 24% by 2050. With this growth has come a rise in existing and new ostomies combined with Alzheimer's or other dementias. The Alzheimer's Association of America reports in their 2017 Alzheimer's Disease Facts and Figures report, "Of the estimated 5.5 million Americans with Alzheimer's dementia in 2017, 5.3 million are age 65 and older." The association predicts a half a million new cases of Alzheimer's dementia will develop annually.

This explosive growth in new cases of dementia is putting an enormous strain on family caregivers. The Family Caregiver Alliance estimates, "44 million Americans age 18 and older provide unpaid assistance and support to older adults with disabilities who live in the community." These caregivers often have little or no preparation or support in caring for people with disabilities such as stoma care. They become weary and worn out. In an online forum, an anonymous writer expressed her frustration about caring for her mother's stoma as follows, "I am TIRED of it. I need someone to take over dealing with an ostomy and ordering the correct supplies for her, etc... And I am just going to make whatever decisions seem right regarding her bladder care, as I find out more info. I really wanted to yell at her tonight and that makes me feel like a terrible, awful person. I didn't, but I did get a little firm."

Studies have shown that family caregivers who provide care to family members with chronic and disabling conditions are also putting themselves at risk of developing emotional and physical health problems. When seeking stoma care information, caregivers often participate in online chat rooms and forums for anecdotal advice. Additionally, visiting nurses with wound and ostomy training often make home visits and teach ostomy care. But when they leave the caregiver is often faced with ever-changing challenges as their loved one's dementia worsens. Most often they face the challenge of not knowing when a pouch needs to be emptied, appliances being ripped off by their loved one or attempts to empty and change the appliance that miss the mark and require massive cleanups.

Realizing the complexity of stoma care and dementia and the pressure it causes to caregivers, the Colostomy Association of the United Kingdom and the Dementia Association of the United Kingdom combined to issue a twelve-page downloadable leaflet at www.dementiauk.org entitled, "Caring for a person with a stoma and dementia." They readily recognize that not all persons with dementia will profit from learning to care for their stoma. But where it is possible

a person should be encouraged to participate in their own stoma maintenance.

The leaflet's content is based on input from health professionals who care for ostomates with dementia and a stoma. A few of the hints and tips included in the publication are:

- "People with dementia who are actively involved in changing their bags should be encouraged to wear gloves. This reduces the risk of infection, feces under the nails and fecal spreading."
- "Some people with dementia who require their bag to be changed for them might resist. In these cases, distraction could help. For instance, encouraging the person to clean their teeth or brush their hair during the process might be helpful. Standing the person in front of a mirror so they can focus on the task they are performing and not the bag change can help."
- "Bag choice is important. One-piece bags with pre-cut aperture have the advantage of being uncomplicated for both person and caregiver. Two-piece bags, where the flange can remain in situ for up to three days, helps protect the skin where frequent changes are necessary."

Individual and professional caregivers also provide additional advice based on their experiences. Many staff who work in nursing homes put a plastic bag over the pouch so that in case of any leakage, there won't be a much larger incident. Many persons with Alzheimer's or other dementias either pick or rip off their pouches. To prevent this from happening, many caregivers dress their loved ones in special clothing that has no openings in the front but still gives the appearance of normal clothing. One source for this type of clothing is Buck and Buck. Their online catalogue features adaptive clothing by gender and condition. Lastly, in this smartphone age there is even an app that might help. 11 Health has created the Alfred Alert Sensor. The sensor is applied to the pouch at a point where it should be emptied. When that point is reached it connects by Bluetooth wireless technology to the Alfred Alert app on your smartphone to tell you when to empty. The app can also capture patient output volume over a period of time. The data is stored in a HIPAA compliant cloud server where it can be shared by medical professionals and family members.

In the final analysis, caring for a loved one with dementia is a joint effort between the person with dementia, their loved ones, their medical consultants and other professional caregivers. See Helpful hints for care givers at:

<https://www.agingcare.com/Questions/mom-has-colostomy-and-dementia.> □

The more you praise and celebrate your life,
the more there is in life to celebrate.

~ Oprah Winfrey

Note: At the November 2019 meeting of Metro Maryland, we discussed how we can "present a positive attitude" to new ostomates at meetings and to them as visitors. The following article covers the important things that help us to present that positive attitude.

Hints for Being a Good Visitor - December 2007 UOAA via OA of the Houston Area, January 2013

Be well groomed and dress attractively, you are being observed. Be sensitive to the patient's needs. Be cordial and friendly - speak softly. Assure privacy if the patient is not in a single room. Ask if he (or she) would like to have the curtain drawn. Sit where the patient can see you easily without head turning (when facing each other, communication may come more easily). Look at the patient, listen to what is being said and attempt to 'sense' what is not being said. Respond simply and to the point. Encourage the patient to ask questions. Answer tactfully and honestly. If you do not know the answer to a question, say so and offer to find the answer. Briefly discuss the normal life you lead with your ostomy.

Do not dwell on your surgery and medical history. Remember that this visit belongs to the patient. Respond factually to questions, accept emotional responses, do not press any issues that the patient does not wish to discuss. If the patient is angry or feels like crying, do not attempt to stop it. Accepting feelings usually will make you both feel closer. Remember that nonverbal communication is meaningful. A warm smile (or just being there) may show you care more than does the spoken word.

Questions on care should be directed to the WOCN. When asked about ostomy management techniques, stress the fact that every ostomy is as individual as the person. Be helpful without pushing your own techniques. Say nothing that will detract from the doctor-patient or nurse-patient relationships. Do not practice medicine or give medical advice. The patient may wish to show you their stoma or ask your opinion of his or her surgery, so be prepared.

Do not pass judgment on the surgery or criticize a physician, even by implication. Never show your stoma or pouch. Bring and show a sample, instead. Be considerate of the patient and if there are signs of fatigue. Try to conclude the visit and suggest that you could return another day. Assume the responsibility for continuing contact with a follow-up telephone call, a note, another visit or an invitation to an ostomy chapter meeting. When bringing the patient (and possibly the family) to a chapter meeting, make arrangements to assure that the patient receives a warm reception. Above all, be yourself, use your own good judgment and use common sense! □

Begin each day as if it were on purpose.

~ Mary Anne Radmacher

Urostomy Hints and Ideas - via Green Bay Ostomy News Review and MMOA

The stoma will shrink in the first few months after surgery and should be re-measured as needed during that time. The appliance opening should then be made smaller to fit the new smaller sized stoma. You will find a measuring device and instructions in every box of pouches. If you gain or lose weight, you may also need to recheck equipment fit.

If you develop itching or a rash or become sensitive to your adhesive, talk to your doctor or WOC Nurse to help you clear up your skin irritation problem. Individual body chemistry differs and so do manufacturer's formulas for skin barrier adhesives.

If your adhesive is not giving you a good seal, ask for help in finding one that does. A poor seal may let urine leak onto the skin. If your pouch begins to leak, change it immediately. Some urostomates may have a high incidence of complications, some occurring after 10 or 12 years.

Most complications are gradual. The most common is caused by an ill-fitting pouch. Urine that accumulates on the skin around the base of the stoma may become reddish brown, with raised, thick, leather-like areas. If the reddish-brown growth is extremely bad, it may be treated with soaks of white vinegar three times a day for three or four days. Vitamin C, taken according to the directions on the bottle, may also be helpful to acidify the urine. Alkaline urine on the skin is irritation.

It is important to have a faceplate or pouch opening that fits to an eighth of an inch of the stoma to prevent this and other long-term complications. □

Flu Season Again? from Medicare.gov and the US Department of Health and Human Services. It was created and distributed by the Centers for Medicare & Medicaid Services, excerpted by Metro MD

As long as flu viruses keep circulating, it's not too late to get vaccinated. **Flu shots are free for people with Medicare**, once per flu season, and when you get it from doctors or other health care providers (like senior centers and pharmacies) that take Medicare.

If you're vaccinated and still get the flu, the vaccine can reduce the severity of your illness.

Vaccination is not just about keeping you healthy. Protect yourself and your loved ones — **get your free flu shot as soon as possible!** Medicare Part B (Medical Insurance) covers one flu shot per flu season.

You pay nothing for a flu shot if your doctor or other qualified health care provider accepts assignment for the shot. Your doctor or other health care provider may recommend you get services more often than Medicare covers. Or, they may recommend services that Medicare does not cover, you may have to pay some or all of the costs. Ask questions so you understand why your doctor is recommending certain services and whether Medicare will pay for them. □

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
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 Guevarra, WOCN

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

Tuesday, Wednesday and Thursday
By Appointment Only - Call 301-754-7295

- New Adventist Healthcare White Oak Wound Clinic
240-637-5908

Shady Grove Adventist Wound Center

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

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

If you're always trying to be **normal**,
you will **never** know
how **amazing** you can be.
~ Maya Angelou



6701 Harford Rd,
Baltimore, MD 21234
Harford Rd & Northern Parkway
www.NorthernPharmacy.com

THE MID-ATLANTIC'S LARGEST OSTOMY DEALER

We have a dedicated group of Ostomy Supply Service Professionals that are committed to keeping you in your active lifestyle. Northern Pharmacy and Medical Equipment has an attentive staff that cares about your quality of life. Make us your first step in getting back to life as it was meant to be. After all

"We've been here for over 75 years, there must be a reason!"



Our Ostomy Department provides a full range of comprehensive services and quality products from trusted brands you can rely on.

WE OFFER:

- Delivery anywhere in the United States
- In-house insurance billing specialists
- Free delivery available
- Easy ordering by fax, phone, online, or in-person.
- Large inventory of ostomy & wound care supplies in stock
- Toll Free 24 hour hotline

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Information Request 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.

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