45 Years Working with Ostomates

March/April 2019
Volume 45 Issue 4

Metro Maryland Ostomy Association, Inc.

WEB: www.MarylandOstomy.org E-Mail: info@MarylandOstomy.org PHONE: 301-946-6661

Dear Metro Maryland Supporters,

Spring Forward –

March 10, 2019 is our Metro Maryland meeting day; be sure to set your clocks ahead so you do not miss out. Our speaker will be Ann Sloane, LCSW-C, a long-time member and good friend of Metro Maryland. Her presentation, "Healthy / Normal Adjustment to Living with an Ostomy" will be followed by a discussion group on the topic of "Intimacy with an Ostomy."

March is Colorectal Cancer Awareness Month

Let's remind everyone ages 45 and above to get a colonoscopy! When diagnosed early the cure rate is nearly 90%. Not counting skin cancers, colorectal cancer is the third most common type of cancer in the United States. See two related articles on pages 4-5.

Spring Forward with Exercise

Now that the weather is inviting you outside, take advantage by getting your Vitamin D from the sun while you walk or run, or by joining an exercise group. For those over 55, Holy Cross Hospital sponsors Senior Fit, a free program in 24 locations in Montgomery and Prince Georges counties. Exercise and watching your diet is the best way to deal with any health issues.

The UOAA National Conference

this year is close to home:
Philadelphia PA, August 6-10 2019. Register at
https://www.ostomy.org/2019-uoaa-national-conference/

New MMOA Office Address:

Metro Maryland Ostomy Association, Inc., Suite 300
15800 Crabbs Branch Way
Rockville, MD 20855

MMOA Board Members

In This Issue …

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, March 10, 2019 at 12:00 Noon

Ann G. Sloane, LCSW-C

"Healthy / Normal Adjustment to Living with an Ostomy"

After the March general meeting everyone is invited to attend a discussion about Intimacy with an Ostomy

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SUNDAY, April 14, 2019 at 12:00 Noon

Jeff Z. Sacks, Representative
of Hollister

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Please note our meetings are held in the
Professional and Community Education Center
Rooms 2 & 3

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Parking charges
at Holy Cross Hospital Silver Spring
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).

Please Use These Two Options for Donating Unused Ostomy Supplies:

1. Osto Group provides Ostomy products to the uninsured, who pay shipping and handling charges. Their website is:
https://www.ostogroup.org
or call 1-877-678-6690.

2. Friends of Ostomates Worldwide (FOW) accepts any new and unused ostomy supplies. These include:

- One-piece pouching systems
- Two-piece pouching systems (even if you do not have a pouch or matching flange)
- Skin barrier paste
- Skin barrier rings
- Belts
- Skin barrier strips
- Pediatric supplies

Ship or bring your donations to their warehouse facility: **FOW-USA**
4018 Bishop Lane
Louisville, KY 40218-4539

Include your mailing information inside your cartons, as well as on the outside, to ensure that they know who you are.
If you have questions as to whether they are able to accept your supplies, contact them to discuss items that they can use. 502.909.6669. If there is no answer at the warehouse, leave a message on the answering machine and a volunteer will contact you as soon as they are able.
info@fowusa.org.

April is: Irritable Bowel Syndrome (IBS) Awareness Month, National Minority Cancer Awareness Week (TBA), Alcohol Awareness Month, National Public Health Week (April 1–7), World Health Day (April 7)

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.

Education Amid Tragedy *excerpted from Susan Burns, President, United Ostomy Associations of America*

It's heartbreaking. So many of us are torn apart by the recent news that a ten-year-old took his own life in Louisville, Kentucky. What we know is that he was a kind soul, this boy named Seven Bridges, and he was a victim of bullying. His medical history is also similar to many in our community in that he had an ostomy at a young age. He had an imperforated anus and braved over 20 surgeries in his short life. His mother Tami Charles said he lived an active life with an ostomy and loved swimming and playing as all children do.

In the past year, Tami said his ostomy was reversed but he continued to have some anal leakage and he was teased and ostracized at least in part because of the smell. It is unfortunate that many early news reports perpetrated the stigma that a "colostomy bag" smells and was the reason for the bullying and his despair. Their headline choices were faulty and sensational.

What we don't know is what goes on in the mind of a young child and why Seven took the most drastic of actions. His brave parents are taking the rare step of speaking out in this most difficult time. They want other kids suffering bullying to be #SevenStrong and demand that adults take meaningful action. They want all children to understand the dangers of bullying and have already organized local benefit events and forums. We should all be teaching our children love and acceptance of all differences.

I just ask that you live the mission of UOAA in your daily lives and continue to raise ostomy awareness, advocacy and education in your community. More work needs to be done to fulfill our vision of a society where people with ostomies and intestinal or urinary diversions are universally accepted and supported socially, economically, medically and psychologically.

UOAA relies on all of you in our community and specifically nurses and physicians to identify families of children who have had ostomies (and reversals) and make them aware of ostomy support resources.

Please spread the word that caregivers, parents and children are welcome at all of our almost 300 affiliated support groups nationwide. We know they may be the only parents or young people in many groups, but we have to start somewhere to build a network and provide a welcoming atmosphere to all at our affiliated support groups. Luckily there are also online support groups for families on Facebook where parents can find each other.

In our featured resource this month you'll find our *Pediatric Resources Document* to help caregivers and kids in need connect to those that can help. I'm happy to report that we now have an affiliated support group in Colorado devoted to children and parents but we know much more is needed. All groups need to work to reach out to young people in their communities. We also know it is important to have a pediatrics track available at this year's conference; please spread the word. I know I've been grateful for having the support members and friends I've felt I could talk about anything with. We all need that person for whom no topic is off limits. At UOAA we try to support this openness with our resources as well. In this issue we talk about common emotional and intimacy concerns many people have after ostomy surgery. Young people also should know dating is not something to fear with an ostomy and we have a great story about that as well.

Thanks to everyone who reaches out to help the next person in need.

Now is a time of sadness but also a time to recommit to ostomy awareness to fight harmful stigmas. We can all educate not just on Ostomy Awareness Day but in your daily lives. Tell your story in an honest way. Point people to trusted ostomy resources online, speak out against bullying and injustice. Make a personal connection to the person distraught over the prospect of ostomy surgery in a social media post. Certify as an ostomy visitor. The list goes on, and the volunteers, board and staff of UOAA are here to help you change the life of the next person in need. Seven's parents are speaking out and do not want his death to be in vain, and neither do I.

Our deepest condolences go out to the family and friends of Seven. We can't even imagine the heartbreak and sadness you must be feeling from this tragedy. More information on the website: http://www.ostomy.org and subscribe to the *Phoenix* Magazine at https://phoenixuoaa.org

#My Access Matters - from UOAA website

UOAA is collecting personal stories from people around the U.S. that bring to life the experience of living with an ostomy or continent diversion and why you need access to a specific ostomy pouching system. Stories to explain how limiting access to ostomy supplies will place you at a real medical risk. Some individuals already experience these limitations, and IF, for example, lawmakers were to expand proposals such as the Medicare Competitive Bidding Program to include ostomy supplies, so would many others.

Here are the types of stories we're collecting:

* People who are enrolled in Medicare and would be affected by Competitive Bidding.
* Individuals who have had difficulty accessing the prescribed pouching system that works best for them and who have had to substitute an ill-fitting product that led to medical complications (e.g., infections, hospitalizations, more medical visits, etc.).
* People who have restrictions on gaining access to their specific ostomy appliance technology such as ordering frequency limits, maximum allowable limits on number ordered, where these limits have resulted in medical complications.
* People who have difficulty accessing a WOC nurse or ostomy specialist in their area.

Why the need?

Your voice matters and UOAA wants to ensure your voice is heard. By telling your story, you help put a face on the issues that we continue to see in healthcare for ostomates. We will be able to demonstrate and convince legislators that people need access to a wide variety of pouching options and that limiting access to brands and types of supplies will have negative health consequences, therefore driving the cost of medical care even higher. Together we can change national policy. Go to: https://www.ostomy.org/share-your-myaccessmatters-story/ □

Improving Your Diet Can Significantly Reduce Your Risk of Colorectal Cancers – MMOA, 2019

Go for fruits and vegetables. Much research finds it's hazardous to skimp on fresh produce. A recent study by the Journal of the National Cancer Institute shows that Swedish women who ate only ½ a daily serving of fruit and vegetables were 65% more likely to develop colon cancer than those who ate 1 & ½ servings. According to the European Prospective Investigation into Cancer and Nutrition (EPIC), there really is some truth to eating five or more servings of fruits and vegetables each day, reducing your risk for cancer by 25 percent. Professor Kaytee Chaw of EPIC stated, "Although there is no conclusive evidence to prove that one fruit or vegetable can protect against cancer, it is well established that a variety of fruits and vegetables can protect against certain cancers." Fruits and vegetables are rich in antioxidants, which fight toxins in the body. Therefore, the more antioxidants we intake, the fewer toxins we will have in our system. Try to vary your fruits and vegetables; get to know new kinds of each.

Choose olive oil. Though fat is a suspected colon cancer villain, a British study of diet and cancer in 28 countries, including the USA, concludes that high consumers of olive oil have a lower rate of colon cancer. That jibes with animal research showing olive oil suppresses colon tumor growth. Corn oil and animal fat increase colon cancer in animals; fish oil doesn't; also, harmful trans fatty acids which are partially hydrogenated fats in some margarines, baked goods and processed foods. University of Utah researchers report that a diet high in trans fats double older women's risk of colon cancer.

Watch what you drink. Alcohol: Researchers have found that drinking causes chemical and other physical changes in our bodies that make cancers more likely. New research funded by the Swedish Cancer foundation also shows that low fat milk may help guard against colon cancer. Risk may also be increased by long-term (tobacco use) and excessive alcohol use. Several studies have found a higher risk of colorectal cancer with increased alcohol intake, especially among men. Coffee has no influence on colon cancer, Swedish researchers say.

Curb bad carbohydrates. Surprising new research suggests foods that drive up blood sugar and trigger releases of insulin ("high glycemic index" foods) may stimulate colon cancer. Those foods include refined sugar and flour, white rice, potatoes* and processed cereals. In a recent Italian study, eating foods with the highest glycemic index, compared with the lowest glycemic index, raised colon cancer odds 70%.

**Potatoes contribute to health problems only when cooked, fried, extensively at high heat, or in fats like French fries, or are highly processed like potato chips, etc., not when steamed or cooked like other vegetables. When cooled their carbohydrates become resistant to digestion, causing a beneficial slower release of insulin when digested. After cooling, they can be reheated, just not fried.*

Restricted meat. Especially when fried or well-done, red meat instigates colon cancer, experts say. One reason: High-heat cooking spurs the formation of carcinogens called heterocyclic amines (HCAs). In research at the University of California colon cancer risk tripled in people who ate red meat well-done and doubled in those who often fried, grilled or broiled it. Most dangerous for the colon: bacon, ham and other meats cured with nitrates.

Don't neglect fiber. The American Gastroenterological Association states that "currently available evidence from epidemiological, animal, and intervention studies does not unequivocally support the protective role of fiber against development of colorectal cancer." They recommend dietary fiber consumption of at least 30–35 grams daily from a variety of sources. The intake level of most studies that demonstrate protective effects are in that range, and it is not certain what the best source(s) may be. They state that a high-fiber diet should begin before age 30 because the impact of dietary change may require decades; they also note that a high-fiber diet has other established health benefits. Go for fruits and vegetables.

Lose weight. A combination of over-eating and under-exercising is the strongest link to colon cancer, says Harvard's Willett. Research by the American Cancer Society finds obese men are nearly twice as likely to die of colon cancer as normal weight men. Fatness promotes polyp growth; recent Norwegian research finds. So cut calories and add exercise.

The risk of colorectal cancer is higher for those with relatives who have had colorectal cancer or polyps.

Sources:
Stop a Killer in Its Tracks by Jean Carper, USA Weekend Magazine, 2002; Updated with: https://www.stopcoloncancernow.com and https://www.cancer.org/healthy/eat-healthy-get-active and WebMD. □

New Hope for Some Cancer Patients in 'Personalized Medicine' - MMOA edited article, by Cancer Compass, *HealthDay News*, 2018

A useful medication typically benefits multitudes. But what if there were medications available tailored just for you based on your genetic and immune system profiles.

Tremendous advances have been made in "personalized medicine," which are medicines that attack cancer and other diseases by boosting an individual's immune system or targeting specific genetic traits.

As you might expect, these customized remedies don't come cheap.

But they are effective. Former U.S. President Jimmy Carter found a lifesaver in Keytruda (pembrolizumab), a drug which strengthened his immune system and suppressed his brain cancer.

Most Americans are unaware of these new therapies. A HealthDay/Harris poll, whose results were posted at cancercompass.com, found that 71 percent of Americans were unfamiliar with personalized medicine. Even among those who did know about it, 49 percent were unaware this type of treatment had a higher success rate and fewer side effects than standard treatments.

"Very few Americans know a lot about personalized medicine but, nevertheless, people are excited about it, particularly regarding its potential to save lives and revolutionize health care," Harris Poll spokeswoman Deana Percassi told *HealthDay News*.

Personalized medicine, also called precision medicine, uses specifics regarding a person's body and genetic makeup to shape an effective therapy. One example, a drug called Lynparza (olaparib) is being used to treat advanced breast cancer and ovarian cancer caused by mutations of the BRCA gene. The drug blocks an enzyme, causing cancer cells to die off more quickly.

Another drug, Vitrakvi (larotrectinib), was recently approved by the U.S. Food and Drug Administration to treat a wide range of cancers connected to a common genetic factor. It is found effective for thyroid, lung, head and neck cancers in those who share the genetic factor.

Doctors are being enlisted to help spread the word. Many cancer patients are unaware of these advances in therapy. "I'm a cancer doc. We just had our fifth drug for a specific genomic driver in lung cancer approved," said Dr. Bruce Johnson, past president of the American Society of Clinical Oncology. He added that no such drugs existed prior to 2004.

Dr. Len Lichtenfeld, acting chief medical officer for the American Cancer Society, told *HealthDay News* of a cancer patient who discovered after testing the presence of a mutation that resulted in a clinical trial.

Then, there is the issue of cost. Persons on a regimen of Keytruda pay about $150,000 a year, while Lynparza is estimated to cost more than $230,000 to extend a patient's life by one year. A 30-day supply of Viktrakvi will set you back more than $32,000. The steep prices are defended on the basis that drug companies take a big risk when developing new medications and are entitled to a return on the investment. Others argue that as the use of these drugs becomes more widespread in the population, thousands are being denied treatment because drug companies won't budge on pricing.

Lichtenfeld said personalized medicine holds hope for many, but that "for a particular medicine, there may be only a small number of patients who are going to benefit from it." □

If You're 45 or Older, Get Screened for Colorectal Cancer - Cancer Compass Health Day News

The American Cancer Society's new colorectal cancer screening guidelines recommend that people at average risk start screening at age 45. That's a drop of five years from the former guidelines, which recommended the first screening at age 50. In lowering the age recommendation, the society cited rising numbers of colorectal cancer cases among younger Americans.

Screening should begin even earlier for people at higher risk of contracting colorectal cancer, the society says. Risk factors for earlier screening include:

A family or personal history of colorectal cancer or certain types of polyps.

A personal history of inflammatory bowel disease, such as ulcerative colitis or Crohn's disease.

A personal history of radiation directed at the abdomen or pelvic area to treat a prior cancer. □

Looking Back at MMOA... First Meeting of the Teen-Ostomy Association of Metro Maryland OA, October, 1974

Andrea D. - 17 years old.

"About six years ago I became ill. I was very depressed because.I was losing weight, always hurting internally and fatigued. I did not seem to be progressing towards recovery. After about a year, and a lot of experimenting by other doctors, I was referred to Dr. Irving Brick, a gastroenterologist at Georgetown University Hospital. He immediately diagnosed my case with no guessing. Under his care and treatment, I realized I must face a drastic change in my adjustment to life.

"However, he advised me of the seriousness of my illness, *granulomatous colitis*, and that I would eventually require surgery. Unfortunately, it became apparent that he could no longer treat my illness merely by prescribing medications, without damaging side effects. Reluctantly I agreed since I had no choice, to undergo a temporary colostomy.

"Eighteen months ago Dr. Thomas Lee, a very talented surgeon, performed the surgery. Following surgery, I began to perk up and feel healthy again. I

soon resumed all of my normal social and achool activities.

"Four months ago, I underwent a permanent colostomy and I'm slowly returning to normal. Thank goodness I had Dr. Brick to help me during this difficult period. I really don't think I could have made it this far without his wonderful guidance. I love him and respect him, and I am very gratelful I can share this experience with you."

Mark G. - 15 years old

"Monday night, Mr. Saunders did most of the talking, but that will change with time, when we get to know each other better. Some of the itens we discussed were getting guest speakers, such as Dr. Brick to speak about different types of osotomies, getting reduced rates for ostmates under twenty years of age in need of surgical supplies and overall reducing prices on ostomy products, which Mr. Saunders has done in the past, but the prices are still ridulously priced.

"I think this meeting will not be the last. I was impressed by it, of course, but what impressed me most was the fact that we are there to help not only others, new ostomates, but to also help each other, experienced ostomates. After all, no matter what you may hear, at some time or another, we all have problems."

Dianda S. - 8 years old

"I have an ileo-bladder. I have had it since I was 21 months old. Now I am eight years old. Sometimes it is a nuisance. Like the time I stayed at my friends' house for a slumber party. I was having a good time and it started to leak. My mom came over and changed me. That very same night my bag fell off. In fairy tales the good fairy waves her wand and everything is right again, but not for me. Never happens again."

Nereissa D. - 7 years old

"When I first heard about the meeting I was a little puzzled of what they were all about, but since I have been to the meeting I think they are very good. I learned where to go to get help when we have problems and also that I am not the only one who wears bags. I am sorry I missed the boat trip, but I was in the hospital and after the operation I was able to lay on my back for the first time in my life. For children who don't come to our meeting, we have a good time and I have a lot of new friends who I can tell all my problems to and to me that is better than money."

Editor note: As adult ostomates we rarely hear of or meet young ostomates, unless an adult says at a very early age, they had ostomy surgery.

When the power of love
overcomes the love of power,
the world will know peace.
~ Jim Hendrix

Gardner's Syndrome…Does It Sound Mysterious? By Liz O'Connor, R.N., C.E.T.N, Metro Maryland Reprinted.

Because we have had questions about this condition, let's attempt to demystify it. It is the name commonly used for a portion of patients with familial polyposis (multiple polyp disorder) which is inherited. Those with the syndrome can have soft tissue tumors, skeletal changes, etc.

And just what is familial polyposis? It is a condition manifested by multi polys of the colon, which begins at an early age, grow more rapidly, and if left untreated can become malignant in almost all cases. It is transmitted through a non-sex-linked, autosomal dominant medelian gene. It does not confine itself to one sex or to one race. These polyps can be isolated or they can grow in clusters. They are sometimes very dense and cover most of the colon. Unless the patient is treated, they almost always develop cancer of the colon about fifteen (15) years after the polyps begin.

Why early screening is important – Because of the early risk for children of parents with this condition, early screening is important (10-13 years). It is one of the ways that malignancy can be avoided. It is often picked up during routine proctoscopic exams for persons with a family history of familial polyposis.

Are there symptoms? – Sometimes, the patient seeks consultation due to a change in bowel habits, (such as mild to moderate diarrhea). Also, there can be rectal bleeding, but this does not always occur. Often, the polyps can remain symptomless. Thus, frequent check-ups are of the greatest importance.

What is the cure? – The treatment of the disease is REMOVAL OF THE COLON BEFORE MALIGNANCY can occur. Many patients opt to have a standard (Brooke) type ileostomy. Some prefer a continent ileostomy, so that they do not have to wear a pouch, but periodically drain the effluent by means of a catheter. Others have an ileoanal reservoir, (with pouch created inside the rectal area and the lining of the rectum is stripped. The sphincter is preserved and they do not have a pouch.) IT IS IMPORTANT THAT EACH PATIENT BE EVALUATED BY HIS/HER PHYSICIAN.

Not everyone is a candidate for some procedures. If the rectum is left in, IT IS IMPERATIVE THAT THE PATIENT HAVE PROCTOSCOPIC EXAMS EVERY SIX MONTHS. Polyps could reoccur in the rectum.

The good news is that early detection prevents cancer and saves lives! There can be hope. Let us spread it.

Ostomy Pearls (Travel) by Zoe Prevette, RN, WOCN, via Friends of Ostomates Worldwide -USA

Whether a short trip by car, a dream cruise or a long business trip by plane, traveling the first few times with an ostomy can cause some anxious moments. Below

are some helpful travel tips collected from ostomates who travel regularly.

Be prepared “like a good Scout.” Keep a backpack or carry bag with you with a change of clothing and supplies for at least two changes.”

For airline travel, let TSA agents know you have an ostomy. “I do this before I go through the person scanner. If you are wanded or if they want to do a pat-down, let them know that you have an ostomy and indicate where it is. Indicate that it cannot be disturbed. My experience is that they will have to touch the areas of your ostomy, then run a test paper over your hand and test it. If you want, you can have privacy during this process. You never have to show your ostomy equipment.” Treat this as an educational opportunity for TSA.

(Editor note: Over 20 years traveling with an ostomy I have more recently in London been asked twice to go to a private room with two women to prove I have an ostomy by showing it. I then sign a paper to document this. London Heathrow is a very secure airport. Some international agents may not be as trained as the US agents are now.)

Whether traveling by train, plane or automobile, make sure you take care of yourself. You may be tempted to reduce the flow from your stoma by reducing your intake of food or fluids. This is not a good idea and can lead to bigger problems that will impact your entire trip. It is especially important to stay hydrated while traveling. Avoid carbonated drinks, foods that cause you gas and anything that causes you to swallow air. (Don’t use straws)

Try to sit on an aisle seat.

Use solidifiers in your pouch to thicken output. Folks with ileostomies and urostomies use these at bedtime to reduce leaks.

If staying in the home of friends or relatives, plan to use the bathroom in off periods, avoiding times that the bathroom is in high use.

You may want to take over-the-counter and-diarrheal medication to take at the first sign of diarrhea.

If you are part of a tour group (domestic or international) plan ahead for when you want to change your appliance. The day you might normally change it, for instance, could involve a tour in which you return to your base (hotel, ship) late. I change my appliance a day early in this case.

Although this may sound strange, especially in foreign countries, I put a certain small amount of supplies in the hotel safe. Hotel maids in third world countries can steal things and locks in general are not necessarily safe. I’ve been in situations where I’d rather be without money than be without an emergency stash of supplies.

When you get home, share what you have learned from your travel experience with other ostomates. Your experience will challenge and equip others to start traveling. And you can start planning your next trip based on what you learned.

Oh, the places you’ll go... □

Helpful Hints from Metro Maryland

Excessively oily skin can affect adhesion. Wiping the skin around the stoma with alcohol will hinder adhesion. Also, some soaps that contain oil to soften skin, must be rinsed off well if you hope to attain adhesion.

It is not necessary to use sterile supplies. For instance, wash cloths or cotton balls can substitute for gauze pads. The stoma and surrounding skin are not sterile and require the same sort of cleanliness the rest of the exterior body does.

Be careful about zippers! They can catch a pouch when zippered in a hurry. Also, be careful with what you place in your pockets. Ballpoint pens, keys, nail files, and all sharp objects are “potential pocket pokers.” Even the innocent-looking toothpick has been known to cause a tiny hole in a pouch.

Solvents used to remove adhesives can and will burn the skin, so make sure to wash it off immediately after the adhesive is removed; if you must use it.

Allergies can wreak havoc on colostomates who must take antihistamines, especially if they irrigate. These drugs can slow down intestinal action, thus making irrigations less effective.

When ill with nausea and diarrhea, try eating pretzels. They are easy to digest and high in sodium.

Rice Krispies can help slow the amount of stool - a great breakfast choice with a small amount of skim milk or eaten dry.

High pectin foods: apples, cranberries, and plums help thicken stools.

The following foods may cause loose stools and you may wish to avoid them when diarrhea occurs: green beans, broccoli, prune juice, spinach, raw fruits, rhubarb, beer and spicy foods. □

Vitamins should be taken on a full stomach or else they may irritate the lining of the stomach and produce the sensation of feeling hungry.

Try strong-brewed tea before purchasing a “diuretic.” Hot tea twice a day will wake up your sluggish kidneys.

Tea contains approximately the same amount of potassium as Gatorade, but only negligible amounts of sodium.

HOSPITALS AND WOC NURSES

MARYLAND:

ANNE ARUNDEL - Annapolis – 443-481-5508
Michelle Perkins, RN or Jennifer Davis, 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
WOCNs: Rezia Lake, Denis Ildefonso, Agnes Mpanga
HOWARD COUNTY GENERAL - Columbia - 410-740-3137/3160
MEDSTAR MONTGOMERY MEDICAL CENTER - 301-774-8731
WOCNs: Carolyn D'Avis, Patricia Malone, Carolyn Carroza
MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER- Clinton MD - 301-877-5788 *Aldene Doyle, RN & Alison Knepper, RN*
NAT'L INSTITUTES OF HEALTH - Bethesda - 301- 451-1265
CWOCNs: Karen C Chandler -Axelrod, Ashley Buscetta
PRINCE GEORGES - Cheverly - 301-618-2000 or 301-618-6462
SHADY GROVE ADVENTIST – Rockville - 301-896-6106/5721
WOCNs at Wound Center: Sue Hilton, Shay Jordan, Anita Wong, Kay Karro, Sue Federmyer, and Heather Hanson.
Cancer Care Navigator – 240-826-6297
SUBURBAN - Bethesda - 301-896-3050 - *Melba Graves, WOCN*
WASHINGTON ADVENTIST - Takoma Park - 301-891-7600
301-891-5635 - *WOCNs: Barbara Aronson-Cook, Carol Caneda*

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
Paz Aquino, WOCN & Sharon May, WOCN
V.A. MEDICAL CENTER - 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 & Sarah Choi, Intern
GEORGE WASHINGTON UNIV- 202-715-4000 - *Thai Kelley, WOCN*
MEDSTAR GEORGETOWN UNIV - 202-444-2801
Page WOCNs Margaret Hiller & Anne McArdle
HOWARD UNIVERSITY - 202-865-6100 ext. 1105 - *Ann Coles, RN*
NATIONAL REHABILITATION - 202-877-1186
WOCNs: Carolyn Sorensen, part time: Carolyn Corazza, Carolyn D'Avis. Send mailings c/o: STE G084
PROVIDENCE – Main number 202-854-7000 (In-Patients ONLY)
SIBLEY MEMORIAL - 202-689-9931
WOCNs: Marie Newman
SPECIALTY HOSPITAL of WASHINGTON *(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 CENTER – 202-877-7000
Page WOCNs: Donna Stalters, Debra Engel, Catherine Spangler, Susan Serdensky. Dr. Verghese's RN: Bernadette Denis, RN, Coordinator – 202-877-2534

OUTPATIENT OSTOMY CLINICS

REMINDER: A doctor's referral is required to take with you or 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

Shady Grove Medical Center
Tuesday and Wednesday
9901 Medical Center Dr
Rockville, MD 20850
Call 240-826-6106

George Washington University Hospital - Main Level
Tuesdays & Thursdays, 12:30-3:00 pm
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

Memorials and Tributes

A generous donation in memory of or in honor of a loved one or friend will aid in the continuation of Ostomy rehabilitation.

Make your tax-deductible contribution to:
Metro Maryland Ostomy Association, Inc., Suite 307
15800 Crabbs Branch Way
Rockville, MD 20855

□ In Memory of □ Honoring □ Other/Donations

Your Name: _____
Amount: $ _____
From: _____
Address: _____
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Telephone & Email:
_____-
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Send Tribute to: _____

Notice: Chandler's street address is:
7425 Annapolis Road

Please Support Our Advertisers

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 each May to donate whatever amount you wish.
You may donate any time of year! All Donations are gratefully accepted and are Tax-Deductible.