



## Metro Maryland Ostomy Association, Inc.

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### *Dear Metro Maryland Supporters,*

The last several months have been a challenge for everyone. A year from now what will you wish you had started today? Karin Bodewits, on the website of the American Association for the Advancement of Science, gives 10 suggestions so that a year from now you can feel satisfied with your accomplishments and perhaps find a new project. Check this out at:

<https://www.sciencemag.org/careers/2020/03/working-home-because-covid-19-here-are-10-ways-spend-your-time>.

- Metro Maryland Ostomy Association has received a citation from the Maryland General Assembly to recognize Ostomy Awareness Day on October 3, 2020
- Metro Maryland's office at Non-Profit Village is now open. It is safe to send your donations to the office. We can copy and mail our newsletter, update our files and most days there is a volunteer in the office to answer the telephone. NPV sanitizes the offices regularly but allow only one person per office.
- In this issue of the newsletter we have information about our first Zoom Metro MD meeting and information for the next one on September 13th.
- A reminder to all to vote NOW. Don't put it off and be disappointed if your ballot is not counted.
- For those of you who are looking for more information about Covid-19 that is not too scientific, see articles in this newsletter.

We wish you well as you wear your mask,  
wash your hands for 20 seconds with soap, and  
stay at least 6 feet from another person outside the home.  
May you, your family and friends stay protected as you cope  
with your daily activities.

*~ MMOA Board Members*

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*"One of the most beautiful  
compensations of this life  
is that no one can sincerely try  
to help another  
without helping himself."  
~ Emerson*

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

## During COVID-19 - Important Notices:

**We will have another Zoom meeting on  
September 13, 2020 at 12:00 Noon.**

**See ZOOM link** ➡



***Silver Spring Holy Cross Hospital  
has cancelled all meetings and classes  
until further notice.***

\* \* \* \* \*

**If you need an ear or assistance,  
have questions or want to speak with an  
ostomate about your concerns,  
Do Not Hesitate to  
leave a message at the office: 301-946-6661  
or email to the addresses of the following  
Metro MD Board members  
willing to help during the pandemic:  
**Michele Gibbs:** [michelegibbvs305@yahoo.com](mailto:michelegibbvs305@yahoo.com)  
**Paul Hudes:** [babb11@verizon.net](mailto:babb11@verizon.net)  
**Sue Rizvi:** [sahr9839@gmail.com](mailto:sahr9839@gmail.com)**

\* \* \* \* \*

### ***MMOA Board of Directors and Volunteers***

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**Founder** ..... Horace and Violet Saunders  
**Vice President** ..... Michele Gibbs  
**Secretary** ..... Needed  
**Treasurer** ..... Noel Eldridge

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**Newsletter Editor & Volunteers** ..... Sue Rizvi  
Jan Erntson, Tamara Tsitrin

**Meeting Greeter/Registration** ..... Yolande Langbehn  
**Appliance Chairperson** ..... William King

### **ZOOM link for September 13<sup>th</sup> meeting.**

Anyone who wants to participate from  
12:00-1:30 with video must download Zoom  
and use the link below:

<https://cua.zoom.us/j/94155041563>

OR

use the number +1301-715-8592 to call in.

**October 11 meeting will be via ZOOM.**

## **The 2020 MidAtlantic Regional Ostomy Conference has been postponed to**

**April 30- May 2, 2021**

**SAVE the DATE**  
***Ostomates in Action***

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

***Ostomy Clinic (Fri. evening and all-day Sat.)  
Friday Night Reception — Ostimingle  
Breakfast Buffet Saturday and Sunday  
Saturday Luncheon, Dinner-Dance, Exhibits,  
Educational Workshops, Breakout Sessions &  
Social Networking  
Special Presentations on Sunday  
Registration begins 4:00 PM Friday,  
and  
Conference begins at 6:30 PM Friday  
and ends at noon on Sunday***

**QUESTIONS: Website: [www.osgnv.org](http://www.osgnv.org)  
or Email: [2020mac@cox.net](mailto:2020mac@cox.net)  
To register and choose among  
9 session topics**

## Metro Maryland General Meeting on July 12, 2020 via ZOOM

Our first general meeting using Zoom was well received and attended by 22 members. The following topics were discussed:

### 1. Suggestions from our WOCNs:

- No water is needed to clean your bag
- Use only water to clean the skin
- Storing supplies: avoid humidity (do not keep in the bathroom); avoid heat (do not keep in car)

### 2. New Image Soft Convex CeraPlus Skin Barrier – Tape:

The CeraPlus skin barrier with Remois technology\* is infused with Ceramide, which is a natural component of human skin that helps prevent water loss that can lead to skin dryness and damage. It is designed to maintain adhesive properties and features a formulation to help protect the skin's natural moisture barrier and to help maintain good peristomal skin health from day one.

### 3. Opening the soft closure types (Velcro type closure) is easier if you crease it a few times.

### 4. Odor dispelling products:

- *Smells Begone* (from BedBathandBeyond and at some hardware stores.)
- *Yankee Candle* room sprays

### 5. Plastic face shields are sold at Lowes (useful when eating, in place of masks)

### 6. Many mentioned being unhappy with the noise the Hollister pouch makes when moving. Suggested to make your complaint known to Hollister.

An interesting advantage, we found, of meeting by Zoom was that one could go get a personal ostomy item at home to visually demonstrate a point. □

## Eating with an Ostomy; Foods and Their Effects

### Two Food Reference Charts for People with an Ostomy in English

[https://www.ostomy.org/wp-content/uploads/2020/04/Food\\_Reference\\_Chart\\_2020-04.pdf](https://www.ostomy.org/wp-content/uploads/2020/04/Food_Reference_Chart_2020-04.pdf)

### and Spanish

[https://www.ostomy.org/wp-content/uploads/2020/08/Food\\_Chart\\_Spanish-2020.pdf](https://www.ostomy.org/wp-content/uploads/2020/08/Food_Chart_Spanish-2020.pdf)

**MMOA** can no longer accept donated ostomy supplies at our office because of the lack of storage.

### THREE Options for Donating Unused Ostomy Supplies:

#### 1) **Medical Supply Loan Closet** at:

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

Contact Marilee Tollefson, call or text 301.254.9115 or [marileetollefson@gmail.com](mailto:marileetollefson@gmail.com) to arrange a day and time to drop off.

The Closet operates a large medical loan closet with a large inventory of donations for pick up. There is no cost and no means assessment. Items are dispensed on a first come, first served basis. Examples of supplies 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](http://www.fowusa.org) - [info@fowusa.org](mailto: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.

Our warehouse in Louisville is open and accepting supplies. Please do not forget ostomates in need around the world as we all cope with the Coronavirus. We are in desperate need of all types and sizes of supplies, particularly open-ended, and including pediatric. See our website (above) for advice on sending them.

#### 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.

**The Science of Soap** by Pall Thordarson\* - *The Guardian*, March 12, 2020; via Vancouver (BC) Ostomy High Life via Ostomy Outlook OA North Central Oklahoma and Contra Costomy CA

Viruses can be active outside the body for hours, even days. Disinfectants, liquids, wipes, gels and creams containing alcohol are all useful at getting rid of them – but they are not quite as good as normal soap.

When I shared the information above using Twitter, it went viral. I think I have worked out why. Health authorities have been giving us two messages: Once you have the virus there are no drugs that can kill it or help you get rid of it. But also, wash your hands to stop the virus spreading. This seems odd. You cannot, even for a million dollars, get a drug for the coronavirus – but your grandmother's bar of soap kills the virus.

So why does soap work so well on SarsCoV-2 (the coronavirus that causes COVID-19) and indeed on most viruses? The short story: because the virus is a self-assembled nanoparticle in which the weakest link is the lipid (fatty) bilayer. Soap dissolves the fat membrane and the virus falls apart like a house of cards and dies – or rather, we should say it becomes inactive as viruses are not really alive.

The slightly longer story is that most viruses consist of three key building blocks: ribonucleic acid (RNA), proteins and lipids. A virus-infected cell makes lots of these building blocks, which then spontaneously self-assemble to form the virus. Critically, there are no strong covalent bonds holding these units together, which means you do not necessarily need harsh chemicals to split those units apart. When an infected cell dies, all these new viruses escape and go on to infect other cells. Some end up also in the airways of lungs.

When you cough, or especially when you sneeze, tiny droplets from the airways can fly up to 10 meters. The larger ones are thought to be the main coronavirus carriers and they can go at least two meters. These tiny droplets end up on surfaces and often dry out quickly. But the viruses remain active. Human skin is an ideal surface for a virus. It is "organic" and the proteins and fatty acids in the dead cells on the surface interact with the virus.

When you touch, say, a steel surface with a virus particle on it, it will stick to your skin and hence get transferred on to your hands. If you then touch your face, especially your eyes, nostrils or mouth, you can get infected. And it turns out that most people touch their face once every two to five minutes.

Washing the virus off with water alone might work. But water is not good at competing with the **strong**, glue-like interactions between the skin and the virus. Water is not enough.

Soapy water is totally different. Soap contains fat-like substances known as amphiphiles, some of which are structurally very similar to the lipids in the

virus membrane. The soap molecules "compete" with the lipids in the virus membrane.

This is more or less how soap also removes normal dirt from the skin. The soap not only loosens the "glue" between the virus and the skin but also the Velcro-like interactions that hold the proteins, lipids and RNA in the virus together.

Alcohol-based products, which pretty much includes all "disinfectant" products, contain a high-percentage alcohol solution (typically 60 - 80% ethanol) and kill viruses in a similar fashion. But soap is better because you only need a fairly small amount of soapy water, which, with rubbing, covers your entire hand easily. Whereas you need to literally soak the virus in ethanol for a brief moment, and wipes or rubbing a gel on the hands does not guarantee that you soak every corner of the skin on your hands effectively enough.

So, soap is the best, but do please use alcohol-based sanitizer when soap is not handy or practical.

*\*Pall Thordarson is a professor of chemistry at the University of New South Wales, Sydney Ed. Note: This article says there is no drug for the coronavirus, which was true when the article was originally published on March 12. Now, as of early May, a drug called Remdesivir has shown some promise and is being used in some cases of COVID-19. □*

## COVID-19 and Influenza: What to Expect

*By DeeDee Stiepan, Mayo Clinic, August 21, 2020*

With winter fast approaching, many are wondering how COVID-19 will affect the 2020-2021 influenza season. Dr. Gregory Poland, an infectious diseases expert and director of the Mayo Clinic Vaccine Research Group, says while it is difficult to predict exactly what will happen, the Southern Hemisphere, where the flu season is coming to an end, offers some clues.

"Interestingly enough, if we wear masks and keep our distance, what we are seeing in the Southern Hemisphere is that the influenza burden went way down. So, masks work and they actually are important in decreasing the transmission of respiratory diseases," says Dr. Poland.

Strategies to slow the spread of COVID-19, such as wearing a mask, physical distancing and excellent hand-washing, are also going to be important to lessen flu outbreaks.

"We are also suggesting that people may want to get their flu vaccine a little earlier than what they might be used to — perhaps in the early September time frame. Do not wait until November or December," says Dr. Poland.

The reason, he explains, is because influenza can cause a lot of medical problems and by itself can cause a surge demand on the medical system.



"What is very likely to happen this year is that we are going to have seasonal coronaviruses causing illness, pandemic coronavirus causing illness, and influenza causing illness. And then we always have pertussis, and for those who have not gotten their measles vaccine, measles and other diseases.

Here is the problem: The symptoms all look like COVID-19. That is a demand on the medical system that we cannot meet nationally," says Dr. Poland.

"So, for your health, the health of your family, and your community, please

**get a flu vaccine this year,  
wear a mask,  
practice physical distancing and  
wash your hands,"**

says Dr. Poland. □

### **Packing a Bag Eases My Mind** *by Ellyn Mantell, The Union County Ostomy Support Group of New Jersey UOAA Articles to Share May 2020*

If I had learned anything from 23 years of surviving small bowel obstructions, it was to always have a hospital bag at the ready. And just as a pregnant couple have a dialogue prepared for "when it is time" to go to the hospital or call the midwife, Bruce and I had an unnecessary-to-speak dialogue prepared for when it was time to rush me to the Emergency Room.

He could tell by my coloring or other telltale signs that this obstruction was not likely to resolve itself. I would need medical and possibly surgical intervention. He would grab the bag as I said my silent "goodbye" to my home, praying I would return.

Fortunately, thanks to Lily, my ileostomy, my life has changed dramatically, and I have not had a need for that hospital bag for six years. However, as the reality of the threat of hospitalization due to Covid-19 is increasing, this morning, I packed my hospital bag for what we all hope will never happen.

Since we have no idea who is or is not immune to the virus, we have to assume we all are vulnerable. Most will ride out the symptoms at home, and many may not even be aware they have or are carrying the disease. But for those of us who will need acute medical attention, having packed necessities can be very comforting.

Ostomates have additional needs, and rather than worry about already stretched hospital staff finding supplies for us, I recommend packing three weeks of supplies in our bag. I recognize that not everyone has extra supplies, but if there was ever a time when accessing extras is indicated and if possible, to obtain, this is the time...peace of mind goes a very long way in feeling prepared.

My bag is brightly colored and easy to spot for Bruce. It has toiletries, including toothbrush, toothpaste and mouthwash, deodorant, razor, etc., as well as underwear. Additionally, and most importantly, I have my three weeks of ostomy supplies packed. I

have a high-output pouch, so it is important I provide my own. I have tried to make things as easy for any nurse that would have my care since he or she has so many other demands.

I am not adding anything else, such as reading materials, etc., because who knows what lives on them. I will, however, grab my phone and identification/insurance cards.

As you may have noted, I am very rational and sane as I write this...I am not struggling to breathe and can think through what needs to be done. In truth, I know that may not be the case if breathing becomes labored and fear sets in...all the more reason to do this now!

I recommend each and every person have a plan in place for what he or she will do if illness takes over. The plan does not have to be extensive, but walking through it in your mind may really make the difference between panic and logical thinking. Like in an airplane, "in the unlikely event..." My hope is that our bag remains unused, those supplies return to their place in our closets, and we look back and breathe a huge sigh of relief! □

**Whatever you are feeling,  
be good to yourself.  
If you feel lost,  
be patient with yourself  
while you find your way.  
If you feel scared,  
be gentle with yourself  
while you find the strength  
to face your fear.  
If you feel hurt,  
be kind to yourself  
while you grieve and slowly heal.  
You cannot bully yourself into  
clarity, courage, or peace,  
And you cannot rush  
self-discovery or transformation.  
Some things simply take time,  
so take the pressure off and  
give yourself space to grow.**

**~ Lori Deschene**

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.

## **VOTING - During A Pandemic**

The best choice to have your vote efficiently counted, and to stay safe when voting, is to vote by mail-in ballot according to your state and county jurisdiction.

- Maryland -To ensure you receive your Vote-By-Mail/Absentee ballots on time, the Maryland State Board of Elections advises registered voters to complete and return a 'Vote-By-Mail / Absentee ballot application NOW!

Registered voters' deadline to request a vote by mail ballot is October 20. Also, you can request a mail-in ballot online by visiting the Board of Elections website:

[https://elections.maryland.gov/voting/documents/Absentee\\_Ballot\\_Application\\_English.pdf](https://elections.maryland.gov/voting/documents/Absentee_Ballot_Application_English.pdf).

For anyone who is not registered, the deadline for voter registration is October 13:

[https://elections.maryland.gov/voter\\_registration/index.html](https://elections.maryland.gov/voter_registration/index.html).

- Montgomery County voters may deposit their completed and sealed Vote-By-Mail ballots in official Board of Elections Ballot Drop Boxes located throughout the County. A complete list of Drop Box locations and addresses will be provided on the website as soon as they are confirmed.

This year in Montgomery County, the regular neighborhood voting precincts will not be available to voters. Instead, there will be centralized voting centers at high school sites and several other locations. For more information:

<https://elections.maryland.gov/index.html>

- Election workers (or election judges) are needed to assist voters on Election Day and must be registered Maryland voters. Workers can earn up to \$310. Students of Montgomery County can earn 25 Student Service Learning (SSL) hours per day.

To inquire about becoming an election worker, text SERVE to 77788. Information also is available <https://www.mymcmedia.org/board-of-elections-searching-for-election-poll-workers/> □

Older adults and persons with disabilities including referrals for transportation and home maker services, adult day care, community meals, respite and home health care.

Children youth and family support such as child care and after school programs, family resource centers, recreation programs, mentoring and tutoring, and protective services.

## **National Domestic Violence Hotline:**

**Dial 1-800-799-SAFE (7233)**

Advocates are available 24/7/365 to talk confidentially with anyone experiencing domestic violence, seeking resources or information, or questioning unhealthy aspects of their relationships. This free service is available in more than 200 languages.

## **National Suicide Prevention Lifeline:**

**Dial 1-800-273-8255**

If you are thinking about suicide, are worried about a friend or loved one, or would like emotional support, the confidential, free lifeline is available 24/7. A crisis line for Veterans is also available at 1-800-273-8255

□

## **How Scientists Identify a Virus** - WebMD, Oct. 2018

Many people wonder just how scientists know that the cause of SARS is a virus and, more importantly, this particular virus.

Public health scientists verified that a common virus that has become more severe – a coronavirus -- is the likely cause of severe acute respiratory syndrome (SARS).

In 1890, Robert Koch described the basic rules that scientists use to determine if an infectious organism causes a specific disease. These four rules are called "Koch's postulates."

1. The organism must be found in people with the disease and be absent in people without the disease.
2. The organism must be able to be grown from tissues or other specimens from the affected individual in the laboratory.
3. The organism must cause the disease when given to an unaffected healthy person.
4. The organism must again be grown from this second individual.

In the case of SARS, we know that the coronavirus had been found and grown from several individuals who have been sick with the symptoms of SARS -- thus fulfilling the first two of Koch's postulates. Because it would be unethical to expose people with the virus, public health scientists use a science called epidemiology to prove that only people exposed to the virus have gotten the infection. This technique relies on interviewing and studying groups

## **Dangers of Social Isolation During a**

**Pandemic** - from Kaiser Permanente, July, 2020

If you know of someone who needs any kind of help during this time of COVID-19, there is help. Here are 3 helplines:

## **Social Service Referral Line:**

**Dial 2-1-1 or 211.org**

Basic human needs such as food, clothing, housing, utility assistance.

Mental health and health resources like counseling, support groups, drug and alcohol treatment, and health insurance and health programs.

Employment support, for example job training, employment services, transportation assistance.

of people who have gotten ill and comparing them with people who have not come down with the disease. Investigators then assume the disease would occur if a person were exposed to the disease. They then look to see if newly unintentionally exposed people come down with the disease and that organism is grown from them. This fulfills in principle Koch's third and fourth rules.

In the case of SARS, scientists have clearly shown that the virus is associated with people with the disease and the virus has been isolated from these patients. The epidemiology also shows that the disease occurs in people who are exposed to the disease more often than people who have not been clearly exposed to the disease. Finally, the virus has been grown from the people who were subsequently exposed. In addition, scientists can use animals to demonstrate these last two rules by exposing the animal to the coronavirus and see if it causes a disease like SARS. □

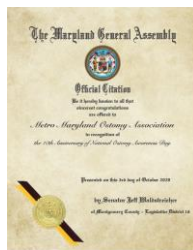
### **Ostomy Awareness Day ~ 10th Anniversary** **October 3, 2020**

To commemorate this date the UOAA is organizing a joint effort across the United States, and Maryland has joined the effort.

#### **The Maryland General Assembly Official Citation**

**Be it hereby known to all that sincerest  
congratulations are offered to  
Metro Maryland Ostomy Association  
in recognition of the  
10<sup>th</sup> Anniversary of  
National Ostomy Awareness Day**

**Presented on this 3<sup>rd</sup> day of October, 2020  
by Senator Jeffrey D. Waldstreicher  
Montgomery County, District 18**



Help shine a positive light on ostomy surgery and go “live” on your own at 7:00 PM EDT on October 3 with people all across the United States. Hit the “live” button on your personal social media accounts (Facebook, Instagram or TikTok) to shine a light on yourself and tell everyone how your ostomy saved your life or that of a loved one. If you are a medical professional, share how your work helps save lives. □

### **A Second Wave of Coronavirus?** *By Miriam Berger, Washington Post, July 31, 2020, MMOA excerpts.*

During this time of the corona virus we all wish it would be disappearing. As the scientists remind us, “we are still in the first wave,” said Loren Lipworth, an epidemiologist at Vanderbilt University Medical Center.

Scientists say the world is still deep in the first [wave]. “As we ease up on restrictions, there is always going to be a resurgence in cases. It is not that it is a new wave of the virus,” said Loren Lipworth. A “second wave,” in the context of a viral pandemic, does not have a formal scientific definition. It is most often understood to describe two scenarios: when an outbreak recedes almost entirely before returning, or when it ebbs and flows on a seasonal basis. Mutations in the virus may occur along the way, sparking new infections.

“The idea of a second wave is flawed and could be misleading, because it obscures the continuous threat the virus poses along with the need to keep stringent measures in place. WHO spokesperson Margaret Harris proposed recently a different turn of phrase: ‘One big wave.’ “As we ease up on restrictions, there are always going to be a resurgence in cases,” she said.

But few places have banished the virus only to see it return, while many have seen infection levels drop amid lockdowns and rise as economies restart. “The first wave was always there but we were able to flatten it down,” Lipworth said. The “question is how long can we stay there.” Nobody should be surprised, she said, that cities or countries that rescinded restrictions swiftly without adopting strong, ongoing infection control measures have seen new spikes in cases.

The coronavirus is not following a flu-season-like trajectory either. “The patterns are not based on seasons,” said Lipworth. “There is still so much that we do not know.”

David Weber, an epidemiologist and medical director at the University of North Carolina Medical Center in Chapel Hill, said he prefers to picture Covid-19 as a wave that grows and shrinks — with two or perhaps many peaks. “If you got down to no cases it would count potentially as a new wave,” he said. “This is going to wax and wane. It is worldwide now. It is not going away.”

Harris said, “It is *going to go up and down a bit. The best thing is to flatten it and turn it into just something lapping at your feet.*” □

**Get Your Flu Vaccine Early  
This Year!**

## HOSPITAL AND WOC NURSES

### MARYLAND:

ANNE ARUNDEL - Annapolis – 443-481-5508

*Michelle Perkins, RN, Jennifer Davis, RN & Joyce Onken, RN*  
CHESAPEAKE-POTOMAC HOMEHEALTH AGENCY, Clinton;  
1-800-656-4343 x7121 or 301-274-9000 x7121

DOCTORS' COMMUNITY - Lanham – 301-552-8118 x 8530  
*Ellyce Green, RN*

HOLY CROSS - Silver Spring – 301-754-7295

*Rezia Lake, WOCN, Agya Gautam, RN*

HOWARD COUNTY GENERAL - Columbia - 410-740-3160

MEDSTAR MONTGOMERY MEDICAL CENTER - 301-774-8731

WOCNs: *Carolyn D'Avis, Patricia Malone, Carolyn Carroza*

MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER-

Clinton MD – Lucy Jupierrez, RN - 301-877-5788

NAT'L INSTITUTES OF HEALTH - Bethesda - 301- 451-1265

CWOCNs: *Karen C Chandler-Axelrod & Quinn Cassidy*

PRINCE GEORGES - Cheverly - 301-618-2000 or 301-618-6462

SHADY GROVE ADVENTIST – Rockville - 240-826-6106

WOCNs at Wound Center: *Sue Hilton, Shay Jordan, Anita Wong, and Raquel Wilson.*

*Cancer Care Navigator – 240-826-6297*

SUBURBAN - Bethesda - 301-896-3050 - *Melba Graves, WOCN*

ADVENTIST HEALTHCARE – White Oak - 240-637-4000

WOCNs: *Barbara Aronson-Cook, Carol Caneda –*  
240-637-5908

### FOR MILITARY ONLY:

MALCOLM GROW MED CTR, ANDREWS AFB –

Suitland, MD, Phone 240-857-5911/3083

BETHESDA NAVAL/ WALTER REED NATIONAL MILITARY

MEDICAL CENTER - Bethesda, MD - 301-319-8983/4288

WOCNs: *Paz Aquino & Sharon May; Dawn Ford, WOCN*

V.A. MEDICAL CTR - Washington. D.C., 202-745-8000/8495/93

Page WOCNs: *Leslie Rowan, Natalie Tukpak*

### WASHINGTON DC:

CHILDREN'S NATIONAL - 202-476-5086

*June Amling, CWON, Heather Lee, WOCN*

GEORGE WASHINGTON UNIV- 202-715-4325

*Kathleen Kerntke, CWOCN, Jacqueline Rufo, CWOCN*

MEDSTAR GEORGETOWN UNIV - 202-444-2801

Page WOCNs *Elizabeth Keller, Kimberly Mauck,*

*Anne McArdle*

HOWARD UNIVERSITY - 202-865-6100 ext. 1105

*Ann Cole, RN*

NATIONAL REHABILITATION - 202-877-1186

WOCNs: *Carolyn Sorensen, part time: Carolyn Corazza,*

*Carolyn D'Avis. Send mailings c/o: STE G084*

SIBLEY MEMORIAL - 202-689-9931

WOCNs: *Dorothy Shi & Barbara Kebodeaux*

BRIDGEPOINT HOSPITAL CAPITOL HILL (formerly Capitol Hill Hospital) is a nursing home with long term acute care beds.  
Wound Care Dept. 202-546-5700, ext. 2140

UNITED MEDICAL CENTER (UMC) – 202-574-6150

*Donna Johnson, WOCN*

MEDSTAR WASHINGTON HOSPITAL CTR – 202-877-7103

Page WOCNs: *Maura Fitzpatrick, Simcha Gratz,*  
*Hilary Hancock, Michelle Radawiec & Beverly Styles –*

202-877-5395

## OUTPATIENT OSTOMY CLINICS

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

### Carroll County Hospital Wound Care Center

410-871-6334

### Frederick Memorial Hospital Wound Care Center

400 West Seventh St., 240-566-3840

### • Holy Cross Hospital

*Temporarily there is no Outpatient Clinic*

### Adventist Healthcare White Oak Wound Clinic

240-637-5908

### • Shady Grove Adventist Wound Center

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

9901 Medical Center Dr

Rockville, MD 20850

Tuesday and Wednesday

By Appointment Only - Call 240-826-6106

### George Washington University Hospital - Main Level

Monday thru Friday, 8:00 a.m.-4:00 p.m.

By Appointment Only - Call 202-715-5065 or 5081

### Medstar Georgetown University Hospital

Thursday mornings, 8:30 AM to 12:30 PM.

4<sup>th</sup> 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

### **August marks Short Bowel Syndrome (SBS) Awareness Month**

Lynn shares her story to support and empower others living with short bowel syndrome to self-advocate. From UOAA:

<https://www.ostomy.org/lynns-journey-to-self-reliance-knowing-what-to-expect-can-help-empower-people-living-with-short-bowel-syndrome/>



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**Supporter Information with Donation to Metro Maryland Ostomy Association**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ Occupation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Spouse Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Continent Ileostomy \_\_\_\_\_ Continent Urostomy \_\_\_\_\_ Urinary Diversion \_\_\_\_\_ Other \_\_\_\_\_

Date of Surgery \_\_\_\_\_

Reason for Surgery: Crohn's \_\_\_\_\_ Ulcerative Colitis \_\_\_\_\_ Cancer \_\_\_\_\_ Birth defect \_\_\_\_\_ Other \_\_\_\_\_

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

Send Check to: Metro Maryland Ostomy Association  
15800 Crabbs Branch Way, Ste. 300, Rockville, MD 20852  
[www.marylandostomy.org](http://www.marylandostomy.org) Telephone: 301-946-6661

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***Note our New Address***