



Metro Maryland Ostomy Association, Inc.

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Dear Metro Maryland Supporters,

A New "New Year" Greeting!"

In 2020 the Chinese Lunar New Year saw celebrants dispensing with the traditional well-wishes of appeals to prosperity and good fortune. Instead, they were wishing one another **"bai du bu qin!"** This translates as "may you be immune from 100 toxins." In other words, "be free from sickness," as their country struggled to contain a public health crisis. It was a slogan of solidarity and encouragement to hold on to in a worried time. It implied having great self-control and determination as well as to not easily succumb to disease - "people united together."

Important Dates

March is Colorectal Cancer Awareness Month

April 11-17, 2021 is WOC Nurse Week

*Metro Maryland is very fortunate to have dedicated WOCNs
at all of our meetings!
Have you thanked a WOCN lately?*

April 18-24, 2021 is National Volunteer Week

*We thank all the past and present Metro MD volunteers
for their time, skills and caring!*

MMOA is very grateful to all who have supported us with their donations. We know that for many this period of Covid-19 has made it difficult to make ends meet. You may donate any time of the year. All Donations are gratefully accepted and are Tax-Deductible. Again, "thank you" on behalf of the ostomates who turn to MMOA for support.

***Sincerely,
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***

Join our monthly Zoom meetings

March 14, 2021 at 12:00 Noon

Reginald Torrence
Representative for Coloplast
(Turn FORWARD your clocks)

April 11, 2021 at 12:00 Noon

General Discussion for all ostomates
and those with alternate procedures,
with aid from our WOCNs

Three ways to get the Zoom link:

1. The surest way to join the Zoom meeting is to go to our website:

marylandostomy.org

- Click on "Join Us," then
- Click on "Meetings"
- You will see the link or phone number.

OR

2. Using the link below,
Right click on the link, then
on the drop-down menu choose
OPEN HYPERLINK:

<https://zoom.us/j/97761387637?pwd=VFVkaUJ1ZFZROUZZbTlUekxyM09odz09>

Meeting ID: 977 6138 7637
Passcode: 924413

OR

3. To join by phone: 13017158592

If you need an ear or assistance,
have questions or want to speak
with an ostomate about your concerns,
DO NOT HESITATE

to email Metro MD Board members
willing to help during the pandemic:

Michele Gibbs: michelegibbs305@yahoo.com

Paul Hudes: babb11@verizon.net

Sue Rizvi: sahr9839@gmail.com

or

leave a message at the office, 301-946-6661.

Welcome to My Fantasy - by Ellyn Mantell, New Jersey
OA, excerpted by Metro Maryland OA

We all have our fantasies, so come along with me as I describe one of mine....New ostomates (those with ileostomy, colostomy or urostomy, all having had stoma surgery) would begin adjusting to their new life with all of their questions answered; they would have knowledge and be welcomed into an Ostomy Support Group; they would have a connection with a Wound, Ostomy, and Continence Nurse (WOC Nurse) and they would recognize what a gift, what a lifesaver, an ostomy is.

How can questions be answered, and knowledge gained as needed? The majority of ostomies, even those performed in an emergent situation, require marking the abdomen for placement of the stoma (opening.) This is typically done by the Wound, Ostomy, and Continence Nurse (WOC Nurse) and that is the person who comes to the patient's room post-op to begin preparing the ostomate for life at home. In an ideal world, the WOC Nurse has written information to share (which once home, will make more sense) and provides contact information for any questions. Additionally, the ostomate is put in touch with the United Ostomy Associations of America to become part of a bigger group of kindred people.

A final word about those we call our Angels - the Wound and Ostomy Nurses. Establish a relationship with one; and if there is an Ostomy Clinic or Ostomy Center in your area, use it! These nurses are your connection to properly-fitting appliances, to the correct supplies and accessories, to questions and personal support, as well referring you to a Support Group. More and more WOCNs are entering the private sector and providing services such as home visits, particularly to those who cannot travel to a clinic or office. Your surgeon may even have one in the office to help navigate the transition to life as an ostomate. We call our WOC Nurses our Angels, and that is exactly what they are, ladies and gentlemen, with big wings to support us!

Editor's Note: Ellyn Mantell is a UOAA advocate and Affiliated Support Group leader from New Jersey. You can follow her personal blog at morethanmyostomy ☐

**Get Your Flu Vaccine
NOW**

If You Haven't Done So Yet.

**Congratulations
to those who have received their
first (and for some their) second
COVID-19 Vaccine injections!**

11 Health: An Innovative Solution for Ileostomy Patients by Rena Munster, presented at MMOA February 2021 meeting

Ostomates are not only dealing with intestinal concerns but are also at risk for a multitude of complications. Data shows that 38% of ostomy patients find themselves back in the emergency room or being readmitted within the first 90 days post operatively [1]. This is one of the highest rates of readmission when compared to other types of surgery. The most common cause for re-admission is dehydration, at approximately 40% of post ileostomy readmissions [2].

We also know that 84% of ostomy patients develop skin issues. The causes can be chemical, mechanical, or microbial, and can possibly be avoidable. Ostomates also have significantly increased healthcare costs, especially when affected by peristomal skin complications, and leakage [2]. It is known that 25% of ostomates develop renal failure within two years. The complications these patients encounter require 7x more outpatient visits than the average patient. And 29.1% of ostomates experience readmission which costs approximately \$16,000 per patient [1]. These statistics show that specialized care for these patients is imperative to improving patient outcomes in this patient population.

A recent study published by the American Society of Colon and Rectal Surgeons shows how one company, 11 Health and Technologies, is utilizing a novel approach to improve the quality of life and outcomes in these patients. The company developed “alfred:SmartCare,” a unique care model designed to meet the specialized need of ostomates. The program consists of a SmartBag and SmartWafer, a mobile application, patient coaches (who were/are also ostomates, trained to support this type of patient) and the nursing team.

The patient wears the SmartBag and SmartWafer, which submits data to the mobile application and clinical dashboard. The data is visible to the patient, their coach, the nursing team and the patient’s clinicians to be used to identify trends and abnormalities in the values. The patient can see how much output they have expressed and what the temperature is of their peristomal skin.

These data points can help to curtail oncoming hydration issues or infections. When abnormalities are identified, the coach can work with the patient to provide education and can escalate issues to the nursing team for medical guidance.

In the study, the outcomes of 66 new ostomates from 19 different states were monitored for the first 30 post-operative days. The study showed that close monitoring of ostomy output volume as well as peri-operative self-management support can significantly reduce the rate of hospital readmissions in the first 30 days after surgery.

Are you interested in learning more or trying samples? Reach out to our account manager, Rena Munster, to learn more and request samples: rena.munster@11health.com or 714-932-1113. More information is also accessible at www.11health.com.

- [1] Tyler, J. A., Fox, J.P., Dharmarajan, S., Silveira, M. L., Hunt, S. R., Wise, P. E., Mutch, M. G. (2014). Acute health care resource utilization for ileostomy patients is higher than expected. *Diseases of the Colon & Rectum*, 57(12), 1412-1420.
- [2] Justiniano, C. F., Temple, L. K., Swanger, A. A., Xu, Z., Speranza, J. R., Cellini, C., Salloum, R. M., & Fleming, F. J. (2018). Readmissions With Dehydration After Ileostomy Creation: Rethinking Risk Factors. *Diseases of the colon and rectum*, 61(11), 1297– 1305.
<https://doi.org/10.1097/DCR.0000000000001137>
- [3] Taneja, C., Netsch, D., Rolstad, B. S., Inglese, G., Eaves, D., Oster, G (2019). Risk and economic burden of peristomal skin complaints following ostomy surgery. *Journal of Wound, Ostomy and Continence Nursing*, 46(2), 143-149.
- [4] Fearn, Robert I. M.D., M.R.C.P.^{1,2}; Gorgun, Emre M.D.³; Sapci, Ipek M.D.³; Mehta, Saahil N. M.D.²; Dinh, Binh B.S.²; Yowell, Quinn V. M.S.²; Eisenstein, Samuel M.D.⁴ (2020). Improved 30-Day Surgical Outcomes in Ostomates Using a Remote Monitoring and Care Management Program: An Observational Study. *Diseases of the Colon & Rectum*: December 2020 - Volume 63 - Issue 12 - p e581-e586 □

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March is Colorectal Cancer Awareness Month-

Colorectal Cancer Awareness reminds all of us that cancer screening tests aim to find cancer early, before any symptoms appear and when it may be easier to treat successfully. Screening test are used to find cancer in people who have no symptoms. Effective screening tests are those that:

- Find cancer early
- Reduce the chance that someone who is screened regularly will die from the cancer
- Have more potential benefits than harms.

This cancer is one that can be prevented when early screening is done. Guidelines now encourage everyone to get screened at age 45 for those at average risk or earlier if a family history of cancer is present. □

* * * * *

Does Colon Cancer Run in your Family? From Colon Cancer Coalition, 4/2019 and its blog by Denise Casamento Musser, APRN-CNS, OCN, AGN-BC, 5/2019

Knowledge is power. Understanding your body at its deepest level – at the level of your own DNA – can help you evaluate your risk for disease and make informed decisions about your care.

As an advanced practice clinical nurse specialist with a board certification in genetics, Denise Casamento Musser at the University of Minnesota Health Cancer Risk Management program, involves a team of licensed genetic counselors and physician specialists who are trained in cancer genetics. They provide individualized prevention and surveillance plans plus medical management for people who have higher risk for cancer because of their underlying genetics. Their patients either have a known genetic mutation that increases their cancer risk, or a strong family history of cancer without a known gene.

Here is a little science lesson on cancer: All cancer occurs because of errors in the DNA replication process. Every single cell has a life cycle. At a certain point, it needs to stop dividing and die off so that new cells can take its place. If the DNA in our body is missing certain components – parts of a gene, for example – errors will start to occur. Cells might develop mutations, grow uncontrollably, or cease working properly.

Our bodies have protective mechanisms that prevent most of these processes. We are equipped with cells that stop uncontrollable cell division, which is what produces developing tumors. Also, some genes called “mismatch repair genes” work to clean up or repair mistakes in our DNA replication process. You will often hear that term in discussions about Lynch syndrome, for example.

But genetic mutations still occur. When they do, they fall into one of two general categories:

1) Inherited genetic mutations a person has from birth. These are only responsible for 5-10% of all cancers. People who have inherited a genetic mutation predisposing them to cancer often have cancers at younger ages, under age 50. But not always.

2) Acquired mutations over time. Acquired mutations are much more common, and they explain why cancer usually occurs in older people.

Although “heritable cancers” only comprise 5-10% of all cancer cases, we are learning through expanded DNA testing that the genetic mutations for cancer are more prevalent in the population than previously thought.

Genes are the building blocks of DNA. Genes are what we inherit from our parents and affect height, eye color, and even the likelihood of developing cancers. Learning your family history allows you to take appropriate steps to decrease the risk of developing colon and other types of cancers. About 5-10% of colon cancers are due to specific inherited conditions that make it more likely that some family members will get polyps, colon cancer, and possibly other cancers.

When there is an inherited cause for colon cancer in a family, not everyone inherits it. Knowing if you or your relatives have an inherited increased risk for colon cancer can save lives. Family members who have this inherited risk can get the right screening, at the right time, and prevent cancers.

The chance that your family has a hereditary cause for colorectal cancer goes up when:

- There are multiple close relatives with colorectal cancer and polyps
- When cancer occurs in young people (under age 50 for colon cancer)
- When someone has had more than one cancer (for example someone who has had two separate colon cancers)
- When someone has had more than 10 colon polyps
- When there is a pattern of cancers or polyps that fit with a known cause. (For example, uterine and colon cancer are seen with a condition called Lynch syndrome).

The Genetic Risk for Colon and Rectal Cancer -

- The risk of developing colorectal cancer increases 2-3 times when a parent, sibling, or child is diagnosed compared to those with no family history.
- The risk increases 3-6 times over the general population when a relative is diagnosed at a young age or if more than one relative has colorectal cancer.
- About 20% of all colorectal cancer patients have a close relative, also diagnosed with the disease.
- About 5% of patients with colorectal cancer have a well-defined genetic syndrome that causes the disease like Lynch syndrome or familial adenomatous polyposis (FAP). These conditions are linked with higher risks for colon and other cancers.
- Lynch syndrome (which used to be called hereditary non-polyposis colorectal cancer) accounts for 2-4% of all colorectal cancer cases.
- Familial adenomatous polyposis (APC genetic mutation), juvenile polyposis syndrome is the second most common predisposing genetic syndrome; for these individuals, lifetime risk of colorectal cancer approaches 100% without intervention.

Some of the genes linked to breast cancer, known as CHEK2+ and ATM+, are also linked to colon cancer. If you know that someone in your family had DNA testing and has a genetic mutation for colon cancer, or if you are simply concerned about colon cancer in your family, see a cancer genetic counselor. Genetic testing is much more affordable than it has been in the past.

You cannot change your genes, but you can do something about your risk. Research shows proper nutrition, exercise, avoiding carcinogens, limiting alcohol and other actions can help reduce your risk for all types of cancer. Knowledge is power. Acting on that knowledge can help you make the best choices to protect your health, your loved ones and prevent disease. □

**“Faith is strength by which
a shattered world
shall emerge into the light.”**

**“So long as the memory
of certain beloved friends
lives in my heart,
I shall say that life is good.”**

**“Until the great mass of the people
shall be filled with the sense of
responsibility for each other’s welfare,
social justice can never be attained.”**

**All the world is full of suffering.
It is also full of overcoming.”**

~ All quotes by Helen Keller

Urine Salt Crystal Deposits *by Linda Sander, CWOCN* *Via United Ostomy Association of Chicago*

Urine salt crystal buildup around urinary stomas is one of the most difficult skin care problems for people with urostomies. Urine secretes a certain amount of salt, but whether the urine is acid or alkaline determines the amount secreted. An alkaline-based urine secretes more salt than an acid-based urine, thus, more salt-crystal buildup with alkaline urine.

How can you tell if you have urine crystals? First, they can be seen as a growth, white or light brown in color, around the base of the stoma. The stoma and the area the growth involves are very likely to be tender and sore. Sometimes the stoma will be completely covered by the crystals and can no longer be seen.

What are some of the underlying factors which cause urine crystals, other than alkaline urine? In many cases, two factors are usually dominant. The stoma opening in the skin barrier in all cases was too large, and these patients were wearing a pouching system designed primarily for a fecal ostomy. These two aspects may not always stand true, but in those cases I have seen, these two factors were present. Other aspects include those patients who do not use a night drainage system, thus allowing urine to remain in the pouch while they slept. This practice continually bathes the stoma with urine at night. Moreover, personal hygiene – not only on the skin area around the stoma but the cleaning and proper care of the pouching system – was performed poorly.

What to do in case of a urine-crystal buildup problem?

1. Determine the circumference of your stoma and cut your skin barrier to the correct size; i.e., not so big as to allow your peristomal skin to show, and not so small as to more than just “brush” the stoma.
2. Change your pouching system at least twice a week. It is surprising how many people only change their skin barrier when it starts to leak. The goal is to change it before it leaks.
3. Every time you change your skin barrier, bathe your stoma with a vinegar and water solution. Use one part vinegar to three parts water. Bathe the stoma for several minutes with a cloth. This solution may be used between changes by inserting some of this vinegar solution in the bottom of your pouch – a syringe may be used for this – and let the solution bathe the stoma.

To keep control of the situation, change the alkaline urine to acid urine. The easiest and most successful way is by taking Vitamin C orally. The dosage will depend on your age, but the normal adult dosage is 250 mg four times a day. Be sure to consult your physician before taking oral medications.

If you follow these procedures, you should have no further concerns regarding a urine-crystal buildup. However, if you do begin to see them again, take action immediately before trouble starts. □

We do not inherit the earth from our ancestors;
we borrow it from our children. *American proverb*

Nutritional Prehabilitation Improves Outcomes *by Daniel Roberts, M.D., Mayo Clinic Letter, 5/2020*

Many doctors recommend a health-improving program in the weeks leading up to colorectal surgeries, known as prehabilitation. This process is designed to optimize your overall health before surgery in order to improve recovery. Numerous studies have examined the benefits of adopting a regular exercise regimen before colorectal surgery. Now, new research points to the value of nutritional prehabilitation as well.

The analysis of nine studies of people who underwent colorectal surgery was published in *Gastroenterology*, August 2018. Some had nutritional prehabilitation, meaning they received support such as personalized nutrition counseling or supplemental protein to improve muscle mass. Others followed a more comprehensive prehabilitation program including nutritional support, and aerobic and resistance training exercises.

Researchers found that those who did comprehensive prehabilitation spent significantly fewer days in the hospital after surgery – an average of two days fewer than those who didn't do any prehabilitation. Interestingly, those who did only the nutrition component of prehabilitation experienced the same level of benefit. There was also evidence that a combination of nutrition and exercise brought about a quicker return to functional ability.

Mayo Clinic experts routinely recommend a number of prehabilitation strategies designed to build strength, improve nutrition and manage stress before many types of surgery if time and ability allow. □

Factors Which Influence Ostomy Function – *by Liz O'Connor, RN, WOCN, Metro Maryland (previously printed)*

Quite often patients experience a sudden reversal in normal ostomy function due to medications or treatments they are undergoing. The following information might be helpful to keep in mind.

Antibiotics – These often cause diarrhea, even in patients without an ostomy. Ostomates are no exception and, if the problem becomes severe, notify your physician immediately. In the meantime, keep Gatorade or a like drink on hand to maintain adequate electrolyte balance.

Pain Medications – These are often constipating; extra irrigations or laxatives or stool softeners might be required by colostomates to combat the side effects. Perhaps the dosage can be reduced to eliminate the situation. If not, consider one of the above alternatives.

Chemotherapy - Many cancer patients have follow-up chemotherapy after surgery or as an alternate to surgery. This often produces nausea and/or vomiting. Gatorade is again good to keep on hand for electrolyte balance.

Radiation Therapy – This often produces the same effects as chemotherapy. Treat accordingly.

Travel – travel can cause constipation in some patients and diarrhea in others. Be aware that these are possibilities. An altered diet when traveling accounts for some of this, plus the excitement of new surroundings. Allow sufficient time for irrigations and take along an anti-

diarrhea medication. Check with your doctor if you are not familiar with what works best for you to control diarrhea.

Antacids – Those with magnesium can cause diarrhea. You may want to ask your doctor to suggest an antacid with aluminum rather than magnesium.

Drink plenty of fluids. Tea is always a good source of potassium (so are oranges, bananas) and potatoes. Coca cola also contains some potassium. Bouillon cubes are a good source of sodium. Gatorade is used by athletes for electrolyte replacement. It is better served over ice. Remember some of the signs of electrolyte imbalances are irritability, nausea and drowsiness. Be prepared and prevent this problem when possible. Keep well hydrated with adequate fluids of all types – water included. □

About Vaccines – *excerpts from Kaiser Permanente via Metro Maryland OA, 2/28/2021*

Pfizer Vaccine:

Efficacy -

- 95% effective after two doses
- seen regardless of gender, age, race, or ethnicity

Dosing –

- 2 doses given 3 weeks or 21 days apart
- It is best to get the 2nd dose 17-21 days after the 1st dose. Both doses are needed for full effectiveness.
- NOTE: Safety and efficacy of this vaccine, when given with other vaccines, has not been tested. DO NOT get any other vaccines 14 days before or after getting this vaccine.

Moderna Vaccine:

Efficacy-

- 94% effective after two doses
- seen regardless of gender, age, race, or ethnicity

Dosing –

- 2 doses given 4 weeks or 28 days apart
- It is best to get the 2nd dose 25-35 days after the 1st dose. Both doses are needed for full effectiveness.
- NOTE: safety and efficacy of this vaccine, when given with other vaccines, has not been tested. DO NOT get any other vaccines 14 days before or after getting this vaccine.

Side Effects:

Most people experience side effects after the 2nd dose. Common side effects seen in the trials included:

- fatigue
- headache
- fever
- chills
- muscle aches
- pain or redness at the injection site

Most side effects only last a few days and may signify that the vaccine is triggering an immune response. If you have a bad reaction, however, call your doctor and file a report with the Adverse Events Line (see below.)

You can treat the injection site with warm compresses and over-the-counter (OTC) medicines as needed. Typically resolves after 3-4 days.

Treat body aches, fever, fatigue chills and headaches with fluids, rest, and OTC medicines such as Tylenol, Advil, Aleve or Aspirin, as needed. Follow directions and precautions on the package. Typically resolves within 48 hours.

Redness, itching, warmth at the injection site is considered a mild allergic reaction. Treat with OTC antihistamines such as Benadryl, Allegra, Claritin or Zyrtec. Topical steroid creams like cortisone may also be used.

Adverse Events Reporting Line – If you have a bad reaction after getting the vaccine, report it to the Adverse Events Reporting Line at vaers.hhs.gov/esub/index.jsp. Have the following information available when completing the form:

- Patient Information (age, date of birth, sex)
- Vaccine Information (brand name, dosage, date and time given, medical center)
- Date and Time reaction started
- Symptoms
- Any medical or lab tests done (if applicable)
- Doctor's contact information (if applicable)

CDC V-Safe health checker. Visit vsafe.cdc.gov and register for the CDC's V-safe vaccine follow-up program. V-safe is a smartphone-based tool that allows you to tell CDC about any side effects you have after getting the COVID-19 vaccine. The V-safe tool will send a text message each day for the first week, then you will get a check-in message once a week for up to 5 weeks and it will send reminders for your second dose.

Vaccination Card: You will be given a COVID-19 vaccination card after you receive the first dose to help track which vaccine was given and the date received. Schedule an appointment for your second dose before leaving the medical center. Once you receive the 2nd dose, make sure the nurse or doctor who gives you the vaccine adds the information to your vaccine card. Keep the card for your records. □

Why Zoom and Not Skype? *excerpted from Adrian Kingsley-Hughes for Hardware 2.0 by Metro Maryland OA*

First and foremost, Zoom is much easier to use than Skype. All the regular Joes and Josephines out there don't find this so easy: the "muggles," non-technical people. I've gotten all sorts of people to use it with very little friction. People whose ideal app would only have one button, and that button would be pre-pressed. Zoom is about as close to that as you can get.

Second, bugs. Skype applications have not been the most reliable apps, whether on the desktop or mobile. Bugs would take a long time to fix, and more bugs would pile up.

Third, Skype has a big Spam problem. Skype is not a program that I'd be happy giving to people who aren't used to handling spammy content. E. Brown wrote: "The major reason that Zoom has such an advantage is all you

need is an email address to join the call - guests never need to create an account -- unlike Skype."

Editor's Note: For Ostomy Support Groups Zoom has been a huge success. It's free, generally supplied by the volunteer non-profit local group. It fulfills their mission; to enable patients to heal, learn and live fully. Please join Metro Maryland's monthly Zoom meetings. □

Nuggets from Metro MD Zoom Meetings

- ConvaTec representatives, Lisa Khan and Cheryl Yiadom introduced the newest products.
 - * The Esteem™+ Flex Convex and Soft Convex system fits the contours of your body, moving with you and helping to give you the confidence to live life the way you want.
 - * Natura Durahesive Moldable Skin barrier with Accordion Flange.
 - * ConvaTec Moldable Technology means no cutting, snug and secure, skin friendly and comfortable skin barrier.
 - * OSTOmysecrets is a one-of-a-kind clothing company created by people with ostomies, for people with ostomies. From swimwear, women's thongs, or men's athletic boxers.
 - * The me+™ program offers the right support so you feel stronger, more confident and ready for what's ahead. The ostomy products and support you need, tips and advice for stoma care, and a community you can grow with. The me+ product specialist and 20 WOCNurses are waiting to help you, call 1-800-422-8811.Check out and request samples from the website and the me+ program at <https://www.convatec.com/>.
- Telehealth - Health care from the safety of your home. Find out what Telehealth is and what to expect from a virtual doctor's visit. You can also check out their tips on finding Telehealth care. Go to <https://telehealth.hhs.gov/>
- Coloplast has a new support belt called Brava Support Belt. Check website at www.coloplast.us.
- Stoma Cup – Useful for showering without your appliance. Check rcscompany.com/cup.htm
- "Ask Our Colorectal Surgery Experts" at Facebook.com/HolyCrossHospital on Thursday, March 18, at 1 p.m.
- Tangerine Yoga at hello@tangerine.yoga is celebrating International Women's Day with a virtual workshop on Sunday, March 7, 10:00 - 11:15 a.m. Not free – Donations (\$10 – \$30) will help the foundation raise awareness for young women's education around the world.
- Jearlean Taylor's presentation at MMOA's December meeting was truly inspirational. Her autobiography, "Pretty Girl Blues," was recommended by a MMOA member for young people as well as adults. □

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) In Silver Spring Medical Supply Loan Closet at Lutheran Church of St. Andrew**
15300 New Hampshire Ave.
Silver Spring, MD 20905
To donate call/text Marilee Tollefson 301.254.9115 or email marileetollefson@gmail.com, to arrange a day and time to drop off.
The Closet operates a large medical loan closet with a large inventory of donations for pick up. There is no cost and no means assessment. Items are dispensed on a first come, first served basis. Examples of supplies 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.

You've Got Mail – Metro Maryland

December 4, 2020

In Thanksgiving for MMOA. Twenty-three years ago today, in 1997, I had bladder cancer surgery and began a new life as a urostomate in Washington. MMOA was a most valuable help to me then and I'm sure it continues to be to many ostomates now. Blessings and thank you!

~ Eugenia P.

P.S. We ostomates are a special breed!

December 7, 2020

MMOA - Thank you for all you do. Stay positive and healthy.

~ Pattie K.

HOSPITAL AND WOC NURSES

MARYLAND:

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

FOR MILITARY ONLY:

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

WASHINGTON DC:

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

OUTPATIENT OSTOMY CLINICS

REMINDER: A doctor's referral is required to take with you 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**
Temporarily there is no Outpatient Clinic

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 - 202-715-5065 or 5081

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

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

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

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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 20855
www.marylandostomy.org Telephone: 301-946-6661

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