



Welcome Inland Northwest Ostomates!



WINTER



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WHAZZ UP

We wish you all Good Health, High Spirits, Fun Journeys and Happiness in the New Year! Greetings to all of our regional readers: ostomates, family members and caregivers, and the health care community, especially to our wonderful, dedicated WOCNs! I hope that all of you enjoyed a Wonderful and Peaceful Holiday Season.

As we enter this New Year, let us take the time to reflect on how lucky we are to be alive – remember, “**Ostomies are Life Savers!**” For those of you who are new to having an ostomy, please know that there are many resources out there to help you adjust to your new life, one that you will learn to appreciate and cherish! The closest resources are your fellow ostomates in your local community. There are so many of us who welcome the opportunity to help you!

[Continued on next page](#)

REGIONAL OSG MEETINGS *

Winter –2020



Coeur d’Alene, ID: Third Thursday, February – November, 6:30-8:30 pm at Kootenai Health Medical Center, Coeur d’Alene, ID:

- February 20: Ostomy Support
- March 19: Ostomy Support

Lewiston-Clarkston: Second Monday, January-December, 12:30-1:30 pm at Tri-State Memorial Hospital, Clarkston, WA:

- January 13: Ostomy Support
- February 10: Ostomy Support
- March 9: Ostomy Support

Palouse: First Wednesday each month; February – December; 5:00-6:00 pm at Gritman Medical Center, 700 S. Main St, Moscow, ID:

- February 5: Ostomate Support
- March 4: Ostomate Support

Spokane: First Tuesday each month; February – November; 6:30-8:00 pm at Sacred Heart Medical Center, Sacred Heart Women’s Center, Avista A & B Room, Spokane, WA:

- February 4: Disaster Prep – Barb Stuebing
- March 3: Nutrition – Michele Vickerman

Tri-Cities: Second Thursday five months each year at Kadlec Healthplex, 1268 Lee Blvd; except July 12, Ice Cream Social will be at main Kadlec campus, 888 Swift Blvd, Richland, WA:

- January 9, 12:00-1:30 pm: Ostomy Support
- March 12, 12:00-1:30 pm: Ostomy Support

Wenatchee: Quarterly 2:00-4:00 pm at Confluence Health - Central Washington Hospital, Conference Rms. J & K, Wenatchee, WA:

- February 13, 2:00-4:00 pm: Ostomate Support

Yakima: Second Wednesday bimonthly; 10:00-11:00 am at Virginia Mason Memorial in Yakima, WA:

- January 8: Hollister - Amanda Boden
- March 11: Dietitian - Katie St. John

* *Speakers / Topics shown if provided*

NOTE: See page 10 for additional info about support group meetings & contacts.



It has come to our attention just how many ostomates have periodic or even chronic difficulties with their peristomal skin, an often painful and debilitating condition. So we have dedicated most of our current issue of “InSider” Newsletter to informing ostomates and caregivers about (1) maintaining good peristomal skin condition, and (2) recognizing and treating unhealthy skin issues. Even if you do not have skin issues, we should all be aware of how to recognize problems just in case we develop them or if we have the opportunity to help others. Our next issue will include a list of “Peristomal Skin Management Tips” developed by a Spokane OSG focus group at the Nov. 5, 2019 meeting.

In this issue of “InSider” Newsletter, we also revisit challenges presented by TSA security screening; a personal story by an ostomate who unexpectedly encountered a rigorous enhanced screening. This is a “must read” for all air travelers! In addition, in “I’m an Ostomate, ,” Kathryn Spurgetis, RN, shares her impressive journey to becoming an ostomate and the benefits she brings to nursing! Also check out a couple of websites – “Girls with Guts” and “Ostomy Connection.”

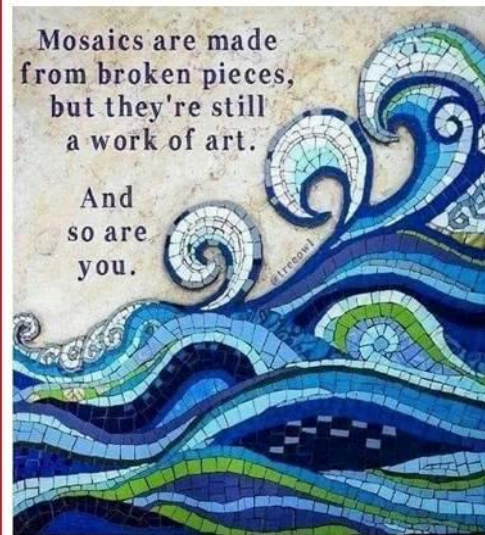
Check out our updated regional website - inlandnwostomy.org. Visit the website to discover additional local, regional and national resources. Finally, **Please Remember** that we at the “InSider” welcome your ideas and input! All ostomates, family & caregivers, and medical staff in our communities are welcome to submit articles, letters, and ideas! **THANK YOU!**

DIVERSION INSPIRATION & HUMOR

(Submissions & ideas welcome)

Mosaics are made from broken pieces, but they're still a work of art.

And so are you.



REGIONAL-OSG ACTIVITY REPORTS, ANNOUNCEMENTS, & LETTERS

“Spokane Ostomates Run for Resilience in Boise”

By Phil Moyle, Spokane Ostomy Support Group

Carol Nelson, Co-facilitator of the Spokane Ostomy Support Group, her husband Bruce Nelson, and Phil Moyle had a fun time participating in the UOAA-sponsored 4th Annual Run for Resilience in Boise, Idaho on October 12th. This year two Boise WOCN’s, Jessica Blakeslee and Amber Lords, took over as Co-Directors of the “raising awareness” event from the original race Director, Megan Herrett. Megan’s, and husband Matt’s, two children, Maggie and Winnie, also participated in the race. Both had ostomies since early childhood due to liver disease; however, Winnie underwent a liver transplant less than two months before the race. The surgical team reversed his ostomy during the transplant. Maggie, an avid gymnast, was joined by her teammates in the event. WOW, these “resilient” children are true role models! Thanks Megan and Matt for being such wonderful parents! As they did last year, Phil, joined by Carol and Bruce



Carol Nelson, Bruce Nelson, & Phil Moyle on 5-Km stroll along the Boise River Greenbelt.

Continued on next page



Nelson, got together with the Herretts for dinner and socializing the evening before the race, this time consuming tasty Italian cuisine. Over a dozen ostomates participated in the Boise Run for Resilience (see group photo).

After attending UOAA’s 7th **National Conference** held in Philadelphia in August, Phil Moyle gave presentations about the Conference, the UOAA, and the Run for Resilience to the Spokane and Coeur d’Alene Ostomy Support Groups. He will give a similar presentation to the Confluence Health Support Group in Wenatchee at their February meeting.



Ostomates in Run for Resilience – Boise, Idaho

“Planning Ostomy Support Group Meetings - Topics and Speakers”

By Phil Moyle, Spokane Ostomy Support Group

The Spokane Ostomy Support Group (SOSG) meets 10 times each year, and like many other groups, we typically arranged for topics or speakers only a few days or weeks before the next meeting. Lacking a specific agenda, we often devote an entire meeting to introductions and sharing of life experiences followed by breakout discussion groups based on surgical type. Of course, this is a good practice and especially beneficial to newer ostomates. However, we also like to cover a variety of other relevant topics of interest that may be beyond the expertise of our members, leaders, and support WOCNs.



Rather than “guess” suitable topics for our 2020 meetings, SOSG undertook a two-step process in later 2019 meetings by requesting member preferences. First, we solicited individual suggestions/preferences via our meeting announcements, and from those responses, we compiled a lengthy list of potential topics and speakers. Second, we devoted part of our November 2019 meeting to prioritizing the listed topics; each breakout group (by surgical type) discussed and prioritized from the list of the topics/speakers that we provided. Obviously, preferences varied; however, the SOSG leadership team evaluated the priority lists, consulted our lead WOCN, and produced a short combined list of preferred topics and speakers to guide our 2020 meeting plans. The final preference list includes the following items in no particular order: Colorectal Surgeon; Vendors (to present at separate meetings); Nutrition (Michele Vickerman, RDN, SHMC); Mental/Emotional issues (speaker TBD); Disaster Preparedness (Barb Stuebing, St. Luke’s Rehab);

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Physical Activities, e.g. exercise, hernia prevention, travel, etc. (WOCN-led meet); Peristomal Skin Care and Issues (WOCN-led meet); and a Social Event (summer picnic in Manito Park with a walking tour of the gardens). Scheduling of 2020 meetings and topics/speakers is still underway. Of course, we expect preferred topics/speakers to vary from year to year as new issues, technologies, and interests emerge.

“Special Report – Local Ostomate Encounters Rigorous TSA Search”

By Marcia Green, Spokane Ostomy Support Group

In mid-August, I arrived at the Spokane International Airport for a short flight to Vegas. Everything went smoothly until I passed through TSA’s full-body scan. My ostomy appliance set off the alarm, which still did not concern me. It had happened once before in California where the agent had me place my hands over my ostomy location, tested my hands for residue, and then sent me on my way. I told the TSA agent in Spokane I had an ostomy and expected the same procedure. However, I was sadly mistaken as to how this TSA agent would conduct the security screening at Spokane International Airport. The agent asked if I wanted a supervisor, but I did not respond because I had no idea why I was



Marcia Green (L) in Las Vegas after the TSA security screening incident.

being asked that question. Then they subjected me to a full body pat down in front of everyone...not once, but twice, and they emptied and searched my carry-on (consisting solely of my ostomy supplies). The TSA agent did not offer the option of going to a private area.



Photo from video of TSA Security Screening training session at the UOAA National Conference (“control & click” on image to link to video)

I was angry, humiliated, and extremely confused by the inconsistencies in TSA screening across the board regarding how ostomates should be treated. It appears to depend on the airport. Had I been more aware of the scope of screening procedures, known my rights as a traveler, and been aware of possible inconsistencies, my expectations and responses would have been much different.

Because of my unpleasant experience, **I encourage all air travelers to familiarize themselves with TSA requirements and policies, to know their rights, and to be prepared!** By the way, I did not even go through a scanner in Las Vegas – they just waved me through. Bottom line, hope for a smooth screening, but be prepared for a rigorous search.

Editors Note: We briefly discussed this incident in the last issue of “InSider” Newsletter and placed the following placard – “**Know Your Rights**” – in the newsletter (see next page!). Please check this

information again and review before you next travel. Note also that security measures in foreign countries may be vastly different from those practiced in the United States, so try to familiarize yourself with security protocols employed elsewhere!



After winning the game, I decided to throw the ball into the crowd like they do on TV... But apparently that's unacceptable in Bowling.



ATTENTION: Traveling - You and TSA
“Know Your Rights!”



All air travelers with an ostomy should be familiar with

- (1) TSA security check procedures - both regular and enhanced, and
- (2) Your Rights as a traveler and an ostomate!

- ▶ Every traveler should review TSA security check procedures, especially the “*Pat-down Screening*” and accompanying video outlined at <https://www.tsa.gov/travel/security-screening>.
- ▶ The UOAA website also has considerable information and resources that you should check: <https://www.ostomy.org/ostomy-travel-and-tsa-communication-card/>
- ▶ You should know that once the standard screening (esp. full body scan) reveals something irregular, like an ostomy appliance, the TSA agent will request the traveler to wipe/rub their hand over the “spot.” The traveler’s hand is then swabbed and an electronic sniffer is applied to the swab.
- ▶ If the sniffer alerts - detects a “*red-flagged substance*” (could even be a perfume? or cream?) - an enhanced search procedure is performed: (1) full pat-down, (2) bag search, etc. It is recommended that at the point that the sniffer alerts, the traveler should:
 - (1) Request a **supervisor be summoned**, and/or
 - (2) Request a “**private screening**” . . . with a third-party witness.
- ▶ UOAA staff have worked intensively with TSA management in recent years to “enlighten & sensitize” TSA security agents about people with ostomies. But please be aware that, due to the large numbers of staff and wide variety of airports, screening procedures may vary between airports, security screening stations, and staff.
- ▶ A proper screening security check and pat-down was demonstrated by a TSA agent at the recent UOAA Conference; please review: <https://www.facebook.com/UOAAinc/videos/2486951711347629/>.

***** I AM AN OSTOMATE AND I CAN! *****

“I Am an Ostomate . . . and I Nurse Surgical Patients!”

By Kathryn Spurgetis, RN, Sacred Heart Medical Venter

When I was in nursing school in 2009 in Nashville, TN, I was diagnosed with Ulcerative Colitis, and little did I know how much that would impact the rest of my life. Three years later, I was working in a nursing home in North Spokane, just trying to manage my disease, keep it in remission, and pay off my student debt. But in 2012, as I was preparing to leave for an extended medical mission trip with Mercy Ships in Africa, I went into an intense flare, causing me to be hospitalized. I lost forty pounds in one-in-a-half-months, required six units of blood, and ended up having emergency surgery to remove my spleen and my large intestine, giving me my ever-faithful friend, Stan. In over sixty years of combined GI medical practice, my GI doctor’s group had never seen such an inflamed spleen, so enlarged it was three times its size and looked like Swiss cheese being pulled out of my body. In an attempt to avoid a permanent ostomy, I attempted a “J-pouch” surgery; basically, it is like an internal ostomy hooked up to the anus. Well after four infections, three drain placements to drain rectal

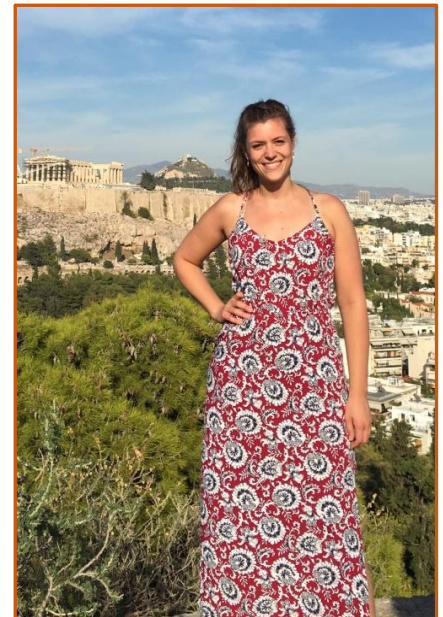
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Kathryn after her 2nd surgery, December 2012.

abscesses, and three more hospitalizations, my surgeon opted to take the J-pouch out and give me a permanent ileostomy. Even then, I still had three more surgeries (totaling eight in three years) due to a stoma retraction and needing a revision. Two of the revisions failed almost instantly requiring a final third one that finally worked.

All throughout this, I was learning so much about my profession of nursing. I even managed to talk the manager of the surgical unit at Sacred Heart into hiring me once I healed, a job I still enjoy almost seven years later. Never did I realize the beneficial impact my own struggles could have on other ostomates, or surgery patients alone. Every time a patient yells at me, “you have no idea what this is like,” I get to show them my scars, and remind them there is life after surgery and they are not the only ones who have been through this. Every time I come across a patient who will not even look at their belly, let alone touch their bag, I get to remind them that everyone poops, but at least now no one will smell their farts!!!



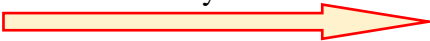
Kathryn in Athens, Greece in October 2017..

I have traveled to Greece and run multiple half-marathons, one in Maui, and I am able to work and maintain a full time job. My coworkers have even learned so much through my experiences. They are able to ask lots of questions of me that their patients ask them, like troubleshooting difficult bag attachments, basic life things, and talk about “I have this one coworker with a bag who...” They have broadened their knowledge and their ability to connect with their patients all because of my personal health journey. I truly still have my bad days, especially when my chronic side effects that surgery caused flare up, like a rapid heart rate and chronic ovarian cysts. Even seven years later, I still have leaks spring up unexpectedly, so badly that I have to stop taking care of patients and go change my scrubs and my bag. But one thing I do know, even on the hard days, life goes on, and my patients encourage me as much as I hope I encourage them.

Editors Note: We admire Kathryn’s resilience to overcome so many challenging life crises and really appreciate her willingness to share her journey to show others a pathway to recovery and a full life! **Thank you!**



GREETINGS LADIES!

Found this website and think you should give it a try! 




A Website for Gals


Girls With Guts .org


The mission of Girls With Guts is to support and empower women with inflammatory bowel disease (Crohn’s disease & ulcerative colitis) and/or ostomies through the building of sisterhood and self-esteem.


<https://www.girlswithguts.org/>














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***** QUARTERLY ARTICLES & TIPS *****

PERISTOMAL SKIN HEALTH AND ISSUES

Editors Note: We begin the **Quarterly Articles & Tips** section in this issue of the “InSider” Newsletter with multiple related articles about “*Peristomal Skin*” – *Health and Issues*. The first article briefly outlines how to clean around your stoma, the second provides guidelines on how to maintain healthy skin, and the third article describes eight signs that your peristomal skin is irritated or damaged. Finally, the *Wound, Ostomy and Continence Nurses Society* website has a systematic, step-by-step guide “Peristomal Skin Assessment Guide.” Please note that the content of these articles derives directly from UOAA and WOCN sources which contain abundant relevant information about health for ostomates! In addition, as noted on both websites . . . “the information provided herein is not medical advice and is not intended to substitute for the advice of your personal physician or other healthcare provider. This information should not substitute for seeking help in a medical emergency. If you experience a medical emergency, seek medical treatment in person immediately.”

“How Do I Clean Around My Stoma?”

UOAA Articles to Share, Oct. 2019 (from Vancouver Ostomy HighLife)

All you need to clean around your stoma is warm water and either a washcloth or a soft disposable paper towel. Using sterile gauze and wearing gloves to change your own pouching system can be expensive and is unnecessary. REMEMBER, YOU ARE NOT DEALING WITH A STERILE AREA.

[Continued on next page](#)



Using alcohol to clean the area is equally unnecessary and can be very drying to the skin. Also, it is not recommended to use baby wipes or pre-moistened towelettes as they may contain chemicals that remain trapped on the skin and can cause a rash. Soaps, including ones that are moisturizing (Oil of Olay, Dove) are not needed and can actually hinder the pouching system from sticking well on your skin and contribute to leaks. If you are showering without wearing a pouching system and soap flows down onto your stoma and skin, just rinse the area well afterwards. This is not a concern.

When washing your stoma, you may notice small specks of blood on your cloth. This is completely normal and expected. The stoma tissue contains small blood vessels close to the surface that may bleed, especially if you are taking blood thinners. Do I need to “air out” my skin when changing my pouching system to keep it healthy? No, this is not necessary. It may feel good to “air out”, for a while but this is not required in order to have the skin remain healthy. This may also be difficult if your stoma is active!

“Maintaining Healthy Peristomal Skin”



(UOAA website: <https://www.ostomy.org/maintaining-healthy-peristomal-skin/>)

Keeping the skin around your stoma, or peristomal skin, healthy is important. You can avoid many complications by following these simple suggestions from:

Bath and shower tips:

- You can bathe and shower just as you did before surgery, with your pouch on or off—the choice is up to you.
- Because soap residue can cause your skin barrier to lift, avoid oil-based and moisturizing soaps.
- Soap and water will not flow into the stoma and cannot damage it.

Choose a well-fitted ostomy barrier:

- To help keep the skin around your stoma healthy, it is important that your skin barrier fits properly. Choose a well-fitting pouching system to help prevent irritating stoma contents from coming into contact with your skin.
- Your ostomy nurse can teach you how to use a measuring guide to determine the size of your stoma and select a cut-to-fit, pre-cut or moldable barrier.
- Your stoma size will change up to 10 weeks after surgery, so you will need to measure it periodically.
- Changes to the abdomen caused by pregnancy, exercise, weight gain/loss or certain medical conditions may also require a new pouching system and/or size.

Changing your pouching system:

- Make an easy-to-follow schedule for your pouching system. This will ensure your skin barrier is changed before the adhesive has eroded, reducing the chance of urine or feces coming into contact with your skin. Your schedule should be personalized based on your system type and the advice of your doctor or ostomy nurse.
- At each skin barrier and pouch change, make a habit of looking at the skin around your stoma. Redness, swelling or a rash are signs of irritation. If you see any of these, or other signs of irritation, notify your healthcare provider.

Continued on next page



*I hate it when I am still sleepy and someone decides to open the curtains...
Always ruins my shower.*



- Never rip or tear off your skin barrier. Instead, remove the skin barrier gently by beginning with one corner of the barrier and slowly pulling off the remaining adhesive. Adhesive releaser spray and remover wipes can make pouch changes easier and ensure clean skin, ready for your next skin barrier.
- Make sure your peristomal skin is completely dry before replacing your pouch and skin barrier. Dry skin ensures a good adhesive seal and helps reduce the risk of fungal infection.
- A skincare routine including skin barrier foam, spray or wipes can help ensure healthy, comfortable peristomal skin for years to come.
- In hot, humid locations, consider using a pouch with a fabric backing. This will keep the pouch from sticking to your skin and causing skin irritation.

Editor’s note: This educational article appears on the UOAA website (<https://www.ostomy.org/maintaining-healthy-peristomal-skin/>), and the content is taken from one of the UOAA digital sponsors, ConvaTec. Please note that sponsor support, like that of ConvaTec, along with donations from readers like you help to maintain the UOAA website and the free trusted resources of UOAA, a 501(c)(3) nonprofit organization.

For more information [click here](#).

“Peristomal Skin Assessment Guide – For Consumers”

Wound, Ostomy and Continence Nurses Society website: <http://psag-consumer.wocn.org/#home>

This Peristomal Skin Assessment Guide is for teens and adults with an ostomy. It is designed to help you identify some common skin problems, things you should do, and when you should visit a wound, ostomy and continence (WOC) nurse or nurse specialized in wound, ostomy and continence (NSWOC) for additional support. This guide is not meant to replace advice from a medical professional.

Go to this website:



(“control & click” on image to link)





“Top 8 Signs Your Peristomal Skin is Irritated or Damaged”

Learn How to Spot Peristomal Skin Irritation and Damage

(UOAA website: <https://www.ostomy.org/top-8-signs-your-peristomal-skin-is-irritated-or-damaged/>)

After your ostomy surgery, your healthcare team likely taught you how to care for your peristomal skin and what it should look like when it is healthy. Ideally, it should be intact without irritation, rash, or redness. The skin around your stoma should look just like the skin on the other side of your abdomen, or anywhere else on your body, free of redness, irritation, or damage. Healthy skin should be the rule, not the exception.

Peristomal Skin Complications: If your peristomal skin is irritated or damaged, there may be some signs of a peristomal skin complication (PSC), such as:

1. Discomfort, itching, soreness, or even pain around the stoma
2. Recurrent leakage under your pouching system or skin barrier

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3. Excessive bleeding of your stoma – it’s normal for your stoma to slightly bleed after you wash it, but the bleeding should resolve quickly
4. A bulge in the skin around your stoma
5. Skin color changes from normal pink or red to pale, bluish purple, or black
6. A rash around the stoma that is red, or red with bumps – this may be due to a skin infection or sensitivity, or even leakage
7. Wart-like, pimple-like or blister-like bumps under the skin barrier – this type of irritation can happen any time, even if you’ve used the same product for months or years
8. Any type of wound or scratch on the peristomal skin

Potential Causes and What to Do: Irritated and damaged peristomal skin can occur for a variety of reasons. It can be caused by anything from a poor-fitting pouching system, to frequent skin barrier changes, to an allergic reaction to anything that contacts the skin, such as soaps or products used to prepare the peristomal skin. Some studies report up to 75 percent of people with an ostomy experience a PSC.* Although it is a common issue, it should not be ignored. If you experience any signs of a PSC, contact your stoma care nurse. You should work with your healthcare team to determine the exact cause and the appropriate solution.

For more information on maintaining healthy skin and other topics, [click here to visit the Hollister Ostomy Learning Center.](#)

* Rapp CG, L Richbourg, JM Thorne. Difficulties Experienced by the Ostomate After Hospital Discharge. JWOCN. 2007;34(1):70-79.

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GREETINGS:

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 (“control & click” on image to link)



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IMPORTANT OSTOMATE SUPPORT CONTACTS & LINKS

Providence Sacred Heart Outpatient Ostomy Clinic - M-F 8:00-2:30 (509-474-4950), leave a message if you don't reach someone live); appointments & MD referral required; No walk ins; Can be seen for follow up, checkup, questions, problems.

Deaconess Medical Center - Wound Center - M-F 9:00-3:00 (509- 473-7290); appointments & MD referral required.

Spokane Ostomy Visitor Program - Those who have an ostomy or face potential ostomy surgery should contact Carol Nelson (509-443-1242; carol@nelsonwheat.com) to arrange contact with or a visit from an experienced and trained Ostomate Visitor.

Inland Northwest Bladder Cancer Support Group - A support group for urostomates and bladder cancer patients. Members meet the first Tuesday of the month at 5:00 p.m., Perkins Restaurant, on 12 E. Olive, in downtown Spokane. Contact Keith Alloway (509) 847-5999, or email him at KL.alloway@comcast.net.

Kadlec Medical Center - Outpatient ostomy clinic- M-Th 8:00-4:00 (509-946-4611 ext: 1365562); appointments & MD/provider referral required.

Ostomy Support in Lewis-Clark Valley –

- Tri-State Wound Healing (Ostomy Clinic), Clarkston, WA – Call 509-758-1119 – referral not required.
- St. Joseph Wound Care/Ostomy Dept., Lewiston, WA - Seeing inpatient and outpatient ostomy patients M-F with appointment - Call 208-750-7379

United Ostomy Associations of America (UOAA) - (800-826-0826); P.O. Box 525, Kennebunk, ME 04043-0525; Link: <http://www.ostomy.org/Home.html>.

Phoenix Magazine - (800-750-9311); The Phoenix Magazine, P.O. Box 3605, Mission Viejo, CA 92690; Link: <http://www.phoenixuoaa.org/> (get a free sample copy).

Primary Producers of Ostomy Products:

- Hollister 1-888-808-74556
<http://www.hollister.com/>
- Coloplast 1-888-726-7872
<http://www.coloplast.us/Ostomy>
- Convatec 1-800-422-8811
<http://www.convatec.com/ostomy/>



INLAND NORTHWEST OSTOMY SUPPORT GROUPS & MEETINGS* EASTERN WASHINGTON & NORTHERN IDAHO

(We recommend that you call the support group contacts to verify meeting times, agendas, & locations)
(Also, check the “**Inland Northwest Ostomy Support Groups**” website: <http://inlandnwostomy.org>)

Coeur d'Alene Ostomy Association, ID (# 409):

- Meetings held from 6:30—8:30 pm on the 3rd Thursday of each month (February-November);
- Kootenai Health Medical Center, 2003 Kootenai Health Way, Coeur d'Alene, ID.
- Resource Center / Cedar Room.
- Contacts: Shari Gabourie RN, BSN, CWON at 208- 625-6944 or Sherron West, CDA OSG President, at 208-719-0776 for more information.

Lewiston-Clarkston Ostomy Support Group, WA/ID (# 134):

- Meetings held monthly at 12:30-1:30 pm on the 2nd Monday each month (January-December);
- Tri-State Memorial Hospital, 1221 Highland Ave, Clarkston, WA; hospital conference room on main floor.
- Contact: Adrian Wilson, President at 509-254-3404.

Spokane Ostomy Support Group, WA (# 349):

- Meetings held from 6:30-8:00 pm on the first Tuesday each month (February-November);
- Providence Sacred Heart Medical Center, 101 W 8th Ave, Spokane, WA. Currently, we will meet in the Avista A & B Room in the SHMC Women’s Center (west end of complex).
- Contacts: Susie Leonard Weller at 509-499-1423 or Carol Nelson (Visitation Program) at 509-443-1242.

Mid-Columbia (Richland) Ostomy Support Group, (TriCities), WA (# 278):

- Meetings currently held the second Thursday in January & March at 12:00-1:30 pm, May & September at 4:30-6:00 pm, and November at 12:00-1:30 pm (<https://education.kadlec.org/registration/11-wellness/94-support-group-ostomy>).
- Kadlec Healthplex, 1268 Lee Blvd, or main Kadlec Campus 888 Swift Blvd. Richland WA; room varies.
- Contacts: Lisa Bartholomew, RN, BSN, CWOCN at 509- 946-4611 Ext 1365562; or Wayne Pelly (Visitation Chairperson) at 509-943-3223.

Palouse (Moscow) Ostomy Support Group, ID (# 462):

- First Wednesday each month; February – December; 5:00-6:00 pm (scheduling in progress).
- Gritman Medical Center, 700 S. Main St, Moscow, ID.
- Contact: Judith (Judy) Reid, RN, MS, CWON at 509-330-1265.

Confluence Health (Wenatchee) Ostomy Support Group, WA (# 398):

- Meetings held quarterly at 2:00 to 4:00 pm (see meeting announcements or contact Tyree Fender.)
- Confluence Health Central Washington Hospital, 1201 S. Miller St., Wenatchee, WA; Conference rooms J & K.
- Contact: Tyree Fender, RN, BSN, CWOCN at 509-433-3212.

Yakima Ostomy Support Group, WA:

- Meetings held bimonthly at 10:00 to 11:00 am, generally on the second Wednesday of January, March, May, September, & November (check with the inpatient Wound/Ostomy Care Department for details);
- Virginia Mason Memorial, 2811 Tieton Drive, Yakima, WA, usually in basement – Classroom C;
- Contacts: Virginia Mason Memorial Ostomy/Wound Care Services – Kanista Masovero, RN, CWOCN; Lois Engel, RN; or Allyson Uhlman, RN, CWOCN, at 509-575-8266.

* Please let us know if errors need to be corrected or changes made to the ABOVE information: