“InSider” Newsletter

INLAND NORTHWEST OSTOMY SUPPORT GROUPS

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Issue 19 – 1 http://inlandnwostomy.org Winter 2019

Welcome Inland Northwest Ostomates!

WINTER WONDERLAND

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WHAZZ UP

Happy New Year! Greetings to all of our regional readers: ostomates, family members and caregivers, and the health care community, especially those wonderful WOCNs! Hopefully all of you experienced a Peaceful and Joyous Holiday Season and were able to rein in your diets, , , *good luck with that!*

As you welcome in 2019, consider creating your own “Yule Log” tradition of letting go of the old, whatever no longer serves you, in order to make more space for new life. Northern European countries began the custom of lighting a large log and burning it near the Winter Solstice to welcome back the light and the hope of new life—even in the midst of

REGIONAL OSG MEETINGS *
Winter –2019

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

February 21:	Health/Wellness – Balancing Life
March 21:	Hollister
April 18:	UOAA Visitation Training

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

January 14:	Vince Fiaola, Coloplast Rep.
February 11:	Ostomate Support
March 11:	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: No meeting in January!

February 5:	Navigate New UOAA Website
March 5:	Nutritionist? or Pharmacist?
April 6:	Nutritionist? or Pharmacist?

Tri-Cities: Third 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 17, 12:00-1:30 pm:	Hollister Rep.
March 14, 12:00-1:30 pm:	Coloplast Rep.

Wenatchee: Quarterly 2:00-4:00 pm at Confluence Health - Central Washington Hospital, Wenatchee, WA:

Quarterly:	Ostomy Support; TBA

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

January 17:	Ostomy Support; TBA
March 20:	Ostomy Support; TBA

* *Speakers / topics shown if provided.*

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

darkness. Resolve this year to find ways to be of service to others—a guaranteed way to chase the cold, winter blues away. Is this is the year you will sign up to become a peer mentor for new ostomates?

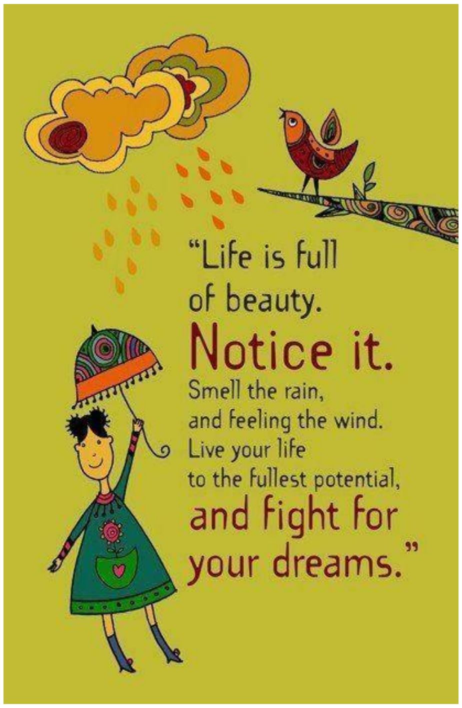
We need more phone support volunteers to encourage new ostomates—both those with a temporary, as well as a permanent ostomy. See Spokane and CDA visitor program articles.

Last October was a busy month as the UOAA (United Ostomy Associations of America) sponsored many activities in support of ***Ostomy Awareness Day*** and ***World Ostomy Day*** – October 6, 2018. The theme for 2018 was “**Speaking Out Changes Lives!**” I hope that each of you found ways to raise awareness about the ostomy community! For examples of how speak out, see advocacy tools and other ideas at https://www.ostomy.org/advocacy/.

The winter issue of “***InSider***” Newsletter covers several important topics, including guidelines on needed ostomy supplies addressed in the Nurse’s Corner, dietary and other important information from the UOAA, and recommendations by Keith Alloway on how urostomates can get a good night’s rest. If you wonder what you can and cannot eat, review the Ostomy Food Reference Chart on page 7. You will discover practical tips to know which foods control gas and odor, how to avoid blockages and the foods that balance the sweet spot between constipation and diarrhea. Moreover, although it is tempting to believe that “more is better”, learn why many ostomate nurses recommend that “less is often more effective, and less costly.”

DIVERSION INSPIRATION & HUMOR

(*Submissions & ideas welcome*)



Check our updated regional website: ***inlandnwostomy.org***. Visit our website to discover additional local, regional and national resources. Please note that we do incur annual domain and maintenance fees, so contact Phil Moyle if your support group would like to offer financial support for our website and outreach efforts! In addition, the UOAA has packed their newly revised national website at www.ostomy.org with new educational materials and great tips!

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!***

REGIONAL-OSG ACTIVITY REPORTS, ANNOUNCEMENTS, & LETTERS

“Spokane OSG - Ostomy Visitation Program”

By Carol Nelson, Spokane Ostomy Support Group, WA

The Spokane Ostomy Support Group’s visitation program provides one-on-one support for people considering ostomy surgery, new ostomates, and ostomates experiencing some types of issues. Trained volunteers visit with people just beginning their ostomy journey. Initial contacts are done through phone calls either before or following surgery, and an invitation to meet or to attend the next SOSG meeting is extended. This gives new ostomates the opportunity to meet face to face with the experienced “visitor” and to take advantage of educational opportunities. We attempt to match visitors to the ostomate based on surgery type, gender, and age. New volunteers are always needed in order to have visitors of all ostomy types, plus a variety of ages, both male and female, in each type. Training for new and present visitors will be held later this spring. If you are interested in volunteering, please contact Carol Nelson at 509-443-1242.

“Ostomy Education Day in Lewiston”

By Rich Judd, Byram Healthcare

To help raise **Ostomy Awareness**, the Lewiston-Clarkston Ostomy Support Group (OSG) held an “**Ostomy Education Day**” event in Lewiston, ID on Saturday Oct. 13. The event began with a welcome to the group and outline of the day. Attendees were nursing students, ostomates, family and friends, and vendors included Byram Healthcare, Coloplast ostomy and Wasem's Pharmacy DME. Dr. LeRoy Smith gave a great talk describing the details of ostomy surgery. His talk went over great as evidenced by the questions from the group. Jolene Tucker, WOCN, gave an excellent presentation about the different types of ostomies and trouble shooting. She had product available from the vendors to address specific questions from the group. And Tamera Youmans, WOCN, spoke on ostomy sites: stoma placement, causes for bad stoma placement, emergent surgeries due to car accidents, unplanned surgeries, and the advantages of having a WOCN mark the site.

Following a nice lunch during which everyone had a chance to visit with vendors and other ostomates, WOCN Judy Reid spoke on the social issues and adjustments an ostomate may need to make in their new life. Finally, Janet Scheelke, President, and Adrian Wilson, Vice President, of the Lewiston-Clarkston Ostomy Support Group, presented live demonstrations of changing ostomy appliances. It was very interesting to observe the differences between how ostomates change their appliances; one used several accessory items, and the other used none. Both achieve great wear time from their products. Lots of Q&A accompanied this demonstration.

“Coeur d’ Alene Ostomy Support Group – Update”

By Sherron West, President, CDA Ostomy Support Group, ID

The Coeur d’ Alene Ostomy Support Group is excited to announce that Nancy Luckey RN, BSN, CWCN has joined our team. She and Shari Gabourie have a wealth of knowledge about ostomies and have some wonderful ideas for our meetings this year. I am looking forward to working with them.

Several in our group have completed the Kootenai Health Volunteer Training that will qualify us to visit and offer support to those that may need Colostomy, Ileostomy or Urostomy Surgery either before, during their stay in the hospital, or after they go home. We will also have the opportunity, if asked, to visit with family members. We will not give any medical advice but will be available to encourage, educate and provide the knowledge to help alleviate the fear they may have prior to surgery. This program will be separate from our UOAA Support Group although whoever joins my team will also be required to complete the UOAA Visitor Training every other year. We are so excited that this new program has finally come to fruition. Thank you to those that have shown such patience. It will be an exciting way to start the New Year.

NO COLON STILL ROLLIN’

(Young, wild, and rectumless)

UOAA United Ostomy Associations of America, Inc.
AFFILIATED SUPPORT GROUP

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"Run for Resilience Ostomy 5k Events – Boise and Nation Wide"

By Phil Moyle, Spokane Ostomy Support Group, WA

UOAA Executive Director Christine Ryan (L) and local organizer Megan Herrett greet early race registrants at Shu's Idaho Running Company in Boise.

Run for Resilience Ostomy 5k events in nine cities around the U.S. last October were a great success! Held October 6 and 13, 2018 in association with **World Ostomy Day** and **Ostomy Awareness Day** (Oct. 6), these events are sponsored by UOAA to raise awareness of this life-saving surgery, empower those living with an ostomy or continent diversions, and raise funds to support UOAA's programs and services. Cities hosting *Runs for Resilience* included: Durham, NC; Boise, ID; Birmingham, AL; Mesa, AZ; Nashville, TN; Pennsauken, NJ; Harrison TWP., MI; E. Stroudsburg, PA; and Portland, OR.

Like the last two years, Spokane Ostomy Support Group member Phil Moyle traveled to Boise, Idaho to participate in and support their *Run for Resilience Ostomy 5k* on October 13. This year UOAA Executive Director Christine Ryan and former Executive Director Jay Pacitti joined local organizer Megan Herrett, her husband Matt, and their two children with ostomies (Maggie (10) and Winnie (7) to support the event (see photo). A fun pre-race dinner and social gathering held on Friday at a local restaurant was attended by Christine, Jay, Megan and Matt along with Winnie, one their two children, and Phil Moyle with two friends – Steve Robinson and Colleen Schmidt - who traveled up from Phoenix to support his run and the event.

The *Run for Resilience* event on Saturday was a blast! Held in Ann Morrison Park on the Green Belt along the Boise River, all of the participants, families, organizers, supporters, and vendors made for a fun 1-mile children's run and exciting 5-km open run/trot/walk through: beautiful scenery (see photo below). Additional photos at: http://nataliekoziukphotography.pass.us/raceforresilience/. In addition to raising ostomy awareness, the registration fees, donations, and local and national sponsors contributed tens of thousands of dollars to support important UOAA programs. In Boise alone, the event generated $2,590 in registration fees, $2,247 in sponsorship donations, and $1,750 from local business sponsors. It appears that annual Run for Resilience Ostomy 5k events will continue to grow and to increase awareness of the ostomate community!

Start of children's 1-mile event; Winnie Herrett (age 7), an ostomate since he was a little tyke, leads the pack. Outside temperature was 36 F at race start.

************************* NURSE'S CORNER *******************************

Editor’s Note: We invite ostomates in our Inland NW community to submit suggestions on subjects for us to cover and to ostomy nurses on how to better deal with ostomates during examinations. Please send your ideas to *SOSG.Input@gmail.com*.

“Too Much of a Good Thing”

Via Ostomy Outlook, Ostomy Association of North Central Oklahoma; *via* Middle Georgia *The Ostomy Rumble*

Many accessory items have been developed to take care of specific needs. Ostomates should determine which items are best for their ostomy management, remembering there can be “too much of a good thing.” Here are a few hints to help achieve a successful ostomy management system.

Keep it simple. Do not use extra cement, skin-care products, etc., unless absolutely necessary. Sometimes, extra products actually interfere with pouch adhesion or create skin problems. Plain water is still the best cleaning agent for skin around the stoma.

Do not continue to use therapeutic products after the problem has been solved.
As examples: Kenalog spray and Mycostatin powder should not be used routinely when changing the pouching system. These products are prescribed for particular skin problems. Kenalog is usually recommended for its anti-inflammatory effects and symptomatic relief of the discomfort associated with skin irritation. However, continued and prolonged use of Kenalog after the problem is resolved may lead to “thinning” of the outer layer of skin, thus making it more susceptible to irritations. Mycostatin powder is useful for yeast infection. However, using Mycostatin after the infection clears serves no purpose.

Seek Advice. See your physician or WOC(ET) Nurse if you find yourself a victim of the syndrome. They can provide assistance in selecting the most appropriate and economical ostomy management system for your needs.

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“How Often Do Ostomates Change Their Pouch?”

(Modified from *“Vancouver Ostomy High Life” - January-February 2019*)

The majority of ileostomy and urostomy patients change their pouch as often as every day to once a week. Others (including those with a colostomy) may change the pouch as often as 3 times day or as infrequently as every two weeks. Reasons for such extreme variations in changing frequency can be:

- Personal Preference - Aesthetics, convenience, and odor control.
- Skin Type - Moist or oily skin tends to decrease adhesion time.
- Amount of effluent - Profuse effluent tends to loosen the seal.
- Technique - Good technique, such as cutting the hole to the right size, proper application of paste or inserts etc. will increase wear time.
- Stoma Length - A short stoma exposes the adhesive material to moisture thus decreasing wear time.
- Cost - Those who have difficulty paying for supplies may delay changing to make things last longer.

Food may be another reason. Some people have reported adhesive breakdown when large quantities of acidic foods are consumed—tomatoes, oranges, & strawberries, etc. Spices may also cause adhesive breakdown for some people.

Continued on next page

Editor's Note: I have had an ileostomy since 1985 and discovered early that eating beets or beet juice causes my wafer seal (Convatec) to fail within a few hours. No other ileostomate with whom I have spoken has had such an experience with beets. *Go figure!* *Phil Moyle, Spokane OSG*

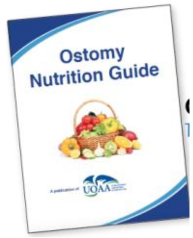
*********************** QUARTERY ARTICLES & TIPS ********************

"Important Dietary and Related Information from UOAA"

Modified from UOAA's *November E-News*
by Phil Moyle – Spokane Ostomy Support Group, WA

In their November E-News, the United Ostomy Associations of America (UOAA) announced the release of three dietary-related guidelines / flyers that are must-reads, especially for ileostomates!

- Ostomy Nutrition Guide: There is no specific "ostomy diet" but there are important considerations as you discover the foods that work best for you. For guidance, follow a nurse or doctor's orders at each stage of your post-op adjustment. Individual sensitivity to certain foods varies greatly. You must determine, by trial, what is best for you.
  The "Ostomy Nutrition Guide" can help in this process: (*https://www.ostomy.org/wp-content/uploads/2018/01/OstomyNutritionGuide.pdf*)



Ostomy Nutrition Guide

- Food Reference Chart: For individuals who have had ileostomy or colostomy surgery, it is important to know the effects of various foods on ileal output. The effects may vary with the remaining portion of functioning bowel. See the Food Reference Chart on next page and at: (*https://www.ostomy.org/wp-content/uploads/2018/01/FoodRefChart_2018.pdf*).
- How to Treat Ileostomy Blockage: Those who have had ileostomy surgery are most at risk of blockages and dehydration, but a good practice for all is to hydrate properly and thoroughly chew your food. Symptoms of a bowel blockage include thin, clear liquid output with foul odor; cramping abdominal pain near the stoma; decrease in amount of or dark-colored urine, abdominal and stomal swelling. If you suspect a blockage, it requires quick attention and often an emergency room visit. Download our card for guidance and use in hospital visits:
  (*https://www.ostomy.org/wp-content/uploads/2018/01/IleostomyBlockage_2018.pdf*)

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"In Search of a Good Night's Sleep"

By Keith Alloway (2018) - Spokane Ostomy Support Group, WA

Ostomates are given a new lease on life. It can be a blessing and can also be very confusing. We suddenly need to learn what seems like a whole new language. We are overwhelmed with pastes, creams, wafers, pouches (1-piece and 2-piece) and a plethora of advice and accessories. We need to learn the jargon and begin experimenting with our bodies trying alternative solutions to our brand new situation. We eventually need to make some choices based on our experiences. Some of the choices are pretty easy and others just take time. They all will determine how we feel about our stomas.

There was an article printed in the spring 2018 issue of the *"Insider" Newsletter* about one alternative for a urostomate at night.

Continued on page 8

FOOD REFERENCE CHART FOR PEOPLE WITH AN OSTOMY

For individuals who have had **ileostomy or colostomy surgery**, it is important to know the effects of various foods on ileal output. The effects may vary with the remaining portion of functioning bowel.

Listed below are some general guidelines of the effects of foods after ostomy surgery. Use trial and error to determine your individual tolerance. Do not be afraid to try foods that you like, just try small amounts and **chew thoroughly**.

GAS PRODUCING:

Alcoholic beverage
Beans
Soy
Cabbage
Carbonated beverage
Cauliflower
Cucumbers
Dairy products
Chewing gum
Milk
Nuts
Onions
Radishes

ODOR PRODUCING:

Asparagus
Baked Beans
Broccoli
Cabbage
Cod liver oil
Eggs
Fish
Garlic
Onions
Peanut butter
Some vitamins
Strong cheese

INCREASED STOOLS:

Alcoholic beverage
Whole grains
Bran cereals
Cooked cabbage
Fresh fruits
Greens, leafy
Milk
Prunes
Raisins
Raw vegetables
Spices

STOMA OBSTRUCTIVE:

Apple peels
Cabbage, raw
Celery
Chinese vegetables
Corn, whole kernel
Coconuts
Dried fruit
Mushrooms
Nuts
Oranges
Pineapple
Popcorn
Seeds

COLOR CHANGES:

Asparagus
Beets
Food colors
Iron pills
Licorice
Red Jello®
Strawberries
Tomato sauces

ODOR CONTROL:

Buttermilk
Cranberry juice
Orange juice
Parsley
Tomato juice
Yogurt

CONSTIPATION RELIEF:

Coffee, warm/hot
Cooked fruits
Cooked vegetables
Fresh fruits
Fruit juices
Water
Any warm or hot beverage

DIARRHEA CONTROL:

Applesauce
Bananas
Boiled rice
Marshmallows
Peanut butter
Pectin supplement
Tapioca
Toast

UOAA United Ostomy Associations of America, Inc.
United Ostomy Associations of America P.O. Box 525 Kennebunk, ME 04043
800-826-0826 WWW.OSTOMY.ORG

You may, or may not, know that a urostomate can connect their pouch to a larger container to collect output throughout the night. This means not having to make frequent trips to the bathroom thus getting a chance to sleep all night. For me personally, this is one of the greatest blessings of my urostomy. As my bladder shut down, I was “hitting the john” every thirty minutes during the day and getting out of bed at least once every hour at night. I had what I jokingly named *terminal incontinence*. Sleep deprivation did not even begin to describe my condition.

There are other alternatives for a urostomy nighttime drainage system:

1) Set an alarm for some interval and get up to go.
2) Use the two-liter jar – there are several brands.
3) Utilize a nighttime drainage bag.

No. 1 is probably the least attractive option for someone who has been getting up frequently at night. It has the advantage of having no cost and the disadvantage of interrupted sleep.

No. 2 was the topic of the article printed in the spring 2018 issue of the *“Insider” Newsletter*. Specifically, the article discussed the UrocareTM Urinary Drainage System. This is a two-liter plastic bottle (about the capacity of a half gallon milk bottle) with a hose attached to the top. The hose is then attached to the pouch. There are several brands of bottles available. The drainage bottle is a good system as it can be placed on the floor beside the bed and will still be there in the morning. It also has some limitations; the first being cost. I have seen them on the Internet for about $38.00 to $65.00. I do not know why there is such a wide price range. If this is the method of choice, I’m sure that insurance will help.

No. 3 is the topic of this article. The night drainage bag is the obvious alternative to the bottle. Aside from price, the other major limitation to the drainage bottle (and my biggest objection to it) is that it will not travel well. I don’t know how you could pack one of them into your suitcase or carry-on bag.

My system of choice is Hollister 8488 pouches ($9.32), Hollister 7331 urostomy drain tube adapter ($1.70) and Bard two-liter drainage bags ($2.25). I use two of each of these every week so the cost does add up to about $1,400/year. Again, insurance is important. Much of this can be used for a full week or more depending on individual wear time. My usual philosophy is “*If it ain’t broke, don’t fix it*”, , *sort of*. But I change more frequently because I have encountered urinary tract infections; thus, I try to be as clean as possible within reason.

Pouch:

Much of my travel is by car to Seattle or other North West destinations. A drainage bottle would probably work but it is bulky. I am self-conscious and would not want to leave this sitting out in my hotel room. A drainage bag, on the other hand, folds easily, can be stored in a large sealed zip lock type bag and discretely placed out of sight in a drawer or suitcase.

Night bag:

Continued on next page

Using the drainage bag is very easy. The adapter is press-fit onto the drainage bag hose (NOTE; Hollister says that the adapters can be reused). The other end of the adapter is connected to the pouch. Finally, the drain on the day bag is opened to allow the urine to flow. The night bag comes with hooks and string to provide a means of hanging it. I usually hang my bag at home but have found that I can simply lay it on the floor beside the bed. That might not work if you are a whirling dervish type of sleeper. This is one of the choices that a urostomate gets to make in caring for themselves. Obviously, it is not a life altering decision. However, it does help to determine how comfortable we might be with our new situation. As with much else related to stoma care, it is fairly easy to change what you are doing if it is not working for you.

Adapter connected to Night Bag:

Night Bag and Adapter:

"***Drainage Bottle vs. Drainage Bag?***"

I'm happy with my choice.

Hope this will help some of you, , , Keith

IMPORTANT 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 KI.alloway@comcast.net.

Ostomy Clinic in Lewis-Clark Valley - Tri-State Wound Healing (Ostomy Clinic), Clarkston, WA – Call 509-758-1119 – referral not required.

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	Coloplast 1-888-726-7872	Convatec 1-800-422-8811
http://www.hollister.com/	http://www.coloplast.us/Ostomy	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**” 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.
- Heart Center Classroom, 3rd floor, south wing above ER.
- Contacts: Shari Gabourie RN, BSN, CWON at 208- 625-6627 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: Janet Scheelke, President at 208-305-1723.

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 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 5562; or Wayne Pelly (Visitation Chairperson) at 509-943-3223.

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

- Meetings held quarterly at 2:00 to 4:00 pm (see contacts for meeting schedules and agendas.)
- Confluence Health Central Washington Hospital 1201 S. Miller St., Wenatchee, WA; Conference rooms F & G.
- Contact: Tyree Fender, RN, BSN, CWOCN at 509-665-6156.

Yakima Ostomy Support Group, WA:

- Meetings held bimonthly at 10:00 to 11:00 am, generally on the third 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 – Karen Aal, RN, MS, CWON; 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: *(SOSG.Input@gmail.com)*.