



Welcome Inland Northwest Ostomates!



CONTENTS

- WHAZZ UP.....1
- Diversion Inspiration & Humor.....2
- Regional - OSG Activities Report2
 - “New Support Group in Moscow, ID”.....2
 - “Yakima Support Group Leader to Retire”.....2
 - “CDA Support Group Shares”.....3
 - “Lewiston-Clarkston – New Officers”3
 - “Busy Schedule for Spokane!”.....3
- I Am an Ostomate and I Can4
 - “I Am an Ostomate, , and a Geologist”4
- Quarterly Article(s)5
 - “Learning to Live with a Temporary Ostomy”.....5
 - “Does an Ostomy Qualify as a Disability?”.....7
- Important Support Contacts & Links.....9
- Inland NW Ostomate Support Groups.....10
 - Meeting times & locations
 - Ostomy Support Group contacts

WHAZZ UP

Hello Summer! Greetings to all of our regional readers: ostomates, family members and caregivers, and the health care community, especially you wonderful WOCNs! I hope you are all enjoying a spectacular summer season!

First off, we have a news update about Maggie Herrett, the talented young lady in last issue’s “I am an Ostomate and I can...”: Maggie is out of school for the summer and working very hard to make it from Level 4 gymnastics to Level 5 - she practices from 4:00-8:00 pm four days a week! And she’s looking forward to Youth Rally just a few weeks



Matt Herrett (L), high-fives his daughter Maggie (R) while running a 5K with his son Winston.

REGIONAL OSG MEETINGS*

Summer –2019



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

- July 18: Randy Gaub / Anacapa Tech
- August 15: ConvaTec (pending)
- September 19: WOCN Celebration
- October 17: Ostomy Support – Topic TBA

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

- July 8: Tamara Youmans, WOCN
- August 12: Ostomate Support
- September 9: Vince Faiola, Coloplast
- October 14: 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:

- July 2: Summer Social / Lake Picnic
- August 6: Teresa Allen, ConvaTec
- September 3: UOAA Conference Summary
- October 1: Ostomy Support - TBA

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:

- July 18, 6:30-8:00 pm: Ice Cream Social – Columbia Rm., main hospital campus
- September 19, 4:30-6:00 pm:
- November 21, 12:00-1:30 pm:

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:

- September 18: Ostomy Support; ConvaTec
- November 20: Rich Judd, Byram Healthcare

* *Speakers / topics shown if provided*

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



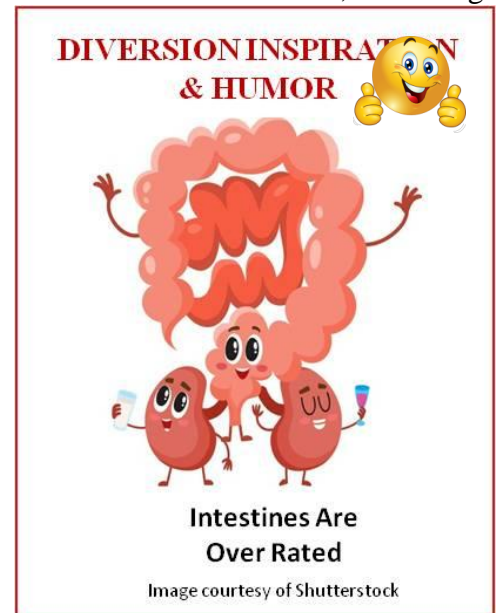
away! Her brother Winston, who also has an ostomy, finished his soccer season and is enjoying summer camp during the day and working with his dad in their woodshop in the evenings.

UOAA’s 7th National Conference will be held August 6-10, 2019 in Philadelphia, PA, home of the Liberty Bell and Declaration of Independence. They have an ambitious program planned with a wide variety of educational and interactive sessions and fun evening activities. Phil Moyle, Spokane Ostomy Support Group, will attend the Conference and provide an overview in the next issue. If YOU are interested in going, important information can be found at <https://www.ostomy.org/2019-uoa-national-conference/>. (also see page 8).

National Ostomy Awareness Day this year will be October 5th, and as has been the tradition in recent years, the UOAA will sponsor **Run for Resilience Ostomy 5k** run/walk events in several US cities, including Vancouver, WA (Oct. 5) and Boise, ID (Oct. 12). For those who cannot attend or physically participate, the UOAA also sponsors a Virtual Run/Walk/Roll! Go to <https://ostomy5k.org/> if you are interested. Please give it a try!!

The summer 2019 issue of “*InSider*” Newsletter covers the activities of several ostomy support groups in our region. The number of temporary ostomies has increased considerably in recent years, and Susie Weller details the challenges of this significant phenomenon through the recent experience of a Spokane-area resident. In addition, have you ever asked, “Does an Ostomy Qualify as a Disability?” Read this important article!

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

“New Ostomy Support Group in Moscow, Idaho”

Judith Reid, RN, BSN, MS, CWON - Gritman Medical Center

Four of our Gritman Wound Center clients recently met in the clinic waiting area and began their first informal support meeting. We are encouraging the local ostomates to organize. A retired WOC nurse is helping spearhead this effort, and I am excited to help in an advisory capacity. We plan to affiliate our support group with the United Ostomy Associations of America and participate with the regional Inland NW Ostomy Support Groups. WELCOME to Judy and the new Moscow Ostomy Support Group!

“Yakima Support Group Leader to Retire”

Karen Aal, RN, CWOCN, at the Yakima Valley Memorial Hospital (now Virginia Mason Memorial), announced that she will retire at the end of August. Karen received her “Enterstomal Therapy” (ET) training in Vancouver, B.C., Canada in 1981 and started the Yakima Ostomy Support Group in 1982. She wrote, “I have been doing this ever since then and still love the patient contact. I would likely continue for another year if it weren’t for my only grandchildren being in Colorado.” At this time, Karen is not sure who will take over leadership of the “small but lively” support group, but it will continue. THANK YOU, Karen, for your many years of dedicated service to the ostomate community!

Continued on next page



“CDA Support Group Shares”

By Sherron West, President

It is hard to believe that we are almost half way through this year. Our focus this year has been on:

- **Emotional Wellness**....Emotional wellness recognizes awareness and acceptance of one’s feelings and how positive and enthusiastic one feels about life.
- **Intellectual Wellness**....Intellectual wellness recognizes one’s creative, stimulating mental activities.
- **Occupational Wellness**....Occupational wellness recognizes personal satisfaction and enrichment in one’s life through work, both volunteer and paid.
- **Physical Wellness**.... Physical wellness recognizes the need for regular physical activity.
- **Spiritual Wellness**....Spiritual Wellness recognizes our search for meaning and purpose in human existence.
- **Social Wellness**....Social wellness encourages contributing to one’s environment and community.

(Nancy Luckey RN, BSN, shared this information, taken from the National Stroke Association, at one of our meetings)

“Lewiston-Clarkston OSG Elects New Officers”

By Tamara Youmans, CWON

The L-C support group elected new officers at their June 10 meeting. Former vice president Adrian Wilson takes over as the new president, Debbie Warner is now the vice president. and Cheryl Hofer remains the secretary/treasurer at this time. We extend a huge welcome to our new officers and an even bigger **thank you to Janet Scheelke, former president, for her years of dedicated service and leadership to our group!**

Also, note that ostomates in the LC Valley can be seen by a certified ostomy nurse at Tri State Memorial Hospital's wound healing clinic by calling 509-758-1119 and asking for an appointment with the ostomy nurse. The overseeing physician is Dr. Deshpande ("Dr. D"), who has experience as a surgeon and is very familiar with the different ostomy types and surgeries involved.

“Busy Schedule for Spokane Ostomy Support Group”

The Spokane Ostomy Support Group had an active spring.

Visitor Training: Carol Nelson previewed the upcoming Ostomy Visitor Training at the SOSG meeting in April and then on May 29 conducted the 2-hour Visitor Training Workshop. It included a UOAA PowerPoint training presentation with videos, a workshop guide with a variety of visitation materials for each trainee, and a tasty dinner courtesy of Carol. Michelle Best, WOCN, participated as our medical information resource and answered many questions. Ten SOSG members were certified. THANK YOU CAROL!!

Ostomies and Medications: Dr. Brian Gates, (Phd. Pharmacology, Director of Residency Training, WSU Spokane Campus) gave an in-depth presentation on the interactions between medications and ostomates. He thoroughly covered how various types of prescription and over-the-counter drugs, as well as vitamin, mineral, and nutritional supplements, interact with different ostomy types. The focus was on medications and supplements that might affect ostomates differently than patients without diversions. His presentation and the lively questions and answers lasted nearly 1½-hours. THANK YOU DR. GATES!!

Continued on next page



I have a bumper sticker on my car that says 'Honk If You Think I'm Sexy'...
so I just sit at green lights until I feel better about myself!

Spokane OSG Organization: Plans for formally organizing the Spokane OSG, underway for several months, were discussed at the April 2 meeting, including review of draft By-Laws and proposed offices. The draft By-Laws, composed to UOAA standards, and the proposed Executive Leadership Team (ELT) were then formally presented to members at the June 4 meeting. Following considerable discussion, those who attended the meeting unanimously supported the proposed By-Laws and ELT. In addition, we established a \$5.00 annual member fee mainly to cover UOAA dues. Pending approval of the By-Laws by UOAA leadership, the Spokane Ostomy Support Group will officially come under the umbrella of the UOAA’s 501(c)(3) non-profit status. Thus, future donations made to the Spokane OSG will be tax deductible, and handling of funds will be transparent.



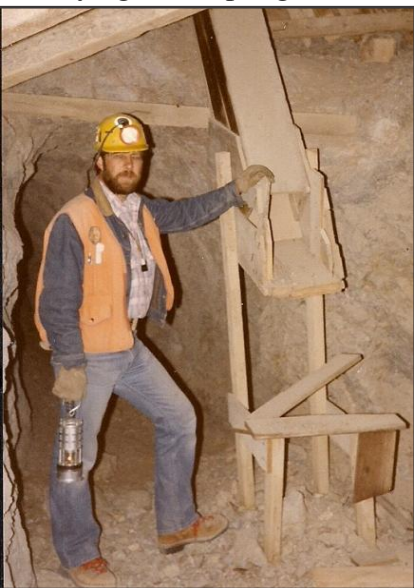
Carol Nelson (LC), facilitates discussion of SOSG organization at June 4 meeting.

Picnic: A summer potluck picnic and social is planned for the afternoon of July 2 at the Weller Family Cabin on the shore of Newman Lake. Plenty of water recreation opportunities are planned!

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

“I Am an Ostomate, , and a Geologist!”

After graduate school, Phil Moyle spent several years as a field geologist mapping rock formations and surveying & sampling mineral deposits in remote, rugged Wilderness Areas in the Western US. The demanding work – extensive hiking and back packing, crawling around in abandoned underground mines, carrying packs crammed with rock, and experiencing extreme weather conditions - required he and his colleagues to be in peak physical condition. Then in spring 1985, while dry camping in the middle of nowhere in southern Idaho, Moyle got sick, , , really sick. Painful bouts of bloody diarrhea made him miserable, and it was difficult for him to do his job. There was no bathroom, and when you have to go 12 to 15 times a day ... well, it gets old quickly. Following weeks of testing and probing, a diagnosis of severe ulcerative colitis was followed by a regimen of prednisone, standard treatment at that time. Months of treatment while continuing fieldwork did not alleviate the symptoms, and after three weeks of hospitalization failed, he underwent a total colectomy at



Moyle poses by ore chute in the Bonanza King Mine, Mojave Desert, CA (1982).



Moyle (center) leads field team investigating contamination from abandoned mines in the Cascade Mountains, WA (2008).

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age 38. Moyle’s desire to return to full employment as a geologist and need to support his wife and two young children drove the post-surgical process of grieving and emotional adjustment. The backing of his family, friends, and colleagues was encouraging, and three weeks after surgery, he returned to work. A few months later, he was back conducting geologic fieldwork in the rugged Steen’s Mountains of Eastern Oregon. One of his colleagues working a nearby mountain range radioed, “Hey, I didn’t know they let old ‘bags’ out in the field!” It is noteworthy that, as with many adverse situations, the use of light-hearted humor is extremely important among those with ostomies. Despite contracting Non-Hodgkin’s Lymphoma and undergoing five months of chemo in 1987, he continued his career poking around in remote areas of the Western U.S. through 2012. Moyle was active with his daughter in Search and Rescue in the early 1990’s and also led a group of 10 Boy Scouts, including his son, on a 50-mile backpacking trip up to Blue Glacier in the Olympic Mountains and along a remote section of the Washington coast. He made a few necessary adjustments over the years to adapt his new condition to fieldwork and recreational activities, but they were minor in view of the opportunity to continue working outdoors in such beautiful areas. “You have to be resilient and focused,” says Moyle. “Life goes on (after an ostomy). It’s not the end of the world, and it can make you a stronger, more adaptive person.” Phil also participates in UOAA’s Run for Resilience Ostomy 5K in Boise each October, , , but he walks!



UOAA 2019 Run for Resilience
Ostomy 5K
Vancouver, WA ~Saturday, October 5, 2019
Boise, ID ~~~~~ Saturday, October 12, 2019
<https://ostomy5k.org/>

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

“Learning to Live Well with a Temporary Ostomy”

By Susie Leonard Weller, Spokane Ostomy Support Group

Dan, an active 51-year-old firefighter, was surprised by a severe bout of diverticulitis. Unfortunately, it perforated his colon, and he required emergency surgery. Although his surgeon informed him that there was 30% chance he might need a temporary ileostomy, Dan thought the odds were in his favor. As a result, he didn’t mentally prepare for what he awoke to, an ileostomy. Despite having a supportive wife and children, and co-workers who would visit, Dan rarely got out of his pajamas during the first month after his surgery. He felt moody, depressed and in a dark place. At this point, his wife April, and their youngest daughter, gave him a “kick in the butt” to seek extra support. Dan met three times with a counselor to learn how to cope more effectively with his roller coaster of overwhelming feelings. He realized that accepting help was not a sign of weakness. Dan needed encouragement to deal with his fears—concerns about accidents, qualms about being embarrassed at work, and worries about “what if” in case his temporary ileostomy became permanent.

April also contacted the Spokane Ostomy Support Group to find peer support. Phil Moyle, a trained visitor, met Dan at his home. The first thing Dan noticed was that Phil, a retired geologist with 34 years of experience as an ileostomate, was wearing jeans with a belt. This inspired Dan to believe that he could look “normal” while wearing his pouch in public. Soon afterwards, Dan got dressed, resumed normal activities with his ileostomy, including light duties as a firefighter.

Dan represents a growing trend of people receiving temporary ostomies. According to research from the United Ostomy Associations of America (UOAA), from 1993 to 2014, the number of people receiving temporary ileostomies has quadrupled. This represents a steady rise of 7% each year. Temporary ileostomies have shifted from being the least common type of ostomy surgery to becoming the most common one.

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The first 6-8 weeks are the toughest adjustment period for all ostomates—whether it is a temporary or a permanent surgery. In response to this need, the UOAA published a free *New Ostomy Patient Guide* which describes important skills for navigating the “unknown ostomy waters” after surgery. You can download this 88-page guide at www.ostomy.org. Before developing new skills of resilience and acceptance, ostomates will need to successfully cope with rogue waves of emotions, including fear, anxiety, overwhelm, anger and depression that can easily sweep them off their feet.

For many, accepting their need for a temporary or permanent ostomy involves a process of grieving. It is coping with a loss of body part, managing changes in self-image, feeling “different” from others, handling potential accidents and facing a social stigma for wearing a pouch. The pathway to acceptance seems to be easier for those who have dealt with long-term digestive problems, such as Crohn’s Disease or Colitis. After surgery for an ileostomy, those who had previously endured chronic issues often feel relief and enjoy a higher quality of their life. In contrast, those who needed emergency surgery due to cancer, an accident, or an unexpected health problem, typically struggle longer to adapt to their ostomy. Some are in shock with no mental preparation and rarely know anything about what it means to be an ostomate. Others, like Dan, feel depressed with disappointed expectations, and fear future outcomes.

Grief is a normal and natural reaction to any type of loss. Although people express grief in various ways, *The Grief Recovery Handbook* by John W. James and Russell Friedman describes five typical symptoms:

1. Reduced concentration
2. A sense of numbness or shock
3. Disrupted sleeping patterns
4. Change in eating habits (too much or too little)
5. Roller coaster fluctuations in emotions including: fear, anger and depression.

Although grief and depression can appear similar, they are different. Grief is a reaction to a specific loss or circumstance. Depression is a set of symptoms with a consistent low mood that does not get better over time. Whenever feelings of sadness and grief interfere with your daily life, or you think about harming yourself, it is time to get professional support. Remember, when Dan was depressed living in his pajamas for over a month, it was his wife and daughter, who urged him with “tough love” to talk with a counselor. In the beginning, Dan was trapped in shock and disbelief that he needed a temporary ostomy. Being on overload can make it impossible to take in new information. This is why it is so important that a family member or friend be present when a nurse is explaining how to take care of an ostomy.

Positive signs of moving toward acceptance include resuming normal daily activities. This includes getting dressed and out of the house to enjoy doing other things besides going to medical appointments. This might include returning to hobbies, as well as seeking more information about how to live as best you can with your ostomy.

Greater challenges require increased skills. Resiliency is more than bouncing back; it includes a tenacity of spirit and a commitment to be positively changed at your core from the experience. Just as you can train your body to become physically stronger, you can also train your mind and emotions to enhance your flexibility. Instead of experiencing PTSD (Post Traumatic Stress Disorder), you can enjoy PTG or Post Traumatic Growth. Psychologist Richard Tedeschi writes: “This is the paradox of growth—people become more vulnerable, yet stronger. . . Stress is the engine that fuels the growth. Before we can overcome suffering, we need to go through it.”

Another signal of resiliency is being able to enjoy daily life with a renewed hope for the future—whether the temporary ostomy is successfully reversed or not. True surrender is releasing attachment to specific outcomes. Regardless of what happens, you expand your ability to make the necessary adjustments to enjoy pleasurable

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activities. The final step of acceptance is the on-going process of integrating all that has happened. Living with a temporary or permanent ostomy is an important part of you who are, but it is no longer the sole focus in your life. A crucial skill is finding meaning from the experience.

Many temporary ostomates, such as Dan, have transformed their experience by being of service to others. After Dan’s ileostomy was successfully reversed, he wanted to “pay it forward.” Dan and April recently attended a Visitor/Peer Mentor Training facilitated by Carol Nelson. They want to encourage other ostomates—especially those with a temporary ostomy---to receive extra support during those challenging initial months. Although you don’t have to like having an ostomy-- you can decide that you are *willing* to learn how to live well with it.

*(Note: For your free copy of a 47-page booklet, **From Grief to Resiliency: 10 Tools for Living Well with an Ostomy**, please contact Susie Leonard Weller at weller.susie@gmail.com and she will email it to you.)*

“DOES AN OSTOMY QUALIFY AS A DISABILITY?”



Support the Disability Integration Act

By Jeanine Gleba UOAA Advocacy Manager, and Sue Mueller, BSN, CWOCN
(Extracted from the UOAA April E-News)

Does an ostomy qualify as a disability? This is a question that UOAA receives on occasion. You are living with an ostomy, you feel pride that you are independent with your ostomy care, that you are able to problem solve the glitches that arise, you have resumed your former activities and tried a few new ones...life is good. So it’s confusing when you hear someone tell you that you qualify under the Americans with Disabilities Act (ADA) as having a disability. Perhaps you can walk and talk and see and hear and are independent with your care. You may envision a disabled person as someone who needs help with care, uses a wheelchair or a walker; someone obviously disabled. Well, elimination of waste is a major body function and your elimination of waste has changed; in fact you need to wear a prosthetic device (ostomy appliance) to manage this change. You have a record of an impairment of a major body function, therefore you are protected by the provisions of the ADA. You do not have a visible disability, and not all disabilities are visible. *(Please be aware that the term disabled means different things in different systems i.e. in Social Security disabled means unable to work.)*

Fast forward 15-20-30 years, you have aged and might be experiencing any number of the challenges that aging brings....combine that with ostomy care and you may find yourself in a whole new world trying to get your needs met and survive in the environment of your choice. That’s when you will be especially glad that you are

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protected by civil and disability rights legislation such as the Rehabilitation Act of 1973, the ADA, Olmstead vs LS, case law and provisions of the Affordable Care Act. Basically, what these legal documents establish is the expectation that people living with disabilities have the same opportunities as people without disabilities; to live and work and participate in their communities, that the same services and supports that are provided in institutions are provided in the community. Many improvements have been accomplished but the institutional bias in service provision has not been eliminated and the services needed to support non-institutional living have not been created. The [Disability Integration Act](#) (DIA) has been proposed in both the US House and Senate as a measure to end institutional bias and promote services in the community and extend the principles established in previous legislation.

The act is bipartisan legislation that ensures people with disabilities have a federally protected right to live and receive services in their own homes or in the setting of their choosing. The DIA further secures our Constitutionally protected right to liberty by preventing disabled people from being forced into costly institutional settings by unnecessary government regulations.

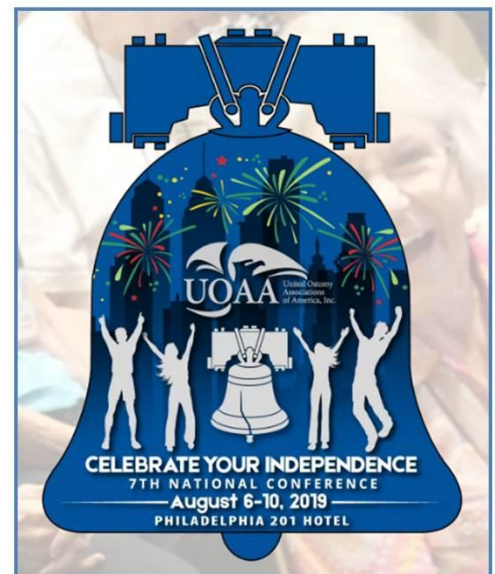
In addition, the DIA assures the full integration of disabled people in the community by ensuring that people with an ostomy and other conditions are able to exercise real choice in where they wish to receive attendant services, assistance with health-related tasks such as “maintenance and use of a stable ostomy” or other services that enable a person with a disability to live in the community such as in an assisted living facility and lead an independent life.

Our patient bill of rights advocacy efforts have illustrated the gap in expectations and the reality of care. An issue facing the ostomy community especially as they age is that most assisted living facilities (ALF) across our country will not admit someone with an ostomy or in the rare cases where they do, the ALF no longer needs to retain them once the individual can no longer perform self-care with emptying or changing their pouch. Once the door to assisted living is closed the only option is placement in a long-term care facility/nursing home. Assisted Living homes and nursing homes are radically different environments.

We believe that emptying a pouch is a simple activity of daily living that should fall under toileting assistance/hygiene. When the issues with care at assisted living facilities result in an ostomate requiring long term care in an institution, when that is not their choice it is a civil rights issue and is exactly what the DIA is trying to address. UOAA [supports](#) and advocates for this landmark legislation and encourages the ostomy community to take action [here](#) to help us garner legislator support and pass this in 2019.

Editors Note by Phil Moyle: The Senate (S. 117) and House (HR. 555) versions of the Disability Integration Act have many co-sponsors in [both parties](#); however, the legislation is currently bogged down in committees in both houses of Congress. Co-sponsors in our region include Rep. Cathy McMorris Rogers (R), and Senators Patty Murray (D) & Maria Cantwell (D). I urge you all to call members of your Congressional delegation to support the UOAA's position and encourage their sponsorship! Please thank those that are already co-sponsors!


7th NATIONAL UOAA CONFERENCE



To register, please visit:
www.ostomy.org/conference

ADVOCATE for Disability Integration Act!!





The official publication of the UOAA

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800-750-9311

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: <https://www.ostomy.org/Home.html>.

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

Primary Producers of Ostomy Products:

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

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).