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

INLAND NORTHWEST OSTOMY SUPPORT GROUPS
"Insider" Newsletter

Published Quarterly - Editor: Phillip R. Moyle (SOSG.Input@gmail.com)
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CONTENTS

WHAZZ UP

Inland Northwest Ostomy Support Groups – "*InSider" Newsletter* & New Website

By Phillip Moyle

WELCOME to our expanded ***"InSider" Newsletter***, and **GREETINGS** to all of you - ostomates, family members & caregivers, and professional medical staff – associated with our Inland Northwest Ostomate Support Groups:

- Coeur d'Alene Ostomy Association, ID;
- Lewis-Clark United Ostomy Association, ID/WA;
- Spokane Ostomy Support Group, WA;
- Mid-Columbia (Richland) Ostomy Support Group, WA;
- Confluence Health Ostomy Support Group, Wenatchee, WA; and
- Yakima Ostomy Support Group, WA.

To strengthen our commitment, we have also developed a new website, "Inland Northwest Ostomy Support" (INWOS) at ***http://inlandnwostomy.org***, to provide information and improve communications for all of our ostomy support groups (OSGs). So if you have access to the Internet, please review the **Home** page and explore additional website pages for information on your **OSG**, view or download our **Newsletters**, check important **Links**, track **National and Regional Events** of interest to you, and check out the other five OSGs. We extend sincere appreciation to ALL of the OSG representatives and ostomy nurses who provided us with information and contacts for the various support groups. Without their time and commitment, the website would be a non-starter. But we still need your help! As with any such project, important information may be missed and/or errors can creep into our website. So please let us know about corrections and/or improvements that we can make by writing to *SOSG.Input@gmail.com*.

The transition from the former Spokane newsletter to this inaugural issue of our quarterly INWOS *Insider* Newsletter is also an experiment, so the content of future issues will depend on your responses. This issue continues: (1) the **WHAZZ UP** introduction that highlights on-going or new events; (2) **Diversion Inspiration & Humor**, that I hope is self explanatory; (3) the **Nurse's Corner** that presents medical information and advice relating to ostomies; (4) **Quarterly Articles**, usually two-to-three articles on various subjects; and (5) **OSG & Links** –info, such as meeting times/dates, contacts, etc., about each of the ostomy support groups as well as important Internet links. ***Editor's Notes*** at various locations in the newsletter draw the reader's attention to important information or precautions.

Following are some ideas that we can consider for additional components in future issues:

(1) host a column for brief write-ups about current activities of each OSG if they choose to submit a piece;

(2) request each OSG to prepare a write-up on their history and activities, and we'd publish two pieces in each of the remaining 2017 quarterly newsletter issues;

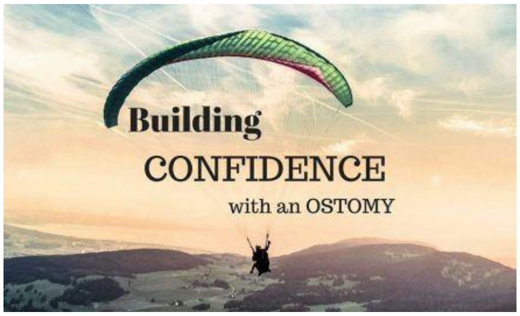
(3) invite articles by ostomates, family members, or ostomy nurses associated with any of our OSGs, and/or

(4) include a list and description of planned social activities as possible opportunities for interaction between the various OSG members. Any more ideas?

Articles in this issue of the ***Insider*** include two related pieces about a Boise, ID family with two child ostomates and their link to the origin of the 2016 Run for Resilience Ostomy 5k" in Boise, a poignant story of family strength and success. In addition, we'll overview the extensive travels that the Spokane OSG facilitator, Susie Leonard Weller and her husband Mark, are undertaking through Europe and the USA. All three of these stories dramatically illustrate the capabilities of ostomates and their families!

Thanks to Rich Judd and Byram Healthcare for their assistance in publishing this newsletter. Contact Rich at rjudd@byramhealthcare.com to be added to the mailing list.

Editor's Note: Spokane OSG is collecting older issues of Phoenix, the official UOAA magazine, to compile a lending library for our ostomy community. Please let us know if you have older hard copies, or even digital (PDF) versions, of Phoenix Magazine. We are also compiling a list of important Phoenix articles as a reference library.



DIVERSION INSPIRATION & HUMOR

(*Submissions & ideas welcome*)

We had '**Ostomy Barbie**' last year, so here is **Ostomy Ken** ☺

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NURSE'S CORNER

Editor's Note: *In lieu* of our local professional ostomy nurses preparing the Nurse's Corner, this issue we offer an article that was "lifted" from another OSG newsletter. Please consult your ostomy nurse and/or physician before following any advice that has NOT been reviewed and approved by your local ostomy nurses.

Stoma Hernia

Modified from: The British Hernia Centre
(*https://www.hernia.org/types/stoma-hernia/*)
(*via the Morris County Ostomy Association Newsletter, Winter 2015-16*)

In the ideal situation, the abdominal wall muscles form a snug fit around the stoma opening. However, sometimes the muscles come away from the edges of the stoma thus creating a hernia. In this case, an area of the abdominal wall adjacent to the stoma where there is no muscle.

Factors that can contribute to causing a stoma hernia to occur include coughing, being overweight or having developed an infection in the wound at the time the stoma was made. The development of a stoma hernia is often a gradual phenomenon, with the area next to the stoma stretching and becoming weaker with the passage of time. This weakness, or gap, means that every time one strains, coughs, sneezes or stands up, the area of the abdomen next to the stoma bulges, or the whole stoma itself protrudes as it is pushed forwards by the rest of the abdominal contents behind it.

Stoma hernias are rarely painful, but are usually uncomfortable and can become extremely inconvenient. They may make it difficult to attach a bag properly and sometimes their sheer size is an embarrassment as they can be seen beneath clothes. Although a rare complication, the intestine can sometimes become trapped or kinked within the hernia and become obstructed. Regardless of inconvenience or pain, hernias are defects in the abdominal wall and should not be ignored simply because they might not hurt. There are surgeons who advocate that small stoma hernias that are not causing any symptoms do not need any treatment. Furthermore, if they do need treatment it should not be by operation in the first instance but by wearing a wide, firm colostomy / ileostomy belt. This is probably true with small hernias in people who are very elderly and infirm or people for whom an anaesthetic would be dangerous (for example, serious heart or breathing problems).

If symptoms are severe enough, the hernia is repaired. The repair of a stoma hernia requires that the abdominal wall tissue is made to fit back snugly around the stoma, leaving no weakness. Over the years many different surgical approaches to this problem have been tried. There are two options. One can move the stoma to a new site on the abdomen, i.e. create a new opening elsewhere and repair the hernia at the old site as one would any other hernia, or one can try to repair the hernia around the stoma, leaving the stoma where it is. Repair of the hernia without moving the stoma involves opening the abdominal wall over the hernia adjacent to the stoma and resuturing muscle and supporting tissues in the area.

Because moving the stoma is a major operation, a recent alternative is repair with mesh over and beyond the weakened area to reinforce the whole weakened muscle structure. Once inserted, the mesh rapidly becomes incorporated within the muscle and surrounding tissue and forms the core of a much stronger area within the abdominal wall. This use of mesh, rather than stitches, serves to avoid future recurrences, which happen when the stitches used with other methods are pulled away from the tissue.

While there can be no guarantee of the permanence of any stoma hernia repair, this technique offers the least risk of recurrence.

Editor's Note: Additional information can be found at *https://www.hernia.org/types/stoma-hernia/*. As usual, we recommend that you consult with your ostomy nurse.

************************* QUARTERLY ARTICLE(S) ***********************

Editor's Note: I had the great pleasure of meeting Megan Herrett, her husband Matt, and their two beautiful children, Maggie and Winston, of Boise Idaho. Megan composed the following story of their family journey, sharing the traumatic experiences of each of their children and the dramatic adjustments they have all made as a family. Theirs is an inspirational story, a portion of which led to the UOAA-sponsored "Inaugural Run for Resilience Ostomy 5k" held October 8th, 2016 in their home town of Boise, Idaho. The article that follows describes the "Event" and some of the participants.

"A Family Journey"

By Megan Herrett, Boise, ID (October 2016)

Adequately summarizing what our family has gone through over the past eight years requires going back to the very beginning. Our daughter, Maggie (now eight years old), was three months old when we realized that she looked a little jaundiced. Our pediatrician agreed and ran what would be the first of hundreds of tests to determine what was wrong with our baby and why her liver function tests were so elevated. After being seen by multiple specialists here in Boise for a few months, we were referred to a doctor at Primary Children's Medical Center in Salt Lake City in November of 2008.

When Maggie was about six or seven months old, we noticed that she was starting to scratch quite a bit. Her arms, feet, and ears were covered in scabs and scratch marks. This itching was a side-effect of her liver not processing bile correctly - when not processed by the liver, the bile backs up into the bloodstream and circulates back through the body, resulting in an increase number of bile salts in the body. It is these bile salts in the bloodstream that make an individual with a liver disease very itchy.

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At first, we were able to control her itching through several medications but by the time she was 12 months-old, her itching had become unbearable. At that time, her liver was deteriorating quickly and she was exhibiting some developmental delays as a result of the incessant itching. In a matter of weeks, she had pulled out all of her hair and she was maxed out on her medication dosages.

We were presented with the option of an ostomy-placing surgery when Maggie was just over one-year-old as an alternative to a liver transplant. The purpose of her ostomy would be to (1) drain bile from her body to combat the itching, and (2) slow the progression of her disease by giving her liver a much-needed reprieve.

To be honest, I was devastated when I first heard the words, "ostomy bag." I imagined a life where Maggie would never wear a bikini or be a cheerleader or be captain of her swim team - all very big concepts when you are talking about a one-year old child. I imagined her being bullied because she was different. But, we needed a solution...and we needed to act quickly.

Maggie underwent ostomy surgery on October 30, 2009, and we haven't looked back. She is now eight-years-old and is thriving health-wise as well as academically. Additionally, she is also excelling on a competitive gymnastics team. And although Maggie absolutely beams on the outside, she struggles with confidence because of her ostomy pouch. She is fiercely private and does not want any of her peers to know. My husband and I have worked tirelessly to emphasize to her that her pouch is nothing to be ashamed of - after all, it saved her life and she would not be the person she is today without it.

In 2010, we were blessed by the birth of our son, Winston. We soon discovered that he was plagued with the same disease and would then undergo the same surgery when he was just over one-year-old. Although this news was devastating at the time, we have come to realize that it was a blessing in disguise. Both of them have the same liver disease and both wear ostomy pouches - commonalities that they can rely on when the going gets tough.

I can still recall my "aha moment" though - that moment when I realized that we would not be a family that sat idly by and let her pouch be a source of shame or embarrassment for her. Maggie was probably two years old at the time and we were in the throes of potty-training, where our previous line of attack of onesies and bib overalls to prevent her from yanking her pouch off, were no longer an option. She was finally in a shirt and a pair of pants...and her ostomy bag was peeking out from the hemline of her shirt as we left a restaurant. A man entering the restaurant noticed her ostomy pouch and said, "Ewwwww! What IS that?" Although my initial reaction was one of anger and dismay, it was then that I realized that working with her would be only one piece of the puzzle - we also needed to work with the community to help educate, support and raise awareness for those like Maggie so that the shame, fear and embarrassment would fade away to empowerment and pride.

It was this "aha moment" that led me to contacting the United Ostomy Associations of America in January of this year about bringing their Run for Resilience Ostomy 5k to Boise. My inquiry was met with a resounding "YES!" We held our inaugural race on Saturday, October 8th and had over 160 people registered for the 5K and Kids' Mile events. We even had participants, including ostomates and ostomy nurses, drive in for the race from Spokane, Washington and Lewiston! And Hollister even donated ostomy pouches to include in our race registration bags. If nothing else, I am hopeful that this year we laid the foundation for many successful years to come and got some ostomy-related dialogue started. Instead of "ewww," maybe people will say, "Oh, I know what that is and that saved their life!"

You know you have an ostomy when:
YOU PASS ALL THE REST STOPS ON THE EXPRESSWAY!!!!!!!!
and people with you beg to stop! , , , That's real power!

'National Ostomy Awareness Day'
and the
Boise 'Run for Resilience Ostomy 5k'

By Phillip Moyle, Spokane, WA (12/2016)

If you've ever heard someone exclaim "Ewwwww, what IS that?" upon seeing an ostomy pouch (see above ***A Family Journey*** by Megan Herrett), then you understand the purpose of **National Ostomy Awareness Day**! Sponsored by the **United Ostomy Associations of America** (UOAA), National Ostomy Awareness Day (NOAD) was first held in 2010 and is celebrated annually on the first Saturday in October to spread awareness and increase national visibility of those living with ostomies. Three years later Durham, North Carolina held the first Annual Ostomy 5k event in association with NOAD. As awareness and popularity of that event grew, several additional ostomy 5k's are now held annually within a week or so of NOAD: a "virtual 5k (Anywhere USA);" an Ostomy 5k in Portland, Oregon; and three new Ostomy 5ks held in 2016 – Boise, Idaho; Birmingham, Alabama; and London, England, , , yes, a new American export! Each year a new event theme is announced by the UOAA.

The 2016 Boise "**Run for Resilience Ostomy 5k**" came to my attention in late August 2016. Since my daughter, grandkids and I had recently participated in Spokane's 2016 Bloomsday 12k, I was attracted by the challenge of the Ostomy 5k event itself, its proximity in our region, and above all, by the family story associated with this inaugural event. If you have not read the previous article, "***A Family Journey***" by Megan Herrett, then please do so. This moving and inspiring, real life story about Matt & Megan Herrett and their children Maggie & Winston, both children with ostomies, represents the very reason that National Ostomy Awareness Day exists and the Annual Ostomy 5k events are held (*see "About" on https://ostomy5k.org/boise-idaho-event/*). Responding to the needs of her children, Megan contacted the UOAA in January 2016 to propose hosting an Ostomy 5k in Boise. And what a success it was!

Dawn of October 8th 2016 found me approaching Boise with anticipation on what promised to be a beautiful day. "Rock n roll" music played as a cluster of race participants and volunteers, some in tutus, buzzed with activity in and around the Old Timer's Shelter (Photo 1) in Ann Morrison Park, part of the Boise River Greenbelt which is one of Boise's most popular parks.

Photo 1: Volunteers and participants gather at the Old Timer's Shelter.

A blend of excitement and social interaction dominated the atmosphere, allowing me to meet several really nice people including Thom Geran, Facebook administrator for Ostomy 211, Jay Pacitti, Executive Director of UOAA, Joline Tucker, an ostomy nurse from Lewiston, Idaho, and many others. Several helpful medical vendors

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as well as face painting for children rounded out the support activities. In the midst of the seemingly chaotic scene stood Megan Herrett, often assisted by Jay Pacitto and several of Megan's friends, calmly organizing the many activities. Darting amongst and around the adults were many bright-eyed, high-spirited children, faces painted, waiting anxiously for their own event.

Photo 2: Children begin the 1-mile Fun Run with a guide in a tutu.

The Boise "Run for Resilience Ostomy 5k" actually consists of two races; a 1-mile *Fun Run* for children (Photo 2), and a 5k (3.1 mi) distance event for adults. All together, more than 150 participants ran, jogged, or walked the course along beautiful, mostly level pathways bordering the green, forested banks of the meandering Boise River. At the conclusion of the "races," every participating child received a recognition ribbon, age & place awards were presented for the kids Fun Run and the adult 5k, and numerous additional donated* prizes were distributed. Matt Herrett and I had an enjoyable conversation during the awards ceremony, after which we were joined by Megan and their two children, Maggie & Winston, for high fives and a photo opportunity (Photo 3), a high point for me.

Photo 3: The Herrett Family (Matt [L], Megan [R], Maggie & Winston) with Phil Moyle from Spokane, WA.

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But the celebrations and socializing weren't over yet! Most of the volunteers and participants, some a little tired, strolled across the Boise River (again) to a prearranged gathering at the nearby Payette Brewing Company's tap room and picnic area for a well-earned free brew (root beer for the kids), lunch, and much more fun socializing and well-deserved celebration (Photo 4).

My sincere appreciation is offered to Megan & Matt Herrett, the many volunteers, the supporting vendors and businesses, and the UOAA for organizing and supporting this very successful and fun Ostomy 5k. I strongly recommend all of you in our Inland Northwest ostomy communities consider participating in one of the nearby Ostomy 5k events – Boise or Portland – in 2017! The Boise 5k has just been scheduled for October 14, 2017! Be There!

* Note that a wide variety of local and regional businesses contributed gifts, further demonstrating the success of this "Ostomy Awareness" event!

Photo 4: Jay Pacitto (UOAA Exec. Director), Jolene Tucker, RN-WOC (Lewiston), and Phil Moyle (Spokane) attend the Payette Brewery social following the awards ceremony. Note that Jolene showed some non-ostomates how an ostomy pouch is applied and even demonstrated how anyone can use a pouch to hide money while traveling, , , *What a Great Idea*!

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A 90-Day "What If?" Adventure

By Susie Leonard Weller, (December, 2016)

Shortly after completing the book, "What If It All Goes Right?" by Mendi Audlin, I felt challenged to apply what I was reading. Two friends died within one week of each other. For the last ten years we had mutually supported each other through our first, and then our second diagnoses of cancer. Their deaths prompted me to ask several "What if?" questions. At first, my "What if?" questions were based on fear. I wondered: "They were younger than me and did everything they could to survive. Why did they die and not me? How much time do I have left?" However, the book inspired me to turn my thinking around, and to begin asking different kinds of "*what if*?" questions. Their deaths became the catalyst for a 90-day adventure to Europe and Morocco.

My husband Mark and I had been dreaming about walking the Camino in NW Spain for several years. We began asking ourselves: What *if* we stopped talking about it and started preparing to hike the Camino? What *if* we expanded our trip to see other parts of Europe? What *if* we added a side trip to Morocco with a camel trek to the Sahara Desert?

Six months later we began our journey to walk the last section of the Portuguese Route of the Camino. We completed our Compostela, or certificate for walking at least 115 Kilometers (71 + miles) of the Camino.

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Photo 1: Susie posing by the Camino Compostela.

The adventure expanded to include 13 countries in Western and Eastern Europe and North Africa. Our travels took us to the Atlantic Ocean, Baltic Sea, North Sea, Adriatic Sea and the Mediterranean Sea. Modes of transportation ranged from taking a plane, train, car, ferry, electric boat, water taxi, trolley, cable car and taxis to walking, biking, kayaking, rowing and riding a camel. We camped in a Berber nomad tent, slept in pilgrim albergues, youth hostels, pensions, hotels, airbnb’s and an Arabic riyad.

Of course, traveling with a colostomy has its challenges. The first one was figuring out how many bags to take with me and how to transport them. I packed 99 sets of colostomy supplies; I returned with only 7. Due to only getting a one-day wear time, I am glad I brought the extras with me. Although I had a back-up plan for our son to send extra supplies, I am grateful he did not need to airfreight them. Usually, I travel light with only carryon luggage. However, on this trip I needed a large trolley suitcase. I just made it under the 50 pound maximum, to accommodate my extra ostomy supplies, back pack, hiking boots, trekking poles, towel, sheet sleeping sack and an inflatable pillow. I packed layers of clothes to accommodate windy and rainy Copenhagen, sleeting snow in the Julian Alps of Slovenia and sunny skies while kayaking near the castle walls in Dubrovnik.

The low point of my trip was wondering if I had caused a prolapsed stoma. For months before we left, I practiced carrying a 21 pound backpack, hiking up to 16 miles a day. To protect my colostomy, I wore a hernia belt, as well as a stoma protector. However, after the first 14-mile day of walking the Camino, I developed symptoms of a prolapsed stoma. Worried that I had damaged it permanently, I swallowed my pride and used a luggage service for $5.60 to transport my backpack to each night’s lodging. Thankfully, after giving it some extended rest, my stoma returned to a normal shape and size.

For unknown reasons, I intermittingly developed sores under my wafer. I cut small dots from the Safe-n-Simple™ Skin Barriers and placed them on top of the areas with breakdown. Although it looked like I had spotted fever, my skin typically recovered within two days. Other ostomates who like to hike have also shared that they use this same product to heal and protect their feet from blisters. After testing out three pairs of hiking boots through REI’s generous return policy, I was grateful to not get any blisters on my feet.

The highlight of our trip was a camel trek from Morocco into the Sahara Desert, close to the Algerian border. (**Photo 2**: Group photo of camel trek.) We

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spent the night in a Berber tent feasting on chicken tangine, drinking Moroccan mint tea and listening to African drums and melodies sung by our guides. When I got up at 1:30 a.m. to use the bathroom, I received a surprise gift. It had stopped raining, the skies cleared up and I enjoyed seeing amazing stars in the desert. Mark and I pulled out our poncho/ground cover and the heavy woolen blankets from the tent and laid on the desert sand to watch a display of shooting stars.

Our most inspirational museum was visiting the Vienna home of Dr. Viktor Frankl, an Auschwitz survivor and author of "Man's Search for Meaning." As a neurologist and psychologist, he studied what helped severely depressed people to find a purpose for living. I particularly liked his quotes: "What gives light, must endure burning. . . Say 'Yes' to everything." On the **http://inlandnwostomy.org** website, you will find this additional quote from him: "Human behavior is not dictated by conditions, but by decisions one makes."

Every day, we each have a choice for how we will handle what comes our way. Even though I often catch myself fearing the worst, I am only a choice away to change my perspective. I am invited to trust that my "What if's" could all go right. And, even if the circumstances are not desirable, nor comfortable, I can choose to find meaning and purpose to cope with whatever happens. (**Photo 3**: Susie practicing dance moves in Zadar, Croatia *to thrive, not just to survive*.)

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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 Alan Roecks (509) 269-8026, or email him at BladderCancerGroup@gmail.com.

United Ostomy Association 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/

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OSTOMY SUPPORT GROUPS & MEETINGS*
IN 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 Support Group, ID:

- Meetings are held from 6:30—8:30 p.m. on the 3rd Thursday of the month (January-November);
- Kootenai Health & Medical Center, 2003 Kootenai Health Way, Coeur d'Alene, ID.
  Classroom #2, near the cafeteria.
- Contacts: Shari Gabourie RN, BSN, CWON at (208) 625-6627 or Sherron West at 208-719-0776 for more information.

Lewis-Clark United Ostomy Association, Lewiston, ID:

- Meetings are held bimonthly at 12:30 p.m. on the 2nd Monday in odd months;
- St. Joseph Regional Medical Center, 415 6th Street., Lewiston, ID; Conference room on 2nd floor by cafeteria, generally Conference Rm. B.
- Contacts: Janet Scheelke, President at 509-305-1723; or Samantha Musser, RN-CWOCN-CFCN, Judy Reid, RN, MSN, CWON, CFCN, Jolene Tucker RN-WOC & Crystal Dewey at (208) 799-5294.

Spokane Ostomy Support Group, WA:

- Meetings are held from 6:30-8:00 p.m. on the first Tuesday each month (February-November);
- Providence Sacred Heart Medical Center, 101 W 8th Ave, Spokane, WA; in the Mother Joseph Room or Leahy Room, both next to the cafeteria on L-3.
- Contacts: Susie Leonard Weller at 509-499-1423 or Carol Nelson at (Visitation Program) at 509-443-1242.

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

- Meetings are held periodically from 12 noon to 1:30 p.m.
- Kadlec Healthplex,1268 Lee Blvd, Richland WA; room varies.
- Contacts: Wayne Pelly (Visitation Chairperson) at 509-943-3223, or Lisa Bartholomew, RN, BSN, CWOCN at 509- 946-4611 Ext 5562.

Confluence Health (Wenatchee) Ostomy Support Group, WA:

- Meetings are held quarterly at 2:00 to 4:00 p.m. (see contacts for meeting schedules and agendas.
- Confluence Health Central Washington Hospital 1201 S. Miller St., Wenatchee, WA, Conference rooms F & G.
- Contacts: Tyree Fender, RN, BSN, CWOCN at 509-665-6156, or Dr. Katharine Jackson at 509-663-8711, ext. 5430.

Yakima Ostomy Support Group, WA:

- Meetings are held bimonthly at 10:00 to 11:00 a.m., generally on the third Tuesday of January, March, May, September, & November (check with the inpatient wound care department for details);
- Virginia Mason Memorial, 2811 Tieton Drive, Yakima, WA, usually in basement – Classroom C;
- Contacts: Virginia Mason Memorial Wound Care Services – Karen Aal, RN, MS, CWON; Lois Engel, RN; or Allyson Uhlman, RN, CWOCN, at 509-575-8266.

**** Editor’s Note:*** Please let us know if errors need to be corrected or changes made to the information reported above *(SOSG.Input@gmail.com)*.