



Welcome Inland Northwest Ostomates!

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WHAZZ UP

Welcome to the Winter 2018 issue of the “*InSider*” Newsletter. We hope all of you enjoyed a wonderful Holiday Season and that our winter weather is treating you well! First off, you should notice a format change. Beginning with this issue, the “**REGIONAL OSG MEETINGS**” box on the first page will list a meeting schedule projected out several months for each OSG that provides us with their schedule. Please note important meeting changes for three support groups: Lewis-Clark, Spokane, and Yakima! We continue to place more emphasis on this being a REGIONAL newsletter serving the following Ostomy 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. So please keep us informed about your activities!

Nurse’s Corner: This article provides Important Questions & Answers for Ostomates. There is something there for each of us. Please send us your suggestions for future issues!!

ANNOUNCEMENT

In 2018, Spokane OSG will hold meetings at the **Women’s Center**, Avista A & B Room, Sacred Heart Medical Center, Spokane, WA.

REGIONAL OSG MEETINGS ^{1/} Winter-Spring - 2018

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

February 15: TBA
 March 15: TBA
 April 19: TBA
 May 17: TBA



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

January 8: TBA
 February 12: TBA
 March 12: TBA
 April 9: TBA

Spokane: UPDATE - 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 6: TBA
 March 6: TBA
 April 3: TBA
 May 1: Probiotics for a Healthy Gut

Tri-Cities: Third Thursday five months each year at Kadlec Healthplex, Richland, WA:

January 18: 12:00-1:00 pm
 March 15: 12:00-1:00 pm
 May 17: 4:30-6:00 pm

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

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

January 17: TBA
 March 21: TBA
 May 16: TBA

^{1/} Speakers/topics shown if provided.

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



(WHAZZ UP, continued)

DIVERSION INSPIRATION & HUMOR

(Submissions & ideas welcome)

This submission courtesy of Keith Alloway)

INWOS Website: We have made many updates to the regional website, “**Inland Northwest Ostomy Support**” (INWOS), so go to inlandnwostomy.org to check it out. We hope that you find it useful. Please let us know if we need to make corrections or include additional information.

Topics: This *InSider* covers important happenings in our regional support groups. In addition, we share challenging life stories from two ostomates in our region; both are inspirational and worthy reads!

Healthcare Advocacy! If you are concerned about ongoing Congressional action on your healthcare, GO to the UOAA Advocacy page to learn and advocate [http://www.ostomy.org/Advocacy Action.html](http://www.ostomy.org/Advocacy_Action.html).

Please Remember that we at the “*InSider*” welcome your ideas & input! All ostomates, family & caregivers, and medical staff in our communities are welcome to submit articles, letters, & ideas! **THANK YOU!**

One day it just clicks.

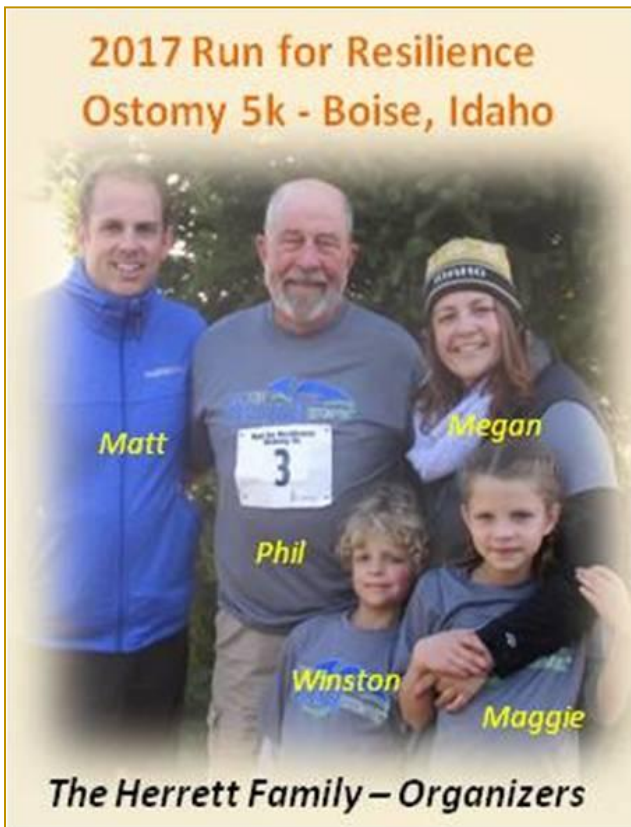
You realize what’s important and what isn’t. You learn to care less about what other people think of you and more about what you think of yourself. You realize how far you’ve come and you remember when you thought things were such a mess that you would never recover. And you smile. You smile because you are truly proud of yourself and the person you’ve fought to become.

REGIONAL-OSG ACTIVITY REPORTS, ANNOUNCEMENTS, & LETTERS

“Ostomy Awareness Day & the Boise Run for Resilience Ostomy 5k”

Spokane Ostomy Support Group

To highlight Ostomy Awareness Day (Oct. 7, 2017) this year, the UOAA again sponsored *Run for Resilience Ostomy 5k* events in six U.S. cities: Birmingham, SC; Cookeville, TN; Durham, NC; Mesa/Phoenix, AZ; and two in the Pacific NW - **Boise, ID** and **Portland, OR**. The UOAA also sponsored a virtual 5k. As he did last year, Phil Moyle with the Spokane OSG traveled to Boise to participate in the *2nd Annual Boise Run for Resilience* held on Oct. 14th. Start temperature was a chilly 28 F. Despite Phil finishing six minutes faster than did at last year’s event, the 2017 first prize for ostomate competitors went to Bob Case, an excellent runner who, fittingly, resides in the Boise area. Megan & Matt Herrett did a great job again of organizing this fun and high-profile event which they started last year to raise ostomy awareness for their two children Maggie & Winston, both of whom are ostomates (see photo at left). Thanks to donations from family, friends, and Spokane OSG supporters, Phil raised \$975 in sponsorships. These funds are committed to sustaining UOAA and local ostomy outreach activities. Additional event photos can be viewed at <http://nataliekoziukphotography.pass.us/runforresilience/>.





“Ostomy Awareness” (continued)

Susie Weller, co-facilitator of the Spokane OSG, achieved an additional successful effort to raise ostomy awareness in our community by arranging for well-known Spokesman Review feature writer Cindy Hval to interview Phil Moyle, an ostomate for 32 years. We are all thankful for the well-written and revealing article that appeared in the Spokesman on Oct. 19th 2017: (see photo at right)

<http://www.spokesman.com/stories/2017/oct/18/living-with-ostomy-retired-geologist-had-colon-rem/>

Photo of Phil Moyle taken by Cindy Hval during coming-out interview. ;-))



“Another Update on Lewis-Clark United Ostomy Association”

By Janet Scheelke – President, Lewis-Clark United Ostomy Association

The Lewiston-Clarkston Ostomy Support Group has bold new plans for 2018. We will meet monthly instead of bi-monthly as in the past. The day and time will remain the same - second Monday at 12:30 to 1:30 PM.

The Support Group will meet in conference room A at Tri-State Memorial Hospital located at 1221 Highland Ave. in Clarkston, WA.

We are a Chapter of The United Ostomy Associations of America.

Here's to many more years of encouragement for Ostomates in their new lives.

President, **Janet Scheelke** (509 243-4615)

P.O.Box 639,
Asotin, WA 99402

Vice President, **Adrian Wilson** (509 243-4610)

P.O.Box 247,
Asotin, WA 99402



“Newspaper Article about Local Ostomate Spawns Interest and Letters”

By Annie Shiffer

Editor's Note: Annie Shiffer sent the following email messages regarding Cindy Hval's feature ostomy article about Phil Moyle that appeared in the Spokesman Review.

Hi Cindy (Hval)--thank you for the 10/19 ostomy article -- my dad had a complete colectomy and ileostomy in 1960 at age 35 and lived very well until he was 88 years old. As a stoic Swede, he put up with the pain and misery of ulcerative colitis for years until he nearly died of dehydration and malnutrition and the removed colon



was "like wet paper towels." His ostomy group in the Tri-Cities was a huge help in his recovery and well-being and he returned to all the hunting/fishing/yardwork/loving relationships he had before the surgery. It's so good to read of another man, a generation later, following in the same general, busy footsteps. Daddy was very open with his two young, curious daughters--we watched the bag preps and changes as just a normal part of everyday life and, then, so did his grandchildren. He had a great sense of humor and during one evening meal when his abdomen gurgled, we asked what he did when that happened during a work meeting. He said, "Oh, I just look at the guy next to me and say, "Ewww!" Please forward my best wishes and thanks for the interview on to Mr. Moyle, , , Annie Shiffer

Response to my thank you note: Hi Phil --thank you for your letter and for forwarding the ostomy newsletters -- they will now be forwarded to my sister -- lots of traction! You're welcome to include my letter to Cindy in your publication. Daddy's name was **Roy S. Peterson** -- it's possible folks in the Tri-Cities remember him. Dr Rod Coler (still residing in Kennewick) was his physician and good friend and we credit him with recognizing Daddy's need for surgery and for knowing the surgeon in Portland OR who took care of him there for three months. **Merry Christmas!** Annie Shiffer

Tips & Tricks

“Best Time to Change an Ileostomy Appliance”

Vancouver Ostomy HighLife January / February 2018



The best time to change an ileostomy appliance without any output is when you first wake up. If you stop eating a few hours before bedtime and get a full night's sleep, output should slow down enough for you to get a clean change done. If you must eat upon waking but before a change, try a nutrient-packed food that will raise your blood sugar but not cause any immediate output, such as a spoon of peanut butter or a hard-boiled egg.

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



Editor's Note: Ostomates in our Inland NW community are invited to submit suggestions and/or recommendations to ostomy nurses on how to better deal with ostomates during examinations. Please send your ideas to SOSG.Input@gmail.com.

“Important Ostomy Questions & Answers”

UOAA Articles to Share - by Amparo Cano, MSN, CWOC, and Debbie Walde, BSN, CWOC

- **What is the push-pull technique?**

Rough removal of your skin barrier wafer can tear out hair on the peristomal skin. Pulling out hair causes folliculitis, infection of the hair follicles, and is characterized by red, sore, itching and eventually weepy skin. It can also look like a pus-filled or open pimple. Never pull your skin barrier wafer off but instead hold wafer in place while pushing your peristomal skin in toward your body. This method is far more gentle to your skin.





- **When should I seek medical assistance?**

You should call the doctor or ostomy nurse when you have:

1. Severe cramps lasting more than two or three hours;
2. A deep cut in the stoma;
3. Excessive bleeding from the stoma opening (or a moderate amount observed in the pouch after emptying it several times in succession);
4. Continuous bleeding at the junction between the stoma and skin or severe skin irritation or deep ulcers;
5. Unusual change in stoma size and appearance of severe watery discharge lasting more than five or six hours; and
6. Continuous nausea and vomiting; or the ostomy does not have any output for four to six hours, accompanied by cramping and nausea (ileostomates only.)

- **What foods cause gas?**

Some foods cause excess gas, so these may need to be reduced or avoided. Foods such as beans, hard boiled eggs, fish, melon, milk products, onions, spicy foods, asparagus, cauliflower, cabbage family, and carbonated beverages cause flatus. Some behavioral changes to reduce flatus include avoiding drinking through a straw, smoking, and chewing gum.

- **What are peristomal skin problems?**

A study revealed that 61% of people with an ostomy have a peristomal skin problem as assessed by a WOC or Ostomy Nurse. The primary cause of skin problems was from effluent coming in contact with the peristomal skin. Body shape and skin type are as individual as personality. Some people can establish a good seal between the skin and the barrier, while others may find it a challenge getting a tight seal to avoid leakage. They may need a little extra help to make their ostomy appliance fit securely and to care for peristomal skin.

- **How do you replace fluids and electrolytes?**

A rule of thumb is to drink a glass of replacement fluid each time pouch is emptied. Try replacement drinks such as sports drinks, fruit or vegetable juices (V8), broth, or Cera Lyte. Electrolytes (sodium and potassium) are lost when the body loses a lot of water. Foods containing potassium are orange juice bananas and tomato juice. If diarrhea is caused by antibiotics or bacterial imbalance, replace the normal intestinal flora (bacteria) with yogurt, buttermilk, acidophilus.

- **What are some hospitalization tips for ostomates?**

Never assume hospital personnel know the difference between ostomy types. Ask if the hospital has an ostomy nurse. If they do, call them and let them know you're an ostomate and you'd love to just meet them even if they do not need to be involved in your immediate care. Never assume they have ostomy supplies you use in stock. Always keep an emergency supplies kit ready in your closet full of everything you need for at least five changes of your ostomy appliance during an unexpected stay. Bring a warm bathrobe. Hospitals are kept very cool to keep them sanitary. Never assume the medications they give you are correct.

- **Can I skip meals from time to time?**

No, it increases watery stools and gas





- **What can I eat to decrease diarrhea?**
Tapioca, toast, applesauce, bananas, boiled rice and peanut butter.
- **Can I go swimming?**
Yes! UOAA has a swimming with an ostomy toolkit: Facts and your rights. You should not be denied access to a pool facility.
- **Is it important to know what portion(s) of my bowel that was removed?**
Yes. This is important re: your diet, meds, and absorption of foods.

>Editors Note: Please consult with an ostomy nurse with additional questions regarding these issues.



MORE HUMOR - A Wonderful & Effective Healing Elixir!

“Medical Stories of Humor and Inspiration by Brenda Elsagher”



Story by Joanne Heitzman

A few months after surgery, I got the courage to venture out into the real world again. I have both a colostomy and a urostomy, which I must catheterize every four hours. I am so grateful just to be alive that I don't worry too much about all the little details and have learned to just go about my own business.

We had lunch out and I had to use the restroom. There, I need to stand facing the bowl to catheterize. A mom came into the stall next to me with a young child.

She said to her little one, "Just stay here with the door closed." I was hoping the child would not appear under the partition.

I broke out laughing when I heard the child ask her Mom, "Why does the lady next door have her shoes on backwards?"

My shoes were facing the toilet rather than away, , , out of the mouths of babes. Who would ever have thought about it? If I could have, I might have wet my own pants laughing. I learned that you just have to laugh about most things.

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

“My Story”

By Keith Alloway – Spokane Ostomy Support Group

I really enjoy the feature stories in Phoenix Magazine that tell about a person’s introduction to being an ostomate. These young, energetic people inevitably adapt well and quickly to their new situation. They are soon involved once again in running, biking, climbing or skiing. My story is a little bit different but I think, equally encouraging. Although I wasn’t aware of it at the time, my story began in 1967 while I was a Marine serving in Vietnam. Somehow, I was exposed to a defoliant chemical called Agent Orange. Nobody knew just how toxic this stuff was.



The people featured in the Phoenix Magazine stories seem to be young, vibrant and physically active. I was definitely not young or physically active. The first hint of Agent Orange damage to me came in 2006 when I was 61 years old and had a sedentary job working on computers. A diagnosis of diabetes mellitus – type 2 diabetes was a surprise, as I had not displayed any symptoms. I began routine medication, exercise and diet treatment to control it, but I didn’t take it very seriously.



My next clue came in February 2008 when I was diagnosed with a very aggressive form of prostate cancer. After exploring several alternative treatments, I had a radical retropubic prostatectomy in May. After returning to work, a co-worker made me aware that the Veteran’s Administration takes Agent Orange side effects (including type-2 diabetes and prostate cancer) very seriously. I checked it out and filed a claim with the VA. It took a long time and lots of communication before they granted my claim. Since then, I can only give praises to the VA hospital in Spokane where I receive treatment. They are great!

Everything seemed to be going well for the next four years. Then, my prostate specific antigen (PSA) number started to climb. Since I presumably didn’t have a prostate and since PSA can only be produced by prostate tissue, the doctors seemed puzzled. I was getting ready to retire at age 66 and move from Redmond, WA to Spokane, WA to be closer to our daughter. The Redmond doctors told me to find some Spokane doctors to solve the PSA mystery.

This was the beginning of what I have called my “medical dominos game.” My doctors in Spokane assumed that the prostate cancer had spread before removal of my prostate, so they suggested abdominal radiation (5 days per week for 6 weeks) to kill the remaining prostate cancer. It was unpleasant, but it worked! I had no more PSA showing up in blood tests.

However, the radiation seemed to have damaged my bladder. One week after the radiation treatment, I was in the hospital with a life threatening UTI that had gotten into my bloodstream and gone septic. Sepsis is deadly.

In early 2013, I began to show signs that my bladder was bleeding. The prescription to treat this was a course of hyperbaric oxygen. This involves an hour per day enclosed in a Plexiglas tube breathing pure oxygen at twice normal atmospheric pressure 5 days per week for 8 weeks. It worked! However, the hyperbaric oxygen “ripened” my cataracts to the point that my vision could not be corrected to the minimum needed to drive. I had cataract surgery in both eyes. This was merely a side trip in my game of medical dominos.

In late 2013, my radiation-damaged bladder developed a benign adenoma. Being benign, this would not have been a problem but cystoscopy showed that it was blocking my left ureter. There were attempts to remove it but it was too late. The ureter blockage was long enough for my left kidney to swell up like a balloon and die.

In early 2014, I had a nephrectomy to remove my left kidney. My VA claim was approved, so I switched to the Mann-Grandstaff Veterans’ Hospital in Spokane for my medical care. My biggest issue then was urinary incontinence. Over time, it got worse to the point that I was going every 20 to 30 minutes all day and hourly all night. The VA urology doctors had me try different treatments that were not particularly effective.

In 2015, they started talking about a urostomy. I had no idea what that would involve, but if it would help with my incontinence, I was willing to discuss it. We talked quite a lot and I decided to go ahead with the procedure. One more cystoscopy exam showed pre-cancerous lesions in my bladder and the decision was made to remove it rather than wait to see if the lesions would develop into full-blown cancer. These procedures were done in May 2015.

My story is not all doom and gloom!! Not long after my urostomy, I discovered the Spokane Ostomy Support Group. I learned that there are more than urostomy procedures, and received an incredible amount of support. Just seeing other ostomates laugh and smile helped a lot.

It is now November 2017. After a reasonable time to recover from the surgery, I began a slow climb back. All that my body had been through beat me up pretty badly. It takes time and determination to start moving forward



again. There were physical, emotional and mental challenges to overcome. My wife has been a great help – maybe more than she knows.

At age 71, I have been walking 1 to 2 miles daily. That may not sound like much, but it is for me. Knowing that winter is coming, I just bought a treadmill to allow me to walk indoors away from the cold, rain, snow and ice. With more walking came some foot pain. In December, I’m having a bunion removed to help make walking a pleasure again. In May 2018, at age 72, I’m taking my 5-year-old granddaughter to Disneyland and planning on being able to keep up with her.

Life is pretty good for a 71-year-old man. My urostomy has been a great blessing to me! I feel like I’m just getting started again and have no intention of slowing down my progress any time soon.

Bring it on!



“When Life Takes Unexpected Turns”

By Ernie Jones - Walla Walla, WA

I have been coping with life’s unexpected turns for most of my 80 years. As a young boy I was very near-sighted and wore thick glasses before starting elementary school. Thankfully, I got contacts at age 21 which not only improved my eyesight but they also extended my ability to see for many years. However, I was declared legally blind due to retinal degeneration by age 46. Seeing with some limited sight became the norm for me—but for the last six years I have been totally blind.

Perhaps learning to manage with my limited eyesight at a young age prepared me to handle future challenges. When I was 28 years old, I had my first colon surgery to correct a hereditary problem of Familial Adenomatous Polyposis or FAP. The surgery left me with just one third of my colon. Despite yearly barium x-rays and other screenings, I was diagnosed with colon cancer at age 43. My surgeon gave me only two-to-three years to live because the cancer had spread into my lymph system. But he was wrong!

For the next 20 years I did fine—hardly changing my diet or lifestyle—although I did take some medications to reduce diarrhea. As a Registered Charge Nurse working in a small, rural hospital, I knew how important it was to maintain regular contact with my doctor; so I continued my yearly sigmoidoscopies. Unfortunately, my body was great at producing scar tissue, and I needed to have three abdominal surgeries to relieve blockages caused by this excess tissue. In 1999, after a routine sigmoidoscopy, my doctor became alarmed that more polyps were forming. Six months later, he said: “Ernie there are wall to wall polyps in there, I am scheduling you to visit the surgeon.”

A few months later, I saw a specialist who recommended that I have J-Pouch surgery with a temporary ileostomy to allow rectal healing. However, due to a prior surgery on my rectum, the J-Pouch failed to work as intended. As a result, in 2011, I needed to have surgery for a permanent ileostomy.

For the first five years with an ileostomy, my wife Dorothy helped me try different bag setups and assisted me with changing my bag—a two-piece system from Hollister. In 2016, my ostomy nurse suggested that I try using a one-piece system. This made life simpler for me. At first, I didn’t believe that I could change the bag by myself. Today, I am grateful that I learned how to take care of my daily ostomy needs before I was forced to do



everything on my own. Especially with my wife’s recent death, I am glad that I can empty and change my ileostomy bag without needing additional help.

I wish I could say that I have never had a problem, but I would be lying. Yes, accidents still happen. It can be difficult to go places alone. I wonder who will help me to the restroom if there is a problem. . . and the list goes on. Still, life is good.

When asked: “What helps you to cope with so many challenges?” I share that my faith in God, and the love of my wife, have been a great source of comfort. In addition, I also like to be outside and walk, and I care for a large garden. I prepare the soil, plant, weed, water, and harvest the crops. At times, I do have a problem in knowing for sure when the tomatoes and strawberries are ripe—but that’s about all. This garden has kept me sane during my wife’s suffering and death as well as being alone. I find that keeping busy is helpful. I have a computer with a speech software program that allows me to use the computer almost like those with good eyesight. I hear every letter I type. The computer reads it back to me word by word, every sentence and entire documents. It does spell checks, reads incoming mail and manages documents, and it has some phone numbers on speed dial. In addition, I have a computer repairman who helps me, as well as communicating with a staff person from the WA State Department for the Blind.



So, if your life takes an unexpected turn—such as coping with an ostomy, blindness or the death of a loved one—learn to make the best of it. Enjoy the life you still have.

(Editor’s Note: Ernie sent all the information for this article by email using his computer speech software.)



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.

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/>



>> **NO Spokane or Coeur d'Alene OSG Meeting in January!** <<

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 are held from 6:30—8:30 pm on the 3rd Thursday of each month (January-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.

Lewis-Clark United Ostomy Association, Lewiston, ID (# 134):

- Meetings held monthly at 12:30-1:30 pm on the 2nd Monday each month (January-February);
- 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 are 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. In 2018, 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 are 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, 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 (# 398):

- Meetings are 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 are 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 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.

* **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).

“Make your life a masterpiece; imagine no limitations on what you can be, have or do”

Brian Tracy