



The Advocate

Greater Eastside Ostomy Support Group
An affiliate of the United Ostomy Association of America

Spring / Summer Schedule
Mark Your Calendars

The Greater Eastside Ostomy Support Group is a volunteer-based health organization dedicated to assisting ostomates, their families and supporters who have had or will have an ostomy.

Our Goals:

- To provide information, emotional support and educational opportunities for people with a Colostomy, Ileostomy or Urostomy.
- To provide education for individuals, their families and for members of the healthcare profession.
- To provide information for the public.

Meetings:

Regular meeting dates are the 1st Wednesday of each month, 6:30pm - 7:30pm on the first floor of Evergreen Hospital, Tan Section, Room #119. An Ostomy nurse will be present at each meeting.

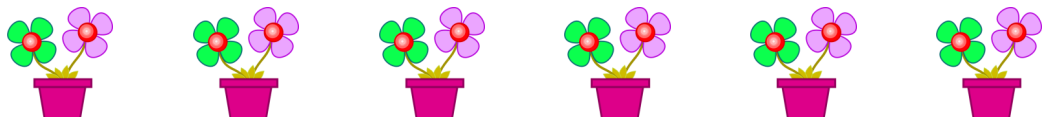
Date	Time	Speaker/Topic	Room
05/04/16	Wed 6:30-7:30p	Mandi Murtaugh Physical Therapist DeYoung Pavilion, 2nd floor 12039 NE 128th St, Kirkland	Rainier Room DeYoung Pavilion
05/07/16	Sat 9:00-12:00p	Visitor Training Program	Tan 100
06/01/16	Wed 6:30-7:30p	Open Forum/Summer	Tan 119
07/23/16	Sat 5:00-9:00p	Summer Social BBQ @ Laura Vadman's residence	
08/13/16	GEOSG members participating in the Lake Meridian Triathlon with Ostomy United (See page 3)		
09/07/16	Wed 6:30-7:30p	Welcome Back ; Open Forum, Annual registration drive	Tan 119

Visitor Program Training

The UOAA Visitor Program is a training program to certify volunteers for service to those with ostomies or continent procedures. Certified and trained visitors would be made available to those with a new surgery or one that is pending.

It is GEOSG's intention to offer to anyone with a new ostomy or continent procedure as much information and understanding as our knowledgeable and generous membership can provide.

Please consider joining us for a Visitor Program Training on Saturday, May 7, 2016 in the Tan Building, Room 100, Evergreen Hospital (9:00am – 12:00pm).



Supply Closet

The Ostomy Supply Closet provides supplies free of charge to anyone with an ostomy that has a need due to lack of insurance coverage or is in need of emergency supplies. The Supply Closet is dependent on donations. If you have extra, unneeded supplies, please consider donating them to the Supply Closet.

The supply closet is located at the Public Storage in Kirkland, 11910 NE 116th Ave. If you have a need, or know someone who is in need, please contact Laura Vadman (lovadman@hotmail.com) to arrange a time to meet and pick up needed supplies.



Sixth UOAA National Conference
August 22-26, 2017
Hotel Irvine, Irvine CA

Anyone interested for 2017?

Let's get a group of GEOSG members together to make the trip!

Contacts

GEOSG Contacts	E-mail	Manufacturers		
Laura Vadman, RN, CWON	lovadman@hotmail.com	Coloplast	888-726-7872	www.us.coloplast.com
Laurie Cameron, Ostomate, Treasurer	lauriecmrn@gmail.com	ConvaTec	800-422-8811	www.convatec.com
Ro Moncrieff, Ostomate	rjmlocal@hotmail.com	CyMed	800-582-0707	www.cymed-ostomy.com
Jan Williamson, RN, CWON	jhwilliamson@evergreenhealth.com	Hollister	800-323-4060	www.hollister.com
Sue Thompson, RN, CWOCN	sthompsonawoc@gmail.com	Marlen	800-321-0591	www.marlenmfg.com
Quyen Stevenson, ARNP, CWOCN	nursequyen@gmail.com	Nu Hope	800-899-5017	www.nu-hope.com
Tom Davis, Ostomate	ttdavis888@yahoo.com			
		Organizations		
		American Cancer Society	800-227-2345	www.cancer.org
		Crohn's & Colitis Foundation	800-343-3637	www.cdfa.org
		Friends of Ostomates Worldwide		www.fowusa.org
		United Ostomy Associations of America	800-826-0826	www.ostomy.org



We're on the web! www.geosg.org



Upcoming GEOSG Member Stoma Birthdays:

June

Ann Burnet - 1 year
Sharon Ballisty - 11 years

July

Pat Roley - 1 year
Arlene Cornwall - 5 years

OSTOMY UNITED

Lake Meridian Triathlon, Saturday, August 13, 2016

Ostomy United is a team of ostomates, along with their families, friends and nurses, joining together with the goal of participating in and completing a triathlon to inspire and empower those living with ostomies. Ostomy United is currently recruiting additional individuals to participate in the upcoming Lake Meridian Triathlon in August. Participation in the triathlon provides positive awareness to the public and demonstrates that there is "Nothing we can't do!"

There are three ways to participate:

Athlete:

Compete in the entire race or enter as part of a relay with friends and family. If you would like to participate, but aren't sure if you can put a relay team together, no worries. Ostomy United will pair you up with other athletes that are in need of partners.

Hooligan:

Become part of the team by attending the triathlon and cheering on the athletes. This is a very important part of the overall team. The presence, support, encouragement and cheering provided by the Hooligans gives the athletes that extra push to complete their goals and fosters an even greater sense of camaraderie.

Sponsor:

Get behind the team and sponsor the athletes with monetary donations to help offset costs of participating. Any additional funds will be donated to the UOAA and Youth Rally.

Contact us to join the Team

Sarah Hunt
425-463-5674

saraehunt33@gmail.com

Ostomy A to Z

O: Ode

Used with permission from Brenda Elsagher from:
I'd Like to buy a Bowel Please: Ostomy A to Z, www.livingandlaughing.com

Ode to a Filter

I like your style, you're so discreet.
With your job well done, I still smell sweet.
Bring on the onions, the sodas, the beans.
I'm no longer worried about causing a scene.

In planes, at games, home, and work,
Flatulence dissipates, oh, what a perk.
Thank you, filter makers, you've made my day,

Humor



Old Joke

It's not so bad having a colostomy...
I just can't find shoes to match my bag.



www.facebook.com/GreaterEastsideOstomySupportGroup/

Colostomy Irrigation

By Mary Lou Boyer, BSEd, RN, CWOCN Lifetime Achievement Award Winner, Cleveland Clinic

You may have seen or heard the term "irrigation" used in conjunction with ostomy care. There are several different ways this word is used and it can have very different meanings.

Some people with ostomies say that they "irrigate" their pouch or appliance each time they empty. In these cases, it is a matter of adding water to help loosen thick or formed stool to assist in emptying the thick stool from the pouch. Or it can mean rinsing out the pouch with water until the pouch appears clean. In other cases the term "irrigation" is used when referring to a procedure that some people with descending or sigmoid colostomies may use to cleanse or regulate the bowel by instilling water into the large intestine through the stoma. This is called "colostomy irrigation".

Over the many years that colostomy irrigation has been an option in colostomy care, there has been some debate about whether or not an individual should irrigate. In making that decision the following are questions that should be considered:

- What is colostomy irrigation?
- Who is an appropriate candidate?
- Why is it done?
- When is it done?
- And how is it done?

This article is an attempt to answer these questions.

Colostomy irrigation is a method of assisting the bowels to move at a certain time. The procedure itself is similar to an enema, however it is done with specialized equipment to instill warm water through the colostomy stoma. A large water bag with tubing that has a cone-shaped tip is inserted into the opening of the stoma. The cone-shaped catheter tip allows the water to flow into the colon while preventing the water from

leaking back out. As the colon fills with water, it distends. This distention stimulates colon peristalsis and mass contractions that lead to stool evacuation.

Colostomy irrigation is an option only for people who have a descending or sigmoid colostomy. In the normal bowel, the function of the colon is to absorb water from the waste material and to store it for a normal bowel movement. In most cases this can be as often as once or twice a day, or less frequent, such as every other day. There must be enough of the large intestine to absorb and store. The anal sphincter muscle is used to control the bowel movement until a convenient time. When most of the colon is still in place, the bowel can generally return to the usual pattern the person had prior to surgery. With a colostomy there is no longer a sphincter muscle to hold the stool in until a convenient time to go to the bathroom. Stool will flow into the pouch with no control over the timing. This loss of control that comes along with having a stoma can result in stool flow into the pouch at inconvenient or embarrassing times. Gas can also be an issue.

Colostomy Irrigation is used to empty the colon for any of the following reasons:

- To regulate the bowel
- Clean out the bowel for testing procedures, including colonoscopy
- To stimulate bowel function for constipation or if the colon is very slow to wake up after the colostomy surgery

When colostomy irrigation is used to help stimulate bowel function after intestinal surgery, only a small amount of warm water is instilled. This is done after the normal waiting time for stool flow has passed. Anesthesia, pain

medications and inactivity after surgery all contribute to slowing the bowel down and delaying return of normal peristalsis needed to have bowel function. Colostomy irrigation can be used as a possible method for cleansing the bowel in preparation for colonoscopy, laboratory testing, x-rays, barium enema and CT scans, as well as any other testing that requires the bowel to be empty for clear visualization by the physician. Cleaning out the bowel for testing has shifted more toward oral preparations with the advancements of laxative-type bowel cleansing medications. However, irrigation is still an option, especially for those patients with certain health issues or who cannot tolerate oral preparations.

When colostomy irrigation is used to regulate the bowel, the procedure is done daily. If the normal pre-surgery bowel pattern was less frequent than daily, the procedure can be done every other day. It may take a couple of weeks to "train" the bowel to completely empty at the time of irrigation. The desired result is to move all of the stool out with irrigation and have no spillage of stool into the pouch between irrigations. The best results are obtained by doing the procedure at the same time every day in order to "train" the bowel for evacuating on a regular basis at a convenient time. For some people it is most convenient to perform irrigation in the morning and for others the best time is in the evening when they are not rushing off to work or other daily activities. It is up to the patient's personal preference.

If the procedure works well, the person with a descending or sigmoid colostomy can count on regular evacuations and the need for a pouch is minimized. The patient who

Colostomy Irrigation

Cont'd

disease process, and whether or not the ostomy is temporary or permanent are all factors that need to be considered.

Irrigation is NOT recommended for people with any of the following conditions:

- Stomal prolapse—Irrigating can increase the risk for further prolapse.
- Parastomal hernia—Hernias change the contour and angle of the intestine so there is increased risk for bowel perforation and poor evacuation results.
- Children or young adults—In younger people, routine irrigation may create bowel dependency. In other words, the bowel may not be able to function normally without irrigation if the routine is started at an early age.
- Pelvic or abdominal radiation—Radiation can cause damage to the tissue of the intestine. Anyone with abdominal radiation has an extreme risk of bowel perforation, so it is important not to add any extra pressure to the fragile tissue.
- Diverticulitis—Because the bowel tissue is already compromised from this disease process, there is a much higher risk of bowel perforation.
- Patients with limited manual dexterity.
- Patients with poor learning ability.
- Persons who had poor bowel regularity before surgery will likely have poor results from irrigation.
- Extremely ill or terminally ill patients—Routine irrigation is usually not recommended for these patients because of the time and energy required for the pro-

cedure.

When colostomy irrigation is being considered, it is important to first determine if the individual is a good candidate. In other words, are there any of the above risk factors? If not, then consider the advantages and disadvantages of the procedure, keeping in mind that the procedure, from start to finish, can take up to 45 minutes or even an hour.

The chief advantage is regaining control over fecal elimination. If irrigation is successful, it can reduce the number of pouches used. It may even be possible to choose not to wear a pouch and only use a small protective covering. Successful management of the colostomy with irrigation may assist in the psychosocial adjustment to the colostomy. Disadvantages include the time required for the procedure and not all patients can achieve complete control with irrigation. If elimination patterns change or become unpredictable, the patient may not be free of bowel movements between irrigations.

Research shows that colostomy irrigation was first used in the 1920s and through the years it was taught routinely to patients with a descending colon or sigmoid colostomy. Among the chief reasons for teaching this routinely was the lack of quality pouches to contain thick or formed stool as they were bulky and did not adhere well to the skin. As pouching systems improved with more advanced technology, Colostomy irrigation as a widely used "routine" procedure lessened and began to be used more for personal preference, or on a

need to know basis.

Regulation of the colostomy using irrigation is a personal matter. Life style and occupation often lead in making the choice. The final decision of whether to use this method or not should be made by the patient with proper guidance from health care professionals. Only those patients who meet the established criteria for irrigation should proceed with using this method of bowel management.

Irrigation Procedure:

1. Gather equipment
2. Fill irrigation container with one liter warm water. Run some water through the tubing to remove air.
3. Hang container at shoulder height with patient sitting on toilet or chair near toilet.
4. Remove old pouch or covering from stoma.
5. Attach irrigation sleeve over stoma.
6. Lubricate cone irrigator and gently insert into stoma. Hold cone gently but firmly against stoma to prevent backflow of water.
7. Open clamp and allow water to flow. If cramping occurs, shut off water flow, keeping cone in place until cramp subsides, then continue.
8. After water has been instilled,



gently withdraw cone and close top of irrigation sleeve.

Medicare and Ostomy Supply Prices

By Julie Powell, WOCN

In the United States, 120,000+ people undergo ostomy surgery every year. The leading causes for ostomy surgery include cancer, trauma, birth defects and inflammatory bowel diseases. Ostomies can be permanent or temporary. No matter the cause, having an ostomy is a life altering experience. Learning to care for the ostomy can be a daunting task. The transition is eased if ostomy supplies are available and covered by insurance.

Medicare is health insurance for people who are 65, people under 65 with certain disabilities, and all people with end-stage renal disease. Medicare has two parts. Part A is the Hospital Insurance. Part B is the Medical Insurance. In Medicare Part B, ostomy supplies are covered under Durable Medical Goods. Medicare determines the allowable fee for supplies. A yearly deductible is paid by the Beneficiary. After the deductible is paid, Medicare Part B will cover 80% of the supplies and the Beneficiary is responsible for the remaining 20%.

Medicare determines what supplies are covered and has set utilization guidelines for those supplies. For example, a one piece drainable pouch for a fecal stoma has an allowable amount of 20 pouches per month. A physician order is required in the following circumstances:

- 1) The first time an order is placed for supplies.
- 2) When a yearly order is placed.
- 3) When an order is placed for an increase in the number of supplies, accompanied by medical justification for the additional supplies.
- 4) When there is a change in the type of supplies, and if both closed and drainable pouches are utilized.

Private insurance companies often use these Medicare guidelines as a template to determine what will be covered under their policies. However, in the past some private insurers would cover the cost of the ostomy surgery but not the supplies. Under the



Ostomy Abbreviations

By Marty Gelband

<p><u>LOVE:</u> Life as an Ostomate can be Very Exciting</p>	<p><u>POST:</u> Positive Ostomy Strategies & Techniques</p>	<p><u>MORAL:</u> My Ostomy Really Allows Living</p>
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My Emergency Ostomy Kit

By Christine Kim: ostomyconnection.com

Winging It, Is Not An Emergency Plan

A starter kit was given to me at the hospital from my ostomy nurse who suggested that I keep extra supplies with me at all times. It was a little black carrying case that has pockets for various supplies. I remember taking that starter kit with me everywhere I went, even on quick errands, because being a new ostomate I was always afraid the ostomy bag would fall off my body.

The First Year After Ostomy Surgery

I was just starting to learn what worked and what didn't, and I remember feeling very anxious. I was constantly making sure the pouch was secured and not leaking. I didn't trust that the ostomy system would hold up, especially when doing any physical activity. At night, I'd slept on my back with my hand over the pouch, and had nightmares of embarrassing leaks in public. There was so much anxiety about leakage that I decided to use a larger emergency kit with enough supplies for a week, along with extra clothes.

During that first year there were only a couple instances where I had an unexpected leak in a public place, and even though it was embarrassing I kept my wits and handled it as calmly as possible. Knowing I had extra supplies with me gave me peace of mind.

Ostomy Living Now

These days I rarely check on my pouch. I've learned which foods cause higher output, how dehydration affects wafer adhesion and what type of clothing constricts the stoma area. I've traveled far away from home, experienced different climate conditions and stay very active. I am aware that it's there, but my ileostomy is certainly not at the forefront of my mind.

If you're new to ostomy surgery, you might be feeling the same anxiety that I did in the beginning. I hope this gives you hope that any fears you may have are completely normal, but as time passes you'll gain more confidence and those worries will recede.

Be On the Safe Side

It has been over 20 years since my ileostomy surgery and I still carry an emergency pack, the smaller one. I leave my house with confidence knowing I will be able to handle any situation. I don't expect an emergency, but if I have one I'm prepared.

What's Inside an Ostomy Emergency Pack?

Here are some ideas:

- Ostomy Pouches + Clips (if using non-Velcro close)
- Ostomy Wafers (pre-cut)
- Moldable Rings or Stoma Paste Tube
- Bottle of ostomy deodorizer (sample size)
- Barrier Wipes (individual packets)
- Baby Wipes or Disinfecting Wipes



- Paper Towel (for clean

up)

Allowable Amount and Distributor of Supplies

By Debi Fox, Ostomy 2-1-1

There is a difference between how many of something (wafer, pouch, wipes, etc) you get when you start out and how many the maximum amount allowed by your insurance company is.

MOST of the time, it is the discharge planners, ostomy nurse, or someone like that, that writes out the order for your supplies and faxes it to your doctor for signature. It is THAT PERSON, suggesting how many they think you will use, NOT necessarily how many your insurance company's limit is! Find out what the maximum amount allowed is from your insurance agent.

Furthermore, that order is on a form specific to the company THEY choose to be your distributor. Your insurance company may very well allow other distributors. If you are not happy with who you have right now, ask your

Vitamin B-12 Replacement Therapy

By Bob Baumel, Ostomy Association of North Central Oklahoma

Vitamin B-12 is, under normal conditions, absorbed in only a small section of the terminal small intestine (ileum), raising the possibility of B-12 deficiency if that section of ileum has been removed surgically or damaged by disease. People who may have lost that portion of ileum include some ileostomates, people who had a failed J-pouch or Kock pouch, and some people with urinary diversions (especially continent urinary diversions) made using the terminal ileum. A condition such as Crohn's disease may have damaged the terminal ileum, even if it hasn't been removed surgically.

Vitamin B-12 is necessary for many metabolic processes including development of red blood cells, and also maintains normal functioning of the nervous system. Deficiency causes anemia (reduced oxygen carrying capacity of the blood resulting in fatigue) and can also cause nervous system damage. It's worth noting that folic acid (another B vitamin) can correct the anemia caused by vitamin B-12 deficiency but will not correct the nerve damage caused by B-12 deficiency. So it's important to get enough vitamin B-12.

If you think you are at risk for vitamin B-12 deficiency, you can ask your doctor to check your serum (blood) B-12 level. This test can be added easily to routine blood testing. If your ability to absorb vitamin B-12 by the normal pathway involving the terminal ileum has been impaired, you can supplement the vitamin by three basic methods:

- **By injection:** This method bypasses the normal gastrointestinal process of B-12 absorption by inserting it into the body by

intramuscular or subcutaneous injection. In cases of serious B-12 deficiency, this method should be used first in order to build up the B-12 level as rapidly as possible; then, the patient may switch to one of the other methods if desired. B-12 injections may be self administered in the same way that diabetic patients can give themselves insulin shots. Maintenance therapy may require only one B-12 injection per month.

- **Nasally:** This method also bypasses the normal gastrointestinal absorption process, as vitamin B-12 can be absorbed through nasal mucous membranes. The nasal form of B-12 was developed first as a nasally applied gel and later a true nasal spray (brand name Nascobal®). This product is marketed by the company Par Specialty Pharmaceuticals, who promotes it as the only FDA approved form of vitamin B-12 besides the injectable form (Note: FDA approval isn't relevant to oral B-12, discussed below, because the FDA doesn't regulate oral vitamin sales). Nasal B-12 can be effective but, because one company has sole rights to distribute it in the U.S., it can be an expensive way to get your vitamin B-12.

- **Orally:** Until recently, doctors believed that B-12 taken orally was useless to people who lack the normal absorption mechanism involving the terminal ileum. That opinion has changed, however, as research has revealed that even in such people, when a large dose of vitamin B-12 is taken orally, a small frac-

tion (typically around 1%) gets absorbed by passive diffusion through the gut. Therefore, you may absorb an adequate amount of B-12 by taking a big enough oral dose—a typical recommended dosage is 1000 micrograms per day. Vitamin B-12 tablets in large sizes of 1000 micrograms or more are available inexpensively without a prescription and are also quite safe (there is no known toxicity to vitamin B-12, even in considerably larger dosages, and even in people with normal ability to absorb the vitamin). Oral B-12 can thus be a safe, easy and effective way to get the vitamin. It may not work, however, in people with a severely shortened intestine (short bowel syndrome), who may therefore have to use one of the first two methods listed above.

Notes on Oral Forms of Vitamin B-12

Many of the available oral preparations of vitamin B-12 in sizes of 1000 micrograms or more are marked as either "sublingual" or "time release." The time release versions should definitely be avoided. Considering the small fraction of vitamin B-12 that gets absorbed (in people who lack the normal pathway for B-12 absorption), delaying that absorption further makes no sense. The sublingual ver-



sions do "work," although there's no evidence that this vitamin can be absorbed through membranes under the tongue, so the "sublingual" form is

Managing Your Ostomy After IBD Surgery

By Dr. Constance Pietrzak, MD

This article was originally published on Healthcentral.com. You can read it online at <http://rmdy.hm/G5vzkgO>

In patients with inflammatory bowel disease (IBD), such as Crohn's disease (CD) or ulcerative colitis (UC), treatment begins with the use of various medications. However, in some patients, flares can occur frequently despite the use of the best and strongest medications, requiring use of steroids for long periods of time. In those patients whose IBD is considered refractory to medical management or steroid-dependent for years, surgery is often the next step.

Commonly with surgery for IBD, a diversion for stool elimination, or an ostomy, is performed. Stool exits this diversion into a bag attached to the outside of the abdomen. The amount of colon and/or small bowel that needs to be removed will determine whether a colostomy or ileostomy is completed.

A colostomy typically is performed when the left colon, rectum, or anus only needs to be surgically removed. The colon is then brought to the abdominal wall, where an opening called a stoma is created to expel stool. An ileostomy is performed when the entire colon needs to be removed. There are many different types of ileostomies dependent on many factors the surgeon takes into consideration. In most ileostomies, a loop of small intestines is diverted to the abdominal wall, forming an opening through which stool is eliminated into a bag.

Lifestyle Concerns

It is very important that prior to your colon or small bowel surgery for IBD, you talk to your doctors and health care providers, including your gastroenterologist, surgeon, dietitian, nutritionist, ostomy nurse, and

possibly a psychologist or psychiatrist about how to care for your ostomy, handle any potential complications, and adapt to new patterns of stool elimination and body image.

There is a wide assortment of ostomy supplies that can be tailored to an individual's preferences and needs in order to help minimize odor, manage gas, and minimize leakage. After surgery, a significant amount of time should be spent with ostomy nurses in order to learn techniques on how to use the available supplies and suggested maneuvers to help with these issues, which are of biggest concern for most patients.

Physical activity

In general, most physical activity can be resumed with a stoma with few restrictions. Normal daily activities, such as bathing/showering, cleaning/housework, etc. can be continued. Regular exercise can be continued as well; however, it is advised that you avoid contact sports as this could result in damage to the stoma. An abdominal binder is usually helpful with more strenuous activity to prevent leakage and protect the stoma itself. Organic sexual function is not affected by an ostomy. However, sexual function may become impaired as a direct result from surgery, rather than from having an ostomy. Nerve damage can occur in the pelvis depending on the type of surgery required. It is recommended that prior to engaging in sexual activity the ostomy bag should be emptied and that there is a tight seal around the stoma.

Diet

Dietary modifications with an ostomy are usually minimal. With a colostomy, it is important to main-

tain a diet high in fiber and fluids to avoid constipation. In patients with an ileostomy, maintaining adequate fluid intake is crucial. Immediately after surgery, up to 2 liters of fluid can be lost. This slows down with time, and patients typically will eliminate about 500 milliliters to 1.3 liters in a day. It is important to watch for signs of dehydration, including lightheadedness, dark urine, fatigue, and abdominal cramping. Recommended fluids include broth, vegetable juices, sport drinks (although electrolyte solutions, such as PediaLyte if preferred), and water. It is important for ileostomy patients to limit foods that could result in food blockage due to the small diameter of the small intestines. Therefore, foods high in insoluble (indigestible) fiber should be avoided or limited. These include stringy vegetables, foods with skins, dried fruit, popcorn, and meats with casings.

Complications

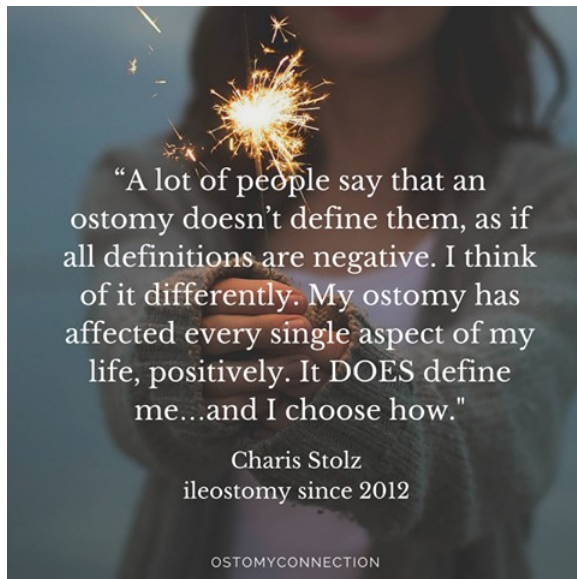
The most common complication is breakdown of skin around the stoma, which can occur because of exposure to stool output, trauma, reaction to any of the ostomy bag, or pouch, products, infection, or ulceration related to your IBD. You should seek help from your ostomy nurse first for management of skin breakdown.

Other less common complications include herniation at the stoma, narrowing of the stoma which could interfere with normal function, retraction of the stoma, prolapse of the stoma, bleeding, or recurrent disease. You should seek immediate evaluation by your gastroenterologist if you experience any of these less common complications.

Personal Stories of Healing & Hope

We need your stories. What led up to your ostomy surgery? How have you handled the difficulties that are inevitable when recovering from your surgery? What are your special “tricks of the trade”? Do you have any funny stories to tell? Have you travelled with your ostomy? Do you have any pictures to share with the group? Would you rather write up your story anonymously? We’re looking to inspire, comfort, encourage and possibly even entertain those who have new ostomies and those who may be facing ostomy surgery.

One story for every newsletter would be fantastic. If you are willing to share, please submit your written story to Laurie at lauriecmmr@gmail.com. This is a wonderful opportunity to not only feel empowered by your own journey, but to also assist those who are just starting down the path.



The Phoenix Magazine



[The Phoenix](#) is America’s leading ostomy patient magazine providing colostomy, ileostomy, urostomy and continent diversion information, management techniques, new products and much more.

Each 80-page issue features professionally written, in-depth articles on topics new and experienced ostomy patients care about such as stories of recovery after colostomy, ileostomy, urostomy or continent diversionary surgery; ostomy care advice in Ask the Ostomy Nurse and Ask the Doctor and living a full life with an ostomy pouch (bag).

[The Phoenix](#) magazine is published quarterly – March, June, September and December. Annual subscriptions are \$29.95 and two-year subscriptions are \$49.95. The [Premier Online Edition](#) allows instant access for only \$19.95 per year.

<http://www.phoenixuoaa.org/>