



The Advocate

Greater Eastside Ostomy Support Group

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Winter Schedule Upcoming Meetings

Date	Time	Topic/Speaker	Room
11/4/20	Wed 6:30-8:00 pm	Virtual Meeting Speaker: Daniel Shockley (See article on page 5)	N/A
12/2/20	Wed 6:30-8:00 pm	Holiday Social? How about a virtual cocktail hour?	N/A

Happy Fall & Winter Holidays to all!



Recap of last meeting: October 7, 2020

This was our first attempt at using the Microsoft Teams software instead of Zoom (mainly because Zoom is not free for groups) for our virtual meeting. The software worked fairly well, however at least one person was unable to get on. Hopefully we can improve on that this coming Wednesday, November 4th.

Our speakers for this month were a group of ostomates who are with 11 Health. This company offers support in many forms for ostomates and chronically ill patients.

Their contact information, slide presentation and links to their group sessions, study and social media have all been sent to our current email list. Visit their website for more info. (www.11health.com)



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Important

GEOSG Registration & Donation Request

Formal membership is not required to attend the Greater Eastside Ostomy Support Group, however we encourage and are very grateful to everyone who registers each year and donates funds to the group.

We seek donations for several reasons, but the primary need for assistance is to help us fund the Ostomy Supply Closet which serves many individuals on a monthly basis who have no other access to supplies for their ostomies. While we don't purchase supplies (everything is donated by individuals) the Supply Closet is maintained at a Public Storage facility and is a hefty monthly expense. In addition, other funds are required to maintain our UOAA Affiliated Support Group membership, brochures, website fees and speaker honorariums.

Donations are accepted all year. Please consider donating what you can to the group for this year. The funds will be put to very good use. We wouldn't be able to maintain the Ostomy Supply Closet without your assistance.

Registrations are valid from September—August. There is a form at the back of this newsletter. Please fill out the form and mail your form to the address provided on the form. However, if you would prefer to donate without registering that is also acceptable.

Registration forms for the 2020/2021 September—August year will continue to be available upon request or on the website at www.geosg.org.

#ostomysupplyclosetcares

The Ostomy Supply Closet

Maintained by local ostomy support groups associated with



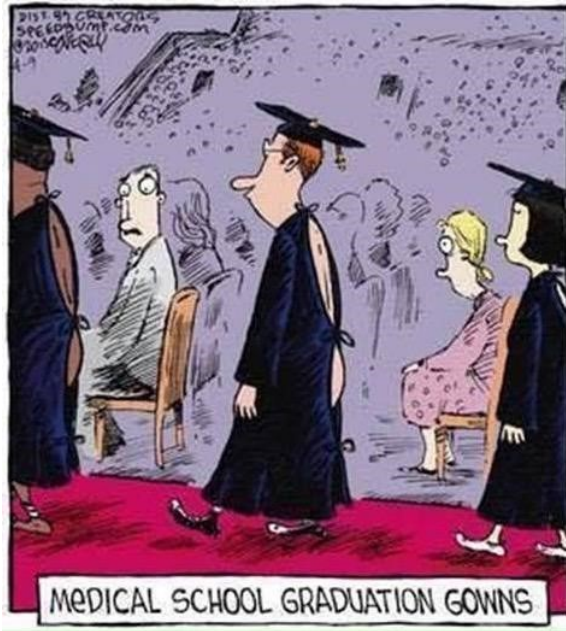
The Ostomy Supply Closet provides supplies free of charge to anyone with an ostomy that has a need due to lack of insurance coverage, financial hardship or is in need of emergency supplies. The program is totally dependent on donations for the supplies and the cost of the storage. If you have extra, unneeded supplies, please consider donating them to the Ostomy Supply Closet. Those who benefit from this program greatly appreciate the much needed help.

The supply closet is located at a Public Storage in Kirkland. If you would like to donate, have a need, or know someone who is in need, please email Laura Vadman to arrange a time to meet and pick up needed supplies. (lovadman@hotmail.com)

Tax deductible cash donations to GEOSG for the support of the supply closet are accepted and are greatly appreciated.

On the Lighter Side

I ASKED MY GRANDPA, "AFTER 65 YEARS, YOU STILL CALL GRANDMA DARLING, BEAUTIFUL, AND HONEY. WHAT'S THE SECRET?" HE SAID, "I FORGOT HER NAME 5 YEARS AGO AND I'M SCARED TO ASK HER."



If it is true that stress brings on weight loss, why the hell am I not invisible.



I HATE IT WHEN PEOPLE ACT ALL INTELLECTUAL AND TALK ABOUT MOZART WHILE THEY'VE NEVER EVEN SEEN ONE OF HIS PAINTINGS...



Should I tell someone about my stoma?

Only you can decide who you should tell. Some people prefer only their close friends to know. Others are happy telling everyone. The decision is up to you.

Remember, having a stoma has not changed who you are. You are still the same person you were before surgery. It may take some time to come to terms with your altered body image.

Be kind to yourself!



Happy Stoma "Birthday"



November	Ostomy Type	Years	December	Ostomy Type	Years
Sharon Ballisty	Ileostomy	34	Shawn Forsyth	Ileostomy	7
Carl Burroughs	Ileostomy	38	Mitch Manning	Colostomy	3
Roxanne Olason	Colostomy	3	Brooks Russell	Ileosostomy & Colostomy	7
Irma Sessums	Ileostomy	7			

If you're not seeing your stoma birthday recognized, be sure that you have completed a registration form and included your type of ostomy and surgery date.

Feature Article: GEOSG November 2020 Speaker Retired Sailor overcomes bleak diagnosis, maintains positive attitude

By Stephanie Bryant,
Tripler Army Medical Center Public Affairs
October 31, 2012

TRIPLER ARMY MEDICAL CENTER, Hawaii -

Starting at age 50, it is encouraged that everyone get regular colonoscopies, an examination that uses a fiber-optic camera to view your lower gastrointestinal tract, to screen for colon cancer.

In September 2011 when Daniel Shockley, a retired Sailor living on Oahu, went for his annual physical exam at Spark M. Matsunaga Veterans Affairs Medical Center, he thought besides a little weight loss, he had a clean bill of health.

Since Shockley had just turned 50, he was referred to a Hawaii Pacific Health clinic in downtown Honolulu for his first colonoscopy. Due to his hectic work schedule, Shockley rescheduled the screening a couple times and it wasn't until May 8, 2012, when he got the colonoscopy.

"They usually schedule colonoscopies for 1-hour blocks of time, but they found so much wrong during mine that he had to spend a lot of time documenting and taking pictures," Shockley explained. "What they found was approximately 100 polyps embedded throughout my colon, rectum and anus. And at the traverse colon, the junction between the large and small intestine, they found a large tumor that was creating an 80 percent blockage."

Shockley was referred to Tripler Army Medical Center's general surgery clinic, and the week following the screening, he met with

Susan Donlon, a certified genetic counselor at Tripler.

Donlon performed DNA tests on Shockley and within three weeks the tests had come back confirming that Shockley has a gene mutation known as Adenomatous Polyposis Coli, which increases a person's risk of developing colorectal cancer. As a result of the mutation, Shockley was diagnosed with Attenuated Familial Adenomatous Polyposis, a condition in which numerous polyps form mainly in the large intestine.

"I knew surgery was inevitable and I was willing to accept the worst case scenario the whole time," Shockley said.

On July 13, Shockley underwent a total proctocolectomy with ileostomy surgery, which removed portions of his large intestine to include the entire colon, rectum and anus.

Shockley spent about two weeks in Tripler's general inpatient surgery ward recovering before he was able to go home. It was nine weeks before he was able to go back to work.

Lt. Col. Ronald Gagliano, chief, Colon and Rectal Surgery and director, Surgical Research, TAMC, performed Shockley's surgery and has followed up with him to ensure he is not only well-informed, but also well-educated.

"He knew nothing of his disease and its many facets before we met

and our team (at Tripler) began his personal education in order to promote effective counseling regarding his diagnostic and therapeutic options," Gagliano explained. "Finally we educated him regarding his genetic situation so that he could choose (how to best) inform his family. By giving him great care, we essentially treat an entire family cohort."

"(Dr. Gagliano and his team) have passion for what they do, and my care was phenomenal," Shockley expressed. "I cannot say enough good things about my stay and the care they provided."

Gagliano is very pleased with Shockley's recovery thus far and attributes it to his attitude.

"I tend not to think about things I can't control," Shockley explained. "Medical issues are not something I can control, but what I can control is my attitude and after 51 years on God's green earth my positive attitude has gotten me this far and I am not going to change it."

Because of Shockley's surgeries, he now has an ostomy pouching system, a prosthetic medical device that provides a means for the collection of waste. Nina Lum, certified wound, ostomy and continence nurse, TAMC, who helped care for Shockley throughout his recovery, echoed Gagliano's remarks.

"Shockley's resilience in the face of challenges including his tremen-

(Continued on page 8)

Eating with an Ostomy; Foods and Their Effects

Food Reference Chart for People with an Ostomy

Listed below are general guidelines for individuals who have a colostomy or ileostomy. It is important to know the effects that various foods will have on stool output. The effects may differ for each person depending on surgery type and length/ function of the remaining bowel. To determine individual tolerance to foods, try new foods in small quantities. Remember to always chew thoroughly.

Disclaimer: This document contains information developed by United Ostomy Associations of America. This information does not replace medical advice from your healthcare provider. You are a unique individual and your experiences may differ from that of other patients. Talk to your health care provider if you have any questions about this document, your condition, or your treatment plan.

<p>GAS PRODUCING:</p>	<p>*ODOR PRODUCING:</p>	<p>MAY CAUSE LOOSE STOOLS; DIARRHEA:</p>	<p>** STOMA BLOCKAGE:</p>
<p>ALCOHOL (BEER) BROCCOLI BRUSSELS SPROUT CABBAGE CARBONATED BEVERAGES CAULIFLOWER CHEWING GUM CUCUMBERS DAIRY (e.g., EGGS, MILK) LEGUMES (e.g., BAKED BEANS, LENTILS, PEAS) MELONS NUTS ONION PICKLES RADISH SOY PRODUCTS SPICY FOODS</p>	<p>ASPARAGUS BROCCOLI BRUSSELS SPROUT CABBAGE CAULIFLOWER EGGS FATTY FOODS GARLIC LEGUMES (e.g., BAKED BEANS, LENTILS, PEAS) ONION SMOKED FOODS STRONG CHEESE</p> <p>SOME MEDICATIONS SOME VITAMINS</p>	<p>ALCOHOLIC BEVERAGES APPLE AND PRUNE JUICES BAKED BEANS CHOCOLATE FRESH/RAW FRUIT FRESH/RAW VEGETABLES FRIED OR SPICY FOODS HIGH SUGARED BEVERAGES LEAFY GREEN VEGETABLES MILK/CHEESE (LACTOSE INTOLERANCE)</p>	<p>CABBAGE (FRESH/RAW) CELERY CHINESE VEGETABLES COCONUT COLESLAW CORN (WHOLE KERNEL) DRIED FRUITS FRESH/RAW PINEAPPLE MUSHROOMS NUTS, SEEDS PITH FROM CITRUS (e.g., ORANGES) POPCORN SKIN OF FRESH FRUITS (e.g., APPLE PEELS, GRAPES)</p>
<p>COLOR CHANGES:</p>	<p>*ODOR CONTROL:</p>	<p>***CONSTIPATION PREVENTION/RELIEF:</p>	<p>THICKENS STOOL for Diarrhea and High Output</p>
<p>ASPARAGUS BEETS FOOD COLORING (RED DYES FROM KOOL AID AND PUNCH) IRON PILLS LICORICE RED JELL-O TOMATO SAUCE</p>	<p>CONSUME PROBIOTICS (e.g., YOGURT, AIDS IN DIGESTION)</p> <p>EAT SMALLER/ MORE FREQUENT MEALS, AIDS IN DIGESTION</p> <p>FRUITS AND VEGETABLES; HELPS KEEP THE COLON CLEAN</p> <p>STAY WELL HYDRATED AND AVOID CONSTIPATION</p> <p>ODOR ELIMINATORS (DROPS, GELS, SPRAYS THAT CAN BE PLACED INTO AN OSTOMY POUCH)</p>	<p>BRAN PRODUCTS FRUIT JUICES FRUIT (FRESH/RAW OR COOKED) OATMEAL PRUNES RAISINS VEGETABLES (FRESH/RAW OR COOKED) WATER (STAY HYDRATED) WARM BEVERAGES WARM SOUPS WHOLEGRAINS</p>	<p>APPLESAUCE BANANAS BOILED WHITE RICE OR NOODLES CREAMY PEANUT BUTTER HOT CEREALS (OATMEAL, CREAM OF WHEAT, RICE) MARSHMALLOWS PEELED POTATOES TAPIOCA PUDDING UNSEASONED CRACKERS WHITE BREAD, TOAST YOGURT</p>
<p>C Applies to people with a colostomy</p>		<p>i Applies to people with an ileostomy</p>	

* Odor from diet will differ for each person. If you have concerns, discuss with your doctor. Odor eliminators may be purchased from distributors of ostomy products. ** People with an ileostomy are at greater risk for stoma blockage/obstruction. These food types should be eaten with caution and not introduced into the diet until 4-6 weeks after surgery. Introduce them slowly, one at a time, and chew well. *** Increasing the amount of fiber in your diet will help you avoid becoming constipated. Discuss options with your MD.



WWW.OSTOMY.ORG
800.826.0826

Lacee Harper's Story



Imagine being your 15-year-old self again. What did that feel like? Young, carefree, happy...healthy?

For me, I felt all of those things every day. I played the clarinet, got good grades, was athletic from running track, active in school/church clubs and had amazing family/friends. What more could I want as a teenager?

I didn't want for anything until one day I no longer felt like my healthy self anymore and all I wanted was to be healthy again. This is when my life changed forever...

It was November of 2012, at the time I had just moved to Los Angeles, California with my mother from Maryland. I was very excited to move and support my mom with her new job opportunity. She is like my best friend and nurturer at the same time. It was always just her and I growing up, no siblings. California's scenery was colorful and vibrant. All I could picture were the great things my future would bring living there. That picture flipped upside down within weeks. I could feel my stomach expressing to me that it didn't like the chicken nuggets or the pepperoni pizza, I was feeding it. Sharp pains that felt like knives were sticking me each time I would eat, pushed me to never want to pick up another piece of food again. No over-the-counter medicine could relieve the amount of pain I would feel. Sick little me sat helplessly with my mother by my side in Ronald Regan UCLA

Medical Center's emergency room waiting to be admitted and seen by a doctor. I thought to myself, "What was happening to me? I don't understand."

I couldn't understand. I was just fine a month ago. My mom was just as confused as I was. The doctors weren't transparent enough with my diagnosis and had trouble figuring out what was the actual problem. After a few tests, I was diagnosed with ulcerative colitis/Crohn's disease. This diagnosis soon changed once the gastrointestinal team at UCLA Medical Center (UCLAMC) realized it was strictly my colon that was being affected which changed my diagnosis to ulcerative colitis.

I had no idea what ulcerative colitis was nor had I ever heard of it before. My current gastroenterologist, Dr. Ziring, asked who in my family had the disease but I wasn't familiar with anyone. My father, mother, and grandparents didn't have any trace of ulcerative colitis. It was concluded that the change in climate and stress could have taken a toll on my body to make me flare-up. I couldn't eat certain foods anymore. I was prescribed all types of medication that I had never seen and forced to take pills that were pretty huge to swallow.

Nearly one month spent in the hospital, my routine had changed. I would wake up take my meds first, eat (liquid-solid foods), watch TV, read a book, walk around to gain my strength and repeat at least three times a day.

Once I was released, I remember being so happy to be a normal person again. That feeling went away when my mom took me to buy nutritional drinks to restore my protein, vitamins, and minerals. I couldn't fit into any of my clothes from the amount of weight I lost and my toned body went away. Dr. Ziring told me that I would live with this forever because there is no cure, which I didn't want to believe. All I could do was try to understand and educate why my body reacted the way it did to certain foods, activities and mental stability.

Fast forward to 2013 where I moved back to Maryland with my mother, I was enrolled back in my previous high school and actively seeing pediatric gastroenterologist, Dr. Oliva-Hemker at John Hopkins's hospital. I couldn't do any of the previous extracurricular activities I participated in and could only workout at a minimal intensity due to my low blood counts. Throughout the school year, I experienced many flare-ups and trial/error with different medications. Some hospitalizations were longer than others and overtime I became stricter with my diet to prevent excessive flare-ups. My high school graduation wasn't the best time for me because I was experiencing a severe flare-up that interfered with my ability to keep food down. I missed my senior week summer trip to recover in the hospital and get back to feeling better again.

(Continued on page 9)

UOAA 2021 National Conference Update We are pleased to Announce:

UOAA'S 8th National Conference
will be held on Thursday, August 5 through Saturday, August 7, 2021 in Houston, Texas.

Get ready to put on your cowboy hat and boots and join us for this 3-day educational and social event
Taking place at the Royal Sonesta Hotel Galleria. Mark your calendar and look for additional
information in the coming months.

(Continued from page 5)

dous enthusiasm for life, regardless of setbacks, certainly played a huge role in his recovery," Lum said. "He has always maintained a positive outlook, been fully engaged in his care from the beginning, reached out to the ostomy community not only for support, but also to offer support and advise based on his personal experience.

"He is selfless in trying to reach out to others," Lum added.

Shockley has embraced his diagnosis and challenged it from the start. He acts as a patient advocate and an ambassador for colon cancer awareness.

"(I want to) share my story with others on behalf of those patients that have gone before me and who were unable to share their story," Shockley explained. "My catchphrase is 'AFAP-Seize the disease!'"

Shockley wants to spread the information about his diagnosis and experience so he can inspire others to get the screening and be aware of the condition. Additionally, there is not a lot of information about AFAP available, so he hopes that talking about his diagnosis will help the medical community.

"By maintaining a positive attitude, the opportunity for a success story is much higher," Shockley said. "This turn allows me a better chance of overcoming adversities I am faced with during my lifetime."



TRIPLER ARMY MEDICAL CENTER, Hawaii - Daniel Shockley (left), a retired Sailor living on Oahu, meets with Lt. Col. Ronald Gagliano (center), chief, Colon and Rectal Surgery and director, Surgical Research, TAMC, and Nina Lum, certified wound, ostomy ...
(Photo Credit: U.S. Army)



(Continued from page 7)

After graduating from high school, I switched gastroenterologists since I was considered an adult. Dr. Rosen had been my mom's gastroenterologist for years so the transition was smooth. I was stabilized on Humira and Prednisone throughout my community college career. By then, my mother and I had moved to Atlanta where the weather was nicer. I think the weather, being around family/friends and less stress I experienced helped my flare-ups calm down living in Atlanta. I truly enjoyed my time there and experiencing college at Georgia State University, as well as working part-time.

Lacey recently graduated with a master's degree from the S.I. Newhouse School of Communications at Syracuse University. Once I completed my first two years of college and received my associate's degree, I transferred to Syracuse University (SU) to achieve my bachelor's degree. This was one of the hardest transitions of my life moving from the South to the cold North. My third year of college and first-year being away at a university led to my body experiencing an extreme transition which resulted in three severe flare-ups. My mother left Atlanta and moved back to Maryland to be closer to me because she was terrified of how sick I was getting. Each time I flared up, I flew home to get the treatment from Dr. Rosen. Suddenly, Humira no longer worked for my body anymore and Prednisone wasn't healthy for me to keep using to reduce inflammation due to its side effects.

During senior year, my 3-week hospitalization interfered with my academics and involvement in extracurricular activities. At this time, I was advised to try Entyvio and I

was tired of trying new medications. The only way I could have some quality of life was to remove my colon. My mom was concerned for me, but I couldn't let her concerns steer my thinking I knew I had to do this for me if I wanted to make it to graduation.

In November of 2017, I set an appointment with Dr. Colvin in Northern Virginia to discuss my surgery. I had the surgery during my college winter break, spent Christmas in the hospital, recovered and returned back to school. At the time, I didn't know how I was going to apply to graduate school at the S.I. Newhouse School of Communications at SU but I did that during my recovery period. It took a lot of exercise, mental motivation, empathy and support from family, my best friends, mentors and peers at school. With amazing grace and good spirits, I got accepted into the public relations program at the S.I. Newhouse School of Communications.

From this specific point on, learning how to function in everyday life with my ostomy took a lot of patience, time, emotional breakdowns, motivation and positive mental strength. I don't regret any of it at all. I do not have to worry about missing out or not fully enjoying any more important events of my life. Now as of 2020, I have been medication-free for two full years, graduated school with all of my degrees, feel healthier than ever, working full-time in public relations and am actively pursuing my dreams in the entertainment (modeling/tv/film) industry.

It wasn't until a couple of months ago, I discovered United Ostomy Association of America (UOAA) and chose to reach out to [Advocacy](#) Manager Jeanine Gleba about get-

ting more involved. Since reaching out, I have gained the opportunity to advocate for patient's access to treatment during the [Digestive Disease National Coalition](#) Day on the Hill and spoke on the behalf of UOAA. I am elated to have met UOAA's team and to represent others like myself who have experienced challenging obstacles. I couldn't be more grateful for my ostomy and must say that it changed my life for the good. Life is full of obstacles but how you choose to overcome them will make your life. I chose to take full control of my life in order to have a better quality of life. It doesn't matter who you are, you can truly do whatever you put your mind to. Believing in yourself and staying grounded in positivity, motivation and dedication is key. Follow your dreams, find what makes you happy and don't let the negatives take control of your life.



Lacey Harper with her mother.



New Resource for Ostomates

Ostomy101.com offers online classes at no charge

Ostomy101.com is a non-profit organization launched in 2020 to help improve patient adjustment and self care, while helping reduce the workload for our hardworking WOCNs. Check them out!



**Tools, Resources & Information
for LIVING Successfully
with an Ostomy**

Ostomy 101 Lifestyle Classes

Virtual ostomy lifestyle classes facilitated by a person living with an ostomy & an ostomy nurse.

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Free App

Ostomy 101

Helping Patients & Supporting Clinicians



Ostomy 101 Inc.
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Ostomy101.com



UOAA Emergency Supply Resources

UOAA recognizes that you may have a need for emergency supplies. Below are resources that may be of assistance to you on a temporary basis.

Manufacturers Assistance Programs

Please **call directly** to ask for information and to apply for these programs.

ConvaTec 800-422-8811

Hollister 800-323-4060

Coloplast – Coloplast Patient Assistance 877-781-2656

Alternative Local Resources

- GEOSG Supply Closet - See page 4

Contact the following types of agencies in your area, and ask if they maintain a “Donation Closet”.

- Local hospitals
- Local Visiting Nurse associations
- Local clinics
- Local Goodwill Industries
- Call your state’s 2-1-1 number. Just dial 211 as you would 911

Kindred Box is a Facebook Group for Ostomy Supplies

Supplies Available not including Shipping and Handling

Osto Group: 877-678-6690

Offers supplies for the cost of shipping and handling. They have a small all-volunteer staff, but if you call and leave a message, they will respond. Please be patient in awaiting a response.

Ostomy 211: ostomysupplies.ostomy211.org

Emergency supply pantry. Donation requested to help cover expenses.

Lower Cost Supply Options

There are several distributors that do not accept insurance, therefore, their supplies may be available at a lower price.

Best Buy Ostomy Supplies: 866-940-4555

Mercy Surgical Dressing Group: 888-637-2912

Ostomy4less: 877-678-6694; contact Patti or Tom at patti@ostomymcp.com

Parthenon Ostomy Supplies: 800-453-8898

Stomabags: 855-828-1444

Get Ostomy Answers!

The Phoenix magazine provides answers to the many challenges of living with an ostomy. From skin care to nutrition to intimacy, in-depth articles are written by medical professionals, ostomy experts and experienced ostomates. Subscriptions directly fund the services of the United Ostomy Associations of America.

Your satisfaction is guaranteed and your personal information will never be disclosed to a third party.

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Contacts

GEOSG Board Contacts	E-mail
Nancy Upton, Ostomate Board President	nancyupton8@gmail.com
Quyen Stevenson, ARNP, CWOCN Board Vice-President	nursequyen@gmail.com
Laura Vadman, RN, CWON, Board Treasurer	lovadman@hotmail.com
Laurie Cameron, Ostomate, Board Secretary, Registrar, Newsletter Editor, Webmaster	lauriecmrn@aol.com



Manufacturers	Phone	Website
Coloplast	888-726-7872	www.us.coloplast.com
ConvaTec	800-422-8811	www.convatec.com
CyMed	800-582-0707	www.cymed-ostomy.com
B. Braun Medical	800-227-2862	www.bbraunusa.com
Hollister	800-323-4060	www.hollister.com
Marlen	800-321-0591	www.marlenmfg.com
Nu Hope	800-899-5017	www.nu-hope.com
Organizations	Phone	Website
United Ostomy Associations of America	800-826-0826	www.ostomy.org
American Cancer Society	800-227-2345	www.cancer.org
Crohn's & Colitis Foundation	800-343-3637	www.cffa.org
Friends of Ostomates Worldwide	N/A	www.fowusa.org



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 GreaterEastsideOsto-
 mySupportGroup/](http://www.facebook.com/GreaterEastsideOstomySupportGroup/)



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

Greater Eastside Ostomy Support Group
Annual Membership Form

2020-2021

GEOSG Membership is open to anyone interested in learning about ostomies, sharing and learning on how to care for yourself or a loved one after surgery and what to expect before surgery.

Be sure to visit our website for more information: www.geosg.org

[] New Member (Please mark if this is the first time you have registered and fill in the info below)

[] Returning Member (Please mark if there are no changes to your address/email/phone info)

Ostomate Name: _____ Spouse/Support Name: _____

Fill in this section if this is the first time you have registered

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email Address 1: _____

Cell Phone: _____ Email Address 2: _____

Ostomy Information

> Type of Ostomy: [] Ileostomy [] Colostomy [] Urostomy [] Other _____

> Stoma Surgery Date: _____

There are no dues required for membership, however the group does have need of funds for expenses; i.e. UOAA ASG dues, Support for the Ostomy Supply Closet, speakers, brochures and website.

If able, GEOSG asks that you make a tax deductible (501(c)3) donation in lieu of membership dues.

(Suggested donation \$25.00) Donation receipt available upon request

Donation \$ _____

- Make checks payable to: GEOSG
• Return completed form to the next meeting or send to:

Laurie Cameron
GEOSG Registrar
728 218th Pl. NE
Sammamish, WA 98074

For any questions or to receive a tax receipt, email:
lauriecmrn@aol.com

GEOSG members often participate in activities together, but that participation is the choice and responsibility of the individual. GEOSG is neither responsible for, nor does it exercise any control over, these activities.

For treasurer's use only:

Paid Amount \$ _____ [] cash [] check ck # _____ Date: _____