



# The Advocate

## Greater Eastside Ostomy Support Group

### Upcoming Meeting Schedule Mark Your Calendars

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Date	Time	Topic/Speaker	Room
9/1/21	6:30 - 8:30 pm	General	Zoom Virtual Meeting
10/6/21	6:30 - 8:30 pm	General	Zoom Virtual Meeting
11/3/21	6:30 - 8:30 pm	TBD	Zoom Virtual Meeting
12/1/21	6:30 - 8:30 pm	TBD	TBD

Welcome to Fall





### 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 to the address provided on the form. However, if you would prefer to donate without registering that is also acceptable.

Registration forms for the 2021-2022 September—August year will continue to be available upon request or on the website at [www.geosg.org](http://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.

[\(lovadman@hotmail.com\)](mailto:lovadman@hotmail.com)

## On the Lighter Side



### Things I'm Super Good At

1. Forgetting someone's name 10 seconds after they tell me.
2. Buying produce...and throwing it away two weeks later.
3. Digging through the trash for the food box I just tossed, because I already forgot the directions. 😞
4. Making plans. And then immediately regretting making plans.
5. Leaving laundry in the dryer until it wrinkles. Then turning on the dryer to dewrinkle. Then forgetting it again.
6. Calculating how much sleep I'll get if I can just "fall asleep right now".



## September Meeting Recap

We had a nice gathering of 10 people on the Zoom call.

One topic we talked about was support belts/ clothing to prevent hernias and support exercise/movement. Anyone who has such supportive items are suppose to bring those items to the next meeting to share with others – what the product is, it's brand name, what it does.



# World Ostomy Day

Oct. 2 2021



*"Ostomates' Rights are Human Rights!"*



Every three years ostomy organizations around the world celebrate World Ostomy Day and October, 2, 2021 will be the 10th time this special event is taking place. This year's motto as designated by the European Ostomy Association is **"Ostomates' Rights are Human Rights – anytime and anywhere!"**

## **How to get Involved**

### **Support or Participate in the Run for Resilience Ostomy 5k**

Run, Walk, Roll or Pedal in your own neighborhood or park, or if you feel more comfortable at home, hop on your treadmill, in support of ostomy awareness. Ask your family, friends or support group members to join you by creating your own **VIRTUAL TEAM!** It's an easy step to create one after you've registered. **#WorldOstomyDay #RunforResilience #OstomyRights**

<https://www.ostomy.org/5k/>



## Attend an Online Event

UOAA Ostomy Awareness Day Champion [Allison Rosen](#) will kick-off the day with a Facebook/Instagram Live 11:30am EDT on the morning of October 2nd and host a candid Q&A at 9pm EDT that evening. UOAA representatives will also take part in a host of ostomy educational events with partner organizations and others leading up to and immediately after World Ostomy Day. Check back here and follow us on [Facebook](#), Instagram and TikTok for updates.

## World Ostomy Day

Oct. 2 2021



WEBINARS/FB Live Events:

**“Ostomy Rights Are Human Rights”** Ever wonder how age, culture, sexual orientation, gender, or socioeconomic status impact the ostomy experience? With this year’s World Ostomy Day is focused on ostomy rights being human rights, Girls with Guts (GWG) and UOAA have teamed up to explore this question and more. Join us on **Monday, September 27th from 8-9pm EST / 5-6pm PST** Join us on FB LIVE on [www.facebook.com/ibdgirls](http://www.facebook.com/ibdgirls) or [www.facebook.com/UOAAinc](http://www.facebook.com/UOAAinc)!

**“Finding your fit – creating connections with your ostomy community”** Coloplast Care Live! invites you to attend this new webinar on **Tuesday, September 28th at 7pm Eastern Time**, 6pm Central Time. Come hear from panelists of ostomy related associations and find a community to fit your needs.

**“Support Your Patient’s Rights to Get Supplies They Need”** In collaboration with UOAA, Byram Healthcare is sponsoring a free one-hour educational live panel discussion for healthcare professionals on **Tuesday, September 28th from 6 to 7pm Eastern Time**.

**“Ostomy Supplies and Your Rights”** Panel discussion for ostomates and caregivers. From UOAA and Byram, **Wednesday, September 29th from 6 to 7pm edt**.

**“This is My Life Now: A Patient’s Guide to Advocacy”** Celebrate World Ostomy Day at ConvaTec’s Virtual Patient Summit on **Friday, October 1, 2021 at 1 pm edt**. Join ConvaTec for a live discussion with ostomates, nurses and other healthcare professionals at their two session, one-day virtual summit. The first session “This is My Life Now: A Patient’s Guide to Advocacy”

**“Creating a Healthy Bond: Healthcare Support for Your Patients” October 1, Session 2, 3pm EST:** Create a strong bond with your patients and healthcare providers. Get to know the different types of pre and post-operative support available. Scheduled panelists include Lorena Eltz, Patient Advocate; Lorraine Grover, Psychosexual Nurse Specialist; and Allison Rosen, UOAA’s World Ostomy Day Champion

**Living with OBD and an Ostomy** Crohn’s & Colitis Foundation and UOAA are partnering to bring you a Facebook Live Chat on **Saturday, October 2nd at 12:00pm (Noon) Eastern Time, 11:00am Central Time**. Join us for a conversation with a panel of speakers to raise awareness about living with IBD and an ostomy. Our panel will feature Dr. Mukta Krane, with the University of Washington, John Nixon, a Crohn’s disease patient, and Linda Coulter, UOAA Medical Advisor and WOC nurse with University Hospitals’ Ahuja Medical Center. To Watch Live please go to: <https://www.facebook.com/ccfafb>

**Worldwide Ostomy Panel** On World Ostomy Day **Oct. 2** Hollister Inc. joined up with European-based sister brand, Dansac, to bring you a virtual panel discussion with ostomates from around the world. They will share their experiences and how they engage with the ostomy community. Tune in for a great conversation!

**“A Community Conversation: Ostomies and Cancer” Elephants and Tea**, we want to have conversations on topics that are not talked about enough, ostomies are no exception. Our mission to help adolescent and young adult (AYA) patients, survivors and caregivers know they are not alone in their fight with cancer. **Tuesday, October 5th at 7:30 PM Eastern Time, 6:30 PM Central Time**.

## Fistula

If your bowels and urinary tract are like a plumbing system, a fistula is like an untrained plumber. It connects things that should not be connected. Fistula is a condition in which organs or vessels in your body form abnormal passageways. For example, a connection forms between the anus and vagina or the bladder and vagina.

Fistula symptoms are unpleasant at best and life-changing at worst. You may have leakage of urine or feces, drainage, chronic infections (painful urinary tract infections are common), irritation, and nausea and diarrhea, for example. The good news: Fistula is less common than it was in the past, because doctors are better prepared for it...and, it is typically treatable.

People often associate it with childbirth, which is a major cause. Childbirth causes tears in the vaginal lining. When these tears go all the way through to the rectum, a fistula may form. There are other risk factors, though. People with bowel disorders such as Crohn’s disease and diverticulitis—especially left untreated—have a higher risk of fistula. Fistula can happen to people without bowel disorders, too, although it is rare. Sometimes the glands inside your anus get blocked and then infected. Then, your body’s usual “flow” gets disrupted. In turn, an abnormal passageway, or anal fistula, opens up to give your body’s waste a place to go.

**Treatment**— If you have a fistula, you need to see a specialist. A gynecologist or colorectal surgeon can help, depending on the location and type of fistula. Your doctor or surgeon will propose any number of options:

- \***Antibiotics** to treat infections. This usually comes first. To treat you successfully, we must knock out any infections.
- \***A Seton Stitch** which is a special type of stitch that helps infections drain.
- \***Catheters** that can drain fistulas.
- \***Special Glues** that seal up fistulas.
- \***Plugs made of Collagen** close abnormal passageways.
- \***Surgery** to repair or remove the fistula. Several types are available including minimally invasive options.

If you have had past issues with bowel control—such as chronic diarrhea or irritable bowel—we want to decrease your risk of future episodes. So we might choose an option that puts less stress on the sphincter. If you don’t have such a concern, thought, we might recommend surgery to remove the fistula altogether.

No matter the best option for you, see someone about your fistula. The short-term symptoms can really hamper your quality of life. And, if left alone, a fistula can lead to nerve damage, organ failure, and a chronic cycle of infections.

Thanks to Big Sky Informer (MT) via The Cleveland Clinic  
via Tucson (AZ) The Courier



# Happy Stoma "Birthday"



September	Ostomy Type	Years	October	Ostomy Type	Years
Rebecca Haines	Colostomy	3	Ted Jamieson	Colostomy	6
Joy Michael McNally	Ileostomy	2			

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.

## The Crohn's & Colitis Foundation — Vision to Visionary

For over 50 years, the Crohn's & Colitis Foundation has made a positive impact with IBD research funding, education, support and advocacy.

The mission of the Crohn's & Colitis Foundation is to cure Crohn's disease and ulcerative colitis, and to improve the quality of the life of children and adults affected by these diseases. Prior to the founding of this organization, inflammatory bowel disease (IBD) was not well understood, and there was very little research conducted on its causes and treatments.

**Visualizing a Future Without Crohn's Disease and Ulcerative Colitis** — In 1956, Suzanne Rosenthal came down with debilitating symptoms and, after being misdiagnosed for years, was finally diagnosed with ileo-colitis. Her husband, Irwin, became overwhelmed with frustration that there was no known cure for Suzanne's illness and no efforts to find one. In 1967, he joined forces with Dr. Henry Janowitz, Suzanne's gastroenterologist, and William Modell, a fellow businessman whose son was suffering from the same disease, to form the Foundation for Research in Ileitis (now known as the Crohn's & Colitis Foundation).

The non-profit organization began raising money and awarded its first grant to Dr. Daniel Present, a young researcher and clinician, to work on a comprehensive study of regional enteritis (another name for Crohn's disease). In the years that followed, the organization's research portfolio grew significantly.

**How the Foundation is Making Its Vision a Reality** — To date, the Foundation has funded more than \$400 million into the causes, treatments, and cure of Crohn's and ulcerative colitis. It currently has 40 chapters and more than 500 volunteer leaders, covering all 50 states. It serves patients, families, and caregivers in a wide variety of ways, including:

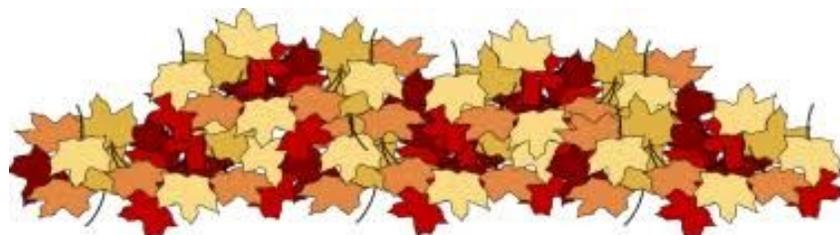
- ◆ **Ongoing IBD Research** — Research sponsored by the Foundation has led to breakthrough discoveries about how genetics and the human microbiome play in IBD onset and progression. The Foundation continues to strengthen their research to help quickly develop treatments and cures for IBD.

- ◆ **Education and Support Resources** — The Foundation offers webcasts, support groups, **IBD Help Center**, and printed materials with the latest educational information and assistance for those living with IBD and their caregivers.
- ◆ **Advocacy Efforts** — Foundation advocates such as patients, caregivers, supporters, researchers, and healthcare providers share their stories to advance the organizations public policy goals, including improved access to insurance and medications, as well as research funding.
- ◆ **Diversity and Inclusion Initiatives** — The Foundation is committed to working with the healthcare community to confront systemic racism and support communities of color. These efforts include a research partnership with the Centers for Disease Control and Prevention (CDC), and a collaboration with Pfizer, an American multinational pharmaceutical company.
- ◆ **Coronavirus Support** — Throughout the COVID-19 pandemic, the Foundation has provided educational resources, relief and assistance programs, and vaccine information via its website, as it applies to those living with IBD.
- ◆ **Fundraising Opportunities** — Apart from direct monetary donations, people living with IBD and the larger community can attend community-building events that help fund critical research, education, and advocacy efforts.

Rising from humble beginnings to become a national foundation serving 1.2 million patients, the Crohn's & Colitis Foundation remains committed to improving disease remission rates, increasing access to care, and advancing new therapies and innovative products.

Want to get involved or learn more? Visit: [crohnscolitisfoundation.org](http://crohnscolitisfoundation.org)

Thanks to *Hollister Secure Start Services* eNewsletter, Q2 2021



## Vegetarian and Vegan Diets for Ostomates

www.colostomyuk.org

*Editor's Note: Don't skip this article just because you're not a vegetarian!!*

**Consultant Dietitian Sophie Medlin has written some fantastic advice for vegetarian and vegan ostomates (and those looking to include more plants in their diet).**

It's national vegetarian week in the UK so it's a great time to talk about plant-based diets! Most people won't be surprised to hear that the number of people following vegetarian and vegan diets has risen by 40% in recent years. Adding more plants (fruit, vegetables, whole-grains, pulses/beans, nuts and seeds) is ideal for our overall health but can be challenging when you live with a stoma.

It's also important to recognize that there is a significantly higher risk of nutritional deficiencies on vegan and vegetarian diets. This is because there are certain nutrients that we can't get from plants or that are only available in much lower quantities. In particular, plant based eaters need to be more careful not to become deficient in vitamin B12, vitamin D, zinc, iron and omega-3 fatty acids.

There is an added complexity for vegetarians and vegans living with an ileostomy as the same nutrients that are lacking on a vegan diet are also more likely to be deficient.

Research tells us that 17% of people with an ileostomy have iron deficiency anemia, 31% of the ileostomy population are deficient in vitamin B12, 13% of the ileostomy population are vitamin D deficient and 8% of the ileostomy population are zinc deficient. Unfortunately, this work hasn't been done for people living with a urostomy or colostomy.

This means that vegetarian or vegan people living with an ileostomy can be deficient in these nutrients because their stoma lowers absorption AND because their diet contains less which is double the risk.

That doesn't mean that anyone with a stoma can't or shouldn't follow a plant based diet, it just means that more time and energy will need to be put into planning and supplementing the diet appropriately.

Similarly, many people living with a stoma may struggle to increase their plant based foods in their diet due to the fiber content disrupting stoma function. As always, this does not mean we shouldn't be trying to increase these foods regardless of whether we choose to cut out animal products.

Some tips for including more plant based foods in your diet include:

- ◆ Blending beans and pulses into dips (hummus) and pastes for added plant based protein.
- ◆ Ensuring you have at least two vegetables with lunch and your evening meal and a portion of fruit in the day.
- ◆ If you struggle with vegetables, try vegetable juices, smoothies or soups as an alternative.

As vegetarian and vegan products have become more available, it is a great time to experiment with some of the red meat alternatives, particularly if you have had bowel cancer in the past. Choosing soya or Quorn mince in place of beef mince will be a healthier option. Unfortunately, 'vegan' doesn't always mean healthy so we still need to be careful of highly processed vegan foods.

Overall, if you're not vegetarian or vegan, remember, more plants in our diets is always a good thing so consider this week a nudge to have a think about where you can get more in! If you are on a plant based diet and you live with a stoma, be aware of those deficiencies and ask your stoma team or GP to screen your bloods for deficiencies. There are some great plant based supplements on offer to top up your diet and some excellent resources from the Vegan and Vegetarian Society to help you plan an optimal plant based diet.

For good ideas and recipes, go to <https://www.colostomyuk.org/vegetarian-and-vegan-diets-for-ostomates>

## Destigmatizing Life with an Ostomy

*Tina Aswani Omprakash encourages people from diverse cultures to speak up about IBD and ostomy surgery*

Tina Aswani Omprakash is an advocate, blogger, speaker and thought leader. She is also a person with Crohn's disease and an ostomy. And she has dedicated her life to urging others with IBD and ostomies to own them fully, in order to lead happier, richer lives.

"Give it a voice, because what knocks us down can make us stronger, fiercer, and more united if we let it," explains Tina, who learned this lesson firsthand.

When meeting this motivated, confident woman, you would never imagine that she has experienced a myriad of health issues while continuing to support others. She encountered many roadblocks in her journey to where she is today.

**A Misdiagnosis and Multiple Surgeries** — Tina was born into a close-knit South Asian family in New York that taught her to aim high and achieve a successful career. So, she was elated when she landed a fast-paced job with an investment banking firm on Wall Street after college. Then, at age 22, inflammatory bowel disease (IBD) started causing her pain and fatigue, and she was uncomfortable telling others what she was going through. Tina was diagnosed with ulcerative colitis initially, and she underwent a series of surgeries resulting in temporary ostomies that her doctors were able to reverse.

Alternative medicine is widespread in the Indian community, and practitioner after practitioner gave her remedies that made her ill. Though they meant well, they suggested that she had brought the illness on herself because of her diet and her stressful work life. She started blaming herself, but also

knew deep down that she had no control over her disease.

**Crohn's Disease and a Permanent Ostomy** — Eventually, Tina's diagnosis changed from ulcerative colitis to Crohn's disease, and recurring bouts of fistulas (abnormal openings between two organs or vessels) forced her to decide whether or not to get a permanent ileostomy. Unfortunately, a decision to get an ostomy would clash with her culture's high standards for jobs, marriage, and health. "In Indian culture you hide your disease," explains Tina. "It was a tug of war between the possibility of having a full, healthy life and upholding the South Asian standards that I was brought up with."

Tina was not the only one in her family who had faced pressure to live up to those cultural ideals. In fact, her father had struggled with Crohn's disease as a young man. When his doctor recommended an ostomy, he refused due to concerns around marriageability. When he finally underwent ostomy surgery 15 years later, it was too late. He passed away from colorectal cancer when Tina was eight years old.

So, at 28 years old, Tina made the decision to take her life back and get a permanent ileostomy. Afterward, her life blossomed and she was finally able to travel, eat more of her favorite foods, go on long walks, and be a full partner in her marriage.

**Becoming an Advocate** — When Tina connected with various gastroenterologists and patient advocates on Twitter to learn more about her condition, she realized that she wanted to become an advocate herself. "We are suffering so much by delaying our treatment," Tina admits. "We cannot look at the ostomy as a last resort, but

as a viable treatment option and potential solution."

It took four years for Tina to decide to come out publicly as a person with an ostomy. Her illness had already derailed her career and any prospects for further education, and it had negatively affected her self-esteem. However, she wasn't going to let it stop her from speaking out on behalf of others in diverse communities.

In 2016, when she was finally in remission from Crohn's, Tina wrote a few well-received articles and led a women's support group for the Crohn's & Colitis Foundation. Two years later, the Foundation named her a Take Steps Honored Hero for being an advocate in the Crohn's and colitis community and sharing her story to inspire others. Despite her fears, she accepted the award and spoke in front of 600+ people, and her story went viral on social media. There would be no hiding after that!

**Supporting and Empowering Others** — After the story came out, a flood of publications reached out to her. She also received speaking invitations and requests to advise healthcare companies. She created a private Facebook group for people who hesitate to identify as having a bowel illness, so they would feel comfortable asking questions and receiving support.

Some of her followers have messaged her saying, "The ostomy option has been presented to me, but I want to do everything possible to not have one," or "I'm too young for that, and I don't have a cancer diagnosis." Tina finds this devastating. "People need to live proudly with Crohn's disease and own it every step of the way," she says. "Ostomy product technology has

*(Continued on page 10)*

(Continued from page 9)

## Destigmatizing Life with an Ostomy cont'd

come such a long way; nobody will even know that you have a pouch. I can still wear a sari—I just tie it a little higher.”

Tina empowers others to speak up through her website **Own Your Crohn's**, and her social media platforms on **Facebook, Instagram and Twitter**. She co-created **IBDesis**, a global initiative comprised of a team of South Asian, or “Desi,” advocates with IBD and/or ostomies in order to help other promising voices in the South Asian community speak up and destigmatize IBD and life-saving ostomy surgery. **IBDesis'** mission is to create resources, education, and awareness for South Asians around the world living with IBD and/or stomas to minimize the cultural stigmas and normalize the diagnosis in addition to treatment and/or surgery.

Tina also volunteers with **Girls With Guts**, a popular non-profit organization. She is the Diversity Chairperson for their Community Connection initiative.

“Our aim is to grow the number of voices from diverse communities sharing how to live a fulfilling life with IBD and how an ostomy has improved their quality of life,” says Tina.

Though she feels very fulfilled, Tina still has days when she's susceptible to her illness. Yet, even at her most vulnerable, she manages to reach out to others and share her experiences. The support and prayers of her newfound friends help her pull through and continue her mission. Her advice to others with IBD and ostomies who want to do advocacy work is to hone in on what is empowering them. “Find what makes you whole and give it a voice,” advises Tina. “To help eliminate stigmas, you have to feel comfortable with yourself first and be authentic about your struggles.”

The world has taken notice of how Tina is empowering others. Her **Own Your Crohn's** blog was named one of the Best Crohn's Disease Blogs of 2020 by Healthline Media, and one of the 2019 Top IBD Blogs for Advocacy by MyTherapyApp.com. In addition Tina's advocacy work won the Heallo Gastroenterology Disruptive Innovator Award for “The Patient Voice” in 2019. More recently in

2021, the Crohn's & Colitis Foundation recognized Tina for her phenomenal leadership and powerful impact on the IBD community with the Above & Beyond Volunteer Award.

IBD knows no culture or standards—it can happen to anyone, and can change life for better or for worse. Tina chose to make something great out of it. “Diseases like IBD don't define us, but they do shape our perspectives; they help us develop the empathy and ability to provide support to others,” concludes Tina. “I don't take life for granted anymore and that's the silver lining with this illness.”

*Note: Tina Aswani Omprakash is a health advocate for patients living with chronic illnesses and disabilities. Through her writing, social media presence, and public speaking engagements, she spearheads public health causes, including those creating awareness for IBD (Crohn's disease and ulcerative colitis), life-saving ostomy surgery, and initiatives supporting global women's and minorities' health. She is presently working on her Master's of Public Health at the Icahn School of Medicine at Mount Sinai. Tina lives in New York City with her husband, Anand.*

*Financial Disclosure: Tina Aswani Omprakash received compensation from Hollister Incorporated for her contribution to this article.*

## Helpful Hints from Here and There

- ◆ Why not empty your pouch each time you urinate? No need to wait until it is full. While in the “neighborhood,” just do it.
- ◆ Two or three tablespoons of plain baking soda in water when washing around the stoma will not only help heal the skin, but relieve itching too.
- ◆ Watch your appliance if you are beginning any new medications. Contact your doctor immediately if you suspect the medicine is going straight in and straight out. (*Editor's Note: I once found undigested iron pills in the toilet bowl. Digestive acids had removed the coating but the rest of the pill still went through.*)
- ◆ Carry an extra tail closure with you in case yours goes “down the drain” or slides across the public restroom floor. (Or use the pouches with the Velcro closures). It could prove critical to your entire program as well as your morale.
- ◆ Wash reusable plastic pouches in COLD water. Hot water does not get them cleaner, but it does weaken the pouch and destroy the odor-proofing. Hot water locks color and odor into the pores of the plastic.

## Travel Resources

### ◆ General:

- ◆ <https://www.iatatravelcentre.com/customs-currency-airport-tax-regulations.htm#>,
- ◆ <https://www.iatatravelcentre.com/world.php>
- ◆ <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
- ◆ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/travel-advice>
- ◆ <https://www.skyscanner.ca/travel-restrictions>
- ◆ [https://en.m.wikipedia.org/wiki/List\\_of\\_emergency\\_telephone\\_numbers](https://en.m.wikipedia.org/wiki/List_of_emergency_telephone_numbers)
- ◆ [https://en.m.wikipedia.org/wiki/List\\_of\\_frequent\\_flyer\\_programs](https://en.m.wikipedia.org/wiki/List_of_frequent_flyer_programs)

### ◆ USA:

- ◆ <https://www.usa.gov/americans-abroad>
- ◆ <https://www.step.state.gov/STEPMobile/Default.aspx>
- ◆ <https://www.cbp.gov/travel/us-citizens/whti-program-background/docs-air-travel>

### ◆ Canada:

- ◆ <https://travel.gc.ca/traveling/registration>

Thanks to Maria-Jose Bouey



## Facts about the Flu

By Anne Marie Knudsen, CWON, MN, CNS, CPCN

The flu is caused by a virus spreading from an infected person to the nose and throat of others. Symptoms usually appear within 2-3 days after being infected and a person with a fever is considered contagious for another 3-4 days. Here in the US the flu season generally runs from November to April. Flu symptoms include chills, fever, dry irritated cough, nasal congestion, a sore throat, muscle aches, pain and headache.

Those over age 65, women pregnant or breastfeeding, healthcare givers and patients with chronic medical conditions (such as asthma, immune deficiency, heart disease), and students should get the flu shot. It is a myth when people say they got the flu from the flu shot. We need the flu shot every year because the flu virus keeps changing and the vaccine must be replaced. Flu shots only protect for only one year. Flu vaccine contains NO LIVE VIRUS which means it is impossible to get the flu from the flu shot. The flu shot is 90% effective against types A & B influenza, but there can be different strands which means if one does get the flu the symptoms will be milder compared to not having gotten the flu shot.

Thanks to OA of West Texas, excerpted by Metro Maryland

## 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](http://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](mailto:patti@ostomymcp.com)

**Parthenon Ostomy Supplies:** 800-453-8898

**Stomabags:** 855-828-1444

## Get Ostomy Answers!

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ASG052016

**Contacts**

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<b>Manufacturers</b>	<b>Phone</b>	<b>Website</b>
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
<b>Organizations</b>	<b>Phone</b>	<b>Website</b>
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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*We're on the web!*  
[www.geosg.org](http://www.geosg.org)

**Greater Eastside Ostomy Support Group**  
**Annual Donation Form**  
 2021-2022

GEOSG 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](http://www.geosg.org)

- New Supporter** (Please mark if this is the first time you have registered and fill in the info below)
- Returning Supporter** (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 with GEOSG:**

**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 support of the group  
 (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](mailto: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:** \_\_\_\_\_