# Broward



September 4th, 2016 ~ 1 p.m. October 2nd, November 6th

The Lueders 2100 South Ocean Drive #16M Fort Lauderdale, FL 33316

## **Broward Ostomy Association**

An affiliated
Our Vision
and supp

United Ostomy
Associations
of America, Inc.

An affiliated chapter of the United Ostomy Associations of America (UOAA). Our Vision ~ a society where people with ostomies are universally accepted and supported socially, economically, medically and psychologically.

www.browardostomy.org Chapter Hotline (954) 537-0662

Shedding The Light Of Hope, Help, And Education For Ostomates Through Visitation & Rehabilitation. Published by the *Broward Ostomy Association*, a non-profit affiliated chapter of the *United Ostomy Associations of America* to aid Colostomates, Ileostomates and Urostomates.

MEETINGS: Held on the 1st Sunday of each month September through June at 1:00 P.M. excepting our Holiday Banquet in December which is by reservation only and meeting at 4:30 p.m. All meetings at the Memorial Regional Hospital, Main Auditorium, 3501 Johnson St., Hollywood. Directions: Exit I-95 at Hollywood Blvd. westbound. At 4th traffic light turn RIGHT (north) onto N 35th Avenue. Continue to second traffic light. Turn left following posted signs to Main Entrance. Free covered parking will be on your right and the Main Entrance will be on your left. The Main Auditorium is just off the main entrance lobby to the right. A receptionist as well as security personnel are on duty to assist you.

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#### Broward Beacon

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#### President's Page



What makes an organization great is its membership. No matter how wonderful its leaders are, if the members themselves are not the loving, caring volunteers we all need, the group cannot be an unqualified blessing. That is simply the bottom line on why I cherish BOA. You, the volunteer members, are simply the greatest!

A recent example is member Lynn Wolfson. Lynn has taken it upon herself to be the Team Manager of **Team Ostomy United-Florida.** And it's not too late for you to become involved in this fantastic event. G-d willing and my pain levels cooperate, I'll be there early on September 4th too. Here is Lynn's update. Please read this article right away and join the adventure!

#### Our First Triathlon Ostomy United - Florida

Ostomy United—Florida will be holding its very first Triathlon Sunday, September 4, 2016 at Tradewinds Park in Coconut Creek at 7:00 a.m. Ten of us will each be either swimming, cycling and/or running. We will also need lots of supporters (called Hooligans) to come out and cheer us on!

Ostomy United's mission is to inspire and empower those living with ostomies. Our Florida team also seeks to encourage ostomates to exercise

and to compete in a friendly manner, while raising awareness that ostomates can and do live life to the fullest! United Ostomy Associations of America is a strong partner of Ostomy United, lending logistics and communications support to our common mission.

Our team consists of Ana Restrepo CWON, Robert Seaman, (ConvaTec's Representative), Eula Fahie-Romero CWOCN, Buddy and Gary Beckman (supporters of UOAA who will be traveling from Orlando to participate), Keith Brown (friend of ostomate from Hollywood), Federico Hawerkamp (ostomate), Jill Wolfson (daughter of ostomate), Eli Wolfson (husband of ostomate) and Lynn Wolfson (double ostomate and team manager). We are thrilled to have these ten participants and know that we will all do very well!

Wendy, our president, will be present to photograph the event. Thank you Wendy! Reggie Martin will be there to assist us and bringing along six Hooligans! Thank you Reggie!

We are proud to be raising money for the *United Ostomy Associations of America* and *Youth Rally*. If you would like to contribute to our fundraising efforts, please go to: https://ostomy.myetap.org/fundraiser/2016OstomyUnited/donate.do?sponsor=201.0.195323934 Any contribution would be greatly appreciated. For more information email me at lewolf1815@aol.com "There is Nothing We Can't Do."

## **Next Meetings:**

Sundays September 4th, Oct. 2nd & Nov. 6th ~ 1:00 pm

Chat 'n' Chew till 1:30 p.m.

Speakers: 1:30

Sunday December 4th: Holiday Banquet 4:30 p.m. (by reservation only)



#### September 4th Meeting

Wow! BOA is having a trifecta with all winners. In the morning, Lynn Wolfson will be leading a team with *Ostomy United-Florida*. Their First Triathlon is early 7 a.m. September 4, 2016 at Tradewinds Park in Coconut Creek. There will be a Sprint Triathlon which consists of a .25 mile swim, a 3 mile run and a 10 mile bike ride. For more information contact: Lynn Wolfson at lewolf1815@aol.com

Then that same afternoon Debbie Walde CWOCN and Amparo Cano MSN, CWOCN will be hosting an expert ostomy nurse panel. They will discuss what they see as common ostomy problem issues, give helpful tips and hints and, most importantly, will be open to questions from the floor. Nothing is more relevant than discussing with these experts the day to day challenges we all face. This panel format is one of the most appreciated breakout sessions that are held at all UOAA National Conferences. We are so blessed to hold one of our own. Heartfelt thanks to our cherished ostomy nurses.

**October 2nd** we will be having Focus Groups: Learning, Supporting and Sharing. We will be gathering into four separate groupings, one each for colostomates, urostomates, ileostomates and care giver/loved ones.

Each table will have a professional facilitator to answer questions and lead the participation by all. I personally have learned invaluable hints and tips at this type of meeting. **November 6th**. Oh how I look forward each year to having Mr. Rob Seaman of ConvaTec join us once again. As many of you already know there are three major manufacturers of ostomy supplies, ConvaTec, Hollister, and Coloplast as well as specialty product manufacturers such as Torbot, Parthenon, Nu-Hope, Cymed, and Celebration Support Belts, etc.

Every ostomate is unique and what works well for one does not necessarily work well for another. Each of us needs to be aware of the different pouching products available and use what's best for their own particular situation. I personally prefer one manufacturer's barrier wafers yet prefer another manufacturer's pouch. Do learn what options ConvaTec has for you and be an informed, comfortable ostomate. It is only when we can manage well physically with our pouching system that we can happily get on with our lives. And don't forget to make reservations for and buy your Holiday Banquet tickets!

## Traveling to Japan with an Ileostomy and a Gastro-Jejunostomy or "How Not To Let Obstacles Stop You"

by Lynn Wolfson

I just came back from a wonderful two and a half week stay in Japan and Russia. We were in Tokyo for four nights and then took a ten day cruise. Despite the vast amount of the medical equipment I needed to take with me, I had a phenomenal time with my husband and daughter.

Since we were going outside the US, nothing could be mailed in advance as there was the possibility items could get held up in customs. In addition, if I forgot anything, I would have to go to a Japanese hospital. So, my preparations required very detailed planning, as I have ileostomy supplies, gastrostomy supplies, jejunostomy supplies, catheter supplies and medications. In addition, I have an Epipen for severe allergic reactions and an asthma inhaler. However, I was not going to allow any of this to stop me from traveling!



Julie Ebel Gareau, President Judith Ebel Considine, RNET, Founder, 1990 5420 W. Atlantic Blvd., Margate, FL. 33063 (800) 343-1614 (954) 975-8004 FAX (954) 973-3141

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I called Edgepark, my ostomy supply company and informed them of my trip and requested that I take along 3 weeks worth of supplies. I called 180Medical, my catheter supply company and told them the same. I catheterize three times a day, so this was going to be 63 catheters, wipes, gloves and drainage bags which I use for venting and draining my gastrostomy. I then called OptionCare for my feeding supplies. I use twenty eight boxes of food per week. Therefore, I needed 84 boxes. However, the cartons hold 24 boxes each. So, I decided to just take 72 boxes to limit myself to three cartons. Each of these cartons weighed 16 pounds! So I was taking 48 pounds of formula plus 3 feeding pumps in case one or two failed, four charger cords, 80 feeding bags, 8 extra external tubes, alcohol wipes and 10 syringes to flush my tubes. Then of course, I had to call the mail-order prescription company for all of my prescriptions. I ended up with two large suitcases with medical supplies, an intravenous pole in a separate box and an overnight bag for my clothes. I was determined to go and make this work!

Once packed and ready to leave, I had to prepare two feeding bags in two separate backpacks for the long flight to Tokyo. I called TSA in advance to let them know I would be going through with a large quantity of liquid.

The flight went well and once we landed in Tokyo, I went to the bathroom and had the biggest surprise ever! They had ostomy toilets! Can you imagine!



It was a toilet in the shape of a sink so I could stand and empty my bag and wash it out without moving. Well, I thought I just got lucky and found the one and only ostomy toilet. I was wrong! There was an ostomy toilet in every public handicap restroom we went into in Japan, including the train station. Every restroom was spotless.



I was completely fascinated with the ostomy toilet until I went to sit on the toilet seat when I was done emptying my bag at the ostomy toilet. The toilet had many buttons to push. One was to heat the seat to your personal preference, another was to play the sound of running water, a third was to wash your front and the last button was to wash your behind! This was in every public restroom and every hotel room! How impressive!

We checked into our hotel room in Tokyo. My husband and daughter were very much relieved after carrying all of my luggage and their own. So, we did not move hotels. There was plenty to see in Tokyo. We went to the largest fish market in the world with 900 stalls. We went to the futuristic city of Odaiba, Urena Park Zoo and saw the giant panda, the old city of Asakusa and dressed in kimonos and toured the city in our outfits. We participated in a Japanese Tea Ceremony in a traditional Japanese home and we went to Mount Fuji!

Then we were off on a ten day cruise of northern Japan and Russia. Sailing with 1300 Japanese passengers, we saw the Hakodate Festival at four of the ports. I had an opportunity to speak Japanese expanding my vocabulary. But the best part was saying *good morning* in Japanese to a policeman and having him bow to me! I felt like a Diva!

#### IBO Increasing Rapidly in the U.S.

via Ostomy Rumble, Middle Georgia

Accutane, and generic drugs like it that fight acne, can cause Inflammatory Bowel Disease (IBD). That fact is not in dispute. Accutane and its generics can cause Crohn's disease and ulcerative colitis. These incurable and debilitating inflammatory bowel diseases (IBD) can permanently damage the intestines. Many victims will never lead normal lives.

Roche Pharmaceuticals took Accutane off the market in 2009. But its ge-nerics, Amnesteem, Claravis and Sotret, are still being prescribed for acne. Accutane and its generics contain Isotretinoin, a powerful vitamin A deriva-tive. They pose the same danger, causing IBD injuries to still more victims.

More than one million Americans have IBD, and 30,000 new cases are being diagnosed each year. The increase in cases puzzles doctors. UT South-western Medical School, one of four medical schools in the University of TX System, is looking into the cause. While IBD can run in families, it has been pointed out that a number of cases that developed in victims up to five years after they took certain acne drugs.

#### Ostomy Tips for the Pool

via Philadelphia UOA Journal and Metro MD

"Can I go swimming with an ostomy?" The answer is a resounding YES! Swimming is an excellent exercise – an opportunity for a good cardiovascular workout without overly stressing your joints (knees and hips) or your spine. The pool is a great place to work on those range-of-motion exercises, too. The water helps support your body while you move, and water exercises can be done in the deep end or while sitting in the shallow end of the pool. Best of all, swimming is an activity you can enjoy with family and friends of all ages and abilities! So why are so many of us afraid to get back into the water? Here are some of our issues and solutions...

"I'm afraid that my appliance will leak or come off while I am in the pool." This is by far everyone's number one concern. The thing to remember is that your pouching system is designed to be leak-free

and water-proof; your wafer adhesive actually gets stronger in water! As long as your seal is strong and intact, strap on fins and jump in!

Tip #1: Do not go swimming right after you've put on a new wafer. Give it a few hours.

Tip #2: Make sure your pouch is empty.

Tip #3: Picture framing your wafer with waterproof tape is not necessary but may give you the extra confidence you need. Instead of tape there is a wonderful new product line Sure Seal Rings by Active Lifestyle Products. Many of our members who swim a lot highly recommend them.

Tip #4: Either avoid wearing pouches with filters in the pool or be sure to cover the filter while in the water. Water may get in through the filter.

"I am concerned that people will be able to see my pouching system under my bathing suit." Dark colored suits with a busy pattern will camouflage your appliance better than light colors like white or yellow, that become almost transparent when wet. Note your pouch will dry just as quickly as your suit will, so no need to worry about tell-tale damp spot.

Tip #1: For women, choose a suit with a small, well placed ruffle or skirt or swim shorts with a separate top. You may want to wear a pair of under pants to help keep your pouch in place.

Tip #2: For men, choose a suit with a higher cut waist or longer leg.

Tip #3: You may wish to wear a smaller, non-drainable pouch: those designed for intimate moments work well here, too.

Tip #4: If you have a colostomy and you irrigate, you may try wearing a stoma cap while you swim.

#### Hints for Men

via Mayo Clinic Letter and the Space Center Shuttle Blast

A common problem for male ostomates is the location of their belts. One man who had trouble with his belt catching on the top edge of the appliance offered these helpful hints:

~ When applying your wafer/flange, instead of placing it with the top edge square with your beltline, rotate it 45 degrees, so the edges point up and down like a diamond, that way the belt goes across the top corner of the appliance and holds the wafer/flange in place.

~ Also, try cutting the hole in your appliance closer to the top of the skin barrier, causing the appliance to adhere lower on your abdomen and be farther away from the beltline; or try rounding off the square edges of the flange with scissors, decreasing the chance of the belt catching on the corners.

#### **POWDER YOUR STOMA?**

By Donna Hoffman, ET, Blue Water, MN

Powder normally is **not** required during routine maintenance of a stoma. Most modern disposable wafers are designed to adhere to the skin by themselves. However, powder may be used if needed to treat (1) a fungal infection, or, (2) irritated skin.

Micro granulated anti-fungal powder (Nystatin) is used only when there are signs of a yeast infection, i.e., an itchy rash and raised red bumps. Use the powder until the infection clears, then discontinue. A doctor's prescription is necessary to purchase this product.

Pectin based powders, such as Hollister's Adapt and ConvaTec Stomahesive, are used to treat irritated skin. To apply any type of powder, first clean the skin with plain water and then get the skin completely dry. Dust the skin with the powder and brush off the excess. If you use a standard wear barrier, you



can seal the powder by gently applying a skin sealant or skin barrier such as Skin Prep or similar products, directly over the powder and allowing it to dry, then gently press the wafer into place.

Skin sealants and skin barriers are not recommended for use with extended wear wafers, such as ConvaTec's Durahesive, The sealants inhibit the adhesion of that type of material. In that case, use the powder by itself, but only if you need it.

#### Minutes General Meeting June 5th, 2016

The meeting was called to order at 1:30 p.m. at Memorial Regional Auditorium. The Ostomate's Prayer was read by Larry. Darryel and Ed were thanked for today's refreshments.

Mom and Cliff were again thanked for their hospitality and greeting which includes ensuring that the room is ready for the meeting.

Wendy reminded us that the next meeting is going to be in September but noted that our chapter's Hotline is available 24/7. To help keep the cost down, our answering service is now texting messages to us rather than using voice. We are now paying \$30 per month vs. \$70.

The raffle winner for Miguel's attendance at the Youth Rally is Amparo Cano. Thank you all who participated and contributed.

The presentation today was given by Kevin Hershey from B. Braun. B. Braun has been in Germany for 40 years. Its products are German engineered and manufactured in France. The products were introduced to the United States three years ago with FDA approval January 2016.

The pouches are simple, low profile, and only come in 2-piece. Their motto is 3S which is simple, secure, and soft. The unique characteristics are as follows:

- 1) A charcoal filter which allows gas accumulation to come out. It also comes with a protective patch for bathing.
  - 2) Their roll-up drainable design opens easier.
- 3) There is no Velcro on the drain base which makes it firmer.

# SURGICAL WORLD

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- 4) The base plate is a hydrocolloid gel which is protective of sensitive skin.
  - 5) The floating locking flange is flexible.
- 6) This two-piece system is more flexible for people with decreased dexterity. You can also hear it lock in place.
- 7) There are three positions on the pouch for belt usage.

Kevin is offering a one week supply for free. Questions asked to Kevin:

Q: Does the barrier turtleneck around the stoma: A: No. It is cut to fit which also allows for an oval stoma.

Q: What about odor control:

A: The B. Braun Flexima 3S is odor resistant versus odor proof. There will be clear deodorizers available soon.

PPS Healthcare is the distributor for B. Brown, their accessories, and the Safe N Simple products. For more information call Kevin Hershey, B Braun Distributor, 407-508-9349

The meeting was adjourned at 2:00 pm.

Respectfully submitted,



Debbie Walde CWOCN Recording Secretary

## Some Good Advice About Your Medical Insurance Coverage

by BAA, RN via Insights, Ostomy Association of Southern New Jersey

So, your doctor ordered a test or treatment and your insurance company denied it. That is a typical cost-saving method. OK, here is what you do:

- 1. Call the insurance company and tell them you want to speak with the "HIPPA Compliance/ Privacy Officer." (By federal law, they have to have one.)
  - 2. Then ask them for the NAMES as well as the

CREDENTIALS of every person accessing your record to make that decision of denial. By law you have a right to that information.

- 3. They will almost always reverse the decision very shortly rather than admit that the committee is made of low paid HS graduates, looking at "criteria words," making the medical decision to deny your care. Even in the rare case it is made by medical personnel, it is unlikely that it is made by a board certified doctor in that specialty and they DO NOT WANT YOU TO KNOW THIS!
- 4. Any refusal should be reported to the US Office of Civil Rights (OCR.gov) as a HIPAA violation.

#### Descending or Sigmoid Colostomy

via The Pouch: Ostomy Support Group of Northern Virginia,

What is the difference between a descending colostomy and a sigmoid colostomy? These ostomies are named for the area of the large intestine where they have been created.

Our large intestine consists of four parts: The ascending, moving up on the right side of the abdomen; transverse, running along the waistline; and descending, heading downward on the left side. At a point about three-quarters of the way down is the sigmoid which connects to the rectum (or the last ten inches of the large intestine).

Colostomies may have permanent or temporary stomas. The opening may also be a double barrel, which is two separate openings, or may be a loop. In loop ostomies, a loop of the intestine is brought out of the abdomen and is held in place with a rod. The most common type of colostomy is the end stoma, which has a single opening.

The consistency and form of the feces depends on how much intestine is left in the body. Since the purpose of the large intestine is to remove liquid from the fecal material, the further along the intestinal tract the stoma occurs, the more formed the feces. Feces from an ascending or transverse colostomy will be loose and watery, without form. Feces from a descending stoma will be soft-formed to formed. The sigmoid stoma located lower in the bowel will generally result in a more solid, formed

type of bowel movement. Previous bowel habits play a major role in bowel function after surgery. If you have loose stool prior to surgery, chances are good that you will have loose stool after surgery regardless of stoma location.

Patients with a right-sided colostomy do not have as much remaining colon as those with a left-sided colostomy. Because of this, there is usually too little colon left to absorb enough water to make a solid stool. This type cannot be controlled by irrigation, but instead behaves very much like an ileostomy with a fairly continuous discharge.

The left-sided colostomy is often described as a dry colostomy because it discharges formed stool. One has the choice of attempting to manage this type either by trained control or irrigation control. Only one-third of the people who attempt to train themselves to control the colostomy without irrigation are successful in doing so. This type of

training relies very heavily on diet and medication to achieve regularity. Many physicians in this country feel that control is more easily and satisfactorily achieved by irrigation (basically an enema). However, there are some patients who can't achieve irrigation because they have an irritable bowel. This problem has nothing to do with the colostomy. It is just part of some people's makeup. Some people, even before they have their colostomy, may have very irregular bowel habits. They retain these habits after the colostomy is performed, so that regular irrigation does not assure them of regularity. When this condition exists, the physician will sometimes suggest that the patient dispense with irrigation since it will not produce the desired regular pattern, and the person may become frustrated trying to achieve this. In this case, once again the colostomy is treated like an ileostomy with the wearing of a pouching system all of the time.

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BOA does not endorse any products or methods. Consult with your doctor or Ostomy Nurse before using any products or methods either published in this bulletin, displayed, described, demonstrated of distributed by sample at our meetings or recommended by an association member.

#### **Broward Ostomy Association Membership**

If you wish to be a member of BOA dues are \$10.00 per year from January 1st to December 31st and includes receiving our monthly newsletter, the *Broward Beacon*. Please make checks **payable to BOA** and mail to: The Lueders, 2100 S Ocean Dr Apt 16M, Ft Lauderdale Fl 33316-3844. BOA never shares membership information with anyone. We value your privacy. BOA is a 501(c)3 charitable organization.

Name	Age	Year of Surgery
Street	Apt	Type of Ostomy
City	Zip	Phone
E-mail address	Pre	efer Emailed Newsletter: Yes No
I am an ostomate. I want to be a dues paying m I am also enclosing a contribution to BOA	ember.	
I am an ostomate and want to be a member but (This information is kept in the strictest co		dues at this time.

\_\_ I would like to become an Associate Member (non-ostomate).

## Memorial Outpatient Ostomy Clinic

At Memorial Regional Hospital/Joe DiMaggio children's Hospital Outpatient Ostomy Clinic, their goal is to provide quality care to adults and children who have had ostomies. Care and support includes pre-operative and post-operative education; appliance selection and application; peristomal skin complications and care; dietary counseling and support for coping with lifestyle modifications. For more information or to make an appointment call 954-265-4512.

#### Miami Dade Support Group

We are thrilled to announce the new *South Florida Ostomy Support Group* inaugurated and led by ostomy nurse Donna Byfield, CWOCN. The group will meet the third Wednesday of each month from 6 to 7 p.m. January through June, take a summer break, and then pick up again September through December at Baptist Health Resource Center, Baptist Medical Arts Building, 8950 North Kendall

Drive, Suite 105, South Miami, FL. For more Information, call Donna at 786-596-1642.

#### Coral Springs Support Group

Coral Springs Medical Center's "Caring & Sharing Ostomy Support Group" meets on the 4th Wednesday of the month at 5:30 p.m. to 7:00 p.m. For more information and to call and confirm as they do take a summer break, contact Patricia Paxton-Alan MSN, ARNP-BC, CWOCN at 954-344-3094.

#### Meeting Dates

Please, if you are as forgetful as I am, take a moment now to mark your calendars for our upcoming meetings. This is especially important since the *Broward Beacon* is now published on a quarterly basis. We really don't want to miss seeing you.

Out 2016/2017 meetings will all be held on the first Sunday of the month September through June. We then take a summer break in July and August. Hoping to see you Sept. 4th, Oct. 2nd, Nov. 6th and Dec. 4th. Our December meeting will feature our Holiday Banquet and will be by reservation only.

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