



The Roadrunner



Newsletter of the
Ostomy Association of Albuquerque, NM

Next Meeting

Future meetings remain unknown at this time due to the Pandemic. We'll be back as soon as we can! In the meantime we have started zoom virtual meetings for those able to join.



Still waiting for in-person meetings to resume.

Be patient!

Volume 56 Issue 1

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Upcoming Meetings:

Return to in-person meetings unknown at this time due to the pandemic.

Virtual Zoom support group meetings as well as board meetings have begun. We need your email to send an invitation to Zoom meetings. Please send info to Brian Leen. Contact info on Page 11.

Support Group Updates and Events

- ◆ Our next general Zoom meetings will be:
Sunday, February 7th at 2PM
Sunday, March 7th at 2PM.
Sunday, April 11th at 2 PM as the 4th falls on Easter Sunday this year.
- ◆ We plan to have our Annual Luncheon on our first meeting back together, whenever that may be!!
- ◆ As always pay attention to emails from our group about announcements and links to upcoming zoom meetings.
- ◆ Other New Mexico ostomy support groups in Las Cruces and at the VA Hospital of Albuquerque remain on hold for in-person meetings but do intend to return to meeting as soon as it becomes prudent to do so. They do not have zoom meetings. Our zoom meetings are open to anyone. We just need an email address to invite anyone. Contact Brian Leen pg. 11.
- ◆ If you haven't sent in your dues, please remember to do so. Your support is important both in-person and financially! Thanks for being there for others!



Coming soon to a lawn near you!
Happy Spring!!

This newsletter was edited by Barbara D'Amore.

Kaseman Hospital remains closed to support group meetings.

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PRESIDENT'S Message

By Brian Leen, President OAA, NM

What does the pandemic do to those of us living with Ostomies?

We have already talked about the fact that this virus attacks the respiratory system and heart. As far as I have read it does not affect the digestive or urinary systems which are our danger zones. Probably its greatest effect is keeping us isolated and from physically joining with others in groups with common interests. Our monthly meeting fits into that category.

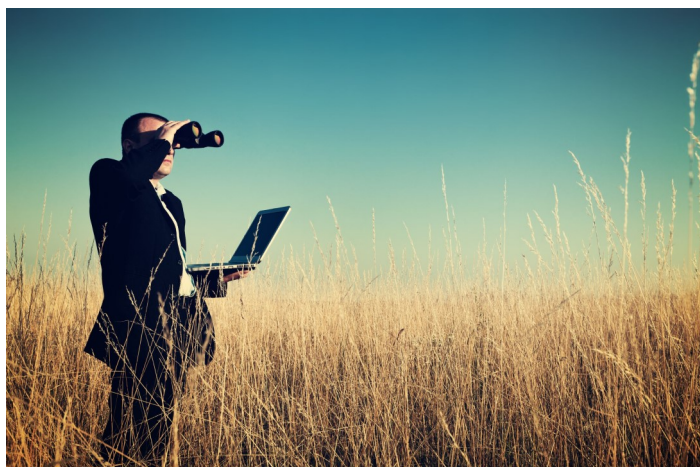
However, like many groups, we have moved to a virtual presence using Zoom. "What good is that?" you might ask. Well, for one it does put you in contact with others. And for those needing help it probably is not greatly different. In fact, it seems to me it might be more comfortable to explain problems to a computer screen than to a room full of people. Unfortunately, we cannot offer the sample products and literature that we have available.

So, if you are doing fine and have contacts in other worlds, why bother? Well, we need you. I have said this before, probably more than once, when a problem arises you just might be the person who has experienced that same problem and resolved it. Plus, we just like seeing each other and keeping in contact.

Your Ostomy Association of Albuquerque has also expanded into several areas to insure we are available to people. This includes our telephone, our email address, our website and our newsletter, *The Roadrunner*. Unfortunately, these do cost money, so your dues and perhaps donation are not only welcome but badly needed. I have also commented before that if you donate more than your dues the entire amount is tax deductible as a charitable donation.

We hold a Zoom meeting the first Sunday of the month at 2 pm. Everyone on our list is invited via an invitation email. If you are reading this and are not on our email listing, please pop an email to oa.albuquerque@gmail.com. Or you can peruse our website www.ostomyalbuquerque.com and sign up on the "contact us" page.

Hope to see and hear you soon!



Brian scanning the horizons for new ostomates and long time members that we haven't seen for a long time!

Hoping that you are all well and happy!



Hello!! You're coming in clear now. I hear there's a new tin-can phone coming out next year! It has better string they say!



About Sticky Stuff

Source: Ottawa Ostomy Support April 2017 via Regina & District Ostomy News Nov/Dec 2018

Ostomy barriers come in a variety of adhesive types; most common are those that have tape included around the perimeter. Tape that comes unstuck is usually not the fault of the tape itself.

Here are some common reasons for failure of the tape to stay on.

- * Moisture on the skin. No adhesive is going to work properly if your skin isn't completely dry. If you are having trouble towelling or tissueing your skin completely dry, use a hairdryer on low setting. It won't hurt your stoma.
- * Residue left on skin. It goes without saying that you should not use creams, lotions, or moisturizing soaps on the peristomal skin. Even the plainest soap can leave a slight residue if not fully rinsed off. Rinse, rinse, rinse!
- * Insufficient application pressure. In order to stick, the tape has to be firmly pressed down, particularly at the edges.
- * Touching the tape before applying. Sometimes we inadvertently touch the adhesive before it gets applied to our skin— too much pre-handling of this material will undermine its ability to stick. Try your best not to touch the tape when you peel off the backing.
- * Too much powder on the skin. If you use powder, take it easy with how much you're putting on. Just a very light dusting is enough.
- * Stretching the skin under the tape. If you always get a leak in the same spot, your body movements may be pulling or stretching the skin in that spot so that the tape can't adhere properly. Make sure you are sitting or standing straight when applying the barrier so that the skin is as flat as possible. If this doesn't work, you might consider adding more tape around the edges. Ask for skin-friendly 'pink tape' at your drugstore or speak with your ostomy nurse who can recommend specific brands.
- * Damaged skin. Skin that is denuded, irritated, extremely itchy or broken can cause tape failure. Take Care that you are removing your barrier gently by holding the skin down as you pull the tape off. If leakage is accompanied by chronic itchiness, redness, or spots you should see your ostomy nurse to check for allergies or yeast infections. It might be necessary to switch to a different type of tape.
- * Lastly, DO NOT apply a second coating of adhesive. It re-wets the first coat and can give unpredictable results. Paper tape can be made more waterproof by covering it with Skin Prep after it is in place.

Eight Reasons for Pouch Leakage via Northern Virginia *The Pouch*

- Poor adherence to peristomal skin — Apply pouch to dry skin. A warm hand over the pouch for 30 to 60 seconds assures a good seal.
- Wrong size of pouch opening — Be sure that the size of your stoma has not changed. Remeasure and adapt accordingly.
- Folds and creases — Ostomy paste can be used to build up an area in order to avoid leakage. Consult your ostomy nurse for proper methods.
- Peristomal skin irritation — Avoid irritated or denuded skin. If any of these problems develop, consult your ostomy nurse.
- Too infrequent emptying — Pouches should be emptied before they are full. Weight of the effluent may break the seal causing a leak.
- Extremely high temperatures — Wafer melt may cause leakage in warm weather. Change pouch more frequently or try a different wafer.
- Pouch wear and tear — If you are stretching your wear time, leakage may be due to wafer wearing out. Change pouch more frequently.
- Improper storage — Store your ostomy supplies in a cool, dry place. Humidity may affect your pouch adhesive. Appliances don't last forever. Ask your vendor what the recommended shelf life is for your brand of pouch.

Care and Management of the Skin beneath your Ostomy Appliance by Lauren Wolfe RN, BSN, CWOCN of Vancouver (BC) Ostomy HighLife via North Central Oklahoma *Ostomy Outlook*

Our skin is the largest organ of the body and is composed of two layers. The skin acts as a barrier to harmful substances, chemicals and protects us from the environment. The outermost layer of the skin is called the epidermis. The skin is part of the immune system.

When it has been compromised by foreign materials such as bacteria or allergens it will become red and inflamed. Approximately 20-70% of people living with an ostomy experience skin complications; these can be due to multiple reasons such as leakage, allergy, and skin stripping due to the removal of the flange. Removing the pouching system too quickly can cause skin damage such as skin stripping, exposing the skin to further injury such as irritant dermatitis.

As we age, our skin changes and becomes thinner and more fragile, resulting in skin tears. The additions of adhesive products to assist with a pouch seal may increase the risk of skin damage and should be used only when necessary. In order to protect the skin from harm and chemicals, the NSWOC and WOCN Societies recommend using warm water to cleanse the peristomal skin and the stoma. Water is readily available and not harmful to the skin.

A frequent question that stoma nurses get asked is; Should I use alcohol wipes, antiseptics, baby wipes or flushable adult wipes for cleansing the stoma and the skin? In reviewing the literature, it was interesting to see what the dermatologists and biochemists are saying about the use of these products on neonates and babies' skin. In 2016 Yu et al. reviewed the ingredients in multiple baby wipes and found many ingredients to cause contact dermatitis in infants. Although, this study was evaluating baby wipes on infant skin, it is known that the skin beneath the flange is susceptible to injury due to frequent removal of the pouching system.



Contact dermatitis is when the ingredients in a product that is applied topically cause a reaction of the skin. A reaction may not be noticed immediately but can develop over a few days, weeks or years. Once an individual develops a contact dermatitis beneath the flange, the skin becomes red and weepy preventing the flange from adhering to the skin. When this occurs, the skin has been compromised; therefore, the natural barrier protecting you from infection has been breached, allowing for bacteria to penetrate the skin.

In discussion with Dr. Greg Schultz PhD, a well-known researcher and biochemist in wound care, "Different baby wipes have substantially different formulations. Common ingredients include acetyl hydroxyethylcellulose, a plant-based product used as a cleaning agent along with glycerin or propylene glycol that are humectants that can help other ingredients penetrate more deeply into skin. Most wipes contain a buffer like citric acid which helps with product stability and maintains the pH balance of the products. Also, preservatives like parabens can be present and these chemicals can cause skin irritation." Not only may these ingredients be harmful, but some may prevent your flange from adhering and allowing you to achieve the wear-time you desire.

Maintaining the skin around your ostomy and beneath your flange is extremely important. When considering which products to use, it is important to recognize that many products that are not designed for ostomy care do not have the research to support their use and may put you at risk of injury to your skin. See your ostomy nurse to discuss which products are safe to use and to help you with a skin assessment. If you have further questions, contact the author at lauren@macdonaldsrx.com References for this article available upon request.

Editor's Note ** The next three pages have materials suitable for clipping. They come from the UOAA website so even if you don't have them with you when the need arises, the documents can be obtained online. Pages 5 and 6 are so important for ileostomates! Emergency care for a blockage at home and guides for medical personnel have been updated and should be part of every ileostomates knowledge-base and part of a travel, hospital, and everyday back-up ostomy supply kit. Page 7 provides some introductory information concerning rights of all ostomates in Home Care or Hospice situations. There is more information on the UOAA website, www.ostomy.org, concerning your rights and advocacy issues. Many documents are available in Spanish and sometimes other languages on the UOAA site.

NEW Emergency Blockage Cards for Ileostomates — Things to try before going to Emergency Room for care. Developed in 2020 by UOAA.

HOW TO TREAT ILEOSTOMY BLOCKAGE



What You May Experience (Symptoms)

- Thin, clear liquid output with foul odor; can progress to no output.
- Cramping pain in the abdomen (belly); may be near the stoma or the entire abdomen.
- Decrease in urine output; urine may be dark in color. This may happen from dehydration due to not wanting to drink fluids because you don't feel well.
- Swelling of the abdomen and stoma.

Note: After abdominal surgery, a blockage of the small bowel can happen for many reasons including from scar tissue (adhesions). If stool is not coming out of your stoma, it is best to call your doctor or go to the emergency room (ER) immediately to determine if you have a stoma blockage related to food, or a small bowel obstruction.



If you suspect a blockage that may be due to food particles collecting inside your stoma (stoma blockage), follow step one.

If you are vomiting, or have abdominal pain, or have additional concerns, call your doctor or go to the ER before trying these steps.



Call your health care provider's office to let them know about any change in function lasting more than 2-4 hours even if there is no pain or vomiting.

- If your stoma starts to swell, replace your pouching system. Cut the opening of your wafer a little larger than normal to accommodate the swelling.
- If there is no output from your stoma, and you are not nauseated or vomiting, stop eating solid food and only consume liquids such as juices, warm broth or tea.
- Take a warm bath or shower to relax the abdominal muscles.
- A heating pad placed on a low setting may be helpful to relax the abdominal muscles.
- If possible, take a short walk or just walk slowly around your house, as long as it's not too painful.
- Try several different body positions, such as a knee-chest position, or lie on the side of your stoma with knees bent, as it might help move the blockage forward.
- Massage the abdominal area and the area around your stoma. Most food blockages occur just below the stoma and this may help dislodge the blockage.

If you do not have any output for several hours, have abdominal pain and/or you are vomiting, your abdomen is distended (swollen), and the symptoms continue, or your stoma is edematous (swollen) or the color of the stoma has significantly darkened; follow step two.



- Stop eating and drinking.
- Call your doctor.
- If you are unable to reach your doctor, go to the emergency room (ER) immediately.
- Take your pouching supplies with you to the ER as they may not have your particular products.
- Take this card to the ER with you and give it to the admission nurse or medical professional caring for you.

For tips to help prevent blockages, see UOAA's

Eating with an Ostomy ~ A Comprehensive Nutrition Guide for Those Living with an Ostomy

NEW Emergency Blockage Cards for Ileostomates — Emergency Room Visit

Developed by UOAA in 2020

How To Treat Ileostomy Blockage

Give this card to the emergency room medical professional caring for you



Instructions for Medical Personnel

- Check for local blockage (food particles, peristomal hernia or stomal stenosis) via digital manipulation of the stoma lumen. This can be done by lubricating the index finger and gently passing it into the ileostomy opening/lumen. You should gently pass the finger to below the level of the abdominal wall fascia. You should feel the tight edge of the fascia as you pass your finger through the lumen. If you cannot easily pass your finger, you should abandon the effort. The patient may experience cramping and discomfort during this maneuver which is normal.
- An abdominal X-ray or CT scan may be indicated to determine causes of obstruction and remove the volvulus portion.
- Begin IV hydration, check electrolytes, and provide pain management measures.

Do not give laxatives or bowel prep - these can cause severe fluid and electrolyte imbalance and dehydration.



If an ileostomy lavage is ordered for a determined food blockage, it should preferably be performed by a **surgeon or certified ostomy nurse** using the following guidelines:

- Gently insert a lubricated, gloved finger into the lumen of the stoma. If a blockage from food particles is palpated, attempt to gently break it up with your finger.
- Remove the patient's entire pouching system and administer lavage through stoma.
- Insert a lubricated soft catheter #14-#16 into the lumen of the stoma until the blockage is reached. Do not force the catheter.
- **See Side Note**
- If food blockage is seen/felt - proceed with lavage. Slowly instill 30-50cc NS into the catheter using a bulb syringe. Remove the catheter and allow for returns.
- Repeat this procedure instilling 30-50ccs at a time until the blockage is resolved. This can take 1-2 hours.

Note: If unable to easily insert the catheter, notify surgery.



If these measures are unsuccessful, order a surgical consultation.

This document contains information developed by United Ostomy Associations of America. The document is provided for informational purposes only and cannot be considered medical advice. Referring to this document does not create a doctor/patient relationship. The information is solely for the purposes of assisting you in being informed when speaking to your doctor. This information does not replace medical advice from your healthcare provider. You should always speak to your healthcare provider to obtain advice about your medical condition. 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.

Written and Reviewed by Kimberly Houle, MSN, RN, CWON, Joanna Burgess-Stocks, BSN, RN, CWON, Lori Rosenberger and Lois Fink, BSEd. Reviewed and approved by Richard P. Rood, MD, FACP, FACP, AGAF, FASGE, and Kelly M. Tyler, MD, FACS, FASCRS, UOAA's Medical Advisory Board Chair and Member respectively.

Reference: Jane Carmel, J. C. (2015). *Wound, Ostomy and Continence Nurses Society® Core Curriculum: Ostomy Management*. Philadelphia: Lippincott, Williams & Wilkins.



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Things to Expect of Professionals if you need Home Health Care or Hospice as Required by Medicare

REACH FOR THE STARS!

For Your Patients with an Ostomy!

**UOAA Ostomy and Continent Diversion Patient Bill of Rights:
Making an Impact in Home Health and Hospice Care**



Five Star Home Health and Hospice Agencies

use the UOAA Patient Bill of Rights as a guideline to deliver high quality care.

Facilitate Independence in the Community

- Share UOAA's website www.ostomy.org for educational resources such as the **New Ostomy Patient Guide**, Phoenix magazine, Patient Bill of Rights and useful links such as forums and local support groups.
- Ensure patient knows how to order ostomy supplies including all item numbers, allowable quantities per month, reimbursements/copays, and names and phone numbers of several mail order and local DME companies.³
- Provide contact information for local ostomy outpatient clinics, certified ostomy nurses, and manufacturer helplines.

Achieve High Quality Care

- Educate all clinical staff about ostomy management/support to facilitate the return of the patient, in a timely manner, to their usual activities of daily living.
- Review ostomy policy and procedures; update as needed.
- Petition facility to cover costs of ongoing continuing education; attend national and regional wound and ostomy conferences.
- Secure a certified ostomy nurse for patient care and/or referral.

Prevent ER Visits & Hospital Readmissions

- Ensure upon discharge that the patient has enough supplies (at least 2 weeks) until their first order arrives (avoid ER visits to obtain supplies).
- Ensure patient is educated about dietary/fluid needs specific to ostomy type and the relationship for prevention of obstruction and dehydration.
- Ensure patient is knowledgeable of normal stoma characteristics, including color, minor bleeding, stoma output, and peristaltic movement.
- Ensure patient is aware of possible rectal changes and activity (mucous drainage), if intact.
- Educate patient about peristomal skin self-assessment and how to treat minor peristomal skin breakdown with crusting technique.
- Ensure patient has an effective pouching system with a consistent wear time (2-5 days) to prevent skin breakdown and infection.

Improve Outcomes

- Enlist a certified ostomy nurse to facilitate cost effective use of supplies/products while improving patient outcomes.
- Encourage a team approach to ostomy management, utilize occupational therapists to assist with toileting hygiene techniques. Use social workers to help with coping/adapting to an altered body image and social anxieties.
- Ensure the needs of new and existing ostomy patients are continually reevaluated with every nurse visit.
- Ensure patient access to trained healthcare professionals (in person or remote) with knowledge specific to the care of an ostomy or continent diversion.
- Ensure all new ostomy patients/caregivers have been educated about all aspects of ostomy care and management.¹

Improve Patient Satisfaction

- Fit patient with an ostomy appliance that achieves a 2-5 day leak-proof wear time (mean is 4.8 days²). If staff is unsuccessful, consult a certified ostomy nurse to prevent complications (denuded skin and infection).
- Ensure the patient or caregiver can confidently demonstrate how to empty and change their pouching system before discharge.
- Provide the patient with an existing ostomy, the products they currently use. If products are found to be problematic, re-evaluate needs. Ostomy supplies are included in consolidated billing, regardless of diagnoses or discipline in the home. For example, a patient admitted for a total knee replacement with existing ostomy.
- Provide the new ostomy patient with supplies recommended by their certified ostomy nurse and/or acute care center (continuity of care). Adjust as needed.

¹ Prinz, A, Colwell, J, Perkins, J., et al. (2014). Discharge planning for a patient with a new ostomy, Best practice for clinicians. WOCN Society

² Richbourg, Leanne & Fellows, Jane & Arroyave, Whitney. (2008). Ostomy Pouch Wear Time in the United States. Journal of Wound, Ostomy, and Continence Nursing : official publication of The Wound, Ostomy and Continence Nurses Society / WOCN. 35. 504-8. 10.1097/01.WON.0000335962.75737.b3.

³ Colwell, Janice C. & Kupsick, Phyllis T. & McNichol, Laurie L. (2016) Outcome Criteria for Discharging the Patient With a New Ostomy From Home Health Care, A WOCN Society Consensus Conference. Journal of Wound, Ostomy, and Continence Nursing: official publication of The Wound, Ostomy and Continence Nurses Society May/June 2016 Volume 43 , Number 3, 269-273.

COVID-19 Vaccine Scams Alerts from Medicare.gov

shared from *Ostomy Outlook* newsletter of Ostomy Association of North Central Oklahoma

As the country begins to distribute COVID-19 vaccines, there's no doubt scammers are already scheming. Medicare covers the COVID-19 vaccine, so there will be no cost to you. If anyone asks you to share your Medicare Number or pay for access to the vaccine, you can bet it's a scam.

Here's what to know:

- ◆ You can't pay to put your name on a list to get the vaccine.
- ◆ You can't pay to get early access to a vaccine.
- ◆ Don't share your personal or financial information if someone calls, texts, or emails you promising access to the vaccine for a fee.
- ◆ If you come across a COVID-19 vaccine scam, report it to the Federal Trade Commission or call us at 1-800-MEDICARE. And check out CDC.gov for trustworthy information on the COVID-19 vaccine.



Be Alert for Scams !!

Ostomy Supply Resources — for low-cost options

Local Resources: The Ostomy Association of Albuquerque (OAA) maintains a supply closet of donated supplies at no cost to people who need them. Since the supplies are donated the available supplies vary. These supplies are helpful to people who have emergency needs, or who want to trial a different product and are flexible. It is not a good source to fill regular long term needs. To make an appointment and get directions contact the OAA by voicemail or email.

Manufacturer's Assistance Programs: All the major manufacturers sponsor programs for people without insurance coverage. They vary in the amount and length of time they offer assistance and you must complete a form to qualify.

Convatec 800-422-8811

Coloplast 877-781-2656

Hollister 800-323-4060

National Groups (Provide supplies but require shipping and handling costs)

Osto Group 877-678-6690

Ostomy 211 ostomysupplies.ostomy211.org (emergency supplies, donation requested)

Kindred Box- Resource on Facebook, kindredbox.org

Lower Cost Options

Best Buy Ostomy Supplies 866-940-4555

Mercy Supply Collaborative 888-637-2912

Ostomy4less 877-678-6694

Parthenon Ostomy Supplies 800-453-8898

Stomabags: 855-828-1444





Support Group and Medical Resources

New Mexico Ostomy Support Groups:

- ♦ Albuquerque: Ostomy Association of Albuquerque meets monthly in Albuquerque, NM.
For current info call voicemail: (505) 830-2135
Email: oa.albuquerque@gmail.com
Website: albuquerqueostomy.com
- ♦ Albuquerque: VA Ostomy Support Group for military veterans. Meets at the VA Hospital, Albuquerque, NM. For current info call ostomy nurse at VA Medical Center Hospital voicemail: (505) 265-1711, Ext. 5171 or 5232 or 4411
- ♦ Las Cruces: Ostomy Support Group of Southern NM. Meets in Las Cruces, NM. For current info call ostomy nurse at wound care center: (575) -532-4399 or Rebecca Kroll, ostomy nurse, at C: 575-649-8249

Ostomy Care in Albuquerque, NM

- ♦ Lovelace Medical Center Ostomy Nurses:
(505) 727-8250
- ♦ Lovelace Medical Group—General Surgery — Ostomy Outpatient Clinic— Savanna Noel
(505) 727-7096
- ♦ Presbyterian Main Hospital Ostomy Nurses:
(505) 841-1251
- ♦ Presbyterian Outpatient Wound and Ostomy Care Clinic: (505) 823-8870
- ♦ University Medical Center Hospital Ostomy Nurses: (505) 272-9098
- ♦ Veteran's Administration Hospital Ostomy Nurses:
(505) 265-1711 Ext: 5232 or 5171 or 4411

Manufacturer Resources:

- ♦ Coloplast Ostomy Supply Manufacturer:
(855) 385-3991 Web: www.coloplast.us
- ♦ ConvaTec Ostomy Supply Manufacturer:
(800) 422-8811
Web: www.convatec.com/ostomy
- ♦ Cymed Ostomy Supply Manufacturer:
(800) 582-0707 W: www.cymed.ostomy.com
- ♦ Hollister Ostomy Supply Manufacturer:
(888) 808-7456 Web: www.hollister.com
- ♦ Marlen Ostomy Supply Manufacturer:
(216) 292-7060 Web: www.marlenmfg.com
- ♦ Nu-Hope Labs Ostomy Supply Manufacturer:
(800) 899-5017 Web: www.nu-hope.com

Local Supply Resources:

- ♦ HME: (Home Medical Equipment) 2 Locations:
611 Osuna Rd. NE Albuquerque, NM
10801 Golf Course Rd., NW Albuquerque, NM
Web: www.hmespecialists.com
Cust. Svc. for both locations: (505) 888-6500
Toll free: (866) 690-6500
- ♦ Phillip's Pharmacy: carry some ConvaTec supplies for over-the-counter (OTC) purchase
5510 Lomas Blvd NE Albuquerque, NM 87110
Cust Svc.: (505)-265-6868
- ♦ National Seating and Mobility: (formerly Sandia Surgical, Inc.) carry Coloplast, ConvaTec, and Hollister supplies for ongoing orders or OTC purchases
4431 Anaheim Ave. NE, Ste. A, Albuquerque, NM
Cust Svc.: (505) 883-2817 Toll free: (800) 753-1589
FAX : (505) 355 6691 Web: www.nsm-seating.com

Join Our Albuquerque Ostomy Support Group

OSTOMY ASSOCIATION OF ALBUQUERQUE MEMBER APPLICATION

The Ostomy Association of Albuquerque (OAA) is a member of the national American Ostomy Association. This allows us to have access to all the latest ostomy information available for our use. The OAA annual membership fee is \$20.00 and can be paid by check or cash. If being paid by check, make the check payable to Ostomy Assn. Of Albuquerque. Your payment can be mailed to OAA, PO Box 35598, Albuquerque, NM 87176-35598 or at any monthly meeting. If you are financially unable to pay this fee, please call 505-275-2470 and leave a message with your name and telephone number and someone will contact you. Please complete the form below as best as you can and all information will be used for our records and be kept confidential.

NAME: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ PHONE NUMBER: _____

OCCUPATION (If retired, enter former occupation): _____

HOBBIES: _____

CHECK ALL THAT APPLY:

☐ Colostomy ☐ Ileostomy ☐ Urinary Diversion ☐ Continent Ileostomy ☐ Continent Urostomy ☐ Pull-Through
☐ Parent with Child Procedure ☐ Spouse/Family Member ☐ Physician ☐ Nurse ☐ Other _____

Year of Surgery: _____ Reason for Surgery: ☐ Crohn's ☐ Ulcerative Colitis ☐ Cancer ☐ Birth Defects

I have enclosed an additional \$ _____ as a donation to support the ongoing work of the OAA

Join United Ostomy Association of America

Save the Date

The next UOAA
National Confer-
ence is unknown
at this time.

UOAA's Mission

UOAA is an association of affiliated, non-profit, support groups who are committed to the improvement of the quality of life of people who have, or will have, an intestinal or urinary diversion.

- It is dedicated to the provision of information, advocacy and service to, and for, its affiliated support groups, their members and the intestinal/urinary diversion community at large.
- It is organized to grow and develop while remaining independent and financially viable.

Membership in UOAA is open to any non-profit ostomy support group that meets UOAA's affiliation requirements. UOAA has an IRS Group 501(c)(3) charity status that its affiliated support groups can use.

1-800-826-0826

Website: www.ostomy.org

Get Ostomy Answers!

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Note* there is a less expensive e-version available.

Officers and Chairpersons of OAA Chapter

President: Brian Leen

505-856-0203

Vice President: Ben Palmer

505-828-0936

Treasurer: Barbara Regan

703-261-3920

Secretary: June Kulow

Voicemail and Visitation Coordinator:

Brian Leen, 505-856-0203

Telephone Reminder: June Kulow

Ostomy Supply Closet:

(donations & supplies)

Eunice Hoeft

Call ahead; 505-889-9705

Programs:

Barbara D'Amore BSN RN, CWOCN

damorebd@aol.com

Sunshine Committee:

Marjorie Abbott 505-263-5301

sweetcat2008@gmail.com



Support Group Nurses:

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About Us

Ostomy Association of Albuquerque (OAA) is organized to support people with ostomies and their caregivers in the New Mexico region. OAA publishes *The Roadrunner* newsletter quarterly to inform and update its members.

Membership is \$20.00 a year and includes the Roadrunner newsletter and monthly informative meetings. This money is used for promotional purposes and expenses of the OAA. Although chapter membership is encouraged, anyone with financial hardship, should see the Treasurer or President for help in this matter. No one is denied based on ability to pay.

Meetings are monthly at 2:00 PM in the Aspen Conference Room at Presbyterian Kaseman Hospital. Meetings are usually held on the first Sunday of every month. Since there are occasional changes due to holidays, please refer to *The Roadrunner* for information or call the association's voicemail.

Executive Board Meetings are held at 1 PM prior to the Quarterly meetings (Feb, May, Aug, and Nov.) in the Aspen Room. Everyone is welcome to attend and participate.

Directions: Address: Kaseman Hospital, 8300 Constitution Pl., NE; Albuquerque, NM. Kaseman Hospital is one block North of I-40 and Wyoming Blvd. Then it is about one block West of Wyoming on Constitution. Drive to West end of parking lot and enter the Emergency Room entrance. Take an immediate left, go through double doors and find Aspen room on the right side.

Affiliation: Ostomy Association of Albuquerque (OAA) functions as a chapter affiliate of the national organization supporting people with ostomies-- the United Ostomy Association of America (UOAA).

The UOAA holds biennial national conferences. They publish the wonderfully informative *Phoenix* magazine four times a year. There is a subscription cost for this publication. UOAA has a great website with all kinds of information available for free. Much of it is available in any language on earth!

Contact Information:

United Ostomy Association of America (UOAA)

P.O. Box 525

Kennebunk, ME 04043-0525

1-800-826-0826

Web: www.ostomy.org

Find them on Facebook and Twitter.

Postmaster: Contains Dated Material.
Please do not delay.

P.O. Box 35598
Albuquerque, NM 87176

Ostomy Association of Albuquerque



Helping each other to live well and do the things we love!

How to Keep in Touch with Us

Contact us: For info please call voicemail 505-830-2135 or Email us at oa.albuquerque@gmail.com

Unsubscribe or Change to Mailing Address or Email: For any of these changes, please notify the sender by return Email. If your change concerns mailed copies, please call person in charge of mailing or send back cover page with your address and changes requested to return address. Thank You.

Supplies: If you have new and unused supplies you no longer need, please bring them to a support group meeting to be given to those who need them.

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Disclaimers: Check with your doctor before taking any medication or before heeding any advice given in this newsletter. The Ostomy Association of Albuquerque does not endorse any product or medication and takes no responsibility for any product, medication or advice.
