



WEB SITE: [www.ostomysolano.org](http://www.ostomysolano.org)

# SOLANO OSTOMY NEWS

**EDITOR: DAN BRUCE**  
**OSTOMY ASSOCIATION OF SOLANO**  
**P.O. BOX 5142, VACAVILLE, CA 95696**



**2020**

**DATE: December 3<sup>rd</sup> and December 17<sup>th</sup> **\*\*VIDEO METINGS\*\*****

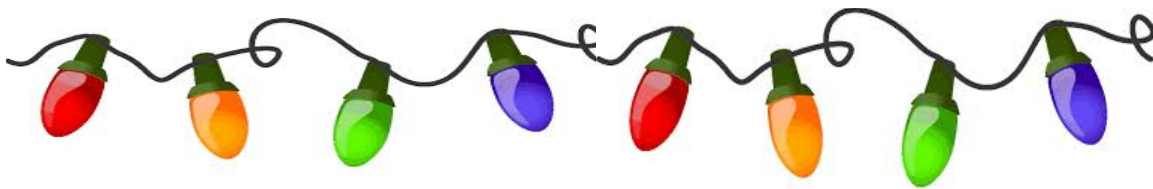
**HOSTS: December 3<sup>rd</sup> at 7:00 pm – Mary Ann Chico & Dan  
December 17<sup>th</sup> at 7:00 pm – Peggy Terry & Dan**

**PROGRAM: Presentations/Videos + Roundtable + Q & A**

**REFRESHMENTS: BYOB (Bring Your Own Beverage)**

**WHERE: In Your Living Room, Kitchen, Dining Room – You Pick It**

The documents contained within this newsletter are presented expressly for informational purposes only. In no way are any of the materials presented here meant to be a substitute for professional medical care or attention by a qualified practitioner, nor should they be construed as such. ALWAYS check with your doctor or CWOCN.



## Just a Few Comments

**WOW! December already.** Time flies, even in a pandemic. I am looking forward to when we can have real in person meetings, but that looks like it will be awhile yet. I will miss not having the Potluck this year. After all, our support group is more than just helping each other with ostomy concerns. Part of the reason for our support group is the social aspect as well. The online Video Meetings do serve a social aspect to a certain extent. If you are feeling adventurous some time, please join in on one of the Video Meetings. We have had both **long-time** members and **new** members as well. Everyone gets the opportunity to share if they desire and to interact with other members. Thanks to Mary Ann Chico and Peggy Terry for participating in these meetings and offering their expertise.

I hope everyone has a nice **Holiday Season**. Please be safe out there and remember that even though we need to isolate ourselves this year, we can hopefully look forward to a normal holiday season next year. I have always looked at my ostomy as a life saver, and I also look at the isolation, because of the virus, as a life saver as well.

Take care out there!

---

### Upcoming Meetings – Add to Your Calendars – Details to Follow

**December 3<sup>rd</sup>** - Online Video Meeting - 7:00 PM –Roundtable Discussion and Support

Tentative Special Guest – Details to Come

**December 17<sup>th</sup>** - Online Video Meeting - 7:00 PM – Roundtable Discussion and Support

Tentative Special Guest – Details to Come



---

### **Ostomates often ask “What can I do with extra Ostomy Supplies and Accessories’?”**

Here are some options for donating extra Supplies. Remember you will need to pay the shipping costs.

**FOW-USA – Friends of Ostomates Worldwide** - <https://www.fowusa.org/>

**Kindred Box (Donated ostomy Supplies)** - [www.kindredbox.org](http://www.kindredbox.org)

**Osto Group (sale of donated supplies at drastically reduced prices)**- [www.ostogroup.org](http://www.ostogroup.org)

**Last Resort – Bring to me and I will distribute to VIDA-USA, Berkeley – Ships excess medical supplies to poor countries, mostly in South America-** [www.vidausa.org](http://www.vidausa.org)

## [From “Inspire” Website](#)

Inspire is an ostomy support group and discussion community.

[www.inspire.com](http://www.inspire.com)

### Question: How to cope with permanent ileostomy

Awhile back I had posted about some complications I had been having. After many appointments, my doctors scheduled me for an MRI and it showed that I had a fistula around my anus. I was scheduled to be put under so they could exam me better, and possibly place a seton around the area to help heal the fistula. When I woke up from the exam, the doctor told me there was no fistula, but there was "webbing" in/around my rectal stump. The removed all of the webbing and gave me a recovery time of 4 weeks.

I have had an ileostomy for about 3.5 years, and for the most part I've not been on medication to help control the Crohns. The doctor said that has led my stump to be diseased so much, that a reconnection surgery is almost out of the question. She has told me to schedule an appointment to have my stump removed, as she cannot see a quality of life with the way that I am living.

**Does anyone have any advice for making this transition?** I would be lying if I said I wasn't disappointed that I can't go back to how things used to be before I got sick. However, I do look forward to not having to deal with all of these complications anymore. And for those of you who have a permanent ileostomy, do you find yourself living a better life? Do you ever have any complications that require hospitalizations/surgery? Thanks guys!



### Replies to Posting

**Answer:** I'm very sorry that you have had such a rough trip to where you are today. My life was not so great before my permanent ileostomy. Apparently I had Crohn's long before Crohn's was well known. I hurt constantly, never comfortable but told that was how my GI system worked (or didn't work.) Just get use to it! I've had my ileo for nearly seven years. My life belongs to me now. Not the bed or the bathroom. Like you, I am not on medication for Crohn's. I was not even diagnosed until the total colectomy.

My first choice of having a healthy colon was not granted. I've accepted this pouch fairly well. I am no longer in agony. I'm able to do almost anything I want. I look back at all the time I spent wishing for normalcy. It netted me nothing. This gives me freedom and I'm alive.

I don't have any tricks to make it easier. I am a very grateful person now. I have lived longer than I expected. I have outlived people I miss dearly. I'm simply thankful to have more days and laughs. More sunrises and sunsets. More butterflies and hummingbirds. More baby smiles and grandma hugs. More peace and less anxiety.

I hope you find hope, peace and comfort with your new lifestyle. Many blessings!

**Answer:** Hello,

This is a tough one. I had reconnection that turned out bad and then permanent ileostomy. After recovery, I realized that I can live everyday life with the stoma, without pain and suffering. Not a slave of bathrooms anymore. I now feel more normal, actually!

So, yes it is difficult but there is life with stoma.

Take care

**Answer:** My situation is a little different in that I really had little choice but to have APR (sigmoid colon on down including anus) or risk keeping the cancerous tumor, resulting in a permanent colostomy. I'm only 5 1/2 months new to this whole concept, but I can tell you it has changed my life. I am no longer a prisoner in my home. I can actually walk past a bathroom! You've had an ileostomy and already know the ins and outs or managing it!! You are ahead of the game. I guess where I'm going with this is do you currently have quality of life? Are you able to do the things you would like to do? Is there something available that can answer questions 1 and 2? You've already figured out this is a learning process and everyone is different in their dealing with an ostomy, both physically and mentally. Some days you will rejoice and other days you will weep, but in the "end" (sorry) you know you made the right decision for YOU!!! Wishing you great success and that you have many more years of quality life.

**Answer:** This time is filled with anxiety for you, but I am sure you will be happier and have a good quality of life with a permanent ileostomy. I have one as well as a permanent **Urostomy**, so I am the lucky owner of two stomas! I have had these for just over two years now and yes I could let them take over my life, I do have to plan ahead when going on trips etc, but I am alive, which is a huge bonus after being told I had nine months to live. As for the quality of life, of course you'll feel different, you'll probably have to rethink your wardrobe, but you should be able to return to a good life after healing. Sadly I am inhibited as I have had a total pelvic exenteration operation, which has left me with a numbness and discomfort around my bottom area, but I still try to exercise and move as much as I can. So don't worry, you'll be fine and come out if the operation well and have no pain, just a little friend for life. Good luck and looking forward to hearing of your success.



**Answer:** As someone who lived with pain for 9 years every time poo was in a diseased, inflamed portion of lower intestine after a reconnection, my advice is not to try it. You think it would be better to be able to pass stool like "normal" people, but those people aren't around or even slightly interested in how you poop. Since my permanent ileo with everything below removed and thrown away, I'm soo much more comfortable and have been able to discontinue the immune modulator drugs I was taking for Crohn's. Wishing you the best life there is when your decision's been made.

---

## Ask The Ostomate

Laura Cox – Shield Healthcare

*I developed a hernia around my colostomy. It makes a bulge and now I'm worried people will see my pouch. What can I do to hide it?*

I'm sorry to hear about your hernia. They can be frustrating and uncomfortable. My first suggestion is to make an appointment with your surgeon. **He or she will need to determine if it's okay to leave the hernia alone or if it will be necessary to surgically repair it.** My second suggestion is to invest in a hernia belt. I've heard great

reviews about the **NuHope** hernia belt. The belt will support your hernia and help ensure that your hernia does not get worse. An added bonus of the hernia belt is that it will help you conceal the hernia and pouch. Many practitioners and manufacturers suggest putting on the hernia belt while lying down in bed when the hernia is not protruding as far out of your body. After correctly applying the hernia belt, you can get out of bed and walk around feeling like your hernia is secure and supported! If the hernia belt does not conceal as much as you would like, there are additional products that can help you further conceal your ostomy pouch.

Many people living with ostomies go to their local large clothing stores and invest in a belly band, usually meant for helping pregnant women feel more comfortable. Both men and women who use belly bands seem to swear by them! You can also search online for ostomy wraps or **Stealth Belts** that are specifically designed for the purpose of concealing your pouch and allowing comfort. I have had personal experience with both products and have found them helpful.



Another option is purchasing ostomy underwear! Ostomy underwear is high waisted and has a pocket sewn into the front for the purpose of holding the ostomy pouch. There are many brands of ostomy underwear now, so feel free to do your own research. My favorite ostomy underwear brands are **ANA Alternative** and **Ostomy Secrets**.

The technique I have used for about five years now is investing in a few pairs of **Spanx**® (they do make Spanx for men as well). They are tight, so if your abdomen is sore or if you notice that it inhibits output flow, they may not be for you. I have found wonderful success with Spanx for concealing.



All of the aforementioned products are designed to hold the pouch close to your body and seamlessly conceal the pouch under your clothing. Speaking of clothing, there are certain types of clothing that can hide the pouch better than others. **Darker colors** conceal better than lighter colors. Patterned clothing makes it difficult to detect any bulges. A loose t-shirt in combination with any of the undergarments mentioned will hang away from the body and pouch. You can also plan ahead and bring a light jacket, loose sweatshirt, or scarf to put on if your pouch starts to fill and become noticeable. This will cover up the area and you can rest assured no one will notice.

Lastly, I would recommend continuing to reach out to other ostomates and looking for the solutions they've found. You could attend a local United Ostomy Associations of America support group and bring your question there. You can also look at online forums. **Healingwell** has an ostomy forum that I've always found to be helpful and the people there have been very kind. I hope these **suggestions** are helpful and that you find a combination of products that work for you! Good luck!



## **THIS HAPPENED: I decided to try the colostomy irrigation process.**

Irrigation, it's not just for crops anymore! Here's another spin on life as an ostomate.

[Staci Wills](http://www.ostomyconnection.com) [www.ostomyconnection.com](http://www.ostomyconnection.com)

**THIS HAPPENED** is an ongoing series where readers share firsthand experiences living with an ostomy.

At 32, I was diagnosed with Stage 3 rectal cancer. Because of how low in the rectum the tumor was located, I had no other option but to have colostomy surgery. Not having a choice, I quickly accepted that this would be my new way of life, but accepting something and embracing it are not the same.

The first year with a colostomy, I often felt like I was dressing someone else's body (note: I was also in full-blown menopause because of radiation). Recovering from surgery took much longer than I was prepared for. I had a difficult time finding clothes that I felt comfortable in, tops that could easily hide the bag or pants that would give a little when the bag would fill.

During the second year, I began to feel a little better. With the help of physical therapy, I was getting stronger and the more I exercised the more energy I had. As my abdomen healed, finding clothes seemed less challenging. During a conversation with my surgeon, his nurse mentioned this process, telling me that irrigation is only effective for patients with a colostomy, so it was an option for me. It was during this time that I began to contemplate the possibility of an irrigation process.

**Colostomy irrigation** is a way to regulate bowel movements by flushing and emptying the colon at a scheduled time. Simply put, water is used to flush out the colon through the stoma. If this is done routinely (every day to start, although some colostomates find they can go two full days between irrigating once they've been doing it for a while), the body is "trained" to only empty during that time. If patients are dedicated to this process, they can possibly get away with only wearing a stoma cap or a bandage to cover the stoma, so wearing a colostomy bag is no longer necessary. This process takes dedication, and I wasn't sure if I would ever be brave enough to try this, but I ordered an irrigation kit just in case.



I thought a bikini was something from my past and never to be seen again. But one day while looking through a friend's Facebook photos ([Becca Babcock, Miss August 2008](#)), I saw that she was wearing a bandage on her abdomen, AND she was wearing a bikini at the beach. While she had a different type of ostomy, I was instantly inspired to try that foreign process of irrigation. It's not that I hated wearing a bag, but as much as I tried to conceal the appliance, it still had a huge influence on what I wore.

I called my husband to tell him that I was going bikini shopping, and then called my ostomy nurse to schedule an appointment to learn more about how to do this process. That night I made the decision to commit a portion of my time every evening to irrigating. That was seven months ago, and since then the only time my body has "emptied" without irrigating was if I was sick or ate something that didn't agree with me.

Colostomy irrigation has been such a liberating experience. I no longer worry about carrying ostomy supplies with me. I'm not brave enough to go without a "bag" very often, but that time is coming. I no longer worry

about clothing choices and I can't remember the last time I asked my husband if he could see the appliance through my shirt.

As with most colorectal cancer patients and survivors, the term "poop pain" is common jargon. For a few colostomy patients, "poop pain" means things are moving too slowly through the colon. With irrigation, most times I can quickly relieve these pains with a flush of the colon. I also tend to feel less bloated and less gassy. I no longer even think about the possibility of pooping in public. I feel so much more like my old self without these concerns. I no longer feel like I'm dressing someone else. Now into year three, I have embraced my colostomy. My scar and my "bag" are nothing more than reminders of how far I have come.

*This post appeared on [The Colon Club](#) blog.*

7

---

## *I Denied a Reversal*

From [www.inspire.org](http://www.inspire.org)  
Ostomy Community Support



I have had Chron's for 30 years - I was always worried about an ostomy- I told my husband to refuse one to save my life when I was younger- I ended up getting one for diverticulitis that burst- and now that I have one, my quality of life is so much better and I will never go back- I had a significant peristomal hernia that was repaired 4 weeks ago with a robot and a mesh- I'm feeling hopeful about the repair and my self-confidence is up.

## Replies from the Community

- I can't imagine what you've been through all these years. But I can identify with having a colostomy. I was Dx'd with Stage IIIC Colorectal Cancer that had invaded the internal sphincter muscles. I had NO control and became a prisoner in my own home. A trip to the store was "iffy" and I always had a change of clothes with me. The last thing I wanted was a bag of @#\$# hanging on my abdomen, even though 15-20 trips to the bathroom was not uncommon. I really had no choice but to lose the Sigmoid Colon, rectum and anus because of the cancer. My quality of life is back, and I can go places!!! It is manageable and it's OK. I do carry supplies with me for "just in case" but don't worry about not making it in time. I hope your repair is successful you can get on with your quality of life. Having an ostomy does not change who you are. Everyone "goes" and you just manage your "go" a little differently.
- Mpleonardi and Arschloch, so glad you both wrote in about life being better with an ostomy! Hopefully that will encourage folk who really dread getting one and who live an unnecessarily limited lifestyle. I consider my colostomy pouch an 'external' rectum. Everyone has a rectum and we don't consider it disgusting. Ours is just external instead of the 'normal' internal. All the best to both of you, Nina.
- One of the things I learned at the last UOAA convention was that people who get an Ostomy as a result of Chron's have a low rate of success with reversals.

## Phrases a Lexophile Would Love

**A lover of words, especially in word games, puzzles, anagrams, palindromes, etc.**

No matter how much you push the envelope, it'll still be stationery.  
If you don't pay your exorcist you can get repossessed.  
I'm reading a book about anti-gravity. I just can't put it down.  
I didn't like my beard at first. Then it grew on me.  
Did you hear about the crossed-eyed teacher who lost her job because she couldn't control her pupils?  
When you get a bladder infection, urine trouble.  
When chemists die, they barium.  
I stayed up all night to see where the sun went, and then it dawned on me.  
I changed my iPad's name to Titanic. It's syncing now.  
England has no kidney bank, but it does have a Liverpool .  
Haunted French pancakes give me the crepes.  
This girl today said she recognized me from the Vegetarians Club, but I'd swear I've never met herbivore.  
I know a guy who's addicted to drinking brake fluid, but he says he can stop any time.  
A thief who stole a calendar got twelve months.  
When the smog lifts in Los Angeles U.C.L.A.  
I got some batteries that were given out free of charge.  
A dentist and a manicurist married They fought tooth and nail.  
A will is a dead giveaway.  
With her marriage, she got a new name and a dress.  
Police were summoned to a daycare center where a three-year-old was resisting a rest.  
Did you hear about the fellow whose entire left side was cut off? He's all right now.  
A bicycle can't stand alone; it's just two tired.  
The guy who fell onto an upholstery machine last week is now fully recovered.  
He had a photographic memory but it was never fully developed.  
When she saw her first strands of gray hair she thought she'd dye.  
Acupuncture is a jab well done. That's the point of it.  
Those who get too big for their pants will be totally exposed in the end.

8



---

## Ask the Ostomy Nurse

*Linda Coulter has been a Certified Wound Ostomy & Continence Nurse for 10 years.*

### Pouch Rotation

*My ostomy bag can rub me the wrong way. Namely, it hangs too low and gets in the way when I try to use the bathroom. I have heard that you can rotate a pouch to reposition it. Is this OK? Will it make the pouch leak? T.P.*  
Dear T.P.,

Thank you for this interesting question. Depending on the type of pouch you use, you may be able to rotate the pouch. For example, if you wear a two-piece pouch, where there is a wafer or baseplate that sticks to your skin and the pouch attaches to the wafer, you should be able to adjust how the pouch hangs by removing it from the wafer and attaching it at a different angle. You can do this temporarily, just when using the bathroom or you may choose to wear your pouch in this position all the time. **This shouldn't cause your pouch to leak.**



The one issue you may have is if you need to wear a stoma belt to support the pouch. If the belt attaches to the baseplate, rotating the pouch won't be a problem. However, with some brands the belt attaches to the pouch, and since it needs to be fairly level, you will only be able to rotate the pouch a small amount and still be able to use the belt. If you don't wear the belt, the pouch will be less secure.



If you wear a **one-piece pouch**, where the baseplate and pouch cannot be separated from each other, the only way to reposition the pouch is when you first apply it. You can definitely place this pouch at an angle rather than straight up and down on your abdomen. Remember that it will stay in this position until the next time you change the pouch.

This change in position shouldn't cause the pouch to leak. As with the two-piece pouch, for belts to fit properly, the pouch needs to be straight up and down. If you find you need to wear a belt to have a secure seal, then rotating the pouch will not be a possibility.

If you don't feel that rotating the pouch is an option for you, you can try using a **shorter pouch**, which is less likely to get in your way. The drawback is that the shorter, mini pouches need to be emptied more frequently. Finally, I've had some patients who have solved this issue by folding the pouch and either taping or clipping it so it is shorter. It's not perfect, but it works for them.

---

## Strange Noises

### Tips and techniques to quiet a noisy stoma and system

By Nancy Brown, RN, CWOCN

*"Sometimes my stoma makes very strange noises and I can't figure out why. Is something wrong? How can I get it to stop or at least not be so loud? It can be embarrassing when it happens in social situations."*

Stoma noises can be attributed to gas or the consistency of the output of the stoma in the pouch. According to the National Institute of Health, it is estimated that the average person passes intestinal gas 13-21 times a day. Gas moves along the GI (gastrointestinal) tract where some is absorbed and the rest will eventually be passed.




### Smart Choices and Habits

It is a common experience for an ostomate to have an increase in the amount of gas the early weeks after stoma surgery due to inflammation in the GI tract as a normal part of the healing process. Since an ostomy does not have a sphincter to hold the gas, the gas is passed involuntarily. **That being said, decreasing the potential for gas is your first step in managing gas passing.** There are food choices and changes in behaviors that may decrease the amount of gas from an ostomy stoma. Gas is also produced as a by-product of digestion. Limiting or avoiding foods such as beans, Brussels sprouts, cauliflower, onions, high fiber foods, alcohol and sorbitol (an artificial sweetener) can decrease this gas production. Skipping meals, leaving your GI tract essentially empty of food, can also increase gas production. I recommend eating four to five small meals throughout the day to avoid having an empty GI tract. Alpha-galactosidase (Beano®), an over-the-counter enzyme supplement taken with meals, aids in the digestion of certain sugars (carbohydrates), thereby decreasing gas production. Simethicone (Gas X®) is an antifoaming medicine that helps break up gas bubbles in

the GI tract, allowing them to pass more easily as a larger bubble. Note that simethicone does not decrease the formation of gas, it just helps with the passing of gas thru the GI tract.

### Gas Producers

Alcohol	Carbonation		
Artichokes	Cauliflower		
Asparagus	Cereals		
Beans	Dairy products		Peas
Bread	Fried food		Peaches
Broccoli	Fruit drinks		Prunes
Brussels sprouts	High-fiber foods		Sorbitol
Cabbage	Onions		Whole wheat

### Too Much Air

Much of the gas that we expel is caused by the ingestion of air. Behaviors that result in air swallowing include drinking carbonated beverages, smoking, chewing gum, chewing ice, talking while eating, eating or drinking too quickly, snoring (or even using a CPAP machine for the treatment of sleep apnea), drinking through a straw and sucking on hard candies.

Allergies or conditions causing postnasal drip can also increase the swallowing of air. Some people have difficulty digesting lactose (the sugar found in dairy products), which can also

cause an increase in gas. Choosing lactose-free food products or digestive aids such as Lactaid® may alleviate some of this gas. You may wish to keep a food diary to identify foods that have caused an increase in gas production.

### Firm It Up

If the output of your stoma is very loose and noise producing, you can eat foods that will thicken the output, including bananas, rice, mashed potatoes, smooth peanut butter, apple sauce and crackers. You may consider taking a **soluble fiber supplement**, such as Citrucel®, which also thickens the output. I recommend using the sugar-free variety of this supplement to avoid more gas production. Some ostomates will eat these foods prior to a meeting or other social setting. There are also output thickening packets that can be added directly into the pouch to bind up and thicken the pouch contents, thus decreasing the sound of liquid movement. You may wish to discuss with your surgeon whether output-slowing medicines, such as Lomotil® or Imodium®, would be safe for you. In addition, there are a variety of products on the market that will muffle or mute ostomy noise by covering the stoma appliance. The devices are made of a foam or plastic and are designed to be placed over the top of the stoma to muffle gas sounds as they are passed. They are typically affixed to the skin or an ostomy belt. There are also stoma wraps that have a pocket for the pouch to decrease the sound of the plastic pouch movement on the skin or clothing.

### Growling Stomach

Sometimes, the noises might seem louder to you than to those around you. The sounds may have more of a stomach growling sound to others. As for handling unexpected and occasionally ill-timed passing of gas, one of my favorite recommendations was passed on to me from a fellow ostomy nurse. She learned this technique from a patient of hers who was a salesman. If he inadvertently passed gas from his stoma while he was with a client, he would fold his arms over his abdomen, covering his stoma, and would say, "My stomach has been doing this all day!" No one expects anyone to pass gas from the front and we have all had unplanned, large internal abdominal sounds. I thought this was clever and I always teach my new ostomates about this. The technique above is an example of a gem that you might only learn from someone who has lived with a stoma. Attending an ostomy support group provides you with the opportunity to discuss solutions and receive encouragement from others sharing a common experience. An excellent resource can be found on the website of the UOAA at [www.ostomy.org](http://www.ostomy.org).



**SOLANO CHAPTER DIRECTORY**

**OFFICERS AND BOARD MEMBERS**

DAN BRUCE, COORDINATOR/FACILITATOR...530-979-7772  
OPEN, CO-COORDINATOR...

DAN BRUCE, TREASURER.....530-979-7772

FRANK JOHNSON, BD MEMBER.....448-5853  
"KATS" YAMAMOTO, BD MEMBER...745-4441

**MEDICAL ADVISORS**

ANDREW CHAE, MD  
KAISER/VALLEJO

**RN - ET NURSE'S**

PEGGY TERRY, C.W.O.C.N.  
KAISER VALLEJO  
MARY ANN CHICO  
C.W.O.C.N.  
KAISER VACAVILLE

**COMMITTEE CHAIRPERSONS**

**VISITATIONS:** OPEN.....

**PROGRAM CHAIR:** OPEN.....

**NEWSLETTER:** DAN BRUCE.....530-979-7772.

**BEVERAGE SERVICE:** OPEN.....

**MEMBERSHIP:** DUES ARE \$15.00 PER YEAR, \$ 5.00 PER YEAR FOR SPOUSE. CHAPTER IS OPEN TO OSTOMATES, SPOUSES, PROFESSIONALS, SUPPLIERS AND FRIENDS. ORGANIZED UNDER THE AUSPICES OF THE AMERICAN CANCER SOCIETY.

**MEMBERSHIP APPLICATION  
(MAKE CHECKS PAYABLE TO OSTOMY ASSOC OF SOLANO)  
MAIL TO O.A.S., P.O. BOX 5142, VACAVILLE, CA 95696**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

OSTOMY BIRTHDAY \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

TYPE OF OSTOMY: COLOSTOMY \_\_\_\_\_ ILESTOMY \_\_\_\_\_ UROSTOMY \_\_\_\_\_

PROFESSIONAL OR OTHER OCCUPATION \_\_\_\_\_

IF YOU NEED A RIDE IN ORDER TO ATTEND THE MEETINGS, PLEASE CALL DAN BRUCE. HE CAN ASSIST IN ARRANGING TRANSPORTATION.



**HO! HO! HO!**



**!!! Merry Christmas and Happy Hanukkah !!!**