



INSIGHTS

The Newsletter of the
**OSTOMY ASSOCIATION
OF SOUTHERN NEW JERSEY**

www.ostomysnj.org

SERVING OSTOMATES IN SOUTH JERSEY SINCE 1977

March 2015

WELCOME!

The **Ostomy Association of Southern New Jersey (OASNJ)** is dedicated to providing information, advocacy and peer support to our members, their family and caregivers, and to the area's intestinal and urinary diversion community at large.

We meet regularly to share experiences, provide mutual support and learn about the latest products and information for colostomy, ileostomy, urostomy and continent diversions.

Meetings are held at the **Virtua-Memorial Hospital Burlington County**, located at 175 Madison Avenue, Mt. Holly, NJ 08060 in the 1st floor Conference Center. We meet on the **3rd Monday of each month with the exception of July and August**. The June meeting is traditionally held in an area restaurant. Meetings begin at **7:00 pm and adjourn by 9:00 pm**. Families and friends of ostomy patients are always welcome to attend. There is no fee to attend and refreshments are served.

For more information about the **OASNJ**, contact us at 609-315-8115 or visit our website at www.ostomysnj.org

AFFILIATION:

OASNJ is an affiliate of **UOAA**, the **United Ostomy Associations of America**. It has IRS 501(c)(3) Charity Status and 360 affiliates nationwide. Contact UOAA at **800-826-0826** or www.ostomy.org. For more info sign on to **Twitter.com/UOAA** or **Facebook.com/UOAAinc**.

SCHEDULE

COLON CANCER AWARENESS MONTH

MARCH 16th: Our speaker is Colorectal Surgeon, Robert E. H. Khoo, M.D., F.A.C.S., F.R.C.S, Medical Director, Colon and Rectal Surgery, Southern Ocean Medical Center, Meridian Health who will discuss the importance of colorectal screening and colostomy related problems patients should look out for post-op.

APRIL 20th: Valerie Torres, Director of Cardiac Services, Virtua Hospital will talk about heart conditions and the ostomate.

MAY 18th: Program of general interest to be announced at a later date.

OASNJ Satellite Support Group

Where: Virtua Health Wellness Center, 401 Young Avenue, Moorestown, NJ

When: The 1st Wednesday of the month, from **Noon to 2:00 PM** ... **Next meeting March 4th** The speaker will be Valerie Torres, Dir. Cardiac Svcs, Virtua

Contact: Lois Moskowitz, 609-707-4368 or e-mail: Strongcoffee1@verizon.net for details.

Attention Gloucester County Ostomates and anyone else that is interested! The Woodbury Ostomy Support Group meets the 3rd Wednesday of each month at the Inspira Medical Center Woodbury (Underwood Hospital's new name), Medical Arts Building, Suite #14
Next meeting March 18th at 6:00pm contact Terry Simpson at tallterry2003@aol.com for details.

VISITING PROGRAM ... Please Note ... We Have a New "Help Line" Tel # ... 856-983-1433

If you, or someone you know is in need of a trained visitor, call **Sandy Ritter** at **856-983-1433** to arrange for an in-person or telephone visit with a trained member of our group who has experience living with an ostomy.

*Production and distribution of **INSIGHTS** newsletter is made possible thanks to the generosity of the:*

AMERICAN CANCER SOCIETY.

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DISCLAIMER : No suggestions made, or any products named in any article or advertisement in this newsletter, at our meetings or recommended by a member of our organization is to be considered as an endorsement by the Ostomy Association of Southern New Jersey or the United Ostomy Associations of America, Inc.. Always consult your doctor and/or WOCNurse before using any products of ostomy management procedures published in this newsletter.

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• WOUND, OSTOMY and CONTINENCE NURSES SOCIETY ... www.wocn.org

Area WOCNurses:

Arlene Peahota (856) 764-6634
Kathy Pfleger (856) 845-0100 x 3725

Diane Wagner (215) 707-3092
Gillian Reeve (856) 566-2059

Nancy Fonte, WOCN ... (609)-484-7300 ext 185 ... Nancy.Fonte@atlanticare.org

**Ostomy Support Group meets 2nd Wed of each month at 4:00 PM at the Atlanticare Center,
2500 English Creek Avenue, Bldg 400, Egg Harbor Township, NJ**

• WHEN TO CALL A DOCTOR OR WOC NURSE

1. If cramps last more than two or three hours.
2. If you get a deep cut in your stoma or bleeding at the juncture of the skin and stoma.
3. If you have excessive bleeding from the stoma opening or a moderate amount in the pouch after several emptying.
4. If you have a strong odor lasting more than a week.
5. If you have severe skin irritation or deep ulcers.
6. If you have severe watery discharge lasting more than five or six hours.
7. If you have an unusual change in the size or appearance of your stoma.

MARCH ... COLON CANCER AWARENESS MONTH

In observance of Colon Cancer Awareness Month, I would like to introduce you to Ed Yakacki, a fine young man that has attended several of our meetings, who had his "story" chronicled in the December 2014 issue of UOAA's, **The Phoenix** magazine, and, who will be featured as Mr. June in the **Colon Club's** 2016 Colondar.

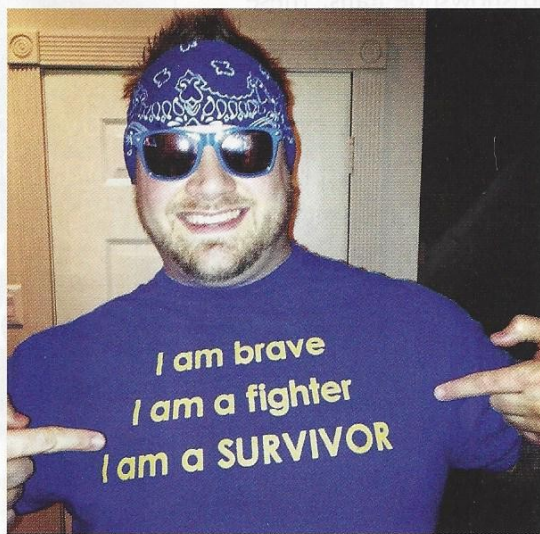
(See information about the Colon Club and its Colondar following Ed's article which is continued on page 4)

Undy Run/Walk

Colostomate proudly shows all to raise awareness in a unique event

By Ed Yakacki

"There were people dressed as super heroes, somber families remembering loved ones lost and enthusiastic survivors celebrating their monumental fight. Although I could pick out my teammates from the crowd by their neon shirts, I felt alone. The emotion of the event overwhelmed me from the moment I arrived. It was a steamy day in downtown Philadelphia and my group of family and friends were joining me at the Colon Cancer Alliance's Undy Run/Walk. It was the first colon cancer related event that I had ever participated in, and it was somewhere I never thought I would be."



Ed Yakacki displaying one of his t-shirts he created to champion colon cancer survivorship.

Exit the Colon...

My name is Ed Yakacki. I live in New Jersey, where you can usually find me at the gym, and I will be turning 36 this fall. I am a die-hard fan of the Chicago Bears football team and my constant companion is Bear Bear, a "puggle" – a beagle, pug mix – that my father gave to me to help me through treatment. At 30, I was diagnosed with stage IV colorectal cancer. It had already spread to my liver, blood and lymph nodes. Over the course of a year and a half, I had undergone ten different surgeries, chemotherapy and radiation. One of these surgeries left me with an ileostomy, which doctors said would only be temporary during treatment.

But after the reversal surgery, I had the sinking sensation that something was not right. I went to doctor after doctor and explained the discomfort in my abdomen, but they all assured me it was just aches and pains from previous surgeries and the reversal. For a year I suffered, thinking it was all a part of the healing process.

...Enter the Ostomy

Turns out the whole time I thought I was headed toward recovery, I was developing a serious infection as a result of complications from my reversal. Not only did this mean I was in urgent need of strong antibiotics

to control the infection, but also that my reversal was unsuccessful. This is where my relationship with my colostomy began. Ideally, I would have taken this next hurdle in stride. After all, I was still lucky enough to be cancer free. But I struggled to adjust to this man-made

opening on my side that gathered my waste in my newest accessory, a colostomy pouch. I went through stages of shame, denial, depression and anger. I attempted to return to my physically demanding job, but was met with tears and rips at every turn. I was too uncomfortable to enjoy going to the beach and the things that had previously been so fun and carefree now required careful planning and mountains of supplies.

From the outset, I realized my colostomy was my lifeline and there was

really no alternative. Although I have always felt blessed to be alive, I still struggled to find peace with the situation. What I eventually realized was that I needed to adjust my outlook. It wasn't until I found a way to do something productive with the emotional energy I have about colon cancer that I fully came to terms with my ostomy.

Moving Forward

My mother passed away from stomach cancer when I was 21 and I couldn't help but draw a comparison between our lives and our cancer journeys. After my battle through treatment was over, I felt like I lacked purpose and direction in my new life. Why was I lucky enough to survive? Now what?

In 2012, I spent my 34th birthday at the Colon Cancer Alliance's Undy Run/Walk, surrounded by other people who had been impacted by colon cancer. I became connected with the Undy while searching the Internet for support during treatment. It seemed like the perfect opportunity to try something that would help me stop feeling like a victim and start looking at myself as a survivor. What I experienced on the day of my first Undy is something I will never forget. It marked the beginning of my road to recovery and it helped me put so much

of what I had been through in perspective. I knew from then on that this would be my way to rise above this disease and stop letting it define my path. I realized that there was a purpose for me and this newly discovered drive helped me change my negative outlook.

Push Your Tush

After spending the morning in such a supportive environment, I returned home feeling like I needed to do more to raise awareness. The loneliness I felt during my cancer treatments was painful and I felt guilty for not doing more for people who were dealing with the same hurt and pain I had been through. From that moment, I decided my Undy team – Push Your Tush – would not be a one-time thing and I started planning how to rally my community for the next Undy.

Excited by my new plan of action, I started to spread the word to friends and family about the importance of colon cancer screening. A number of my friends have told me that after seeing my battle with colon cancer, they finally scheduled their colonoscopies. I try to make sure people know how treatable early stages of colon cancer are and how detrimental it can be to wait to get screened. Some people seem to need an extra push to get that appointment scheduled, and if my journey can

serve that purpose, I feel very fortunate knowing that my own battle has not been in vain.

For the past three years, I have led the Push Your Tush Undy team by designing and selling attention-grabbing t-shirts with life-saving screening messages. This past year I sold more than 350 t-shirts with proceeds benefiting my personal fund-raising goal for my Undy team.

In September, I wore my boxers in public and I took my shirt off during the Undy in Philadelphia. Three years ago, I would never have put myself on display like this, but now I know there's power in proudly sporting my ostomy and showing people I am thriving after colon cancer. It took me a long time to realize my ostomy is a trophy for surviving, and it will be something I continue to struggle with each day. But each year I will dutifully return to downtown Philly with my neon army because this is somewhere I need to be.

To find an Undy near you, visit www.undyunwalk.org. Learn more by visiting the Colon Cancer Alliance website at www.ccalliance.org. The Colon Cancer Alliance mission is to knock colon cancer out of the top three cancer killers. They are doing this by championing prevention, funding cutting-edge research and providing the highest quality patient support services. 🍌



The Colon Club is a nonprofit organization dedicated to raising awareness of colorectal cancer in out-of-the-box ways.



Colon Cancer (Colorectal Cancer) Education & Support

Our goals are to educate as many people as possible, as early as possible, about the risk factors and symptoms of colorectal cancer, and for people to get screened when it's appropriate for them. Please check out our crazy projects, and visit our message board at www.colonclub.com to read about other survivors, ask questions, share and connect.

About The Colondar

The Colondar is a calendar of men and women living with colorectal cancer. For 10 years, The Colondar has featured survivors most considered to be “too young” for colorectal cancer. The project seeks to raise eyebrows, reveal scars, show ostomy appliances, and most importantly, raise awareness that colorectal cancer CAN HAPPEN IF YOU'RE UNDER AGE 50.

AICM-Montreal Nov-Dec, 2014 Newsletter
UOAA Update January 2015

For Ileostomies: Usually ileostomates experience hunger more often than other people. When this happens, they should drink fruit juice or water, eat soda crackers followed by a meal as soon as possible. If you do need to eat a snack at bedtime or during the day in order to ward off nausea, try to cut down on calories somewhere else in the daytime or you will gain weight. Never skip meals in order to lose weight. An ileostomy keeps working whether the ostomate has eaten or not.

[illegible]

Jane N. Johnson, CWO CN, MSN, APRN, ANP-C and Kathy K. Judge ACNS-BC, NP-C, NEA-BC, CWON-AP, have advised that Virtua has two ostomy outpatient clinics, one in Virtua, 175 Madison Avenue, Mt. Holly headed up by Jane, and one in the Virtua Berlin Wound Healing Center, 100 Townsend Avenue, Berlin headed up by Kathy . These medical professionals are available to help patients that have problems with their ostomy appliances or other related medical issues. Jane , at the surgeons request can also stoma site pre-op patients. Appointment to see either Jane or Kathy can be obtained by calling 856-322-3222.

Your Most Common Poop Questions, Answered

From: Every Day Health, February 21st issue

By: Chris Iliades, MD ... Reviewed by: Lindsey Marcellin, MD, MPH

“The color, texture, and frequency of your bowel movements can offer important insight into your health.”

Stool is more than just the waste product of digestion. It can tell you a lot about your digestive health. A bowel movement is the last stop in the digestive process. About two quarts of liquid and solid waste pass through your body each day. The solid waste is your stool. Healthy stool contains some fluids, undigested food — mostly in the form of fiber — and old cells that have shed from the linings of your intestines. However, changes in its color, consistency, frequency, and even its smell can be important clues to digestive problems.

How Often Do You Go?

The normal number of bowel movements varies quite a bit from person to person. Anywhere from three bowel movements a day to three a week can be considered normal. The important thing to pay attention to is a change in what is normal for you. Stool frequency is usually regulated by how much fiber you eat, how much fluid you drink, and how much exercise you get. Constipation occurs when you have fewer bowel movements than usual. Your stool is usually harder and dryer than normal. If you go more than four days without a stool, you may be constipated.

If constipation is left untreated, fecal impaction may develop, according to the National Cancer Institute. This is when you are unable to pass dry, hard stool. Pain in your back or belly is another possible sign of fecal impaction. This can develop if you are taking prescription painkillers, known as opioids, if you are sedentary for a long period of time, or if you frequently use high doses of laxatives. Fecal impaction is usually treated with an enema, the NCI notes.

On the flip side, diarrhea stools are more loose and watery and more frequent than normal. Diarrhea is more likely to be caused by an infection.

Prolonged belly pain, bloating, diarrhea, and constipation could also be warning signs for an underlying health issue, such as irritable bowel syndrome (IBS), according to the U.S. Department of Health and Human Services.

What Color Is Your Poop?

A normal stool has a brown color that comes from the bile released by your liver changing colors as it travels through your intestines. Poop that appears to have a different color could be a sign of another health issue:

- **Black.** It's common to have black stools if you are taking a vitamin that contains iron, or medications that contain bismuth subsalicylate, according to the American Academy of Family Physicians. However, sticky, foul smelling, black stools are a sign of bleeding in your upper-digestive tract — which is often a sign of a more serious problem.
- **Red.** Certain foods, such as beets, could turn your poop red, reports the NCI. Red stool could also mean that blood is coming from the lower area of the colon, a sign of inflammatory bowel disease (IBD). Blood in your feces could also be caused by hemorrhoids, or tiny tears in your anal tissue. If you notice blood in your poop, it's important to let your doctor know.

- **Green.** Usually, green stool is associated with eating green foods, such as leafy greens. Taking iron supplements can also turn your poop green. Having green stools, however, could also be a sign that your digestion is happening quickly. The digestive liquid, bile, is green, but usually gets darker as it passes through the large intestine. If it moves too quickly, it stays green along with your poop, according to the Gastrointestinal Society, the Canadian Society of Intestinal Research.
- **Gray.** Very light-colored stool may be a warning of a liver or gallbladder problem. Possible causes for stool that appears pale, gray, or clay-colored include viral hepatitis, gallstones, or alcoholic hepatitis.

Does Your Poop Float?

If your food has been digested properly, your stool should sink to the bottom of the toilet. This is because the contents of feces are typically denser than water, the GI Society notes.

Stool that floats can be a sign of an intestinal infection or a change in your diet that introduces more gas into your digestive system, such as a high-fiber or high-fat diet. People with GI conditions that affect fat absorption, such as celiac disease or Crohn's disease, often have floating stools, the GI Society adds.

How Does It Smell?

It's normal for poop to have an unpleasant odor. The smell comes from the bacteria in your colon that help break down your food. The important thing to pay attention to is a change in the way your poop usually smells. In most cases, this is just due to a change in your diet, but very foul-smelling feces can be a sign of a medical condition, like celiac disease, Crohn's disease, pancreatitis, ulcerative colitis, infection or malabsorption.

Does It Hurt When You Poop?

A healthy bowel movement should pass easily with little straining. There are some reasons why pooping could be uncomfortable, explains the GI Society. Anal fissures, or tears in the anus, as well as hemorrhoids can lead to painful stools.

Crohn's disease, ulcerative colitis, or other conditions that cause inflammation along the GI tract can also lead to painful bowel movements, according to the National Institute of Diabetes and Digestive and Kidney Diseases. Severe pain can also be a sign that a tumor is blocking the anus or rectum, the GI Society adds.

Note: It's important to let your doctor know if you have blood in your stool, black stool, pale stool, fever, cramps, mucus in your stool, pain, floating stool, or weight loss. Knowing the facts about feces is no joke.

[illegible]

Thought for the Month

*“The kind of beauty I want most is the hard-to-get kind that comes from within
... strength, courage, dignity”*

Ruby Dee, American Actress

Infections in Urostomies

Germans are all over the world, but when they are in the urinary tract, either in the conduit, the urethras or the kidneys, they're in an abnormal location and that is what causes an infection.

What causes infection? Most of the reasons are unexplainable. Why do some people get more colds than others? Infections can be caused by an obstruction, kidney stones, tumors, cysts or scar tissues. Almost synonymous with obstructions is infection and then, too, often comes stone formation.

You can't get rid of the infection. It's kind of a cycle that goes around and around. Infection can be caused by urine being forced back to the kidneys through the conduit. This could be done by falling asleep with the pouch full of urine and accidentally rolling over on the pouch, causing urine to be forced back into the stoma, through the urinary tract with tremendous pressure. Invariably the urine in the pouch will be contaminated.

In general, to prevent and treat infections, you need a good flow of urine much like a stream. That not only dilutes the bacteria of germs in the urine, but also helps wash them out. Consumption of two and one-half quarts of liquids daily is required for the average adult.

[illegible]

Colostomy Bowel Management

Patients with a ***right-sided or transverse colostomy*** do not have as much remaining colon as those with a left- sided colostomy. Because of this, colostomy management cannot be achieved through irrigation since there is usually too little colon left to form a solid stool. These types of colostomies behave very much like an ileostomy with a fairly continuous discharge and are managed as such with the use of a pouching system.

The **left-sided colostomy** is often described as a dry colostomy because it discharges formed stool. For these colostomates management may be achieved through the process of irrigation, or the introduction of water through the stoma into the remaining colon. Not all patients who try to irrigate are successful. One reason for this is they may 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 much like an ileostomy with the wearing of a pouching system all of the time.

[illegible]

Don't Ever Think You Are Alone

As a new ostomate, you may be wondering just how long it takes to get used to everything. The answer is that everyone is different. UOAA's website, www.ostomy.org, *The Phoenix* magazine and its *New Patient Guides* can be very helpful and there is a lot of information about stoma management and ostomy products to be gained from them. On the other hand, to get a real-life perspective on "what it's like to live with an ostomy", you need to talk with others who are living that life. The real value of a support group is that you have the opportunity to meet many people who have had a broad range of experiences dealing with the same issues that you have. It helps to know that someone else has had the same anxieties, the same concerns, the same questions, the same problems. Don't **ever** think you are alone! (Note, a listing of your closest UOAA Affiliated Support Group can be found on the UOAA website.)



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in Celebrating
UOAA's decade of
sharing and caring
for our ostomy
community.

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* with Educational and Social programming September 2 through 5

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The Hyatt Regency St. Louis at the Arch is perfect for our conference. It is in an area within walking distance of the many downtown attractions and restaurants and it is very conveniently designed for easy access to the meeting space.

UOAA has a National Conference Discounted Rate of **\$109.00*** night/ single or double + tax. (*Reservations received by the hotel after **August 10th** will be accepted on a space available basis at the best rate available at the time of the reservation.)

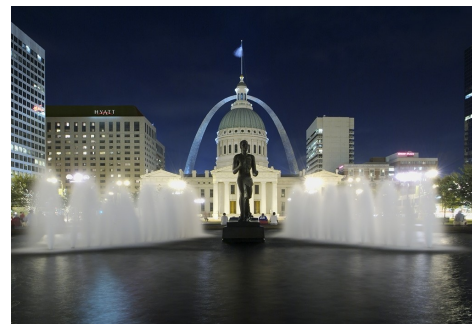
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Conference Registration Fees

Individual: \$125; Spouse/Companion: \$75;
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Medical Professional: \$125; 1 Day Only: \$75
Register on-line at: www.ostomy.org

Note: OASNJ will pay the registration fee for any member who wishes to attend.



Conference Highlights

- ASG Leadership Academy
- 1st Timers Reception sponsored by **Coloplast**
- Free Ice Cream Social sponsored by **Hollister**
- Free Stoma Clinic
- Exhibition Hall showcasing the latest in ostomy pouching systems, accessories, clothing and suppliers with refreshments in the afternoon and breakfast the next morning sponsored by **NPS Pharma**
- **NuHope** Fun Run
- Free Closing Night "Desserts" and entertainment sponsored by **ConvaTec**
- Motivational presentations by Joanna Burgess, Bo Parish and Dr. Katherine Jeter

Questions? Call the UOAA office at **800.826.0826** or email: oa@ostomy.org



Get Ostomy Answers!

Providing Solutions. *The Phoenix* magazine, the official publication of the UOAA, provides answers to the many challenges of living with an ostomy. From skin care to nutrition to intimacy, in-depth articles are written by medical professionals, ostomy experts and experienced ostomates. Published March, June, Sept. and December.

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Membership in the Ostomy Association of Southern New Jersey is open to all persons interested in ostomy rehabilitation. Membership dues are only **\$10.00 per year**.

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