

**BERRIEN COUNTY CANCER SERVICE**

**7301 RED ARROW HWY.**

**STEVENSVILLE, MI 49127**



**OSTOMY  
NEWSLETTER**

*January – February 2011*



what matters.™

### THEY CAN WHO BELIEVE THEY CAN

Via: Rolf Berniske, Better Together Club, & Niagara Frontier Ostomy Association

I was coming back from the East Coast the other day and read a quote in the flight magazine that I haven't been able to get out of my mind: "You don't know how you can fly until you spread your wings." What an interesting thought.

Most of us are often too cautious to spread our wings at all. In fact, it isn't until some major catastrophe that causes us to get "kicked out of the nest," that we learn what it is to fly.

For those of us who've had ostomy surgery, that first flight was scary. But when you don't have any other option, you take your cue from the Nike commercial and "Just do it!" For most of us, that first flight was a life changing event. It was an opportunity to change the way we look at obstacles and challenges, a chance to reevaluate our lives and change the way we do things. Hopefully, we have come to appreciate what a precious gift this first flight was and how it has taught us to realize that, as another quote in that magazine said, "They can who believe they can"

### DID YOU KNOW . . .

Via: Metro Halifax News & Kankakee IL Ostomy Association

Did you know that the time it takes a meal to pass through the small intestines varies quite a bit? If a person is normally active, the time is four to five hours during the day. However, at night, when all body functions are slow, it is not uncommon for the time span to be ten to twelve hours. Upon waking, the appliance will, in all probability be full. The time it takes for a meal to pass through the intestines will also be governed by the kind of food and liquid taken, as well as the temperatures of the food when eaten. One thing is for certain though: it will all come out in the end!

When you have a virus or diarrhea, eat pretzels. You can usually keep them down and the salt is good in helping to maintain liquid balance otherwise lost with diarrhea.

Eating parsley with every meal eliminates odor.

### TOO MUCH OF A GOOD THING

By Wanda Herdzina, CWOCN, Via: The New Outlook & GB News Review

Do you need an hour and a half to change your ostomy system? Does your stock of supplies resemble the storefront of the local pharmacy? Do you need a road map to remember what product goes on first, second, etc.? If so, then you may be the victim of the "too much of a good thing" syndrome. Occasionally, an individual will come to a stoma clinic carrying a large sack with a vast array of skin care products. He/she explains, "All these items are needed in order for me to apply my appliance". Unfortunately, the reason he/she usually needs assistance is due to a problem with the adhesion of the barrier—usually due to scars, skin folds or weight changes; skin irritation or skin breakdown. One particular gentleman who comes to mind was utilizing a special skin cleaner and cream, two types of skin cement, a double-faced tape disc, a paste and a popular skin-barrier wafer before the pouch was applied. He had started out with a fairly simple ostomy system right after surgery. However, in his quest to achieve what he felt should be a seven-day wearing time, he had been adding product after product. Besides the many items he was now using, he had what he described as a "closet full of products at home". After checking his abdomen, it became obvious that what he needed was a product change in the convexity of his barrier and not the addition of another product. He also needed a more realistic view of wearing time for his particular situation. Practically speaking, not everyone may be able to achieve a seven day, leak-free wearing time with no skin irritations. It is much better to anticipate leakage and establish a regular changing time prior to this. You know, there are ostomy systems for colostomates designed to be changed in about 30 seconds, whenever full—even several times a day. Europeans prefer this method. Here are a few hints to remember to help achieve a successful ostomy management system: Keep it simple—Do not use extra cement, skin-care products or whatever unless medically necessary. Usually, extra products actually interfere with barrier adhesion or create skin problems—especially with the new extended wear systems. And as far as washing your peristomal skin, plain water is still the best cleaning agent. Do not continue to use therapeutic products after a problem has been solved. As an example: A steroidal cream and an anti-fungal micro granulated powder should not be used routinely when changing the barrier. These products are prescribed for particular skin problems. A steroidal cream is usually recommended for its anti-inflammatory effects, chronic-skin itching and systematic relief of the discomfort associated with skin irritation. However, continued and prolonged use of steroidal creams, after the problem is resolved may lead to thinning of the outer layer of skin. This will lead to a greater susceptibility to skin irritations. Also, stop using an anti-fungal powder when the fungus is gone.

### MORE HINTS FROM HERE AND THERE

If you're stoma bleeds during cleaning and appliance change don't panic. A healthy blood supply is what gives your "rosebud" a bright red color. Tiny capillaries are easily damaged and just as easily repair themselves. If bleeding continues long after the appliance has been changed, check with your doctor. Use a hand mirror for a better view of the stoma. It is about the only way you can see under it. Sometimes a large teaspoon of bulk gelatin dissolved in water or lemon juice will help firm up a loose stool. It should be taken once a day. When ill with a virus and diarrhea, eat pretzels, it is something which can be kept down and salt is good for you to maintain liquid balance. If you use washcloths (as opposed to sponges) and you have arthritic hands, substitute thin, inexpensive ones instead. They are easier to wring out. Always take your ostomy supplies to the hospital with you.

Designate someone else to do this if you cannot. Let this person know where your ostomy supplies are. If you have a serious medical problem, make up an emergency "bag" to be grabbed at the last minute. When the ambulance arrives there is no time to do this. Always remove the cotton from pill bottles after opening. Once you touch the cotton, it becomes contaminated with bacteria. Place that cotton in a bottle of peppermint oil (available at the pharmacy). Make sure the bottle has a good stopper. When changing your pouch, just remove the bottle top and pull some of the cotton out. Works like an air spray and has a pleasant odor that does not pollute the air. If it looks as if you are allergic to a certain product, try one made by another company and patch test it too. You will probably find one that works for you. Allergies are not as common as is irritation caused by the faulty use of a product. For this reason, always read the directions that come with a product. For colostomates, if you feel that the last of the discharge has not been disposed of after irrigating, blow your nose ten or fifteen times after you think you are through and before putting on your little pad. You will usually get rid of the last troublesome matter. A couple of drops of mineral oil or spraying Pam on the inside of the pouch and rubbing the pouch sides together, causes the feces to drop to the bottom of the pouch, and away from around the stoma.

#### STAY AWAY FROM THE FLU: WHAT YOU CAN DO

Via: The Rosebud, Douglas County Ostomy Association

Don't badger your doctor into prescribing an antibiotic until a culture or other tests show you need one. Antibiotics are powerless against flu and other viruses and may cause side effects. Keep some generic amantadine in your medicine cabinet to prevent and treat flu symptoms. A prescription is needed. At the first sign of the flu, doctors recommend taking two capsules of 200 milligrams twice a day for five to ten days. If you don't wear gloves, don't shake hands. Give friends a pat on the back rather than a handshake, embrace, or kiss. Use alcohol-based hand sanitizers such as Purell or Kimcare. Be aware that doorknobs, telephones, and computer keyboards may harbor dangerous germs. Polish and sanitize your home and work areas as much as possible to protect your family. NOTE: The Oriental people have a better way of greeting. Instead of shaking hands, take two steps back and bow. The "no-hands" custom helps avoid the flu.

#### ILEOSTOMY ABSORPTION CONCERNS

Via: Cleveland Ostomy Association

Due to the absence of the colon and often altered transit time through the small intestine, the type of medication taken must be carefully considered when prescribing for the person with an ileostomy. Medications in the form of coated tablets or time-release capsules may not be absorbed and therefore no benefit is received. Before the prescription is written, the patient with an ileostomy should inform the physician of his concern. If the medication required is available only in a certain form and the coating would not be destroyed by stomach juices, then the tablet may be crushed between two spoons and taken with water. This often results in an evil-tasting mixture, but absorption is ensured. However, check with your physician first. The best type of medication for the person with an ileostomy is either in the form of uncoated tablets or in liquid form. Although these are not the most palatable treatments, these dosage forms ensure that the medication prescribed will be absorbed. A pharmacist can assist in choosing the form of a medication that will be best absorbed. After ileostomy surgery, never take laxatives. For a person who has an ileostomy, taking laxatives can cause severe fluid and electrolyte imbalance.

#### NEW UROSTOMY PATIENTS

Via: Roanoke (VA) Valley News & South Brevard, FL

Train yourself to shut the pouch valve as soon as you have emptied the pouch! If you forget, the resulting disaster within the next 10 minutes could ruin your day. Be sure to take the plastic waste basin and clear measuring container home from the hospital! They are very helpful as you establish a daily routine of washing your night time equipment. Gallon bottles of white vinegar and cheap liquid detergent make the daily washing-up an inexpensive chore. If you change the pouch first thing in the morning, there is less chance of the stoma misbehaving as you do the change. Irrigate the pouch daily with a solution of 4/5 water and 1/5 vinegar. A five quart pail with metal handle (Home Depot, Wal-Mart, etc \$1-\$2) is a great night bottle or bag container by the bed and also a safe way to carry this equipment to the bathroom in the morning. The hospital plastic wash basin is an ideal container for supplies when traveling and can be used to hold the night drainage bag. In the morning, it is handy for washing-up wherever you are... It fits nicely into most carry-on bags and is not heavy. In most cases, urostomy patients enjoy a completely normal diet. Cranberry juice, yogurt, or buttermilk will help combat urinary odors. Asparagus should be avoided as it produces a strong odor in urine.

#### MAJORITY OF AMERICANS TAKE AT LEAST TWO PILLS EACH DAY

By Lee Bowman, Via: Ralph Kaye Chptr, San Antonio, TX

Fifty-one percent of American adults take two or more pills each day—a prescription drug, an over-the-counter drug, or a vitamin or herbal supplement—according to a new survey. And nearly half, 46 percent, said they were taking an average of nearly three prescription medications a week. Predictably, more people tended to take more prescriptions, as they grow older. Seventy-nine percent of respondents over age 65 reported taking at least one prescription drug each day, vs. 28 percent of those 44 or younger. The survey of 1,000 adults was conducted for the American Society of Health-System Pharmacists, which represents pharmacists

who practice in hospitals and other health care institutions? Those conducting the survey did not attempt to track the cost of medications. But other government and industry surveys indicate Americans are spending well over \$120 billion a year for medicine and dietary supplements. The survey also found that about 8 percent of people entering a hospital do not report to doctors or nurses the medications they are taking. Besides prescriptions, the survey found that 58 percent of respondents had taken an average of two nonprescription medications, including vitamins and supplements, in the past week. Forty percent said they were taking an average of two herbal supplements or vitamins daily. "This shows consumers are simultaneously using a variety of prescription and nonprescription medications," said Mick Hunt, president of the society. "We want patients to be aware of the potential for drug interactions that can occur when mixing all these remedies, especially when taking multiple medications each day." Women were more likely than men to report taking a prescription medication in the past week, 55 percent vs. 37 percent. Women's regular use of over-the-counter drugs and supplements was also greater than men's by similar margins. Among people who had taken a prescription in the past week, 61 percent said it was for the long-term treatment of a medical problem, with just 10 percent saying they took a drug for short-term treatment. The rest said they took prescriptions periodically for a recurring problem. The pharmacists recommended that consumers:

- \* Keep a list of all medications, including nonprescription remedies and home remedies, that they take and share the information with their health-care provider.
- \* Be honest about how much and how often they actually take medications for any remedy.
- \* Learn the names of prescribed drug products as well as dosage strengths and schedules.
- \* Find out if there are any foods, drinks, other medicines or activities that should be avoided when taking a prescribed medication and ask for written information about a drug.
- \* Be alert to unexpected changes, like a prescription refill that seems to have a different strength or appearance from the original drug. Question anything that doesn't seem right.

#### OSTOMY MYTH SERIES

*by: Barbara Skoglund, Via: Chicago's Northern Suburbs Ostomy Website & Philadelphia UOA Journal*

I had ulcerative colitis for 14 years before I became so ill that my colon had to be removed. I was so afraid of having an ostomy that I postponed treatment and nearly died. Knowing my feelings about ostomies, my doctor performed a rarely done straight ileoanal anastomosis when he could not make me a J-pouch. I lived through three years of hell with that "straight shot" and had an ileostomy installed in December 1996. It was the best Christmas gift I ever gave myself! I had many misconceptions about living with an ostomy and I frequently encounter others with those same misconceptions. After one person too many told me that it would be better to be dead than to live life like me, I decided to start a series of short articles for the internet newsgroups: [alt.support.ostomy](#) and [alt.support.crohns-colitis](#) covering the facts and fiction of ostomy life.

#### Ostomy Myth # 1: People with Ostomies Smell Bad

Modern ostomy appliances are made of light weight odor proof materials. No one has ever walked up to me, sniffed and said, "Boy you smell terrible. You must have an ostomy." I spent the first year of living with an ostomy thinking everyone could smell me. Every time we drove past one of the many Minnesota cow pastures, I was sure it was me—it wasn't. Some ostomates worry about the smell when they empty. Our stool isn't any more toxic than other people's — we just empty up front— where our noses are. A touch of the flush handle and away goes the smell. The roots of this smelly myth probably stem from old time appliances. Early ostomy supplies were made from non-odor proof materials. Many ostomates had trouble controlling the odor from these old time appliances. Thank goodness for modern technology!

#### Ostomy Myth # 2: New Clothes Optional

While the shop-a-holic ostomates among us, myself included, may harbor thoughts of having a perfect excuse for buying an entire new wardrobe—it's really not necessary. I have only had to make one change in my attire as a result of my ileostomy. I used to wear French cut undies and now wear briefs. It's just more comfortable for me that way. There are some men whose stomas are poorly placed in at the belt line. They frequently find suspenders easier to deal with than belts. If you have an experienced ET nurse who pays attention to such things—stomas at the belt line can be avoided. What about spandex, skin tight leather, and bikinis? None of those items were in my wardrobe to begin with. But I do know a young woman from [alt.support.ostomy](#) who still wears a bikini— she just found a new style. I'm sure every ostomate has stories to tell about folks who stared and stared and still couldn't see our pouches through our clothing! So— if you find yourself facing ostomy surgery, don't waste time worrying about wearing muu muus or overcoats. At the most, you may have to buy a new swimsuit or some new undies. Though feel free to be like me and use it as an excuse to buy more clothes!

#### Ostomy Myth # 3; Somebody to Love

A couple of times during my single days, I placed personal ads as a way to find potential mates. Before I'd write my ad, I'd sit down and list all the qualities I was looking for in a mate. I wanted a partner who was smart and funny, someone who shared my interests, who shared my values, etc. NO WHERE on that list did it mention "my partner must not have an ostomy." But I used to think that no one out there would be interested in me if I had an ostomy. I was convinced that ostomates sat home, stinking in baggy clothes (see myths one & two), lonely and friendless. You'd think I'd still harbor this myth considering my first fiancé took a walk when I had my temporary ileostomy while my ileoanal anastomosis was healing. But it was pretty clear that we didn't split

over how I went to the bathroom. We split because we weren't right for each other. I've since found my soul mate and life partner and he couldn't care less how I go to the bathroom. What he cares about, is that I'm healthy! You see, he loves me, not my body or my bowel. BUT, BUT, BUT don't single ostomates have a hard time with dating? Some do and some don't. However, what I've found is that those who don't date are too afraid to get out there and try. And yes, I wouldn't be surprised if an ostomy limited someone's casual exploits. But—if you're interested in finding a life partner who loves you, not your shell—then an ostomy won't stop you. If anything, it's a good test of what a potential mate is really interested in. I never think to myself, "Will you still need me when I'm 64?" I know my husband is with me for the long haul.

#### FREQUENTLY ASKED QUESTIONS

Excerpted from Diet & Nutrition Guide, UOA 2002, Via: New Directions Ft. Worth TX

Q: How soon after ostomy surgery can I return to a normal diet?

A: Physicians and ostomy nurses suggest that you begin slowly, depending upon your recovery and/or other medical complications. Add back one new food at a time. If you experience any problems, discontinue for a few weeks and try again.

Q: In the past, certain foods caused me some trouble with digestion. How will they affect me since my ostomy surgery?

A: Check them out. You may find that some of those foods will continue to be troublesome and others may not.

Q: Will my ileostomy continue to produce output even if I do not eat?

A: Yes, the small intestine will continue to produce gas and digestive juices. An empty digestive tract seems to produce excessive gas. Eat small meals to keep something in the gut. Peristalsis happens!

Q: After ostomy surgery, I have gained excess weight. What happened? What types of food should I eat?

A: The relaxation of dietary restrictions, freedom from debilitating illness and malabsorption promotes a rapid gain in weight. Follow the same weight reduction diet as recommended by nutritionists and dieticians. Eating smaller quantities of a well-balanced diet and increasing water/fluid intake will assist with weight reduction.

Q: What is meant by "low residue" diet?

A: Low-residue refers to a dietary regime which eliminates bulk-forming, hard-to-digest or high-fiber foods.

Q: Will spicy foods cause any damage to my stoma?

A: If you can tolerate spicy foods through your digestive system, the output through your stoma should not cause any harm. The stoma is formed from the lining of the bowel and it is tough and can tolerate those spicy foods.

Q: What effects will oral odor control medications have on my ostomy?

A: Some individuals who have a colostomy report that they experienced some constipation from bismuth products found in oral odor control medications. Individuals who have an ileostomy have more benefits and fewer side effects from oral preparations (chlorophyll tablets, bismuth subgallate and bismuth subcarbonate). Most foods do not affect an individual with a urostomy. A strong urine odor may be an indication of dehydration and the need for increased fluid intake. Check with your doctor or ET nurse about oral preparations and don't exceed the recommended dosage.

#### INFO ABOUT POUCHITIS

By: Jen Higdon, Via: Greater Orlando/Central Florida Chapter, UOA

It is common for people with J-pouches to get pouchitis. For those unfamiliar with J-pouches, it is a surgically created pouch made out of the lower end of the small intestine and connected to the rectal or sphincter area so that normal bathroom habits may resume. The surgically created pouch sometimes becomes infected and inflamed. This condition is known as "pouchitis". A new study is showing promise for people with pouchitis. A trial was conducted by Dr. Fedorak (Director of Gastroenterology at the University of Alberta in Edmonton, Canada) where patients were treated with a probiotic preparation, VSL#3. Probiotics are defined as "good bacteria", like that found in yeast or yogurt, and are tiny organisms that improve the balance of bacteria in the intestines. Dr. Fedorak states, "we don't know how probiotics work. They appear to strengthen the mucosal barrier of the bowel and improve immune function. And we don't know which probiotics to use, or in what combination." This trial showed that probiotics were able to prevent recurrent episodes of pouchitis in 85% of treated patients compared to 0% of placebo-treated patients. Once patients had achieved remission of the pouchitis with antibiotics, VSL#3 was able to maintain the remission.

#### POOR OSTOMY MANAGEMENT IDEAS

Via: GB News Review

The following are poor procedures we found some people implement to manage their ostomy system. They are not recommended because they will yield less than optimal results. Sometimes we all do things that seem logical at the time, but inadvertently lessen our quality of life. A few of these are: Using alcohol regularly to clean the peristomal skin; this may result in itching, skin irritation and damage to sensitive tissue. Using the same pouch too long; seven days is the maximum recommended. Pouches become saturated with odor which cannot be removed. Ignoring skin problems; always treat any skin irritations when you change your ostomy system. Barriers covering damaged areas are made to actually help heal them if used properly. Wrapping the drainable pouch tail around and around the clamp before closing it; this will not make the clamp work better. All it will do is spring the clamp out of shape. Replace your old clamp with a new one every month. Letting the pouch get full before emptying.

Excess weight will separate a two-piece system and will also put too much weight on the skin barrier resulting possibly in multiple problems. Empty the pouch at least when it is about one-third full. Living with unsatisfactory ostomy management. If you are unhappy with how your ostomy system works, make an appointment with an ET nurse. Not coming to UOA Chapter meetings. Once you figured out this thing, sharing with others turns out to be a surprisingly good way to keep yourself proactive and happy.

#### HELPFUL HINTS AND BORROWED BITS

It is important that you be aware of the symptoms of kidney infection: elevated temperature; chills; low back pain; cloudy urine (ileal conduits normally produce mucous threads in the urine, which give a cloudy appearance, but bloody urine is a danger sign); and decreased urine output. It is a good idea to avoid alcohol when taking any drug, but be particularly cautious with: pain medications, tranquilizers, antidepressants, antihistamines, and muscle relaxers. Rice Krispies can help slow the amount of stool; a great breakfast choice with skim milk or eaten dry.

#### ARTHRITIS AND THE INTESTINES

Via: Northern VA.

Arthritis is the most common non-intestinal condition associated with Crohn's Disease and Ulcerative Colitis. Although most people with these diseases do not develop arthritis, three primary kinds may develop, namely:

- 1) rheumatoid-like arthritis,
- 2) ankylosing spondylitis and
- 3) large joint arthritis.

The first form of arthritis mimics rheumatoid arthritis in many ways. It usually involves the wrists and fingers and may improve or worsen without regard to the course of the bowel disease. Sometimes people with this form of arthritis have an antibody in the blood called rheumatoid factor which is found in persons who have rheumatoid arthritis. Not all people with the rheumatoid-like arthritis have this antibody, however. Ankylosing Spondylitis is a condition that involves the lower part of the spine and adjacent joints. In addition to pain, it may cause stiffening of the spine, hips, neck, jaw and rib cage. Its course is independent of the course of the underlying bowel disease. As time goes on, the condition may get better or worsen and on occasion, it may develop even after the bowel disease has been removed or has improved. The disease usually commences before age 30. Large Joint Arthritis usually affects the knees, ankles, hips and occasionally the elbows and shoulders. The small joints of the hands and feet and the spine are not usually involved. Unlike other kinds of arthritis, this form often worsens as the bowel disease worsens, and improves as the disease improves. It sometimes worsens before the bowel activates. This kind of arthritis does not leave permanent joint deformities. We do not know what causes these three forms of arthritis that develop with either Crohn's Disease or Ulcerative Colitis. Many physicians have attributed the arthritis to some immunologic process which may accompany the intestinal disease, but convincing evidence for this is still lacking.

#### NO NEED TO SING, THE POUCH POPPIN' BLUES

Adapted by The New Outlook, Chicago's North Suburban Chapter, Via: Charlotte NC Chapter, Pittsburg PA & Fairfield OH Chapters  
Worried about your pouch popping off? Good! You're not dead, yet! Take heart. These days with the advances in modern appliances, and if care has been taken when the pouch was applied, this will almost never happen. But we need to do our part. Look, pouches pop off when they're full, and we move fast. So, if you don't want to stop moving, better keep that pouch pretty empty. For this reason, some ostomates wear the big pouches. Many of our members wear 9 inch pouches because they show less and are more convenient. Some of the smaller pouches actually look sporty. I personally like a sporty looking pouch. There is no real issue with having a full pouch, if you empty when you urinate. A male member said, "The biggest change my ostomy has made in my life is that I never use the urinal any more." He empties his pouch every chance he gets, which means that he empties it when he urinates. Most of us don't make special trips to the bathroom just to empty a pouch, unless one has a urostomy. This statement applies mostly to ileostomates.

#### I'VE LEARNED

A few excerpts from an article by Tom Carter

I've learned...that I can't choose how I feel, but I can choose what I do about it. I've learned... that one should keep his words both soft and tender, because tomorrow he may have to eat them. I've learned...that love, not time, heals all wounds.

The Ostomy Support Group will meet with the Cancer Support Group at BCCS on January 18<sup>th</sup> and February 15<sup>th</sup>

BERRIEN COUNTY CANCER SERVICE  
7301 Red Arrow Highway – Stevensville MI 49127  
Stevensville: (269) 429-3281

OUR MISSION: To provide free skilled home nursing services, equipment, information and supplies at cost for cancer patients and their families in Berrien County.

FOR YOUR INFORMATION: at BCCS, we accept donations of ostomy supplies. We would be happy to give these supplies to anyone who can use them. Please have your supply numbers ready and call our Stevensville office to see if we have what you use!

WOULD YOU LIKE TO HELP . . .

Contributions to our non-profit 501(c) (3) corporation are tax deductible.

Donations to our General Fund help to balance our current budget.

Memorial contributions are made in memory of a friend or loved one who has passed away. For memorial contributions, we need to know the name of the person being memorialized as well as the name and address of their next-of-kin so that we may send them a tribute card.

Honorary contributions are made in honor of someone yet living. For honorary contributions, we need to know the name and address of the person being honored so that we may send them a letter of recognition.

Any contribution may be mailed or brought to our Stevensville or Niles offices.

ENDOWMENT FUND

The Berrien County Cancer Service has its own Endowment Fund to ensure that we will be available for as long as needed. Donations to this fund may be mailed or brought to our Stevensville or Niles offices. We have partnered with the Berrien Community Foundation and the Michigan Gateway Community Foundation to enable donors to take full tax credit advantage from the Michigan Community Foundation Tax Credit.

To make this type of donation, please send payment directly to:

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2900 South State Street, Suite 2 East  
St. Joseph, MI 49085

Michigan Gateway Community Foundation  
111 Days Avenue  
Buchanan, MI 49107

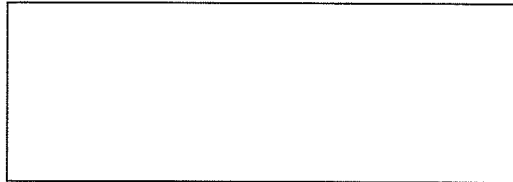
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*Before you follow any medical advice in this newsletter, or any other publication . . . check first with your doctor or ET.*

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Ostomy Newsletter

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