

CLAN



THE NATIONAL ASSOCIATION OF LARYNGECTOMEE CLUBS NEWSLETTER

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poems, letters and views

NALC Lunch

This year's Annual Lunch will take place on Sunday 2 September at the Hilton Hotel Blackpool. So book your place now!

My Nurse

I thought the cancer would kill me.
The doctor would try his best,
But who gave me the courage to calmly
Face the knife with my mind so at rest.

It was Sarah, my nurse, on that fearful night
Who knew my every thought.
Her soft spoken words, to stop my fright,
The soft hand, as fear I fought.

Who gave me the will to laugh at pain?
The nurse with the angel face.
Who gave me the will to live again?
That nurse with the boundless grace.

Doctors may carve, cut and sew you
But the soul they can never reach.
It takes the heart of a woman true
As love they give to each.

Len A. Hynds

Half Marathon

Miles Williams from Platon Medical Ltd is a good friend of the Plymouth Club and he and his fiancée, Olivia, recently completed the Bath Half Marathon and raised lots of cash for Macmillan Cancer Support. Miles and Olivia are to be married in Cornwall on Saturday, 9 June 2012.

The Plymouth Laryngectomee Club will be giving a Card and Wedding Present to them both.



A WORD FROM THE EDITOR

NICE AND WARMING



The NALC AGM is always a good opportunity to meet Club members and get their feedback on *CLAN*. This year was no exception though numbers were disappointing. The wet weather didn't help though the tomato soup was nice and warming! As Editor it's always an opportunity to persuade people to write articles and one of them, Tom Foot, gave a very interesting account in the meeting of his passion for diving which, as you can imagine, was somewhat sunk by his laryngectomy four years ago. But already he's swimming again and has even been snorkelling with his daughter! Watch this space.

Photos & Poems

We're delighted to feature a number of poems in this issue and plenty of photos too! Our 'resident poet', Len Hynds, was at the AGM and read out one of his poems. We always enjoy reading them and hope his inspiration never dries up. Perhaps they might inspire you to write poetry too. And, if you do, please send them in. We actually published a poetry supplement about 29 years ago but have never been able to follow it up. After all, What could be worse, Than no verse?

Ian Honeysett
Ian Honeysett (Editor)

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The views expressed by the contributors are not necessarily those of the Editor or NALC. Great care has been taken to ensure accuracy but NALC cannot accept responsibility for errors or omissions.

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The Funny Side of Cancer

I realised I had lost my voice,
"Laryngitus" the general cry.
"Go to the doctors, you have no choice,"
That wisdom I could not deny.

First Dr Busk, then Mr Sharpe,
who told me the astonishing news,
"Spindle Cell Cancer, afraid it's a harp,"
said quietly, giving me clues.

The great man himself then had a look,
on his tip-toes he peered down my throat.
"Do you tomorrow," as my pulse he took,
and his pen wrote a copious note.

He was as good as his word,
he gave me back life and breath.
Slowly but surely those strange words
stirred.

I had side-stepped that premature death.

I now force air through a valve prosthetic,
but only half of it comes out of the mouth.
The words formed are quite pathetic,
the other forced air travels south.

With one's stomach distended, you're
grotty,
and the passing of wind a disgrace.
In song I could be Pavarotti,
if that valve was in the right place!

Len A. Hynds

Filter Problems

This is for Alan Peacey. I had my operation in April 2009 due to a fistula. I was out of action until 10 September. I started looking for work after this. I am a bricklayer and I have had to change my career. I have been looking for driving jobs but can only apply for ones that do not involve heavy lifting. At this time I have applied for about 40 or 50 jobs. Out of these I have had two interviews with NO luck.

I have met a few other larys with the same problem. And now my GP is limiting the amount of items I can order from Countrywide in one go. I am having to have a rethink on jobs to apply for as the more physical I get, the more I produce mucus meaning I cough more. Then the more HME filter cassettes I go through. And this is since GPs were given the money. (I can go through five-six filters a day on a bad day, some days only two-three, also leakage through the valve does not help.)

Alan Wells

Ivor Presents...

The University of Liverpool, Medical Imaging and Radiotherapy directorate is responsible for the training of therapy radiographers in the North West of England. It's a three year degree course and we train around 44 students each year. Students on our programme have clinical placements at the Christie hospital, Manchester; Clatterbridge Centre for Oncology, Wirral, Rosemere Cancer Centre, Preston and Cumberland Infirmary, Carlisle.

A number of years ago we looked at how to improve the second year 'head and neck' module. One idea we had was to invite some outside speaker with specialist knowledge. Following an email to Vivian at NALC to see if your organisation would be able to help we were put in touch with Ivor Smith. Ivor has now been coming to Liverpool on an annual basis for the last five years. His contribution to the module is greatly appreciated by both the students and the staff. Here are some quotes from students after his most recent visit in March:

"Ivor's session was really good, he was extremely open and honest about everything and it was inspiring to see how well his life had turned out and what he had to overcome after the laryngectomy. He was a good presenter and kept everyone interested and involved, and encouraged everyone to get stuck in and have a look. I really enjoyed the session."

Beth

"I found the Ivor Smith session very helpful in understanding just how difficult life can become after having a trachy. He was entertaining to listen to and very approachable for questions. The videos he showed us were also very interesting and informative. Overall I enjoyed the session and would advise it to be kept going for future years."

Jennifer



Back (L-R): Angela Cross, Lesley Ronald
Front (L-R): Louise Waywell, Ivor Smith, Elspeth McLean

"I thought the session with Ivor was brilliant. I personally found it very interesting and informative, especially as I had only seen one tracheostomy patient whilst on placement, and only for a minute before a break."

"Ivor made light (for want of a better word) of a difficult situation for both the laryngectomee and the student/professional by letting us into his world. By getting us to use a torch and have a look into his stoma, he banished the fear and mystery of it."

"I will admit I had my own preconceptions about a stoma patient, that I wouldn't be able to hear him and presumed (wrongly). Instead I met a very articulate and funny chap, who explained the process well and allowed us to ask any questions we wanted. He dispelled any myths or preconceptions I might have had prior to the session, and showed me that there was nothing to be 'scared' of."

Sam

"His lecture itself was interesting and afterwards I felt I understood the process clearer. Thanks for the session."

Each year all the health courses at the University fundraise for the year's nominated charity. Back in 2008-09 NALC was our nominated charity and as a result of our efforts carol singing, selling cakes and raffle tickets we were able to present you with

£300. We are very gratefully to Ivor who has an early start travelling from Cumbria to speak to the students. Your continued input into the Radiotherapy degree at Liverpool is valued and we hope to keep working with you.

Louise,

Radiotherapy Lecturer



Some of the 2yr Radiotherapy undergraduates

Extended Family

I love my involvement with NALC in particular – you ‘fellow/lady’ laryngectomees are my extended family now and I have been developed in a very positive way from my interaction with you.

I am not a ‘victim’ nor is there a self pitying bone in my body – I do not believe I am the result of chance – in my agenda there is a bigger picture than that and if you want to pursue me on it I will gladly accommodate you. Genuinely!

Anyway, I want to go on record as saying I am enjoying my life – miss singing every now and again – but hey that is a small price to pay to get my life back – don’t you think?

If I can be of service to any of you in any way that I am capable of serving – please do not hesitate to contact me. Tel 02891454940 or email amcguigan@gmail.com

Alex McGuigan (Officer of NALC)

Jerry is recovering from day surgery when a nurse asks him how he is feeling.

“I’m OK but I didn’t like the four-letter word the doctor used in surgery,” he answered.

“What did he say?” asked the nurse. “Oops!” (Plymouth Club)

I Am a Laryngectomee

I am a laryngectomee,
I have a wife to look after me.
She has promised a surprise for tea,
What it is I’ve to wait and see.

I often have to nebulise,
And do it often if I’m wise.
To thin my mucus when I rise,
I won’t have a good day otherwise.

To clean my tube I use a swab,
They are very good at doing the job,
I wear a bib to protect my chest,
Or a cassette instead, whichever is best.

I must not eat and try to speak,
Or my voice will be a squeak,
Or it may make me choke,
Which will not be a joke.

I’ll say goodbye and all the best,
And give my thoughts a little rest.
I’ve written all I can
Now I will send it off to CLAN.

*Poem by Mrs G (Manchester)
whose husband is a laryngectomee*

NALC AGM



The weather was wet and the turnout was probably the lowest yet but nevertheless an enjoyable opportunity to get together at the Hallam Conference Centre on 14 May. There was a minute’s silence to commemorate departed friends such as Marilyn Jones and Ken Whiley. Here are just a few of the points made:

- The Powerpoint presentations remain very popular – please let NALC know if you would like one in your area.
- Ivor Smith has been a regular speaker at Liverpool University and his session on Laryngectomy is now part of the radiotherapy curriculum.
- Five clubs closed in the past year: Colchester, Croydon, Frimley, Glasgow Puffin & Horsham. No new clubs were formed.



- The Welsh meeting was a great success but the Irish and Scottish meetings had to be cancelled or postponed.
- Head & Neck 5000 is based on the experience of 5000 patients and looking at centralising cancer surgical services.
- Andy Gage and others have been working hard on developing the NALC website and there is also a Facebook page (so please visit it and say you like it!).
- NALC literature has received the quality mark from the Information Standard scheme.
- The Annual Lunch in Penrith was very successful with around 70 attending.



Can You Help?

I underwent a total laryngectomy in October 1997 following numerous problems with my voice box. As I had a very rare cancer, Leiomyosarcoma (52 reported cases worldwide at the time of my operation), radiotherapy was not an option to treat the cancerous aggressive tumour.

I came to terms with my laryngectomy and went back to work with the support of my fellow work colleagues and family. I have not come to terms with the acute lack of smell and impaired taste but I cope.

Since April/May 2011, I have experienced what can only be described as a severe swelling and ‘inner pulsating sensation to both sides of my neck’ (very painful and equally alarming at times!). This sensation lasts around 10 to 20 seconds and can come at any time, night or day, and then recedes.

I have consulted with my Otorhinolaryngologist and had a recent Ultrasound scan which has not indicated anything untoward. So I would like to ask CLAN readers if you are aware of any recorded similar incidents of this problem, directly attributed to a laryngectomy. My thyroid was not removed and still functions correctly.

Graham A. Rock

Wired for Sound

If I had been told 18 months ago that my husband, David, and I would be wired up for sound and on the podium speaking to professionals and consultants at the 4th Swallowing Research Group Conference in February 2012, I wouldn't have believed it and certainly would have asked "Why?"

We were soon to have that question answered and to find out that fate had a change of direction for us. November 2010 was the never-to-be-forgotten month. David had a total laryngectomy at Barts. It was very successful and all was going well until ten days later when the feeding tube was removed and David realised that swallowing food and drink was going to pose much more of a problem than he had imagined.

He stood up to eat. He used all his strength to try to swallow. He allowed loads of time but it was a pesky muscle bar which, despite laserings in the months that followed, insisted on regrowth. This held up the bolus, caused pooling of debris behind the voice valve and resistance to airflow for voice.

User Perspective

This is the background to our being on that podium. Our Barts SLT, lovely Louise, had the brilliant idea to present a user perspective to the conference. She invited us to talk about pre and post surgical intervention for a laryngectomy and the impact on swallowing skills. She hoped to give delegates an understanding of some of the core themes that were relevant to many of the clinical areas discussed at conference. These included person-centred planning, communication and team working and supporting the client's understanding and decision-making regarding oral nutrition and quality of life.

Louise had us interact with her presentation by turning to us for comment as she went through D's pre and post op history and treatment. Videofluoroscopy slides of David's throat were also shown with the muscle bar appearing and disappearing.

So Many Questions

Questions from the audience followed and there was laughter and clapping at some of our answers and a serious response to others. We pointed out that there is much talk of the importance of a cohesive multi-disciplinary team for the

successful treatment of head and neck cancer and of reinstating voice and swallowing. But the truth is that, having left hospital, the chance of getting that team around you fades rapidly. I'm sure that many patients leave without adequately establishing their oral intake. They have to say goodbye to the hospital dietician. Who is going to pick up on this and insist they return on an outpatient basis? How do you motivate the patient? Who is weighing him/her? How do you offer enough encouragement and support through the tough times? Many GPs say they have never had to deal with a laryngectomee. District nurses likewise.

For many, the post-op results of a laryngectomy are a severe shock. Before the op, the thought of so much surgery and knowing you will never again be able to speak as you did, is the loss most patients focus on, not suspecting a problem, not suspecting a problem with nutritional needs. Macmillan Cancer Support booklet, 2008: 'Understanding cancer of the Voicebox (larynx)' makes a surprisingly brief reference to this, stating on P32... 'after a few days or weeks, you will be able to eat and drink normally again.' No so. What do readers think?

Loss of Smell and Taste

Another area that does not receive as much attention as the more obvious consequences of a laryngectomy is the loss of smell and taste. Again, 'after a few months, this can go back to normal'. I pointed out that the procedure results in you losing the use of your upper respiratory tract, so taste and smell are never going to be what they were. Learning compensatory measures are important.

It can already be seen that assessing quality of life for these patients is more than checking that the cancer has been eliminated but must also take into account a range of other issues such as overall health, physical, mental and social wellbeing. Do they live alone? A patient will make much better progress if there is someone to give him/her a cuddle when feeling low or lots of cuddles anyway. Why not? To pull the covers up when it's cold, to enable eating to be done in a group/family setting. How is swallowing going? Is medication being taken? Is he/she becoming isolated? If so, why? Money worries? Sadness at loss of former lifestyle?

These are some of the issues that came up at conference. As is the way, not enough time for all the questions but I hope delegates realised from our comments that it is not just restoring speech that is the important problem after a laryngectomy. Yes, everyone wants to be understood but that swallowing needs to be successful too, so that they can eat comfortably in public and tolerate a normal diet. In other words, they want to 'fit in' to society again.

Jo Lyall

Same As Before

The photograph shows my wife and me at the Poppy Ball organised by the Royal British Legion here in Limassol. When I had my Laryngectomy/Tracheotomy Operation in 2001 I swore then that I would continue to lead my life exactly the same as I had always done. As this operation left me speechless so to speak, it was not going to alter our zest and love of life. So we continued to go to all the functions that RBL organised (which are many) throughout the years and have travelled extensively during this time.



The picture was taken in November of last year (2011) when my wife was 65 years old and I was 75 years old. I have two daughters, five grandchildren and two great grandchildren. And, apart from the operation as mentioned, I am also a Diabetic, suffer from high blood pressure, and, three years ago, underwent an operation to insert a Heart Pace Maker. Hopefully that will be it, as I am heartily sick of hospitals. But I must add that the *Clan* magazine has given me a great deal of tips and the knowledge that I am not alone coping with this ailment.

Graham R. Horton

You do not need a parachute to skydive. You only need a parachute to skydive twice.

The Eastern Region Laryngectomy Conference

More than 100 laryngectomees and their partners met together with a small group of professionals from the Anglia region at Shelford rugby club, near Cambridge on 16 March, for the area's first laryngectomy conference. The event had originally been the idea of Barbara Blagnys (SLT at the Norfolk and Norwich Hospital) and it came to fruition after ten months of careful planning and preparation with professionals from around the area – just before Barbara's retirement at the end of March. Although originally established for the local eastern region, there were also attendees from further afield – as far as London, Berkshire and Weston-super-Mare.

During the morning there were presentations on 'swimming after laryngectomy', 'physiotherapy for laryngectomees' and 'the future of laryngeal cancer treatment'. These proved to be very thought provoking, inspiring and generated lots of discussion and questions for the speakers. A three-course lunch and refreshments were provided and there was time for the attendees to browse the stalls (with representation from over 15 companies and charities).

Discussion tables were set up for the afternoon session to allow for smaller group interactions around topics such as nutrition, voice prostheses and communication. Delegates chatted, shared experiences and stories, and the feedback from all attendees was very positive. The event was made possible by a generous grant from Macmillan and through sponsorship from companies involved in health and laryngectomy care.

We hope the conference will become an annual event and we have already received suggestions for other topics and speakers. For further information please contact Sarah Pilsworth, Macmillan Senior Specialist SLT (H&N/ENT), Addenbrookes Hospital (tel: 01223 216 200).



Doing the Right Thing

I would like to share my experience on returning to work after having a Laryngectomy.

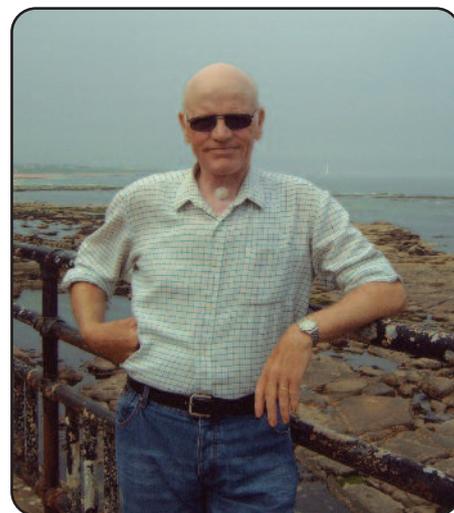
In March 2006, diagnosed with cancer of the Larynx, I began an intensive course of radio and chemotherapy which lasted for seven weeks, which afterwards remained under the care of the hospital consultant and GP. Up to October of that year I was receiving SSP from my employer, after October I began receiving incapacity benefit.

Work Assessment

In March 2007 I was asked to attend a work assessment, I was considered fit for work and taken off incapacity benefit and told to apply for jobseekers allowance. I applied to Jobseekers Plus for JSA, but I could not claim until my former employer terminated my contract of employment. My employer contacted my consultant for advice on my condition and was advised because of the nature of the work (welding and grinding) I could not continue with this employment. I was receiving no income or being credited with any NI Contributions. In May 2007 I began receiving JSA allowance. This lasted until November 2007; because of depression my GP put me on to sickness benefit.

I kept trying to get some sort of work and eventually I got a job in March 2008 at a local Theme Park which was only seasonal. Everything seemed to be going well until a routine check up in July found the cancer had returned and the only alternative was a Laryngectomy. That went ahead in August. As I was in employment I was able to claim SSP until the seasonal contract ended in November, then I would have to claim incapacity benefit but the rules had changed and it became ESA.

I tried to claim ESA but was refused on the



grounds that there was a shortfall in NI Contributions 2006/7. This was a bitter blow considering that I had worked since leaving school at 15 and undergone such a major operation. Luckily I was asked if I wanted to return to the Theme Park for the 2009 season. I went back because of our financial situation but, at the end of the season, again I could not claim JSA because of the lack of NI contributions. So I had to wait to start work in March 2010 before having any income again at the end of the 2010 season. Again I could not make any claim for JSA. The 2011 season was better as the Park stayed open for a longer period but I was still unable to claim JSA again when the park closed. Fortunately, I have started work again 2012.

I have written to my MP and been through Tribunals to explain my situation but this has not had any impact. I just have to wait and see what happens at the end of the 2012 season. I hope this may help any other Laryngectomee who is thinking about returning to work. We have enough to cope with without this added stress by trying to do the right thing. *(I wonder where we heard that one before?)*

Brian Liddell



Curing the Itch – from Scratch

I would like to comment on the article in the March issue of *CLAN* from the reader who had an 'itchy skin' problem following a full Lary op. I had the same problem following my full Lary op and, in order to show the extent of the condition, here is a history from my reporting the condition through to its final clearance:

4 December 2008: Full Lary op. My wife was having radiotherapy for her condition following six years of a blood condition (Leukaemia) from which she was to die five months later.

8 January – 4 February 2009: I had 20 sessions of radiotherapy

17 April 2009: the skin rash appeared

14 May 2009: Blood test for cause – couldn't confirm what it was

5 May 2009 – 13 April 2010: Treated at local clinic and Dermatology clinic (Aberdeen RI) with various skin creams without success. During the whole of this period I suffered continually from severe itchiness especially in bed at night. It was made worse because of the need to scratch! Most of my body from below the neck was affected and I religiously applied my cream (with some help) day and night. Also during this period, I was given a skin biopsy on 13 November 2009 but this did not establish a cause.

Success!

14 April 2010 – 11 June 2010: It was decided to give me UV treatment. This consisted of 25 sessions of 'stand up' all round exposure to sun ray lamps starting with an exposure time of about 57 seconds increasing progressively to the last session of approx 3½ minutes. By the fourth session there was a distinct improvement and by the last session I was 95% clear. In retrospect, the cause may have been the result of my radiotherapy treatment or, perhaps, the pressure on me at the time due to my wife's condition. However, the remedy was very clear: the Ultraviolet treatment worked wonderfully well and it was a great relief to have my skin back to normal for which I'm grateful to the doctors and staff at the Dermatology Department of Aberdeen Royal Infirmary.

I am sure my case is not in any way unique but I offer my explanation to your reader so he can, perhaps, take a different tack.

Norman Skene

Laryngeal Transplant 18 Months On

In October 2010, Brenda Jensen received a new larynx at the University of California Davis, Sacramento, California. This was the world's second documented laryngeal transplant and, as with the first, has been a success. Although she retains a tracheostomy, she can speak very normally (see picture). She took a good 8-10 months to resume normal swallowing, but can now eat or drink anything. At her press conference, she said: "I don't know what the future may bring, but it sure will be better than what we've left behind." I often include this in my talks, since it now only refers to her special case, but also to the fact that science is now bringing us a new generation of amazing technologies which will transform what we are able to do for patients, including laryngectomees, in years to come. So whilst Brenda's case was a highly exceptional one and we do not propose routine laryngeal transplantation for most circumstances requiring laryngectomy, there is considerable hope that one day life without a 'larynx' will no longer be necessary.



Martin Burchell

Hon. Fellow

The photo was taken in October 2009 in the National Museum of Wales in Cardiff where the Rev. Clifford Hughes was privileged to become the first Service User to be awarded an Honorary Fellowship of the Royal College of Speech and Language Therapists for 'outstanding service to the College and to people with Communication impairment'. We're sure Clifford won't mind us commenting that either he'd had too many celebratory glasses of champers or that someone had jabbed him in the rear with a sharp object!



Benidorm

The photo shows Gordon and Brenda Hipwell. Gordon is a member of Leicester Laryngectomees. He is 81 years old and had his operation 20 years ago. More recently his legs stopped working well but he still enjoys his holidays in Benidorm – with the aid of hired electric scooters.



Swallowing Problems

The *IAL News* reports on research by Professor Cook & Dr Julia Maclean of the St George Swallow Clinic. Main findings are that:

- 72% of laryngectomees have some swallowing difficulties with:
 - Food sticking in throat every day (92%)
 - Taking a longer time to swallow (89%)
 - Build up of food in throat (77%)
 - Tightness in throat every day (68%)
- 57% of laryngectomees with swallowing difficulties do not eat out socially
- 92% of laryngectomees cannot swallow a tablespoon (20mls) in one mouthful
- 25% of laryngectomees cannot swallow bread

Oesophageal disorders are also common following a total laryngectomy and can impact on both swallowing and speech.

News from the Clubs

Lost Chord Club, North Staffordshire

The photos below are of Bernard Bonsall and David Durham receiving the cheque from Beryl Sigley and Kate Leese and one of the two ladies having received bouquets from David Sigley of Bradwell, Newcastle. He was diagnosed with throat cancer and underwent a laryngectomy. Post operatively, some months later, David was introduced to the North Staffordshire Laryngectomy Club whose meetings are held on the first Tuesday of every month at the British Legion Club, 197 Meir Road, Langton ST3 7JF. Feeling extremely grateful for everything that had been done for Mr Sigley, his wife Beryl and best friend Kate Leese decided to raise some funds by doing a table top sale for the Laryngectomy charity.



The Club would like to thank families and many friends who donated lots of items to sell and all the people who have supported them by buying their goods.

Particularly they would like to say a very big thank you to Mr Philip Mansfield, the owner and organiser of the table top which is held at Alexander Pottery at Longport Tunstall every Wednesday and Saturday at 9 am. We have been doing the table top for five months and have raised the grand sum of £1,500 for the Laryngectomy club which was donated on Tuesday 3 April 2011

Tony Joynes

Plymouth

The February meeting took the form of a visit to the National Aquarium in Plymouth on Valentine's Day. Six intrepid Club members met up on the Barbican for a coffee prior to taking an educational tour of the aquarium. The visit culminated in a 4-D viewing of a film in the aquarium cinema. And yes, it was 4-D... not 3-D! Their March monthly meeting was held in the Mustard Tree at Derriford Hospital and featured an instructional talk by Mr Neil Hunt, who is the Clinical Tutor for the South West Ambulance Services. Their June meeting includes a Trip up the River Tamar followed by a Cream Tea.

The Plymouth Club was also awarded £445 from Devon Community Foundation to help them run as a support group for laryngectomees and other head-and-neck cancer survivors. Geoff Read, the Chair of the PLC and a Laryngectomee himself, said: "This grant will make a huge difference to laryngectomees living in the Plymouth area. Thank you Devon Community Foundation!" The PLC usually meets up on the second Tuesday of each month. For further information please email Geoff on saudigeoff@yahoo.co.uk

Laura Hewitt from DCF added: "We are delighted to be able to support this fantastic group. It is groups like this working on the frontline that are so essential to our communities. It's what makes DCF so important to ensure that together with donors and local groups we can build strong and vibrant communities for everyone in Devon, both now and for the future."

Chinwags, Kirkcaldy

George Stewart, Chairman, reports that on 2 March they had the opportunity to go to Pathead Halls courtesy of Lorraine Brown who is a Line Dance teacher. She was holding a Line Dance social evening and agreed they could have a Tombola & Doll table to raise funds for the club. Most of the donations for the Tombola were from a former laryngectomee's family from Kinglassie. Thanks to them they raised £153. Lorraine also held a raffle and she donated all the proceeds to their funds and gave a very generous donation from her door ticket sales bringing the total to £320. So a big thank-you to Lorraine and to all the line dancers who bought tickets. And last but not least to Jan, Nancy and Elizabeth for helping with the raffles. Everyone enjoyed the music and watching the line dancing.

Mucus Thinner

My father, a laryngectomee, suffers with excess mucus. Someone recommended 'Air-Power' and he's found this a great help. His mucus is much thinner so looser and easier to cough up. Although it claims to be a 'natural product' it's always a good idea to check with your doctor first, but thought we'd pass on the recommendation.

Anne Greenwood, Stockport



Cornwall

Over the last 12 months they have had some most enjoyable meetings: a train trip from Totnes to Buckfast; a River trip up the Helford starting at Budock Vean Hotel; a soup lunch at Devoran with the Plymouth Lary club and also friends from the Recovery Club; a very enjoyable Christmas lunch, enjoyed by over 40 members and guests; a Trip to the Herb Garden in Bodmin, followed by a cream tea at St Benets Abbey. The May meeting was at the Victoria Inn for lunch and Matthew Exelby from the NHS Ambulance Service, who introduced the special laryngectomy

equipment into ambulances, attended and brought one of the new ambulances complete with the latest equipment.

The Chair of the SpeakEasy Club in Cornwall, Ron Wills, and his surgeon from Treliske, Adam Wilde, were on the Laurence Reed Show on Monday 30 January 2012. They have been visiting schools in Cornwall and giving talks, with very encouraging results and lots of feedback. A large part of Laurence's programme covered the whole subject, including an interview with the Head of Derriford Hospital.

News from the Clubs

20-20 Appeal

Last Thursday saw 20-20 Vision of VOICE hold a cake sale at the Leicester Royal Infirmary. I was informed that it would last from 9am-2pm, well that's how long I expected to be there but we sold out in an hour! It was incredible really for as soon as my extremely pretty assistants started displaying all manner of baked cakes customers appeared from nowhere and snapped them up! In an hour we raised £102.22 for the appeal and are now trying to recruit more baking people for the next 20-20 cake sale.

Phil Johnson



'20-20 vision of VOICE' cake stall

Doctor Says

Doctor says: "One of several things could cause your symptoms."

Doctor means: "I haven't the foggiest idea what's wrong with you."

Doctor says: "Are you certain you haven't had this before?"

Doctor means: "Because now you have it again."

Doctor says: "I'd like to run that last test again."

Doctor means: "The lab has lost your sample."

Doctor says: "This prescription has a few side effects."

Doctor means: "You may experience sudden hair growth on your palms."

Plymouth Club Newsletter

Why does someone believe you when you say there are four billion stars, but check when you say the paint is wet?

The Windpipers, Blackpool

Their Christmas trip to the German market was successful apart from the awful downpours though they enabled them to take shelter in the cabins which were providing German food and lovely gluhwein.

Their charity bowling event in February took place at Newton Hall and raised £290.30 and thanks are due to Brian and

Brenda for organising the event and to all who supported it. And to Janette Allwood who obtained all the raffle prizes. The cake stall was very successful thanks to Yvonne Yates and friends for producing 'naughty but nice' goodies. The club has also been successful in obtaining a Macmillan 'Helping you help others' grant worth £2600.

Eggcellent Cancer Appeal

Phil Johnson, Chairman of '20-20 vision of VOICE' Cancer Appeal, presents the giant Easter egg to Linda Ralphs and her two very excited children Bella and James. Bella thought she had won the chocolate bunny in the Leicester Royal Infirmary Easter raffle – until they asked her for the winning ticket, which Bella decided was to be an upside down 425! ;-)



(Picture courtesy of Beulah Beau Photographers Leicester)

The raffle raised £203 for the '20-20 vision of VOICE' Cancer Appeal which aims to buy the latest camera technology to spot the smallest cancer growths in our hidden parts. They thank John Lewis Stores, Leicester for their generous donation to our appeal.

Golf Widow

I asked my husband: "If I died, would you remarry?" He said: "Of course not." I asked: "Why not – don't you like being married?" He said: "Of course I do." I asked again: "So why not remarry?" He said: "Ok, then I would remarry." I said; "Oh you would, would you? And would

you and your new wife sleep in our bed?" He said: "Where else would we sleep?" I asked: "And would you replace my photos with hers?" He said: "That would seem appropriate." I asked: "And would she use my golf clubs too?" And he replied: "No – she's left-handed!"

Still Talking" NSW Newsletter

What is Cancernet?

Cancernet is an independent organisation comprising of a multi-disciplinary group of health professionals and cancer survivors. Cancernet.co.uk contains educational advice sheets for patients affected by cancer, their relatives and health professionals. It has identified the areas and levels of information which patients need to help them make decisions, cope with the side effects of therapy and help them make informed lifestyle choices. It also provides a useful resource for services which may be useful after a diagnosis of cancer such as support groups, academic and commercial organisations.

The information provided is not a substitute for professional care and should not be used for diagnosing or treating a health problem or a disease. If you have, or suspect you have, a health problem you should consult your doctor. Inclusion or exclusion of any product does not imply that its use is either advocated or rejected. Use of trade names is for production identification only and does not imply endorsement. This site has no formal connection with others of a similar or related name in the UK or internationally. Their website also gives information about a book *Lifestyle After Cancer* summarises the lifestyle evidence from around the world and provides practical advice for all stages in the cancer journey. Some may find this very interesting and readable!