



## Women and Laryngectomy

Women who smoke not only share the same health risks as men, such as lung cancer, coronary heart disease and respiratory diseases but also face health problems that are unique to women such as pregnancy complications, menstrual problems and cervical cancer. Menopausal women who smoke increase their chances of developing osteoporosis, breast cancer and emphysema.

When a woman has to undergo a laryngectomy she faces many of the same problems as a male laryngectomee but also experiences difficulties related to her gender. Although most female laryngectomees report that life is good after a laryngectomy, it can take a woman from one to four years to adjust to her situation. She may feel unworthy of keeping her husband and family. Many female laryngectomees lose confidence in maintaining their occupation. Social isolation is very common after a laryngectomy.

It is also common for a woman to become very self conscious about the way she looks. As one woman said "Was I treated different?...I got all kinds of looks.... Did it bother me?...Of course. No one likes to be stared at or made a spectacle of. Another woman said "I didn't want to see any one because of the way I looked" As the neck is a sensitive and sensual area of the female body a woman may feel unfeminine as the area must now be covered up. Most women, however, learn to adjust their way of dressing to their problem and of course wear very attractive scarves and jewellery etc.

### Unnatural?

After a woman has had a laryngectomy, her voice is often perceived as low in pitch, coarse, unnatural or masculine. Some women say that over the phone they are often mistaken as men and so they avoid phone conversations. Their voice also appears to lack emotion because the larynx is linked to the limbic system that is the control centre of the brain.. The voice can be linked to a person's personality and such characteristics as self confidence, kindness, courage, humour, gentleness, affection and dominance have been

shown to be conveyed through the voice. Not only does her voice lack emotion, but crying, laughing and shouting produces no sound. Because she cannot express her feelings in the same way as she did before her operation, she may feel very depressed and frustrated.

Following a laryngectomy, women gain weight and experience hormonal changes. This is due to the fact that a laryngectomy often includes the extraction of the thyroid gland. There may also be problems with pregnancy and childbirth. A woman giving birth may now need to have a cesarean section as she may find it difficult to bear down. Most laryngectomees experience a loss of smell. A woman may now miss the smell of her favourite perfume, flowers and cooking. Because her inability to smell effectively could be dangerous, the installation of a smoke detector in her home is very important. All laryngectomees of course need to observe this precaution. After a laryngectomy a woman may not be able to continue her previous job. There may be different reasons for this such as her altered voice or appearance or hazards like dust or air conditioning that could irritate her lungs. She may experience financial problems and this could put an added strain on her family life. Although most female laryngectomees eventually learn to cope, they do have many problems to cope with.

*from Still Talking – NSW Newsletter*



## Shake You Can Make

The May issue of *The Voice* ran an article complaining about 'Ensure' consisting of sucrose, corn syrup, maltodextrin, calcium caseinate, some oils and a load of vitamins and minerals of indeterminate origin. The author thought it could become addictive and possibly lead to diabetes, obesity and other problems, so he asked a nutritionist friend to come up with a natural substitute. So here's a healthy recipe that you can prepare for yourself courtesy of Michael Pommier:



- 1 cup of almond milk
- 1 tbsp brown rice protein powder
- 2 tbsp almond butter
- 1 tbsp cocoa powder
- 1 tbsp honey\*

\* honey can be replaced by half a banana.

It contains 396 calories, 21 g fat & 6.7 g sugar (with honey).

Mix it up and enjoy without worry of absorbing and being dependent upon many chemicals of unknown origin. Ideal taken after exercise.

*Still Talking, NSW Newsletter*

There were some novel presentations from clinicians on such topics as regaining the ability to smell and on the problems of hypothyroidism. The venue at Addenbrookes Hospital was almost full and some excellent refreshments were provided.



*Tony Smith manning the NALC display stand*

## East of England Laryngectomee Conference

Three NALC officers attended this event in Cambridge on 30th May 2014. Malcolm Babb and Andy Gage delivered a presentation on First Aid and Laryngectomee Emergency Situations. There were some familiar faces from the NALC General Committee present but it was a pleasure to meet so many laryngectomees from Essex up to Northampton and share their concerns.

# A LARYNGECTOMY WITH COMPLICATIONS

I had my Laryngectomy operation in January 2009, followed 37 doses of radio-therapy and the accompanying chemotherapy sessions. I've been coping quite well since then but have had speech valve leaks from time-to-time, with ever-increasing regularity. I was eventually admitted to hospital on Boxing Day last year with yet another leak. This time they admitted me via A & E and gave me an MRI scan which later proved negative.

Apparently they had thought that my cancer had returned and were taking all the necessary precautions. My valve was apparently sitting at a most peculiar angle. I had learned earlier that it's most unlikely for a cancer to return after a period of five years or so. But to be sure, they kept me on the ward for six weeks on this occasion which turned out to be pure hell after I contracted one of those dreaded hospital bugs! During one nauseous session, I managed to cough out the whole speech valve through my stoma... the whole thing! This left a fistula (hole) the size of a football pitch between my gullet and windpipe. So from Boxing Day last year I've been nil-by-mouth and have had to wear a tracheostomy tube and cuff. I am also unable to talk. The radio-therapy had caused severe tissue damage which in turn, was not helping the fistula to close of its own accord. And if the fistula won't close then it's not possible to re-fit the speech valve. And with no speech valve I'm stuck being nil-by-mouth with tracheostomy tube and cuff!

## Over Granulation?

It was a scary time just after Christmas last year wondering whether the cancer had returned. However, tests and tests and more tests were conducted and even the biopsies and MRI scan weren't helpful and inconclusive. After what seemed like an eternity and with no other direction to take, the "powers-that-be" concluded that the cancer hadn't returned and that the speech valve had in fact been caused by over-granulation. The Head & Neck consultant was at a loss on which direction he should take next and consulted with experts from right across the Kingdom.

After a lengthy discussion we agreed upon a procedure to take place in June this year. This

Involved undergoing the insertion of a

stent-like, ten-inch plastic tube into my oesophagus. The tube had a small funnel at the top-most end. This tube would cover the fistula thereby preventing saliva from seeping into the windpipe. Thus making the tracheostomy tube and cuff redundant. And if all this worked then I would be able to start eating and drinking "normally" once again. Unfortunately, I didn't quite get that far as the tube was ejected from my gullet during a coughing fit. Honest Gov, I didn't mean to; I simply coughed and up she came... what seemed like yards of the bloody thing!

## Night and Day

After a day or two, the consultant decided he would repeat the procedure but this time with a little more robust approach. He would also stitch the fistula to aid the closing process. And... everything went fine. It was at this point, just when everything was going well, that I contracted gastroenteritis and was ejecting body fluids from both ends of my body! This lasted days... and nights and I just wanted to curl up and die! Anyone who has suffered this will have sympathy I'm sure. It's ten times worse than a normal tummy upset. It was during one of these bouts of nausea that once again I coughed out the infernal tube.ack to Square One and feeling kind of sheepish and disappointed. That bug knocked me sideways and I lost a stone in a few days.

I've now been home for a few days and am waiting to hear what Grand Plan my consultant will have for me when I meet up with him next week. In the meantime I'm still nil-by-mouth and still unable to talk. I'm beginning to have cravings for tasting things. What is it like to munch into a big fat hamburger? A juicy steak-and-kiddy pudding? Yummy! I am so longing for the day. I'm even looking at recipes in glossy magazines. I rather suspect that my consultant will ask me to undergo the same procedure again sometime soon. And I'm willing to do so if the end-result means I can eat and drink again. I need to eat and drink. I can get by without talking but I must eat and drink!

The objective behind me writing this article is not to seek sympathy or to bemoan my misfortune at what the radio-therapy did to me but rather, to ascertain if anyone else has had similar problems and how they went about rectifying the situation. It

would be great to hear from someone who has undergone similar misfortunes. You can contact me at: geoffread@gmail.com.



Geoffrey N. READ

The Plymouth Laryngectomy Club (PLC)

## Sterner Stuff

The Plymouth Club newsletter has the following item on the Irish musician, Aidan Clohessy. It originally appeared in *The Limerick Leader* newspaper on 15 December 2013.



On 18 July 2007 the family of well-known Limerick singer song writer Aidan Clohessy were called to his bedside at the Regional Hospital in Dooradoyle, and advised to say their goodbyes. Aidan had throat cancer and had serious complication after his operation of 2 July and doctors felt he had little chance of survival. His wife Grainne and children, Kate, Sarah and Jack, feared the worst as the doctors felt there was no more they could do. But Aidan is made of sterner stuff. To be diagnosed with cancer is everyone's nightmare. But when you are a professional singer and you are diagnosed with cancer of the throat it is even more difficult to accept.

Aidan survived, but lost his voice and could no longer sing and generate an income. But, remarkably, this Christmas he has, despite this devastating blow, brought out a new CD with outstanding vocalist Karen Fitzgerald, with all proceeds going to local charities.

Aidan speaks with the use of a prosthesis along with a breathing technique taught to him while in hospital.

His promising singing career is over, but he can still play the guitar and write songs.

## Portable Nebulisers

I am a long term tracheotomy person – three years now and counting – and have mainly had to find my own way through the maze of products- so good; some not so good and so on. In the early days I used the big compressor type nebuliser in the car running off an inverter - that take is 12v car battery via the cigarette lighter port and converts it to 230v. These inverters are not expensive and I found it worked very well. However, away from the car there was some difficulty in carting around a large compressor so I purchased, on the internet, a OMRON U22 MICO A-I-R. This runs off 2AA batteries although a optional AC adaptor is also available. When I bought the unit I think it cost around £80. There seemed to be a choice on the internet with the same product branded under different names. Main site is: <http://omron.co.uk/en/home>

I have used this just a few times and although good for an emergency I found it a little temperamental when used with with neck breathing and neck mask; which of course one also has to carry around with the OMRON. Unfortunately I have significant lung problems – consolidation, bronchiectasis and deep seated infections that now require me to take a lot of nebulised medication. It was whilst I was a patient in Royal Brompton Hospital (RB) in London that I was introduced to the eFlow Rapid system when I was put of Colymycin and Hypertonic saline.

[www.parimedical.co.uk/products/lower\\_airways/product/detail/info/eflow\\_rapid\\_nebuliser\\_system-1.html](http://www.parimedical.co.uk/products/lower_airways/product/detail/info/eflow_rapid_nebuliser_system-1.html)

This is an expensive machine to purchase and also maintain but it does its job very well. (I am unable to find the current prices but Pari Medical should be able to help). There is a good discussion at:

[http://forum.cysticfibrosis.com/threads/4583-Which-NEBULISER-\(-jet-compressor-ultrasonic-etc-\)-is-the-BEST](http://forum.cysticfibrosis.com/threads/4583-Which-NEBULISER-(-jet-compressor-ultrasonic-etc-)-is-the-BEST)

### Little Provision for Neck Breathers

My main issue here again is that as with all devices they are designed around mouth breathers and little or no provision is made for neck- breathers. With the help of the physios at the RB the linkage of the Pari was adapted with the use of a cut down swivel mount (22mm one end 15mm the other) to fit onto to my trachy inner tube. The swivel mounts are not able to be sterilized (they are designed as single use items) and I learning to beg around for replacements as they have to be discarded are a week or two of use. I realise that laryngectomee people may need a different arrangement. (I can send you picture of how I set my system up if it will help). Details of other systems can be found at: [www.evergreen-nebulizers.co.uk/portables/portables.html](http://www.evergreen-nebulizers.co.uk/portables/portables.html) as well as on other retailer pages.

*Robin Waters*

## Pro Tip Replacement Larynx

Last year, German and French researchers at Strasbourg University Hospital, developed a system named "ProTip" which plans to use biomaterials to replace the larynx during laryngectomy. This surgical procedure gives new hope to laryngeal cancer patients where the basic surgery hasn't changed in 140 years. The basis of the artificial larynx is a combination of solid and porous titanium. Initial encouraging results indicate it is worth pursuing the development of the technologies and surgical procedure before making the therapy more widely available. A clinical study is currently underway.

Still Talking *NSW Newsletter*

## Throat Cancer & Heartburn

Southampton experts have discovered a link between throat cancer and heartburn according to an article in the *Southern Daily Echo* on Sunday, 22 June



2014 by Joe Curtis, Health Reporter. Southampton scientists may have found a way to diagnose throat cancer earlier after discovering its link to heartburn. An international study, including University of Southampton researchers, have identified two problems that signal early onset oesophageal cancer. Heartburn, otherwise known as acid reflux, damaged cells in the oesophagus that, if untreated, can lead to a condition called Barrett's oesophagus which can turn cancerous.

Barrett's is very difficult to diagnose, making it difficult to identify people who are at higher risk of developing cancer. But by comparing samples from patients with Barrett's and patients with throat cancer, scientists believe they have discovered mutations that show when Barrett's will become cancer. Tim Underwood, MRC clinician scientist at the University of Southampton and Oesophageal Surgeon at Southampton General Hospital, said: "This is a landmark study into the genetic basis of why and how some people with Barrett's oesophagus get oesophageal cancer and others do not."

*Tim Underwood, MRC Clinician Scientist at the University of Southampton and Oesophageal Surgeon at Southampton General Hospital*

*from the PLC Newsletter*

and speech pathology training programs in the USA use it for educating their trainees. The book can be read and downloaded (free) at his website: <http://dribrook.blogspot.com/>

So, Dr Brook has asked if those of you who do read it, would kindly submit a review to Amazon UK ( [www.amazon.co.uk/My-Voice-Physicians-Personal-Experience/dp/1439263868/ref=sr\\_1\\_1?s=books&ie=UTF8&qid=1404308896&sr=1-1&keywords=my+voice%2C+itzhak+brook](http://www.amazon.co.uk/My-Voice-Physicians-Personal-Experience/dp/1439263868/ref=sr_1_1?s=books&ie=UTF8&qid=1404308896&sr=1-1&keywords=my+voice%2C+itzhak+brook) ). It would be a pity if there was a negative impression of the book in the UK because of a couple of negative reviews!

## 20:20 Fashion Show

6 June saw the '20:20 Voice' Cancer Fashion Show in the 1880 suite at the Leicester Tigers ground. Over 200 people turned up this year, fantastic improvement on last year, and we also had 15 stallholders who wanted to join in the fun and show off their wares. We had English and Asian dancers and I had the honour and pleasure of introducing our patron Mr Willie Thorne (Mr 147 himself).



The night was a tremendous success and we raised just over £1100 which has now put us in a position whereby we can purchase our first major piece of diagnostic equipment for Lecesters ENT Cancer clinics – the Flexi-Video-Rhinolaryngoscope. It seems that the company involved in these things has been monitoring our progress on our website ([www.2020cancerappeal.org](http://www.2020cancerappeal.org)) as they have an FVR in waiting for us, it is only a matter of time ensuring it exactly the right one! :-)

*Phil Johnson*



So, we have achieved what we originally intended but there is so much more we need to do as the awareness factor is still miniscule-but we have plans in the pipeline. If anyone out there in 'laryland' is in a position to help us raise funds then please contact me through our website. More news soon as we have the annual Leicester to Skegness bike ride coming up on 23 August!

*Phil Johnson*

## Advice Please

My husband had throat cancer 2009/2010, had radium 2010 but the cancer returned and he had a major operation in 2011.

He was exceptionally and still is been exceptionally well looked after, by the ENT team under a brilliant consultant. We are also very lucky to have really good local services, with people who go above and beyond the call of duty to help us. However, my husband is unable to eat or speak, that all failed due to extra tissue.

Coping well but we wonder is anyone else in the same situation?

If anyone could offer advice, please contact Kerry at Head Office [info@laryngectomy.org.uk](mailto:info@laryngectomy.org.uk) or 020 7730 8585.

## After laryngectomy

If you have internet access, take a look at this clip on youtube on communication after a laryngectomy:

[www.youtube.com/watch?v=R4azcU6i2IE&feature=em-hot-vrecs](http://www.youtube.com/watch?v=R4azcU6i2IE&feature=em-hot-vrecs)

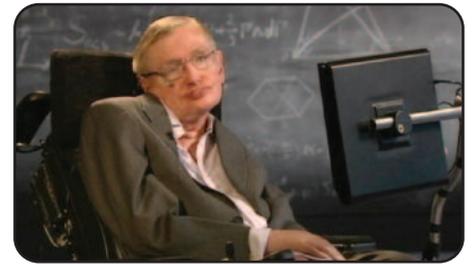
It was produced with the help of the Brighton Macmillan Head & Neck Cancer Support Group.

**I don't like country music, but I don't mean to denigrate those who do.**

**And for the people who like country music, denigrate means 'put down.'**

**Bob Newhart  
(Still talking, NSW Newsletter)**

## The Global Tracheostomy Collaborative (GTC)



Professor Stephen Hawking was the keynote speaker at the Royal College of Surgeons in July for the European launch of the Global Tracheostomy Collaborative. He described his journey in first needing a permanent tracheostomy tube in 1985 and then eventually having a laryngectomy in 1999.

This collaborative is a worldwide initiative to improve the safety of tracheostomies and laryngectomies when they are receiving medical care in hospital or elsewhere. Over two hundred clinicians and a smaller number of patients attended the day. There were presentations from clinicians from Australia and the USA, as well as the UK.

NALC has long been involved in attempts to improve patient safety, most recently as a partner of the National Tracheostomy Safety Partnership and in the delivery of its own Education Programme. NALC President, Malcolm Babb, was invited to the launch to speak about the patient experience. He shared some of the incidents that members have reported to NALC in recent years, mistakes ranging from minor ones with no long term consequences to those that have been so serious they have led to a fatality.

The GTC aims to improve the quality of treatment of tracheostomies and laryngectomies by sharing good practice. Hospitals that join the GTC will choose 'Hospital Champions' who will link with the collaborative and lead change in their own institutions. NALC welcomes this initiative and will support it to deliver better care for our members.



## Emergency Cleaning of Electrolarynges

Tom Lennox of Luminaud in the US put an article in the *IAL Newsletter* for looking after your Electrolarynx (EL) if it is dropped into water, mud, spaghetti sauce, dishwasher, the toilet, etc.

Proper attention on your part may reduce damage and mean that you do not have to send your EL for repair – and even if you do have to send it away, your actions can keep down the cost of repair or may leave you with an EL that is repairable instead of something that has to be thrown in the trash.

The main thing to think of is the fact that clean tap water does NOT damage an EL unless it is left to sit in it for a period of time – and therefore in an emergency you can use plain tap water to rinse anything water soluble out of your EL. **DO NOT USE DETERGENTS, OILS, SOLVENTS OR ANY CLEANING MATERIAL OTHER THAN PLAIN, CLEAN WATER.** The exception would be a removable safety cord – it would be OK to wash that part in soap or detergent and water – rinse and dry before reinserting into the EL.

Neck-held EL, immediately remove the battery cap and remove the batteries. Rinse off the batteries and the battery cap, dry them with a towel and set them aside.

If the device has an oral adaptor, remove it and wash it as you would occasionally anyway, insuring that there is no food or foreign material in the end of the tube or in the slots if you use a capped tube. Depending on what it's been dropped into, you may want to discard the tube and put on a fresh one.

Leave the head on the EL, but for the Servox and Optivox, remove the metal sleeve. Rinse all parts of the unit inside and out with tap water. Then carefully shake as much water as possible from the EL and gently pat everything dry where you can.

Next, remove the head. Be careful not to lose O-rings, gaskets or spacers. **DO NOT REMOVE the RUBBER DIAPHRAGM** from the top of the body of the instrument. If you find it is DRY under the cap, then wipe the cap inside and out with towelling and set aside. If the inside of the head is WET, then carefully rinse with water. Do not use a hard spray of water or compressed air. That could damage your coil assembly. (Big bucks to repair.) After the rinse, gently

## QUESTIONS TO ASK YOUR DOCTOR

The UK Throat Cancer Foundation at their website [www.throatcancerfoundation.org](http://www.throatcancerfoundation.org) suggest a list of questions to ask your doctor at the various stages of your treatment.

### Questions to ask before treatment starts

1. What stage is my head and neck cancer?
2. Can I do anything to make treatment more effective?
3. Should I get a second opinion? Can you recommend a colleague to give a second opinion?
4. What support is available to patients and their families at this hospital?

### Questions to ask during treatment

1. What are my treatment options?
2. Will I receive radiotherapy? If yes, what kind of radiotherapy treatment is available (e.g., is it IMRT, VMRT)? Is this the best treatment for my condition or should I ask for a referral?
3. Are there any research studies or clinical trial available which could help me?
4. How long will I receive treatment for, how often, and where?
5. Can I talk with other patients who have received this treatment?
6. What possible side effects should I prepare for?
7. When might they start and how long will they last?
8. Will they get better or worse as my

shake any water that you can out of the hole in the diaphragm. If you have a hair drier that can be set on cool only – no heat – you can help the process along a bit on any instrument by blowing air gently into the parts. (Do NOT use heat. Warm to hot temperatures can damage your EL.)

Set all parts of the disassembled unit in a clean, dry, safe place where nothing will roll off or get bumped off and let them dry for 48 hours.

Of course, I hope you never need this advice. Do anything you can to keep your EL attached to yourself or your clothes in such a way that it cannot fall very far no matter what. But if an accident happens, rinse the bad stuff off right away and good luck!

*From Still Talking – the NSW Newsletter*

treatment goes along?

9. Are there treatments that can help relieve the side effects? What are they? Do you usually recommend or prescribe them?
10. How can I best monitor side effects and my health during treatment?
11. How will my head and neck cancer treatment affect my usual activities?
12. Will I be able to work?
13. Will I need to stay in the hospital?
14. Will I need someone to help me at home?
15. Will I need help taking care of my kids?
16. Are there any activities I should avoid during my chemotherapy?

### Questions to ask at the end of treatment

1. What happens after I complete my treatment?
2. What can I do to aid my recovery?
3. What services are available to help me recover? For example, a speech and language therapist or nutritionist can be very important to speed up recovery.
4. How often will I need to come in for check-ups?
5. When will you know if I am cured?
6. What happens if the cancer comes back?

You can of course change these or ask different questions to suit your particular situation, and note the answers.

*(Still Talking, NSW Newsletter)*

## You'd be a Fuel No To!

Last year there was a lot of controversy over the fuel allowance given to the over 60s. Should every pensioner receive it? Should those better off financially give it back?

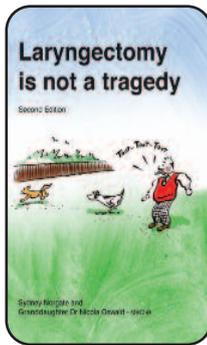
The Government have already budgeted for this allowance so if you are in the very fortunate position of not needing the £200, please can you consider giving it to NALC?

With our funding from Macmillan soon to be stopped, we would certainly put it to good use for the benefit of laryngectomees. **IF YOU DON'T NEED IT, WE DO !**

*Ivor Smith Vice President*

## Laryngectomy is not a Tragedy

In the December issue of *CLAN*, we included an item on the book *Laryngectomy is not a Tragedy* (Second Edition). Carole Stainton from the Cancer Laryngectomee



Trust has informed us that they supply copies of the book free of charge to laryngectomees and their carers. It is also available to health professionals. The only charge they make is to ask people to send a C5 SAE with a 1st class and a 2nd class stamp attached to:

**Cancer Laryngectomee Trust**  
**PO Box 618, Halifax HX3 8WX**  
**Their telephone number is**  
**01422205522 and their website is at:**  
**www.cancerltf.org**

## Throat Cancer Deaths Up 50% in 40 Years

The Plymouth Club *Newsletter* includes an article from *The Mail* of 6 January 2014. It reports on a steep increase in Throat Cancer deaths largely due to obesity, smoking and alcohol. Around 7,600 people – 13 in every 100,000 – died from oesophageal cancer in 2011, compared to around 3,800 in 1971 (8 in every 100,000). For men, death rates have jumped by 65% since the 1970s, say figures published today by Cancer Research UK charity. They show a smaller increase for women, going up 9%. The rise is linked to the growing number of people developing the disease, with the UK having the highest rate of oesophageal cancer in Europe.

About 6.4 out of every 100,000 people develop oesophageal cancer in the UK every year – almost double the European average of 3.3, according to figures released last year.

Actor John Thaw, star of *Inspector Morse*, died of the disease in February 2002, aged 60. Cancer of the oesophagus, or gullet, affects the 10 inch tube connecting the throat to the stomach, and the risk of developing the disease increases with age. Lifestyle factors such as obesity, smoking, and drinking alcohol can all

All right, let's talk about fistulae. By the strictest definition, a 'fistula' is a connection between two epithelial surfaces. Epithelium is the lining of an organ or the covering of a body part such as the skin. The organs of most concern in the head and neck are the mouth, the throat and the oesophagus. Therefore, a fistula in our area represents a connection between the mouth, throat, or oesophagus and the skin of the neck.

What's the problem with a fistula? Well the most obvious problem is the leakage of saliva and anything else you swallow through the fistula on to the neck. The ramifications of this are obvious on social, convenience and nutrition levels.

Nobody wants to go around draining on to their neck all the time. Also, if the fistula is near your stoma some of this stuff can go down into your lungs and possibly lead to pneumonia or a lung abscess. All of this leads up to the fact that we try to do everything we can to avoid a fistula.

### Main Causes

What are the main causes of a fistula? At the time of surgery we try our best to close the inside of the throat and oesophagus to avoid a leak. We use antibiotics during and shortly after your surgery to cut down on the chance of infection. The main thing that leads to a fistula is poor wound

increase the risk of oesophageal cancer. It is not clear why obesity plays a part although it is thought to increase persistent heartburn, also known as acid reflux – where acid from the stomach flows back up the gullet exposing it to possible cancer-causing agents. Mr Tim Underwood, an oesophageal surgeon and researcher for Cancer Research UK's ICGC (The International Cancer Genome Consortium) project at the University of Southampton, said "These figures are a clear reminder that we've still a long way to go with oesophageal cancer. We must do more to diagnose the disease as early as possible.

"As a surgeon, I see many patients walk through my door who have not recognised or ignored the symptoms that might be oesophageal cancer for too long, and they only seek help when food starts to get stuck when they swallow. So, by the time I see them, it's too late for treatment that could cure them."

## What Is a Fistula?



healing. Things such as too much tension on the wound, a wound infection after surgery, poor nutrition, continued use of alcohol and tobacco, and prior radiation are the usual things that lead to problems with wound healing and the formation of a fistula.

So if a fistula develops, what can we do about it? The first thing we, as surgeons, do is to encourage it to drain into an area that will minimise the chances of infection in the rest of the neck and keep the drainage out of the stoma. Given enough time most fistulae will heal on their own without additional surgery. There is of course the hassle factor of dealing with external drainage and needing to use an alternative method of feeding such as a PEG during the healing phase. Surgical closure is reserved for those fistulae which do not close on their own and those that pose some danger particularly to the stoma and lungs.

What are the long term side effects of a fistula? The most commonly encountered problem is a stricture or narrowing in the upper oesophagus which may affect the ease of swallowing. Most patients that develop a fistula do not experience any long term problems.

*Glenn E. Peters, M.D.,  
University of Alabama, Birmingham,  
Alabama, USA  
(from Still Talking, NSW newsletter*

**Having positive thoughts  
increases your brain's ability to  
make better decisions**

**People born between (1995-  
1999) have lived in two decades,  
two centuries, two millenniums,  
and they're not even 18 yet.**

# News from the Clubs

## Plymouth

On 10 June, members visited Badgers Holt and had a Cream Tea and enjoyed delightful views of Dartmoor. A fleet of cars met up at the Roborough Tesco Car Park and then travelled across Dartmoor to Dartmeet. Members then had a delicious Devon Cream Tea whereupon discussion took place as to whether the jam or the cream should go on first! Traditional scones were to hand and devoured fairly quickly! It was delightful to have Charlie and Joyce with us; guests of Fiona and Ron who had travelled all the way from Scotland for the Cream Tea! Scruffy the Dog was also in attendance. Geoff won the Raffle which was a ticket for a family of four to the Dartmoor Zoological Park. After all that, some called in to visit the Dartmoor Prison Museum on the return journey. Despite the inclement weather this was a delightful day enjoyed by all. They agreed that their Christmas Luncheon should take place at the Two Bridges Hotel on Dartmoor on 9 December.



## Speak Easy, Cornwall

On 2 July they had a summer afternoon tea with Janet and Martin at their Goonhilland Farmhouse. On 9 July they had a joint outing with the Recovery Club: a boat trip to Puffin Island on the *Jubilee Queen*. In September they meet at the Quintrell Inn, Quintrell Downs.

## Cheaper Alternative To Tissues

This article was posted on the *Daily Finance* website by Nadine Cheung on 2 March 2012. It was included in the *Plymouth Club Newsletter*.

"When you have a cold or are suffering from allergies, tissues are a must-have, but they can also cost you when you're buying them all the time. Have you ever considered using toilet paper? Here are a few good reasons why you should: We've all grabbed a few squares from the bathroom roll in a pinch, but using toilet paper over tissues is actually a more cost-effective choice in the long run. On average, a box of tissues has 65 sheets and breaks down to about two pence per sheet. However, a roll of toilet paper has nearly four times as many sheets as a box of tissues and costs half as much.

Of course, you're not going to toss a roll of toilet paper to your guests when they have the sniffles. With a pair of scissors, an empty tissue box and a little bit of tape, you can refill your dispenser to look just like a store-bought version. First, take a roll of toilet paper and cut down the length of the cardboard centre with your scissors. Remove the tube. Take an empty square tissue box and cut three sides along the bottom. Pull the inner sheet through the top and tape the bottom shut. You'll have a great looking tissue box in minutes, and can count your savings with each and every pull. And that's nothing to sneeze at!

Please watch the video by clicking on this link: [www.dailyfinance.com/2012/02/03/savings-experiment-tissues-vs-toilet-paper/](http://www.dailyfinance.com/2012/02/03/savings-experiment-tissues-vs-toilet-paper/) It gives a complete demo!

## Cancer Survivor Pens Single

This item was published in the *Bucks Free Press* on Saturday 28 June 2014 by Rebecca Cain. It was included in the *Plymouth Club Newsletter*.

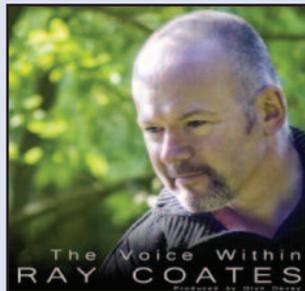
A cancer survivor has released a single exploring how he coped during his diagnosis and gruelling treatment. Ray Coates was diagnosed with throat cancer in 2008 after he found a lump on his neck while shaving. He was quickly diagnosed and had four hour surgery followed by six weeks of radiotherapy. Following regular appointments he was given the all clear on 13 September last year. The Aylesbury resident, who grew up in High Wycombe and went to school in Lane End and Stokenchurch, has now penned the song, *The Voice Within*, which is available to buy on Amazon and iTunes. All money raised will go to Cancer Research UK.

Ray, 48, said: "It is my story of how I felt. Also it is kind of a dedication song of how other people might be feeling." The driving instructor has written songs for more than 30 years but he has never released one before. He said: "I have always written lyrics. That is what I have done for years but I couldn't write anything at all. I bottled a lot of things up, and then it was released in a song."

He had intensive radiotherapy for six weeks which left him without a voice for several months.

Ray, who has five children aged nine to 21, said: "The thing with cancer and cancer treatment... it is very physical. You deal with it physically. You are told to be here at

this time and you are going to be asked to do this and then you can go. You just do it. The actual emotion of it catches up with you afterwards." He said he felt isolated, frustrated and lost and he said he still does not feel the same as he did before he was diagnosed. But added: "I would say, in a strange kind of way, I have exceeded where I was before because of the experience I have had. There are qualities I would like to think I have now, which I didn't before."



A music video has also been made-search on YouTube for "The Voice within OFFICIAL VIDEO."

The song and video are produced by singer and songwriter Glyn Devey at Compass Studios.

Buy *The Voice Within* from this link: <https://itunes.apple.com/gb/album/the-voice-within-single/id875761249> or from this link: [www.amazon.co.uk/Voice-Within-Ray-Coates/dp/B00K8I8GAK/ref=sr\\_1\\_1?s=dmusic&ie=UTF8&qid=1399731040&sr=1-1&keywords=Ray+Coates](http://www.amazon.co.uk/Voice-Within-Ray-Coates/dp/B00K8I8GAK/ref=sr_1_1?s=dmusic&ie=UTF8&qid=1399731040&sr=1-1&keywords=Ray+Coates) The full story can be seen on-line at this link: [www.bucksfreepress.co.uk/news/11295699.Cancer\\_survivor\\_pens\\_single/?ref=rss#commentsList](http://www.bucksfreepress.co.uk/news/11295699.Cancer_survivor_pens_single/?ref=rss#commentsList)

Statistically, 6 out of 7 dwarves are not Happy