

CLAN

30th ANNIVERSARY
ISSUE

THE NATIONAL ASSOCIATION OF LARYNGECTOMEE CLUBS NEWSLETTER

Issue No. 120

March 2012

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poems, letters and views

NALC AGM

The NALC AGM will be held at The Hallam Conference Centre, 44 Hallam Street, London W1W 6JJ on Monday 14 May 2012. There will be lunch prior to the meeting which will be served at 12.30 pm.

Still Working?

Alan Derek Peacey is a name many *Clan* readers will be familiar with because of articles he has written for us. He lives and works in Norway. He would like to hear from laryngectomees who are still working to see how they cope with the pressures of working life. And we would like to know too! So, if you're a working Lary, please write to us and tell us what you do and how you cope with the pressures of working life. Have you continued with your old career or been forced to change careers? Have you found ways to overcome any problems you've encountered? Let our readers know – they – including Alan – may be able to benefit from your experience. And, if you've a photo too, please send it in so we can all see you in action!

Laryngectomee Pledge

"I will use every available means to perfect my speech and effect my rehabilitation, and I pledge all my efforts to assist fellow laryngects in achieving this goal."

From a 1959 issue of the *IAL News*



A WORD FROM THE EDITOR

THIRTY YEARS ON



This issue, number 120, marks 30 years of editing *CLAN*. The minutes of last year's AGM contains my speech on how the *Newsletter* began in an age of cow gum and scissors. Now it's all internet and e-mail.

Back to Work

We're always looking out for new ideas. One (not so new) is to ask you to send us your stories of a return to work after your laryngectomy. Or perhaps you had to change your career? We'd love to hear from you. We're also looking out for

photographs of laryngectomees at work (or at leisure or just enjoying life) which we can include on the revised website. If you don't have a suitable picture, perhaps you could ask a friend to take one? And if you send us your story with a photo – even better! Alex McGuiggan has volunteered to start this off with his article on page 3.

So here's to the next 30 years. What will *CLAN* look like in 2042? It might not be me as Editor, of course. It might not be printed on paper. Even the internet might be old hat. But then so might the need for a laryngectomy!

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.

Deadline for issue No. 121: 1 May 2012

Down in the Mouth

I use Denplan (a private treatment and insurance plan) so I was reasonably dental-fit prior to having my laryngectomy in January 2009. However, I've been needing more and more dental treatment since my chemo and radio therapy sessions as my teeth have begun to deteriorate.

The radio therapy also damaged the tissue in my oesophagus causing it to constrict. I frequently have to be admitted to undergo a procedure under general anaesthetic to have it dilated... a very delicate procedure, whilst trying not to tear the membrane or causing further damage in any way! I've received 15 or so dilations since my laryngectomy.

A day after my most recent operation, part of the crown of one of my front teeth fell away. I immediately reported to my dentist who agreed with me that it was probably damaged during the dilation procedure as it would not just have come away on its own accord! So, I completed the necessary claim application form and submitted it to Denplan whilst feeling rather smug about how wise I was to have taken out dental insurance as part of my Denplan! I've just received the reply from Denplan and it somewhat knocked the smugness from my face! Their Clinical Support Advisor wrote:

May I advise that dental injury resulting from the administering of required general anaesthesia as part of an elective surgical procedure is a direct exclusion. Our legal department has advised us that it is the duty of care for the hospital to make good any damage/ injury sustained whilst the patient is in their care. We are therefore unable to accept the claim under the terms and conditions of the Supplementary Insurance Policy.

So should I approach the hospital and ask them to make good? We all know that before undergoing any surgical procedure one has to sign a Consent Form. We also know that these forms are not simply to give one's consent... one is also signing to say they accept that any damage done will not be the fault of the hospital nor the medical staff. Always a watertight disclaimer!

Fair enough... it seems I will have to pay out of my own pocket for the damage done to my teeth. But this whole affair does leave a nasty taste in my mouth!

Geoffrey N. Read

NALC Christmas Lunch

On 5 December, NALC Officers and Staff and the Editor of *CLAN* sat down to their Christmas Lunch at the Rubens Hotel (just opposite Buckingham Palace – though no one popped across the road to join us this year). The photo shows them having a pre-Lunch drink. It's always a very enjoyable occasion but this time there was one big difference. Usually the restaurant is full of groups holding their Christmas Lunches. In 2010 we were privileged to hear all the speeches for one of the other groups. But this time we were the only people in the (very large) restaurant! Not sure why – maybe it was the recession. The food was still very good though.

The photo shows (*left to right*): Kerry Ruff, Alex McGuiggan, Malcolm Babb, Tony Smith, Lesley Smith, Ivor Smith, Ann McGuiggan and Ian Honeysett.



Enjoy Wearing Scarves?

While it is not recommended as the only stoma cover, a scarf tied over a foam or other stoma cover can both conceal the stoma and cover and also make a pretty fashion statement.

Learn to tie these samples and others at:
www.dakini.ca/ways-to-tie-scarf.html

*From the IAL Newsletter
www.theial.com/ial*



Mr Lawrence, I am afraid you misunderstood me – when we talked about speaking HANDS-free.

*By Judy Greive, from November 2000
WebWhispers Journal*

CLAN Worldwide

Over the past 30 years, *Clan* has grown to reach a worldwide audience in over 40 countries: from Algeria to Uruguay. Other countries we reach include: Brazil, Croatia, India, Kenya, Mexico, The Philippines, South Africa & Turkey. Not Antarctica yet but then are there any penguin laryngectomees?

Being a Laryngectomee



If I am brutally honest I would say I was lying if I said "it doesn't make a bit of difference to me not having my natural voice". Of course it does make a huge difference for all sorts of reasons that, we laryngectomees, all together, know very well! I am also very aware that not all of us have the same experience living with our condition so I can only speak of my own experience and hopefully not sound 'cavalier' or grieve anyone as I recount it.

I have enjoyed great health for 50 years up until my encounter with laryngeal cancer in 1999 – it was dealt with and after six months I was back in work enjoying great health again up until the present. I had never smoked and had not taken alcohol for some 30 years prior to my diagnosis and so I presented a mystery to the health professionals because they then could not contribute my condition to my life style. Interesting! I work now in a part-time capacity as a Maths/IT lecturer – I retired from my full-time work 2.5 years after my operation because a 'magic' package appeared on the table that I could not resist – allowing me to have the freedom to do what I enjoy – teaching and working in a voluntary basis for NALC and others in their pursuit of making our cancer experience better than it is or can be.

Alex McGuigan

Sound of Music

I don't experience a change in people's regard when I ask for a direction and I don't miss the emotional architecture of my voice when I thank them. I don't have to carry an extra bag of equipment wherever I go. I don't wake up with the daily uncertainty of my diagnosis. A life after laryngectomy is one full of difficulties that I can but imagine. What I do know is the lengthy and challenging rehabilitation that's needed. The need for social support and endless motivation.

With this, it is my hope to help. To unite with music, with the harmonies and social groupings of a choir. To let them and others enjoy their sound of music. A choir with people who lack vocal cords may sound an improbable idea but isn't at all when analysed more carefully.

Project

The project presents an opportunity for cooperation between patients, an interdisciplinary team of health workers, scientists and artists and the community at large. There are multiple potential benefits. Scientifically the resultant interaction will help with our understanding of the pathophysiology of tracheo-oesophageal voice and speech disorder. This will potentially lead to new techniques and improved rehabilitation. As an art therapy it is suggested that this may support coping techniques among total laryngectomy patients and facilitate the process of psychological readjustment to the loss, change and uncertainty associated with cancer survivorship and total laryngectomy. Psycho-socially it is hoped that participation in a choir might enable and support participants in the daily physical

and psycho-social consequences of their total laryngectomy.

Anxiety and depression are relatively prevalent among patients with cancer and those who need a relatively long, demanding rehabilitation.

Benefits

It is proven that music has beneficial effects on anxiety, pain, mood and quality of life among patients with chronic disease. It is therefore hoped that participation in a choir will bring these beneficial results in total laryngectomy patients. Additionally, from a costing perspective, research shows that significant healthcare savings can be achieved with the successful management of psycho-social problems in chronic disease sufferers.

Finally it is hoped that such a project will increase society's understanding, tolerance and appreciation of our variances as people, disease induced or other, thanks to concerts and our now many forms of multimedia communication. The wider publicity will also potentially be an important tool in the many campaigns relating to public health and awareness of risk factors for malignancy.

(If you're interested in joining such a Choir, please email Thomas at: Tracheoesophagealvoicechoir@gmail.com. Who knows, it may equal the Laryngectomee Choir of Leon.)

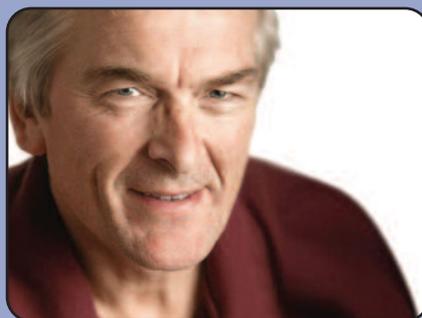
Thomas Moors

SHO ENT Royal Preston Hospital



YOUR PRIZE PHOTOS, PLEASE!

NALC wants to include on its website photos of laryngectomees getting on with their lives and enjoying themselves. Most larys lead normal, fulfilling lives most of the time — so we're after photos of you at work, going for a walk or a swim, having a meal out or just enjoying a laugh with friends or family. We might even put them in the next issue of *CLAN* and there's a big box of chocs for the person who sends us the best photo! Please email your photos to honeysett@btinternet.com



Radio Cornwall Interview

The Chair of the Speak Easy 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 on laryngectomy, 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.

Facebook

NALC is on Facebook! If you haven't got a computer, this probably means little to you. But if you have, then take a look at:

www.facebook.com/search/results.php?q=NATIONAL%20ASSOCIATION%20OF%20LARYNGECTOMY%20CLUBS%20&init=quick&tas=0.48856206274836566

Plymouth Club is also on Facebook at: www.facebook.com/pages/Plymouth-Laryngectomy-Club/111621182271959?sk=photos

If any other Clubs are also on Facebook, let us know!



Oxtail Soup

Here's another delicious soup from the Soups & Puddings book produced by THANCS group (The Head & Neck Cancer Support Group for Heferord & Worcester). Copies can be obtained for a minimum £2.00 donation from THANCS at Hawthorne Suite, Worcestershire Royal Hospital, Charles Hastings Way, Worcester WR5 1DD.



Ingredients

1 to 2 pieces of oxtail

1 onion – chopped

A selection of winter vegetables: 1-2 carrots, 1 parsnip, 1 turnip, 1 potato, 2 sticks of celery

Oil

1 bay leaf

1 beef or lamb stock cube dissolved in hot water

Salt & pepper

Method

Heat the oil in a medium to large saucepan, add the onions & lightly sauté to soften. Add the meat & vegetables & sauté for a further five minutes – this seals in the flavour and keeps the meat soft and juicy. Add the stock & sufficient cold water to cover the ingredients. Bring to the boil and simmer on a low heat for two to three hours. Although this may seem like a long time, the soup cooks itself and requires little attention. When the meat is soft, the soup can be served either chunky or cool and liquidised. If you liquidise, remove the bay leaf first!

Patricia and Clare Sternfield

To the Land of the Midnight Sun with Ken Glaze

Part 2

After a good night's sleep and a big breakfast we pack our tents and make our way to Henningsvaer. Today becomes the day of the rain and high winds. The waves were whipped up and smashed over the rocks with the gusting winds deflected from the high rocks coming at us from all directions. We were continually blown from one side of the road to the other. Thankfully there was very little traffic. Finally we came to the two high bridges that we have to cross to enter Henningsvaer. With the wind tearing at our clothes we push our bikes over the top. We manage to find shelter in a small restaurant and buy our only prepared food on this tour – small bowl of fish soup, bread and a coffee – £14!

The night remains stormy with rain in the morning. After breakfast we pack wet tents but the rain stops by mid morning although we still have strong winds. We came to what I call 'the bridge in the sky'. Battling against the wind we were glad to get over safely. On to Vinje where we again stock up with food, again eating our lunch at a table in the shop. We continue to Elkstad and find a camp site. A hard day!



The previous night's high winds had brought in snow and covered the mountain tops with new snow. Looking out of my tent it was a fabulous sight. After a late start we cycle to Borg (without panniers) to visit the Viking Museum. It is well laid out and after an excellent guided tour (by a Norwegian-speaking Italian), we were free to wander around to inspect the exhibits more closely. For those who go to Northern Norway the museum is a must-see.

After a very cold night and more fresh snow on the mountains we pack our tents in brilliant sunshine moving on to Hyttegrend. We are to stay here for three nights so that we can explore the area



without our heavy panniers. Cycling along narrow mountain roads and into small villages with churches that only seat 30 – 40 people, it was so peaceful. Next day we cycle to Stamsand then back to the camp site. For our last day we have a complete rest. Before our evening meal the lady who runs the camp site brings us chocolate, fresh salmon in a sauce, bread and some schnapps. I sleep like a log – strong stuff this schnapps! We ride out after a late start, say our good-byes and are then presented with a lovely keepsake plaque of the camp site from the same lady as the previous night. We cycle to Lekness, stock up with food and go on to our last tunnel which goes under the sea. This is a long tunnel with 1200 ft descent after which there is a climb. The air is foul and I have to stop twice to control my breathing. At last I emerge on the other side very relieved. We find a beautiful wild camp on the side of the Flakstadpollen Fjord. The views are again stunning.

Breaking camp we make our way to Nasfjord, an old fishing village that has been preserved. We spend all afternoon wandering around this superb village before being taken to a stunning wild camp site by a young man who says, "I take cyclists to the best camp site." How privileged is that? We erect our tents in what I can only describe as breathtaking scenery. The setting is a lake with snow covered mountains and a waterfall and behind us a forest. Yes we are indeed privileged.



Next day we say good-bye to our stunning camp site but call in at the local store for freshly baked bread (lovely). With the Flakstadpollen Fjord on our right and mountains on our left we make our way to Flakstad and have a late lunch by an old wooden church (circa 1700). We now arrive at the camp site at Ramberg which is quite large and full of motor homes. The camp kitchen is well laid out which we take full advantage of and cook a large evening meal. Ramberg is on the west of the Lofoten Islands and it is here that we witness for the first time the midnight sun. It sets just above the horizon, travels to the right for about an hour then starts to rise. A remarkable sight!



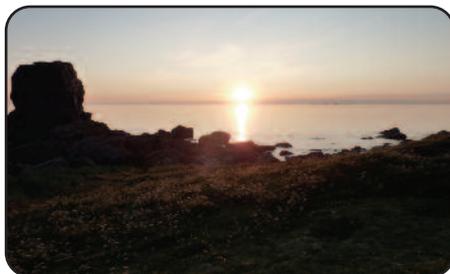
The following day we cycle without panniers to Nesland, an old fishing village mainly used as holiday homes. The cottages are in traditional style on timber stilts and painted red. We have a peaceful and wonderful time there and watch a sea eagle circling above. An early start the next day, minus the panniers, and we stop for elevenses at a small harbour, cycle over two high bridges to Ytresand, have our lunch and return via Krystad and Selfjorden. On our way back we buy veg and fresh salmon (cost us a fortune) but tonight we dine like kings!

It is a dull morning in which we pack our tents, pay our camp fees and follow the coast road with mountains to our left resplendent in their mantle of snow. We go over two more high bridges at Hamnoya and then on to Reine, an old whalers' village. It was from here they hunted Minke whales. The harpoon gun sited outside the fishermen's cottages that are now used by tourists. A chilling reminder of the inhumane treatment of animals by man!

Making our way to Moskenes there is another tunnel but thankfully the old mountain road had been maintained for us to use instead. We spend a pleasant evening at a nice site talking with two young families from Germany who are cycling and camping but on tandems and

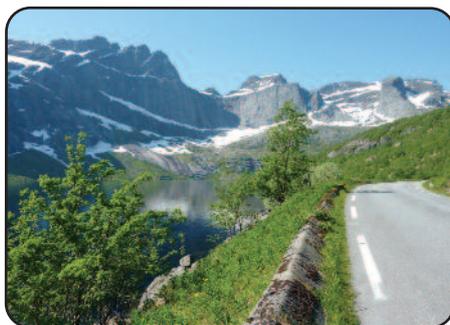
a triple. As Eddie and I both ride tandems with our partners we had a lot to talk about.

Next day we are packed and away by 5 am to catch the ferry to Vaerøy, a small island with about 15 miles of road. We cycle to a remote beach and pitch the tents for a two day stay to rest up after what has been a demanding tour. Again we witness the stunning midnight sun.



Packing our bags for the last time we cycle to the ferry for the three hour journey back to Bodø and civilisation. Wish I could stay.

This had been my third tour of Norway; my only disappointment being that I couldn't stay longer. Breathtaking views are the norm. For those who wish to walk and cycle camp, preparation, quality equipment and a good level of fitness are needed. You may also have to camp wild. Weather can be variable – remember you are a long way north. The ability to cope with these conditions will bring you rewards that will remain with you forever.



For our four weeks' cycling we had 24 hour daylight. Norway is also three - four times more expensive than Britain. Camp sites had camp kitchens which were for dining in as well as cooking.

Mountain tunnels I found very difficult and I would not recommend using them. As an alternative take the Hurtgraten Coastal Voyage north from Bodø or fly to Tromsø.

When times are hard remember when you sat in the presence of splendour and absorbed nature's bounty for the hours when the mind is absorbed by beauty are the only hours we live.

A Thief Called Time

Our resident NALC poet, Len Hynds, has written this poem just for us:

A thief called 'Time' despoils our life,
stealing our years away.
Entreating pleas won't change his course,
not for a single day.

And this thieving callous 'Time',
so oblivious to our pain,
will have his way, without remorse,
and tears are all in vain.

This monster lays his fiendish hand
on beauty and on plain.
Those rich or poor, or good or bad,
will all display his stain.

Try as you may to circumvent
his slow and crafty crime,
and to beg the villain to repent,
will not discourage 'Time'.

Nothing, really, will protect,
the high born or the low.
No one, nowhere, is sacrosanct,
there's no place that 'Time' won't go.

Take care of the Carers So They Can Look After You

Don't send them upstairs to get something off the shelf,
Then when they come down, go up for yourself.

Don't shout at them, when they're doing their best,

And remember that they also need to rest.
Don't waken them to tell them something that could keep,

Just remember they also need to sleep.

Don't say 'I'm tired and feel too ill,
To do as I'm told and take my pill.'

Don't ask if anyone is making a drink,
Then let it go cold and throw it down the sink.

Yes dear patients, please do learn,
To make your carers your loving concern.

Mrs G (Manchester)

Check It Out

Alan Derek Peacey from Norway has suggested we check out the difference in voice from when 52 year old Californian, Brenda Jensen, had the larynx transplant. As he said, it would be a dream come true to get our old voices back. View the clip at:

www.youtube.com/watch?v=kaq0l4qTT1M

News from the Clubs

Oxford

The September meeting was well attended. The main item on the agenda was the restructuring of Head and Neck Cancer Services in Oxford. The club donated £11,000 for diagnostic equipment and it came as some surprise to find that it had been 'mothballed', along with other equipment intended to be used at the Churchill's Blenheim Centre.

Judy Skyrme had been in touch with the press and several members had brought press cuttings to the meeting.

The club members discussed further action and it was agreed that the club secretary would write to the Chief Executive of the Oxford Radcliffe Trust.

The trust are having meetings to discuss future options and we will try to send a representative.

Carol Harris has asked for more shower aids and educational DVDs. John has written to her.

The next meeting will incorporate the AGM and is where the officers of the club are elected. The posts are that of Chairman or Chairwoman, Treasurer and Secretary.

Judy Skyrme

Tributes were paid to Judy Skyrme who was born in Windsor and grew up in Oxfordshire. She married Roy in February 1971 and they went on to have two children, Anthony and Stuart. Roy was in the forces and she travelled the world with him, before settling in Bicester on his retirement.

After Roy's laryngectomy, Judy became a very active member of the club and organised numerous social events. She visited many members and offered them hope and encouragement, which she continued to do after Roy's death in September 2000. She adored her grandchildren: Gemma, Bethany, Hannah, Lewis and Joe and is fondly remembered by them for their picnics, outings and baking cakes. Judy was a 'feisty' lady, who was a pillar of her community and always thought of others and translated this into action. She will be sorely missed by her family and friends, community in Bicester and, of course, the Laryngectomy Club.

Avoiding Dry Air

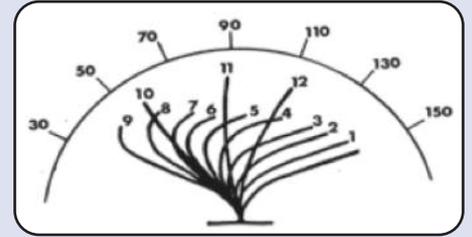
Depending on where you live in the world, the winter season can be a drying one since colder air cannot hold as much humidity and furnaces can remove the humidity from indoor air.

When the humidity of the air we breath drops to 30% or less an important lung function stops working. What stops is the movement of tiny hair-like cells in our lungs called cilia. Indoor humidity can easily drop below 30%, especially during the winter.

Cilia ordinarily move in a wave-like motion and act like a conveyor belt in moving mucus, and whatever contaminants are in it, upwards to be coughed up. Whether you wear the most effective kind of stoma cover 24 hours a day or something less effective, some contaminants inevitably get through and into the lungs. If they are not coughed up they reduce lung capacity and put more strain on the individual to obtain oxygen. Before we became laryngectomees the air we breathed in was filtered, warmed and humidified by the upper part of our respiratory systems beginning with the nose. The system was automatic and was effective in cleaning the incoming air, warming it to body temperature (98.6F), and humidified to 100% relative humidity. Becoming a laryngectomee cuts off the upper part of the system and air directly enters the lungs via the stoma. It is almost always dirtier, cooler and drier.

Movement of Cilia

Cilia in the lungs move in a whip or wave-like motion through about 120 degrees indicated by the numbers 1-12. Anything

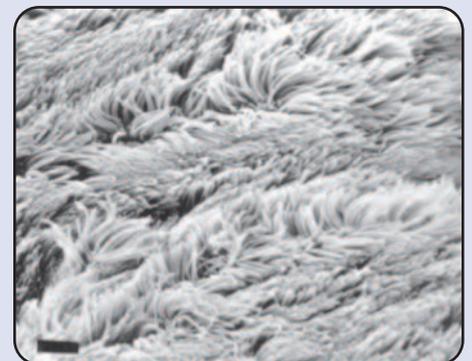


on top of them such as mucus would be swept along (*from right to left above*).

Getting our incoming air into exactly the condition it was prior to becoming laryngectomees is a practical impossibility. However there are some things we can do to improve the quality of our incoming air. One is to use an HME (Heat/Moisture Exchange) filter to preserve some of the heat and moisture lost when we exhale. The filter catches some of this heat and moisture and returns it when we inhale again.

The use of other types of stoma covers help with cleaning of the incoming air, and moisture can be added to our indoor air, and/or at the stoma level. Whole house and portable humidifiers can keep the indoor humidity in the ideal range of from 40-55% relative humidity (no higher).

A microscopic view of respiratory cilia.



(IAL News)

Itchy

The Plymouth Club received this query and have asked members if they can offer any advice. We wondered if any Readers can help?

I have over some months developed an itchy skin, I have visited my GP on two occasions and received multiple pots/jars of cream to assist in the relief from what is fast becoming a daily nightmare.

I have also at my request visited a Dermatologist who has again prescribed creams and potions plus anti-histamine

tablets of varying dosages, sad to say nothing having any good effect on the problem.

Only in the last week a good friend has told me that her brother-in-law has come down with same problem (he had large op in 2009). It could of course be a complete coincidence but I wondered is there any connection.

I am probably clutching at straws but would be interested to know if any of your Club Members have had, are having, or know of someone who has had op having the same problem.

News from the Clubs

Speak Easy, Cornwall

In November, members enjoyed a tour round Radio Cornwall, where they were made extremely welcome and learned a lot from the IT and the Special Projects teams. Their guide, Linda, introduced them to everyone and then they were able to sit with the team supporting Laurence Reed's afternoon show. When he came off air at 3 o'clock they met him and he immediately volunteered to interview them. If you were tuned in to Radio Cornwall on Friday the 4th around 2.30 you would have heard Laurence talking with Pat, Ron and Janet about their Club, when they explained that, due to data protection, they were unable to reach other laryngectomees in Cornwall who might benefit from joining them for social events, for relevant information or just for a chat. They also put out the invitation to anyone considering joining Speak Easy to be their guests at the Christmas lunch (no obligation to join but to come along and try them out!) and said they are always willing to help with transport if it's a problem.

Christmas Lunch was on 14 December at The Carlton Hotel, Truro. It turned out to be probably their most successful and enjoyable pre Christmas get together. The change to lunch time enabled more to attend and to share the event with friends from the Recovery Club and Plymouth Lary Club.

On 14 January, Mr Adam Wilde came to Camborne School with club Chairman, Ron, to give a lecture on smoking and cancer. There was a good response and the school was very pleased. There was a report and photos in the West Briton and all Cornish Guardians.

Other planned meetings were:

- Wednesday 1 February – The Victoria at Threemilestone: a talk by members of SLT on new equipment.
- Sunday 5 February – Valerie ran a car boot/table-top sale at Lostwithiel.
- Wednesday 7 March – Bodmin Plant & Herb Nursery: a look round and a short talk by the owners.
- Wednesday 4 April – AGM, at the kind invitation of Ted and Barbara Barlow this will held at Constantine Bay.

Speakers' Corner, Shropshire & MidWales



Their summer trip took them to the Black Country Museum in Dudley. Their Summer Supper in September was at the Yockleton Arms at Stoney Stretton. 14 members had a most enjoyable evening. They had some Garden Parties. The first in July was hosted by Alan Morrison. Then Elsie Tong hosted one in August. Lots of delicious cakes. In October they held a Produce Sale which raised £33.65 plus the raffle raised another £37. They had a planning meeting in November at the Hamar Centre. Their Christmas Fayre Dinner was once again at the Lord Hill Hotel, Shrewsbury. Their AGM was in February. They have planned a series of Pub Lunches: The Horseshoes, Pontesbury in February; Tayleur Arms, Longden on Tern in March; The Bull, Roddington in April and Dog in the Lane, Astley in May.

28 Years On

I had my operation 28 years ago. It was a flap over op in Burton Hospital, Birmingham carried out by Mr Gupta and Mr Dee. I have a tube and use a Servox. Being a Larry left me a bit isolated. I rely on my wife to be with me at all appointments at the doctor's, hospital etc; people can't understand me. My wife and family can all lip read which is great.

I have had cancer three more times: bowel cancer once and lung cancer twice.

I try to be as normal as I can though I never mix socially other than for family occasions. I look forward to *Clan* and have been a club member for many years. I think you all do a great job.

I wish I had been more sociable – cutting myself off has been the wrong way. But I still keep going and wish all laryngectomees all the best for the future. Keep going – you will get there! The support out there is great. It was not there for me at times so I advise any Larry to get as much help and support you can.

D. Bailey

Mister will be Missed

Our top 'Lary' surgeon, Mr Andrew Moir, is set to retire at the end of January 2012. To say he will be sorely missed is an understatement if ever there was one! Standing 6ft something, he has giant hands but the gentle touch of an embroiderer. A sense of humour (by God he needs it as he plies his craft) and a compassion for his patients that is second to none.

In a night to remember in Leicester, a retirement party in honour of the great man was organised by his wife & others. Around 150 people attended, including family, work colleagues, nurses & patients – every single one of them wanting to show their individual appreciation of the great work he has done over the years.

The Leicester Royal Infirmary has lost a great man, though his legacy lives on as his beloved Kinmonth Ward is the home of all of us Head & Neck cancer patients at



some time or other and he is pictured here with three of the 'Kinmonth Angels', (left to right) Samantha A, Megan S and Shelley V.

A great night was had by all and over £200 was raised for Andy's favoured cause, the '20-20 Vision' Head & Neck Cancer Appeal, which is aiming to buy the new Rhinolaryngoscope, which will save many patients from losing their voicebox!

Mr Moir, we all salute you, sir, you are a great surgeon, a god among men and you will be sadly missed but we all wish you a very happy retirement.

News from the Clubs

Leicester

Hello to all CLAN readers. I want to introduce you to something else that needs everyone's attention. A brief scenario for you.

I became a 'lary' on 6 November last year. My surgeon, Andy Moir, saved my life as well as rendering me voiceless – but better than the other way round! The great man is retiring in January 2012, which will be a monumental loss to the head & neck cancer unit at Leicester Royal Infirmary, but on request of how I could repay him for saving me he told me that they needed a new device that was coming on the market. The RhinoLaryngoscope converts images of all our 'inner bits' on to a 30" full colour TV screen – as opposed to the funny little picture they have to deal with at the moment. This means that diagnosis will be quicker, leading to quicker treatment (highly beneficial to patients) and also to saving much hospital time per patient (highly beneficial to Cameron's austerity plans!). With enhanced diagnosis comes an enhanced survival rate and less chance of total voice loss – it's an all round win/win situation.

I am determined to raise the necessary funds (£50,000) to buy this wondrous piece of equipment and in the 6/7 weeks since kicking the appeal off we are well on the way to the first £1,000! We have a dedicated website (continuously updated) where all the info you need is available www.2020cancerappeal.org and where you can also donate online via credit card etc and the NatWest Bank have

played their part by giving us a dedicated 20-20 VISION CANCER APPEAL account for all transactions etc.

We are in 'negotiation' to secure a famous name as patron and fully intend to lodge as a registered charity next year (Charity Commission say we can't just yet). Head & neck cancers have a very small awareness factor in the UK so it also our aim to raise that awareness nationwide, to show people just how devastating losing your voice can be – I have certainly found the loss to be traumatic. However, losing a voice is nothing compared to those who's life the disease claims!

If you feel you can help then please do so for Leicester won't be the only hospital that needs help against the backlash of austerity! Thank you all.

We had 16 members attending the Leicester Lary's Christmas meal, held at the Glen Parva Manor, a wonderful old pub full of character. On 7 December it was certainly full of characters as we descended on the place. It was a shame that four others were 'otherwise engaged' but we were honoured as Sarah Harris (speech therapist), a wonderful woman with the patience of a saint, joined our merry band. OK, we weren't the noisiest mob in the place that day but it was a delightful meal and a good time was had by all. Onwards and upwards for 2012!

Phil Johnson (Leicester Lary's)

Contact details for Leicester Lary's are: Mrs Val McCluskey, tel 07085 433729. We meet on the last Wednesday of every month.

Leicester Appeal

Leicester Club aim to collect enough donations to buy a scope for the Leicester Royal Infirmary Ear, Nose and Throat unit. This will help to diagnose cancer sooner so that it can be treated more effectively. Three ladies & a daughter (a nurse who works on the Kinmonth unit) recently ran the Leicester marathon to raise money for this good cause but they still need help to meet the target. The ward nursed Phil Johnson from the Leicester Club who is also the chairman of the Appeal. So far £100 has been raised via the website at: www.2020cancerappeal.org

Oh, and they are also trying to raise £50,000 for the RhinoLaryngoscope.



The website says: "The power of the twenty pence piece will buy this fantastic piece of '20-20 Vision' equipment which will quickly determine head & neck cancers, thus enable patients to receive corrective treatment much, much sooner and also save the NHS valuable time.

"How many twenty pence pieces can **YOU** spare?"

Plymouth

Their November meeting was at the Mustard Free Cancer Support Centre, Derriford Hospital. The guest speaker was John McKenna from Colebrook Housing Carers. In December it was Sian Harris, Fundraising manager from MacMillan Cancer Support. Their Christmas Dinner was at leandras in Plymouth.

The speakers in January were from the Woodside Animal Centre Welfare Trust.

There were nine members and Ms Debbie Haynes and Ms Ginny Jones, from the Trust. They showed a video and gave a talk about their work. Club members hope to accept their invitation to visit the animal sanctuary later in the year. Geoff later sent a Thank You card and a cheque from PLC, by way of a donation, to help with their continued success.

The March meeting will include an instructional talk by Neil Hunt who is the Clinical Tutor for the South West Ambulance Services.

You can see photos of their Christmas Dinner at:

www.facebook.com/media/set/?set=a.162999323800811.25191.111621182271959&type=3

Photos from their website:

