



Still Talking

Dedicated to the welfare of Laryngectomees
and those with similar vocal disorders

All correspondence to: The Secretary, Laryngectomy Association of NSW PO Box 58 Richmond, NSW 2753. Fax 02 4578 4412 Phone 02 4578 1415

No 177

The Laryngectomy Association of N.S.W

June 07

MONTHLY MEETINGS

NEW ENGLAND: 1st Wed. Feb. Apr. June. Aug. Oct. Dec. 2pm Conference Room, Rehab Unit Tamworth Base Hosp. 02 6767 8377

NEWCASTLE: 3rd Tues. Mayfield Bowling Club. Ingall St. Mayfield. Contact John Lovett 02 4954 8308

ILLAWARA: 3rd Wed. 2:30pm Warilla Medical Centre. Belfast St. Warilla.

NORTHERN RIVERS: 4 times annually – rotating. Contact :Karen Kostal 6620 2157

ALBURY: Ph. 02 63232011 extn. 323

CANBERRA: 1st Thu. 11am. Mar. June. Sep. Dec. Canberra Hospital

SOUTHERN DISTRICTS: Last Wed. 11am. Thomas Rachael Moore Education Centre. Liverpool Hospital. Ph.02 96076708 Sec: John Peden 9822 2092 Mob 0422 543036

MID NORTH COAST Port Macquarie Community Health Centre. Feb. May. Aug. Nov Contact Craig Suossari 02 65882823

CENTRAL COAST Has started a new branch and will meet Friday 25th May at 11am. Central Coast Leagues Club. Co-ordinator Rebecca Black assisted by Bill Byfield 0402 045048

OFFICE BEARERS 2007

President: Brian Gardner
4 Merelyn Road. Belrose 2085
02 9452- 2858

VICE PRESIDENT: Russell Green
17/765 Princess Hwy. Blakehurst 2221
Ph.95473669

VICE PRESIDENT (2) Peter McGregor
21/39 Cook Rd, Centennial Park 2021
02 93317440 0419 4213214

SECRETARY Colin Bolton 39/122 Saunders St PYRMONT 2009 02 95719220

TREASURER: John Nicholson MBE. PO Box 58 Richmond 2753 Ph 02 4578-1415
Email desnic@bigfoot.com.au

MINUTE SECRETARY: Maralyn Ploenges

SPEECH AIDS COORDINATOR: John Chaloner PO Box 31 Summer Hill 2130
02 99799-1154

WELFARE OFFICER: Carol Gardner 4 Merelyn Rd
Belrose 2085 Ph 02 9542-2858

EDITOR: Colin Bolton 39 Harbourview Towers 122 Saunders Street, Pyrmont 2009 Ph 02 9571 – 9220 Mob 0437 378747
Email: stilltalking@iinet.net.au

Editorial: I said last month the travellers tales were starting to have an impact on me and 12 months post op we made a decision to take time out and take a trip to Bali. We have been going there for over 20 years and at times think I know more people there than here. We leave on the 23rd June and I am not sure for how long, we have an open ticket and the hotel we stay at has said to book 2 weeks and then we can stay as long as we want gratis. Twelve months ago post op I thought this would be impossible but life does go on if we want it to and make it so.

Good to see some older members at the last meeting showing support for the organisation that supports them—we still need more! So how about it in June

A thankyou to Rita McClimont for the letter of support

Colin Bolton

WHO TO CONTACT

BLOM SINGER SUPPLIES:- David Smith. 27 Bellvue Pde North Curl Curl 2009. Ph 02 9939-1539 Ask for David personally

SPEECH AIDS, BATTERIES PARTS AND ADVICE ON REPAIRS John Chaloner PO Box 31 Summer Hill. 2130 Ph 02 9799-1154

STOMA COVERS, SHOWER SHIELDS, STOMA COVER MATERIAL AND WELFARE MATTERS. Carol Gardner, 4 Merelyn Rd. Belrose 2085 Ph 02 9452- 2858

ACCOMMODATION ASSISTANCE WHEN NEEDING OUT PATIENT TREATMENT WHEN AWAY FROM HOME:- Cancer Council of NSW 153, Dowling Street, Woolloomooloo. PO Box 572 Ph 02 9334-1900 Fax 02 9357-2676 Or contact social worker at the hospital you will be attending
ASSISTANT WELFARE OFFICER & Hospital packs.
Bruce Hodges 31 Clack Rd/ Chester Hill 2167 0404 400 842

Just Your Basic Plumbing Job

When I was told I had cancer in my neck, I didn't realize how easy it would be for me to understand what was needed to save my life. When the doctors said "laryngectomy", I said, "What? What is that?" We were told the primary tumour was on my voice box. So they would remove my voice box and I would have a hole in my neck to breath through. They said if everything went well, I could have a TEP installed in my throat that would allow me to talk.

We were given a book called Self Help For The Laryngectomee and sent home to think about it. After crying, getting mad, asking "why me?" and trying to deal with all the other thoughts that shot through our minds, I remembered the book. After the initial shock wore off and I looked through it, I realized this was my only chance of living past 52 years old. My father died of cancer at 59 years old and I thought he was young. Now I was 7 years younger facing the same thing.

A year before I had gone through three rounds of chemo and 37 IMRT radiation treatments. I understood the theory of how these treatments might work and I also was told all the damage they might do to my body. But, there was a lot of maybe it will damage this and maybe it will kill this and maybe, maybe, maybe. As disappointing as it was to be told about needing a laryngectomy, this surgery made perfect sense to me. You see, after being in the plumbing and pipefitting industry for 35 years, I could see they were going to remodel the plumbing in my throat, to cut the cancer out!

I had installed oxygen and vacuum lines in hospitals. So I understood how the suction and oxygen lines worked. When I got back home, I bought a portable suction machine. (\$250.00) I felt if this is how I'm going to live out my life then I wanted the luxury of having one to help keep my stoma clean.

When the TEP was explained to me, I said, "It's a check valve. I have installed 100's of them on water lines". A check valve is like a piece of pipe with a disc in it that will open when pressure runs through it in one direction and will close when pressure tries to go the other direction. So when the disc in our TEP gets dirty with

anything, it will not seal and leaks.

Now the joke at home and at work is I have a check valve in my neck. When it leaks, I can say my check valve is leaking and everyone understands. If it gets stuck and I can't talk, I just say my check valve is clogged up.

Have you heard of the old saying when someone is choking, "it went down the wrong pipe?" That doesn't happen to Larys anymore unless they have a TEP. I also learned that after I eat, if I bend over or lay down the food tries to flow out of my stomach. Back to basic plumbing.

Before they cut out our voice box, the vocal cords, in addition to giving us our voicing mechanism, also worked like a flapper type valve to direct the air into our lungs and our food into our stomach. As we all know, now we have one pipe that goes straight to our lungs and one pipe that goes straight to our stomach.

Just like we have to be careful not to let anything fall into our stoma, because it goes straight to our lungs, we also need to understand that when we put something into our stomach, there is no valve in that pipe to hold the food down in our stomach.

When they do a laryngectomy on some one, they cut out the complex piping system in our throat and leave us with a simple two-pipe system. So when I became a Lary, it was easier for me to understand what this surgery did to my body by just thinking of it as remodeling the plumbing in my neck.

Dennis in Idaho (Courtesy webwhispers.org)



A CARDIOLOGISTS FUNERAL

A cardiologist died and was given an elaborate funeral. A huge heart covered in flowers stood behind the casket during the service. Following the eulogy, the heart opened, and the casket rolled in side.

The heart then closed, sealing the Doctor in the beautiful heart forever.

*At that point, one of the mourners burst into laughter. When all eyes stared at him, he said, "I'm sorry, I was just thinking of my own funeral.....I'm a gynaecologist. **The proctologist fainted.**"*

GET CONTROL OF YOUR MUCUS by Mark R. Finfrock R.R.T.

What can mucus control have to do with daily living? To a laryngectomised person everything! Having that persistent and irritating tickle, the thought of "blasting" uncontrollably at the most inopportune time can affect one's image of themselves, not to mention draw unwanted attention their direction. Taking control is just a matter of understanding and recognising what's happening in your body and why.

In this article I will attempt to give the reader a better feel for the things they can do to improve their respiratory hygiene and therefore improve the quality of life. I'll start with the fact that mucus is normal, everybody has it. It is part of the respiratory systems protection and defense mechanism. After the laryngectomy surgery, the individual has had components and functions of the system removed and bypassed, increasing the workload on the rest of the system. Systems lost include the "air conditioning" system (the nose), the "waste removal" system (cough) and bypass of the "disposal system" (swallow), this will all start to come together as we proceed.

Mucus is made up of mucins (a complex group of glycosylated proteins), inorganic salts all suspended in water. Water is the prominent and key ingredient. Mucus is produced by goblet cells in the respiratory mucosa and provides a functional and protective barrier to these delicate tissues.

The Nose and Upper Respiratory Tract The nose is the primary "air conditioning" system for the respiratory tract. It heats and or cools the incoming air to body temperature. It filters the air to remove particulate and debris, and it humidifies the air to close to 100% relative humidity. The air needs to be "conditioned" before it reaches the alveoli (the part of the respiratory system where gas exchange takes place). Without the nose these functions need to be performed by the remaining airway. These structures were not designed to carry this burden, so they can use some help. The upper respiratory system is lined with a unique tissue structure. The cells are all lined up and covered with small "hair-like" structures called Cilia. The Cilia beat in rhythmic pattern, like a wave to move mucus one direction towards the larynx to be removed.

There are two layers of mucus. The gel layer which is like a sticky blanket to hold inhaled particles and a thinner and less viscous sol layer to allow the cilia to move. This blanket of mucus evaporates and loses water to add humidity to the inspired air, causing a loss of efficiency in mucus movement.

The Cough When mucus travels to the vicinity of the larynx, a cough can be triggered to expel the mucus. A cough is another of the body's defense mechanisms aimed at protecting the respiratory system from aspiration of foreign bodies and removing excess secretions. Cont'd on Page 5 The cough is triggered by nerve endings in the respiratory tract, causing a well-coordinated and fixed pattern of events which consist of a deep inspiration followed by a strong expiratory effort against a closed larynx, which then suddenly opens releasing a strong blast of pressurised air at a high velocity, thereby moving the irritant away. With a laryngectomy the pressurisation component of the cough is missing, greatly reducing the efficiency of the cough effort. The laryngectomised person can be taught to mimic the larynx closure by using digital occlusion. The person takes a deep inspiration, digitally occludes the stoma (using a handkerchief or other non deteriorating wipe) starts to exhale, building back-pressure then rapidly releases the closure thereby increasing the velocity of the airflow and improving the efficiency of the cough and secretion removal.

The Swallow In the non Laryngectomised person when the mucus hits the larynx it can be expectorated or most likely swallowed, how handy! A convenience totally lost to the Laryngectomee Therefore the Laryngectomee must compensate by doing everything possible to keep mucus production stable. Because mucus is a defense mechanism, when in trouble the body produces more! Factors that cause an increase in mucus production include:

Dehydration When the Sol layer gets too thin the cilia can't move so the Gel layer stops and dries out even more, causing a crusting. When the "crusts" break free they can take some of the tissues with it. This can cause more irritation, some slight bleeding (blood streaks in the mucus) and yes...more mucus production!

Irritants When dust, pollen, bacteria or any other irritant is inhaled, it triggers the production of more mucus to attempt to eliminate the irritants. Your mucus can be a very good indicator of your respiratory health. Mucus is typically a thin clear to slightly opaque consistency. Changes in quantity, color or consistency can be an important indicator of an underlying problem. Be diligent and keep alert to changes!

What can be done to keep mucus in check? Replace the functions of the nose! Filter the air before it gets to the airway. Be aware of your surroundings and take precautions to protect your airway. Use air filtration in your home.

Humidity and hydration is paramount in good respiratory health. Drink plenty of water and be conscientious of your environmental humidity level, an air conditioned environment has a very low humidity level, as does a cold winter day. A simple hygrometer can quickly tell you what the relative humidity level is. A "steamy" shower or bath can help hydrate and loosen mucus as can room humidifiers. Direct instillation of saline solution can help hydrate and loosen thickened mucus. Misting the saline in an atomizer or spray bottle will improve the deposition of the solution and reduce the "instantaneous" cough. When using saline, make sure that is a "saline for inhalation", other products have preservatives that can be irritating and yes, increase mucus production!

Use of a HME (heat moisture exchanger) replaces the functions of the nose by filtering the air, condensing moisture and returning it back to you, reducing the evaporation water loss. They are also "closed" systems so all air is processed. There will be more written about HME's in the future.

Conclusions

1. Always protect your stoma!
2. Be aware of your surrounding, humidity levels, dust and debris levels, filter accordingly.
3. Keep yourself hydrated, drink plenty of water. Coffee, tea and alcohol don't count as they are diuretics and cause you to eliminate water.
4. Be diligent about noticing any changes in your mucus and take appropriate actions.

Courtesy www.web.whispwers.org



"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"

Two Wolves

One evening an old Cherokee told his grandson about a battle that goes on inside people.

He said, "My son, the battle is between two "wolves" inside us all.

One is Evil. It is anger, envy, jealousy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority, and ego.

The other is Good . It is joy, peace, love, hope, serenity, humility, kindness, benevolence, empathy, generosity, truth, compassion and faith."

The grandson thought about it for a minute and then asked his grandfather: "Which wolf wins?"

The old Cherokee simply replied, "The one you feed."

✓
✓
✓
✓
✓
✓
✓
✓
✓
✓
✓
✓
✓
✓
✓

THE NEXT MEETING WILL BE WEDNESDAY 20TH JUNE COMMENCING 11 AM AT THE UNITING CHURCH HALL. CARRINGTON AVENUE STRATHFIELD.

JOIN US FOR A CHAT & A LIGHT LUNCH AFTERWARDS

The nice thing about egotists is that they don't talk about other people. -

THIS NEWSLETTER IS SPONSORED BY:

MICHAEL SHAFFLER

MAIN MEDICAL PTY.

IMPORTERS OF BLOM SINGER PRODUCTS

Important Notice

For All speech pathologists and hospital professionals

Changes of contact details for officers of the N.S.W Laryngectomy Association

Treasurer:

Carol Gardner.

PO Box 380, BELROSE, NSW, 2085

Fax & Phone 02 9451 7926

P.O Box 380 Belrose. 2085

Secretary:

Colin Bolton.

39/122 Saunders Street

Pymont 2008

02.9571 8220. Mobile 0437.378.747. Email: [stilltalk-](mailto:stilltalking@iinet.net.au)

[ing@iinet.net.au](mailto:stilltalking@iinet.net.au)

Can you please discard old membership forms or amend accordingly. New forms can be obtained from The secretary using the mail box or a P.D.F version can be sent for you to print by using the above email address.

A reminder: Gift starter packs are given to all new Laryngectomees who join the association, to assist in their ongoing stoma care.

Also a one off grant of \$300 can be made in confidentiality to assist disadvantaged cancer patients. **N.B This grant is made by The Cancer Council NOT by this association.**

Colin Bolton

Secretary

MINUTES OF MEETING HELD 16TH May 2007

The meeting opened at 11.10am with Brian Gardner presiding.

In attendance: Laryngectomees:- B Hodges. A Dawson. S Imer. N Gildea. C Bolton. D Findlay. D Newby. B Gardner.

Non Laryngectomees: M Ploenges. P Dawson. M Imer. C Gardner. P Lamont.

Apologies

J & D Nicholson. P Mc.Gregor. R & F Green P Ploenges. W & B Singleton. J Chaloner A K,,,,

Treasurers/ Secretary's Report. No reports available due to resignation of John Nicholson.

Elected Officers

Secretary Colin Bolton.

Treasurer Carol Gardner

Investment Accounts & Banking

4 signatures to appointed to operate investment account and trading account. Brian & Carol to collect records from Nicholsons relating to secretaries reports and correspondence and banking details .

Welfare report

Membership forms still have J Nicholsons address on them but this will be resolved and a new mailing list is being compiled

.
Lilah Walton has had a stroke and is now home.

Brian & Carol attended Cancer Council day course

General Business

to attend Gosford innaugral meeting on the 25th May

.
Xmas Party Ryde Estwood Leagues Club 1st Dec

Meeting closed 12,05