



Still Talking

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



Laryngectomee Association.N.S.W

All Correspondence to: The Secretary, Laryngectomee Association of N.S.W

No 197

May 09

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2011 (PO BOX 572 KINGS CROSS 1340) Ph 02 9334-1900 Fax 02 9357-2676 Or contact social worker at the hospital you will be attending

Association web page www.stilltalking.org

International Association of Laryngectomees..

<http://www.larynxlink.com/>



NEXT MEETING

Wednesday 20th May 2009

Uniting Church Hall Carrington Avenue

Strathfield. 11am

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MONTHLY MEETINGS

N.S.W Association 3rd Wednesday of month Uniting Church Hall Carrington Avenue. Strathfield at 11am

NEW ENGLAND: Meets at 2pm 1st Wed.. August December Conference Room. Rehab Unit Tamworth Base Hosp. 02 67678369

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

NORTHERN RIVERS: 4 times annually at rotating venues 67678377 Contact Speech Pathology Lismore Base Hospital

ALBURY: Meets alternate months from Feb. Contact Norma Teasdale 02 60211749

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

SOUTHERN DISTRICTS: Last Wed of month. 11am. Thomas Rachael Moore Education Centre. Liverpool Hospital. Contact Pres. Richard Patman 9607 6708 or John Peden 0422 543 036.

MID NORTH COAST Port Macquarie Community Health Centre. Feb. May. Aug. Nov Contact : David Mc.Clymont President 6559 8383

CENTRAL COAST Meet at Central Coast Leagues Club. Co-ordinator(s) Vicky Kelly (S.P.) and Ann Moloney (Gosford Hospital) assisted by Bill Byfield 0402 045048

Editors Corner



Sorry about the line crossed out at the top of your printed newsletter, to those who get the email version it was too late for me to do anything about it and I can only plead mea culpa, we tend to blame computers for many of our mistakes,

(especially government departments) but it's usually rubbish in/rubbish out!

I can only blame it for the fact that I had followed advice for achieving inner peace I am passing it on to you because it definitely worked for me and we all could use more calm in our lives.

By following the simple advice I have finally found inner peace. A Doctor proclaimed the way to achieve inner peace is to finish all the things you have started.

So I looked around my apartment to see things I'd started and hadn't finished and, before leaving the house this morning, I finished off a bottle of Scotch, a bottle of shhhardonay, a bodle of Baileys, a butle of vocka, a pockage of Prunglies, tha mainder of bot Prozic and Valum scriptins, the res of the Chesescke an a box a chocholets. Yu haf no idir howcutillo@gud I fel. Peas sen dis orn to dem yu fee ar in ned ov inr pece

REMINDER!

Please remember that the **JUNE** meeting to be held Wednesday 17th June at the different time of **10am and will be** at The Sydney Mechanics School of Art 280 Pitt Street Sydney.

This is being done as a trial hoping that it will attract more members attending, There have been comments about the coldness of the Strathfield venue and the rather foreboding appearance of the hall. The new venue is 5 minutes walk from Town Hall Station and about the same from Museum station. Inbound City buses all travel along either George Street or Elizabeth Streets both of which are parallel to Pitt St So please make an effort to attend this meeting so at least we can get different opinions on the suitability and accessibility of the venue and more importantly is it likely to encourage you to attend more meetings.

By the time you read this I will be in Bali enjoying a break, some sunshine, bigger meals than I should really eat and the occasional Bintang (local beer) I shall miss the May meeting but will get a newsletter out the week I return so it may be a little smaller than usual and a little later than usual



Money is better than poverty, if only for financial reasons. - Woody Allen (1935 -)

"It's a huge heart that remembers to do small things."

New Laryngectomee Group for Coffs Harbour & Surrounding Areas

As an initiative of the Coffs Harbour Base Hospital Speech Pathology Department, and in consultation with a number of clients who have had a laryngectomy, the need for ongoing support and contact with people in similar situations was identified.

The inaugural meeting was held on Tuesday 29 April 2009, 2-4pm, Shearwater Lodge, BACK Meeting Room, Coffs Harbour Health Campus. Coffs Harbour, Woolgoolga, Bellingen, Dorrigo, Macksville, Nambucca & Grafton residents most welcome to attend.

It is anticipated that the group will meet every 3rd month. Should you have any questions regarding the group, or would you like to attend please contact Melissa Barry, Speech Pathologist, on (02) 6656 7606.

Letter from Julia Deleemens the delightful young lady who is the youngest Laryngectomee I have heard of and an entrant in the Miss Canada Competition - reported on in a previous newsletter

Hi Colin!

I hope things are well in Australia!!

Sorry I have not replied for a while, I have been quite busy with first the pageant and then school stuff now that its done.

To give you an update on the pageant I had a wonderful time and met so many awesome people! Definately one of the best experiences of my life. I actually came in the top 20 also and made it to the semi finals which i was very pleased with! I had such a great time actually I am thinking about doing it again next year :) I have thought about writing a book but I wouldn't even know where to start or what exactly to say. Its definitely something I'm going to work on though for the future!

Thank you so much and best wishes!

xoxo

Julie

I hated going to weddings. All the grandmas would poke me saying "You're next". They stopped that when I started doing it to them at funerals.

Please excuse this inexcusable excuse for an excuse to excuse us for being excused for what is not excusable.

The following came as the speech co-ordinators report for the month but I thought it worth more prominence than tucked away in the minutes - Editor

Claiming speech aids on private health insurance

To assess their latest thinking I recently enquired of my private health insurer, Medibank Private, what I could claim in the way of a speech aid/voice prosthesis under my 'Extras' cover.

I pointed out that they paid for hearing aids and that a speech aid was of the same importance to us laryngectomees.

They replied with similar, but slightly higher, limits as for hearing aids.

- . an annual limit of \$1000 for 'health appliances'
- . within that a sub-limit of \$500 for speech aids
- . they would pay 60% of the cost, up to the \$500 limit - i.e. if one claim was for an aid costing \$800 they would pay \$480 but if the aid cost more than \$833 the maximum they'd pay would be \$500.
- . there was a 3 year replacement waiting period - i.e. if they paid for a speech aid they wouldn't pay for another one for 3 years.

(I think it's a grey area and would need negotiation at the time if I wanted to, say, buy a NuVois electrolarynx one year and then 2 years later buy a Blohm-Singer voice prosthesis - still a speech aid but an entirely different operating method).

This sort of cover would be of benefit to those buying a speech aid device but I guess is only a small assistance to those buying their annual supply of voice prostheses.

The 'health appliances' bit might be useful though for HMEs

John Chaloner Speech Aids Co-ordinator

Letter from David Mc.Clymont

Hi Colin

Thought I might share this "thankful meeting" I had yesterday.

While down the shopping center, this chap came up to me and said hello with a big smile on his face. As usual, I smiled back (with no top plate in) and said g'day.

Before he moved on, he said "It's been 12 months", I just looked at him—recognising his face - but not a clue what his name was. With a big grin he said "Remember you spoke to me about smoking and you showed me the hole in your neck?"

Well it's now 12 months since I gave up smoking, and I can tell you that I have never felt better and I enjoy life more.

Thank you for taking time to share with me". Off he went, well and happy.

Rita and I thought it was great that he should even remember me.

If one life can be saved or even lengthened, then it makes sharing with people who we see smoking well worth it.

Be encouraged, if one person from your local area can thank you, what about the unknown people that we have shared with around our travels - we may never know the outcome.

Regards, Dave.

Interesting letter from David, I had recently been reading something written about Alan Dawson (deceased) past president and very active member of our association in which it was said he had repeatedly volunteered to speak to school regarding smoking and had little or no response. I have had the same experience after volunteering to speak to my local school.

Let's face it you would expect some response from these offers when you think about it, we have had one of the few cancers that the effects of are obvious. If you add to this the obvious things that youngsters enjoy so much, surfing, swimming, laughing, singing etc.etc. Coupled with the effects of smoking as of course is the alcohol problem also a known cause.

Editor

A little bloke is sitting at the bar staring at his drink when a large, trouble-making bkie steps up next to him, grabs his drink and gulps it down in one swig.

"Well, whatcha gonna do about t?" he says, menacingly, as the little bloke bursts into tears. "Come on, man," the bkie says, "I didn't think you'd CRY. I can't stand to see a man crying."

"This is the worst day of my life," says the little bloke. "I'm a complete failure. I was late to a meeting, so my boss fired me. When I went to the car park, I found my car was stolen and I don't have any insurance. I left my wallet in the cab I took home. I found my wife in bed with the gardener and then my dog bit me.

"So I came to this bar to work up the courage to put an end to it all. I buy a drink, I drop my capsule in and sit here watching the poison dissolve, then you show up and drink the lot!"

"A synonym is a word I use if I can't spell the other one."

"You've reached middle age when all you exercise is cau-

Articulation: “Nice putt, or nice butt?”

Elizabeth Fenchem

When working with someone on new skills it is helpful to ask about personal interests. Whether we are working on using an electro-larynx, or the principals of esophageal speech, I find words and phrases they can use immediately. I think of it as practice when the EL user doesn't mouthe the words, but picks up the device to say it out loud with this new voice. If the student is developing esophageal speech the task is a little different in that “practice” becomes NOT picking up the EL to say a name or call the dog.

One woman who I was teaching esophageal speech to is an avid golfer. I am not. So, I had to ask her what sort of phrases she and her golf partners would use during their round of golf. One of them was “nice putt”. She was so proud when she heard herself saying this typical compliment. The very next time she went to see her ENT for a check up she told him about her progress with her new voice, saying, “Nice putt!” Her doctor turned a little red because he thought she said, “Nice butt!” We all had a good laugh over that one. This was many years ago, and the need for precise articulation, and careful enunciation is still critical, no matter which method of laryngeal voice you are learning to use.

According to Webster's Dictionary: Articulate – “To utter distinctly: to pronounce carefully; enunciate. To produce speech sounds by moving an articulator; phonate.”

Articulator – “in phonetics, any organ in the mouth or throat which, when moved, gives or helps to give speech sounds their characteristic acoustic properties; in English the chief articulators are the lips (especially the lower lip), the apex, front and back of the tongue, and the glottis; the uvula is a minor articulator (co-articulator).” Author's note: The teeth ought to be included in this list.

The difference between P and B is the positioning of the lips, and the amount of pressure you allow to build up in your mouth before popping the P sound with puckered lips. You can feel the difference if you try these two consonants now. Look at how different they look in the mirror. This is good visual feedback to help you remember how important this move is while you are developing new skills. Note: It is important that you do not blow out of your stoma trying to use lung air while making the P or B sounds for esophageal speech. Use only the air already in your mouth to inflate your cheeks and build the right amount of air pressure.

I cannot stress enough how necessary it is for a complete understanding of the separation of mouth air only for esophageal speech, and the use of lung air for tracheal-esophageal prosthesis voice. The benefit for the electro larynx user who does not blow with lung air for speech is the absence of stoma blast while talking. While both methods, ES and TEP, vibrate the same segments of the esophagus to produce a new sound source, they are quite different systems with different air supplies. ES uses mouth air only that is delivered via the top of the esophagus to about where the larynx used to sit. TEP voice occurs as lung air is exhaled up from the lungs; similar to the way it was for laryngeal voice, but with the vibration happen-

ing in the esophagus in the same area as just described for ES. The pitch will be about one octave lower, and volume is usually softer for both methods. Loud volume should not be a goal for the first year.

Amplification with a good quality microphone is highly recommended not only for soft voices, but to assist beginners learning ES or TEP. Attempting to be as loud as our laryngeal voice will tighten the very muscles we need to keep relaxed now. Tightening up will affect the fluency, and usually initiates coughing, as this function brings up mucus with deep breathing used for shouting one...word...at... a...time. If you are concerned about not having enough air to complete a word or phrase, remember to enunciate the final consonant for a little boost of air.

Using an amplifier in the comfort of your home, SLP's office, and at Laryngectomy support group meetings are all perfect opportunities to practice speaking into the microphone not over it. Waving the microphone around like an extension of your hand, if you talk with your hands, as some of us do, is non-productive. Your listeners can't hear you with the microphone at the end of your out-stretched arm!

Your dental health will make a vast difference in your ability to articulate D and T clearly. Take a moment to place the tip of your tongue against your front teeth as if you were going to make a D sound. Then do the same for T. Did you feel the difference of the tongue placement and amount of air pressure in your mouth? This slight difference can be improved with time to heal, practice and paying close attention to what you are doing each time you say things like: “to do”, “tie dye”, “today”. Missing teeth is not only a problem for your basic nutrition, but many consonants will not be intelligible. Your ability to form the T & D or F, S and SH sounds are examples of good sounds to focus on when you practice. Remember the whistle in, “All I want for Christmas is my two front teeth”? Our articulators, teeth, tongue, and lips, play a key role in how clearly we speak.

After the surgery and radiation it is not unusual for the tongue to be swollen. Look into the mirror again, and you may see that your tongue looks like a knotted wad. The sooner you start talking with the electro-larynx, the sooner the exercise of talking will help to remove the edema (swelling) so the tongue lays flat and becomes more flexible. There are tongue stretching exercises I've described in my November 2006 Whispers on the Web article. Here is an excerpt:

“1. TONGUE EXERCISE: It is important that you do this in front of a mirror so you have the visual cues. Stick out your tongue as far and as straight as you can. Be certain that it isn't going off to one side; that it is 'centered'. Next, try to curl your tongue up to touch the tip of your nose, hold, slowly move it back 'center'. Then try to bend your tongue down to touch your chin, and back to 'center'. Go next to your right cheek as far as you can stretch, and back to 'center'. Finally, go to the left cheek as far as you can stretch, and back to 'center'.

The first time you will only do one or two sets of this exercise to strengthen and flatten you tongue for more flexibility and better articulation. This will also help with water going up your nose because the back of your swollen tongue can close off

and force fluid up your nose instead of allowing fluid to go over the back of the tongue and down the hatch as it should. The tongue is the strongest muscle we have, and as Laryngectomees we really give this muscle a work out...especially with esophageal speech."

In "Laryngectomy Speech and Rehabilitation", Warren H. Gardner, PhD, states while discussing esophageal speech, "Because the tongue has a dual role, first, in compressing and injecting air and then, immediately thereafter, in modifying the ejected air, its contact and positions during movements are of shorter duration than in normal speech." Tape recording your speech while reading something aloud, or having a conversation will usually reveal some sounds that are not easily understood by a listener. For beginners who are having trouble using the telephone this will provide a sample of what the person on the other end of the phone hears. Remember they cannot see your facial expressions, or read your lips. Either repeat, or choose another word or phrase until the listener understands the message.

Practice is re-enforcing. It is essential that you are careful to practice the right stuff, no matter which method of speech you are working to improve. Remember, you will know you're on the right track when it becomes effortless. *Elizabeth Finchem*

ANTIBIOTICS—Pat Wertz Sanders:

Web Whispers

How do antibiotics work for us, as Laryngectomees, especially prosthesis users? Antibiotics do not damage the prosthesis but they kill off the good bacteria, some of which keep yeast under control.

With yeast being released from the good bacteria guarding it, it can run rampant, and THAT is what causes the prosthesis problems. With lots of yeast in the area of the oesophagus, they find the oesophageal end of the prosthesis and colonize. Those who do not have a prosthesis, can still have yeast (and even thrush) from the yeast but the prosthesis user have the problem of leakage and replacement.

Can you stop this? You can ease it. Talk to your doctor and there are several medications that help this, such as Nystatin and fluconazole. But as a regular help to avoid the problem, eat yogurt because it replaces good bacteria. When you take the antibiotic, it will still kill the good with the bad, but replacement of the acidophilus helps.

I also believe that brushing and flushing your prosthesis regularly helps and ...getting your teeth and mouth brushed and rinsed regularly also helps, especially at night. Gargle a bit if you can even with plain water. All of this removes some of the feeding ground for the yeast.

Please read this for a more technical explanation:

HOW DO ANTIBIOTICS WORK?

Some antibiotics, such as the penicillins, are

'bactericidal', meaning that they work by killing bacteria. They do this by interfering with the formation of the cell walls or cell contents of the bacteria. Other antibiotics are 'bacteriostatic', meaning that they work by stopping bacteria multiplying.

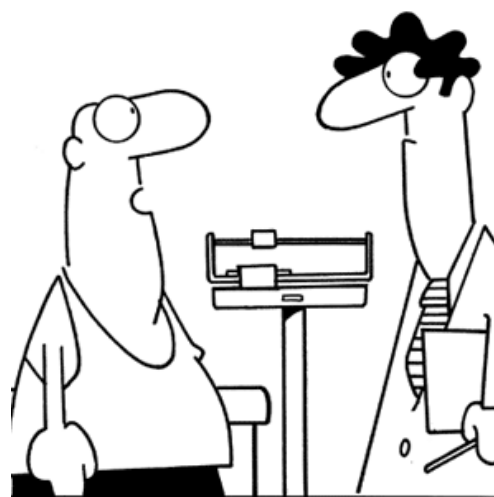
WHAT ARE ANTIBIOTICS FOR?

Antibiotics are usually used to treat infections caused by bacteria. They do not work against other organisms such as fungi or infectious agents such as viruses. It's important to bear this in mind if you think you have some sort of infection, because many common illnesses, particularly of the upper respiratory tract such as the common cold and sore throats, are usually caused by viruses. Overuse of antibiotics can lead to bacteria becoming resistant to them so it's important to only take them when necessary. (See this page).

Some antibiotics can be used to treat a wide range of infections and are known as 'broad-spectrum' antibiotics. Others are only effective against a few types of bacteria and are called 'narrow-spectrum' antibiotics. Some antibiotics work against aerobic bacteria, that is organisms that need oxygen to live, while others work against anaerobic bacteria, organisms that don't need oxygen. Sometimes antibiotics are given to prevent an infection occurring, for example, before certain operations. This is known as prophylactic use of antibiotics and is common before orthopaedic and bowel surgery.

SIDE EFFECTS OF ANTIBIOTICS

The most common side effects with antibiotic drugs are diarrhoea, feeling sick and being sick. Fungal infections of the mouth, digestive tract and vagina can also occur with antibiotics because they destroy the protective 'good' bacteria in the body (which help prevent overgrowth of any one organism), as well as the 'bad' ones, responsible for the infection being treated.



"I tried jogging, but all that bouncing up and down made my beer too foamy!"

MINUTES OF MEETING HELD 15.4.09 Laryngectomee Association of NSW

In attendance: B & C Gardner. C & W Bolton. J Pedden. D Newby. P McGregor. R Gray. B Hodges. R Green. N Gildea H & T Nolte.

Apologies: R Chapelow. P Lamont. P Ewan. F Jefferson. P Dawson.

Minutes: Resolved/ R Green that the minutes as presented in the newsletter be accepted as a true and correct record and accepted with no matters arising.

Secretary's Report: Reported that correspondence from J Pedden Southern District—minutes and suggestion that this branch (NSW) could meet at Liverpool Hospital allowing their branch to integrate and close. Update on progress in editing publication “You can say that again” and advising that booking for Pitt St venue for June meeting has been confirmed. Resolved report be accepted/B Hodges.

| Adelaide Bank | | Commonwealth Bank | | Expenditure | |
|------------------------|---------------------|--------------------------|-------------------|--------------------|-------------------|
| Opening Balance | \$391,720.00 | Expenditure | Income | Catering | \$26.00 |
| Income | \$619.00 | To fixed deposit | Opening Balance | Stationary/Office | |
| | | Dep Xmas Party | \$5,520.00 | Phone/Internet | \$95.00 |
| | | Raffle Xmas | \$302.00 | Printing | \$288.00 |
| | | | \$228.00 | Postage | \$216.00 |
| | | | \$100.00 | Patient Suplies | \$491.00 |
| | | | \$11.00 | Laptop | \$1,047.00 |
| Totals | \$392,339.00 | Total | \$6,161.00 | P.O Box | \$75.00 |
| | | | | Bank fees | \$2.00 |
| Balance | \$91,339.00 | Balance | \$3,921.00 | Total | \$2,240.00 |

Resolved/B Hodges. P Mc.Gregor report be accepted

Welfare report:

New members: Thomas Adie of Corlette. Neil Harvey of Berkeley Vale. Kiril Joveski of Bankstown Keith Marshall of Warilla. Kevin Sheridan of Engadine.

Maralyn Ploenges is home after nearly 3 months in hospital. Best wishes!

General Business: Brian reported that he and Carol will visit Coffs Harbour to support formation of new support group. Resolved/V Stumbles. B Hodges that a cheque for \$200 be presented to assist with formation expenses and that travel and accommodation expenses be paid.

You can say that again: It was decided to go ahead with the publication of this booklet ourselves with costing as outlined by the secretary .

John Pedden spoke to the suggestion from Southern Branch that this association meet at Liverpool Hospital combining with Southern Branch—this was rejected.

A short discussion followed on the new meeting place for June at 280 Pitt Street. Details in newsletter.

Meeting closed at 12 noon and adjourned for lunch and fellowship