

AMNET NEWS

AMNET IS AN EASTERN COUNTIES, SELF-HELP GROUP OF FORMER AND NEW ACOUSTIC NEUROMA AND MENINGIOMA PATIENTS AND CARERS, BASED IN ADDENBROOKE'S HOSPITAL, CAMBRIDGE UK

Spring 2002
Issue 21

Christmas Meeting 8th December 2001

Our Christmas meeting this year took on a slightly different form. We all enjoyed the usual festive spread provided by members and a successful raffle which raised £60. The difference was that instead of having one invited speaker we had three short talks from very different perspectives. There was also plenty of opportunity for members to talk to each other. The speakers were **Lorna Renooy** and **Bernadette Castle** from Changing Faces, **Brenda Hennessey** – Assistant Director of Administration at Addenbrooke's and **Brian Lock** one of our members.

Changing Faces

Lorna and **Bernadette** described Changing Faces as an organisation which helps people to deal with differences in appearance. They get quite a lot of enquiries from people who have had acoustic neuromas removed and also those who suffer facial palsy for other reasons such as Bell's Palsy. Their main role is in providing counselling, support and advice. This is done through a variety of approaches. They produce booklets and videos, offer support through telephone and e-mail and they hold workshops for groups of 8 – 10 people which aim to develop social and communication skills which will help them to manage social situations.

Lorna and Bernadette left some leaflets and other information and we hope that they will come back and talk to the group for longer sometime in the future.

Patient Advice and Liaison Centres

Brenda Hennessey who is Assistant Director of Administration at Addenbrooke's spoke to us about support which is available to patients, their relatives and carers. She emphasised the importance of patient groups like AMNET in the support of patients and acknowledged that in the past hospitals have not always been very good at listening to the needs of their patients or accepting that patients may know what is best for them. Hospitals are learning that they need to remember they are providing a service for patients and patients have the right and entitlement to say what they feel about the service provided.

The NHS Plan, which was produced by the government this year, outlines radical ways of changing the way health care is provided. It is possible to read the Plan on the Department of Health website. Chapter 10 talks about patient empowerment and informs hospital trusts and primary care groups and trusts that patients'

expectations are changing in the 21st century. It is the responsibility of health organisations to ensure patients have information – not just about the hospital, but also full information about their treatment so they can give informed consent. There is also a responsibility to offer redress over cancelled operations allowing patients some say in the re-scheduling of their operation in terms of when and where it will be done.

There is also a commitment for all hospitals to provide a Patient Advice and Liaison service.

Addenbrookes opened their information centre last October and it is situated very close to the main entrance of the hospital. It deals with requests for information and suggestions as well as formal complaints. They are trying to build a large information centre and need help from organisations such as ours to provide information. She also said the hospital needed to work with patients to produce information which is acceptable to patients in terms of being relevant and easy to understand. The centre will also work closely with medical and nursing staff and the service is beginning to learn to listen to patients and to implement changes. Every hospital should have a Patient Advice and Liaison Service by April next year.

There is now greater patient and public involvement in service provision in the Health Service. There will be the formation of local commissions for patient groups in the community whose role will include supporting patient organisations and helping new ones to set up as well as building links between groups.

There will also be a Patient Forum which will be an independent group made up of members of different organisations and one member of this group will sit on the Trust board. These forums will be able to go into hospitals and do independent reviews. This means that patients, relatives and carers will have support in the community and some influence over how money is spent in the health service.

Next meeting

The next meeting will be on **Saturday 13th April 2002 at 13.00hrs** at **Addenbrooke's Hospital** at 13.00hrs. The speaker will be **Dr Phil Morris**, Consultant Anaesthetist



Brenda closed her talk by emphasising that individuals with concerns about anything in the hospital – medical problems or other issues can approach the advice centre who will listen and do their best to sort out the situation.

Assisting your own recovery.

Brian Lock wrote an article for the newsletter about 18 months ago relating his experience of dealing with a facial paralysis. Brian, a retired police officer, had an acoustic neuroma removed three and a half years ago. During the operation the facial nerve was cut and re-sutured so when he came round his face was very severely 'dropped'. Brian's approach to this was to take a very positive approach and decide he was determined to get better. As a very strong minded and determined person Brian decided he would 'get behind' the nerve and make it grow. This involved using every free moment to think about the nerve and make it grow through concentration and talking to it. He was told that the nerve grows up to 1cm a week so he

imagined where the nerve was and concentrated on helping it to grow further. His efforts were rewarded after about 10 weeks when he began to feel tears in his eye and gradually other parts of his face started to improve. Over a period of two years Brian also used a trophic stimulator for up to 5 hours every day – even on a plane to the USA. He believes this kept the muscles alive and more receptive to the new nerves. He was also advised that new nerves are damaged by alcohol so gave up alcohol for a year.

Brian is convinced that the combination of this, the concentrated thought and prayers from many people have helped the improvement he has now. His face is not perfect, he is still unable to blink which sometimes hinders his golf a little and his mouth still droops a little, sometimes worse for a few days, but then recovering. Overall though Brian feels he has made a good recovery and puts a large amount of this down to the power of positive thought. I'm sure that is a message for all of us!

The meeting finished with a recitation from Charlie Lummis which we thought would be good to share with you all. Unfortunately we do not know where it comes from, but I hope you like it.

The Craftsman

*He hopes that you will understand the beauty of things made by hand.
That you will feel the mystic spell that every craftsman knows so well.
By potter's kiln or lathe or loom, in shed, or attic, or spare room,
He adds a certain magic touch creating things he loves so much.
Not simply made of wood or stone, not for financial gain alone.
But made with patience, love and care that others may his pleasures share.
He does not measure time by days but labours long while others laze,
From misty dawn till setting sun, until he feels his work is done.
So if you buy the craftsman's wares you're buying from someone who cares.
He'll sell you charms that will never fade, for everything has been hand made.*

Editorial

Dear All

Welcome to the Spring Newsletter although it doesn't feel much like Spring as I write this.

We have some interesting articles for you including a report on the Christmas meeting, Rachel's Corner with some thoughtful insights into living with facial palsy and Ray's report on learning to lipread.

I have a poem this time and I thought it might be nice to print poems or pieces of short prose which people may have found helpful either in times of worry and anxiety or of happiness. So if you have a favourite piece that you'd like to share please send it to me.

I would also like to include more pictures in the newsletter so if you have a good picture let me have it – maybe we could start a caption competition. Also if you have a digital camera bring it along to the meetings so we can get some pictures of the action.

I have included my email with my address on the back page so that will make it even easier to send me things. So I look forward to hearing from you!

Regards

Chris.

Snippets

Motorway emergency phones

This information is taken from CAMTAD's Newsletter, originally provided by Hearing Concern.

The Highways Agency has written to the Telecoms committee to confirm that a new style of telephone is to be fitted to the emergency kiosks along motorways and that these new phones will have features to suit hard-of-hearing and profoundly deaf drivers. Where the existing emergency phones were fitted only with inductive couplers, the new phones will have additional features.

- The inductively coupled handset will now be to European Standard ETS 300 381 (Telephony for hearing-impaired people – Inductive coupling of telephone earphones to hearing aids.)
- There will be an ear symbol on the back face of the handset.
- The phone will have an adjustable volume control.

- There will be a text mode for text phone users
- To indicate a returned call a beacon on the top of the kiosk will flash

Instructions on the inside of the kiosk door will explain the use of the coupler and text facility.

It was many years ago that John Hart MBE successfully negotiated with the then Highways Department of the Ministry of Transport to have couplers fitted to all motorway emergency phones. It is good that this facility is still there; but equally important is the recognition that all drivers, including deaf people, have been catered for.

The Highways Agency has also confirmed that these new phones will be used on core trunk (A) roads, On other A roads administered by local authorities, the phones, where fitted, are expected to be of the same standard.

News of possible relief from Dry eye

This information comes from an article sent in by Reg Green which was written by Roger Dobson and published in the Daily Mail on 1st November 2001.

Researchers at Glasgow University have developed a plug, less than 2mm in diameter which slows down the loss of tears that results in dry eyes syndrome and they have discovered that once in place, the plug ensures that enough tears are kept in the eyes to lubricate them and reduce the risk of damage. Many of our members are aware of the discomfort resulting from dry eye syndrome, but it is in fact a common problem affecting four million people in Britain and one in five of those over 50.

The syndrome is thought to be more common due to lifestyle changes over the last few years such as increased use of air conditioning, dehumidifiers, hair dryers, car windscreen demisters, air pollution and contact lenses. Activities which reduce the rate of blinking such as car driving and TV and computer screen watching, may also play a part in the increase.

The specially designed plugs for tear ducts are designed to make the best use of what tears there are. Each eye

has two ducts, but the one on the lower lid is responsible for draining away 70 per cent of the fluid, and it is into this duct that the plug is fitted, one in each eye.

The plug, which can be put into place with the help of a drop of local anaesthetic applied on a cotton-wool bud, reduces the amount of tears that drains away. It creates a reservoir of tears so the eyes are bathed in natural tears without the bother of constantly supplementing the tear film with artificial tears. The insert can be easily removed if the dry eye condition improves at a later date.

At the moment there are only a few optometrists throughout the country who are starting to use the plugs and obviously people with dry eye caused by facial nerve problems should consult their doctor before investigating this further.

Rachel's Corner

How I have enjoyed receiving your splendid letters! Here are two on what Lindsay describes as 'Keeping up Appearances'.

This is **Lindsay Bang's** experience:

'I have 2 young children and this means that I mix with a lot of kids on a daily basis when I drop off and pick up at school. Most of the kids are used to me and very accepting of my facial paralysis, although they are curious, but this doesn't usually bother me. When they ask "What happened to your face?" I say "I had a brain tumour, but it's better now" and they usually smile and say "Oh, ok then" and talk to me normally after that.

Usually it's the adults who are the problem . . . I get a lot of suspicious looks and discrimination from some of the other mothers at school, such as being the only mother in my son's class not to be invited to a girls' night out this Christmas. Sometimes I am ignored or treated as if I am mentally retarded, and of course being deaf in one ear doesn't help, as you have to ask people to repeat things. I am taking a lip-reading course, which is helping with this problem.

I think you do develop a tougher personality and a sense of humour as a result of not looking normal. I am known to children on my road as "the mad lady with all the cats" (I only have 3). A lot of people avoid talking to me or looking me in the eye, and I can understand this. However on the whole I am constantly amazed by how

Bill Frost has done some lateral thinking (even our brains can work impressively) and come up with this original approach to the problem:

'We (with facial palsy) are so used to seeing outwards only from our faces, seeing a "normal" world, that I suspect we sometimes forget that one side of our face is much less "normal" than the other! I know that when talking to one person, I suddenly realise that I've not given any thought at all to which side of me is more visible to them, if I'm not exactly in front of them and hearing them isn't a problem.

Obviously, it's much easier for them if they're faced with a more reactive face during our conversation, and I suspect that this helps to build both parties' confidence as well. Conversely, keeping the affected side towards them must be slightly unsettling for them and therefore also for us (though this could be handy for dealing with door-to-door salesmen!). Whilst of course I'm not saying that we would hide our affected selves away, nevertheless it might be useful to train ourselves to remember to approach people so as to present our better side, in the same way that deciding which seat to sit in is influenced by our deaf side. Sometimes it may only be a matter of turning the head slightly.

kind and understanding and non-discriminatory most folks are. Many people make a concerted effort to overcome their initial uncertainty and I don't mind people staring, as curiosity is natural. I find that if I "be myself" and am very straightforward about why I look as I do, most people accept this easily and look beneath the surface to find the person underneath.

Of course "being myself" is not always easy. A year or so ago there was a child at my sons' school who kept coming up to me saying "You're ugly, you look horrible, your face is really nasty" etc. No matter how often I tried to explain to her what was wrong, and that it was ok, she still continued to accost me at school and be unpleasant. I even tried talking to her mother, but to no avail. After about 3 months of this I finally snapped and when she next said "You are really ugly" I turned round and said "Yes, and I eat little girls for breakfast too" and after that, she never bothered me again. So much for me being thick skinned!

Of course you can rely on your nearest and dearest not to care how you look. A wonderful thing happened last week when my 6 year old son turned round and said "Mama, I think you're the most beautiful girl in the whole world and I never want to leave you". Aahh . . . I'm a lucky Mum!

At the same time, I'm sure that we can all recall difficult or embarrassing times, usually in public places such as supermarket checkout queues or crowded trains, when the moment just has to be endured!

Rachel says: in the next issue I should like to consider gardening, despite bearing no resemblance to Charlie Dimmock. This depends on you, so please send in any thoughts on your experiences since surgery. Have you, like me, resorted to paying a friend to do it? The ultimate cop-out. And what other issues would you like me to look at? Contact

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Some excerpts from booklets published by Changing Faces

As adjunct to the visit from Changing Faces at our Christmas meeting and the subject of Rachel's column I have picked up these snippets from their web site. I hope you find them helpful.

Many members of the general public have never met anyone with a facial disfigurement before, but they will certainly be familiar with the myths about disfigurement. All too often, the villain in a film or book is scarred or disfigured (the eye, in particular, is often used to suggest evil by adding an eye patch for example). With these ideas around, perhaps it is not surprising that you may sometimes get an uncertain reaction from the public.

You need to reassure them that they have no reason to feel uncertain. Eye contact is critical here. If you look away, you may come across as ill at ease and that is exactly how they will feel too. Hold your head up and look at them. Don't worry if they seem bothered about whether to look at you. They will relax as they begin to see that you feel comfortable and OK. A smile will help you both enormously, and if you can lead the way with a question or a general statement, this will help to give out a clear message that there is no need to behave any differently with you than with anyone else. You can even reassure them by telling them which eye to look at if they seem unsure".

From booklet "What Happened to Your Eye? - Understanding and managing disfigurement that affects the eyes" © Changing Faces

(At a job interview) You may be asked about your facial disfigurement. It is important that you think about how you answer this.

You may think that this is completely irrelevant, but your employer may not, and you will need to explain your reasons. Having an answer ready is far better than being surprised or embarrassed. If you are prepared, the way in which you answer the question is likely to be more measured and controlled. It is easy to sound evasive or aggressive when you are caught off guard.

Look at the answer below. Spoken in a firm but calm voice, this is a perfectly reasonable answer to a question about how your face might influence your ability to do your job. You might like to practise saying it..

'I don't think my appearance is an issue. I find that people respond to my personality, so it has never been a problem'.

If you put the emphasis too much on "appearance", the statement begins to sound aggressive and defensive. Therefore the way in which you speak conveys just as much as what you actually say".

From booklet "Making Your Face Work for You - Managing disfigurement in the workplace" © Changing Faces

You want to make friends? You'll seem such a bore If you stand looking anxious and scared at the door, Walk in with a smile and a confident air, For a moment they'll wonder, but then they won't care...

It's likely they'll ask you "What happened to you?" Don't panic or worry, just plan what to do! People are curious, and so if you say... "I fell off a wall!" they may well go away.

Don't write yourself off. You'll soon become skilled. You'll manage your future, be successful, fulfilled. You are not on

your own, there's a lot you can do To help other people to see the real you."

From booklet "Humpty Dumpty Faces the Future"

© Changing Faces

It can be tempting to 'write yourself off', to lose interest in your appearance altogether. 'Why bother buying nice clothes when I look like this?' However, it is even more important to present a good image of yourself when your face is unusual. If you give the impression that you have lost interest in yourself, then why should anyone else be interested in you? It might also feel easier to jump at the chance of any relationship on the basis that you have to take what you can get. This is a common myth. Many people who look different do form equally happy relationships as anyone else. Often relationships are more successful precisely because they are not based on superficial judgements. The following example is quite typical:

'Sue's face has never been an issue in our relationship. I found her very attractive from the day I met her. For me, I always liked her warm, friendly personality and her face has in no way influenced my feelings for her'.

Building relationships depends on making the most of the attractive parts of your personality, for example, your sense of humour, and on aiming to form friendships from which closer relationships can grow".

From booklet "When Facial Paralysis Affects the Way You Look - Managing the change in your appearance" © Changing Faces

Breaking free of the myths that surround disfigurement is very important when coming face to face with it - either through personal experience or when meeting someone with a disfigurement. Looking at that person without making assumptions is not easy. But this is the change we are aiming to bring about - and everyone can play a part in doing this. This chapter contrasts the consequences of letting the myths and misconceptions dominate your thinking, as opposed to what happens when adopting a more informed and confident attitude towards disfigurement."

From book "Facing Disfigurement with Confidence" by Winnie Coutinho © Changing Faces

Challenging beliefs about disfigurement can be an important part of intervention. Many individuals believe that surgery provides the only answer to their problems, and they may spend years looking for alternative procedures, surgeons and clinics in a quest for solutions. Another common belief is focused on life chances; that the person with a disfigurement cannot expect much from life in terms of jobs or relationships. This belief may be challenged successfully by meeting other (or observing on video) people who act as positive role models."

From book "The Psychology of Facial Disfigurement - A Guide for Health and Social Care Professionals" by Iona Lister © Changing Faces

DEAFNESS & LIPREADING – a personal experience

Like most of us, I had no useful hearing in my ‘acoustic neuroma’ ear following my operation. Over the subsequent six years the hearing in my ‘good’ ear deteriorated. I suspect I am following in my mother’s footsteps as she was profoundly deaf in both ears in later life; quite unlike my father who “could hear a pin drop a hundred yards away”.

About six months ago I developed an ear infection in my ‘good’ ear which, despite ear drops and antibiotics, got worse to the point where I could not hear speech at all. My GP told me my ear canal was swollen and was totally blocked. In addition when I spoke my head resonated which was quite unpleasant. I also discovered it was difficult to respond to people when they became intolerant of my deafness. Having experienced profound deafness, I now feel guilty that I had been so unsympathetic towards my mother’s hearing problems. Fortunately for me, after a month or so, my ear infection cleared and hearing returned to its former state.

Meanwhile, being aware that I was likely to lose my ability to hear speech, I arranged to join a lipreading class. The class is free (in Suffolk anyway) and is held for two hours every week – in line with school terms. Having attended about a dozen lessons my ability to lipread is still quite poor. Nevertheless, the lessons are very helpful and great fun. The most important thing I have learnt is to prepare myself before entering into a potentially difficult situation by saying who I am, what I want and trying to ask all the relevant questions so I get a “yes” or “no” answer. In a shop for example, I find it helps to show my “Sympathetic Hearing Card” when

getting out money from my wallet and saying “Sorry, I’m deaf”. It is amazing how much more ‘sympathetic’ the shopkeeper becomes. All my local shopkeepers now know I am deaf and are always helpful.

Even though my lipreading is poor, by looking at people’s lips instead of their eyes (needs concentration), I can usually recognise certain letters like “w”, “m” and “p”. This enables me to make more sense of what they are saying even if I can only hear bits of the conversation. Recognising body language also helps.

In addition, as a byproduct, I have learnt all sorts of interesting bits of history and useful information. After playing a series of games I can now recognise a variety of country’s flags and different types of old Rolls Royce cars! We also have many laughs and coffee breaks with cakes and biscuits especially when celebrating some particular occasion.

We started with five of us and now have a full class of twelve. Only one lady, who is 90 odd, is profoundly deaf. Everyone else can hear relatively well but feel the need to prepare for becoming ‘harder of hearing’ as time goes by. My month’s experience of being profoundly deaf made me appreciate just how wise this is.

I have a video “Introduction to Lipreading” that gives a good idea of the advantages of lipreading. If you would like to borrow it please give me a ring on 01787 248036.

Ray Maw

DRY EYES & VISLUBE – survey findings by AMNET Library

A dry eye is among the “most common” and also the “most troublesome” of the possible problems following acoustic neuroma surgery. Peter Holmes, one of our members and a keen table tennis player, told me that he had found Vislube was very helpful in clearing his vision so that he could play table tennis once again. In response to his recommendation, I obtained a supply of Vislube and invited a few members with dry eye problems to try it out. Most of them also found it was helpful.

Since then, just over two years ago, Vislube has been available from AMNET Library. Upon request, samples have been sent out to AMNET members and more recently to BANA members together with a questionnaire. After obtaining their GP’s approval, they are asked to try the samples and then complete the questionnaire. Out of 60 samples that have been sent out, a total of 43 questionnaires have been returned so far (i.e.72%). All but one agreed that details of their responses could be given in the Newsletter. (*This member’s responses have been excluded from the findings.*)

Just over half (53%) found that Vislube was an improvement over the dry eye medications they were using. (*If many or all of the members who have not returned the questionnaire found Vislube was not better than the medications they were using, this percentage would be about 37%. So it seems reasonable to assume that between a third and a half had found Vislube was an improvement over the medications they were using.*)

Of those who found it was an improvement, all but one agreed that we should organise a bulk order and everyone said they would purchase their supplies from AMNET if they were available. (*Vislube is rarely available from a pharmacist or an optician.*) Since February 2000 AMNET Library has received regular bulk supplies of Vislube and so far 139 boxes of 20 monodose units have been supplied to 25 members (*average of 5.5 boxes per member*). Of these over half have not made repeat orders. This might indicate that their dry eyes had improved or that subsequently they had not found Vislube to be a convenient form of eye drop.

Comments were received from all but one of those who were sent samples. Some of the comments appear to be contradictory: for example, while some members felt Vislube was soothing, cleared vision and had no bad effects, about the same number said it made their eyes sting and redden.

Most disadvantages mentioned were “it does not ease the eye which needs ointment rather than drops”; “relief does not last long and in consequence becomes expensive to use”; “it makes the eye sting and redden” or “it is impractical to use”.

By contrast, some members said “it is very good and an improvement on other medications”; “it clears vision and the eye and is particularly helpful when driving”; “it is

soothing and there is no stinging or bad effects” and a few said “it lasts longer” (*presumably in relation to other drops*).

A number find a good combination is to use ointment at night and Vislube during the day or when good vision is necessary.

In conclusion, it seems that for some members Vislube is helpful while for others other medications are better. Therefore, subject to your GP’s approval, the only way to find out what is suitable for you is to try a sample. Give me a ring on 01787-248036 if you would like a sample of Vislube.

Ray Maw

postbag



This is another letter from Norma Clarke – this time with an interesting suggestion to improve quality of life for those who are hard of hearing.

Tonbridge, Kent

Dear Editor

I feel I must share with other members the success of a recent headphones purchase that has restored the pleasure of TV. Due to the AN I have little hearing in my right ear and my left ear is not 100% resulting in difficulty in hearing TV and radio particularly with background noises and unclear speech (regional and foreign accents are the worst). The earphones by Sony (MDR-RF845RK) are termed as wireless and can be purchased from most TV suppliers and are part of their regular stock – a transmitter connects to the earphone socket on the TV or radio and to the electricity supply, the transmitter also charges the headset battery. The headset is removed from the transmitter/battery charger to be worn whilst watching or listening. It has its own volume/tuning control independent of the TV volume control – if the TV volume is turned right down, even below normal hearing levels I can set the headset volume to suit myself without interfering with anyone else’s listening – what a boon to be able to enjoy TV again. Verdict of my 14-year-old grandson ‘Cool Nan!’

Norma Clarke

Committee News

A couple of pieces of news and requests for help from the committee

Information

We have developed a new booklet which will be sent out to people who make new enquiries on one of our phone numbers. This briefly explains what an acoustic neuroma is and the treatments and outcomes. It also has a leaflet they can use to join AMNET.

We have also put together an information pack with some discharge information taken from the Addenbrooke’s Neuro-otology web site, a collection of the talks reported in the newsletter (AMNET Papers) and a recent newsletter. This will be sent out to all new members. Ray will still provide further information to anyone who requests it.

Meetings

The other topic which we hope members can help us with is improving the sound at meetings. We have some equipment but we could invest in more if it would make things more easy to hear at meetings. If anyone has expert information or knows someone who could help with advice please let one of the committee members know.

Fundraising

The committee is very grateful to everyone who has had a fund raising event, but we can always do with more cash to help pay for the newsletter, speakers etc. Every little helps so if you could host a small coffee morning, lunch or tea party for friends, or some other small event which might raise some funds we would be very grateful. We look forward to receiving the proceeds.

Please think about writing something for your newsletter. It can be anything you feel will be of interest to members.

Anything from a few lines to a couple of pages

It all helps to make the newsletter more interesting.

Contributions on paper and/or disc (Microsoft Word) to:-

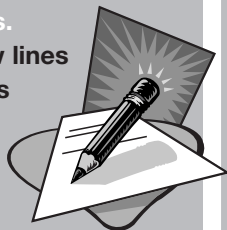
Chris Richards

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by: 3rd May 2002



AMNET Advisory Panel at Addenbrooke's Hospital

Mr David Baguley MSc MBA

Principal Audiological Scientist

Jean Hatchell

Clinical Nurse Practitioner

Mr Robert Macfarlane MD FRCS

Consultant Neurosurgeon

Mr David Moffat BSc MA FRCS

Consultant in Otoneurological and Skull Base Surgery

Mr N J C Sarkies MRCP FRCS

FRCOphth Consultant Ophthalmic Surgeon

Sue Woodford RN

Staff Nurse Clinic 10

BANA has produced some new booklets which may be of interest:-

A Basic Overview of Diagnosis and Treatment of Acoustic Neuroma

The Facial Nerve and Acoustic Neuroma

Headache after Acoustic Neuroma Surgery

Eye care after Acoustic Neuroma Surgery

Balance

All these booklets are available from Alison or direct from BANA. There is a charge of £2.00 for some of them.

Next time you go surfing don't forget our AMNET web-page on <http://www.ii-group.com/amnet>

If you want to suggest any contents please let us know.

Also which-doctor.co.uk

The new web-site search directory to help you find a doctor with a particular skill, service specialist or research interest, anywhere in the UK.

<http://www.which-doctor.co.uk>

email info@which-doctor.co.uk

Addresses and Web sites

Addenbrooke's new website

www.addenbrooke's.org.uk

Changing Faces

(Registered Charity 1011222)

1-2 Junction Mews, London W2 1PN

Tel 0202 7706 4232

Email: info@faces.demon.co.uk

Website <http://www.changingfaces.co.uk>

Changing Faces acts as a resource for the empowerment of people with facial distinctions. Free information packs and booklets are available.

A Necessary Note

AMNET News is very appreciative of the opportunity to publish items relevant to the interests of acoustic neuroma and meningioma patients. This includes instances where members of AMNET have experienced relief, improvement, difficulties or otherwise and write to us of their experiences in order to pass on information for the interest and possible benefit of other members. However, AMNET cannot endorse proprietary products or be held responsible for any errors, omissions or consequences resulting from the contents of this Newsletter.

Surfing the Net?



RNID Tinnitus Helpline

(Registered Charity 207720)

Castle Cavendish Works, Norton Street, Nottingham NG7 5PN

Tel/Textphone 0115 942 1520

For further information:

Email: tinnitushelpline@binternet.com

Website: <http://www.rnid.org.uk>

The British Tinnitus Association (BTA)

(Registered Charity 1011145)

Web site: <http://www.tinnitus.org.uk/>

Email: bta@tinnitus.org.uk

The BTA is a charitable organisation which supports a network of self-help groups and contacts. The association provides information and advice to help people to come to terms with tinnitus and supplies helpful retraining audio cassette tapes and details of relaxation cassettes. For an annual subscription members receive "Quiet", the association's quarterly journal.

Contact: BTA 4th floor, White Building, Fitzalan Square, Sheffield S1 2AZ

BANA

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Tel 01623 632143 Fax 01623 635313

Email bana@btclick.com

Library

Book Amnesty Alison is missing a number of books she has sent out over the years. If you have borrowed books from AMNET we would be grateful if you could check your bookshelves and return any books you may find. This can be done anonymously if you wish. We would just like to keep a good supply for new people who request information.

FORTHCOMING MEETINGS

Our next meeting will be on **Saturday 13th April 2002** in the Boardroom at Addenbrooke's Hospital. The speaker will be:

Dr Phil Morris, Consultant Anaesthetist from Addenbrooke's Hospital

Facial Stimulators

AMNET has some Facial Trophic Stimulators which are available to members for short term loan. There is a charge of £20 at present which includes maintenance and postage. If you would like to know more please contact: **Margaret Allcock on 01493 700256**

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