

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

Autumn 2004
Issue 31

Helping people with Tinnitus and Balance problems

A talk by Laura Skorupa Audiology Information Officer for the Royal National Institute for the Deaf (and hard of hearing people)



Laura introduced herself and said that she enjoyed coming out to groups such as ours as it was good to find out what people want to know and what they want from the RNID Helpline.

Laura has worked for the RNID for 6 years. She started working on the Information Line answering general enquiries. As they found that the enquiries were getting more complex they felt they needed an audiology expert so Laura was offered the opportunity to train in audiology.

A special Tinnitus Help Line has been set up and this specialises in not just tinnitus but also audiology, balance problems, hearing loss and ear problems such as chronic otitis media which can affect hearing. As well as working on the Helpline, Laura also give talks to various groups and institutions such as nursing homes and attends conferences, exhibitions and courses.

Tinnitus

Laura explained that tinnitus is something which people need to experience in order to understand. For some people it is temporary but for others it is a permanent part of their lives which they have to cope with. Tinnitus is beginning to be more noticed in young people possibly resulting from increased exposure to loud music in such activities as clubbing. With care this sort of hearing loss can be prevented from happening so early in life. As tinnitus cannot be seen or heard and we do not know why it occurs, doctors are sometimes not very interested and are ignorant about the treatments available and therefore do not refer people. The RNID hopes to raise awareness among GPs so more people will know what help is available.

There are a number of theories about why tinnitus occurs. One of the more recent ones suggests that the ears are constantly receiving information and if they had to deal with it all it would overwhelm them, so they are able to filter out sounds which have no meaning to the individual so he/she can concentrate

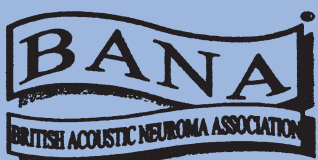
on what is important. Sound is transmitted by constant electricity between the cochlea in the ear and the brain where it can be perceived as sound. Sometimes a little signal appearing on the auditory pathway is picked up by these filters that perceive it as a threat which then raises an emotional response resulting in the sound becoming more prominent. The sound takes on an emotional significance and persists, making the individual aware of it. Our bodies are very noisy anyway - all the internal organs such as the heart make noise and if we hear these noises it can raise anxiety. There is a close relationship between physical and psychological responses. To sufferers this can be very distressing although the majority of people who suffer tinnitus do cope with it. Ten per cent of the population have prolonged tinnitus and up to thirty per cent have it at some time in their lives. Greater numbers of teenagers are now developing tinnitus and the British Tinnitus Association have set up a young persons section.

Although tinnitus is not necessarily a sign of something more serious it is very real to those who have it. However it is often not understood by those around them so the RNID in association with the British Tinnitus Association provide frequently updated fact sheets for both sufferers and their families and friends. People are often looking for a pharmaceutical solution, and while research is going on, there is nothing available at present.

However there are therapies which can help tinnitus. There are a number of tinnitus clinics around the country and they provide support, relaxation therapy, counselling and tinnitus retraining therapy which all help patients to notice the tinnitus less. The biggest factor in dealing with tinnitus is **acceptance** that it is there and may be there for ever - it is not a disease and it is not fatal and they can cope with it. Support

Next Meeting

The next meeting will be held on Saturday 4th December in the Boardroom at Addenbrookes Hospital. As usual our Christmas meeting will include lunch and we invite all members to bring a contribution. Doors will open at 11.00. The speakers will be Lynne Hitchin and Elizabeth Houghton and they will be talking about 'Complementary Therapies'



for people around the patient can also help with this acceptance. Other people find it difficult to understand because it is invisible. It is however, very real to the people who suffer it and it can make them avoid going out and into social situations. Tinnitus can take over their lives but some find support groups very helpful.

Hearing therapy is based on looking at the whole person and using that as the basis for deciding what is the most appropriate approach.

Sound therapy involves noise generators which rather than covering up the tinnitus, aims to distract the patient from the tinnitus. This can help particularly at night when it tends to be more noticeable. People who use hearing aids often find the tinnitus is worse when they take them out.

The Tinnitus Help Line deals with callers who are distressed by their tinnitus. They are encouraged to talk about how the tinnitus is affecting them and when they are aware of it. There tend to a lot of psychological factors involved in tinnitus despite it being a physical symptom. It can be very diverse. Some people hear singing or music (musical hallucinations), they may have a different noise in each ear, the noise may be perceived in only one ear or in the head or it may be a pulsing sensation. The diversity of presentation will make it very difficult to find one drug which will be the answer.

Complementary therapies may help although there is only anecdotal evidence at present. Anything which improves general health, relaxation and sleep may well help tinnitus and the more approaches to dealing with tinnitus the better.

Balance

Loss of balance is another problem which makes people feel isolated and is not understood by those around them. They are often not referred by their doctors for further help, but some ENT consultants do have a special interest and there are balance rehabilitation clinics. It is not always possible to diagnose what is causing the problem but clinics can do tests to try to find out why balance problems occur and can teach exercises to help regain balance.

Loss of balance can make people very frightened and unable to go out –sometimes unable to move around their own houses. This affects quality of life and they often become reclusive. It is important to try to keep on living and not let it stop you going out and enjoying yourself.

There are only a few balance groups for people although the Menieres society does run groups.

Laura reminded us that there is help and information out there and the RNID is always looking to improve the service they provide. They have campaigned on a number of issues – recent ones being ‘Don’t lose the music’ aimed at getting people to protect their ears against loud noise and ‘Access to health service’ which highlighted the poor access and communication within the health services.

Questions

There was a question session which included discussion of treating tinnitus following surgery as a reaction to ‘phantom limb’ syndrome and reminding oneself that the ear is no longer there. This works well for one member. Laura thought it may be taking the idea of acceptance one step further

There was also discussion about planning buildings better for people who have balance problems so that there are lines in some form on long corridors which give people with problems something to focus on. Laura suggested this was raised directly with the Disability Discrimination Consultancy.

We would like to thank Laura for a very interesting talk and thank the RNID for all it’s work in helping and supporting people with hearing problems.

Don’t lose the music campaign

CAMTAD are supporting RNID’s campaign for prevention of hearing loss caused through loud music. The campaign has postcards aimed at young friends or relatives – those of us with teenage children – or even middle aged rockers to warn them of the damage they can do themselves by too much exposure to loud music. There are also small cards which can be left in noisy places (some bedrooms?). One says:

‘Avoid the Noise Hangover. Loud music can damage your hearing. Look after your ears now so you can enjoy music forever.’

Cards are available from Sue Magee at the CAMTAD office 01223 416141 and if you would like to direct your ‘young ones’ or ‘not so young’ ones to further information the web site is www.dontlosethemusic.com some of which is printed below

Some advice to pass on to the youngsters in your family

How to protect your hearing

Try this simple test the next time you are out:

- if you can’t talk to someone about 2 metres away without shouting, the noise is at a level that could damage your hearing.

So how can you protect your ears?

At clubs

- take regular breaks from the dance floor
- use chill out areas to give your ears a rest from loud music
- find a place to dance away from the speakers
- wear ear plugs if you go clubbing regularly

At gigs and festivals

- take regular breaks from the music to give your ears a rest
- stand away from the loud speakers
- if you regularly go to gigs and/or festivals wear ear plugs
- at festivals, alternate where you stand in the audience during the day
- if you are going to the front of the stage at a gig for the main act, watch the support act from another position in the audience

If you would like more information about any of the details above call the RNID information line on 0808 808 0123 or textphone 0808 808 9000

Editorial

Dear All

Welcome to our Autumn Newsletter and I will take this opportunity to wish you all a Happy Christmas and All the Best for the New Year.

I hope you enjoy this edition of the newsletter. There is quite a lot about hearing and Tinnitus in this edition including the report of Laura's talk and a member's experience of obtaining and using a bone assisted hearing aid (BAHA). We also have our regular contribution from Ella which introduces some of the help that can be obtained from occupational therapists.

Don't forget I am always very pleased to hear from any of you about your experiences or some interesting tidbit - especially if it will help, encourage or cheer up others, so now the winter nights are drawing in get out the pen and paper or sit down at the word processor and write something for me!

Some news from BANA, Bill and Anne Frost who have attended some of our previous meetings have retired from BANA after putting a lot of work into setting up and running the Scottish Branch, but are hoping to visit us again sometime.

I look forward to seeing some of you at the Christmas meeting when you are invited to bring a contribution for lunch there will be Christmas cards on sale.

Best wishes

Chris.

'Getting to Grips with Tinnitus'

Saturday 19 March 2005

Organised in memory of John Cammann by the Cambridgeshire Tinnitus Support Group

**Lectures Workshops
Information Support**

The Science Park
Milton Road
Cambridge

Speakers:

**David Baguley, Laurence McKenna,
Don McFerran, Lucy Handscomb,
Eric Trowsdale**

For more information on registration and fee contact:

Avril Dring,
CTSG,
99 Tavistock Road,
Cambridge
CB4 3ND
Tel: 01223 312107
Fax 01223 312836
Or email: alanyeo@virgin.net

Marathon Run



A special thank you to Nick Williams who ran a marathon recently and raised £135 for AMNET.

Well Done Nick!

Research Project

Thank you to those of you who have volunteered to help me with my research project into experience of recovering from an acoustic neuroma. I have enough people to interview at the moment, but I may come back with another request next year so I hope some more of you will be happy to help me then. I will report back to members when I have finished my project next year.

Chris Richards

Meningioma Association

Ella's contributions for this edition are an article about occupational therapy and an interesting review of a book written by

Pippa Crosby explains how Occupational Therapy can improve everyday living

Jane and Pippa

We asked Pippa Crosby, Senior Occupational Therapist at Norfolk and Norwich Hospital to explain the role of an occupational or O.T. for us.

The idea arose after Jane Casswell was referred to her following surgery for a benign tumour, a spinal cord meningioma. Jane had expressed some surprise at receiving an appointment with an occupational therapist. At the time she was not sure what to expect, so it seemed a good idea to ask Pippa to describe the type of services that **might** be available where you live and give some idea how to find out about and how to access what is available in your own area.

What does an O.T. do?

For those of you who have no idea what an occupational therapist (OT) is, I will start with a brief outline. OTs work in all areas of both physical and mental health from paediatrics to care of the elderly, and in different specialist areas like neurology and rheumatology. We work in hospital settings and in the community, including primary health care trusts and social services. Depending on where we work our role will differ, but fundamental to all of us is the desire to enable those we work with to achieve the most that they are able to achieve, whether it is in the area of self care, leisure, domestic or work tasks.

Practical Help

We are able to provide practical solutions to problems through looking at alternative ways of carrying out a task with or without small aids or equipment as necessary. For example, if you experience weakness in your hands then provision of braces or splints may improve your ability to use them for everyday tasks like holding cutlery. The cutlery might have larger handles to provide an easier grip and be lightweight.

Coping with Fatigue

If fatigue is an issue we might discuss with you what your particular priorities are and help you to organise your time more effectively and use energy conservation techniques. Appropriate equipment would be identified, for example, a

perching stool to use whilst ironing, and the pacing of activities with regular rest periods to help maintain a predictable level of function.

Managing anxiety and other problems

As anxiety and frustration over any loss of ability, e.g. deafness or balance problems can often affect people, we might also offer help with relaxation and anxiety management techniques. As members of a multi-disciplinary team, whether in the community or hospital setting, we should also be able to refer you to an appropriate colleague, for example, a physiotherapist if you have problems with walking. We should also have knowledge about how to access other services in the community provided by statutory or voluntary bodies. In other words we can help you get the services you are entitled to.

Finding an O.T.

So, how to access all these wonderful services? Well, if you are in hospital and need occupational therapy intervention in order to be discharged home safely, then you can expect to be seen by a hospital OT. If you are at home your GP or consultant can refer you to an occupational therapist who will probably be based in the community. If your needs are primarily around personal care in that you need people or equipment to assist you, then you can refer yourself directly to your social services occupational therapy department for an assessment of your needs.

Many social services departments, primary care trusts and acute hospitals have their own web sites, thus an internet search using whichever search engine you prefer will often enable you to see what might be available and how to access it, with useful link sites as well. If you do not have a home computer you can use the library.

OTs also have professional web sites, for example, NANOT (National Association of Neurological OTs) is online at www.cot.co.uk which might prove useful.

Pippa Crosby

Senior Occupational Therapist
Norfolk and Norwich University Hospital

Book Review by Ella Pybus

Flying without Wings

Cameron Fulljames' book, **On a Wing and a Prayer** is a compelling account of what happened to his life after he was diagnosed with a malignant brain tumour in the summer of 2000. At thirty, Cam is a young man in the prime of his life; he's moved from New Zealand to pursue his dream of a career as a commercial pilot and met the love of his life. The millennium is a watershed year for Cam as everything comes at him in a rush: he falls in love with Sarah; he flies passenger planes for British Midland and he

is in peak condition give or take a nicotine habit. Then his employers decide to re-locate him from his flight base in Newcastle to another in the north west of Scotland. After a three-month romance, on the fifth of July he uproots himself and drives north, en route for Aberdeen, and breaks his journey to meet Sarah's parents in Forfar. Tired after the drive and a long day closing up his Newcastle flat, he has an early night only to wake up dazed and confused. Paramedics are loading him into an ambulance while Sarah hovers

anxiously. He has had an epileptic seizure during his sleep.

This is the beginning of the rest of his life as he engages in what he sees as mortal combat with the tumour that threatens to snatch his life away within months. Cam is an unusual mix of tough guy machismo and sensitivity as he devises methods of countering depression and maintaining control over his new circumstances. His perception of the thoughts and feelings of those he meets enables him to engage with them (patients, friends and doctors) on more equal human terms. And his quick wit often acts as a safety valve for the tensions and pressures both patient and medic experience when confronted with a life-threatening illness. There is black humour when he laughs at the story a friend talking of Cam's 'good result from the autopsy' he's just had. He comes to understand the power of love in sustaining the human spirit as his friends, family and colleagues close round him in support. After his father flies home to New Zealand after staying with Cam for six months, he reflects on their renewed relationship quoting Schiller, "It is not flesh and blood, but the Heart, which makes us fathers and sons."

Intellectual curiosity leads him to seek out information on brain tumours so he can understand exactly what is happening inside his head. The same curiosity prods him into taking up photography in preparation for a new career if his flyer's licence isn't returned. He reads widely trying to find new insights into life. He searches for others with the same kind of tumour and it's a downer when he discovers how few survivors there are. His desire for understanding helps fuel his fighting spirit and he observes himself shaking a defiant fist at his fate.

Cam gives us honest and open account of dealing with the advances and retreats of his battle to survive. He writes with understanding and humour about the nuts and bolts of radiotherapy and chemotherapy. He takes consolation from blood test results that explain his failing libido and impotence. What interests this reader is how successfully this kind of information is transformed into positive thinking. For example, now he knows the cause of his failing erections is plummeting testosterone levels, he will try to find a way to deal with it.

Good nature and an exceptional will to survive mark both writer and book. In a curious way he grows taller as he experiences the selflessness of human love. He never under-estimates the love of those around him, nor does he forget their feelings as they watch his struggle. There is a coming to terms with life post-brain tumour bolstered by finding a new role as an instructor within British Midland who supported him throughout, and thus continuing his long affair with flying machines. There's plenty of copper-bottomed Kiwi resolution and humour contributing to Cam's triumph over a brain tumour. This is an exceptional man who learns that the courage he needed was already within waiting to be tapped.

On a Wing and a Prayer - *Surviving a brain tumour*
By Cameron Fulljames. £4.99. Publisher: Janus Publishing Company, 2004., ISBN 1 85756 578 9
Available to order from www.cameronfulljames.com
(Suggested price £5, proceeds to cancer charities)
Also Waterstones bookshops and WH Smith.

This short piece, attached to her mother's account of her AN experience, describing a daughters thoughts on the impact of her AN experience on her touched a chord with me and I'm sure will with many others. Taken from American Acoustic Neuroma's Newsletter Sept 2004

The New Roll

by Sarah Brom Lindsey

The question of where the new roll of toilet paper comes from gives rise to a deeper question that touches on the heart of the issue: How many men does it take to change a roll of toilet paper? No-one seems to know, since it has never been done!

This leads me to believe that the agent of change is decidedly feminine. Now, this agent may vary from place to place, sometimes appearing as the young goddess with bare feet and free flowing hair, and at other times taking the guise of the wise old women, wrinkled but authoritative.

In my house, however, she is neither young nor old. There are wrinkles around her eyes and mouth, but no grey yet in her hair, and although bifocals dim her eyes, they are the progressive kind, unnoticeable even to the informed observer.

I know that she makes the new rolls of toilet paper appear because one summer, this women could not change the empty rolls for the new ones. She spent most of the time in bed. The tumour in her brain was gone, and with it went half her hearing and most of her balance - ringing that is technically an auditory hallucination - to move in.

Even the simplest of tasks took hours, so most of the housekeeping fell on my shoulders. And in the midst of cooking and cleaning, laundry and gardening, I made the discovery that new toilet rolls do not magically appear. Someone must deliberately remove the empty roll, replace it with a new one, and suddenly that someone was me.

My mom is better now. Her balance has returned almost completely, and the headaches have subsided some. Once again, this not-quite-yet grey haired wise woman quietly puts new rolls in place of the old. But I think that when I'm home I will never take a meal or a load of laundry, or something as simple as a new roll of toilet paper for granted again.

My experience with the BAHA

Thank you Rob for this account of your experience. I'm sure it will help others who are thinking about this procedure.

“You will lose the hearing in your right ear” I was told by the surgeon when discussing the operation to remove my acoustic neuroma (AN). Unusually for an AN patient, my hearing on the tumour side was unaffected and good. At this point my thoughts were “OK, it’s not good but it’s a small price to pay for life-saving surgery. My other ear is OK so it won’t be too bad”.

Shortly after successful surgery, I was routinely referred to the audiology department at Addenbrookes for the fitting of a CROS (Contralateral Routing of Sound) hearing aid. The staff were very helpful and did their best to ensure I was comfortable with the device.

With the best of intentions, I wore the CROS aid. However I felt it gave very little hearing benefit and I was very self-conscious wearing it. I stopped wearing it after two weeks.

Time progressed and after less than two months I was right back into proper working life. My work involves a considerable number of business meetings, busy congresses and a degree of customer entertaining in restaurants etc. The common factor with all these events is lots and lots of background noise. With two functioning ears, background noise is not a real issue but with one-sided hearing it became an enormous problem.

- You miss what people say so they think you are ignoring them.
- You guess what people say and often make totally inappropriate answers. This makes you feel stupid then embarrassed.
- You interrupt people as you think they have stopped talking.
- You think they have said something (they have not) and you say pardon - they look at you strangely.
- You can’t tell where sounds come from - e.g. you struggle with crossing the road initially as you don’t know where the traffic is coming from. (I still can’t tell where my mobile phone is when it rings unless I can see it)
- You feel excluded from conversations and unable to contribute to them - this knocks your self confidence

- At home you and your family become frustrated with your inability to hear properly.

One-sided hearing was a real problem for me - I totally underestimated the effect it would have. I experienced a major loss of confidence and became very depressed.

I read about a mysterious thing called a BAHA (Bone Anchored Hearing Aid) in an AMNET newsletter. Leaflets were available and there was a good website also. (www.entific.com). I got the telephone number of the Emmeline Centre at Addenbrookes from the BAHA website and called them. They were very helpful and asked me to go in for a chat. I was shown the device, and generally talked through the whole process from the initial hearing test (to assess whether the BAHA would be of any benefit) to the operation to insert the titanium screw in my skull onto which the BAHA would attach.

Cost was also discussed - as there is no local health authority provision for BAHAs and people with single-sided deafness, the only option was private treatment. Few private healthcare companies provide funds for this (mine did not) and so I was faced with having to find over £6500 for the whole procedure including the BAHA. Luckily, my wife and family were very understanding and we managed.

So I went ahead. First came the extensive hearing test which lasted over 2 hours. This made sure that my good ear was in fact good enough to receive the sound signals transmitted via the bone of my skull from the BAHA. Using a temporary version of a BAHA with a headband, it tested whether I heard better with the BAHA than without. The results were good and I was told that a BAHA would give me significant hearing benefit. I was excited.

The operation to insert the titanium screw in my head was next. Done under local anaesthetic with sedative in an operating theatre, it took around 1.5 hours. Aftercare consisted of making sure the wound was clean. There was negligible pain and I was unaware of the presence of the screw afterwards. Two screws are actually inserted - one is buried under the skin to act as a spare should there be any problems with the first one. The only after-effect was numbness over an area of my head. Some of this still persists today (six months after surgery) but it’s not a problem.

After approximately three months, the bone of my skull had fused intimately with the screw. This made sure the fitting was secure and it meant that sound transmission would be optimal when the BAHA was fitted. I choose the BAHA colour I wanted (black actually....it's still trendy I'm told) and the Emmeline Centre put in the order

The day for "switch on" arrived and I was very apprehensive as I arrived at the Emmeline Centre. What if it did not produce the results I had hoped for? I was shown how to attach and detach the BAHA. I was told to take it off when sleeping, when in the shower or swimming, when playing football etc and when outside if it was raining (moisture is bad for it). I was shown how to change the battery and given a supply. It was now all over to me.

So what has my experience been to date?

- My neck hurts a lot less as I don't have to keep turning to my hearing side to hear people
- I use a phone on my deaf side occasionally
- Business meetings are much better

- Busy pubs and restaurants are not such scary places (some are still too noisy)
- Sitting at a dinner table with someone on my right is not such an ordeal
- I get funny looks from people occasionally - to date three people have actually asked what is that thing sticking out of my head. They were all impressed when I told them.
- My confidence is back
- I am never aware of the BAHA being there - there is no pain or discomfort
- The Emmeline Centre was very helpful
- I still cannot place sounds
- Shopping, with all the low grade background noise, is less stressful

Would I recommend the BAHA to people with single-sided deafness? Most definitely.

Rob McLintock

robert.mclintock@abbott.com

Mobile phone use and acoustic neuroma

Thanks to Nick Williams for this press release from the Institute of Environmental Medicine (IMM) at the Karolinska Institutet, Stockholm. Thanks to the others of you who pointed this out to me.

A study from the Institute of Environmental Medicine (IMM) of Karolinska Institutet, Sweden, found that 10 or more years of mobile phone use increase the risk of acoustic neuroma and the risk increase was confined to the side of the head where the phone is usually held. No indications of an increased risk for less than 10 years of mobile phone use was found.

At the time when the study was conducted only analogue (NMT) mobile phones had been in use for more than 10 years, and therefore we cannot determine if the results are confined to use of analogue phones, or if the results would be similar also after long term use of digital (GSM) phones.

In close collaboration with the clinics where these patients are treated all new patients with acoustic neuroma were identified during a three year period in certain parts of Sweden. Persons without disease were randomly selected from the population registry (controls). A nurse contacted all patients and controls and asked them if they wanted to participate in the study. All who agreed participated in a personal interview where detailed questions were asked about their mobile phone use and other issues of importance for the study.

A total of about 150 acoustic neuroma patients and 600 healthy controls participated in the study. The risk of an acoustic neuroma was doubled for persons who started to use their mobile phone at least 10 years prior to diagnosis. When the side of the head on which the phone was usually held was taken into consideration, we found that the risk of acoustic neuroma was almost four times higher on the same side as the phone was held, and virtually normal on the other side.

Surfing the Net?



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.

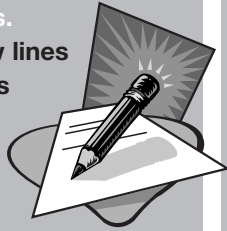
Contributions on paper and/or disc (Microsoft Word) to:-

Chris Richards

**12 Sudeley Grove, Hardwick
CAMBRIDGE CB3 7XS**

email: chris@richards2113.fsnet.co.uk

by: 25th February 2005



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.

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.

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)

4th floor, White Building, Fitzalan

Square, Sheffield S1 2AZ

Freephone enquiry line 0800 018 0527

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

Hearing Concern

7-11 Armstrong Road, London W3 7JL

Help Desk 0845 0744b 600

Email: info@hearingconcern.org.uk

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

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

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 following Acoustic Neuroma

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

FORTHCOMING MEETINGS

The next meeting will be held on **Saturday 4th December** in the Boardroom at Addenbrookes Hospital. As usual our Christmas meeting will include lunch and we invite all members to bring a contribution. **Doors will open at 11.00.** The speakers will be Lynne Hitchin and Elizabeth Houghton and they will be talking about 'Complementary Therapies'

The Spring meeting will be held on Saturday 7th May at Addenbrookes Hospital and the speaker will be Mr David Baguley who will speak about Tinnitus.

The Meningioma Association UK

**53 Pine Grove,
Brookman's Park,
Herts AL9 7BL**

Tel: 01787 374084

Email: MeningiomaUK@aol.com

Website: www.meningiomalUK.org

Facial Stimulators

AMNET has some Facial Trophic Stimulators which are available to members for short term loan. There is a charge of £25 at present which includes maintenance and postage. If you would like to know more please contact: **Margaret Allcock on 01493 700256**

BANA

British Acoustic Neuroma Association
Oak House, Ransomwood Park
Southwell Road West
Mansfield, Notts NG21 0HJ

Tel: 01623 632143 Fax: 01623 635313

Freephone: 0800 652 3143

Email: bana@ukan.freeseerve.co.uk

Website: www.ukan.co.uk

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.

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.

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