

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 2001
Issue 17

Living with Tinnitus

Talk by David Baguley, Principal Audiological Scientist Christmas meeting 9th December 2000.

Reported by Chris Richards

David expressed his pleasure at being able to talk to the group as he felt he always learned a lot from groups like AMNET and enjoyed the opportunity to have informal discussion.

David's work within the Addenbrooke's team is centred around the problems of hearing, balance and tinnitus. The team is now focusing on what they know, what they want to know and how they can identify the people who will continue to have problems with tinnitus, hearing and balance after surgery so they can begin to help them before the operation.



David Baguley with Mr Hardy, Mr Moffat and Mr Macfarlane

He started by outlining how an acoustic neuroma, or as it is now more commonly known, a vestibular schwannoma, grows in the auditory canal due to the continuing growth and development of Schwann cells which eventually fill the canal and cause damage to the nerves within the canal.

Tinnitus is the main component and presenting symptom in 11.7% of acoustic neuroma patients but 74.5% of patients complain of tinnitus. He suggested that possibly doctors do not always consider tinnitus as a serious symptom so do not follow it up.

Why does an acoustic neuroma cause tinnitus?

It is not known exactly what causes tinnitus when an acoustic neuroma grows but there are a number

of theories. There may be cochlear damage, possibly due to the tumour causing restriction of the blood supply to the inner ear. Another suggestion is that there is coupling of nerve fibres. As the tumour grows it compresses nerve fibres which start to break down and be squashed together. This can cause the messages being sent to the brain to become garbled resulting in indecipherable noise – tinnitus. There is also a theory of 'crosstalk' whereby when one nerve fibre fires all the ones around it fire too, causing a big noise which may also be perceived as tinnitus. The tumour can also disrupt hearing causing extra noise in the auditory system.

Why does tinnitus persist after surgery?

A survey in 1992 (Baguley, Moffat and Hardy) suggested that in a group of 129 patients the tinnitus got worse in 19%, in 56% it was unchanged and in 25% it got better. If you don't have tinnitus before surgery, the chance of getting it afterwards is about 30% (Baguley 27%, Andersson, on a sample from Uppsala in Sweden, 35%), if you do have tinnitus before surgery the chances of it going away are about 16% (Baguley 18%, Andersson 15%). It is only likely to be severe in 3 – 6% of cases.

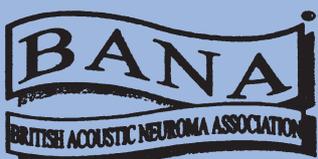
There are some theories about why tinnitus does persist after surgery. Random activity of the hearing nerve during surgery and signals which are being sent to the brain are interpreted as sound. The brain having experienced tinnitus is still expecting to hear it, so it is still there. A lot of work is being done on the analogy with phantom limbs. When part of the body eg a limb or the ear, is removed the brain still thinks the ear is there and interprets the messages from the nerves as sound and this sound may be felt as a painful sound. The brain's perception is affected by a lack of information so it is necessary to convince the brain that the sound is not coming in from the bad side. It is thought the use of CROS hearing aids may be helpful here.

Gaze and Touch

It has been noted that direction of gaze and touching the face or moving the head can affect

Next meeting

The next meeting will be on **Saturday 21st April** when the speaker will be **Mr N Sarkies MRCP FRCS FRCOphth Consultant Ophthalmic Surgeon** who will talk about **dealing with eye problems following skull base surgery**

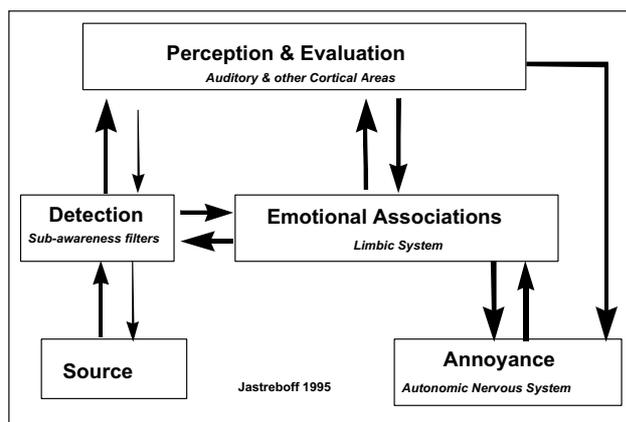


tinnitus in some people. There are a number of theories which attempt to explain this. There are connections between gaze, hearing and balance and when one of the nerves is cut other nerve pathways may become stronger causing unusual connections. Minor links between balance and eye gaze become major and nerves trying to re-grow make new connections. There are also links between tinnitus and noise. The concentration of sound entry on one side turns up the sensitivity of the brain, which in turn causes the tinnitus to get louder

Problems with tinnitus

Research by Tyler and Baker (1983) looked at problems caused by tinnitus. 72 out of 97 people described problems with sleep, depression and annoyance. The root of the problem is often not the noise of tinnitus itself, but what that noise does to the individual person.

The diagram shows that sound (Source) is picked up in the cochlea in the ear and travels to the brain (Detection). Messages are then sent to the perception and evaluation areas of the brain as well as the part which makes emotional associations. Messages are then sent back through the nervous system which can produce symptoms of depression or annoyance. If tinnitus can be made by the brain to become background, meaningless and boring it can also become unimportant and the brain will screen it out by a process of 'habituation'.



Practical aspects : understanding

Understanding more about what tinnitus is and why it is a problem can help people to make it 'meaningless and boring'. This understanding can be developed through hearing talks, the Tinnitus Clinic, the British Tinnitus Association and also by talking to partners and friends about how you feel.

Practical aspects : negative beliefs

Tinnitus is more of a problem if it is associated with bad feelings and negative thoughts. The association with a tumour and the necessary surgery can bring forward negative thoughts as well as fear about the future. However if this is the case it is best to seek help through counselling or if necessary the use of medication such as antidepressants.

Practical aspects : concentration

It is important to avoid silence as this is when the tinnitus sounds louder and may affect concentration. Background sound such as quiet, gentle music can be helpful for concentration. Small doses of activity rather than

prolonged attempts at concentration are also likely to be more effective.

Practical aspects : hearing

Hearing aids can help if you have any hearing difficulty in the good ear. CROS hearing aids may be helpful in about a third of cases and tinnitus maskers which produce 'white noise' may also help.

Practical aspects : sleep

If tinnitus is preventing sleep this will exacerbate the other effects through tiredness. There are some things which may help. Medication to help people sleep is better than it used to be and is less addictive. It may be useful to discuss sleeping problems with your doctor. Pillow maskers produce a noise which makes people less aware of their tinnitus and so helps them to drop off to sleep. Sleep hygiene is a way of training your body to sleep well and at the right time. Strategies include not drinking tea or coffee, not exhausting yourself, not watching TV in bed, getting up at the same time every day and not taking catnaps. (More details of this strategy are available from the British Tinnitus Association.)

In conclusion David said that practical help is available and overcoming negative beliefs about tinnitus is the key to managing your tinnitus.

There were some questions and comments from the floor. Jill Laurimore suggested that there is a great need for information. When she realised that the brain still informs the working ear from the non working side she worked on convincing her brain that it was receiving poor information. She said she could reduce the tinnitus this way by concentrating hard in silent situations.

There were comments about the variety of sounds people hear as tinnitus and the links with tiredness and stress. It helps to try to make a positive decision not to listen to the tinnitus or to acknowledge it. David also pointed out that training before the operation for those who had a serious problem with tinnitus may help coping after surgery.

We would like to thank David for an interesting and informative talk and hope he gets some useful information for his research from the questionnaires completed by members of the group.

CAMTAD

We welcomed Sue Hempstead from CAMTAD who brought a number of aids for people with acquired deafness which she demonstrated and allowed people to experiment with samples. Aids included amplifiers for doorbells, TV and phone as well as aids to help hearing when speaking to others.

CAMTAD and it's associated organisations have centres around the area where people can go and try out the various aids.

Editorial

Dear All

I hope you are all well recovered from the excesses of Christmas and the awful weather and looking forward to a better New Year. It was good to see so many of you at the Christmas meeting and I think everyone had a good time. The raffle raised £80 and I raised £20 from the sale of miniature Xmas cakes and stockings. The newsletter this time has an emphasis on hearing with a report of David Baguley's talk on Tinnitus from the Christmas meeting and other articles about digital hearing aids. We also have a report from Ray Maw on the questionnaires you all filled in for him. I was very pleased to get a report on the experience of Gamma Knife treatment and I would love to hear from anyone else out there who would like to recount their experiences about anything to do with their acoustic neuroma or meningioma.

The other thing I would like to draw your attention to is that in June this year AMNET will be 5 years old. We thought we ought to mark the occasion by a special meeting so we have invited two speakers and hope to provide lunch for members. If we do this we need to know how many people will be coming so please fill in the form and return it to us before May 15th.

Chris.

Emma Stanton

I'm sure many of you will know Emma Stanton the Clinical Nurse Practitioner working in Dept of Neurosurgery at Addenbrooke's. Emma will be leaving the post at the end of February and has asked us to let people know. While they are waiting to appoint someone else Staff Nurse Sue Woodford from Clinic 10 will be covering some of Emma's duties. We would like to thank Emma for her interest and involvement with AMNET over the last 4 years and I'm sure all of you who came into contact with Emma would like us to pass on your thanks for her support at what is not an easy time for anyone. We look forward to working with her successor.

AMNET AGM

This June AMNET will be 5 years old so we thought we ought to mark the occasion. In celebration we are planning a special AGM to be held on June 2nd 2001 at Addenbrooke's Hospital in the David Dunn Suite from 10.30 - 15.30 hrs. We are hoping to have two speakers Diana Farragher, a physiotherapist with a particular interest in facial problems and author of 'Loss of Face', has agreed to speak in the morning and we are trying to find another interesting speaker for the afternoon. We are planning to provide lunch and to assist with this we would be grateful if you would let us know whether you will be coming. Please complete the form below and return to Alison Frank, The Old School House, The Green, Old Buckenham, Norfolk NR17 1RR by May 15th 2001.



I/ We will be attending the AMNET AGM on Saturday 2nd June at Addenbrooke's Hospital and would like lunch

NAME

NAME

Contact telephone Number

Typetalk

Typetalk is the national telephone relay service which enables deaf, deafblind, deafened, hard of hearing and speech impaired people to communicate with hearing people anywhere in the world. It is run by the RNID and funded by BT.

To benefit from Typetalk users need a textphone, which is like an ordinary phone but with a display screen and keyboard. It lets users speak or type their conversation. Replies are relayed instantaneously by the Typetalk Operator and appear as text on the screen. It can be used in both personal and business situations.

**If you would like to know more contact:
Typetalk, PO Box 284, Liverpool L69 3UZ
Web www.typetalk.org**

Captions in the theatre

(from Hearing Concern Magazine)

Three people with different degrees of hearing loss and tired of being unable to access performances, have formed a charitable company to promote the use of captions in theatres. 'Stagetext', formed by Geoff Brown, Peter Pullen and Mervyn Williams, will develop the use of text generation systems in entertainment, educational and cultural venues.

'Open captioning' was pioneered on Broadway in 1997 and is akin to 'sur-titling', frequently used for translating opera. The entire text or lyrics of a play or musical can be displayed word for word on a large portable screen alongside the stage. The Royal Shakespeare Company has used this technique at the Barbican Theatre and plans more for the future.

Hearing Matters

Digital Hearing Aids

This first article comes from Judith Bird, Audiological Scientist at Addenbrooke's hospital. She wrote it for the CAMTAD Newsletter (July, August 2000) after she and David Baguley had given a talk to their AGM. Ed

There has been great excitement about the advent of digital hearing aids, but many people remain in the dark about ways in which digital aids differ from conventional analogue aids. Digital hearing aids may not be smaller, are not necessarily automatic and may not give benefit to everyone with a hearing impairment.

What is a digital aid?

Like conventional analogue aids, digital hearing aids still have a microphone to detect the sound and a receiver to deliver the amplified sound. However, instead of internal components for filtering and limiting the sound, there is a digital signal processor or mini-computer. The incoming analogue sound signal has to be filtered, sampled and converted to a series of numbers to perform specific operations to filter or compress sound. The hearing aid is programmed to the user's requirements using a computer.

Advantages and disadvantages

The reduction in internal mechanical and electronic controls increases the available space for other essential components and may well increase reliability. Each digital hearing aid can be programmed in many different ways. This means that fewer models are required to meet the needs of the infinite variety of hearing impairments that are encountered. It should be noted that digital hearing aids use many features that can also be found in commercially available analogue aids. With digital processing, it is a simple matter to incorporate several programmes for different

listening environments. In addition, it becomes easier to introduce signal processing strategies such as those aimed at improving speech in noise, for reducing feedback, or for maintaining the sound at a comfortable level.

There is some cost to all these advances. Some digital hearing aids introduce additional sounds used in processing that can be annoying if audible. Some users do not like the fact that aids set to automatic programmes are constantly changing their output in different situations.

Finally the financial cost is prohibitive to many people for as long as such aids are unavailable on the NHS.

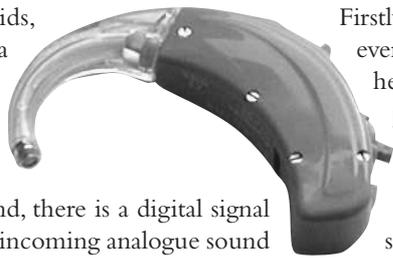
Limitations

Firstly, digital hearing aids may not bring benefit to everyone. For many people the benefit attained from a hearing aid will be limited by the damage to the inner part of the ear (the cochlea). Often with cochlea hearing loss, in addition to loss of sensitivity, there can be poor discrimination, in other words, poor clarity and a blurring of sounds when amplified. In such cases any potential benefits given by digital hearing aids may be irrelevant. In particular, digital hearing aids may not be appropriate for those with a severe or profound hearing loss.

Secondly, a digital hearing aid is only as good as the way it has been programmed to work. For the professionals involved, fitting digital hearing aids can be time a consuming task. Research needs to continue to find the best ways to fit and fine-tune digital aids.

Summary

Digital hearing aids seem to offer great potential. However, many of the claims of digital hearing aids have not been investigated and validated by scientific trials. Further research is necessary to determine which elements of new technology give measurable benefit to users.



Audiology - a centre of excellence - Providing a better service for our patients

This article comes from Addenbrooke's Matters - Ed



Audiology Team

In June this year, Health Minister John Hutton announced that Addenbrooke's would be one of only 20 Trusts in the country to take part in a £4million pilot project to assess the benefits of digital hearing aids.

In September, he visited the hospital's Audiology Department to see how preparation work for the project was progressing.

"The Trusts that are taking part in this programme are at the forefront of modernising the NHS Audiology service. It is great news that the first digital aids are now being fitted"

John Hutton said.

"We know that many people don't use hearing aids, despite the

Modernising Hearing Services

This extract also comes from the CAMTAD Newsletter July/August 2000 and is based on information obtained by the RNID Helpline. Ed.

What now? - How do I get a Digital HA myself?

If your hospital is on the list of First Wave sites, then the audiology department will start to provide digital aids at some time during 2000/02

(In East Anglia the hospitals involved are Addenbrooke's Hospital and the James Paget Hospital, Gorleston - Ed)

If you already have an NHS hearing aid you will have to wait until they invite you for a further assessment, which may not be for a few years if you got your aid only recently. If you are on the waiting list for a hearing test or for a hearing aid you should just wait for your appointment.

How many people will be able to get one in each area?

Only people in the catchment area of the hospital on the list. When the hospital starts providing digital aids they will be fitted:

- a) to people waiting for their first hearing aid if the hearing tests show that they would benefit from one;
- b) to people who already have an NHS aid but are due to be reassessed because their hearing may have changed.

What are the criteria for being included - are there certain types of people in each area?

At most centres in the scheme, no-one whose test shows they need a hearing aid will be excluded (but you do not have to have a digital aid if you would prefer the old type). BUT in a few centres (we don't know which yet), they will be doing additional research, which means that people may be offered a different type of aid - but this will be done on a random basis so it's the 'luck of the draw'.

Do I have to go to my GP to be referred or can I go straight to the audiology clinic?

If you have not had an NHS hearing test or hearing aid before you must go to your GP to be referred. If you already have an NHS hearing aid you will have to wait until they invite you for a further assessment, which may not be for a few years if you got your aid only recently.

I have a private Hearing Aid - can I still be included?

Anyone whose hearing tests show they need a hearing aid is entitled to an NHS aid, but if you are not already on the waiting list this may take a long time.

Can I get in-the-ear hearing aids or just behind the ear?

You may be offered an in-the-ear type but these are not available for everyone.

I will try to find some more information about CROS aids for our next edition - Ed

fact that they are beneficial. A better choice with more modern equipment available on the NHS can change this and will increase the quality of life for many of those who have hearing problems."

The Addenbrookes's Audiology team are now providing and evaluating digital hearing and comparing them against the analogue hearing devices traditionally provided by the NHS. They are also looking at new ways of helping patients adjust to using hearing aids.

Results from the project will be used to advise audiologists, GPs and medical staff about effective ways of introducing digital hearing aids across the NHS, evaluating costs, and the benefits of the new technology.

Senior Chief Audiologist, Nigel Bligh, said "This is an exciting opportunity for our team and we're looking forward to assessing the benefits of the new digital hearing aids.

The pilot trial will be carried out over the next two years and aims

to modernise not only hearing aids, but also the whole service provided to patients with hearing difficulties.

Nigel Bligh continued: "As well as using new technology aids, the trial will involve more time spent with each patient, assessing carefully their hearing difficulties, and establishing in which situations they most need help with hearing."

All new patients referred to the Audiology Clinic from the first week in November will be offered the opportunity to take part in this trial.

"We are in for a busy time", Nigel Bligh added, "We see over 2000 new patients each year, all of whom will be assessed under the new modernisation programme and a selection of them will be fitted with new digital hearing aids.

"We will continue to see our existing patients and I hope that they too will benefit from this pilot project and the extra time we will be able to spend with them."

AMNET Members' Survey 2000 Analysis

Most Troublesome Problems

as experienced by post-operative acoustic neuroma patients

Following the preliminary findings reported in the last Christmas Newsletter, this is a report on the survey findings related to your most troublesome problems.

No longer surprisingly, the completion rate on the related questions was 100%! However, as 9 members said that they no longer had any troublesome problems and also because post-operative meningioma and glomus members' responses are being analysed separately, the total number of relevant responses is 198.

Limitations of survey findings

Despite the high response rates, the findings must be treated with caution because: The survey relates to AMNET members only who, on average, are more likely to have more troublesome post-operative problems than those post-operative patients who do not join a self-help group.

As your answers to the questions are subjective, individual responses will be determined by a variety of factors including the outcome of the operation, treatment received, time since the operation and personal characteristics such as age and gender, economic circumstances, life style and aspirations. The significance of some of these factors are included here.

The Most Troublesome Problems

The ranking of the most troublesome problems depends upon the weightings that are adopted in the analysis. However the following remain relatively consistent at the top of the ranking list:

The most troublesome problem is "dry eyes".

The second most troublesome is "hearing loss in both ears"

The third most troublesome is "loss of balance"

The next most troublesome are: "headaches", "loss of facial movement", "tears when eating" and "difficulty closing the eyelid".

This ranking does not relate to the frequency that problems are experienced. For example, although "dry eyes" is among the problems mostly frequently experienced, "hearing loss in both ears" is among the problems least frequently experienced..

The other problems not listed above are much less troublesome than "dry eyes" and "hearing loss in both ears". They also vary in degree according to age, gender and time since the operation.

(As some of the problems received few or even no "nominations" as being troublesome, it is inappropriate to include them in any ranking lists.)

Comparisons between their impact on Females and Males

There is clearly quite a difference between men's and women's responses to their post-operative problems. Nevertheless, the four most troublesome problems affect both men and women relatively equally. However women are more affected by the impact upon the appearance of their face particularly as result of a drooping mouth. They are also much more sensitive to the effect upon their sense of taste, both metallic and saline.

Men, on the other hand, seem to be more affected by their loss of facial movement, especially if they have difficulty closing their eyelid and experience problems with speech and with chewing and swallowing.

The results are rather inconclusive about whether or not women are more tolerant of pain. Women suffer slightly more with headaches and quite a lot more with pain from the head scar; whereas men seem to be bothered much more than women with the scar on their leg.

Age differences

Similarly age plays quite a significant role in the impact of some problems. Even so a dry eye, which is the most troublesome problem overall, seems to disregard age affecting every age group equally; whereas hearing loss in both ears - the second most troublesome problem - is rather more of a problem to older people. Surprisingly, the "loss of hearing in the AN ear only" seems to be less troublesome for members over 65 years old while it is the 56 to 65 year old group that are most affected by the loss of hearing in their AN ear.

While headaches are among the most troublesome, they appear to be less of a problem if you are older.

Balance and giddiness particularly affect the younger and the older members rather more than the 56 to 65 age group. By contrast, this age group is more troubled with tinnitus while older members seem to find it is less of a problem. Similarly depression also appears to trouble this group; while it is significantly less for older members. On the other hand, it seems that more severe speech problems focus upon older members.

I now intend to start studying "rates of recovery" using the combined 1998, 1999 and 2000 members' surveys which involves a considerable amount of data processing. If successful, I hope to let you have some findings in future Newsletters.

Ray Maw

Snippets



Thanks again to Rachel Pearson for a couple more snippets - Ed

Rachel has written saying that she finds all eye ointments either useless or difficult to apply and as her eye gets sore quickly she uses quite a lot. She wrote to Allergan who make Lacri-lube, which I'm sure many of you are familiar with, describing the difficulty she has in applying the ointment particularly as she gets further down the tube and the ointment becomes less viscous. She has received a letter from the company saying they will monitor for further complaints and the Marketing Department will discuss the problem at their next meeting. Rachel was not over impressed with this and suggests if anyone else experiences problems they might like to write to Allergan Ltd, Coronation Road, High Wycombe, Bucks HP12 3SH.

A Book at Bedtime

Dick Francis it isn't, but I can highly recommend 'Tinnitus Living with Noises in your Head' by Michael O'Toole, 1995, Souvenir Press (Educational and Academic) Ltd. Michael O'Toole is the editor of the journal of the British Tinnitus Association and suffers from tinnitus himself.

This book is well structured, very readable, without being trite, up-to-date and informative. It covers everything you could possibly want to know in 150 pages and topics range from causes to mechanical aids and alternative therapies. There are real gems of information tucked in, such as how different ENT departments deal with tinnitus.

An excellent book, and available at my local library. Just don't expect car chases.

Rachel Pearson.

Gamma Knife

We have heard from Norma Clarke who had an acoustic neuroma treated with gamma knife and who has been kind enough to recount her experiences.

I am very pleased to say life has now returned to normal following the gamma knife treatment - it remained a debatable point as to whether I had an acoustic neuroma or a meningioma.

The treatment went very much according to plan and as follows:

Day 1 - Admitted to the Royal Hallamshire Hospital at Sheffield and all that entailed including going over the treatment procedures.

Day 2 - Fitting of head frame and MRI scan then a hearing test. Transfer to Weston Park Hospital - a short distance by ambulance. Gamma Knife treatment commenced at 3.30pm and was completed by 7.30pm. I found the treatment arduous and uncomfortable rather than painful or stressful - saying that I had a good weep once I was back on the ward. It had been a very long day. All those who took care of my needs and treatment at both hospitals were most helpful, kind and supportive. The Yorkshire humour of both patients and staff helped considerably.

Day 3 - Discharged from hospital at 10.00am and felt well enough to do a tram tour of Sheffield - it was raining hard - followed by lunch at the Meadowhall Shopping Centre. We were now ready to catch our 3.15 train to London arriving home at 8.30pm

My husband stayed at a nearby hotel within walking distance of the hospital.

Having asked if I could expect any side effects after the treatment and being reassured, I was concerned to find my hearing had become considerably worse and I was experiencing mild sensations of numbness and tingling to my head and face as well as being quite emotional. I was fortunate during the next week while attending our local hearing aid clinic to meet a deaf lady waiting for a cochlear implant. She had experience of the treatment I had received and assured me all would be back to normal within 2 - 3 weeks. Most importantly, she gave me her time.

This was the first letter from Norma after she had her treatment last July. I have recently received this update - Ed

I am due for a check up at Guy's Hospital at the end of February but, in the meantime, I am pleased to say that I am fine. The hearing and tinnitus to my right side is the same, no better, no worse than before treatment. The only side effects are a tingling sensation on the right side of my face when I'm stressed - there is no change in my appearance at all. I continue to be busy with family, hobbies and voluntary work. I was a bit slow to start with immediately after the treatment - more emotional than physical I suspect. A two-week holiday staying with family in New York in October caused no problems - I was needlessly concerned about flying but made sure I was fully covered by informing the holiday insurers of my condition and treatment.

I was told to get on with my life, following the treatment and I have every intention of continuing to do so. I hope you find the above of useful interest.

Thanks again to all those who do so much to keep the information coming.

Norma Clarke.

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

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

by

21st April 2001



Next time you go surfing don't forget our AMNET web-page on <http://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

With thanks to BANA for the information!
Email: bana@btclick.com
Website: <http://www.ukan.co.uk/bana/>

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.

Library

As many of you are aware we have an extensive library of books, booklets, articles, videos and tapes which members can borrow.

If you would like to know more please contact Ray or Alison.

FORTHCOMING MEETINGS

The next meeting will be on **Saturday 21st April** when the speaker will be **Mr N Sarkies MRCP FRCS FRCOphth Consultant Ophthalmic Surgeon who will talk about dealing with eye problems following skull base surgery**

June meeting

A special AGM to be held on **June 2nd 2001** at Addenbrooke's Hospital in the David Dunn Suite from 10.30 - 15.30 hrs. We have invited **Diana Farragher MSc, Grad Dip Phys, Dip TP, FCSP**, a physiotherapist with a particular interest in facial problems and author of 'Loss of Face' in the morning, and are hoping to get another speaker for the afternoon. Lunch will be provided.

Facial Stimulators

AMNET has a some Facial Tropic 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

Chairman	Secretary	Treasurer	Newsletter Editor	New Patients Officer	AMNET Librarian
Alison Frank	Tony Monk	Joanne See	Christine Richards	Neil Bray	Ray Maw
01953 860692	01353 778423	01487 814380	01954 211300	01223 561234	01787 248036