

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

Summer 2007
Issue 40

Coping with Fatigue –

a talk by Rachael Rowlingson Occupational Therapist at Addenbrookes Hospital

Reported by Chris Richards



Rachael is an occupational therapist who works in the neurosciences and oncology departments at Addenbrookes Hospital and also does outreach work with brain injury patients. She described fatigue as something which is common with many different diagnoses

and because there is no treatment available it is something which patients learn to manage.

What is Fatigue?

She opened her talk by describing what is meant by the term 'fatigue'. It can be described as feeling exhausted all the time and it is different from the feeling of tiredness which can be expected at the end of the day or after doing certain activities. People suffering from fatigue describe a feeling of no energy and wanting to stay in bed all day. They have difficulty with everyday activities and even sometimes with just thinking, speaking or making decisions.

Common causes of fatigue

Common causes of fatigue are long term medical conditions such as cancer, head injuries or multiple sclerosis but it can also be associated with symptoms such as feelings of nausea or being sick, loss of appetite and pain. Chemotherapy and radiotherapy can make people feel fatigue not just during the treatment but the feeling can also continue after the treatment is complete. Recovery from an operation or serious infections and conditions such as anaemia can also cause fatigue. Feelings of depression, anxiety stress and poor sleep may also give rise to a feeling of fatigue.

In some of these cases the cause can be addressed by speaking to your doctor. Anaemia may be caused by blood loss, iron deficiency or by treatment you may be having and is often treatable with medication. If you have feelings of depression or anxiety this might also be something to discuss with your doctor. You can address loss of appetite or feeling sick by trying to

get the best nutrition possible. This might include trying new or different foods, eating small amounts of food more often and drinking plenty of fluids. Your doctor, nurse or dietician may also be able to help.

Principles to tackling fatigue

There are a number of ways in which you can tackle fatigue by making some changes in your approach to life.

'It is important to accept that you do have fatigue and that it won't be beaten by pushing through it. You need to work with it to get the most out of your life'.

Taking frequent rests – This is sometimes referred to as pacing and involves taking frequent short breaks. People perform better if they have small frequent breaks. A study involving three groups of cyclists showed that the group who took very short but frequent breaks managed to cycle the longest and the furthest. It is also important to rest before you become tired – this is sometime that seems difficult but is beneficial. You need to accept that resting is not a sign of defeat. Some people will do a lot of activity on days when they feel good and then find they feel much worse for the next couple of days and are unable to do anything. Think about how you can avoid bouts of over activity followed by under activity. For some people, taking naps can be useful as long as they don't stop you sleeping at night.

Prioritising activities – If you have fatigue you have to work with it. You need to accept that you cannot do everything you used to do or even perhaps that you would like to do. You need to

Next Meeting

Next meeting will be held on **Saturday 7th July 2007** at **Addenbrookes Hospital**. The doors open at **13.00hrs**. The meeting will be our **AGM** and following the meeting there will be talk by **Mr G Cormack Consultant Plastic Surgeon** at **Addenbrooke's Hospital** on **'Updates in Plastic surgery'**.



consider whether there is anything you can give up doing, do less often or get someone else to do. This may require thinking about your standards and values and how much certain tasks really matter. You might consider whether activities such as ironing are essential, whether someone else can take over chores in the house such as the washing up or outside the home such as help with having your bags packed at the supermarket. You may also want to consider whether things can be done less often or whether you could get outside help for tasks such as the gardening.

Planning ahead – This can involve prioritising the important tasks so they can be done before you run out of energy. Making a weekly timetable of activities you need or want to get done may be helpful although you do need to allow time to plan the timetable. Spread heavy and light tasks throughout the day. There needs to be a balance not just in physical tasks but also in mental tasks which can also be very tiring. It can also be helpful to break down larger tasks into smaller ones that can be spread out – for example peeling the potatoes in the morning to be cooked in the evening. You can also try to avoid tasks which can't be stopped at any time to allow you to rest.

Organising – The way you organise your activities is important and you could think about whether you can sit rather than stand to do some activities. Standing takes more energy than sitting. Jobs like preparing vegetables or ironing can be done sitting down. With heavy items like laundry baskets can you slide rather than lift and you can avoid bending and reaching by using long handled tools.

It is helpful to assemble everything you need before starting on a task and how things are stored may make your life easier. To reduce the effort of reaching and bending try to keep items in frequent use easily accessible. Keep lightweight items and items used less often in wall cupboards as taking these down from a height requires more energy and heavier items are easier to access from base units.

If you are working at a desk think about whether the items you use most often are in your immediate working area.

Think about things which may save energy later such as preparing double quantities when you are cooking, so there is already a meal if you don't feel like cooking another day. You could also consider when the best time to do activities might be, such as shopping when it is quieter or at a time of day when you feel more energetic. Writing lists is a good way to keep yourself focused. However not everything works for all individuals and you need to find which strategies work for you.

Leading a healthy lifestyle

Leading a healthy lifestyle can help with managing fatigue

Exercise

Exercise is important in managing fatigue – regular light exercise such as walking has been shown to decrease fatigue, improve sleep, decrease nausea and sickness and take your mind away from worrying thoughts. However, it is important to start slowly and maintain a routine, taking care to drink plenty of fluids, and not to overdo the exercise. If you find exercise is impossible try to remain active in your daily routine.

Diet

It is important to maintain good nutrition and ways which can help this include trying to eat healthily, taking meals little and often. You should also try to take advantage of when your appetite is at its best. Eating a large meal takes more energy than small meals. You can have pre-prepared meals available for the times when you don't feel like cooking. Your doctor can refer you to a dietician if you feel you would like some help with improving your nutrition.

Other lifestyle factors such as excess weight, alcohol and smoking can all have negative effects on fatigue

Relaxation

Learning to relax is important for people who are suffering from fatigue – it can reduce stress which uses up energy and makes you feel tired. It can help to 'recharge' your batteries and make it easier to cope. However relaxation requires some effort – it is a skill you need to practice. There are various techniques for relaxation some work on the tension in your body by working through a process of tensing and relaxing your muscles, some help to relax your mind through activities such as visualisation of a relaxing and enjoyable place, and focusing on all five senses. There are also quick techniques such as concentrating on and counting through your breathing which can be used in stressful situations or just when you have a couple of minutes to relax. It is important to experiment and find out what works best for you. There are numerous tapes and CDs available to help people relax but you do need to make time to relax.

Sleep

Getting the right amount of sleep can be an important factor in managing fatigue. Individuals all need differing amounts of sleep and sleeping for just long enough may be more beneficial than trying to get extra sleep. If you have problems with sleep there are a few things which may help. Try to have a routine and wake up at the same time every day, this will help you to regulate the time you go to bed. Try to exercise regularly if you can, as this helps sleep. The environment in which you are trying to sleep needs to be comfortable, with as little noise as possible and maintaining a steady temperature. Some people find having a bedtime snack will help but stimulants such as coffee, tea, and alcohol may prevent sleep. It also helps to be aware of the effect of taking naps during the day will have on your ability to sleep. If you are unable to sleep it may be better to give up trying and get up. As with relaxation individuals may find some techniques for getting sufficient sleep will work better than others.

In Conclusion

Remember that you cannot do everything and that you can think about whether a particular task needs to be done and if it does need to be done does it have to be you who does it? Is there any way of making your tasks easier maybe by breaking it down into parts, using equipment or different strategies? Pace yourself and ensure you rest little and often and look after yourself.

There are various sources of information about dealing with fatigue including leaflets produced by Cancer Backup www.cancerbackup.org.uk

We would like to thank Rachael for her interesting and informative talk.

Editorial

Dear All

Welcome to the 40th edition of AMNET News – it hardly seems possible that we have produced that many newsletters. I hope you find this one enjoyable. We have a report from our last meeting and an article from Ella Pybus about how she became involved in Meningioma UK and Brain Tumour UK and how we can all benefit from, and be involved in, these organisations. Margaret Allcock has written a piece to celebrate the fact that we now have three new Tropic Stimulators which can be hired by members. I

have written an article about ‘surfing’ the web and some of the things to be aware of when seeking information in this way. My article is by no means comprehensive and I would love to hear about your experiences in this sphere.

Finally I would like to remind everyone about BANA’s AGM being held fairly locally in the outskirts of London on 23rd June and also the fact that our AGM will be held at our next meeting on 7th July.

Best Wishes

Chris.

AMNET AGM

The AGM will be included in our next meeting being held on Saturday 7th July 2007 at Addenbrookes Hospital at 13.30hrs

Agenda

1. Apologies
2. Minutes
3. Matters arising
4. Chairman’s Report
5. Treasurer’s Report
6. Election of Officers
7. Any other business

We look forward to seeing you. If you have any items you would like to add to the agenda or if you would be willing to stand for election to the committee please contact Alison Frank. (Phone number on back page)

Searching for a secretary

As Jill Laurimore, our secretary, will be unable to continue after the AGM due to other commitments so we are looking for another secretary. This post is a Trustee of the Charity but does not involve a large amount of work. If you feel you might be able to help us please contact Alison Frank. We are also looking for anyone else who may be help us in some way – there are a number of different tasks for which we need help.

British Acoustic Neuroma Association AGM

will be held on
Saturday 23rd June 2007

at

Bushey Baptist Church, Chalk Hill, Oxhey Watford WD19 4BX

To start at 11.00 hrs

Following official business the two speakers will be:

Mr A Grobbelaar, MB ChB MMed(Plast) FRCS(SA) FRCS(PLAS) from Restoration of Appearance and Function Trust who will speak about ‘RAFT – the history and future direction of facial reanimation research’

Professor T Wright, LLM DM FRCS Consultant ENT Surgeon who will speak on ‘Subtotal removal of acoustic neuroma’.

All members are welcome – for further information contact BANA Head Office on 01623 632143 or 0800 652 3143



Lessons from America & Eastern Region Patient Support

Ella Pybus, AMNET, Meningioma UK, Trustee of Brain Tumour UK

After I was diagnosed with an inoperable brain tumour back in the dark ages (1994), what I craved was someone to talk to who had first hand experience of living with a meningioma tumour like mine – emphasis on *living with*. I wanted to know that life could go on. I found no-one and I was depressed and frightened.

American websites saved my sanity and provided the kind of information I was looking for, they also put me in touch with other patients with my kind of brain tumour. At last, there were others with whom I could share experiences and feelings. The only trouble was they were in America.

But the feeling that I was no longer alone was liberating and invigorating. Through the internet I met Caroline Batt, another UK meningioma patient. We immediately agreed to start a group for meningioma patients to provide support and information. We reasoned we were as well-qualified as any to know what was needed.

It was what we needed too! And Meningioma UK, the only support group for this rare brain tumour got off the ground here in Sudbury in 2000.

Brain Tumour Networking

I joined AMNET a year or two before starting Meningioma UK, and later became a meningioma representative on the committee. I rate the value of specialist brain tumour groups like AMNET and Meningioma UK very highly because I know how much it helps to talk with others who share the same experiences. But in today's NHS it is increasingly important to act together and speak with a unified voice for better care and more research funding for brain tumour patients everywhere.

Newly diagnosed patients often ask, "Why have I got a brain tumour?" I have a meningioma, you have an acoustic neuroma, and John Smith is diagnosed with a glioma. It is chance that decides what type of tumour it turns out to be and our futures are changed by this accident of chance. How much worse if our access to quality treatment and our very survival were also subject to chance?

Advocacy, the BMA & the Postcode Lottery

First class treatment and access to effective new drugs or therapies should not be dependent on postcodes, local funding at PCT level, or on how old you are; yet on May 8th, 2007 the BMA admitted the high cost of new treatments and patient expectations mean that treatments will have to be rationed. It proposed a new patients' charter specifying those health services to which every citizen across England will be entitled, and a second list of all the treatments which the sick will get only if their primary care trust has the money.

Where does that leave our brother and sister brain tumour patients who need expensive drugs? Where does it leave us, the luckier ones with benign low grade tumours? Perhaps we need to remind ourselves that the majority of all primary brain tumours (70%) are gliomas which are hard to treat and require expensive therapies. We need to learn another lesson from America and be ready to advocate, to speak out, on behalf of all patients, carers and families affected by brain tumours.

You are invited!

My recent activities with Brain Tumour UK have included helping to form the Brain Tumour Media Consortium, an advocacy group (14 bt groups signed up) campaigning for NICE to reverse its determination against two new brain tumour drugs for highly aggressive malignant glioblastoma multiforme tumours. I am delighted to report that, after two years of campaigning, NICE has now reversed its original decision and from June 2007 suitable patients will get these therapies on the NHS. I invite AMNET to join the Media Consortium and add your voice on behalf of other bt patients and their families. Anyone who wants more information is welcome to contact me.

Eastern Promise

New Support for Brain Tumour Patients and Carers in East Anglia

Eastern counties support is keeping me busy right now with new Brain Tumour Support groups in Cambridge and Norwich. The Cambridge Brain Tumour Support group began in September last year. It meets monthly at The Mary Wallace Cancer Support Centre in Red Cross Lane, near Addenbrookes Hospital. Call 01223 596379 for more information.

Wednesday June 6th will see the start of the Norwich Brain Tumour Group at The Big C Cancer Centre, by the entrance to the Norfolk & Norwich University Hospital. Call Ella 01787 374084 or Trudy 01328 700120 for more information.

Cambridge (10 to 12) on Tuesdays 29 May/26 June/24 July/not Aug/25 Sept

New Norwich Group inaugural meetings Wed 6 June/4 July/not Aug/ Sept date to be confirmed.

More Eastern Region Support?

We are hoping to start more Brain Tumour Support groups in King's Lynn and St Albans soon. And Ipswich and Colchester are being considered. Please get in touch with me if you or someone you know might be interested. Partners or friends are welcome.

Volunteers/Drivers Wanted

Anyone who would like to volunteer their assistance in either Cambridge or Norwich is welcome to call me: Ella Pybus 01787 374084 to find out more.

Trophic Stimulators

For some years AMNET has had a number of trophic stimulators which are available for members to hire. Margaret Allcock has been organising this for us and has written an article to update us on what is available.

This year AMNET has been able to purchase three new Neuro 4 Trophic Stimulators from Diana Farragher, a physiotherapist who specialises in treating facial paralysis. These are the trophic stimulators she uses in her clinic and they have been updated so that, unlike earlier models, they require no calibration. These stimulators are expensive to buy but we received a generous discount from Diana, for which we are very grateful. They are now available to members for hire at a cost of £30.00 for the first three months and then £10 a month subsequently. These charges help towards the cost of the machines, postage, and new facial electrodes for each member who uses the machine. Concessions, at the committee's discretion, may be available for people who are unable to pay.

The following description of how the trophic stimulator works is taken from Diana Farragher's website.

The word 'trophic' is about good health and systems that thrive. TES (Trophic Electrical Stimulation) basically copies the underlying signals which nerves in normally functioning systems feed to the muscle to keep it in good health. The repeated signal is the impetus for the muscle to rebuild itself and it will do this according to exact specifications. By copying the healthy nerve signals and playing them back into a system that is dysfunctional we can gently guide it back to good health. Though the dose of TES may seem rather weak in nature as a copy of the nerve signals it is really rather like a homeopathic dose of medicine. Coming in this way it has no side effects but because it is so accurate it is in fact very potent.

TES is applied to the muscle with the specific purpose of influencing the metabolic pathway aiding the nutritional development and the growth of muscle. It takes time however for the muscle to reinstate its supply of fresh blood through the capillary beds and to redesign the building blocks of the protein to healthy blueprints. The use of TES can compliment many of the conventional physiotherapy techniques.

Feeding the muscle and enhancing the blood supply is in fact an electronic way of warming up. The athletes amongst you will verify the importance of warming up muscle prior to exercise particularly where it will be under load. It therefore can reduce injury by warming up very difficult to target muscle like the hamstrings.

Unlike the beauty machine, this machine derives its medical applications from the fact that it targets the deep red muscle. It achieves long lasting results that are maintained after treatment by correct usage of the muscle groups and exercise.

A plan of TES usually starts by rebuilding the deep base layers of muscle (the red muscle fibres). This

muscle is aerobic in nature meaning that it relies on oxygen to function. This muscle is the first type to breakdown in situations of pain, swelling (e.g. arthritis), lack of use (e.g. athletes unable to train) or in cases of complete disruption of the nerve supply (i.e. peripheral nerve injury)

It is the deep layer of the muscle that holds the key to the protection of our joints, ligaments and tendons to prevent injury. The red muscle is designed to work all day and night and in health is resistant to fatigue.

To stimulate this muscle it is necessary to place the treatment pads on the nerve at two points in such a way that the nerve carries the health giving signals down to the deep layers of muscle.

The signal that this muscle is used to receiving from healthy nerve starts as low as 5 pulsings every second and builds up to 15 (pulsings every second). With the microchip technology now available this train can be copied much more accurately than ever before and this coded pattern is the key to successful treatment.

<http://www.dianafarragher.co.uk/treatmofferd.htm>

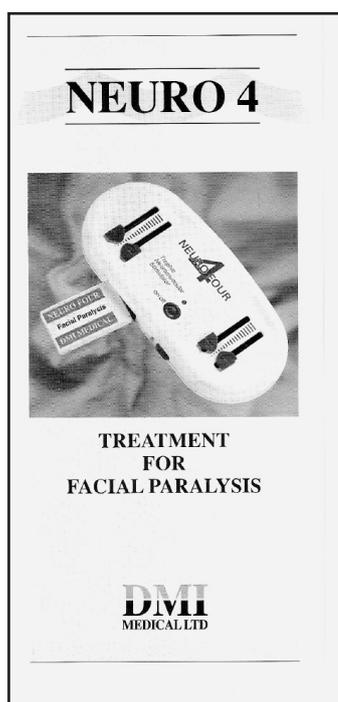
The trophic stimulator can be used at all stages of facial paralysis from the acute stage where the damage may be temporary caused by bruising and swelling around the nerve lasting 6 - 8 weeks, to second degree damage when the nerve itself is damaged and degenerates, although the sheath around the nerve remains intact.

In order to use the machine you will need initial guidance from a physiotherapist who can then monitor your progress. Most people will be able to access a physiotherapist through their GP surgery. Perseverance is required, especially in the early stages of using the machine as it needs to be used for quite long periods. The new portable stimulator is in a small lightweight pack with enclosed leads which are attached to specific areas of the face depending on the nerve damage present.

If you are considering using a trophic stimulator you can ask your consultant/doctor at your follow up appointment for advice. Diana Farragher suggests that although early treatment is advisable improvements can be made at any stage.

If you would like to know more, please contact me 01493 700256 or email at broadlands5@hotmail.co.uk

Margaret Allcock RGN SN Cert
Trophic Stimulator Co-ordinator





Surfing the Internet – is it safe?

There are very few of us these days who do not turn to the internet for information at some time, especially when we may have been told we have a condition we know nothing about. Even those who do not own a computer will usually have family and friends who are very keen to go ‘surfing’ on their behalf. The internet can be an invaluable source of information and much of the material you find there is reliable and informative, however some is not. This article will put forward some suggestions for how you can start looking for material and how to evaluate material taken from web sites – it is by no means comprehensive as I am no expert – but I hope it will help people faced with a large amount of widely variable information work out what is reliable and useful for them.

Search Engines

To find out something on the internet the first step is usually a search engine. Search engines allow you to type in a word or a question and then give you a list of websites which contain the word/s. As you can imagine this list could be very long but the top sites on the list will usually be closest to your query. There are, however, ways in which you can narrow the search. If, for example, you are looking for a term such as acoustic neuroma put quotation marks around the term ie ‘acoustic neuroma’ or ‘vestibular schwannoma’. A search for ‘acoustic neuroma’ on Google, the most commonly used search engine, brings up 521,000 hits. Obviously you can’t look at all of these so you might want to refine your search, possibly by adding ‘treatment’. This will bring it down to 310,000! You can limit your search to UK sites and in this case it will reduce the ‘hits’

to 64,200 sites. This is still a rather unmanageable number so you might then want to identify one particular treatment such as ‘Gamma Knife’

This reduces the list to 654 which is getting a little more manageable! So, the more specific your query the less hits you will get and hopefully the more relevant they will be. Even in this case some sites will not be what you are looking for. If you scroll through the first few sites on the list they each give you a title and a small quote from the site

alongside a link. From this you can usually tell if you might be interested in what is on the site

There are four questions you can ask about the website and the people providing the information to help you decide how useful it might be.

Who is producing this website?

There are an infinite number of organisations and individuals who are producing websites. These include businesses, educational institutions such as universities and health institutions such as hospitals, government departments, places such as towns and villages, charities and individuals. This list is just a start, I’m sure there are many more. My investigation of ‘acoustic neuroma’ in UK showed four charities at

the top of the list – Cancer Backup and RNID, Cancer Help and BANA followed by a site called Ingenta Connect which is a resource for scientific articles.

Further down the list are sites aimed at doctors, university sites, NHS Direct and other sites with information for patients and then I found one for the ‘London Gamma Knife Centre’ which is a private treatment centre for Gamma Knife patients. Further down the list still I came to the Addenbrookes site for Skull Base Surgery. I’m sure if I investigated further down the list I would also find sites set up by individuals. These are often what are known as ‘blogs’ and are sites which allow individuals to set up their own web page and then produce a diary which is updated regularly.



Who is paying for the site?’

If you are trying to judge the usefulness of a site, alongside the question of who is producing the site you may also like to ask who is paying for the site, as we are all aware there is very little in this world that is totally without cost. This may or may not have a bearing on the information offered.



Most charities fund their own websites and do not draw resources from outside, but they may contain some advertisements or merchandising opportunities to support the website. Government funded sites such as NHS Direct do not have advertisements, but most other information giving sites will use adverts to fund the site, and these are often directed at the condition in question and may sometimes offer questionable products or easy 'cures'. Sites belonging to individuals are usually linked to a provider who may also use advertising as the source of funding for their site. The use of advertising is not necessarily a bad thing but when assessing the reliability of what you are reading it is helpful to think about where the resources are coming from. This leads on to the next question.

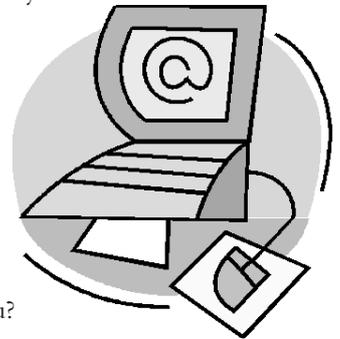
'Who is the audience and what is the agenda?'

This question is asking which group of people is the site aiming to reach? This may or may not be obvious on first inspection. Some sites are aimed at professionals and may contain information such as scientific articles on current research. This may be very reliable information (see next question) but may not be very helpful if you cannot fully understand the context. There are many sites which offer information to lay people – general members of the public. The question you might want to ask about these is do they have an agenda? By this I mean are they possibly trying to sell you something? – private hospitals need patients so the information they provide could be biased towards the treatment option they are offering. Again this may not necessarily be a bad thing but it helps to be aware that this may be the case. The other type of agenda, which may be the case with some charities, is related to whether they are supporting a particular approach or course of action or supporting a particular opinion. Charities are usually trying

to help patients but they may also have a particular agenda in terms of what they rate as most important, and this may influence the quality of the information they provide in some areas. Individuals are of course writing about their view of the world and their own experience which may be biased. However as Ella says in her article these may well be people we would want to talk to. This leads us to the final question.

'Are they telling me the truth?'

This is a very difficult thing to judge but here are some factors you can consider which may help you to assess how helpful the information is for you. The main question is where does the information they are providing come from? The first thing to ask is whether this a reputable organisation such as a university or a hospital or is this someone with a 'product' to sell? Then you might ask where the information they are giving you came from – do they provide information about the source of their information? If they are quoting statistics is there research to support them? Do they only offer one view on the situation or are they more objective, maybe looking at alternatives. Do they appear to have a biased view towards one particular approach? How recent is the information they are offering – do they actually tell you?



A personal viewpoint will be very subjective – they are telling you about their own experience. While these can be good to read you do need to bear in mind that it is just one person's experience so although you may be able to identify with it, and that can be helpful it is just one person's experience and the experience of others may turn out to be very different from your own experience.

So, in conclusion, as I said at the beginning the web is an invaluable source of information provided you take a critical approach to what you read. I would be very pleased to hear your views on looking for and using the internet, meanwhile good surfing!

postbag



Joanne forwarded this letter to me and I thought others would like to read it too.

'I am enclosing my membership fee for this year but I would like you to pass a little bit of Acoustic Neuroma history to the news. I was operated on at the age of 78 years by Mr Hardy & Mr Moffat. I will soon be 94. I had little trouble for all those years until I was 90 years old. My balance deteriorated and I could not walk or stand without support. My mobility is an electric chair so I can no longer attend meetings. Please excuse the shaky writing, I do not have to write often.

Yours faithfully Arthur Davis'

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.

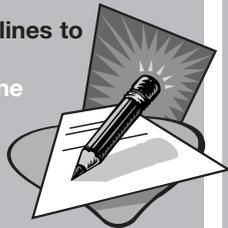
Contributions on paper and/or disc (Microsoft Word) to:-

Chris Richards

email: chris@richards2113.fsnet.co.uk

If you would like to make a contribution please telephone or email me

By: **30th September 2007**



AMNET Advisory Panel at Addenbrooke's Hospital

Mr David Baguley MSc MBA
Principal Audiological Scientist

Kate Burton

Advanced Practitioner in Neuro-Oncology

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. There is a charge of £2.00 for all except for the first title.

Next time you go surfing don't forget our AMNET web-page on <http://www.amnet-charity.org.uk>

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)

The Squire Centre, 33-37 University Street,
London WC1E 6JN

Switchboard Number: 0845 4500 275

Email: info@changingfaces.org.uk

Website <http://www.changingfaces.org.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

Surfing the Net?



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>

The Meningioma Association UK

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

Tel: 01787 374084

Email: MeningiomaUK@aol.com

Website: www.meningiomaUK.org

BANA has produced a new booklet which is available from Alison at a charge of £2:

'Effects an acoustic neuroma can have on your memory, emotions, behaviour, executive functioning and energy'

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.freemove.co.uk

New Website: www.bana-uk.com

FORTHCOMING MEETINGS

Next meeting will be held on **Saturday 7th July 2007** at **Addenbrookes Hospital**. The doors open at **13.00hrs**. The meeting will be our **AGM** and following the meeting there will be talk by **Mr G Cormack Consultant Plastic Surgeon** at **Addenbrooke's Hospital** on **'Updates in Plastic Surgery'**

Our **Christmas meeting** will be held on **Saturday November 24th 2007** at **Addenbrookes Hospital** and our speaker will be **Mr David Moffat BSc MA FRCS Consultant Otoneurological and Skull Base Surgeon**.

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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