



The
New Voice News



New Voice Club of Broward County
Serving the tri-county area
of southeast Florida
www.newvoiceclub.org

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Editor:
Mike Rosenkranz
(954) 236-0980
smike24@comcast.net

NEW MEETING PLACE
Conference Center at Holy Cross Hospital
4725 N. Federal Hwy, Ft. Lauderdale, FL (south of Commercial Blvd)
~ Next Meeting Sunday, September 16th, Noon to 2 p.m. ~
Noon: Rap Sessions followed by Light Refreshments 1:15: Meeting and Program

From I-95, east on Commercial Blvd to Federal Hwy (U.S.1) Turn R (south) on Federal Hwy to 47th St. (1st street after the Holy Cross Main Entrance). Turn R onto 47th Street to the Ortho Parking Lot on your right. Park anywhere in the parking lot. Conference Center is the building to the right.
Look for New Voice Club Banner

A Message From the President

Sunday, August 19th, was the first meeting at our new meeting place at the Conference Center at Holy Cross Hospital. Although it was a bit disappointing to see the low turnout for this inaugural meeting, all those present were delighted with the new facilities, and we look forward to a long association with our new host.. This is the best place we have ever had. Our thanks to Earl and Wini for making this meeting place possible.

Separate rooms are available for our three circles of EL speakers, TEP speakers and our caregivers. We finally have a place where we will not have to shout (or at least try to) in order to be heard over a competing circle. Due to the low turnout, we used only one room with all the laryngectomees in one circle. Our caregivers met in another room. Joining us at the meeting was Mario Landera, an associate of Dr. Donna Lundy in the speech pathology department at Sylvester Cancer Center. Mario was quite impressed with the activities of the club. Those in attendance, even with the low participation at this meeting, were able to give Mario an excellent idea of how we help recent and veteran laryngectomees.

Because we had so few at the meeting, we have changed our plans for a holiday party. We were unable to commit to the fifty participants required to get the wonderful facility we were going to use. The executive committee had committed to twenty participants, but there were not enough folks at the meeting to come up with the additional thirty that were needed. The catering hall could not hold the room any longer, since the date in December just before Christmas is their busiest time. We are now looking into having our party at the Conference Center. We hope to have the plans finalized so that the details can be in your next Newsletter.

Warren G

President:
Warren Goodman
(561) 737-9122

1st Vice President:
Allan Smith
(954) 724-1971

2nd Vice President:
Ralph Friedman
(561) 495-8644

Secretary:
Ruth Henegan
(954) 968-3198

Treasurer:
Lenny Weinstein
1427 E. Hillsboro Bv #529
Deerfield Beach, FL 33441
(954) 427-7043

Visitation & Liaison:
Earl Mogk
141 Eleuthera Drive
Dania Beach, FL 33004
(954) 929-0136
earlmogk@wmconnect.com

Directors:
Howard Grabowski
Earl Mogk
Gary Morey
Mike Rosenkranz
Patty Sewell
Richard Willenborg





What's Doing Around Town

Carl Kilmer is being treated for lung cancer at the Mayo Clinic in Jacksonville. He commutes three hours each way for radiation Mon-Fri and chemo on Tuesday. Radiation should end in mid-September, and chemo at the end of August with probable extension.

At our August 1st meeting, Jana Siever generously shared the results of her research into dysphagia (swallowing problems) of laryngectomees and other head/neck cancer survivors. Her presentation was an excellent complement to Pascale's initial program on VitalStim therapy for complications of surgery, radiation and chemotherapy which affects 60-70% of patients. This FDA-approved therapy for muscular-based dysphagia uses a device similar to the TENS unit used in orthopedic pain, although with lower amperage. The therapy is prescribed by a physician, and should be used with caution in patients with cardiac pacemakers and seizure disorders. It is not recommended for "active" cancer patients pending further safety testing. Patients with specific swallowing difficulties may see initial results after the first three treatments. It can help those with swallowing difficulty return to a normal diet and major improvement in quality of life!

Penny Fisher was unable to attend the August 14th meeting of SPOHNC, the group she always facilitates, but arranged for our use of a conference room courtesy of the Pap Corp of Sylvester Cancer Center. We had a brief Executive Committee meeting, and then participated in a lively roundtable to welcome two new Head and Neck cancer survivors. Penny's handouts were distributed, and her presentation on radiation therapy has been re-scheduled for September.

Lynn Carrier's group on August 16th was comprised of our 'regulars' as she reviewed the protocol for E-stim therapy for swallowing problems. Lynn, will be the guest speaker at the October main meeting at our new home in the Conference Center of Holy Cross Hospital, where she will speak on the "Frequent Problems of Laryngectomees". Since Lynn has worked with laryngectomees for over thirty years, this will be an excellent opportunity to ask questions about any lary-related matter for which you are seeking answers.

This first meeting at our new venue, though sparsely attended, was held at the outstanding facilities of the Conference Center at Holy Cross Hospital. We returned to our format of separate speech groups starting at noon, with a refreshment break, followed by a brief business meeting. We were joined by Mario Landera,, the newest SLP member at Sylvester Cancer Center. Mario attended the meeting because of his personal interest in laryngectomee issues. Due to the low attendance, we declined an offer from Diamante's Banquet Hall for our December Holiday Party. Plans are now underway to hold the Holiday Party at Holy Cross on Sunday, December 15th, the date we would normally have our December meeting.

Upcoming Events

Main Meeting 3rd Sunday of each month

Next meeting September 16th 12 - 2 p.m.

Rap Sessions at noon followed by light refreshments
Educational Program and Business Meeting at 1:15

Conference Center - Holy Cross Hospital

4725 North Federal Highway, Ft. Lauderdale

(U.S. 1 just south of Commercial Blvd.)

Use Orthopedic Parking Lot next to Conference Ctr

More information: Christina at (954) 267-7770

Support Group Meeting

HealthSouth Rehabilitation Hospital

4399 Nob Hill Road, Sunrise, FL 33351

Miriam Paul, MA, CCC-SLP

Pascale Bourne MA, CCC-SLP

1st Wednesday of each month

Next meeting September 5th

10:30 - 11:30 a.m.

More information: (954) 746-1340

Support Group Meeting

Boca Raton Community Hospital

Davis Therapy Center

Oaks Plaza, Glades Road at 13th Street

Lynn Carrier MS, CCC-SLP

3rd Thursday of each month

Next Meeting - September 20th

10:30 - 11:30 a.m.

More information: (561) 955-2100 Ext 7430

Veterans Medical Center

7305 N. Military Trail

West Palm Beach, FL 33410

Loren Blumenthal, M.S.P.A., CCC-SLP

Veterans Laryngectomee Group

(Veterans & family members only)

2nd Thursday of each month

Next Meeting - September 13th

11a.m. - 12 noon

More information (561) 422-6237

UMSylvester/Deerfield

Comprehensive Cancer Center

1192 East Newport Center Drive, Suite 100,

Deerfield Beach

Penny Fisher MS, RN, CORLN

Mort Silverblatt SPOHNC Support Group

2nd Tuesday of each month

Next Meeting - September 11th

Topic: "Radiation Therapy"

1:30 - 3:00 p.m.

More information (305) 243-4952

~ Living with Cancer ~

After Cancer Treatment Ends

Most eating-related side effects associated with radiation, chemotherapy, or other treatments go away after cancer treatment ends. If you have had side effects, you should gradually begin to feel better, and your interest in food and mealtimes will come back. Sometimes, though, side effects persist, especially weight loss. If this happens to you, talk to your doctor and work out a plan together for how to address the problem.

After cancer treatment ends and you're feeling better, you may want to think again about the traditional guidelines for healthy eating. Just as you wanted to go into treatment with all the reserves that such a diet could give you, you'll want to do the best for yourself at this important time. There's no current research that suggests that the foods you eat will prevent your cancer from recurring. But, we do know that eating right will help you regain your strength, rebuild tissue, and help you feel well. Here are the fundamentals:

- * Focus on eating a variety of foods every day. No one food contains all the nutrients you need.
- * Emphasize fruits and vegetables. Raw or cooked vegetables, fruits, and fruit juices provide the vitamins, minerals, and fiber you need.
- * Emphasize breads and cereals, especially the whole grain varieties, such as whole wheat bread, oats, and brown rice. These food are good sources of complex carbohydrates, vitamins and minerals, and fiber.
- * Go easy on fat, salt, sugar, alcohol, and smoked or pickled foods. Choose low-fat milk products, and small portions (no more than 6-7 oz. a day) of lean meat and poultry without skin. Try lower-fat cooking methods, such as broiling, steaming, and poaching.

The U.S. Department of Agriculture and U.S. Department of Health and Human Services have published materials to help Americans learn how to choose a healthy diet. If you have any questions about guidelines for healthy eating, or whether such guidelines are right for you at this time, talk to a registered dietitian.

Some patients need to have treatments that last a long time. Others may have surgery to remove part of their stomach or intestines. These patients may have ongoing eating-related concerns. *If this is your situation, talk to your doctor and a registered dietitian. He or she can give you more information about the long-term issues that you will deal with and can help you develop an individual diet plan.*

Ways To Get Back Into Eating

Even if your treatment is over and you're feeling much better, you still may not feel completely back to your old self. Here are some ways to help you ease back to regular meals and mealtimes, without overdoing it:

- * Make simple meals using familiar easy-to-prepare recipes.
- * Cook enough for two or three meals, then freeze the remainder for a later meal.
- * Take advantage of the supermarket's salad bar and prepared foods to make cooking easier.
- * Think about ways you used to make mealtime special and try them again.
- * Don't be afraid to ask a friend or family member for help with cooking or shopping.

Special Notes for Caregivers

There is much that you can do to help your friend or loved one through the period of cancer treatment. Read over the tips and suggestions in "Managing Eating Problems During Cancer Treatment." (August Newsletter) Many may be useful to you as you prepare food or meals for the patient.

In addition, here are some other things to remember that will help you cope:

- * Be prepared for the patient's tastes to change from day to day. Some days he or she won't want favorite foods because they don't taste good. Other times, he or she will be able to eat a dish that couldn't be tolerated just the day before.

Have food within easy reach at home. For example:

- * A snack pack of applesauce or pudding and a spoon on the bedside table if the patient isn't feeling well that day.
- * A bag of cut-up carrots on the top shelf of the refrigerator.
- * Have meals and snacks ready so the patient can have something to eat when he or she is ready.
- * Be prepared for times when the patient is able to eat only one or two foods for a few days in a row, until side-effects diminish. Even if he or she can't eat at all, still encourage plenty of fluids.
- * Talk to the patient about needs and concerns, and about ideas that might work best. A willingness to be flexible and supportive no matter what will help the patient feel in control of the situation.
- * Try not to push the patient into eating and drinking. Encourage and support without being overwhelming.

Excerpted from Eating Hints for Cancer Patients Before, During and After Treatment - U.S. Dept of Health and Human Services



September Birthdays

- 1st John Collier
- 5th Motty Shames
- 6th Sharon Marshall
- 8th Emma Tolentino
- 11th Anthony Marcella
- 12th Gary Morey
- 15th Mary Ann Anastasia
- 15th Mary Cooper
- 16th Bonnie Emerson
- 19th Robert Lewis
- 21st Patty Sewell
- 23rd Bernie Bliznik
- 25th Dian Grabowski
- 26th Alex Koukly
- 26th Marilyn Shames
- 27th Richard Willenborg
- 27th Conchita Wimpy
- 29th Hector Gonzalez
- 29th Bonnie Israeloff

Happy Birthday to All

The request:

I just got my laryngectomy recently and I need advice about getting a haircut. Is there anything different that has to be done? I know I have to keep hairs out of my stoma but how?

The Reply:

I am a simple person who leads a simple life... no TEP, no HME....just a hole in my neck that is always covered with a foam filter, and the foam filter is always covered by a stoma cover. With this double protection, I have no concern about a stray hair from a haircut finding its way into my stoma. The double protection also guards against flying insects, other people's colds and as an added benefit - flying mucus from an unexpected cough.

Mike R in south Florida

The reply to the reply:

I was so impressed by your recent reply in WebWhispers and your reference to being a "simple person." As an SLP who has worked with laryngectomees for some 38+ years, I am concerned about all the additional bits of equipment that are touted as being essential. I always held to the thought that my patients needed an intelligible means of communication, a good stoma cover that was worn 24/7 (since filtering is necessary both day and night), and then a return to normal life. My point was to return to normal as quickly as possible. The surgery should be a small inconvenience and not a handicap. You sound as though you have adopted this philosophy. Good for you.

Zilpha T. Bosone, Ph.D., SLP

I grew up in the 60s/70s with practical parents. A mother, God love her, who washed aluminum foil after she cooked in it, then re-used it. She was the original recycle queen, before they had a name for it..... a father who was happier getting old shoes fixed than buying new ones.

Their marriage was good, their dreams focused. Their best friends lived barely a wave away. I can see them now, Dad in trousers, tee shirt and a hat, and Mom in a house dress, lawn mower in one hand, and dish-towel in the other. It was the time for fixing things. A curtain rod, the kitchen radio, screen door, the oven door, the hem in a dress..... things we keep.

It was a way of life, and sometimes it made me crazy.....all that re-fixing, eating, renewing. I wanted just once to be wasteful. Waste meant affluence. Throwing things away meant you knew there'd always be more.

But then my mother died, and on that clear summer's night, in the warmth of the hospital room, I was struck with the pain of learning that sometimes there isn't any more.

Sometimes, what we care about most gets all used up and goes away....never to return. So... while we have it, it's best we love it, and care for it...and fix it when it's broken.... and heal it when it's sick.

This is true... for marriage.... old cars... children with bad report cards..... dogs and cats with bad hips.... aging parents.... and grandparents. We keep them because they are worth it, because we are worth it. Some things we keep. Like a best friend who moved away, or a classmate with whom we grew up.

There are some things that make life important, like people we know who are special.... And so, we keep them close.

I received this from someone who thinks I am a 'keeper', so I'm sending it to the people I think of in the same way... Now it's your turn to send this to those people who are "keepers" in your life.

Good friends are like stars.... You don't always see them, but you know they are always there. Keep them close..... *Anonymous*