

HUG MAGAZINE



April 2008

(issued bi-monthly)

A magazine for HAEMATOLOGY and ONCOLOGY patients, being treated in the Day Therapy Centre and Dove Ward or under review following treatment

This Magazine is produced and paid for by the HUG Group. Until April 2007 it was sponsored by PALS. If you could receive future editions by email or would like to make a contribution to the printing cost, contact Irene by telephone or email.



We would love to hear from you with your comments, suggestions or articles.

Contact

Email: hugswindon@btinternet.com

H.U.G. SWINDON
HAEMATOLOGY/ONCOLOGY UNITED GROUP, G.W.H.

H.U.G. Swindon

Get-togethers have normally taken place in the Osprey Unit Education Room but until further notice we are meeting in the Academy (at the back of the Hospital), Room Number as shown.

Turn up at any time between
10:00 am and 12:30 pm
on the Thursdays shown:

01 May 2008 - Seminar Room 4
12 June 2008 – Seminar Room 3
03 July 2008 – Seminar Room 5

NOTE: Not always the SECOND Thursday of the month in 2008

AIMS!

HUG aims to improve the environment for ALL patients of the Day Therapy Centre and Dove Unit or under review following treatment in these areas at the Great Western Hospital, Swindon by:

- ❖ **Holding regular “get-togethers” where Haematology and Oncology patients and their relatives can make friends, share their views and experiences and receive information about hospital and other relevant services, all in an informal atmosphere over refreshments.**
- ❖ **Producing the HUG Magazine, a light-hearted and informative bi-monthly publication and making it available in Dove Unit, the Day Therapy Centre and the Osprey Waiting Area.**
- ❖ **Pointing patients in the direction of specialist help available, as required.**
- ❖ **Following up on comments about Hospital Services and reporting back on progress made.**
- ❖ **Fund-raising to provide items for the benefit of patients, such as mugs, bookshelves, room redecoration, Christmas gifts for patients and slippers. Ideas are welcomed at any time for future projects.**

NEWS THAT MAY BE OF INTEREST

Future possibilities for aspirin to avoid and treat breast cancer

Anti-inflammatory drugs such as aspirin may reduce the incidence of breast cancer by up to 20 per cent and also benefit patients who already have the disease, new research has found.

Published in the International Journal of Clinical Practice (IJCP), the extensive review by scientists at London's Guy's Hospital looked at 21 studies involving more than 37,000 women between 1980 and 2007. Eleven of the studies involved women with breast cancer, while the remaining ten studies compared women who had the disease with women who were cancer-free. Professor Ian Fentiman, who carried out the review alongside Avi Agrawal, revealed:

"Having weighed up the findings from over 20 studies, we have concluded that such anti-inflammatory drugs may well offer significant protection against developing breast cancer in the first place and may provide a useful addition to the treatment currently available to women who already have the disease.

The review did not look at side-effects which can include stomach ulcers, gastrointestinal bleeding and tears in the lining of the gut wall and a Cancer Research UK spokesperson warned that people should not take aspirin in large doses, or for long periods of time, without proper medical advice.

Cancer Research UK March 2008

New guidance from NICE (National Institute for Health & Clinical Excellence)

- Tests, treatment, care and support that should be offered to men who have suspected or diagnosed prostate cancer: (2008/010 Feb 2008)
- Advice to health professionals on the best way to help target groups, particularly pregnant women, people in routine and manual work groups and those aged 20 or under to stop smoking. All Primary Care Trusts, Strategic Health Authorities and commissioners are being asked to make it a priority to help people to quit smoking: (2008/011 Feb 2008)
- Review and re-appraisal of the use of rituximab for the treatment of relapsed or refractory (does not respond or stops responding to treatment) Stage III or Stage IV follicular non-Hodgkin's lymphoma: (TA137 Feb 2008)

NICE website

Other news in brief

Leukaemia Research have updated all their information booklets and produced a new one called Treatment Decisions, giving advice on the decision making process. You can obtain these by ordering on their website at

<http://www.lrf.org.uk/en/1/information.html>,

by telephone on 020 7405 0101 or by ordering via a Cancer Information Point volunteer.

Some useful information on CLL treatments appeared in the Lymphoma Association Winter Newsletter, available on their website at <http://www.lymphoma.org.uk/support/>.

Macmillan-funded Adviser on Benefits at the CAB

We were joined at the March get-together by LB, Macmillan Benefits Advisor, who recently took up the new post at the Swindon Citizens Advice Bureau, as reported in the previous issue of the HUG Magazine. She has vast experience of providing benefits advice, having worked for the old DHSS and community and specialist advice agencies for a total of around 20 years.

She is new to the area and to medical matters relating to cancer patients and is currently busy collecting information and setting up the service. This includes, for example, getting to know staff at Hospitals and the Prospect Hospice, other support personnel and patients and finding out how services are organised and what local grants are available to help to supplement benefits. As part of the fact finding, she was keen to know as much as possible about what the HUG group does.

A Steering Group is being set up to ensure that the direction this new advice service meets needs. There will be a representative from one of the support groups, a cancer specialist, a representative from Prospect Hospice and one from the Primary Care Trust.

Leaflets about the service and how to contact L on a direct line will shortly be available at the Cancer Services Information Point. Do ask staff to point you in the right direction if you have an urgent need for advice, however.

L and indeed GWH Cancer Services personnel are hoping that she will be able to see some patients at the hospital during specified hours each week, if a suitable office can be found.

Otherwise the CAB address, where L will be based, is:

Faringdon House, 1 Faringdon Road, Swindon, SN1 5AR.

A satellite bureau is also operated from Lyndon Green, Pinehurst and patients will be able to make appointments to see her there. In some cases it may be possible for a home visit to be arranged, although clearly that may not be the best use of her time.

Patients will be able to approach L direct, but a referral service will also be available shortly, to enable clinical personnel to make the first approaches on behalf of patients. L will be able to give advice on what benefits are available based on health status, age and personal circumstances, and help with form filling, as required. She cannot guarantee that a consistent approach will always be taken by personnel at the Department of Work & Pensions (DWP) during initial decision-making. She therefore also expects to have a role in following up on claims through the appeals process.

It is extremely difficult for the patient to keep up to date on changes to benefits. For example, Carers Allowance can be claimed up to any age now, although eligibility may be affected by other benefits or pensions. There are also different rates of allowance of some benefits based on levels of personal care needs, which can change over time. L therefore considers that independent advice is extremely important.

Where she doesn't know the answer to issues concerning employment, for example, then she will be able to point patients in the right direction.

We feel sure that L will provide a much needed service to cancer patients using the Great Western and other cancer services in the area, in a sympathetic and informative way, supported by Macmillan and health professionals.

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Unintentional Medical Chart Blunders Grammatical errors or are they just jokes?

On the second day, the knee was less painful, and then on the third day it disappeared.

The patient is tearful and crying constantly. She also appears to be depressed.

Discharge status: Alive, but without my permission.

The patient has no previous history of suicides.

Patient's medical history has been remarkably insignificant with only a 40-pound weight gain in the last three days.

I saw your patient today, who is still under our car for physical therapy.

The pelvic examination will be done later on the floor.

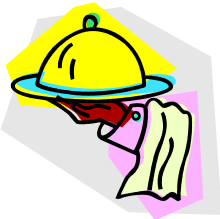
Patient was seen by the Consultant, who felt we should sit on the abdomen and I agree.

H.U.G. ★
fridge magnet
★ fun

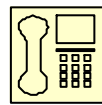
**YOU NEVER GET THE
RIGHT ANSWER**



**IF YOU ASK THE
WRONG QUESTION.**



Is a meal on a boat in China
junk food?



Never do today what
will become someone
else's responsibility
tomorrow

Beauty is in the eye of the



Beer holder

Happiness is a way of
travelling,
not a destination.



If you want breakfast in bed,



sleep in the kitchen!

**Plan to be
spontaneous
tomorrow**

Soup Recipes

to build you up

(NB herbs and spices should be cooked if you are neutropenic)

Tomato and Rosemary Soup (for 6)

225g Chopped onions
3 teasp. Chopped fresh rosemary
3 x397g Tinned tomatoes
2 teasp. Tomato puree
25 g Sugar
900 mls Chicken stock
1 tablesp. Cornflour
300 ml Single cream
Salt and pepper to taste

Place the onions, rosemary, tomatoes, tomato puree, sugar and stock in a large pan. Reserve a little of the stock to cream the cornflour. Add the blended cornflour to the pan, cover and simmer all the ingredients for about 20 minutes. Remove from the heat and liquidise. Adjust the seasoning. Reheat and stir in the cream just before serving.

Minestrone Soup (for 6)

1 tbs Olive oil
1 Onion chopped
2 Cloves of chopped garlic
1 Leek, sliced
1 Carrot, sliced
2 Celery sticks, sliced
1 Potato, sliced
200g Canned tomatoes
1.5 liters Chicken or vegetable stock
2 Courgettes, sliced
1 slice Green cabbage, shredded
Pinch Dried oregano
425g Canned cannellini beans, drained and rinsed
Salt and black pepper pesto sauce to taste

Heat the oil in a heavy-based saucepan. Add the onion and garlic, reduce the heat to low, cover the pan and sweat the vegetables for a few minutes until translucent. Add the leek, carrot, celery, potato, tomatoes and their juices, and their stock. 2. Bring to the boil, reduce the heat and simmer for about 15 minutes, or until vegetables are tender. Add the beans and heat through. 3. Garnish with basil and parmesan, if not neutropenic.

Leek, Parsnip and Ginger Soup (for 4-6)

30 mls Olive oil
225 g Leeks sliced
25g Fresh ginger, peeled and chopped
675 g Parsnips, roughly chopped
300 mls Dry white wine
1.2 Ltrs Vegetable stock or water
Salt and pepper to taste
Single cream to garnish

Heat oil in a large pan and add leeks and ginger. Cook gently for 2 to 3 minutes until leeks start to soften. Add parsnips and cook for a further 7 to 8 minutes until they begin to soften. Pour in wine and stock or water and bring to the boil. Reduce the heat and simmer for 20 to 30 minutes until the parsnips are tender. Puree until smooth, season to taste, reheat and add a swirl of cream.

Curry Soup (for 6)

500 g Minced beef
2 Onions, chopped
2 Cloves garlic, crushed
4 tsps. Chopped ginger root
1 tbs Cooking oil
4 tsp Mild curry powder
4 Carrots, sliced
1 Cooking apple, cored and grated
2 tsp Salt
pinch Grated nutmeg
1 Cinnamon stick
1 Bay leaf
1.5 Meat stock
litres
3 tbsps Medium cream sherry
125 Single cream
mls

Fry onion, garlic and ginger in heated cooking oil until onion is translucent. Add curry powder and fry for 1 minute. Add mince and fry until it turns colour. Add remaining ingredients except sherry and cream. Simmer for 30 to 45 minutes. Remove cinnamon and bay leaf and stir in sherry and cream.

Puzzles

Arithmetical Challenges

Easy

500	Half it	Divide by 2	Divide by 5	Less 7	Divide by 6	Square it	+ 3	Times itself	One quarter
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Middling

144	One third	Five eighths	Times itself	25%	Divide by 15	Times 8	+ 1	Eight elevenths	25%
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Difficult

70	Less 20%	Three 28ths	x 200	17.5%	Less 10%	-2	Divided by 11	X 30	Plus 20%
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Answers = Easy: Middling: Difficult:

Correct Answers on P10

Countries Word Search (find them in the grid)

P	S	L	O	V	A	K	I	A	S	N	I	G	M	N	T	P	O	R	F
E	P	I	S	N	V	W	R	X	O	Z	B	R	A	E	R	O	K	S	I
R	A	C	A	T	Q	V	R	R	C	X	Y	N	E	D	B	N	L	P	Q
C	R	A	M	H	K	T	W	U	P	D	I	N	H	L	F	T	A	O	U
I	T	N	R	A	M	A	T	U	H	A	W	I	R	A	A	R	N	R	I
L	B	A	F	I	Y	T	U	Q	P	R	E	A	Z	S	M	N	D	T	R
B	I	D	C	L	R	E	A	S	S	P	I	P	O	L	A	N	D	U	T
U	R	A	Z	A	L	U	P	P	T	A	E	S	A	J	K	Y	H	G	L
P	N	R	E	N	E	N	S	A	B	R	T	R	A	W	N	O	D	A	P
E	M	E	P	D	A	T	L	S	U	G	A	I	R	E	G	I	N	L	R
R	D	N	A	L	R	E	Z	T	I	W	S	L	T	H	G	I	L	F	E
H	F	S	I	A	S	A	S	R	M	A	C	U	I	M	I	N	D	A	S
C	T	H	C	M	I	E	R	T	O	T	I	L	F	A	B	U	C	E	S
E	A	S	O	U	T	H	A	F	R	I	C	A	N	A	R	Y	H	L	R
Z	Y	T	R	E	A	T	B	U	N	T	I	N	S	W	I	N	I	G	O
C	X	C	U	B	E	G	Y	P	T	C	U	G	R	O	W	I	N	S	T
F	R	O	W	N	S	P	E	L	L	S	T	K	M	A	K	E	A	S	N

- | | | | |
|----------------|---------|----------|--------------|
| Australia | Egypt | Norway | Slovakia |
| Canada | Ireland | Peru | South Africa |
| China | Israel | Poland | Spain |
| Czech Republic | Korea | Portugal | Switzerland |
| Cuba | Nigeria | Russia | Thailand |

H.U.G. News – read all about it

Get-togethers were held on 7th February and 13th March 2008, with Coffee Mornings at the Blunsdon Arms twice between get-togethers.

1. Get-Togethers - General

We are now well established with our coffee mornings between Hospital Get-Togethers. Contact us for forthcoming dates and times if you would prefer to meet up away from the Hospital.

2. Progress on proposed purchases for Dove and Day Therapy

We have recently purchased a few pairs of slippers to be kept in Dove Ward for the use of patients who come in at short notice. Previously there was a slip hazard for them when wearing disposable slippers. Well, at least we've managed to purchase something to make some patients more comfortable!

A good case is being put forward to justify the purchase of the Sonasite equipment needed to seek out suitable veins, prior to insertion of a PICC line (peripherally inserted central catheter) for Haematology, possibly in conjunction with another department. The possibility of HUG help being required seems less likely.

3. Recent Get-Togethers

In February we had no speaker, giving us time to catch up with everyone's news and look at the accounts for 2007.

In March, Lynne Bailey came to tell us about the benefits advice for patients that she will offer at the Citizens Advice Bureau. A report appears on page 4.

4. Fund-Raising and Spending

We are running a sales table outside the Town Hall at Wootton Bassett on Wednesday 30th April. We are also looking for other possible locations, particularly to sell our collector's item mugs. We have now bought a laminator to use for posters etc.

5. Forthcoming Events

We have postponed spending the remainder of the Zurich Challenge fund on a social function, until such time as more members will be able to benefit.

6. Dietary Suggestion for Catering

A discussion with two patients on Dove Ward about food resulted in a suggestion that home-made soup would make a useful addition to the menu for patients with little appetite. This suggestion has been passed on to the GWH Catering Manager.

Transport

Issues relating to transport for patients between home and Oxford or London hospitals were raised recently by both HUG and abc cancer patient support groups at a Cancer Services User Group Meeting. Transport challenges are discussed on a regular basis, but so far no satisfactory outcome has been achieved. Macmillan Cancer Support has also been conducting a survey on behalf of an independent research agency for the charity sector, to obtain data on patient experiences of travelling into London for treatment, or follow up appointments, which may be required for a long time afterwards.



We shall keep plugging away on your behalf.

New Swindon & Marlborough NHS Trust Chairman

Bruce Laurie was appointed to replace Patsy Newton for four years from 1st February 2008. He has previous experience of involvement in the process of obtaining Foundation Trust status, with Berkshire Healthcare NHS Trust.

A faster route to a bed for neutropenic patients

A trial is currently underway to enable patients who become febrile neutropenic (with infections post- chemotherapy when anti-cancer drugs have suppressed the immune system) to receive appropriate advice and treatment without delay, at any time of the day or night.

Clinical Nurse Specialist AK has offered to come to a future HUG Get-together to tell us all about it.

Arithmetic Puzzle Answers

Easy: 36, Middling: 22, Difficult: 612