

HUG MAGAZINE



October 2012

(issued on 2nd or 3rd Thursday of alternate months on meeting days)

For HAEMATOLOGY and ONCOLOGY patients, being treated in the Day Therapy Centre and Dove Ward or under review



Tombola at Our Macmillan Coffee Morning

Email: hugswindon@btinternet.com

Website: www.hugswindon.co.uk

H.U.G. Swindon Get-Togethers at the GWH

We usually meet in the Academy on the second Thursday of the month.

Turn up there or at the alternative venue at any time between
10:00 am and 12:30 pm unless otherwise stated

15 November 2012	-	Cherwell, Brunel Centre (11:00 - 12:00)
13 December 2012	-	Academy, Seminar Room 5
January 2013	-	Not yet known

(The Academy is reached from the front of the Hospital through the double doors at the back of the atrium, going right and following the signs, which first appear at the end of the corridor. If you are eligible, you can use the disabled car parking spaces at the back of the hospital, cross the road and head back towards the entry road. The Academy entrance is about half way along, in the main building. The small parking area just outside the Academy is for staff.)

What do we do?

HUG offers tea, sympathy, sharing of ideas and information and much more, to patients and their families or carers, including:

- **Organising monthly get-togethers at the Hospital, Coffee Mornings (contact us for details of the next one, usually around the end of each month) and Craft Sessions (on the 2nd Monday of the month) away from the Hospital**
- **Suggesting how and where to access professional help, where appropriate**
- **Attending Cancer Services User Involvement Meetings on behalf of patients and carers and discussing or raising and following up on issues of importance to them**
 - ✓ **Items currently under discussion include Complementary Therapies, End of Treatment Care and Radiotherapy for Swindon**
- **Fund-raising to provide practical help with purchases including thermometers, travel bands, mugs, slippers, gel bags and heat pads, when suggested by clinical staff, patients or carers**
- **Maintaining a website and making leaflets available to promote the group and advertise our activities**
- **Producing the HUG Magazine bi-monthly and leaving copies in Cancer Services areas, providing direct to members and posting on the website**

Items for sale at any time: chemo hats made of a silk/wool mix in a choice of colours and styles and our personalised mugs and teddy bears. Contact us for more details.

INTERESTING HEALTH-RELATED NEWS

Vitamin A and Malignant Cells link

Scientists at the University of York have discovered a link between malignant cells and a lack of the vitamin A derivative retinoic acid. The research was published in the journal *Nucleic Acids Research*. They believe that it could lead to the use of vitamin A as an anti-cancer treatment. Although the study was carried out on prostate cancer cells, Professor Norman Maitland of Yorkshire Cancer Research thinks that it may apply to a number of other cancers. His advice is to take vitamin A as part of the daily diet, in oily fish, carrots, liver, red pepper and dark leafy vegetables, but not to use vitamin A supplements.

Sunday Express 9 Sep 12

Neutropenic sepsis: NICE Clinical guideline, CG151 - Issued: September 2012

This new NICE guideline offers evidence-based advice on the prevention, identification and management of neutropenic sepsis in patients having anti-cancer treatment.

Neutropenic sepsis is caused by a condition known as neutropenia, in which the number of white blood cells (called neutrophils) in the blood is low. Neutrophils help the body to fight infection. People having anti-cancer treatment, particularly chemotherapy and more rarely radiotherapy, can be at risk of neutropenic sepsis. This is because these treatments can temporarily lower the number of neutrophils in the blood. Some anti-cancer treatments are more likely than others to cause a temporary period of neutropenia.

Key priorities for implementation identified in the guideline include:

- Treat suspected neutropenic sepsis as an acute medical emergency and offer antibiotic therapy immediately.
- Diagnose neutropenic sepsis in patients having anti-cancer treatment whose neutrophil count is equal to or lower than 0.5×10^9 /litre and who have either:
 - a temperature higher than 38°C **or**
 - other signs or symptoms consistent with clinically significant sepsis.
- Provide patients undergoing anti-cancer treatment and their carers with written and oral information before starting and throughout treatment on:
 - neutropenic sepsis
 - how and when to contact 24-hour specialist oncology advice
 - how and when to seek emergency care.

A healthcare professional with competence in managing complications of anti-cancer treatment should assess the patient's risk of septic complications within 24 hours of presentation to secondary or tertiary care, basing the risk assessment on presentation features and using a validated risk scoring system.

We consider that all of the above are already happening at the GWH, but we have included a reference to this new guideline to help to stress just how important it is to report what may seem to be symptoms that can be treated at home without medical intervention.

Look Good, Feel Better: Pampering Therapy: a Patient's Recent Experience

Look Good, Feel better came to the GWH in April 2012. One of our HUG members reports back on her experience.

I took one last look in the mirror before I was due to leave for the Look Good, Feel Better workshop which was being held at my local hospital. Staring back at me was a very pale face, a few wisps of hairs where my eyebrows used to be and a few scanty eyelashes, they certainly have got their work cut out if I am going to leave the workshop with renewed confidence.

The workshop was held in the Theatre Room in the Academy at the Great Western Hospital. I was greeted by Lorraine who was accompanied by 5 other beauticians. There were 11 other ladies attending and we all sat around a big table each with a mirror in front of us. Each beautician introduced themselves and then we were told a little bit about the Look Good, Feel Better charity. We were given a big bag of products and had to arrange them in front of us, make up on one side and skin care on the other. I was really surprised at the amount of products that were in the bag, all full size bottles including a full size of Dior perfume which I know is very expensive.

We started off with a skincare routine, using cleanser, toner and then moisturiser. After we had used each product we put it away in the bag so things did not get mixed up. Once the skincare was out of the way we started applying the make-up. A special concealer which was green worked wonders on red areas and another one which was for under eyes certainly had a brightening effect. Foundation was the next to be applied and this gave an overall even appearance to my skin. Just a touch of blusher and then set with a powder and my skin was complete. Eye make-up was next and we were shown how to define our eyes, this certainly made a difference, was I imagining it or was the face staring back at me our starting to look like the old me. We were then shown how to mark exactly where our eyebrows should be and then to fill them in with a pencil using feathery strokes, this would take some practice but even with my unsteady hand looking back at myself in the mirror I could see it made such a difference. Lips were next for the magic touch, I carefully used a lip liner around the edges of my lips, then I had a choice of two lipsticks, there was a bright one and one which was a bit more natural. I went for the natural one and then topped it with a bit of lip gloss, result stunning. Looking back at my reflection in the mirror was me how I used to feel before the ravages of chemo, confident, happy and normal.

As the workshop drew to an end, I looked around at the other ladies; there was laughter and chatting everywhere, all looked amazing. It was a good afternoon and I would thoroughly recommend it to everyone, you will feel great after and if anything like my experience, you will be floating about on cloud nine for days and of course carefully guarding your white make up bag which contains all your wonder products.

So well worth giving it a go!

Complementary Therapies for Cancer Patients

Issue 5 of C21 (Understanding & Coping with Cancer in the 21st Century) contains an article about the care required when choosing a complimentary therapy. The magazine can be downloaded from www.c21century.co.uk/.

The reasons for taking care in choosing are that not all private practitioners are trained to work with people with cancer and not all therapies are suitable for cancer patients. Inappropriate actions of a therapist could unintentionally cause harm or undermine conventional treatment regimes.

The article recommends that written permission is obtained in advance from the consultant who is treating you. For example therapies should not be performed over radiation sites, damaged or broken skin, or where there is pain or inflammation. Reflexology, massage and aromatherapy are also examined in more detail since these are the major complementary therapies offered to people with cancer. All have potential pitfalls for the unwary.

Some reflexology courses teach therapists the concepts of diagnostic foot analysis, interpretation of congestion in the reflexes and corresponding organs and the benefits of toxin removal. These concepts are often misinterpreted by inexperienced therapists, leading them to possibly mislead clients. On the other hand reflexologists can provide valuable support to the clinical treatment by offering relaxation and a feeling of wellbeing. An experienced therapist may also be able to check for symptoms of underlying problems such as peripheral neuropathy and refer back to the hospital for appropriate treatment.

Gentle massage is helpful for the alleviation of stress, but hard pressure is not suitable and could result in bruising or displacement of possible blood clots.

Aromatherapy uses plant extracts for therapeutic purposes, but some essential oils are not recommended for use in cancer care. The therapist must be sufficiently trained to understand the interactions of the oils they use and whether they are suitable for particular patients. Some of the oils that should be avoided when treated people with cancer are:

- Cinnamon (an anticoagulant which is poisonous to the liver)
- Basil (carcinogenic)
- Clove (an anticoagulant which may inhibit platelet activity)
- Fennel (potentially carcinogenic and implicated in liver disease)
- Rosemary (neurotoxic), and
- Verbena (dermal irritant and sensitiser, also phototoxic)

It is clear that any therapist used by cancer patients must be well trained, have specialist knowledge about their therapies and cancer and be up to date with the latest advances in knowledge. In addition they need to have the skills to deal with the vulnerable patients compassionately, without promising miracles or trying to turn them against conventional medicine.

To cheer you up, if you're having a bad day

It is said that a terrorist sent a letter bomb with insufficient postage on it. The story, which may or may not be true, is that it came back with 'Return to Sender' stamped on it.

Forgetting what was in the parcel, he is said to have opened it and was immediately blown up.

Not sure I believe this, though!

A Blonde At The Doctors

A blonde told her doctor that she was really worried because every part of her body hurt. The doctor looked concerned and said, "Show me where."

The blonde touched her own arm and screamed, "Ouch!" Then she touched her leg and screamed, "Ouch!" She touched her nose and cried, "Ouch!"

She looked at her doctor and said, "See? It hurts everywhere!"

The doctor laughed and said, "Don't worry; it's not serious. You've just got a broken finger."

Poems in the Waiting Room

During a recent visit to our local Doctor's surgery, one of us recently discovered a leaflet of Poems in the Waiting Room. The poetry card was produced locally in Cricklade, but the aim of the charity PitWR is to be able to produce enough copies to brighten up every NHS waiting room. The current edition was sponsored by The Garfield Weston Foundation and The Beatrice Trust.

The poems were designed to appeal to all tastes, some recent and others that had been around for a long time, some amusing and others more serious.

If you like the idea you can become a friend by sending a cheque, payable to PitWR to:

**Helen Lee, Administrator
Friends of PitWR
12 Abingdon Court Lane
Cricklade
SN6 6BL**



HUG ★ Fridge magnet ★ fun

Success is getting what you want:

Happiness is wanting what you get.



THERE'S NO SUCH THING AS
BAD WEATHER - ONLY THE
WRONG CLOTHES!



One of the ironies of life is that it's usually the warm girls, not the cold ones, who get the fur coats.



If you have an ounce of common sense and one good friend, you don't need an analyst.

Of all ills that one endures, hope is a cheap and universal cure.

Abraham Cowley



**I'm not averse to gardening:
I just prefer to be elsewhere when it happens.**

Foundation Trust shortlisted for national Health Service Journal awards

Great Western Hospitals NHS Foundation Trust has been shortlisted for two national awards in the prestigious Health Service Journal (HSJ) for the THINK DRINK campaign and the new Ambulatory Care Service.

The **THINK DRINK** campaign was shortlisted from over 1,000 entries for the Patient Safety Award for leading the way in improving hydration, an important area of patient safety across the NHS. The project addresses fluid management by harnessing the latest product innovations, as reported in a previous issue of the HUG Magazine, introducing monitoring tools and raising awareness among staff and patients.

The Ambulatory Care Team has been recognised for their work in developing an Ambulatory Care Service within the Great Western Hospital. The project was shortlisted for the Secondary Care Service Redesign Award. The new service is helping to improve the experience of patients who present to the Emergency Department, but do not necessarily require admission into hospital for an overnight stay. These could include patients with headaches, breathlessness or seizures.

Patients can be assessed and treated more quickly, the Acute Medical Unit has been expanded and specialist beds across the hospital are protected for patients with specialist needs. The length of stay for patients with an ambulatory condition has fallen by one day, there has been a 79% reduction in patients being moved between wards and mixed sex accommodation has been eliminated.

Entries for the HSJ Awards have been the highest in the 31 years they have been on offer.

The Trust will find out if they have won one of the coveted awards at an awards ceremony in London on 20th November and to be even shortlisted is regarded as an amazing achievement.

There are more details in the Horizon magazine at:

www.gwh.nhs.uk/members/horizon-magazine/

and as a news item on the hospital website at:

www.gwh.nhs.uk/about-us/news/gwh-staff-shortlisted-for-prestigious-national-health-awards/

We wish the Trust and individual members of staff involved the very best for the forthcoming awards ceremony, with the hope that at least one of the nominations will have a successful outcome at national level.



H.U.G. News – read all about it

- Get-togethers were held in the Cherwell Meeting Room, Brunel Centre at the Great Western Hospital on 16th August and 13th September.
 - Coffee mornings continued at the Blunsdon Arms at the end of August and at the beginning of the last week of September. Dates were arranged according to the availability of members, as usual.
 - We have decided that there is a market for baby clothes and we are making some without actually meeting up for craft sessions. For now we have a good stock of cards.
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1. Get-Togethers

Numbers are still not high enough for us to invite speakers along to hospital get-togethers at the moment, but we always seem to find plenty to talk about. We catch up on how everyone is doing, have an update on what is happening in Cancer Services and relevant information from across the GWH. We are all friends now, so the topics of other discussions are wide-ranging.

2. Income and Expenditure

Our hospital sales table made a profit of £73.10. Thanks to Margaret and Yvonne for their help on the day. The acquisition of a sack truck made it a lot easier to load and unload our stock at sales locations and will come in handy at future events.

We have had a go at selling some of our donated new or nearly new items on E-bay with some success. These have raised another £26 in recent weeks and encouraged us to try this method of selling again. Irene could do with reducing the amount of sales goods she has secreted around the house!

3. Other Activities

The date for our visit to the Penny Brohn Centre in Bristol for another taster session, for those who have not already been there, is being arranged at our get-together on 11th October. As previously reported, this centre offers residential and day stays for cancer patients, carers or family, providing a number of therapies and advice. Contact us if you would be interested since it might be possible to take one or two more people along.

Our outing to Avebury Manor is now set for 22nd October, following a couple of postponements, made in the hope of everyone being available – never easy. We had originally hoped to go in mid-September. Transport will be by car. Hopefully the weather will be reasonable for us.

The Macmillan Coffee Morning in the Memorial Hall at Lambourn on 28th September was hosted by some HUG members and friends. Lambourn Chimers, bell ringers and some Lambourn WI members, as well as HUG, donated cakes, produce tombola and raffle prizes. We were pleased to make a profit of £362.70 for Macmillan. Our dedicated HUG table raised £45 for the group and another £18.50 was donated to us by a friend from her profits on another sales table at the event.

Thanks to everyone for their help with donations and/or on the day. Together we achieved a successful fund-raising effort for both Macmillan and HUG.

Mobile Chemotherapy HOPE bus

The mobile chemotherapy unit provided for Wiltshire by the Hope for Tomorrow Charity is to be shared between the Swindon area and Salisbury to provide a service in the community. Four patients can be treated at a time. The two staff members are being provided for two years by the Wiltshire PCT.

For the first three months, expected to start in October 2012, the unit will be sited at the GWH to help with training and initial support. After that the unit will be sited at Marlborough.

It should be noted that mobile unit treatment provision will not be suitable for all chemotherapy patients.

Pharmacy Green Bags

You may have seen posters about this change to pharmacy services on patient admission around the GWH. Medications remain with the patient in a secure bedside locker, the pharmacy works in partnership with patients and clinical staff regarding prescription changes. Contents are reviewed on discharge. The system is designed to assist with analgesic as required, give immediate access to patient drug charts and medications, particularly at emergency admissions.

There is more information on "Youtube" at

www.youtube.com/user/GreatWesternHospital?feature=watch

Food Tasting on Dove Ward

HUG was invited to taste food from a possible new supplier on Dove Ward in the last few days, as part of the process of changing the current supply and cooking arrangements and providing more flexibility. We shall provide a full report in the next issue of the HUG magazine, including the reasons for the review.

