



WebWhispers

Sharing Support Worldwide



Whispers on the Web

A Monthly OnLine Newsletter for WebWhispers



January 2008

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2008

We are looking forward to 2008 after a very successful 2007, which will be covered fully in our semi-annual reports from WebWhispers officers and BOD members. These will be published on our web site Mid-January.

Our goals remain the same, to provide information to assist in rehabilitation for the laryngectomee. We offer the very best communication for increasing the educational opportunities for our members and the public using the website, the member-only email lists and forum.

The website, which went online October 2006, has had its first full year and was a great investment for WebWhispers. It has proven to be adaptable and expandable for all of our needs. It includes a comprehensive library, which is a constantly improved and updated source, this monthly newsletter, plus other special features. Everything on the website is open to the public except the membership information.

We start this year fully staffed by good people on our BOD and all 5 of the BOD Executive Committee positions filled. Each section has great volunteers trained or in training as backup for different positions. We now need to expand our volunteer base a little more since we are only one step away from having to scramble to keep areas covered. Let me know if you want to work with us to keep WebWhispers growing. The more volunteers we have trained to do some small part of the work, the easier it is to keep everything going during time off needed because of illness or vacations of other volunteers.

Enjoy,
Pat W Sanders
WebWhispers President

VoicePoints [© 2008 Lisa Proper]
Coordinated by Lisa Proper, MS-CCC-SLP, BC-NCD-A, BRS-S (LisaMProper@comcast.net)

New Year Reflections and Resolutions

As the New Year begins, I would like to take this opportunity to express my gratitude to all the authors who have contributed to VoicePoints since I have served in the capacity of coordinator and editor. Without your wiliness to share your knowledge and expertise, VoicePoints would not be able to contribute to the rehabilitative welfare of the laryngectomee population.

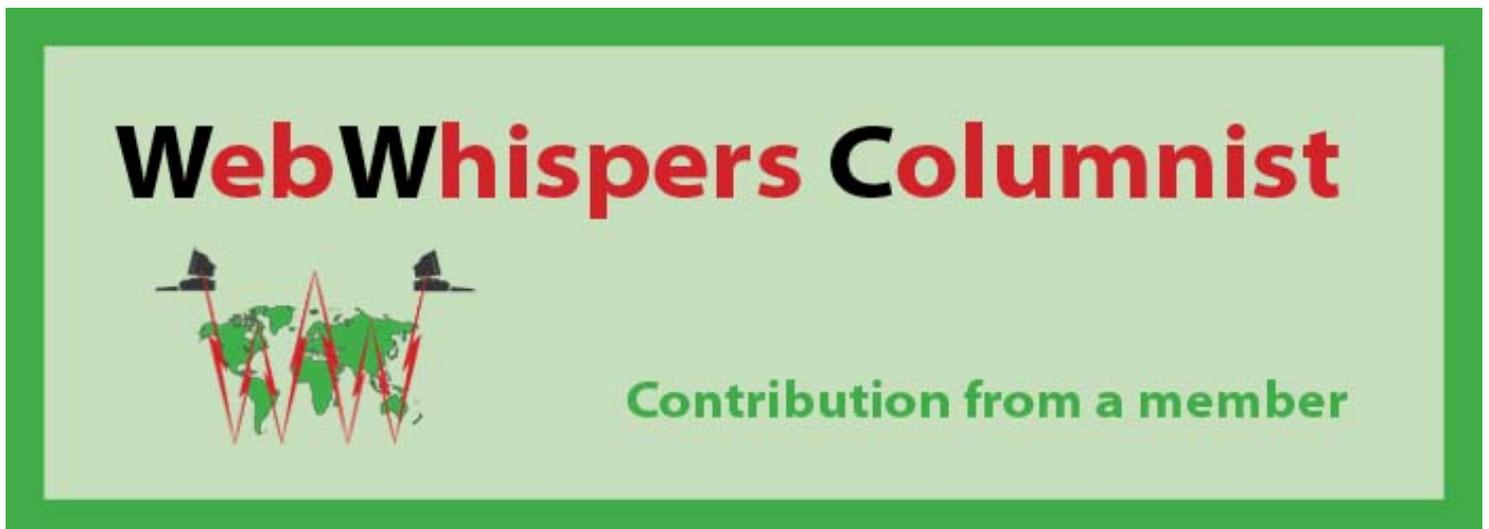
We all begin the New Year with a sense of reflection over the past and we ponder how to make life just a little better. Being Speech Pathologists, making life a little better does not only include making life better for ourselves and our loved ones but also for our professional lives and for our patients. As editor of this column, I am certainly searching for additional ways to make VoicePoints a little better. The two biggest challenges in serving in this position are to produce new and interesting topics and to find individuals who are willing to serve as contributors. Let's face it, new topics in laryngectomee rehabilitation are not the easiest to discover. Esophageal speech rehabilitation remains essentially unchanged. Other than technology, the basic principles of electrolaryngeal speech rehabilitation also have remained the same. Tracheoesophageal voice rehabilitation provides us with annual and ongoing changes in both technology and knowledge, but a balanced and varied number of topics are necessary for a successful column. Tracheostoma health management, new surgical and non surgical treatment for laryngeal cancer also provides us with different topic areas which we have tried to address and will continue to address in the future. However, we need more, more topics, more ideas, and more contributors. In other words, we need our readers to become more actively involved. Previously, I made a call for case studies from our readers. I received not a single case history and that is the reason that there is no "educational" article in this month's column. This

was supposed to be the month for case studies.

I truly believe that for VoicePoints to remain a viable column, reader contribution is absolutely necessary. Therefore, since my previous call went unanswered, I must change my tactics and more importantly my requests. I will continue to ask anyone who has a case history, even if it is just in idea form, to please contact me and together we can develop it. In addition to case histories, Voice Points needs your ideas for topics and contributors. Ideas can come from anywhere, therefore, if you have a clinical question, whether it is patient specific or a general question regarding any aspect of laryngectomy rehabilitation, email the question to me. Not only will you get your question answered, but more than likely you will not be the only person with this question and this information can be shared at a later date with VoicePoints readers. How can you refuse that? We will also begin a comment/question article, therefore, if you have any questions or comments about any of the articles that you read in Voice Points, please email your thoughts to me and they will be shared with the author and/or readers as appropriate. Your contributions, whether a question, idea, etc. may remain anonymous, should you desire.

So, as you begin the New Year and reflect over the past and plan for a brighter future, remember you can help improve the area of laryngectomy rehabilitation not only for your own patients but for all of the patients of Voice Points by contributing, even if it is by just asking a question. This year, make a resolution to improve the life of a laryngectomy.

Contact me at my new email address: LisaMProper@comcast.net. I look forward to hearing from all of you. Happy New Year.



Respiratory Medication Delivery

Mark R. Finrock RRT

Inhaled medications are a common treatment and therapy for patients with Chronic Obstructive Pulmonary Disease (COPD), which include emphysema, bronchitis and "reactive airways disease", such as asthma. Bronchodilators and inhaled steroids have been shown to effectively minimize the symptoms of both COPD and reactive airway disease when used properly. Many patients receive less than optimal results from their medications because they do not use them properly. This can be especially true for laryngectomees. Many pharmacists, nurses and general physicians do not have a good understanding of laryngectomy anatomy and physiology and, therefore, cannot

advise the laryngectomee regarding the proper way to administer inhaled medications.

Bronchodilators are prescription medications used to relax the smooth muscles of constricted airways. When the smooth muscles relax, the airways dilate (widen), making it easier to breathe and cough up sputum.

In general there are three types of bronchodilators are 1) beta-agonists, 2) anticholinergics, and 3) theophylline. These are available in inhaled, tablet, liquid, and injectable forms. However, the most effective delivery mode for beta-agonists and anticholinergics is inhalation.

Short-acting bronchodilators are called "quick acting," "reliever," or "rescue" medications. These relieve asthma symptoms very quickly. Short acting bronchodilators are best for treating sudden asthma symptoms. The action of inhaled bronchodilators starts within minutes after inhalation and lasts for 2 to 4 hours. Short-acting bronchodilators can be used in an asthma nebulizer (breathing machine) to treat an asthma attack at home.

The long-acting bronchodilators are used to provide control vs. quick relief of asthma symptoms. These bronchodilator inhalers last for at least 12 hours. Those containing formoterol begin their action within a few minutes, while those containing salmeterol take up to 45 minutes to begin their action.

Theophylline is a relatively weak but inexpensive bronchodilator that has a chemical similar to caffeine. It stimulates the heart, the central nervous system, and the skeletal muscles, while also relaxing the smooth muscles, including the airway muscles. Theophylline is sometimes used along with an anti-inflammatory drug to prevent nighttime asthma symptoms and is sold as a generic pill or under the brand names Uniphyll, Theo-Dur, Slo-Bid, and Theo-24. It is also available as an oral (pill and liquid) or intravenous (through the vein) drug. Theophylline is long-acting and prevents asthma attacks. Theophylline is used to treat difficult-to-control or severe asthma but must be taken daily.

Inhaled steroids are generally prescribed as a long-term control medicine and will not provide quick relief of asthma symptoms. They are meant to be used on a daily basis to control lung disease and prevent symptoms. Inhaled steroids prevent and reduce swelling inside the airways, making them less sensitive. They may also decrease mucus production.

Inhaled medications act directly on the muscles of the bronchi, deep within the breathing tubes and must be deposited at this level. There are two main ways to deliver medications for inhalation and both methods can be effective if used properly. However, special considerations need to be used when these devices are used by laryngectomees.

Nebulizer: A nebulizer is a device which converts medication into a fine mist. A patient using a Nebulizer breathes naturally until all of the medication has been inhaled. Nebulizers can be either pneumatic/compressor driven or ultra sonic and are best used in conjunction with an aerosol mask placed over the stoma. The best fit around the stoma is critical for effectiveness. Using a mask concentrates the mist directly into the stoma and facilitates concentration of the aerosol. A pediatric size trach mask works best. (Fig 1)



Figure 1

Metered dose inhaler (MDI): A metered dose inhaler is a small hand-held device which delivers medication through a short measured burst. The patient must be able to take in and hold a deep breath in order to receive all the medicine in the short burst. A Metered Dose Inhalers (MDI) utilizes a propellant within a cartridge to deliver medication. Studies have shown this propellant can be irritating, causing granulation tissue at the stoma site. (Fig 2 Left) Using a spacer device with a pediatric mask attached makes the MDI much more efficient. (Fig 2 Right)

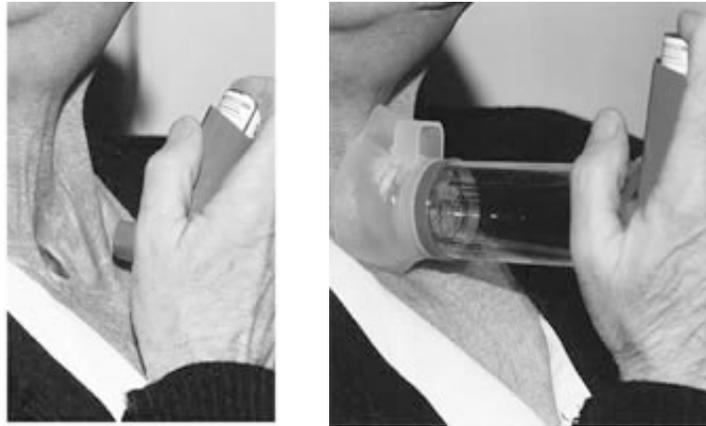


Figure 2

There is no "best" delivery method for respiratory drugs. Do whatever works best for you. As with all medication, if your symptoms change and/or you notice side medication side effects speak with your physician.



Letters! We get Letters!

Radio Waves as a Cancer Cure?

There was an article recently on the WebWhispers email list that caught my eye. It was concerning a Mr. John Kanzius and his radio wave nano particles cancer treatment. Very good read. I appreciated this information and noticed that several others remarked as to why it takes so long to allow clinical trials on humans.

I, myself, have wondered often why we seem to be stuck in a rut when it comes to innovative new treatments, considering all the advances I read about almost daily. I'm still wondering about the larynx transplants, but only in my mind, I think.

I subscribe to the New England Journal of Medicine "free" online updates. Some articles are provided in full; most give a few lines to explain the basis of an article and try and sell you a full subscription. You can conduct a web search from there and do additional research if you want. The point is it gives you a taste of just how many doctors are working on different things and the advances coming along. Every doctor wants to be published. Period. That is a big notch in their pistol grip, so to speak.

Mr. John Kanzius is not a doctor; he doesn't even hold a degree other than two years of technical school and a life time of hard work. Surprisingly, he was able to attract some doctors who were willing to listen and make use of his innovations. He spoke of his experience at M.D. Anderson Cancer Center in Texas, and the faces of young people going through chemo being a factor in his pushing so hard on his idea. He would wake at night to get up and work.

I, too, was treated at M.D. Anderson, but those faces are the same no matter where you are. I pray for him to survive long enough to see if his idea saves lives. It deeply saddened me to read at the end of the article that this unselfish man has had his cancer return a third time and may not live to see his cure or use it himself.

I believe in God. Having said that, sometimes I really have to stop and ponder why!! This John Kanzius is a man

who could stand modern medicine on its ear and God has chosen to take him home, possibly before he is done. Why!! Hope I get to ask one day for myself. Things like this sure rattle my faith at times. Maybe he has already provided enough information to jump start this new way of treatment and God thinks he has suffered enough. I would like to believe that. Only a few short years ago nano particles were not even known about and from the reading I did, Mr. Kanzius' invention needed this information to facilitate the attack on the cancer cells. They can be programmed to do different things in the body on a cellular level and injected or swallowed in a pill.

I remember my AM radio kits as a child; I got them for Christmas. I also remember the first calculators. WOW. I guess my main point, if there is one, is any doctor who was provided information of this sort - we are talking about the cure for cancer here! - would not allow anyone to stop him from this great achievement. His place in future history would be certainly guaranteed for ever and ever. Government or no government. I would also like to think the machine would be named for the inventor; it would only be proper.

All of us who corresponded on this web site about this article owe it to modern medicine, modern electronics, and God's will. Could breakthroughs be pushed faster? I don't know. In this case Mr. Kanzius seems to devote all his available time, between chemo bouts, to develop this new idea.

This man has spent his life working on radios and electronics and using radio waves. It wasn't that long ago people were suing cell phone manufactures about that very same thing causing cancer, or so they thought!! I'm no expert by any stretch, but our world today is very complicated regarding such things as who does what, whose fault it was, or wasn't, and was it done too slowly or fast enough. Say that fast 3 times with an Electro Larynx!

I often wonder how man can do things such as this that will benefit so many people suffering around the world and then, on the other hand, try to destroy the very world we live on. Things like that make you go "Hmmm". No wonder my dog looks at me funny.

Sorry for the long wind, but I thought this story in the LA Times was worth discussing and I am a better thinker when I write. If you are bored or this type of thing interests you, you might want to take the time to check it out.

James Posey
WebWhispers Member

This is a link to the original article about Mr. John Kanzius in the LA Times:
<http://www.latimes.com/news/la-na-cancer2nov02.0.4741362.story?page=1&coll=la-tot-topstories>

We encourage anyone who would like to write in depth thoughts on a subject, and feels it may be long for the list, to send it as a Letter to the Editor at Editor@WebWhispers.org.

Donna



Sweet and Sour....

When you read this it will be next year. I will know if my orthopaedic surgeon, the sinister-sounding but very delightful Mr Shiv Shranker, has lifted up my left shank on the last day of 2007, and pronounced that the splint had done its job and welded jagged bones together. I am just trying to get through the rest of this year without revealing the real, can-be-aspish Rosalie to the unbelievable woman who may no longer be my bed and breakfast maker. It all depends on whether "call me Shiv" decrees I can hit the ground with two feet, and make my bed and my breakfast unaided.

As of now, I have hopped to the sideboard for my Prozac and sit here awaiting Ruby. Prozac and Ruby go together. I can't have one without the other. The dog is waiting for Ruby too, eyes soft with love. Apart from thinking that I am such a laugh I should be on Big Brother, and I can't praise higher than that, Ruby loves dogs and gives mine an evil-odoured tripe treat before chucking me under the chin and asking, "How are we today, 'you little sauce'?" At times like these I forget that I am lucky in retaining my sense of smell. I don't mean Ruby. The tripe.

This sauce thing started the day after I came home from hospital after a month in their bone department. A speeding bicyclist had knocked me down and out. The Health Service in the UK gives you as many helpers as the Sultana of Dubai. Until you are better. Then you are visited by a means test bod who works out how much you owe them. Sometimes nothing, depending on how much you don't have in the bank. Frank? Usually. Let me talk to my lawyer before I comment on that one.

The Health people put a key box outside your front door with a secret code, year of birth, known only to family and friends and good guessers --and gold nuggets like Ruby--mixed metaphors, sorry-- to let themselves in. My first treasures were normal. Margaret and Bev and Kath and Valerie and a Peter who remembered me from my post-lary convalescence when I weighed 73 pounds. He is not a sauce but an elixir of life. Anyway, they're all kind, brisk and business-like, sleep-well-love? And off...leaving a perfect bed and porridge in the microwave. Or, if I were a sauce, perfect porridge and bed in the microwave.

But this Ruby has a Sense of Humour inherited, she said, from her showbiz family. The Profession she calls it. No, I didn't say that's what ladies of the street call their job. Ruby wooshed in on her first day, a week ago, gleaming with the morning glow which comes in packs when you perform in local musical groups like Ruby. Honourable mention in last year's competition for Kiss Me Kate. They should have won but the Kate part ("not being nasty but she can't hit the high C") was given to the director's 'bit on the side'. Still, as Ruby said, that was show business. I introduced myself and my EL, and made a silly remark about thinking it was Nicole K coming in with that Chanel smell. Arms akimbo, swaying with delight, Ruby said she could see I was going to be trouble. Trouble, that's what she said I was going to be. In fact, mark her words, a real little sauce.

OK. Sometimes I can be a real little sauce, when I flood the kitchen, and lose my Servox, and can't be understood on the telephone, and the grandchildren say they are bored, anxiety separation from their ghastly gadgets setting in. But even then I am more like a bad-tempered chili pepper than sauce-in-a-bag.

First thing in the morning I wouldn't harm a fly, let alone be saucy. What does that involve actually? Anyway, Ruby thinks I possess it, this sauce quality. I say I could only play the part of an Ugly Step Sister the way I feel in the morning. She pokes me, on the good ribs thank the Lord, and says I am a sauce, what am I, and Sleeping Beauty is what I am with that lovely skin.

Skin? Woops. I did it again. All I said was that I felt sorry for all the turkeys whose skin would soon be crackling.

Ruby sank back on the couch, dropping my secret health dossier ,and all the progress reports fell out and I hopped through to the kitchen to find a paper prong, tripped on the step and into Ruby's great long arms. She has great long legs too and great long Brazilian Bronze hair, and pert little nose which she'd saved up to have bobbed. No I didn't say the Bobbit bit. That could have brought on a cardiac. And so it has continued.

Now as I write this, Ruby has driven off in her great long car after persuading the traffic warden to take back the parking ticket from her windscreen. The warden is a dour Scot, the kind I flee from. He was overpowered. She came back in to tell me he'd hoped she would make it worth his while.

Ruby's great long eyelashes fluttered. "He's a real little sauce. Worse than you"

Happy New Year, Ruby, and all WebWhisperers! Many may you see, and may all your sauce be of cranberries!

Rosalie



Some of the Same Resolutions, Again This Year

I had such great intentions to give my 2007 resolutions the time they deserved! But this was an unusual year that turned me upside down.

Last year, my resolutions for the New Year started with losing weight and exercising regularly. We will skip over those because they are on my list every year and and, this year, I kept my running streak of never meeting these goals in 25 years.

I plead extenuating circumstances for my lack of meeting the next resolutions: getting organized and doing major cleaning. Something happened along the way. I had a life altering medical event that will probably stay with me for the rest of my life if not physically, for sure, emotionally. And it altered my ability to meet my resolutions as I had planned.

The remaining ones are interesting.

I am a control freak, no doubt about it. I love lists and calendars and schedules. Am almost always on time or

even early. I remember birthdays and when I was working, always completed my assignments on time. I believe there is a place for everything and everything should be in its place. I really don't like surprises. Am very determined to have control of my surroundings when appropriate. When my kids are coming to visit from out of town, I have menus made up, extra food in the freezer, toys and books for the baby, lists of places to visit that are kid friendly, lists for mom and dad so when one of them mentions something they would like to eat, I usually have it in the freezer or thawing out or in the cooler.

This has always been my life style which allowed me to raise 3 kids alone and go to graduate school and do well at my job. In reality, this need for control is probably a personality flaw but not a bad one to have at that time. Thank heavens Frank, my husband, has his own set of control needs and they seldom cross over. After all, who else would clean the front of the TV with Q Tips? We also have reached some middle ground about decisions, so we are really lucky.

As many of you know, in May of this year I had a stroke. No warning, no chance to plan, no chance to give orders. I actually asked to go back to work 6 weeks after the stroke! You see, this event went against almost everything in my life style. This was not on the calendar, the bills were not paid because it wasn't time yet, the house wasn't clean, ironing was piling up, I worried about Frank eating, worried about the pets, worried, worried, worried, about everything.

So, my resolutions, made at the end of last year, were based on my expectation that I would continue on as I had been, were now out the window but deserve a different look.

I resolve to be realistic in my expectations of myself and others.

So the resolution to be realistic was gone. I had no idea what reality was anymore. What did that meant in terms of recovery, keeping my job, and the ability to ever function again at 100%. And what could I expect from others? Through such a long recovery, would Frank stick by me? What about my co-workers? Would they be there for me?

After my lary surgery, with determination, I had learned to talk. Now, after my stroke, I was determined to learn to walk. Could I be realistic in what I expected of myself?

I resolve to start to recognize and acknowledge my skills and to be proud of what I have accomplished.

This was and continues to be a tough one. There are days I feel I have not accomplished anything and other days when I face the world, head held up high, handling both my stoma and my lack of ability to walk. I think my accomplishments are small. Is that because of my own drive or is that reality? Some of my skills are tough to measure except by therapists and tests. However, there are two good things!!!! I am not to do cleaning and I have to have a pedicure! Maybe, this is important only to ladies. Believe it or not, I have never had a pedicure and I love them! Nor have I ever had a cleaning lady! She will be here in 2 weeks! I suspect that will be tough, watching someone else do things I have always done, my way. Another thing I am giving up. My way.

I resolve to never take anything for granted, from my health status to that of those around me.

This means changes are to be made in life style, not short term. and encouraging those we know and love to do the same. The changes are not easy nor do you get support unless you ask for it. Set goals and tell your family what those goals are so they can help you and can celebrate your success.

I resolve to be more demonstrative in word, action, or writing, of my gratefulness to my family, my caregivers, and my friends for their caring, acceptance, and support.

I resolve to perform at least one random act of kindness a week

This is the most fun! I work hard at making others laugh.

I get two kinds of therapy, one for the stroke and one for my back. My last day at stroke rehab, these beautiful women who had taken such good care of me, had teased me about not falling so I could be discharged. The last

day of therapy I put on every orthopaedic device we had around the house, wrist bands, knee braces, ace bandages, carpal tunnel supports, ankle braces, finger splints, everything I could find. We are walking up the sidewalk to therapy and they can see out the windows. I am limping more than usual because I have all this stuff on. They come rushing out, so concerned. I did my best Southern belle imitation who might just suffer from the vapors as we got into therapy. I sat down, sighing deeply and asking for help. As I pulled up my pant legs, they saw all this equipment and started to laugh so hard one fell down on the exercise mat. The patients were clapping and laughing.

Therapy was short that day. But as I was leaving among hugs and tears, I lowered my waistband for the Director of the unit to show her I was wearing diapers. She not only laughed until tears came, but she said, "Do you realize you have them on backwards?" Frank brought in a cheese cake for everyone, to heck with the cholesterol restrictions for one or two bites.

I resolve to forgive myself when I stumble.

There are several ways to stumble both physically and emotionally. This needs to be an ongoing resolution.

I resolve to continue to pray for all of us and for peace and for God's blessings on all who need it.

The point I want to make is that any one with a seriously acute illness or surgery or catastrophic medical event can look at these resolutions and hopefully find them helpful and worthy of striving to reach. They will remain mine again this year.

God bless and keep on your toes! Who knows what 2008 will bring? I pray it is good health and peace. While we have problems, physically, emotionally, and lack of control, let's not forget our troops who are experiencing hardships we can only imagine.

As a friend wrote me last week, "Be gentle with yourself."

Here comes my train and the New Year!

Vicki E.



Priceless

After our recent elections at WW, some interesting statistics came to light. Out of 1,994 members, only 301 had made a minimum donation of \$5.00 for 2007, qualifying them as sustaining members with voting privileges and, of those 301, only 102 actually cast a vote. Perhaps the low voter turnout can be attributed to the fact that of the three positions, two ran unopposed and the third had two well-qualified candidates. This was not a hotly contested race; maybe members can be excused from thinking that their vote really didn't matter this time.

Pat addressed the issue of financial support of WW in a post to the list after another member questioned why so few of us contributed and voted. I believe that most of us don't make a small donation, not because we think WW is neither worthy nor useful; we wouldn't be subscribing members if we felt that way. I think most people don't donate for the same reason I didn't the first couple of years I was "lurking" on the list. I didn't think it would make any difference and I just never got around to it.

Unfortunately, this kind of apathy goes beyond just making a financial contribution and voting in elections. Lisa Proper addresses it this month in her column, as well. She had asked for case histories to use as educational/teaching tools for her column this month and she did not receive any responses. I am guilty...I thought, like I suspect many others did, "my situation isn't that interesting...someone else will do it". As a result, no one did.

Lisa also raises the very good point that we need reader input to insure that we are making this newsletter informative, entertaining, thought-provoking, compelling...a good read. Editors and contributors NEED feedback, new ideas, suggestions, even criticism to do our job well. Most writers will tell you they have a love-hate relationship with their craft. They are compelled to write and yet they have to force themselves to sit down and actually do it much of the time. Knowing that someone is reading their work and that it was meaningful to them in some way is huge. .

As editors, Pat and I, like Lisa, are always looking for new writers, new contributors, new ideas to write about to keep this publication fresh and exciting. I am sure Lisa would have been thrilled to have hundreds of case histories flooding her inbox, even though she would not be able to use them all right away. We LOVE having more good stuff than we can use any given month. To us, it is like discovering there is actually more money in your bank account than you thought (how often does that happen?!)

I imagine that many of us, myself included, can not maintain the level of dedication to all things lary that our tireless officers, directors and frequent list responders do, day after day, month after month, year after year. There are those in the lary community of patients, care-givers, medical and service providers who are relentless in their zeal to help. For some, it is their life. We would be lost without them and our own roads to recovery and journey through life as a lary would be a whole heck of a lot harder.

I will be the first to admit sometimes I tire of the lary life focus. I don't read all the posts every day...I do a lot of scan and delete. However, I know that this site is always here for me. I know how to access the library and archives and know also that I can send in a comment or question any time of day or night and pretty much guarantee that someone on the list will post a response within a day and sometimes LOTS of someones will weigh in. And a new thread of discussion is born. That, as they say, is priceless.

So, this New Year I vow to stop "letting the other guy do it". If Lisa wants my case history, she has it. If someone writes into the list with a question about using an EL, I will give my two cents worth, having done a pretty good job

of mastering the buzzer myself. And as soon as I get this issue out, I will send in my WW membership donation for 2008. Let's just hope I do better with these than those old bugaboos diet and exercise HAH!

I trust that I will not be the only one to step up to the plate this year. I look forward to hearing from some new voices.

Donna



Dreams and Daydreams

We all dream. It is a natural thing to do. Ever watch a dog dream he is in a chase? Some people even talk in their sleep. Some folks believe that they never dream because they don't remember any part of it after they wake up. The sub-conscious is always at work; even problem solving while we sleep or daydream. Some of us accept that there is a mind/body connection as we heal from cancer, surgery or other illnesses. Recently this ancient religious and healing belief, shared by many contemporary cultures, has given rise to changing attitudes in more traditional Western modern medical science and spirituality.

Early in my rehabilitation I saw a Family Counselor who introduced me to the work of Carl G. Jung. I've become a student of Jung's work and theory over time. "Memories, Dreams, and Reflections", and "The Wisdom of the Dream" are two of many books about his work in my library. Jung was a student of Freud's who chose a different path to understanding the human psyche.. It made immediate sense to me.

Daydreaming isn't the waste of time we were told it was decades ago. We know from reading biographies of inventors that daydreaming produced many of the inventions that changed the way we live. One of my sons was employed as a metallurgical engineer in the early 80's. He preferred the field of research and design. After one job interview he said, "This paid position would be essentially doing what I thought I planned to do for fun in the garage". Ten years later, I loved his reply when I called to ask if he had a few minutes to talk, he replied he was "busy daydreaming". He went on to explain that meant you pull open the bottom desk drawer to prop up your legs, lean back in your chair and let your mind roam freely to ponder new realms, or different perspectives than those

you've been tied to. The process of daydreaming may take hours or days. His "daydreams" have resulted in several patents for new products we still use daily.

The dreams we have while sleeping can be considered problem solving, visionary or premonitions. I dream all the time. Some have an impact I need to write about in detail; I draw some of the most significant scenes. I've also learned the value of keeping track of the date on them so I have a reference for things that come to fruition later. I can recall about six of them of great importance to me and my family members in my lifetime. Other dreams I haven't bothered to write about show up when I see or hear something during the day that I dreamt about, and it reminds me of portions of my dream. I wonder how I knew that ahead of time?

There is one dream story, from my early days as a laryngectomee, which I love to tell. The memory of it is still as vivid today as it was then, complete with traffic noise and exhaust, and trees with leaves. I knew where I was in the dream well because I had been there several times over four years. I had returned to Mayo Clinic for my ENT check-ups, and their intensive week long "Laryngectomee Rehabilitation Seminar" twice in 1979 & 1980. My husband accompanied me the first few times. During that period I had traveled cross-country, and to Europe without him to "look out" for me, so I felt confident that I could fly to Rochester on my own in June, 1981. My hypothyroidism was under doctor's care, my weight was close to normal again, and my esophageal speech was improving as the edema left my body. I was making good progress with phrasing and sentences. Finally!

About that time I dreamt that I was walking downhill near Mayo Clinic, and Jim Shanks, one of my SLP mentors, was walking uphill. As we passed each other he said, "Well... Hi, "Kaazzaamaa-Loo"! How the hell are you?" (He liked to mess up the name of my hometown because he went to Western Michigan University, in Kalamazoo.) I answered him esophageally with, "Hi there, listen to my new voice!"

About 6 weeks later I flew from Kalamazoo with a stop in Chicago. Guess who boarded my plane from his Indianapolis connection? Yep, "Uncle" Jim Shanks walked on board, greeted the stewardess and his seatmate, stashed his briefcase overhead, and sat down to read his paperback book. He was seated forward from my window seat, two rows ahead and across the aisle. I hesitated to disturb his private space. I couldn't get out and speak to him if I wanted to...and I did want to. He sure couldn't hear my soft esophageal voice from that distance, and I didn't want to give a "buzz/buzz" alert on my EL on the plane and scare the hell out of all the passengers. Instead I kept looking at the back of his head, hoping he'd turn around. He did. As he did he jumped up out of his seat and said, "Well..., Hi "Kaazzaamaa-Loo"! How the hell are you?" I couldn't believe how close my dream had come to this meeting. As he leaned over to visit before take off the stewardess arranged for my seatmate to exchange seats with Jim. We talked non-stop all the way to Rochester. He couldn't believe the progress I had made esophageally in such a short time, and he wanted to know how it happened.

I don't recall ever using my EL in my dreams. To tell you the truth I never paid any attention to how I spoke in my dreams until I had clearly made the transition to esophageal speech in my sub-conscious. This event was a significant turning point in my life. I would survive this 3 yr. interruption, I would accomplish a goal I'd set for myself in spite of many setbacks during my surgeries and rehabilitation.

Our healing is a process of many changes we move through. Whether the topic is diagnosis, surgery, radiation, chemo, speech therapy, feeding, employment, retirement, or what have you, we move through one change after another. Expect it. Accept it. It's like buses and trains - wait long enough and another will show up. Mae West had it right, "Next!"

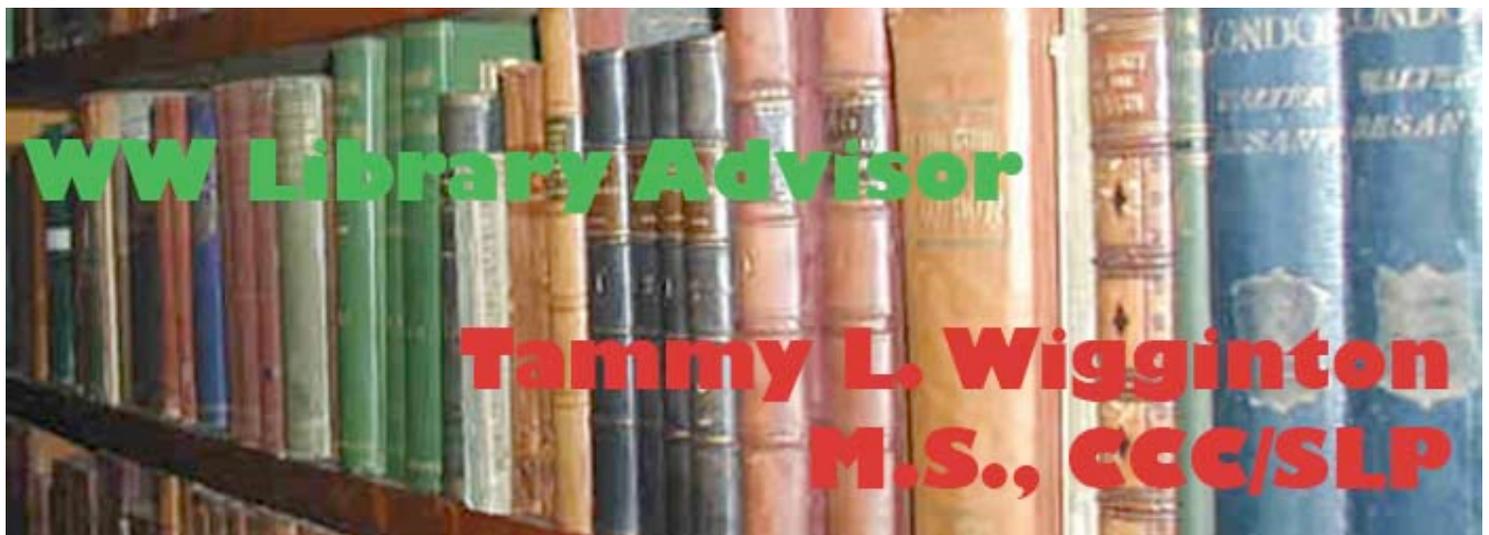
It is not unusual for laryngectomees to move through a series of different models of electro-larynx as the swelling leaves the tongue and neck area, or ES becomes possible. Perhaps TEP may be the best for your circumstance when all is said and done. Some are lucky enough to use all three methods equally well. As we heal our needs change. My point is this: keep trying new devices and methods instead of settling into what worked a few months

or years ago. Take a reality check on your answering machine, as another example of change. Does it still have your pre-op voice on it, or have you stayed in step with who you are now? Have you taken time to put your best new voice on the answering machine or voice mail message. As you gently evaluate this personal expression of who you are ask if it fits with the way you present yourself today? These messages aren't chiseled in granite. They can be changed as often as you wish.

The current CNN for Ameriprise.com ad that is running says it all....
"It's not where your dreams take you; it's where you take your dreams."

When I catch this commercial I find myself focused on the empty "red chair" in the intersection. It reminds me of just how often I seem to get "caught in traffic" with some of my decisions or indecision. It may be time for me to pull out the bottom desk drawer to prop up my feet while I daydream about where to next...?

Elizabeth Finchem



Human Papilloma Virus and Head and Neck Cancer:

The human papilloma virus (HPV) which is widely recognized as the major cause of cervical cancer has recently been linked to the development of head and neck cancer. Cancers of the tongue, tonsils and pharynx are on the rise in individuals who do not present with risk factors typically associated with head and neck cancer such as tobacco and alcohol use and abuse.

In a recent publication of Cancer Compass, Dell Yarbrough, M.D. a surgical oncologist, from Vanderbilt-Ingram Cancer Center stated "In cancers of the oropharynx, which include the tonsils, base of the tongue, and part of the throat, about half of those tumors are HPV-positive. In the oral cavity, between 10 and 15 percent of tumors test positive for HPV."

Since HPV is recognized as one of the most common sexually transmitted diseases in the world, there is speculation of a link between HPV positive cancers of the head and neck and sexual practices including earlier age of sexual activity and an increase in oral sex. "Although HPV DNA has been detected in head and neck cancers for sometime, its role in cancer development and the means by which HPV is transmitted to the upper airway has remained unclear," says one of the study's senior investigators, David Sidransky, M.D., professor of otolaryngology and oncology.

The general consensus among most head and neck cancer researchers at this time is patients with HPV positive tumors appear to have better survival rates than patients whose tumors are HPV-negative. Although there are more than 100 subtypes of HPV, researchers also tend to agree HPV Virus Types 16 and 18 are the most frequently identified in HPV-positive head and neck cancers. These Types of the HPV virus are also more commonly associated with cervical cancer. Gardasil which is a new vaccine approved last year is effective against those HPV subtypes but the vaccine is only approved for use in girls and women ages 9 to 26. The discovery of a link between the HPV virus and head and neck cancer raises the possibility of a broader use for the Gardasil vaccine. Researchers from MD Anderson have recommended vaccination of boys and girls against HPV for prevention of squamous cell cancers of the Head and Neck as well as for prevention of cervical cancer.



Welcome To Our New Members:

I would like to welcome all new laryngectomees, caregivers, vendors, and professionals to WebWhispers! There is much information to be gained from our website, especially our Library, and from discussions held by our members on the email lists. Needless to say, we also hope you will revisit our newsletters.

Pat Sanders, WW President

We welcome the 30 new members who joined us during December 2007:

Robert Arm - DMD
Wilmington, DE

Cheryl Behan - (Caregiver)
New Concord, KY

Kamendra Nath Das
Bangalore, Karnataka, India

Norman J. Davis - (Caregiver)
Duncanville, TX

Rosalinde E. Davis
Duncanville, TX

Chet DesMarais
Monticello, MN

Bob Eimer
Hot Springs, AR

Robert L. Everett
Kinston, NC

Lynette Farley
Medford, NJ

Anita Forrest - (Medical)
Brooklyn Park, MN

Christine Frank - (Vendor)
Ridgefield, WA

Cathy Henderson - (Caregiver)
Indianapolis, IN

Lee Hughes - (Caregiver)
Mountain Ash, Mid-Glamorgan,
UK - Wales

Bernice K. Klaben
(Ph.D. CCC-SLP BRS-S)
West Chester, OH

Brian Lagrant
Worcester, MA

Shamsuddin Meghani
Karachi, Pakistan

Abdul M. Naiem
Riyadh, KSA

Maria Oliver - (Caregiver)
Gloucester, MA

Mary Ann Pound - (Caregiver)
Austin, TX

Joan Power
Fallbrook, CA

Frank F. Prochilo
Northford, CT

Steven Raptis
Commack, NY

Ann Ratner
Pittsburgh, PA

Robert W. Springer
Indianapolis, IN

Francesca Swift, MA/CCC -
(SLP)
Bremerton, WA

Marilyn Thompkins
Ellaville, GA

Julie Trygstad - (Caregiver)
West St. Paul, MN

David Wilder
Round Rock, TX

Jan Wilder - (Caregiver)
Round Rock, TX

George Woollet - (Caregiver)
Oceanside, CA

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