



# WebWhispers

Sharing Support Worldwide  
Throat Cancer and Laryngectomy Rehabilitation

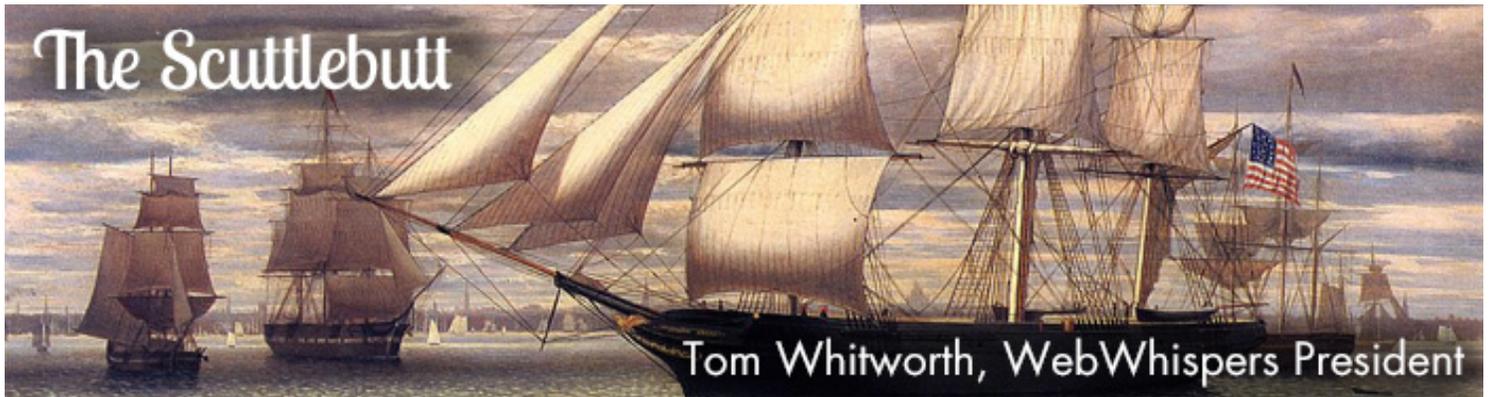


## September 2017

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## But I Don't Need a Support Group.....

Last week, I had the pleasure of speaking to some wonderful people in Memphis, TN. The occasion was the Speech Our Way (local club) Mid-South Laryngectomy Symposium. This was among the best organized events I have seen yet, and the clinical presenters were exceptional. I learned a lot I didn't know, especially about managing my frequent episodes of neck and shoulder pain. The value of information for laryngectomees, caregivers, and SLPS, in only four hours, was truly phenomenal. I commend Tricia Grimes Harris CCC-SLP, Sherry Gaines Martin, and anyone who helped them for a job extremely well done.

I was asked to speak about support groups. Excerpts from what I had to say follow.

Online support, including WebWhispers, is great, especially for those who have no other means of encouragement and information. However, nothing is better than face to face support among laryngectomees and caregivers. SLPs can be and often are a critical part of that. For many, a mix of in-person and online is best. Some of us need more help than others. Some never try a local or other face to face group. Others do and stop going when they feel they have evolved to the point that the group no longer has anything to offer them. That is difficult for me to understand as socialization and comradery are often important elements in a club or group.

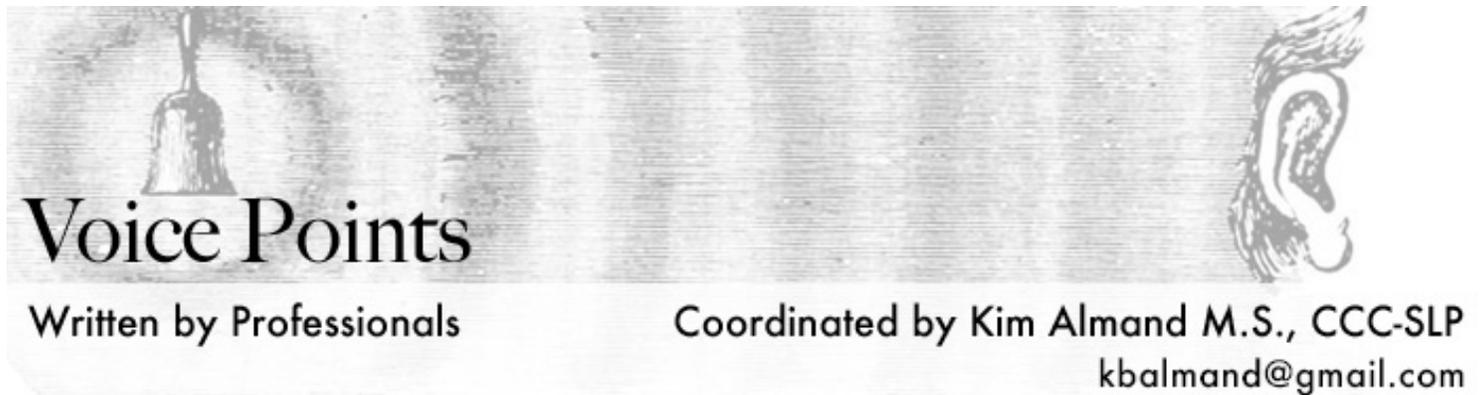
I told the audience about an encounter I had a few months ago at the grocery store, just up the street from my home. I had planned on running in quickly to grab a couple of things and pop back out but I got delayed. While shopping, I heard the familiar sound of someone using an electrolarynx. Yes, I will admit, I stalked as I wanted to meet this person. I discreetly followed the sound until I saw him in an area where I could easily say hello. I introduced myself and we talked for at least ten minutes. As we chatted, we learned that our laryngectomies were performed by the same fabulous ENT surgeon. His was two or three years prior to mine and I was just past three years at the time. I told him about the club we were trying to re-start in our area and encouraged him to attend our next meeting. "Ah don't need no support group", he responded. I was surprised at this as he surely needed some training on using that EL. Not knowing how to respond, something popped into my head and I tried it on him. What the heck, I thought. It might work. I said "I understand that but you would be an excellent source of help for others, especially new patients". I got nowhere with him but I learned a lot that day.

If a club or group is available to you and you've never participated or have stopped attending, thinking you don't need it or you've learned all you can, your attendance is as important as that of anyone there! You are

able to help others. If possible, find a club and attend regularly. If you don't need it, others in the group need you. It's okay if you're not all that outgoing. By just showing up and taking a seat, your smile, a handshake, and your very presence can provide support for someone who is struggling.

Enjoy the issue.

***Enjoy, laugh, and learn,***  
***Tom Whitworth***  
***WebWhispers President***



## **Expiratory Muscle Strength Training: Preliminary Findings and Applications for Future Treatment Options**

Total laryngectomy alters respiratory function due to anatomic and physiologic changes that occur as a result of the surgery. Following total laryngectomy, airflow from the lungs is redirected through the neck via the stoma. Inhaled air is no longer filtered, warmed or humidified by the nose. This change to the air results in increased mucus production. Additionally, the changes to the properties of the air being inhaled also negatively impact the function of the cilia in the respiratory tract. The action of the cilia is what mobilizes secretions within the respiratory tract (ie: allows for clearance of the secretions from the body). 1

Another factor to consider with regard to changes within the respiratory tract following total laryngectomy is cough function. Cough is a complex motor action. It requires closure of the entrance to the lower airway to generate a high amount of subglottic pressure which occurs prior to the onset of a cough. This closure of the upper airway is accomplished by adduction (closure) of the true vocal cords, which are absent following total laryngectomy. With the release of air upon exhalation, a flow of air passes up through the trachea which clears secretions. Individuals who have undergone laryngectomy are unable to create closure to build up air pressure for cough: they rely only on the flow of expired air to produce a cough which negatively impacts on cough strength.

Individuals who have undergone a total laryngectomy have a great need to be able to cough in light of their increased secretions, yet, due to the surgical changes in the respiratory tract, cough function is diminished. Additionally, in individuals who have a history of smoking, overall respiratory function may be negatively impacted even prior to completion of a total laryngectomy.

Currently, one of the most effective ways to maximize pulmonary function following a total laryngectomy is use of a heat and moisture exchange (HME) cassette. Use of this device increases the temperature and humidity of inhaled air via the stoma, and has been found to decrease sputum production and coughing which has a positive impact on quality of life. 2

A potential method of increasing cough function/strength in patients with total laryngectomy is presently being explored. A device called an expiratory muscle strength trainer (EMST) has been utilized for many years for patients who have a larynx. Use of the EMST targets increased strength of muscles in the chest (the internal intercostal muscles and the rectus abdominus). When these muscles are stronger, the body's ability to generate expiratory pressure increases. The device is made of a calibrated one way pressure threshold valve that is connected to a mouthpiece. For use with laryngectomy patients, adjustments are made to attach the expiratory muscle strength trainer to the stoma so that exhaled air from the stoma moves through the device. Many patient populations have already been studied with use of this device including the healthy elderly, along with patients who have Parkinson's disease, Lou Gehrig's Disease and multiple sclerosis. 3 A small feasibility study of EMST with laryngectomy patients demonstrated some promise in increasing cough strength to better mobilize secretions which can potentially improve respiratory health and quality of life.

Further research that is necessary to determine the potential benefits of EMST for individuals with total laryngectomy is currently underway. Please stay tuned as we see if the findings show benefit of expiratory muscle strength training with a larger group of total laryngectomy patients.

**Vicki Lewis, M.A., CCC-SLP** graduated from Kent State University in 1993. She has worked in a variety of medical settings over the years and has been involved in teaching and clinically based research with co-authorship in several peer-reviewed journal publications. She is an adjunct instructor at the University of Central Florida. At the time of this writing, Vicki worked as the Clinical Care Coordinator/Speech Language Pathologist in the Center for Voice Care and Swallowing Disorders at The Ear, Nose, Throat and Plastic Surgery Associates in Orlando, FL. Her clinical practice in that setting included assessment and treatment of head and neck cancer patients, including total laryngectomy.

**Bari Hoffman Ruddy, Ph.D. CCC-SLP**, is a Professor in the Department of Communication Sciences and Disorders and jointly appointed as Professor, Internal Medicine at the University of Central Florida. Dr. Hoffman Ruddy serves as research partner to the Florida Hospital Cancer Institute and Director of the Center for Voice Care and Swallowing Disorders at the Ear, Nose, Throat and Plastic Surgery Associates. She has worked clinically in this setting for more than eighteen years treating individuals with voice and upper airway disorders specializing in pediatric, professional voice and neurogenic populations, along with individuals undergoing treatment for head and neck cancer. Dr. Hoffman Ruddy received her doctoral degree from the University of Florida in 2001. Her current research involves studying novel treatment technologies and biomechanical mechanisms for disorders of laryngeal function while defining the high impact on quality of life factors. She implements 3- D computer modeling of upper and lower airway function, coping strategies of individuals with dysphonia and respiratory muscle strength paradigms in a variety of patient groups. Dr. Hoffman Ruddy has a significant record of peer-reviewed publications, authorship of textbook, Cases in Head and Neck Cancer: A Multidisciplinary Approach and Voice Disorders and actively lectures across the country on these topics. In recognition of her contributions to teaching, research and service, she has received numerous awards within her university and state association.

1. Maurizi M, Paludetti G, Almadori G, Ottaviani F, Todisco T. Mucociliary clearance and mucosal surface characteristics before and after total laryngectomy. *Acta Otolaryngol.* 1986 Jul-Aug;102(1-2):136-45.

2. Ackerstaff AH, Hilgers FJ, Aaronson NK, et al. Heat and moisture exchangers as a treatment option in the post-operative rehabilitation of laryngectomized patients. *Clin Otolaryngol Allied Sci.* 1995;20(6):504-509

3. Laciuga H, Rosenbek JC, Davenport PW, Sapienza CM. Functional outcomes associated with expiratory muscle strength training: narrative review. *J Rehabil Res Dev.* 2014;51(4):535-46.



## Carpe Diem

There are times when life seems to rise up and remind us of its absolute capriciousness. For no one particular reason, but rather a whole collection of them, lately I have lain awake at night and moped around during the day confronting my own mortality. I didn't feel this way when I was diagnosed with cancer 17 years ago and spent 3 rather miserable years dealing with treatments and their consequences. I didn't feel this way when my father died (a traditional trigger, as well) 2 years ago. I didn't have a milestone birthday - 64 is pretty meh and my health remains stable.

I have experienced some close to home losses and setbacks lately both in my personal life and in the WebWhispers community. I was saddened but not surprised to learn that Len Hynds, our Speechless Poet, passed away. I have been a fan of his from the get-go and we became friends over the years. I had hoped to meet him in person one day but at age 87 he had lived a long, full life and simply wore out. There are others who I work closely with and have come to value as friends who have also suffered recent severe health setbacks and that is disheartening, of course. But none of this is new or, frankly, unexpected. It comes with the territory, both of cancer survivors and those of us who are getting a "little long in the tooth."

I am also deeply concerned by the growing divisiveness and lack of rational and civil discourse around the world and the feeling of hopelessness and rage it seems to be spawning. But I actually believe that most folks would agree with these words from Abraham Lincoln's first Inaugural Address: "*We are not enemies,*

*but friends. We must not be enemies. Though passion may have strained, it must not break our bonds of affection. The mystic chords of memory will swell when again touched, as surely they will be, **by the better angels of our nature.***"

So why the malaise? My precious grand-daughters are growing up - both will be in school full time this year and I am feeling the empty nest syndrome of a (formerly) full-time nanny/granny. My teeth are falling out and will cost thousands to fix. My body is melting - or so it seems and I have come to accept that my hibernating libido is like a favorite old boyfriend- a lot of fun at the time but ultimately not good. Best to just let sleeping dogs lie. My sense of humor remains intact at least!

So while no one issue is driving this funk, the cumulative effect has me asking, "Is this all there is?" That is a thought which will keep most anyone awake at night from time to time and like all of life's thornier questions there is no one easy or right answer.

To ward off these blues I have used retail therapy (AKA shopping), denial, gardening, re-decorating, cooking, reading, writing and even sleeping with varying degrees of success but in the end, what I have found to be best is simply taking a step back to take a deep breath and enjoying the moment. I have learned to never underestimate the restorative power of a child's laugh or a hummingbird's whir. I do recommend the book, "I Found My Tribe" by Ruth Fitzmaurice, sent to me by her countrywoman, our own Irish writer (The Mindful Lary), Noirin Sheahan. Fitzmaurice is a terrific natural writer who uses humor and sometimes painful honesty in this profoundly moving account of her daily life as a young wife and mother whose husband has a form of ALS called Motor Neuron Disease. She finds solace and strength in sea swimming. I admit I was jealous of her ability to dive into the sea but the rest of her life challenges leave me thinking mine are small potatoes indeed. That kind of read will shake you out of your doldrums!

It also has the galvanizing effect of making you realize just how fragile this life is and make every moment seem more precious. So even if our own individual life seems rather inconsequential (in fact we all are relatively insignificant and if you doubt that go outside some night and look up at the stars) we are absolutely significant in the small world we inhabit daily. Get a dog or a cat and go away for the day and miss a meal and you'll discover very quickly just how important you are in someone's world! Seriously, never underestimate the power of a smile or a hello (even if it croaked out, buzzed in or given silently with a nod). Haven't we all been, at least once, cheered by the kindness of a stranger? Our own little "better angels" can, and do, make more of a difference in the world than all the zillionaire /hotshots out there. That's my version of "Think Globally, Act Locally". Carpe Diem and, seriously, read that book and get a cat- they're not as demanding as a dog in case you don't want to be THAT significant LOL!



## Larys To Be

If you could tell only one thing to a person facing laryngectomy,  
what would it be?

*[Editor's Note: this column first appeared in November, 2011]*

### John Haedtler - 2001

I have said this to many patients prior to their surgeries!

"You Are Not Alone!"

### Len Borucki - 2008

I WOULD ASK THEM WHAT WOULD THEY DO IF THEY WERE BORN WITHOUT A LARYNX ??

You have to do what is required. Three years after surgery, I own property, my own home, conduct business, do whatever I want. My philosophy -

"YOU PLAY THE SITUATION, YOU DON'T LET THE SITUATION PLAY YOU."

Good luck, good health, and a fruitful life to you all.

### Sandrogeo Gianferrari - 2010

Remember ....." NOW YOU MUST LOVE YOURSELF ABOVE ALL THINGS "

saluti, sandrogeo

### Linda Palucci - 2002

Be sure you trust your Doctor/medical team and do what they tell you. The healing process is months, not weeks. And there is life after surgery.

Yeah, I know that's 3 things but I can talk fast. There is so much more I could say.

**Linda, FL**

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**Jim Fohey - 1994**

Do not give up on life. No voice, and a hole in the neck, is not a reason to stop living. You can still communicate and life always changes anyway; this is just one more change. Build a bridge, get over it, and get on with life.

**Jim, Oscoda, MI**

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**Mohan Raj - 2010**

I would tell the person--"If you are destined to get Cancer, you are lucky to get Laryngeal Cancer which is curable by Laryngectomy, manageable and not really so life threatening as most other types of Cancer."

I would add to him that I sincerely wish Steve Jobs got this instead of Pancreatic Cancer. He would have been around for at least another thirty or forty more years giving the world so many new and useful products and making the world a far better place.

**Mohan Raj, Bangalore**

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**Joyce Hideo - 2007**

The only stupid question is the one you did not ask! Get it off your mind by asking it. Otherwise, when you are alone, your imagination will go wild.

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**Vicki Metz -1996**

It beats dying. There is so much life to be lived and so many things to do yet. I'd rather speak with a "different" voice than be 6 feet under.

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**Len Hynds - 2004**

Under our Larry ' Buddie ' scheme, the hospital calls me in, normally the day before the operation, when all the family are gathered around the patients bedside,( thinking that it will be the last time they see him or her.)

In order to allay their fears, to give them confidence regarding talking again, and to answer their questions, I answer truthfully and sincerely. This raises their hopes for a completely normal future, and makes them laugh several times. The most important single thing I say to the patient, being listened to avidly by the rest, is:

" You know, we are so lucky. Of all the cancers of the head and neck, that of the Larynx is the easiest to overcome, and I have yet to hear of a Laryngectomee who has not survived the operation. So we lose our voice, but that also is soon overcome."

In explaining speech, I tell them, "The valve was invented by two American doctors with German sounding names, and the trouble is, that I swear in German.".....

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**Len of Ashford, Kent U.K. The Speechless Poet**

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**Vinal S. Smith - 2009**

It was pretty scary knowing I'd lose my voicebox, but once I accepted this was going to save my life, I decided to trust my surgeon and know if I had faith it would all go well. It did! The only thing I can't do now, that I was able to do before having my laryngectomy, is dive into my pool. And in the scheme of things, this is so minor!!

Good luck!

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**David Blevins - 1998**

You can live a complete, happy and full life after laryngectomy.

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**John Nicols - 2007**

Life does get good again.

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**Deborah Bradford - 2008**

Just believe and trust in GOD . HE wont bring you to something that HE wont bring you through.  
CHYOTI

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**Steve Staton - 2007**

There's a lot to overcome physically after your surgery, but this is something that will take care of itself with time and with you following your Doctor's advice.

The most difficult problem for me to overcome was the attention I attracted in public places. It was something I hadn't considered until the first time I went "public." We all went for lunch at the local Coco's. I spoke with an EL and the first time I spoke everyone in the restaurant stopped what they were doing, and turned to see

what the new noise was. It was silent for a moment, then everyone but small children went about their business.

It was a momentary occurrence, but it had a huge affect on me. To this day I still attract attention when I speak in a public place, but I handle it much better. This is who I am now, it's not going to change. This is it. So I guess, to me, the most important thing I could tell a "Newbie" is just relax and be yourself. Don't worry about people seeing you as different, it's going to happen. I'm a large person anyway, but I'm friendly and outgoing, which helps.

It's been nearly 5 years now and instead of feelings of embarrassment , I'm proud of the gains I've made, and feel as though I fit in anywhere.

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### **Vic Jacobson - 2011**

Hindsight is the curse, focus on the future.

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### **W A Wade - 2008**

Be patient with your body. It will heal itself and establish a new normal in time. Everyday will be better than the last.

### **Andy**

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### **Jim Sparks - 2006**

It will, with work and determination, get better with time.

### **Troll**

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### **Paul Bradbury - 2008**

If it gives you life, go for it; there may be no other choice. A lot of people have harder choices to make. It's only a minor set back.

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### **Robert Hug - 2000**

You, and you alone, are going to make it better for Yourself. Opinions, as they say, everybody has one, (I have to be nice on WW.) Sometimes, your feelings are your best friend. Love - Laugh - Be Happy.....

### **Bob**

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**Next month's question is "Tell us a little about yourself.  
What was your primary occupation? Your favorite job? Special skills?"**

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Thank you for your submissions. Edits are used for length, clarity and to keep comments on subject of the month.

Staff of Speaking Out



### **Who Am I Anyway?**

Tell us a little about yourself, said Jack, for this month's Speaking Out. Your primary occupation, favourite job, special skills. Ok Jack, here we go: I worked as a medical physicist / bioengineer for over thirty years. I loved it – getting to know how the human body works and the complex machines that extract this information for diagnosis, writing software to calculate how organs are functioning, developing electronic gadgets to detect and amplify physiological signals, maintaining, testing and repairing equipment, studying new technology and see whether it's having an impact.

For years, my main job was to design and test out an instrument to detect a tiny tremor of the eye. Even when we look steadily at something our eyes are shifting to and fro very rapidly – about 80 times per second actually, the fastest tremor in the human body. But the movement is only about a thousandth part of a millimetre. So you never notice that your beloved's soulful gaze hides an inherent shiftiness! To test one part of the system, I had to keep all the instruments very, very still – even a footfall in a room next door would swamp the miniscule vibration. The best time to work was from midnight till 6am. After that, even if no one had entered the building, the rumbling of early morning traffic was enough to play havoc with all my measurements. One night I got so tired, I crept into an empty bed in the next-door lab – one which was used

for sleep studies. No sooner had I closed my eyes than the door opened and one of the on-call doctors walked in. She fumbled around looking for the light switch, but, to my relief, couldn't find it. Knowing I wasn't supposed to be there, I kept very quiet, hoping she would depart, none the wiser. Nervously I listened to her moving around in the darkness, but nothing prepared me for the shock I got when she pulled back the blankets and lay down in the bed beside me! I started to jabber an apology, but couldn't get out of the bed as it was beside a wall and she was now blocking my escape route. To my amazement she just said "Oh someone's here already. What the heck, I'm too tired to find another bed." With that we both faded into blissful unconsciousness and when I woke up she was gone!

All those pristine, white-coated doctors and steely eyed technicians you meet during your hospital visits – you never know what weird places they have found for their last shut-eye!

One way or the other it was a very interesting and stimulating work environment and I made great friends and enjoyed the buzz of it all for many years. But as I headed into middle-age, my confidence fell away. The consequences of making a mistake weighed ever heavier on my mind, the impossibility of being on top of everything, the horrors of having to cancel a clinic because a machine broke down and couldn't be fixed. Each year there was less fun and more anxiety. In retrospect I can see that I'd be captivated by the dream and promise of technology, but hadn't learned to accept its limitations.

I'm ever so grateful for the day, much earlier in my career, when a friend gave me the book "The Tau of Physics" which was one of the first popular explorations of the parallels between modern physics and Eastern mysticism. I had sweated my way through quantum mechanics in college, trying to get my head around what it all meant. Now a new door to understanding opened – the doorway of meditation. The notion that we can experience the mystery of the world, first hand, within our bodies, and that we can eventually make enough sense out of this for deep peace and full enlightenment – this was magic to my ears! I found a meditation group, started going on retreats, and eventually, this quiet, non-technical side of life started to flourish within. Sometime in my mid-forties a crisis prompted me to look back on life and see that many youthful dreams had been shattered. Relationships, science, achievement – I'd been disappointed in all these areas. The one area which had never let me down, I realised, was meditation. I could still believe it held the key to true happiness. With that, I took the decision to make meditation practice central to the rest of my life and retired from my post to take part-time work that would allow me more time for retreats.

Fast forward the best part of twenty years, through two cancers and one laryngectomy, I am ever so glad I made that about-turn in my mid-forties. I still believe that meditation, along with studying what meditation masters have to say, holds the key to happiness. Our normal perceptions tell us that we are separate from others, substantial, the centre of our personal universe. A tree, on the other hand, is out there somewhere, not all that important, just a tree. Meditative awareness isn't quite so dogmatic. I see the leaves of a tree – green light enters my eye, stimulates neurons in my brain, releases hormones in my body, conjures up a poem. Is the tree really 'out there'? Where does it end and I begin?

Tell us a little bit about yourself, said Jack, for this month's Speaking Out. But what can we say about ourselves when we don't know where we begin or end? Are we lost in the middle of our stories? I'll wander off to look for myself somewhere else, and leave you with a few lines from the poem that was conjured up when the tree made so bold as to enter my eyes and brain and body. It's called "Lost" and was written by David Wagoner:

## **Stand still. The trees ahead and bushes beside you**

**Are not lost. Wherever you are is called Here,  
And you must treat it as a powerful stranger,  
Must ask permission to know it and be known.  
The forest breathes. Listen ...**

**...The forest knows  
where you are. You must let it find you.**



## **Veteran's Administration Healthcare**

For those of us who use laryngectomy supplies, one of the biggest challenges for many of us is how to pay for them. Among our most common inquiries are those related to insurance coverage, reimbursements, and who will or will not pay for the things we need. For many, such concerns are key in deciding which way to voice. That's exactly where I thought I was a few years ago. At my first IAL Voice Institute, all that changed. That was 2014 in Buffalo, NY. I learned the most important thing I needed to know from a Speech-Language Pathologist there. While we worked to help me and "demo" for several SLP students, she learned of my plight and my background. I was a newbie and my insurance did not cover anything I was going to need even though I had worn out my deductible. The carrier had no in-network providers for anything I needed. I had already discovered that the hard way and could see no way to continue.

Were it not for the folks at InHealth Technologies, I would not have had anything to begin with, at that point. They really worked to help me, but I knew I would have a hard time keeping up with the supplies with no reimbursement. At the time, I was also learning to use a Servox borrowed from my hospital. It was their only one and I needed to get it back to them for other patients.

Hearing my story, including that I am a Navy veteran, Carol Stach CCC-SLP, of the Houston VAMC (who is fantastic, by the way) told me that she was certain I was eligible for VA Health Care and that the Veteran's Administration would provide everything I needed. I was amazed at the very concept! I had no idea and was actually quite skeptical.

I applied for coverage online and it was easy as pie. Applying only took a few minutes. I was approved seven days later and was notified by mail on day ten. Only a couple of weeks later, I was in front of my wonderful new Speechie, Christina Huffman Shipp CCC-SLP, at the Atlanta VAMC. I got a new TEP prosthesis, as mine

was long since shot, and left with a large shopping bag containing enough base plates, HMEs, and such to cover me for at least two months to get me going. We talked about the electrolarynx, which was and still is my backup. I told her about my borrowed one and also that Tony Talmich worked with me at the Voice Institute on a Trutone and that I liked it. She opened a new cabinet to see if she still had any ELs on hand. There was one. She handed me a brand new Trutone, still in the box. When she explained that it was mine to keep, a few tears rolled down my face. I kid you not. I was truly like a kid at Christmas!

Since then, all my medical care has been with the Atlanta VAMC, including glasses, hearing aids (thank you chemo), scans, surveillance, procedures, primary care, and all my prescriptions.

If you are a U.S. military veteran, laryngectomized or not, do NOT let anyone tell you whether or not you are eligible for care with the V.A. Don't assume that you don't qualify. There are eight different levels of eligibility and several have four or five subcategories. There is only one way to find out for sure and that is to apply. Doing so online is simple. If you're a veteran, use the two links here to learn more and to apply. By the way, this is not free; you already paid for it.

VA Healthcare: <https://www.va.gov/healthbenefits/>

Apply Online: <https://www.vets.gov/health-care/apply/>

I hope this helps a veteran.

Tom Whitworth



**This is the very first column Len wrote for us back in November, 2009. Since then every month he regaled us with his true tales and poetry, and always inspired us with his indomitable spirit and zest for life. We will miss him.**

*I have told the story many times how, after my laryngectomy, I felt trapped inside my own head with the silence, unable to speak. Whilst wired and tubed and recovering, with my free hand I started composing, feeling very sorry for myself until the joy of living struck me. This was one of those first poems, when I related my body to a large house that I was trapped in.*

## **THE HOUSE THAT COULDN'T SMILE**

*By Len A.Hynds*

It's dull in the huge place where I live,  
dull and dismal, so quiet and grey.  
No smiles, just echoes of dead laughter,  
the ghosts of yesterday, passing through.

Oh for sunlight, warmth and love,  
childrens toys and running puppies.  
Shrieks of joy, candle-lit tree.  
To live, just not reside.

To smile again, to open the doors,  
the windows, my heart.

*And now for a couple of satirical ones, as I promised.....*

*(Imagine that I had not survived the operation, and as my spirit hovered over a lifeless body. I would probably have composed this piece of nonsense.)*

## **A DREADFUL THOUGHT**

*By Len A.Hynds*

Here lies a head, that often ached,  
here lie two hands, that oft did shake.  
Here lies a brain of odd conceit.  
Here lies a heart, that often beat.

Here lie two eyes, that often wept,  
but in the night, but seldom slept.  
Here lies a tongue, that whining talked.  
Here lie two feet that feebly walked.

Here lies the stomach and the breast,  
where loads of indigestion pressed.  
Here lies the liver, full of bile.  
Here lies that nauseating smile.

Here lie the bowels, human tripe,  
tortured with wind, and twisting gripe.

Here lie the nerves, so often twitched,  
with painful cramp, and poignant stitch.

Here lies the back, oft racked with pain,  
corroding kidneys, damned chilblains.  
Here lies the skin, with scurvey fed,  
with pimples and eruptions red.

Its got alas, a cancer death,  
compressed the lungs, and stopped the breath.  
These poor organs could no longer go,  
because the bellows had ceased to blow.

My spirits, Oh! so sadly sag,  
I couldn't resist that final fag.

*I have suddenly realised that the word 'fag ' means something entirely different  
in American. In England a fag is the end of a cigarette, or another term is "dog end".  
I put it in of course, as it was cigarettes over a long period that gave me cancer.*

*On one occasion, I coughed, dislodged a newly fitted valve, and swallowed it.  
Luckily it made its way down into the stomach and not the lungs. With the dilator in place and driving with  
one hand, I made my way into the hospital, and in the car park, wrote this note for Sister Barbara Wagstaff.*

## **NATIONAL HEALTH SERVICE PROPERTY LOST**

*By Len A.Hynds*

Dear Babs, you must please forgive me,  
I lost your Blom-Singer valve.  
When I coughed it became free,  
so I write, my conscience to salve.

I coughed and then I swallowed it,  
to a darker recess it went.  
Speechless, but anger made me spit,  
such surroundings, it never was meant.

But please, instead of charging me,  
can we wait until it's passed through.  
To use as a spare, and quite happy,  
if you want it for stock, as new.

Maybe you should warn Speech Therapy,  
as a new branch of medicine is here.  
So they can deal with ' Words Free '  
that are now coming out of the rear.

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