

# New Voice News

New Voice Club of Broward County

Serving the tri-county area

[www.newvoiceclub.org](http://www.newvoiceclub.org)

September 2005

Mike Rosenkranz, Editor



**NEXT  
MEETING  
Sunday  
September 25th  
2005**

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Dania Beach, FL 33004  
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Directors:  
Sidney Gellman

Earl Mogk

Bill Romanello

Mike Rosenkranz

Patty Sewell

## Main Meetings Held at the Margate Community Center

6199 NW 10th Street, Margate, FL

12:00

1:00

4 blks N of Atlantic Blvd.  
2 blks W of 441 (St. Rd. 7)

Rap Sessions Meeting & Program  
Refreshments after Meeting

### Laryngectomy "Need to knows"

#### ..Beyond Stomas, Swallowing and Speech

From your nurse.....

**Penelope Stevens Fisher  
MS RN CORLN**

**Disclaimer:** Greetings all!. This month I want to commit to paper a lecture that I originated back in the 1970s and continue to develop. It was done for the Lakeland Club in an effort to cover the "extras" that do not get covered in the hospital stay. Back then, that stay was a minimum of ten days. Now, it is three or four days. It is difficult to get all the "must knows" and all the topics here. I saw my first laryngectomy in the summer of 1963. I have taken care of patients full time since then except when, during one of my pregnancies, I had to cut down to three days a week. I have lived some of these experiences with my laryngectomees. Experience is the best teacher!!! I want none of you to fall victim to any of the following situations. Those who are prudent in learning and following guidelines avoid most bad experiences. Hang in there.  
*Penny*

Re-entering your life after a laryngectomy can be complicated. First, this

**Openings coming up for Secretary, 2nd VP and Sunshine. Interested? Please contact Carl Kilmer (954) 472-0865**

period is full of questions, new knowledge, changes in communication and/or swallowing and getting back on your feet after major surgery. Things that were taken for granted now require thought such as covering your stoma instead of your mouth when coughing. Hopefully, the essentials of stoma care and airway management were taught to you while in the hospital. But there is so much more!!

All patients need some degree of attention specialized to their illness. This attention can be categorized as acute care, rehabilitative care, urgent care and emergent care. Urgent and emergent care for laryngectomees take some thought, common sense and practice. Most people deal with problems by using two approaches: reaction or response. Reaction is usually involuntary and not thought out. It is just done. One example of reaction is when your place your hand on a hot stove burner. You *react* by pulling away very quickly because nerve endings tell you to do so when the pain center of the brain identifies the pain. Response, on the other hand, is the way one *responds* to the situation. An example of

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## CLUB NEWS

**Katrina's visit:** Katrina jogged south before landfall which hopefully saved us all from flooding, major damage or injury. However, the City of Margate was left without power, forcing us to cancel our main meeting. Your editor lost his phones, cable tv and internet, but fortunately held onto his power and air-conditioning. Hope you all came through okay with only minor inconvenience and no injuries or damage.

Lenny Weinstein reports a very generous donation has been received from **Fay Dudley Bragg** in memory of **Larry Switzer**, and another donation has been received from **Linda Cooper** in memory of **Al Kreisler**.....

And this was received from the Somerset County Miracle Voice Club-NJ. "Pat & I would like to extend our thoughts, prayers, and condolences to all of Larry's family and friends. When we were starting up our web site, Larry was very helpful and a lot of what you see & hear there is Thanks to Larry. God Bless Stay Well" Roy & Pat (Boyd) -- NJ

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We now have fourteen NVC members registered to attend the FLA Annual Meeting in Orlando on October 8<sup>th</sup> and 9<sup>th</sup>. Deadline for registration is September 6<sup>th</sup>... Our loaner closet has been unusually busy recently with several Servoxes on loan to members. Please contact Earl or Mike if you need a loaner...

**Pascale's meeting:** Attending were **Gary Morey, Bill Romanello, Lenny Weinstein, Richard Willenborg, Al Smith, Elaine Brown** and **George Fiorella**. George has been a lary for ten years, and moved to Deerfield Beach last year. Our thanks to Jim Lauder for putting Lenny in touch with George. The main topic of discussion was our visitation program and ways in which we can get more surgeons to refer patients to our group.

**Penny's meeting:** The meeting was well attended with **Gary, Carl, Lenny, Mike** and **George Fiorella** representing the NVC. Penny gave an excellent presentation on the importance of working with your pharmacist to avoid interactions when you are using multiple meds, and another on the residual effects of chemo/rad treatments including, of course, the ever popular dysphagia (swallowing problems).

**Lynn's meeting:** Attending were **Lenny Weinstein, Doris Littlefield, Mike Rosenkranz, George Fiorella, Minnie Riccardo, and Gary Morey**. We were joined by first-timer **Kay-Frances Slattery** who drove down from Lake Worth to join us. This was another very productive meeting with much of the discussion focused on Kay's success with her hands-free prosthesis.



## September Birthdays

5th Motty Shames	21st Patty Sewell
6th Sharon Marshall	23rd Bernie Bliznik
11th Anthony Marcella	25th Dian Grabowski
12th Gary Morey	26th Alex Koukly
15th Mary Cooper	26th Marilyn Shames
15th Mae Gerstenblith	27th Richard Willenborg
16th Bonnie Emerson	27th Conchita Wimpey
19th Robert Lewis	29th Hector Gonzalez

Happy Birthday to All

### UP-COMING EVENTS

\* **FREE SPEECH THERAPY (1st Wednesday)**  
*(Coffee) with Pascale Bourne (Donuts)*  
**Florida Medical Center - Auditorium**  
**5000 W Oakland Park Blvd**  
**Next Meeting - Wednesday September 7th**  
**10:30 - 11:30 a.m.**  
**More information: (954) 735-6000 Ext 5307**

\* **FREE SPEECH THERAPY (3rd Thursday)**  
*(coffee) With Lynn Carrier, CCC-SLP (cookies)*  
**Boca Raton Community Hospital**  
**DAVIS THERAPY CENTER**  
**OAKS PLAZA - Glades Road at 13th Street**  
**Next Meeting - Thursday September 15th**  
**10:30 - 11:30 a.m.**  
**More information: (561) 955-5100 Ext 7430**

### UM/Sylvester/Deerfield

\* **Tuesday, September 13th 1:30 - 3:00 p.m.**  
**Mort Silverblatt Head and Neck**  
**Cancer Support Group**  
**Facilitated by Penny Fisher MS, RN, CORLN**

**Wednesday, September 7th, 6 - 7 p.m.**  
**The Facts About Prostate Cancer**  
**Mark Soloway, M.D.**  
**Chairman and Professor, Dept. of Urology**

\* **Wednesday, September 21st, 1 - 2 p.m.**  
**New Developments in Radiation Oncology**  
**Aaron Wolfson, M.D.**  
**Professor and Program Director**  
**Department of Radiation Oncology**

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this is the methodical steps you use to prepare for a hurricane. Reacting or responding can result in a different outcome.

Being prepared for urgent or emergent care situations means establishing a plan. It takes knowledge, thinking out the actual steps to the action plan, practice, evaluating the plan's effectiveness after its use, and revisions if needed. One of the most common reasons for failure is not practicing the plan. All plans need a back-up plan just in case the plan fails. Plan B may take additional creative resources.

Table 1 identifies urgent and emergent care situations.. During my lecture, I explain the situation using medical information ( knowledge), steps for the plan (action plan), preparation (written ideas, items needed), clues to practice (role playing) and alternative plans ( plan B).

Table 1

**Urgent and Emergent Care  
for the Laryngectomee**

- Inability to verbally communicate
- Plugged Airway: foreign body
- Drowning
- Fire/Smoke
- Chemical Inhalation
- Cardiac/Respiratory Arrest

Let's look at the inability to verbally communicate. It can be both urgent and emergent. Communicating that you are cold or hungry certainly is urgent to the person who is suffering. However, informing others the house is on fire or you are having a heart attack are emergent. The action plan must be real (correct information), known (prepared) and set to go (practiced). Table II gives you some ideas.

Make your plan now. Personalize it to you. Teach others in your life about it Add to the list.

**Action Plan: Inability to  
verbally communicate**

**Develop back up system**

- pad and pencil available at all times
- audio taped messages (emergency at my house, stop by when you can)
- telephone tree with member each having an assigned task
- telephone signals (one tap no, three taps yes)
- preprinted notes on business card or stationary with most used information
- electronic communicators (emails, computer voice activated to hand held devices)
- hand signals (individual chosen, American Sign language)
- communication boards (preprinted, home made)
- others

Each of the care situations listed in Table 1 have needed action plans. I have developed several.. At the time of surgery this information may be too much for most and it is why I developed the lecture. Often these items are not thought about until home and back into your daily routine.

Because all of the situations cannot be listed here due to space limitations, I will continue to offer this lecture for laryngectomees and health care providers and work at getting a booklet published.



**Learn from the mistakes of others.  
You can't live long enough to  
make them all yourself**

## Greetings from Ireland

*By Stan Roche*

My name is Stan, I am 62 years old and I live in a large town in southern Ireland. I became a laryngectomee in 1974, age 30. I was a Seaman all my life. I was very fit and healthy even though I was a very heavy smoker.

I was too ill in hospital to fully understand how much my life would change becoming a laryngectomee. I had a young wife age 24 and a young son age 4 at the time. I found it very difficult to accept what had happened to me. I withdrew from reality and found solace at the end of a glass.

After my operation, I was advised to cover my stoma with a foam bib. Needless to say, I didn't like the look of it and felt very uncomfortable with it. After a long time of searching, I finally came across high neck T Shirts, brand name Stafford and Wrangler. In the early days, because I was not protected properly, I suffered constant chest infections, but as time passed they became less frequent. I also found the flu jab a good send.

A laryngectomee was very rare in Ireland back in 1974. Looking back, I'm quite sure had help been available in the form of counselling, I might have been able to deal with the feelings of despair that I had then. I had no one to talk to or to identify with.

When I returned home from England after surgery, my own GP didn't know how to deal with a laryngectomee, eg, when I developed a chest infection he prescribed antibiotics, and sometimes a liquid called Friar's Balsam. My GP told me to inhale it through my nose and mouth!!!!

I eventually returned to work 9 months after my operation and continued to work up until 1989, but because of Maritime rules I had to retire from the Merchant Navy in 1989. I found this new way of life extremely difficult to cope with because, now, I had too much time to dwell on me.

To make a very long story short, a friend asked me a couple of years ago if I would like to go with him to play a game of golf. I was apprehensive at first but said I'd give it a go. Three years later I'm still playing the game and loving it. I don't do anything special with stoma when I'm playing golf. I find the neck on the Tshirts are high enough to protect me. If someone had told me 30 years ago that I would take up the game of golf, I would not have believed them.

I do not drink a lot of water. I do drink quite a lot of tea. I don't have a lot of problems with mucus; when I do I use my portable suction machine. The hospital in England where I had my surgery gave the machine to me and it is still going strong after all these years.

It has been a long road to get to where I'm at today due to my own attitude to life. I wasted a lot of valuable time on the poor me's. I was very good at counting my losses and not my blessings. I still get down days but that is part of life. I'm very grateful that I lived to see my two sons grow into men that I am very proud of.

I have always made a point in saying that the statements above work and have worked for me. As you know only too well, everyone is different. Maybe the fact that I was young and strong at the time helped a lot; I don't really know. I keep away from Dr's nowadays, and hopefully that will continue. It's like Sinatra's song "I DID IT MY WAY"

My very best wishes to all the laryngectomees out there. The most difficult thing for me being a laryngectomee is that I have no one to identify with or to talk to in person. You are lucky that you are involved with a group. While I was in hospital in England in 1974, they brought another laryngectomee to meet me so I could see how he looked and what his voice sounded like. The next time I saw and spoke to another laryngectomee was 28 years later AND THAT IS ANOTHER STORY.

I'm Stan and I'm an Esophageal speaker.