# Roar!

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*Roar!* is the newsletter of the Red Lion Group • St. Mark's Hospital • Watford Road • Harrow • Middlesex • HA1 3UJ

# Ironside to Deliver Broadside

This year's annual general meeting on Saturday 19 April at St Mark's Hospital promises to be bigger and better than ever. It will also prove to be an historic meeting because the constitution of the Red Lion Group is due to be approved.

As well as the normal annual elections to the committee there will be a session with a panel of medical experts imparting the latest knowledge about the pouch and related matters.

In the afternoon respected Editor of the problem page of the *Independent,* Virginia Ironside will be speaking on a pertinent topic in her unmistakeably forthright style. This promises to be a highly entertaining and engaging talk.

Those attending the meeting will have both spirit and body fed. Just like last year Dansac are kindly laying on a delicious spread for lunch as well as morning and afternoon tea and coffee. In the afternoon session Sarah Myers will be satisfying members' hunger for culture with a compelling and highly acclaimed one-woman show which will last half an hour.

If the weather is fine it is hoped that lunch will take place on the balcony with wonderful views of rolling fields, and Harrow in the distance.

This is the perfect setting to catch up with old friends and make new ones. Sunning yourself on the balcony with a tasty sandwich in one hand will also be highly conducive to swapping stories and handy hints. Or you can simply get things off your chest chatting about things that only fellow pouch owners will understand. Last year everyone agreed that this was a highly agreeable way to spend a sunny Saturday in April.

The annual meeting is open to anyone: members and non-members, pouch owners and their friends and family, and interested parties from the medical profession.

If you are going to attend please remember to write and let Julia Williams at St Mark's know as soon as possible (address shown above) so that the right amount of lunch and beverages can be laid on.

If you have any questions about the arrangements please don't hesitate to contact one of the Red Lion Group committee. Their contact details are shown on the back page of this newsletter.

*Virginia Ironside—guest speaker at this year's annual general meeting*

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# Braveheart

SUSAN WALLS explains how the bravery and patience of her husband Patrick helped her make it through ulcerative colitis and severe pouchitis

Lately, my friends have been showering me with accolades. They say I'm brave to have coped with chronic illness for so long, followed by serious surgery and post surgical problems. They praise me with tributes to my strength of spirit and character. But before I accept these awards, let me just say a few words of thanks to the person without whose help I would not have made it through the dark times. Ladies and gentlemen: I give you my husband, Patrick.

**Let me just say a few words of thanks to the person without whose help I would not have made it through the dark times**

Ulcerative colitis is a truly shitty disease which robs you of your dignity, your self-respect and your sense of humour. Friends say how hard it must have been for me, but I know it was Patrick who had the hard job: watching someone you love suffer must surely be the worst, most helpless feeling in the world. Then he had the medical treatment to cope with - how awful to see the person you fell in love with change into a bloated depressive on massive doses of cortico-steroids. Finally he had to face the stress of surgery. I had the easy bit; I was out for the entire operation.

**How awful to see the person you fell in love with change into a bloated depressive**

Coping with someone who is coping with ulcerative colitis is a difficult and thankless task. Patrick has been with me every step of the way - from the original diagnosis, through to post-surgical pouchitis - but no-one knows how he's suffered, because he's the stoic in our house. He's blessed with a sunny and optimistic nature, and he always thinks things will get better; whereas I am prone to black moods, bouts of hysteria and a belief that things can only get worse.

Unfortunately in 1995 I was proved right. It was a hellish year which started with a bad flare-up of ulcerative colitis. I had been bleeding almost constantly for three years, but this was by far the worst yet: explosive and uncontrollable, for the first time I became incontinent.

And then things got worse. Three months into the year I was rushed to hospital with steroid-induced pancreatitis. Pancreatitis is rare, often fatal, and one of the most painful diseases on earth. The pancreas becomes inflamed and spills its corrosive juices over the other internal organs. It's normally only seen in alcoholics, or people with gallstones, but in my case the doctors decided that it was probably caused by prolonged steroid treatment.

**He's blessed with a sunny and optimistic nature, and he always thinks things will get better**

I was dangerously ill for a week, and in hospital for more than a month and Patrick came to see me three times a day, even though he was working full time. Sometimes he stayed late into the night. He looked so tired and so distressed, that it can still make my cry just to remember what he went through.

Although I pulled through pancreatitis, 1995 continued its dizzying downwards spiral. The medics treating me decided that the steroid treatment should be discontinued as soon as possible. They began to talk about surgery, and I felt more scared than I had ever been in my entire life. I was so full of dread that I used to wake Patrick in the middle of the night for consolation and reassurance, and I would burst into tears about nothing at some point every day. I'm sure I would have murdered someone who did that to me, but he just hugged me and counselled me about how much better things would be once my diseased colon was gone.

**This was the worst yet: explosive and uncontrollable**

Luckily he has always taken an active interest in my treatment, surgical or medical. He quickly grasped the intricacies of colectomy and anastomical pouch formation, before I could even bear to think about it, and he used to draw diagrams for all our friends. His boyish enthusiasm for the procedure rubbed off on me, and I began to look forward to having a new and unusual body part.

It was June when I had my first operation. True to form, Patrick came to see me in hospital three times a day, and he even helped me to change my first ileostomy bag which I think deserves some sort of medal. I did not take kindly to having a bag of poo strapped to my stomach, and I felt poleaxed by the mutilation of my body. I remember looking down at myself two days after the colectomy and thinking, what on earth have they done to me?

I had a "droopy" ileostomy - an idea I find hugely amusing now, but it didn't make me laugh much at the time because it meant that none of the bags would stay on properly. One day I leaked four times - the worst one started in B&Q - and I was so traumatised by the experi-

ence that Patrick had to clean me and change me when we got home. He helped me cope with the emotional trauma too; and more importantly, he still seemed to fancy me, despite the ileostomy and the hysterics. This was the single most important thing he could ever have done for me.

In November I returned to hospital for the closure of my ileostomy, and the official opening of my new pouch.

For the first time, 1995 began to look a bit rosier, and just as I was beginning to see some point in Patrick's optimism, another bad thing happened: pouchitis. Isn't it great - you get a brand new body part, and there's a brand new disease to go with it?

Pouchitis really hurts, and it makes you feel ill all over; and although it's nothing compared with rampant ulcerative colitis, or pancreatitis or serious surgery, I was feeling so run down by this time that I collapsed in a heap of self-pity. It was a bad end to a bad year.

It may sound disingenuous to say that he fared worst during this twelvemonth, but it's true for three reasons: he had to keep strong, emotionally and physically, for both of us; he had to keep working full-time, as well as doing all the day-to-day stuff like looking after the house; and he had to do all this without back-up.

**I would burst into tears about nothing at some point every day**

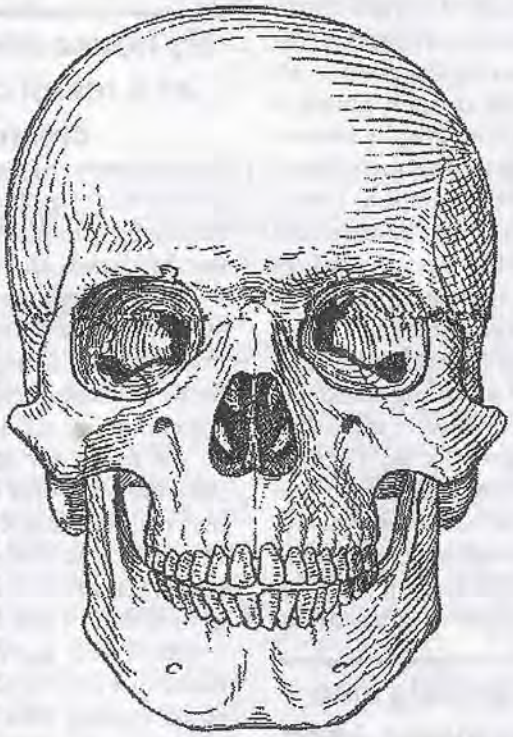
I had squads of nurses and doctors looking after me day and night. Friends and family sent flowers, visited me and rang up to enquire about my progress. But nobody said to him: "How are you today, are you coping OK?"

So if you'll permit me, I'd like to pass on these bravery awards to the real hero in our house. He put up with three years of chronic illness, followed by a year of acute illness and surgery, followed by a year of pouchitis and recuperation. And then he married me.

# When Life's A Bitter Pill

*Independent* Problems Page Editor and guest speaker at this year's annual meeting VIRGINIA IRONSIDE takes an 'alternative' look at modern medicine.

I've always been wary of alternative medicine. I mistrust people who set themselves up as allergy testers from examining single hairs and I've pooh-poohed homeopathy, acupuncture, cranial osteopathy and crystal therapy. I've put my faith in orthodox Western therapies, believing more in antibiotics and laboratory results than in chakras, meridian points and hot and cold tumours.



I did try Chinese herbs once, for a flare-up of ulcerative colitis - but only because Western doctors said the herbs could help in the treatment of eczema (ulcerative colitis is a form of eczema). And before taking it, I made sure I had a (Western) liver function test first; (Western) research had found that liver damage could be a side-effect of taking strange dried plants. The remedy didn't work. After that I stuck firmly to my old faith.

**I've pooh-poohed homeopathy, acupuncture, cranial osteopathy and crystal therapy**

Recently I developed the worst attack of colitis I had ever had; it put me into hospital. The symptoms were almost unspeakable: bloody diarrhoea, abdominal spasms, pain and vomiting every time I tried to eat.

This time the attack was so acute that I gave into the demands of my specialist - that I take steroids short-term to reduce inflammation, as well as a drug given to kidney transplant patients, azathioprine. This drug reduces activity of the immune system and makes attacks less likely. I could wean myself off the steroids when I was better, promised my consultant; I would have to take azathioprine for the rest of my life to prevent flare-ups.

I had resisted steroids for years. Everyone I knew who had taken them warned me never to agree to them unless every other course of action had failed.

Friends told me about ghastly side-effects: the face swells up and "pads" (whatever they were) may develop on the shoulders. Taking steroids also makes you manic, I had heard.

They were right. After taking steroids I found myself with a face like a hamster stuffed with nuts, lying in hospital talking like a mad thing on the phone to friends, springing up in the middle of the night to re-arrange my flowers, when I wasn't staring at the wall reassessing my life and experiencing the most extraordinary revelations about my past, present and future. The only thing I never knew was whether my revelations were

real or steroid-induced, which was worrying for someone who loves to be in control.

When I got out of hospital, the side-effects were worse. With so much scope for action, I found myself waking at three in the morning compelled to do things. My house

**I could wean myself off the steroids when I was better, promised my consultant**

was spotless as a result of frenetic cleaning.

At night, I 'd find myself cleaning out kitchen cupboards and medicine chests, spraying the glass on all my pictures with cleaner, gluing a whole year of photographs into an album and rearranging furniture. I even drove to Ikea, weak as I was, bought a new bed, and constructed it until three in the morning before sleeping on it. I was euphoric, I was manic, I was exhausted.

"You must rest," said my friends as I complained of feeling shattered and frenetic at the same time. But you can no more rest on steroids than you can walk in a straight line after drinking a bottle of whisky. You are just driven to act. My consultant told me the story of a patient on steroids who annoyed his family

**Taking steroids also makes you manic, I had heard.**

by cleaning the house from top to bottom at two in the morning and then taking his German Shepherd Dog for so many runs on Clapham Common that the poor animal had to be taken to the vet at dawn. Of course, all this is amusing as a funny story, but it's not very entertaining to find yourself up a ladder compulsively dead-heading roses by the light of the intruder lamp in the middle of the night.

On top of this manic behaviour I was irritable and impatient, snapping at any friend who expressed alarm at my behaviour. And I looked dreadful. I had turned into Bessie Bunter, with a couple of repulsive long hairs growing from my chin. Call me fattist, but I'd look at myself and see a stupid fat person with little bow lips sticking out from fat cheeks: an idiotic, comfortable, complacent, unattractive fat woman. I knew the type. It was a fat-faced type. It wasn't me.

Coming off the steroids was no more fun than being on them. The side-effects of withdrawal included arthralgia - a mixture of arthritis and neuralgia which woke me with agonising shooting pains.

For weeks I felt even more extraordinary than before, the mania

**My house was spotless as a result of frenetic cleaning**

slowly wearing off and mixing with exhaustion, panic attacks and misery. My hands shook, my knees felt like jelly, I slept for days at a time, I sweated and felt shivery. The symptoms, I am told, are very similar to those a heroin addict experiences when coming off drugs.

So much for steroids. I'm still not convinced they did the trick that bed-rest would not have achieved - I had done so before, although I'd never been that ill. When I finally got off them I still felt terrible, and worse. I still suffered from diarrhoea to a degree more painful and embarrassing than when I had ulcerative colitis.

Dragging myself to my GP (the consultant was on holiday), I had a blood test which revealed that I was suffering from an allergic reaction

**You can no more rest on steroids than you can walk in a straight line after drinking a bottle of whisky**

to the other drug I'd been taking; it was, in other words, rotting my liver. I had all the symptoms of hepatitis.

Some enzyme of which I was meant to have no more than 30, I had 579 of. Something else of which I was meant to have no more than 30, I had 367 of. The allergic reaction was also causing the acute diarrhoea. I should stop the pills at once.

Now that I am back to normal I realise that the side-effects of orthodox drugs can be as dangerous as Chinese herbs. My faith in Western medicine has been completely

**I feel complete contempt for having clung to such double standards**

shaken, rather like discovering Christ didn't exist. Orthodox medicine is simply another therapy, not necessarily the best.

I feel complete contempt for having clung to such double standards. One moment I am warning my son against the dangers of E; the next I am shovelling mind-altering

**A public school accent, Savile Row suit and swish consulting room**

steroids into my mouth that virtually changed my personality. Another moment I am smugly getting a liver-function test before taking Chinese medicine, so suspicious am I of accepting dried herbs and potions doled out to me by a man operating from a private house in Ealing; the next I am quite happy to poison myself for two months with medication prescribed me by a perfectly charming man with a public school accent, Savile Row suit and swish consulting room.

Yes, these drugs might indeed have saved me from a colostomy, I will never know. But I wish that before I had embarked on this chain of pill-taking I had applied the same scepticism and caution to the fruits of orthodox research as I had to alternative medicines. Is one really better or worse? It seems to me that each is just as dangerous and chancy as the other. I'm not so sure I won't pluck a hair from my head and pop down to the allergy clinic. You never know.

# Editorial

It is quite disgraceful that pouch patients are being discriminated against by insurance companies peddling permanent health insurance (PHI) policies.

Clive Brown was treated shockingly when he tried to claim money on his policy after dutifully coughing up premiums every month for several years.

It's time insurance companies realised that they are supposed to pay up every now and again and the idea is not just to collect cash from unwitting punters.

## Valley of the Lost Claim

PHI (Permanent Health Insurance) replaces income that is lost through accident or illness. But getting the insurance company to cough up isn't always straightforward as CLIVE BROWN discovers.

It's February 1992 and I've been in hospital for one month. I'm seven stone and losing weight rapidly, the doctors unable to control the ulcerative colitis with steroids. There's no option but to wheel me into theatre and remove part of the colon, followed by a further operation a week later after contracting peritonitis when a drain tube was left in too long.

I leave hospital with a colostomy, and my surgeon, Charles Collins, to whom I am totally indebted, tells me it will take three months to get my strength back.

I have been a self-employed Master Thatcher running my own business. I have a wife and daughter to support and a mortgage, but I wasn't too concerned about the financial aspect because I had a PHI policy which 'kicked in' after a deferral period of six months.

It was fairly apparent that my medical condition wasn't improving, so Charles Collins decides to remove the remaining colon and form an ileostomy the following September and at the same time form an internal pouch. This was under the stipulation that the sphincter was strong enough, since it was redundant. I spent the whole of the next six months practising sphincter movements: the thought of a bag for the rest of my live just wasn't acceptable!

The day – 1 July – arrived when I was able to submit my claim. However, I was absolutely gobsmacked by their reply. Quote: 'It is too soon to say whether your condition is permanent since further operations might improve your condition. However we will review the situation in six months' time'. Amazing, this wasn't permanent. Would I be able to have my old colon back? Could I have a colon transplant? What about a plastic colon? No doubt they were hoping that medical techniques would advance so quickly that their decision would be vindicated.

Anyway, to cut a long story shorter, I was a pouch owner by the end of the year, but had the added complication of seronegative arthritis in the right wrist, which was painful to say the least. Probably not helped by the fact that I had fallen off the roof twice and broken the same wrist. Apparently there is a correlation between ulcerative colitis and arthritis.

I was able to submit a further claim but to my dismay they used the same excuse again. It was too soon to way whether the condition was permanent...it was becoming apparent that insurance companies like receiving premiums but don't like writing out cheques!

I should point out that this policy insured me against 'carrying out my own occupation or any occupation of a similar kind for which the Policyholder is trained'.

Several letters were sent backwards and forwards during the course of the next two years but I wasn't making any kind of headway. After submitting yet another claim (I'm sure they were hoping I would disappear into thin air) they had found another excuse. Surely I could find another occupation of a similar kind. It doesn't take a lot of imagination to think of a similar occupation to thatching, but there simply isn't any.

Instead of giving me the final brush off, I brought my solicitor into the equation. After writing one letter threatening to take them to court the claim was accepted.

If there is a moral to the story it is 'don't take no for an answer'. I hope that those pouch owners with PHI policies have better luck with their claims than I did with mine..

# Letters

**Roar! Letters Page**
**20 The Maltings**
**Green Lane**
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**SG7 5LW**

**e-mail:**
**timr@dircon.co.uk**

*Dear Editor*

Readers might be a little perplexed by the address lines that appeared on the letters page of Roar! issue number four.

First came the letter from Sylvia Mist, Norfolk group rep, who explained how the group meets regularly for informal chats. This was followed by my letter, also from Norfolk, asking for advice as a very new pouch owner.

One could be under the false impression that a) I do not wish to become a member of the Norfolk group or b) the Norfolk group has been remiss in following up new members of the Red Lion Group. Neither is the case. I have, in fact, spoken by telephone to a couple of members who have been most helpful.

For those whose geography is weak or who do not know East Anglia, Norfolk is one of England's largest counties. The Norfolk group is based around Norwich, the capital, situated to the southeast, whereas King's Lynn, near where I live, is to the extreme northwest. Travelling time between the two can be up to one and a half hours.

I would be willing to take on the job as representative in northwest Norfolk. Let's have a Norfolk Group II!

*Sandy Hyams*
*King's Lynn, Norfolk*

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*Dear Editor*

My pouch was created in 1991 and it took 3-4 years to settle down and become acceptable. Up until 1995 I was still considering having it reversed and returning to an ileostomy. Now however I am very glad that I didn't. I wish people had been able to tell me that it could take this long to settle down - maybe it was unusual, but I would like to pass on to others with difficulties the fact that it can take 3-4 years and it's worth sticking it out.

Two medications have helped me in the calming of my pouch. I suffer from severe inflammation in the pouch and still have a tendency to this. However I take 2-3 Salazopyrin (sulphasalazine) which I took when I had colitis (I take the non-enteric coated tablets). This keeps the inflammation at bay. I also take 3-6 gammolin capsules (evening primrose oil) which are also good for reducing inflammation.

*Amanda Metcalf*
*West Sussex*

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*Dear Ed*

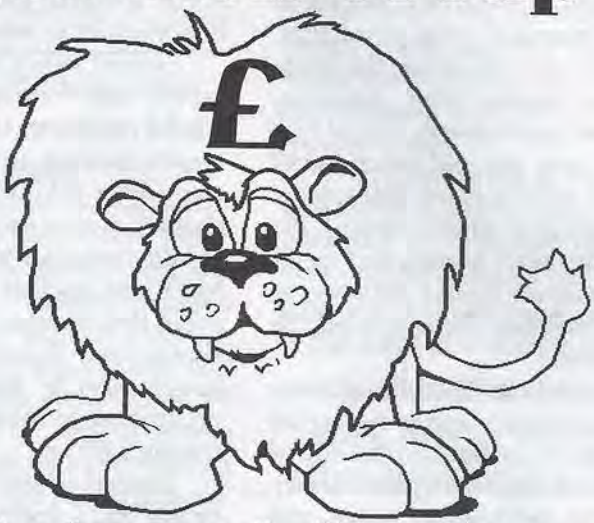
Having read your last newsletter I followed the advice on the leading article and applied for a prescription exemption certificate.

As stated, your GP has to sign the form and state your condition (tick box ileostomy). After just two weeks I received my new exemption form.

A feather in the cap for *Roar!* Keep up the good work, we can always use helpful information. Your magazine is super, you always have something interesting to say.

*Marie Howel*
*Perton, South Staffs*

## Please support the Red Lion Group




All donations, however small, which would go towards our ever increasing administration costs will be gratefully received. If you have found this newsletter useful and wish to ensure that we have the funds to produce future issues, please send a donation to: **The Red Lion Group Treasurer, Mr. P B Johnson, 7 Chelston Approach, Ruislip Manor, Ruislip, Middlesex, HA4 9RY.**

# Family Planning Survey: Results and Analysis

A family planning survey was included in the mailing of issue three of *Roar!* MORAG GAHERTY has painstakingly sifted through the results. Here are her findings.

## Male Pouch Patients: Fathering Children

**1. Before you had your pouch surgery, was the effect on sexual activity discussed? Who was this with?**

| | |
|---|---|
| Consultant | 9 |
| Stoma nurse | 3 |
| Not discussed pre op | 14 |
| | 26 |

**2. Who prompted the discussion?**

| | |
|---|---|
| Consultant | 8 |
| Stoma nurse | 1 |
| You and/or partner | 3 |
| Not discussed pre op | 14 |
| | 26 |

**3. Do you feel you were given sufficient and reasonable advice?**

| | |
|---|---|
| Yes | 12 |
| No | 9 |
| Didn't think about it | 1 |
| None required | 1 |
| No comment | 3 |
| | 26 |

**4. As far as you are aware, has your surgery affected your chance of fathering children?**

| | |
|---|---|
| Yes | 1 |
| No | 17 |
| N/A (eg previous vasectomy) | 5 |
| Don't know | 3 |
| | 26 |

**5. Do you think that written information on sexual function should be made available to all male potential pouch patients at the time when they are considering surgery, so that they can discuss matters with their consultant?**

| | |
|---|---|
| Yes | 23 |
| No | 1 |
| Possibly | 1 |
| Discussion rather than booklet | 1 |
| | 26 |

## Female Pouch Patients: Having a Baby

**1. Did you discuss family planning issues as part of your decision to have a pouch? If so, with whom?**

| | |
|---|---|
| GP | 2 |
| Consultant/surgeon | 10 |
| Stoma nurse/registrar | 3 |
| Anyone and everyone! | 1 |
| No-one | 13 |
| | 29 |

**2. Who prompted the discussion?**

| | |
|---|---|
| You and/or partner | 9 |
| Consultant | 4 |
| Stoma nurse/registrar | 1 |
| Mutual/can't remember | 2 |
| No pre op discussion | 13 |
| | 29 |

**3. Do you feel you were given sufficient and reasonable advice?**

| | |
|---|---|
| Yes | 7 |
| No/N/A, no advice | 17 |
| Don't know | 1 |
| None needed | 1 |
| At time yes, with hindsight no | 2 |
| Told no info available but "should be OK" | 1 |
| | 29 |

**4. Have you been pregnant since your pouch operation?**

| | |
|---|---|
| Yes | 5* |
| No | 24 |
| | 29 |

*9 babies in total

**5. Did you have any difficulties caused specifically by the pouch during your pregnancy, or were you conscious of additional stress specifically because of worries about the pouch? If so, please give details.**

| | |
|---|---|
| None stated | 4 |
| Leakage | 1 |
| Stress | 2 |
| Obstruction on delivery | 1 |
| Increased appetite and pressure on pouch affected stool frequency | 1 |
| | 9 |

**6. What kind of delivery did you have?**

| | |
|---|---|
| Normal (hospital) | 1 |
| Normal (home) | 1 |
| Vertical elective caesarean | 1 |
| Elective caesarean | 3 |
| Caesarean (unspecified) | 3 |
| | 9 |

**7. Did you have any difficulties caused specifically by the pouch at the birth? If so, please give details.**

| | |
|---|---|
| Scar tissue caused problems including increased blood loss | 1 |
| Faecal leakage in first stage of labour and making it to elective date | 1 |
| No | 7 |
| | 9 |

**8. At the birth, were you attended by someone with experience of pouch pregnancies?**

| | |
|---|---|
| Yes ("after 4 with same, should have some experience!") | 4 |
| No | 5 |
| | 9 |

**9. If the answer to 8 was no, did this increase your anxiety about the delivery?**

| | |
|---|---|
| Yes | 1 |
| A little | 2 |
| No | 2 |
| | 5 |

**10. Did you have any post-birth problems caused by your pouch? If so, please describe.**

| | |
|---|---|
| Diarrhoea and faecal leaking and doctor's inability to understand need for medication | 1 |
| No/None remembered | 8 |
| | 9 |

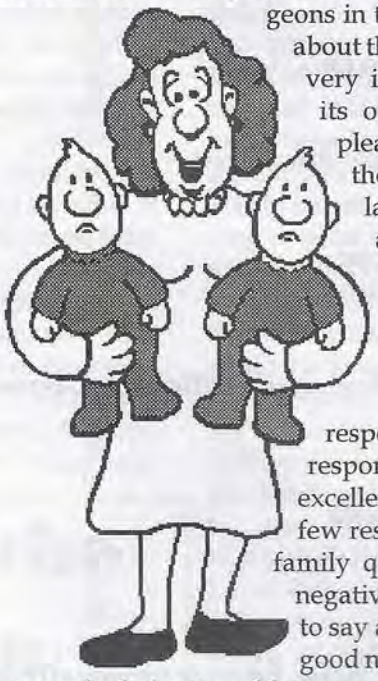
**11. Do you think that written information covering these issues should be made available to all female pouch patients of childbearing age at the time when they are considering surgery, so that they can discuss family planning possibilities and the associated risks with their consultants?**

| | |
|---|---|
| Yes | 25 |
| No (more important issues at time) | 1 |
| No comment | 3 |
| | 29 |

The family planning survey sent out with newsletter three did in fact address different issues for men and women. In preparing the questions, I thought that men were more likely to be primarily concerned about the effect of their surgery on sexual function, whereas the women were more likely to be primarily concerned about their ability to bear children. One (female) member (OK, let's get the sniggers about male appendages out of the way now, please!...) pointed out the difference between the questions and suggested we were being a bit sexist. I do plead guilty, but for the reasons outlined above.

Our chairman, Martin Peters, argued (quite correctly) that sex is an important issue for women as well as men, and we will happily address that issue in more detail if members want. However, Martin's wife agreed with my own assessment of what the two sexes would most like to hear about, so he was outvoted in this instance! We would certainly like to hear your views about this, ladies.

A second point to bear in mind is that our survey provides the only collected information that surgeons in this country will have about these issues, and so it is very important research in its own right. However, please bear in mind that the sample size is not large in overall terms, and so it is dangerous to quote percentages. The responses received are detailed separately.



We had 26 male respondents and 29 female respondents, which was an excellent response rate. The few responses we had to the family questions were in the negative, so there is not much to say about this. No news is good news, really, given that we asked about problems.

Of the male respondents, just under half received medical advice about the effect of the pouch on sexual function before surgery, either from the consultant or the stoma nurse. One individual had a rather nasty experience: "nothing discussed apart from a statement at admission warning of possible impotency". Hardly the best time to find out such information!

**5 of the 9 births were attended by medical staff with no previous experience of pouch deliveries**

As for the women, again around half spoke to someone about the effect of their surgery on family planning prior to the operation.

However, there is one very big difference between the men and the women: for the men, the subject was raised by the consultant or stoma nurse in around 3/4 of the cases where pre-op advice was given. For the women, it was almost exactly the opposite way around: 3/4 of women obtaining pre-

op advice only got that advice by raising the subject themselves; it was not volunteered.

**One member reported that he had not been producing sperm since the operation**

This is a shocking but sadly not surprising result - apparently it is common to find that men are more likely than women to be volunteered information of this nature with any major surgery. Whether this is because most consultants are men, and therefore are more likely to offer information that they would themselves want, we do not know, although this is likely to play at least a subconscious part. Consultants and stoma nurses, take note!

In terms of "customer satisfaction" levels, all 12 of the men who received pre-op advice felt that they had been given sufficient and reasonable advice. For the women, again, the results were less encouraging: of the 16 who received pre-op advice, 7 (less than half!) said they had received sufficient and reasonable advice and 4 were actively unhappy at the level of advice they received.

However, to be fair to surgeons, unless they have personal experience of performing a number of pouch operations on women, where are they to get the information from? (which is precisely why we're doing this survey).

Our hearts go out to one couple who felt very upset by their consultant's dismissive (to them at least) remark that "we know what we're doing" when they raised the subject: what he was unaware of was that their only child had recently died, and so the subject was particularly important to them. They were too caught up with emotion to be able to press the matter.

Of course, it is right that medical staff should remain objective in order to carry out their jobs, but equally they must remember that family planning is not an objective subject for the people involved; on the contrary, it is very emotive. Having to have major surgery is itself often traumatic enough, but the additional burden of not knowing how it will affect your chances of having children is a very real worry.

*"Sponsorship is a sign of the times"*

### Children

Anyway, onto the subject of children. Happily, most men felt that the surgery had not affected their chances of fathering children (with 3 successes in this area to date!). One member reported that he had not been producing sperm since the operation; his doctor had told him that this may well improve with time - without knowing the facts, this comment suggests that the problem may be more psychological than physical. 3 others were unsure of the effect of the pouch surgery. One said: "I don't know about sperm count but my libido and potency have been drastically reduced".

I must stress that problems with sexual function and potency (for both men and women) are notoriously difficult to pin down. I read somewhere, for instance, that as many as a third of couples who have difficulty conceiving do so for no discernible reason. It seems that stress probably plays a large part in such cases: many people know couples who have adopted because of apparent infertility, and then gone on to have a baby as well.

And, of course, major surgery of any kind often affects libido for some time after the surgery. That is certainly not to say that we underestimate the problems encountered by this respondent; but the good news is that only 2 or 3 members out of over 400 people on our database have mentioned potency as a post-op issue. I would suggest that a visit to the GP might be worthwhile, to see if there are other reasons for the loss of libido and reduction in potency.

**Major surgery of any kind often affects libido for some time after the surgery**

As for babies being born to female pouch patients, five women have had post pouch babies. This may not seem many, out of 29 respondents, but I know of at least

two women who have had post pouch babies and did not send in their questionnaires (why not?!) and one other who is currently expecting. Also, one of our five respondents has had not one but four post pouch babies, while another has had 2, so we know from the survey about 9 babies in total, not 5.

And at least two respondents asked about contraception (see elsewhere in this issue), so we assume that at least some of our 29 are trying not to get pregnant at the moment!

As you might expect, the pouch did cause some minor problems during pregnancy: leakage for one, obstruction on delivery for another, pressure on the pouch for a third leading to increased stool frequency, and a general level of stress for the other 2 mothers. But on the whole, these were minor irritations in the grand scheme of things rather than major problems. Which is all excellent news.

As to actually having the babies, a caesarean, elective or otherwise, was the usual method, and certainly this has been publicly recommended by Mr Nicholls at St Mark's in the past, as it puts less strain on the pouch than a normal delivery. However, two of our 9 babies (both born to one mother) were delivered normally. Not only was this mother not put off by her first birth experience, but she even had the second baby at home! And, more importantly, she rated it a much better birth (and post-birth period) than her number one child.

Remember, mothers-to-be, even if you have a pouch, it is still your right to choose where and how to have your baby. You must do what is right for you. However, you should ensure that your midwife is fully aware of your medical situation, and feels confident about dealing with your delivery – your own nerves may be frayed enough at childbirth without having to worry about someone else's! We would certainly not recommend a home birth for baby number one, however, in case there are unforeseen problems caused specifically by your pouch. By number two, you should have more idea of what to expect.

**If you can get pregnant, having a post pouch baby need not be any different than having non-pouch baby**

In terms of the births themselves, 7 of the 9 reported no problems caused by the pouch; of the remaining two, one reported a problem with scar tissue from the pouch operation which resulted in increased blood loss, and the other had faecal leaking, as well as not making it to the elective date. Again, these are just two areas to be aware of, and maybe to draw to the attention of the medical staff involved, so that they know what to expect. But faecal leaking is certainly not a problem for pouch patients only - giving birth is rarely a dignified experience!

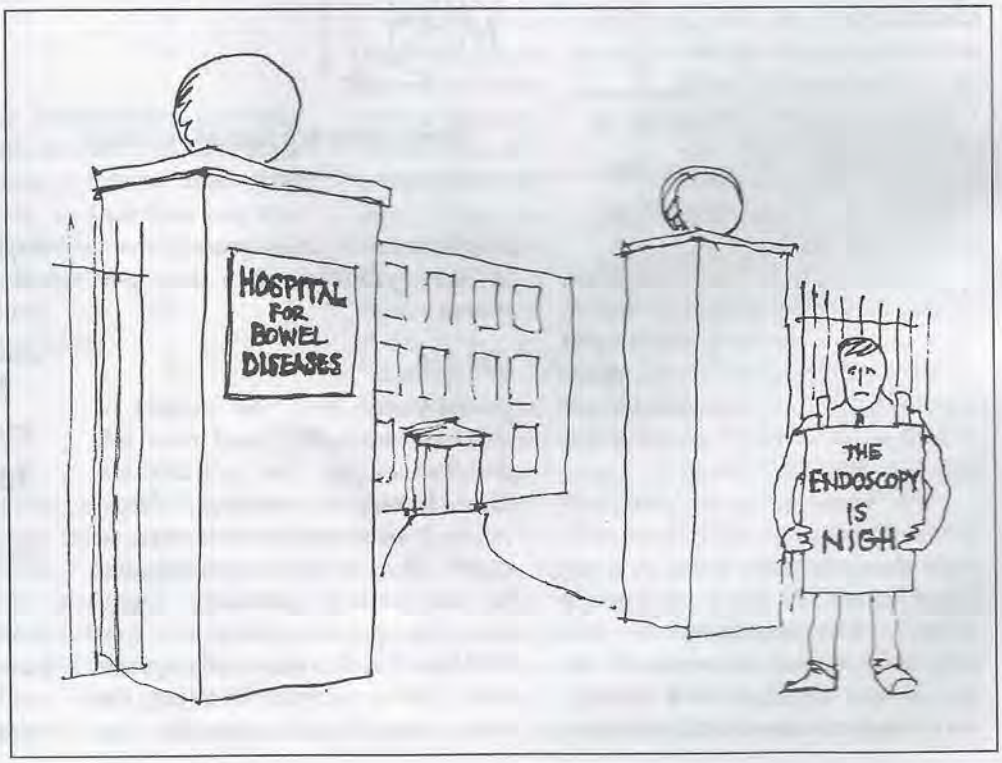
The most significant post-birth problem reported was the doctor's inability to understand the mother's need for medication - so do make sure your delivery attendant is properly informed about your pouch surgery and your medical needs.

The important thing to note is that 5 of the 9 births were attended by medical staff with no previous experience of pouch deliveries, so the results above are probably pretty representative. (The other 4 are just the one woman giving one doctor lots of pouch delivery experience - if he hasn't learned about pouches by now, he probably never will!). Having a baby after pouch surgery is nothing to be feared, any more than any women is naturally apprehensive about the physical demands of having a baby. Pouch patients are normal people too!

### *Pregnancy*

Now, the difficult area. We do know that a number of our female respondents are trying to get pregnant, but to no avail so far. As mentioned before, this may or may not be related to the pouch - it is difficult to say.

Obviously, as one woman found out, it is difficult to get pregnant if you are on lots of antibiotics or other pouch-related drugs, because you're



simply not well enough to conceive. Similarly, we have heard that drugs taken during fertility treatment may be a problem, perhaps because of poor absorption. One contributor currently on fertility treatment says that her consultant has little consideration for her pouch when he pokes her about.

There can of course be physical obstacles to conceiving caused by the pouch surgery itself, although we know of only one case of this from the survey: one contributor's fallopian tubes were damaged when her pouch was formed. It might be wise, therefore, to get your surgeon's advice at an early stage as to how the pouch fits in with your "womanly bits" when considering pregnancy for the first time.

Overall, it seems that, if you can get pregnant, having a post pouch baby need not be any different than having non-pouch baby. However, it's the getting pregnant that might be the problem. Please note the "might". All we can suggest is that you rule out any other physical causes, try not to worry, and get practising (which, after all, should be the fun bit!).....

Finally, on the need for more information about family planning at the time of making a decision about surgery, the results were fairly clear: 23 of 26 men said a resounding yes, and 25 of 29 women did so also. A few respondents made it clear that, although important to them, the question of family planning never even occurred to them at the time they were considering having a pouch, as there were so many other things to think about at the time, so a booklet would have helped jog the memory.

One point that was made by a male respondent was that "if you have to have surgery, you'll have it regardless of effect on sexual function", which is certainly true for acute and emergency cases, but other patients may have the option to defer their surgery until after having a family. One woman pointed out that there would probably be more important issues at the time. Also, people's needs change, and advice about family planning implications is obviously not going to be as relevant to a girl of 12 as to a woman of 24.

**"I have since been told that pregnancy makes Crohn's better and colitis worse", wrote one woman**

But we will certainly be putting booklets together and making them available to medical staff, and to pouch patients on request. Watch this space!

Please do keep us informed about progress with post pouch pregnancies and babies in particular, as the more information we get, the more information we can provide for others who need it. I do hope this article will prompt some of you to write in with your comments and experiences, for us to publish on the letters page.

### *Peppermint oil—a note of caution*

Every pouch patient and ileostomist knows that taking peppermint oil is the answer to most wind problems. However, one of our pouch patients was advised both by an aromatherapist friend and by her stoma nurse that peppermint oil should not be taken while pregnant.

Unfortunately, I do not know why this is, or what happens if you do (perhaps someone could enlighten us?) However, it is a precaution worth taking.

### *Things to think about*

"I have since been told that pregnancy makes Crohn's better and colitis worse", wrote one woman, who in fact had her pouch surgery because of an acute case of colitis, and sadly found she was 10 weeks pregnant when she had the operation. None of the nine successful pregnancies in our survey reported this problem. Perhaps stoma nurses/consultants have comments about this?

One woman wrote: "I have been told my illness and surgery would rule out adoption". However we can report that a late survey response (too late to be included in the above numbers) was from a mother who had adopted a baby post pouch, so this does not appear to be true (although we do not know the facts of your particular case). Our advice is to investigate further and we would also like to know if any other members have received this advice.

**One patient was advised that peppermint oil should not be taken while pregnant**

In putting the membership forms information on the database, a few people have mentioned joint problems as an apparently unrelated illness. However, the fact that a few people have mentioned it seems to make it worth further investigation .If you have joint problems, please write and tell Morag a bit more about them, when they developed, how you deal with them, what kind of illness led to your pouch, etc. Perhaps it's nothing - just coincidence. On the other hand, perhaps we have stumbled on something significant...

**April 19**

**Don't miss it or you'll have to wait a year for the next one**

# Pouch versus Pill

There has been no research done in the area of the effect of having a pouch on taking oral contraceptives, but CLAIRE CHADWICK BPharm MRPharmS Pharmacy Manager at St Mark's Hospital has the following information.

Choosing a reliable method of contraception with few side effects that is easy to use is difficult for any one but becomes more so for the female pouch patient. Even if she has none of the well documented contraindications to the oral contraceptive pills on the market or has been using an oral contraceptive before her operation it is not a forgone conclusion that things will be the same afterwards. Nor is it very helpful to suggest the "try it and see" approach!

**Oral contraceptive pills have a complicated mechanism of absorption**

There are two types of oral contraceptive, the combined oral contraceptive "the pill" which contain various quantities of oestrogen and progestogen depending on the brand prescribed and the progestogen-only pill otherwise known as the POP or "mini-pill".

One of the big problems in deciding whether an oral contraceptive will be appropriate is in deciding whether it will be absorbed properly from the intestine that remains after the pouch has been formed.

Oral contraceptive pills have a complicated mechanism of absorption making it very difficult to state where absorption actually takes place. Unfortunately, even the pill manufacturers do not know this. It is thought that progestogens are mainly absorbed from the upper small bowel. The oestrogen component of the pill, ethinyloestradiol reacts with molecules in the gut wall which helps its absorption.

**Unfortunately, even the pill manufacturers do not know**

The chemicals then undergo a complicated mechanism in the liver whereby the oestrogen and progestogen combine with other molecules. The complex molecules of oestrogen and progestogen then re-enter the lumen of the bowel where the microbes that normally live there split the molecules up again leaving some of the oestrogen available for reabsorption, the process thus repeating itself. If the transit time of the gut is decreased, for example in someone with diarrhoea, absorption may be reduced. This could be a particular problem in some women with pouches.

**It is thought that progestogens are mainly absorbed from the upper small bowel**

Pouch patients often take medication, either intermittently or continuously, that may reduce the efficacy of the pill (or alternatively the pill may modify the action of a particular medication being taken) and additional precautions or an alternative method of family planning may be needed whilst on the medication.

Below are a few of the common drugs that can cause problems (this list is not exhaustive):

### *Antibiotics*

The antibiotics known to have reduced the effectiveness of the contraceptive pill and resulted in pregnancy for a few women are called broad spectrum antibiotics, for example ampicillin, amoxycillin, Augmentin, erythromycin, tetracyclines and cephalosporins. The antibiotic kills the microbes that live in the bowel which are involved with the reabsorption of the oestrogen in "the pill".

If a women is on long term continuous antibiotic treatment (e.g. for acne) when she starts "the pill" then there is no need for extra contraceptive precautions as after about two weeks of being on the antibiotic the microbes in the bowel grow resistant to that specific antibiotic. Note this interaction does not occur with the "mini-pill" and women on this method of contraception do not need to take additional precautions when taking antibiotics.

**Some antibiotics are known to have reduced the effectiveness of the contraceptive pill for a few women**

### *Anticonvulsant drugs*

These include carbamazepine which is often used to control pain in patients with bowel disease

### *Rifampicin*

Usually used as an antituberculous drug

### *Summary*

As one can see this is not a minor problem and I have only touched on some of the common problems with the oral contraceptive pill.

Please remember that there are many different methods of family planning that may suit individual patients better. If you have any worries or would like more information please contact myself, Julia Williams or your surgeon who will be happy to help in any way they can.

Your local pharmacist or family doctor will be able to advise you if any medication you are prescribed could interact with the oral contraceptive pill, and we recommend that you raise the subject with them.

# Committee Report

CHRISTOPHER BROWNE reports back from the last committee meeting

The scenic views of St Mark's tenth-floor day-room added charm and, we hope, high-level debate to January's Red Lion committee meeting.

Membership continues to rise, the meeting was told. We now have 410 names on the database. A total of 215 are Red Lion patient members and 15 non-patient members.

It was reported that the AGM's guest speaker would be *Independent* journalist Virginia Ironside to be followed by a one-woman show by Red Lion social secretary Sarah Myers.

Other features are a question time session chaired by Dr Martin Peters, and short reports by the group's officers on the year's progress. A copy of the constitution will be circulated during the April 19 AGM.

Brian Gaherty was elected Red Lion vice-chairman. He takes over from Tom Deans, who said in a letter to the group he did not believe his role was active enough.

Brian's first duty is to organise a Red Lion pub fundraising campaign. Christopher Browne said two 'Hunt the Red Lion Pub' stories had appeared in *The Licensee* and *Morning Advertiser* and *The Publican*.

Members decided to ask Mr Robin Phillips, new dean of the St Mark's Academic Faculty, to be chairman of the trustees.

They also agreed that the newsletter's title *Roar!* had style and impact and did not need changing, though the lion in the logo will have a fluffy mane to give him a friendlier appearance!

New Red Lion letterheads, compliments slips and merchandise were approved by the meeting.

Christopher Browne and Tim Rogers are to design a Red Lion leaflet.

# News in Brief

Red Lion president Mr John Nicholls is the new clinical director of St Mark's. He took up the post on 1 April. He succeeds James Thompson, director for the past seven years, who is returning to full-time surgery.

Mr Nicholls, a senior consultant surgeon, was previously Dean of the St Mark's Academic Institute. His successor is Mr Robin Phillips, senior consultant surgeon.

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There may be more pouch owners than you think. John Weight, one of our members reports that he had been playing badminton with a friend for some time.

One evening a couple of years ago, she brought out a pen to write something down, and he was astonished to see that it was a St Mark's pen. It was then that he discovered that he had more in common with his friend than an interest in badminton - both are pouch patients!

As he says, "if the pen hadn't rolled across the desk and caught my eye, I would never have realised that Janet was a pouch patient too".

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Readers of the Julia Williams profile in February's *Roar!* could be forgiven for thinking every clinic, corridor and consultation room at St Mark's is alive with male chauvinist pigs.

Such tabloid phrases as "thirtysomething brunette" and "great legs" somehow fail to reflect the professional skill and standing of two of our stoma-care specialists.

The actual number seen by St Mark's stoma-care department—a very impressive 268—needs no exaggeration. The department's four nursing specialists also cared for 73 new internal pouch patients.

Balding, middle-aged Christopher apologises to Julia and Celia Myers for his clumsy turn-of-phrase and would like to record that he and many, many other St Mark's patients are quite unchauvinistically thankful for their care and attention.

# Someone's Looking After Me

KAREN HAWKINS' journey from purgatory to pouch took three years and at times the going was extraordinarily tough. She can hardly believe her luck now that she has a healthy pouch and a baby too.

How life can change. Three years ago I had been struggling with ulcerative colitis for six years. I never felt well and I used all the strength I had to work. I had not believed for sometime that I would live to be thirty. This was something I would occasionally mention when I was particularly low and it did not help my husband one bit.

Surgery was suggested whenever I had a short remission, but I told myself, if I could have a remission, I should get better.

A holiday of a lifetime was planned, Jeff thought the rest and relaxation would be of benefit. We flew to Barbados. A beautiful country, but all I could think of was the flight, how would I manage? A couple of weeks before we were to leave the colitis flared up with a vengeance. Up went the steroids and the whole regime began again. Whether it was the pressure of the holiday or just bad luck, this time I could not kick the colitis to touch.

I had been in this situation four years before. The theatre was booked for my ileostomy. My colon was swelling out of control, I was X-rayed every day. Someone was looking after me, the day they were to operate I had a reprieve. The doctors could see an improvement.

It was considered that the holiday would let me rest and I might improve. I was to fly. I don't remember much of Barbados except the bathroom and bedroom and the recurring nightmare that the 'witch doctors' would get me. I could not eat or drink, I was dehydrating fast in the humidity. I was distressed that my husband was having such a poor holiday that should have been such fun. I did not think I would get home. How I wanted to embrace the NHS.

Laying in the hotel bed I knew I could fight no longer. The diseased rat inside me had won: it had to go. I would have to have an ileostomy. It had previously been discussed on many occasions that I might like to have pouch surgery. A fine idea in theory, but what if it went wrong? What if I could not cope? What if I were incontinent? Well I was worse than incontinent now and I had blown it. There was no way I would get elective surgery now, I knew I was an emergency. I was taking 65 mg of prednisolone; it was 55 mg before I left home, but everything was leaving me so fast I just wanted some of the steroids to get me home.

**We flew to Barbados. A beautiful country, but all I could think of was the flight, how would I manage?**

The flight home lasted a gruelling 10 hours with a change at Tobago. My memory of the whole journey is a blur. I just gritted my teeth and closed my eyes. Please God get me home.

We returned Sunday afternoon. I was so exhausted. First thing Monday morning I was calling my consultant. 'I am so sorry, you're right: I need the operation'. They knew I must be really bad to ask for surgery. I was admitted that day and put on intravenous steroids and saline drips.

My skin was blistered, not from the sun, but from the high dose of steroids I had been taking. I was too unwell to have an operation. Not only the NHS but someone else was looking after me.

For the next two weeks the physicians cared for me, getting me strong enough for surgery. I needed nourishment to repair, I had not eaten for two weeks. I was transferred to St Mark's. I was sure the surgeons would turn me down for any elective surgery as I had let myself deteriorate so badly. They held no promises. I had to have a colectomy, that was in no doubt, but what they could do, they could not say until they got in there. With all things considered like the high doses of steroids, my poor condition, who could say? I woke from the surgery. I don't care, I'm still here. What did they do?

They had made me an ileo-anal pouch in one go. My God, I'm going to have to look after this, someone's looking after me.

I made my recovery very carefully and strategically, careful consideration was made about everything I did. This chance was not going to be taken away from me. I did not want to crumble, so I took it easy.

I did not want the pouch not to work, so as hard as it was after so long, and as scary as it was, I began to drink when allowed, and gave myself very simple foods to start.

Within a few months I was swimming 60 lengths a day in an effort to build up my strength. I noticed I had a life already. The pain of the surgery was negligible in comparison to the colitis.

I was well, I was cured. I wish I had done it sooner. In September 1996 Jeff and I had our very first child, a precious baby daughter, Ellie. We never thought we could be this lucky, we were told for so many years I was just too ill to consider children. If I had carried a child full term, would I have been well enough to look after it?

The fact was that I was so well during my pregnancy that my friends and neighbours did not know I was pregnant, I just got on with life. I appeared so well. When the baby was born - by caesarean - I was asked 'whose baby?'. When I said she was mine, neighbours said, 'But I saw you working the other day, I saw you down the road and thought you looked so well'. I am now 32 years old, I had just one operation. I am well and we have our family that I can care for. Someone is looking after me.

# Regional Reps

The following members have so far confirmed that they are willing to act (or continue to act) as reps for their county. We are waiting for replies from other members, so please do not think this is a comprehensive list - as reps confirm, we will add their details to this page. The number given is their home phone number. At the AGM we will be giving all reps (and sending to those who can't be there) a list of the contact details for all members in their area, and discussing how to get local groups up-and-running. In the meantime, please feel free to contact your rep and get acquainted.

| | | |
|---|---|---|
| **Beds** | | |
| Wendy Gunn | Luton | 01582 423714 |
| **Berks** | | |
| Liz Davies | Langley | 01753 586593 |
| **Cambs** | | |
| Mike Hutton | Cambridge | 01223 215264 |
| Joyce Shotton | Peterborough | 01733 706071 |
| **Cumbria** | | |
| Jonathan Caton | Kendal | 01539 731985 |
| **Derbyshire** | | |
| John Roberts | Derby | 01332 361234 |
| **Devon** | | |
| Debby Shotter | South Brent | 01364 72957 |
| **Dyfed** | | |
| Briony Jones | Haverfordwest | 01437 765359 |
| Bruce Dibben | Haverfordwest | 01473 741690 |
| **East Sussex** | | |
| Lisa Critchley | Brighton | 01273 699286 |
| Kate Bosworth | Brighton | 01273 887102 |
| **Gwent** | | |
| Robert Challenger | Cwmbran | 01633 866820 |
| **Hants** | | |
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| **Herts** | | |
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| **Middlesex** | | |
| Louise Marson | Stanwell | 01784 421795 |
| **Norfolk** | | |
| Sylvia Mist | Norwich | 01692 580095 |
| Sandy Hyams | King's Lynn | 01485 542380 |
| **Northants** | | |
| Cynthia Gunthorpe | Kettering | 01536 82529 |
| **South London** | | |
| Andy Jones | SE6 | 0181 461 2412 |
| Jonathan English | SW12 | 0181-673 2518 |
| **Yorks** | | |
| Neil Anderton | Leeds | 0113-258 2740 |

# To Pouch or Not to Pouch?

CHRISTINE JACKSON sings the praises of her ileostomy and contemplates the prospect of another operation to give her a pouch.

I was in hospital for ten days in total and the first I noticed when I came round was no pain! I was sat up in bed two days post op cross-legged complete with drip, catheter and intravenous pain relief and felt hungry! When I came home eventually I went to my parents for two days (they had my two kids, two cats and dog) then went home to my own bed. My dog I left with parents, God bless them.

I settled down for life with my own 'hot water bottle attachment' (I live in a house with no central heating but only two coal fires). 'Horace', as the kids call my stoma, settled in well and grumbled only occasionally and boy it was nice to eat (and eat I did) whatever I wanted without having to go to the loo before, during and afterwards.

Not driving was a killer and four weeks post op I asked my very supportive GP if I could drive as long as I didn't go mad (or go out on the ice) and yippee I was off.

Now three months on (I had my operation 23 October) I feel brilliant. I'm able to go out without the 'toilet planning' and spare clothes and am enjoying my life again as a lone parent and feel free!

My six-year-old daughter helps me with my changing of the appliances and says I am 'wiping my bum' when I clean the bottom of my bag after emptying it.

OK I'm up once or twice to empty the bag each night but now I have doubts about the closure of the ileostomy for all the problems it will seem to bring. I plan a busy year this year with a holiday in Butlins with my girls, a 95th birthday party in London for my Nana and camping without parking next to the toilet. Yippee.

As for the reversal I will make the decision when I get my letter from the hospital.

# Join the Red Lion Group

Why not join the freshest and fastest-growing pouch group around, for just £5?

To receive newsletters and be kept informed of events you need to join the Red Lion Group. Anyone is welcome to join, especially people with pouches or people considering having the pouch operation.

The Red Lion Group is entirely funded by voluntary donations, and we need your help to get even bigger and better.

The membership fee is £5 and to obtain a membership form please write to the Liaison Officer (see below) including your name and address and ideally a stamped address envelope.

Don't forget to sign up any other people you know with pouches! The membership fee is waived in cases of genuine hardship. Please write with details to the Liaison Officer if you can't afford to pay to join.

On the other hand if you can afford to pay more, please send a donation to the Treasurer.

# Red Lion Group on the Internet

Check out our site on the World Wide Web:
`http://ourworld.compuserve.com/homepages/timrogers/REDLION.HTM`
You can get a message to the Red Lion Group via e-mail on:
`timr@dircon.co.uk`

There are two newsgroups on the Usenet which cover discussions about pouches:
`alt.support.crohns-colitis`
`alt.support.ostomy`

If you know of any other pouch-related sites on the World Wide Web please let us know and we'll include them in the next newsletter.

# Write for Roar!

Have you had any interesting or amusing experiences that you think other people with pouches might want to read about in the Red Lion Group's newsletter *Roar!*?

We are particularly looking for pouch-related articles, but we are happy to publish practically anything.

Perhaps you've taken up a new hobby since having your pouch operation? Or are there any clever little tricks or diet tips you've picked up that you'd like to share? We'd even be willing to publish an article about why having a pouch was a bad idea.

Even if you've never been published before please send us something.

You'll get the satisfaction of seeing your name in print, you may give hundreds of fellow pouch people an insight into an aspect of their condition they hadn't noticed before. Most important of all you'll make the life of the newsletter editor a little bit easier.

If writing articles isn't your scene we are looking for other things too, including cartoons, crosswords and jokes.

If you can't draw but have what might be a great idea for a cartoon please let us know. We'll get our resident artist on the case rightaway. (His work is scattered throughout this issue.)

With your contribution we can keep the newsletter bursting with life and make reading about pouch issues fun and stimulating.

# Contact the Red Lion Group

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**Social Secretary**
*The Red Lion Group is looking for a new Social Secretary. Please put yourself forward at the annual general meeting on Saturday 19 April if you are interested in sitting on the committee in this capacity.*

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