

ROAR!

Exclusive: Robots march on St Mark's pages 4-5

ISSUE 58 • CHRISTMAS 2019

Newsletter of the Red Lion Group
St. Mark's Hospital • Watford Road • Harrow • HA1 3UJ

Regional Reps

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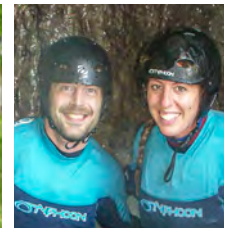
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RED LION

Pouch Support

All donations, however small, towards expanding the work of the group will be gratefully received. If you would like to send a donation please make your cheque payable to The Red Lion Group and send it to: **Red Lion Group Treasurer, Pantiles, Marlow Hill, High Wycombe, HP11 1QL.**

Notes from the editor



Let's have a party! Put on your bobble hats and red noses (Oh, you've already got one of those!) and get in the mood for the latest version of that seasonal favourite The Name Game.

The Game, if you can call it that, started in 1835 – just over 180 years ago – when St Mark's Hospital was founded. Its name was The Infirmary for the Relief of the Poor afflicted with Fistula and other Diseases of the Rectum. Proud but loud you might say!

The tiny infirmary kept on growing until 1854 when it moved to larger premises in London's City Road. It was reopened on St Mark's Day and, aptly enough, renamed St Mark's Hospital for Fistula and other Diseases of the Rectum.

But wait for it. Bigger things – or should I say names – were to come. The hospital's soaring workload meant it needed to expand onto an adjacent site in City Road. The building costs kept on mounting until the struggling hospital faced almost certain closure.

Enter Lillie Langtry, the famous American actress. Miss Langtry

organised a charity matinee at her theatre in London's Drury Lane in 1909 and managed to rescue the project. And once again the hospital was renamed – this time as St Mark's Hospital for Cancer, Fistula and Diseases of the Rectum.

The expansion continued and in 1948 the hospital became part of the



St Mark's Hospital today

new National Health Service, later forging a close partnership with St Bartholomew's Hospital (commonly known as Bart's) and in 1995 became part of the North West NHS Trust moving to its current site next to Northwick Park Hospital in Harrow.

But hold on a minute. I can feel a name change coming on? Can you? Nothing so titillating, I'm afraid. The hospital's title gradually contracted

to the now familiar St Mark's Hospital.

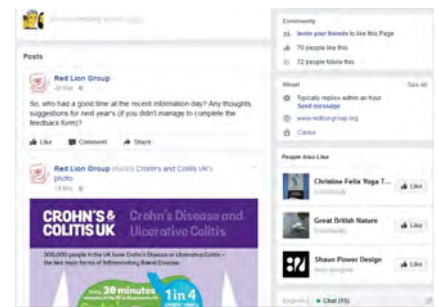
Until this year! One of many new initiatives by the St Mark's Hospital Foundation (see article on page 8), was to give the hospital's name more authority, by adding 'The National Bowel Hospital' to its title.

So stop the presses! We're now known as St Mark's Hospital, The National Bowel Hospital.

Jason Bacon, the Foundation's CEO, says: "It's a recognition of our status as the UK's primary centre for tertiary referrals; our complex cancer service has grown exponentially with 80 complex cancer surgery cases in 2019 compared with 30 five years ago, while the title also recognises our national reputation for IBD and the recent influx of younger IBD patients to the hospital."

So there we have it! You'll find lots more articles to enjoy in the December Roar!. So read on... And a very Happy Christmas to you!

CHRISTOPHER BROWNE



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Visit our website

pouchsupport.org

Browse nearly every copy of Roar! that has ever been published (including issue 1 from 1994) at pouchsupport.org/resources/roar-archive/

For online support, advice and tips on life with a pouch, please visit our Frequently Asked Questions (FAQs) page on the website at:

pouchsupport.org/faqs/

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This page Paul Farmer from the Geograph project collection

March of the medical robots

Keyhole – or laparoscopic – surgery has been the buzz-phrase in cutting-edge surgery – if you’ll excuse the pun. Until recently. Today robots are giving surgeons a speedier, more efficient way to perform pouch operations. Christopher Browne reports

If you want to liven up a dull dinner party or even a high-level business meeting – and who doesn’t! – mention robots. Once coveted by filmmakers and sci-fi lovers, the march of the robots is revolutionising our approach to almost everything from domestic chores to high-end technology.

And, hold on a minute, there have been rumours spreading through the hospital wards at St Mark’s about a group of surgeons and...a robot! It’s just robotic gossip you might say, but you’d be wrong for it’s all true.

For almost two years now a team led by Professor Omar Faiz, St Mark’s Hospital’s clinical director, has been pioneering a research programme into robot technology, financially backed by a St Mark’s Hospital Foundation fundraising campaign.

The campaign funded the capital costs of the purchase of a Da Vinci Xi

surgical robot – the most advanced of its kind in the world – in March 2018. Just a month after the robot’s delivery, a group of St Mark’s surgeons performed the hospital’s first robotic operation on a bowel cancer patient.

As the UK’s first hospital to use robot technology almost exclusively for bowel surgery, St Mark’s has carried out 180 plus robotic operations on mainly bowel-related cases. “We set ourselves the goal to perform 80 robotic colorectal operations in our first year and we easily exceeded this target. One of the cases was particularly unique: it involved two surgeons operating robotically on both a patient’s bowel and liver during the same operation,” said Jason Bacon, CEO of St Mark’s Hospital Foundation.

Another “first” occurred in August this year when a team of four

surgeons, including Mr Danilo Miskovic, St Mark’s lead robotic surgeon, carried out a 12-hour pelvic exenteration [an operation to remove multiple organs in the pelvis] on a young father with cancer which had been caused by complications with ulcerative colitis.

Two months later, a team headed by Prof Faiz and Mr Miskovic, performed the first-ever robotic ileo-anal pouch surgery on a St Mark’s patient.

“We believe the introduction of robotic surgery is an important milestone in reducing the risk of recurrent disease and provides patients with a good short- and long-term quality of life. Similar to laparoscopic surgery, it is minimally invasive, but it also provides the surgeon with magnified, high-definition 3d images to enable extremely precise surgery,” said Mr Bacon.



Operation robot: a St Mark’s team carry out robot-assisted surgery

“While robotics has been established in other surgical specialities, namely urology and gynaecology, its application has not until recently been widely researched and implemented for bowel disease surgery.”

Since the robotic surgical programme began, St Mark’s bowel cancer surgeons have been training to use the robotic surgical tool, while a fellowship in robotic surgery, funded by Intuitive Surgical, supplier of the Da Vinci Xi robot, will train more surgeons in the next three years.



Danilo Miskovic, St Mark’s Hospital’s lead robotic surgeon

The chair’s seasonal message for 2019

Happy Christmas and a very happy and healthy new *Roar!* to you all. One of the articles in this December 2019 issue features the latest innovation in the wonderful world of pouchdom.

For the past two years the pouchcare field has been highlighting the use of laparoscopic surgical techniques – or keyhole surgery – to operate on pouch patients via small access holes in the abdomen. This enables surgeons to use flexible tubes and fibre optics to perform pouch operations. In a growing number of hospitals, the technique is offered as an alternative to the more conventional open surgery that was first introduced in the 1970s.

As you will have read on the previous pages, the “next new thing” is the introduction of robotics where surgeons are specially trained in the use of robot technology with operations being performed remotely and procedures carried out in a more systematic way than before.

So how do pouches keep up with new and relevant information relating to their pouch and their conditions given the fact that most of us just get on and live our lives regardless after re-connection? Aside from *Roar!*, one of our key offerings to Red Lion Group members is the chance to attend our annual Information Day at St Mark’s Hospital in Harrow. Here we lay on an information-packed agenda delivered by appropriate experts who are able to talk with confidence and knowledge about issues facing pouches, their families and friends. Your committee is already hard at work identifying speakers and topics of interest to you for the 2020 Red Lion Group Information Day.

Please make a note of the date in your diary – Saturday 25 April 2020 at the St Mark’s Education Centre on Level 6. In 2020 we are hoping to be in the Himsworth Hall at St Mark’s, which is opposite the main registration desk and along the corridor

(from the rooms used in previous years). It is closer to the refreshments and the toilets and larger than the previous seating area, which will enable us to accommodate the increasing numbers for this event (more than 80 in April 2019).

We look forward to welcoming regular Information Day attendees as well as new members and guests, your friends and family and also potential pouches who might be considering the operation, to hear and discuss the latest news and information pertinent to the pouch community.

So, Saturday 25 April: save the date (as they say). Keep an eye on the website (www.pouchsupport.org) for details of the agenda and the speakers in due course.

Best wishes
David Davies
Red Lion Group Chair



When did you last suffer a fracture?

Chances are it was some time ago. However, bowel problem sufferers can be more prone to a broken wrist, hip or ankle than others due to a condition known as osteoporosis. Red Lion member Sandy Hyams explains

Seven years ago, I had a nasty fall, breaking and dislocating my shoulder and sustaining nerve damage. I also started suffering from back pain which no amount of pain-killers seemed to budge.

To add to my woes, I discovered that I had wedge compression fractures of the spine when the bones become “squashed” due to their reduced strength.

As you can see, I’m not one to do things by halves! In fact, I lost count of the number of physiotherapists I visited in a vain attempt to relieve my constant pain. And it was not until a GP suggested I have a DEXA scan* that I discovered osteoporosis had been the culprit all along.

It all started when I tried to reach up into the top of a bedroom wardrobe to lift down a blanket and fell in the process. When I fell over there was a loud crack as I felt my bones go.

As part of the fall-out (excuse the pun!) I lost about three inches in height and suddenly – it all seemed to happen overnight – I found all my trousers were too long and I couldn’t get up to shelves that had been well within my reach before.

Brittle bones

So, what exactly is osteoporosis? It is a brittle bone condition that is usually discovered – as in my case – after a fall. An estimated one in two women and one in five men over 50 suffer such fractures which usually occur in the wrist or hip.

Osteoporosis is often referred to as the “silent epidemic” and UC (ulcerative colitis) and Crohn’s sufferers are particularly prone to it. Among the danger signs for bowel disease sufferers are long-term use of steroids, low body weight, poor food absorption and long periods of immobility.

Other contributory factors are family genes, low calcium intake when young, heavy smoking, excessive drinking and lack of exercise. Low bone density also increases with age and one of the major risk

factors for post-menopausal women is a declining level of oestrogen, the hormone which protects by balancing the removal of old and the renewal of new bone cells.

Key remedies

Reassuringly, osteoporosis can be treated and prevented. Three effective ways to help strengthen your bones and general skeleton are to revert to a calcium-rich diet, use weight-bearing exercises at home or at the gym and take Vitamin D supplements as well as as much natural sunshine as possible! All these remedies help the body to absorb calcium.

For many years the only treatment available for women with osteoporosis was HRT (Hormone Replacement Therapy). Now, however, there is a range of non-hormonal drugs on the market, including the commonly prescribed bisphosphonates, which are mostly in tablet form and taken either daily, weekly or monthly. There are also intravenous and subcutaneous injections. Like most medicines, they all have possible side-effects. For instance, bisphosphonates can cause digestive irritation, a sore throat or difficulty in swallowing.

For me, one of the drawbacks of regular tablets was needing to take them first thing in the morning on an empty stomach and then remaining upright for 30 minutes afterwards. After speaking to a consultant, I decided to opt for Prolia (known as Denosumab), a twice-yearly jab given at my local GP sur-

gery. A week before each injection I have a blood test to check my calcium and vitamin D levels.

If you think you might be at risk of osteoporosis, it would be a good idea to discuss with your GP whether you need a referral for a DEXA scan. It could certainly save you the pain and misery of broken bones in the future. Although osteoporosis does not make a fracture a certainty, the chances of suffering a broken bone are undoubtedly more likely.

**Most hospitals have this scanner which measures the bone density of the spine, hips and femurs and is a simple and pain-free procedure that uses very low doses of radiation.*

For more information on any aspect of osteoporosis, you can phone the Royal Osteoporosis Society (ROS) helpline on 0808 800 0035 or email nurses@theros.org.uk. ROS also has an extensive range of free booklets, leaflets and factsheets about the condition.

Ed: If any Red Lion Group members have had similar experiences to Sandy’s, please write to our Letters Page (cbrowne@brownmedia.co.uk).



Sandy Hyams with her Welsh terrier, Lucky

How Rebecca took those vital first steps to recovery

Red Lion Group member Rebecca Berzins almost became an also-ran when pouch surgery threatened her passion for running. Then sheer determination took over

I've always been a keen runner, enjoying the buzz and camaraderie of several fun runs, 5ks and a half marathon or two – even during the four years I had a stoma.

However, I faced a much bigger snag in 2016 when I had a pouch operation. Suddenly I began to struggle to get back into my familiar running routine again, sometimes finding the timing of my runs tricky and unpredictable.

I decided that with some good planning there was no reason why I couldn't take it up again. So, at the start of 2019 I signed up for the Vitality 10k – a ten kilometre run through the streets of London. I decided that I'd be damned if my pouch was going to rob me of my passion for running!

I duly printed off a training plan and to the cheers of my four-year-old daughter, Cleo, shouting "Run faster Mummy", I set off running again. Despite not being altogether in the best of shape physically I knew that, on the days that I did feel up to it, stepping out for a run would make me feel like me again. Running always makes me feel fit, healthy and alive!

As race day approached friends and family started asking me how they could sponsor me, so I decided to use the opportunity to raise funds for the Red Lion Group. Having sat in on the AGM at the annual Information Day in April this year I knew how valuable the funds would be.

Sticking to my training plan was tough at times as on bad pouch days I couldn't run as planned. Yet I tried not to get despondent and kept in mind that I was taking part in a race that was important to me – not simply bettering past racing times.

During my training I ran first thing in the morning before I ate anything as I find that is the easiest approach. But on race day my start time wasn't until 10.45am so I knew I would need some fuel. I had a light breakfast first thing and left myself plenty of time to empty my pouch and make several toilet trips before the race started (although race day



Finishing touch: Rebecca Berzins with her Vitality 10k medal

nerves meant I've always done that anyway so I can't really blame my pouch!).

Being a little out of practice and somewhat short of training meant my knees were struggling by the halfway point, but I was pleased not to have to make any toilet stops during the race, which took me a little over an hour to complete.

It was wonderful to be back doing what I love again, and I am delighted that I raised £605 for the Red Lion Group.

Ed: Congratulations Rebecca! We very much appreciate your fundraising efforts.



Mum's the word: Rebecca's four-year-old daughter Cleo

A team of many parts

Quietly and without fuss the St Mark's Hospital Foundation fosters many of the hospital's key medical, surgical, educational and fundraising projects including the latest revolutionary robot technology

How many of you have heard of the St Mark's Hospital Foundation? A fair number, I have no doubt. But just in case you haven't, the Foundation – or SMHF – is an independent charity that supports and raises funds for the hospital's pioneering research and education projects.

It has a staff of 11, led by its energetic CEO Jason Bacon, and is funded by donations from generous donors in the medical, surgical and associated fields and, impressively, has no financial support from the UK government.

The Foundation was formed in 2001 as a partnership between the hospital's existing education trust and its research foundation. Since then it has fostered hundreds of projects and is currently overseeing more than 40 "many of them within two key areas – cancer-related research which includes diagnostic research into polyps and inflammatory bowel disease research," said Jason.

The Foundation's largest single project to date has been its campaign to raise £2 million to fund revolutionary robot technology at St Mark's Hospital – a multi-year project that funds the purchase of the Da Vinci Xi robot (see story on pages 2 and 3).

The Foundation liaises with 28 research fellows at the St Mark's Academic Institute, which is also part of the Foundation, and collaborates with such leading medical research bodies as University College London (UCL), Imperial College London, St Thomas's Hospital and St Bart's Cancer Institute. As part of its remit, it runs education courses for trainee research and medical staff and surgeons.

Jason told *Roar!*: "Our main aim is to sustain and maintain St Mark's Hospital's research and education programmes and to help raise the profile of the hospital. While our key function is to raise money for research, as a delivery charity we also facilitate research projects, facilitate education courses and deliver medical research programmes."

Aptly enough it was the Foundation which was behind a recent branding initiative to add the title "The National Bowel Hospital" to the hospital's name, to give it greater cachet in the international medical, surgical and pouchcare fields.

To celebrate the 40 years since St Mark's Sir Alan Parks

and Professor John Nicholls created the pouch, the Foundation's 2019 Christmas message to its supporters is four stories of patients who have had such radical forms of surgery as Flex, a laparoscopic technique pioneered by St Mark's Professor Robin Kennedy, the Taser endoscopy technique for polyp removal, robotic surgery and, of course, the ileoanal pouch.

CHRISTOPHER BROWNE



Jason Bacon, St Mark's Hospital Foundation CEO (centre), and Dr Michele Marshall, a recent Foundation trustee (left), at the finish of the 2019 Prudential 100, a London-based cycling event covering the 100-mile course used in the 2012 London Olympics

What happened after Adam went through the keyhole!

Quite a lot as it happens. Here is part two of the story of Adam Bramley's recovery after his pouch operation in October 2018 (You can read the first instalment in the Summer 2019 *Roar!* pages 7 and 8)

I spent much of last winter snowboarding and splitboarding in France – as reported in *Roar!*. However, it was pretty tough on my body, and, with hindsight, probably not a rehabilitation programme I'd recommend to anybody.

So, I decided to return home in May this year, take a fairly standard office job and work on getting back to fitness again. It meant that months six to 12 with my J-pouch were all about putting effort into recovery and assessing what habits, food choices, activities and drugs suited my new body – and which ones didn't.

May through August was a period of rapid and continuous recovery. I joined a gym and had plenty of energy to attend three times a week. I kept putting weight back on in the form of muscle and noticed my capacity to lift weights starting to come back towards the level I reached before I fell ill. Not exactly 120kg squats again – but it's now in sight!

I started to feel improvements every couple of weeks in two key areas – my pouch's response to exercise and my surgical wounds' response to strain. While ski-touring in May, and while trying to run during that time, my pouch seemed very sensitive. Its default response was to give the signal that it wanted to be emptied, and it would do this after only a few minutes of being jostled around by a gentle jog.

Over the course of the summer, this became less and less, until eventually I felt comfortable running as far as I wanted to (I get bored just running – 10k is my limit!) without my pouch letting me know that it wasn't happy.

It was a similar story with my surgical wounds. As I started to work on my core again, I felt happier and happier performing exercises that targeted my abs, until the point when during my weekly core sessions I'd be using weighted cables, sit-ups, body-weight exercises and crunches – stuff that I felt far too delicate to touch before surgery. I also felt more resilient – like I could

entirely when she mentioned after one of her workouts in Italy that she was disappointed she didn't have a muddy field to exercise in. I didn't have to use much imagination to come up with a solution; and within a week we'd booked an OCR – obstacle course race – at Nottingham's Holme Pierrepont Watersports Centre.

The day came, and with it plenty of mud and rain – maybe even more than Valentina had bargained for! But we had a great time running, swimming and crawling around the obstacles. Particular highlights for me were being able to easily vault myself over walls higher than my head, and boost Valentina up

the same way. I wore a compression top for a little extra support but had no problems at all doing some fairly explosive exercise for a couple of hours – and the pouch felt pretty comfortable throughout.

Our next venture was hiking in the Italian ski resort of Sauze D'Oulx. Known as the 'Balcony of the Alps' for its spectacular views this is a



Adam Bramley (left) with his girlfriend Valentina during a coasteering exercise

twist freely, or take a hit and keep going. This was backed up by a visit to a physio, who despite easily picking out the weaknesses left by eight keyhole and one definitely-not-keyhole scars, gave the all-clear to resume exercise on my core like a normal person. Yes, you heard correctly, like a normal person!

My athletic efforts were given extra impetus by my girlfriend Val-

entina's 1,000m-high ascent to a lighthouse from the village below. My biggest issue here was my walking boots, which hadn't seen much use for a while and were far too hot and heavy for an Italian summer. I just about got away without blisters and did the whole four- to five-hour trip without needing to stop – and feeling really happy with my control over the pouch.

In August, it was time to get the bikes out and explore Yorkshire (as you do!). A 40-mile day in the saddle is much less explosive than climbing six-foot-high walls on an OCR, but it again gave me the opportunity to demonstrate control of the pouch while spending some serious time outdoors.

I reckon that at some points of this trip I needed to stop less often than Valentina did! A coastering (swimming, climbing, scrambling, jumping, exploring and caving) trip zipped up into a wetsuit for three hours was no problem and a trip to an indoor climbing wall posed no issues for my abs.

Amusingly, it was a day's hiking that proved to be the first time we'd had to turn back during our adventures together.

After having conquered 1,000s of vertical metres with and without splitboards in the Alps, we stopped about 60m shy of the 723m-high summit of the Yorkshire peak of Ingleborough – driven back by zero visibility, horizontal rain and ever-more-torrential waterfalls cascading over the top of our boots down the summit path!

Then a late-September beach trip to the north Italian resort of Alassio gave me a chance to get my shirt off and feel free in the sun and the water.

Sadly, I picked up a little bug which, as I think is often the case with pouchees, hit me quite hard. While my initial recovery was pretty quick, I've honestly not quite been the same since.

Still not quite 100% from the bug, there was one more challenge to overcome – a ski and snowboard skills test in the Swiss resort of Saas-Fee on a selection day for my prospective employer this winter – L'École de Ski Suisse de Villars. This involved a lot of travel – East Midlands to London to Geneva to Saas-Fee and back in three days, and on the day itself I had to ski on a glacier from 9am-3pm, again without the benefit of any facilities.

As if this wasn't tough enough, we had to perform ski and snowboard demos with minimal warm-up time on steep and icy terrain in front of the school's management team, all the while sharing the glacier

with a multitude of national teams participating in their summer training programmes. Somewhat cruelly the running order was decided alphabetically – guess who got bib number one!

Despite not feeling at all comfortable during the single warm-up run we were allowed, I managed to put it all together for the various tests, and I'm delighted to have been offered a job for the season. It'll take a little while to feel totally confident working outdoors again in all weathers, but it's going to feel great getting my career back on track.

So, would I do it all again? 100% yes. It's not been completely plain sailing. I tried to get back to normality far too quickly after surgery and for much of January to March felt deeply uncomfortable. Sadly, I'm feeling only about 60% at the moment, and have been for a few

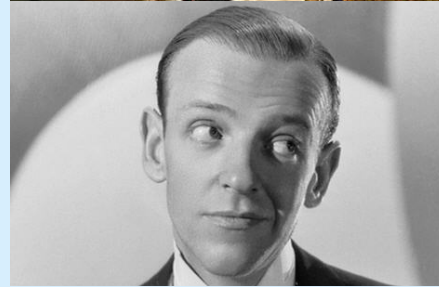
weeks. But I've taken a huge amount of confidence from an amazing summer of activities, and for a while I felt completely normal again – top off, pink shorts and suntan lotion to hand and enjoying the sun. There was a while when for hours at a time it wouldn't even cross my mind that I'd had J-pouch surgery – something I couldn't even feel for half-an-hour before.

However, I'm confident that with a bit of patience and hard work, feeling normal can become a familiar experience for me once more.

Ed: You're a real inspiration Adam and congratulations on your chutzpah. Recovery isn't always straightforward but being brave can often help speed it up.

If, dear reader, you have an uplifting recovery story like Adam's, I would love to hear from you and put your experiences into print.

Fascinating Facts



The famous Victorian novelist Charles Dickens was one of the first patients at St Mark's Hospital after it was founded in East London's Aldersgate Street in 1835. He was treated by the hospital's founder and main surgeon, Sir Frederick Salmon, after developing a fistula "as a consequence of sitting too much at my desk".

The operation was a success and the grateful author gave Sir Frederick a first edition of his novel *The Pickwick Papers* which he had just finished. He also donated 10 guineas

to the hospital and became its first patron. The by now pain-free author was able to write another 16 novels.

★ *What do Miley Cyrus, former US President Dwight Eisenhower, Napoleon Bonaparte, Fred Astaire and Queen Elizabeth, The Queen Mother, have in common? They all had ileostomies.*

★ **Can you name 10 films, books and television shows with the word "Roar" in their titles? Please send your answers to info@pouchsupport.org**

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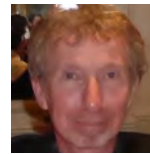
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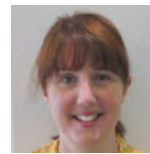
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Join the Red Lion Group

- Newsletter twice a year with all the latest news, views and events
- Membership is £10 (£5 for hardship cases, and free for under 16s) per annum
- Write to the Membership Secretary (see above) for a membership form

Write for Roar!

Ideas, Ideas and More Ideas

Yes, *Roar!* thrives on them for it's ideas that make the magazine the readable package that we all like it to be.

Whether it's something that happened to you on the way to work, an interesting holiday or personal

experience, an insight into your life with a pouch or a lively letter, please don't hesitate to send it in.

But then if writing articles isn't exactly your favourite pastime, we are always looking for cartoons, jokes, crosswords and competition ideas too.

That way we can keep your newsletter bursting with life and in-

Please email info@pouchsupport.org if your email address or contact details change

formation and make reading about pouch issues fun and stimulating. Please send your articles, letters and ideas to:

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cbrowne@brownemedia.co.uk



December 2019

To: The Treasurer

THE RED LION GROUP (REGISTERED CHARITY NO 1068124)

Please send this form to Jim Symington, Pantiles, Marlow Hill, High Wycombe, HP11 1QL, United Kingdom

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..... **Post Code**

Signature **Date**

Please tick if a non-taxpayer **You will then be registered as a full member but we will NOT make any claims for Gift Aid on your behalf.**

NB Once you have previously completed THIS form it is only necessary to complete again if your tax status or home address has changed or you want to cancel this declaration.

STANDING ORDER

NAME AND ADDRESS TO:.....BANK, PLC

OF YOUR BANK IN CAPITALS OF.....

SORT CODE (shown at the top right of your cheque).....

YOUR ACCOUNT NUMBER

YOUR ACCOUNT NAME

Please pay to NATIONAL WESTMINSTER BANK PLC
BATH, STUCKEYS BRANCH, 39 MILSOM STREET, BATH. BA1 1DS UK

SORT CODE 60 – 02 – 05

FOR THE CREDIT OF THE “RED LION GROUP” CLUBS/SOCIETIES RESERVE ACCOUNT, ACCOUNT NO. 83583904

THE SUM OF £ (IN WORDS.....)

COMMENCING ON THE FIRST DAY OF JANUARY NEXT AND ON THE SAME DATE EACH YEAR UNTIL I SEND YOU WRITTEN CANCELLATION INSTRUCTIONS.

Signature:

Date: