



SUMMER 2021

#61

PLUS...

The silent revolution
Major changes at St Mark's

The catheter crisis
What happens next?

Twins with identical careers

Find out more on page 8



Regional Reps

Here is our current list of regional reps with home telephone numbers — please feel free to contact your local rep and get acquainted.

If you would like to be a regional rep, please contact **David Skinner** on **01708 455194** or by email at **info@pouchsupport.org**

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Lisburn
02892 661559

WILTSHIRE AND SOMERSET

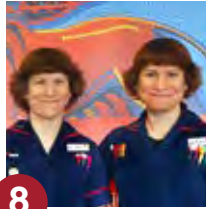
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CONTENTS



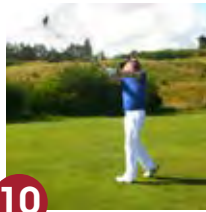
6

- 3 Notes from the Editor
- 4 The thoughts of chairman Davies



8

- 5 How we zoomed into summer
- 6 The quiet revolution



10

- 8 Identical nurses
- 9 Speakers' Corner
- 10 Golfer Gary's secret handicap
- 12 Where have all the catheters gone?
- 13 Flushing away pouchitis
- 14 Fun & Games
- 15 Contact the Red Lion Group



RED LION

Pouch Support

All donations, however small, towards expanding the work of the group will be gratefully received. You can donate online via the donate button on the RLG home page **pouchsupport.org**

Please support the Red Lion Group

Registered Charity number 1068124



NOTES FROM THE EDITOR



How cool are you in a crisis? Would you describe yourself as a Gareth Southgate (remember him?)? Or are you more of a crazy Mr Bean? Or perhaps like me you're a bit of both.

It's all relative really. Look how calm and unhurried many of our friends, families and work colleagues have been during the past 18 months of adversity. And what would we have done without the steadfast presence of the NHS?

The same demeanour has been shown by St Mark's Hospital during Covid. The North West London Healthcare Trust (LNWHT), the hospital's Trust, faced a very real crisis when on 5 March, 2020, a patient at Northwick Park Hospital, St Mark's sister hospital, was confirmed as one of the UK's first cases of Covid.

Northwick Park was soon named as one of a small group of UK hospitals specialising in coronavirus cases. It meant all of its general surgery had to

be halted and the key services at St Mark's - bowel surgery, the inflammatory bowel disease (IBD) service and intestinal rehabilitation - transferred with many staff members to Central Middlesex Hospital, a green, non-Covid member of the same Trust.

To find out more about how St Mark's and the Trust managed to keep their cool during a crisis read "The quiet revolution" on pages 6-7 of this issue.

The "Wow" factor

And I'm sure you've noticed the heartening surge in the Red Lion Group's activities in 2021? Let's start with our very own Wow! Factor! - a brightly-coloured, RLG "Can't Wait" card. As a proud owner of one of these you will not only join an exclusive club but, crucially, spare yourself the embarrassment of a nasty accident.

Devised by membership secretary Gary Bronziet, the cards also have their own QR code giving you access to

vital facts and figures about the pouch and the lowdown on how to approach your GP in a crisis. Find out more at the foot of this page.

Then there's Wow Factor number two - the monthly Zoom forums RLG launched recently.

Their greatest merit is intimacy. By joining a forum you can share some of your most private and personal issues with fellow pouchees knowing that you will always get a sympathetic, often knowledgeable, response (see page 5).

Those seeking more urgent advice can view the feed from the J-Pouch Support Facebook Group on our website (pouchsupport.org) or with the QR Code (see on the right).

Have a happy and healthy summer!

Christopher Browne

Editor

cbrowne@brownmedia.co.uk

'You can spare yourself the embarrassment of a nasty accident'



SCAN ME

Help! Urgent! Can't Wait!

It's no fun getting caught short as most of us know only too well. Embarrassing, awkward, painful and sometimes downright unpleasant. However, help is at hand, for RLG - and membership secretary Gary Bronziet in particular - have come up with a solution - a Can't Wait card.

So when you desperately need the loo in a shop or another public place or even when you are visiting friends or family, you can now show your card and get almost instant relief.

On the front of the card is an urgency sign. While on the back is the global Medic Alert symbol and

a QR code which opens the Red Lion Group website and all the key information you need from pouchcare facts and figures to major operations.

The card is free to all RLG members (see above). If you haven't received yours or are a non-member and would like one, please contact **Gary Bronziet** at membership@pouchsupport.org.

For non-members, the card can be purchased for a small donation (£5 recommended). But why not

Urgent - I can't wait!

The holder of this card has a medical condition and needs to use a toilet urgently

"I need to use the toilet"

"J'ai besoin d'utiliser les toilettes"

"Necesito usar el inodoro"

我需要上厕所

THANK YOU FOR YOUR KIND HELP

Issued by the Red Lion Group, a UK registered charity no. 2269224



become a member for just £5 more and receive the other benefits of joining the Red Lion Group?

You can become a member at pouchsupport.org/join or scan QR code.



SCAN ME



LETTER FROM THE CHAIR

The thoughts of chairman Davies

RLG chair **David Davies** is full of seasonal cheer



Dear RLG Members,

Covid drags on and the pandemic has had profound effects on our lives. Hopefully you are all in good health and keeping safe and getting vaccinated. The effects on the National Health Service have been profound, with Northwick Park Hospital (right next door to St Mark's) assigned a role as a front-line centre for Covid treatment, the reassignment of clinical staff to Covid-related roles and a reduction in bowel surgery procedures undertaken at St Mark's.

Janindra Warusavitarne, an RLG patron and one of the top St Mark's pouch surgeons, commented during an RLG webcast earlier in the summer that the number of pouch surgeries he had been able to perform in 2020 had been severely restricted. He also mentioned a lengthy waiting list for consultations as an inevitable consequence of the stretched resources.

We can only hope that the recent upsurge in Covid cases will be a temporary blip that doesn't delay a return to more normal times.

Some of you will already know of the relocation of bowel surgery to the Central Middlesex Hospital (CMH), a modern and spacious facility in London's Park Royal. Jason Bacon, the CEO of the St Mark's Foundation, commented only recently on an RLG webcast, that this move could still yet prove to be permanent, but nobody knows how the reorganisation will play out as the threat of Covid hopefully subsides.

The work of the pouch nurse specialists at St Mark's has also been disrupted, but they remain committed to answering phone messages and

emails from pouchees throughout the country, whether or not they are patients at St Mark's. Zarah Perry-Woodford, St Mark's nurse consultant for pouch and stomacare and her colleagues are working on exciting projects such as a much-needed pouchcare protocol for medical staff throughout the country. RLG, of course, fully endorses such exciting initiatives in the best interests of you, the members.

Audience participation

During these times, RLG has risen to the challenge of supporting the pouch community, with a number of initiatives. The 2021 Summer Zoom Webcast series has been a tremendous success with a multitude of experts delivering evening webcasts on different aspects of pouch surgery and care (see page 9). The series continues until at least September and full details are on the RLG website pouchsupport.org, along with recordings of the events in case you have missed any of them.

The webcasts have attracted large audiences with many questions from the audience, almost all of which have been answered by the speakers during the lengthy Q&A sessions. Thanks to Christopher Browne for lining up the speakers and Gary Bronziet for the technical arrangements, including a simplified and improved system for registering via the website.

The magic of Zoom

Another successful initiative has been the monthly RLG Zoom Forums, a chance for pouchees and potential pouchees to get together via the magic of Zoom to discuss pouch-related matters in a supportive and friendly environment. Such has been their success that these have run all year and will continue probably for the rest of the year at least.

Once again all the details are on the RLG website and the next forum will take place on **Monday, 9 August at 7.30pm**. We hope to see many of you there and look forward to more entertaining and informative discussions around common pouch issues that many of us have faced on our respective pouch journeys (see article on page 5).

Trustee Sinead MacDonald has been chairing a fundraising sub-committee to raise money for the charity through various activities and

initiatives. One such success was the approach from a clinical research organisation in the UK to publicise a trial of a new biological medicine being developed specifically for the treatment of pouchitis (see page 13).

We were pleased to publicise the trial as a potential benefit for our membership and in the process received a four-figure donation from the contract research organisation. Among other things the money has been spent on

'We can only hope the recent upsurge in Covid cases is a temporary blip'

funding the natty RLG Can't Wait cards which are provided courtesy of the Trustees to each of our members in this issue of *Roar!*. On the reverse side is a QR code which leads people to a landing-strip domain with comprehensive details of the pouch operation and pouchee care for the medical community should you need to inform them what a pouch is and what healthcare issues it correlates with. We hope you won't need to use it too often, but provide it for you to carry as a reassurance – just in case. Non-members will need to pay £5 for the privilege of owning their own RLG card. Thanks to Gary Bronziet for driving this initiative.

A major landmark

Last but not least, the J-Pouch Support (UK specific) Facebook Group feed is now available on the RLG website and is packed with posts and tips from pouchees and potential pouchees. A major landmark was reached recently with the 1,000th member signed up and members continue to grow at the rate of four per week. This is the largest online pouch community that I am aware of throughout the UK and Europe and is testament to our commitment to extend our support to pouchees throughout the UK.

Enjoy this latest edition of *Roar!* and tell your friends about RLG to inspire their membership. And think about making a donation to the charity to allow us to continue to help support you and other pouchees around the UK. It would also be terrific if you could give us some feedback – what you like and what you would like to see more of in the magazine and on the website in future. What is your pouch story and would you be prepared to share the details with others?

Lastly, we are migrating towards computer-based communications as opposed to written documents. Please let us know your email address for future communications at the touch of a button and please consider setting up a standing order for your annual membership if you haven't already done so.

Keep up the good work and a very happy (if occasionally wet and windy) Summer!

David Davies
RLG Chairman

Why RLG positively zoomed into summer

Chairman **David Davies** sums up a year of online workshops and finds out what today's pouchee really thinks and feels

The advent of the Covid cloud has given us a number of silver linings, not least the use of internet-based tools such as Zoom to improve interactions between groups of people from the comfort of their own homes.

RLG pioneered internet-based communications for our "Zoom into Summer" series of webinars in 2020, to make up for the lack of an Information Day at St Mark's Hospital due to Covid restrictions.

Such was its success that we decided to launch monthly Zoom forums for pouchees to meet, discuss challenges, problems, issues, anecdotes, funny experiences, anything and everything around living with a pouch or indeed for prospective pouchees to meet other pouchees and learn more about living with a pouch.

The forums have grown in popularity and we now have a regular hard core of attendees with others dialling in as and when convenient (zooming in from the USA, France and Portugal among others). The emphasis is on informality and there is no agenda. We discuss whatever people want to talk about on the night. However the events are not recorded due to the sensitive nature of some of the discussion.

Recently we have kept the men and women together by popular demand and this seems to have been very well received with greater engagement and wider contributions.

If you want to join in please do not be shy – you don't have to speak if you don't want to and you don't need to have your camera on if you have embarrassing wallpaper!



LEFT: A Zoom forum mid-session



BREAKING NEWS

The quiet revolution

The transfer of services from St Mark's Hospital to Central Middlesex Hospital has been a major talking-point

The times they are a'changin'. Could there be a more apt message for recent events at St Mark's Hospital than the words of the folk singer Bob Dylan?

The changes, which were the hospital Trust's response to Covid-19, have meant that St Mark's key services – bowel surgery, intestinal rehabilitation and the inflammatory bowel disease (IBD) service – have been transferred to the green, Covid-free Central Middlesex Hospital (CMH) – five miles away.

At the same time seriously ill patients needing emergency care have continued to be admitted through the A&E department of Northwick Park Hospital, which adjoins St Mark's and is a member of the same Trust.

"Responding to the Covid-19 pandemic required changes to the way we provide clinical services across our hospital sites," Jean-Pierre Moser, of the London North West Healthcare Trust (LNWHT), told *Roar!* magazine.

"The changes have ranged from temporary reductions in operating hours and pauses in services to partial or full-service relocations within and between sites. The move ensures that, so long as St Mark's services remain at CMH, comprehensive care can be assured and maintained," he said.

The move has been "crucial in increasing the number of beds on the Northwick Park site which continues to come under a lot of pressure from emergency admissions," said Mr Moser.

"As we re-focus from Covid recovery onto planning for the long-term future, we have started to review all the service changes that have happened over the past year," said Mr Moser.

The main wards of Northwick Park meanwhile have been used as a major treatment centre for Covid patients.

Why was CMH chosen?

CMH is an ultra-modern hospital in London's Park Royal business estate and is a member of the same Trust as St Mark's. "St Mark's has an international reputation for excellence which comes from the team providing a fully-integrated service.

"The transfer of St Mark's services to CMH ensures that clinical safety and continuity of care can be maintained," said Mr Moser.

'Responding to the Covid-19 pandemic required changes to the way we provide clinical services'



ABOVE: Central Middlesex Hospital



RIGHT: The entrance to St Mark's Hospital



How to get to CMH

Central Middlesex Hospital's postal address is **CMH, Acton Lane, Park Royal, London NW10 7NS.**

The nearest Tube stations are Harlesden and Willesden Junction which are both approximately 15 minutes away with nearby buses, taxis and hospital parking available for patients travelling by car.

For more information go to:

<https://www.inwh.nhs.uk/central-middlesex-hospital>

‘Joining St Mark’s has been an incredible opportunity and a dream of ours’



Parallel lives: Rali and Petya Marinova

The St Mark’s twins with identical nursing careers

Patients and staff on the wards of St Mark’s and Central Middlesex Hospitals could be forgiven for seeing double for twin sisters Petya and Rali Marinova both work as specialist nurses in the two hospitals’ stoma and pouchcare departments.

The twins were born and brought up in Bulgaria and while they were at school their parents moved to Italy. The intrepid duo later joined them and decided to train as nurses. “We always liked the idea of nursing and our parents kept encouraging us to consider it as well as they thought it would be a great fit for us,” says Petya.

Studied nursing in Italy

So the Marinova twins studied for their nursing degrees while they worked on the wards of local Italian hospitals. “Almost as soon as we

started our clinical placements we knew that we wanted to look after stoma and pouch patients,” adds Petya.

Their next move was to Ireland where they worked on several general surgery and colorectal wards, commuting to Italy’s world-famous Padua University while they studied for Masters’ degrees in Stomacare and Incontinence Rehabilitation. They were both awarded honours degrees.

Welcoming and supportive

Two years ago, after spending a year in the urology ward of a London hospital, the twins joined St Mark’s Hospital – Rali as a specialist stoma nurse and Petya as a specialist pouch nurse.

“Joining St Mark’s has been an incredible opportunity and a dream of ours, and we couldn’t be happier to be part of this amazing place and

especially our team with everyone always being very welcoming, supportive and caring,” the twins told *Roar!* magazine

“We have gained great experience in looking after stoma, enterocutaneous fistulae and pouch patients on both acute wards and in nurse-led clinics as well as participating in research, department audits, protocols development and in-house staff education,” they said.

“I think it was confusing for our colleagues at first, but now they can tell us apart – most of the time,” quips Petya.

The Bulgarian-born sisters have identical interests too. At their home near the hospital, they have a small menagerie of pets, enjoy a mutual love of baking and are fanatical Liverpool FC supporters.

Speakers' Corner

A group of experts add sparkle to an RLG summer

What a summer we've had! Basking in weekly doses of unrelenting sunshine? No chance. Instead we've been able to enjoy the higher things in life such as wisdom, knowledge and expertise thanks to a series of "Zoom into Summer" webcasts by some of pouchdom's most respected speakers.

The first was by Janindra Warusavitarne, St Mark's consultant colorectal surgeon, RLG patron and *Roar!* correspondent. In his webcast "Through the keyhole - latest developments in pouch surgery" Janindra said the onset of Covid meant he had performed far fewer operations in the past 12-18 months than in previous years. He also revealed a fascinating fact. He said the number of problem pouches that needed replacing in the UK was 30% - compared with a far higher 50% in Sweden - a figure he said was "quite staggering". Janindra's fellow RLG patron, Professor John Nichols, co-founder of the pouch and former St Mark's clinical director, gave a unique review of modern surgery from the early days of 16th-century anatomy at Italy's famous Padua University to the 41-year-old creation of the pouch by St Mark's Hospital's Sir Alan Parks - ably assisted by Prof Nichols himself. And it was positively heartwarming to hear the many tributes paid to Prof Nichols from his former patients in the Zoom audience.

"Keep taking the tablets - a guide to the best drugs and when to take them," was the catchy title of a talk by Uchu Meade, Head of Pharmacy at St Mark's. She said many pouch-owners have faster transit times for drugs and tablets than other people which allows less time for them to be absorbed. She also showed how the drugs loperamide and codeine phosphate can act as effective pouch control agents. On the

much-debated subject of free prescriptions, Uchu said a group of government and NHS representatives were due to review the position for pouches next year.

If you want to know how to manage a pouch that behaves badly, ask Professor Ailsa Hart, St Mark's consultant gastroenterologist and sub-dean of the St Mark's Academic Institute. For this was the subject of her informative webcast. Prof Hart gave us many graphic examples of problem pouches, and said that despite years of rigorous research, no one yet knows the cause of pouchitis. She said the condition has a genetic backdrop and occurs almost exclusively in people who have had uc and very rarely in FAP (familial adenomatous polyposis) cases.

Jason Bacon, CEO of the St Mark's Hospital Foundation, the non-NHS charity that funds major projects and oversees key medical research and training at St Mark's, spoke about the transition of services from St Mark's to Central Middlesex Hospital during Covid. It had enabled many services such as outpatient appointments and consultations to be streamlined and held on Zoom and to start moving much of the hospital's behind-the-scenes paperwork online.

And to help keep yourself in trim for the rest of the summer why not tune in to the next webcast "Healthy eating for Patients with an Internal Pouch" by Gabriela Poufou, Advanced Specialist IBD Dietitian at St Mark's, on Wednesday, 4 August, at 7.30pm. To register for her talk go to <https://pouchsupport.org/events>.

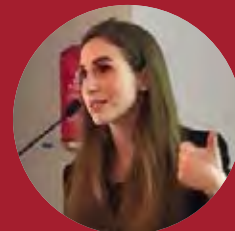
Or if you missed any of these events you can listen to the recordings on the RLG website pouchsupport.org.

Happy listening!

Janindra performed far fewer operations recently than in previous years



Ailsa Hart



Gabriela Poufou



Janindra Warusavitarne



Uchu Meade



Jason Bacon



John Nichols



Why golfer Gary's back pain is his 'handicap'

RLG's membership secretary **Gary Bronziet**'s excitement and relief at the recent reopening of the UK's golf courses was marred by a more personal difficulty

Do you suffer from back pain? You do? Well you are just one of 30 million sufferers in the UK – or slightly more than 40 per cent of the population.

However hard we may try to correct our postures or avoid strenuous activity, back pain can catch us unawares and give us a painful reminder of how mortal we really are.

Someone who knows more about back pain than most is RLG's hardworking membership secretary and IT guru Gary Bronziet.

Ropey colon problem

Gary's problems with his back started when he was a boy and continued after he developed ulcerative colitis (UC) – though he says he hoped that after

getting rid of his "ropey colon" his back and eye problems [he also had an eye condition called uveitis] would magically disappear. But sadly they did not.

Since then Gary's 34-year-old pouch has been "extremely well-behaved and the uveitis flare-ups less frequent. However my ongoing chronic condition has been my lower back and to a lesser extent other joints including my elbows.

"As a keen golfer that is not an ideal situation and when people ask me for my handicap, my usual answer is 'my back'."

Handicapped maybe, but undeterred. "If I waited for the symptoms to wear off, I would never play. What I have found is that movement is the best



LEFT: A straight-backed Gary tees off at his local golf course

BELOW: Golfer Gary relishes a visit to the famous Scottish golf course Gleneagles



'Even on the days I wake up in pain and can hardly move, I just grit my teeth and go and play!'



Google and have convinced myself that my back and joint symptoms are probably spondylitis [ankylosing spondylitis or inflammation in the vertebrae]. This would not be surprising considering my history," says Gary.

Then he found a possible missing link – a gene called HLA-B27 which is found in people who have uveitis and with certain autoimmune conditions such as spondylitis and ulcerative colitis. However when he was tested for the gene it proved negative though his consultant said the test may not have been conclusive.

thing for my back. So even on the days that I wake up in pain and can hardly move – I just grit my teeth and go and play. I find that once I start swinging, it eases a bit.

"Of course my back problems do affect my play, and if I try to play 18 holes, towards the end it becomes too uncomfortable. That's why I typically play only nine holes these days. Then on the way home, the back stiffens up again and by the time I get back and hobble through the door, my wife Jacquie will look at me and question how I even managed to play!

"I've had my back poked, prodded and scanned by a stream of spinal surgeons. The first diagnosis by one spine surgeon, after an MRI scan, was lower-five disc degradation which was

not unusual for someone of my age but not the cause of my lower back pain," says Gary.

"Being aware of my history of UC the surgeon suggested another type of scan. This was a nuclear (SPECT-CT) scan, which is used to identify inflammation. Sure enough, my spine was riven with inflammatory hot-spots," he explains.

Diagnosis by Google

Over the years Gary has taken up Pilates which he strongly recommends to fellow back pain sufferers. He has also found that an occasional facet joint injections [an injection in the spine] give him temporary relief. And then there's Google.

"I recently resorted to diagnosis by

How about you? Have you too had spells of back pain?

As Gary puts it: "I wonder how many of you have a similar history and whether you have been tested for the HLA-B27 gene? If you have any experiences to share, please feel free to write to me at gary@bronziet.com"



ABOVE:
A Medena
catheter

Where have all the catheters gone?

Well they haven't gone yet. But the growing number of pouch-holders who use these 12-inch plastic tubes for emptying have had some disturbing news

Wellspect, the Sweden-based distributor of the popular 12-inch Medena catheter, recently announced that due to lack of demand they will no longer be supplying the product.

This prompted *Roar!* to start a search for new sources. When we contacted Torbon, the catheter's manufacturer, the US company said: "We only supply them to organisations and individuals in the USA. We do not export catheters, on prescription or otherwise, to the UK."

Undeterred we phoned several US-based suppliers of the catheter. To no avail. Every company we spoke to said they did not send them to the UK and if they did they could only be obtained as one-offs instead of in their traditional packs of 15.

One US supplier gave *Roar!* the names of three Australian companies they said supplied catheters to the UK. A number of phone calls later, we discovered the first was a company that specialised in breast enhancements

while the other two supplied medical devices but not catheters.

When we spoke to Wellspect, a spokesperson told *Roar!*: "Unfortunately our ileostomy catheter is produced in very small volumes and global demand is both low and in steady decline. We have therefore had to take the difficult decision to discontinue this product."

The company said they currently have enough stock to continue to supply the catheters for a minimum of six months. The spokesperson added: "While there are no direct alternatives currently available on the UK Drug Tariff, we are actively looking at products with other manufacturers/suppliers which may prove suitable. "We'll aim to keep you informed regarding an exact date after which

the product will no longer be available on prescription and also if there is any progress with alternative manufacturers/suppliers. In the meantime, I'd like to extend my apologies for any inconvenience this has caused."

We replied that while Wellspect label the product an "ileostomy catheter", in practice it is also used by many UK and overseas pouch owners and the company's decision to halt distribution is causing the pouchcare sector much concern.

In the same vein, Theresa Parr, RLG secretary, has been using an alternative device called the Aquaflush. Like the Medena catheter, the Aquaflush is available on prescription. See <https://www.coloplastcharter.co.uk/Charter/oakmed/aquaflush/bowel-management/aquaflush-anal-irrigation/> for further information

'We have taken the difficult decision to discontinue the product'

If you have any news about alternative manufacturers or suppliers please let *Roar!* know by emailing us at info@pouchsupport.org

Meanwhile we will keep you informed of any updates on the RLG website www.pouchsupport.org

CLINICAL TRIAL

FLUSHING AWAY POUCHITIS

A US-based company is holding a clinical trial into a new drug to help combat the scourge of the pouchiee

Do you suffer from pouchitis with at least two spells in the past year? Does the problem persist even after a two-week course of antibiotics?

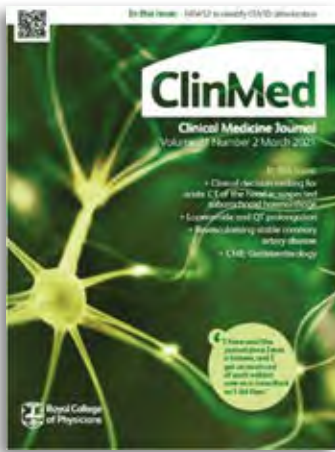
Are you aged between 18 and 75 and did you have your pouch surgery due to ulcerative colitis? Also is it at least a year since you had your surgery?

If you can answer "yes" to all these questions you may well be eligible to take part in a clinical trial being held at five UK centres in Lancashire, Greater Manchester, Merseyside, South Staffordshire and West Yorkshire over the coming months by the San Francisco-based MAC Clinical Research.

Each participant receives up to £1,135 plus reasonable travel expenses. To find out more please click on <https://researchforyou.co.uk/pouchitis-study-1/> or phone 0800 633 5507 (freephone) or else text MAC and your NAME to 81025.

In the interests of transparency, MAC is making a modest donation to RLG for helping to publicise the trial. RLG chairman David Davies said: "Antibiotics are the standard treatment for pouchitis but in some cases the condition persists after antibiotic treatment and there is currently no clinically proven treatment if antibiotics fail.

"We are excited by the prospect of a new treatment for this troublesome and persistent condition."



RCP's
ClinMed
journal

UC cases in the UK are rising, says new report

The number of ulcerative colitis (UC) sufferers in the UK is rising.

That is the finding of a recent paper titled "Ulcerative colitis – an update" by three St Mark's Hospital specialists. Yet as cases continue to increase, so do the treatments and techniques hospitals and gastroenterologists are using to help cure and combat the condition, says a report in the Royal College of Physicians' *ClinMed* journal.

The report – by St Mark's Hospital consultant gastroenterologist Professor Ailsa Hart, gastroenterology fellow Jean-Frederic Le Blanc and former St Mark's research fellow Jonathan P. Segal – says a new range of biologic treatments [commonly referred to as 'biologics'] which are currently at the clinical trial stage has "progressively changed the therapeutic landscape of UC".

The report points out: "As we gain a better understanding of the biological mechanisms that drive UC, it may become possible to find the right drug for the right person at the right time, while also ensuring that the broader goals of the patient (impact on quality of life, psychological and dietary support) are addressed."

You can find out more about this cutting-edge research on RLG's website pouchsupport.org



FUN & GAMES

A quirky Covid crossword from RLG committee member **David Skinner**

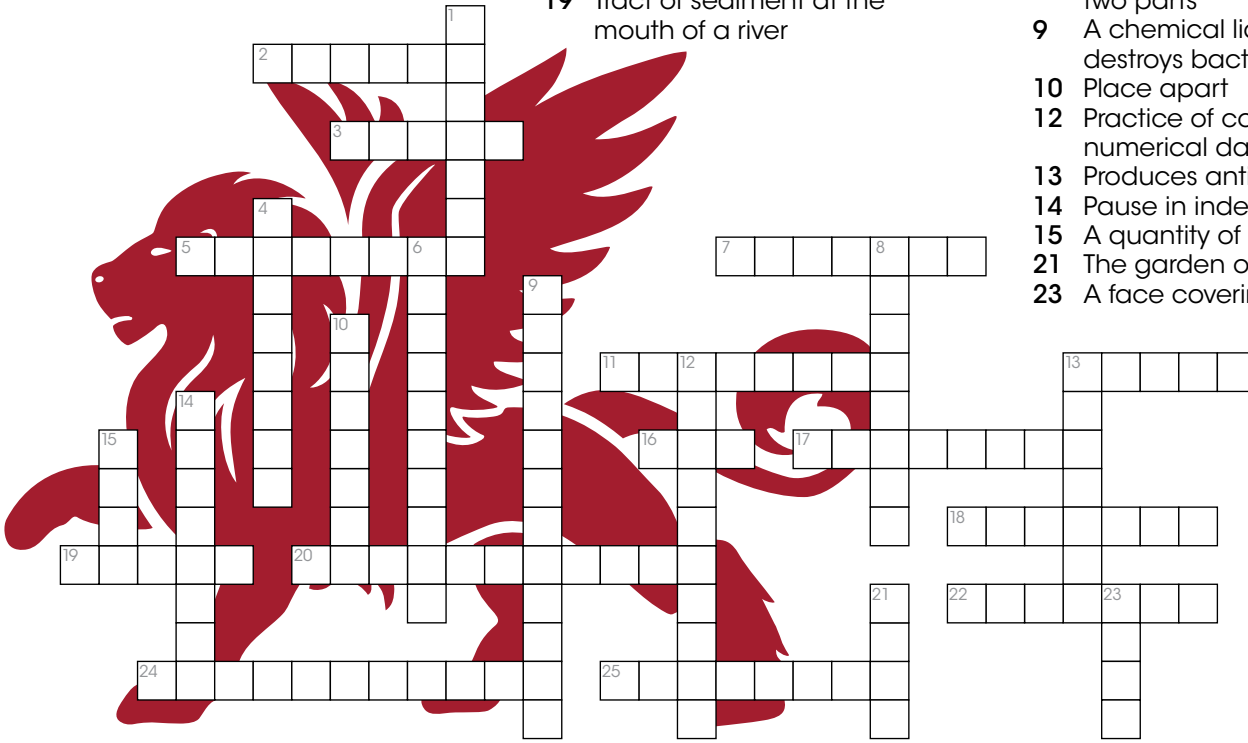
ACROSS

- 2 A long, straight-sided cigar
- 3 A country in Asia
- 5 Extremely severe or harmful in its effects
- 7 They say it came from China
- 11 Official document issued by the government
- 13 A submicroscopic infective particle
- 16 Poke roughly
- 17 Prevalent over a whole country
- 19 Tract of sediment at the mouth of a river

- 20 Awarded for gallantry
- 22 Regularly found in a certain area
- 24 A limiting condition
- 25 Confining of prisoners to their cells

DOWN

- 1 A form that varies from a standard
- 4 A meeting for giving information
- 6 We stood and clapped them
- 8 The length of space between two parts
- 9 A chemical liquid that destroys bacteria
- 10 Place apart
- 12 Practice of collecting numerical data
- 13 Produces antibodies
- 14 Pause in indecision
- 15 A quantity of medicine
- 21 The garden of England
- 23 A face covering



A Coffee-Time Quiz By David Skinner

- 1 How many years is it since England beat Germany in a football knockout competition before the team's June 2-0 victory in the European championships?
- 2 Name the ship in which Sir Francis Drake circumnavigated the world?
- 3 Which actress has won the most Oscars?
- 4 How many books are there in the Protestant Bible?
- 5 How many bytes in a megabyte?
- 6 Where were the first modern Olympic Games held?
- 7 Which is the fastest land animal?
- 8 Where was the first shop of Greggs the baker opened?
- 9 What is the total length of the London Underground?
- 10 Which actress famously said "I want to be alone"?
- 11 Name the four US presidents carved onto Mount Rushmore
- 12 Which colour is found on three-quarters of the world's national flags
- 13 How long is Hadrian's Wall
- 14 Name James Corden's character in the TV sitcom Gavin & Stacey
- 15 Vanilla comes from which flower?
- 16 Which bird can fly backwards?
- 14 How many shillings are there in a pound?
- 18 What is the chemical symbol for gold?
- 19 Who won Dancing on Ice in 2020?
- 20 How many fingers do the Simpsons' characters have?

ANSWERS: 1. 55 years; 1966; 2. The Golden Hind; 3. Katherine Hepburn (4); 4. 60; 5. A million; 6. Athens (1896); 7. The cheetah - reaching up to 70mph; 8. Gostorth near Newcastle-on-Tyne; 9. 250 miles; 10. Greta Garbo; 11. George Washington, Thomas Jefferson, Abraham Lincoln, Theodore Roosevelt; 12. Red; 13. 73 miles; 14. Smithy; 15. The orchid; 16. The hummingbird; 17. 20; 18. 4; 19. Joe Swash; 20. Four



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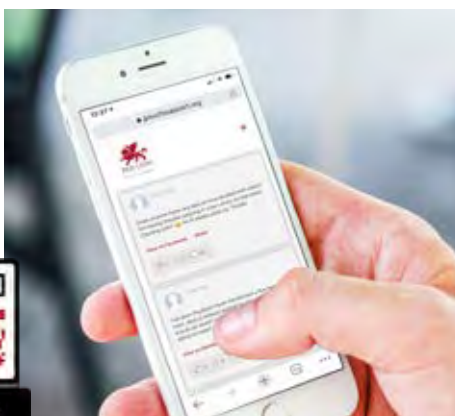
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