

Roar!



Produced as a
courtesy by
Dansac Limited

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

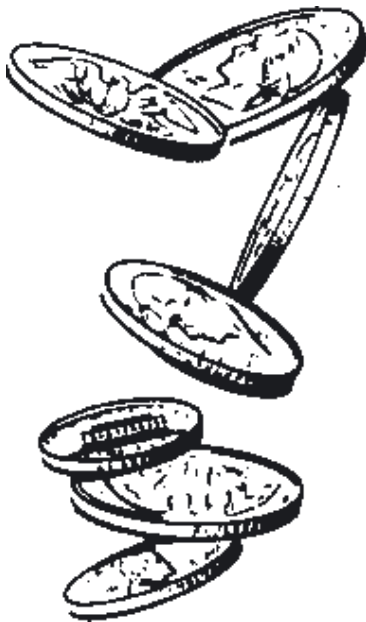
Prescription Charges No More

Chairman Dr Martin Peters was fed up paying prescription charges as a pouch owner so he went and did something about it.

When Dr Martin Peters had his pouch operation in 1987 people with ileostomies were the only ones to get free prescriptions. Pouch patients often require pads at night, drugs to help control their pouch and skin cleansers and creams to protect their tail ends from the undiluted enzymes that pour out of their pouches.

Yet it is widely accepted that they have to pay prescription charges in full.

Dr Peters is not a man to take such unfair treatment lying down



Are you throwing money away?

and he took action. He completed a form from his local GP claiming that he had a permanent stoma which just happened to be in his anus instead of on his abdominal wall.

Although expecting a long legal argument he was pleasantly surprised when almost by return of post he received an exemption certificate.

He now qualifies anyway

by virtue of his age but this needn't stop other pouch owners qualifying for exemption. Simply obtain the relevant form from your GP. You will need your GP's support so please show this newsletter if he or she is reluctant to back your claim.

Dr Peters says "I suspect that many pouch owners may be suffering in ignorance and paying for an array of medication. Through the Red Lion Group we hope to spread the word that they don't have to." Watch this space.



Julia Williams on page 4



A scoop for Roar! as we find out about Dannii Minogue's bikini on page 2

In This Issue...

Susan Walls lends Dannii Minogue her bikini p. 2

Tony Turtle gets engaged to a demon p. 3

Christopher Browne asks 'Who is Julia?' p. 4

Letters p. 6

Dannii in My Bikini

Television producer and pouch owner Susan Walls recalls her recent trip to LA to film pop-star Dannii Minogue

It's a cold day for LA in June, but the light is nice, and the shot looks fabulous. We're poolside at the Universal Sheraton Hotel, Hollywood: me, the director, a cameraman and soundman, and glamorous Dannii Minogue. Dannii looks indescribably lovely, and hotel guests stare at her in awe. She is wearing my bikini and, I have to say, it never looked so good.

I am still insecure about bikini wearing. It's exactly a year since surgeons removed my large bowel, and made a new pouch to do its job; it's six months since the ileostomy was closed; and three months since a horrible flare up of pouchitis. I'm getting used to the nine inch vertical scar on my belly, and to the strange stubby horizontal one which looks like a red scorpion, and marks the place where my innards were once my outards. But I'm not yet sure I want to share my scars with other people, especially not here in LA.

We're shooting a new television series called *The Scoop*, a factual entertainment show for teenagers. Dannii is getting ready to deliver a script about the history of bikinis.

Children's programmes are made on tight budgets, to tight schedules, with tight teams. So I'm acting as writer, associate producer, production assistant and now wardrobe mistress. Dannii discovered last night that her bikini goes see-through in the water, so she's had to borrow mine.

We record Dannii's pieces straight through - she's a natural performer, a fast worker, and extremely professional. This is good because today our schedule is as tight as it gets: we're shooting three complete stories.

Our interviewee for story two turns up and his jaw drops when he sees Dannii. He's a submarine designer who inadvertently invented a new underwater toy. He's travelled the world, but he has never seen anything quite like Dannii in a bikini. I have a new role - calming

down the interviewee, who looks like he's going to have some sort of attack any minute now.

We've been working flat out since early morning, and we won't break for lunch - we have another story to shoot this afternoon, eight miles away in south LA. I haven't been near a toilet for about four hours, and I am feeling pleased with

Dannii discovered last night that her bikini goes see-through in the water, so she's had to borrow mine.

myself. It's nice to be normal.

We finish the underwater shoot with the submarine inventor, get everyone dried off and warmed up, and start to pack up the equipment so we can set off for the next location.

This afternoon we're filming a story about a ten-year-old artist who has already sold over a million dollars worth of her extraordinary paintings.

She's called Alexandra Nechita and the world is going mad for her. The press have hailed her The New Picasso; everyone who's anyone wants one of her pictures; and she's had audiences with the President of the United States of America and The Queen. But Alexandra seems to be most thrilled about meeting Dannii - she falls instantly in love with her.

Capturing Alexandra's story on tape is a difficult and sensitive task. We work through lunch, and Dannii gamely offers to run out and get the sandwiches from the local deli so we won't starve. The crew decide that they too are now in love with Dannii. Honestly, if she wasn't such a kind, lovely and thoughtful person, you'd have to hate her.

It's a long, long afternoon, involving quite a bit of rushing around,

and a great deal of thinking, and I am starting to flag. We arrived in America a month ago to set up this shoot. Since then we've worked every day, we've flown to Orlando and back and for the past two weeks we've been filming flat out.

Although my pouch is holding up nicely, my stamina is waning. By the time we get back to the hotel at night, my legs are wobbly and I feel shattered. The others go off for a drink, and I go sadly back to the room, feeling a bit depressed because my body has let me down again.

This is a bad attitude, I tell myself as I surf through the interminable rubbish which clogs up the American night-time television schedules. Your body is doing its best, I say to my head, so be nice to it. The thing is, I'm not as strong as I used to be, and maybe I never will be. Three years of ulcerative colitis, with no remission, treated with

Today we are shooting a story about star-spotting in Hollywood, which is going to be a grab-what-you-can sort of shoot

massive doses of steroids, which induced pancreatitis, and finally two operations, followed by another infection, have left me weak.

But I won't accept this. I expect to be completely better by now because the leaflet I got from the hospital had a story about some guy playing rugby just *weeks* after the closure of *his* ileostomy. I console myself with the thought that I'm too small to play rugby anyway, and resolve to be kinder to my body, and let it get well at its own speed.

The next morning my head is feeling much better and more positive, but my body isn't working. I'm truly exhausted, and my legs won't

stand up properly. Also the pouchitis has returned and I'm in pain.

I decide to do the unthinkable on a foreign shoot and call in sick. This involves going to the bathroom where the producer/director is having a shower. Oh, I forgot to say - I'm married to the boss. He takes one look at me and suggests a day in bed. Today we are shooting a story about star-spotting in Hollywood, which is going to be a grab-what-you-can sort of shoot with few set-ups. Patrick, my husband, says they can cope without me for the day, which is reassuring and depressing all at once.

I think there are two things going on here: I've let myself get overtired; and I've got severely dehydrated. I keep forgetting that my new digestive arrangements mean I have to drink pretty much all the time.

So I drink lots of water, start taking a course of antibiotics - which I brought with me, just in case - and watch an American chat show featuring some really weird people.

By late afternoon, I'm feeling more like myself again, whatever that is. I'm pleased to note that I bounce back now from bad bouts much faster than I used to, which is a good sign. The team arrive back to the hotel, tired but triumphant, with some excellent material. They are kind enough to say that the shoot would have gone better if I had been there.

By evening I am well enough to go out for an end-of-shoot meal. Dannii suggests a Chinese restaurant on Sunset Boulevard called Chin-Chins, where she spies rock legends Earth, Wind and Fire having a meal together. She goes over to say hi - she played with them once in Tokyo. The rest of us hang around feeling cool and try not to stare too hard. The meal is excellent; light and not at all greasy, and just what my insides need at this moment. The toilets are sparkly and clean (I have to go twice). And the service is superb; probably because the servers have all fallen in love with Dannii. Great food, great company, great new digestive system. It's been a great shoot.

Living With a Demon

In the first of a regular series about life from the point of view of support for a pouch patient, Tony Turtle recalls how he found the road to love was paved with bodily fluids.

"Do I have the operation or not?" - a brilliant question to be asked less than two months into a relationship! I will agree that for married couples this question might not cause too many easy nights, but I had only just started going out with Sally!

So there I was, mid-33, not quite realising how much I felt for this thirty-five-year-old divorcee, and, thanks to a cousin in Lewisham, "commuting" to Northwick Park every day! (Who could have expected that within one short week, I would have been on the receiving end of every one of her bodily fluids!)

The next moment having hardly got to know the girl, she starts off by vomiting all over the floor of the ward... with me in the firing line! By day four blood, urine and faeces had been added to the list along with copious tears on the shoulder!

Still, as the nursing staff agreed when they found out how long we had been together, I must be a god-send. (I don't know if I agree with that?)

Once we had got over the one-part operation which went slightly astray (the nurses realising that things weren't quite right when a shout of "Get lost, you don't care about me!" was sent in my direc-

tion), we made the not-so-short journey back home to Hastings along with an unexpected ileostomy bag.

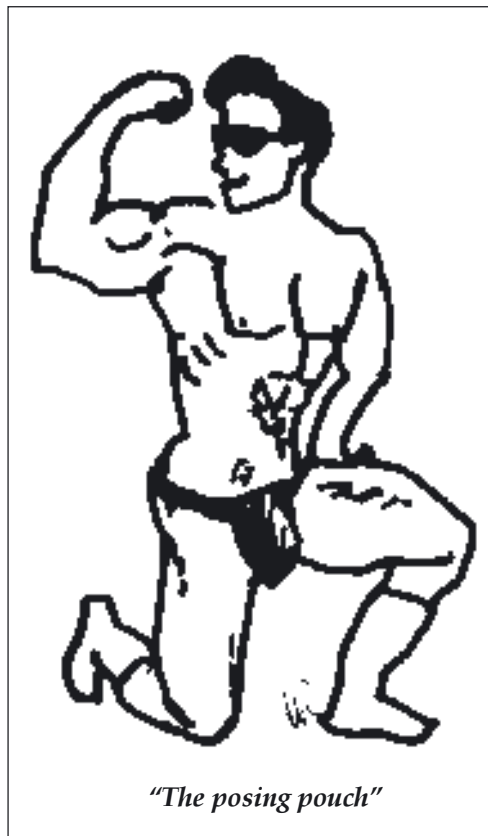
Isn't it strange, you don't realise how hilly your home town is until you start pushing someone in a wheelchair? Thank heavens for my experiences at Lourdes in the 80s, but then, in Lourdes, things are adapted for wheelchairs. Hastings is *not* wheelchair friendly, like most UK towns and cities.

It does make a change when, in planning things from the complex day out to the simple shopping trip, you start trying to visualise in your

mind the shortest, quickest routes to "friendly" shops or public conveniences that you can get into easily!

So, a piece of advice to the partners of both pre- and post-pouch patients. Get a map of your home town, mark the shops or cafés with accessible toilets and get in touch with the Red Cross for assistance with a wheelchair until your

partner is able to walk easily. Finally find the best taxi firm (and this includes both price, assistance and willingness to break the speed limit) if you don't have your own car, and remember: others have gone through this. I coped - so can you. By the way, Sally and I are getting married on May 14 next year!



"The posing pouch"

Julia At The End of My Bed

Christopher Browne gets to know one of the unsung heroines of St Mark's Hospital

The weekly meeting of Eavesdroppers Anonymous was in buoyant mood. We'd swapped a few gems about colons and semicolons, discussed the changing role of the NHS and, of course, who's-doing-what-to-whom-and-why-and-how-often.

Two doctors, a hospital porter and myself were talking about wickedness in the wards, when someone burst into the room and shouted: "Have you seen the brunette in stoma-care - the one with the great legs and the dazzling smile?"

"Yes," we all chorused. "It's Celia Myers. We all know Celia Myers...everyone's friend - and es-

Put simply, she is a friend, comforter and problem-solver for all those with an internal pouch or external stoma

pecially those who stick around long enough to appreciate the finer points of St Mark's social life."

"Hang on," continued our stubborn visitor, who turned out to be one of those red-blooded males who regularly turn up at outpatients. "Celia's certainly a bit of all right and she's got great legs, but she's a blonde."

"I'm talking about the other one," he said. "Surely you've heard about her and the biggest buzz at St Mark's. You get booked in for some surgery and wake up to find Julia Williams at the end of your bed."

So just who is the object of our friend's appreciation, this Julia Williams?

She has the rather grand-sounding title of Clinical Nurse Specialist/Pouch Support and Stoma Care Nurse. Put simply, she is a friend, comforter and problem-solver for all those with an internal pouch or external stoma.

The post was created when senior consultant surgeon John Nicholls

and stoma-care manager Celia Myers saw a gap in St Mark's after-care service...i.e. the need for someone to act as adviser and mother-confessor to patients before and after colon surgery.

Julia, who was working at King's College Hospital, London, was interviewed in February for the post by a panel of five. Two hours and seven cups of tea later, she was offered the job.

Julia has a vital role at St Mark's. The idea of appointing her was a moment of inspiration. Since February this year, she has seen more than a thousand patients, helping them over one of the biggest physical and emotional hurdles of their lives.

Major operations are isolating experiences. They can affect your relationships, your self-esteem, your livelihood, your lifestyle, and the family and friends nearest to you.

After your discharge from hospital, you need TLC, kindness and attention, and a longish period of recuperation. Sometimes you need to renegotiate your role as the head of a family, a manager in the workplace, a devoted mother or father, or whatever your particular place

She describes herself as an obsessive shopaholic, spending most of her extra cash on clothes

in life might be.

This is where Julia comes in. When I asked Celia Myers to describe Julia's job, she replied: "A caring nurse in comfy carpet slippers." An apt summary.

Yet, despite her pivotal role at St Mark's, very few people know much about Julia, the person. So I am going to try to fill in a few of the gaps.

Julia Williams was born in Shepperton, Surrey, the youngest

daughter of an engineer and his wife. When she was seven the family moved to Buckinghamshire, where, after passing her 11-plus,

Julia compares her role with a customer care officer in industry. "I see people before, during and after operations"

Julia went to the local high school. She left at sixteen with a clutch of GCSEs to join a three-year pre-nursing course at Amersham, Bucks.

"I wanted to be a nurse from the age of four," says Julia, a brunette thirtysomething. "Frequent meetings with schools careers advisers didn't change my mind...in fact I think I was the only pupil in my school who knew exactly what she wanted to do!"

After taking a year off to travel and "have a good time", Julia started her RGN (Registered General Nurse) training at Mid-Hertfordshire College, Welwyn Garden City. It was there that she acquired a keen interest in stoma-care.

When Julia left college, her first main job was developing the stoma-care department at the famous Royal Marsden cancer hospital in London's Fulham Road.

She studied the importance of body image and the ways people adapt to wearing a stoma. She also worked one day a week in the gastrointestinal/urinology unit under the highly-respected Maev Salter.

After this valuable spell, Julia took a nine-week stoma-care course in Manchester, moving to King's College Hospital where she worked as a staff nurse in stoma-care.

Then Julia went back to her studies, gaining a diploma in district nursing at the West London Institute in Twickenham. So impressed was Julia by this pretty Thames-side hamlet that she is now looking for a house in the area.



Editorial

Charge of the Light Brigade

For years pouch patients have paid full prescription charges once they've hung up their ileostomy bags. This is unfair and makes no sense. It's time to recognise that pouch patients have just as much right to free prescriptions as those with an ileostomy.

The Red Lion Group has struck its first blow for pouch patients by showing that we can have free prescriptions. Just because our stomas are on the inside, why should we be discriminated against? Many pouch patients need just as many items of medication as do those with an ileostomy.

And yet it has always been generally accepted that it is fair to dis-

criminate against those with an internal pouch.

The Red Lion Group isn't here to accept the status quo. We want to question ingrained attitudes and fight for the best interests of pouch patients across the country. We have shown that only a fresh, national group dedicated solely to pouch issues has the energy and spirit to stand up for people with pouches.

Go to your GP and ask about getting exempted from prescription charges. Remember to bring this newsletter with you to help your GP understand the argument.

If you find obstacles are being put in your path please get in touch with the Red Lion Group.

We want to put behind us the days of paying through the nose for prescription charges.

Since moving to St Mark's earlier this year, Julia has been the key recruiter for the Red Lion Group. Both she, Celia and the stoma-care department have enrolled more than 400 new members and the numbers continue to swell by the week.

Julia compares her role with a customer care officer in industry. "I see people before, during and after operations. It means I can follow a patient's progress through from the

"A caring nurse in comfy carpet slippers."

decision-making period to the final recovery."

One recent trend, she says, is the high number of children having colon surgery at St Mark's. The youngest pouch patient was an "amazingly brave" eight-year-old.

"Children are less inhibited and tend to adapt to surgery quicker than adults, especially when the operation is explained to them by a stoma-care nurse or a thoughtful parent," says Julia.

She sometimes sees herself as a counsellor. "Having colon surgery

can affect people's relationships - lovers and partners sometimes don't see you in the same light after you have had your operation."

"If you are in a happy, loving relationship, there is generally no real problem. However, people sometimes use an operation as a convenient excuse to end a relationship when it had probably all been going wrong in the first place."

So what does Julia do in her spare-time? She describes herself as an obsessive shopaholic, spending most of her extra cash on clothes. "I can't pass a shop without peering in to see if there is something that takes my fancy," she says.

Julia also likes to invite her friends round to weekend dinner parties, sometimes betraying glimpses of her skill as a cake decorator.

She is an avid cinema- and theatre-goer as well as an able tapestry-maker. On some evenings Julia is a tawny owl at a Brownies group near her home in Ruislip.

And Julia's most embarrassing moment? Once she was bathing a distinguished-looking 72-year-old. After rinsing his white hair with

some bright yellow NHS shampoo (it was supplied free until five years ago), it stayed iridescent giving him the appearance of a rather hip artist.

So next time you see a trendy-looking septuagenarian, you know who to blame!

A more typical day in the life of Julia Williams might go something like this:

Visiting St Mark's patients in varying pre- and post-operative stages, referring new candidates for surgery to John Nicholls, answering telephone calls from pouch and stoma patients and their families country-wide, helping run the stoma-care unit and liaison with and lecturing at other stoma-care groups, hospitals and institutions.

Recently Julia helped organise a St Mark's National Study Day for visiting nurses and medical staff. One of the main features was a Dansac-sponsored Red Lion stand. Again Julia managed to recruit several new Red Lion members, ably assisted by Red Lion chairman Martin Peters and secretary Inez Malek.

I think we are very lucky to have such an energetic, good-humoured and caring tawny owl at St Mark's.

Letters



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

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

Dear Red Lion Group

The article by Christopher Browne in the Summer 1996 article of *Roar!* reminded me of my experience of homoeopathy in 1994.

I know a lot of people have been helped by alternative treatments and I would not wish to discourage anyone, but please use a practitioner who knows what they are doing.

At the end of 1993 my proctitis was getting troublesome, and at the time I was with a GP who had an interest in homoeopathy, but no qualifications. He was also an extremely busy and harassed individual. I expressed an interest in homoeopathic treatment and he happily obliged with two prescriptions, which I took to the chemist. As no-one had told me otherwise I took both remedies every day, for at least three months. The proctitis seemed to improve.

Early in April 1994 I was suddenly and inexplicably in dire trouble. I had almost continuous diar-

rhoea and rectal bleeding, a high temperature, high white blood cell count and abdominal pain. I was also nauseated, vomiting and feeling weaker and weaker. I got into hospital via casualty where I was treated with rehydration, a blood transfusion and steroids (having never needed them before). After two-and-a-half weeks I went home, 12 pounds thinner.

When I met up with the GP again some weeks later, he told me that I should not have taken the remedies every day, but only when I had symptoms. I pointed out that he had not told me that, and he agreed that he had not, but he thought I knew. I am nobody's fool but I had had no knowledge of homoeopathy. This GP then expressed the opinion that this overdose had caused the acute colitis.

I have never really recovered. The longest I have been off steroids is four months, but I should probably have stayed on them, as at the end of four months I was anaemic.

The medical treatment has failed, despite the gastroenterologist trying everything, and now I face a total colectomy. I cannot help but wonder whether if I had used the remedies correctly all this would never have happened.

So, ask a lot of questions - especially about dosage and read up as much as you can first, before approaching a qualified practitioner.

Name and address supplied

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.**

Dear Editor

Our group here in Norwich meets about every six to eight weeks, usually at one of our houses. Sometimes though we go to a local hotel for Sunday lunch together and spend the afternoon chatting in the grounds or bar, depending on the weather. Our meetings are very informal; we have been meeting for two years now and in that time we have got to know each other and are able to support each other in all sorts of ways.

*Yours faithfully
Sylvia Mist, Norfolk group rep*

Dear Editor

A few weeks after I came out of hospital following my pouch operation, my stoma-care nurse handed me a leaflet about the Red Lion Group.

I have just received the membership form and issue number three of Roar! - a really lively and informative and varied newsletter. How I wish I had known of your group a few months back!

As I am a very new pouch owner of just ten weeks, I am finding the adjustment difficult.

There is so little guidance available, unlike the stoma-care back-up of special nurses and free phone lines.

The pouch owners I have spoken to all had their operations a few years ago and memories faded. However, they all assured me that things will get better!

At the moment I take six Lop-eramamide tablets and three Augmentin (an antibiotic) per day. But I am still experiencing leakage (and occasional accidents at night). Is this normal?

Perhaps some other newish pouch patients could enlighten me?

Yours sincerely

Sandy Hyams, Norfolk

Dear Red Lion Group

As a patient now awaiting pouch surgery I would like to ask members how any "steroid dependence" was managed when it came to fixing the date of their operations. Was this an issue?

I am steroid-dependent and the lowest I can ever reach is 7.5 mg Prednisolone per day. I know operations have to be done with the patient on the lowest dose possible, but have any pouch owners had their operation when on a high dose? Did their consultants think this a problem?

Yours sincerely

Helen Bradshaw, Kent

Silver Bells for Dansac

Christopher Browne gets the lowdown on one of the world's leading ostomy manufacturers whose origins lie in the French village of Ramillies.

The name Dansac probably rings a few bells, perhaps even a chime or two, in most readers' minds!

For they are one of Britain's leading makers and distributors of stoma-bags - something all of us have worn during our two- or three-stage operations.

So who exactly are Dansac? They are a Danish company, based in Fredensborg, near Copenhagen, who last month celebrated their Silver Jubilee as one of the world's top four ostomy manufacturers.

Dansac's link with Red Lion began in 1994 when they sponsored a lavish lunch at Syon Park, Isleworth, southwest London, attended by several senior St Mark's specialists and 80 pouch-holders.

They all had a common aim - to form an internal pouch support group. As a result the idea of the Red Lion group was born. Since then, Dansac have sponsored every Red Lion event, including this year's highly successful annual meeting at St Mark's Hospital.

The British division of Dansac is based in Histon, near Cambridge. There 45 employees are involved in the nationwide distribution and marketing of Dansac products.

Perhaps the most familiar face from Dansac as far as we are concerned is Bob Nye, the company's charming area representative.

Most of you who attend Red Lion events will have seen, met or chatted to him at one time or another. He certainly brightens up our committee meetings with his merry quips and boxes of nourishing food and drink. We are very grateful to him for his continued help and support.

You could say Dansac are a the medical version of car-makers

Peugeot. Like the popular French firm, who produce around ten different models of each car, Dansac make more than thirty versions of one- and two-piece stoma bags for colostomists, ileostomists and urostomists.

Yet the origins of bowel appliances go back through the mists of time to the Greek physician Hippocrates (460-357 BC).

Often referred to as the founder of modern medicine, Hippocrates said the bowel, together with the heart and brain, was the most vulnerable part of the body. He said a cure was needed for bowel wounds as, in those days, nearly all were fatal.

However the first known use of a stoma-bag was at the famous Battle of Ramillies in 1706 when, during the War of the Spanish Succession, the Duke of Marlborough defeated the French at a small Belgian village.

One of the casualties was French soldier, George Deppe, who suffered a prolapsed bowel after being hit by a piece of flying grapeshot. After the battle, Deppe had a colostomy bag fitted to the injured part and lived for a further, fruitful 14 years. The bowels became a common target of combat during the 18th and 19th centuries and special surgeons were instructed to tour battlefields fitting stoma-bags as and when needed.

The first modern, synthetic bags were introduced in the 1950s when ulcerative colitis was officially diagnosed as a medical condition.

Then came today's alternative, the ileo-anal pouch, pioneered by St Mark's surgeons Sir Alan Parkes and John Nicholls in 1976.

The rest, as they say, is history.

Here's a big date!

Saturday 19 April

Red Lion Group Annual Meeting 1997

Stick it in your diary now, and keep the date free

Medallion Man

A neat way to alert people in an emergency to your unusual digestive plumbing is to wear a Medicalert medallion or bracelet.

For this attractive accessory carries information that could be a vital aid to recovery and prevent treatment which might be fine for ordinary folk, but cause havoc to your pouch.

On the back of each accessory is a list of your main medical problems, registration number and the telephone number of Medicalert UK.

It means that by phoning Medicalert, experts and laymen alike can obtain a full list of your particular illnesses, operations, allergies and medications to guide them during treatment.

This service can be accessed at any time and from anywhere in the world - and it could be a life-saver should anything happen to you on an overseas business trip or foreign holiday.

Medicalert, a registered charity, supplies bracelets and medallions in stainless steel, silver and gold. Prices range from £30 to £260 for the most elegant design.

Members of the Red Lion Group already sport Medicalert products so don't worry about being dubbed a medallion man or woman. A lot of us are wearing them with pride.

Medicalert can be contacted on 0800 220386 or 0800 581420. Their address is: 12 Bridge Wharf, 156 Caledonian Road, London N1 9UU.

Committee News

There is something reassuring about eleven people sitting in the shape of a horseshoe. It gives a feeling of harmony and endeavour.

The second meeting of the Red Lion Group committee at St Mark's on September 7 was no exception - membership continues to soar, funds are rising and optimism is growing.

First, chairman Martin Peters gave a thorough clause-by-clause reading of the Red Lion Group's new constitution, the rest of the committee and co-opted members adding suitable observations and comments. Red Lion members will probably be impressed with the finished product!

Other items of news were that John Nicholls and Celia Myers had agreed to be honorary president and vice-president, respectively, of the group. Rachel Abedi, Celia's co-founder, has also been asked to be an honorary vice-president.



Morag Gaherty is making contact

Members heard that liaison officer Morag Gaherty had made contact with several other pouch support groups, namely the Kangaroo Club at Cambridge's John Radcliffe Hospital and St George's Hospital, Tooting, London.

Press officer Chris Browne was pursuing press contacts and had invited a Welsh healer to be guest speaker at next year's AGM. Chris said he would try to find a high-profile patron through the local and national press.

The meeting agreed that the newsletter, edited by Tim Rogers, should come out quarterly. Each issue will have a special theme e.g. travelling with a pouch, family planning, etc. It will also include a questionnaire to promote feedback with members.

Other committee topics covered were a St Mark's study group day with a Red Lion Group stand organised by Julia Williams and funded by Dansac (more details in article on page 4); a "hunt the Red Lion"

exercise to find pubs of the same name willing to hold fund-raising events for us; and a reps' meeting set up by Morag Gaherty on the same day as the Annual General Meeting which will be held on Saturday 19 April.

And so a lively and good-humoured meeting, spiced with some rather tasty snacks from Dansac, ended with a discernible roar rather than a whimper.



So, did you want the free vasectomy with the pouch, Mr Smith?

Prize Crossword

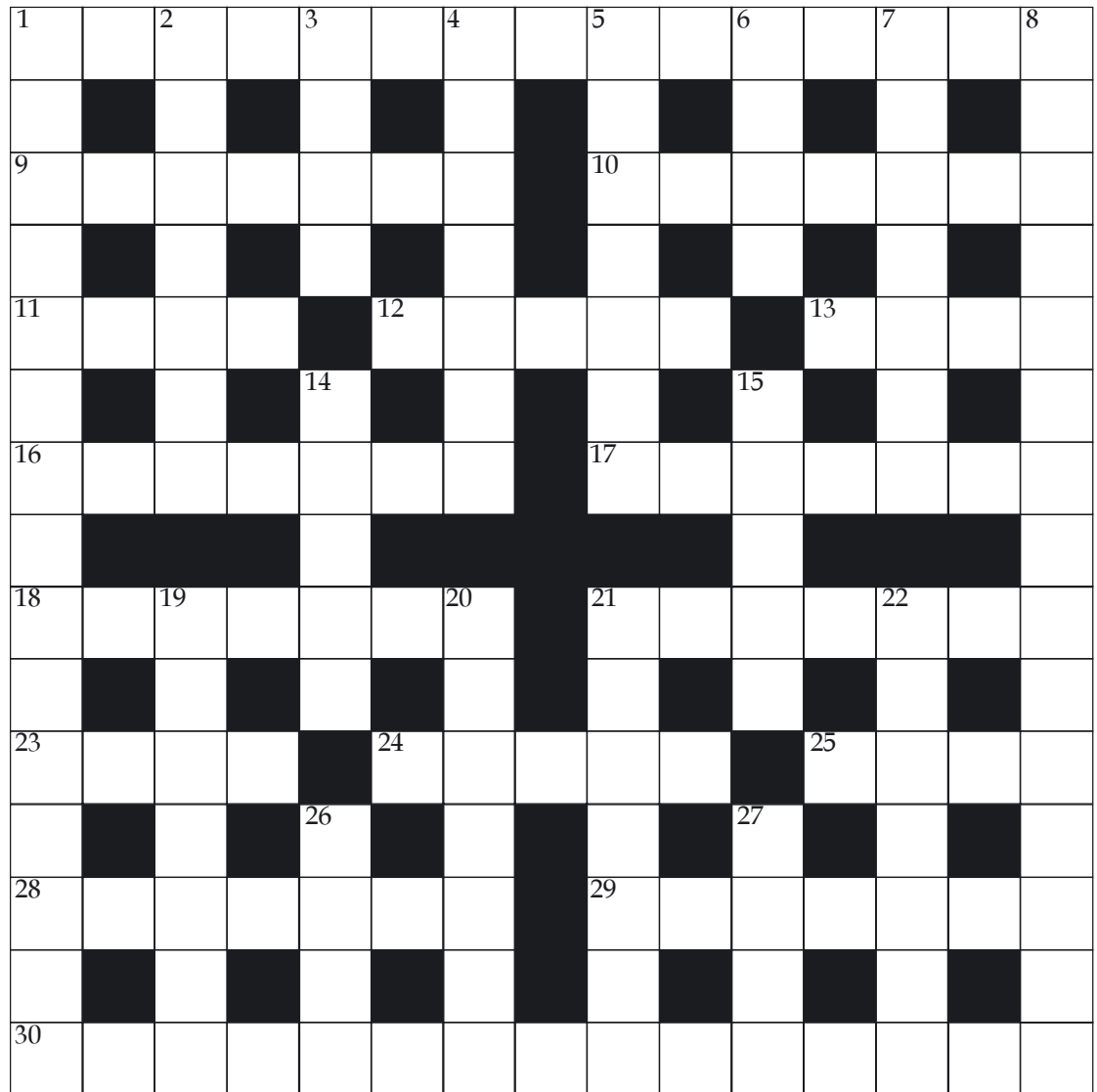
Win a bottle of champagne in our first prize crossword competition! Send your entry to:

Roar! Crossword, 20 The Maltings, Green Lane, ASHWELL, Herts, SG7 5LW

Closing date for entries is 1 March 1997

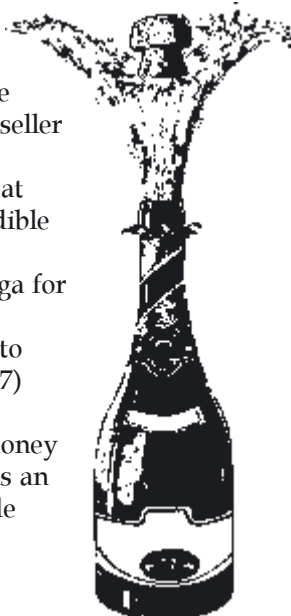
Across

1. A collection of pubs and pouches (3,3,4,5)
9. Education without the student leaves merit award (7)
10. Discovering a late ion brings joy (7)
11. Mechanical advantage without beginner is eternal (4)
12. What makes a cockney dry makes him number one (5)
13. Vehicular skirt (4)
16. Adding or taking away from your house (7)
17. Speeding out of the newspapers (7)
18. Oriental in terror causes cargo formation (7)
21. The late Bishop, I hear, cannot sink in it (4,3)
23. Take notice! (4)
24. Mixing up Middle East resident with a note ends up a seller (1,4)
25. Complain at angler's edible catch (4)
28. Feel the Aga for foliage (7)
29. It eggs on to applause (7)
30. The Ford Russian money producer is an undesirable (3,12)



Down

1. Auction success for top of the range (3,4,2,3,3)
2. Are sent to be serious (7)
3. Heather without a man (4)
4. Preparing for winter slowly (7)
5. Bishop underneath gives management task (7)
6. Barge up without a note causes clutch operation (4)
7. Opening if rice has nothing to do with it (7)
8. Bring writer to the point (6,9)
14. I heard you left mixed up genius to burn (5)
15. Tree has pears containing this weapon (5)
19. Nurse leaves team and consumed for raise (7)
20. Board of gold forms this picture (7)
22. Kiss a champion, become confused and unwell, in the main (7)
26. Sounds like food for the blonde (4)
27. Third missing from amulet results in bad effect (4)



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 future events you will need to join the Red Lion Group. Anyone is welcome to join, especially people with pouches or people considering having the pouch operation.

The membership fee is £5 and to obtain a membership form please write to the Liaison Officer including your name and address and ideally a stamped address envelope:

Red Lion Group
20 The Maltings
Green Lane
ASHWELL
Herts
SG7 5LW

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.

Slogans: Take 2

The last slogan competition was a bit of flop because most people received their newsletters after the closing date. So here's another chance to put your creative powers to work. Quite simply we need a catchy phrase to go with the logo of the friendly lion. First prize will be a bottle of champagne, second prize a book, and third prize free membership for a year.

Send your entries to:

Slogan Competition
20 The Maltings
Green Lane
ASHWELL
Herts
SG7 5LW

Closing date is 1 March 1997

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.

