

The New Voice

Newsletter of the

Laryngectomee Association of Victoria Inc. (A0022313R)

Dedicated to the rehabilitation of laryngectomees and those with similar vocal disorders.

Patrons: Mr. S. Kleid. MB; BS; FRACS.

Mr. J. Kennedy. FRACS; FACS; M.S.(Iowa). DABO.

Affiliate: International Association of Laryngectomees. (IAL)

Accredited Support Group: Cancer Council of Victoria.

Founded 1954



March 2023

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Subscription: Fifteen dollars a year, payable

January BSB633000 A/c171683600 Ref:

Surname/Initial or by mail.

Note: Receipts will only be issued if requested, and a stamped self addressed envelope would be appreciated.

Loan of Speech Aids: A loan instrument is available for members while waiting for provision under A&EP or when a member returns their instrument to a supplier for repair.

Mr. John Fardell

Mobile 043 206 4807.

All correspondence:

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inquiries@laryassocvic.org

Our Website: laryassocvic.org

Following items available by post or at meetings.

Stoma Covers:

White, Navy, Black and Maroon stocked

Single (1 bib on a neck band) \$5.00 + p/p

Double (2 bibs on a neck band) made to order only.

Shower Collar: (vinyl bib type) \$12.00 + p/p

Shower Shield: (molded pvc 'nose') \$30.00 +p/p

Stoma Patch Kits: (foam + double-sided tape)

Make-Your-Own \$30.00 +p/p***

Double sided tape: \$12.00 +p/p***

Ready Made Patch: 30 pack \$34.00 +p/p

Battery rechargeable Ni-Mh:

Suit 'Servox' 'Romet' \$25.00 +p/p

Postage and packing please allow \$10.00 minimum on each order.

SPOUSE'S SUPPORT

Ring if you need a sympathetic ear.

Mrs. Robyn Stark. (03) 9808 9264

MEETINGS:

Normally a General Meeting is held on Zoom on the second Thursday of the months of November, February, May, and August to commence at 2.00pm. We conduct a Social Gathering Monthly on Zoom Commencing at 2.00pm. We, also organize a face-to-face Social Gathering from time to time at a Venue and Time of our choosing. We will give you plenty of notice of these gatherings through our monthly newsletter.

For Upcoming Activities Refer Page 7
Of This Newsletter

WELCOME

Our President Gerard Pelicier welcomed members to our first Zoom General Meeting for the year of 2023. We look forward to a year of positive achievements for our association and its members.

NEW REGISTRATIONS

Welcome to our new members Frankie Pace and his wife Marina from Caroline Springs. (It was lovely to see Frankie in person with his children at that General Meeting on Zoom).

APOLOGIES

Geoff Walsh
Lorraine Lancaster

VALE

Max Hausler of Lavington NSW, passed away in January 2023, and Lynette Robertson of Bayswater, VIC, who passed away in December 2022. Condolences to both Max and Lynette's family and friends.

SICKNESS REPORTS

Glenda Pelicier

Glenda is making good progress following her chemotherapy treatments late last year and is looking forward to a short cruise in late March with husband Gerard. It will be a well, earned rest for both.

Darryl Cooper

Darryl advised us he is continuing with his chemotherapy treatment, and although he has experienced challenges with mouth ulcers, he said he is feeling a lot better and eating more as well. Good news Darryl.

Dot Pockett

A brief update from Dot. Dot is awaiting further tests, other than that she is eagerly looking forward to her grandson's wedding on the 25th. March, at a winery at Upper Beaconsfield. Dot is the grandmother of eight grandchildren, and great grandmother to seven great grandchildren all of whom call into to see her from time to time. What a lovely family Dot.

LARYNGECTOMEE BIRTHDAYS

Congratulations to Ron Brown who will celebrate his 84th birthday on the 23rd. March. We wish you all the very best for your birthday and for the coming year. A belated birthday acknowledgement to Thomas Tan, who celebrated his 80th birthday on the 16th. January. Congratulations Thomas.

LARYNGECTOMEE ANNIVERSARIES

Congratulations also to Thomas Tan who celebrated his 2nd Anniversary as a laryngectomee on the 18th. January, well done Thomas!!!!

Previous Minutes **Moved B.** Jenny Goon. **Seconded By.** Roger Exell.

Business Arising.

Nil.

SCHOOL VISITS

The school presentation team visited Mullauna Secondary College in Mitcham on Friday the 17th, February at 2.15pm. Geoff our Metropolitan School Co-Ordinator, reported back the following, "the speakers at Mullauna were, Jennifer Goon, Gerard Pelicier, and myself. There were about ninety Year 9 students in attendance. Their response to our presentation was good, and a lot of interesting questions were asked. It is a school that we present to every year, and we are planning further visits in the future. Thank you, Geoff, and our school, presentation team for all your efforts and participation in such a worthwhile program as this.

CORRESPONDENCE

MISCELLANEOUS

Email 2/2 from the Laryngectomee Association of New South Wales (LANSW) Important Update. Last year, the (LANSW) installed a new website and changed our domain name. Our previous website, diligently look after by Greg Joss, has been archived and decommissioned. In the process, our new website is hosted with a different company and our email address has changed. It is important that you take note of the information below to avoid your emails not reaching us. For general correspondence, send to admin@lansw.org.au For welfare orders and correspondence, send to welfare@lansw.org.au Please remove lansw@stilltalking.org, admin@stilltalking.org or editor@stilltalking.org from your contacts. These email addresses are no longer operational. If you have any questions regarding the above information, please contact us using the general

correspondence email address above. Kind regards, Nigel Balm Secretary | Treasurer.

Email 2/2 from Alanna Bowen Speech Pathologist, can you please let Mal know that the woman in America who was teaching esophageal speech after having her laryngectomy has unfortunately passed away. I did find a very old YouTube clip through the IAL website that while old, is quite comprehensive and may be of some use (see following link) https://www.youtube.com/watch?v=fqeRW7_OUdY. Please apologize to Mal for not being more helpful with resources for him. (Mal, is a new laryngectomee who is very interested in learning esophageal speech as his preferred voice option).

Email 2/2 from Ching Tan. Frankie, and his wife Marina, would like to get a support group to support her husband. We just met them today at the hospital and she felt fortunate that I know an association that can support them (see below).

Email 4/2 from our new member Frankie Pace. We met Ching by pure coincidence at the ENT clinic, we both have Penny as our Speech Pathologist. Had Penny not dropped off some HME consumables in the waiting room we probably would not have been aware of each other. It's a huge relief that there is a support group here in Victoria because I've been basically flying blind since October when I had the procedure.

Email 5/2 from Ron Brown. My birthday is on 23rd March. I will have attained 84 years. I have been a laryngectomee for 14+ years, 15 years in September. I am still in reasonable condition except that my food passage has closed completely, and I have not been able to talk or eat via the mouth for 3 years. A problem but can be overcome with signs and pen and paper. I live a comfortable life. Ron. (Good on you Ron, you have both courage and resilience).

Email 10/2 from our President Gerard Pelicier. Hello Robyn, Thank you for your concern. My neck was really, painful, as the Botox injection that I received two months ago has worn off. I am seeing head and neck on the 9th of March and hopefully, I can get some relief from it with some more Botox as it works, (refer the article in this edition of our March newsletter on Botox). I am also having problems with bad cataracts in both eyes and it is making it very difficult to read normal print and the computer. Thanks, Kind Regards, Gerard.

Correspondence. **Moved By.** Glenda Pelicier. **Seconded By.** Geoff Keith.

GENERAL BUSINESS

As mentioned above in the correspondence, I found these notes on the use of Botox. I hope the information below may be of help to those who find themselves in a similar situation as Gerard.

USE OF BOTOX® FOR PHARYNGEAL CONSTRICTOR MUSCLE SPASM

Botox® is a pharmaceutical preparation of toxin A which is produced by Clostridium botulinum, an anaerobic, bacteria, that causes botulism, a muscle paralysis illness. The botulinum toxin causes partial paralysis of muscles by acting on their presynaptic cholinergic nerve fibers through the prevention of the release of acetylcholine at the neuromuscular junction. In small quantities it can be used to temporarily paralyze muscles for 3-4 months. It is used to control muscle spasms, excessive blinking, and for cosmetic treatment of wrinkles. Infrequent side effects are generalized muscle weakness and rarely even death. Botox® injection has become the treatment of choice for selected individuals to improve swallowing and tracheo-esophageal speech after laryngectomy.

For laryngectomees, Botox® has been used to reduce the hypertonicity and spasm of the vibrating segment, resulting in an esophageal or tracheoesophageal voice that requires less effort to produce. However, it is only effective for overactive muscles and may require the injection of relatively large doses into the spastic muscles. It can be used to relax muscle tightness in the lower jaw when one experiences difficulties in swallowing. It cannot help conditions that are not due to muscle spasms, such as esophageal diverticula, strictures due to fibrosis after radiation, and scars and narrowing after surgery.

A pharyngeal constrictor muscle hypertonicity or pharyngoesophageal spasm (PES) is a common cause for tracheo-esophageal speech failure following laryngectomy. In almost all cases, this develops immediately after laryngectomy and not over time. Constrictor muscle hypertonicity can increase peak intra-esophageal pressure during speaking, thus interfering with fluent speech. It may also disturb swallowing by interfering with the pharyngeal transit of food and liquids.

Botox® injection can be carried out by otolaryngologists in the clinic. The injection can be done percutaneously or through an esophago-gastro-duodeno-scope. The percutaneous injection into the pharyngeal constrictor muscles along one side of the newly formed pharynx (neopharynx) is done just above and to the side of the stoma.

An injection through an esophago-gastro-duodeno-scope can be performed whenever a percutaneous injection is not feasible. This method is used in patients with severe post-radiation fibrosis, disruption of the cervical anatomy, and anxiety or inability to withstand a percutaneous injection. This method allows direct visualization and greater precision. The injection into the PES segment is often done by a gastroenterologist and is followed by gentle expansion by balloon massage to facilitate uniform distribution of the Botox®.

Source: <https://dribrook.blogspot.com/p/eating-and-swallowing-issues.html>

Other items discussed at the General Meeting were as follows:

1. Gerard Pelicier our President was recently advised about a new project by Speech Pathologist Madlyn Connelly, Project Lead Speech Pathologist from Monash Health. Madlyn is excited to have funding from the South Melbourne Integrated Cancer Service (SMICS) for a new project. It aims to improve, care in the community for clients with an altered airway, (laryngectomy/tracheostomy). This project will focus on providing extra support to current and new clients via “telepractice”. Over the coming months, you will be invited to become part of the project and have the option of using “telepractice” as part of your care.

“Telepractice” refers to care provided by both phone calls and videoconferencing. The project funding allows us to provide care in addition to usual care and does not replace usual face to face care. Your usual face to face care will still be provided as required.

Please understand that it will be optional to participate in the project. If you wish to have “telepractice” as part of your care, you will be provided support to use it if you are unfamiliar with it. If you find “telepractice helpful, you can still use this method even after the project finishes. If you do not wish to participate, it will not impact your care at Monash Health.

We want this project to best support our clients are their needs. That is why we wanted to tell you at the start that the input from you, your family/carer/support people will be welcomed at all stages of the project. There will be a project team, consisting of clients, carers, Speech Pathologists (from both metro and rural areas), ENT surgeons, and researchers.

2. We also discussed suggestions for possible future guest speakers on Zoom which may include, a dietician, or an ENT specialist. We also have our resident Speech Pathologist Alanna Bowen, who may discuss, specific topics or issues our members bring to her attention or there maybe Question & Answer sessions. From time to time our ATOS representatives Heidi McKenzie, and Alan Spinks, may introduce new products and services to us as well.

3, Other items discussed included leaking valves, (common causes), the frequency of valve changes and how to reduce the discomfort or pain experienced when changing their valve. (Members if this is a problem you are experiencing, then we suggest you discuss this with your own Speech Pathologist).

4. And finally, we discussed changing the cycle of our current Zoom Social Gatherings from the 2nd Thursday in the month to the 3rd Thursday in the month. Zoom General Meetings will remain the 2nd Thursday in February, May, August, and November, and our AGM will be held on the second Thursday in September each year.

A FINAL NOTE: Our President Gerard Pelicier has misplaced his Nu Vois 1 Battery Cap. If any of our members have one that you no longer use, please contact Gerard on his telephone (03)95473578 or (M) 0407473578 or email gpelicier@gmail.com. Thank you.

TREASURERS REPORT

As at 31/1/2023 Total Receipts \$1565.31 Total Expenses \$642.05 Total Credits \$60891.34 Outstanding Invoices \$499.00 Stock Value@28/12/2022 \$5532.00.

Moved By. Lorraine Lancaster. Seconded By. Jenny Goon.

I hope the following two articles may be helpful for our laryngectomees and their carers.

CANCER RELATED FATIGUE

Fatigue is when you feel very tired, weak, drained and worn out. Cancer-related fatigue is different to normal tiredness because it doesn't always go away with rest or sleep. Some people describe it as mental and physical exhaustion. Research shows that most people experience fatigue after a cancer diagnosis.

Fatigue can be caused by the cancer itself and cancer treatments medicine, such as pain relief side effects of treatment, like low red blood cells (anaemia) or pain changes to what you eat stress and mood changes, including depression sleeping difficulties a lack of physical activity other health problems, such as an infection. Even though it is common, managing fatigue is an important part of cancer care. Talk to your health care team about support and treatment.

SYMPTOMS

Fatigue affects people with cancer in different ways. The way you feel can change over time and fatigue may be different before, during and after treatment. Some symptoms may be having little, or no energy muscle aches and pains weakness or slowness trouble thinking clearly or concentrating not being able to do daily tasks. Feeling fatigued does not usually mean the cancer has advanced. If you are concerned, speak to your doctor or call Cancer Council on 13 11 20.

THE IMPACT OF FATIGUE

Fatigue can last throughout cancer treatment and for some time after it is finished. Energy levels usually improve over time. Most people find they feel better 6-12 months after treatment ends. For some people, fatigue can continue for a longer period, of, time.

Fatigue can be severe and distressing. Some people say fatigue is the most difficult side effect of cancer. Sometimes people might look well but still be experiencing severe fatigue. Fatigue can make it hard to do everyday things, creating feelings of frustration and isolation. If you have continued feelings of anger or sadness, talk to your doctor. You may have low mood or depression, and treatment may help.

MANAGING FATIGUE

The first step in managing fatigue is working out how it affects you. Start by talking to your GP, nurse, or specialist doctor about how you are feeling, including how long you have felt fatigued. It may help to write down how you are feeling from day to day. This can help you to learn when you have the most and least energy. You may have tests to see what could be causing the fatigue. If possible, the health care team will treat conditions like pain or anaemia that might be contributing to the fatigue. You may need a referral to a specialist or a fatigue clinic (if available).

TIPS TO MANAGE FATIGUE. LOOKING AFTER YOURSELF

Sleep Research shows that people experiencing cancer fatigue often have difficulty sleeping or sleep too much. This can make fatigue worse, so it is important to speak with your health care team.

It may help to set up a bedtime routine including relaxing activities, such as meditation. Avoid using computers, mobile phones or tablets in the evening, and keep naps during the day short. You might like to consider counselling or cognitive behavioral therapy (CBT) as these may help with fatigue and sleep problems.

Exercise It is important to be as physically active as is safe before, during and after cancer treatment. Research shows that exercise can help manage ongoing effects of cancer and its treatment, including fatigue. Talk to your doctor about what is right for you, especially if you are living with bone cancer or advanced cancer. Exercise physiologists and physiotherapists can help with safe, appropriate exercise plans. You may also be able to join a local community-based exercise class or group for people with cancer.

Question checklist

Asking your doctor questions will help you make an informed choice about your treatment and care. You may want to include some of the questions below in your own list:

What is causing the fatigue?

Do I need a blood test to investigate the causes of the fatigue?

Is there anything that I should avoid doing?

What can help me to sleep better?

When will I have more energy?

Can a social worker or occupational therapist talk to me about help at home?

What exercise or activity do you recommend?

Can you refer me to a physiotherapist or exercise physiologist who works with cancer patients experiencing fatigue?

Are there fatigue clinics or local group programs that I can access?

Source: <https://www.cancervic.org.au/living-with-cancer/common-side-effects/fatigue>

A diagnosis of cancer not only affects the person who receives the diagnosis but also has an impact on their partners, and other members of their families. Below is an article I found on the internet covering this topic, I hope it may be of help to our members and their spouse, partner, or carers.

THE IMPACT OF A TOTAL LARYNGECTOMY ON THE PATIENT'S SPOUSE OR PARTNER

Many clinicians focused only on the psychosocial impact of head and neck cancer on their patients. However, head and neck cancer have a considerable psychosocial impact on the patient's partners. The partner can experience an even higher psychological stress level than the patients which can hamper adequate care to the patients.

Healthcare professionals should include the partner in the support they offer their patients. The partners of laryngectomees often neglect their own psychosocial problems and consequently cannot provide support for the patient and are at risk of developing medical or psychosocial issues themselves. Healthcare professionals should, therefore, not only implement structural screening and treatment for patients, but also for their partners.

Laryngectomy can affect the patients and partners in a different way. Partners may develop anxiety, fear, and concern about the potential death of the laryngectomee and feelings of irritation in social settings. Partners can sometimes become overprotective, which may have a negative impact on their relationship with the laryngectomee. Some partners may be more vulnerable to negative impact of the laryngectomy on their individual psychosocial well-being. These include female partners, those with a lower educational background and older partners.

Caregiver unmet needs included balancing competing roles/responsibilities, finding time for self-care, and creating effective strategies for supporting patient self-care. Most spouses and all patients reported increased conflict during treatment. Other relationship challenges included changes in intimacy and social/leisure activities. Couple based interventions that highlight the importance of managing physical and psychological symptoms through the regular self-care routines can be helpful for both patients and spouses. Similarly, programs that teach spouses ways to effectively encourage and inspire patient self-care may help to reduce conflict and assist couples navigate head and neck cancer treatment and recovery together as a team.

DISCUSSING THE CONSEQUENCES OF THE LARYNGECTOMY WITH THE PARTNER OR PARTNER AND THE FAMILY

It is important to discuss and prepare the patient's spouse or partner as well as family members for the consequences of the laryngectomy. A considerable number of laryngectomees and partners talk as little as possible about the laryngectomy because they do not want to upset others. Openly discussing the illness and its related matters in the family was found to be an important predictor of positive rehabilitation outcomes in head and neck cancer patients. The more open patients are to discuss their experience, the fewer negative feelings such as depression, anxiety and less loss of control are reported. Couples who do not openly discuss the illness should be offered support to improve their communication and indirectly improve their quality of life and possibly the quality of their relationship.

There is a substantial group of laryngectomees with feelings of dependency on their partner and that may overburden them. Both patients and partners should be prepared, as a team, by professionals, on the possible changes in their life after a laryngectomy.

COMMUNICATION AND RELATIONSHIP ISSUES

The relationship and communications of laryngectomees with those who are close to him/her may be difficult and challenging at times. Because of the laryngectomee's difficulties in expressing their emotions through speech, and the trouble they may have in speaking, those close to them may have a hard time to understanding what they are truly trying to convey. This may lead to misunderstandings, conflicts, and mutual anger toward.

The laryngectomees may become frustrated because they are misunderstood and develop anger at times. Those close to laryngectomees may misread their true feelings and what they are attempting to express.

It is advisable that these issues are discussed calmly and openly, so that each participant can explain what they are going through and feeling. Professional help from social workers, therapists or psychologist may be helpful in resolving such issues.

Source: <https://dribrook.blogspot.com/p/the-caregiver-and-partner.html>

And finally, I have included some up to date, articles from Dr. Itzhak Brook which were recently posted in his **MY VOICE NEWSLETTER.**

Thursday, January 5, 2023

HYPERVENTILATION IN NECK BREATHERS INCLUDING LARYNGECTOMEES.

Hyperventilation can occur in neck breathers including laryngectomees. Hyperventilation reduces the level of carbon dioxide in the blood. It can upset the acid-base balance in the blood making it more alkaline. The syndrome is characterized by repeated episodes of excessive ventilation in response to fear, anxiety, or panic. It can also occur during heavy physical activity. Neck breathers are more prone to this condition because rapid breathing ventilate the lungs quicker than in non-neck breathers as the inhaled air enter the trachea through the stoma, bypassing the upper airways.

The existence of hyperventilation in laryngectomees was evaluated by Brook by sending a questioner to 256 laryngectomees. Fifty-four of the 72 individuals who return the questioner experienced one or more episodes of hyperventilation. It was associated with heavy physical activity in 28 (51%) individuals, anxiety in 8 (15%), and intense coughing in 7 (13%). The symptoms experienced were, fast or deep breathing in all cases, shortness of breath (50 or 96%); anxiety, fear, panic, or strong feeling of dread or doom (38 or 70%); dizziness (27 or 50%); generalized weakness (16 or 30%); sweating (13 or 34%); fainting (4 or 7%); and chest pain (4 or 7%).

This small survey illustrates that laryngectomees do experience hyperventilation syndrome. Further studies are warranted to prospectively evaluate the incidence of hyperventilation in laryngectomees and other neck breathers. Such studies may highlight the need to address, prevent and treat this condition in laryngectomees.

Posted by Dr. Itzhak Brook at 10:09 AM 0 comments.

Monday, November 7, 2022

FIRST TOTAL LARYNGECTOMY BY THEODOR BILLROTH 150 YEARS AGO.

On December 31, 1873, in the Vienna surgery clinic, the German surgeon Theodor Billroth managed what no previous surgeon had been able to: complete ablation of the larynx in a human being, which quickly came to be known as “total laryngectomy”, without harmful immediate consequences. Billroth dared what none before had done. He had come to, the, conclusion, that “the only way of saving life was to remove the entire larynx.”

This first total ablation of the larynx, preceded by a tracheotomy, was one of the great surprises of 19th century surgery.

This was possible because of the prior experimental study of laryngeal ablation performed in dogs by Vincent Czerny. The French physician Henri Choupe enthused: “when experimental studies lead to practical results, one should hasten to do it”.

Posted by Dr. Itzhak Brook at 7:10 PM 0 comments.

Tuesday, October 11, 2022

COMPARISON OF ANXIETY AND DEPRESSIVE OF HEAD AND NECK CANCER PATIENTS BEFORE AND DURING THE 2019 CORONAVIRUS PANDEMIC.

Jiani Liu and colleagues from Sun Yat-sen University, Zhuhai, China, studied the effect of the COVID-19 pandemic on the anxiety and depressive symptoms of cancer patients before and during the 2019 coronavirus pandemic.

A total of 526 head and neck cancer patients were included in the final analysis; 27% of cases experienced anxiety and depression before the pandemic and 50 % during the COVID-19 pandemic. (P=0.018).

The present study demonstrates the significant impact of COVID-19 on the psychological states of cancer patients. This finding indicating the need for appropriate changes in treatment decisions, enhanced psychotherapy, and interventions to reduce the incidence of anxiety, depression, and even suicide during the pandemic.

Posted by Dr. Itzhak Brook at 11:12 AM 0 comments.

Source: Itzhak Brook My Voice <https://dribrook.blogspot.com/>

UPCOMING ZOOM AND FACE TO FACE SOCIAL GATHERINGS AND GENERAL MEETINGS

*9th March 2023 Zoom Social Gathering commencing at 2.00pm.

*(Date to be advised) A Zoom Social Gathering commencing at 2.00pm, with guest speaker Project Lead Speech Pathologist Madlyn Connelly Monash Health who will talk about the new SMICS Project called “Telepractice.

*11th May 2023 Zoom General Meeting commencing at 2.00pm.

*(Date to be advised) A Face-to-Face Social Gathering at Braeside Park.

Cheerio from Robyn, catch up with you again in the April 2023 edition of our New Voice Newsletter.

****ATOS Medical Australia. (Contact: Heidi McKenzie Mobile: 048148510). Address is now located at 31/6-8 Herbert Street, St Leonards, NSW 2065. Phone: 1800 286 728 Email: info.au@atosmedical.com ATOS: Provox Vega Voice Prosthesis, HMEs and Base plates, Provox FREEHANDS, brushes, tubes and buttons and all accessories. TruTone – Emote electrolarynx. General Information Website : laryngectomee.info**

**** Clifford Hallam Healthcare ** Main Medical. 3 Balbu Close, BERESFIELD NSW 2322. Phone: 1300 00 5279 Email: info@mainmed.com.au
Blom-Singer Voice restoration products. Servox electrolarynx. Kapitex products.**

**** Axion Biomedical. (Alan Beal) 59 Haley St. WONDAI, QLD 4606. Phone: 1300 650 272 Email: axionmedical@bigpond.com
Electro larynx service and repairs. Please ring first, a simple adjustment may be the answer.**

**** Laryngectomee Association of Victoria 0449 268 158 Please leave a message.
Rechargeable battery to suit 'Servox' and 'Romet', stoma covers and foam products.
Our Website: laryassocvic.org Website: lansw.org.au (NSW Group).**

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