



# Magazine

## Autumn 2010

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Affiliated to the British Heart Foundation and  
Arrhythmia Alliance - The Heart Rhythm Charity

# POOLE HEART SUPPORT GROUP

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**If you know a member who is ill, please tell us by contacting Mavis Terry,  
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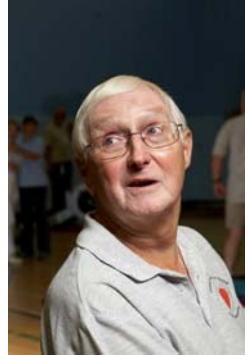
**Last date for articles to Editor is 10th day of month before publication.**

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**Dates for your Diary — Meetings and Social Events – Please see page 18**

## Chairman's Letter

In this issue you get your new membership cards, a permanent card to remind you of your membership number, and one for your partner if appropriate. We use the word "partner" as this covers all eventualities, many peoples' "partner" in PHSG may be a supportive friend.



We have been sending round small leaflets to collect up the names of partners so as to tidy up our database. Previously this has read Mr & Mrs or similar, but to comply with BHF rules for affiliation we are giving everybody, main member and partner member their own entry on the membership roll. Derek Pope who maintains our membership database explains this in more detail so please read his article on page 16. If you only get one card when you think you should have had two just contact Derek and he'll sort it out.

Working on a committee makes you plan ahead. Christmas in August indeed !  
With this issue you get your Christmas party booking form. See you there?  
Keith

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## From the Editors Desk

Hearty greetings from your Editor as we go live with the Autumn Magazine. It had to happen sooner or later. Now we put the magazine on our website in glorious colour and we have received a membership renewal with a request not to send any more printed magazines as the member prefers to look at them online on our web-site !



Where will this all end ? Well about half of our members don't have computers, so the printed magazine will continue for some considerable time. But for every member who would rather see the magazine online on our web-site, we save on printing and delivery costs, and you see the magazine in colour, so if that is what you want, just let us know and it will be arranged !

Alan

# Cardiology News from Poole Hospital NHS Foundation Trust

Dear Friends,

I hope that you have had a good summer, and enjoyed the weather. Here at the hospital, although busy, we have seen a slight reduction in the number of patients over this period and bed occupancy. It has given a welcome opportunity for the staff to take a breath before the next seasons of Autumn and Winter kick-in, as they are always traditionally our busiest period.



We are going through a very difficult time, not only in the NHS but also here at Poole. We have to make substantial financial savings and therefore are looking closely at cost saving measures whilst maintain the high standards of care and safety that we are renown for in the 'Poole Approach'.

In my areas of responsibility we have removed 6 escalation beds and closed an additional 8 beds, effectively reducing Cranborne ward to half its original size, down to 15 beds. On the positive side, the reduction of Cranborne to half its size has allowed the Medical Investigations Unit (MIU) to expand into the area of the ward vacated and increased its range of services. We now offer even more treatments as day cases, which is not only good for bed occupancy but for the patients who do not to have to stay overnight. The MIU is the jewel in the crown of our new developments in medicine and is almost entirely a nurse-led service with highly qualified nurses undertaking a wide variety of roles including nurse prescribing. Clearly this has been a difficult time but the staff have been marvellous and supportive.

We are constantly trying to redesign our service around patient needs and support and as such have re-designated two coronary care beds as medical high intervention. This is aimed at patients who require a high level of care and monitoring in the short term before returning to their ward. The coronary care unit can take these patients as we have a higher level of trained staff and also a more observable area than in some of the ward areas. It is proving a great success and assisting the wards by successful and supportive team working.

Something else we are working on is the Estimated Date of Discharge (EDD) for in-patients. This is about ensuring that when patients are admitted the potential date of discharge is highlighted at that point to the patient and relatives. This will allow for adequate preparation on both sides for the

**continued on page 34**

## Heart News with Dr. Christopher Boos

Dear All

This time I have been asked a series of questions by a cardiac patient relating to the management of a 'heart attack' (myocardial infarction). I will try to answer all of these questions as concisely as possible.

### **Questions**

'When we have a heart-attack we are put on a cocktail of drugs, putatively for life, such as Aspirin, Ramipril and Bisoprolol. What are the long-term effects of these drugs and what should someone like me do to ensure that the "cocktail" is still appropriate for me ? My GP reviews me each year superficially, but I wonder if a GP's knowledge is sufficient to conduct such an in-depth review. What should a poor patient do? What is the latest protocol of drugs that a cardiologist will usually prescribe for a newly discharged heart-attack patient ?'

### **My response**

There is no doubt that the cocktail of potential medications that heart attack patients leave hospital with has increased over the last 10 years. These treatments are highly evidence-based and have been the result of extensive clinical research involving many thousands of patients.

The National Institute of Clinical Excellence (NICE) appraises the evidence and publishes its guidance on what is considered the safest and most cost effective treatments ([www.nice.co.uk](http://www.nice.co.uk)) for post heart attack management. These guidelines are adopted into clinical practice by health professions to ensure equality and standardisation of treatment across England and Wales. The guidelines state that post 'heart attack' treatment should include Aspirin and Clopidogrel (blood thinners), a beta blocker (eg Bisoprolol or Atenolol, unless contraindicated), a statin (eg Simvastatin) and a group of drugs called ACE inhibitors (eg Ramipril). The guidelines generally recommend that the majority of these treatments are continued in the long term with the exception of clopidogrel which can be stopped after 12 months from the date of the most recent event. Drugs such as nitrates and Nicorandil (a coronary artery vasodilator) are not part of the standard post heart attack drugs and are only generally continued where patients have difficult to treat angina, and are supplementary to the standard medications already listed above.

All of these medications have potential side effects, but their benefits, in general far outweigh their risks. Clear information regarding the specific potential side-effects of these medications are available at the following excellent website designed for patients: [www.patient.co.uk](http://www.patient.co.uk).



**Continued on page 33**

## Lucy's New Heart Story

It all started with very swollen ankles. The doctor gave me some water tablets but they didn't do very much. Then I had very swollen legs and knees, which were very painful - tree trunk legs as I called them ! I was so bad my GP sent me to Poole Hospital, where I had some blood tests - the liver was raised - so they asked me how much alcohol I have (which isn't actually that much !) They sent me home the next day and said come back in 10 days time to Outpatients. Having seen the registrar, I was sent home with some new tablets and told to return in 3 weeks. One week later Mum was so worried about me that she took me to her local GP. He said I should be in hospital now. He asked me if I had had a biopsy. I answered no – he then arranged for me to go privately to the Harbour Hospital.

Tests were carried out – the liver was clear, but no improvements to my legs. I was discharged from the Harbour and sent back to Poole Hospital into Ansty ward and eventually sent to Cranborne Ward. The next day, tests were done and eventually they gave me an echo – diagnosing heart problems, by which time I was very ill. Mum was told to come straight to Poole Hospital and then I was transferred to the CCU department. Life wasn't very easy then, if I wanted to go out, Mum had to take me out in a wheelchair, or sometimes friends. I was in Poole Hospital for 2 weeks at the end of April 2008 when I was diagnosed with dilated cardiomyopathy. They got rid of a lot of fluid from my body with furesemide through the arm.

My cardiologist referred me to Papworth Hospital for a heart transplant assessment, which I had in July 2008. They did various tests over a couple of days. The doctor told me the only way forward was to have a heart transplant, which was an awful shock at only 34. But the pressure on my lungs was too high, which meant I was not allowed to go on the list until the pressure came down. After taking various drugs and visiting Papworth each month, I was put on the heart transplant list in September 2008, which was very scary ! I met the surgeon who told us about the operation and recovery etc. Mum and I were given a folder about Heart Transplants - all about the operation, after the operation, drugs and side effects, which was a shock I wasn't able to walk very far before transplant. I could only walk past my Mum's house across a side road and to the post box. I used to get very puffy in the shower, even more when washing my hair, which got very frustrating. The Doctors instructed Mum and myself to have our bags packed and ready 24 hours a day with spare drugs. I had to have my mobile phone on 24 hours.

I received a call in December 2008, to go up to Papworth for a potential heart, but it wasn't suitable and we came home. A couple of weeks later

there was a second call, but we didn't actually leave home - just as well as it was the middle of the night – the heart was not suitable. The third call came on the 22<sup>nd</sup> January 2009 at 07.30am, nil by mouth – no food or drink ! We arrived at Papworth into Mallard Ward, all the blood tests carried out and finally after all the waiting it was going ahead. Third time lucky. I had to sign the consent form, very scared out of my wits !! The heart transplant was going ahead after only being on the list for 5 months.

Mum went with me to theatre, and waited till I was asleep. Mum had the anxious wait to see if I had pulled through and, as I'm so strong, off course I did !!

After the operation, I was transferred to critical care and kept in for 3 days. The first thing I had to eat was jelly and ice cream. I was transferred to Mallard Ward after a week or so, because I had an infection. Physio started, first walking around the ward and eventually I was allowed to go to the gym. My legs didn't realise what had happened to them ! It was very exciting using the step & doing exercise on treadmill.

The amount of times I've been told "don't run before you can walk !" I had to stay in hospital for 4 weeks and had to have 3 biopsies before I could go home.

In the first year after the heart transplant, I had to have regular biopsies every 3 to 4 weeks, and then they change it to 6 weeks. I had one slight rejection in May 2009, the doctors put the steroids up for a couple of days then brought them down. In March 2009, I had a slight stroke. The heart transplant made me more prone in the winter to colds & flu. In December 2009, I had an awful chest infection.

I have been very lucky, being given a brand new lease of life and I can walk a lot further each month. It takes a while to build up stamina - I joined a gym a couple of months ago, which has helped. The doctors gradually bring down the number of tablets to take in the first year, which is good. Six months after the heart transplant I was able to swim which I really like doing. I take my dog out for walks a lot. I came back from one of my visits to Papworth Hospital recently and gave a talk to the local Cardiomyopathy Association. Your editor heard my talk and asked if he could put it in your magazine.

Best wishes

Lucy

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## WHERE, WHEN AND WHY? - An explanation of timing of medication



Are you up with the lark or do you crawl out of bed just in time for lunch? Is the 10 O'Clock news late night TV or mid evening viewing? The time of day you take your medication can influence its effectiveness – so how do you know if “one each morning” means take one at 8am or one to be taken sometime between 8 and 12noon?

In order to answer this question, we need to know a bit of chemistry, so pay attention, here comes the “science bit”!

When you swallow tablets, capsules or liquid medicines, not the entire drug is available for the body to use - the actual amount depends on several things:-

1. “bioavailability” – this is defined as the percentage of the oral dose which has been taken that reaches the circulation e.g. for digoxin tablets, it is around 70%, therefore if a dose of 250micrograms is taken, the actual amount of digoxin absorbed and therefore effective in the body is only 175 mcg.
2. The form of the drug i.e. tablets, capsules or liquid. Tablets & capsules need to be broken down or to dissolve in order to release the active drug, usually in the stomach; whereas liquids are often absorbed more quickly as they do not need to dissolve. e.g. liquid digoxin has 80-85% bioavailability, so the same 250mcg dose would have approximately 200-220mcg available.
3. The presence of food in the stomach – this can act as a physical barrier or may alter the acidity of the stomach, thus affecting absorption.
4. The chemical form of the drug. Most of us know common salt is sodium chloride, but sodium also exists as sodium bicarbonate. These two chemical forms have different properties and would need different doses.
5. Clearance – this is the ability of the body to eliminate the drug from the blood. This depends on kidney & liver function, body weight & fat distribution, drug interactions, genetics and current health
6. Drug half life - this is the time taken for the total amount of drug in the body to decrease by half.

For a drug to be effective, it has to reach a certain level in the body which is different for each drug & is usually determined by clinical trials. Suggested doses are based on this level. In most illnesses, this level needs to be maintained all the time or the condition may not be treated or symptoms controlled. Therefore, medicines used for these conditions need to be taken every day. The factors discussed above will influence how many times a day the medicine should be taken to ensure the desired level is maintained.

E.g. digoxin has a long half life so is eliminated slowly from the body; this allows it to be taken only once a day but still be effective. Most antibiotics have short half lives, so in order to reach & maintain the necessary level to kill bacteria; they need to be taken several times during the day.

To prevent too much or too little drug being in the body, it is important to divide doses up equally, so for tablets taken once a day this should be every 24 hours, at about the same time each day and for many people the easiest time to take these drugs is with breakfast as this helps them to remember each dose. However, discuss with your doctor or pharmacist if you prefer a different time of the day. For drugs which need to be taken throughout the day, the doses should be spread evenly e.g. three times a day is every 8 hours (or as close as possible in the waking hours)

In some cases, the timing of the doses is influenced by the effect of the medication e.g. a diuretic to eliminate excess fluid is best taken in the morning or at the latest before tea-time to avoid trips to the loo during the night.

Some drugs can interact with food or other drugs, so need to be taken at times which help avoid these interactions e.g. many antibiotics are best taken on an empty stomach to ensure they are fully absorbed.

When you are prescribed any medication, make sure you understand when & how often you should take it. Your doctor or pharmacist can help.

“Ask your pharmacist, you’ll be taking good advice”

Linda Porter Medical Information, Antimicrobial and Formulatory Pharmacist  
Poole Hospital NHS Trust

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### **Afternoon Tea**

On Saturday 19<sup>th</sup> June, George and Margaret Wilkinson held an Afternoon Tea in their garden to raise funds for Poole Methodist Churches Redevelopment Project, which proved to be very successful. The weather kept fine, even if a little fresh later on and a steady flow of people socialised from 3-6pm, enjoying a cream tea and cakes. There was also a Cake Stall and the amount raised was £197.00.

Our team of helpers were very much appreciated and we would like to thank PHSG members who came along to support this event.

George and Margaret would be very pleased to receive more prizes for the raffle at PHSG Thursday night monthly meetings.

Recently the raffle has had to be cancelled due to lack of prizes.

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## Dr No Let the sunshine in

'Sunlight is like a good champagne,' wrote Sir Henry Gauvin, the eminent British surgeon in the 1920s. 'It invigorates and stimulates, but indulged in to excess, it intoxicates and poisons.'

In the UK in recent years, our attitude to the sun has leant distinctly towards the latter. Because of our love affair with the tanning saloon and the rise of skin cancer, we are now exhorted to cover up and stay in the shade. In fact, the risks of shunning life-giving sun have been highlighted by recent research linking lack of sunlight to higher rates of prostate disease in northern countries. Poor exposure to sunlight can also lead to vitamin D deficiency, which may increase prostate cancer risk and is blamed for many other illnesses, from heart disease to osteoporosis.

We were evolved to absorb healthily moderate amounts of sunlight. Research has indicated that ultra-violet light plays a role in limiting multiple sclerosis. A range of diseases are lower in men who work outdoors. Urbanisation, long working days and time spent gazing at television and computer screens indoors, are all linked to depression, fatigue and aggression.

So how much sun is sufficient to gain the benefits of sunlight ? Advice varies and depends on the time of year, the weather and the colour of our skin. We should learn to judge our own limits of safe exposure. People with light skin should not stay in the sun as long as people with darker skins. The main thing is not to burn and to err on the side of caution. Remember, mad dogs and Englishmen stay out in the midday sun. Try to avoid being out in the sun between 11am and 3pm in the summer, but people do need sunshine to stay healthy.



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## A HEART ATTACK

I wouldn't much like  
to go through it again  
it causes such trouble  
- and then there's the pain.

Riding along on  
the Northern line  
back from the theatre  
everything's fine  
when out of the blue  
you're fighting for air  
and you can't understand  
the pain that is there.

You need some help  
you look around  
but at that time of night  
on the Underground  
they look away  
don't know what to do,  
you feel so glad  
you're with someone like Sue.

Grit your teeth  
and hope for the best,  
it will soon go away  
this pain in the chest.

It's spreading up  
it's getting much worse  
you close your eyes  
and utter a curse,  
I must get out  
put an end to this ride  
Sue's come over  
she's now by my side.

Oh what a ghastly situation  
struggling out of  
Chalk Farm station,  
the ambulance comes  
they do their stuff  
"Hold on governor

we know it's tough  
we're taking you straight  
to the A & E  
just down the road  
at the Royal Free".  
They phone ahead  
while we are dashing,  
siren wailing  
and blue lights flashing.

We lurch round a corner  
on with the brakes  
we're here at last,  
but for heaven's sakes  
I hope they're not busy  
can get on with me quick,  
I don't think I've ever  
been quite so sick,  
I'll compose myself  
regain my poise  
try to keep calm  
not make so much noise.

Surrounded by doctors  
and nurses as well  
they quickly find out  
what is giving me hell  
a jab in the arm  
an enzyme infusion  
diamorphine by vein  
brings the pain  
to conclusion.

Consciousness slips  
a warm pleasant feeling  
sleepy and drowsy  
I think I am healing,  
an oxygen mask  
is over my face  
I hope the elastic  
will keep it in place!

Now I'm awake  
in a room in a bed

with Sue at my side  
she's stroking my head  
the pain's coming back  
even worse than before  
I have more diamorphine  
more and yet more.

"I'll continue with this  
again and again  
until you are fully  
relieved of your pain".  
Looking straight in my eyes  
so said the night sister  
an angel of mercy  
I just could have kissed her.  
With her on my left side  
and Sue on my right  
Sue prayed, and I hoped,  
that I'd get through the night,  
but I thought that my heart  
had a second attack  
and was failing me now  
and I'd never get back.

The pain is fading  
it isn't so bad  
I seem to be floating,  
what a good life I've had,  
my breathing is shallow  
I can't keep awake  
if this is the end  
it's not a mistake,  
Sue's here with me now  
and it doesn't feel bad,  
thank you Lord  
for the life that I've had.

I am waking up  
in that very same bed,  
Sue's right beside me  
she's stroking my head  
the drips are both flowing  
the monitors bleep  
I'm alive and still going  
I've just been to sleep,  
the sun through the window

brings a new day  
I open my mouth  
and I hear myself say

"Will someone go out please  
and find the car  
it's at Brent Cross station  
and not very far  
from the A41  
it's parked on the right  
it shouldn't be left there  
all day and all night".

Within a week  
I had no more fears  
I could walk about  
and climb the stairs,  
they sent me home  
to recuperate,  
and here we are  
we've enough on our plate  
rebuilding our lives  
with the help of our friends,  
eternally glad  
that love never ends.

I wouldn't much like  
to go through that again  
it causes such trouble,  
- not to mention the pain.

**Ryland Clendon**

This poem has recently been  
published in a book entitled:-  
**"Doing Anything After Work?.....  
What About Retirement?"**

As one of the authors Ryland (01727  
895907) has a supply of books at  
£8.50 per copy. Profits will go to age-  
related charities.

Details are also available on the  
internet at:

[www.whataboutretirement.co.uk](http://www.whataboutretirement.co.uk)

## **20<sup>th</sup> May Tales of the Minster Talk by Christine Oliver**

An audience of 26 people heard Christine Oliver give a fascinating account of the history of Wimborne Minster and some of the tales that abound of the people and characters that have been associated over the years. Founded as an Abbey by Queen Cuthburga in 705 in the kingdom of Wessex and initially under King Cenred, the Abbey was both a monastery and hospital with a school, orphanage and old folks home. In the 800's Saint Walburga created twinning links with convents and monasteries on the continent and maintained as a nunnery and school, and the saying of "dancing on someone's grave" derived from nuns who outrageously danced on the grave of one unloved Mother Superior. The Minster survived the invasion of the Danes and the Saxons in the middle ages. In fact a 'saxon chest' still survives which was said to contain religious artefacts which have disappeared with time!

Edward the Confessor rebuilt the Minster and set it up as a deanery. Over the centuries it has been added to and hence various materials can be found in it's walls; green-sand stone, limestone from Portland and Chilmark, and red sandstone from Caen. In 1464 the west tower was completed and housed 10 bells weighing an impressive 5 tons. Recently an inner wall has been discovered which dates from the middle centuries but which has been built around in a later update.

In recent centuries important people have been associated with the Minster: Margaret Beaufort set up a school for "Rascals"; Queen Elizabeth 1 endowed the QE School; Isaac Gulliver was church warden; Edmund Barnes funded the organ constructed with 3000 pipes and set up a trust to support music in the Minster; Charles Dickens wrote a poem about crooked tombstone in the graveyard; and there are many other stories and facts relating to the development of the Minster.

Christine finished her talk by suggesting that there is much to be seen and explored and that the Minster is open to all to visit. So it's up to us not to take it for granted but do just that – go and visit yourself. Gary Lee

PS Mrs Oliver gifted her fee to our funds.

## **June 17<sup>th</sup> The Beauty of Stourhead Talk by John Hallett**

John Hallett returned this summer to talk to us this time on the beauty of the National Trust property at Stourhead. John is a founder member of the Bournemouth National Trust Group and certainly knows his stuff and

communicates it well. About 30 of us enjoyed the talk and followed up with lots of questions.

One of the interesting things about using the Postgraduate centre at Poole hospital is that as Forrest Gump says, you never know what you are going to get! The whole ground floor had been taken over for a two-day resuscitation conference and we had to work in around their equipment. We used the main auditorium and found that a poor chap on a gurney (don't worry, he was only a plastic dummy) was centre stage for the performance so we had to push him off to one side. The conference was wrapping up for the night as we arrived to set up, it was really heartening (sic) to see how keen and enthusiastic all the young doctors appeared to be. Keith

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### **The Practice Development Unit (PDU) Quality Service Group**

PHSG has a voice on the group representing Heart Support Group members. This exciting group, under the very capable chairmanship of Geoffrey Walker OBE, Matron Cardiology and Medicine, really gets things done! Positive changes are made to hospital procedures, as a result of patient feedback given to PHSG patient representatives. All PHSG members can feed back information to Poole Hospital in complete confidence about their treatment. So if you want to say anything good or bad about your experience in Poole Cardiac Unit, or its related departments, please forward your comments. You can comment by e-mail, letter, telephone, or via the web-site. All information will be treated in confidence. Looking forward to hearing from you.

Alan Bristow e-mail [alan@poolehsg.org.uk](mailto:alan@poolehsg.org.uk).

Jim Waine e-mail [jim@poolehsg.org.uk](mailto:jim@poolehsg.org.uk).

#### **Do you have computer problems?**

We can resolve your problems for you. Are you unsure what you are doing, do you need assistance, a helping hand or training? We can assist with home PC security, internet connection problems, advice and installation of Broadband, PC networks and supply and/or installation of secure wireless networks in your house. We undertake virus, spyware and ad-ware removal and can supply or install security programs to make your PC safe. Is your old PC slow, is it worth upgrading? We provide impartial advice and can perform upgrades or help with any new PC purchase and accessory quotes. We supply new PCs, install, configure your system and can transfer your existing data. Why not give us a call! Contact Efficiency Solutions — **Jeff on 01202 741881**

## Membership Cards and Membership Database Changes

If all goes well, members will receive their new 'lifetime' membership cards with this magazine. Here are some of the reasons behind the changes. Previously, membership cards have been sent out annually as the renewals have arrived, with cards being sent by 'the Office' for new members. This involved extra time and costs around the renewal period with 600 or more stamped envelopes being despatched.

The decision was taken to save these postage costs by bringing in new 'credit card' sized cards in a more durable material, where each card should last a significant number of years. If someone loses a card or it is damaged then we should be able to replace it, but the postage savings are significant. As many of you know, we are affiliated to the British Heart Foundation. They have asked us to maintain details on all members who attend PHSG functions and presently we only do this for the 'Full' member who had the heart problem. If a member wants their spouse, partner, neighbour or friend to attend exercise classes or social events then these have been entered as an addition to the main member's details. In many cases we just show 'Mr & Mrs' or vice versa in the database, sometimes with two names, sometimes with just one.

In order to comply with the BHF requirement, I have split each membership record which indicated two people into two separate entries. One is for the 'Full' member, the other for their spouse, partner, friend or neighbour.

Since we didn't have full details for these extra people I have had to do the best I can with the information I had in the database. It is here that I ask for your indulgence with the mistakes I will have made and I apologise for these! The spouse, partner, friend, or neighbour members have all been given a designation of 'Partner' and they have been given the same membership number as the 'Full' member, with a 'B' added at the end. This use of 'B' ties in with what the Office did in the past when two membership cards were seen to be needed.

So, assuming we manage to get all of the new 'lifetime' membership cards prepared in time for the magazine, you may find that you have a 'Partner' card with a 'B' added to the membership number and the card for the 'Full' member. Please examine those and let the office know of any mistakes. They will be rectified and a new card issued.

Anyone with e-mail access should feel free to e-mail me at [derek@poolehsg.org.uk](mailto:derek@poolehsg.org.uk) Please try to give full details of yourself and your 'Partner' together with the membership numbers from the cards.

I suspect some people may be unhappy that 'Partner' has been chosen for their spouse or just a friend. I had to choose a term and 'Partner' seemed

the best option.

I have no doubt there will be some mistakes made and I can only apologise for those in advance. Please don't get cross with the Office, they had nothing to do with it (other than all the hard work of putting the cards and magazines into the envelopes). Derek Pope

---

## **15<sup>th</sup> July Trouble in Store Talk given by Paul Cady**

On a pleasant evening, although showers had threatened during the day, 20 members gathered to listen to Mr. Paul Cady. Paul still has a day job as a store detective for Beales and spends most of his working days in the Poole store. Formerly a police officer he was retired due to injury whilst on active duty, and store detection appears to have come as second nature to him during the past 8 years or so.

Paul defined theft as dishonest appropriation of other people's goods or property, and later pointed out that burglary also includes the element of physical threat by person or implement and is therefore more serious. Theft in itself costs high street retailers about £1.2 billion, 5% of turnover, and surprisingly nearly 50% of losses are due to staff helping themselves.

Paul highlighted the "A-Scone", (an acronym for the procedural method adopted), principles by which a store detective operates. A suspect is identified, observed, apprehended with the goods, cautioned and reported to the police and taken to court if necessary. In store, contact between staff using coded announcements and radio communication is commonly used by the security staff. Paul even showed us the ingenious tiny ear-piece radio that he uses personally. The high street stores and shops also work together using identification information issued on a monthly basis which allows the shops to inform each other of spotted suspects in their respective areas.

The talk was interspersed with anecdotal stories of group thieving and personal thieving including one old lady who booked herself into a hotel for a weekend and was found to have extracted over £2,000 worth of goods from various large stores in the Bournemouth and Poole area. It turned out she had many previous convictions, 2 ASBO's, and 3 prison sentences to her name.

Paul not only does his day job but finds himself involved with a considerable amount of extramural work in the Wareham area, including being a member of the fete committee.

Paul's talk was very interesting and humorous – well worth giving up a summer's evening for. By the way, Paul is a member of PHSG too.

Gary Lee

## **Future PHSG Meetings and Events**

**16<sup>th</sup> September “Court in the Act ?” John Slow  
Courts Manager Retired**

**Poole Hospital Postgraduate Centre**

**7.00pm for 7.30pm and will include raffle and refreshments.**

John Slow would probably say that managing the local courts gave him a great insight into the ways of the world and its people. John wishes to relate some of the interesting and funny things that happened while he was in charge of things.

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**Monday 20<sup>th</sup> September “CHAT STOP” a social gathering,  
St. Mary’s RC Church, Wimborne Road, Poole, 2 till 4 pm.**

It has been suggested by some that we meet at exercise groups & talks etc, but we rarely make time just to talk to one another. The daytime meeting with a speaker planned for August was cancelled as there appeared not to be enough support for the event on the day. So here is a different approach - a Chat Stop!

The hall at St. Mary’s is booked from 2 till 4 pm on Monday 20<sup>th</sup> of September. At least 6 members of the PHSG committee have pledged their support, so all we need is a crowd of you, the members, to turn up. Tea and coffee will flow on demand and biscuits will be available to be nibbled between the chat. There is no plan to have any formal speaker but there may be moments when general discussion rather than chat may happen. It would be nice if some circulation happens such that we each get to know more people than just our immediate friends. Well, that’s the hope anyway.

St. Mary’s is served by a number of buses from Poole bus station. Services 4, 8, 310, 322, 347, (W&D), M5, M6, and Yellow 26, are listed as stopping close to St. Mary’s. So why not dust off your bus pass and come along ? For those who only travel by car St. Mary’s has a large car park – (the access sign is rather small, but it’s left coming out of Poole, between Tatnam corner and the Fernside Road junction. Look out for the tall flagpole !

There is no formal charge but a donation towards the refreshments and cost of the hall would be appreciated. So all that remains is for you to put the date and time in your diary and come along for an hour or two, ready to have a chat!

Hoping to see you there – Gary Lee and members of the PHSG Committee.

**21<sup>st</sup> October Be Safe in your Home Alan Stirling  
Dorset Fire and Rescue**

**Poole Hospital Postgraduate Centre**

**7.00pm for 7.30pm and will include raffle and refreshments.**

This talk should interest many of us. Alan Stirling is a member of the Community Safety Department based in Hamworthy. He comes to offer all the advice we need to make us aware of all the things we should do to make our houses and gardens safe places to live, work and sleep in. He will come bearing free gifts and offers of free inspections of our properties !

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**22<sup>nd</sup> October Escoffier Luncheon Bournemouth and Poole College**

The next Escoffier luncheon is booked for Friday 22<sup>nd</sup> October. Limited to 60 people; reservations start in September when the menu is available. The manager is on holiday in August. Contact will be Gary Lee (Social Events) – Contact details on page 2.

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**18th November A Medical Matter Dr Diane Bruce**

**Poole Hospital Postgraduate Centre,**

**7pm for 7.30pm, to include Raffle and Refreshments.**

The November talk is to be given by Dr. Diane Bruce. The topic of her choosing will be of interest to us all. Details will be advertised as soon as they are confirmed.

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**2<sup>nd</sup> December Christmas Party Hamworthy Club Canford Magna**

No talk this month, so why not come to our Christmas Party ? Please complete the loose leaf booking form in this magazine and return it to our Treasurer ASAP. Ho ! Ho ! Ho !

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**“My doctor told me to start my exercise program  
very gradually. Today I drove past a store  
that sells sweat pants.”**



# PHSG Cycling Club

## Next ride dates are:

26th September - Meet Layby on B3078, North of Wimborne - "Cranborne Cruise"

24th October - Meet Broadstone Leisure Centre - "Lytchett Longings"

21st November - Meet Broadstone Leisure Centre - "Poole Park"

19th December - Meet 10 Hill View Road, Ferndown - "Hello Christmas Pud"

Rides are about 15 miles long, they are open to all members of the PHSG as long as your doctor approves, all starts at 10 a.m. For help, advice, weather check and bike maintenance call Keith Matthews on 01202 855001

*Organisers: David Anderson, David Curtis, Keith Matthews*

Regularly updated details on [www.poolehsg.org.uk](http://www.poolehsg.org.uk) and [www.bournemouthctc.org](http://www.bournemouthctc.org)

Your author had been notable by his absence on rides for three months but returned in June when eight of us rode from Wimborne to Blandford and back on a lovely warm day. We were delighted to have the return of our secretary David Anderson to our fold, back on the bike again. He felt it was a bit soon perhaps but covered the ground very well, the draw of the friendly waitresses at the Blandford cafe that we visited was strong. We draw a veil about this except to mention that our exercise co-ordinator Robin has applied to join the group.

Five brave souls turned out for the Randonnee Cri de Couer in July, 45km of "hard gruelling slog" into the New Forest. So hard, we could barely choke down the teacakes at Burley.

Don't let my jokey references to hard riding and suffering and pain put you off, its really not like that at all. If you feel you'd like to ride with us, just give me a call and we will arrange to check your bike out, take a little test ride and then you'll be all set.  
Keith



## FOR SALE AND WANTED

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**For Sale** - PHSG Shirts. They are grey with our new logo (as on the front cover of this magazine) on the left hand side breast pocket area.

The sizes are small, medium, large and extra large in the T-shirts, the Polo shirts and now Sweatshirts. The T-shirts cost £6, the Polo £10 and the Sweatshirts £12.

You can contact me, George O'Leary on 01202 743978. email [george.oleary@lbsq.org](mailto:george.oleary@lbsq.org)

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**Small ad posted in a shop window in Ireland:** "Deep fat fryer for sale. Genuine reason for sale - "Heart Attack."

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**Wanted** -Your old greetings cards/postcards/calendars and used postage stamps. I share these between two charities – The M.S. Society and the Hearing Dogs for the Deaf. Both these charities have written thanking PHSG for the support we give them. It's another way of recycling and at the same time it makes money for two worthwhile causes.

**DON'T BIN 'EM – SAVE 'EM!** Also please **DO NOT CUT THE STAMPS OFF THE POSTCARDS.** THE POSTCARD IS WORTH MORE THAN THE USED STAMP.

My contact information is above. George O'Leary

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***Something wanted? Something to sell?  
Give the Editor a bell on 01202 694886.***

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### **DEREK HITCHINGS – BUILDER**

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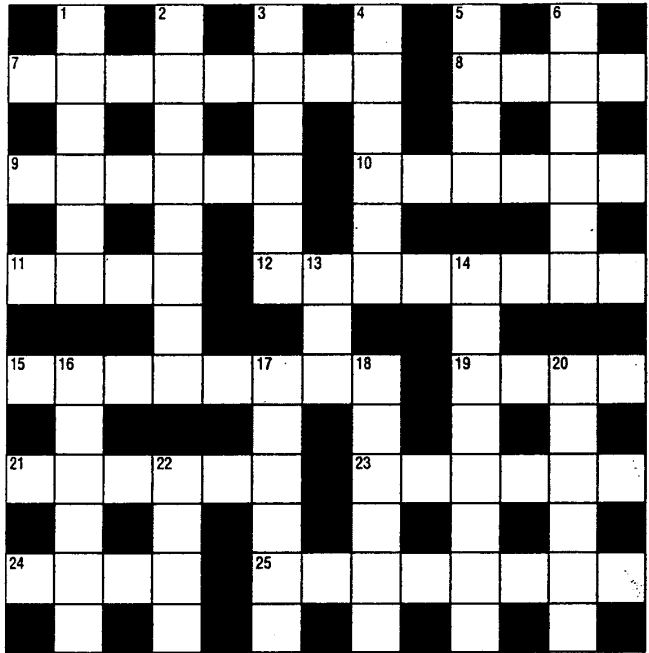
# Crossword

## ACROSS

- 7 Breed of pig (8)
- 8 Weathercock (4)
- 9 Distilled wine (6)
- 10 Clyde's partner-in-crime (6)
- 11 Salty Greek cheese (4)
- 12 Assess (8)
- 15 In good spirits (8)
- 19 Suspend (4)
- 21 Loose garment (6)
- 23 Small lobster (6)
- 24 Lean to one side (4)
- 25 Imagined sequence of future events (8)

## DOWN

- 1 *Cider With Rosie* author, - - - Lee (6)
- 2 Tchaikovsky's first ballet (4, 4)
- 3 Timber structure to stop beach erosion (6)
- 4 Irrational fear (6)
- 5 Stratford's river (4)
- 6 Join (armed forces) (6)
- 13 Computer screen (inits)
- 14 Turmoil (8)
- 16 Supreme bliss (6)
- 17 Conclude (6)
- 18 Jockey, - - - Piggott (6)
- 20 Serviette (6)
- 22 Soft, silvery-white mineral (4)



Answers page 30

**For Further Information  
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A Polish immigrant went to the DVLC to apply for a driver's licence. First, of course, he had to take an eye sight test.

The optician showed him a card with the letters  
'C Z W I X N O S T A C Z.'

'Can you read this ?' the optician asked.

'Read it?' the Polish guy replied, 'I know the guy.'

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## Bournemouth Pier 2 Pier Swim 2010

Many, many thanks yet again for everyones support from PHSG. My challenge this year, in aid of the British Heart Foundation, enabled me to raise over £200. Amongst 1500 other keen swimmers I set off - against the tide - to swim from Bournemouth to Boscombe.

It took 48 minutes despite being kicked, elbowed and swum across !

Now, what for next year ?

Jenni Sweetlove PHSG Exercise Instructor

### MACK'S MEALS

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07862245065**



## From a Retired Bee-keeper

### *Going for the Jugular !*

Don't worry, 'tis the jugular vein, not artery, that your cardiologist is seeking if they raise their forefinger, so , and place it on your neck.

The jugular vein is just under the skin of the neck, but being above the level of the heart, it normally empties the blood into the main vein leading to the heart, and so the jugular vein does not usually show up. Lay a finger across the course of it and the vein fills and becomes visible – remove the finger, and it should empty. The pump is working well !

If your heart has a degree of pump insufficiency, (doctors use the horrible and inaccurate term heart failure), the doctor may even see the vein without needing the finger, and a waving level reveals how well the heart is pumping the blood from the main veins of the body. Indeed the nature of the waves may suggest the cause of the pump insufficiency; marked waves suggest the valve between the atrium and the ventricle on the right side is no longer fully able to stop back flow of blood – much commoner when the sequelae rheumatic fever were prevalent.

The heart has three main actions as a pump – or better described as two pumps working side by side. Firstly to maintain a suitable pressure in our arteries, so that blood is supplied to our brains, our muscles, kidneys etc. Secondly to keep the main veins of our body empty, so that venous blood does not accumulate, causing extra fluid in the tissues show as swelling of the ankles, perhaps abdominal discomfort, perhaps puffy eye lids after lying flat in bed. Then, but less obvious to us if the heart is pumping well, to do the same for the blood flow in the lungs. Doctors call it the “right heart” which takes blood from the body, pumping it to the lungs, and the “left heart” which keeps the lungs empty, and keeps up the main body circulation. However if the pumping action is not fully sufficient it is not just swollen ankles that the accumulating fluid causes, but fluid on the lungs —a frightening difficulty in breathing sufficient air. Fortunately we usually keep our ankles lower than our lungs, so the first signs of pump insufficiency are swollen ankles, not drowning ! Every little doctor is taught in Med. School



how much more serious the condition is in someone with loss of both legs, So the heart is one pump controlling two circulations, and the two parts, right and left, have to balance each other; for “what goes in comes out” as I was taught even before I became a bee-keeper ! Each half of the heart has two parts, an upper atrium, and a lower ventricle. The blood returning via the veins from the body gathers in the right atrium, and then is squeezed into the right ventricle, through a one way valve. Thus the atrium has to contract first, and, only after the ventricle has been filled can this in turn pump the blood through to the lungs, again past a one way valve, into the arteries leading to the lungs. Likewise for the left side of the heart, blood from the lungs returning via the lung veins enters the left atrium to be pumped through to the left ventricle, and, when this has happened, in turn the left ventricle pumps forcefully the blood into the main artery leading from the heart to our body. Thus you will appreciate that the timing of each part of the pump is critical, unless the four chambers work sequentially, synchronously, without significant leakage of the blood back through the valves, then sufficient pressure, sufficient pumping, will not occur. Besides all this we must not forget that the heart muscles themselves need a good supply of freshly oxygenated blood via the coronary arteries to enable them to work and continue to work. The coronary arteries start in the main artery from the heart just beyond the one-way outflow valve, indeed the openings are protected by the flaps of the valve itself. Only when the valve is closed, and the muscle of the ventricle relaxes, do they get their “dose” of blood, still under pressure, so that it will reach the heart muscle. Since the muscle fibres are now relaxing, the blood can permeate the heart muscle via the smaller arteries – called arterioles – impossible if the muscle itself was tightly contracted.

\* \* \*

My bees were segmented animals, yes, they evolved many steps up from animals like earth worms, but their blood pumping system is more similar to that of the worm as described (Winter 2009) in this Journal. So they have a more segmented pumping system than we do. I do not advise putting a finger to their neck, or feeling their ankles – they sting. Yes, I have been stung in most, but fortunately not all, places.

## Want to lose weight for life ?..... Part 2.

In the last article we looked at assessing if you are ready to lose weight and setting yourself realistic goals for weight loss. Here are some ideas for a healthy eating plan and how to be more active.

### **Ideas for a healthy eating plan:**

- Plan meals in advance.
- Start the day with a healthy breakfast.
- Eat regular, balanced meals. Try to have meals and snacks at planned times during the day.
- Aim to include at least five portions of fruit and vegetables each day - have some at each meal.
- Try to have a starchy carbohydrate (bread, rice, pasta, cereal) at each meal, opting for wholegrain versions where possible. These are a low fat source of energy and choosing wholegrain options means you'll feel fuller for longer.
- Half fill your plate with vegetables/salad and divide the other half between meat, fish, egg or beans and starchy carbohydrates.
- Watch your portion sizes.
- If you drink, moderate alcohol intake. It's high in calories and dissolves good intentions.
- Avoid eating at the same time as doing something else, for example, when watching TV.
- Eat slowly, concentrate and taste what you are putting in your mouth.

### **Be more active:**

Moving your body around means using up more calories than if you are sitting down - every little helps...

- Look for easy ways to fit more activity into your daily routine. For example, park a bit further away from your destination.
- Plan a walk into your day; ask a friend or family member to go for a walk with you.
- Slowly increase the amount of activity you do so it becomes part of your daily routine, not just a passing phase. People who do are far more successful with long term weight control.
- Plan activities into your diary each week.

Follow an eating and activity plan that is tailored to you as an individual and to your lifestyle means you are much more likely to stick to it.

Dael Hartley, Poole Hospital Dietitian

## Walking Group

“The annual PHSG walk and picnic took place on 4th August and around 23 walkers turned up for the day, which was looking decidedly ready



for rain. The walk was short but enjoyable, the rain held off and everyone later had coffee or tea at the Red Shoot Inn. When we returned to the car park, the clouds were even darker than before, so we decided to shelter under the trees in case it did start to rain. Unfortunately we were only able to eat our picnic just in time before it really started pouring down, so everyone abandoned the picnic and ran to their cars ! There were outdoor games to be played, but we never had a chance to start with them. I think everyone enjoyed the walk and picnic, even though it did finish earlier than expected. On behalf of all the other walkers, I would like to thank Cyril and Jeanette for organising this and all the walks this year. Hopefully one year we will have a picnic without rain ! ’

David

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## Winter Walks Meeting 2010

For those interested in walking this Winter, a meeting will be arranged and date, time and venue notified to members.

### ***Cyril, Walks Co-ordinator***

For those who are interested in the Walking Group, we walk every 10 days on Wednesdays and Saturdays from 2 to 5 miles. Some of us round off the day's walk with a Pub lunch – Pleasure after pain! If you require more information or the Walking Book (£3) please contact me on 01202-733956.

***Cyril - Walks Co-ordinator.***





## **Subcutaneous Implantable Cardioverter Defibrillator, S-ICD**

### **What is an S-ICD?**

S-ICD stands for Subcutaneous Implantable Cardioverter Defibrillator. If your doctor has suggested that you need an S-ICD you may have experienced or may be at risk of experiencing an abnormal, fast heart rhythm. An S-ICD can recognise and monitor your heart rhythm and can deliver electrical therapy, if required to shock your heart back into normal rhythm. It is made up of a box shaped device which contains a battery and electronic circuits and is placed under the skin on the left side of your chest. An electrode is placed under the skin along side the breast bone and connected to the S-ICD generator.

### **What is the difference between an S-ICD and an ICD?**

An Implantable Cardioverter Defibrillator, ICD, has lead(s) placed into your heart whereas the S-ICD does not.

### **Function of S-ICD**

The S-ICD monitors your heart rhythm all the time. If it detects that your heart is running faster than it should in a dangerous rhythm, a ventricular tachycardia or ventricular fibrillation, the S-ICD will deliver a shock, defibrillation, to bring it back to a normal rhythm.

If your heart beats too slowly after the shock, the S-ICD can deliver pacing pulses to bring it back to your normal rate.

### **How is an S-ICD fitted?**

The procedure is performed under general anaesthesia or with local anaesthesia and sedation. The S-ICD generator is connected to an electrode which is placed under the skin. Your doctor may test the system during the procedure to ensure that it is working correctly. The implant should take between 45 and 60 minutes. Any stitches that may need to be subsequently removed will be done at your GP's surgery.

## **What happens after an S-ICD has been fitted?**

You will probably be allowed to go home the next day provided that your S-ICD has been checked and there are no complications. You will be given an S-ICD identity card, emergency information and instructions at this point. You will also be given a helpline number should you have any questions on queries later on.

Normally, an S-ICD battery will last for around 5 years and the replacement procedure usually involves changing the S-ICD generator, but not the electrode.

## **Will I feel anything different?**

Some patients have reported that having a shock feels like they have been suddenly kicked or punched in the chest with some pain lasting only a few seconds. Other patients have reported no pain following a shock. However, if you do feel unwell after a shock, or if you have received several shocks, please dial 999 for an ambulance. Show the ambulance service your S-ICD identity card along with the emergency instructions that you were given. In this way the ambulance service will know exactly which device you have implanted and the best course of action. You must always contact your S-ICD centre if you think that you have received a shock.

## **What about driving?**

Same as for ICD

*A Fact Sheet is available from Arrhythmia Alliance. 01789450787  
info@heartrhythmcharity.org.uk*

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*Forthcoming meetings – Arrhythmia Alliance Patient Day, at the Heart Rhythm Congress, Birmingham on Sunday 3<sup>rd</sup> October. At the same time, the Atrial Fibrillation Association Patient Day will include an exhibition of cardiac technology from INR monitors, ECG devices and blood pressure recorders to implantable devices, ablation tools, awareness support and how to take your pulse !*

*A second Atrial Fibrillation Association Patient Day will be held in London on the 22<sup>nd</sup> November at 'Europe AF.' Information on this and the Heart Rhythm Congress meeting is available at [www.atrialfibrillation.org.uk](http://www.atrialfibrillation.org.uk)*

## Crossword Answers



### Gender Roles

A press reporter did a story on gender roles in Kabul , Afghanistan several years before the Afghan conflict. She noted that women customarily walked five paces behind their husbands.

She recently returned to Kabul and observed that women still walk behind their husbands. Despite the overthrow of the oppressive Taliban regime, the women now seem happy to maintain the old custom.

The reporter approached one of the Afghan women and asked, “Why do you now seem happy with an old custom that you once tried so desperately to change ?”

The woman looked the reporter straight in the eyes, and without hesitationsaid, “Land Mines.” Behind every man there’s a smart woman.

## What to do if you become unwell When your GP surgery is closed

Medical help and advice is available if you become unwell when your GP surgery is closed. You should:

Dial 999 or go to A & E as soon as possible if you are worried about the sudden onset of new symptoms or have suffered a serious Injury or illness.

A & E departments are open 24 hours a day, 365 days a year. They are for a critical or life threatening situation, for example chest pain, suspected heart attack, severe breathing difficulties, severe loss of blood, loss of consciousness, deep wounds and suspected broken bones.

They are not for minor injuries or health problems, nor an alternative to seeing your GP or for a ‘second opinion’ if you have already seen your GP.

Call the **Dorset Out of Hours Medical Service** on **0845 600 10 13** if you are unwell but not facing a life-threatening emergency and you think you cannot wait until your GP surgery opens.

Go to an **NHS Walk-In Centre or Minor Injuries Unit** with a minor injury or illness. Find your nearest one by calling **NHS Direct** on **0845 46 47**.

You can also call **NHS Direct** on **0845 46 47** if you are feeling unwell and are unsure what to do, or need information about finding a pharmacist, dentist or other service.

**REMEMBER IF YOU HAVE CHEST PAIN  
DIAL 999 WITHOUT DELAY**

# Australian Weather Forecasting



It was April and the Aboriginals in a remote part of Northern Australia asked their new elder if the coming winter was going to be cold or mild.

Since he was an elder in a modern community he had never been taught the old secrets. When he looked at the sky he couldn't tell what the winter was going to be like. Nevertheless, to be on the safe side, he told his tribe that the winter was indeed going to be cold and that the members of the tribe should collect firewood to be prepared.

But being a practical leader, after several days he had an idea. He walked out to the telephone booth on the highway, called the Bureau of Meteorology and asked, 'Is the coming winter in this area going to be cold?' The meteorologist responded, 'It looks like this winter is going to be quite cold.'

So the elder went back to his people and told them to collect even more wood in order to be prepared.

A week later he called the Bureau of Meteorology again. 'Does it still look like it is going to be a very cold winter?' The meteorologist again replied, 'Yes, it's going to be a very cold winter.' The elder again went back to his community and ordered them to collect every scrap of firewood they could find.

Two weeks later the elder called the Bureau again. 'Are you absolutely sure that the winter is going to be very cold?' he asked. 'Absolutely,' the man replied. 'It's looking more and more like it is going to be one of the coldest winters ever.' 'How can you be so sure?' the elder asked.

The weatherman replied, 'Our satellites have reported that the Aboriginals in the north are collecting firewood like crazy, and that's always a sure sign.'

# Learn “How to protect your heart”



Scientific literature suggests that stress increases the risk of having heart disease. Therefore, it is likely that a stress relief programme could reduce further progression of heart disease. Dr. Vijay Pabbathi teaches a natural, simple, painless and safe technique to achieve absolute relaxation. As part of this session, you will learn a practical technique and suggestions that may help you improve your cardiovascular health and well being. The purpose of this session is offer **practical methods** of coping with stress leading to a better quality of life. See further details at [www.vijaypabbathi.com](http://www.vijaypabbathi.com)

**When?** Sunday 28<sup>th</sup> November 2010 From 9.30 am – 1 pm

**Venue:** The Thomas Hardy Suite, Talbot Campus, Bournemouth University, Fern Barrow, Poole BH12 5BB. **FREE car parking**

**Free Session** The session is a free to those people who are suffering from any heart or cardiovascular diseases (For example, angina, heart attack, hypertension and coronary heart disease etc). Donations will be accepted and will be sent to the British Heart Foundation (BHF). To ensure your place, please e-mail [info@vijaypabbathi.com](mailto:info@vijaypabbathi.com)

Alternatively, send your contact details to Dr. Vijay Pabbathi, Block 2, 17 Portchester Road, Bournemouth BH8 8JT, Dorset, UK

**Sponsorship:** If you wish to sponsor this event, please send an e-mail to [info@vijaypabbathi.com](mailto:info@vijaypabbathi.com)

**Caution:** Please do not stop taking any medications taken on your doctor's advice. The technique (Pulse-mediated Relaxation) that you will learn in this session is not a substitute for your doctor's advice. The speaker neither claims to treat your medical condition nor claims that his methods are scientifically proven. However, it may be possible that you will be able to protect and improve your health by bringing your body to natural equilibrium with the help of PmR technique.

The British Heart Foundation proudly presents

# THE RED BALL

SATURDAY 25TH SEPTEMBER

Dinner

Disco

Silent Auction

Casino Tables

Live Bands



Tickets £45 per person

For Tickets go online to  
[www.bhf.org.uk/Bournemouthredball](http://www.bhf.org.uk/Bournemouthredball)  
Alternatively send a cheque made  
payable to The British Heart Foundation  
To Zoe Nicholson P.O. Box 7130 Poole  
BH12 9FJ.  
or Tel. 01202 716 820  
email: [nicholsonz@bhf.org.uk](mailto:nicholsonz@bhf.org.uk)

The Royal Bath Hotel  
Bath Road, City Centre,  
Bournemouth BH1 2 EW  
Arrive 7.30 p.m. - Free drink on arrival  
Formal Dress with a splash of red  
All proceeds to support the BHF  
in their vital work

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## Heart News

continued from page 5

It is a challenge for GPs to keep up to date with the fast-moving pace of medicine, especially in the current climate of increasing subspecialisation (heart failure, intervention, electrophysiology, for example, within cardiology alone). The advent of national guidelines and revalidation is an attempt to address these very issues. Following an uncomplicated heart attack and the introduction of standard medication (above), education and cardiac rehabilitation, most patients can be discharged from the care of a cardiologist with time.



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## Cardiology News continues from page 4

discharge process to take place and improve effective communication. So you should not be surprised to find in future that on arrival you may be informed of the date of discharge ! I am sure you will agree that if done correctly this will be a great help to know.

So as you can see so much happening and I will keep you informed as things change in my articles or through your representatives on the Quality Service Group. I look forward to speaking to you again soon.

Best wishes,

Geoffrey Walker OBE JP RGN  
Matron Cardiology and Medicine.  
Poole Hospital NHS Foundation Trust.

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## **LETTERS TO THE EDITOR**



Dear Editor

Now that the magazine is on-line at [www.poolehsg.org.uk](http://www.poolehsg.org.uk) I just had to have another look. The colour makes it still more interesting, and in this world full of conflict poverty and death, our Magazine keeps an interesting, light humoured tone and, in spite of dealing with serious medical matters, remains light to read and entertaining.

A satisfied reader

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Dear Editor

This is a tribute to the two nurses who made the tape 'Allow yourself to relax,' which I have had and used constantly since receiving post cardiac care in 1994. It has accompanied me to hospitals for hips, cataracts and numerous short stays as well as non-medically. More recently I have had a slight stroke and after being in Poole Hospital and Alderney I am now in The Laurels Rest Home, and what is in my bedside drawer ? So thank you Sarah Armstrong Klein and Jane Thomas. I have lapsed my membership for Poole Heart Support Group and would like to renew. I enclose a cheque, which I hope is acceptable. If the two nurses are still at Poole Hospital please let them know my appreciation.

Sheila Williams

## LETTERS TO THE EDITOR

Dear Editor,



Is Derek Pope psychic ? I note from the Autumn 2009 magazine, he supplied the longest medical word in our competition to win a bottle of wine –

'pneumonoultramicroscopicsilicovolcanoconiosis,' which I assume is pneumoconiosis caused by the microscopic silica in volcanic ash. I do hope that the Icelanders are not starting to suffer from this condition ! Did he know then that the Volcano was about to blow its top ? Can I now claim a prize since there is indeed a longer word which is: pneumonoultramicroscopicsilicovolcanoconiosisphobia, the phobia that the Civil Aviation Board members suffered, causing them to forbid the flying of airliners when this cloud was overhead ?

Yours anticipatorially,

David Reader

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Dear Editor

Is the Retired Bee Keeper an expert on adiposity, for his last article seemed so ? I have heard that the "plus points" of ladies are mainly fat – surely this is not true ?

David Reader

*I asked the Retired Bee Keeper if he could help, and this is his reply – Ed.*

*Man, or rather Woman, is unique in the Animal world for laying down fat in the Mammary glands, the glands that produce milk to feed offspring, the definition of Mammals. Indeed the amount of milk secreting tissue present in the breasts is very small, except at the time of milk production. Likewise the mammae (breasts) of a man can produce milk if the hormones are present to stimulate milk production. It is important that if a man feels a lump in his breast that he consults his GP promptly, for malignancy can occur.*

*One presumes that during the times of the hunter/gatherers the ladies stayed at "home" whilst the men went hunting, and the deposition of fat in these organs enabled a better survival rate until the next meal had been caught. Thus they gave an evolutionary advantage.*

*Retired Bee Keeper*

Poole Heart Support Group operates under the umbrella of the British Heart Foundation who rely on voluntary help for fund-raising events.

BHF Poole, urgently need a Treasurer- can you help please?

They also need occasional supporters for fundraising.

Please contact:  
*Pam Bailey BHF Rep.*  
*4 Knighton Heath Close*  
*Bearwood BH11 9PP.*  
*Telephone*  
*01202 574944*

We would be pleased to hear from any members who would be prepared to play a more active role in the Poole branch of BHF. We meet once a month at Poole Hospital to plan forthcoming events.

## **Volunteers wanted**

**to help  
in our  
P.H.S.G.  
Head  
Office  
for only  
2 hours  
per month**



**Please Telephone**  
**01202 683363 ext. 133**  
**Manned 1.30 - 3.30pm.**  
**Mon & Thurs**

## **You can always call the Office !**

You can always call the office  
We're a happy little bunch.  
On a Monday or a Thursday,  
We're there just after lunch.

If you need some information,  
Exercise or walking club,  
(Cyril says they ramble  
and then end up at the pub!).

We distribute magazines  
and sign in each new member.  
We are on the go all the time  
from January to December

Jan Meshier  
PHSG Office Co-ordinator.