

THE **NEWSLETTER**

OESOPHAGEAL PATIENTS ASSOCIATION
Gullet & Stomach Cancer Support

Issue 16

Spring 2011



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This publication is kindly sponsored
by Hampshire Press

**Heathrow Hero! Fundraiser IAN McCRACKEN
Runs Three Marathons In Three Days!**



MORE!
Les Crofts
and the
Brummies
raise
£1000 for
OPA in
one night
- see P5

**HELP
WHEN YOU
CAN'T
HELP
YOURSELF**



**Medical Tags
Update**

A FRESH LOOK FOR THE NEWSLETTER

Contents

2 Patient's experience; Gary Roberts

3 Medical Tags Update

4 Patient's experience; Richard Martin

5 Fundraiser; Les Crofts' Brum Night Out

6 Branch Meetings Diary & a new branch;
Welcome Grantham!

**Top Tips for
Hospital
Appointments**

What to ask

**What you need to
know**

7 NHS Top Tips for Patients plus
Advice for Children when an Adult has Cancer

8 **'Crackers' McCracken's 3 marathons**
Plus Chairman's Notes

OPA - Experienced patients helping new patients

A PATIENT'S EXPERIENCE

Gary Roberts

I had been suffering with acid reflux and problems swallowing for a few weeks. After an appointment with my GP I was sent for a Gastroscopy at Wythenshawe Hospital in Manchester. I was a bit apprehensive about the scan; more so because I wasn't sure of what was actually going to be done. The scan was performed on the Friday and I also underwent a CT scan afterwards. I was told the results would be ready for Monday; that weekend was one of the longest I've ever known.

I attended The Clinic at Wythenshawe hospital on the Monday lunchtime with my wife. I had never, ever, been so nervous. It was to result in the worst hour of my life and I will never forget the words said to me by Mr Galloway, Consultant/General Surgeon; "We found a tumour at the gastro-oesophageal junction and unfortunately it is cancerous".

The next few days were very stressful; having to come to terms with the diagnosis, telling my parents and family, explaining to work colleagues and managers and thinking what, if anything, the future held. Being only 36 when I was diagnosed and having a 2 year old son, the thoughts going through my head were endless. Will I see my son grow up? What's going to happen to me? How long have I got?

Once things had started to sink in I was hit with another bombshell. During my first appointment with Dr Was Mansoor, oncologist specialist at The Christie in Manchester, I was told that due to the size of the tumour and metastasis liver cells (T3 -4 Ml) surgery was not a possibility and all that could be given was a better quality of life through Chemotherapy treatment. A mass of rollercoaster events then commenced; Oncologist appointments, CT, PET and MRI scans and then the start of the Chemotherapy. I underwent 6 sessions of the combination chemotherapy EOX (Epirubicin, Oxaliplatin and Xeloda - commonly known as Capecitabine).

I experienced many ups, downs and side effects during the treatment but with a loving family and support from them I was able to overcome these. Once the treatment was finished I had more CT, PET and MRI scans and following these I was given some slightly encouraging news.

Due to the success of the treatment the tumour had significantly reduced.; surgery was now a possibility. The day came, 24th November, co-incidentally my wife Lynn's birthday. The operation was to be performed by Mr Galloway who I had seen on a number of previous occasions during the days of my treatment and scans.

Gary and family



My time in hospital following surgery was short, in fact just 9 days. The surgeons, doctors and nurses were pleased with the quick recovery from the operation. It was a blessing that my younger age helped to a faster recovery.

It has now been over 12 months since my surgery and I'm happy to say that things are looking positive. My lifestyle and eating habits have changed considerably. At first it was a big learning curve to re-educate myself to eat little and often, something that sounds easy to do but can be hard to achieve. However, having now educated myself I can lead a relatively normal life.

I am truly blessed that I have had the support of my family and friends throughout my treatment and afterward. Also, there was the commitment of each and every one of the medical team involved in getting me back to a normal life; my surgeon, oncologists, chemotherapy nurses and cancer support nurses, not forgetting the Cancer associations who can lend an ear or send mail for support. I am still always thoughtful of those who are currently going through the same process or have just been diagnosed.

Finally, remember during our darkest days it's those that care for us most, our nearest and dearest who also suffer and at times they can feel as though they're helpless. It is those people that help us through. Whatever stages you're at with diagnosis or treatment always remember that not only are there family and friends but also the kind people at OPA available to help and talk to, just drop them a line.

Gary



O. P. A.

Address:
22 Vulcan House
Vulcan Road
Solihull
West Midlands
B91 2JY

Telephone:
0121 704 9860
9am - 3pm Mon - Fri

Email:
enquiries@opa.org.uk

Website:
www.opa.org.uk

Trustees:

David Kirby OBE
(Chairman)

Richard Martin
(Hon. Treasurer)

John Seston BA(Hons)
Richard Steyn FRCS

Staff:

Dawn Williams
Patient Support

Sarah Twiss
Administrative Support



Medical Tags

HELP WHEN YOU CAN'T HELP YOURSELF

OESOPHAGECTOMY
GASTRECTOMY
DO NOT LAY ME
FLAT



Losing the oesophageal sphincter, the valve that the joins the stomach and the oesophagus, can cause problems, especially when lying down.

Nearly all patients who register their details with OPA have to sleep with their upper torso elevated. It becomes your way of life and one of the many changes that have to be made following this major operation which removes a major part of your digestive system. For those who risk lying flat on just one pillow, the eventual presence of acid and bile in the mouth can be distressing and frightening, leading to coughing and vomiting. So imagine suddenly falling ill or becoming unconscious through an accident or bad fall. What happens next?

If you're not already lying down, the first thing the paramedics do is lie you flat. At the hospital you remain lying flat. If you need surgery and then recovery, you again remain flat. You'll probably not be in the best shape to say that this is wrong for you. Relatives might not be on hand to speak for you, or they might not remember to inform staff of your state.

This can lead to serious complications, with bile and acid entering the lungs. This has happened to a number of patients; fortunately they all made a good recovery. But it is preventable.

Medical tags tell the emergency services about you. they're very similar to an SOS Talisman as used by diabetics, amongst others. All of the tags feature the 'Staff and Snake', an internationally recognized medical alert symbol. There are many designs of tag available.

You can order at www.medicaltags.co.uk use the order form enclosed with this Newsletter or call 0121 233 7455. Our suggested engraving on the tag is;

**OESOPHAGECTOMY/GASTRECTOMY
DO NOT LAY ME FLAT**

If you wear your medical information near your main pulse points, your neck or wrist, it is should be easily noticed by emergency staff.

In those vital first few minutes and hours, if you've had an accident or become unwell, this is often the only way of conveying your vital medical condition which the medics need to know about you and so treat you effectively. DW.

A PATIENT'S EXPERIENCE, BAD AND GOOD

Joseph (not his real name) had his oesophagectomy over eight years ago. Although the operation went well, the damage to his body and especially the nerves left him in constant pain. Such was the depth of the pain that he was on daily morphine.

His wife Anne (again not her real name) did some research and found a surgeon who recommended a nerve block operation.

The operation took place just before Christmas 2010 and proved to be an ordeal for Joseph, the surgeon required Joseph to lie on his front for forty five minutes in order to carry out the procedure under local anaesthetic. An X-ray machine was positioned over his back and the surgeon got on with his job.

Almost immediately Joseph was in pain and distress, breathing became very difficult and he was unable to communicate with the theatre nurse. At the end of the operation Joseph was shaking, very pale and obviously suffering from shock, he needed oxygen and took a while to recover.

Prior to the operation Anne has explained to the medical staff that Joseph could not be laid flat, but was made to feel that she was interfering and that they knew better. In Josephs words, 'There seemed to be an area of unawareness amongst the doctors and nurses that were dealing with me, even so they were very professional and kind.'

It is due to the skill of the surgeon that Joseph is pain free for the first time in eight years and would go through the procedure again if necessary (preferably sitting up). He also believes that if he was wearing a Medical Tag his concerns and those of Anne would have been taken more seriously.

A PATIENT'S EXPERIENCE

Richard Martin



Part 1

Finding Out

November 1996. I went to give blood at the Blood Donor Centre as usual but this time the nurse told me I could not donate any because my red blood cell count was too low. I asked what this meant and it was suggested I was probably anaemic; but they would take a blood sample to carry out some tests and if anything else needed to be done I would hear from my doctor.

About three days later I received a letter from my doctor asking me to go and see him as soon as possible. He retested my blood and found the red blood cell count had gone down even further, so he referred me to hospital to see if they could find out the problem.

January 1997. After visiting hospital and being tested yet again the consultant said that my blood was normal, but he advised they take a look inside my stomach to see if there was anything abnormal that could have affected my blood in the first place.

February 1997. After a further visit to the hospital for an operation to insert a camera in my stomach the doctor asked to see my wife (Jane) and I together. During this meeting we were told that something had been found in my Oesophagus and it was potentially very serious. Jane then asked him what he meant by very serious and we were told that in his opinion what he had found was Cancer and that it would ultimately kill me.

One week later, after an operation to take small samples from the lump they had found I went to see a Thoracic surgeon to get the results of these biopsies and to find out what could be done for me. The surgeon was a man called Professor Alan Casson and he told me it was definitely Cancer and before we could proceed I would have to have the rest of my body scanned to see if the Cancer had spread, especially to my Liver. I was then told that if it had travelled to my Liver the outlook was very bleak indeed, and would be no more than a few months.

A further week on, I went into hospital to have an extensive range of tests; it was the first time I had left my daughter (Rachel) since she was born. The following day I had the first of the tests, a CT scan (Computerised Tomography). The nurse told me to lie as still as possible but I couldn't stop shaking; my whole life depended on the outcome of that test!

The following day the Professor came to see me; it was good news. As far as he could tell the rest of my body was clear and he would like to operate as soon as possible. He then told me the operation involved removing my entire Oesophagus and half of my Stomach and would take about seven hours.

My operation was to take place on Rachel's birthday, but the day before, they let me out so we could have her birthday a day early as long as I promised to go back the same evening.

Part 2

The Operation

February 1997. The day of my operation and I was first on the theatre list. The trip to the operating theatre was terrible, especially when I saw the operating table and all the instruments waiting for me; but the theatre staff were all nice to me.

When the Professor came to see me he told me that the operation went very well and in his opinion he had taken away the entire tumour and I would need no further treatment.

The following day my left lung collapsed and they did an emergency operation - right there on the ward. That's when all the pain started because they didn't knock me out for that one.

The next few days were very uncomfortable but I made steady progress and was up on my feet two days after the operation. The nastiest thing was the tube that went up my nose and down my throat and into my stomach; my throat was so sore that I didn't swallow or speak to anyone for a whole week.

March 1997. One week after the operation I had to have a swallow test to see if the new join in my throat leaked. A few hours later the Professor came and told me there were no leaks and the nose tube could come out. I was so relieved, it now meant I could talk again and sip some water; and if there were no problems, I could start eating again in two days.

The following day I got a blood clot on my leg, the Professor said it was due to a family blood disorder that I had inherited but as long as the eating carried on without problems I could still go home in a few days.

I had been home for six days but the swallowing was very painful and my temperature had gone sky high. Jane phoned the hospital because she was very worried and they told her to bring me back in right away. I hated going in a second time and I was so ill I had to be pushed in by wheel chair.

After some more tests I was told there was a leak in the join in my throat and the food that I had been eating was going into my chest not my stomach and it was causing severe infections.

The following day I was taken back to the operating theatre for another operation on my neck to clean out the infection. The next thing I remember was waking up in the intensive care unit again. This time the feeling was a whole lot better and most of the pain had gone.

Later that night the nurses came with the drugs and just as they moved me slightly my right lung exploded, the next thing I knew there were doctors everywhere and none of them knew what had happened but within minutes I was back in CT for an emergency scan. It was midnight and it seemed funny to see all the doctors out of uniform. The consultant who did the scan had a lovely red evening dress on but she told me not to worry too much as she wasn't totally drunk.

When the Professor came to see me the following morning he told me that I had to go to the operating theatre again as the infection had found its way to my lung and it needed to be operated on immediately.

Jane couldn't believe something else had gone wrong, and after that operation it was the only time I wished I were dead because the pain was unbelievable and the Professor told me he was forced to remove part of my Lung and close part of the cavity, but by this time I wouldn't have noticed if they had chopped off my head.

When I came round completely I could count eleven tubes including the dreaded nose tube and it felt like my back had been chopped in two. As soon as Jane came to see me I asked her to take a look at my back, she said it was another scar about ten inches long but she didn't care as long as it put me right.

The next ten weeks were just one long nightmare. Constant pain and being classed as nil by mouth because of the surgery for such a long time was very hard, especially when you could see everybody else eating and drinking and I could only watch.

Every Friday they would take me for a swallow test to see if the leak in my throat had healed but I knew before I went it still leaked because occasionally they would make me sip some water to clean out the join and each time the water would come out of the scar in my neck and run down my chest.

April 1997. Finally the Professor decided that the infections were under control and the leak was small enough to allow me to start eating again but only soft foods, and all being well I could go home in two days.

This time I got home for just one day before my temperature went sky high again and I started to feel really ill again, so there I was back in hospital thinking "what next?" The Professor told me that the infections had come back and they were running out of options but he had one last drug they could try and they would need to take me back to the operating theatre to put a drain in my back to try to drain out the infection.

June 1997. Another four weeks of pain and being classed as nil by mouth. However I started to feel a bit more normal again and after my twelfth swallow test the leak had finally healed up. After that news the nurses knew they wouldn't be able to keep me much longer so the Professor started me eating and drinking small amounts again and told me all being well; "home in two days". (*Where had I heard that before?!).*

I went home with two tubes still in me but I had made my mind up. There was no way I was going back so they might as well sell my bed.

Part 3 *Living with the Changes*

June 1997. The district nurses came to see me every day for about two weeks after I got home but that was a small price to pay; at least I was at home with Jane and Rachel. I also had to go back to see the Professor after two weeks but it was only to have the tubes removed and to get my blood clotting problem sorted out.

When I started to eat normal food it did feel funny for a while but after time it became normal - you forget how it used to feel. Then one day whilst eating my dinner I got something stuck in my throat and no matter what I tried it wouldn't budge. After about two hours it finally cleared under its own volition.

The following day I phoned the hospital and the Professor said he wanted to see me straight away. So off I went and when I got there he told me not to worry too much as it wasn't serious, but the join in my throat had gone tight with the scar tissue and it would need a little stretch.

That was the good news; the bad news was that in order to do it I had to go back into the operating theatre. The Prof knew I had said I wouldn't go back into hospital so he would do it as a day case, and let me go home after the operation as long as there was someone to look after me for forty eight hours.

So off I went for my stretch. Psychologically it was difficult going back into the operating theatre but if everything went well I wouldn't have to stay in hospital overnight.

I never did have to stay in hospital again but I have needed to have my throat stretched quite a few times since. I think I have been to the operating theatre over twenty times now and its just as nasty each time, but they never have managed to keep me in overnight and I don't intend to let them!

June 1998. It took me over twelve months to get my strength back, but when you have a five year old daughter you don't have a lot of choice!

Richard wrote this article in July 1998. He's still going strong and cycles daily, clocking up thousands of miles every year. Oh yes, vitally, he's OPA's Treasurer too. We hope to bring his story up to date in a future issue.



End to End cycle ride 2009

From the Chairman David Kirby



The campaign for better awareness of the possible symptoms of oesophageal cancer is gaining momentum. The aim is to get the message across to the public and to GPs. The Association of Upper GI Surgeons (AUGIS) is concentrating on doing this within hospitals. Other organisations (The Barratt's Oesophagus Campaign and Heartburn – Cancer Awareness and Support [HCAS]) are now keen to achieve our own objectives and meetings are being held with them to coordinate efforts and avoid duplication.

A meeting is also planned with Sir Mike Richards, indicating the top support for the campaign to bring the UK into line with other countries. However, lifestyles do differ and the growing obesity problem in the UK is one of the aspects to be addressed. Better knowledge of the practices within Europe must also be investigated.

On a personal note I need to take on a lesser role in the OPA due to advancing years. We have a reputation as a professional organisation and that must be maintained. Our aim is to have a regional organisation for the OPA. Each region – for example, South West; South East; East and West Midlands; East Anglia; Wales; North East; North West; East, West and North Scotland – should have a committee and the chair of each of these would form a national committee. Close cooperation with hospitals specialising in Upper GI cancer treatments, possibly through the specialist nurses involved, would be maintained and developed.

There are surgeons who strongly believe that a new patient and their carer having contact with a former (knowledgeable) patient can influence the outcome of treatment because their attitude to their illness is influenced to be very positive. We must keep such contacts available throughout the UK.

The changes in management structure proposed within the NHS give rise to some concerns and members of patient organisations could well have an influence in this area. I do encourage them to express their views and participate in discussions.

OPA REGIONAL BRANCH MEETINGS 2011

These meetings are held for patients who have had, or are about to have, major surgery for the removal of part (or all) of their oesophagus and stomach. Local specialist surgeons, nurses, dieticians and physiotherapists are always invited to attend to answer your questions so that you can learn more about what has happened to you. The meetings all have a friendly format and you will be made very welcome, with former patients available as hosts for new patients and their carers. People who have made contact with the OPA to inform us that they have had an oesophagectomy will automatically be invited.

Please note that it is inevitable that most patients attending these meetings have had, or are going to have surgery. All oesophageal/gastric cancer patients are most welcome but this emphasis is to be expected in discussions.

If you would like any further information about these meetings please contact the OPA Office, Solihull.

Birmingham - Edgbaston County Cricket Ground on Saturday May 21st

Brighton - 2 to 4pm on 13th April, 13th July, 12th October & 7th December at White Horse Hotel, Marine Drive, Rottingdean BN2 7HR. (Pictured right) Contact Verena Smith 07964 925 494

Derby - Hilton Village Hall on Saturday 11th June, 3rd September, 3rd December

Exeter - To be confirmed

Frimley - To be confirmed

Grantham - 14th May, see article below for venue.

Guildford - Conference Centre, The Holiday Inn, Egerton Road (next to Royal Surrey County Hospital) Guildford on 31st March, 28th April, 26th May, 30th June, 28th July, 25th August, 29th September, 27th October, 24th November.

Leeds - Headingley Golf Club, Adel, Saturday 7th May Contact Joyce Smith 01757 248180 for details

Lincoln - Meeting at Wragby Village Hall (signposted) on Saturday April 2nd

Liverpool - At Liverpool Heart & Chest Hospital on Saturday March 19th.

London - Guys' and St Thomas' Hospital, Saturday 14th May

Luton - At Luton and Dunstable Hospital Saturday 7th May, Saturday 13th August, Saturday 12th November

Northern Ireland—Saturday 2nd April, Saturday 8th October

Norwich - At Norfolk and Norwich Hospital Saturday 30th April

Oxford - John Radcliffe Hospital, Out Patients Department on Saturday April 9th. (Photo above).

Portsmouth - to be confirmed

Reading - Meeting at the Reading Moat House Hotel on Saturday 26th March.

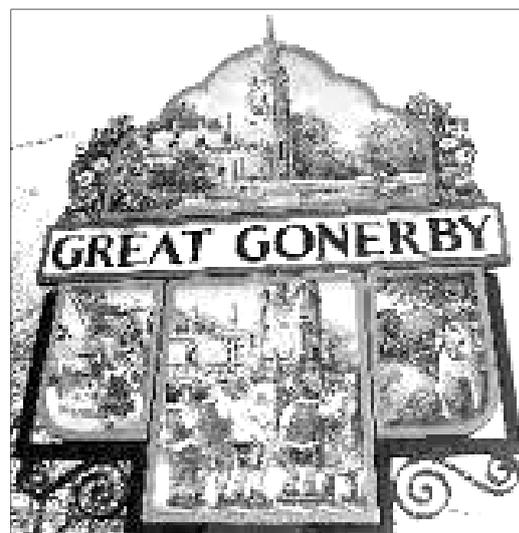
Brighton's coastal venue.



NEW BRANCH - Grantham, Lincolnshire

On Saturday 12th February 2011 a new branch held their first meeting.

The OPA Grantham branch was set up by John Talbot and his wife Candy. I remember meeting John at his first OPA meeting at Wragby, Lincs in 2009. Even at that time he and his wife were very keen to help other patients in any way they could. Our advice, as always, was to get better first. So, after holding back for almost two years, the first branch meeting was arranged at Great Gonerby, just north of Grantham last month. There were at least 35 patients and carers there plus two specialist nurses, Caroline Marshall and Lisa Dichmont. Pretty soon the air was alive with chatter. John belongs to a choral society and the ladies there provided the most amazing cakes and sandwiches which everyone enjoyed. DW.



TOP TIPS *for* PATIENTS

NHS suggest that you should prepare for an appointment



- 1 Write down your most important questions such as 'what's wrong?' and 'what treatment will I get?'
- 2 List or bring all your medication and supplements.
- 3 Write down details of your symptoms including when they started and what might make them better or worse. These will all help to jog your memory.
- 4 A family member or colleague can come with you (if you'd like) for emotional support and advice.

During the interview:

- 1 Don't be afraid to ask for an answer to be repeated, if you don't fully understand it. Likewise, ask for explanations of unfamiliar medical words and terminology.
- 2 Write things down or ask your colleague to do so.
- 3 Find out what tests are available or recommended and why. Also what treatment is possible?
- 4 Ask when the results will come through and who to contact if they don't.
- 5 If test and/or treatment are denied, you are entitled to a full explanation of the reasons. Seek a second opinion if you are not satisfied.

Before leaving the interview:

- 1 Check that everything on your list has been covered.
- 2 Find out what will happen next and when.
- 3 Ask whom to contact if you later think of further questions.
- 4 Find out what support groups are available and where to go for reliable information.
- 5 You are entitled to see letters written about you and you can request copies to keep.
- 6 You need to know if you should stop doing anything or change what you do. Is there anything you can do to help yourself?
- 7 Ask what you do if things get worse.



If you decided not to write notes at the time, write them afterward; what was said and what you've been told will happen next. Book any tests that you can. Keep a file to safely store the paperwork, save any relevant messages on your telephone and put all e-mails into a dedicated folder. Keep everything!

HELP for CHILDREN when an ADULT has CANCER

Cancerbackup have merged with Macmillan Cancer Support. One of the immediate benefits is a combined list of resources to help children and grandchildren who have a close relative suffering with cancer. This is published in a booklet - **Talking to children when an adult has cancer** - which is part of the 'Living with cancer' series. It can be ordered from them by calling 0800 500 800 (Freephone).

Here are the useful contact details:-

Macmillan Cancer Line - 0800 808 2020 (Freephone).
Macmillan Youthline - 0808 808 0800 (ages 12 to 21 - Freephone). Cancerline@macmillan.org.uk
BOOKLET - Talking about your cancer. [Also on audio cassette]. To order call 0800 500 800.

Barnardo's Tanners Lane, Barkingside, Ilford, Essex IG6 1QG. 0208 550 8822. www.barnardos.org.uk
They have a range of resources especially designed to help childhood bereavement.

Harcourt, Halley Court, Freeport PO Box 1125, Oxford OX2 8YY. 01865 888000. www.harcourt.co.uk enquiries@harcourt.co.uk
BOOKLET - What's it like? Cancer, introducing young readers to illnesses and conditions that may affect them, their families and friends. Aimed at 5 to 10 year olds by Heinemann Educational.

Winston's Wish, The Clara Burgess Centre, Westmoreland House, 80-86 Bath Road, Cheltenham Spa GL53 7JT. Helpline 0845 203 0405. www.winstonswish.org.uk info@winstonswish.org.uk
BOOKLET - A Child's Grief; For adults supporting a child when someone in their family has died. To order call 01242 515157.

**WE ARE
MACMILLAN.
CANCER SUPPORT**

RIPRAP www.riprap.org.uk

A website for 12 to 18 year olds who have a parent with cancer. They can learn more about the illness, read individual stories and share their experiences. Trained staff answer e-mails sent to the site.

SIBILINKS PO Box 2561, Coulsdon, Surrey CR5 2YA.
www.sibilinks.org

Provides support to youngsters with family or friend affected by cancer.

Young Carers Initiative at the Children's Society
01962 711511

www.youngcarer.com
include-project@childrenssociety.org.uk
Developing information and support to young carers and their families.

Young Carers at the Princess Royal Trust
0207 480 7788 www.youngcarers.net

youngcarers@carers.org
A website for young carers to share their experiences.

YoungMinds 40-50 St John Street, London EC1M 4DG.
0207 336 8445

www.youngminds.org.uk
enquiries@youngminds.org.uk
A free and confidential parents' helpline for any adult who is concerned about the mental health of a youngster.

If you know of further organisations who can help in this way please let us know.

Call OPA with the details. Thank you.

Raising funds for OPA IAN McCracken

It was a tough 126.6km but it is complete; three marathon distances on a treadmill in three consecutive days from 21st to 23rd January 2011.



The final day marked the third anniversary of Brenda, my mother, losing her battle against Oesophageal cancer at the age of just 58. It was her strength, courage and her sheer determination which inspired me to do this.

A huge thank you must go to World Duty Free at Heathrow Airport, their managers and staff for all their help and support. Using their venue meant that at the end of each day's run I was surrounded by tax-free booze!

Thanks too to my friend Seb Morgan for all his encouragement, pushing me when needed and making sure I completed it, also thanks to Attitude Events for taking the pressure off me on those days so that I could concentrate on the runs, and of course to everyone who has donated to these worthy causes, OPA and Macmillan Nurses.

The final total isn't in yet but it looks like we definitely raised over £4000. So again, thank you.

Typical message of support on the Just Giving OPA pages; 'Monster effort from the McCracken. Have a bath when you get home and relax in the knowledge of a job well done; legend! See you soon'.

Big Money Night for OPA

Leslie Crofts' Charity Fundraiser

It's less than a year since Birmingham's Les Crofts underwent his oesophagectomy. Yet he's been very busy raising funds for the OPA. He organised a couple of events in 2010 and we were very pleased to welcome him and his wife Sheila with the proceeds of his fundraising to our office on several occasions. But Les, being Les, wanted to do more and he arranged a fantastic fundraising night.

The venue, made available at no cost, was Kings Norton Bowling Club in SW Birmingham. Les and his wife Sheila also organised the catering. All the prizes for the raffle and auction were donated. The disco guys also gave their time for free.

So, on Saturday 26th February, over 100 people came to the Club and the fundraising started as soon as they entered, with raffle tickets on sale. Les had organised a table full of superb prizes, ranging from cases of wine to a hamper full with boxes of chocolates.

Les made a short speech to give his thanks to his wife and friends who'd helped him through tough times as well as assisting with the charity evening. He handed the mike to OPA's Dawn Williams for her to describe what we do. She asked people to dip into the pockets and purses for their loose change, to reflect that every penny donated to OPA goes to supporting our patients. She had some facts that gave cause for thought; the weekly running costs of the Cats' Protection League (£1730) is more than us (£1250)!

This prompted a friend of Les' to swiftly tour the room with a pint glass collecting that spare change! This raised £65.

But better yet, Les' colleague Martin Aldridge auctioned some wonderful items. A Warwickshire Cricket Club shirt signed by Dougie Brown went for £25. An England 2011 Team shirt signed by Ashes Test hero Jonathan Trott sold for £95. Four VIP tickets for the Cricket 20/20 final at Edgbaston's County Ground raised £140 and an I-Pod Classic 160gb (donated by one of the Bowling Club's members) brought in £120. This chap also signed a cheque to OPA for £150. A final total isn't yet known but we confidently expect that the night will have raised around £1000, all for OPA. Thank you Les and Sheila; it was a wonderful and fun evening!



Donation Form

I am pleased to send a donation of £ _____ Date of donation _____ / _____ /2011
(Please make cheques payable to OPA and complete your details below)

If you are an income tax payer, ticking this box will enable the OPA to recover tax on this and any future donations you may make, under the *Gift Aid Scheme*, provided you have paid income tax or capital gains tax equal to the tax reclaimed by the OPA on the donation(s) in the tax year.

FROM:

Mr/Mrs/Miss/Other

NAME

ADDRESS

POST CODE

Telephone Number

Email