



**Amputee
Society**
of Manawatu Inc.

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Newsletter June 2015.

Dear members,

It has been my thinking in the past that winter only really sets in with a vengeance once we get to July but this year has been the exception and I am particularly mindful of the flooding and devastation faced in Wanganui and the surrounding rural areas. The good news is it is now only 13 weeks to the start of daylight saving and next week we have a Super 15 final between two NZ teams both of whom were worthy winners of their semi finals. In six weeks the World Cup of Netball starts in Sydney and the Rugby World Cup in England starts in 12 weeks. A lot to look forward so stay safe and keep warm as you endure winter.

AGM This was held Sat 14th March at the home of Theresa and Jim Adams with 14 present. The meeting regretfully accepted the resignation of Elaine Potbury a long serving treasurer and committee member who will kindly be remembered for the thoroughness and accuracy of all tasks undertaken.

New office holders were elected as detailed above and joined on the committee by Jim Adams, Merryl Worboys, Bryna Dassler, Lester Cottam and Thanésara Trotman. Since the AGM Justine McLeod has joined the committee. ASM is lucky to currently have a proactive and functioning committee.

Members present were impressed and grateful for the BBQ meal that followed the AGM giving a great opportunity for networking and fellowship into the evening.

Next function: As offered at the function on 1st Feb the next member occasion is a luncheon in **Wanganui** to be held at **The Brick House 72 St Hill Street** on **Saturday 11th July gathering at 11.30am** to eat at 12noon.

The committee will again offer paid up members a rebate of \$10 per member. A separate room is planned and Tim Crowe the Senior Emergency Medical Officer for Wanganui District Council has offered to speak on the role of amputees as trauma victims in civil defence exercises. With the current emergency in Wanganui Tim is yet to confirm his availability.

Please confirm your intention to attend **by texting or phoning by Sunday 5th July** one of the Office holders listed above.

Conference 2015. Funded by Pub Charities to whom the committee is very grateful conference in Wellington was attended by 10 members with one support person also present. A great time to network and renew old contacts was enjoyed along with quality accommodation, food and entertainment. Reports by those attending on different aspects of the weekend are provided as part of this newsletter.

Conference 2016. Next years conference will be held in Christchurch in April.

Member subscriptions due. In light of the meal rebate offered at the next member function this remains very good value at \$5. A majority of subs are current and a "smiley" face indicates this. The "Invoice" stamp indicates subs for the year to 30th Nov 2015 are overdue. Payment can be made by internet banking to BNZ acc 02 0719 0142317 00. Subs can also be mailed to the Treasurer.

New members. A special welcome to Deborah Gedye, Jason Sturley, Michelle Jardine and Margaet McAra who have recently joined.



Slippers. A member with a right leg amputation has two right slippers unworn that are size 9, old size 7, one wine coloured, one pink and red, attached with Velcro. If anyone can make use of these please contact the secretary who can put both parties in touch.

Purpose. The latest copy of "Purpose" is attached or included and members are encouraged to communicate with the editor to voice concerns or seek support

Limb centre. The limb centre will be running regional clinics on Oct 9th in Palmerston North in the morning and in Wanganui in the afternoon. Phone the Limb Centre 0508 389389 to make an appointment.

As I end this newsletter here I am grateful for the reports on conference that follow written by members attending in an effort to share information gained and experiences enjoyed with other members through this newsletter.

Kind regards and best wishes,

John Maher

WETA Cave by Lis Cottam

Visiting Weta Cave was an interesting 'nerd' experience we had while in Wellington at conference. When you go out to Miramar for the Weta Experience you have the option of visiting the Cave or a longer tour of the Workshops.

Lester and I chose the Cave tour where we saw lots of the amazing costumes and props that have been made for Movies by Peter Jackson and other Directors. We had a great guide who talked to us about the exhibits. She is passionate about working at WETA Workshops.

One thing I particularly enjoyed was seeing blue Spotty Wot and his twin pink Dotty Wot – 2 siblings from Outer space that were created for a Children's series. The level of intricate planning and the detail in all the props is massive. Weta Workshop is known internationally for their skilled creativity.

Weta Workshop as reported by Janice Frost.

On entering Weta Workshop gift shop movie magic came alive in my imagination. On seeing the real thunderbird in a glass case my childhood was again activated. The movies far outnumbered the ones I knew about from Tintin, District 9, Lord of the Rings trilogy and the Hobbit and TV series for children include Jane and the Dragon, the Wotwots and of course the Thunderbirds. Hand made figurines of the Hobbit and Lord of the Rings were made to buy.

Gandolf's cane was available to hold and a massive statue of him to see. This was just the gift shop, the tour of the cave still to come. Inside the cave our group was able to hear about the weapons and swords that are designed for movies. Next to view was the prothesis of the hand of an orc, a very large hand, definitely not an orc to be messed with. In a glass case was the first gollum creature from Lord of the Rings. The real vests worn in battle were heavy but the Weta's version was light. Then it was movie time.

From King Kong, Tintin, District 9, Avatar and soon Avatar 2, everything was explained and in detail, particularly showing Lord of the Rings, the Hobbit and King Kong. Every detail was finely artistically made to look real. Wketa Cave scored a 4 out of 5 from me, well worth the visit.

Amputee Federation National Conference

Response to Address given by Professor Dirk de Ridder

When I read that the subject of the main address was to do with the experience and treatment of phantom pain I did not hesitate to request a place at the National Conference.

Following the hip disarticulation of my right leg in 1999 I had been left with chronic phantom pain mainly in my right foot and ankle. A number of specialists had tried various cocktails of drugs and I had desperately sought every line of complementary

therapies available in the country. What might I learn from Dirk that would bring me relief?

From my own notes I highlighted that the brain operated on a '**Reward System**' - that a correct prediction of the situation created pleasure. If a wrong prediction was made my brain would tell me that I had to go and get the right information. A wrong prediction created pain.

There are two networks or circuits that cause pain. These can be used as a target for pain relief.

1. Phantom pain often comes from neuromas - growths that form at the site where the nerve was cut.
2. In order to pre-empt the possibility of phantom pain it is helpful to anaesthetise the site of the amputation as well as the limb to be amputated for 24 hours prior to surgery.

There needs to be a critical reorganisation of brain pathways in order to prevent pain. The brain will not tolerate non-information.

Professor de Ridder emphasised that the more experience both specialists and people facing an amputation have the more quickly predictions can be made. In this way there is more likelihood of the brain becoming well-informed and able to predict what treatment and preparation could be carried out to prevent the onset of phantom pain following amputation.

Dirk pointed out to us that knowledge and practical application in Belgium, his home country, is a long way ahead of what is available in Aotearoa New Zealand. Our Hospitals and Universities cannot afford the expertise and equipment that would advance the development of such knowledge and skills for analysis and diagnosis that would make for early detection and treatment.

There are two types of pain, peripheral pain and central pain. Different treatments are necessary for each type, treatments that will block pain. Whether treatment will be effective or not depends on the amount of information the brain has to work with.

In my own case it was some years before a cocktail of medications was found to keep the pain at a manageable level. I was told that the nerves were so tangled and the pathways of pain between brain to amputation site so deeply entrenched that it was too late for any corrective information to the brain to be applied.

I hope prospective amputees will benefit from new knowledge, analysis, diagnosis and treatment either in New Zealand or overseas.

Barbara Cowan
28 May 2015