SPRING 2017



TAKEABREATH



Only When I Cough! Chest-a-minute



Making Choices about your future

Pulmonary Rehabilitation, Ella's story

Pulmonary rehabilitation is one of the best interventions for Chronic Obstructive Pulmonary Disease (COPD).

It can help people with other lung conditions too, such as pulmonary fibrosis and bronchiectasis. The programme includes both exercise and education. It can improve people's fitness and strength, they can feel less breathless, and more in control and confident about living with their lung condition. It can be really sociable too and is a great chance to swap hints and tips! Topics that are discussed during the education sessions can include medication, chest clearance, stopping smoking, healthy eating and things that can help to keep infections to a minimum.

But what does it mean to the people who go?

Ella attended pulmonary rehab last year. She hadn't been able to get out of the house for a year. She was only able to get to appointments if her family took her out in a wheelchair.

When Ella first started at the class, she could walk about ten meters. It was Ella's goal to be able to walk from the hospital entrance into the class.

Following the pulmonary rehabilitation programme, Ella was able to walk 150 meters. This meant she could walk to and from the hospital entrance. She was fitter and able to use

"I don't know where I'd be without the classes"

the strategies that she had been shown in the class to help control her breathlessness, such as pacing and breathing control.

Most importantly Ella now has the confidence to go to town shopping on her own 'I'm not frightened anymore'.

When you speak to Ella about pulmonary rehabilitation, it's not just about the fitness and education: 'it cheered me up coming here'

Judith Colligan, Respiratory Physiotherapist

Pulmonary Rehabilitation Week

is running from the 12th to the 18th of March 2017 and aims to celebrate and promote Pulmonary Rehabilitation.

CHSS will be supporting this so follow us on twitter or facebook, or have a look at our webpage www.chss.org.uk/LungRehab for more information, news and updates on what we'll be doing!

For more information about Pulmonary Rehabilitation have a look at our Factsheet: F32 Pulmonary Rehabilitation Frequently Asked Questions

Or visit www.mylungsmylife.org

Or call the CHSS Advice Line Nurses

Call the CHSS Adviceline



0808 801 0899 free from landlines and mobiles

CHEST-A-MINUTE

I caught that nasty cold that was going around in winter and had a horrible flare up of my lung condition. I'm still guite breathless and I still feel guite weak, especially my legs. I wasn't expecting that.

recovery. Sometimes it can take weeks

Your legs can feel weaker because you haven't been as active. Steroids can make

Don't worry, it is possible to get fitter you enjoy and increasing activities is



I just feel so weary I'm not sure where to start



I used to do some exercises at home that the physio gave me.

I haven't really been out much but I miss my daily walk.

worried, have somebody with you and stay close to home. Remember to wrap up and



Only when I cough

Stress incontinence is the involuntary leak of urine when you cough, laugh or sneeze.

What is the cause? Muscles in your pelvis (known as your pelvic floor muscles) are responsible for helping to maintain bladder and bowel control. If they become weak, there is a risk of you leaking urine when you strain yourself. For example when you sneeze or cough.

How can having a lung condition lead to stress urinary incontinence?

- Often when you have a lung condition you will cough a lot.
- The repeated downward pressure on your pelvic floor muscles during coughing can make them weak.

What can you do?



- then you should continue to do these again.
- Try to contract your pelvic floor muscles during your Airway Clearance Technique or when coughing and sneezing.
- If you haven't had any instruction on pelvic floor exercises in the past you can ask your GP for a referral for physiotherapy.
- Using an **Airway Clearance Technique** to clear sputum from your lungs reduces how much coughing is required to clear your chest. This can help reduce or avoid Stress Urinary Incontinence.
- Try to reduce or avoid drinking things that will irritate your bladder or make you need to pass urine more often. This includes:
 - Drinks that are high in caffeine.
 - Fizzy drinks, especially those containing artificial sweeteners i.e. 'diet' or 'light'.
 - Alcoholic drinks, in particular 'shots'.
 - Some people find the acid in fruit juices can make problems worse.
- Try to maintain a healthy body weight. Being overweight can put extra pressure on the pelvic floor muscles.
- There are a number of **'toilet finder' apps** available for smart phones which can help take the worry out of leaving the house.
- You should also discuss a referral to the **continence service** with a health care Professional, or you may be able to self refer.

Stress incontinence can be embarrassing but it can also be treated in a variety of ways. Don't suffer in silence when you can get help.

Making Choices about your future

Senior staff nurse Tricia Ferguson from Aberdeen Royal Infirmary explains about this important new resource for NHS Grampian...

As a society we're not good at talking about death and dying. Apparently in Victorian times people spoke a lot about death but not anymore. I'm not sure why this is but I do know that the future can be a daunting thing to discuss with the people we love. As difficult as these conversations may seem, it can be a lot less stressful, maybe even enlightening, when we start talking. Having an Anticipatory Care Plan can help. The process of telling others about your wishes is known as anticipatory care planning. Making a record of your personal care choices is called an Anticipatory Care Plan (ACP). Anticipatory care decisions are about:

- The kind of care you would want to have.
- Where you would ideally like this care to be given?
- Who would you want to give this information to?

The questions raised in an ACP may help you to open the discussion with family and friends.

With the help of some people with long term lung conditions we have developed an ACP that you keep with you. The booklet belongs to you. "I liked it because it made me think of things I hadn't thought about, it has helped me and my family to think about what I would want when my chest condition gets worse. I felt listened to. A little bit **more in control**"

It has been designed to enable people with a long term lung condition to make choices about their

future care. It isn't written in stone and people can change their minds about any part of it, at any time.

With help and support from family, friends and nurses the booklet can be filled with as little or as much information as you want. It has some basic information, such as your name, address, next of kin. It also asks about power of attorney and has a list of support available to help people put their affairs in order.

"The most important thing to me is my family, I'm glad I've written down what I want as I think this is now less of a worry for them and for me"

If you would like to find out more about having an ACP please speak to your GP or district nurse. You can also find out more about Anticipatory Care Planning by visiting www.mylungsmylife.org.uk. Or call the CHSS Advice Line Nurses.

WORLD ASTHMA DAY Tuesday 2nd May 2017

Asthma is a long-term condition that causes swelling and narrowing of small tubes that carry air in and out of the lungs. This can cause shortness of breath, cough or wheeze. Although there is no cure for Asthma, the symptoms can be well controlled with treatment and by avoiding irritants (triggers) that make it worse. Whether you have asthma yourself or you have children or grandchildren with the condition, visit the My Lungs, My Life Website to find out all you need to know about living with Asthma.

www.mylungsmylife.org

Share your news by emailing us at respiratoryservices@chss.org.uk

Wordsearch

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Α	G	0	F	Y	D	U	J	I	G
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Can you find the following words? LEPRECHAUN, JIG, IRELAND, DUBLIN, IRISH, RAINBOW, SHAMROCK, GOOD LUCK, BLARNEY.



