



*Maureen Wallymahmed,
Nurse Consultant,
Liverpool*

Do you ever wonder if other people are doing the same as you and that you might just be re-inventing the wheel?

Now is your chance to find out by using the Noticeboard section in the *Journal of Diabetes Nursing*.

As a member of the journal's editorial board, I know that this feature creates a welcome opportunity for nurses involved in diabetes care to pose



a quick question or share a fleeting thought with other healthcare professionals without having to write a whole article or phone round an array of colleagues.

The idea of Noticeboard is much the same as an internet message board where people can place requests, thoughts, ideas – in fact anything they want to share – as a brief message on this page. We at the journal will then encourage other readers to comment in the next issue, thereby enhancing ongoing debate and discussion but with minimum effort on the part of participants.

Myths triggering diabetes

Q A colleague has discussed with me a patient he is seeing who is concerned that if she undergoes a hysterectomy she will develop diabetes, as her mother was diagnosed with diabetes soon after undergoing the procedure. While in my mind the diagnosis of diabetes in the mother was coincidental, is this really the case?

Name and address withheld

A I can find no evidence that hysterectomy triggers diabetes and the two things were probably coincidental. Some women gain weight after a hysterectomy due to the hormonal changes associated with menopause, which occurs as a consequence of the hysterectomy (sometimes called surgical menopause). The weight gain could increase the risk of developing type 2 diabetes, especially if other risk factors are present such as family history and gestational diabetes during pregnancy.

*Trisha Dunning
Professor and Chair of Nursing,
Australia*

Any answers?

Please send any responses to the above or further questions to:

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Education materials

Q I am looking for patient-friendly literature to give to people who are newly diagnosed with type 2 diabetes. Ideally, I would like to give the information in stages, starting with diet and exercise and building up the individual's confidence over time according to their request or response to the strategy. If possible, I would like the information to be interesting and well presented. Some of the current patient information leaflets are rather uninspiring! Has anyone got any suggestions?

Name and address withheld

A Often, when people with type 2 diabetes are diagnosed they are given far too much information at the beginning. To stop this from happening and to standardise care we have developed an education care pathway for newly diagnosed patients with type 2 diabetes that is delivered over a 12-month period.

To support the care pathway we have developed a patient friendly education folder about diabetes, which also has a patient held record section in, plus different leaflets that can be added to the folder as they proceed along the care pathway at their own pace.

However, from start to finish it took nearly 3 years to design and was only achievable by commitment for the diabetes teams in secondary and primary care, plus financial support

Margaret Daley, DSN, Aintree

Education tariffs

Q Has anyone agreed a local tariff for group education sessions? We have just started a 4 week intensive education course for people with type 1 diabetes which we need to include into the Payment by Results (PbR) system. Can anyone help?

*Maureen Wallymahmed
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