

GI nursing ... What inspires you?

The front cover displays the poster chosen to represent our GI Nurse's Day theme this year. Congratulations to the Central Alberta Chapter for their submission with the mascot they created, GI Joe. He is the poster at each of their educational events and his mid section has depicted the themes of each of their conferences. In this picture, the theme is depicted

by the squirrel (GI nurse) focused on getting the nut (GI education). By staying on 'tract', the goal will be accomplished. Knowledge and networking, through conferences and certification, are elements in GI nursing that inspire this group.

Our runner up posters came from Lorraine Majcen. Two great posters were submitted by Lorraine, making the decision of the Selection Committee very difficult. Her poster can also be found in this issue of the *Guiding Light*.

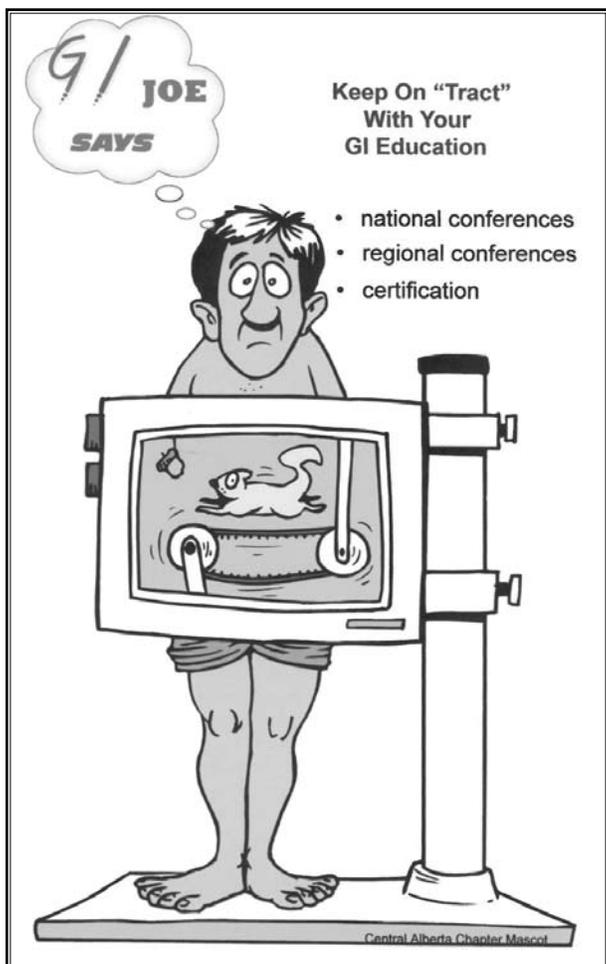
Thank you to all involved with this event. The Central Alberta Chapter will receive one free CSGNA membership for 2010 – 2011. A token gift of CSGNA's appreciation will go out to Lorraine Majcen.

Nurse's Week is May 6 to 12, 2010, with GI Nurse's day falling on the Friday.

CSGNA continues to grow with interest. I have been approached by pediatric GI nurses with their requests for networking and educational event opportunities. The timing is good, as the 2010 Annual Conference will include a GI pediatric program in addition to the GI adult components. This will be the first time for a national pediatric nurse's conference to be held in Canada.

April 17, 2010, is the GI certification exam day. Congratulations to all who have chosen to write this year. We look forward to you joining our growing numbers of CGN(C) nurses.

Respectfully submitted by
Yvonne Verklan, RN, CGN(C)
Public Relations Director



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In the Spotlight

Western Health Regional Hospital

Western Memorial Regional Hospital is one of two hospitals, four health centers and three long term care centers operated by Western Health and is located in Corner Brook on the scenic west coast of Newfoundland. This hospital has 192 acute care beds and is the regional referral center serving a population of 79,046.

The endoscopy unit underwent expansion in July 2007. The unit consists of two gastrointestinal (GI) suites, one of which is a negative pressure room for bronchoscopes, a gynecology/urology suite and a nine bed recovery room. There are three registered nurses and one licensed practical nurse to staff the GI rooms and 2.6 registered nurses in the recovery room. The

registered nurses rotate through GI, bronchoscopy, gynecology, urology, the minor procedure room and the recovery room. The licensed practical nurse rotates through GI and urology. On average, 24-30 procedures are performed per day between the two GI suites during the hours of 8 am. and 4 pm. After hour emergencies are covered by the operating room. ERCP is the responsibility of the Medical Imaging Department. Western Health has two gastroenterologists and six general surgeons currently performing endoscopy, and one respirologist performing bronchoscopy. Both rooms run five days per week, Monday to Friday.

Situated in the unit, in direct proximity to the endoscopy suites,

is the scope clean-up room, where the reprocessing of our scopes and other reusable endoscopy instruments takes place. We are fortunate to have two permanent full-time and one permanent part-time sterile supply technicians dedicated to endoscopy.

With our focus on quality assurance, we have commenced the Endoscopy Global Rating Scale assessment tool and are currently developing a Quality Assurance Program for the sterile supply technicians, with the focus on training and continuing competencies. As we are in the initial planning phases of a new hospital, and with a proactive approach, we look forward to improved delivery of endoscopy services in Western Newfoundland. ♦



Endoscopy suite.



Endoscopy staff.



Reprocessing room and staff.

National Board Positions Open for Nominations

National Board positions are open for nominations to all active members of CSGNA who are registered nurses. This year, we will have the following positions open:

Newsletter Editor and Website Director
Awards and Research Director
Public Relations Director
Canada Centre Director
Practice Director

Nominations must be received by March 31, 2010.

A nomination form can be downloaded from the website and is also available in this issue of the *Guiding Light*.

For any questions regarding the National Board positions, please contact Elaine Burgis at: president@csgna.com, or any member of our National Board.

Save the Date

*Greater Toronto
Chapter
Education Day*

Saturday May 15, 2010

8:30 am to 14:30 pm

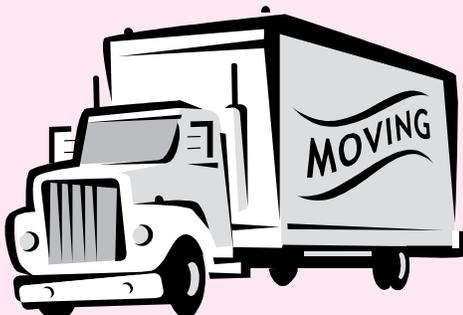
Venue and speakers
to be announced.

Future CSGna Conferences

**EDMONTON, ALBERTA
September 30 – October 2, 2010**

**OTTAWA, ONTARIO
2011**

CHANGE OF NAME/ADDRESS



NAME: _____

NEW ADDRESS: _____

CITY: _____ PROV.: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____

E-MAIL: _____

(Send change of name/address to the CSGNA Executive Assistant)

Synopsis of CSGNA Teleconference Meeting

November 24, 2009

- 1. REVIEW AND ADOPTION OF AGENDA:** The revised agenda was emailed. Adoption of the revised agenda, with no addition, was motioned by Donna Bremaud and seconded by Susan Drysdale.
- 2. REPORTS:** Reports were emailed by the directors prior to the teleconference. These were reviewed by the board members prior to the teleconference.
- 3. TREASURER:** The final numbers for the 2009 Toronto conference were not available. Hopefully, we can have everything sorted out in the next few weeks. This year is the first year we have opened a conference account which will allow us to keep an accurate record of conference expenditure.
- 4. NEWSLETTER:** The *Guiding Light* will be sponsored by Olympus for 2010 and 2011. We have changed printers for the last two issues. We trialed having the newsletter printed on glossy paper.
- 5. WEBSITE:** We have approved the initial trial version of the design of our new website. We are currently waiting to hear back from Biz-Zone regarding the next steps.
- 6. PUBLIC RELATIONS: 2010 GI Nurses Theme Poster** – final draft of the guidelines is complete. An advertisement is in this month's *Guiding Light*. An advertisement and an email notice were sent to all chapter presidents. **Chapter Activity Survey** was conducted in October 2009 at the Toronto Chapter Executive Luncheon. 16 / 33 surveys were returned representing 11 chapters; 5 / 11 chapters have members other than endoscopy nurses; 9 / 11 chapter executives remain in office longer than their term, until new members come forward; 7 / 11 chapters hold meetings in conjunction with education events. Overall, the chapters stated they were doing OK to very good. Additional comments include the need for increased participation, success was based on topic of interest, speakers, increased participation by the members, company support, and more diversified membership. Chapters found hosting a one day conference was preferred due to the support from sponsors and charging the delegate for the event was possible. The most popular setting was hospital and a restaurant.
- 7. PRACTICE:** CSGNA materials are up for revision this year. Policies and procedures are from 2002 and the conference planning binder from 2004. Information about regulation of scope of practice for RN and RPN from regulatory bodies will be reviewed to develop nursing roles in the endoscopy setting.
- 8. AWARDS AND RESEARCH:** Criteria for submission and selection will be reviewed this year. In addition, recommendation of new awards will be made at the face to face meeting.
- 9. EDUCATION:** This is a very exciting time for CSGNA regarding education. We have with a lot of the industry support, and they are very receptive regarding our on line education incentive. We have also reviewed the SGNA education material and the difference between the two practices. We need to look at how we want to approach it, and what format will be use to present this information to the CSGNA membership. SGNA has purchased the on-line learning from Olympus University. Everyone is anxious to get the information on the website, but we need to look at it carefully. SGNA has a 20 page policy; we need to review this application for online learning for industry.
- 10. UPDATE ON EDMONTON 2010:** Topics for three days includes pathways for the Nurse Practitioner (NP), transplant and hepatology. We have looked at the topics and the number of overlapping topics was noted. We have some of the speakers picked out for the pathways. GI Pathways is built as three – one day conferences. There are seven pathways: Endoscopy, NP, Transplant, Hepatology, Medicine, Surgery and Pediatrics. We are trying to get in touch with GRS and SGNA. Cathy Baker is really interested in speaking with us. Opening ceremonies will be first thing on Thursday morning, with the vendor evening on Thursday as well. We are planning for breakfasts. Friday dinner will be symposiums sponsored by companies. Saturday night entertainment will be a DJ and dinner. The business meeting will be on the first full day. The annual general meeting is scheduled after a plenary session. Each session will be 45 minutes with 30 minutes lecture and 5 minutes for questions and 10 minutes for turnover. We would like to have the vendor hall open for morning coffee

and lunch but closed for the afternoon. This decision was made on the vendor comments from the 2009 Toronto conference. Heather will send a letter for the sponsorship in January. Heather will also let them know the cost of booths: \$1500 for one day and \$2500 for two days.

11. **FACE TO FACE MEETING:** A one day Face to Face meeting will be held in Toronto February 26, 2010.

Submitted by Usha Chauhan
CSGNA Secretary ❖

CSGNA OTTAWA CHAPTER

Current Trends in GI

Saturday, April 17, 2010
Conference
University of Ottawa
Faculty of Medicine
Roger Guindon Pavilion – Amphitheatre B
451 Smyth Road, Ottawa, Ontario.

For more information, please contact:
Micheline Lafrance
Phone: 613-737-8384, email: milafrance@ottawahospital.on.ca

President's Message

As education continues to be an important role that CSGNA seeks to provide to its membership, it is with great excitement that CSGNA announces a new enhanced affiliation with the Society of Gastroenterology Nurses and Associates (SGNA). CSGNA members will now receive the *Gastroenterology Nursing Journal (GNJ)* as a benefit of membership. The journal will be published bi-monthly, and access to past issues will be available online. Last October, our National Board recognized the value of providing our membership with this well respected, peer-reviewed journal in our speciality. As a commitment on the part of SGNA and the *GNJ*, Sue Drysdale, our Canada West Director and past contributor to the *GNJ*, was appointed to the journal's editorial board. This is the first time a Canadian nurse has been appointed to the editorial board of the *GNJ*. Along with her Canadian CGN(C), Sue is certified with SGNA through their American Board of Certification for Gastroenterology Nurses (ABCGN). She is a worthy candidate for this respected

position, and will bring her enthusiasm, dedication to practice and love of GI to the editorial board. As our associations grow closer together, our memberships will benefit from our affiliation, and we look forward to enriching this relationship. As editor of the *GNJ*, Dr Kathy Baker introduces herself to our membership in this issue and expresses her desire to hear from CSGNA members. We are provided with a welcoming and enriching opportunity; we all need to embrace this offer and share our expertise at an international level. National Nurses Week will be celebrated May 10 - 16th. GI Nurses Day will be Friday May 14th. I would like to congratulate the Central Alberta Chapter for their winning submission as our GI Nurses Day theme that proudly takes its place on the cover of this issue of the *Guiding Light*. Plan to promote GI nursing locally and share your photos and experiences with the CSGNA community by sending your photos and celebrations to our Newsletter Editor and Website Director.

The planning committee for our 26th Annual Conference in Edmonton is finalizing the program for our meeting. Again, new and innovative educational opportunities will be offered. This will be a diverse program that meets the needs of our membership and others in related nursing practices. After our successful poster presentations in Toronto last year, I hope our members are encouraged to forward an abstract for a poster presentation this year. We all have much to learn from each other and there is no better way than by networking and sharing at our national event.

As always, we ask our membership to contact us with any concerns or ideas they have. CSGNA relies on the participation of its membership to thrive and move us forward in the ever-changing environment of nursing and, more specifically, gastroenterology.

Respectfully submitted by
Elaine Burgis, RN, CGN(C)
CSGNA President 2008 - 2010 ❖

REPORTS

AWARDS AND RESEARCH DIRECTOR REPORT

I wish to extend congratulations to Helga Sisson and Michele Jerome-Hastings as recipients of the 2010 Canadian Association of Gastroenterology (CAG) Nurse Bursary. These bursaries are awarded to two nurses in order that they may attend the Canadian Digestive Diseases Week (CDDW) conference, which is being held this year in Toronto, Ontario. The scholarship comes with a complimentary conference registration for the 2010 conference. CDDW and the Annual Canadian Association for the Study of the Liver (CASL) Winter Meeting is the annual scientific conference of CAG and CASL, held each winter (end of February/early March) at a Canadian venue.

CAG is an organization formed in 1962 by Canadian physicians interested in gastroenterology with a mandate of supporting and engaging in the study of the organs of the digestive tract in health and disease, promoting the advancement of the science and art of gastroenterology by providing leadership in patient care, research, teaching and continuing professional development (CPD), and promoting and maintaining the highest ethical standards.

Over 1100 members including gastroenterologists, surgeons, pediatricians, basic scientists and nurses comprise the association. The CAG provides professional gastroenterological education and funding opportunities for gastrointestinal health and disease research, and more recently, has advocated for improved timeliness and quality of digestive health care for Canadians.

As well, the Canadian Digestive Health Foundation (CDHF) is the official foundation of CAG, an organization of over 1,100

professionals including adult and pediatric gastroenterologists, surgeons, pediatricians and researchers. Their website offers information to patients on all aspects of gastrointestinal diseases. We are very pleased to be associated with CAG and have them make available two scholarships for our membership.

I would like to encourage everyone to think about applying for the scholarships that CSGNA offers. One scholarship is offered to local chapter executives to help with professional development. The second is to be used for GI courses outside the confines of CSGNA.

Please keep watching the website for updates on all our scholarships.

Respectfully submitted by
Donna Bremaud
Awards and Research Director

CANADA CENTRE DIRECTOR REPORT

Well, another year has already passed. The time does pass very quickly. Hope everyone had a healthy and happy 2009.

Montreal Chapter

The Montreal Chapter held an educational evening in November. The topic of the evening was *Principles and Roles of Electrocautery in Endoscopy*. It was sponsored by ConMed. They are now planning their spring conference.

Greater Toronto Chapter

The GTC had an educational evening in November as well. One of the topics discussed was *Ergonomics in Endoscopy*. It was presented by an occupational therapist and was an interactive discussion. It was helpful in teaching us about using proper body mechanics in the endoscopy suite. The second topic of the evening was *How to set*

up a private screening clinic. The event was held at the Kensington Clinic in Toronto, which is a private screening clinic. The talk was given by an RN and CSGNA member. She is the Clinical Director, and was instrumental in the planning and implementation of the clinic. We were given a tour of this beautiful facility. The evening was sponsored by AMT Endoscopy and ConMed.

The Golden Horseshoe Chapter

The Golden Horseshoe Chapter is busy planning for their spring conference. The venue will be at the historic Dundurn castle in Hamilton, Ontario.

The London Chapter

They are busy as well, planning their 3rd annual GI conference, to be held in April.

Good luck to those who will be writing their GI certification exam in the spring.

Respectfully submitted by
Betty Kennah, RN, CGN(C)
Canada Centre Director

CANADA EAST DIRECTOR REPORT

It has been a busy time with the H1N1 impacting all of us this winter. The chapters are getting back on track with meetings and education sessions. All chapters are encouraged to develop a poster presentation for the 2010 conference in Edmonton. Winter is a good time to start planning them. Change is not easy, but necessary with the controversy surrounding hospital systems everywhere.

Nova Scotia Chapter

Chapter President, Edna Lang, reports that the Nova Scotia Chapter hosted our annual Education day on November 21, 2009. We presented a *Hands on Flexible Endoscopic Course for GI Nurses*.

It was held in the new state of the art skills lab at the VG site in Halifax. This was a great opportunity for endoscopy nurses to actually do the procedures on pig stomachs. We had five stations, which included GI bleeds, dilatations, polypectomies, foreign body retrievals, evacuation of stomach contents and abdominal wall pressure for colonoscopy. We had a great turn out with very positive feedback. The attendees took turns being the endoscopist and assistant. The nurses who attended can now stand back and realize why it sometimes seems to take forever to grasp that foreign body or retrieve that polyp. It is definitely not as easy as some of our physicians make it look. This gave us a better appreciation of their skills.

Thanks very much to the physicians, Dr. Ian Epstein, Dr. Jim Ellsmere, Dr. Gabby Mikeal and Dr. Geoff Turnbull, who helped to monitor and guide us during this session. Many thanks to our sponsors, AMT/US Endoscopy, Boston Scientific, Cook Canada, Olympus Canada, Pentax Canada and Primed Canada Inc. Without your support, it would be impossible to have these great educational sessions. Also, thanks to the staff in the skills lab, Michelle and Paul, for helping out on their day off.

The Nova Scotia Chapter and the AAG will be co-hosting an education session on June 25 and 26, 2010, in Halifax at the Lord Nelson Hotel.

Newfoundland Chapter

Chapter President, Linda Feltham, reports that the Newfoundland Chapter held a meeting on January 25, 2010, which included a change in the Chapter Executive positions with Sandy Stone accepting president of the chapter, Linda Feltham as acting secretary and June Peckham as treasurer.

A financial report followed, of which the members made some suggestions on fundraising, to help with attending national conferences. June Peckham has expressed interest in attending the CSGNA National Conference in Edmonton.

Mabel Chaytor presented on upcoming conferences, scholarships and appreciation of the silent auction donations. She also encouraged poster presentation for the upcoming Edmonton conference. Our Education Day is still in the initial planning stages. The chapter will be looking at organizing an information booth during nurse's week. The Chapters goal is to attract new members.

Respectfully submitted by
Mabel Chaytor, RN, CGN(C)
Canada East Director

CANADA WEST DIRECTOR REPORT

Vancouver Island Chapter

Chapter President, Corrie Osborne, reports that the Vancouver Island Chapter has been busy planning for two events coming up in 2010. The first event, on January 19, was an evening dinner lecture entitled *Patient Centered Colonoscopy*, by Dr. Denis Petrunia. The second event being planned is the annual education day scheduled for April 17.

Three of our members have successfully recertified.

We have been actively encouraging GI nurses to write the certification exam by offering to cover the fees. We also committed to paying the registration fees for anyone wishing to go to the national conference.

Financially, our chapter is in a very good position with a year-end balance of \$23,965.47. We received a large sum of money (\$10,729.49)

from the Special Purpose Fund from the endoscopy unit managers at the Royal Jubilee and Victoria General Hospitals. The only condition on that money is that we abide by the original Terms of Reference, which basically meant that it was for Endoscopy RN education at these two hospitals.

This spring there will be elections for all executive offices, so transition plans are underway.

Vancouver Regional Chapter

Chapter President, Judy Deslippe, reports that the Vancouver Chapter is planning an education evening in May. Dr. Enns has asked if the CSGNA nurses are again interested in attending the GI Forum in October. The GI forum was well attended by 63 nurses from both Alberta and BC. The CSGNA had four workshops which the nurses attended. The Vancouver Chapter sent one nurse to Toronto to attend the CSGNA conference.

Okanagan Chapter

Chapter President, Bethany Rodes, reports that the current account balance is \$165 (our treasurer already sent in the year-end report) and this hasn't had any recent activity. Since November, we have held two-one hour educational events in our GI Dinner Series. On December 7, 2009, we had Dr. Robert Penner discuss IBD and some of the new combination and biologic therapies for treatment, and were sponsored by Schering Canada. On January 11, 2010, we had Dr. Shane Agnew talk on Hepatitis C and upcoming treatments. This was sponsored by Ferring Pharmaceuticals. Our next event is scheduled for March 8, 2010, with Dr. Robert Penner and is being sponsored by Abbott.

Edmonton Chapter

Chapter President, Yvonne Verklan, reports that November saw an impromptu evening symposium given by Dr. Connie Switzer on polyps. Shane Morson, from Boston Scientific, sponsored a light dinner for the 14 delegates who attended. We welcomed our member Val Gagnon from McLennan, AB, who happened to be passing through Edmonton that day. What a great coincidence! December was a month of rest. January saw a return to our scheduled meetings with the addition of our journal review on two articles: *Understanding Genomics – No Longer Optional for Gastroenterology Nurses* and *Colorectal cancer and GI polyps – When to refer patients for genetic assessment*. Our long distance liaisons with members in Fort McMurray, added to the discussion with this review. This review also is leading to plans for a future evening symposium with a physician on genetic assessments in his practice and why.

The next three months will see educational evening events on capnography, fad diets and contraindications, a case study on a GI patient of the speaker's interest, and genetics and genomics with colorectal cancer.

Plans are in the making for a one day conference in Fort McMurray. The date being looked at for now is Saturday, May 15, 2010. We are very excited that our Edmonton Chapter members in Fort McMurray are becoming more involved with our chapter. They are a very keen and energetic group of endoscopy nurses who pride themselves on acquiring current knowledge to apply to their practice. Although far removed from Edmonton, our members stand strong together.

There is one nurse from Edmonton who is writing the GI certification

exam. Edith Cann-Bantil is planning on becoming a CSGNA member. She works on the GI Medical Unit at one of our main hospitals. We wish her all of our very best!

The Edmonton Chapter 2010 Conference Planning Committee continues to work on the program for the upcoming annual conference. They have been working together with Heather Reid, Event Planner, under the guidance of the National Board. The attention of CSGNA members and non-members from various backgrounds in nursing has already been attracted due to the GI subspecialty streams of topics being offered.

Central Alberta Chapter

Chapter President, Audrey Pennycook, reports that The Red Deer Central Alberta chapter is busy planning for the April 24 all day education event. The title of our event this year is *The Odd and Unusual*. This should prove to be a very fun event. I encourage you to register soon, as we have limited seating.

Alberta Southwest Regional Chapter

Chapter President, Barb Harbers, reports that the Southwest Regional Chapter of Alberta held its first educational event on November 19. We had an evening session on *Colon Cancer Screening*. We were very pleased to have 32 of the 35 registrants in attendance. The session went very well and we received excellent evaluations for our first time. We are now planning our next big event to be held in April. It will again be an evening affair as that was what the majority of our respondents prefer. The topic being covered is *Esophageal Disease*, with speeches from our gastroenterologist, as well as one of our general surgeons.

Thanks to sponsorship and a good turnout, we actually have a positive bank balance and look forward to sponsoring one of our staff for the yearly convention in the fall. Our presentations are being geared to all staff (not just GI staff) in the hopes of expanding the knowledge base of everyone who sees these patients. We are also looking into the possibility of doing a joint venture with our doctors with the inflatable 'Walk through your colon'. This is still in discussion, but I would like to see us set this up for the public either in our hospital or in our mall in Lethbridge.

Saskatchewan

Regina Chapter President, Connie Bender, reports that the chapter has a journal club planned for Tuesday night. We will be discussing esophageal cancer, perforated diverticulitis and care of the older adult populations with helicobacter pylori. It should be a fun and educational evening.

Manitoba

Manitoba Chapter President, Sue Drysdale, reports that the chapter has been busy with our educational sessions and meetings. Three of our members attended GI Days in Regina and we were impressed by the continued level of excellence that this chapter shows in their annual educational meetings. On November 5, 2009, the chapter held an educational and business meeting that was opened with a presentation by Dr. Alexandra Ilnycky on GI bleeds. The meeting was very well attended and the information was current and informative. The educational session was planned by the endoscopy unit staff at St. Boniface General Hospital and sponsored by Boston Scientific.

The Journal Club Meeting was held on November 11, 2009, at St. Boniface General Hospital

and the articles reviewed were *Overview of the Natural History and Treatment of Peptic Ulcer Disease* and *Treatment of Refractory or Recurrent Peptic Ulcer Disease*.

On December 8, 2009, the chapter held an educational and meeting evening. Our speaker was Dr. Brent Zabolotny, a local GI surgeon, who presented on the topic *Anatomic and Physiologic Changes Post Gastrectomy*. This meeting was sponsored by Boston Scientific. The December 16 journal club meeting was held at Sue Drysdale's house. The topics discussed were *Clinical Manifestations and Etiology of Osteomalacia* and *the Treatment of Delayed Gastric Emptying*. An educational and meeting session

is planned for February 4, 2010, at the CRNM building. The topic will be capnography. The presenters will be Steve Ellis from Oridian and John Moffat from Vitaid.

The chapter is hard at work planning the spring Manitoba Chapter Annual Educational Conference which will be held on June 5 at the Samuel N Cohen Auditorium and Atrium. The line-up of speakers and topics again proves to be excellent and we are excited to be able to offer this educational opportunity to our gastroenterology nurses and associates.

Respectfully submitted by
Sue Drysdale
Canada West Director ❁

Have you ever read any of the Chicken Soup books? There is a book out there that rivals the Chicken soup books, in my opinion. The book, *Inspiring the Inspirational: Words of Hope from Nurses to Nurses*, by Sue Heacock, RN, MBA, COHN-S, is a compilation of short vignettes written by nurses for nurses. The author introduces this book as "a book for nurses and all other human beings. Most readers will fit into one of these two categories." Each short story lends insight into the lives of nurses and how patients affect us in our daily lives. This book can bring a smile to your face or a tear to your eye in one short passage. From student nurse to experienced nurse, each passage takes us on a journey through an encounter with a patient and gives us a brief insight into their thoughts and feelings. This in turn inspires us to renew our sense of professional accomplishment. If you have a chance, pick up this book and give way to some truly heartwarming stories, as well as inspirational sayings.

Respectfully submitted by
Donna Bremaud

G, I'm inspired by...

the drive,
the passion,
determination,
professionalism,
and dedication
of GI Nurses!

In Recognition of
GI Nurses Day May 2010

**MEMBERSHIP
RUNS FROM
JUNE 1ST
TO MAY 31ST
ANNUALLY**

Gastroenterology Nursing

Journal Comes to CSGNA

A recent collaboration with our sister organization, the Society of Gastroenterology Nurses and Associates (SGNA), offers a unique opportunity for the Canadian Society of Gastroenterology Nurses and Associates (CSGNA) members to expand our influence globally. CSGNA members will now receive *Gastroenterology Nursing* journal (GNJ) as a result of efforts involving the editorial board of *Gastroenterology Nursing*, CSGNA Board of Directors, SGNA Board of Directors and publisher Lippincott Williams and Wilkins (LWW).

Gastroenterology Nursing is the most respected gastroenterology nursing journal in our specialty and reaches over 10,000 multidisciplinary subscribers globally. The journal is published as six issues annually and targets a broad readership. CSGNA Canada West Director, Susan Drysdale, has been invited to serve as a *GNJ* editorial board member representing CSGNA and already serves as a *GNJ* reviewer. Along with CSGNA President, Elaine Burgis, Sue will attend the upcoming *GNJ* strategic planning session in Philadelphia, Pennsylvania, USA to meet *GNJ* editorial board members and LWW publishing staff. At this meeting, editorial board members will build a plan for continuing to move *GNJ* forward over the next three years.

One of the most important aspects of this plan will be encouraging more CSGNA members to read, utilize and write for *GNJ*. Manuscripts are needed for all levels of reader: novice through expert in gastroenterology nursing practice. One of the

easiest ways to begin writing for professional journals is to submit a letter to the editor. For instance, you could write the editor about CSGNA's affiliation with *GNJ* and your thoughts about this collaboration between CSGNA and SGNA. Some authors will respond to an article in *GNJ* or will write about frustrations they have in practice in a letter to the editor. Letters to the editor are usually short (one to two double-spaced pages) and are published fairly quickly.

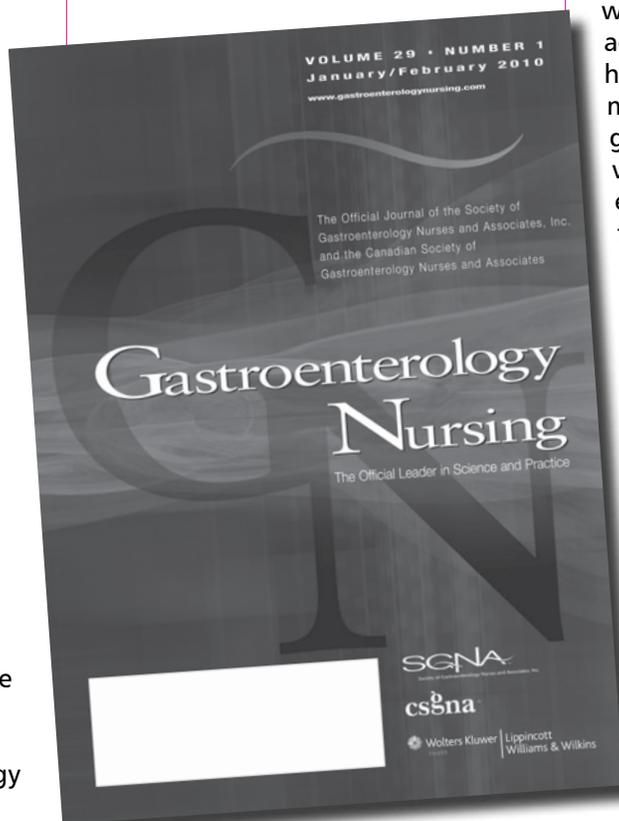
CSGNA has already had members successfully publish in *GNJ*. As you read the journal, begin to think about how you might make a contribution, whether a feature article, special column, or letter to the editor. We need manuscripts targeting novices, new areas of practice,

management, quality and safety issues – any topic for any audience in gastroenterology nursing is appropriate. If you are worried about your first effort at writing for publication, *GNJ* reviewers are very kind! As Editor, I will work with you to help you be successful in publishing your manuscript. Sue is a wonderful resource along with other CSGNA colleagues who have successfully authored published manuscripts. Over the next few years, we will offer writing workshops at our annual meeting to help you build your confidence and skills in writing for publication, whether for *The Guiding Light*, *GNJ*, or other publications.

I hope you are as excited as I am about the opportunity to expose CSGNA members to the premier peer reviewed journal in gastroenterology nursing. While we have much to gain from easy access to this resource, we also have much to offer as CSGNA members who care for diverse gastroenterology patients in a variety of settings. I hope you will embrace *GNJ* and the opportunity to expand your knowledge of the gastroenterology literature. Just as important, I hope you will consider making a contribution to our literature as a new author. Congratulations CSGNA on a fantastic new collaboration.

About the Editor

I have been Editor of *Gastroenterology Nursing* journal (GNJ) since 1999 and served as unit manager of a large teaching hospital, Parkland Health and Hospital System, in Dallas, Texas, USA prior to pursuing my current career in academia. Before



coming to gastroenterology, I worked diverse areas of nursing practice including medical and surgical intensive care units, high risk antepartum, postpartum (moms and babies) and nursing administration. When I stumbled into a gastroenterology unit manager position at a very prestigious teaching hospital, I realized I had found my passion. I loved the fast pace of gastroenterology nursing practice, fascinating technology, collaboration and respect between members of the care team and the incredible patients I met in this environment. Despite my eventual move into academia, I have remained connected to gastroenterology practice through my editorial affiliation and service

as an ex-officio member of the Society of Gastroenterology Nursing and Associates (SGNA) board. I consider it an amazing opportunity to serve our specialty as the gate keeper of our gastroenterology nursing knowledge and science.

I hope you will make an effort to get to know me personally at our CSGNA annual meeting each year and through my editorials in *GNJ*. In addition to my passion for writing, I love to talk about evidence-based practice and research. I am the Director of the Doctor of Nursing Practice (DNP) program at Texas Christian University in Fort Worth, Texas and also consult at Texas Health Arlington Memorial Hospital, Arlington, Texas, as a Clinical Nurse Specialist and nurse researcher.

I have two adult daughters who I am very proud of and you just may see them with me on occasion at CSGNA meetings. They love to travel as much as I do. I also have two golden retrievers and a prissy bichon frise dog that keeps me entertained.

Please feel free to contact me at kathy.baker@tcu.edu if you have any questions about *GNJ* or a great idea for a manuscript. I am really happy to serve you as editor of *GNJ* and look forward to becoming a familiar face at CSGNA meetings.

Respectfully submitted by
Kathy A. Baker, PhD, RN, ACNS-BC,
CGRN
Editor, *Gastroenterology Nursing*

Dear CSGNA Members and Executive

I was deeply honoured to be the recipient of the GI Professional Nurse award. I am also humbled to be the receiver of so many good wishes and kind thoughts after the announcement.

Being a recipient of this award was an opportunity for reflection, both personally and on my affiliation with CSGNA. I still remember the beginning of my journey with the Association. Our overwhelming goal was to provide better care for our patients by increasing our membership, providing a forum for networking and opportunities to learn by sharing our experiences or through formal education sessions. Over time, many things have changed and improved, but some of those fundamental goals remain.

In those days... many of the endoscopy units were just a closet, with a sink if you were lucky! And talk about what would turn an infection control specialist or an

occupational health specialist's hair white....

The Association has developed and grown over the last 25 years; from the first conferences at the Prince Hotel in Toronto, to venues that rival all other stellar organizations; from a core group in Ontario to a national body that is over 700 strong, with many accomplishments to list such as certification, position papers, research and publications.

To me, CSGNA represents something special and unique. Getting involved with the group has not only provided me with lifelong friendships, but it has made me a better nurse and a better patient advocate. When I ask you to step outside your comfort zone and produce an abstract for example, I know how intimidating that can be, but I also know the sense of accomplishment that one feels to see one's work reviewed and commented upon by colleagues. It pushes us all to develop our professional skills and move ourselves, as well as our association,

forward. I've learned so much, not only from colleagues, but also from experiences such as this.

Henry Ford said
"Coming together is a beginning....
Keeping together is progress....
working together is success..."

Receiving an honour like this is not something that I achieved in isolation. I want to thank each of you for the fundamental role you played in the success of CSGNA and for honouring me with the GI Professional Nurse Award. If you have not done so yet, I encourage you to get involved and lets continue to work together to enhance our profession, to mentor our young and to continue to provide quality care to our GI patients.

I look forward to toasting your success!

Respectfully submitted by
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CSGNA member

Gas Entrapment Syndrome: A Case Review

By Joan McKechnie, RN, CGN(C), Kitchener, ON

Background

Gas Entrapment Syndrome is a term used by some physicians to describe an unusual complication following a colonoscopy. Trapping of air occurs in a segment of the colon and usually resolves spontaneously with little or no intervention. In the extreme, it could result in a micro perforation of the colon. There is virtually no literature to support this diagnosis, but it is similar to Ogilvie's syndrome, a pseudo-obstruction of the large intestine characterized by massive dilatation of the colon in the absence of demonstrated intestinal obstruction.²

The Story

A 54 year old female, with a long standing history of constipation, bloating and chronic abdominal pain was admitted to the Endoscopy Unit for a screening colonoscopy. Her past medical history revealed previous alcohol abuse and asthma. She was premedicated with intravenous

(IV) Fentanyl and Versed and the procedure commenced. The patient experienced moderate to severe discomfort as her colon was tortuous and the gastroenterologist had some difficulty in advancing the colonoscope. Additional sedation, IV Versed, was administered and the procedure was completed. The patient was transferred via stretcher to the recovery room and remained stable.¹

In the recovery room, the patient's vital signs were stable and she rested comfortably. Within 20 minutes, she complained of lower abdominal pain rated at 10/10. Her abdomen was distended, tender and firm on palpation. A rectal tube was inserted for a small amount of liquid stool and she was given additional analgesia, IV Demerol, with effect. An abdominal x-ray and Cat Scan (CT) without contrast were both negative. Her bloodwork revealed an elevated white blood cell count (WBC) of $21.7 \times 10^9/L$ and Ancef IV was administered. IV fluids and narcotics were ordered. She continued to be ordered

nothing per os (NPO) and was admitted to Inpatient Surgery.¹

Course in Hospital

In the morning, the patient's condition remained unchanged. She rated her pain at 8/10, was unable to pass flatus and her abdomen remained distended, soft but diffusely tender. Few bowel sounds were heard. The WBC remained elevated at 21.0 and an abdominal x-ray showed a dilated colon, no free air. Later the same day, the patient's abdomen was rigid and tender. She was unable to pass flatus and her WBC continued to rise at 26.0. The gastroenterologist was concerned about possible sepsis given her elevated WBC.¹

The on duty physician reviewed the case with the proceduralist and a surgical consult was arranged.¹

Later in the day, the surgeon examined the patient and her abdominal pain remained 8/10. Her abdomen was rigid and tender with tympanic bowel sounds. She also

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Guidelines for Submissions to "The Guiding Light"

- Submit all materials by email to the newsletter editor in word format.
- Submissions must be received by the first of the month preceding each issue i.e.: Feb 1st for March issues, June 1st for July issues and Oct 1st for November issues.
- Include all references using APA referencing.

had asymmetrical distention of the abdomen which was greater on the right side. An abdominal CT scan with contrast was ordered for the following day.¹

Flagyl IV was ordered initially followed by Flagyl per os. His impression was "Gas Entrapment Syndrome" (distended cecum) or possible micro perforation of the cecum. A hematologist was consulted to review the elevated WBC. The following day, the patient felt a little better, however, her abdomen remained distended and tender. The abdominal CT showed a dilated colon, no perforation. A trial insertion of a rectal tube was ordered and produced no results.¹

IV Neostigmine, an acetylcholinesterase inhibitor was given to improve intestinal contraction and facilitate expulsion of air. (2) The patient started to pass gas and her abdominal pain was down to 5/10. IV narcotics were discontinued. Oral analgesia in the form of plain Tylenol was prescribed for discomfort.¹

The next morning, the patient was feeling better, but had no ongoing flatulence and complained of right lower abdominal discomfort with less tenderness and less distention.

An abdominal x-ray showed improvement and her WBC was stable at 12.0. Dulcolax tablets per os were given for a small mucousy bowel movement. Erythromycin IV was ordered with little effect. A clear fluid diet to diet as tolerated was ordered. The patient was discharged the following morning on oral Flagyl and Cipro. She was instructed to arrange follow-up appointments with the family doctor in two weeks and the gastroenterologist in six weeks.¹

Readmission

Nine days later, the patient presented to the Emergency Department with abdominal pain, cramps and loose stools. She complained of feeling unwell, tired for the past seven days and complained of increasing abdominal discomfort for past two days. She was readmitted to hospital. She complained of left lower quadrant pain, her abdomen was soft with rebound tenderness. Bloodwork showed an elevated WBC at 27.0 and platelets that were previously normal were now elevated at 700. The abdominal x-ray was negative. An abdominal CT scan showed inflammatory changes and edema surrounding the sigmoid colon with a small

fluid collection? possible micro perforation. IV Tazocin was given and oral analgesics prescribed. Her condition continued to improve over the next two days and her abdominal exam was negative. The WBC was down to 13.0 and she was discharged on oral Cipro and Flagyl. A gastroenterologist follow-up appointment in two weeks was arranged.¹

Lesson Learned

In conclusion, it is important for staff to be aware of this self-limiting complication in the Endoscopy Unit. Health teaching for patients should include the fact that abdominal discomfort and bloating can last for more than one day. This is important in instructing them when to seek help by presenting to the nearest Emergency Department with unusual symptoms i.e. increasing discomfort, bloating, fever and bleeding.

References

1. Patient's hospital chart admissions May 2008, June 2008 reviewed.
2. R. Michael S. Mitchell, MB, BCh, MRCP & Michael F. Byrne, MD, MA, MRCP. Emergency Medicine 2008 GI Consult: Ogilvie's Syndrome www.mdchoice.com

Amazing Blueberry Muffins

Ingredients

1/2 cup butter, softened
1-1/4 cups sugar
2 large eggs
2 cups flour
2 teaspoons baking powder
1/2 cup milk
1/2 teaspoon vanilla
2 cups blueberries
1/4 cup cinnamon-sugar
1/2 teaspoon salt

Grease a 12-cup muffin pan (or use tinfoil liners). In mix-master, cream butter and sugar until light and fluffy. Add eggs, one at a time, beating well. Sift together flour, salt and baking powder. Add to creamed mixture alternatively with milk. Fold in blueberries and vanilla. The butter can be replaced by canola oil and the amount of sugar can be decreased to make the recipe a healthier choice. The best blueberries to use in this recipe are the huge frozen ones. You can add them to the recipe frozen and add an additional 5 minutes to the baking time.

Fill cups very full. Sprinkle with cinnamon-sugar. Bake 25 to 30 minutes in 375° degree oven. Cool for 30 minutes in open, turned off oven. Serves 12. Bon Appétit.

Notes: These cake-like muffins were originally made at Boston's Jordan Marsh store. This recipe was found on *1st Traveler's Choice Internet Cookbook*. (www.virtualcities.com)

Recipe submitted by
Sue Drysdale
CSGNA Canada West Director

GI Pathways

FOR NURSES IN ...

**September 30 – October 2
2010**

**SHAW CONFERENCE CENTRE
Edmonton, Alberta**



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NOMINATION FORM FOR NATIONAL BOARD POSITION

Please complete this form and submit to the Chair of the Nominations Committee (presently CSGNA President, Elaine Burgis) by March 31st of the year you are nominated and provide your Curriculum Vitae (CV) to the National Secretary.

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Nominations forms may be sent by FAX to: 416 431 8246 or e-mail to: president@csгна.com

CVs must be sent to the National Secretary, Usha Chauhan, by email: usha@quickcllic.net

Ballots will be sent to members by May 15.

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Endoscopic Ultrasound (EUS): Nursing Concerns for a Successful Procedure

Patients who are undergoing an EUS come for a variety of reasons. The indications for EUS are broad, include diagnostic and therapeutic exams, and continue to increase. In most centers, pancreatobiliary disease accounts for approximately half of the procedures, with a significant proportion of all examinations also being related to cancer diagnosis or staging. The use of EUS is not limited to digestive diseases, as we commonly perform EUS in the staging of lung cancer or biopsy of unexplained lesions anywhere in the abdomen or mediastinum that are accessible by EUS.

EUS procedures are more involved and more complex than regular endoscopies for a variety of reasons. In many cases, EUS is required to clarify the nature of lesions that were seen on other examinations, but still need further clarification (e.g. regarding site of origin, potential involvement of surrounding organs, etc.).

In order for EUS procedures to run smoothly, it is important that the nursing personnel be familiar with all aspects of the procedure. I will be writing about our nursing protocol that we use at the Montreal General Hospital. We have two physicians who perform this procedure, Dr. Josée Parent and Dr. Kevin Waschke, as well as a regular stream of clinical fellows undergoing EUS fellowship training under their guidance.

The scheduling of these specialized procedures must be carefully planned to account for a number of factors. Due to the large number of procedures we perform at the MGH, the appointments are

assigned based on the indication and type of probe to be used (radial or linear), taking into account the amount of time needed to clean the endoscopes and the number of EUS scopes we have in our Gastroenterology Clinic at any given time. At our hospital we are using the Olympus endoscopic ultrasound echoendoscopes. We use the radial echoendoscopes for diagnostic indications, i.e. to visualize the area in question, measure and locate the lesion, if any. The linear echoendoscope is used when fine needle aspiration (FNA) is required (cyst drainage or celiac plexus block can also be performed). This will be my focus of my article, as there are several important steps to the successful use of EUS guided FNA that are different from standard endoscopic procedures.

As with all of our endoscopic procedures, patients first undergo processing to determine details of their medical history. During this session we usually insert a normal saline lock for administration of conscious intravenous sedation. Depending on the patient's health and tolerance for the sedation, they are given a fast acting opioid such as Fentanyl (Sublinase) and a benzodiazepine, typically Midazolam (Versed). During endoscopic procedures we monitor vital signs at all times during the procedure, and typically administer oxygen through nasal prongs. Most patients do not require more than three litres a minute, although this is monitored and titrated carefully using oxygen saturation levels during the procedure. Following the procedure, patients are transferred to a recovery room until they are ready to be discharged home accompanied by family, friends, or

by escorted taxi. We are very careful to ensure that patients do not drive home or leave unaccompanied when they receive sedation or if they undergo procedures with a high risk of complications. EUS FNA does not carry a high risk of complications when compared to standard upper endoscopy. Patients who undergo celiac plexus block or neurolysis require prolonged monitoring for complications such as orthostatic hypotension or neurological complications.

When preparing for an EUS FNA we typically prepare the following items on our work surface for easy access during the procedure.

1. A disposable non-sterile endoscopic bite block (48 Fr. with a non-latex strap).
2. 2 x 10 ml prefilled sterile normal saline syringes.
3. 1 sterile 10 ml luer lock syringe.
4. 2 microscope slides in a slide receptacle. Write the patient's name, patients hospital unit number and date of the procedure. Have an extra microscope slide to smear the biopsy sample.
5. A bottle of Cytospray/Aerosol water soluble fixative (to spray the microscope slides).
6. One sterile specimen jar with about one inch of cytology preservative (Thin Prep Cytolyt* Solution (cell wash and transport buffer).
7. One sterile balloon for the EUS probe tip (come in radial and linear versions). If the patient has latex allergies, we have a non-latex balloon that can be used. Both are single use.
8. A manual aspirating syringe (closed and primed, ready for use).

9. A dry face cloth and the usual lubrication for endoscopies.
10. Xylocaine 10% spray with a disposable nozzle.

The fine needle aspiration (FNA) kit we most commonly use comes in three sizes: 19, 22 and 25 gauge. The needle that is used is chosen based on factors such as the location of the lesion, suspected diagnosis and accessibility. The needle itself has a central inner wire (stylet) that is removed before performing the actual biopsy of the lesion. The syringe in the kit is to be used to create negative pressure. This is useful when aspirating cystic lesions.

As with any endoscopic procedure, the patient is monitored closely to ensure that they are comfortable and that their vital signs are within the normal range. When the physician has finally reached the area in question, they will remove the rubber button from the accessory (biopsy) port of the scope. The needle is inserted and slowly advanced until the luer lock at the end of the sliding sheath adjuster can be screwed into the accessory port of the echoendoscope. This is a critical time for a number of reasons. First, the needle must be carefully advanced out of the scope to avoid damaging the tip and elevator of the linear EUS probe. Additionally, the patient must not move as the physician might lose their positioning if they do. In the case of small lesions or lesions adjacent to vascular structures, inadvertent movement can put the patient at risk for injury to the site of needle entry.

During the biopsy portion of the procedure, the following steps are followed:

A. When the needle is in the lesion, or about to be inserted (this depends on the physician), the nurse removes the stylet from the top of the needle handle. It is important to take care during this step as the stylet is very stiff. It is useful to wind the stylet in a circle and place it aside in a towel in case the physician requires it for later steps (e.g. to push biopsy specimen out of the needle that resists flushing with air or saline)

B. Attach the manual aspirating syringe to the top of the needle handle. The physician will decide whether negative suction from syringe will be applied during this stage. Once the syringe is in place, the physician will slowly move the handle back and forth until they decide there is enough specimen for testing. In some centers, an on-site cytopathologist is available to specify when this is the case.

C. The physician will place the specimen, in the form of a drop, on each of the microscope slides, smear with the extra slide and then spray with the cytology spray to fix the specimen.

D. Additional specimen is placed into the preservative specimen for cell block. This can be performed by flushing the needle with an empty syringe, a 10 ml prefilled normal saline syringe or by re-inserting the stylet through the needle. This step should be performed with care. It is important for all personnel to wear

appropriate personal protective equipment including eye protection such as a shield. Extra care must be taken to avoid needle stick injuries. It is important that the staff communicate whether the needle is being deployed and that the needle has been safely retracted into the sheath.

E. Once the specimen is obtained, the stylet is reinserted (this is an optional step) prior to a repeat biopsy.

F. Repeat steps A to E if needed.

G. Label the specimens and fill out the appropriate specimen forms.

H. Dispose of the needle and any sharps into the biohazard waste box.

Performing EUS FNA is a very useful procedure in patient care and with practice is not as difficult as it seems at first glance. I hope you have found this to be helpful and informative.

Respectfully submitted by
Betty Leong Lee Ryder, RN
In collaboration with Dr. Kevin Waschke, MDCM., FRCP(C)

Reference: Cook Medical – Echotip Ultra Ultrasound Needle Manual

**Please contact me
about any comments
you may have about
this newsletter
or any ideas
for future issues.**

**Helga Sisson,
Newsletter Editor.**

**Email
hsisson99@rogers.com**

Upcoming deadlines:

- CSGNA Annual Scholarship: July 1, 2010
- CSGNA Chapter of the Year Award: June 30, 2010
- GI Professional Nurse Award Nomination: March 30, 2010
- Michelle Paquette Certification/Recertification Award: July 31, 2010
- New Member Scholarship Award: May 1, 2010

Scholarship application forms are available on our website at CSGNA.com

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