



The Guiding Light

CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES & ASSOCIATES

JULY 2006 VOL. 15 #58



**The CSGNA invites all GI staff to attend the
Annual National Conference.
Come share your knowledge and experiences.
Lets learn and grow together.**

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President's Report

As I write this update to you I am so proud of how CSGNA is moving forward. Since our last Guiding Light, Deb Taggart and I attended the Canadian Digestive Diseases conference. The networking for CSGNA was immeasurable. We learned about a group of nurses in Toronto being trained to perform flexible sigmoidoscopies. Consequently, CSGNA represented by board member Elaine Burgis, was invited to an information session.

The national executive board met face to face in March in Ottawa. With increasing clerical duties leaving less time for nursing issues CSGNA board decided to share a secretary with the Canadian Association of Gastroenterologists (CAG). CSGNA now has a dedicated phone line @ 1-905- 829-8794. After September we will have CSGNA manu-

als for sale at this number. Please welcome Karen Moricz- the voice on the other end of the phone!

After a year and a half of Emailing, I finally was able to sit down face to face with the CEO of the Crohn's Colitis Foundation of Canada; Michael Howarth. We discussed ways to partner with CCFC for the betterment of our patients. I am happy to announce that we came up with some good suggestions. Please visit the CCFC booth in Regina!

I would like to thank those of you who accepted the challenge to item write at Canadian Nurses association in June. In 2009 we will be looking at our first group of Canadian certified nurses recertifying.

In May Deb Taggart, CSGNA Education Director Michele Paquette and myself attended the SGNA conference in San Antonio,

Texas. Once again we all agree that this is an excellent educational and networking venue.

CSGNA will not be offering our "Foundations" course this year. For those of you new to GI this is our review and prep course for nurses planning to certify or for those who feel they need a review. Please let us know your thoughts on this issue.

The Regina Chapter has been working hard to bring us the annual conference. By now you will have the program. I look forward to seeing many of you there!

Wishing you all a happy and safe summer!

**Regards,
Nancy Campbell RN, CGN©
President CSGNA**

FUTURE CSGNA CONFERENCES

REGINA 2006

HALIFAX 2007

VANCOUVER 2008

TORONTO 2009

REPORT FROM THE CSGNA EDUCATION DIRECTOR

The Education Committee has been working very hard to provide to you the members resource manuals. At the Regina conference you will be able to view and order these manuals. One manual will be a revised edition of the Orientation Manual for a nurse working in endoscopy. The other will be a study guide for Gastroenterology Certification and lastly an orientation manual strictly for ERCP. We will also have a display of these manuals on our website.

In May, I was selected to accompany the President and President Elect to the 33rd SGNA annual course in San Antonio, Texas. The title was "SGNA on a Mission, Exceeding Expectations" and did it ever exceed expectations. There were over 1,700 nurses attending and we were told that this year was by far the best attendance record. The experience was unforgettable. The conference started on Sunday May 21 and ended on Wednesday. The format was mostly concurrent sessions with a good variety of topics to select from basic to advanced practice. Friday and Saturday prior to the conference we had more learning experiences offered by the Vendors Educational Programs as well as practical hands-on courses on ERCP and foreign body extraction. On Tuesday May 23 the international attendees were invited to a breakfast and we had the opportunity to meet with the SGNA Board members and exchange on our Board structure. I think this was a very valuable experience and I would like to thank the Board for selecting me this year to attend the conference.

SCHOLARSHIPS

CAG Scholarship:

Nancy Campbell

CSGNA Scholarships:

Joan Mc Kechnie
 – Kitchener, ON, St-Mary's General
 Helga Sisson
 – Ajax, ON, Scarborough General
 Marcella Tobin
 – Bay Bulls, NL Eastern Health
 Care Corp
 Edna Lang
 – Lakeside, NS, QEII Health
 Science Center
 Evelyn McMullen
 – Stillwater, NS, QEII Health
 Science Center
 Sandra Stone
 – St. John, NL, St. Clare's Mercy
 Hospital
 Georgiana Walter
 – Gracefield Park, QC, McGill
 University Health Center

New Member CSGNA Scholarship:

This is a new award to be used for travel and accommodation to the Annual National Conference
 Janice Scussolin

Carsen Scholarship:

We have received 28 applications and the names have been submitted to Carsen. Cheques should be issued in August. We will keep you posted.

GI Professional Nursing Award:

We have received seven applications. The winner will be revealed in Regina. The nominees were:

Judy Langner
 Maryanne Dorais
 Evelyn Matthews
 Branka Stefanac
 Georgiana Walter
 Lorraine Miller Hamlyn
 Monique Travers

Chapter of the Year:

We are waiting impatiently for your submission. To date we have received three. We are looking forward to more submissions

Certification:

We would have liked to report on how many nurses wrote the exam this year

but unfortunately the information is not yet available. The CNA has invited a group of nurses across Canada to write more questions at the end of June. This process is always done after two years. This ensures that the questions are still relevant to the practice and to remove some questions which perhaps are not well formulated. These nurses must be available for 5 days and I would like to congratulate them for their generous contribution when we know that holidays are fast approaching.

We would like to end this letter by reemphasizing that we are there for you and at any time if you have any questions please do not hesitate to call us.

See you in Regina. The certification course will not be offered this year in Regina. We decided we would offer it every two years.

Michele Paquette
 CGRN CGN(c)

NEWSLETTER EDITOR REPORT

Well summer is upon us, and I look forward to September and attending the annual conference in Regina. I hope you enjoy this volume of The Guiding Light. I look forward to your comments. Congratulations to everyone who wrote the certification exam this past April. Please continue to submit articles, pictures, spotlights and any other items of interest. I appreciate everyone's effort and look forward to new submissions. The CSGNA now has an executive assistant so if you have any questions or need to know who to get in touch with on the CSGNA Executive you can contact Karen. The office address and phone number is listed along with the CSGNA executive on the back page.

See you in Regina!

Leslie Bearss RN CGN[c]

DIRECTOR OF PRACTICE REPORT

Thank you for all the emails and comments with regards to the changes to the position statement and two new guidelines. I have encountered challenges and valuable comments, questions and suggestions. I welcome all of them and appreciate the input.

Reviewing, updating and creating new policies is an ongoing project for the director of practice. Do not hesitate to voice your opinion if you would like to see some things on our web pages that are not there now.

Continue to attend your chapter educational sessions, get involved with organizing meetings and encourage new membership. The rewards are too numerous to list!

Again, congratulations to those who wrote the certification exam in April. In 2007, some of the Golden Horseshoe chapter members have decided to write. We are planning to organize a study group. Anyone wishing to join us please do! Preparing for the CNA exam in the past has given us opportunity to network with others, share new and old information, and we become more aware of just how much we already know!

Looking forward to seeing everyone in Regina this September!

**Branka Stefanac RN, BScN,
CPN(C), CGN(C)**

DIRECTOR OF CANADA EAST REPORT

What a busy year! This is my first year as Canada East Director. So much work has been done that I don't know where to start. All of the Eastern Chapters have been very busy. They have surpassed their education hours for chapter status.

Newfoundland Chapter:

Newfoundland had a great education day. The program included discussions on Gastric Carcinoma and Lung Carcinoma, new therapy

in management of Crohn's Disease, radiation safety, Nutritional concerns for IBD and IBS, infection control and reprocessing. Over 50 attended from

all over the island. Congratulations to the Newfoundland Chapter on being recognized as a "Special Interest Group (SIG)" with ARNNL. Well done.

GI Days Celebration

James Paton Hospital, Gander NL!

We recently moved to our new unit in January 2006. Our unit has increased to two endoscopy suites and two minor procedure suites. We have three fulltime nurses and two part-time nurses. We held an open house to show off our new unit and to celebrate GI Nurses day! The display shown in the pictures below was set up by Judy Lush. The day included tours of the new unit followed by coffee, tea and goodies!

We had about 100 people attend and they all found it very informative.



*Shirley McCarthy, Judy Lush
Jackie Dalley, Evelyn Forward*



*Annette Dillon, Judy Lush,
Jackie Dalley, Evelyn Forward*

New Brunswick / PEI Chapter:

New Brunswick / PEI had their education day in May. Their Discovery Seminar on Endoloops, Quick Clips & Lithocrush was a big hit. Kelly and Pat were very busy indeed with the meetings held in St. Andrews in June.

Nova Scotia Chapter:

Nova Scotia is getting ready for the National Conference in Halifax, which will be held in September 2007. Evelyn, Lisa, and Edna will need lots of help so feel free to get involved.

Marketplace:

"GI Loves Regina" is fast approaching. We have a new banner to advertise our market place, making it more visible and easier to find. I will be going out west for this great educational experience and hope to see some of you there. We have more new items this year. Why don't you drop by and Buy.

Hope you all have a safe and enjoyable summer.

**Submitted by,
Mabel Chaytor RN, CGN(c)
Canada East Director**

**DIRECTOR OF CANADA
CENTRE REPORT**

Congratulations to all the nurses who successfully achieved their Canadian Gastroenterology Certification! I want to thank all of the Chapter Executives for organizing such interesting, educational events for their members and also giving them the opportunity to interact with colleagues and company representative.

Montreal Chapter:

The CSGNA Montreal Chapter is organizing an evening educational session for June 28. Dr. P. Szego will talk on "Morbid Obesity, the GI Approach", "Fatty Liver" by Dr.P.

Ghali and "Conscious Sedation" by Georgiana Walter. This event will be sponsored by Boston Scientific. They are also preparing for a day conference in October 2006.

Ottawa Chapter:

The CSGNA Ottawa Chapter hosted a day conference on May 13. The event was a great success with 50 participants in attendance and 11 companies exhibiting their products. Everyone agreed that they were well informed by the guest speakers and exhibitors.

Greater Toronto Chapter:

The Greater Toronto Chapter hosted an educational event on April 26 on Advances in Endoscopic Oncology and ERCP sponsored by Boston Scientific.

On April 1, the Golden Horseshoe Chapter organized a full day conference in Waterloo sponsored by Boston Scientific and Cook. The event was a success and very well attended by members from nearby cities. The Golden Horseshoe Chapter executives prepared a Newsletter which will be mailed to all its members

Central Ontario Chapter:

The Central Ontario Chapter is hosting an evening educational session on "Endocarditis prophylaxis for endoscopy patients by Dr.Y. Murray. Pentax who is sponsoring the event will also present some of their new technology and the evening will end with a business meeting.

London Chapter:

The London Chapter is organizing an evening educational event on "Biological Therapy for Inflammatory Bowel Disease by Dr. B. Feagan. The event is sponsored by Astra Zeneca Canada.

South Western Ontario Chapter:

The South Western Chapter elected a new executive: Terri Ber-

thiaume for president, Janice Sutton for secretary and Janice Scussolin for treasurer. On June 14, an educational event, on "Pantaloc" was sponsored by Altana.

I would like to wish everyone a wonderful and safe summer. See you in Regina for the National Conference this September.

**Respectfully submitted,
Monique Travers RN CGN(C)
Director of Canada Centre**

**DIRECTOR OF CANADA WEST
REPORT**

It gives me renewed energy to have longer days and warmer weather, and the chapters in the west are inspiring me and spurring me on to new things. Here in Red Deer, we are making plans to start our own chapter. Kevin Sherwin of Boston Scientific sponsored a dinner meeting, and with 17 Red Deer attendees, I think the question of interest has been answered.

I encourage every member to think about starting a chapter in your area if you have too far to travel to attend meetings. Once you start, it is so rewarding and energizing!

Kamloops Chapter:

Kamloops and Region has been extremely busy these past few months. Maryanne Dorais, President, is pleased to announce that Lori Taylor and Audrey Bouwmeester are now CGN (c). The chapter is very proud of their success. They celebrated their achievement one evening which was well attended and fun had by all. Three of the members attended the workshop in Kelowna. Two members participated in the Calgary conference and Maryanne attended the SGNA conference in San Antonio. They will be having a chapter meeting in June to share some new information they have learned.

Regina Chapter:

The Regina Chapter is pleased to congratulate four of its members who successfully achieved their Certification in Gastroenterology this spring, reports Linda Buchanan, President. The Chapter is buzzing with activity as everyone pitches in preparing for the Annual Conference in September. They are excited about their program featuring new and international topics and look forward to seeing everyone in Regina.

Edmonton Chapter:

At Edmonton Chapter's last formal meeting in May, they re-capped their goals for this past year and were very pleased with their accomplishments: increased membership and awareness, increased chapter participation and providing more education opportunities. They applied for the Chapter of the Year Award. Although they thought they had not met all of the criteria, they know their chapter sure has had a lot of good activities. They've met new friends, done a lot of networking and had fun. Their goal for the upcoming year: keep the momentum going!! They will see more members writing the certification exam in the next two years. They will see their "Journal Review" segments about three times over the year, and Yvonne Verklan, President assures me that they will push to submit an article to *The Guiding Light!* Members will be presenting at chapter meetings, and one member will be presenting at the spring conference.

The April evening dinner and presentation on "An Overview of Gastrointestinal Motility", sponsored by Novartis and Abbott was a great success. As a result, the June 26th dinner and presentation filled up very fast. It is on Metal Stents and is sponsored by Boston Scientific. Non-members were invited hoping to get more new members... it worked!

They have nominated Anna Tsang, Secretary, for the Sci Can Annual Education Scholarship, and Judy Langner, past chapter president and past Canada West Director, for the G.I. Professional Nursing Award. They are very proud of each of these very fine nurses with their impressive backgrounds and accomplishments, and know that they are very deserving of the nominations.

They are now in the beginning stages of planning the spring 2007 one day conference in Edmonton. Instead of one theme, they will have a variety of topics. ...update available in the fall.

A well-deserved break for summer after the June presentation and then some old and a lot of new members are looking forward to going to Regina in the fall.

Vancouver Chapter:

Vancouver Chapter has a new executive: Judy Deslippe, President, Toy Cheung secretary and Gill Lazarian treasurer. They held a dinner meeting on April 26 on Endoscopic Ultrasound which was a great success, with 33 nurses attending from hospitals within the chapter. Janssen Ortho supported the evening which included a dinner before the speaker and several door prizes. They plan to have another educational evening at the end of June with the same format. Dan, from Carsen, will provide a speaker with a presentation about therapeutic endoscopy using polyp loops and clips, etc. I am sure that all members in the Vancouver area will be glad that the chapter activity is increasing.

President Evelyn Matthews reports that the Calgary Chapter held a day conference, "Liver Rounds", on Saturday, April 29. It was attended by GI nurses from Calgary, Red Deer, Edmonton and Kamloops as well as some vendors. The speakers gave

excellent presentations on various topics related to the liver. Again their GI Vet, Dr. Doug Whiteside, received the most positive reviews!

An evening educational session is planned for June 20, 2006. The topic "Achalasia" will be presented by Dr. Steve Heitman. The pathophysiology, diagnosis and management of this condition will be covered. It will be held at the Chameleon Restaurant & Bar with dinner following. Boston Scientific will sponsor the evening.

The Managers and Physicians of the GI Units in the Calgary Health Region have once again shown their support and encouragement of CSGNA educational events. In addition to some financial support, most units will be closed on Friday, September 15, with the exception of emergency cases, to allow as many nurses as possible to attend the National Conference in Regina. "We are really valued!" says Evelyn. A sincere acknowledgment to all of them.

Okanagan Chapter:

The Okanagan Chapter has had a busy past quarter with many learning

opportunities and the retirement of two of their wonderful endoscopy nurses. Karen Parchomchuk and Sandee Pettman, after many, many years of fun are no longer at Kelowna General Hospital - though they do stop by to let everyone know how the golfing is.

In late April the chapter was invited to attend the Kelowna Digestive diseases weekend which brought many gastroenterologists from across Canada. A wide variety of topics was discussed. A few of these included new endoscopic techniques, options for treatment of inflammatory bowel disease, management of gastric varices and the future of colon cancer screening. This was an information packed weekend which showed what

an exciting time this is to be involved with endoscopies.

Early May brought Dr. Field (Calgary) to discuss potential correlations between reflux disease and asthma. The questions being “are these two causative?” and “should PPI’s be used as treatment for asthma when reflux is associated?” The outcome seemed to be that treatment did not affect respiratory function tests but patients felt better with PPI therapy.

The middle of June brought Dr. May (St. Michael’s Toronto) to Kelowna for an educational day in the GI unit. They were introduced to amazing examples of endoscopic mucosal resections and some interesting pancreatic work. He also placed a new type of removable esophageal stent. This wonderful day was followed by an evening dinner discussion about the double balloon scoping technique that he and his colleagues are doing in Toronto now.

The chapter is looking forward to creating an inservice for hospital staff that hopefully will be presented in early September. There seems to be an increasing need for general information regarding endoscopic procedures. Also, with the changing realm of therapeutic endoscopy there are many hospital staff members that don’t realize what can be done without surgical intervention.

Manitoba Chapter:

On May 25, Manitoba Chapter had a dinner meeting with two speakers. Dr. George Mathew, gastroenterologist, spoke on “Quality Assurance in Endoscopy”. He presented some very helpful information based on articles from the April 2006 American Journal of Gastroenterology. Dr. Margaret Burnett, obstetrician and gynecologist, gave a very humorous

presentation on “Hormone Replacement Therapy and the Mature Woman”. One of the door prizes was a one year CSGNA Membership. What a great idea!

Sue Drysdale and Jennette McCalla found their foray into community teaching and demonstration about Endoscopy well received by the people of St. Pierre-Jolysso. The chapter plans to look for further community involvement in this way.

Jennette McCalla, President, has been in touch with a GI nurse in Zambia who would like any medical supplies that could be offered. It was agreed that the chapter would make a \$100.00 donation towards the shipping cost of these supplies.

Two members from Brandon have written and passed their certification exam, Susan Drysdale, Secretary, wants to recognize their achievements and honour their commitment to our specialty.

Also, at SGNA in San Antonio, Susan presented a poster on the research project that they did as a chapter. Carol Reidy, who works at St. Boniface Hospital and is dedicated to GI Nursing, accompanied Susan at the poster presentation and gave much needed support. Perhaps we will have the opportunity to see this poster on work-related injuries in Regina as well. Susan feels that this project has focused attention on an area that is important to all of us in this discipline, and hopes to expand on the study in the future.

**Submitted by
Joanne Glen CGN(c)**

MEMBERSHIP DIRECTOR REPORT

At present, we have 760 members.

We, again, have seen great growth in new membership, welcoming 124 new members since January of this year. Membership renewal was due May 31st. Membership lapses automatically if payment is not received by the deadline. This is in keeping with our Bylaws (6.0, 6.1).

Our membership cards took on another new look this year. Membership numbers are now noted on the membership cards. This number reflects your membership status - active, affiliate, lifetime or retired.

Chapter Presidents should have received a membership list of their Chapter members as of July 1st. This is the list that will be used for the “Chapter of the Year”. This award will be presented at our annual conference in Regina. All applications for Chapter of the Year award should have been sent to the Education Director by June 30th.

If you attend a CSGNA meeting in another Chapter, please be sure to have your membership card with you, as Chapters have only their list of members.

We are always looking for ways to increase our membership. If you have any ideas, or have had success in attracting new people to our association, or another, please contact me so that these strategies may be shared with others.

As always, if you have any questions regarding membership, please feel free to contact me anytime, by e-mail or phone.

Have a wonderful and safe summer. See everyone in Regina.

**Respectively submitted
Elaine Burgis
burgis@rogers.com**

SYNOPSIS OF CSGNA BOARD OF DIRECTORS OTTAWA APRIL 3 TO 5 2006

1. REVIEW/ADDITIONS/ADOPT THE AGENDA:

A motion was passed to adopt the agenda by Usha and Branka

2. APPROVAL FOR THE NOVEMBER EMAIL MEETING:

Motion was passed to accept minutes of the email meeting by Cindy and Elaine.

3. REPORTS: CANADA EAST, WEST AND CENTRE:

Local chapter educational events are planned for mid to late spring. These events will be acknowledged in each director's report.

4. MEMBERSHIP: Current membership 663.

Canada West: 235 members, 87 from British Columbia, 74 from Alberta, 48 from Saskatchewan, and 26 from Manitoba.

Canada Centre: 309 members. 297 members are from Ontario and 12 from Quebec.

Canada East: 93 members total, 50 from Nova Scotia, 17 from PEI and New Brunswick, and 26 from Newfoundland.

There are 26 affiliate members. There were 156 new member for 2005, and 5 new members to date for 2006. Email was sent out to all chapter presidents to remind them to apply for the chapter of the year award.

New membership level - an article will be in the March edition of the Guiding light. Annual New Member scholarship form will be in the March edition of The Guiding Light.

The bylaw for the retired memberships needs to be redefined to address the rights of the retired mem-

bers. The retired member must pay 50% of the annual membership. They should not vote will not be allowed to apply for a scholarship, are allowed to help on the committees i.e. at the local level.

5. NEWSLETTER:

is always on the lookout for articles for the newsletter. Encourage each chapter member to submit article.

6. EDUCATION:

Michele attended the Canadian Standard Association (CSA) meeting, it was held in Quebec City in January 2006. The document is not finalised, the next meeting will be held in June. The following manuals are for sale:

- Orientation manual @ \$125.00 for members 185.00 for non-member plus shipping
- ERCP manual @ \$75.00 for member and \$140.00 for non-members
- Study guide @ \$50.00 for member and \$75.00 for non-member
- Reprocessing Manual \$75 for members and \$140 for non-member plus \$15.00 for shipping per book
- The ERCP one or two day workshop offered at the SGNA conference this year, Michelle is attending the SGNA conference for the nurses training course.

7. FOUNDATION:

Due to the lack of interest in members registering for the 2005 foundation course, it was decided that we will offer the foundation course every other year. The course objectives will be redefined for future courses. There will be no foundation courses offered at the 2006 Regina Conference. We may want to survey our member and get there feedback on this matter.

8. CONTACT HOURS FOR GI CERTIFICATION:

This is the responsibility of the individual GI Nurse to keep tract of the education hours. The C.N.A. website has a form that can be printed out and used for this purpose.

9. SUBMISSION DEADLINES:

For the annual Scholarship submission the deadline is May 1, 2006.

C.S.G.N.A. DISCLAIMER

The Canadian Society of Gastroenterology Nurses and Associates is proud to present The Guiding Light newsletter as an educational tool for use in developing/promoting your own policies and procedures and protocols.

The Canadian Society of Gastroenterology Nurses and Associates does not assume any responsibility for the practices or recommendations of any individual, or for the practices and policies of any Gastroenterology Unit or endoscopy unit.

- 10. PUBLIC RELATIONS:** Jewellery, Hygiene, Flexible sigmoidoscopy guidelines will go on the website as a link. The website will be updated with revised membership form, chapter education events and scholarships information.
- 11. MARKETPLACE:** For this year it was decided that we will go with shirts; mugs and post-it notes are fund raising ideas for the annual conference. Mabel will look into some other items for fundraising for the next year.
- 12. PRACTICE DIRECTOR:** Will be updating the guidelines for conscious sedation and charting. These guidelines were reviewed during the meeting but due to lack of time they were not completed. These will be reviewed by one member at large.
- 13. TREASURER:** Signatures for the bank statement are now sorted out. Chapters please get the year end financial report ASAP to Cindy.
- 14. BYLAWS:** Minor changes will be made to the duties of the president elect, the treasurer and the election of office. The bylaws will be amended and circulated to the members in the annual report for voting.
- 15. VENDOR RELATIONS:** The responsibility for the vendor relation will be taken over Deb until the new Public Relation Director is selected.
- 16. CONFERENCE PLANNING BINDER:** There were some suggestions made on changing of the name for the annual conference to course. This may be something that we can look into in the future. Changes to the conference binder will be made and circulated for review. There were also some suggestions of changing the annual conference agenda based on themes. If this was to be done then the agenda for the annual conference requires to be done at least one year in advance. The preliminary agenda for the annual conference to be available for the members in the March guiding light.
- 17. C.N.A. TELECONFERENCE:** Deb participated in the teleconference with C.N.A with different interest groups; it was a very interesting to hear that all the groups were experiencing the same struggles. Meeting is held every other year C.N.A really wants our involvement, they are providing \$500 towards the registration but there is some attachments; we have to meet with the other group on one 4 hour session the

day before the conference. We need to get involvement with C.N.A. The new C.N.A e-portal will be displayed at this year's conference. The details are not known at this time, we think that there may be charges to the special interest groups but this year it may be free. Meeting for 2006 is June 18-21. From here on in the president elect will attend in the future.

- 18. VENDOR SPONSORSHIPS:** Plaques will be handed out every other year at the annual conference. Sponsorship award to be added to the evaluation form to determine if the sponsors want a plaque or certificate? Vendor recognition to be changed to certificate and to be given annually a motion passed.
- 19. CAG SECRETARY:** The local planning committee will work with the secretary to make the arrangement for the national conference. The board supports the decision to have CAG secretary attend the meeting in Regina. She needs to be given the contact information for the Regina conference planning committee.
- 20. DATE FOR THE NEXT MEETING:** Pre annual conference meeting will start Wednesday September 13 and 14. Chapter dinner evening will be on Thursday September 14, conference on Friday September 15-16. The post conference meeting Sunday September 17

Submitted By Usha Chauhan
CSGNA Secretary





Canadian Society of Gastroenterology Nurses & Associates

C/O EDUCATION CHAIR: MICHELE PAQUETTE, 501 SMYTH ROAD, OTTAWA, ON. K1H 8L6

APPLICATION FORM FOR **CAG** NURSE SCHOLARSHIP PRIZES

The Canadian Association of Gastroenterologists (CAG) scholarship prizes are available to one research nurse and one endoscopy nurse in the amount of \$500 each, to be used for travel to the Annual CDDW Annual meeting.

ELIGIBILITY:

1. Current active member of CSGNA for at least two years .
2. Active supporter of CSGNA goals and objectives

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

1. A two page summary of how this scholarship and attendance at the proposed meeting would benefit you in your research/endo-clinical role in gastroenterology, and what self initiated research projects you are involved in.
2. A current Curriculum Vitae.
3. A letter of reference from your Unit Director.
4. Two letters of reference from CAG members.
5. Copy of CSGNA membership card.

PRIZE APPLYING FOR: RESEARCH NURSE ENDOSCOPY NURSE

APPLICATION FORM AND SUBMISSIONS MUST BE RECEIVED BY THE EDUCATION CHAIR AT THE ABOVE ADDRESS BY **DEC 1 OF THE CURRENT YEAR. THEY WILL BE FORWARDED TO THE SECRETARY OF CAG FOR SELECTION.**

Name: _____

Circle all that apply: RN BScN BAN MSN CGN(C) OTHER _____

Home address: _____

City: _____ Prov: _____

Postal Code: _____ Telephone: _____

FAX: _____ E-mail : _____

Hospital/Employer: _____

Work address: _____

City: _____ Prov: _____

Postal Code: _____ Joined CSGNA in _____ (year).

Signature: _____ Date: _____

Brochure for CSGNA National Conference, Regina, SK September 15-16, Delta Regina

FACULTY

Patricia McLean
Executive Director Canadian Nurses Protective Society
Ottawa, Ontario, Canada

Dr. Gord Kaban MD, FRCSC
Department of General Surgery
Regina Qu'Appelle Health Region
Regina, Saskatchewan, Canada

Dr. Krishna Menon MD, FRCPC
Gastroenterologist
Advanced Therapeutic Endoscopy
Credit Valley Hospital
Mississauga, Ontario, Canada

Dr. Barbara Mackalski MD
Winnipeg, Manitoba, Canada

Darci Lang
XLEnterprises Inc.
Regina, Saskatchewan, Canada

Sarah Harndun RN
Nurse Endoscopist
United Kingdom

Jo Harbaugh BC, RN, CGRN
Endosite Nurse Consultant
Normal, Illinois, USA

Lorie McGeough RN, CGNC
GI Nursing Unit Coordinator
Regina Qu'Appelle Health Region
Regina, Saskatchewan, Canada

Dr. Gregory J Monkewich MD, FRCPC
Gastroenterology and Advanced Therapeutic Endoscopy
Burnaby Hospital, British Columbia, Canada

Russ Down
Registered Clinical Exercise Physiologist, BPAS
Regina Community Medical Clinic
Regina, Saskatchewan, Canada

Margaret Farley RN, CDE
Clinical Development Educator
Regina Qu'Appelle Health Region
Regina, Saskatchewan, Canada

Joan McCusker
Olympian

OBJECTIVES

To encourage camaraderie, networking and teamwork on a global basis

To provide current information in the specialty of Gastroenterology

To encourage the exchange of clinical and research information

To provide nurses with the opportunity to experience what is new and upcoming in both medical device and pharmacology

To promote membership in the CSGNA

To participate in the plan and future direction of the CSGNA

EDUCATION PROGRAM

Friday September 15, 2006

- 0730-0830** –Registration & Continental Breakfast
- 0830-0900** –Opening Ceremonies
- 0900-0945** –Legal accountability in nursing practice: how to manage the risks
Patricia McLean, CNPS
- 0945-1030** –SGNA Annual Business Meeting
- 1030-1130** –Refreshment Break/ View Exhibits
- 1130-1230** –Bariatric Surgery
Dr. Gord Kaban MD, FRCSC
- 1230-1400** –Lunch/View Exhibits
- 1400-1500** –Advancements in Endoscopy
Dr. Krishna Menon MD, FRCPC
- 1500-1530** –Nutrition Break/ View Exhibits
- 1530-1630** –What's New in the Management of Hepatitis C?
Dr. Barb Mackalski, MD
- 1630-1730** –Update on IBD
Dr. Barb Mackalski, MD
- 1800-2400** –A Warm Prairie Welcome!

Saturday September 16, 2006

- 0700-0800** –Registration & Continental Breakfast
- 0710-0755** –Focusing on the 90%.....GI Love
Darci Lang
- 0800-0845** –Nurse Endoscopists: can you do it?
Sarah Harndun, Nurse Endoscopist
- 0845-0945** –Managing Patient Comfort: The Sedation Spectrum
–Moderate Sedation: Trusted & True
Lorie McGeough RN, CGNC
–The Propofol Debate
Jo Harbaugh BS, RN, CGRN
–No Sedation Endoscopy: The Safest Way
Sarah Harndun, Nurse Endoscopist
- 0945-1030** –Refreshment Break/ View Exhibits
- 1030-1115** –Endoscopy-double Balloon and Capsule Methods
Dr. Gregory J Monkewich MD, FRCPC
- 1115-1200** –Exercise... You're Joking!: the non-movers guide to health
Russ Down, Reg Clinical Exercise Physiologist BPAS
- 1200-1345** –Lunch/View Exhibits
- 1345-1600** –Break out Sessions
A. Nurse Consultants: A New Frontier
Jo Harbaugh BS, RN, CGRN
B. CNACertification Renewal: Continuous Learning Activities as they relate To Gastroenterology Competencies CNA
C. Endoscopy Implication & Body Piercing
Margaret Farley RN, CDE
- 1600-1645** –Olympic Sized Teamwork
Joan McCusker, Saskatchewan Grown Olympian
- 1645-1700** –Closing Ceremonies
- 1800-2400** –Rock 'n'Roll Prairie Style

Brochure for CSGNA National Conference, Regina, SK September 15-16, Delta Regina

REGISTRATION

CSGNA 22th Annual Conference
September 15-16, 2006
Delta Regina
Regina, Saskatchewan

PLEASE PRINT:

Name: _____

Address: _____

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Postal Code: _____

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email: _____

Hospital/Agency: _____

**Please make cheque payable
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mail to:**

CSGNA Conference Registration
C/o Cindy James
Hamilton Health Sciences McMaster
1200 Main St. W Rm 4W1
Hamilton, Ontario
L8N 3Z5
For confirmation of registration contact
jamesc@hhsc.ca

Please circle your choices:

Fees	A Member	B Non member	C Rock 'n'Roll Prairie Style Sat, Sept 16
Received before August 15, 2006	\$325	\$375	\$60
Received after August 15, 2006	\$375	\$450	\$60
One day fee Friday Sept 15	\$175	\$200	\$60
One day fee Saturday Sept 16	\$175	\$200	\$60
CSGNA Membership	\$50		
Saturday Sept 16 Rock 'n'Roll Prairie Style Extra Tickets (# of tickets) <input type="checkbox"/> X \$60			

Subtotal: _____

Total: (A+ C) _____ (B+C) _____

Make cheque payable to CSGNA (in Canadian funds)
Receipts will be given at Registration Desk

Will you be attending A Warm Prairie Welcome, Friday evening? Yes No

ACCOMMODATIONS

Participants are responsible for their own accommodations.

A block of rooms have been reserved until August 14th, 2006 at the Delta Regina. The group block # is 11694

Rates are: \$110 for Delta Standard,
 \$125 for King Room,
 \$135 for Premier rooms

For reservations call 1-800-209-3555 and refer to the group block number or name of convention.

www.deltahotels.com

Phone: 1-306-525-5256

Fax: 1-306-359-9040

Address:

Delta Regina
1919 Saskatchewan Drive
Regina, Saskatchewan
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Refund Policy: No refunds will be issued after September 8, 2006. A \$25.00 administrative fee for cancellation.

Official Airline

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Email: conventions@westjet.com

Please quote convention number
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Fragrance Free Conference

Dress is Business Casual

Irritable Bowel Syndrome

Irritable bowel syndrome (IBS) is the most common GI illness seen by gastroenterologists in clinical practice (Hershfield, 2005). These patients frequently present in our endoscopy units. Many can't believe their examinations were normal and may question that something must have been missed. In the GI setting the term functional is used but the author found a recent reference to this as a psychosomatic illness (Leserman, 2005) so a stigma may still exist around this diagnosis. Patients with this functional disease present with a variety of symptoms, which are not limited to the gastrointestinal (GI) tract. GI symptoms range from constipation to diarrhea, bloating, excessive gas and abdominal pain. Endoscopic examination reveals no abnormalities. When symptoms persist as they almost invariably do, the patient returns to the gastroenterologist, family physician, or seeks a second opinion. The term 'spastic colon' is sometimes used as pain is believed to be from spasm in many patients and there is a greater incidence of IBS if a patient has a relative with the disease suggesting a possible genetic link (Boivin, 2001). Patients are more likely to be female and the literature suggests that 15-25% of these women have been sexually abused (Leserman, 2005). Data on sexual abuse in men with IBS is thought to be limited because men may be less likely to seek help and report this history.

Symptoms are not confined to the GI tract and women with IBS tend to experience more headaches, greater premenstrual syndrome symptoms and are more likely to be diagnosed with chronic fatigue syndrome (Hershfield, 2005). Hormones may play a role with exacerbation of IBS symptoms before and during the menstrual cycle. Quality of life issues are significant and although this is a non life-threatening illness, it tends to present at times of stress and during the patient's most productive years (Inadomi et al, 2003)

thereby utilizing healthcare resources for this chronic yet often debilitating condition.

There is a plethora of material on irritable bowel syndrome (IBS). Patients can access a seemingly unlimited number of websites to obtain information. One reliable site is www.mayoclinic.com/health/irritable-bowel-syndrome which provides the patient with many options primarily focused on self-care (July 27, 2005). Pharmacological management including antidiarrheal and anticholinergic agents, antidepressants and drugs specifically for IBS are included. The Mayo Clinic encourages the patient to learn as much as possible about their illness and engage complementary and alternative healthcare. They suggest support groups, acupuncture, herbs, probiotics, and hypnosis amongst others. Diet triggers are reported in two thirds of patients with IBS. Diet and eating patterns are considered important for patients managing their disease (Jarrett et al, 2001). Stress management tools may help these patients and these may be in the form of yoga, meditation, relaxation exercises, and increased physical activity (Shannahoff-Khalsa, 2002).

Recent research around this condition suggests that recurrent abdominal pain (RAP) in children may be a learned behavior through social modeling (van Tilburg et al, 2006). These children often present with IBS in adulthood. In this scenario, parents may actually reinforce illness behavior by showing empathy in a supposedly sick child. Abdominal pain is one of the most common complaints in childhood but exact cause of the pain most often remains in question. Parents believe recurrent and intense stomachaches are indicative of an organic disease. Also, changing eating habits and diet and trying to reduce stress for the child does little to improve symptoms (Perquin et al, 2000).

The nurse in the endoscopy setting needs to be cognizant that these symptoms are real. For this patient, a diagnosis of 'normal' may not be sufficient. The challenge for staff in the brief time the patient is in our units is to show empathy and caring and not simply dismiss these patients because perception may be that our attention is needed elsewhere. We need to provide the patient with validation that their complaints are being heard and recognize they need whatever we can provide them in terms of support in dealing with this chronic illness.

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 (retrieved April 16, 2006)

**Submitted by Debra Taggart
 RN, BN, CGRN, CGN(C)
 CSGNA, President-elect**

“SPOTLIGHT”

Vancouver Island Chapter of CSGNA

The Vancouver Island Health Authority (VIHA) provides health care to approximately 716,000 people on Vancouver Island, on the Islands of the Georgia Strait, and in the mainland communities north of Powell River and south of Rivers Inlet. Vancouver Island hospitals offering Endoscopy services include: the Royal Jubilee Hospital and the Victoria General Hospitals are located in Victoria, BC; the Saanich Peninsula Hospital in Sidney, BC: the

Lady Minto Hospital on Salt Spring Island, BC; the Cowichan District Hospital in Duncan, BC; the St. Joseph's Hospital in Comox, BC; the Nanaimo Regional Hospital in Nanaimo, BC; the West Coast General Hospital in Port Alberni, BC; and the Campbell River and District Hospital in Campbell River, BC.

The Royal Jubilee and Victoria General Hospitals in Victoria, BC both have Endoscopy Suites, each with seven

PCA beds and three procedure rooms, staffed by six full time RN's complemented with Casual RN's, Equipment Aides and a Unit Clerk. There are four Gastroenterologists at each site. The Suites offer diagnostic/therapeutic Endoscopy, insertion of G-Pegs, J-pegs, and Esophageal/Colonic Stents. The Royal Jubilee Hospital offers PDT where as ERCP's and EUS procedures are done at the Victoria General Hospital. Over the past year, there were three RN'S attended World Congress in Montreal, one RN attended the Kamloop's GI Day, and one RN attended an Education evening in Vancouver. We have hosted several RNs from Campbell River and Comox to follow us through an “Endo Day” at Victoria General Hospital.

Over the past year, there were three RN'S attended World Congress in Montreal, one RN attended the Kamloop's GI Day, and one RN attended an Education evening in Vancouver. We have hosted several RNs from Campbell River and Comox to follow us through an “Endo Day” at Victoria General Hospital. The Royal Jubilee Hospital has hosted RN's from Sannich Peninsula Hospital.

National GI Nurses Day was celebrated in Victoria on May 12th. GI Doctors from both the Royal Jubilee and Victoria General Hospitals helped us celebrate by providing lunch for the entire Endoscopy staff at both sites.



Royal Jubilee Hospital:

Back Row: Vicki O'berg, Julie Pacey, Shirley McGee, Marilyn Doehnel

Front Row: Patti Smith-Holmes, Corrie Osborne, Brenda Stevens

Absent: Marion Davison, Wendy Heater

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

Leslie Bearss, Newsletter Editor.

Email lesliejoy@sasktel.net

**CSGNA MEMBERSHIP FEES
ARE NOW \$50.00 PAYABLE
BY JUNE 1st.**

The significance of the day was also recognized by large display boards in the main lobby areas of both hospitals, with photo exhibits of the Endoscopy staff at work. The display also included basic information for the general public about the procedures performed in an Endoscopy setting, as well as the equipment used.

On May 26th, we were pleased to have Deb Taggart, National President-Elect for CSGNA visit us at Victoria General Hospital. She attended our monthly staff meeting and spoke to staff on the benefits of CSGNA membership.

On June 3rd, Vancouver Island Chapter hosted an all-day workshop in Victoria. Educational sessions included:

- ESOPHAGECTOMY by Dr. John Samphire, Thoracic Surgeon
- WHAT'S NEW WITH C-DIFF? By Cathy Munford, RN, Infection Control
- BARIATRIC SURGERY UPDATE by Dr. Brad Amson, Bariatric Surgeon, + three of his patients post-bariatric surgery who told us their stories.
- ENDOSCOPIC ULTRASOUND – WHAT IT CAN TELL US by Dr. Andrew Singh, Gastroenterologist

The day's events also included a very successful membership drive, chapter meeting, election of officers, and lunch, as well as breaks for viewing vendor exhibits. Delegates included new and renewing members, and other GI nurses. We were also honored to have Joanne Glen, Canada West Director as our guest that day.

This event would not have been possible without the support of our vendors, including:

- Altana Pharma Inc. – Christian Prescott
- Amt-Electrosurgery – Ken Sasaki
- Boston Scientific – Jason Rudd
- Carsen – John Plouffe & Dan London
- Cook Canada – Gary Kunz
- Janssen/Ortho – Jim Hawthorne
- Pentax – Brad Klyn
- Steris – Stu MacDonald

Congratulations to our new Chapter Executive: Charlene McCabe, President; Christine Kunetsky, Secretary; and Laurie Kerr, Treasurer. I know that they will represent us well. I wish to thank Shirley McGee, past secretary; Donna Gramigna, past treasurer; and the entire membership for their support over the years.

We held a Chapter Meeting to plan for future Education Sessions with membership drives and hosting the second Annual Saturday Workshop in May, 2007.

**Submitted by
Irene Ohly, Past President**



*Victoria General Hospital
Chris Hamilton, Irene Ohly, Danielle Joslin, Charlene McCabe, Christine
Kunetsky
Absent: Andrea White, Bill Hadden, Donna Gramigna, Laurie Kerr*

**Just a reminder that we need donations for door prizes
and the silent auction for the National Conference in Regina
September 2006!**

Etiology of Crohn's Disease

Submitted by: Maryanne Dorais RN CGN(C)
A summary of a presentation by Dr. Chris Stabler

Crohn's disease, also known as regional enteritis, granulomatous colitis, or transmural colitis, is predominately submucosal inflammation that may affect any part of the GI tract but occurs most commonly in the terminal ileum. The etiology of Crohn's remains questionable but possibilities include allergies and other immune disorders, abnormal response to some dietary or bacterial antigen, lymphatic obstruction, infection and/or genetic factors. The disease is difficult to diagnosis as the inflammation spreads slowly and progressively, with periods of remission. Inflammation is often segmental and rectal sparing. Some drugs to treat this disease are dangerous. Potential severe complications include intestinal obstruction, fistula formation, intraabdominal, perianal, and perirectal abscesses, and perforation. Malabsorption of bile acids and Vitamin B12 is common in ileum disease. The patient usually requires a specialist care along with the help of the general practitioner.

The disease process begins with lacteal blockage and lymphedema in the submucosa. Peyer's patches appear in the intestinal mucous membrane causing the ileal tissue to be rich in immune cells. Lymphatic obstruction causes edema, with inflammation; mucosal ulceration; stenosis, development of fissures, abscesses and granulomas (tumor-like mass or nodule of granulation tissue surrounded by lymphocytes due to a chronic inflammatory process mimicking an infectious disease or invasion by a foreign body). Usually deep longitudinal "rake ulcers" appear. If ulcers appear between islands of swollen inflamed mucosa the bowel takes on a "cobblestone" appearance.

Patients may experience lower right quadrant pain, cramping, abdominal tenderness, spasms, increased flatulence, nausea, diarrhea, low-grade fever and borborygmi. Bloody diarrhea and malabsorption may be severe, leading to malnutrition and weight loss. Chronic symptoms are more persistent but less severe include diarrhea, abdominal pain, steatorrhea, anorexia and weight loss, and nutritional deficiencies. Extra intestinal symptoms may include arthritis, spondylitis, iritis, and erythema nodosum.

Dietary and drug therapy –Immune modulators, steroids, 5' ASA'S, and / or antibiotics aim to reduce inflammation, maintain fluid and electrolyte balance, and relieve symptoms. New drugs Inflixmab, Somatostatin analogs, IL10, and the use of TPN are now available for patients with severe disease. This is not without increased cost to society but also to the patient.

More than half of the patients with Crohn's disease eventually need surgery because the disease has caused structural damage. Surgery may be needed to correct bowel

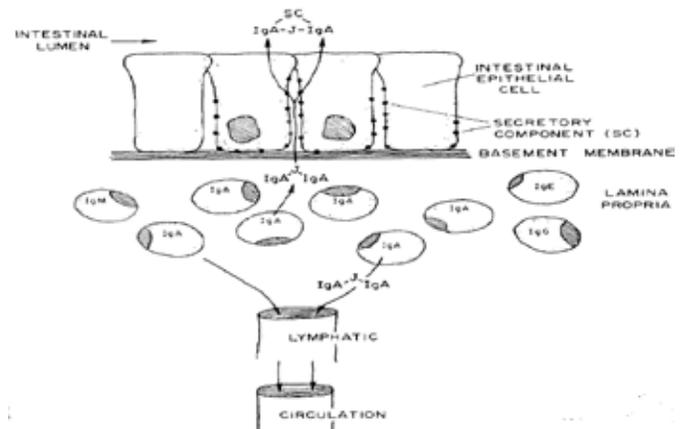
perforation, hemorrhage, fistulas, or obstruction. The rate of recurrence is high. New tests include jejunoscopy, ileoscopy, and capsule endoscopy, anti *S. cerevisiae* antibodies and now perhaps a genetic test.

IMMUNITY AND INFECTION

The small intestine is rich in immune tissue. Lymphoid tissue makes up approximately 25% of the intestinal mucosa, being the biggest immune organ. The various and complex mechanisms of immunity requires a host to be exposed to bacteria, viruses, foods, or poisons, then recognize the exposure and dispose of substances or at least contain cells, which it interprets as foreign and harmful to its well-being. When a substance enters the body, complex chemical and mechanical activities are set into motion to defend and protect the body's cells and tissues. The foreign substance, is called the antigen, usually a protein and the response to the antigen is the production of antibody. The immunological mechanism of the body is dependent on two major factors: (1) The inactivation and rejection of foreign substances and (2) the ability to differentiate between the body's own material ("self") and that which is foreign ("nonself").

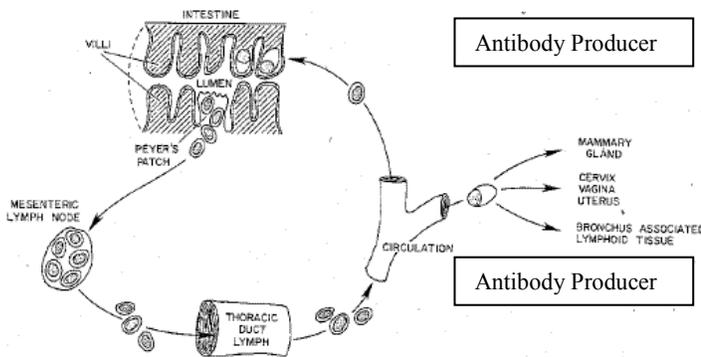
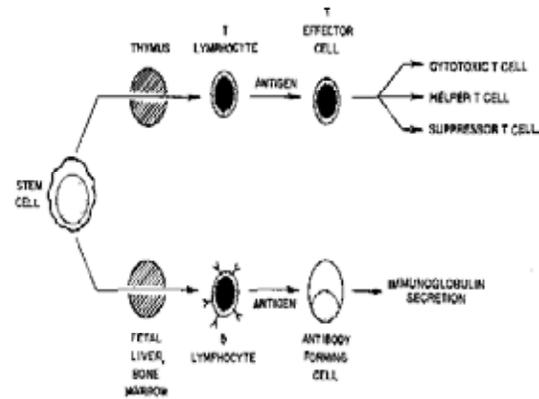
The lymphoid tissue is made up of three distinct populations in the small intestine that are important of the establishment of immunity.

- 1. Peyer's patches** are whitish; oval elevated patches of closely packed lymph follicles in mucosa and submucosa of the ileum. They participate in antibody synthesis and in the body's immune response.
- 2. Lymphocytes and plasma cells** are located in the lamina propria. Lymphocytes are a product of lymphoid tissue and participate in IMMUNITY. Approximately, 70-80% of lymphocytes cells produce Immunoglobulin A (IgA). IgA plays an important role in the resistant of the mu-



ous membranes to pathological microorganisms and dietary antigens. Immunoglobulins are synthesized by lymphocytes and plasma cells and found in the serum and in other body tissues and fluids.

The B cell lymphocyte is involved in the secretion of ANTIBIODIES. The binding of an antigen to a cell surface receptor can activate a mature B cell. This induces proliferation of the cell, resulting in a clone of cells, specific for a specific antigen. These cells can then differentiate and begin to secrete immunoglobulins (Ig) molecules. This step involves interaction with helper T cell Lymphocytes. Most of the B Cells activated by the presence of their specific antigen become plasma cells, which synthesize and export antibodies.



3. Intraepithelial Lymphocytes lie between the intestinal epithelial cells. Most of these cells are T Cells. T Cell lymphocyte originates from stem cells. During the last stages of fetal life the thymus entraps immature stem cell arising from the bone marrow and circulating in the blood. The thymus preprocesses these cells, causing them to become lymphocytes- T Cells. It is this arm of immunity that is mainly responsible for rejection of organ transplants and resistance to intracellular microbial infection, and plays a role in natural resistance to cancer. There are different T Cell lymphocyte subpopulations. Helper T Cells help to recognize certain antigens. Effector T Cells are involved in the production of lymphokines, that are released into the blood and cause the activation or inhibition of macrophages (highly phagocytic cells that become active when stimulated by inflammation) destroying target cells. They also facilitate antibody production. Cytotoxic T Cells, or killer cells, kill's cells bearing specific antigens. Amplifier T Cells enhance the activity of cytotoxic cells. Suppressor T Cells suppress antibody synthesis by their action on Helper cells and B cells.

Crohn's disease is an immune dependant disease, genetically related; the percentage increases if more than one family member has inflammatory bowel disease. Environmental factors play a role in Inflammatory Bowel Disease. Colder climates, industrialized nations, people who smoke

and possibly the use of antibiotics or even ibuprofen and other nonsteroidal anti-inflammatory drugs all influence the course of Crohn's disease. Initial stimulation can be triggered by molecules, Lipopolysaccharides and Peptinogycan, which are linked to infectious bacteria. The cell receptors recognize the bacterial surfaces and target these molecules (antigens). The active surface receptors are epithelial cells. At the time a substance enters the body and is interpreted as foreign, antibodies are released from the plasma cells and enter the body fluids where they can react with the specific antigens for which they were form Monocytes are phagocyte leukocytes that circulate in the blood before migrating to the tissues as in the lung and liver where they develop into macrophages. Macrophages become actively mobile when stimulated by inflammation; they also interact with lymphocytes to facilitate antibody production.

The release of antibodies is stimulated by antigen- specific groups of B cells. Each B cell has M cell (IgM) which plays a major role in capturing its specific antigen and in neutralizing and destroying the antigen by phagocytosis when it is first introduced; *the primary antibody response*. The M cell presents the antigen to the T cell; increased B cells are manufactured, causing an increase in antibodies. These antibodies are then sent to all mucosal tissues.

An intercellular sensor for bacterial infection normal gene called NOD2 activates a protein called Nuclear Factor-kappaB (NF-kB) that is involved in the immune system's rapid response to bacterial infection. NOD2 is a protein found primarily on a type of immune cell in our body -Monocytes, and this particular protein in humans reacts to bacteria in the gut and begins the process of normal inflammation. In healthy individuals, our gut is in a constant state of controlled inflammation. There are always bacteria and proteins in food that our body reacts to when we eat, but a healthy body knows how to shut itself down after it reacts appropriately. A gene thought to be involved in Crohn's Disease affects the activation of the inflammatory response due to induction of NF-kB.

A high percentage of patients with Crohn's Disease have a gene mutation called NOD2 MUTATION. In people with

abnormal NOD2 proteins, when the inflammation is turned on, it may not get turned off properly. And that leads to recruitment of more aggressive inflammatory agents in the body that may cause the bowel damage that we see in inflammatory bowel disease. This increases NF-kB activity and linked to increased susceptibility to bacterial induced intestinal inflammation found in metaplastic colon and in the Ileum.

NOD2 gene defect is found on chromosome 16 and revealed by highly increased peripheral blood monocytes, which are distributed throughout and readily respond to proteins of infectious bacteria via surface receptors. Paneth cells on the other hand, are most numerous in the terminal ileum, are critically important in enteric antibacterial defense. Paneth cells are the most prominent cells having NOD2 in normal people and a mutated NOD2 in Crohn's disease. In families that were studied with Crohn's disease, a mutation on NOD2 chromosome was seen at a higher frequency than people without Crohn's disease. This defect accounts for 32% of Crohn's disease occurring most commonly in young patients. The disease usually begins in the terminal ileum. The disease behavior in patients with NOD2 abnormalities tends to be more a stricturing or scarring type of disease, rather than inflammatory or fistulizing disease. The discovery of the mutated NOD2 gene is a significant study of the genetics of inflammatory bowel disease. The information about NOD2 will help to identify Crohn's disease, treat it, and perhaps even predict the course of the disease.

The body naturally produces the protein Tissue Necrosis Factor – alpha to mobilize your white blood cells to fight infections and other invaders. This temporarily causes inflammation in the affected area. Normally the body would then get rid of the TNF-alpha. But in Inflammatory Bowel Disease, Rheumatoid Arthritis and Psoriatic Arthritis, TNF alpha is overproduced and the body doesn't remove the TNF-alpha. This causes more and more white cells to travel to the affected area. As TNF-alpha continues to build up it causes excess inflammation, which can lead to pain and tissue damage. This response can be blocked by anti TNF alpha inhibitors medications such as Inflixmab, Etanercept and Adalimumab.

SUMMARY

Crohn's disease is a genetically related, immune dependent illness probably, which is environmentally triggered by bacteria Chlamydia, Yersinia, Listeria, and adherent E. Coli. An increase in TNFa, NFkB, and NOD2 gene defect causes a spontaneous colitis or a granulomatous colitis. The discovery of NOD2 gene defect is very exciting. This will hopefully lead to interpretation and use in a prognostic or a therapeutic way for people who have this disease.

Crohn's disease can be painful and debilitating and sometimes may lead to life threatening complications. There's no known medical cure for Crohn's Disease. However, therapies are available that may greatly reduce

the signs and symptoms of Crohn's disease and even bring about a long-term remission. The goal of medical treatment is to reduce the inflammation that triggers the signs and symptoms. Doctors use several categories of drugs that control inflammation in different ways. It is all about balance. Drugs that work for some people may not work for others, so it may take time to find a medication that helps the patient.

Some of these drugs have serious side effects; therefore, it is necessary to weigh the benefits and risks of any treatment.

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Maryanne Dorais works at The Royal Island Hospital in Kamloops and is the CSGNA Chapter President of Kamloops and Region.

GUIDELINES FOR SUBMISSION to "THE GUIDING LIGHT"

- white paper with dimensions of 8 1/2 x 11 inches
- double space
- typewritten
- margin of 1 inch
- submission must be in the possession of the newsletter editor 6 weeks prior to the next issue
- keep a copy of submission for your record
- All submissions to the newsletter "The Guiding Light" will not be returned.

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“MY GUT FEELING”

By Beth Fachnie, BScN, RN, CGN(C) and Usha Chauhan, BScN, RN, CGN(C)
GI Motility Lab, McMaster Division, Hamilton Health Sciences

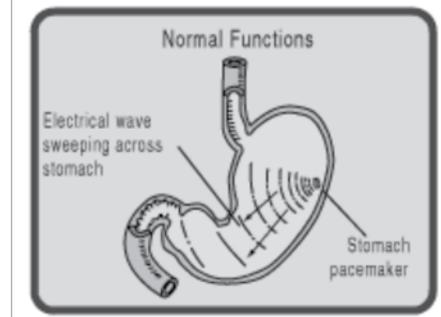
Nursing the patient with delayed gastric emptying can be a challenge, whether it be the time allotted for fasting in preparation for a test procedure, alteration in medication effects due to absorption times, or a major and life-threatening disruption in fluid, electrolyte and nutritional status. An understanding of the various components that contribute to gastric emptying may contribute to improved acute and long term care.

The gut has a rhythm, just like other circadian rhythms in the body. It undergoes regular phasic “housekeeping” processes, whether or not you are eating. Characteristic cycles of electrical activity are called “interdigestive migrating motor complexes” and occur every 90 to 120 minutes. In the fasting state there are four distinct phases of these Migrating Motor Complexes (MMC’s), whereas in the fed state seemingly random Action Potentials (AP’s) are superimposed on Pacemaker potentials (PP’s).

In order to understand delays in gastric emptying (gastroparesis), it is necessary to have an understanding of the normal mechanisms for satiety and gastric emptying in both the fed and unfed states. Such an understanding is still largely a mys-

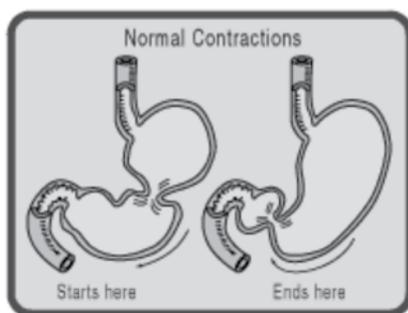
tery, because “gastric emptying is controlled by the concerted action of so many different effectors, neural, hormonal and mechanical, acting simultaneously in such an integrated fashion, that it is almost impossible to predict... the overall effect of any one component.”

IN THE FED STATE, satiety signals are activated at different levels of the GI tract as ingested food sequentially contacts the mucosal surface. As the esophagus distends, the receptive relaxation and gastric accommodation reflexes kick in to prevent further pressure rise in the gastric fundus. Simultaneously the antral reflex begins to stimulate increased peristaltic contractions in the antrum. A pressure gradient, with high gastric corpus tone in the fundus, assists with the movement toward the lower pressure zone of the antrum and duodenum. Stimulation of the vagal nerve, which has both inhibitory and excitatory fibres, elicits both contraction and relaxation responses. VIP, GIP, CCK, norepinephrine are just several of the known neuropeptide transmitters. Healthy nerve fibres as well as stretch, pressure and chemo receptors, are necessary to constantly monitor and relay mechanical, neural and hormonal signals, and are located within the muscle cells of the stomach and intestine. As the duodenum and bowel distend, gastric tone and peristalsis are inhibited. As the gastric chyme is propelled forward, heavier slower solids are moved out of the central stream to the periphery and are eventually thrown back to the fundus for fur-



ther grinding, mixing and sieving. The liquid contents move through the open pyloric sphincter. The type of food (whether protein, fat or carbohydrate), as well as consistency (solid or liquid) also affects emptying time. A person with gastroparesis may have normal liquid, but abnormally delayed solid emptying times. In more severe neuropathy, both would be delayed.

IN THE FASTING STATE, there are different electrical properties in different regions of the stomach. All smooth muscle maintains a negative trans-membrane potential, but the distal 2/3 of the stomach shows increasingly negative resting potentials, so much so that the cells have spontaneous depolarizations or discharges (PP’s) followed by rapid repolarizations. These precede eventual muscle contractions. The dominant “pacemaker zone” is along the greater curvature of the stomach about 1/3 of the way down, and it cycles about 3 per minute. (a second pacemaker zone is in the proximal 1 cm of the duodenum). Not all PP’s result in an AP, as the contraction may die out before it reaches the antrum. Ion pumps, such as sodium (Na+) are necessary to assist calcium



to get into the cells to create the inward calcium current necessary for muscle contraction.

ETIOLOGY OF DELAYED GASTRIC EMPTYING

- Neuropathy – eg. related to diabetes, scleroderma, other collagen vascular disorders
- Idiopathic
- Post-op Ileus
- Hypothyroidism
- Post –gastric resection or vagotomy
- Muscle damage
- Over or under production of endogenous neuropeptides or hormones
- Infection viral or bacterial
- Drugs such as tricyclic anti depressants, opiates dopamine, cholinergic antagonists
- Anorexia and bulimia

DIAGNOSTIC TESTS

- Endoscopy will look for retained gastric contents, to look for causes such as ulcers, tumor, bezoar
- UGI Barium
- Radionuclide Gastric Emptying
- Small Bowel Manometry

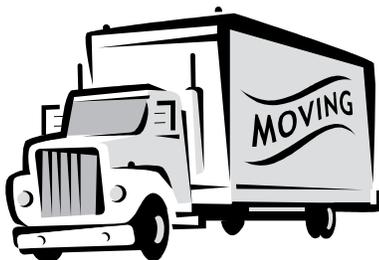
TREATMENTS

Treatment is aimed at relieving the symptoms of bloating, early satiety, nausea, vomiting and weight loss.

- Remove drugs associated with delayed gastric emptying – e.g. opiates, dopamine, cholinergic antagonists
- Medication to control symptoms of nausea such as Diclectin or Gravol
- Prokinetic Drugs – eg. Domperidone (Motilium), Maxeran, Erythromycin lactobionate and Zelnorm

- Antacids, H2RA’s, or PPI’s – eg. Mylanta, Ranitidine, Losec, Nexium.
- Antibiotics if small bowel bacterial overgrowth is suspected
- Dietary and lifestyle changes - eating small frequent meals, low fat, avoid caffeine, citrus, carbonated beverages. Stop smoking and alcohol if possible. Not to lie down for three hours after meal. Elevate head of bed. Close nutritional monitoring important to watch for depletion of trace element and vitamin deficiencies. May require supplements, N/G, jejunal feeds or TPN as a last resort in severe malnourished cases.
- Surgery: Gastric Pacemaker implant
- Gastric bypass

Bibliography available upon request



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