



The Guiding Light

CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES & ASSOCIATES

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President's Report *Focus on Membership*

CSGNA Membership is a vital tool for our professional lives in GI Nursing

Where else can one network with such a viable, excited group of professionals to share our wants, needs, desires and concerns in GI Nursing? Through membership we can learn, commiserate and grow professionally – just as we grow within ourselves due to the friendships we have made. Comfort, help and laughter are only a phone call away. For me one of the greatest values in CSGNA membership is not only the educational offerings that help me to maintain my certification and provide better care to my patients, but also a shared enthusiasm for a common interest. Friends who share an interest in education, caring for patients, understanding disease process, keeping current in the latest technology and treatment and so much more. I can count on my fellow CSGNA members

to support me in times of change as well as in our mutual successes.

An important aspect of CSGNA's future rests in our members' willingness to volunteer to serve in the various leadership positions in the organization. One needs only to ask present leaders of Chapters and within the National Executive how many times they have held the same office to know that recycling is alive and well within CSGNA. When I have asked for volunteers I have often received the reply "I'm too busy" "I just don't have the time". The truth is we are all busy. However, if not for the people who take the time to volunteer there would not be a CSGNA, and without the CSGNA GI nursing would not have its Position Statements, Guidelines or networking made available for

the membership. In order to continue to grow in the next century CSGNA needs volunteers. Join a committee on a chapter level or nominate yourself for a position on the National Executive. As committee members many of us have shared our enthusiasm for a common interest and experienced the thrill of working with a group totally committed to its goal. The rewards are endless and the experiences will create memories to last a lifetime and make a contribution to a vision for CSGNA's future.

Respectfully submitted
Cindy Hamilton, RN, CGRN



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IRRITABLE BOWEL SYNDROME

Elaine Fehr, R.N.

Definition:

“A functional gastrointestinal disorder with symptoms attributable to mid or lower gastrointestinal tract. These symptoms include abdominal pain, bloating, distension and various symptoms of disordered defecation.”

Dr. Drossman et al (1994)

I.B.S. symptoms reduce the quality of life – ie.

Lower abdominal pain ⇨ altered bowel habits

Reduces sense of well being ie. Occasional or rare incontinence

PHYSIOLOGY OF COLON

Function:

- 1) concentration of fecal effluent through water and electrolyte absorption
- 2) storage and controlled evacuation of fecal material
- 3) digestion and absorption of undigested food

Although the colon is not essential for survival, its functions contribute significantly to the overall well-being of humans.

ANATOMY OF THE HUMAN COLON

- muscular organ approx 125 cm long
- it's walls consist of 4 basic layers found in other G.I. hollow visceral organs.
 1. mucosa
 2. submucosa
 3. circular muscle
 4. longitudinal muscle
- the colon is innervated by the complex interaction of intrinsic (enteric nervous system) and extrinsic (autonomic nervous system) nerves. The cell bodies of neurons in the enteric nervous system are organized into ganglia with interconnecting fibre tracts, which form the submucosal and myenteric plexi. These nerves are organized into local neural reflex circuits, which modulate motility secretion, blood flow and probably immune function (submucosal). Release of excitatory neurotransmitters such as acetylcholine, substance P and serotonin (5-HT) serves to activate local circuits such as those causing muscle contractions.

These receptor subtypes provide pharmacological targets for the development of drugs designed to alter colonic functions such as motility.

Parasympathetic nerves innervating the right colon travel in the vagus nerve, and those innervating the left colon originate from the pelvic splanchnic nerves.

Remember.....

Parasympathetic nerves are predominantly excitatory.

Sympathetic nerves inhibitory.

Autonomic nerves modulate the enteric neural circuits within the colon and participate in neural reflexes at the level of the autonomic ganglia, spinal cord and brain. Brain-gut connections are important both for perception of visceral stimuli (sensory) and in modifying colonic function (motor) in response to central stimuli.

Normally, nervous impulses from the GI tract do not stimulate sensations that we are aware of and so GI activity goes unnoticed. However, in IBS some of the CNS pathways become hyperactive and inappropriately exaggerate the sensation of abdominal activity and pain (22). Three physiologic mechanisms help to explain this finding:

- The number of pain receptors (nociceptors) within the abdomen may increase (1).
- Repeated distention of the colon may overactivate nociceptor nerves in the spinal cord resulting in generalized abdominal pain (1).
- The way sensations are regulated may be altered and this could be affected by psychological factors (1).

As IBS patients produce higher than normal levels of 5-HT after eating, 5-HT sensory pathways may become overactive. Indeed, one study showed that blocking the action of 5-HT at 5-HT₃ receptors reduced the number of episodes of pain reported by IBS patients (23). Given this observation, it's possible that 5-HT is a key sensitizing agent in IBS.

PATHOPHYSIOLOGY OF I.B.S.

While symptoms have a physiological basis, no unique physiological mechanisms have been identified. Instead, the physiological mechanisms underlying abdominal pain and altered bowel habit are similar in persons without IBS.

Patients with IBS are more aware of and sensitive to normal intestinal activity as well as painful distensions of the colon. Over the last 50 years clinical investigations have evolved from studies on motility of the G.I. tract to a more integrated model that includes the concept of visceral hypersensitivity and brain-gut interaction.

COMMON SYMPTOMS OF A PATIENT WITH IRRITABLE BOWEL

- the most common functional bowel disorder
- abdominal pain for at least 3 months
- continuous or intermittent
- increased frequency of bowel movements when the pain occurs. Alternatively, infrequent bowel movements (constipation) may be experienced at other times.
- Increased looseness of stool when the abdominal pain is felt.
- Mucus in the stool

- A sensation of incomplete emptying of the rectum after going to the bathroom (men > women).
- A bloated or distended feeling in the abdomen
- Abdominal pain due to IBS is not usually localized, is often brought on or worsened by meals and is relieved by flatus or defecation.
- Pain usually disappears during sleep as your bowel sleeps as you do.

Other non G.I. Symptoms IB sufferers may have:

- migraine headaches
- urinary frequency and urgency are quite common.
- Back pain, painful sexual intercourse and dysmenorrhea for women, presumably because the surrounding pelvic structures are also oversensitive or "irritable".
- Fatigue is very common, generally why is unclear
- Heartburn – may reflect the increased bowel sensitivity, which can effect the esophagus and stomach and causes heartburn, reflux and indigestion.
- Fibromyalgia – a poorly understood disorder that causes chronic muscle pain, fatigue, memory problems is reportedly more common in people with IBS

DIAGNOSING AN IRRITABLE BOWEL

Irritable Bowel is diagnosed by its symptoms because an irritable bowel is a normal bowel both to the naked eye and under the microscope. The physician has to take a detailed pain history.

- any upper GI symptoms ie. increased frequency of gastric reflux dyspepsia symptoms
- change in bowel habits
- headaches
- any other problems – dyspepsia, chronic recurrent pain – often meal related epigastric discomfort, pain or fullness
- amount of caffeine, nicotine and alcohol consumed and their efforts on patient pain
- does the pain wake the patient at night

PHYSICAL EXAMINATION

If pain is present on palpation of the RLQ, patient should have a colonoscopy or Barium enema to evaluate the terminal ileum.

Bloodwork:

- CBC – ? Hgb in anemia
- if leukocytosis, an elevated ESR and thromocytosis are present, there may be an active inflammatory process present.
- ? WBC and ? ESR may indicate inflammatory process

Stool testing:

Blood is not found in patient with IBS. It is a significant sign that could point to ulcerative colitis, crohns or a growth in large colon to name a few.

Abundant red and white blood cells are found in stool specimens from ulcerative colitis patients.

Stool specimens for O & P, and culture should be done to rule out infectious organisms such as shigella, campylobacter, salmonella, clostridium difficile, E. coli.

Rome I Diagnosing criteria for IBS – D. A. Drossman

At least 3 months of continuous or recurrent symptoms of.

1. Abdominal pain or discomfort that is:
 - a) relieved with defecation and/or
 - b) associated with a change in frequency of stool; and/or
 - c) associated with a change in consistency of stool, and
1. Two or more of the following, at least on one-fourth of occasions or days:
 - a) altered stool frequency (for research purposes ‘altered’ may be defined as more than 3 bowel movements each day or less than 3 bowel movements each week);
 - b) Altered stool form (lumpy/hard or loose/watery stool);
 - c) Altered stool passage (straining, urgency or feeling of incomplete evacuation);
 - d) Passage of mucus, and/or
 - e) Bloating or feeling of abdominal distension.

Factors that may Pre-dispose you to developing I.B.S.

1. Genetics: symptoms in first degree relatives are more common. Research has found the nervous system is more vulnerable during pre and early post-natal period.

CHANGE OF NAME ADDRESS/NAME

Name: _____

New Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

Fax: _____ E-Mail: _____



**MOVING?
LET US KNOW!**

**Remember to send in your
change of address!**

2. Perinatal events may play a role in altering the nervous system in a way that makes the individual more sensitive to internal events and more prone to central dysregulation of intestinal motor and secretory function. Such peri-natal events may occur in the form of a tissue irritation from gastro esophageal reflux disease, intestinal inflammation due to food intolerances and allergies, or they may occur in form of neuroendocrine changes related to stress. (Such neuroendocrine correlated of stress may be transmitted from mother via increased cortisol and catecholamine levels in the breast milk, or they may be generated by the newborn itself). Recent animal experimental data has shown longlasting changes in the nervous system in the form of hyper-responsiveness, irritability and predisposition to affective disorders in response to such perinatal stressors.
3. Recent intestinal infection can cause inflammation of the bowel, which can result in a prolonged disturbance of the bowel – even after the inflammation heals and the offending organism is cleared from the body. Bowel function gradually returns to normal in most but not all cases.

In doing my research, several studies agreed that a history of abuse (physical, verbal or sexual) in early childhood could be a predisposing factor to IBS.

Now before we get carried away by statistics some studies say: consider that when groups of people were surveyed abuse reported in approx. 50% of the population. So if 20% - 25% of individuals with IBS have been exposed to abuse they would fit into the general population.

However, recent studies indicate that only acute stressful events associated with a direct threat to an individual's life are associated with a higher incident of IBS. There is also no evidence that psycholological stress alone is sufficient to cause IBS. (Some studies are looking at how abuse affects the ability to cope with stress).

IBS can develop shortly after a traumatic event in your life ie. following death of a loved one, marriage or birth of a child.

Age & Gender

About 15 - 20% of the population have IBS.

14 - 24% of women in USA, U.K, Japan and South America

5 - 19% of men in the same countries

IBS is rare in Uganda and rural areas of South Africa

20 - 30% of men in India and Sri Lanka

1/2 of all patients with IBS first experience symptoms before age 35.

Another 40% develop the disorder 35 - 50 years

1.3 of IBS patients will eventually become asymptomatic (? After retirement)

Onset in elderly is extremely rare.

Some of the theories why women have a higher incidence of IBS may be explained by the fact that approx. 50% of women with IBS report an increase in GI symptoms around the time of their menstrual period. IBS may be associated with menopause. Studies show IBS-type complaints peak during the years leading up to menopause (mid to late 40's), and more than a third of postmenopausal women suffer from IBS-type symptoms.

IBS may occur during pregnancy. As many as one in three pregnant women suffer from constipation and diarrhea.

IBS Management Philosophy

Identify concerns of the patient – be empathetic – listen to patient's concerns. Reassure patient – the pain is real.

Explain basis for symptoms:

- no serious organic disease present.
- IBS is a genuine clinical entity.

Involve the patient in their treatment

- symptoms can wax and wane depending on patients co-operation and willingness to make lifestyle changes ie. decreasing nicotine, caffeine, alcohol and fatty foods, decreasing stress in their life, begin an exercise program.

Provide continuity and ongoing review:

- base treatment on the severity and nature of the symptoms
- set consistent limits “I appreciate how bad the pain is, but narcotics are not indicated.”
- set realistic treatment goals – encourage patient to take responsibility for their treatment (ie. lack of sleep will increase the intensity of symptoms).
- If any dietary component(s) make symptoms worse, these should be avoided.
- Patients should be encouraged to seek help from other health care professionals, ie. dietitians, relaxation therapist.

Psychological Tx used for IBS include:

Relaxation training:

- attempts to lower the physiological effects of stress. Reduction of skeletal muscle tension decreases autonomic arousal, subjective tension/anxiety, and may improve gut motility.
- Various forms of relaxation training includes the imagery, meditation, yoga and biofeedback.
- Hypnosis involves the use of progressive muscular relaxation and then “gut directed” hypnosis designed to reduce gut sensations. The patient may be asked to place his or her hands on the painful part of the abdomen and feel the warmth radiating from the hands into the abdomen, and to associate the warmth with the relief of pain.

A regular exercise program will help to calm the body, discharge tension and reset the body's natural rhythms. Exercise also can cause the release of endorphins – a natural substance in the brain that relieves pain and promotes feelings of well being.

FEEDING THE IRRITABLE BOWEL

No magic food or diet will cure irritable bowel. Irritable bowel is never really cured. The symptoms are treated or managed through a variety of nutritional, psychological, and medical strategies. Nutritionally there is more to managing irritable bowel than removing foods from the diet. The foundation of managing your irritable bowel through diet is establishing a healthy diet. A healthy diet is a lifestyle, not something that you do one day and not the next. The foundation of healthy eating is Canada's Food Guide to Healthy Eating. Each group within the Food Guide provides specific nutrients but no one group contains all of the nutrients our bodies require. It is crucial that we get lots of variety in our diet as well as practicing balance and moderation.

MANAGING TRIGGER FOODS

- *Eating patterns* refers to how you eat (when, where, how often, and how fast) and are closely related to your lifestyle. Some patterns to examine include eating too fast, skipping meals, eating junk food, and overeating.
- *Symptom-provoking foods* relate to what you eat. Many people with an irritable bowel report an inability to tolerate certain foods without symptoms. Examples of such foods include fatty, spicy, and gassy foods. How much you eat of a trigger food, whether you eat one or more of these foods at once or several throughout the day – will impact your experience of irritable bowel symptoms. Further, there are constituents in foods that most people don't know can cause irritable bowel symptoms. These include fructose, regular soft drinks, sorbitol, and alcohol.

FOOD TOLERANCE TEST

The Food Tolerance Test incorporates three steps:

- 1) Remove the food from your diet for a period of 2 to 6 weeks.
- 2) After 2 to 6 weeks, try a small to moderate amount of the food in question, preferably with food you know that you tolerate, or by itself. Watch for symptoms you believe that the food causes. If you do not experience symptoms, it is likely that you tolerate the food, but you may need to test it another time to be sure.
- 3) If you experience symptoms put the food away for a week or more and try it again, in the same fashion – small amounts, with foods you tolerate or by itself. If on the third try of a particular food you experience similar symptoms then you do not tolerate the food. If you want to feel better you should probably remove the food from your diet.

FOOD AND SYMPTOM RECORD

For two weeks, document the food you eat and the symptoms you experience. A two-week record is necessary to pick up patterns and symptoms of eating as symptoms may vary from week to week. Women, in particular, may notice that their symptoms change around their menstrual cycle. Record the following six irritable bowel symptoms that are treatable with diet, if and when you experience them over a two-week period:

abdominal pain *gas*
constipation *bloating*
diarrhea *heartburn*

Finally, make a list of the foods and eating patterns that you singled out as causing your symptoms along with the a list of the irritable bowel symptoms you experience. This will help you identify where to concentrate your efforts.

MANAGING SYMPTOMS TO DIET ADJUSTMENTS

Irritable Bowel Symptom	Diet Adjustments
Abdominal Pain	High Fibre Low Gassy Foods Low Caffeine Low Fat
Constipation	High Fibre Low Caffeine
Diarrhea	High Fibre Low Caffeine Low Fat Low Spice
Gas	Low Gassy Foods Low Caffeine
Bloating	Low Gassy Foods High Fibre
Heartburn	Anti-Reflux

*Technically, heartburn is not an irritable bowel symptom, but it is common with an irritable bowel

THE DIET ADJUSTMENTS

High-Fibre Diet Guidelines

- Choose wheat-based whole-grain products:
 - whole-wheat bread oatmeal or bran muffins
 - whole-wheat cereal whole-wheat crackers
- Choose one source of concentrated fibre daily:
 - natural bran: 4 tablespoons
 - bulking agent such as Metamucil, Prodiem Plain, Normacol, or Citrucel: 2-3 rounded teaspoons
 - very high fibre cereal such as All Bran, 100% Bran, or Bran Buds with Psyllium: 1/2 cup daily

Never drive faster than your guardian angel can fly.

- Remember to start gradually and work up to goal. It takes time for a high-fiber diet to start working, so it is wise not to expect results before the first two or three weeks. Your bowel may object to diet changes initially even if these changes will improve symptoms in the long run.

Low-Fat Diet Guidelines

- Limit your fat intake from visible fats such as butter, margarine, mayonnaise, salad dressings, and sour cream
- Choose low-fat dairy product
- Choose lean meats
- Use low-fat cooking methods such as baking, broiling, barbecuing, roasting, stewing, steaming, braising
- Choose lower-fat sandwich fillings such as mustard or mild barbecue sauce
- Watch out for hidden fats in products such as baked goods and snacking crackers

Low-Spice Diet Guidelines

Guidelines:

- Avoid foods that contain the following spices:

chili powder	curry	hot chili peppers
ginger	garlic	spicy BBQ sauce
hotsauce		
- Use herbs such as basil, oregano, thyme, and rosemary to flavor foods if desired

Low-Caffeine Diet Guidelines

- Remove coffee entirely from diet or consume maximum of two 6-oz. mugs daily depending on tolerance
- Switch to a non-cola soft drink
- Limit cocoa intake

Low Gassy Foods Guidelines

- Pay attention to how you are eating:
 - Try to avoid gulping foods
 - Try not to skip meals
 - Avoid chewing gum or sucking on hard candy
 - Avoid using a straw to drink liquids
- Pay attention to what you are eating:
 - Avoid all raw vegetables including salads
 - Avoid the following vegetables, even if they are cooked

broccoli	cauliflower	kohlrabi
brussels sprouts	cucumber	rutabaga
cabbage	corn	leeks
sauerkraut	onion	scallions
red/green pepper	shallots	pimentos
turnip	radish	
 - Avoid dried peas, beans, and lentils such as:

black-eyed peas	navy beans	kidney beans
split peas	lima beans	lentils

- Avoid the following fruits:

unpeeled apples	honeydew melon	avocados
prunes	cantaloupe	watermelon
- Avoid the following miscellaneous foods:

beer	seeds	soft drinks
hard-boiled eggs	nuts	wheat germ popcorn
- Cook vegetables and eat fruit canned or ripe
- A multivitamin may be warranted if your intake from the Vegetables and Fruit group is less than 5 servings daily

Anti-Reflux Diet Guidelines

Guidelines:

- Avoid:

caffeine	citrus fruits	tomato
fatty foods	alcohol	peppermint
chocolate	spicy foods	
- Wait at least 2 hours after eating before lying down; a bedtime snack may not be tolerated
- Try eating smaller meals
- Drink most fluids between meals
- Try sleeping with the head of the bed elevated
- Some gassy foods may not be tolerated

COMMON MEDICINAL TREATMENTS FOR IBS

Symptoms	Medication
Abdominal Pain	<i>Anticholinergics</i> <ul style="list-style-type: none"> Bentylol Buscopan inhibit smooth muscle contractions <i>Calcium antagonists</i> <ul style="list-style-type: none"> Dicetel – a calcium antagonist which inhibits the calcium influx by blocking the voltage-dependant calcium channel at the smooth muscle cell level. It possesses a high degree of selectivity for intestinal smooth muscle. <i>Enteric opioids</i> <ul style="list-style-type: none"> Modulon – a lower gastrointestinal tract motility regulator. It possesses moderate opiate receptor affinity and has a marked antiserotonin activity especially on “M” receptors. It does not alter normal motility but regulates abnormal intestinal activity. <i>Elavil</i> <ul style="list-style-type: none"> Antidepressants and anti-Anxiety medications in low doses may help the bowel’s nervous system to relax and are used in some cases. The effectiveness varies with individuals, therefore, the patient and the physi-

- Bloating
- Antiflatulent
 - Diovol
 - unknown activity, peppermint oil, enteric coated (colpermin).
- Motility agents
- Prepulsid (cisapride)
 - Motilium (domperidone)
- Constipation
- Modified High Fiber Diet
 - Bulking Agents
 - Metamucil
 - Prodiem
 - Osmotic Laxatives
 - Milk of Magnesia
 - Prokinetic agent
 - Prepulsid
- Diarrhea
- Binding Agent (resin)
 - Questran (cholestyramine)
 - Antimotility agents
 - Imodium
 - Lomotil
- They improve stool consistency, abdominal pain, fecal urgency and overall well being.

IN CONCLUSION

An integrated diagnostic and treatment approach first requires an effective physician-patient relationship. A careful history will also identify the need for diagnostic studies and the treatments are determined by the nature and severity of the predominant symptoms.

For the majority of patients with mild symptoms, dietary and lifestyle changes are usually sufficient for treatment.

Patients with moderate to severe symptoms may benefit from pharmacological treatment directed at the gut and behavioral treatment may be considered for long term benefit.

For the future, perhaps the new medications that are directed at CNS and peripheral receptor sites may provide additional benefit to patients with I.B.S.

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HUG CERTIFICATE

*If I could catch a rainbow
I would do it just for you
And share with you its beauty
On the days you're feeling blue
If I could build a mountain
You could call your very own
A place to find serenity
A place to be alone
If I could take your troubles
I would toss them out to sea
But all these things I'm finding
Are impossible for me
I cannot build a mountain
Or catch a rainbow fair
But let me be what I know best
A friend that's always there.*



SYNOPSIS OF CSGNA TELECONFERENCE EXECUTIVE MEETING JANUARY 29, 2000

NEW CHAPTER EXECUTIVES:
Golden Horseshoe Chapter President
Cindy James, Greater Toronto Chapter
President Kay Rhodes.

1. CONFERENCES: National Conference 2002, in Newfoundland is being discussed. Applicants for National Conference Scholarships cannot have received this award in the two previous years. Applications must be received by June 1, 2000. Atlantic Regional Conference being prepared for June 15, 16, 17, 2000 in Halifax. Ottawa National Conference September 22, 23, 24, 2000 is progressing well.

2. EDUCATION: Staffing guidelines to be added to orientation package. Response for exams are the following: Vancouver and Victoria 10, Calgary 5, Toronto 10.

3. BYLAWS: Two were accepted today, after motions moved, and seconded.

1. October 15, 2000 for certification exam in Canada. One in the East and one in the West. A minimum of 10 people for each site. People writing the exams will be members of CSGNA or cover their own costs.

2. Vendors paying for 1 table or 1 booth, get skirt and one outlet. If vendors require more they can pay for this.

4. MEMBERSHIP: January 2000, 576. Membership not renewed for 99/00, 181.

Respectfully
Elaine Binger

MEMBERSHIP/TREASURER REPORT

Once again it is time for membership renewals to be sent out. Your continuous membership is of benefit to you. Some of the benefits of belonging to this society are:

1. The newsletter "The Guiding Light".
2. Reduced registration fees at evening seminars and our annual

educational conference.

3. Opportunities to network with colleagues from across the country.
4. Keeping abreast of current research and technology.
5. The CSGNA website.
6. Position statements and guidelines.
7. Local chapter membership.
8. Scholarships (regional and national)
9. Membership list by request
10. Certification (hopefully in the next two years).

Three years ago our renewal date changed from the month you joined to June 30th of each year. Until this year the executive have been allowing members to lapse with their renewal (without penalty) until the annual national conference in September. This will no longer be allowed, as it is not fair to members who always pay on time.

If your renewal is not received by June 30th of each year, you will then be considered a member with a lapse of two months if you renew in August, three months if you renew in September or a new member after a six-month lapse.

To apply for our annual scholarships you must be a member in good standing for a minimum of two years. Therefore it is to your advantage to maintain your membership, as any lapse will be taken into consideration when you apply for a scholarship.

PLEASE RENEW YOUR MEMBERSHIP BEFORE JUNE 30TH EACH YEAR!!

I would like to welcome the following members:

P. Proulx	Inuvik, NWT
Beverly Dixon	Pett Meadows, BC
Rose Pokeda	Courtenay, BC
Cathie Sturam	Powell River, BC
Shirley McGee	Victoria, BC
Christine Burnichon	Calgary, AB
Irene Brake	Edmonton, AB
Corrie Forbes	Lethbridge, AB
Connie Bender	Regina, SK
Shelly Cochrane	Regina, SK
Lilah Weinberger	Saskatoon, SK
Dauphin Regional Health Centre	c/o

Library	Dauphin, MB
Mike Delorme	Winnipeg, MB
Carolyn Reimer	Steinbach, MB
Diane Potvin	Brandon, MB
Jaqueline Javier	Mississauga, ON
Monica Smith	Milton, ON
Maxine Smythe	Burlington, ON
Elizabeth Hill	North Bower, ON
Monique Patenaude	Newmarket, ON
Marie Savaria	Brantford, ON
Steve Caughters	Markham, ON
Eleanor Burns	Scarborough, ON
Vicki Cormier	Windsor, ON
Carrol Ann Beach	Peterborough, ON
Diane Deacon	Sudbury, ON
Naivin Mulji	Toronto, ON
Janice Slack	La Salle, ON
Judith Lamb	Peterboro, ON
Sandra Lewis	RR#2, Stroun, ON
Barbara Kirkpatrick	Collingwood, ON
Cheryl Marshall Caldwell	Conn, ON
Teresa Robson	Orillia, ON
Joan Galt	RR#1, Verona, ON
Solange Michaud Gaudette	Kirkland, Que

Patricia MacGregor Quispamsis, NB

Sincerely, Edna Lang
Membership Chair/Treasurer

MESSAGE FROM THE EDITOR

I would like to thank the people who have contributed to the newsletter. Response to requests for articles and notices has been wonderful. Due to number of pages allowed in the newsletter, I have submitted only one of the articles received. The others will be in the next newsletter.

Once again thank you for the response and continuing support of your newsletter.

Sincerely, Lorie McGeough

PRESIDENT ELECT REPORT

The ByLaws committee is currently reviewing the CSGNA Bylaws. All members are encouraged to review the bylaws and send any suggestions for revisions or additions to myself, the chair of the Bylaws Committee, for discussion at the committee meeting. An updated copy of the bylaws was published in the November Edition

of "The Guiding Light". My address is on the back cover of the newsletter. My e-mail address is radica2@attglobal.net or fax me at 709-722-0294. Please submit your suggestions by March 31, 2000.

Lorraine Miller Hamlyn

CANADA EAST REPORT

Discussion at our last two chapter meetings included the availability of scholarships and funding to attend the national and regional CSGNA conferences with review of the guidelines. The chapter members have agreed to host the 2002 CSGNA national conference. A review was presented on the various committees to be set up with the first priority of hotel availability. Our next chapter meeting will be following the executive meeting in April.

A reminder to all our members in submitting articles to the "GUIDING LIGHT". If you are looking for any ideas or help please contact me. Also any ideas or assistance for the 2002 conference would be appreciated. This will be a great opportunity!

Linda Feltham

CANADA EAST REPORT

The New Brunswick/Prince Edward Island chapter hosted their annual Education Day at the Moncton Hospital in October, 1999. Nineteen nurses attended. Timely topics and expert speakers ensured that everyone enjoyed the day.

The Chapter's Annual business meeting took place during the day and elections for the new executive took place.

This year's executive includes; Carolyn Lewis – President, Fran Duguay – Vice President, and Mary Anne Jones – Secretary/Treasurer. In November, the Nova Scotia Chapter hosted their annual education day at the QEII Health Sciences Center, Halifax. The twenty-one nurses in attendance enjoyed interesting presentations delivered by knowledgeable speakers.

Both Chapters extend their gratitude to their sponsors for the generosity and support shown. Plans are underway for the CSGNA Annual Regional Conference to be held on June 16th and 17th at the Prince George Hotel in Halifax.

Sincerely, Evelyn McMullen

CANADA CENTRE REPORT

Happy New Year Everyone

The Greater Toronto Chapter had an education evening on November 11, 1999. The evening was a success. The chapter elected new electives. Kay Rhodes – President, Gail McDermott – Secretary, Brenda Lach – Treasurer. Thanks to Pentax and Fibertech for sponsoring the evening. There will be an education evening on February 22nd at Sunnybrook Health Sciences Centre on "To Use or Reuse". See CSGNA web site for more details.

The Golden Horseshoe Chapter had an education evening in November, 1999. The evening was a success. New chapter executives were also elected. Cindy James – President, Jennifer Beebeck – Secretary, Sharon Thomas – Treasurer. Thanks to all the past executives for a job well done. I look forward to working with the new chapter executives.

The London Area Chapter is in the process of planning their next meeting for March. In June, they will be electing new executives. Please consider supporting your chapter.

The South Western Ontario Chapter is planning an education session with Carsen for April. Please check CSGNA web site for more upcoming information on this.

Sincerely, Sandy Saioud

CANADA CENTRE

Ottawa Chapter

Plans for our National Convention being held here September 22 and 23, 2000 are well under way with committee heads putting everything in place to give you a fun, informative and exciting conference.

Our chapter member Jean Macnab who left us following Gastro 99 in Vancouver and travelled to Australia with her family on a sabbatical communicates with us regularly via email. She told us they went to the beach for a picnic Christmas Day.

In November our chapter treasurer Monique Travers spoke on Latex Allergy at the Quebec GI nurses convention.

We were all very excited, happy, proud and perhaps a bit envious when our chapter president, Michele Paquette received an invitation to attend the French GI nurses (GIFRE) convention to speak about certification. Michele has been our representative at CNA working towards having GI declared a specialty and Canadian certification.

I wish you all the best in the year 2000 and look forward to seeing you at our conference in September.

Yours in CSGNA, Nancy Campbell

WESTERN DIRECTOR'S REPORT

The Calgary Chapter

The Calgary Chapter is planning a spring Education Day for April 29, 2000. We are looking forward to some interesting and informative talks.

Calgary's chapter meeting in November 1999 included an education session with Dr. Panaccione re: Update on Ulcerative Colitis and Crohn's. Refreshments were sponsored by Janssen Pharmaceuticals – representative Dave Lawrence attended.

The education session for their January meeting was PEGS – presented by Dr. Van Rosendaal.

The Edmonton Chapter

The Northern Alberta Adult Home Nutrition Support Program – Royal Alexandra Hospital Site – presented by dietician Sue Gosse and Bonnie Bachinsky RN was the inservice for the December 1999 chapter meeting. This was an excellent review of the program designed to assist patients with their nutritional needs and teach management of tube feeds at home.

The Endo unit at The Misericordia Hospital hosted the February 2000 chapter meeting. They prepared a fabulous supper for chapter members and showed a video on Hand Washing.

The Manitoba Chapter

The Manitoba Chapter held a business meeting and educational session in November 1999. Val Dunphy – director of the Manitoba/Saskatchewan Region Crohn's and Colitis Foundation of Canada presented an update on Crohn's and Colitis.

I would like to congratulate all the chapters for their diligence in providing excellent educational opportunities for their members. Keep up the good work.

From Judy Langner

REPORT FROM CANADA WEST Saskatchewan Chapter

An education day entitled "G.I. Days" was held on October 29 and attended by 75 participants. The focus was on the colon. Topics included: a video of the anatomy and physiology of the large bowel, diagnosis and treatment of colon cancer, colonic motility, irritable bowel syndrome and relaxation techniques.

An educational evening entitled "True Colours" was held on November 24 and attended by 25 participants. This was presented by Lana Stan-Roth CDN. Through several methods, the participants learned to appreciate their individual difference and uniqueness.

Journal nights are planned for the new year.

Okanagan Chapter

Chapter president Linda Fransden has taken a leave of absence from the hospital and is in Mexico until February 2000. She did report prior to her departure. The chapter thoroughly enjoyed the opportunity to host Luisa Fanes who is from Brazil for 9 days as part of the Gastro 99 nursing sponsorship/preceptorship program.

They are planning to fund one member to attend the 2000 national conference in Ottawa.

Match the Definitions

- | | |
|----------------------|---|
| 1. Vatrix | ___ A mucosal rent at the G-E junction that is associated with prolonged forceful vomiting. |
| 2. Tenesmus | ___ An enlarged and tortuous vein or artery. |
| 3. Ruga | ___ An abnormal passage between two internal organs. |
| 4. Schatzki's ring | ___ A sensation of difficulty in swallowing. |
| 5. Malory-Weiss tear | ___ One of a series of thin, concentric membranes located at the G-E junction. |
| 6. Lamina propria | ___ Straining, especially ineffectual and painful straining of stool, or in urination. |
| 7. Fistula | ___ A concretion of foreign material that builds up in the stomach. |
| 8. Dysphagia | ___ The connective tissue coat of a mucous membrane. |
| 9. Chyme | ___ Rumbling noises caused by the propulsion of gas through the intestines. |
| 10. Cystic duct | ___ A relatively homogeneous semiliquid combination of food and digestive juices. |
| 11. Bezoar | ___ A wrinkled ridge in the interior wall of the stomach. |
| 12. Borborygmi | ___ The passage connecting the neck of the gall bladder and the common bile duct. |

Vancouver Island Chapter

Chapter president Irene Ohly reports:

A summary of Gastro '99 was presented by Pat Savage to the staff at the Royal Jubilee and the Victoria General.

Endoscope cleaning and High-level disinfection was presented by Nelda Turner to the staff at the Royal Jubilee and the Victoria General.

An update on Inflammatory Bowel Disease was presented by Dr. Jamie Papp on Wednesday, December 8, 1999.

Both units hold bi-weekly education in-services.

Vancouver Regional Chapter

Chapter president Gail Whitley reports that on the completion of Gastro '99 the members were all feeling slightly drained and decided to take things easy for a while. They have met for dinners twice since then. A meeting to discuss future education sessions is scheduled in early February.

Respectfully submitted by
Evelyn Hilderman
Director, Canada West

WORD SEARCH

ABDOMINAL PAIN
 ABNORMALITY
 ANTICHOLINERGIC
 BARIUM
 BLOATING
 BRAIN GUT
 BRAN
 CAFFINE
 COLON
 CONSTIPATION
 CRAMPS
 DIARRHEA
 DIET
 DISCOMFORT
 DISEASE
 ENEMA
 ETIOLOGY
 EXERCISE
 FIBER
 FRUIT
 HYPERSENSITIVITY
 IBG
 IRITABLE
 LAXATIVES
 LOSS
 MEDICATIONS
 METAMUCIL
 MIGRAINE
 MOTILITY
 MUCOSA
 MUCUS

F	L	O	S	S	E	N	S	I	T	I	V	E	T	M	U	I	R	A	B
R	W	H	V	P	E	R	S	E	N	S	I	T	I	V	I	T	Y	B	U
U	X	L	L	A	X	A	T	I	V	E	S	O	Y	C	N	E	G	R	U
I	Y	C	D	S	P	M	A	R	C	L	M	T	E	L	C	S	U	M	I
T	G	I	A	T	C	A	F	F	I	N	E	P	R	T	A	E	B	E	Y
A	O	G	D	I	S	C	O	M	F	O	R	T	E	E	S	I	B	D	C
B	L	R	I	C	O	L	O	N	F	T	Q	I	S	Y	S	V	W	I	P
N	O	E	A	I	E	R	C	P	U	G	D	E	T	A	O	S	E	C	H
O	I	N	R	T	B	U	E	G	N	F	N	I	R	R	C	M	I	A	Y
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M	E	L	H	F	E	I	T	P	A	I	N	A	S	E	R	C	H	I	I
A	X	O	E	M	A	A	Y	R	T	R	P	X	U	B	A	O	T	O	C
L	E	H	A	R	O	S	G	O	R	R	X	P	C	D	N	S	R	N	I
I	R	C	B	L	C	I	M	A	V	I	N	C	U	R	S	A	E	S	A
T	C	I	B	L	M	S	P	A	S	T	I	C	M	V	R	R	T	C	N
Y	I	T	C	O	N	S	T	I	P	A	T	I	O	N	E	U	A	D	O
U	S	N	I	C	O	T	I	N	E	B	L	A	X	B	D	X	W	E	T
V	E	A	B	D	O	M	I	N	A	L	P	A	I	N	U	R	S	E	D
M	E	T	A	M	U	C	I	L	V	E	A	F	C	I	N	A	G	R	O
N	U	X	N	E	R	V	E	S	Y	M	P	T	O	M	S	D	A	S	T

MUSCLE	PAIN	STRESS
NERVES	PHYSICIAN	SYMPTOMS
NICOTINE	SENSITIVE	URGENCY
NURSE	SPASTIC	WATER
ORGANIC	SPATICITY	WEIGHT
		XRAY

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.

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.

NEW SPONSOR!

The Guiding Light has a new sponsor for the next two years. On behalf of the National CSGNA Executive and all members at large I would like to take this opportunity to thank Carsen Group Inc. for their commitment in sponsoring our newsletter. Without sponsors it would not be possible. We look forward to working together in continuing on with our greatest tool – The Guiding Light.

Sincerely,
Lorie McGeough Newsletter Editor The Guiding Light



Cindy Hamilton, President CSGNA (left) and Laura Norris, Carsen Group Inc. (right).

Thank you!

At this time the CSGNA would like to thank our sponsor of The Guiding Light for the past two years ... Cook Canada. Their support both nationally and locally has been greatly appreciated by all members of the CSGNA. As their sponsorship of the newsletter comes to an end we look forward to continuing our close working relationship with them. Once again on behalf of the National CSGNA Executive and all members at large ... thank you.

Sincerely,
Lorie McGeough Newsletter Editor The Guiding Light



Joan Vardy, Cook Canada (left) and Cindy Hamilton, President CSGNA (right).



Call for Nominations CSGNA Executive

Positions open for nomination for 2000.

- President-elect
- Newsletter Editor
- Director for Canada East
- Director for Canada Centre
- Director for Canada West

Please send all nominations to Chair of Nominations Committee (President CSGNA) 546 Kenmarr Cres., Burlington, Ont. L7L 4R7 by April 30th, 2000.

Certification for Fall 2000

The CSGNA National Executive has voted to host two sites for the U.S. exam in the fall of 2000. The tentative date Oct 15th. The tentative sites Toronto and Vancouver. When this information becomes firm we will announce it on this web page. Information on what is needed for registration can be found on the CBGNA website info@cbgna.org.

CSGNA at its Best

October 14th to 18th, 1999 I was in Denver Colorado to support my son's hockey team at a tournament they were playing in. When I was attending Gastro 99 I met Pat Holland who was an exhibitor at the conference. She was also from Denver. When I asked her if any GI conferences would be taking place when I was going to be there I was informed there would not be any. However, Pat offered to put me in contact with a nurse in Denver who was working in GI. I spoke with this nurse on E-mail and set up a rendezvous. The nurse was Nancy DeNiro who is the nurse manager at Lutheran Exempla. She not only picked me up at my hotel but toured me through her GI unit and then drove me across town to visit Exempla Saint Joseph's GI unit where Arlene Milde, the supervisor, greeted us. I learned some very useful and interesting things on this voyage. My point being that this was CSGNA at its best. CSGNA allows you the forum to network, to exchange ideas and to learn new ones. Thank you CSGNA for giving me this opportunity. Also thank you to Pat, Nancy and Arlene.

Yours in CSGNA,
Nancy Campbell

AN ODE TO SOMEONE ELSE

We were saddened to learn last week of the passing of one of our executive's most valuable members – **SOMEONE ELSE**.

This passing creates a vacancy that will be difficult to fill. Someone Else has been with us for many years and always did far more than a normal person's share of the work.

Whenever leadership was mentioned, this wonderful person was looked to for inspiration, as well as results: "Someone Else can lead the group." Whenever a tough job came up, one name was on everyone's list: "let Someone Else do it."

Someone Else was a wonderful person, but if the truth be known, we always expected too much of Someone Else.

NOW SOMEONE ELSE IS GONE.
Labour News & Graphics, Nov. '94.



Education Committee Update

The Education Committee has been working on an Orientation Package for GI nurses, which will be available following the Annual Meeting in the Fall.

Included in the package will be:

- GI Proficiency Exam
- IV Drug Certification Exam
- Scavenger Hunt
- Orientation Timetable
- Guideline For Buddies
- GI Competency Checklist
- Position Statements
- Guidelines
- Standards For GI Practice
- GI Orientation Evaluation

This package is intended as an education tool for use in developing your own policies, procedures and protocols.

The Orientation Package is subject to institutional policies and regulatory guidelines.

There will be a charge to cover the cost of copying.

Marlene Scrivens
Education Committee Chair

SCHOLARSHIPS
FOUNDATIONS
SPEAKERS BUREAU
POSITION STATEMENTS
CHAPTERS
TOPICS
POSTERS
GUIDELINES
CEU'S
EVALUATIONS

CSGNA Education Corner

Announcements from the Education Committee

- CAG/CSGNA Scholarship applications in this and every issue.
- Criteria for scholarships in this issue.
- Orientation package for GI units being developed.
- Check out the HepNet website www.hepnet.com.

Education Committee Members:
Lorie McGeough, Dianne Ryan,
Elaine Fehr, Ann-Marie Urban
Marlene Scrivens, Education Chair
FAX 306 766 2513

Survey on "The Nurse Endoscopist"

535 surveys mailed

91 replies

1. Are there any nurses performing flexible sigmoidoscopy in your department? 0% yes 100% no
2. How interested are you in performing flexible sigmoidoscopy?
43 no interest 15 very interested 32 undecided
3. If job specifications include a nurse practitioner level are you at this level? 4 yes
If not would you consider advancing to this role? 25 yes
4. Should the performance of F/S be considered part of the GI nurse's practice? 15 yes
Should receive monetary reimbursement? 49 yes
5. Is there a gastroenterologist or sigmoidoscopy-proficient physician in your area available to provide training? 7 no and with the "yes" there were concerns of physicians not willing to provide the training
6. Are there any clinics in your area receiving referrals from primary care physicians for routine color-ectal screening on Asymtonmatic patients without any family history? 27 yes
per year 6 < 50 10 50-100 7 > 100
7. Do you have the staff and facilities to offer these services within your dept.? 48 no
8. Would your provincial nursing association support nurses performing F/S under the present scope of practice for your province?
Ontario and British Columbia yes
9. Would your employer support nurses performing F/S?
98% no
10. Do you practice scope advancement in your dept.?
54 yes 37 no
11. What is your level of education?
76 RN 5 BN 2 LPN 4 CNS
years working in endoscopy?
1-5 {25} 6-10 {120} 11-25 {32} 26-35 {1}
12. What concerns do you have about nurses performing F/S?
Responsibility, liability, misdiagnosis
Acceptance by physicians
Requirement per year to remain proficient
Increase in malpractice fees
Support of your association and employer
Staffing
No video
Consents
Patient requesting sedation
Who provides the training, evaluates program
In case of emergency? Dr. available
Perforation
?Billing
Workload
Another nurse as an assistant
Increase pay with responsibility
Patient to return for repeat procedure by physician
Is there a need for nurse
endoscopist in Canada and would family physicians
become involved in Screening F/S.
5 years experience in endoscopy to advance to level

PERFORMANCE OF FLEXIBLE SIGMOIDOSCOPY BY THE NURSE ENDOSCOPIST FOR THE PURPOSE OF COLORECTAL CANCER SCREENING FOR THE "AVERAGE RISK" PATIENT WHICH ARE MEN/WOMEN AFTER THE AGE OF 50.

BACKGROUND

At the national CSGNA conference in Vancouver a presentation on advanced practice and nurse endoscopist in performing flexible sigmoidoscopy with a summary on the survey that was mailed out to the members. During the discussion period that followed we heard from speakers representing United States, England and Australia who are performing F/S. Other members present expressed a positive response in the CSGNA in developing this further.

To fully understand what this MAY entail, the Guidelines from the SGNA [SOCIETY OF GASTROENTEROLOGY NURSES AND ASSOCIATES] on "Performance of Flexible Sigmoidoscopy by Registered Nurses for the Purpose of Colorectal Cancer Screening" is an excellent reference. Included in this reference are the indications and contraindications, the technical and cognitive skills in screening flexible sigmoidoscopy by the registered nurse.

FOLLOW-UP QUESTIONERE

1. Are you interested in performing flexible sigmoidoscopy in your workplace? YES NO
What province are you representing? _____
2. Should the nurse endoscopist be a nurse practitioner? YES NO
Registered nurse with # years of GI Endoscopy Experience? YES NO If so # of years experience _____
3. If you answered yes to the RN do you see a problem with performing both roles as an endoscopist and in assisting with procedures? YES NO
Comments: _____

Please forward replies to Linda Feltham to address/fax listed on back of "The Guiding Light".

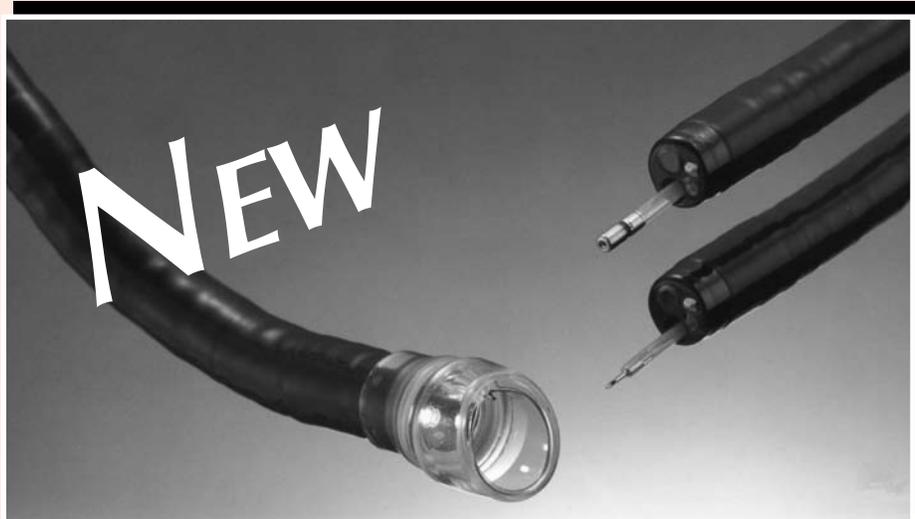
Thank-you

CSGNA

networking • learning • making new friends • meeting old friends



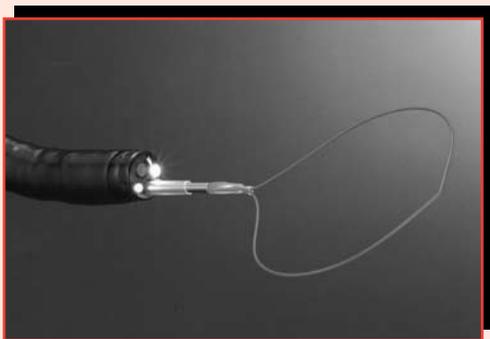
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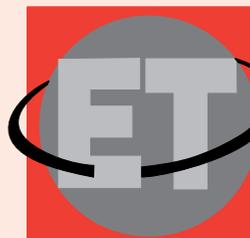
EMRKit™ Endoscopic Mucosal Resection

For resection of lesions in the flat area of the mucous membrane.

Disposable Kit includes a washing pipe for dye spraying, a **SnareMaster™** crescent snare, an **InjectorForce™** injection needle and a distal attachment (straight type or wide-opening oblique type).



Detachable Loop (Endloop) for prevention of hemorrhage during and after polypectomy



Rotatable Clip Fixing Device for hemostasis and marking.

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Canadian Society of Gastroenterology Nurses & Associates

C/O EDUCATION CHAIR: MARLENE SCRIVENS, 2107 BONNEAU PLACE, REGINA, SASK. S4V 0L4

APPLICATION FORM FOR CSGNA REGIONAL SCHOLARSHIPS AWARD

The Regional Conference award of \$400.00 is to be used for travel and accommodation to a Regional Conference in Canada. Six scholarships will be awarded yearly.

EXCEPTIONS:

1. Applicant cannot have received **THIS** award in the previous two years.
2. Current members of the Executive and Conference Planning Committee are not eligible for this award.
3. Scholarships are available only to active members.

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

1. A written summary of how this scholarship and attendance at the proposed meeting would benefit you in your work.
2. A current Curriculum Vitae.
3. Please specify your past involvement in the CSGNA: e.g., acted as speaker at a meeting, actively recruited new members for CSGNA, aided in the formation of a local Chapter, served on an Ad Hoc Committee, and any Newsletter articles submitted. Describe your current involvement with your Chapter: e.g., fundraising or planning Chapter conferences.
4. Outline projected financial needs to attend this meeting.
5. Geographical location and related travel expenses will be taken into consideration by the Education Committee when scoring applications.

APPLICATION FORM AND SUBMISSIONS MUST BE RECEIVED BY THE EDUCATION CHAIR AT THE ABOVE ADDRESS AT LEAST 8 WEEKS PRIOR TO THE EVENT.

NAME: _____

CIRCLE ALL THAT APPLY: RN BSN BAN MSN OTHER _____

HOME ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____ HOME TELEPHONE: () _____

FAX: () _____

NAME OF THE MEETING YOU WISH TO ATTEND: _____

DATE OF THE MEETING : _____

CITY WHERE PROPOSED MEETING WILL BE HELD: _____

JOINED THE CSGNA IN 19 _____

SIGNATURE _____

DATE _____



Canadian Society of Gastroenterology Nurses & Associates

C/O EDUCATION CHAIR: MARLENE SCRIVENS, 2107 BONNEAU PLACE, REGINA, SASK. S4V 0L4

APPLICATION FORM FOR CSGNA ANNUAL SCHOLARSHIP AWARD

The Annual National Conference award of \$700.00 is to be used for travel and accommodation to the Annual National Conference in Canada.

EXCEPTIONS:

1. Applicant cannot have received **THIS** award in the previous two years.
2. Current members of the Executive and Conference Planning Committee are not eligible for this award.
3. Scholarships are available only to active members.

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

1. A written summary of how this scholarship and attendance at the proposed meeting would benefit you in your work.
2. A current Curriculum vitae.
3. Please specify your past involvement in the CSGNA: e.g., acted as speaker at a meeting, actively recruited new members for CSGNA, aided in the formation of a local Chapter, served on an Ad Hoc Committee and any Newsletter articles submitted. Describe your current involvement with your Chapter: e.g., fundraising or planning Chapter conferences.
4. Outline projected financial needs to attend this meeting.
5. Geographical location and related travel expenses will be taken into consideration by the Education Committee when scoring applications.

APPLICATION FORM AND SUBMISSIONS MUST BE RECEIVED BY THE EDUCATION CHAIR AT THE ABOVE ADDRESS BY JUNE 1 OF THE CURRENT YEAR.

NAME: _____

CIRCLE ALL THAT APPLY: RN BSN BAN MSN OTHER _____

HOME ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____ HOME TELEPHONE: () _____

FAX: () _____

HOSPITAL / EMPLOYER: _____

WORK ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____ JOINED THE CSGNA IN 19____

SIGNATURE: _____ DATE: _____



Canadian Society of Gastroenterology Nurses & Associates

C/O EDUCATION CHAIR: MARLENE SCRIVENS, 2107 BONNEAU PLACE, REGINA, SASK. S4V 0L4

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 \$500.00 each, to be used for travel to an appropriate endoscopic gastroenterology or research meeting. The CAG nurse scholarship prize is sponsored by an Educational Grant from the Canadian Association of Gastroenterology.

ELIGIBILITY:

1. You are and have been for two years or more, an active member of the CSGNA.
2. You actively support CSGNA goals and objectives.

PRIZE APPLYING FOR: (please circle one) RESEARCH NURSE ENDOSCOPY NURSE

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.

APPLICATION FORMS AND SUBMISSIONS MUST BE RECEIVED BY THE EDUCATION CHAIR AT THE ABOVE ADDRESS BY FEBRUARY 15 OF THE CURRENT YEAR. THEY WILL BE FORWARDED TO THE SECRETARY OF THE CAG FOR SELECTION.

NAME: _____

CIRCLE ALL THAT APPLY: RN BSN BAN MSN OTHER _____

HOME ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

HOME TELEPHONE: () _____ FAX: () _____

HOSPITAL / EMPLOYER: _____

WORK ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

NAME OF DIRECTOR OF UNIT: _____

NAME OF THE MEETING YOU WISH TO ATTEND: _____

DATE OF THE MEETING: _____ CITY WHERE MEETING WILL BE HELD: _____

JOINED THE CSGNA IN 19____

SIGNATURE: _____ DATE: _____



Canadian Society of Gastroenterology Nurses & Associates

546 Kenmarr Cres., Burlington, Ontario L7L 4R7

NOMINATION FORM

Please complete this form and submit to the Chair of the Nominations Committee (currently the President of the CSGNA) 150 days before the Annual Meeting for national office. Ballots will be sent to the active members 120 days before the Annual meeting and must be returned within 90 days.

Candidates must be active CSGNA members in good standing.

Name of nominee: _____

Address: _____

_____ Postal Code _____

Phone (home) _____ (work) _____

Employer: _____

Title: _____

Education: _____

CSGNA member since: _____

Offices held: _____

Committees: _____

Other related activities: _____

Explain what has led you to chose to run for national office? _____

I hereby accept this nomination for the position of _____

dated this _____ day of _____ 19____. Signed _____

Nominated by _____ & _____

SIGNEA MEMBERSHIP MEMBERSHIP APPLICATION

SOCIETY OF INTERNATIONAL GASTROENTEROLOGICAL NURSES AND ENDOSCOPY ASSOCIATES

Individual Membership

Individual Memberships for Gastroenterological Nurses and Endoscopy Associates are available for \$10.00 annually (\$US).

Affiliate Membership

Individuals interested in joining SIGNEA, such as physicians, other medical professionals, and non G.E. nurses, pay affiliate membership fees of \$50 annually (\$US).

National G.E. Nursing Organization Membership

Membership in SIGNEA is available to national nursing organizations. Membership inquiries may be sent to the SIGNEA Secretariat. National G.E. Nursing organization dues are dependent upon the number of national members in each organization. Membership applications should be accompanied by payment and the name of the organization's official contact person.

Corporate Membership

SIGNEA welcomes corporate memberships by companies which supply G.E. products, drugs, general medical equipment and any service that would be utilized by G.E. nurses. Detailed corporate membership information may be obtained from: Pat Pethigal, Chair, fax: 206.223.6379, phone: 206.223.6965 or the SIGNEA Secretariat.

Check Membership Level/Payment		1 year	2 year	3 year
Individual Membership		\$10 <input type="checkbox"/>	\$20 <input type="checkbox"/>	\$30 <input type="checkbox"/>
Affiliate Membership		\$50 <input type="checkbox"/>	\$100 <input type="checkbox"/>	\$150 <input type="checkbox"/>
National G.E. Nursing Membership	up to 100	\$50 <input type="checkbox"/>	\$100 <input type="checkbox"/>	\$150 <input type="checkbox"/>
	101 - 400	\$200 <input type="checkbox"/>	\$400 <input type="checkbox"/>	\$600 <input type="checkbox"/>
	401 - 1,000	\$400 <input type="checkbox"/>	\$800 <input type="checkbox"/>	\$1,200 <input type="checkbox"/>
	Over 1,000	\$750 <input type="checkbox"/>	\$1,500 <input type="checkbox"/>	\$2,250 <input type="checkbox"/>
Corporate Membership		\$1,000 <input type="checkbox"/>	\$2,000 <input type="checkbox"/>	\$3,000 <input type="checkbox"/>

WORKPLACE

- Endoscopy Unit/Hospital
 Endoscopy Unit/Clinic
 Inpatient/Outpatient

POSITION

- Administrative/Director
 Consultant Nurse
 Head Nurse
 Staff Nurse
 Supervisor/Coordinator
 Technician (Patient Care)
 Clinical Specialist
 Educator
 Researcher
 Technician (machine)
 Nurse Practitioner
 Manufacturer Representative
 Corporate nurse Consultant
 Other _____

Please add an additional \$15 for those checks that are drawn off Non-US banks. \$ _____ Total Pymnt.

First Name (Given Name) _____

Last Name (Family Name) _____

Years Education/Training

- _____ 1 Year
 _____ 2 Year
 _____ 3 Year
 _____ 4 Year
 _____ 5 Year

Address for Mail _____

City _____

State/Province _____

Country _____

Postal Code _____

Telephone _____

Fax _____

Email address _____

Employing Organization _____

Title _____

Send completed form to:

Kimberly Svevo, SIGNEA

401 N. Michigan Ave., Suite 2200 Chicago, IL 60611 USA

Phone: 312.644.6610 Fax: 312.321.6869 E-mail: kimsvevo@sba.com



SGNA Membership Application

CONTACT INFORMATION (Please print or type.)

First MI Last

Nickname

Hospital/Office/Company Name

Social Security Number Date of Birth

Please provide both addresses and check your preferred mailing address:

Work

Street Address

City

State/Province Zip

Country

Phone

Fax

Home

Street Address

City

State/Province Zip

Country

Phone

Internet/E-Mail Address

REFERRED BY

(If applicable)

PAYMENT INFORMATION • dues subject to change

A. Membership (SGNA membership runs on a calendar year and is renewable by January 1 of the following year.)

Check the category of membership for which you are applying:

Voting Status	Type	Definition	Annual Dues	Prorated Dues (If joining after July 1)
<input type="checkbox"/> Voting	Licensed Nurse	Limited to Registered Nurses and Licensed Vocational/ Practical Nurses involved in, or associated with, gastroenterology and/or endoscopy nursing practice	\$105.00	\$60.00
<input type="checkbox"/> Voting	Associate	Limited to Assistive Personnel - technicians, technologists, assistants involved in, or associated with, gastroenterology and/or endoscopy nursing practice	\$105.00	\$60.00
<input type="checkbox"/> Non-Voting	Affiliate	Includes, but is not limited to, physicians, consultants, industry representatives, educators involved in, or associated with, gastroenterology and/or endoscopy nursing practice	\$90.00	\$45.00

B. Regional Societies

All voting members (licensed nurses and associates) residing in the U.S. are required to affiliate with an SGNA regional society.

Regional Society preference (Indicate two-digit code of preferred region from the table listed on opposite page.):

Regional Society Dues:

Voting Licensed Nurses and Associates

No additional payment needed
Included in Annual Dues Amount

Non-Voting Affiliate

Optional payment, if interested
please indicate preferred region above
and remit an additional \$15.00
(If after July 1, remit \$75.00)

SUBTOTAL B (If applicable):

Credentials

Nursing: RN LPN LVN

Education: PhD MSN MS
 BSN BS ADN
 DiPL

Certification: CGRN CGN CGA
 CGT CGC
 Other

Certification Date:

Other Training: Technician
 Nursing Assistant

PROFESSIONAL PROFILE

1.) Professional Setting (Check one.)

Free Standing/ Ambulatory Equipment Sales
 GI Clinic GI Nursing Room
 Inpatient Only Outpatient Only
 Inpatient/Outpatient Combination Manufacturer-Physicians Office
 Other

2.) Position (Check one.)

Administrative/ Director Clinical Specialist
 Consultant Educator
 Head Nurse Researcher
 Staff Nurse Nurse Practitioner
 Supervisor/ Coordinator Sales
 Technician (patient care) Technician (machine)
 Other

3.) Memberships in Other Nursing Organizations (Check all that apply.)

ANA/SNA AACN
 ENA ASPAN
 AORN Sigma Theta Tau
 Other

SUBTOTAL A



Canadian Society of Gastroenterology Nurses & Associates

27 Nicholson Dr., Lakeside, Nova Scotia B3T 1B3

MEMBERSHIP APPLICATION

(CHECK ONE)

ACTIVE
\$40.00

Open to nurses or other health care professionals engaged in full-or part-time gastroenterology and endoscopy procedure in supervisory, teaching, research, clinical or administrative capacities.

AFFILIATE
\$40.00

Open to physicians active in gastroenterology/endoscopy, or persons engaged in any activities relevant to gastroenterology/endoscopy (includes commercial representatives on an **individual** basis).

FORMULE D'APPLICATION

(COCHEZ UN)

ACTIVE
40,00 \$

Ouvert aux infirmières et autres membres de la santé engagés à plein ou demi-temps en gastroentérologie ou procédure endoscopique en temps que superviseurs, enseignants, recherches application clinique ou administrative.

AFFILIÉE
40,00 \$

Ouvert aux médecins, actifs en gastroentérologie endoscopique ou personnes engagés en activités en gastroentérologie/endoscopiques incluant représentants de compagnies sur une base individuelle.

APPLICANT INFORMATION / INFORMATION DU MEMBRE

Please print or type the following information / S.V.P. imprimer ou dactylographier l'information

SURNAME / NOM DE FAMILLE _____ PRÉNOM / FIRST NAME _____
 MR / M MRS / MME MISS / MLLE MS / MS

HOME ADDRESS / ADRESSE MAISON _____

CITY / VILLE _____ PROV. / PROV. _____ POSTAL CODE / CODE POSTAL _____ HOME PHONE / TÉLÉPHONE () _____

HOSPITAL/OFFICE/COMPANY NAME / NOM DE HÔPITAL/BUREAU/COMPAGNIE _____

TITLE / POSITION _____

BUSINESS ADDRESS / ADRESSE TRAVAIL _____

CITY / VILLE _____ PROV. / PROV. _____ POSTAL CODE / CODE POSTAL _____

BUSINESS PHONE / TÉLÉPHONE TRAVAIL () _____ EXT. LOCAL _____ FAX / TÉLÉCOP. () _____

CHAPTER NAME / NOM DU CHAPITRE _____ TITLE / POSITION _____

SEND MAIL TO (CHECK ONE) HOME BUSINESS ENVOYEZ COURRIER À (COCHEZ UNE) MAISON TRAVAIL

EDUCATION (CHECK ONE) RN RNA TECH OTHER (EXPLAIN)
ÉDUCATION (COCHEZ UN) IN I AUX TECH AUTRE (SPÉCIFIEZ) _____

MEMBERSHIP (CHECK ONE) RENEWAL NEW ABONNEMENT (COCHEZ UN) RÉNOUVELLEMENT NOUVEAU

WOULD YOU BE INTERESTED IN HELPING ON ANY OF THE FOLLOWING COMMITTEES?

- BY-LAW
- STANDARDS OF PRACTICE
- EDUCATION
- MEMBERSHIP
- CONFERENCE PLANNING
- NEWSLETTER

I have enclosed my cheque payable to CSGNA. (Mail with this completed application to the above address.)

SERIEZ-VOUS INTÉRESSÉS À AIDER EN FAISANT PARTIE DE CERTAINS COMITÉS?

- BY-LAWS
- STANDARD DE PRATIQUE
- ÉDUCATION
- ABONNEMENT
- PLANIFICATION CONFÉRENCE
- JOURNAL

J'ai inclus mon chèque payable à CSGNA. (Envoyez avec cette formule d'application dûment remplie à l'adresse ci-haut mentionnée.)

CSGNA 1999-2000 Executive

PRESIDENT

CINDY HAMILTON

546 Kenmarr Cres.
Burlington, Ontario
L7L 4R7
(905) 569-8100 Ext. 26 (W)
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FAX: (780) 450-7208