Hello, CSGNA RISE Leaders!

What a wonderful time we had at the first CSGNA RISE fundraiser for the CDHF. With over 90 enthusiastic participants registered, we were a mighty force of energy in the nation’s capital.

Michelle has counted the pledges and I believe we are approaching $2,000 raised. This is in addition to the contribution that will be made to the CDHF from CSGNA and the $5,000 sponsorship from Activia.

I would like to express my sincere appreciation to Rachel Walsh and the CSGNA Planning Committee for allowing us the opportunity to share the CDHF with your members.

Special thanks go to Danielle Moore and Activia for once again showing their incredible support of the foundation and empowering us to share our messages and resources with such an important group.

And a big round of applause goes to Heather Reid and team for their exceptional organizational skills, adaptability and innovative ideas that made the event run smoothly and successfully.

Together we presented a first class event that was not only fun but offered a unique and healthy experience; introduced the CDHF to an important constituency of health care partners and raised awareness of and funds for the CDHF to support our goal to empower Canadians to take control of their digestive health with confidence and optimism.

Thank you again for all your support.

Looking forward to next year’s CSGNA RISE!

Catherine Mulvale, Exec. Director
Director@CDHF.ca
905.829.3949
Learn more @ www.CDHF.ca

UNDERSTAND.
TAKE CONTROL.
LIVE BETTER.
Medicine Hat Regional Hospital is the largest hospital in the southeastern corner of Alberta. We provide care for patients in our region as well as into southwestern Saskatchewan. While Endoscopy has been offered in Medicine Hat for many years, our current unit became operational in 1990. It has undergone some significant changes in the past year such as the launch of a screening clinic. Staffing has gone from three Registered Nurses (RNs) to our current staff of seven RNs, four Licensed Practical Nurses (LPNs), two unit clerks, and a service worker. We share a Nurse Manager with the other ambulatory care units. We have a strong team and we work closely with our five surgeons to provide diagnostic, therapeutic, screening and emergency care to one hundred or more patients each week. On-call coverage by our surgeons and nursing staff is provided whenever the Endoscopy Unit is closed. Our surgeons also travel to Brooks, Alberta to provide endoscopic services to that community. Over the past year, we have also started to have the services of anesthetists to provide Propofol sedation for our patients. Although this is still not a daily service, it has provided a new facet to our practice.

Our Endoscopy Department consists of ten recovery beds, five for the regular clinic and five for the screening clinic. We have two theatres and a set-up area shared between the theatres. Our Mediators have recently been moved to the Sterile Processing Department (SPD), with dedicated SPD staff to reprocess our scopes. Moving the Mediators has given us some much needed storage space. New office spaces were created for the doctors and a screening nurse. The screening clinic runs three days each week. This helps to make inroads into our backlog of patients waiting for colonoscopies. Referrals to the screening clinic come directly from family practitioners who have been provided with a specific algorithm which outlines provincial screening guidelines. These referrals are then reviewed by the screening nurse for eligibility in the clinic.

Endoworks, a “web-based” endoscopy data-management system, has been up and running in our unit for more than a year. This allows for improved efficiency of colonoscopy service throughout Alberta as well as the gathering of information to support the Alberta Colorectal Cancer Screening Program. Images captured during a procedure can be aligned with findings. These findings can go directly into the patients file as well as be utilized in documents for patient teaching.

Many times, we as nurses have been asked if we find our jobs in Endoscopy boring or routine. I think all of us agree that each day is exciting and new. We enjoy the fast pace of our unit, we relish the challenge of change and look forward to continuing to provide excellent care to our community.

Respectfully submitted by,
Nancy Steinkey RN CGN(C)
As members are aware, the CSGNA has been in existence since 1989. Over the years the membership grew to over 700 and has expanded to twenty chapters nationally. Each year a national conference is held in a host city and attracts close to 300 nurses and associates from across Canada and the U.S. The Canadian Nurses Association recognizes Gastroenterology Nursing as a specialty group and with input from dedicated gastroenterology nurses, have offered a certification exam in Gastroenterology Nursing since 2004. Approximately 250 registered nurses are currently certified in the specialty.

Scholarships are available for members to attend the annual conference where recognition awards are presented to deserving chapters and individual members. A comprehensive website is available to the public and to CSGNA members. Recent additions to the website include educational links and networking opportunities.

Unfortunately, our membership numbers are slowly declining. It is recognized among members that workloads are getting larger, costs are getting higher, time is getting more limited, lives are getting busier and some of us are getting older! However, we must still find the motivation and enthusiasm to keep our chapters active and to support our national executive. We must do this in the effort to expand the scope of Gastroenterology Nursing. We must promote our field through certification and through the maintenance of our knowledge through opportunities offered by the CSGNA. Many members hold the secret to attracting new members, further developing knowledge of Gastroenterology and encouraging local membership to remain supportive of the efforts of the national organization. It is time to share your abilities and successes!

The theme for the GI Nurses Day contest this year is “What are you waiting for? Join the CSGNA.” Share your tips and strategies for attracting new members, conducting local meetings, sharing the workload, funding educational events and encouraging participation on chapter or national executive boards. Submit your ideas in short article format or a cover page poster. The winning submission will win a complementary CSGNA membership for the 2012-2013 year worth $100. The winning entry will also be highlighted on the March 2012 cover of the Guiding Light and will serve as the theme for CSGNA during Nurse’s Week in May 2012. Entries are to be submitted to Palma Colacino, CSGNA executive assistant at adminassistant@csgna.ca by January 15, 2012.

Let’s work together to continue to grow and build our membership and commitment to GI Nursing!

Lisa Westin, RN, MN, CGN(C)
CSGNA Public Relations Director

Guidelines for Submissions to “The Guiding Light”

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

CSGNA 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 and 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.

Lisa Westin, RN, MN, CGN(C)
CSGNA Public Relations Director
Endobronchial Ultrasound

I would like to thank the CSGNA for the opportunity of writing this article for two reasons.

First, as a Registered Sonographer, I am always encouraged to see ultrasound practiced in a non-traditional manner. Ultrasound is a technology that is non-invasive, relatively cost-effective and one which rivals CT & MRI in its detection, diagnosis and treatment of pathologies. Any time we see an ultrasound-guided procedure replacing a more invasive, costly, and sometimes ‘blind’ procedure, we all benefit.

Secondly, I appreciate this opportunity to thank all the wonderful nurses I have had the pleasure of working with during my three years as the EUS/EBUS Clinical Application Specialist with Olympus Medical Systems. Our Canadian population should be very grateful for the care that nurses deliver day after day, even under the most difficult situations.

For those of you not yet exposed to EBUS (Endobronchial Ultrasound), let’s take a moment to talk about what this concept actually is, how it evolved, the nurse’s role in ebUS and where we see this technology heading.

Let’s begin with a definition. Endobronchial Ultrasound is a biopsy technique achieved with an ultrasound transducer mounted on the distal end of a bronchoscope. The remainder of the scope looks fairly similar to the usual bronoscopes we use each day but has an additional channel and an auxiliary cord which attaches to an ultrasound processor.

Next, let’s talk about how an ultrasound image is created. Ultrasound, in any application, is created by an electrical pulse (from the ultrasound processor) which travels down the fibers inside the insertion tube to a structure – ‘the ultrasound transducer’ – which is covered by a rubber diaphragm. This structure is made of ‘piezoelectric crystals’ which actually look like porcelain china, formed in a certain way so that when the electricity is applied to them, they vibrate at a certain ‘frequency’. When this happens, a sound wave is created which travels through the adjacent tissue and then bounces back to the transducer. Depending on the density of tissue the wave has passed through, the ultrasound processor takes this information and transfers it into a shade of grey on the ultrasound monitor. This happens over and over, in a very fast succession to give us a moving picture of the structures we want to look at or biopsy.

Although ultrasound travels through water and tissue very well, it cannot travel through air or bone. This is why patients always get covered with gel when they have an obstetric or other conventional ultrasound done and also why we need the additional port and channel for our EBUS scopes. We place a balloon on the distal end of the EBUS scope, over the transducer and use saline to fill the balloon during the procedure to provide great transmission/reception of the ultrasound image, being very careful to make sure no air exists in this channel.

EBUS-TBNA has been developed to eventually replace blind TBNA (Trans Bronchial Needle Aspiration) and Mediastinoscopies for mediastinal lymph node sampling and lung cancer staging. The patient is prepped in the usual fashion for TBNA and brought into the endoscopy suite or operating room. The scope is attached to the processors and the suction is connected. The balloon is applied to the end of the scope and a 20ml syringe filled with saline is used to remove any air from this channel. The biopsy system is prepared and the special valve applied to the instrument channel port. All other pre-bronchoscopy protocols and preparations are finalized. During the bronchoscopy, ultrasound is enabled and the Respiriologist, Pulmonologist or Thoracic Surgeon is able to identify individual lymph node stations which need to be sampled. The patient is sedated a little more deeply than usual and it is common to have one nurse dedicated to the patient and another in the room to assist the physician. Once the node has been identified, the biopsy needle is inserted into the working channel of the scope and with a certain step-by-step routine, is advanced into the lymph node to take the sample. One advantage of using ultrasound for this process, is the real-time visualization of the needle as it passes into the node and the usage of a feature called ‘Doppler’ to see the surrounding blood vessels around and within the lymph node. This allows greater accuracy and a more positive sampling result. Several passes are done within each lymph node and selected nodal stations can be interrogated. Cytopathology directs the expulsion of the sample from the needle, either by being present in the room or by giving directions as to how this sample should be handled. The patient is transported to recovery and observed closely for pain, signs of bleeding or shortness of breath.

These complications occur rarely. After the usual bronchoscopy recovery time, the patient can...
The sample is so accurate, results are available at the time of the test or very shortly afterwards. Post-procedure complications are similar to any TBNA or endoscopy procedure where stronger sedation has been administered and patients are cautioned to return to the hospital emergency should they experience any unusual symptoms.

EBUS technology was introduced around 2003, with the first Canadian sites launching EBUS program around 2005. There are currently close to 50 sites across Canada performing EBUS. More sites will embrace this procedure in a similar fashion to the way laparoscopic surgery has replaced many conventional surgical techniques. The technology is evolving as many key medical leaders in this field give feedback and suggestions to the manufacturing companies. There are EBUS courses offered and run at Canadian sites to help physicians learn the technology; these courses also include hands-on workshops. EUS/EBUS courses are also offered to nurses and pulmonary therapists, as members of this profession are also involved in many sites.

Having a Registered Sonographer onsite for the first few cases helps to ease the unfamiliarity with some of the equipment and to translate the ultrasound image so that users feel they understand the uses and the benefits of this ground-breaking technology.

Where are we going with this technology? One current trend we see developing is the usage of radial ultrasound probes in conjunction with a Guide Sheath tube through a standard bronchoscope which allows the bronchoscopist to place the sampling cytology brush and forceps in very peripheral regions of the bronchial tree. This allows sampling in distal regions which normally may only have been accessible through a surgical and more invasive procedure approach. More and more physicians are being trained both in specific courses proctored by very experienced colleagues and on a more general manner, as a topic in medical school. It is not too far-fetched to believe that this technology will become standard in bronchoscopy suites in the near future.

Even with all the advances in technology, there is a simple truth that never changes. We are all vulnerable when our health or the health of a loved one is involved. A caring nurse can never be replaced. EBUS can only be accomplished with trained professionals working closely together. Nurses perform a vital service to the people in our communities by being part of the EBUS team in their hospital.

Submitted by, Barbara Yeoman, RTR, RDMS, CRGS

Olympus Canada Inc.

CHANGE OF NAME/ADDRESS

NAME: _____________________________________________________________

NEW ADDRESS: ______________________________________________________

CITY: _____________________ PROV.: ______ POSTAL CODE: ____________

PHONE: ___________________ FAX: ________________________________

E-MAIL: ____________________

(Send change of name/address to the CSGNA Executive Assistant)
1. REVIEW AND ADOPTION OF AGENDA: A motion was passed to adopt the agenda as circulated before the meeting.

2. REPORTS: Reports from each board member were circulated and reviewed prior to the face to face meeting. Overall, the majority of chapters are doing well and have achieved their educational requirements. However, some concerns were expressed about two chapters possibly not meeting their chapter educational requirements. The directors are having difficulty contacting the respective chapter executives to obtain a chapter report. Multiple attempts were made by the director to contact the chapter executive to obtain a report regarding chapter activities. There is a possibility that one chapter may be revoked and existing members will be given an option to join an adjacent chapter. Members of each respective chapter will be notified prior to the changes.

3. TREASURER: The accounts are in the same status as this time last year. The new treasurer, Jacqui Ho was nominated at the annual business meeting. She has accepted the treasurer’s position. Cindy James will stay on until end of November to train the new treasurer. Please submit your chapter financial report and education hours before the end of the year.

4. BYLAWS: All bylaws were passed unanimously. 51 ballots were returned, this is more than the numbers returned in 2010. We are hoping to have online voting for bylaws in 2012.

5. NEWSLETTER AND WEBSITE: The Guiding Light newsletter is sponsored by Olympus until January 2012. We are in need of articles for our newsletter, if you have any articles that you want published, please contact our newsletter and website director. The CSGNA Website – We are in the process of making a number of changes to our website. Some of the changes include online voting for bylaws, online annual report and online education. Please stay tuned.

7. EDUCATION: Maryanne Dorais is stepping down as education director and Cathy Arnold Cormier will be the new education director. CNA certification: We now have 250 Certified Gastroenterology Nurses in Canada for 2011. Our number for 2010 was 235. There are 29 successful individuals who wrote their certification exam and 11 individuals who renewed their certification. That makes only 44% for renewal and CNA would like to see 60% renewal. The application for writing the certification exam is November 18, 2011 and the renewal application date is November 30, 2011. The exam date is April 21, 2012. Posters: We have 15 poster presentations and 3 free paper presentations in Ottawa. There was a great deal of work done by all of the authors. Online learning: We are in the process of finalizing the service contract for online learning.

8. PRACTICE: Most of our guidelines are current and we are hoping to have them on the website by the end of this year.

9. RESEARCH AND AWARDS: There were a number of applications this year however, only five applications will be awarded the annual scholarship because one person withdrew as they were unable to attend. Names of all the 2011 scholarship will be posted on the website. We have made changes to the due date and all the scholarships are due on July 15th. This will make it easy to remember. We have finalized the criteria for the Research Scholarship with great help from Susan Drysdale. Hopefully, someone can take advantage of this award in the upcoming year.

10. PUBLIC RELATION: Student Nurse Conference registration draw: The winner of the Nursing Student draw for registration at the National Conference, Manry Xu, will be attending the conference and submitted a poster with enthusiasm and gratitude for the generosity of the CSGNA and Board for this opportunity. Social Media Networking: We recently developed a small Facebook Group for CSGNA so that members who utilize Facebook as a social network can interact with other members from across Canada.

11. CHAPTER OF THE YEAR AWARD: Awarded to the Edmonton Chapter.

12. 2011 OTTAWA CONFERENCE: Overall the conference was very well received by all the attendees, the topics were very stimulating. The 1st CDHF walk and run was a great success and the Montreal group wants to continue the tradition in
2012. We need to balance education with a little exercise. There was positive feedback with a lot of support for this event. The planning committee was impressed with the French translation, seventeen headsets were used during the conference. The participants were very pleased with quality of the translation. Translation needs will be determined on an annual basis. Well done Ottawa Planning Committee for putting together a great conference.

13. CHAPTER LUNCHEON MEETING SEPTEMBER 30TH 2010:
This year’s meeting was a very informal meeting. There were 45 attendees who were strategically seated to provide networking opportunities. Each chapter executive who attended the chapter dinner received a CSGNA mug.

14. EXECUTIVE POSITIONS FOR RENEWAL NEXT YEAR:
- President Elect
- Practice Director
- Newsletter Editor and Website Director
- Research and Awards Director
- Public Relations Director
- Canada Center Director

15. MONTREAL CONFERENCE 2012: The Conference dates are September 27th to 29, 2012. The conference will be chaired by Mildred Clement. They are looking at the same format as the Ottawa conference and will use local speakers.

16. UPCOMING CSGNA MEETING:
Teleconference meeting will be held November 28, 2011 and a one day spring face to face meeting will be held in Toronto on Saturday, February 18, 2012.

Respectively submitted by
Usha Chauhan RN(EC) MN BScN
ACNP(D) CGN(C)
Outgoing CSGNA Secretary &
Lorraine Majcen RN BScN CGN(C)
Incoming CSGNA Secretary

Have you been wondering lately if you are in the right profession?
Have you been feeling stressed and disillusioned with nursing around you?
The right thing to do is get out and attend an education session.
The NL chapter of the CSGNA successfully held an education day that provided a meaningful, informative and rewarding range of topics for all who attended.
It was a great day, confirming this is indeed the right way to boost optimism as nurses.
We need these venues to network on both a professional and personal level.
It was well worth wearing my big girl shoes on a Saturday.
The 72 plus friends and colleagues came from across the island some driving eight hours to attend.

We cannot rely on our gut feelings as nurses. Smart decisions are based on knowledge, up to date facts and procedural skills.

Respectfully submitted by,
Mabel Chaytor RN CGN(C)
CSGNA President Elect

Please contact me about any comments you may have about this newsletter or any ideas for future issues.
Joan McKechnie, Newsletter Editor.
Email newslettereditorwebsitedirector@csgna.com

Scholarship application forms are available on our website at CSGNA.com.
To paraphrase John F. Kennedy, “Ask not what CSGNA can do for you, ask what you can do for CSGNA”. Our organization is only as strong as the chapters and members. I see so much passion for GI nursing and a great deal of expertise! I hope that you will all be willing to share your knowledge and promote our specialty. There are so many ways to help and they do not require a big time commitment.

- Become a member
- Recruit a member
- Attend a chapter meeting
- Attend an educational event
- Help plan an educational event
- Certify in gastroenterology
- Encourage others to certify

In other words, participate! You will benefit more than you contribute.

After another outstanding conference, my enthusiasm has been boosted. What a great organization we have, with many GI nurses who are willing to share their time and talents with us.

Thank you to the Ottawa Planning Committee for the time and energy they gave to show their dedication to GI Nursing and to provide an exceptional educational event for us! We all appreciate your efforts and the fantastic results. We had 78 first timers among the 255 attendees. I was fortunate to meet many of you and enjoyed all the networking.

Thank you to the retiring board members: Cindy James, Usha Chauhan, Maryanne Dorais and Susan Drysdale for your contributions to CSGNA by serving on the national board. Best wishes as you pursue other endeavours.

Congratulations to the incoming board members: Lorraine Majcen as Secretary, Jacqui Ho as Treasurer, Cathy Arnold Cormier as Education Director and Connie Wescott as Canada West Director. We thank you for stepping up to fill a need on the board and know that you will do your best to advance the specialty of GI in Canada.

This is your association. As always, please feel free to approach the board with questions or suggestions.

Respectfully submitted by,
Joanne Glenn RN CGN(O)
CSGNA President

REMINDER
As per Bylaw 22.12 all CSGNA Chapters shall submit to their Regional Director by November 30th the Chapter’s financial report.

MEMBERSHIP RUNS FROM JUNE 1ST TO MAY 31ST ANNUALLY

BOARD POSITIONS AVAILABLE

The following Board positions are available next September. They are:

- President Elect
- Newsletter Editor & Website Director
- Canada Centre Director
- Research & Awards Director
- Public Relations Director
- Practice Director

These are two year positions commencing in the fall of 2012. The job descriptions can be found on our website at www.csgna.com. Please submit your nomination to the current CSGNA President via mail or email by April 15th of the current year. Please consider stepping out of the box and submitting your nomination. You will grow as a person; not to mention the wonderful experiences and friendships you will gain.
PRESIDENT ELECT REPORT

Bylaw Ballot Results: Fifty-one ballots were received. All the bylaws were passed. Five respondents expressed concerns about the online voting process.

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The updated bylaws will be posted on the website, not printed in the November Guiding Light.

The online voting program has been installed in the members’ only section of the website.


The CNA launched its National Expert Commission in May, bringing experts together to generate solutions for the health and future of Canada’s health-system. The Commission will recommend ways in which the system can be transformed by identifying issues and suggesting strategies to improve the health service delivery.


Contact information: Anna Baker (abakercna-aiic.ca)

2012 CNA Annual Meeting & Biennial Convention in Vancouver, BC will be June 18-20
Nurses: Movers and Shapers

The next quarterly AAE teleconference call will be held November 1, 2011.

Upcoming webinars:
Break the Silence of Constipation: An Elder-friendly Approach
Date: Tuesday, November 8, 2011

Transforming Health Care: Harnessing the Specialty Knowledge of RNs
Date: Tuesday, December 6, 2011
There is no cost to attend CNA webinars.

SIGNEA Report (Society of International Gastroenterological Nurses and Endoscopy Associates)

The SIGNEA News: Volume 23, No.2 2nd Issue, 2011
The Results of the Long Journey by Susan Drysdale RN, BA, CGRN, CGN(C).
Congratulations to Sue on the publication in SIGNEA News.

Educational Meetings and Announcements: Navigating “le Canal” in the Capital. Ottawa, Canada: CSGNA Annual Course

Congratulations to the Ottawa conference planning committee. The education sessions certainly met the needs of all the gastroenterology nurses. Thank you all for the many hours of hard work, time and commitment to CSGNA.

Respectfully submitted by, Mabel Chaytor RN CGN (C) CSGNA President Elect

CANADA CENTRE REPORT

Many thanks to the Ottawa Chapter for hosting our national conference. It was a huge success from the 5 km walk/run around the Rideau Canal fundraising for CDHF, to the varied educational breakout and plenary sessions, to the beautiful venue of the Ottawa Convention Centre. It was great networking with our colleagues from across Canada. Thanks again Ottawa for helping us Navigate “le Canal” in the Capital.

Thanks as well to all our sponsors and vendors for their support at the conference and throughout the year.

Most of Canada Centre’s local chapters provided their members with the required four hours of education. I was able to attend

Newfoundland Chapter is geared-up for their fall Education Day on October 29th, 2011 and have a very informative day planned.

Nova Scotia Chapter had their Education Day in June, 2011 with a well attended event. The agenda was in the Skills Lab at the QE-II and everyone had a great hands-on learning day. The chapter continues to look for members to fill some of the executive positions. It is a great learning experience and a great way to keep up to date with new and upcoming events and equipment.

PEI Chapter had their Education Day in April, 2011 and I was able to attend this well organized day. The Members of the PEI Chapter who work at the QEH in Charlottetown are very busy planning a new unit in the new Ambulatory Care Centre.

It was nice to see old friends and meet new ones at the national conference in Ottawa.

Respectfully submitted by, Sandra Marshall RN CGN (C) CSGNA Canada East Director

CANADA EAST DIRECTOR REPORT

Summer is over and all the chapters are slowly getting back into the swing again. All the chapters had some members attend the conference in Ottawa.

Newfoundland Chapter is geared-up for their fall Education Day on October 29th, 2011 and have a very informative day planned.

Nova Scotia Chapter had their Education Day in June, 2011 with a well attended event. The agenda was in the Skills Lab at the QE-II and everyone had a great hands-on learning day. The chapter continues to look for members to fill some of the executive positions. It is a great learning experience and a great way to keep up to date with new and upcoming events and equipment.

PEI Chapter had their Education Day in April, 2011 and I was able to attend this well organized day. The Members of the PEI Chapter who work at the QEH in Charlottetown are very busy planning a new unit in the new Ambulatory Care Centre.

It was nice to see old friends and meet new ones at the national conference in Ottawa.

Respectfully submitted by, Sandra Marshall RN CGN (C) CSGNA Canada East Director
several chapters’ educational days and they were well attended with excellent speakers and many different topics.

Four of the chapters have had executive changes in the past year. Have fun with your new roles and I look forward to working with you.

The Montreal Chapter is excited to be our hosts for our national conference in 2012. They have been planning for some time, so mark your calendars for September 27th-29th, 2012. I’m looking forward to “La vie en rose” in Montreal.

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

**CANADA WEST DIRECTOR REPORT**

**Vancouver Island Chapter**
A dinner symposium “GI Jeopardy” with Dr. Zandieh was planned for October 19, 2011 at the Royal Colwood Golf Course. At least six members attended the CSGNA conference in Ottawa. The chapter’s education day is planned for the spring 2012.

**Kamloops and Region Chapter**
There has been discussion and reluctance amongst members to renew membership because of the increased cost. A couple new people are planning to write the certification exam. Three members attended the Ottawa conference and were excited about it. Evening educational sessions for the year are in the planning stage.

**Okanagan Chapter**
Four members attended the conference in Ottawa. Bethany Rode received one of the annual scholarships and was very excited to attend with her members. The chapter is planning fall journal reviews and meetings this year.

**Calgary Chapter**
The June education day was a success. The plan for fall is to have Dr. Stephanie Wilson talk on CEUS at a dine and learn session. The Journal club will be active this fall. The next education day will be April 14, 2012. As elections are nearing, Connie Wescott is inviting any and all chapter members to run for executive positions.

**Central Alberta Chapter**
The first meeting of the season was held on September 12. An education day will be held on April 21, 2012. The subject matter will be liver disease and associated conditions. Joanne Glen will be presenting on Conscious Sedation at the next meeting. Eight members attended the Ottawa conference. Everyone networked and enjoyed the sights and sounds of Ottawa in the fall.

**Alberta Southwest Regional Chapter**
The Alberta Southwest Regional Chapter had its first meeting for the fall and they decided to host another full-day educational event on March 23, 2012. The topic is Crohn’s and Colitis. The chapter members are really excited about this topic and plan to cover many aspects of these diseases as well as having patients talk about their experiences. They would love to see lots of CSGNA members there, so block your calendars.

The chapter has eleven members this year and great ideas are pouring in from all sides. They have decided to present fifteen minute educational in-services at each of the chapter meetings to provide even more for the members and for those who like to attend the meetings. This is a new venture for the chapter but they think it is a good one. The chapter president, Barb Harbers wishes everyone a great year.

This chapter has found its place in the Western group and they fit nicely in the educational community.

**Edmonton Chapter**
The first meeting of the year was held in September. The educational sessions for the coming year will include dine and learn evening education sessions. The next session will be on Spy Glass Cholangioscopy and it will be held at the Royal Alexander Hospital. ONIGA will bring more topics in the GI Cancer Series. Executive members for this year will include Dana Letto and Guen Kernaleguen who will act as secretary and treasurer respectively. Yvonne Verklan and the chapter recognize and thank the outgoing executive for all their dedication and hard work. Judy Langner, secretary and Jo-Anne Goett-MacHattie as well as Janice Shott, education chair and Judy Spencer e-Newsletter Editor are thanked. Member Maria Clarke was successful in achieving GI certification in April. Six members attended the Ottawa conference. The Ottawa Chapter has done a great job and the program was terrific.

**Regina Chapter**
The annual GI Days educational event was held on October 21, 2011 and the chapter worked hard to organize the sessions. Six of the chapter’s nurses attended the annual CSGNA conference in Ottawa.

**Manitoba Chapter**
The executive of the Manitoba Chapter has just finalized transfer of all positions. New executive will be President, Carol Reidy, Secretary, Laurie Heide and Treasurer, Marie Barrett. Thank you to the outgoing executive for their efforts, patience and energetic approach to their positions. A special thanks to Donna Lagimodiere and Barb den Boer. A very special thanks to the supportive work done by Cathy Schlosser.
As we welcome a new executive, we will see ongoing continued education. Carol has scheduled two meetings before Christmas and will announce the balance of the schedule once the nursing college releases the dates that they can accommodate for 2012. The first meeting for the fall was on Tuesday, October 25, 2011 with Dr. A. Vergis presenting on the latest in Bariatric Surgery. Boston Scientific has graciously offered to sponsor the nutritional break.

Sue Drysdale will act in a limited capacity as education chair for the chapter. This position offers separate educational content in addition to the ongoing education offered at regular meetings. The plan is to offer ten sessions consisting of educational content that is GI related and retrieved from the UpToDate Program. CEUs will be offered for each session and will be handled by email communication after verification of participation is received. We are excited to see how this new experiment in educational delivery works for us. Sue Drysdale continues to act as a Canadian representative for CSGNA on the editorial board of the Gastroenterology Nursing Journal and looks forward to a busy year in that role.

Respectfully submitted by,
Sue Drysdale RN, BA, CGRN, CGN(C)
Outgoing President of the
Manitoba Chapter
Outgoing CSGNA Canada West
Director

PRACTICE DIRECTOR REPORT

The Ottawa conference was a great learning experience for all that attended. The members have asked for updated guidelines. It is my quest to have completed most of the guidelines by spring. It was great to catch up with old friends and make new friends. The 5k walk or 8k run was a great way to support the CDHF and get exercise.

As Practice Director, I feel that it is through education that we as an organization can grow and increase our knowledge base.

If there are any concerns or questions please inform me. I do read all emails that come my way.

Respectfully submitted by,
Pauline Porter RN, BScN, CGN(C)
CSGNA Practice Director

PUBLIC RELATIONS REPORT

The student nurse national conference registration winner, Manry Xu, wishes the membership to know that she thoroughly enjoyed the conference and appreciated all of the positive comments she received on her poster and felt the group was very warm and welcoming.

I was able to represent the CSGNA at the Interprofessional Research Conference in Red Deer at which approximately 550 nurse and practical nurse students attended a number of research presentations. They were intrigued by the CSGNA and all it has to offer. I also distributed information on the new free iPhone app for the CDHF “GI BodyGuard.” This app allows people with digestive disorders to monitor and report their symptoms easily.

The submission for Special Interest Group status for CGSNA through the College of Registered Nurses of Alberta is being reviewed by the council in January. A submission is planned by CSGNA members from Saskatchewan.

The submission for Special Interest Group status for CSGNA through the College of Registered Nurses of Alberta is being reviewed by the council in January. A submission is planned by CSGNA members from Saskatchewan.

The 2012 Nurse’s Week theme contest “What Are You Waiting For? Join the CSGNA!” is focused on sharing ideas and strategies that inspire nurses and associates to attend chapter meetings and events while ensuring that our association continues to grow and evolve with the changing needs of our members.

Respectively submitted by,
Lisa Westin RN MN CGN(C)
CSGNA Public Relations Director

AWARDS AND RESEARCH DIRECTOR REPORT

This has been a busy year with the completion of the Research Grant Criteria and application development. A great big thanks to Sue Drysdale for all her work in developing the documents.

We are again revamping the scholarships just a little in order to make them more user-friendly. I wish to rework the application form so that there must be a separate application form for each scholarship or bursary that you are applying for.

I want to congratulate all the applicants. The applications were completed better this time but there is still room for improvement. All scholarships will be due by July 15 next year except for the CAG scholarship which is due December 1st prior to the conference in January or February. The scholarships available for conferences not associated with the CSGNA Annual Conference are due 90 days before the educational event takes place.

I would also like to remind everyone that the GI Professional Award can be given to any GI nurse that you feel meets the qualifications. Also, I would love to see all the chapters nominate a recipient for the SciCan Award. These are ways to acknowledge a co-worker for a job well done.

As well, remember the Michele Paquette Certification and Recertification Scholarships are available for all newly certified or recertified members.

On a note for clarification, the New Member Scholarship is for a member who registered for the
first time, the year preceding the conference, in other words, if the conference is Sept 2012, then you must have registered for the first time by the June 2011 deadline. Registering in June of 2012 does not qualify you for the 2012 New Member Scholarship. If you allowed your scholarship to lapse past the due date, then you do not qualify as a new member the next year either. There must be at least a two year gap before you would qualify as a new member.

If you are applying for an annual conference scholarship, you do not need to be registered prior to winning but the application committee would appreciate it if you would notify us as soon as possible if you are unable to attend as we can then award the scholarship to the next qualified applicant.

Congratulations again to all the winners and feel free to email me with any questions or comments regarding the scholarships.

Respectfully submitted by, Donna Bremaud RN CGn(C)
CSGNA Awards and Research Director

EDUCATION DIRECTOR REPORT

It greatly saddens me to complete this report as it is my last as the Education Director for CSGNA. I’m retiring as Education Director. I have loved every minute on the national board and have felt honored to represent our gastroenterology members. I had a dream for this specialty. Part of the dream includes increased knowledge to the members, availability of education and recognition of Gastroenterology as a specialty. This provides the best possible care to our patients. This also gives standards and confidence to our patients and professionals assisting or providing care.

Cathy Arnold Cormier from Moncton will be your new Education Director. You are all in good hands with Cathy. Cathy is very eager, motivated and very willing to carry on the torch. We have had several discussions and I will assist her with the transition.

We now have 250 certified gastroenterology nurses in Canada for 2011.

Twenty-nine successful individuals received their certification and another eleven recertified this year. Congratulations. When I first joined the national board, there were 199 certified nurses. In 2010, there were 235 certified nurses. If some individuals have regrets and they would like to recertify please contact the Canadian Nurses Association at www.cna-aic.ca. Your knowledge will increase and you will apply this knowledge to your practice. This will be beneficial to your patients, colleagues and employer. For the certified individual, this will promote excellence in nursing care, keep your skills current, increase your self confidence, give you a feeling of accomplishment and may enhance your career opportunities. Certification may be one of the best career choices you make. You can also wear CGn(C) beside your name. The application for writing the next certification exam is November 18, 2011 and the renewal application date for recertification is November 30, 2011. The exam date is April 21, 2012. You can do it.

Vancouver Island’s Educational Day was held in Victoria, BC. President Charlene McCabe and the committee did a great job. I have attended Vancouver Island’s Educational Day several times. A wonderful variety of topics were covered. This chapter always has a wonderful program and well attended by several delegates throughout the island. There was a great turn out.

Okanagan Chapter President, Bethany Rode and the committee held their first conference in Kelowna, BC. “Liver Logic” was presented by Barbara Bancroft. They also had a great turn out with 64 attendees. This was a great job done by this chapter. The day was thoroughly enjoyed by all. I spoke to Penticton staff on Conscious Sedation. Staff from their endoscopy suite, ACU and ER departments attended. This was a great evening for discussion and networking.

As Education Director, I have had the privilege to attend and participate in several chapter educational days and conferences throughout Western Canada. I have met wonderful GI nurses from coast to coast.

We just returned from the national conference in Ottawa Navigating “le Canal” in the Capital from September 29 to October 1 with workshops on September 29. This was the first national conference to have translation for our delegates. Rachel Walsh and the Ottawa Planning Committee developed and delivered an absolutely wonderful educational program. What a welcoming, friendly and hospitable chapter. Their dedication, motivation and expertise provided us with individualized breakout presentations to meet the needs and interest of the delegates. Thank you, Ottawa. I can’t thank our presenters enough for taking the time out of their busy schedules to be involved, support and present to the CSGNA and delegates.

The ERCP program was full with approximately 75 attendees.

Maryanne Dorais presented ERCP Complications. Mabel Chaytor assisted with the workshop. Boston Scientific, ConMed, Cook, Olympus, Pentax, and Vantage Endoscopy were the participants.
We are partners with industry. We could not provide this educational opportunity without their support. Industry provides us with education, experts and new knowledge. Thank you for your participation.

The Certification Preparation workshop was very informative with Michele Paquette, Lucie Vachon from CNA and Joanne Glen, CSGNA President, as presenters.

There were over 90 attendees who participated in the CDHF Fundraising Walk/Run. Everyone had fun.

We had 15 fabulous poster presentations and three Free Paper presentations in Ottawa. There was a great deal of work done by all of the authors. We thoroughly enjoyed and learned from each poster presentation. Usha Chauhan submitted Interdisciplinary, Prompt Access IBD Clinic: The McMaster University Medical Centre Experience abstract to the 2011 Advances in IBD Crohn’s and Colitis Foundation Clinical and Research Conference which will be held in Hollywood, Florida in December 2011. This abstract was submitted under the clinical nursing stream and has been accepted as an oral presentation. Congratulations Usha. We are all so proud of you.

The three Free Paper Presentations were great. Opening an Anophysiology Clinic – No If, Ands, Just Butts! was presented by Kristine Foss and Sharon Goodfellow. This is the first Anophysiology Clinic in Canada. It was a great presentation and so interesting.

Best Spotlight Organization: Therapeutic Endoscopy Unit’s BPSO Journey was presented by Linda Pinches. The goal was improved communication with patients and families while relieving their fears and anxieties regarding procedural wait times. What a wonderful start to initiate future practice guidelines in endoscopy. Well done Linda and your team members.

Computerized Documentation: The Dawn of Another Digital Frontier in Endoscopy by Gail Stewart and Belinda Tham was presented by Gail Stewart. This is the way of the future. What a wonderful computer program. This presentation was so interesting and very entertaining.

On behalf of the members, delegates, Ottawa Planning Committee and National Board, I would like to thank all of you who submitted these abstracts at this conference. All the presenters spent countless hours with their research, preparation and presentation sharing their expertise and knowledge with you.

CSGNA is very excited to have our next national conference in Montreal “La vie en rose” September 27-29, 2012. We would love to see many more posters at this national conference. The deadline for abstract submissions is February 15, 2012.

Our relationship with SGNA remains strong. We are continuing to obtain educational material from SGNA with a 25% discount to CSGNA members. We will continue to receive the Gastroenterology Nursing Journal. Gastroenterology is a fast growing, developing and a quickly changing specialty. All gastroenterology nurses need to keep their knowledge and skills current. This journal gives us the most updated information. Enjoy.

We communicate and remain strong partners with CAG. We work together in this specialty to provide a high standard of care to our patients. CAG also provides us with educational opportunities. CAG members are always participating as presenters and educators at our conferences. We thank them.

It was decided to go forward with the online learning. I have sent examples and the agreement “Vendor’s Online Product/Services Agreement” that would cover any liabilities to a barrister recommended to us by CAG. Our goal is to use our website for online learning to our members with support of information and education from our vendors and other resources. We have been approached by several vendors who want to participate with online education. Online learning will assist the member to keep current and give the member educational hours. I will be working with Cathy Arnold Cormier as we go forward with this venue.

I have thoroughly enjoyed my two terms on the national board. Time has flown by. I have really enjoyed conversing with many of you through emails and at various conferences over the past several years. We are growing in new directions every year. We are strong in numbers and can have a voice in this specialty of Gastroenterology.

Respectfully submitted by,
Maryanne Dorais RN CGn(C)
Outgoing CSGNA Education Director

It May Not Be Too Late If You Missed the Deadline!

If anyone did not renew their GI certification and would like to recertify, please contact The Canadian Nurses Association at www.cna-aiic.ca
Scholarships and Awards

Annual CSGNA Scholarship Recipients.

Chapter of the Year Award – Edmonton.

Michele Paquette Certification, Recertification Scholarship – Stephanie Carr.

Olympus $500 Draw Scholarship Recipients.

Olympus Patricia Coghlin Scholarship – Dana Letto.

RPN, LPN Technician Award – Maria Vetter.

SciCan Educational Scholarship – Teresa Robson.

CAG Scholarship – Mabel Chaytor.
1. National Executive
2. CSGNA Booth
3. Satellite Symposium at Fairmont Chateau Laurier Hotel
4. Ottawa Planning Committee & RCMP
5. Chapter Executive Luncheon
6. ERCP Workshop
7. Guest speaker Dr. David Armstrong & delegates
8. Exhibitor Reception
9. Guest speaker Valerie Cade & delegates
10. Exhibitor Booth
11. Registration Hall
12. Exhibit Hall
13. Opening Reception
La vie en rose

CSGNA

2012

MONTREAL

SEPTEMBER 27-29, 2012

The Guiding Light
Call for Abstracts

The 2012 CSGNA Annual Conference in Montréal will be your next opportunity to share your knowledge about a GI topic you are passionate about, disseminate research results or present an innovative project that will advance GI Nursing and associated practice.

We encourage you to prepare an ORAL or POSTER presentation for the 2012 Annual Conference - *La vie en rose*

September 27 – 29, 2012
Hilton Montréal Bonaventure Hotel | Montréal, Quebec

The following guidelines will assist you in developing your abstract and planning your presentation.

**ABSTRACT PAGE:** Abstract is to be no more than 300 words in length, single spaced, 12 point font and include:
- **Title:** reflects content of presentation
- **Background:** problem or purpose of study
- **Methods:** discussion of project plan or sample and data collection
- **Results:** evaluation or outcomes (no graphs, charts or tables)
- **Conclusions:** implications of your study or project for your patients, practice or profession

**COVER PAGE:**
- Submit with Abstract — include title of abstract, names of presenters/authors, credentials and employment affiliation.
  - Indicate format of presentation: ORAL or POSTER.
  - Include name of main contact, telephone, fax number and email address.

**GUIDELINES:**
- **ORAL:** 35 minute presentation including Q&A
- **POSTER:** maximum poster dimensions ~ 4 feet high by 8 feet wide
- Abstracts received before the deadline will be reviewed and an acceptance letter will be sent to the main contact providing further details of the presentation.
- Acceptance of the abstract does not waive attendance.
  - fees (registration, transportation, accommodation, etc.)
- Language of abstract submission would be the language of presentation.

**Potential Topics**
- Hepatology
- Surgery
- Medicine
- Advanced Practice
- Endoscopy
- Transplant
- Inflammatory Bowel Disease
- Staff & Patient Safety
- Nurse Practitioner
- Infection Control
- Nutrition
- Pharmacology
- Pediatrics
- Research
- Management

**DEADLINE:** February 15, 2012

**SUBMIT via:** email: hreid@innovcc.ca (with file attached)

mail: CSGNA 2012
Innovative Conferences & Communications
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Delaware, Ontario NOL 1E0

fax: 1-519-652-5015
Licensed Practical Nurses and the Essential Role They Play in the Gastrointestinal Setting

Maria Vetter LPN
Debi-Lyn Leippe LPN
Sharon Tebb LPN
Red Deer, AB

**Purpose / Aim:** The purpose of this poster is to bring awareness to the essential role the LPN plays or could plan in an endoscopic setting. A survey of Endoscopy Units was conducted to demonstrate the utilization of LPN’s from GI units across Canada. Utilizing the LPN’s to their full scope of practice is not only effective and safe but also makes for a well rounded team of professionals.

**Background:** From humble beginnings in the early 1900’s, the LPN has made great strides forward with increased competencies in the last 10 to 15 years. They have embraced these challenges and have grown with a true sense of pride and accomplishment. Dedication to continuing education has been a key to their success, from basic bedside nursing to working in most aspects of the health care field, including endoscopy.

**Conclusion:** As a group of dedicated capable professionals, we will illustrate our passion for safe competent practice in the endoscopy unit. Working alongside the RN as a team, we take pride in our involvement to promote safe competent pre and post procedure care in a diverse client centered Endoscopy Unit in Red Deer. The LPN does play an essential role in the practice of “a love for all things GI” setting.

Opening an Anophysiology Clinic-No If ands, Just Butts!

Kristine Foss RN
Sharon Goodfellow RN
Ottawa, ON

Patients suffering from fecal incontinence, chronic constipation or having to make lifestyle altering decisions for anorectal surgery can be left frustrated, confused and seeking answers for treatment. Two registered nurses and a physician at the Ottawa Hospital have developed a fully functioning anophysiology clinic. The combination of anal manometry and rectal ultrasound provide a diagnostic service that is a one of a kind in Canada. The objectives of our poster submission are as follows:

1. To describe the process of developing the clinic, from recognizing a need in the community through to evaluation tools and potential for expansion to a nurse run clinic. A description of the clinic will include a list of specialized equipment and staff training methods.

2. To identify methods used to develop patient teaching as well as define strategies to create and environment conducive to patients emotional and physical needs and comfort.

3. To summarize the development and use of evaluation tools including patient feedback and our lessons learned and describe plans to use this information in the evolution of a successful clinic.
Why is Food Getting Stuck When I Swallow? An Endoscopic Case Study on Eosinophilic Esophagitis
Margaret Ketcheson RN BNSc CGN(C)
Toronto, ON

Background and Aim: In our Endoscopy Unit at Saint Michael’s Hospital, the incidence of diagnosing a condition called Eosinophilic Esophagitis has increased over the last five years. Patients typically report having difficulty swallowing food or in some cases present to Emergency with a food bolus. The diagnosis of Eosinophilic Esophagitis is confirmed by endoscopic examination. The aim of the poster will be to provide current information on this disorder presented as a case study.

Discussion: The condition may occur in children and adults. The symptoms include pain on swallowing, food sticking and heartburn and can be confused with a number of other gut conditions. Visual endoscopic recognition of the characteristic multiple esophageal rings and longitudinal furrows are essential to diagnosis. The majority of patients with Eosinophilic Esophagitis tend to have coexisting allergies such as atopic dermatitis, allergic rhinitis and/or asthma. Definitive diagnosis can only be made with a biopsy of the area and pathology confirmation of significant number of eosinophils in the tissue. The most effective therapy is felt to be the use of protein pump inhibitors and/or high dose asthma inhaled steroid medications that are sprayed into the mouth and swallowed instead of inhaled into the lungs.

Conclusion: As nurses, we have the opportunity to interview and assist with procedures for patients with Eosinophilic Esophagitis. This condition is now more easily identified with presenting symptoms, direct endoscopic landmarks and pathology confirmation. Once diagnosed, there are treatments that often significantly improve symptoms and the disease process. There will most certainly be continued research into this interesting and relatively new area of “allergy of the gut”.

General Anesthesia during Therapeutic Endoscopy: The Importance of Patient Positioning
Linda Pinches RN CGN(C)
Dawn Banavage RN
Toronto, ON

Backgrounds and Aims: With increased patient acuity and the complexity of endoscopic therapeutic interventions, general anesthesia has become the safest method for airway management. Poor patient positioning combined with anesthesia and its physiologic effects can yield undesirable changes, if safety factors are not considered. The aim of this poster is to discuss the systems affected by positioning while under general anesthesia and the role of the endoscopy nurse in ensuring patient safety, according to the ORNAC standards of practice.

Discussion: Understanding the effects of general anesthesia on the different systems of the body ensures that the endoscopy nurse will deliver safe and uncompromised patient care. The goals of positioning during general anesthesia include maintaining proper body alignment, supporting circulatory and respiratory function, protecting neuromuscular and skin integrity while allowing access to intravenous sites and anesthesia support devices. The integumentary system or skin can be injured by physical forces while establishing and maintaining a position. When pharmacologic agents such as anesthetics and muscle relaxants depress the normal pain and pressure receptors and muscle tone, the normal defense mechanisms cannot guard against joint damage and muscle stretch and strain. Pressure on superficial nerves can cause temporary or permanent nerve damage resulting in impaired sensory or motor function. General anesthesia causes peripheral vessels to dilate resulting in hypotension and pooling of blood in dependent areas of the body. Additionally, any compression to the peripheral vessels can lead to thrombosis. Improper positioning can also reduce the expansion of the chest wall which reduces the volume of air exchanged and increases the airway pressures required for adequate ventilation of the patient.

Conclusion: Positioning of the endoscopy patient during general anesthesia is vital to ensure an uncompromised and physiologically safe recovery post procedure.
Palliative Care for End-stage Liver Disease: A Glance at the Role of the Nurse in Family and Patient Education

Manry Xu BSc BScN(c)
Peterborough, ON

Background: Much work has been done in understanding liver disease and liver transplantation. However, there is a comparative lack of analysis of the palliative care for patients with end-stage liver disease (ESLD). The development of this project was to highlight the palliative needs of patients and their families with end-stage liver disease (ESLD) and perform focus analyses of ascites and hepatic encephalopathy, common complications of ESLD. Therapies, nutritional requirements, and education for the family and patient were discussed for patients living with ESLD.

Method: The project incorporated an integrative literature review of twelve peer-reviewed articles pertaining to the pathophysiology of end-stage liver disease, complications of ascites and hepatic encephalopathy and nursing implications such as therapies, pain control and nutritional advice. A case study is included to understand the progression of the disease and the challenges confronted by the patients, family members and nurses.

Results: A clear understanding of the disease progression and establishing advance care planning with the patient and family at the time of diagnosis help to facilitate palliative care. Treatment for patients with ESLD require changes due to increased malnutrition, decreased drug metabolism and the effects of complications such as ascites, spontaneous bacterial peritonitis and hepatic encephalopathy.

Conclusions: There remains room for further research and knowledge of the role of nurses in providing palliative care and education for family members and patients living with ESLD. By understanding the manifestations of liver disease at the end stage, nurses are able to provide supportive information for families in caring for their loved ones.

Colorectal Cancer Screening: We Do Make A Difference

Deb Erickson RN
Canmore, AB

A small town hospital with a ten year history, reviews their colorectal cancer screening program. We look back at what has made the program successful and the impact it has made for individuals, their families and the community. The dedication of the physicians and the team with patient education and fast tracking of symptomatic patients has led to many positive outcomes. The personal team approach of patient care promotes excellent patient satisfaction. The quality care combined with effective data management and leading edge technology, have kept this colorectal cancer screening program making a difference.

Repeat Customers: Repeat Customers: GI Complications Post Bariatric Surgery

Joanne Bennett RN BScN MHS CON(c)
Cindy Eikens-Stafford RN BScN GN(c)
Toronto, ON

In Canada and around the world, morbid obesity rates are increasing and leading to a dramatic rise in co-morbid illnesses such as diabetes, heart disease, stroke, hypertension and some cancers. In 1978, 13.8% of Canadians were obese. This number has increased by 2004 to 25%. In response to this epidemic health concern, the province is increasing its bariatric surgery capacity. Although most patients achieve successful outcomes, some will develop postoperative complications and will require gastroenterology consultation. The goals of this presentation are to (1) familiarize nurses with bariatric surgery, (2) to describe the gastrointestinal complications associated with these surgeries, and (3) to discuss their management in a case-presentation format. A retrospective chart review of 100 bariatric cases performed at St. Michael’s Hospital will provide the source data for the discussion of GI complications and required treatment. Surgery and endoscopic treatments and challenges will be highlighted.
Raising Consciousness: Key to Quality Care

Cindy Eikens-Stafford RN BScN GN(c)
Joanne Bennett RN BScN MHS CON(c)
Joyce Fenuta RN BScN MHS
Toronto, ON

Overweight and obese patients are often subject to weight bias and discrimination which can be manifested through both verbal and non-verbal communication that may be insensitive to their emotional and physical well-being. With the introduction of a Collaborative Bariatric Surgery Program at St. Michael’s Hospital, the leadership team recognized the importance of addressing potential biases, as they may affect the overall quality of care and patient satisfaction.

This descriptive poster will highlight the team’s approach to addressing staff’s understanding of the bariatric patient’s needs. While patient dignity was central to our planning process we included the purchase and training on specialized equipment for obese patients, understanding of the pre and post op care along with the provision of sensitivity training for staff working with gastric bypass patients. As part of being a Centre of Excellence in gastric bypass care it is important for staff to have awareness of and sensitivity in caring for obese patients. By extension, this awareness will positively influence other groups of patients that we serve.

Zenker’s Diverticulum: Endoscopic Treatment of the Disorder

Linda Pinches RN CGN(C)
JoAnne Daurio-Wojs RN
Toronto, ON

Background and Aims: Zenker’s diverticulum is a disorder that typically presents in the elderly with symptoms of dysphasia, regurgitation, halitosis, aspiration and malnutrition. The majority of these patients are over the age of 70 and have other co-morbidities that increase the risk for surgical intervention. The aim of this poster is to discuss endoscopic interventions used to resolve the symptoms.

Methods: Zenker’s diverticulum is an acquired disease formed by the outpouching of hypophygeal mucosa between the inferior pharyngeal constrictor muscle and the cricopharyngeal muscle in the area known as Killians triangle. Patients present with dysphasia and may have had a recent hospital admission for aspiration pneumonia. Endoscopic treatment of Zenker’s diverticulum involves the division of the septum (septoplasty). This is achieved by using a flexible endoscope with a needle knife or argon plasma coagulation to divide the septum until just above the bottom of the diverticulum. Marked improvement of symptoms occur in the majority of patients with one treatment but some patients may require up to three sessions to obtain these results.

Conclusion: Endoscopic mucomyotomy offers the advantages of short hospitalization, rapid convalescence, brief operative time, absence of surgical incision, predictable resolution of symptoms and a reduced morbidity which make this method of choice for elderly patients presenting with Zenker’s Diverticulum.
Best Practice Spotlight Organization: Therapeutic Endoscopy Unit’s BPSO Journey

Linda Pinches RN CGN(C)
JoAnne Dauro-Wojs RN
Judy Francom RN
Mae Burke CLM
Toronto, ON

Background and Aims: Best Practice Spotlight Organizations (BPSOs) are health-care and academic organizations selected by the Registered Nurses’ Association of Ontario (RNAO) through a Request for Proposals process to implement and evaluate the RNAO’s best practice guidelines (BPG’s). It is a dynamic partnership that focuses on making a positive impact on patient care though evidence-based practice. The aim of this poster is to discuss the journey that St. Michael’s Therapeutic Endoscopy Unit has taken towards establishing the best practice guidelines of professionalism in nursing and establishing therapeutic relationships.

Methods: St. Michael’s candidacy for BPSO began in 2010 and a number of BPG’s has been implemented throughout the organization. It was determined by the BPSO implementation team that the BPG’s of professionalism in nursing and establishing therapeutic relationships would best suit our endoscopy patients deal with their fears and anxieties regarding procedures and procedural wait times. The local BPSO team developed a project charter for implementing the BPG’s which included the project vision and goals with timelines for implementation and evaluation of our strategies. Our goal was improved communication with our patients and their families while relieving their fears and anxieties regarding procedural wait times. The result of achieving this goal would increase our patient’s satisfaction with their endoscopy experience and result in a higher score in the Picker patient satisfaction surveys. The team then developed a pocket communication tool to enhance the nurse’s communication with their patients and the staff discussed the pro and negative interactions during weekly staff meetings.

Conclusions: The nursing staff in our therapeutic endoscopy unit has become more comfortable in establishing therapeutic relationships with patients and families. Picker scores have increased by 5% showing an improvement in patient satisfaction. Our future goals for a multimedia screen in the reception area would enhance the communication by displaying the physician’s and wait times for each procedure room.

Interdisciplinary, Prompt Access IBD Clinic: The McMaster University Medical Centre Experience

Usha Chauhan RN(EC) MN ACNP CGN(C)
Jodie Hoard RD
David Armstrong MD
Adriana Carvalhal MD
Sharon Duff MD
Smita Halder MD
Steven Kelly MD
John Marshall MD
Paul Moayyedi MD
Frances Tse MD
Hamilton, ON

Inflammatory Bowel Disease (IBD) is a lifelong, chronic relapsing disease of the gastrointestinal system. The two most common forms are Crohn’s disease and ulcerative colitis. Despite advances in medical management of IBD, patients suffering from IBD follow courses of relapses and remission. Many patients face multiple problems, requiring additional information about medical therapy, ongoing dietary counseling, assistance with long term coping strategies, and support with psychosocial issues. This is best achieved though an interdisciplinary approach in order to deliver holistic comprehensive care.

Methods: Interdisciplinary team members consisted of four gastroenterologists (GI), one colorectal surgeon, two psychiatrists, one nurse practitioner (NP) and a registered dietician. One half day clinic with a GI and an NP was dedicated to complex IBD patients requiring urgent access and possible changes in medical management. An interdisciplinary clinic for surgical, psychiatric and dietary consultation was available once per month. Patients requiring urgent access were provided with a contact number during disease relapse; the urgency of access was determined during a telephone screening conducted by the NP who coordinated the next available appointment. Patients were informed that the appointment would be made to see one of the four GIs.

Results: 161 patient appointments were scheduled over a period of 9 months. 42% of appointments were for review of recent IBD exacerbation, 15% for discussion of change in medical management, 33% for dietary counseling and 17% for psychiatric counseling; the remaining visits were for 5 pregnancy-related issues, and for surgical opinion for multiple complex fistulae in 3 cases. The reason for dietary counseling was for gluten sensitivity, short bowel syndrome, low residue diet, weight loss counseling, anemia and constipation. The majority of patients seen for psychiatric counseling had major depressive disorder with generalized anxiety disorder, adjustment and coping disorder.
Conclusion: Management of IBD patients can be complex and diverse, based on their particular needs during the course of the disease. Patients are accepting a shift from limited access to a primary GI to a team approach which includes a NP. Having prompt access during relapse and an interdisciplinary team approach with non-GI health care providers, working in collaboration with the patient, may improve patient outcomes.

(Supported, in part, by an unrestricted grant from the Hamilton Academic Health Sciences Organization)

Aortobronchial Fistula: A Case Review

Joan McKechnie RN CGN(C)
Jacqueline Edmondson RN
Kitchener, ON

Background: Postoperative aortobronchial fistulas are rare and late complications of cardiovascular surgery. Aortic fistulas into the airways may develop after unpredictable periods post surgery and are often the consequence of pseudoaneurysms.

Aortic pseudoaneurysms may arise postoperatively from disruption of one or more arterial wall layers with extravasation of blood into the surrounding spaces. Hemoptysis is the main and often only symptom of the fistula. Aortobronchial fistulas are fatal if not surgically repaired.

Purpose: Our goal is to raise awareness of this potential cause of bleeding for gastroenterology nurses and improve patient outcomes.

Discussion/Results: This case report reviews a patient’s medical history, clinical presentation, hospital stay, management and follow-up with physicians and nurses involved in his care.

Conclusion: If a patient presents with hemoptysis or GI bleeding and has a history of cardiovascular surgery near the bleeding site, consider a fistula as the probable cause.

Computerized Documentation: The Dawn of Another Digital Frontier in Endoscopy

Gail Stewart RN
Belinda Tham RN CGN(C)
Toronto, ON

Background: Traditional paper documentation is time consuming and sometimes depending on penmanship, difficult to interpret. It also leaves room for errors, particularly if some of the information is transcribed in multiple places and later onto the computer. There is better portability and improved communication among the whole team. Paper is less environmentally friendly and storage becomes a problem.

Methods: In collaboration with the IT department, we were able to computerize our endoscopy records and document directly with the aid of a portable laptop and stationary computers. The electronic record was developed to capture information that pertains to the visit and that can easily be retrieved and consulted at any time and on the patient follow up visits.

Results: The process was less time consuming and with the choice of drop down menus, has resulted in less errors. It was also more legible than handwriting. No records are lost.

Conclusion: This would be a valuable tool to reduce errors, become more efficient, give meaningful information to other physicians, i.e. dose of medication, biopsy taken etc. Physicians in other parts of the hospital or clinic could have access to this information. Also, our patients are given access to this information through an online medical system.
Patient-driven Learning and Symptom Monitoring using Handheld Technology: A New Perspective on Education and Counselling in the Multidisciplinary Pediatric Inflammatory Bowel Disease Team

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Background: When faced with a life-changing event such as a diagnosis of inflammatory bowel disease (IBD), young patients and their families are frequently overwhelmed by the volume and complexity of the information given to them. A recent audit conducted within our Division has identified important deficits in the knowledge of patients and parents with regards to disease location and previous investigation results (Benchimol et al. IBD 2010). Reporting of IBD-related symptoms and compliance with medication are particularly troublesome in the teenage years (Hommel et al. IBD 2009), thus impeding the delivery of adequate IBD care.

Aims: Our aims were to design a novel way of empowering young patients and their families to come to terms with the diagnosis of IBD, to enable patient-driven learning by engaging children/teenagers and to allow the contemporaneous symptom monitoring and documentation of adherence to prescribed medication.

Methods: We have developed an application, for use on a handheld device such as iPod/iPad or Android Smartphone, containing an IBD-video-academy, a dedicated IBD-educational game and a real time recording feature of disease activity and compliance with medication, which will be beta-tested during the spring of 2011 and presented at the meeting.

Results: Until now, IBD-related information was most often delivered to young patients and their families at the time of diagnosis or during disease flares using printed material. Consequently, IBD-education was mostly directed at parents/guardians with children/teenagers often too unwell to make full use of the provided counseling, in spite of the increased time commitment by particularly IBD Nurse Specialists worldwide. This application has given our young patients and their families the opportunity to preview/review the information given during the face-to-face meeting with a member of our IBD-team. Thus, the time spent with the health professional can be more focused on answering questions. Within the same app, we have included a feature to monitor disease activity and treatment compliance in real time. This has allowed our young patients to take control of their symptom reporting, to generate a clinical summary-pdf prior to follow-up in the IBD clinic and to actively prepare for a transition to adult care.

Conclusions: Our innovative approach to pediatric IBD-care has resulted in the development of a dedicated application for use on handheld devices. This app has enabled ongoing patient-driven learning and real time recording of disease activity and compliance.

Care for a Patient Receiving Bariatric Surgery

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There are four bariatric centers of excellence in Ontario. St. Michael’s Hospital is one of these centers. The bariatric program is new to St. Michael’s Hospital and to the Perioperative Department.

The purpose of the poster is to provide information to our colleagues regarding the bariatric patient’s surgical journey. The poster displays the patient journey starting in the preadmission facility (PAF), through day surgery (SDC), the operating room (OR) and concludes in the post anesthesia care unit (PACU). The role of the nurse in each area is presented with an emphasis to patient sensitivities and safety. This poster will compliment the posters of Cindy Eikens-Stafford.
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