



The Guiding Light

CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES & ASSOCIATES

JULY 1999 VOL. 9, #37

Gastro '99 Update

Respectfully submitted by Deb Erickson, Chair Gastro '99 Nurses Program

August 27 is coming quickly with Gastro '99 only weeks away. The time will fly by quickly so it is important to get your conference registration in as soon as possible. Members of the CSGNA have the privilege to pay in Canadian funds, non-members pay in US funds. Please let your colleagues know that by becoming a member of the CSGNA they will save on their Gastro '99 registration fee. Also we will have a "One Day" registration fee of \$100.00. For the "One Day" registration you may pre-register by completing the Gastro '99 registration form, write on the form "One Day registration", the date that you wish to attend, and \$100 in the total. Any one wishing to attend the Canada Night Celebration must purchase a ticket as this is an additional event with a fee of \$25.00. Please ensure that your registration is faxed to Gastro '99 1-514-288-3208 as soon as possible.

The program is just being confirmed and it looks like it is going to be very exciting. Here is a very brief rundown of the highlights:

Sunday, August 29 is focused on Canadian issues with the CSGNA Welcome Reception and Birthday Celebration in the evening.

Monday, August 30 will be an excellent day to spend at the exhibit hall at the Pan Pacific Congress Center. The number and size of the exhibits, including the poster session, will take most of the day to visit. The Exhibit Hall will also be open daily from 0700-1600. The AIGE Post Graduate Course and the SIED Post Graduate Course are also on Monday for an additional registration fee of \$50. The AIGE Post Graduate Course topics include medical management of the HIV patient, screening tests, pregnancy, and evidence based Gastroenterology. The SIED Post Graduate Course is a full day of interactive medical symposium in the latest techniques of diagnostic and therapeutic Endoscopy. The Gastro '99 Opening Ceremonies are not to be missed.

Tuesday, August 31 begins at 0700 with the Pediatric Special Interest Group or participating in the "Troubleshooting Endoscope" workshop. The Wellesley International Therapeutic Endoscopy Course will be beamed live from Toronto creating an excellent opportunity for nurses to observe and discuss "live" cases in a conference setting. The afternoon presentations will be on "GI Nursing in the America's"

and "Parasites in the GI Tract", and "Water Quality, the Host of Parasitic Infections".

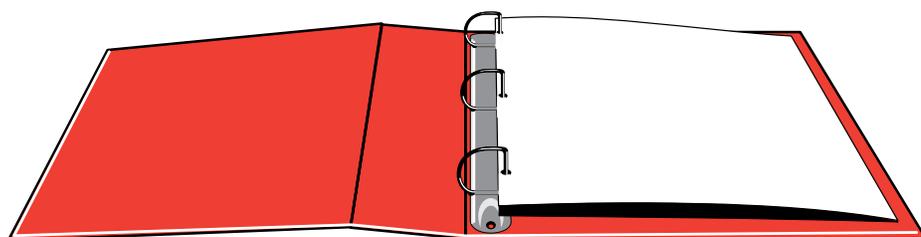
Wednesday, September 1 At 0700 participate in either the Special interest group "Motility & GI Investigations" or the "Trouble shooting feeding tubes" workshop. At 0800 the Wellesley International Therapeutic Endoscopy Course beamed live from Toronto. Following the lunch break "Travelers Diarrhea" and "Caustic Ingestion" will be covered. Canada Night is a special event celebrating the many areas of Canada.

Thursday, September 2 begins at 0700 with the Endoscopy Special Interest Group presentation on "Tissue Adhesive Injection Treatment the

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GI Bleed” or ERCP Special Interest Group presentation on “Biliary Metal Expandable Stents”. We will regroup at 0800 for the final session in the Wellesley International Therapeutic Endoscopy Course beamed live from Toronto. The first afternoon breakout session begins with a choice of either: “New Modalities in GI Imaging” or “Principles of Infection Control” and the second session choices are: “Germ Warfare” or “Infection Control Solutions to Disinfection Issues”. The final session “Promoting GI Nursing Practice: Working Together” and closure of the nurses program.

For more details check the Gastro '99 Program or if you have not received a program and would like one please contact Gastro '99 Congress Secretariat c/o Chateau Travel at 1-888-681-4666. The web site www.webray.com/csgna is the easiest way to keep updated on what's happening as various different programs will be happening simultaneously. Or check the Gastro '99 website www.cag.ucalgary.ca. If you have any questions at all please contact any of the CSGNA executive or I can be reached at email erickson@cadvision.com or fax 403-932-6334 or phone 403-670-4711.

Gastro '99 is going to be 5 days of education, networking, comradeship and fun! Don't miss out on a great opportunity, come join us in Vancouver, August 28 - September 2, 1999. See you there!

A Special “*Thank You*” to the following companies who have provided support for the work of the Gastro '99 Nurses Program Committee.

- the CSGNA
- Cook Canada
- FLOLITE Industries
- Pentax Precision Instrument Corporation Canada
- Boston Scientific Ltd.

Celiac Sprue

A relatively rare malabsorption disorder, celiac sprue occurs in 1 in every 300 to 1000 people depending on the area you live in. Celiac Sprue was identified by a Dutch pediatrician who associated the disease to wheat, prior to World War II. During WW II, the Dutch children's health generally improved because of a lack of wheat available. After the war was over and wheat was reintroduced into the diet the symptoms of diarrhea returned and the Dutch pediatrician concluded that wheat was toxic agent. Further investigations lead to the diagnosis of gluten and wheat proteins to cause the disease (Saunderlin, 1994).

Celiac disease is activated when wheat, rye, barley or oats is ingested by gluten sensitive individuals (Saunderlin, 1994). The disease is most often seen in the first few years of life. The clinical symptoms often disappear and reappear in adolescence or later in adult years.

Three theories have been linked to the etiology of Celiac sprue. 1) enzyme deficiency; 2) genetic markers known as the human leukocyte antigens (HLA); and 3) infection with an adenovirus.

Clinical symptoms include: diarrhea, steatorrhea, weight loss and malnutrition, anemia, bloating, abdominal pain, vitamin deficiency and fatigue.

Diagnosis is made by small bowel biopsy during gastroscopy in con-

junction with clinical response to a gluten free diet (Murphy, 1994). An interesting incidence of small intestine lymphoma was recognized as a complication of Celiac Sprue (Roehrkasse, Roberts, Wald, Talamo & Mendelow, 1986). Those with Celiac disease have a higher risk of developing specifically T cell lymphoma (Murphy, 1994).

There is no cure for Celiac Sprue. It is treated with a gluten free diet. Nursing interventions include: assessment of patient/family knowledge of the disease with special attention to those with sensory deficits such as hearing and visual deficits. A plan should be developed to involve the dietician and contact to the Celiac Sprue support group in the patients area. Weight, hemoglobin and vitamin deficiencies should be continually monitored in conjunction with the patients physician.

**Submitted by Carina Rondeau,
RNBN, Endoscopy Nurse
CSGNA Member
Winnipeg Health Sciences Centre**

Murphy, D. (1994). Celiac Sprue. *Gastroenterology nursing* (18), 4: 134-137.

Roehrkasse, R., Roberts, I., Wald, A., Talamo, T., & Mendelow, H. (1986). Celiac Sprue complicated by lymphoma presenting with multiple gastric ulcers. *Gastroenterology*, 91, 740-745.

Saunderlin, G. (1994). Celiac Disease: A Review. *Gastroenterology nursing* (17). 3: 100-105.

The NB Chapter of CSGNA will be holding the annual Education Day on October 16, 1999 at The Moncton Hospital, 135 MacBeath Ave., Moncton, NB.

I will be mailing information to area GI nurses in September but I can be reached at (506) 852-3400 (H) or (506) 857-5270 (W). My e-mail address is jclewis@nbnnet.nb.ca.

Thank you,
Carolyn Lewis
President NB Chapter CSGNA

PRESIDENT'S REPORT

The CSGNA Executive met in March to review and revise policies, bylaws, Position Statements and Guidelines. In September at Gastro '99 you will receive a Position statement on Latex allergies devised and presented by Canada Centre Director Monique Travers. Also there will be a discussion group and presentation on Bronchoscopy by Evelyn McMullen and Edna Lang. Advanced practice and updates on Nurses doing flexible sigmoidoscopies will be presented by Lorraine Miller-Hamlyn and Linda Feltham. Articles in representation of all presentations will be published in the Guiding Light for all the membership to view. As you can see we have been a busy group! Please let us know what topics you would like researched for the future.

In May 1999 as President of CSGNA I attended the SGNA annual meeting in Nashville. At this meeting I met with the Certifying Board of Gastroenterology Nurses and associates. The President of CBGNA Cathy Ferraro was quite interested in the prospect of a reciprocal arrangement between the CNA and the CBGNA. A meeting will be set up between the two groups and hopefully a positive arrangement made. I will keep you informed of progress in this area through the help of Michele Paquette Certification chair.

Support for Gastro '99 was high among the US group as well as keen interest from the International Group SIGNEA. With SIGNEA's help we may be able to see at least three Nurses

from South America with some form of Scholarship to attend the Pan American conference! Gastro '99 promises to be a great event and we are hoping to see many of you there!

Cindy Hamilton

PRESIDENT ELECT REPORT

The Bylaws Committee met by teleconference to review and revise the CSGNA Bylaws. The revisions have been completed and will be circulated to the membership with the Annual Report for your vote. Please take the time to review the changes and register your vote.

The Bylaw Committee Members are:

- Sylvia Donylchuk – Western Rep
- Barbara Taylor – Center Rep
- Elizabeth Hendsbee – Eastern Rep
- Jean Macnab – CSGNA Secretary
- Cindy Hamilton – CSGNA President
- Lorraine Miller Hamlyn – CSGNA Pres-Elect (chair)

Thank you to the Committee members for your time and input.

The CSGNA policies have been reviewed and revised. The revisions were passed by the CSGNA Board of Directors at the March board meeting. The "Scholarship Awarding Policy" and the "Conference Registration Fee Refund Policy" are included in this newsletter for your information. I welcome comments from the membership.

I look forward to seeing many of you at GASTRO '99 in Vancouver.

Scholarship Awarding Policy

PURPOSE:

To clearly define CSGNA policies

on awarding of Scholarships and the payment of expenses to Scholarship recipients.

POLICY:

The CSGNA shall provide Annual Scholarships to Active Members to attend the Annual National Conference and the Annual Regional Conferences. The number and amount of the Scholarships to be determined yearly by the Board of Directors of CSGNA.

The Scholarship is to be used for travel and accommodations only, is available to active members only, shall be awarded by the Scholarship Committee according to criteria set by the Scholarship committee and approved by CSGNA Board of Directors.

Scholarship recipients will be notified by the Scholarship Chair within thirty (30) days of the close of applications.

The Scholarships available, awarding criteria, the application and the deadline for application shall be published in every issue of "The Guiding Light".

PROCEDURE:

An itemized expense claim signed by the Scholarship Recipient with appropriate receipts for approved expenses must be submitted to the Treasurer for reimbursement within thirty (30) days of the educational event. Expense claims can be submitted directly to the Treasurer at the National Conference.

Incomplete or improperly completed expense claims will be returned for proper completion.

Expenses not supported with the original receipt will not be paid.

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!**

Scholarships will not be paid out pre Conference.

The Treasurer is responsible for administering the policy on the payment of expenses. The Treasurer's decision to deny payment may be appealed to the CSGNA Board of Directors. The Board will consider the appeal only if unforeseen circumstances resulted in the recipient being unable to comply with this policy.

MAR 1999

Conference Registration Fee Refund Policy

PURPOSE:

To clearly define the CSGNA policy on the refund of Annual Conference registration fees.

POLICY:

Registration fees will be refunded up to seven (7) days prior to the Conference start date.

A cancellation fee of \$25.00 will be charged on all refunds.

Refund of registration fee after the deadline will be considered by the President and Treasurer of CSGNA on a case by case basis.

PROCEDURE:

All requests for a refund must be submitted to the National Treasurer in writing postmarked no later than the deadline.

The registration fee will be refunded within 30 days of the treasurer receiving the request (less the cancellation fee).

All requests for refunds after the deadline must be submitted to the Treasurer of CSGNA in writing not more than 30 days after the completion of the conference. The Treasurer and the President will consider the request within 30 days.

The registrant will be notified of their decision within 30 days of their meeting.

MAR 1999

Lorraine Miller Hamlyn

CSGNA TREASURER/ MEMBERSHIP CHAIR

It's time again to renew your annual membership for the 1999-2000 year. Our renewal date will continue to be the month of June. Membership continues to grow, as we strive for our goal of 1,000 members and certification. Please encourage your friends and colleagues to become members. Please send any changes of name or address to the address below.

Please direct your membership application to:

Edna Lang
CSGNA Treasurer/Membership Chair
27 Nicholson Dr.,
Lakeside NS B3T 1B3

Membership April 1997

West		East	
BC	80	NB	15
AB	60	NS	17
SK	17	PEI	2
MB	32	NFLD	14
Centre		Other	
ON	276	USA	1
QUE	17	Bermuda	3
		Affiliates	43
Total 577			

Membership April 1998

West		East	
BC	81	NB	29
AB	66	NS	38
SK	21	PEI	3
MB	34	NFLD	18
Centre		Other	
ON	299	USA	1
QUE	20	Bermuda	3
		NWT	1
		Affiliates	47
Total 665			

Membership April 1999

West		East	
BC	86	NB	27
AB	65	NS	40
SK	24	PEI	3
MB	35	NFLD	23
Centre		Other	
ON	318	USA	2
QUE	8	Bermuda	2
		NWT	1
		Affiliates	36
Total 670			

Once again it is time to renew your membership. Reminders were sent out in April for renewal by June 30, 1999. Unfortunately I received 30 envelopes back with incorrect addresses on them. It is very important for address changes to be sent to myself or any member of the executive. It is to your advantage to maintain your membership in good standing. All membership renewals received after June 30th of each year are then considered new members. This could adversely affect the accumulation of points toward scholarships. If you know of anyone who is not receiving The Guiding Light or their renewal forms please ask them to contact anyone on the executive. Please fill our membership application and send it along with your renewal to my address (27 Nicholson Dr., Lakeside, NS B3T 1B3) as this helps me keep up with any changes. Your cooperation would be greatly appreciated. Also, please note that we are no longer using the Toronto address. Any other correspondences can be sent to any member of the executive. All addresses are on the back of the Guiding Light.

I would like to welcome the following new members:

Jane Preste	Calgary, AB
Jennifer Stewart	Halifax, NS
Audrey Ablona	Scarborough, ON
Elaine Le'ger	Vanier, ON
Lorraine Majcen	Scarborough, ON
Frances Mayer	Lasalle, ON
Mary-Ellen Pegg	Holland Landing, ON
Ann Scruton	Mississauga, ON
Elaine Steele	London, ON
Pauline Walton-Gilmore	London, ON
Connie Kelly	Bowmanville, ON
Christine Laborie	Fibertech Mississauga, ON
Leslie Lexier	Winnipeg, MB
Cathy Dickey	Brandon, MB
Loucinda Maynard	Douglas, MB
Cathy Morgan	Brandon, MB
Heather Arul-Pragasam	Vancouver, BC
Susan Campbell	Vancouver, BC
Natalie Rock	Vancouver, BC

Sincerely, Edna Lang
Membership Chair/Treasurer

May 1999

Dear Colleagues

Please note the Financial Audit enclosed for the year 1998. All financial statements were submitted to our current Auditor from Pricewaterhouse Coopers & LLP Chartered Accountants.

As we strive toward Certification, the majority of our funds are kept in Term Deposits to earn as much interest as possible. These Term Deposits are guaranteed with no risk to our funds. We keep a minimum in both our operational and educational accounts to maximize our return. The Term Deposits flow back to the appropriate account as required.

The funds in our Operational account are from our membership dues, national conference registration, exhibitor booths, Product Catalog and support from our generous sponsors. The funds in our educational account are from the 25% profit each chapter submits post Educational Days, plus Scholarships donated by our sponsors.

Any questions or concerns regarding YOUR money please contact me or any member of the Executive.

Sincerely,
Edna Lang
National Treasurer CSGNA

REPORT FROM CANADA EAST, NFLD. & LAB

On April 24, 1999 Carson Medical sponsored a seminar on scope cleaning and maintenance. This seminar was attended by 34 people which included GI nurses, managers, LPNS and biotechnicians. Representatives came not only from St. Johns but from Clarenville, Carbonear and Burin. Thank-you for making this a great success.

Future plans for the chapter will include an education day for the province by late spring. This will be on the agenda at our next meeting after summer break. During these seminars colleagues from other sites have the opportunity to view each others work-place and how their units operate.

Being part of the National board of the CSGNA has given me a broader insight into the association and I encourage members to participate at this level and in your local chapter. Thank-you for giving me this opportunity.

Respectively submitted,
Linda Feltham

CANADA EAST REPORT

The Nova Scotia Chapter has been meeting regularly and remains busy with preparation for our fall education day. It will be held in the main auditorium (room 1613) of the Veterans Memorial Building of the QEII Health Science Centre on November 6, 1999. An interesting program is developing.

The East Coast Regional Conference is scheduled for June 17 and 18, 1999 at The Loyalist Inn in Summerside, PEI. Watch for the report in the next issue. Meanwhile, I hope everyone has a safe and happy summer.

Sincerely,
Evelyn McMullen
Director Canada East

CANADA CENTRE

The Ottawa Chapter of CSGNA hosted a day seminar in April. The participants enjoyed an informative and interactive day. We would like to acknowledge support for this day from Astra, Bard, AMT, Carsen, Boston Scientific, Cook, and Axcan. I spoke with regards to issues that CSGNA is addressing at the national level.

The Ottawa Chapter sent \$200 to the CSGNA fund to sponsor a nurse from a Latin American country to attend Gastro '99.

Elections were held with the following results:

President – Michelle Paquette.
Treasurer – Monique Traverse
Secretary – Denise Therriault

The Ottawa Chapter has begun work on their poster for Gastro '99.

Looking forward to seeing you in Vancouver in September.

Yours in CSGNA,
Nancy Campbell
Director of Canada Centre

REPORT FROM CANADA CENTRE

The Greater Toronto Chapter organized an evening seminar in April at Sunnybrook Hospital. The meal was sponsored by Cook, followed by a presentation on ERCP equipment and the "New Drug Therapy for I.B.D." presented by D.F. Saibil. The Chapter has paid for two rooms holding four people each, and is also paying for a member of the Chapter Executive to go to Gastro '99.

The Golden Horseshoe Chapter is planning an educational session on June 26th at the H.H.S.C. McMaster Division. Dialife sponsors talk on "New Disinfectant, Solution to Gilutaldehyde" by Ken MacKinnon and Cook sponsors talk on "Therapeutic Biliary Endoscopic Series" by Doug Jowett. The Chapter has donated two scholarships of \$700 each for members to go to Gastro '99.

The Southwestern Chapter is organizing a conference in September on "Updates and Care of Equipment, Troubleshooting" sponsored by Olympus.

The London and area Chapter of CSGNA organized a presentation April 15th on "Preventive Maintenance for Flexible Scopes" sponsored by Fibertech, followed by refreshments. The seminar was a success.

The Golden Horseshoe and Greater Toronto Chapters will be electing their new Executive this November. I would like to encourage all members to think of becoming involved in their Chapter. As you help your Chapter evolve, you as an individual, will grow also.

Monique Travers, RN
Director of Canada Centre.

CANADA WEST REPORT ALBERTA, MANITOBA

Winnipeg Chapter

The Winnipeg Chapter held a very successful Spring GI Conference on April 10, 1999. They had 50 registrants plus 10 exhibitors and speakers.

Topics included:

1. Pelvic Pouch Surgery for Colitis and Polyposis
2. Informed consent
What to do if a patient says "no" in the midst of a procedure.
3. ERCP
4. Adventures in South East Asia
5. Naturopathic Approach to medicine, Acupuncture and Illness
They designed and sold T-shirts to raise money to attend national conferences. Looking forward to seeing everyone at Gastro '99.

Edmonton Chapter

On April 13, 1999, the Edmonton Chapter enjoyed an evening with the host and sponsor, David McCrory from AMT. The evening included a talk and presentation, snacks and gift certificate draw funded by AMT. Thanks David, we enjoyed it.

We have a large group of our members planning to attend Gastro '99. We're looking forward to this learning experience and the camaraderie of meeting our peers from Canada and other countries. It's only two and a half months away!

We want to thank Bill Collins Carsen Group for their contribution to scholarships to attend Gastro '99.

The fall brings me to completion of my first year as Western Director. It's been a very informative year with lots of learning experiences and I thank my local chapter for their great support during this year.

Sincerely,
Judy Langner RN
Canada West Director

WESTERN DIRECTOR REPORT

My two year term as Western Director representing British Columbia and Saskatchewan, will come to a close in September 1999. I am very grateful to have had the opportunity to represent the West and to work with the eleven CSGNA Board members striv-

ing to listen to its members and fulfil the goals of the CSGNA. The CSGNA continues to grow and develop and I am proud to have been a part of this professional Nursing group. This very worthwhile opportunity has enriched my life and helped me grow professionally and personally.

All of the Western Chapters have been involved with Nursing disputes this year and during these difficult times still remain committed and supportive of the CSGNA. Education opportunities have been provided by the Vancouver Regional Chapter, Vancouver Island Chapter, Okanagan Chapter and Saskatchewan Chapter to health care providers working in the field of Gastroenterology within their jurisdictions. Many of these Chapters have been focusing on fundraising initiatives for the CSGNA and have provided scholarships to assist members attending conferences further afield.

The Vancouver Regional Chapter is very excited about being the host Chapter for Gastro '99 in September of this year. All of the Western Chapters have been involved in the planning of this very large International Conference which will provide rich opportunities for learning and networking with health care providers in the field of Gastroenterology as well as viewing the latest technologies being exhibited by resource personnel. It is hoped that this conference like the Annual CSGNA conferences will bolster the CSGNA membership.

In closing I would like to thank you for the opportunity to represent British Columbia and Saskatchewan on the Board of the CSGNA. I would like to encourage your continued interest and support of the CSGNA so that future plans and goals will be realized. Get involved and let your voice be heard! I look forward to meeting you in Vancouver at Gastro '99.

Please note change of Executive for Vancouver Island Chapter:

President: Irene Ohly
Treasurer: Nelda Turner
Secretary: Pat Savage

Respectfully submitted,
Cheryl McDonald,
Director West

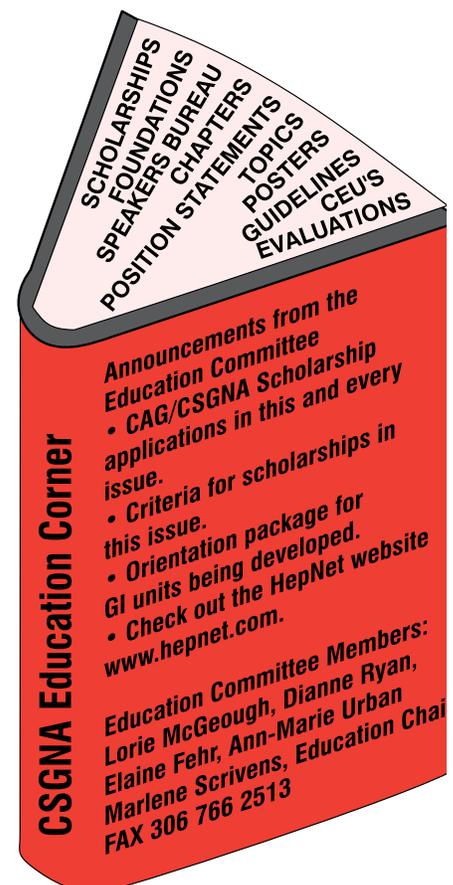
FROM THE EDITOR

Once again a warm thank you to all those that have contributed to this publication of the newsletter. Your contributions are a great asset in making the newsletter a success.

I am looking for someone to some group to contribute a mini quiz for the next publication. If anyone is interested please let me know and submit your quiz (with the answers) before September 15.

Looking forward to seeing everyone in Vancouver.

Lorie McGeough



Trust in God ... but lock your car.

CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES AND ASSOCIATES CHAPTER EXECUTIVE LIST

Vancouver Regional Chapter

President: Gail Whitley
5520 Lackner Cres.
Richmond, BC V7E 6A3
(604) 875-4155
Secretary: Judy Deslippe
Treasurer: Nala Murray

Okanagan Chapter

President: Linda Frandsen
3320 Jackson Court
Kelowna, BC V1W 2T6
(250) 862-4427
Secretary: Arlene Schroeder
Treasurer: Debb Levine

Calgary Chapter

President: Debbie Taggart
#102 - 1800 26th Ave. SW
Calgary, AB T2T 1E1
(403) 209-0217 (H)
(403) 291-8922 (W)
(403) 291-1599 (Fax)
Secretary: Darlene Pontifex
Treasurer: Evelyn Hilderman

Edmonton Chapter

Co Chairs: Sonia Shaw and
Judy Langner
9336 - 82 St.
Edmonton, AB T6C 2X5
(403) 492-6741
Or
129 Greenoch Cres.
Edmonton, AB T6L 1W6
(403) 450-7323
Secretary: Doris Strudwick
Treasurer: Patti Ofner

Saskatchewan Chapter

President: Elaine Fehr
195 Edenvold Cres.
Regina, SK S4R 8A6
(306) 766-2441
Secretary: Shannon Cote
Treasurer: Dianne Ryan

Manitoba Chapter

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1503 - 55 Nassau St. N.
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(204) 237-2249
Secretary: Wanda Gembarisky
Treasurer: Olivene Jessop

Ottawa Chapter

President: Nicole Millaire
1700 Teakdale Ave.
Orleans, ON K1C 6M4
(613) 737-8383
Secretary: Jean Macnab
Treasurer: Monique Travers

Golden Horseshoe Chapter

President: Judy Searay
55 Wellington St. S. #3
Hamilton, ON L8N 2P9
(905) 521-2100 ext. 6094
Secretary/Treasurer:
Sharon Thomas

South Western Ontario Chapter

President: Jane Addison
255 Shorehaven Wynd.
Windsor, ON N8S 3C8
(519) 255-2100 Ext. 125
Treasurer: Marbeth McLean
Vice President: Diane Gray

Greater Toronto Chapter

President: Sheila Yearwood
21 Willowlea Dr.
West Hill, ON M1C 1J4
(416) 431-8178
Secretary: Jean Hoover
Treasurer: Kay Rhodes

London Area Chapter

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Secretary: Lynette Elliott
Treasurer: Laura Mason

Newfoundland Chapter

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Secretary: June Peckham
Treasurer: Mabel Chaytor

New Brunswick Chapter

President: Carolyn Lewis
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Secretary/Treasurer:
Mary Anne Jones

Nova Scotia/PEI Chapter

President: Elizabeth Hendsbee
284 Ross Rd.
Westphal, NS B2Z 1H2
(902) 473-6541
Secretary: Donna Cook
Treasurer: Theresa McKinnon

Vancouver Island Chapter

President: Irene Ohly
642 Cairndale Rd.
Victoria, BC V9C 3L3
(250) 727-4234
Secretary: Brenda Stevens
Treasurer: Wendy Heater

Tip of the day: Never drive faster than your guardian angel can fly.

The *Dentsleeve* Catheter for Esophageal Manometry

Jennifer C. Myers, BSc., Clinical Scientist, University Dept. of Surgery, Royal Adelaide Hospital, Adelaide, Australia
 Patricia Coghlin, R.N., CGRN, Staff Nurse, Calgary Regional Hospital Authority, Rockyview site, Calgary, Alberta, Canada

Catheters chosen for use in esophageal manometry are often dependent on user preference and familiarity of resultant tracings. Plastic sidehole catheters of various configurations are reasonably priced and easy to use. A continuous, pull-through tracing of four to eight channels results. Solid state catheters eliminate the water perfusion pump, incorporate internal transducers and apparently result in more accurate readings due to the averaging of circumferential pressure differences. Unfortunately they come at a high cost that few centres can justify.

The *Dentsleeve* is a six centimetre fine membrane-bound silicone rubber sleeve on the distal end of a motility catheter. The perfused water enters

the sleeve at the proximal end, runs under the fine membrane and perfuses out of the catheter at the distal end of the sleeve. The fine membrane of the sleeve transmits pressure from any area of the sleeve to the pressure transducer. Resting sphincter tone, sphincter relaxation pressure and sphincter contraction pressure on swallowing are all detected by the sleeve and transducer. The pressure recorded will reflect the maximal pressure in the sleeve. The sleeve is built into a catheter with sideholes spaced five centimetres apart. Even if the lower sphincter moves with swallowing or respiration, the sphincter pressure will be recorded because of the six centimetre length of the sleeve.

Catheter design:

	distal end	0cm	proximal end					
sidehole #	1	2	3	4	5	6	7	8
sleeve # (6 cm long)								
dist below 0cm:	-4cm	0cm	+3cm	+8cm	+13cm	+18cm	+23cm	+29cm
distance apart	4cm	0cm	3cm	5cm	5cm	5cm	5cm	6cm

General guide for test protocol:

- ⇒ station pull-through to locate the lower esophageal sphincter on a side hole
- ⇒ position the sleeve with lower esophageal sphincter at mid-sleeve position; tape catheter to nose
- ⇒ perform a series of water swallows, five millilitre bolus every thirty seconds times ten

On an either channel chart recorder or computer with suitable software, a complete picture can be obtained without changing connections. On a four channel chart recorder, the complete picture can be obtained in two part.

First:

- ⇒ distal esophagus (sideholes #3 & #4)
- ⇒ lower esophageal sphincter (sleeve #2)
- ⇒ gastric pressure (sidehole #1)

Second:

- ⇒ proximal esophagus (sidehole #6)
- ⇒ mid esophagus (sidehole #5)
- ⇒ distal esophagus (sidehole #4)
- ⇒ lower esophageal sphincter (sleeve #2)

While changing performance practices can be a challenge both for the nurse and the interpreter, this catheter offers users a reasonable alternative to consider.

National CSGNA Executive Meeting

March 26, 27 and 28, 1999 in Toronto

Future National conferences are:

- Vancouver – August 1999
- Ottawa – September 2000
- Edmonton – October 2001
- St. John's – October 2002

The newsletter deadlines for submission to the Guiding Light are: June 15, October 15, and February 15.

The job descriptions for the National Executive were rewritten to reflect the bylaws.

Vacancies for the upcoming year on the Executive include: Education Chair, Directors – West, Centre and East, and Secretary.

A new policy was presented for Conference registration fee refund. This will be published in the Guiding Light. The following policies were revised: Policy for Board Financial reimbursement, Scholarship awarding policy, Float for Annual National Conference and membership access policy.

Certification CNA – A letter has been received from CNA granting specialty status pending a few clarifications in our submission.

Presentations to be given at Gastro '99 include – Guidelines for Latex Allergies, a discussion paper on Bronchoscopy and survey results on Flexible Sigmoidoscopy.

The Chapter packages have been reviewed and new updated packages will be ready for Gastro '99.

A new Code of Ethics for the Executive was presented and approved. The following will be reviewed and revised this year: Position Statement on Scope Advancement, PEG insertion and guidelines for Charting.

Teleconference will be held on June 5, 1999 at 1000 hours.

Jean Macnab



Canadian Society of Gastroenterology Nurses & Associates

SCHOLARSHIP AWARDS 1999

CAG

Rachelle Thibault-Walsh — Ottawa, Ontario

CSGNA REGIONAL

Elizabeth Hendsbee — Westphal, Nova Scotia

CSGNA ANNUAL

Dianne Ryan — Regina, Saskatchewan

Sylvia Dolynchuk — Winnipeg, Manitoba

Terry LeDressay — Whitby, Ontario

Shirley Malach — Regina, Saskatchewan

Carina Rondeau — Winnipeg, Manitoba

Harriet Kunz — Willowdale, Ontario

Judy Searay — Hamilton, Ontario

Branka Stefanac — Kitchener, Ontario

Janice Bretherton — Sault Ste. Marie, Ontario

Communication The Key to a Healthy Membership! A MESSAGE FROM THE PRESIDENT

In September 1998 the CSGNA devised a Strategic Plan for the Association. At the forefront of this is the pledge to improve Communication between the Members, Chapters and the Executive. We will continue to work hard to this end. This however takes involvement from all parties.

I received a phone call the other day from a member dishevelled at not being informed of activities in her chapter. I understand her point and the following steps may be taken to alleviate this problem for others.

1. If you have not heard from your chapter in awhile call the President of that chapter and ask what the plans are for educational events.

2. Call the Director from your region. All educational events are to be reviewed by the Director prior to the event taking place. This may be for your chapter or for adjacent chapters in your area.

3. If you have access to the Internet all CSGNA events can be viewed by clicking on the Upcoming event section. Our webpage is found at www.webray.com/csgna.

4. Many upcoming events are published in the Guiding Light.

5. If you have a change of address please send your new address to the Treasurer/Membership chair. This year Edna had 30 returned membership renewals due to "this person no longer lives here".

The CSGNA is dedicated to Excellence in GI Nursing through educational opportunities. Please make us aware if there are problems in your area. If we don't know something is broken we can't fix it!

Following is the line of communication for CSGNA. However members can feel free to skip levels and contact myself or Lorraine Miller-Hamlyn at any time.

Member – chapter Executive – Director for your Region – CSGNA Executive.

By working together to improve communication we will all benefit!

Respectfully submitted
Cindy Hamilton

The Nova Scotia Home Parenteral Enteral Nutrition Program

The Nova Scotia Home Parenteral Enteral Nutrition Program is housed at the QEII HSC but serves all adults, pediatrics and obstretrical patients in Nova Scotia. Managed by a multi-disciplinary team, it provides parenteral and/or enteral nutrition for patients who meet certain criteria and would otherwise be hospital dependent. The Department of Health approved the program in September 1995 but the first Home TPN patient was discharged from the old Halifax Infirmary in 1981. The program is modelled after the program at the Toronto General Hospital where patients were trained on Home TPN before our program was started. Presently there are 17 TPN patients and their ages range from 24 months to 77 years. Patients may alternate between programs throughout the years. For example a young, female enteral patient became pregnant and was changed to Home TPN to meet her nutritional needs throughout her pregnancy. Several months after her delivery she was able to resume her enteral nutrition via a J tube.

Enteral nutrition is not for everyone. Patients must have a functional GI tract. If they do and have been NPO for three to five days or consuming less than 50 per cent of their meals, it may be indicated. Once it has been determined enteral nutrition is indicated the formula must be chosen. Products vary in calorie density, osmolality, water content, fiber content, nutrient sources and nutritional completeness. The Physician and the dietician will choose the best formula, the amount and rate. Often adjustments must be made before the best match is found.

Determining the delivery tech-

nique for short term therapy is not as difficult as for long term therapy. For the most part, a small bore nasogastric tube is appropriate. For long term therapy many factors must be taken into consideration – the diagnosis and symptoms will determine if a G or J tube should be placed and then how it should be placed – the O.R., Radiology or GI unit all offer different techniques and tubes. The patient, physician, dietician and nurse must be involved in this process. This can be done for the patient as an inpatient or outpatient.

Patients referred to the Parenteral program must be inpatients of the QEII HSC or IWK Grace Health Care Facilities so they may need to be transferred from another hospital in Nova Scotia. The decision to admit a patient to the program is determined by the Parenteral Enteral Nutrition Team based on certain criteria. If the patient is an appropriate candidate, several steps must be completed before an intense two week training period starts. The patient must be stabilized from a medical perspective as well as able to perform ADLs. Also they must have an acceptable tunnelled central venous catheter. Presently we are using single lumen, hickman, broviac, groshong catheters or single ports for long term home TPN. Training is then begun which takes 10-14 days. Discharge is coordinated for early to mid-week with arrangements for ongoing follow-up by the team. Pharmacy and med/surg supplies are sent to the patient every two weeks. The TPN order is based on regular bloodwork that is faxed to the office before the patient's TPN is compounded. This allows the pharmacist time to change the formula if necessary.

Caring for Home TP patients requires a great deal of coordination and communication between the patient, other physicians, lab, pharmacy, stores, courier service and our team. The care provided is based on the American Society for Parenteral and Enteral Nutrition (ASPEN) Standards of Practice. ASPEN's clinical guidelines for all disciplines have also been adopted by our team. Every year one or two of our team members attend the International ASPEN Conference. This year's conference was held in San Diego and our research was presented "Ostopenia in Subjects on Long-Term Parenteral Nutrition" Nova Scotia. Also we were just notified it has been accepted for presentation at GASTRO '99 in Vancouver, BC this September.

We have an annual meeting/tea with our patients every summer. This enables everyone to meet and share their problems and solutions. Also there is a Canadian Parenteral Enteral Nutrition Association that is run by patients with a small amount of assistance from members of the health care team. It is a non-profit organization and a wonderful resource for all patients in Canada. As well it has very close ties with the Oley Foundation (our US Home Parenteral Enteral Patients).

If anyone is interested in further information please don't hesitate to contact me.

**Janet Watters RN, BN, MHSA
Provincial Coordinator
Nova Scotia Parenteral Enteral
Program
(902) 473-2873**

Remember that great love and great achievements involve great risk.

WORD SEARCH

Marlene Scrivens

- ITCHY
- HIVES
- SWELLING
- SNEEZING
- WHEEZING
- NAUSEA
- ANAPHYLACTIC
- RUBBER
- BALLOON
- CONDOM
- ELASTIC
- TUBING
- BANDAID
- ADHESIVE
- DERMATITIS
- AVACADO
- BANANA
- KIWI
- TOURNIQUET
- REACTION
- SENSITIZATION
- IRRITANT
- GLOVES
- ALLERGY
- PACIFIER
- LYCRA
- VINYL
- PLASTIC
- NITRILE
- MASK
- CRAMPS
- DRAINS

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

Guidelines for Preventing Allergic Reactions to Natural Rubber Latex

by Monique Travers, RN

The latex allergy is an enormous public health problem faced by health care workers and patients. They have become the fastest group to experience latex sensitivity and more often its adverse effects.

Latex is a common component in health care products and consumer products. In 1989 there were 400 reported anaphylactic reactions and 15 deaths due to latex contact.

The implementation of universal precaution since 1987, to prevent HIV and other bloodborne pathogens infections resulted in an increase demand for gloves. Manufacturing processes may have temporarily changed to meet this dramatically increased demand for gloves, resulting in latex products with higher allergic and/or irritant properties being produced and used. Repeated exposure to latex products can cause hypersensitivity reactions locally and systemically. Reducing exposure to latex products will definitely decrease sensitization and symptoms. There is no treatment for latex allergy except complete avoidance of latex.

Purpose:

Develop a plan for protecting allergic patients and staff from latex exposure and for managing allergic reactions should they occur.

What is natural rubber latex?

Natural latex is a milky fluid obtained from the *Hevea brasiliensis* (rubber) tree found in Africa and South-east Asia. Various chemical agents such as vulcanizers, accelerators, stabilizers and anti-oxidants are added to natural latex, to get the specific physical properties needed for manufacturing of numerous products. Latex is present in our lives both at home and at work.

The two major goals in the management of latex reactions are:

1. Successful identification and treatment of all dermatitis to prevent future sensitization.
2. Identification of latex allergy to prevent serious life threatening sequelae whenever possible.

Types of reactions to latex:

Three types of reactions are associated with latex products:

- a) Irritant contact dermatitis
 - Most common type of reaction.
 - Not an allergic reaction involving the immune system but rather a skin irritation caused by the chemicals added to the latex during the manufacturing: the glove powder itself, repeated irritation from sweating under the gloves or from gloves rubbing against the hands.
 - Characterized by dry, flaky skin and papules, redness, fissures and thickening of skin.
- b) Allergic contact dermatitis: Types IV
 - Delayed type hypersensitivity

- A cell-mediated allergic reaction to the chemicals used during the processing of latex. The more common sensitizers/allergens are thiurams and carbamates (accelerators).

- Results from prolonged contact with these chemicals in gloves

- Symptoms usually appear 6-48 hrs after exposure

- Characterized by localized redness, clustered vesicles, swelling, itching, cracking, excema and fingertips fissures.

c) Immediate allergic reaction: Type I

- An immediate immunoglobulin E mediated allergic response to the latex protein themselves

- Reaction usually occurs 5-30 minutes after exposure

- The response is introduced by direct contact with latex on non-intact skin resulting in sensitization before manifesting as a generalized reaction

- Once sensitivity has been initiated, any contact with the latex may cause a recurrence of the reaction.

- The protein allergens have been found in water-soluble extracts from latex rubber film. It may also be absorbed by glove powder, which may become airborne.

- The severity of the immediate reaction will depend on the route of exposure; cutaneous, mucosal, inhalation and parenteral, the amount of latex allergen and the degree of individual sensitivity.

- Mild reactions involve skin redness – hives – itching.

- More severe reactions may imply edema, itching, conjunctivitis around the eyes, rhinitis, nasal itching, sneezing, shortness of breath, asthma, airway obstruction due to bronchospasm, anaphylactic shock.

Risk factors for latex sensitivity and allergy

- Persons with spina bifida
- Patients with congenital urogenital defects, history of indwelling urinary catheters for repeated catheterizations.
- Patients who have undergone recurrent surgical procedures.
- Workers with ongoing latex exposure – health care workers, housekeepers, food handlers, tire manufacture workers, workers in industry who use gloves regularly.
- Atopic individuals – persons with multiple allergic conditions, excema, asthma, rhinitis.
- Individuals allergic to certain food, banana, avocado, chestnut, apricot, kiwi, papaya, passion fruit, pineapple, peach, nectarine, plum, cherry, melon, fig, grape, potato, tomato and celery may cause a cross reactivity with latex protein.

No treatments are available to cure latex allergy. The best treatment is to avoid exposure. The treatment for individual allergic to latex is to ensure a safe environment. Medications are available to alleviate the allergy symptoms.

Recommendations:

Institution:

To eliminate or reduce the risk for latex sensitization of asymptomatic staff and minimize the risk of latex exposure to staff already sensitized.

- a) Eliminate unnecessary use of latex gloves by providing workers with non latex gloves when there is minimal potential for contact with blood or bodily fluid.
- b) Choose a reduce protein, powder glove (powder absorbs latex proteins) when selecting a latex glove for barrier protection from infectious materials. Glove should be approved by the Canadian General Standard Board.
- c) Provide education to employees about latex allergies band care and the importance of early care for dermatitis or other allergy symptoms. Identify and instruct worker in work practices to prevent exposure.
- d) Implement a latex allergy assessment protocol including a screening history questionnaire and protocol of evaluation and treatment of latex reaction symptoms.
- e) Conduct a worksite evaluation, identify areas contaminated with latex dust and ensure cleaning is done more frequently and that filtration, ventilation systems provide adequately recirculated air in area with high levels of latex aerosols.
- f) Provide alternative latex free devices as needed.
- g) Identify medical product containing latex.
- h) Incorporate latex allergy education as part of the annual safety and infection control program, orientation program and also conduct inservices.
- i) Accommodate the affected workers once a diagnosis of latex is confirmed. Extremely sensitive individuals may have to be re-assigned to areas where no latex gloves are used.

Health care workers:

Health care workers should protect themselves from latex exposure and allergy in the workplace:

- Use non-latex gloves for activities that do not involve contact with blood or body fluid.
- For activities where contact with infectious materials is expected and latex gloves are used, choose a reduced protein, powder free glove.
- Workers with hand dermatitis, should never wear oil hand cream or lotion with latex gloves. Oil breaks down latex, damages the glove barrier and releases additional allergen. Detergents and other chemicals also degrade latex glove.
- After removing gloves, wash hands with soap and dry thoroughly, never reuse glove.
- If you experience any symptoms possibly related to latex allergy, report it to Health and Safety Department and avoid contact with latex gloves product until you see your allergiologist.
- Attend latex allergy education session.

If allergic to latex:

- 1) Avoid contact with latex gloves, latex containing products and objects such as: computer keyboards, telephones, that have been contaminated with latex gloves or glove powder.
- 2) Avoid areas where you might inhale the powder from latex gloves worn by other workers.
- 3) Wear medical alert bracelet
- 4) Attend latex allergy education session.
- 5) Carry an emergency epinephrine auto-injector.
- 6) Avoid cross-reacting food such as: kiwi, avocado, chestnut.
- 7) Follow your physician's instructions for dealing with allergic reaction to latex.

Patients:

All patients are assessed for adverse reactions or contraindicated substance during their admission assessment. We should provide a latex safe hospital environment for patient allergic and sensitive to latex.

Pertinent information that might be helpful during the assessment:

- presence of allergies such as hay fever, childhood or adult excema, asthma and food allergies.
- Multiple surgeries.
- Undiagnosed reactions or complications during surgery anesthesia or dental work: angioedema, shortness of breath, rash.
- History of latex exposure: type of latex device, nature and duration of exposure.
- History of latex allergy such as cutaneous symptoms (dermatitis-excema-urticaria) respiratory symptoms, (rhinitis, wheezing, coughing, sneezing, shortness of breath).
- Any respiratory symptoms experienced when in contact with products containing rubber.
- Other symptoms such as itchy hands, conjunctivitis, localized angioedema, possible systemic anaphylactic symptoms with the use of household latex cleaning gloves, balloons, condoms and diaphragms.

If patient fits in any of the above categories the following measures should be implemented.

- Patients with severe documented allergy to latex should be assessed for the need of a private room.
- A kit should be obtained containing all latex free supplies that are necessary for patient care from admission to discharge. This kit will follow patient to every location he goes throughout his admission.
- Remove all latex products from patient's room especially latex gloves, tourniquets, etc.
- Wear non-latex examination and sterile gloves. Vinyl gloves should be changed every 15 minutes to protect the health care worker from blood borne pathogens.
- Identify chart, patient, bed, medication profile, Kardex, physician order sheet with latex allergy stickers.
- Post latex allergy sign on patient's door.
- Wear a cover gown if the possibility that your uniform contains residues of powder from latex gloves.
- Tape over IV tubing ports and do not use.

- Do not inject via T-connectors, butrirol or IV bag. Inject and administer medication only through plastic stopcock.
 - Remove rubber stoppers from vial then draw up medication. Needle puncturing a rubber stopper can shear off particles of latex, and cause a systemic reaction.
 - Glass syringe or latex free syringe must be used. If plastic syringe are used, the solution must be injected immediately after being drawn up.
 - If pulse oximetry is used, cover finger with tegaderm then apply probe. The inside surface of most pulse oximeters is covered with latex.
 - Avoid skin contact with the bulb and tubing of the blood pressure cuff by placing a cloth under the rubber to shield the skin.
 - Stethoscope tubing can be covered with a stockinette
 - If catheterization is necessary, use silastic foley catheter.
 - Utilize single dose ampules for parenteral medication.
 - Patient that are highly reactive, may require medications at the bedside. Epinephrine should be available if an anaphylactic shock occurs.
 - If the patient develops an allergic reaction, remove suspected allergen and provide immediate care as needed and directed by the physician.
 - All individuals dealing with this patient (clinical, house-keeping, dietary, etc.) must follow proper handwashing procedures before caring for these patients in order to minimize the exposure to and transfer of latex protein.
8. Do you have a personal history of any of the following?
 asthma Y__ N__ contact dermatitis Y__ N__
 urticaria Y__ N__ conjunctivitis Y__ N__
 eczema Y__ N__ rhinitis Y__ N__
9. Did any of your past or present occupations involve frequent contact with latex products? Y__ N__
10. After exposure to rubber gloves or products which symptoms have you experienced?
 wheezing___, swelling of eyelids___, sneezing___,
 swelling of lips___, teary eyes___, difficulty
 breathing___, itchy eyes___, abdominal cramps___,
 runny nose___, hives___, nausea___,
 rapid heart beat___.
11. Have you ever had an anaphylactic reaction? Y__ N__

Endoscopy Equipment

Examples of endoscopy equipment containing latex.

Carsen:

- balloon catheters, ultrasound balloon cuff, balloon sheath SIF balloon cuff.

Wilson-Cook:

- balloon stone extraction catheters, Cunningham-Cotton sleeve multi-band ligation bands.

Microvasive:

- occlusion balloon catheters, retrieval balloon catheters

Bard:

3M

Contact the manufacturers to obtain information about specific devices containing latex and what non-latex substitutes are available.

Latex Allergy Kit

- non-sterile vinyl gloves
- sterile non-latex gloves (6 1/2 - 7 - 7 1/2)
- silastic urinary catheter (size 14F - 16F)
- non-latex ambu bag and masks (Lacridal-Neoprene)
- glass syringes or latex free syringes: 2cc, 5cc, 10cc (2 of each)
- glass thermometer
- non-latex tape (micropore)
- opsite - tegaderm
- soft roll - kling-kerlix
- non-latex EKG pads-leads (Meditrace)
- stopcock x4 (4 way with luer lock)
- velcro tourniquet or non-latex IV tourniquet
- non-ported IV tubing
- bottle opener
- signs "Latex Allergy" x3 (to be placed over patient's bed, door and chart)
- yankaur suction (tonsil tip)
- oxygen nasal canula
- oxygen extension tube
- oral airway-polyvinyl
- latex safe endotracheal tube

Natural Rubber Latex Questionnaire

The following personal history may be used as a guideline to identify a person with latex allergy or sensitivities.

1. Have you had a reaction to any of the following items? Reactions include itchiness, redness, swelling, hives, runny nose, congestion, wheezing or chest tightness. adhesive tape___, IV tubing___, dental mask___, elastic on clothes___, face mask___, dish gloves___, rubber band___, rubber gloves___, balloon___, pacifier___, condom___, band-aid___.
2. Do you have food allergies? Y__ N__
 avocado___, banana___, chestnut___, kiwi___, papaya___, passion fruit___, peach___, raw potato___, tomato___, apple___, apricot___, pineapple___, cherry___, celery___, carrot___.
3. With food allergies did you experience any of the following: mouth tingling___, lip swelling___, throat itchiness___, wheezing___?
4. Have you ever had any reactions or complications to any previous surgeries? Y__ N__
5. Have you experienced any of the following symptoms after dental work: itching___, tearing___, fatigue___, drowsiness___, sneezing___, runny nose___, facial swelling___, redness___?
6. Do you have spina bifida? Y__ N__
7. Have you had multiple urological surgeries? Y__ N__

Patient care products that often contain latex

Latex	Substitute
Gloves:	
– sterile surgical gloves	– vinyl, neoprene gloves
– non-sterile examination gloves	
Intravenous supplies:	
– bags (latex injection port)	– cover ports, Abbott tubing
– tubing (latex inj. port)	– use stopcock, latex safe tubing
– buretrol	– burettes (B.Braun, Bethlehem)
– multidose medication vials	– ampoule
– PRN adaptor (heparin lock)	– use stopcock-latex safe cap
Respiratory supplies:	
– ambu bags	– clear disposable ambu bag
– rubber suction catheter	– Bard, Rusch, Cook
– face mask	– O mask
– airways	– Hudson airway
– endotracheal tubes	– Sheridan, Portex tube, Mellenckrodt
Catheters:	
– indwelling foley catheter	–silicone foley (Kendall, Argyle)
– condom catheter	– silicon clear advantage (Mentor)
– rectal pressure catheter	– Life tech.-Cook
– suction catheter	– polyvinyl
Surgical supplies:	
– anesthesia bag	– neoprene circuits bag
– drains	– Jackson-Pratt, silicone tubing
Dental supplies:	
– bit blocks	– silicone elastomer bite block
– copperdam	
– orthodontic elastics	– wire spring
– teeth protector	
Hospital supplies:	
– disposable syringes	– glass syringe, latex free syringe
– stethoscope tubing	– cover, isolation stethoscope
– tourniquet	– velcro, latex free tourniquet
– adhesive tape	– plastic, silk, paper
– blood pressure cuff	– Baxter, Dinsmap
– ECG electrode pads	– 3M, Baxter, Dentec EMG pad
– thermometer	– mercury, oral, rectal
– pulse oximeter	– Nellcor, cover digit with tegaderm
Consumer products:	
– household gloves	– vinyl
– rubber ball	– vinyl
– balloon	– mylar balloon
– condoms	– natural membrane condom nitrile
– bath mat, carpet backing	– most foam rubber is foam polyurethane and will not cause problems
– pacifier, feeding nipples	– silicone products
– elastic fabric, diapers, underwear	– Spandex and Lycra are not rubber, but elastic webbing often contains rubber
– rubber bands	– vinyl band, string
– rubber toys	– leather, plastic, cloth toys
– tires	
– rubber cement	
– Halloween mask	– vinyl or silicone
– computer pad	

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22. American Nurses Association, Position Statement, Workplace Advocacy, Latex Allergy, 1995.
23. Health and Safety, "Guidelines for Latex Gloves Users", Occupational Health and Safety Branch, Dept. of Environment and Labour.
24. "Guidelines for Preventing Allergic Reaction to Natural Rubber Latex in Workplace". SGNA 1998.



Canadian Society of Gastroenterology Nurses & Associates

C/O EDUCATION CHAIR: MARLENE SCRIVENS, 2107 BONNEAU PLACE 4, REGINA, SASK. S4V 0L4

APPLICATION FORM FOR CSGNA REGIONAL SCHOLARSHIP AWARD

The Regional Conference award of \$400.00 is to be used for travel and accommodation to a Regional Conference in Canada. Three scholarships each will be awarded at the Spring and Fall deadlines.

EXEMPTIONS:

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 BY MARCH 7, OR SEPTEMBER 7, 2000 TO THE ABOVE ADDRESS.

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 4, 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.

EXEMPTIONS :

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 BY JUNE 1, 2000 TO THE ABOVE ADDRESS.

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 4, 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 FORM AND SUBMISSIONS MUST BE RECEIVED BY THE EDUCATION CHAIR BY FEBRUARY 15, 2000 TO THE ABOVE ADDRESS. 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 1998-1999 Executive

PRESIDENT

CINDY HAMILTON
546 Kenmarr Cres.
Burlington, Ontario
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Pasqua Hospital
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(306) 766-2441 (W)
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4644 - 51st Street
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(780) 450-7116 (W)
or (780) 450-7323 (W)
FAX: (780) 450-7208