



The Guiding Light

CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES & ASSOCIATES

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Endoscopic Mucosal Resection (EMR)

Maria Ciocco, RN, & Linda Pinches RN.

Endoscopic mucosal resection, (EMR), is a minimally invasive endoscopic technique which is becoming the alternative for surgical resection of early mucosal or submucosal neoplastic lesions of the GI tract. EMR, originally called strip off biopsy, was first described for early gastric cancer in 1983 (Matsuda 2001) and has become a widely accepted technique for histologic diagnosis, for treatment of superficial malignant lesions, and for lesions with malignancy potential such as HGD.

In the past, definite tissue diagnosis of such lesions required surgical resection, but since EMR is associated with low morbidity and mortality rates, as well as low cost, it is certainly becoming a procedure of choice in the endoscopists' arsenal. The literature

describes several EMR techniques. Despite the differences, the principle is the same and provides the advantage of a full thickness resection for histo-pathologic analysis in comparison to other ablative techniques. For the purposes of this paper, we will be describing the technique developed by Dr. Haruhiro Inoue and colleagues, in the early 1990's, of the cap or suction technique.

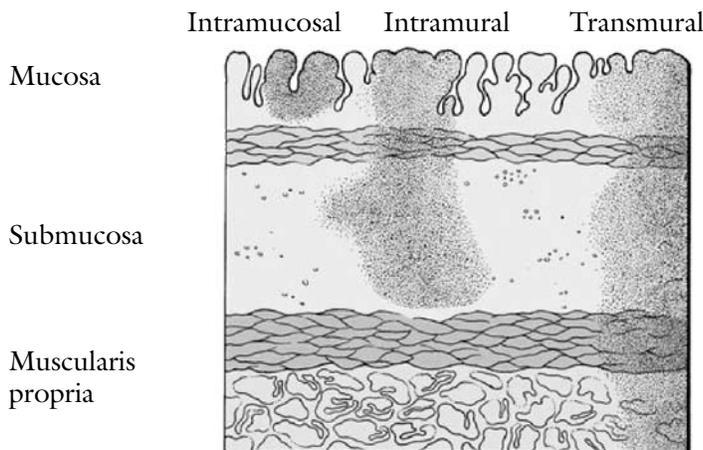
Endosonography used in conjunction with EMR allows the endoscopist to determine the depth of the lesions. Tumour depth is important because the deeper the tumour the greater the chance of lymph involvement. EMR criteria for tumour resection include lesions smaller than 20 mm, no lymph involvement, no ulcerations on mucosa, and maximum depth of lesion at

SM1 for superficial lesions and SM3 for submucosal lesions. (Parmar & Waxman, 2000) SM1 refers to lesions that have penetrated the mucosa, muscularis mucosa and a superficial layer of the submucosa. SM2 refers to lesions reaching the 2nd portion of the submucosa, SM3 refers to a deep submucosal lesion.

EMR TECHNIQUES

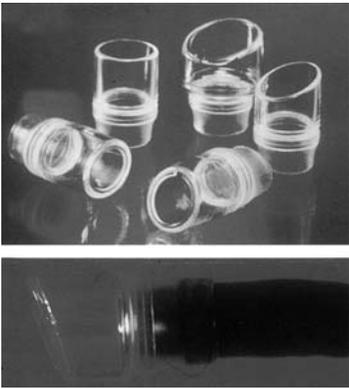
The cap method is a suction technique that uses a transparent cap attached to the distal end of the endoscope. The cap should be secured to the scope with waterproof tape to prevent dislodging. The EMR kit from Olympus includes a washing catheter, injection catheter, crescent snare (Snare master) and a straight or oblique tip mucosectomy cap.

INVASION OF ESOPHAGEAL CARCINOMA



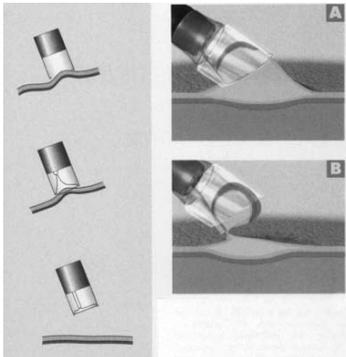
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A Examples of EMR distal attachment caps
 B EMR Cap attached to distal end of endoscope

The patient is intubated with the prepared scope and the target area is injected with saline, using approximately 8-10 ml in each of the four quadrants of the lesion. The purpose of the saline injection is to lift the lesion away from the muscle layer to prevent perforation. Epinephrine in the strengths of 1:20 may be added to the saline to prevent bleeding at the time of resection.

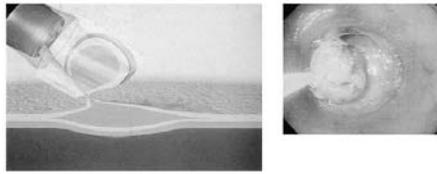


A Suction of lesion, post injection, into cap.
 B Snare and ligation of the suctioned mucosa.

Pictures – courtesy of Carsen's (Olympus®)

The margins of the lesion can be defined by adding several drops of sterile Methylene blue to the saline solution, which upon injection will outline the lesion by differentiating normal from abnormal tissue. A needle knife papillotome may also be used to mark the margins of the lesion by cauterizing spots at the outer perimeter.

The crescent shaped snare is prelooped in the groove of the cap. Suction is then applied to the lesion to pull it up inside the cap. The snare is pulled snugly around the lesion and cautery is applied after the aspirated mucosa has been pushed out of the cap. Cautery settings are the same as for polypectomy procedures. Retrieval of the specimen can easily be achieved by sucking it up into the cap and removing the scope from the patient.



Example of snare pulled snugly around the lesion

PRE AND POST EMR OF DISTAL ESOPHAGEAL NODULE



Picture – Courtesy Dr. Marcon

Endo clips can be applied in the event of bleeding, therefore a loaded clipping device should always be available.

Complications of EMR include perforation, bleeding, stenosis, pain and fever from transmural burns. However, the cumulative experience seems to point to very few complications, therefore the procedure can be safely done as an outpatient basis.

PATIENT CONSIDERATIONS

1. Patient preparation:

A consent process, which includes a clear understanding of the risks, benefits and alternatives for the patient is an essential first step. Also, patients need to be aware of the treatment options in the event of a complication. Additionally, patients should have an emergency contact number upon leaving the hospital and instructed to report any bleeding, fever and acute pain to their endoscopist.

All the previous results, including EUS findings must be available at the time of the procedure. As with other procedures patients should be NPO after midnight. Depending on your department policies, an INR may be drawn. Patients should not take ASA, NSAID's and blood thinners for 5 to 7 days pre and post procedure.

2. Post procedure

An artificial ulcer will be created therefore the patient may experience pain. Pain management strategies should be part of health teaching before and after this procedure.

Diet – Depending on physician practice we generally recommend clear fluids for one day (patients are encouraged to avoid acidic drinks like orange juice), a soft diet for one day and subsequently diet as tolerated.

Antibiotic prophylaxis is not part of the general practice, however if the ulcer is deep or fever develops, this additional patient intervention may need to be considered.

Proton Pump Inhibitors, as necessary, to promote healing of injured tissue in an anacid environment, thus promoting regeneration of normal squamous tissue.

Importance of follow up needs to be discussed with patients. Until more information becomes available, the standard recommendation at our hospital is endoscopy with jumbo, 4 quadrant biopsies of the affected area every 3 months.

If disease free then the surveillance interval will be increased to 6 months and then to 1 year

RESULTS

One advantage of EMR is the potential of avoiding esophagectomy with its inherent morbidity and mortality, for patients with HGD or localized lesions in the esophagus. An additional benefit over other ablative techniques is that EMR provides the opportunity for histological diagnosis and potentially an assurance of eradication of disease.

The literature, as we discussed previously, describes numerous techniques which include overtube, ligation, suction, cap, strip biopsy and lift and cut to name a few. Randomised trials are not available using different techniques or for EMR vs. esophagectomy. Follow up patient data will provide a better understanding of the value of this technique as either a stand alone or as adjunct therapy for the treatment of patients with HGD or early esophageal cancer.

CONCLUSION

EMR is emerging as a promising endoscopic technique for the treatment of HGD or early esophageal cancer.

The limitation from this perspective seems to be adequate endoscopic identification and depth of lesion.

Although more prospective studies are required, there seems to be no question that EMR is a technically feasible and safe procedure. At this time controversy still exists in terms of the best EMR technique as well as what is the best injecting agent. However, EMR does provide histopathologic evaluation of tissue which may reveal more advanced disease or downgrade some suspected lesions. As a stand alone, or when combined with other ablative techniques, EMR may be a curative option and only studies with larger patient populations and sufficient follow up will provide the answer. These trials will also provide answers about the risk of synchronous or metachronous lesions as well as morbidity and mortality as compared to surgical and nonsurgical techniques.

What is the bottom line? Only time will tell. However, in the real world of today, if EMR is offered as a curative technique, then close follow up of the patients is necessary to ensure their continued health.

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Parmar, K., & Waxman, I., (2000) Endosonography of submucosal lesions. Techniques in Gastrointestinal Endoscopy, 12 (2): 89 - 93.

Nijhawan, P.K. , & Wang K.K. (2000). Endoscopic mucosal resection for lesions with endoscopic features suggestive of malignancy and high-grade dysplasia within Barrett's esophagus. Gastrointestinal Endoscopy, 52 (3): 328-332

Ell, C.; May, A.; Gossner, L. et al (2000). Endoscopic mucosal resection of early cancer and high-grade dysplasia in Barrett's esophagus. Gastroenterology, 118 (4): 670-677

Makuuchi, H. (2001). Endoscopic mucosal resection for mucosal cancer in the esophagus. Gastrointestinal Endoscopy Clinics of North America, 11 (3): 445-458

Reeves, A. L. (2000). Endoscopic mucosal resection. Gastroenterology Nursing, 23 (5): 215-220

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RESULTS FROM THE LITERATURE

For the purposes of this paper, three articles were chosen for review and are summarized in the table below.

Author Yr	Technique	N/ disease characteristics	Age	Complications	Follow up	Results
Ell 2000	"Suck and ligate"	64 patients - Group A - 35 low risk (type I & II lesions) - Group B - 29 high risk (20mm lesion, inoperable for various reasons)	65 ±	10 1 spurting bleeding managed endoscopically	12 ± 8 mos 1 pt in group A & 9 pts in group B still undergoing therapy at the time of the paper	- complete remission in 97% of group A - recurrent or metachronous Ca in 59% of group B
Nijhawan 2000	"lift and cut" in 23 pts "Suck and ligate" in 2 pts	25 patients -11 – nodule in Barrett's 14 – HGD or areas suspicious for cancer	67 ± 7	None	Median 10 months (range 4-42 mos)	-2 pts – dx adenoCa at EMR went for eophagectomy -4 pts residual cancer on f/u along with 3 others underwent PDT
Makuuchi 2001	- EMR tube	436 ptsfor 650 lesions - cancer 351 - dysplasia 59 - benign tmour 26	N/A	- 31 patients * - 4 perforation - 1 surgical emphysema - 17 bleeding - 9 stenosis ** all patients recovered with conservative management	5 yr survival 97.9% * * pts who died from other causesnot included in survival rate	- local recurrence of 11 lesions with an average time to recurrence of 9.4 mos - secondary primary lesion in another part of esophagus in 26 pts avg time 25.8 mos - lymph node recurrence in 3 patients after 5 years.

Bronchoscope Pseudomonas Outbreak Rattles Johns Hopkins' Hospital

More than 415 pulmonary patients at Johns Hopkins Medical Center have been contacted after they may have been exposed to *Pseudomonas aeruginosa* because of a design error. Of those alerted, 100 have since tested positive and two died.

Olympus recalled 15 bronchoscope models, due to a "potential looseness in the biopsy channel port housing". The company redesigned the recalled bronchoscope models by replacing the plastic cap that screws onto the biopsy channel port housing's threaded inner shaft with a stainless steel cap. They used more adhesive and sealant to prevent the new stainless steel cap from loosening during routine use or reprocessing.

The driving force behind the recall is being credited to a team of healthcare workers at Skyline Hospital in Nashville, Tenn, that noticed a significant increase of pulmonary patients contracting pseudomonas infections in mid-2001. These investigators inspected the bronchoscope and discovered that its biopsy channel port housing which is supposed to be secure, had become loose. Sections of this loose housing, which were inaccessible to cleaning and disinfection, were sampled and found to be contaminated

with the same *P aeruginosa* strain as the patients' contaminated BAL samples.

Infections following bronchoscopy and gastrointestinal endoscopy are rare but have been reported. Excluding design defects, breaches in the reprocessing protocol have been identified as the cause of each reported outbreak. Complicating factors can contribute to the failure of adequate reprocessing procedures. For example, the design of the instrument can affect the success of a cleaning and disinfection process. If an endoscope contains a channel or orifice that is very narrow and whose access is restricted, or if the endoscope contains a defective biopsy port whose design prevents thorough cleaning and disinfection, then the risk of nosocomial infection increases.

This recall of defective bronchoscopes reveals the extent to which poor instrument design can hinder contact of the cleaning and biocidal agents with every potentially contaminated surface, even if healthcare workers diligently adhere to the endoscope manufacturer's reprocessing instructions. It is of the utmost importance that:

a) manufacturers designing reusable medical instruments facilitate the reprocessing of all of their internal (and external) surfaces;

b) companies being proactive and promptly notifying all users when their devices are recalled;

c) surveillance within health care facilities to quickly detect and formulate a prompt response to an outbreak.

In conclusion it is your responsibility to verify your inventory and should you have the following models of bronchoscope to send them immediately to the company for replacement of a more secure stainless steel cap.

BF-40, BF-P40, BF-1T40, BF-3C40, BF-XP40, BF-XT40, BF-240, BF-P240, BF-1T240, BF-6C240, BF-160, BF-P160, BF-1T160, BF-3C160, BF-XT160

For more information you may visit the following website:

www.olympusamerica.com/files/Bronch_press.pdf

http://www.olympusamerica.com/files/Bronch_press.pdf

www.fda.gov/cdrh/safety/endoreprocess.pdf

<http://www.fda.gov/cdrh/safety/endoreprocess.pdf>

**Michele Paquette CGRN
Education Chair**

**Remember that not getting what you want
is sometimes a wonderful stroke of luck.**

**Yesterday is history, tomorrow is a mystery.
Today is a gift that is why it is called the present.**

DIFFERENT SCOPES, FOR DIFFERENT FOLKS A LOOK AT THERAPEUTIC ENDOSCOPES

Briar Harris, Reg. N.

Therapeutic Endoscopy has grown by gigantic proportions over the last two decades.

In the early days physicians usually had the use of only two or three types of endoscopes for use on patients for therapeutic as well as diagnostic problems. Their ability to achieve success was limited due to the designs of the scopes of the time.

Today the Therapeutic Endoscopist has a wide array of instruments available for his/her armamentarium. I will discuss a few.

OBLIQUE SCOPE:

The Oblique Scope is a side viewing gastroscope used primarily for esophageal therapy. The scope has an oblique viewing angle of 45° and presents an angular field of 130°. In addition the instrument is equipped with an accessory elevator.

The wide oblique field of view and the elevator ensure that both biopsy and the treatment of the target area can be performed easily.

Clinically, the oblique scope is used for injection of esophageal varices and biopsies of esophageal neoplasms, including Barrett's esophagus. The scope can be used for routine gastroscopy as well.

ZOOM COLONOSCOPE:

Zoom endoscopes are designed to provide magnification power of up to 150 times the normal endoscopic view. By using an optical zoom method, clear images are obtainable thus enabling the diagnosis of the pit pattern in the target area.

When attempting to locate a diseased area during an examination rapid

magnification is achieved by a simple thumb operated adjustment.

The Zoom Scope is used for examination of Barrett's Esophagus, to differentiate pathology and to allow visualization of exceptionally clear images of mucosal surfaces (cellular patterns). The Zoom scope has shown to be extremely useful in the Research Setting.

DOUBLE-CHANNEL SCOPE:

Although double-channel scopes are not new, it has only been in recent years that physicians have come to appreciate the unique properties of this scope.

The scope is comprised of all of the regular features of a gastroscope or colonoscope but is equipped with two separate channels usually in the 3.8 and 2.8mm ranges but may be as large as 4.2. and 3.2mm.

Extremely effective aspiration can be performed through one channel, while forceps remain inserted in the other. Both channels can be used simultaneously or with the turn of a lever one channel can be dedicated to suction while the other is designated for accessories. Multiple angled biopsies can be obtained as the two channels exit at different angles.

This scope is highly effectual on G.I. Bleeds, Polypectomy, and Foreign Body Removals.

"CLOT BUSTERS" OR LARGE CHANNEL:

A relatively new scope on the market, large channeled endoscopes feature suction channels of approximately 6.0mm. When used in a bleeding situation this scope has the ability

of removing large quantities of fluid, blood or clots without fear of "clogging" the suction channel.

The large channels on these scopes also allow for use of therapeutic accessories such as forceps and snares large as 15 French.

The last scope I will discuss in this article is the **Enteroscope or Small Bowel Scope.**

It is unusual, if not rare that hospitals, including large teaching hospitals own a S.B.S. They are used relatively infrequently, but are essential when attempting to discern pathology of the small bowel.

Patients presenting with severe anemia but negative gastroscopies and colonoscopies are ideal candidates for this scope. Small bowel I.B.D. can be diagnosed and follow up is available for patients who have had small bowel resections in the past, to determine if re-growth has occurred.

Long, hard and sometimes dangerous over-tubes once necessary to reach the small bowel have been replaced by newer technology that no longer requires the use of over-tubes. Procedures are much better tolerated by the patient while the length of the procedure is now similar to that of a colonoscopy.

I have only touched on a small group of endoscopes available for therapeutic use in the G.I. setting.

With ongoing development of newer and smaller technologies by manufacturers there is no doubt that many new instruments with even more applications to G.I. Endoscopy will appear.

Dental Suction Tips: Valued Uses in Endoscopy Units

Recently, we questioned the use of the standard Yaunker suction device. It was proving to be an awkward and cumbersome device to use in our practice, especially during ERCP'S.

Was there something else we could try? A minor brainstorm arose and we began our search. We asked our Purchasing Department (Logistics) to help us find a supplier of a very common device that we referred to as a "Dental suction tip". We received a Dental Suppliers Catalogue and found exactly what we were looking for. Referred to as 'Disposable Flexible Saliva Ejectors' "Pompes a salive flexibles uniservice," in the Dental world. We needed to find out if such a device would fit into our standard suction tubing and we wanted to give it a try.

We found the tips fit well in our standard suction tubing. They pass easily into the patient's mouth through the bite block along side the endoscope. The unique design does not allow mucosa to stick to the tip and because they are flexible, can be bent

and angled in many configurations providing a comfortable application for the user and the patient without compromising the efficacy of the suction potential

Patients with swallowing difficulties can use these tips at home as they are easy to handle, inexpensive and disposable too.

We feel this is a brilliant use of a common device, for use in our Endoscopy Unit.

The only draw back of the Saliva Ejector is that it is not supplied individually wrapped or sterile. Supplied in bags of 100pc / \$ 5.95 (a bag).

To store them in our procedure rooms, we found clear plastic CD storage boxes from a Dollar Store that will each hold about 30 of the Disposable Flexible Saliva Ejectors.

Supplied by Patterson Dental Canada INC, 1-888-745-4040,
www.pattersondental.com

**Respectfully Submitted by
Nala Murray RN, GI Clinic
St Paul's Hospital, Vancouver, BC**



**Dental
Suction Tip**

VALUES OF LIFE

To realize the value of ten years:
Ask a newly divorced couple.

To realize the value of four years:
Ask a graduate.

To realize the value of one year:
*Ask a student who has failed
a final exam.*

To realize the value of nine
months:
*Ask a mother who gave birth
to a still born.*

To realize the value of one
month:
*Ask a mother who has given birth
to a premature baby.*

To realize the value of one hour:
Ask lovers who are waiting to meet.

To realize the value of one minute:
*Ask a person who has missed the
train, bus or plane.*

To realize the value of one second:
*Ask a person who has
survived an accident.*

To realize the value of one
millisecond:
*Ask the person who has won
a silver medal in the Olympics.*

To realize the value of a friend:
Lose one.

Time waits for no one.

Treasure every moment you have.

*You will treasure even more when
you can share it with someone
special.*

PRESIDENTS REPORT

June 2002

CERTIFICATION UPDATE:

The CNA is committed to proceeding with the development of the Canadian Certification Exam. Leslie Ann Patry, Certification Chair will be attending the Annual National CSGNA Conference in Newfoundland this year. She will be giving an update on progress and presenting sessions on Competency Writing and Item Writing for the Certification Exam. It is very important that ALL Members Interested in being a part of the exam development attend these sessions.

CONFERENCE UPDATE:

The Newfoundland Chapter of CSGNA are working very hard on your behalf to provide you with an exceptional educational experience and a FUN time. The Brochures have been mailed to all members. Please join us for an unforgettable Event.

This year the Board will be acknowledging the Top Three Posters presented at the Conference. The posters will be voted on by the Conference attendees. Please make sure your Chapter submits a poster.

SGNA ANNUAL COURSE:

Lorie and I attended the SGNA Annual Course in Pheonix. It was a very impressive event with over 1600 Gastroenterology Nurses in attendance. I attended sessions on Futurizing the Enterprise of Nursing, Reducing Liability Exposure, Advances in Hepatitis C Treatment, Developing Expertise in Nursing, Treatment of Colon Cancer, New Trends in Endoscopy and How One Person Can Make a Difference.

The topic that had the greatest impact on me was "How One Person Can Make a Difference". This session was presented by a Physician who provides free service to clinics to help meet the needs of the Millions of poor and homeless in the USA who have no access to Health Care. In Canada we have access to Health Care without

reference to your economic standing or employment status. There are many flaws in our system and just this past year I have had to face the reality that the Elderly Home Health needs are far from met. However, we can work on this problem and improve the system. The one thing we do not want is the reduction of any of our health care services. We must support our publicly funded Health Care System and the right of every Canadian Citizen to free Health Care.

PRESIDENTS TERM:

My term as president ends with the 2002 CSGNA Annual National Conference in Newfoundland. I have thoroughly enjoyed my years on the CSGNA Board of Directors and feel very privileged to have served as your president for the past two years. It has been a very positive experience and I have grown both personally and professionally from the experience. I am sure no matter where I go or what group I volunteer with, I will never work with a more dedicated and committed group of professionals than those I have been privileged to meet and work with on the CSGNA Board of Directors. They are outstanding.

It is time again for new blood, new ideas and new leadership. I leave knowing I am leaving the CSGNA in the very capable hands of your new President, Lorie McGeough and her new Board of Directors. I wish them and the CSGNA every success.

Long may your Big Jib Draw –Good Luck!!!

Respectfully submitted
Lorraine Miller Hamlyn
President, CSGNA

PRESIDENT ELECT REPORT

The past two years have flown by so quickly, I think I may have missed them! Beginning at the fall conference, it will be my privilege to represent the CSGNA as the President. I look forward to the challenge and working with the organization.

This is an exciting and challenging time to be involved in healthcare. As leaders in healthcare we are presented with multiple opportunities to influence, educate and link with our colleagues. Being an active member of the CSGNA has allowed me to grow and commit to myself to the CSGNA and GI Nursing. Professionally and personally this has proved to be an asset. I will continue to encourage others to join and participate.

I am looking forward to an exciting meeting in St. John's.

See you there.

Sincerely, Lorie McGeough

DEAR COLLEAGUES

It's time again to renew your annual membership for the 2002-2003 year. Our renewal date will continue to be the month of June. Membership has increased this year, which is great; hopefully we will maintain our numbers. With our National Conference in Newfoundland this year, I hope we will be able to attract more members from the east. Please encourage your friends and colleagues to become members and maintain their membership, not only when the conference is coming to their area, but to help out with their local Chapters. As we all are aware of the reorganizing in our health care system today, the benefit of being a member are:

1. On-going networking with colleagues from across the country;
2. keeping abreast of current research and technology;
3. position statements and guidelines;
4. scholarships;
5. CSGNA website and our goal of certification.

Please fill out membership application forms when you renew and send any changes of name or address to the address below. One major problem with any forms sent in to the executive (membership application or conference registration), is the ability to read the names and addresses, **please print!**

Past presidents or honoree members to maintain your membership please fill out the membership form and return it to the membership chair each year to keep your information current.

Please direct your membership application to:

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

Sincerely
Edna Lang

MEMBERSHIP BY PROVINCE:

Prov:	3/99	3/00	3/01	3/02
BC	76	69	52	65
AB	63	57	52	152
SK	24	23	28	32
MB	35	33	20	17
ON	318	288	270	231
Que	8	8	8	6
NB/PEI	27	17	17	15
NS	40	22	18	16
NF	23	22	18	18
NT	0	0	1	2
Aff	36	31	23	23
Totals	650	575	508	577

SYNOPSIS: BOARD OF DIRECTORS MEETING HALIFAX

APRIL 13-14, 2002

APPROVAL OF AGENDA:

A motion to accept the agenda for this meeting as written was passed. Nala/Evelyn.

REGIONAL REPORTS:

Directors reported their chapters had successful education days, with good attendants. This will be in their report in this issue of the Guiding Light. **The Central Ontario Chapter our 16th Chapter of CSGNA is formed.** Their Executives are, President - Daniela Abbruzzese, Secretary - Janet Young-Laurin, and Treasurer

- Heidi Farman. They have had two education events so far, and are located in Barrie, Ontario. A warm welcome. Edmonton has new Chapter Executives. Chairperson - Shelley Bible, Secretary - Tammy Grund. Education Committee - Yvonne McInychuk, Pam Blakely, and Diane Fuson. Welcome to all.

BOARD STRUCTURE:

New Board structure was discussed at length, also their stay in office. It was decided that the new structure would be more advantageous for the CSGNA, in continuity, mentoring, and shorter terms. This structure was accepted by all. See Bylaws 10.0, 11.0, and 11.1

STRATEGIC PLAN:

Duties of the Chapter Executives will be added to the Bylaws. Chapters should be encouraged to sponsor their Presidents for the annual conference. Education Director should receive education days from Chapters.

COMMITTEE TERMS OF REFERENCE:

There are five committees, Bylaw, Education, Finance, Vendor, and Nomination. See Bylaws for their Duties. There were many changes and revisions of the Bylaws. Members will have the opportunity to vote on these when they receive the Annual Report. There were ten applications for annual scholarships, and four for cag received to date. Two day program for processing flexible endoscopes were presented to the Board. Practice issue regarding water bottles after ERCP, in consultation with Michele Alfa, and SGNA education practice committee, water bottles should be changed after each ERCP. Financial Balance of December 31, 2001. GIC \$145,668.79. Educational \$7061.15. Operational \$10,655.77.

Membership in general have decreased.

Vendor questionnaire returned and tabulated after Edmonton Conference, on the whole positive feedback. Vendors were pleased they had the opportunity to participate in the sur-

vey. GI nurses day, we will continue to promote prevention of colon cancer. Nominations received to date, Canada West - one, Centre - two, East - nil, Newsletter - one, closing date for nominations April 30, 2002.

CONFERENCE PLANNING:

Annual Conference Newfoundland September 21-22. Registration Members \$240.00 non members \$300.00 Late registration \$60.00 per person.

One day fee members \$120.00 non members \$175.00 Core Curriculum Members 50.00 Non members \$100.00.

Website: All information is posted for Newfoundland conference. Air Canada has discount fares. Address is www.csgna.com

FUTURE CONFERENCES:

Toronto 2003, Calgary 2004, Montreal World Congress 2005.

TELECONFERENCE:

June 5th, 7:30 p.m. EST.

Respectfully Submitted by,
Elaine Binger CSGNA Secretary.

REPORT FROM THE EDUCATION CHAIR

This has been a very exciting year as we are moving towards Certification in Gastroenterology. In the last Guiding Light we provided you with a National Survey for CSGNA Certification exam. We have received so far 14% of responses from our Members. We urge you to return yours as soon as possible as it is important to get your feed back. The results are as follows:

QUESTION #1:

If CNA would recognize the American exam for Canadian Certification would you agree?

Yes=44 No=26 No answer=7

QUESTION #2:

Do you prefer a Canadian Exam?

Yes=31 No=41 No answer=5

QUESTION #3:

Would you like to participate to the development of the exam?

Yes=34 No=36

QUESTION #4:

When would you be ready to write the exam?

Immediately=16 12 years=24
35 years=5

C N A has committed to provide staff and funding to develop, administer and recertify nurses in gastroenterology Nursing. We are awaiting a work plan identifying activity, cost and responsibilities with timelines. This will occur at the end of June.

Very soon we will have in addition to the orientation manual a separate manual which will be a teaching guide for reprocessing of flexible endoscopes. This is a valuable tool to train dedicated personnel to clean scopes. The details will be on our website.

Scholarships: We have received 23 requests for annual scholarships and have granted 10. We have also granted 2 Regional scholarships. CAG has donated scholarships to 2 nurses one in Research and one as staff nurse and we thank them for their continuing support.

Please let us know your expectations from the Education Committee. Remember we are there for you.

Michele Paquette CGRN
CSGNA Education Chair

Representative. Inspire others to try something new!

Submitted by Judy Langner
CSGNA

DIRECTOR PRACTICE REPORT

At the present time I am writing Guidelines for Assisting with Bronchoscopy and a Position Statement on Nurse performed Flexible Sigmoidoscopy. Both of these will be ready to present to the membership at the 2003 General Meeting in Toronto.

Submitted by Jean Macnab

DIRECTOR CANADA WEST REPORT

Nala Murray – May, 2002

I am pleased to report the CSGNA Chapters of the West are alive and well. I am in awe of the resourcefulness and expertise found in all of the members of these groups. I know now that I do not need to venture too far to find bright and useful/helpful information. For instance, the Edmonton Chapter has wonderful information on Ergonomics. Anti-fatigue floor mats, abdominal pressure bolsters, extension bars for stretcher pump levers and other hints. The Saskatchewan Chapter has developed Videos and PowerPoint presentations just to name a few. Most of the Kelowna Chapter Members are Certified CGRNS. Not leaving anyone out. I am proud to present of all of these Chapters.

G.I NURSES' DAY AT THE ROYAL ALEXANDRA HOSPITAL

Edmonton, Alberta

The Royal Alexandra Hospital Endoscopy Staff set up a booth for May 10, 2002-**GI Nurses' Day**. Their booth included a video from the **Canadian Cancer Society** called **Healthy Food Choices** which they ran continuously for visitors to watch. They also handed out pamphlets from the **Canadian Cancer Society** called:

510 a Day

Are You Getting Enough?

produced jointly with the Heart and Stroke Foundation

Facts on Colorectal Cancer

Stomach Cancer:

What You Need To Know

A poster board was made from a slide presentation given by Dr. Clarence Wong, Gastroenterologist. It gave the recent Colon Cancer statistics for Canada.

Thank you to **Boston Scientific** for your donation of **Popcorn**, for everyone who stopped at the booth.

Great effort!

Tell us about your GI Nurses' Day. You can submit your ideas to our Newsletter Editor or to your Regional

CSGNA Education Corner

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

Announcements from the Education Committee

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

Education Committee Members:
Judy Langner – Edmonton
Evelyn McMullen – Halifax
Jean Macnab – Ottawa
4 members at large
Education Chair, Michele Paquette
Phone: 613-737-8384



Linda Benoit shared this picture with us. Picture taken at Wascana Rehab Centre, Regina, SK, for GI Nurses Day May 10, 2002.

CHAPTER REPORTS:**MANITOBA CHAPTER**

Sylvia Dolynchuk will complete her second term as President of the Manitoba Chapter. She welcomes Janette McCalla as incoming President and Janet Shymanski as Secretary. The transfer of duties will take place in June. Donna Dunford will continue as Treasurer. The Manitoba Chapter continues to focus on Education, Standards of Care and G.I. practices and networking. Their meetings are held at various sights to encourage attendance and interest. The Chapter held a dinner meeting April 29th with Dr. Gurpal Sandhu, Therapeutic Endoscopist, who presented "Advancements and Management of Upper GI Bleeding"

Brandon Manitoba Health Sciences Center has a new Endoscopy Unit. We hope that Denise Thompson and Cathie Dicky can recruit some more members from the area.

EDMONTON CHAPTER

Secretary Tammy Grund reports that 20 members attended a meeting held on April 25th. Guest speakers Barbara Perry and Debbie Allan from the AARN spoke to the members on the role of the Association and how they support Nurses. Legalities of documentation was raised by the question "How late can a "late entry" be?" Discussions regarding Staffing guidelines, Informed consent and Scope of practice proved to be very informative and interactive. The chapter is working on fund-raising with hopes of sending members to St John's in September. They welcomed two new members Marg and Ellen from Stoney Plain, Alta.

SASKATCHEWAN CHAPTER

President Shirley Malach reports that the March dinner meeting was well attended and the members moved mountains planning for National G.I Nurses Day. Duties were assigned to get the program under way for the Saskatchewan Education Day to be held in the fall.

The next chapter meeting will be on June 3rd where scholarships will be awarded to Chapter members to attend the National Conference.

The Chapter followed the national theme for National G.I. Nurses Day, A display booth complete with written information as well as pictures was set up at two Hospital sites and were well attended. The Chapter members presented all the visitors to the booths with a Quiz, and Bran Muffin Recipes

They had a Gift Basket Raffle and they promoted the CSGNA in hopes of recruiting some new members.

CALGARY CHAPTER

President Debbie Taggart reports that the Calgary Chapter has had a very successful year.

In November, they hosted a half-day session on Diseases of the Esophagus. CEU's were offered through the SGNA. The event was free to members and over 80 participants attended.

On April 27, the Chapter hosted a full day educational session with the Morning session focusing on Dysphagia and the afternoon session on Colitis.

Wrapping up the day was our president-elect, Lorie McGeough, speaking on Computer Use-In the GI Workplace. 65 registrants attended and evaluations were very positive.

They are now gearing up to host the National CSGNA Conference in 2004. The Cochairs for the event are Deb Erickson and Debbie Taggart. The Chapter is working on developing an exciting and stimulating program that will be of interest to the Novice and experienced GI staff. Some members will be attending the Annual CSGNA Conference in St. John's and are looking forward to networking, learning and socializing with our colleagues from across the country.

OKANAGAN CHAPTER

Chapter President Linda Fransden reports that the Chapter was fortunate to have been involved in two evening presentations recently. The first was by

Dr. Simon Huang, a Rheumatologist who spoke on the Management and Other Approaches to Arthritis and I.B.D., using Remacade. The second was by Dr. Robert Enns, Gastroenterologist, who's talk was on Complicated Reflux "When do I Scope and Why". Both Speakers presented very interesting information. A new Chapter Executive will be elected in June and names will be forwarded as soon as the votes are in.

VANCOUVER ISLAND CHAPTER

Chapter President Irene Only reports that their Chapter's activities include monthly one-hour in-services pertaining to new equipment and accessories.

A four-hour presentation by on Inflammatory Bowel Disease by Dr. Petrunia was well attended by Chapter Members.

Pat Savage has resigned as Secretary. Their next meeting will be held in June, focusing on recruitment to fill vacancies and to establish a fundraising strategy.

Many members of the Vancouver Island Chapter are anxiously awaiting the Canadian Certification Exam.

VANCOUVER REGIONAL CHAPTER

Chapter President Gail Whitley reports that the Chapter is planning to host another half day Education Session, which are always well attended. Still in the planning, the date will be Early September. The Chapter hopes to recruit a New Executive. The Chapter is providing support to any Vancouver Regional Chapter Member that requests in writing, to attend the upcoming CSGNA Conference in St John's. Depending on the number of requests the process of choosing would be similar to a scholarship award. The Chapter invites such requests. Gail Whitley will accept all applications.

Respectfully submitted by Nala Murray
CSGNA Director Canada West - May 29, 2002

CANADA EAST REPORT

On May 23 an education half-day on scope cleaning and infection control was sponsored by Carsen. The session was well attended by representatives from infection control, operating room, E.N.T., medical processing dept., technical services and the endoscopy units. Following the session representatives had a chance to exchange practices and ideas.

The NF.& Lab. Chapter have been very active and busy with the upcoming conference. We are looking forward to be able to present an informative conference and meet with our colleagues and company representatives.

I will be ending my term as director in Sept. and a representative has been submitted. Thank-you for the opportunity to be part of this association and to work with a great group of people who represent the CSGNA board.

Sincerely,
Linda Feltham

BEYOND THE SHORE, THERE'S A PLACE WHERE NATURE COMES IN ONE SIZE.

In keeping with the theme for Newfoundland, where our national meeting is being planned for us. Those of you who have been a part of the planning committee for a national conference knows how much time, energy, dedication and team work is involved. The planning committee of St. John's, under the chairperson Linda



Feltham, is no exception. By now a lot of the planning and brainstorming of ideas have been done.

The task of putting it together is the job at hand. Those in Edmonton, (and all the other host cities in the past), who did a great job last year can appreciate what the group in St. John's are going through trying to put on a great, informative and fun conference for our members.

We look forward to seeing you all out on the rock. To the planning groups we thank you in advance, and even though I know the stress level is at its peak, I know it will be a wonderful experience. BRAVO TO ALL OF YOU!!!

It has been 2 years since I agreed to join the National group, and I have agreed to continue for a second term. This job could not be done without your help and support, so it is only right that I show my gratitude to all of you. I would like to thank each of you that have submitted articles or shared ideas or have helped me grow into this position. I have learnt a lot and I look forward to your ongoing sharing of ideas and knowledge to our members.

Submitted by your editor.
Kay Rhodes

CERTAIN PRACTICES ACROSS THE COUNTRY

Hi Everybody, I am doing a random survey about:

1. Is your practice to use a single gastroscope for an EGD/sigmoidoscopy on the same patient?
 Yes No
Comments _____

2. Do you use:
 Olympus
 Pentax
 Fujinon
3. What HDL do you use?

4. Do you reuse any single-use items? Yes No
Which ones?

5. Your place of work and city (since I may not know that from your email address)
6. Have you implemented random/routine scopeswabbing?
 Yes No
Are you considering implementing such a program?
 Yes No
Comments _____

I sincerely appreciate your time in answering these questions and would be happy to share the info with all interested. Debbie Taggart, Regional Instructor, GI, Calgary Health Region (403) 219-1545 or (403) 291-1599 (fax)
Debra.taggart@calgaryhealthregion.ca

**CSGNA
NATIONAL
CONFERENCE**

IN ST. JOHN'S, N.F.

September 19th- 22nd, 2002

AIR CANADA.
Our convention number is
CV414566

PHONE:
1-800-361-7585 or
514-393-9494

By ensuring that the convention number appears on your ticket, you will be supporting our organization. CSGNA, NF. & LAB. CHAPTER, thanks you.

Due to the timeframe that the annual report was posted to you, our members. The date for ballots and votes for the Canada Centre position has been postponed to August 15th, 2002.

CSGNA CHAPTER EXECUTIVE LIST

Vancouver Island Chapter
 President: Irene Ohly
 642 Cairndale Rd.
 Victoria, B.C. V9C 3L3
 (250) 478-2688 (H)
 (250) 727-4234 (B)
 Secretary: Pat Savage
 Treasurer: Donna Gramigna

Vancouver Regional Chapter
 President: Gail Whitley
 5520 Lackner Cres.
 Richmond, B.C. V7E 6A3
 (604) 875-4115 (H)
 (604) 875-5391 (W)
 (604) 8755031 (Fax)
 Secretary: Judy Deslipe
 Treasurer: Nala Murray

Okanagan Chapter
 President: Linda Frandsen
 3320 Jackson Court
 Kelowna, B.C. V1W 2T6
 (250) 862-4401 (Fax)
 (250) 862-4427 (W)
 Secretary: Arlene Schroeder
 Treasurer: Debb Levine

Calgary Chapter
 President: Debbie Taggart
 #1021800 26th Ave. SW
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 (403) 209-0217 (H)
 (403) 291-8922(W)
 (403) 291-1599(F)
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 Treasurer: Doreen Reid

Edmonton Chapter
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 1041027 Ave.
 Edmonton, AB TW 4A5
 (403) 430-7116 (B)
 (403) 434-0263 (H)
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 Treasurer: Patti Ofner

Saskatchewan Chapter
 President: Shirley Malach
 20 Brook Bay
 Regina, SK S4N 1M6
 (306) 761-0353 (H)
 (306) 766-4441 (W)
 Secretary: Linda Benoit
 Treasurer: Alison MacDonald

Manitoba Chapter
 President: Jennette McCalla
 54 Sonnichsen Place
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 R2Y 2H4
 (204) 831-9955 (H)
 (204)837-8311 Ext. 2120 (B)
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 Treasurer: Donna Dunford

South Western Ontario Chapter
 President: Dianne Gray
 265 Jos Janisse
 Windsor, ONT. N8Y 3A5
 (519) 985-2632 (H)
 (519) 254-5577 Ext. 52019 (B)
 Secretary: Pam Hebert
 Treasurer: Joan Staddon

London Area Chapter
 President: Cheryl Parsons
 401 Sunnyside Crescent
 London, ONT. N5X 4N4
 (519) 646-6000 Ext. 4355
 Secretary: Donna Pratt
 Treasurer: Laura Mason

Greater Toronto Chapter
 President: Jean Hoover
 3220 Northview Cres. Rr#1
 Oshawa, ONT. L1H 7K5
 (905) 655-4397 (H)
 (905) 431-8178 (W)
 Secretary: Elaine Burgis
 Treasurer: Brenda Latch

Golden Horseshoe Chapter
 President: Jennifer Bellbeck
 1056 Village
 Stoney Creek, ONT. L8G 5B7
 (905) 662-9075 (H)
 (905) 574-7721 (B)
 Secretary: Lynn Duce
 Treasurer: Gale Mitchell

Central Ontario Chapter.
 President: Daniela Abbruzzese
 142 Wasaga Sands Drive
 Wasaga Beach, ONT. L0L 2P0
 (705) 728-9802 Ext.6218 (W)
 (705) 429-7341 (H)
 Secretary: Janet YoungLaurin
 Treasurer: Heidi Furman

Ottawa Chapter
 President: Michele Paquette
 2719 Wylderwood St.
 St. Gloucester ONT. KIT 2S1
 (613) 733-1552 (H)
 (613) 737-8384 (B)
 Secretary: Jean Macnab
 Treasurer: Monique Travers

New Brunswick and PEI
 President: Fran Duguay
 P.O. Box 973
 Bathurst, N.B. E2A 4H8
 (506) 546-4907 (H)
 (506) 545-2408 (B)
 Vice President: P. Bassett
 Secretary/Treasurer
 Mary Eva Smearer

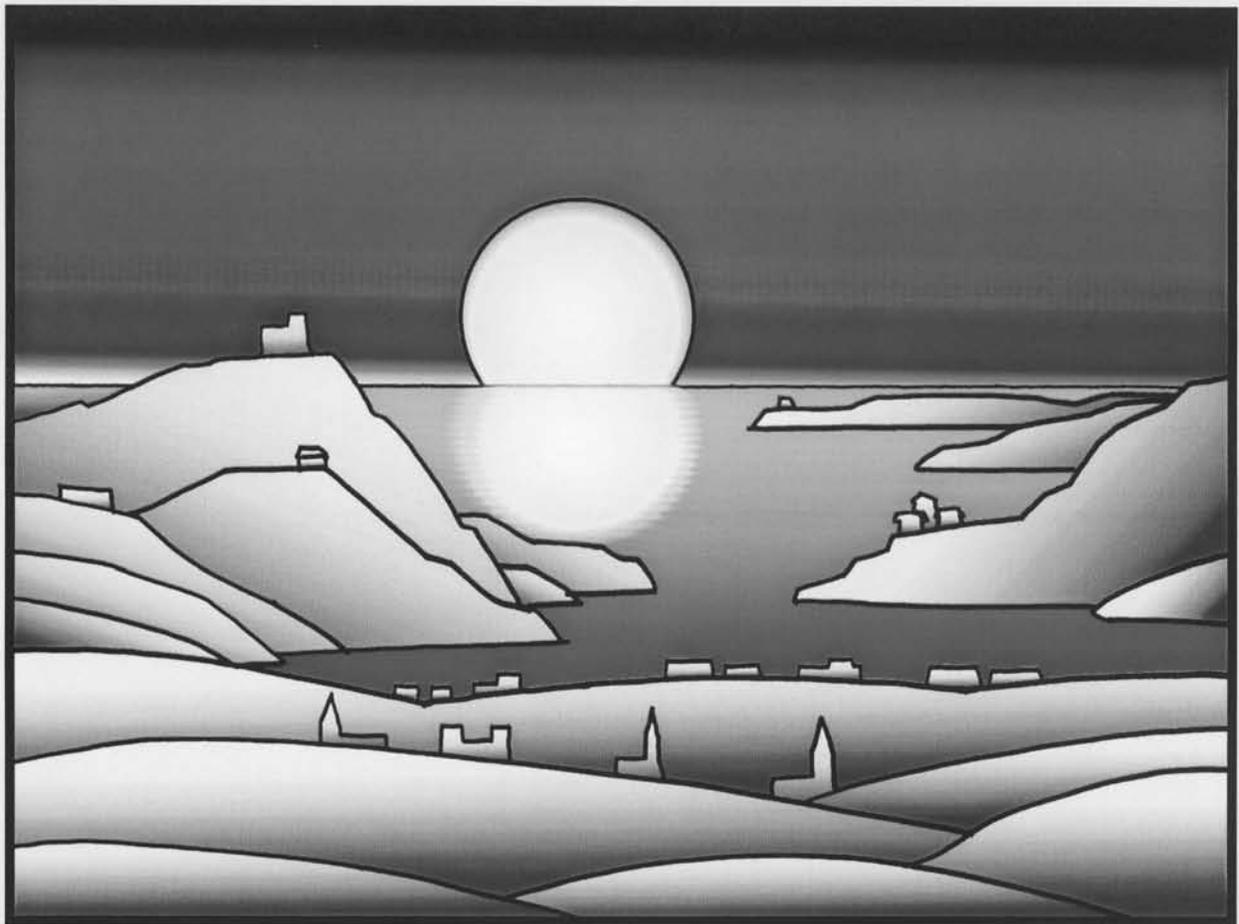
Nova Scotia Chapter
 President: Elizabeth Hendsbee
 7132 Ascot Avenue
 Halifax, N.S. B3L 2E9
 (902) 473-4008 (B)
 Secretary: Donna Cook
 Treasurer: Theresa McKinon

Newfoundland Chapter
 President: Ellen Coady
 19 Forde Dr. St. John's
 NFLD AIA 4Y1
 (709) 737-6431 (B)
 (709) 576-4228 (H)
 Secretary: Mabel Chaytor
 Treasurer: June Peckham

Presidents and Members of this Executive list. If you have email addresses please include them so members can contact you electronically.

Thanks
Kay Rhodes

FIRST LIGHT... LEADING THE WAY



CSGNA Conference
St. John's, Nfld
Sept 20-21, 2002

First Light – Leading The Way

OBJECTIVES

- To encourage interdisciplinary exchange of information with colleagues.
- To provide current information in the field of gastroenterology.
- To provide opportunity to view current endoscopic equipment and accessories.
- To promote membership and obtain support from fellow colleagues.
- To plan future direction and growth of CSGNA
- To encourage participants to share and exchange information of clinical and research interests.
- To foster collaboration between nurses and physicians.

EDUCATION PROGRAM

THURSDAY SEPTEMBER 19, 2002

18:00-20:00

Registration

20:30-22:30

WINE/CHEESE RECEPTION
FOR DELEGATES AND
VENDORS

Sponsored by SciCan

FRIDAY SEPTEMBER 20, 2002

07:00-08:00

Registration/Continental Breakfast

08:00-08:10

Opening Ceremonies

08:15-09:00

Colorectal Cancer Association of
Canada Promotion and Focus
Speaker TBA

09:00-10:00

Current Issues in Infection Control
"Re-use Issues"
Linda Kingsbury, RN, BScN, CIC

10:00-11:00

Nutritional Break and Viewing of
Exhibits

11:00-12:00

CSGNA Business Meeting
"Update on Canadian Certification"
*Leslie Ann Fatry, RN, BScN, CNA
Certification Chair*

12:00-13:00

Lunch

13:00-14:00

GENETICS

Identification and Management of
Hereditary Colon Cancer"
*Dr. Jane Green, Geneticist, PhD
"Colorectal Cancer Research"
Ms. Elizabeth Dicks, RN, MN*

14:00-15:00

INFLAMMATORY BOWEL DISEASE

"Inflammatory Bowel Disease in the
Pediatric Patient"
*Dr. David Price, MD, FRCSC
"Caring for a Child with Inflammato-
ry Bowel Disease and Ostomy"
Parent Testimonial*

15:00-16:00

Nutritional Break and Viewing of
Exhibits

16:00-16:30

ACHALASIA

Dr. John Fardy, MD, MSc, FRCPC

16:30-17:00

INTERNATIONAL NURSING

*Lorie McCeough, RN and Marlene
Scrivens, RN*

19:00-22:30

DINNER THEATER

Sponsored By Carsen

SATURDAY SEPTEMBER 21, 2002

07:00-08:00

Registration/Continental Breakfast

08:00-10:00

Breakout Sessions
(Choose 3 out of 6 Sessions)

1. Endo Capsule

Jennifer Parady, Southmedic

2. Advanced Practice

Betty Lundrigan, RN, MN

3. Safety Issues (Gluderalderhyde &
OPA)

*Ms. Madeline Fatenaude, RN,
CPN(C)*

4. Endocinch

Ms. Cathy MacDonald, RN

5. Certification

*CNA Representatives: Leshe Ann
Ratry, RN, BScN, CNA*

6. CSGNA Position Statement/
Guidelines

Ms. Jean McNab, RN

10:00-1:00

Nutritional Break and Viewing of
Exhibits

11:00-12:00

ILEAL POUCH

"ILEal Pouch: Indications, Proce-
dure and Outcomes"

*Dr William Pollett, MD, FRCSC
Vivian Wass, RN, BN and ET*

12:00-13:00

Lunch

13:00-14:00

"New Techniques Towards Optimal
Management of GI Bleeds"

*Dr. Ford Bursey, MD, FRCPC,
FACP*

14:00-15:00

Nutritional Break and Viewing of
Exhibits

15:00-16:00

MOTIVATIONAL SPEAKER

Ms. Sherry Rumbolt, RN

16:00-16:30

CLOSING CEREMONIES

*Ms. Lorraine Miller Hamlyrt, Out-
going President CSGNA*

*Ms. Lorie McCeough, Incoming Presi-
dent CSGNA*

*Ms. Gail McDermott, Overview of
2003 GSGNA Conference*

Passing Over the Bell

18:00

NEWFOUNDLAND SOIREE

Sponsored by Pentax

SUNDAY SEPTEMBER 22, 2002

07:30-08:00

Registration (Members \$50) for Foundation in Gastroenterology (*Includes Continental Breakfast*)

08:00-12:00

Review of Gastroenterology Nursing/Preparation for Certification
Cindy Hamilton, RN, CGRN

FACULTY

- Dr. Ford Bursey, MD, FRCPC, FACP** - Health Sciences Center, St. John's, Newfoundland and Labrador
- Ms. Elizabeth Dicks, RN, AW, Coordinator of Colorectal Cancer Project** - Patient Research Center, St. John's, Newfoundland and Labrador
- Dr. John Fardy, MD, MSc, FRCPC** - Health Sciences Center, St. John's, Newfoundland and Labrador

- Dr. Jane Green, PhD, Associate Professor of Medical Genetics** - Memorial University, St. John's, Newfoundland and Labrador
- Ms. Cindy Harnilton, RN, WRN** - Allied Clinical Research, Mississauga, Ontario
- Linda Kingsbury, RN, BScN, CIC** - Nurse Consultant, Health Canada, Ottawa Ontario
- Ms. Lorraine Miller Hamlyn, RN, WRN** - Health Care Corporation, St. John's, Newfoundland and Labrador
- Ms. Betty Lundrigan, RN, MN, Nursing Consultant, Advanced Practice ARNN** - St. John's, Newfoundland and Labrador
- Ms. Cathy MacDonald - RN**, Bard Canada, Mississauga, Ontario
- Ms. Lorie McGeough - RN**, Pasqua Hospital, Regina, Saskatchewan
- Ms. Jean McNab, RN** - Ottawa Hospital, Ottawa, Ontario

- Ms. Jennifer Pardy, Product Manager** - Southmedic Inc., Ontario
- Ms. Madeline Patenaude, RN, CPN(C), Clinical Education Consultant** - Johnson & Johnson Medical Products
- Leslie Ann Patry, RN, BScN, CNA Certification Chair** - Ottawa, Ontario
- Dr. William Pollett, MD, FRCSC** - St. Clare's Hospital, St. John's, Newfoundland and Labrador
- Dr. David Price, MD, FRCS (C)** - Janeway Hospital, St. John's, Newfoundland and Labrador
- Ms. Sherry Rumbolt, RN** - Operating Room Consultant / Sales Representative, T. B. CW Halifax, Nova Scotia
- Ms. Marlene Scrivens, RN** - Pasqua Hospital, Regina, Saskatchewan
- Ms. Vivian Wass, RN, BN & ET** - Newfoundland Cancer Treatment and Research Center, St. John's, Newfoundland and Labrador

Registration

CSGNA Annual Conference September 19-21, 2002 (Please Print)

Name _____
 Address _____
 City _____
 Province _____
 Postal Code _____
 Phone _____
 Fax _____
 Email _____
 Affiliate Hospital /Agency _____

CONTACT PERSONS

Linda Feltham
 Phone: (709) 777 6898
 Email: FELL@hwsj.rifca

Ellen Coady
 Phone: (709) 777 6431
 Email: ellencoady@hotmail.com

Fees	Members	Non\ Members
<i>Received before Aug. 15</i>		
	\$240.00	\$300.00
<i>Received after Aug. 15</i>		
	\$300.00	\$360.00
<i>One day fee</i>	\$120.00	\$175.00

SUNDAY SEPTEMBER 22, 2002

<i>Foundation in Gastroenterology</i>	\$50.00	\$100.00
<i>Cancellation fee (after September 2nd)</i>	\$25.00	\$25.00
<i>C SGNA Membership</i>	-	\$40.00

Total Amount Submitted _____

Choose breakout sessions at the time of Registration. Please indicate which events you will be attending.

- Thursday evening (Wine and Cheese)
- Friday evening (Dinner Theatre)
- Saturday (Nfid. Soiree)
- (Boat Tour & Kelly's Pub) or (Bus Tour & Kelly's Pub)

HOTEL RESERVATION

Delta St. John's Hotel
 120 New Gower Street
 St. John's, Newfoundland and Labrador
 (709) 739 6404 1800 268 1133
 Email: www.deltahotels.com

conference rate \$145.00
August 16, 2002 deadline
Airport Taxi - \$17.50 +
 \$2.50 each additional person

REFUND POLICY
 No refunds will be issued after
 September 12, 2002.

**Newfoundland and Labrador
 Department of Tourism**
 1800 563 6353

OFFICIALAIRLINE

For Air Canada's special conference fare contact:
 1800-361-7585

or local number or your travel agent
 and quote convention number CV414566.
 By ensuring that the convention number
 appears on your ticket, you will be
 supporting our organization. We thank you.

"Fragrance Free Conference"

Please make cheque payable (in CDN funds) to CSGNA and mail this form to:

**C.S.G.N.A.
 Conference Registration**
 c/o Edna Lang
 27 Nicholson Drive
 Lakeside, Nova Scotia
 B3T 1B3

Food Safety Tips and Techniques

We want you to enjoy healthy and safe grill cooking, so here are some hints for basic barbecue hygiene:

Bacteria are living organisms that grow and multiply rapidly in warm, moist foods. Marinate meat in the refrigerator and take it out a half hour before cooking, if you want to start grilling it at room temperature.

Marinades should never be saved to be used on a later day. If you are going to use it to serve with your meat, be sure to bring it to a boil before serving.

Cook hamburgers to an internal temperature of 155°F (68°C), or until no pink remains in the meat. Consumption of undercooked ground beef has the potential of causing a type of food poisoning called “Hamburger Disease”. This disease is a result of the meat being contaminated by a strain of *E. coli* bacteria, which, if the meat is not thoroughly cooked can survive and cause serious illness.

Use a different platter and utensils for the cooked meat than the ones you used to bring the raw meat out to the grill. This will prevent cross contamination of bacteria.

Always use a meat thermometer to determine if the meat that you are cooking has reached the desired temperature. This helps to make certain that potential bacteria are destroyed. Using a thermometer also ensures that you don't overcook your food. You will be sure to have tender, juicy chickens and roasts every time.

Wash poultry thoroughly prior to cooking. Cook large chickens and turkeys using a meat thermometer to an internal temperature of 180°F (82°C).

Leave the grill on HIGH for 5 minutes after cooking is complete, to clean residual food and fat from the cooking grids.

FLARE-UPS

The fats and juices that drip down from foods onto a heated vaporizer, cause flare-ups that give them their distinct outdoor flavor. However, excessive flare-ups should be avoided, as it can ruin your meal. Common causes of flaring are: cooking over too high a heat setting, high fat content of foods, or a grease build-up on the vaporizer.

We recommend that meat be cooked at the **MEDIUM** setting, especially when cooking for a long period of time. Remove all extra fat from meats and poultry before putting it on the grids. Keep the vaporizer free of grease build-up by burning it off after every cookout. Should excessive flaring occur, turn the heat setting to **LOW** or turn off one burner and move the food to the grid above the unlit burner. To put out an excessive flare-up, sprinkle a small amount of baking soda on the vaporizer.

NEVER USE WATER!



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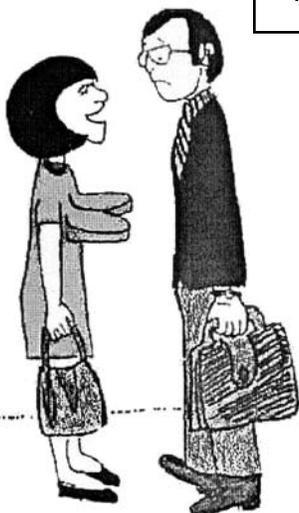
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- STAFF
- SUCTION
- UROLOGY
- CHYME
- CUFF
- DYSPLASIA
- HISTORY
- MOTILITY
- PAIN
- PULSE
- STERILE
- SURGERY
- WEIGHT



YES, I DID HAVE MY MAMMOGRAM TODAY... WHY DO YOU ASK?

Follow the three rs: respect for self, respect for others, responsibility for all your actions.

Yesterday is history, tomorrow is a mystery. Today is a gift that is why it is called the present.

Take into account that great love and great achievements involve great risk.

Poster

Dear Chapter members,

The CSGNA is soliciting poster presentations for the 2002 annual course. We would like to encourage each Chapter to submit a poster. This year we will hold a contest and the winners will be selected by the delegates by means of a vote.

THE POSTERS WILL BE JUDGED ACCORDING TO THE FOLLOWING CRITERIA:

- Clarity of description of the content (3 points)
 - Feasibility of application to a variety of settings (3 points)
 - Originality of presentation (3 points)
 - Presentation as per information provided in the letter and in the “Guiding Light”

Poster presentations are one method of presenting articles, projects or research at a professional conference which the CSGNA has continued to include in their curriculum. There have been very informative displays at our previous conferences and we would love to see more at the 2002 CSGNA conference in St. John’s.

The poster can be of a research nature, information or project. All posters should include an abstract which would include the author’s name with credentials, place of employment and current position.

Research posters to include a research question(s) or hypothesis, methodology, data analysis findings, implications for practice and conclusions. New programs or projects include introduction and purpose, principal theme of subject, implications to practice and summary. Information posters can be done with a chart and / or graph form display including objectives.

Posters should be of uniform size- bristol board 22x28 in. Application of material can be glued on or written on posters, colour of your choice. The posters will be displaced at the conference Chapter representatives should bring their poster as soon as they arrive for registration.

SUGGESTED TOPICS MAY INCLUDE BUT NOT LIMITED TO:

- Bowel preps for colonoscopy-what are the choices
 - Support groups for the GU patient
 - Development of procedure brochures for the GI patient
 - Manometry
 - New therapeutic procedures

For further reference reading on development a poster presentation one can refer to:

*“Developing a Poster Presentation.” *Gastroenterology Nursing*; vol 16, no 4, Feb 1994.

*“The Poster Session” *An overlooked management tool. Journal of Nursing Administration* 18(7,8) 29-33,1988

*“Clinical Nurse Specialist” vol 8, no 3. 152-155. 1994

*“The Guiding Light” March issue 1998



Canadian Society of Gastroenterology Nurses & Associates

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

APPLICATION FORM FOR CSGNA REGIONAL SCHOLARSHIPS AWARD

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

EXCEPTIONS:

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

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

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

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

NAME: _____

CIRCLE ALL THAT APPLY: RN BSN BAN MSN OTHER _____

HOME ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____ HOME TELEPHONE: () _____

FAX: () _____

NAME OF THE MEETING YOU WISH TO ATTEND: _____

DATE OF THE MEETING: _____

CITY WHERE PROPOSED MEETING WILL BE HELD: _____

JOINED THE CSGNA IN ____ (year).

SIGNATURE _____ DATE _____



Canadian Society of Gastroenterology Nurses & Associates

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

APPLICATION FORM FOR CSGNA ANNUAL SCHOLARSHIP AWARD

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

EXCEPTIONS:

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

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

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

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

NAME: _____

CIRCLE ALL THAT APPLY: RN BSN BAN MSN OTHER _____

HOME ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____ HOME TELEPHONE: () _____

FAX: () _____ E-MAIL: _____

HOSPITAL/EMPLOYER: _____

WORK ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____ JOINED THE CSGNA IN _____ (year).

SIGNATURE _____ DATE _____



Canadian Society of Gastroenterology Nurses & Associates

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

APPLICATION FORM FOR CAG NURSE SCHOLARSHIP PRIZES

The Canadian Association of Gastroenterologists (CAG) scholarship prizes are available to one research nurse and one endoscopy nurse in the amount of \$500.00 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.
5. Copy of CSGNA Membership Card.

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

NAME: _____

CIRCLE ALL THAT APPLY: RN BSN BAN MSN OTHER _____

HOME ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

HOME TELEPHONE: () _____ FAX: () _____

HOSPITAL / EMPLOYER: _____

WORK ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

NAME OF DIRECTOR OF UNIT: _____

NAME OF THE MEETING YOU WISH TO ATTEND: _____

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

JOINED THE CSGNA IN _____ (year). E-MAIL: _____

SIGNATURE _____ DATE _____



Canadian Society of Gastroenterology Nurses & Associates

180 Waterford Br. Rd., St. John's, Newfoundland A1E 1E2

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 _____ 20____. 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 _____

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

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) _____

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's 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 _____

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

SUBTOTAL A _____

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): _____



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).

LIFETIME
MEMBERSHIP

Appointed by CSGNA Executive.

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.

MEMBRE
À VIE

Appointed by CSGNA Executive.

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 _____ E-MAIL: _____

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.)

Future National Conferences

2002 St. John's, Newfoundland

2003 Toronto, Ontario

2004 Calgary, Alberta

ORIENTATION PACKAGE

To order:

*Mail cheque made out to
CSGNA for \$20.00 to:*

Michelle Paquette
501 Smyth Road,
Ottawa, Ont.

K1H 8L6

Phone: 613-737-8384

E mail:

mpaquette@ottawahospital.on.ca

Note: Receipt will be issued by
the treasurer.

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!**

ADVERTISING

The CSGNA Newsletter

“The Guiding Light” welcomes requests for advertisements pertaining to employment.
A nominal fee will be assessed based on size. For more information contact the editor.

Kay Rhodes

kay.rhodes@swchsc.on.ca

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.

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.

CSGNA 2001-2002 Executive

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EDUCATION CHAIR

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