



Cyanoacrylates: The Kings of Closure

Lorie McGeough RN

INTRODUCTION

Endoscopic sclerotherapy has remained one of the most important and effective modalities for treating esophageal and gastric varices.

The use of sclerosing agents and their significantly high rebleeding rates has led to the introduction of tissue adhesives injections (Sarin).

An ideal treatment modality must fulfill specific criteria. The criteria being: 1) It must be capable of achieving 10% hemostasis in cases of acute bleeding. 2) It must be capable of achieving 100% in esophageal as well as gastric bleeding. 3) It should be equally applicable to all patients regardless of status. 4) The rebleeding rate should be acceptably low. Of all sclerotherapy agents used, only cyanoacrylates come closest to meeting the required criteria (Binmoeller).

This article will discuss the history, how's and why's of cyanoacrylates and present one protocol/procedure used in one Canadian centre. This article is written in a succinct manner to facilitate its reading. Suggested reading is in the bibliography.

HISTORY OF CYANOACRYLATES

The use of cyanoacrylates in medical therapy is not a new concept. Since their development in the early 1950's, recognition of their above-average-to-excellent adhesive properties re-

sulted in their use in surgical interventions.

The first glues developed were methyl cyanoacrylates, commonly referred to as 'Crazy Glue' or 'Super Glue.' This methyl based glue was studied for its potential medical applications. It was eventually rejected due to its toxicity, such as inflammation and a pronounced heating action which caused severe burns. Further experimentation showed that by changing the type of alcohol used, the toxicity was reduced. The result produced the current medical grade glues which contain butyl esters. The current medical grade adhesive used is N-Butyl-2-Cyanoacrylate (Histoacryl-Blau). We will refer to N-Butyl-2-Cyanoacrylate as Histoacryl in the remainder of this article.

HOW AND WHY

HISTOACRYL WORKS

To appreciate the potential of using Histoacryl it is important to understand how and why it works.

One important fact: Histoacryl is 'NOT' a sclerosing agent. Histoacryl is a tissue adhesive that forms a polymer (chain growth that forms two or more molecules) when in contact with basic substances such as blood, water, and alcohol. This polymer acts as an embolus occluding the varices or bleeding site and results in hemostasis and/or reduction in the size of the varices (Harada).

ESOPHAGEAL VARICES

Conventional treating of acute esophageal varices is by endoscopic sclerotherapy. Sclerotherapy achieves hemostasis in 75-90% of active bleeds. It does not eradicate the varices. Eradication occurs only after multiple sessions of sclerotherapy. During this time, risk of rebleeding is as high as 30-50%. Therefore, the key to success is complete eradication as soon as possible.

Histoacryl with its unique properties, achieve immediate and permanent variceal obliteration. By achieving obliteration the risk of rebleeding is significantly lower. In fact, a vein that has been injected and where obliteration has occurred, prevents that vessel

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from ever rebleeding. Often a single injection is sufficient to stop esophageal bleedings (Binmoeller).

GASTRIC VARICES

Gastric varices differ from esophageal varices mainly because they tend to form a cluster of veins with multiple feeding veins and arteries. Treatment of gastric varices with sclerosing agents is often poor.

Due to Histoacryls occluding properties, its use in treating gastric varices has increased (Harada). Conglomerate large gastric varices may require more than one injection. It may be used in treating both bleeding and non-bleeding gastric varices (Binmoeller).

DISCUSSION AND TECHNIQUE

A certain amount of apprehension among nurses and physicians regarding the use of Histoacryl is often communicated during discussion of its use.

One of the major concerns is the risk of damage to the endoscopes working channel. Theoretically this risk exists by inadvertently having the adhesive plug the working channel. There are a few precautions that can be used to decrease the risk of damaging the endoscope: 1) Silicone oil can be used to lubricate the inside of the working channel. 2) Silicone oil may also be used to coat the outer distal portion of the endoscope. 3) Most importantly, as an added precaution, it is imperative 'NOT' to suction during the actual injecting procedure and immediately following injection. 4) Flushing with lipiodol immediately post glue injection helps to decrease the risk of inadvertently suctioning up adhesive (Binmoeller).

Another concern of Histoacryl injection is tissue necrosis. Tissue necrosis has been found to be minimal when injected intravariceally. When injected paravariceally significant ul-

ceration of the esophagus may occur (Binmoeller).

Injection of varices is established using three methods. 1) Intravariceal, which is a direct injection into the varix. 2) Paravariceal, which is an injection into adjacent mucosa. 3) A combination of intra and paravariceal injection (Sung).

Reported complications of Histoacryl injection include: site ulcers, tissue necrosis, chest pain, fever and thrombosis of the portal venous system (Chang).

When undertaking therapeutic injection of variceal or non-variceal type, the participants must maintain certain responsibilities. Some of those may include:

- Preparing syringes with injecting agent
- Some agents are caustic to skin and eyes, therefore, protect skin and eyes of patient and staff.
- Flush injector with appropriate fluid to rid it of air and confirm patency
- Review with physician plan of action
- Operate injector at physician's direction
- Verbally state the amounts of injection delivered
- Document the number and amount of injectant used. (SGNA)

The following is a procedure for the injection of Histoacryl. This is the practice for injecting used by the Gastrointestinal Investigational Unit (GI Unit) of the Pasqua Hospital, Regina Health District, in Saskatchewan.

Procedure: Sclerotherapy with Tissue Adhesive and Lipiodol (Assisting)

Category: SNP2 (Special Nursing Procedure, 2)

Purpose: In conjunction with endoscopy, sclerotherapy involves administration of a chemical agent through a needle injector.

Indications: To promote hemostasis in GI bleeding.

Nursing Alert: Tissue adhesive must be stored in refrigerator at below 5 degrees C

Equipment:

1. Injection agent (Histoacryl)
2. Lipiodol
3. Sclerotherapy needle injector. (Marcon-Haber 5mm injector)
4. Alcohol swabs
5. Six 3mm syringes

Nursing Alert: strict aseptic technique must be followed.

All personnel must wear protective eyewear, waterproof gowns and gloves

Procedure:

1. Inform and educate the patient/significant other re steps of procedure, sensations expected, after effects, restrictions of activity and monitoring procedures.
2. Verify consent for procedure has been obtained.
3. Prepare patient areas.
4. Prepare patient as for appropriate endoscopic procedure.
5. Ensure large bore IV line in place.
6. Draw up 4 syringes of lipiodol (3mm in each syringe)
7. Draw up 3 syringes with 0.5mm lipiodol and 0.5mm of Histoacryl.
- Nursing Alert: always draw lipiodol into syringe prior to Histoacryl. This will prevent solidification for the Histoacryl.**
8. Flush injection needle with lipiodol to rid injector of air and to check it for patency and leaks.
9. Flush Histoacryl/lipiodol mixture into injector to within 15mm of the tip.
10. Inject 1mm per site as directed by physician.
11. Multiple injections can be done through one injection needle, however, if difficult, have a second injection needle prepared.

12. The injection needle must be completely flushed with lipiodol prior to removal from scope.

Nursing Alert: Adverse reactions include esophageal ulceration, allergic reactions, stricture, chest pain, thrombosis, fever.

CONCLUSION

The use of Histoacryl in maintaining hemostasis in acute esophageal varices and gastric varices has been proven to be an effective and relatively safe procedure despite reported complications.

Please refer to suggested readings in the bibliography.

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This is only a small portion of available reading

New Sponsor for The Guiding Light *SciCan*

We would like to welcome Scican as they have generously taken on the commitment of the newsletter for the next two years. We would like to thank Laura Norris who was instrumental, working with myself and the CSGNA to see this materialize. We look forward to working with you and the staff at SCICAN to make this happen. On behalf of the CSGNA, members at large and myself, we welcome you and your company and give a big "Thank You." Your ongoing support is important to us.

Your Editor – Kay Rhodes

CSGNA Education Corner

Announcements from the Education Committee

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

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

PROCLAMATION

**THE NATIONAL EXECUTIVE OF THE
CANADIAN SOCIETY OF
GASTROENTEROLOGY NURSES &
ASSOCIATES (CSGNA)**

**Has proclaimed May 10, 2002
As National Gastroenterology Nurses
& Associates Day**

**THEME:
BREAKING THE SILENCE:**

**COLORECTAL CANCER
PREVENTION**

The Gastroenterology Nurses & Associates Day, in keeping with the theme for National Nurses Week, "Nurses always there for you: Caring for Families," will focus on educating our colleagues, our patients and their families on the need for Colorectal Cancer Screening and the need for a comprehensive Canadian Screening Program for the Prevention of Colorectal Cancer.

The CSGNA encourages all Members, Gastroenterology Units and Managers to promote Gastroenterology Nurses & Associates Day and increase the awareness of the need for Colorectal Cancer Prevention and the role Gastroenterology Nurses & Associates play in keeping Canadians healthy.

Ischemic Colitis as a Cause of Lower Gastrointestinal Bleeding

Mary Anne Cooper M.Sc., M.D., FRCPC

Ischemic colitis is an inflammatory condition of the colon that results from hypoxic injury to the bowel mucosa. In addition to the hypoxic damage itself, mucosal damage is also produced by oxygen free radicals during reperfusion of the tissue.(1) Patients typically present with rectal bleeding after a bout of intense abdominal pain. The clinical severity, however, extends over a spectrum from bowel necrosis to very mild, transient, superficial mucosa injury.(1)

While we see ischemic colitis not infrequently in the endoscopy suite, its importance, as a cause of lower gastrointestinal bleeding, has not been emphasized until relatively recently. The list of causes for lower gastrointestinal bleeding usually includes diverticulosis, angiodysplasia, colitis, and cancer. Newer data suggest that ischemic colitis may be as common a cause of lower gastrointestinal bleeding as some of these other conditions. It is estimated that ischemic colitis accounts for up to 1 to 2000 hospitalizations and 1 in 100 flexible sigmoidoscopies or colonoscopies.(2)

Our own data from Sunnybrook and Women's College Health Sciences Centre have shown that of 124 patients identified as having a lower gastrointestinal bleed, fully fifty per cent of these had a diverticular bleed. The next most common cause of bleeding, however, was ischemic colitis, accounting for bleeding in 24 patients (19%).(3)

The endoscopic findings of ischemic colitis vary with the severity of the event. While colonic necrosis may be due to large vessel obstruction, most cases of ischemic colitis are considered spontaneous and occur in the absence of occlusion of major vessels. Vasospasm or small vessel disease account

for the majority of these cases.(4) The damage is usually segmental, occurring in the vascular watershed regions of the colon where there is less overlap of the vascular supply. Consequently, approximately 54% of cases occur at the splenic flexure and/or in the descending colon.(5)

The macroscopic features of ischemic colitis seen at endoscopy typically include submucosal hemorrhages and edema, and occasionally frank ulceration.(2) Only in the most severe cases is gangrene identified. (1) If peritoneal findings are present the endoscopy must be approached cautiously and perhaps even deferred in order to avoid perforation of the colon. If at all possible, however, early investigation is preferred as the chance of diagnosis is maximal since some of the more subtle endoscopic features such as the submucosal hemorrhages resolve in a couple of days.(4)

The pathognomonic histological feature of ischemic colitis is identification of mucosal infarction but this is rare. More often only superficial vascular congestion with a mild to moderate infiltrate of inflammatory cells is identified. Occasionally, the ischemia is chronic and fibrosis may be seen.(4)

Management of ischemic colitis is usually conservative. Most of the damage in the more typical case of ischemic colitis is superficial and heals spontaneously. Patients may require intravenous hydration but they are usually clinically quite improved in 24 to 48 hours.(4) In the most severe cases, when infarction has occurred, surgical resection of the necrotic tissue is required. Other indications for surgical management in ischemic colitis include perforation and recurrent sepsis.(4)

An interesting association has been noted between ischemic colitis and the use of oral contraceptives in young women.(6, 7, 8) This finding was supported in our study that showed significantly more women with ischemic colitis used estrogen as either hormone replacement therapy or oral contraception than women who had other causes of lower gastrointestinal bleeding.(3) The mechanism for this association is unknown but estrogens have been associated with increased incidences of thromboembolic events in general.(9) It may be related to a dysfunctional protein involved in the hemostasis cascade causing a hypercoagulable state.(6) Most women, however, still demonstrate a transient and reversible injury and rarely need to stop their hormone supplement.

In summary, ischemic colitis is a common cause of lower gastrointestinal bleeding that should be high on the list of differential diagnoses. It has characteristic features on history and at endoscopy that easily allow a diagnosis to be made early in its presentation. Fortunately, most cases are mild and reversible and respond to conservative management. The issue of the association between ischemic colitis and estrogen needs to be studied further.

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CARROT-BUTTERNUT SOUP WITH FRESH CORIANDER

1 butternut squash or small pumpkin, about 3 lbs. (1.5 kg)	Light sour cream or 5% yogurt (optional)
2 large onions, coarsely chopped	1 tsp. olive oil
6 to 8 cups chicken broth or bouillon	1 tsp. ground cumin
1 tsp. ground coriander (optional)	1 tsp. curry powder
¼ to ½ tsp. cayenne pepper	6 carrots
1 cup uncooked red lentils or drained canned lentils (optional)	1 cup orange juice
	1 bunch fresh coriander (optional)

To make squash or pumpkin easier to cut, make a small slash in skin with point of a sharp knife. Place whole squash in the microwave and cook, uncovered, on high for 10 minutes.

Meanwhile, place onions, oil, 1 cup chicken broth and seasonings in a large saucepan. Bring to a boil over medium heat and cook, uncovered, stirring often, until onions are soft, about 10 minutes.

Peel carrots and slice into 1-inch pieces. Rinse lentils, if using. When onions are soft, stir in 5 cups broth, carrots, lentils and orange juice. Cover and bring to a boil.

Then, cut squash in half. Remove seeds and cut away peel. Cut pulp into 1½-inch pieces or, if soft enough, simply scoop out of skin. Stir pulp into soup. Cover, reduce heat and simmer, stirring often, until lentils and carrots are soft, about 20 to 35 minutes.

Then, purée soup in several batches in a food processor or blender until smooth. If thicker than you like, thin with broth, stirring in no more than a ½ cup at a time. Chop most of coriander leaves and stir into soup just before serving. Swirl a little sour cream in center of each bowl and sprinkle with a few coriander leaves. Covered and refrigerated, this soup will keep well for several days and also freezes well.

Bon Appetite – Jocelyn Hollo

LAYERED SURPRISE SPREAD

12 oz./175g. cream cheese, softened

1 cup/250ml.

simulated crabmeat, chopped*

1½ cups/375ml. grated cheddar and mozzarella cheese, mixed

1 green onion finely chopped

2/3 cup/150ml.

seeded diced tomato

1 cup/250ml. sour cream, light or regular

1 cup/250ml. seafood sauce

2/3 cup/150ml.

diced green pepper

Tortilla chips or crackers

Beat cream cheese and sour cream together until smooth. Spread evenly in a dipped serving plate or pie plate, about 9"/23cm. Cover with crabmeat and then seafood sauce. Sprinkle cheese, onion, green pepper and tomato on top. Cover with plastic wrap and chill until serving. Serve with chips or crackers.

*Substitute 5 oz./142g. can crabmeat or small cooked shrimp

Makes about 12 servings.

Bon Appetite – Jackie Hyacinth

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

Colorectal Cancer Screening

As we celebrate National Gastroenterology Nurses & Associates Day and the role we play in keeping Canadians healthy, the Members of the "Canadian Society of Gastroenterology Nurses and Associates" would like to take this opportunity to impress upon you the need for Colorectal Cancer Screening Recommendations for Canada and the Need for every Canadian Citizen to have access to a Colorectal Cancer Screening Program.

This year over 17,000 Canadians will be diagnosed with Colorectal Cancer and more than 6,000 Canadians will die from the disease. It is *second* to Lung Cancer as a Fatal Cancer.

CANADIAN CANCER STATISTICS 2001. (CANCER BUREAU, CCDPC, HEALTH CANADA.)

Cancer	Incidents	Deaths
1. Lung	21,200	18,000
2. Breast	19,500	5,500
3. Prostate	17,800	4,300
4. Colorectal	17,200	6,400

COLORECTAL CANCER FACTS:

1. The risk of Colorectal Cancer rises sharply at age 50 years and nearly doubles every decade thereafter.
2. Virtually all Colorectal Cancers arise from Adenomatous Polyps. Polyps are believed to take at least five years to turn cancerous.
3. The identification and removal of adenomatous polyps is associated with a reduction in Colorectal Cancer incidence and mortality.
4. Screening could prevent up to 95% of Colorectal Cancers. This differs from other cancer screening programs that are designed to identify early cancers. (Breast Screening and Prostate screening.)

5. The five-year survival rate for cancer of the colon and rectum drops from 92% to 8% as the cancer progresses from a localized lesion to metastatic disease.

AVERAGE RISK INDIVIDUAL:

The Average Risk Individual includes persons aged *50 years* or older, *with no symptoms* and with *no family or personal history* of Adenomatous Polyps, Colorectal Cancers or other Secreting Organ Cancers.

SCREENING

RECOMMENDATIONS FOR THE AVERAGE RISK INDIVIDUAL:

Canada has no Colorectal Cancer Screening Recommendations.

The American Cancer Society Guidelines are widely accepted and are as follows:

1. Annual Fecal Occult Blood yearly and a Flexible Sigmoidoscopy every five years started at age 50.
2. Double contrast Barium Enema every 5–10 years.
3. Colonoscopy every 10 years.

For various reasons, (45–80% reduction in colorectal cancer mortality, low risk of complications, cost, patient compliance and safety of non-physician performed procedures), the generally accepted method for screening of the average risk individual is Fecal Occult Blood yearly and a Flexible Sigmoidoscopy every five years.

GASTROENTEROLOGY NURSES are providing Colorectal Cancer Screening Programs in the United States, Australia and Britain AND COULD DO SO IN CANADA.

Canada needs National Recommendations for Colorectal Cancer Screening and a comprehensive National Colorectal Cancer Screening Program to prevent the Needless Suffering and Death of many Canadians from this *preventable disease*.

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PRESIDENT'S REPORT

CERTIFICATION UPDATE:

I know you are all anxious to know if the First Canadian Gastroenterology Nurses Exam will be held during our September 2002 Conference in Newfoundland.

The CNA, at their November Board Meeting, reviewed the funding for the Certification Program and decided that all future Certification Exam development would have to be fully funded outside the CNA.

Strategies to raise the funding are now being explored. The cost to develop the exam is estimated at \$100,000.00. The CSGNA has pledged \$25,000.00, to assist with the exam development. However, I am very disappointed to inform you the exam will not be available for the Newfoundland Conference. I have written the Executive Director and the President of the CNA to express our disappointment in the decision of the CNA Board of Directors and to ask them to reconsider.

Development and sustainability of the exam requires adequate numbers of Gastroenterology Nurses willing to Certify and Recertify. Michele Paquette, Education Chair, has produced a questionnaire to determine if our members still support the CSGNA Board of Directors pursuing Canadian Certification.

We are still investigating the possibility of recognizing the American Certification in Canada and the Board of Directors need to know if members would support this venue or if you want an exam developed totally in Canada.

Please complete the questionnaire and return immediately to Michele.

National Gastroenterology Nurses and Associates Day:

The second National Gastroenterology Nurses and Associates Day will be celebrated on Friday, May 10, 2002, during National Nurses Week. The Theme is "Breaking the Silence: Colorectal Cancer Prevention.

The Proclamation and information on Colorectal Cancer, for your Units and/or Chapters to use, is included in this Newsletter. Celebrate the contribution you make to the health of Canadians and take this opportunity to educate your Friends, Colleagues, Politicians, Patients and their Families about Colorectal Cancer and the need for a Comprehensive Screening Program for all Canadians.

On behalf of the CSGNA Board of Directors, I would like to take this opportunity to wish all CSGNA members a Happy Gastroenterology Nurses and Associates Day and to thank you for your dedication to the Profession and for your support of the CSGNA.

NOMINATIONS:

The CSGNA is recruiting six members of the 2002–2003 National Board of Directors.

Canada East — Two Directors
 Canada Centre — One Director
 Canada West — One Director
 Newsletter Editor
 President — Elect

Please consider volunteering for one of these positions.

Submit your nominations to the President CSGNA by April 30.

MEETINGS:

The CSGNA Board of Directors will meet April 13 & 14, 2002. Please submit any issues or concerns you have, for the Board's consideration, to me or your regional representative.

NATIONAL CONFERENCE

CSGNA 2002 NATIONAL CONFERENCE:

*First Light: Leading the Way
 September 20–21, 2002*

Please join us in historic St. John's, Newfoundland, for an unforgettable weekend of Education, Networking and Fun.

A TRUE EASTERN EXPERIENCE!!!

I look forward to seeing many of you at the Conference.

Lorraine Miller Hamlyn

REPORT FROM THE PRESIDENT-ELECT

Concurrently with the World Congress of Gastroenterology the 18th Annual Educational Meeting of SIGNEA will take place, in cooperation with the Gastroenterology Nurses of Bangkok. The program, which will take place from February 27–March 1, 2002, will include sessions on Management concepts in gastroenterology nursing, designing and staffing a GI Unit, state of the art procedures, infection control, standards of practice for the endoscopy unit, education for GI Nurses, nursing research and writing for publication.

I am honoured and privileged to be the Canadian representative from the CSGNA to attend this conference.

On behalf of the Canadian nurses, I have been asked to participate in a symposium titled "Nursing care of patient undergoing GI procedures: Solving the issues." I will be presenting with Mare van Wyk from Cape Town, South Africa, Michelle Muir from Australia and Siriorn Sindhu from Thailand. The Canadian portion will include staffing issues in the GI Unit. I am very pleased to be able to participate on an international level.

I am looking forward to this wonderful opportunity and am confident I will return enriched and able to share the experience with my Canadian colleagues.

Lorie McGeough

SYNOPSIS OF CSGNA TELECONFERENCE NATIONAL EXECUTIVE MEETING

December 1, 2001

APPROVAL OF AGENDA:

The Agenda was approved by all. Lorraine welcomed Usha Chauhan to The Board as Canada Centre Director.

REPORTS:

Directors gave their reports and this is in the *Guiding Light*.

MEMBERSHIP:

Membership has increased from last report, approximately 550 now.

NEWSLETTER:

Scican is now our new sponsor. We will try to have them printed in Toronto as the editing process is both inconvenient and time consuming to have them done outside the Province.

FINANCE:

Total figure from the conference is not available as yet, due to some bills yet to be honoured by the sponsors. In future, bills will be sent directly to companies who have made this commitment. There was a noticeable difference in cost for hotel accommodation in Edmonton compared to Ottawa. This is due to no PST in Edmonton, and lower cost of accommodation in general.

EDUCATION:

The committee is working on finalizing the orientation program for reprocessing flexible endoscopes, which will be added to the orientation package. The teaching package is a two-day theoretical program followed by five days hands-on buddy session.

Michelle Alfa was contacted about National/International guidelines for choice of disinfectant/sterilant, as re-use of glutaraldehyde was questioned. This can be reused, but the product should be neutralized before disposal, and therefore we should check our local requirements on disposal of this product.

We are now recognized as a specialty. The testing company has an agreement with the American group to evaluate our content. Another questionnaire will be in *The Guiding Light* for members interested in writing the exams.

PUBLIC RELATIONS:

Thank you letters and questionnaires were sent to all the exhibitors. We are waiting for their response.

Comments from the conference were tabulated and summarized. The comments span the spectrum from good to bad for almost every topic. A letter was sent to the people who attended the Core Curriculum course to get their response, and also how many will be interested in writing the Canadian or American exam.

FACE-TO-FACE CONFERENCE:

This will be April 12-14, 2002

Respectfully submitted,
Elaine Binger, secretary CSGNA

DIRECTOR CANADA WEST REPORT**Nala Murray – February, 2002**

The Western Canada Chapter members are thriving as they strive to work towards attending our CSGNA Conference in St. John's, Nfld. With G.I. Nurses Day on May 10, 2002 in the horizon, many Chapters will be engaging in events that will support the National Theme. "Breaking the Silence, Colorectal Cancer Prevention" creates a forum for us to advance that information to colleagues, clients, family, and friends. The C.N.A. has recognized GI Nursing, as a Specialty (in principle) so let us be proud of what we do.

I am happy to announce that Marianne Dorais from Royal Inland Hospital in Kamloops BC is planning to form the 17th Chapter of the CSGNA. Way to go Marianne!

I have noticed that Fort McMurray, Alberta has a large number of new members, any thoughts on becoming the 18th?

MANITOBA CHAPTER

President Sylvia Dolynchuk reports that a Chapter Meeting was held on January 24, 2002 at Grace General Hospital. Business included information about the Reorganization of the National Executive, By-laws, the CSGNA Resource Document and Certification update. They had an Educational session entitled "Time to Banish the January Blues, Humour Your Stress!"

EDMONTON CHAPTER

The meeting held on January 24, 2002 at UAH included elections of new Chapter Executive. Welcome! Chairperson – Shelley Bible; Secretary – Tammy Grund. Education Committee – Yvonne Melnychuk, Pam Blakely and Diane Fuson.

Other business included a review of the responses to the Vendor Questionnaire that was distributed at the Edmonton Conference.

VANCOUVER REGIONAL CHAPTER

The Chapter is Hosting an Education Day on Feb. 23, 2002 at the Richmond Hospital. Topics to be presented include Laparoscopic G.I. Surgery; GI Research Today; Capsule Endoscopy and a session entitled "Your GI Practice," a moderated discussion where attendees will decide what direction the session will go. Should be very interesting! Great support from Seventeen Vendors.

SASKATCHEWAN CHAPTER

The Saskatchewan Chapter will attend an evening dinner meeting in March to discuss their plans for National G.I. Nurses Day to be held in conjunction with Nurses Week. The Chapter hopes to follow the "National Theme" for "G.I. Nurses Day."

Business includes planning the program for their Saskatchewan Fall Conference.

They also plan to discuss financing for members to attend the National Conference in St. John's, Nfld. in September.

CALGARY CHAPTER

The Chapter Christmas party recognizing our vendors was a success and enjoyed by all! Pentax generously donated a camera for the door prize that was won by Debbie Taggart.

The agenda for "Spring Along with GI" to be held on Saturday, April 27, 2002 is being finalized. Once definite, information will be put on the CSGNA website.

The Calgary Chapter has accepted hosting the 2004 National meeting.

Deb Erickson and Debbie Taggart have volunteered as co-chairs for the event and prospective venues are being considered. We are already working on the program that we hope might include a Therapeutic Endoscopy Day.

Respectfully submitted by
Nala Murray – February, 2002

CANADA EAST REPORT

The Newfoundland and Labrador chapter has been meeting bi-weekly to discuss and organize the upcoming National CSGNA meeting in St. John's Newfoundland Sept. 20–21, 2002. There has been much interest, both from members and vendors.

Chapter members were invited and attended a Canadian GI Presentation via Satellite by ASTRAZENECA on Feb. 13, 2002 which was both an informative and enjoyable evening.

On Feb. 12, 2002 a group of the chapter members attended an evening session on COLORECTAL CANCER SCREENING sponsored by the ONCOLOGY NURSES from BLISS MURPHY CANCER CENTRE.

In May an education half-day session will be held on SCOPE CLEANING AND INFECTION CONTROL sponsored by CARSEN. A meeting will follow.

The position of CANADA EAST DIRECTOR will be open in Sept., 2002. If there is anyone out there who is interested and would like some more information, please give me a call.

Sincerely,
Linda Feltham
Home 709-753-6756
Work 709-737-6431
E-mail: carlfeltham@roadrunner.nf.ngt

MEMBERSHIP:

Membership is the top priority for the CSGNA. Benefits of being a member are National Conferences at a reduced rate, the newsletter, regional conferences, chapter membership, Standards of Care, Position Statements, Scholarships both National and Regional, and the opportunity to

network with other gastroenterology professionals, which I personally find very beneficial. It is great to know we all have similar work experiences, problems and concerns. Membership renewals will be sent out in April, 2002, as all renewals are due by June 30, to maintain your status as a member. Please direct all renewal forms to:

Edna Lang
27 Nicholson Dr.
Lakeside, NS B3T1B3

Sincerely, Edna Lang

REPORT NB AND PEI CHAPTER

The NB PEI Chapter of CSGNA held an education day November 17, 2001 at Regional Hospital Centre with 30 attending. Nurses from Fredericton, Moncton, Miramichi, Tracadie, Saint John, Bathurst and Summerside, PEI.

TOPICS:

Bronchoscopy – Case Studies

Dr. C. Violette

Remicade and Hepatitis

Dr. R. Memiche

M2A Capsule Scene of the Future

K. Woodford

Opening Doors

M. Doucet, ER Receptionist

An open forum in the PM allowed GI nurses and associates to exchange practices and ideas. An enjoyable day by all. Company representative present:

E. Mundle Fibertech, Steve Majury, Pentax, Richard Long and James Golemiec Carsen Group, K. Woodford South Medic and C. MacCaulay Boston Scientific.

Fran Duguay,
NB/PEI Chapter President

NOVA SCOTIA CHAPTER REPORT:

We have started a bimonthly newsletter, as it is difficult for the membership in our chapter to come to the regular meetings. This allows us the opportunity to share information with each other, such as, cleaning procedures and conscious sedation issues. The annual Atlantic CSGNA conference was cancelled for this June as we hope more of the membership will channel financial support toward attending the conference in Newfoundland this fall.

Liz Hendsbee,
Chapter President

Submitted By
Evelyn McMullen
Canada East Director

REPORT DIRECTOR PRACTICE

All the CSGNA Guidelines and Position Statements have been reviewed and revised. The National Executive meets in April and these will be



presented for approval at that meeting. The review process has been a good one for the Association. There was no published reference list for Staffing levels for Therapeutic Endoscopy. There are not many articles written but we now have a reference list to support our position. The Infection Control Guidelines have been revised. Michele Paquette (Education Chair) and I have had several questions about statements made in the Infection Control Guidelines. This is the type of dialogue we want from our members. We encourage questions and if there is a topic we have not covered in our position statements or guidelines, please let us know and we will get you an answer.

Jean Macnab

Clinical Manager

Endoscopy, Thrombosis, MDCU
Ottawa Hospital
Room #121 CPC (Civic Campus)
Tel (798-5555-13179)
Pg (239-8032) • Fax (761-4714)

CANADA CENTRE REPORT

The Greater Toronto Chapter is hosting two education events February 28 and April 11. The topic for February 28 session is "Given Imaging Capsule" sponsored by Southmedic Inc. and Byk Canada. Election for the chapter president and treasurer will be held on February 28. The second education session will be scheduled for April 17 the topic is Remicaide Infusions. The Toronto Chapter will also host the 2003 National Conference.

The Golden Horseshoe Chapter hosted education day in September and was sponsored by Abbott, Byk/Solvay – Canada and Novartis. One hundred and nineteen nurses and dieticians from around the Golden Horseshoe area attended this very informative day. Chapter executives were also elected these are as follows: Jennifer Belbeck – President, Lyn Duce – Secretary, and Gale Mitchell – Treasurer. The spring educational event will be hosted and organized by the Kitchener group in April and the topic will be ERCP's and new therapies for upper GI bleed.

Ottawa Chapter hosted an evening education event on flexible Endoscopy Care and maintenance and are planning a half-day seminar in May, the topic is not finalized.

The London Chapter is planning a spring education evening, the topic and the date are not finalized. The chapter elections will be held at the June education session.

The Central Ontario Chapter. This is our 16th chapter of CSGNA. On February 7 we held the first evening education session. The topics were "Oxyarm – new face contact free o2 tubing" and "Given Imaging Capsule." The evening was attended by 20 people and was a great success. Thank you Southmedic Corporation for supporting this event. The new chapter executives were also elected, these are as follows: Daniella Abbruzzese – President, Janet Young-Laurin – Secretary, Heidi Furman – Treasurer.

Canada Centre Director
Usha Chauhan

FROM THE EDUCATION CHAIR CORNER

QUESTION:

Our physicians are requesting data supporting recommendation that a fresh sterile bottle filled with sterile water should be used for each ERCP procedure. I would appreciate your comments.

Shirley Loewen
Clinical Nurse Educator
Saskatoon City Hospital

ANSWER:

Michelle Alfa provided two pieces of referenced information

- 1) APIC guideline for flexible endoscopes: (C. Alvarado and M. Reichelderfer, AJIC 2000; 28:138–155). In this guideline they state that the water bottle should be filled with sterile water and that the bottle and its connecting tube should be sterilized or receive high-level disinfection at least daily.

- 2) Guidelines for Infection Prevention and Control in Endoscopy. Endoscopy Working Group–Manitoba Advisory Committee on Infectious Diseases. Sept. 2000. In this guideline they state the same line as indicated in the APIC guideline about daily sterilization/disinfection of the water bottle and lines. In addition they state: "Each Endoscopic retrograde cholangiopancreatography (ERCP) procedure requires a fresh sterile bottle with sterile water."

I hope this information is useful to you. Since I was part of the Manitoba advisory group — you can tell that my preference is to have a new bottle of sterile water for each ERCP patient. I believe this is important as ERCP procedures are the most invasive and they are associated with the highest risk of post-procedure infection. So ensuring that the water used is sterile for each procedure is an important consideration. However, the APIC guidelines do state that "The need for more frequent bottle and tubing processing has not been established."

So that doesn't give you the crystal clear advice I'm sure you would have preferred!! From the stated guidelines, you could probably follow either procedure and would be considered to be following acceptable guidelines.

Cheers — Michele

Michelle Alfa, Ph.D. FCCM
Associate Professor Wayne State University

REPORT FROM THE EDUCATION CHAIR

What is happening in your areas? Have you forgotten to let me know of the wonderful educational sessions that are being held within your Chapters? If you need help, don't forget your Directors or myself to help you plan your local educational sessions. I had one request for our GI orientation manual from Lindsay, Ontario. It costs very little \$20.00 and is an excellent tool for your units.

Very soon we will have another Chapter join our ranks and this will be the Barrie Chapter and the President will be Daniella Abbruzzese. We hope to hear from you soon.

Certification: On February 6 Jean Macnab and myself met with Mr. Lafortune from ASI (Assessment Strategy Incorporate) and Janet Mann from C N A to discuss a business plan for the development of our certification exam. He has agreed to communicate with CBGNA's new testing company to find out their process in developing their exam. If C N A after evaluating their exam feels we could adopt it, then they would be willing to approach our counterpart to see about reciprocity. This is encouraging. In our discussions with C N A they asked me how many members would be interested in writing the exam. This is important to

them because they have to be able to recover the money they will use to help us develop the exam. **So here is what we need from you the members. In this *Guiding Light* there will be a survey that we ask everyone to complete and return a.s.a.p. to me. The fax number is 613-737-8385. Please take the time to fill it in. It is most important.**

**Respectfully submitted,
Michele Paquette CGRN**

The second reference comes from SGNA Education Committee Practice Committee Chair Marilee Ball.

She states: At a recent practice committee meeting, we developed a position statement for accessories to include water bottles. In it we recommend a sterile water bottle with sterile water for each ERCP. We have also referred this

to the research committee for a research project. At present there is little (or no) research available on this issue.

NEW SIXTEENTH CHAPTER

CENTRAL ONTARIO CHAPTER CSGNA

I had the pleasure to represent the CSGNA to attend the first meeting of this chapter. The nurses in Barrie, Ontario made their dream happen. Their meeting was sponsored by "South-medical" and was hosted by same. Elections were held, name of chapter was agreed upon and some financial help given by some of their liaisons, a new chapter is born. Bravo and Congratulations to Daniela Abbruzzese (president), Janet Young-Laurin (secretary) and Heidi Furman (treasurer).

Kay Rhodes

Core Curriculum Quiz

- How long does it take for a well-formed tract to develop around a PEG tube?
 - 6 weeks
 - 10-14 days
 - 3 to 4 days
 - 24 hours
- The most common complication in patients receiving TPN is:
 - Thoracic injury
 - Air embolism
 - Metabolic Imbalance
 - Catheter-related sepsis
- Patients with celiac sprue must avoid eating:
 - Gluten
 - Fiber
 - Sodium
 - Protein
- Excess glucose is stored in the liver and in the muscles in the form of:
 - Adipose tissue
 - Glycogen
 - Disaccharides
 - Triglycerides
- Low fat diets are usually used to control:
 - Steatorrhea and diarrhea
 - Intestinal gas and bloating
 - Ascites
 - Constipation

Snowflakes are one of nature's most fragile things. But just look at what they can do when they stick together.

JAMAICAN STOUT BUN

- 1½ cups brown sugar
- 2 tsp. butter
- 1 egg
- ½ tsp. caraway seeds
- ½ cup raisins
- 3 cups flour
- 1 cup Dragon Stout (obtain in Liquor Store)
- ½ cup honey
- 1 tsp. allspice
- ½ cup mixed peel fruit
- 3 tsp. baking powder
- 4 tsp. golden syrup or pancake syrup
- 1 tsp. cinnamon
- 1 cup grated cheese (optional)

Dissolve sugar, butter, honey, syrup, spice into stout, heat slowly then cool.

Place fruits, flour and baking powder in bowl, add stout mixture and cheese if desired.

Pour into large loaf pan and sprinkle caraway seeds on top. Bake 350°F for 1 hour until done.

Brush with sugar and water (¼ cup sugar dissolved in 3 tbsps. water).

Enjoy – Elaine Binger

NATIONAL SURVEY FOR CSGNA GASTROENTEROLOGY CERTIFICATION EXAM

CSGNA is looking co-jointly with CNA at developing a CANADIAN GASTROENTEROLOGY EXAM. In order for CNA to consider our request, we must identify that we have, in Canada at least, 1,000 nurses working in Gastroenterology.

Please take a few moments to fill out this survey and return it immediately to:
Michele Paquette

GI Unit, Module S, Ottawa Hospital General Campus, 501 Smyth Road, Ottawa, Ontario K1H8L6
Fax number: 613-737-8385 e-mail address: mpaquette@ottawahospital.on.ca

Please respond by checking off the appropriate letter(s).

1. Are you a CSGNA member? YES NO
2. Indicate province of employment _____
How many years have you practiced in the field of Gastroenterology? _____
4. Indicate any post graduate education:
 - a) Certified Gastroenterology RN
 - b) Bachelor Science Nursing
 - c) Master Nursing.
 - d) Other: _____
5. Which of the following best describes your present position:
 - a) Endoscopy nurse
 - b) Registered Nursing Assistant, Licensed practical nurse. Certified Nursing Assistant
 - c) OR Nurse.
 - d) Clinical Nurse specialist
 - e) Ambulatory Care nurse in GI Clinic
 - f) Day Care/RR nurse
 - g) Research nurse
 - h) Technician
 - i) Staff Nurse
6. Where do you work?
 - a) Administration
 - b) Nursing Educ. Dept.
 - c) OR.
 - d) GI Unit
 - e) GI Clinic
 - f) Private Clinic
 - g) Day Care Unit
 - h) ICU
 - i) GI Surgery, Oncology, Paediatric GI.
 - j) Motility lab.
 - k) Med/Surg. Nursing

- 7. How many hours are you working per year? _____
- 8. How many nurses work in Gastroenterology in your workplace? _____
- 9. Would you be interested in obtaining Canadian Gastroenterology Certification? Yes No
- 10. If your answer to #9 was yes, do you think you would be gaining?
 - a) Satisfaction
 - b) Professional growth
 - c) Money recognition
 - d) Colleague recognition
 - e) Job security
 - f) Other
- 11. If your answer to #9 is no, could you identify your reasons?
 - a) No recognition on the part of employer
 - b) Need to put a lot of energy into preparation of exam with no guarantee
 - c) Monetary implications
 - d) Other
- 12. Would you be prepared to write certification exam:
 - a) Immediately
 - b) in 1–2 years
 - c) 3–5 years
- 13. Please circulate this survey to anyone you know who may be interested.
Please indicate which you have passed it on to:
 - a) Nursing Director
 - b) Nursing Education
 - c) Charge Nurse OR.
 - GI Unit
 - GI Clinic
 - Private Clinic
 - Day Care
 - ICU
 - Ambulatory Care
 - d) Physicians/Gastroenterologists
 - e) Company Reps.
 - f) Research Nurse.
 - g) Med/Surg. Nursing
 - h) Motility Lab
 - i) Gastroenterology surgery, Oncology, Paediatric GI.
- 14. If CNA would recognize the American exam for Canadian Certification, would you agree Yes No or
Do you prefer having the exam developed totally in Canada? Yes No
Would you like to participate in the certification exam? Yes No

Name _____

Address _____

*The final results of this survey will be published in the Guiding Light.
We thank you for taking the time to fill in this questionnaire.*

CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES AND ASSOCIATES CHAPTER EXECUTIVE LIST

Vancouver Regional Chapter
President: Gail Whitley
5520 Lackner Cres.
Richmond, BC V7E6A3
(604) 875-4155 (H)
(604) 875-5391 (W)
(604) 875-5031 (Fax)
Secretary: Judy Deslippe
Treasurer: Nala Murray

Okanagan Chapter
President: Linda Frandsen
3320 Jackson Court
Kelowna, BC V1W2T6
(250) 862-4401 (Fax)
(250) 862-4427 (W)
Secretary: Arlene Schroeder
Treasurer: Debb levine

Calgary Chapter
President Debbie Taggart
#102 - 1800 26 Ave. SW
Calgary, AB T2T1E1
(403) 209-0217 (H)
(403) 291-8922 (W)
(403) 291-1599 (F)
Secretary: Christine Kunetsky
Treasurer: Doreen Reid

Edmonton Chapter
President: Judy Langner
129 Greenoch Crescent
Edmonton, AB T6L1W6
(780) 450-7323 (W)
(780) 450-7208 (F)
(780) 463-1934 (H)
Secretary: Doris Strudwick
Treasurer: Patti Ofner

Saskatchewan Chapter
President: Shirley Malach
20 Brook Bay
Regina, SK S4N1M6
(306) 761-0353 (H)
(306) 766-4441 (W)
Secretary: Shannon Cote
Treasurer: Dianne Ryan

Manitoba Chapter
President: Sylvia Dolynchuk
1503 - 55 Nassau St. N.
Winnipeg, MB R3L2G8
(204) 237-2249
Secretary: Roberta Thompson
Treasurer: Donna Dunsford

Ottawa Chapter
President: Michele Paquette
2719 Wylderwood St.
St. Gloucester, ON K1T2S1
(613) 733-1552 (H)
(613) 737-8384 (B)
Secretary: Denise Theriault
Treasurer: Monique Travers

Golden Horseshoe Chapter
President: Jennifer Belbeck
105-6 Village Green
Stoney Creek, ON L8G5B7
(905) 662-9075 (H)
(905) 574-7721 (B)
Secretary: Lynn Duce
Treasurer: Gale Mitchell

South Western Ontario Chapter
President Diane Gray
265 Jos Janisse
Windsor, ON N8Y3A5
(519) 948-5422 (H)
(519) 254-1661 ext. 2019 (B)
Secretary: Pam Hebert
Treasurer: Joan Staddon

Vancouver Island Chapter
President: Irene Ohly
642 Cairndale Rd.
Victoria, BC V9C3L3
Secretary: Pat Savage
Treasurer: Donna Gramigna

Central Ontario Chapter
President: Daniela Abbruzzese
142 Wasaga Sands Drive
Wasaga Beach, ON L0L2P0
(705) 728-9802 ext. 6218 (W)
(705) 429-7341 (H)
New Chapter

London Area Chapter
President: Cheryl Parsons
401 Sunnyside Cres.
London, ON N5X3N4
(519) 646-6000 ext. 4355
Secretary: Donna Pratt
Treasurer: Laura Mason

Newfoundland Chapter
President: Ellen Coady
19 Forde Dr.
St. John's, NFLD A1A4Y1
(709) 737-6431
Secretary: Mabel Chaytor
Treasurer: June Peckham

New Brunswick and PEI
President: Fran Duguay
P.O. Box 973
Bathurst, NB E2A4H8
(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 Ave.
Halifax, NS B3L2E9
(902) 473-4008 (B)
Secretary: Donna Cook
Treasurer: Theresa McKinon

Greater Toronto Chapter
President: Jean Hoover
3220 Northview Rd.
Oshawa, ON L1H7K1
(904) 655-4397
Secretary: Elaine Burgis
Treasurer: Brenda Latch

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.

RED BARN CORN AND BEAN SALAD

1 can (19 oz.) chick peas
(drain and rinse)

1 can (15 oz.) black beans
(drain and rinse)

½ cup chopped red onion

1 can (19 oz.) red kidney beans
(drain and rinse)

1 can (12 oz.) corn kernels (drain)

1 sweet red pepper, diced

½ cup chopped celery

DRESSING:

½ cup fresh basil (1 tbsp. dried)

1 tbsp. Dijon mustard

½ tsp. hot pepper sauce

½ cup red wine vinegar

1 clove garlic, minced

½ tsp. pepper

1/3 cup olive oil

1½ tsp. salt

¼ cup chopped fresh parsley

In large bowl, combine chick peas, kidney beans, black beans, corn, onion, red pepper and celery. Set aside.

DRESSING: whisk together basil, vinegar, oil, mustard, garlic, salt, hot pepper sauce and pepper. Toss with bean mixture.

(Salad can be covered and refrigerated for up to 1 day.)

Garnish with parsley. Makes 12 servings.

Judy Ellis-Paxton

PEAR SALAD

1 tin (28 oz.) pears

½ pint whipping cream

8 oz. cream cheese

3 tbsp. milk

1 (3 oz.) lime jello

In large bowl, heat 1 cup of pear juice to boiling, add jello, stir well, refrigerate until cool, not set. Mash or food process pears, add to cooled jello. Soften cream cheese, stir in 3 tbsp. milk, add to cooled jello. Whip whipping cream, add to cooled jello. Pour into greased jelly mould. Refrigerate for 12 hours before serving.

Gail McDermott

CORE CURRICULUM QUIZ ANSWERS:

1-b 2-d 3-a 4-b 5-a

CHANGE OF NAME ADDRESS/NAME

Name: _____

New Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

Fax: _____ E-Mail: _____



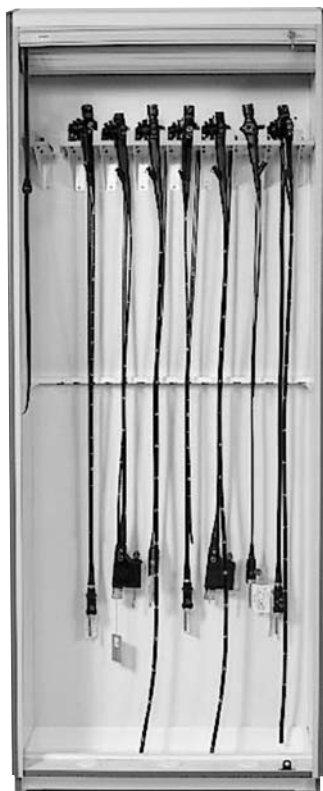
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LIVER
SCOPES
SPLEEN



*20 of 21 words
were placed
into the puzzle.*

GUIDELINES FOR SUBMISSION to "THE GUIDING LIGHT"

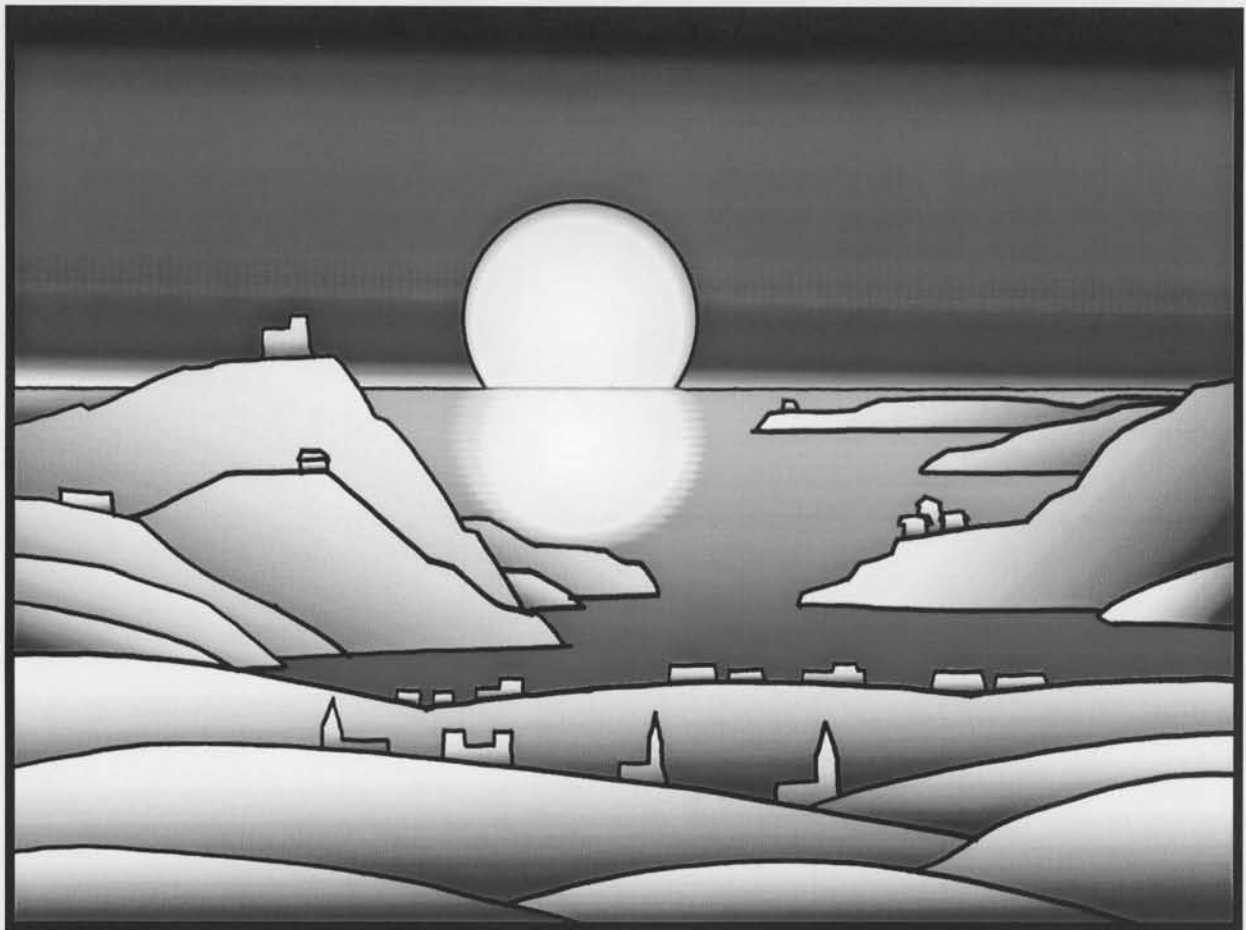
- white paper with dimensions of 8 1/2 x 11 inches
- double space
- typewritten
- margin of 1 inch
- submission must be in the possession of the newsletter editor 6 weeks prior to the next issue
- keep a copy of submission for your record
- All submissions to the newsletter "The Guiding Light" will not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

FIRST LIGHT... LEADING THE WAY



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



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 Floor

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.)

CSGNA 2001-2002 Executive

PRESIDENT

LORRAINE MILLER HAMLYN
180 Waterford Br. Rd.
St. John's Newfoundland
A1E 1E2
(709) 722-0294 (H)
E-MAIL: radica2@attglobal.net
FAX: (709) 722-0294

NEWSLETTER EDITOR

KAY RHODES
Sunnybrook & Women's
Health Science Centre
Medical Endoscopy, RM D606
2075 Bayview Avenue
Toronto, Ontario
M4N 3M5
(416) 480-4005 (W)
(416) 289-2328 (H)
E-MAIL: kay.rhodes@swchsc.on.ca

PRESIDENT ELECT

LORIE McGEOUGH
G. I. Unit
Pasqua Hospital
4101 Dewdney Avenue
Regina, Saskatchewan
S4T 1A5
(306) 766-2441 (W)
(306) 766-2762 (W)
FAX: (306) 766-2513
E-MAIL: lmcgeough@reginahealth.sk.ca

SECRETARY

ELAINE BINGER
113 Spragg Circle
Markham, Ontario
L3P 7N4
(905) 294-3378 (H)
(905) 472-7036 (W)
FAX: (905) 472-7086
E-MAIL: cbinger@sympatico.ca

CANADA EAST DIRECTORS

LINDA FELTHAM
74 Penetanguishene Road
St. John's, Newfoundland
A1A 4Z8
(709) 753-6756 (H)
(709) 737-6431 (W)
FAX: (709) 737-3605
E-MAIL: carlfeltham@roadrunner.nf.ngt

MEMBERSHIP

EVELYN McMULLEN
5532 Northridge Rd.
Halifax, Nova Scotia
B3K 4B1
(902) 453-6151 (H)
(902) 473-4006 (W)
FAX: (902) 473-4406
E-MAIL: evelynmcmullen@hotmail.com

TREASURER/MEMBERSHIP

EDNA LANG
27 Nicholson Dr.
Lakeside, Nova Scotia
B3T 1B3
(902) 876-2521 (H)
(902) 473-4006 (W)
FAX: (902) 473-4406
E-MAIL: ednalang@hotmail.com

CANADA CENTRE DIRECTORS

JEAN MACNAB
Director Practice
3381 Greenland Road
RR#1 Dunrobin, Ontario
K0A 1T0
(613) 798-5555 Ext. 13179 (B)
(613) 832-1808 (H)
E-MAIL: jmacnab@ottawahospital.on.ca

EDUCATION

USHA CHAUHAN, BScN, RN
McMaster Medical Centre
1200 Main Street West
Hsc Rm. 4W6
Hamilton, Ontario
L8N 3Z5
(905) 521-2100 ext. 73543
FAX: (905) 521-4958
E-MAIL: chauhan@hhsc.ca

EDUCATION CHAIR

MICHELE PAQUETTE
501 Smyth Road
Ottawa, Ontario
K1H 8L6
(613) 737-8384 (W)
(613) 737-1552 (H)
E-MAIL: mpaquette@ogh.on.ca

CANADA WEST DIRECTORS

NALA MURRAY
4644 - 51 Street
Delta, British Columbia
V4K 2V7
(604) 682-2344 Local 62713
FAX: (604) 806-8048
E-MAIL: nala_murray@telus.net

JUDY LANGNER
129 Greenoch Cres.
Edmonton, Alberta
T6L 1W6
(780) 463-1934 (H)
(780) 450-7116 (W)
or (780) 450-7323 (W)
FAX: (780) 450-7208
E-MAIL: jlangner@cha.ab.ca