

CISGNA Scope Scoop

Volume 5, Issue 1

January 2005



Calendar of Events

January 15, 2005

Annual Course scholarship applications due
Apply online at www.sgna.org

February 11-12, 2005

CISGNA Annual Spring Conference
Carle Hospital,
Urbana, IL

February 14, 2005

SGNA Voting Deadline
Vote online at www.sgna.org
CISGNA Region #19

February 15, 2005

Research Grant Applications and Outstanding Certified GI Professional Award applications due

March 2005

Colorectal Cancer Awareness Month

March 23, 2005

GI Nurses and Associates Day

May 13-18, 2005

SGNA 32nd Annual Course
Minneapolis, MN
CBGNA Certification Exam at Annual Course

Message From the President

Celebrate Nursing

As another New Year rings in, it is a time to reflect on the past year and make resolutions for the coming year. This year make one of your resolutions to use your special nursing talents to mentor another nurse or tech. Whether your special talent is in management / leadership skills, organizational skills, or patient care skills, share that gift and help mentor our younger and newer staff to grow.

We all have had someone special in our nursing history that mentored us and made a difference in our career. Someone that we admired. Someone that we strived to be

like. I challenge all of you to be that someone. Make a New Year's resolution to share your special nursing gift with others. Share your nursing stories with one another, encourage professional commitment, attend educational inservices and conferences whenever you can. Share your knowledge with others.

This year make a difference and celebrate the Nurse that you are!

Annett Schmit, RN
President CISGNA 2005

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CISGNA 2005-2006 Executive Board Members

President

Annett Schmit, RN
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President-Elect

Yvonne Rees
Normal, IL

Past President

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Normal, IL

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Kelly VanEtten
Normal, IL

The CISGNA Executive
Board Members
invite assistance with committee
work and suggestions from the
membership.
Please e-mail us at
info@cisgna.org

Fall 2004 CISGNA Business Meeting



The Fall CISGNA Business Meeting was held on Saturday, Sept. 18th at Biaggi's Restaurant in Bloomington, IL. After a delicious luncheon, the meeting was called to order at 1:35 p.m. by President Alice Day. The Minutes from the Spring CISGNA meeting were read and approved. Elaine Otto gave a Treasurer's Report.

Old Business included the awarding of four scholarships to the 12th Annual Multi-Regional Conference on October 15-17, 2004 to Tammy Mool, Peggy Mayer, Kim Wright, and Betty Kaupp. Congratulations to each winner. The membership was encouraged to apply online for two available scholarships to the Spring CISGNA conference.

Elections of the 2005 Executive Board was the primary new business. The following slate was nominated and approved.

President:	Annett Schmit, RN Champaign, IL
Past-President:	Alice Day, LPN Champaign, IL
President-Elect:	Yvonne Rees Normal, IL
Secretary:	Deb Jaskowiak, RN Normal, IL
Treasurer:	Kelli Herschelmann Decatur, IL
Newsletter Editor:	Kelly VanEtten Normal, IL

Alice Day then passed the gavel to 2005 President, Annett Schmit. Annett's theme for her presidency is "Promoting GI Nurses". Annett gave a presentation on GI testing. TAP Pharmaceutical presented information on Prevacid Solutabs and demonstrated how to dissolve the Solutabs in a syringe.

The meeting was adjourned at 1:55 p.m.

CISGNA Spring Conference

“Voices in GI”

February 11-12, 2005



Dr. Bonello scoping black bears in 1996

Dr. Bonello is one of the many great speakers we have planned for the CISGNA Spring Conference this coming February. Dr. Bonello practiced at Carle Clinic and Hospital for many years where I had the privilege of assisting him in performing a colonoscopy on a research bear in hibernation. This event was published in May, 1997 in the *Gastroenterology Nursing* in an article titled, “Our Bear of a Patient”. Dr. Bonello is a Colo-Rectal Surgeon practicing in Peoria and will speak at the Spring Conference on “Rectal Smoking” and “Civil War Medicine”. Plan now to attend this exciting educational event.

Submitted by Lorelee Kelsey, RN, CGRN

CISGNA Spring Conference 2005 Speakers

Reprocessing in the GI Lab

David Hambrick, Dallas, TX

Shedding Light; The Evolution of the Endoscope

Dr. Huber

Colonoscopy Complications

Dr. Tender

ERCP

Dr. Parsons, Rockford, IL

Rectal Smoking

Dr. Bonello

Nursing Forum: GI Hot Topics

Jo Harbaugh

GI Emergencies, “Oh God, I’m on Call”

Sue Potter

Civil War Medicine

Dr. Bonello

Brochures have been mailed. They are also presently available to be downloaded from www.cisgna.org. Hope to see everyone there!

Congratulations to Cathy Leonard RN, CGRN

Cathy has recently retired from her position as Director of Same Day Services and BDT at BroMenn Regional Medical Center in Normal, Illinois. Cathy joined CISGNA on 12-1-85. She has been an active voice in advancement of GI nursing. Education and networking were always top priorities for her. Since retirement, Cathy and her family have moved to Lakeland, Florida.

Thanks for all you did for GI nursing and CISGNA. Enjoy Florida and your new home. We miss you but wish you the best!



Central Illinois was represented by 24 nurses at the Multi-Regional Conference in Madison

A successful and informative 12th Annual Multi-Regional Conference was held October 15-17, 2004 in Madison, Wisconsin, the beautiful state capitol. The planning committee included members from each of the 7 regions represented: Wisconsin, Indiana, Kentucky, Michigan, Chicago, Central Illinois, and Ohio. As the planning committee so aptly put it, it was a weekend of learning that “enabled us to return to our professional practices with knowledge that we can share with our peers and use in caring for our clients.” Thank you to the planning committee for a job well done.

The conference also provided an opportunity to take the CBGNA certification exam. Fifty-two participants accepted the challenge!

Liver Logic

Barb Bancroft, RN, MSN, PNP

I had the opportunity to attend the SGNA Multi-Regional Conference in Madison, Wisconsin this October. I am thankful to the CISGNA for the scholarship! My favorite speaker was Barb Bancroft. She spoke on the topic of “Liver Logic.” The liver performs 500 functions per day! The most common cause of acute liver injury leading to hepatic failure is acetaminophen toxicity. Toxicity can be due to a suicide attempt or accidental overdose. Over 100 persons die per year due to accidental overdoses.

Cirrhosis of the liver is the third leading cause of death in people between the ages of 25 and 65 years, exceeded only by cardiovascular disease and cancer. Early cirrhosis may be asymptomatic and undetectable except by biopsy. Causes of cirrhosis include alcohol, viruses, toxins and autoimmune hepatitis

Liver biopsies are done to assess the severity of the disease and are performed when considering treatment options. The liver biopsy reveals the degree of inflammation and the state of fibrosis, a sign of progressive disease.

Overall Barb had a very informative and energetic presentation, as always.

Sincerely, Tammy Mool.

New Concepts in the Management of Inflammatory Bowel Diseases

Presented by David G. Binion, M.D.

An increase in inflammatory bowel disease, (IBD) has occurred in industrialized nations from 1970 to 1990. Over the past 4 decades, the incidence of infectious diseases has steadily declined but the incidence of immune disorders (including IBD), has steadily risen. At present, there are 1-2 million IBD patients in the U.S., with equal incidence of ulcerative colitis and Crohn's disease and approximately equal incidence between males and females. There are approximately 10,000 new cases diagnoses annually in the U.S.

The pathogenesis of IBD is not fully understood but is affected by genetics, environmental triggers and molecular immunology. IBD is likely a complex, non-Mendelian genetic disorder with monozygotic twins often sharing disease pattern and age of onset. However, only 10-31% of patients have a positive family history of IBD.

Drug therapy for IBD (especially Crohn's disease) has changed with the development of biologic therapy. Medical management of mild Crohn's includes 5-ASA or antibiotics. Treatment of moderate to severe Crohn's disease is focused on rapid progression to immunomodulator (Azathioprine/6MP/Methotrexate) to induce/maintain remission with limitation of steroid use. When there is an inadequate response to the immunomodulators or there is a breakthrough after remission, therapy progresses to biologic therapy (infliximab). The goal is rapid induction and then maintenance of remission to prevent tissue destruction. Surgical treatment is used when there is partial or complete obstruction or abscess formation.

Current research is focusing on classification of IBD patients into subgroups, including early and late disease. Hopefully, more therapies will be able to target specific molecules and cells. More biologics are being studied and

developed, including probiotics. Work is being done to further translate basic science advances into clinical practice.

Submitted by: Sonia Vercler

Bedside Manners: Healing your Relationships in the Endoscopy Suite

By Patricia L. Raymond, M.D.

According to Dr. Patricia Raymond, Author of Rx for Sanity, America is suffering from an Incivility Epidemic. She states, "It has been said that civility is inversely proportionate to speed...the faster we go, the less time we have to be nice to one another". Incivility is an epidemic quickly eroding our society.

Civility includes respect, restraint, and responsibility. Forms of incivility in our society include road rage, sideline rage, workplace or school rage, and incivility as entertainment (for example, Jerry Springer or Howard Stern).

Incivility in our hospitals can be "vertical" or "horizontal". Vertical incivility can occur doctor to nurse, nurse to doctor, staff to patient or patient to staff. Incivility from staff to staff is an example of horizontal incivility and probably the most common incivility in a hospital. All incivility, vertical or horizontal, leads to bad outcomes. Incivility effects patients, nurses, and the "bottom line."

Diligent effort is required to combat incivility. Immediate direct confrontation of rude behavior can be effective. When someone speaks to you disrespectfully, you can use one of the "you" phrases or questions. For example, "Do you want to rephrase that?" or "I must not have heard you right. Do you want to repeat that?" It is important to remember that to change rude behavior, you must take action immediately. Also, keep in mind that you are not going to fundamentally change the rude person, just their behavior around you.

(Continued on page 6)

If rude behavior is at one end of the spectrum, then elevation is at the other end. First, look for ways to improve your own behavior. One activity ("Make a Change") to help yourself can be to each day place 5 dimes in your right pocket. Whenever you thank someone for a specific behavior you can move a dime to the left pocket. Hopefully, at the end of each day, the dimes will be in your left pocket and you will feel more positive towards you coworkers. A second activity can be to "Pass it On". One person starts with a heart token in her pocket. When she sees a coworker do or say something especially kind or considerate, she passes the token along to them. It is a simple way of recognizing positive behavior. As Mark Twain said, "Few things are harder to put up with than a good example."

**Treat everyone with politeness,
Even those who are rude to you,
Not because *they* are nice,
But because *you* are.**

Submitted by Sonia Vercler

Colon Cancer Screening

Patricia Raymond, M.D.

Screening for colorectal cancer continues to be an important priority. If colorectal cancer is detected early, there is a 90% survival. Unfortunately, only 37% of these cancers are currently being detected early.

Colorectal cancer remains the 2nd leading cause of cancer death for men and women. It is the most preventable of all cancers because it is able to be detected and removed while still pre-cancerous. It is interesting to note that 90% of all colorectal cancer is diagnosed in people over 50 years. Less than 10% of colon cancer is caused by inherited gene mutation.

According to a American Cancer Society study which included 3121 screening colonoscopies, 10% had advanced disease (polyps over 1 cm, polyps with villous features, dysplasias, or can-

cer). Of these 52% had no distal adenomas, meaning that in 52% of these patients, no abnormalities would have been found if a flexible sigmoidoscopy had been performed rather than a colonoscopy.

Newer methods of screening for colorectal cancer are being developed. According to the New England Journal of Medicine, 2000, virtual colonoscopy (spiral CT) will soon be the procedure of choice for colorectal screening in persons over 50 years of age. Pill endoscopy and molecular screening (stool genetic evaluation) are other methods still be studied.

Submitted by Sonia Vercler

Liver Logic

By Barb Bancroft, RN, MSN, PNP

My favorite speaker at the Multi-regional SGNA conference held in Madison, WI was Barb Bancroft. I have heard her speak before and find all of her talks are great. She spoke on "Liver Logic" this time. She has a real knack of making a seemingly dry subject exciting. I did not take too many notes, but the one thing I remember the most is that the liver has 500 functions and that it does most of its work at night while we are sleeping. The other part of her talk I seem to remember was when she was talking about Warfarin. Warfarin was used to kill rats and the way it worked was to make them bleed to death. President Theodore Roosevelt had trouble with blood clots during his war years, and he was the first human to take Warfarin in the hopes of preventing blood clots.

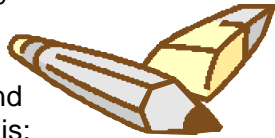
Barb talked about a lot of other things, including Hepatitis, but these are the things I took back with me from her talk.

I really enjoyed the conference overall. I had never been to Madison and would like to go back sometime with my family. Illinois had a big representation and most of us went out to eat for dinner Saturday night. This is one of the best parts of the conference, networking

with others. I would encourage everyone to try to go to this conference next year. It will be in Indianapolis. Do not forget our conference in February, it is shaping up to be a good one too.

Submitted by Marcia Walker RN, BSN, CGRN, Carle Foundation Hospital, Urbana IL.

Test Your GI Knowledge



1. The infectious disease found most often in the esophagus is:

- A. Cytomegalovirus
- B. Herpes simplex virus
- C. Candidiasis
- D. Giardiasis

2. In children which foreign body would you want to remove as soon as possible:

- A. Coins
- B. Meat
- C. Alkaline batteries
- D. Retainer

3. Barrett's esophagus is defined as an epithelial metaplasia in which normal squamous epithelium is replaced by:

- A. circular muscle layer of epithelium
- B. columnar epithelium
- C. Tenia coli
- D. Submucosa layer of connective tissue

4. A Mallory-Weiss tear is a mucosal tear at the:

- A. Pylorus
- B. Ampulla of Vater
- C. Upper esophageal sphincter
- D. G-E Junction

5. The colonic mucosa is:

- A. Arranged in folds called the "plicae circulares"
- B. Smooth surfaced
- C. Covered with a layer of squamous epithelium
- D. Made of thousands of finger-like projections called villi.

6. The most common cause of bright red rectal bleeding in adults and children is:

- A. Inflammatory bowel disease
- B. Perforation

- C. Hemorrhoids and fissures
- D. Bleeding ulcers and varices

7. What is the most hazardous electrical device in the endoscopy unit?

- A. Electro-surgical cautery unit
- B. Blanket warmer
- C. Defibrillator
- D. Automated reproprocessors

8. If gluteraldehyde accidentally comes in contact with a healthcare worker's skin, he or she should:

- A. Wash the area thoroughly
- B. Rinse the area with water only
- C. Apply burn ointment
- D. Cover the area with a bandage.

9. JCAHO standards apply to:

- A. In-hospital endoscopy units
- B. Independent endoscopy units
- C. Physicians offices
- D. All of the above

10. The primary site of absorption for the vitamin B-12 and bile acids is the:

- A. Duodenum
- B. Jejunum
- C. Ileum
- D. Stomach

11. Segmental submucosal inflammation and cobblestone appearance of the bowel wall are associated with:

- A. Ulcerative colitis
- B. Crohn's disease
- C. Duodenal ulcers
- D. Celiac sprue

12. Primary carcinoma of the proximal small bowel are virtually all:

- A. Lymphomas
- B. Melanomas
- C. Adenocarcinomas
- D. Sarcomas

Source: Spec' Bytes: Sampling Your GI Knowledge by Constance Gosse, RN, BSN, CGRN at 2004 Multi-Regional Conference, Madison, WI.

Answers on Page 8

Gluten Sensitivity Support Group

The Bloomington-Normal, IL area "Gluten Sensitivity Support Group" will hold its January meeting on January 20, 2005 at 7:00 pm. At the First United Methodist Church of Normal, IL. Sarah Masters, Registered Pharmacist, will make a presentation on avoiding gluten in medications. Whether it is over-the-counter pain relievers or generic or brand name prescription antibiotics, it might contain hidden glutes.

There are also support groups in Peoria, Champaign-Urbana, Springfield, and Marseilles. As GI nurses, we need to make sure our gluten-sensitive patients are aware these wonderful support groups.

Answers to "Test Your GI Knowledge":

1. c 2. c 3. b 4. d 5. b 6. c 7. a 8. a 9. a 10. c 11. b 12. c.

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