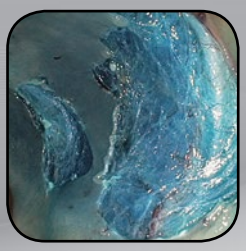
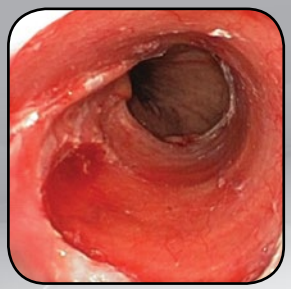
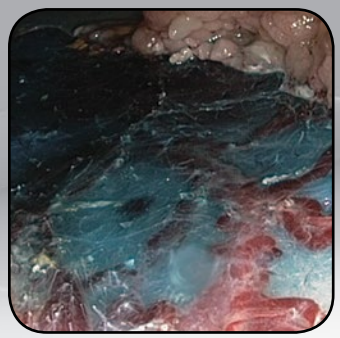
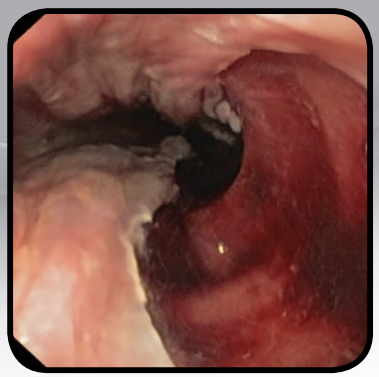
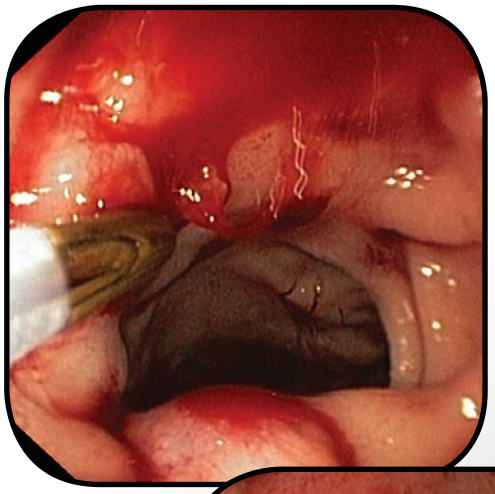
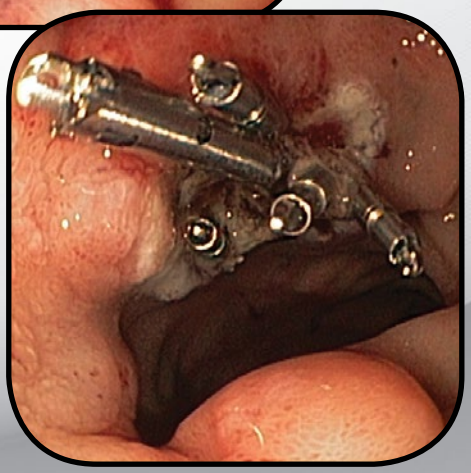





4th Annual Westmead Endoscopy Symposium

Nurses Workshop Final Program

Wednesday 2nd March 2011
Hilton Sydney Hotel, Australia

Presenters from Queensland and Netherlands


Libby Shepherd
(nee Thompson)


Di Jones


Sylvia Lahey

NSW GOVERNMENT Health
Western Sydney
Local Health Network

Welcome to Nurses

A very warm welcome to the Westmead Endoscopy Symposium Nurses Workshop at the Hilton Sydney Hotel.

We are offering another fabulous array of talks and video demonstrations that will inform and enhance your understanding in the ever expanding realm of gastrointestinal endoscopy.

Thank you for joining us here today for this fabulous meeting to enjoy the educational experience but also for the interaction with your colleagues in the field.

For those of you who will also be attending the full two day live workshop telecast from Westmead Hospital to the Hilton - this will be an enlightening experience! RCNA points will also be available for nurses attending the Symposium.

Welcome,
Mary Bong
Nurse Unit Manager
Endoscopy Unit, Westmead Hospital
Organising Committee Westmead Endoscopy Symposium 2011

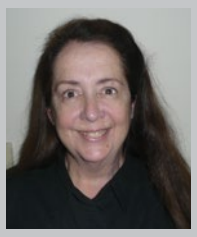
Nurses Workshop - Wednesday 2nd March 2011	
0800	Registration Opens - Level 4 Function Rooms
0830 - 0835	***Welcome Note*** by Mary Bong, Nurse Unit Manager, Endoscopy Unit, Westmead Hospital. Organising Committee Westmead Endoscopy Symposium 2011
	SECTION 1 Moderators: Dr Vu Kwan and Robyn Brown
0835 - 0905	***Gastroenterology nursing around the globe.*** Presenter: Di Jones, Nurse Unit Manager, Logan Hospital
0905 - 0935	***EUS from simple to the complex: Imaging and interventional.*** Presenter: Dr Vu Kwan
0935 - 1005	***Endoscopic management of foreign body.*** Presenter: Sylvia Lahey, Rijnstate Hospital, Endoscopy Unit, Wagnerlaan, The Netherlands ***(Sponsored by Device Technologies)***
1005 - 1035	***Quality in endoscopy: The UK experience.*** Libby Shepherd (nee Thompson), Clinical Nurse Consultant, Queensland Bowel Screening Program
1035 - 1105	Morning Tea and Trade Display
	SECTION 2 Moderators: Dr Vu Kwan and Judy Tighe-Foster
1105 - 1125	***GI bleeding: Be prepared*** Presenters: Sandra Ko and Mary Bong
1125 - 1145	***ERCP: The secrets and tricks*** Presenters: Helna Lindhout and Judy Tighe Foster
1145 - 1205	***Polypectomy: Small to giant*** Presenters: Rachel Perram and Rebecca Sonson
1205 - 1220	***Troubleshooting reprocessing*** Presenters: Ewa Kasprzak and Robyn Brown
	SECTION 3 Demonstrations
1220 - 1315	4 Demonstration tables, 10 minutes at each table
1315 - 1415	Lunch and Trade Display
	SECTION 4 Moderators: Dr Viraj Kariyawasam and Mary Bong
1415 - 1445	Quiz
1445 - 1515	***Keeping the patient still and safe: The physiology of endoscopy sedation.*** Dr Viraj Kariyawasam
1515 - 1530	Quiz prizes presentation
1530 - 1535	Closing remarks and thank you
1535 - 1600	Afternoon Tea and Trade Display

Westmead Symposium 2011 - Nurses Workshop

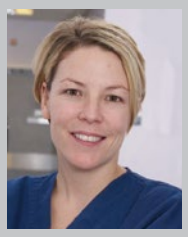
This workshop is endorsed by APEC number 014011002 as authorised by Royal College of Nursing, Australia (RCNA) according to approved criteria. Attendance attracts 4 RCNA CNE points as part of RCNA's Life Long Learning Program (3LP).

"Reference herein to any specific commercial products, process, or service by trade name, trademark, manufacturer or otherwise, does not necessarily constitute or imply its endorsement, recommendation, or favouring by RCNA"

The attendance of Di Jones and Libby Shepherd has been graciously supported by CR Kennedy



Di Jones



Libby Shepherd (nee Thompson)

Abstracts and Biographies

ABSTRACTS

Gastroenterology nursing around the globe

Dianne Jones, Nurse Unit Manager, Endoscopy Unit, Logan Hospital.

Around the world, the variation in gastroenterology services provided based on geographical location is largely determined by economic factors. As technology advanced during the latter half of the last century, adoption of that technology occurred more quickly and was more extensive in wealthy countries and that disparity remains to this day. Similarly, the roles nurses hold within endoscopy and gastroenterology services reflect the professional standing of nurses within a country. In western societies where nursing has been established as professional service, nurses have established themselves in very independent roles such as a nurse practitioner managing care for patients with IBD, nurse endoscopist, nutrition support etc. However, in some countries, the professional standing of nursing is still developing. The core values of nursing however are displayed irrespective of the country of quality of the facilities available. Australian nurses can learn from their overseas colleagues, particularly in Europe where the structures supporting gastroenterology nursing as a professional specialty have been developed.

BIOGRAPHY: Dianne Jones

Dianne has 36 years experience in Gastroenterology nursing as a clinician, researcher, educator and manager. She is a Past President of GENCA and Current President of SIGNEA. Dianne is also the current editor of J.GENCA : the journal of the Gastroenterological Nurses College of Australia.

NOTES:

EUS from the simple to the complex: Imaging and interventional.

Dr Vu Kwan

Endoscopic ultrasound (EUS) has emerged in recent years as a valuable addition to both the diagnostic and management aspects of patient care. Its utility lies in its ability to visualise structures that lie just beyond the gastrointestinal tract. These applications range from simple diagnoses of lumps and bumps in the gut wall to the imaging, biopsy and drainage of complex pancreatic lesions. Nursing staff play a crucial role in the execution of EUS procedures, and a deeper understanding of both the basics and complexities of EUS is fast becoming a necessity in every endoscopy centre.

BIOGRAPHY: Vu Kwan

Dr Vu Kwan is a consultant gastroenterologist at Westmead Hospital, with a special interest in interventional endoscopy and endoscopic ultrasound. She also runs the Inflammatory Bowel Disease Clinic at Westmead. She is the Network Director of Physician Training for Westmead, Blacktown, Hornsby and Orange Base Hospitals. Ongoing education for both medical and nursing staff is one of her particular passions, and she is delighted to be participating in the Nurses Symposium of the Westmead Endoscopy Symposium 2011.

NOTES:

ABSTRACTS

Endoscopic management of foreign body

Sylvia Lahey, Rijnstate Hospital, Endoscopy Unit, Wagnerlaan, The Netherlands

Introduction:
Endoscopy is useful in the clearance of retrieval of foreign bodies and food bolus impactions, which is accomplished by different endoscopic accessories that are passed through the endoscope.

About 80 to 90% of foreign bodies will pass on their own and will not require any medical intervention, while about 10 to 20% of foreign bodies will require a doctor, to evaluate the situation with an endoscope and remove the foreign body using a grasper or with a net. Less than 1% of cases will require surgical intervention.

Foreign body and food bolus impaction

In the pediatric population, children younger than 5 years are most commonly affected. Balloons, balls, and small parts are the most commonly aspirated items. Food, particularly hot dogs, sausages and peanuts are frequently aspirated by children. Other objects include buttons, pen or bottle caps, rubber or plastic materials, marbles and disk batteries.

Unintentional foreign bodies in the adult population are most frequently occur in patients with diminished mental capacity, for instants like demented people or people who are under the influence of alcohol, they often present themselves to the Emergency Room. Many of Intentional" foreign body ingestion occur in patients suffering from some type of psychiatric disorder.

Food Bolus Impactions can occur in both children and adults. They may occur as the result of under chewing food or perhaps not chewing the food at all, this is frequently seen in toothless adults. It is most frequently seen and associated with those patients that have some degree of underlying esophageal pathology; whether the condition is known by the patient or not. People with narcotic packets are often referred to body packers or 'mules' and is seen in regions with high drugs traffic. They often present to the Emergency Room. Many or most foreign bodies are radiopaque, that means that they will show up on an X-ray. Wood, plastic and glass, fish and chicken bones can not be seen on X-ray.

Proximal esophageal impaction, whether by a true foreign body or a food bolus, universally brings about symptoms like drooling, dysphagia, odynophagia, respiratory symptoms like stridor.

Risk Management

There are many risks and complications associated with esophageal foreign body and food bolus cases. Aspiration, the inability to handle oral secretions, infection, bleeding, erosion at the site of lodging, tracheoesophageal, bronchoesophageal, aortaesophageal fistula formation and perforation have also been reported. All of these potentially serious complications can occur, if endoscopic intervention is delayed.

Gastric and Duodenal risks and complications can include caustic injury, bleeding, gastric outlet obstruction, perforation and infection.

The choice of sedation or general anesthesia with endotracheal intubation, is important for patient safety and should be considered in the management of a patient with a foreign body or food bolus based on the type of item being retrieved, patient age and patient condition.

Methods
Before you start a procedure you need to have all the devices available. It is important that you are familiar with the equipment. Stay updated on the latest techniques and accessories.

Keep abreast of technology reports
There are several foreign body retrievals like retrieval nets, overtubes, retrieval baskets, polypectomy snares, different forceps and a foreign body protector hood.

If the patient's airway is not protected by an endotracheal tube then the risk of aspiration is a concern, if the foreign body or food bolus is every lost during extubation.

While intubation or the use of an overtube can prevent this occurrence, it presents potential for injury or perforation of the esophagus.

Conclusion:
- Endoscopic retrieval is a tricky business that requires decision making and technical skill
- Foreign Body and Food Bolus removal requires risk management
- Protection of the patient's airway is critical
- Be prepared for "anything"
- Equip your facility with all the retrieval devices you may need

References:

- Guidelines for management of ingested foreign bodies, *Gastrointestinal Endoscopy*. Volume 55, no.7 2002
- Endoscopic retrieval devices, Brenna C. Bounds

BIOGRAPHY: Sylvia Lahey

Sylvia Lahey is a General nurse and Endoscopy nurse at Rijnstate Hospital, Arnhem,The Netherlands. She is

General nurse and Endoscopy nurse involved with the working group of Dutch job profile. From 1998-2005 she was Councillor on the Dutch SEVA Board and from 1998-2008 was Chairman of the Dutch National Guideline Group.

Among her roles in National Society and ESGENA also are:

- 2001 Sylvia Councillor of ESGENA
- Since 2002 has been the ESGENA General Secretary
- Chair during the UEGF-ESGENA Conferences each year
- Tutor during ESGE-ESGENA Hands-on-Training during ESGENA Conferences / UEGW
- Member of the ESGE Education committee
- Tutor at ESGE-ESGENA Workshops on Advanced Therapeutic Endoscopy in Eastern European Countries Workshops
- Honorary member of the Romanian Association of Gastroenterology, Hepatology and Endoscopy Nurses.

NOTES:

ABSTRACTS

Quality in Endoscopy – The UK experience

Libby Shepherd (nee Thompson), Clinical Nurse Consultant,
Queensland Bowel Screening Program

Endoscopy in England has become a world class patient centred service. Waiting times are lower than in any other comparable national health care system and objective markers of quality and safety are high.

The enormous success of the quality improvement program can be attributed to strong national leadership and the multidisciplinary approach to the development and implementation of the initiatives.

The expertise of nurses working within endoscopy was recognised as an essential component of the quality agenda and their contribution as leaders of change was visible throughout the country.

My role as nurse manager of a busy London endoscopy service and subsequent role as Lead Nurse for endoscopy within England enabled me to initiate and influence projects. I was closely involved in improving the way services were delivered, promoting patient-centred care and creating a sustainable approach to training the workforce.

BIOGRAPHY: Libby Shepherd (Nee Thomson)

Libby moved from Australia to England in 1998 and commenced work in the endoscopy unit at St George's hospital in southwest London in 1999. Libby became the unit manager in 2000 and worked alongside Roger Leicester in developing and delivering the national endoscopy training program across the UK. In 2004, the endoscopy service moved into a state-of-the art endoscopy centre, which was designed by Libby and Roger and is recognised internationally for its patient-centered design. Libby became an independent nurse Colonoscopist in 2004, has carried out over 1500 procedures and was involved in training doctors in colonoscopy. Libby was integral to the design of the endoscopy accreditation system in England and as an experienced assessor was involved in the training of new assessors across the UK. In 2008, Libby designed and led the delivery of a national training program for endoscopy nurses and assistants – Gastrointestinal endoscopy for Nurses (GIN) and achieved 99% participation from all units in England over 2 years. The program has since been rolled out in Scotland, Wales and Northern Ireland. Between 2008 and 2010, Libby was the Lead Nurse Advisor to the National Endoscopy Program and the Joint Advisory Group on Gastrointestinal Endoscopy (JAG). Libby moved back to Australia in June this year and is now leading a project within Queensland Health, piloting an accreditation system for endoscopy.

NOTES:

Keeping the patient still and safe: The physiology of endoscopy sedation

Dr Viraj Kariyawasam

Sedation is an important element of endoscopic procedures. It is a process of continuum rather than absolute. Sedatives used currently have numerous pathways of action and final effect. It's important to know these properties to understand and manage sedation safely and effectively.

The Australian guidelines (PS9) as well as the most recent European guidelines (propofol) for sedation in endoscopy, provides us with clear pathways and evidence for current practices in sedation.

BIOGRAPHY : Viraj Kariyawasam

Dr Viraj kariyawasam is the Endoscopy fellow, at Concord hospital. He graduated from University of Colombo, Sri Lanka. He completed the first two years of his training In UK, where he obtained Membership of the Royal College of Physicians, UK. He has done most of his training as a Basic Trainee and Advanced trainee in Gastroenterology attached to Westmead hospital. His interests in gastroenterology lie in the fields of Interventional endoscopy and Inflammatory Bowel disease.

NOTES:

ABSTRACTS

GI Bleeding

Sandra Ko & Mary Bong

GI bleeding is a significant and potentially life threatening medical emergency.

There are many causes of bleeding, peptic ulcer disease being the most common. In treatment it is very important to visualize the bleed before engaging in the many possible modalities that are available. As GI nurses, it is very vital and important that we know our equipment and apply good techniques to ensure effective outcome in the management of GI bleeding.

BIOGRAPHY: Sandra Ko

Sandra is a registered nurse who started working as a new graduate in 2000 at Concord Hospital Endoscopy and become a full-time staff in 2001. But a change was needed, so in 2006 she joined Westmead Endoscopy to experience more advanced therapeutic endoscopy.

Sandra enjoys working with the skilled endoscopists in the unit and is the lead nurse in Endoscopic ultrasound. She has become the nurse assistant for many experienced international endoscopists, particularly developing skills in endoscopic mucosal resection.

BIOGRAPHY: Mary Bong

Mary Bong is the Nurse Unit Manager of Westmead Endoscopy. She is also a credentialed gastroenterology nurse. Mary has participated at various workshops and conferences with the latest as the moderator and presenter for the nursing session at the APDW 2010 in Kuala Lumpur, Malaysia.

Ercp: Secrets And Tricks

Helna Lindhout and Judy Tighe Foster

Endoscopic Retrograde Cholangio Pancreatography (ERCP) is performed as a day only procedure with good patient outcomes for the management of pancreaobiliary disorders. Improved endoscopic and imaging technology with innovative accessory devices have enabled therapeutic and interventional ERCP to be performed safely in major tertiary referral centres.

As new equipment is developed for therapeutic ERCP, endoscopists and nursing staff need to incorporate these developments in their practice to maximise the outcome for the patients.

The aim of this session is to educate nursing staff in some of these developments and to share the 'secrets and tricks' involved in this highly specialized area of endoscopy.

As ERCP is a huge topic in itself, the focus for our presentation will be on stone removal and radiographic aspects of ERCP.

BIOGRAPHY: Helna Lindhout

Helna is a registered nurse and has worked in our unit for 6 and a half years. During this time, she became an accredited gastroenterology nurse (ACGEN), presented at various meetings and published a few articles in JGENCA where she is also on the editorial committee. She is currently studying for a postgraduate certificate in Gastroenterology nursing online at the University of Queensland.

BIOGRAPHY: Judy Tighe-Foster

Judy is a Clinical Nurse Specialist at the Westmead Hospital Endoscopy Unit. Her interests in the speciality include ERCP, interventional and therapeutic endoscopy. Judy has been a director of COGEN since 2008. She is currently undertaking a graduate certificate in gastroenterology at Queensland University. She enjoys mentoring new staff and being involved in their development in acquiring new skills in this ever expanding speciality.

Polypectomy: Small To Giant!

Rachel Perram and Rebecca Sonson

Polypectomy is an effective method for removing lesions in the adenoma-carcinoma sequence and reducing the expected incidence of colorectal cancer. EMR is an excellent therapeutic modality to resect large, complex, laterally-spreading colonic polyps.

A high level of knowledge and skill of the nurse is required when assisting with long and complicated EMR procedures. Rachael Perram (EEN) will share her experiences in attaining skills in this valuable role by presenting a case study.

Pathology inspection (Pit Pattern classification – Kudo) is essential to determine clear margins and plan treatment in follow up and possible surgical consultation. The importance of histopathology analysis cannot be underestimated. The polyp needs to be preserved to enhance this process. Rebecca Sonson, our dedicated research nurse will expand our knowledge of her role in this area.

BIOGRAPHY: Rachel Perram

Rachel is an Endorsed Enrolled Nurse who has worked in the Endoscopy Unit for the past 5 years. She has recently set the benchmark for other EENs in attaining skills in specialised endoscopic procedures such as endoscopic mucosal resection (EMR). In 2010 Hospital Week Rachel presented a talk on 'Safe discharge for patients undertaking day procedures in endoscopy' and received excellent commendation from the Westmead Director of Nursing & Midwifery.

BIOGRAPHY: Rebecca Sonson

Rebecca has been the Endoscopy Research Nurse for the past year. She came to endoscopy with extensive knowledge of emergency nursing in both adults and children. Throughout the last year she has attained additional knowledge and skills in research and has developed a passion for endoscopy research.

TroubleShooting Reprocessing

Ewa Kasprzak and Robyn Brown

Endoscopes are the backbone technology in the endoscopy suite.

They are complex instruments which combine sophisticated mechanical, electrical and plumbing systems to allow diagnostic and complex interventional procedures to be performed.

However advances have made them more delicate and difficult to reprocess. Their evolution over the last few years has been remarkable in terms of image quality and capability. They also are made of lighter materials and slimmer design. Does this make them less durable and are we seeing more frequent repairs and problems with reprocessing? This talk will identify several reprocessing issues, analyse the task and look for possible solutions.

Issues included will be leak testing, endoscope defects, and abnormal micro-test results. OHS issues such as infectious exposure and manual task repetitive strain injuries. It will also look at how we reprocess and what we should use.

The future way forward in reprocessing will be governed by the TGA and individual unit's ability to purchase expensive equipment. The ability of staff to perform a repetitive complex task under pressure will need to be examined and I expect what we are doing in 5 or 10 years time will be very different from what we do today.

Endoscope manufacturers will need to weigh up advances in design with durability and ease of reprocessing.

BIOGRAPHY: Robyn Brown

Robyn is currently the CNE in the Westmead endoscopy unit. She is passionate about her role in the unit but also her 2 beautiful grandchildren. Robyn is currently on LSL and is fortunate that the unit will allow her to return 2 days a week to combine her passions in life. Robyn will be job sharing with Judy Tighe and is looking forward to the next stage of her life.

BIOGRAPHY: Ewa Kasprazk-Adamecki

Ewa is a sterilisation technician who has worked in the unit for 4 years. She is diligent in ensuring the proper maintenance of all endoscopes and quality control in the reprocessing area. She is a valuable member of the endoscopy team.

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