

NURSES' WORKSHOP PROGRAM AND SYLLABUS


6th
SYDNEY

INTERNATIONAL ENDOSCOPY SYMPOSIUM

2013

Wednesday 6th March 2013
Hilton Sydney, Australia
Ballroom Level 3

INTERNATIONAL FACULTY

 Vicki Hedley, Lead Nurse for Endoscopy Services,
St Georges Hospital, United Kingdom



SPECIAL THANKS TO



for supporting this Workshop



Health
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This course is endorsed by
the American Society for
Gastrointestinal Endoscopy



Demonstration Stations - what you need to know!

- Your name badge will be colour coded (**yellow, green or blue**) to represent the group you have been allocated to. (for section 3 of the program) The yellow group will start at Demonstration Station 1, the green group will start at Demonstration Station 2, and the blue group will start at Demonstration Station 3. Groups will then be rotated after 15 minutes
- Please move and stay in your allocated group
- 20 minutes per workshop has been allocated, and 5 minutes allowed for change over times
- Time is limited please move on when directed to the next Demonstration Station
- There will be 3 Workshops Demonstration Stations to visit and these will be located in different areas within level 3. One will remain in the main auditorium, and two will be based amongst the trade displays
- Westmead Hospital staff will be available to direct you as you move between the Workshops
- For each Workshop Demonstration Station, you will be required to break into smaller groups to view the various table displays
- Demonstrators will be equipped with microphones and be situated on podiums to ensure you can hear and see what is being presented
- If you wish to ask further questions, Demonstrators will remain once lunch is served and you may return to any Demonstration station you wish.

Mark your diary NOW,
next year's Symposium dates!

Wednesday 5th - Friday 7th March, 2014

March 2014

S	M	T	W	T	F	S
23	24	25	26	27	28	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	17	19	20	21	22
23	24	25	26	27	28	29
30						

Each delegate will receive a stylish satchel bag, courtesy of Cook Medical – available for collection when registering.

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MEDICAL

Nurses' Workshop 2013

I would like to personally welcome each of you to the 6th Sydney International Endoscopy Symposium Nurses' Workshop. It is an exciting time for the Westmead Hospital Endoscopy Unit staff to be able to offer another stimulating and educational meeting at the Hilton Sydney in our vibrant city of Sydney.

Building on the success of previous meetings, the Symposium will feature a variety of fantastic presentations and demonstrations related to important aspects in Endoscopy nursing that will excite and increase your understanding in this specialty! There is always something for everyone to take home after attending our workshop!

The Symposium will also provide the ideal forum to stimulate ideas, establish collaborations, allow Nurses to interact and network as well as offering new updates and learn fresh tricks of the trade to promote gastrointestinal / endoscopy nursing.

Nurses are also welcome and encouraged to attend the two full days live high quality transmission from the Westmead Endoscopy Suite, which promises to be a fabulous experience showcasing the skills and wisdom of the internationally renowned guest faculty.

RCNA points will be available for nurses attending the Symposium.

Yours sincerely

Mary Bong
Nurse Unit Manager
Endoscopy Unit, Westmead Hospital

Organising Committee
Sydney International Endoscopy Symposium 2013

Symposium Program

Nurses' Workshop - Wednesday 6th March 2013		
0730	Registration opens	
0830 - 0835	Welcome Note – MARY BONG	
	SECTION 1	
0835 - 0905	Advanced resection and innovation in the endoscopy unit: 'A team sport' – PROF MICHAEL BOURKE	
0905 - 0935	Anticoagulants, antiplatelet agents and iatrogenic bleeding in Endoscopy – DR NICK BURGESS	
0935 - 1005	Carbon dioxide in Endoscopy – advantages and anaesthetic considerations – SUSAN LANE, ENDOSCOPY ANAESTHETIC NURSE	
1005 - 1035	Current quality initiatives in Endoscopy in the UK – VICKI HEDLEY, LEAD NURSE FOR ENDOSCOPY SERVICES, ST GEORGES HOSPITAL, UNITED KINGDOM	
1035 - 1105	Morning Tea and Trade Displays	
	SECTION 2 – Workshop Presentations	
1105 - 1120	Unravelling guidelines standards and quality improvements – DI JONES, PRESIDENT SIGNEA	Di Jones' attendance has been kindly supported by
1120 - 1135	Electrosurgery in Endoscopy – DR VU KWAN	
1135 - 1155	The ABC of GI Research – DR NICK BURGESS	
1155 - 1210	Patient's journey to PEG and beyond – CATHY ZACCARIA, CNC NUTRITIONAL SUPPORT SERVICE	
	SECTION 3 – Workshop demonstrations - Co-ordinators : Judy Tighe-Foster / Jeneviah Junio / Nicky Stojanovic / Kerry Flew	
	3 Demonstration stations	
1215 - 1330 20 minute Workshops	Station 1 DI JONES / HELENA LINDHOUT / ROBYN BROWN Table 1 • Standards and Guidelines Table 2 • Quality improvements initiatives	Station 2 VU KWAN / BETTY LO / ADENIKE ADEYEMI / NICK BURGESS / REBECCA SONSON / MARY BONG Table 1 • ERBE and APC probe Table 2 • Endoclot Table 3 • Thermal probes
	Station 3 CATHY ZACCARIA / SALLY PIGGOT Table 1 • PEG policies and guidelines Table 2 • Trouble shooting PEGs Table 3 • Dummy demonstration	
1330 - 1430	Lunch and Trade Displays	
	SECTION 4	
1430 - 1445	Quiz - Zion Siu	
1445 - 1515	Detection and management of small polyps – VICKI HEDLEY, LEAD NURSE FOR ENDOSCOPY SERVICES, ST GEORGES HOSPITAL, UNITED KINGDOM	
1515 - 1545	Unlocking the liver – everything you wanted to know but were afraid to ask – DR VU KWAN	
1545 - 1615	Quiz prizes presentation	
1615 - 1620	Closing remarks and thank you	
1630	Afternoon Tea and Trade Displays	

Sydney International Endoscopy Symposium 2013 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 6 RCNA CNE points as part of RCNA's Life Long Learning Program (3LP).

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The attendance of Vicki Hedley has been graciously supported by



Di Jones' attendance has been kindly supported by





Speaker Bios and Workshop Abstracts

Speaker Bios



Prof Michael Bourke, MD, PhD

Professor Michael Bourke is Clinical Professor of Medicine, University of Sydney and Director of Gastrointestinal Endoscopy at Westmead Hospital. He is Co-editor of the journal Endoscopy (Journal of the European society of Gastrointestinal Endoscopy), associate editor and Colorectal section editor for the Video journal of Gastrointestinal Endoscopy and

Encyclopaedia of Gastrointestinal Endoscopy and a member of several other editorial boards. He is the convenor of the Sydney International Endoscopy Symposium (the annual Westmead Endoscopy meeting), now in its 6th year. His clinical and research interests encompass many different facets of diagnostic and interventional endoscopy. Endoscopic resection for advanced mucosal neoplasia at all sites in the gastrointestinal tract has been a focus. Patients referred to Westmead with early Barrett's neoplasia, duodenal and ampullary lesions, and large sessile polyps or laterally spreading tumours of the colon are invited to participate in prospective studies and randomised trials designed to validate, assess and enhance the safety and efficacy of endoscopic resection for advanced mucosal neoplasia. Work in the animal laboratory augments the clinical research. He has also led several seminal practice changing randomised control trials in ERCP cannulation. Original research is published regularly in the leading international journals in Gastroenterology and Endoscopy including Gastroenterology, American journal of gastroenterology, Gastrointestinal endoscopy and Endoscopy. He is frequently invited to lecture and teach via live demonstration, the core fundamentals, but also advanced techniques in endoscopic diagnosis and therapy. He has given more than 70 invited international lectures in the last 5 years and a similar number of live international teaching demonstrations.



Dr Nick Burgess

Dr Nick Burgess is a Clinical Research Fellow at Westmead Hospital and is undertaking a University of Sydney PhD examining Wide Field Endoscopic Mucosal Resection of Advanced Mucosal Neoplasia. Key aspects of his research include the epidemiology and subtypes of large sessile colonic polyps, complications associated with their removal and novel techniques to

reduce bleeding. He trained at the University of Otago in Wellington, New Zealand and obtained his FRACP in 2010.



Susan Lane, RN

Susan is a Registered Nurse, who after many years of working on the casual pool discovered that the Westmead Endoscopy Unit was a great place to work. As a result, Susan joined the team four years ago and trained as an anaesthetic nurse. Susan has since completed a post graduate certificate in perioperative nursing at The College of Nursing in 2012.



Speaker Bios



Vicki Hedley

Vicki Hedley is the Lead Nurse for Endoscopy Services at St George's Hospital in London and is also responsible for the management of the NHS Bowel Cancer Screening Programme (BCSP) for the South West London area.

Having qualified in Australia she travelled to the UK on a 2 year working visa, that was nearly 13 years ago! She has worked in endoscopy

for almost 10 years progressing from an endoscopy staff nurse, to a Specialist Screening Practitioner (SSP) for the BCSP before taking on the role of Lead Nurse for Endoscopy.

Vicki has had the opportunity to work with the London Quality Assurance (QA) Reference Centre as the Regional Lead SSP for London since 2006. In this role she has completed 5 QA visits for the BCSP and acts as a nurses' advisor to the SSPs.

Education is a particular interest to Vicki and is the Lead trainer for the Gastrointestinal Nurse Training Programme (GIN) in London having been involved since 2009. She is a regular faculty member for the National endoscopy training courses including, Basic Skills in upper and lower GI endoscopy, colonoscopy and therapeutic endoscopy currently delivering 34 courses a year.

Decontamination also plays an important role in her post, and is responsible for the central decontamination of endoscopes for the Trust.

Vicki's recently commenced Nurse Endoscopist training for lower GI endoscopy with an aim to contribute as an Endoscopist within the NHS Bowel Scope Screening Programme once qualified.



Di Jones, RN

Di Jones is the Nurse Unit Manager at Logan Hospital in Queensland. Di has worked in gastroenterology nursing since 1976, holding clinical, research, education and administration positions over that time. Di is the current president of the Society of International Gastroenterology Nurses and Endoscopy Associates (SIGNEA) and a lifetime member of GENCA.



Dr Vu Kwan

Vu Kwan is a staff specialist in Gastroenterology at Westmead Hospital and Network Director of Physician Training for Westmead, Blacktown, Orange and Hornsby Hospitals.

She is delighted to be participating in the important Nurses Symposium at this meeting once again.



Cathy Zaccaria

Cathy Zaccaria (Master of Clinical Nursing) is the Clinical Nurse Consultant / Coordinator of the Nutritional Support (Intestinal Failure) Service (NSS). Cathy has been coordinating the service since 1996 and is responsible for the development and provision of all enteral and parenteral related policies. The NSS at Westmead Hospital encompasses both total

enteral nutrition and total parenteral nutrition for both inpatients and outpatients. The service has become one of the state's leading entities for the provision of parenteral nutrition in the home setting.



Anticoagulants, Antiplatelet agents and Iatrogenic Bleeding in Endoscopy

Dr Nick Burgess

Bleeding is one of the most common and significant complications associated with interventional endoscopy. As the scale and complexity of endoscopic intervention increases, so too does the potential for complications, making it essential to have a clear understanding of bleeding risk factors and methods of control. Endoscopic techniques have matured to become a viable alternative for conditions that would traditionally be managed surgically, especially in older patients. This population has a higher burden of comorbidities and is more likely to be on antithrombotic agents making bleeding risks higher. New antithrombotic agents are also being introduced to the market which have different effect profiles and may be more difficult to reverse. All members of the endoscopy team should be aware of the risk factors for bleeding in patients and the effects of antithrombotic agents so that these can be addressed pre-procedure and balanced against thrombotic risks. If bleeding occurs in anticoagulated patients there are a variety of techniques for the effective management of intraprocedural bleeding and important management principles for delayed bleeding. Knowledge of these techniques and principles is essential to minimize morbidity and mortality risks for patients.

Carbon dioxide in endoscopy: Advantages and anaesthetic considerations

Susan Lane, RN

Safe navigation and optimal visualisation of the mucosa during gastrointestinal endoscopy is facilitated with insufflation of the lumen with gas. Traditionally insufflation has been conducted with air. However air is slowly absorbed and can result in prolonged abdominal pain and distension. An alternate gas, carbon dioxide, is rapidly absorbed and therefore its use as an insufflation gas decreases procedural pain, sedation needs, post procedure pain and recovery time as well as the need for hospital admission due to pain post procedure.

This discussion considers the many benefits as well as safety aspects and anaesthetic considerations.





Unravelling guidelines standards and quality improvements

Di Jones, RN

The standards, guidelines and other regulatory frameworks governing endoscopy practice are constantly changing, often leaving nurses trying to find a way through the maze of sometimes conflicting information. Many nurses feel legally vulnerable when there is an absence of absolute rules around some aspect of practice. However, endoscope reprocessing is not an exact science and understanding the guiding documents will provide direction for decisions. Pertinent documents include "Infection Control in Endoscopy", Australian Standards, particularly AS4187 and 4815 and the International Standards Organisation ISO 15883, particularly parts 1, 4 and 5.

Electrosurgery in Endoscopy

Dr Vu Kwan

It is daily practice in an endoscopy unit to connect up an electrical generator for the removal of a polyp or to control bleeding. However, have you ever wondered why sometimes a grounding pad is applied to the patient and at other times it isn't? Do you find the various generator settings to be a bit confusing?

Electrosurgery is the use of electricity to produce heat in tissues to perform surgical procedures. It differs from methods that use only heat or only mechanical cutting. It has the ability to combine coagulation and cutting.

Endoscopic electrosurgery is a growing field and recent technological advancements now allow a greater degree of control on the type of tissue change the proceduralist wishes to achieve. An understanding of the basic principles is crucial to ensuring that the operator and the assistant work together to perform endoscopic interventions safely and effectively.

The ABC of GI Research

Dr Nick Burgess and Rebecca Sonson, RN

Evidence based medicine is the cornerstone of rational clinical care and underpins decisions that we make every day as health practitioners. Elegantly performed research addressing a clear clinical question can change international practice and improve patient care. The key to any research is developing a clinical question by examining the practices and processes that you see around you and thinking critically about them. Once a research question has been devised, there are a number of challenges in designing and implementing a study that need to be addressed and which depend on the resources and expertise that are around you. Research can be qualitative or quantitative and involve active intervention, or observation and review. There is a number of interesting research projects in GI endoscopy to provide as examples. Research is very rarely an individual effort and successful research is in most cases the product of an enthusiastic team with experience in publishing well thought out work. The process can be very rewarding whether you have designed the study or are contributing to its implementation. There are several pathways for nurses to become involved in research, either by completing a higher degree, taking up a role as a Clinical Research Nurse, collecting data as part of the team on the endoscopy room floor or simply coming up with a good question.

Patient's Journey to PEG and Beyond

Cathy Zaccaria

Health care professionals involved with the care of enteral feeding tubes must be familiar with every aspect of enteral nutritional support in order to provide safe care. It is

important to understand the normal anatomy and function of the gastrointestinal tract, associated pathophysiology, assessment, monitoring, types of enteral formulas and feeding devices, appropriate nursing interventions, and possible complications in regards to Percutaneous Endoscopic Gastrostomy Tubes (PEGs).

This presentation will briefly introduce you to the following topics:

- Patient preparation before the PEG tube insertion
- The first 24 hours post insertion
- Day 2 onwards
- Preparing for discharge
- Ongoing support after discharge
- Problem solving

Unlocking the liver – everything you wanted to know but were afraid to ask

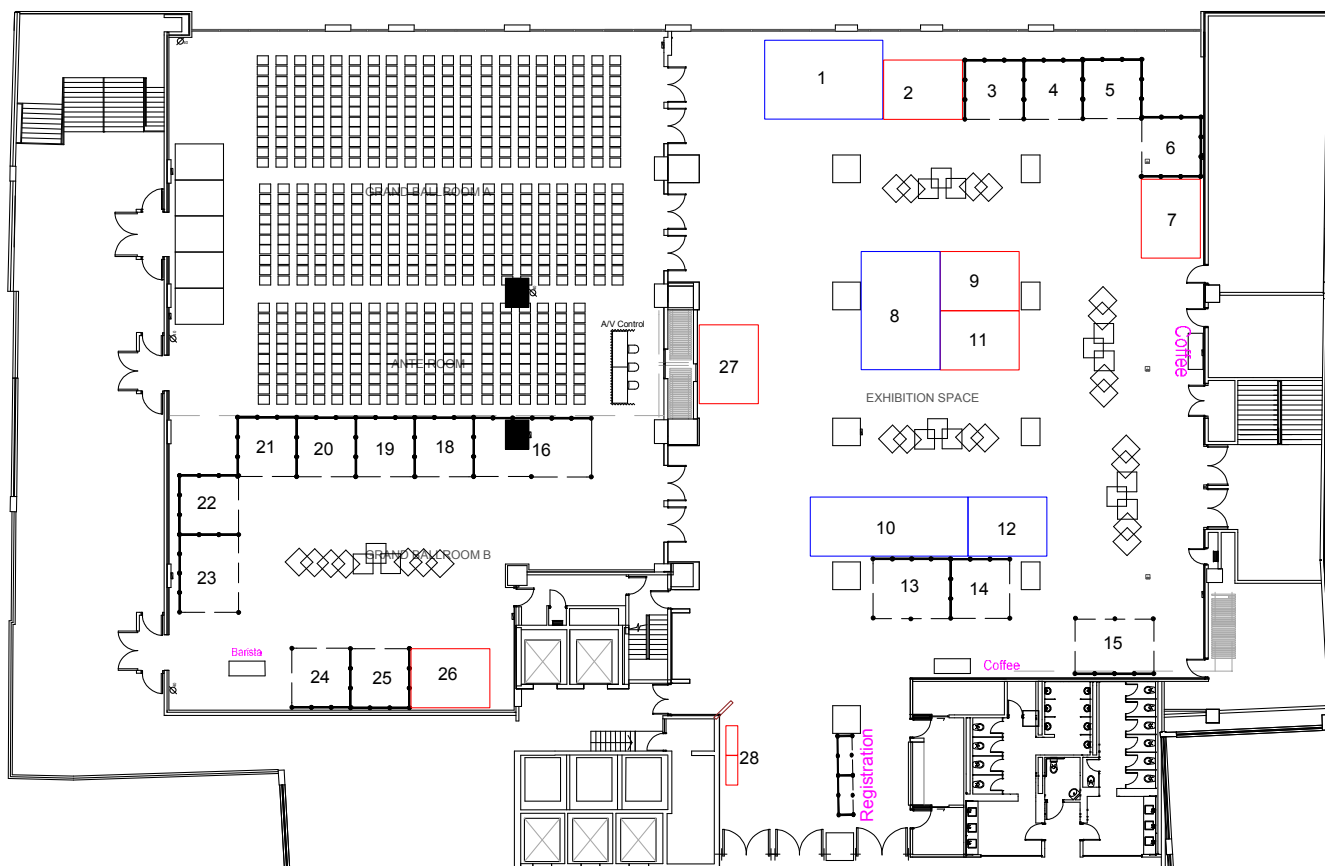
Dr Vu Kwan

The liver is a complex and mysterious organ that interacts intimately with the rest of the gastrointestinal tract. Whether it is in the endoscopy unit where cirrhotic patients are being managed for variceal bleeding, or on the wards where they are being treated for encephalopathy and ascites, it is important to understand the pathophysiology of HOW liver failure results in these complications.

New advances in the management of cirrhosis complications are being widely implemented. It is imperative that medical and paramedical staff are well-versed in these new, as well as the standard, treatments for these complex patients.



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Special thanks to:

Westmead Department of Anaesthetics – Prof Peter Klineberg and Dr Susan Voss

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